

The State of Western Australia's Children and Young People – Edition Two



Commissioner for Children and Young People
Western Australia

July 2014

Recognising Aboriginal and Torres Strait Islander People

The Commissioner for Children and Young People WA acknowledges the unique contribution of Aboriginal people's culture and heritage to Western Australian society. For the purposes of this report, the term 'Aboriginal' encompasses Western Australia's diverse cultural and language groups and also recognises those of Torres Strait Islander descent.

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The State of Western Australia's Children and Young People – Edition Two

In accordance with section 49 of the *Commissioner for Children and Young People Act 2006*, I hereby submit to Parliament for information the report *The State of Western Australia's Children and Young People – Edition Two*.



JENNI PERKINS

A/Commissioner for Children and Young People WA

14 July 2014

FOREWORD

As Commissioner for Children and Young People I have a statutory responsibility to monitor the wellbeing and advocate for improvements in the lives of all children and young people aged 0 to 17 years living in Western Australia.

Edition One of this report was tabled in the Parliament of Western Australia in February 2012 and was well received across the community, particularly government and non-government agencies that have a role in supporting Western Australian children, young people and their families.

Together with the companion report, *Building Blocks: Best practice programs that improve the wellbeing of children and young people*, this report increases our ability to respond to the wellbeing needs of our children and young people with evidence-based services and policies.

Consistent with section 20 of the *Commissioner for Children and Young People Act 2006*, Aboriginal children and young people are given priority in this report.

Through the many projects and consultations of the Commissioner's office, children and young people from diverse backgrounds and communities have told us what is important to their wellbeing.

In a recent consultation about youth health, young people reported they have a holistic view of health that is not always supported by individual services or facilities.

This broad view of health and wellbeing is reflected by the eight diverse domains which form the structure of this report. Within the eight domains, data is provided for 40 separate measures of wellbeing, an expansion from the 33 measures of Edition One.

The growth of this report is important and reflects the broad range of factors that can impact children and young people's development, while the addition of new data within original measures provides the opportunity to track and respond to trends, both positive and negative.

Protecting our children and young people and supporting their healthy development is everyone's responsibility. This report is a key resource in the ongoing work to improve the effectiveness of our programs and policies and ensure we gain the maximum possible benefit from every dollar spent.

I encourage all agencies, government, non-government and the private sector, to make use of this report.



JENNI PERKINS

A/Commissioner for Children and Young People WA

14 July 2014

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The State of Western Australia's Children and Young People is based on data obtained from a number of government agencies, non-government organisations and research organisations.

I would like to thank the chief executive officers and staff of the agencies who assisted the development of this report by providing data and feedback concerning the wellbeing of children and young people in Western Australia.

The project was assisted by the members of the Wellbeing Monitoring Framework Reference Group:

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The guidance of this group was valuable in assisting the selection of measures, the development of the report structure and in facilitating access to information required to report on the measures. I thank them for providing their expertise and for their dedication to this important initiative.

Finally, I acknowledge the staff of my office that made contributions to this project. In particular I would like to thank the project team – Darren Gillespie, Trish Heath, Caron Irwin, Marketa Reeves and Chris Stronach – for their significant contribution in producing this report.



JENNI PERKINS

A/Commissioner for Children and Young People WA

Foreword	4
Acknowledgements	5
Executive Summary	8
1. Introduction	17
2. Profile of Children and Young People in Western Australia	25
2.1 Population	26
2.2 Diversity	38
3. Health and Safety	47
3.1 Smoke-free pregnancy	49
3.2 Alcohol-free pregnancy	54
3.3 Birth weight	58
3.4 Infant mortality	61
3.5 Immunisation	65
3.6 Child health checks	70
3.7 Ear health	74
3.8 Oral health	78
3.9 Nutrition	83
3.10 Physical activity	91
3.11 Body weight	99
3.12 Mental health	105
3.13 Self-harm and suicide	110
3.14 Hospitalisations from injury and poisoning	117
3.15 Deaths from injury and poisoning	124
3.16 Family and domestic violence	130
3.17 Parental use of alcohol and drugs	134
3.18 Abuse or neglect: substantiations	139
3.19 Out-of-home care	145
4. Education	161
4.1 Parents engaging children in informal learning	163
4.2 Early education	167
4.3 Children developmentally vulnerable on entering school	173
4.4 Students achieving at or above national minimum standards	180
4.5 Pathways for leaving school	188

5. Material Wellbeing	199
5.1 Low-income households	201
5.2 Jobless families	206
5.3 Overcrowded households	211
5.4 Homelessness	217
6. Family and Peer Relationships	229
7. Participation	233
7.1 Participation in sport and cultural activities	235
7.2 Internet access	243
8. Subjective Wellbeing	251
8.1 Concerns of children and young people	253
9. Behaviours and Risks	261
9.1 Smoking	263
9.2 Alcohol consumption	269
9.3 Births to teenage mothers	277
9.4 Youth justice: Diversion	283
9.5 Youth justice: Community-based supervision	290
9.6 Youth justice: Detention	297
10. Environment	309
10.1 Access to green spaces, parks, and community facilities	311
10.2 Drinking water quality	318
10.3 Air quality	321
Appendices	
Appendix 1 – How Western Australia’s children and young people compare with other Australian states and territories	327
Appendix 2 – How Aboriginal children and young people compare	335
Appendix 3 – Glossary and acronyms	341
Appendix 4 – Wellbeing measures used across Australian jurisdictions	351
Appendix 5 – Jurisdictional and national reports	353
Appendix 6 – Agencies and organisations that provided data	355
Appendix 7 – Tables, figures and maps	357
Appendix 8 – References	371

The second edition of *The State of Western Australia's Children and Young People* highlights important information to increase our understanding about the wellbeing of children and young people.

The data collected in this report shows that most Western Australian children are healthy and their material and physical needs are well met. Generally, WA compares well against national and international data.

However, this report identifies some areas of wellbeing where Western Australian children and young people are behind national and international trends.

The report also highlights areas where improved data collection systems could be introduced to provide a stronger evidence base for decisions regarding policy development, resource allocation and service delivery.

Of most concern, the report identifies the ongoing and, at times, significant disadvantage which continues to be experienced by many Aboriginal children and young people.

Western Australia's children and young people

In 2013 there were more than 570,000 children and young people under the age of 18 years living in WA. Over the last decade, the number of 0 to 17 year-olds in Western Australia increased by almost 90,000, or 18.5 per cent. The largest increase (28.5%) occurred in the early childhood age group of 0 to eight years.

There were more than 34,000 births registered in Western Australia in 2013, the largest number ever recorded in the State. This is a continuation of the large increase in births in recent years (there was a 43 per cent increase in births between 2002 and 2012).

Health and Safety

Pregnancy – The number of Western Australian women who do not smoke during pregnancy continues to increase and is now at 87.9 per cent, one percentage point higher than the Australian average (2011 data). The proportion of women abstaining from alcohol during pregnancy continues to increase in WA and is now at 50.1 per cent (2010 data), slightly higher than the national average of 48.7 per cent.

Birth – The incidence of low birth weight has decreased in recent years to 6.0 per cent (2011 data), which is similar to national and OECD country averages. The infant mortality rate is trending downwards and is now at 2.5 per 1,000 live births (2012 data). WA's infant mortality rate is lower than the Australian rate (3.3 in 2012), and this has been the case since 2007.

Early health – Immunisation rates for Western Australian children aged 12 to 15 months and 24 to 27 months have remained largely unchanged at close to 90 per cent over the past eight years. There has been a significant increase in the rate of children aged 60 to 63 months who are fully immunised, with the 2013 rate of 89.7 per cent the highest recorded. The 2013 rates of immunisation in WA are lower than the rates for Australia overall, with the difference ranging from 0.6 to 2.1 per cent over the first three immunisation stages.

Physical activity and body weight – Less than one-half (48.9%) of five to 15 year-olds in WA met the recommended amount of physical activity in 2012, though there was improvement compared to recent years. Just over three-quarters (77.9%) of Western Australian children and young people aged five to 15 years are not obese or overweight, which is at the lower end of the range observed since 2006 (77.3% to 82.5%).

Mental health – It continues to be of concern that there is no adequate or reliable data which accurately reflects the extent of mental health problems and disorders among Western Australian children and young people. WA hospital data shows a significant increase in the rate for children and young people aged 0 to 17 years who were discharged from a public or private hospital with a mental health diagnosis between 2007 and 2012 (from 784 children and young people in 2007 to 1,302 in 2012). The incidence of hospitalisation from self-harm fluctuated in recent years with a low of 205 hospitalisations in 2008 and a high of 442 in 2012.

Domestic violence, child abuse and neglect – The number of domestic violence incidents attended by police and at which a child or young person was present increased from 16,178 in 2008–9 to 23,832 in 2012–13. In 2011–12, 4.7 Western Australian children per 1,000 population were subject to a substantiated notification of abuse or neglect. This is the highest rate recorded for WA but was significantly lower than the Australia-wide rate (7.4 per 1,000). At 30 June 2012 there were 3,400 children in out-of-home care, a rate of 6.1 per 1,000. This is the highest rate recorded in WA but lower than the national rate of 7.7 per 1,000.

Injuries – The rate of hospitalisation from injury and poisoning increased between 2005 and 2012, with falls the most common injury for children aged less than 13 years, and transport accidents the most common for young people aged 13 to 17 years. The rate of death from injury and poisoning has decreased in recent years. The most common causes of death are transport accidents (41.2% of deaths), followed by intentional self-harm (17.7%).

Education

Early education – Almost all three to eight year-olds in WA engage in informal learning activities with their parents and more than one-half of three to eight year-olds are being read to or told a story by their parents every day of the week. In addition, more than 98 per cent of four-year olds in WA are enrolled in Kindergarten. Twenty-three per cent of five year-old children in WA were considered developmentally vulnerable on one or more domains in 2012. This is an improvement on the percentage of 24.7 per cent reported in 2009.

Educational attainment – The percentage of Western Australian school students attaining the minimum standard for literacy and numeracy increased for almost all year levels between 2008 and 2013.

The number of young people not participating in education, employment or training has decreased from 10.5 per cent in 2008 to 5.8 per cent in 2013.

Material Wellbeing

Parental income – In WA, the proportion of people in families with dependent children living in a low-income household nearly halved between 2003–04 and 2011–12. The proportion is also lower than the national figures. The proportion of children who are living in homes where a parent is jobless has also decreased, though the proportion of jobless single-parent families with children (37.2%) is far higher than the proportion of jobless couple families (3.1%).

Housing – 6.7 per cent of Western Australian children and young people live in homes that are considered to be overcrowded, which is lower than the national average of 9.5 per cent. It is estimated that in 2011 there were 1,491 children aged 0 to 11 years who were homeless in Western Australia, along with 934 young people aged 12 to 18 years, a total of 2,425 children and young people. This figure is similar to the 2006 estimate of homeless children and young people (2,389).

Family and Peer Relationships

The previous edition of this report contained two measures in this domain. Some of the data sources for these measures have changed and the measures were moved to other domains. The lack of measures in this domain does not represent any reduced significance of this aspect of children and young people's wellbeing, but rather reflects the complex nature of these relationships and the difficulty in identifying and collating relevant data.

Participation

Sport and cultural activities – In 2012 63.6 per cent of Western Australian children and young people aged 5 to 14 years participated in at least one organised sport activity, and 74.4 per cent participated in at least one cultural activity. Both of these rates are higher than the national rate and the WA rate recorded previously. However, participation rates do vary. For example, children living with a single-parent who is unemployed and culturally and linguistically diverse children both have lower participation rates.

Internet – Almost 90 per cent of children and young people aged 5 to 14 years accessed the Internet in the 12 months to April 2012, and 90 per cent of this group used the Internet for educational purposes. More than one-third of children living in the most disadvantaged communities in WA did not access the Internet.

Subjective Wellbeing

The most common concerns for children and young people in WA who contacted the Kids Helpline in 2012 were mental health concerns (21.3%) and family relationships (19.4%). Kids Helpline recorded a 25 per cent increase in the number of counselling sessions provided to Western Australian children and young people between 2011 and 2012.

Behaviours and Risks

Smoking – 2011 data shows that 77.4 per cent of Western Australian secondary students aged 12 to 17 years had never smoked, which is similar to the national average. The prevalence of smoking among WA 12 to 17 year-olds has declined strongly since 1996.

Alcohol consumption – 2011 data shows that almost one in four Western Australian students aged 12 to 17 years (23.9%) had never tried alcohol compared to one in ten students in 1996 (10.3%). However, for those students who drank in the last week (current drinkers) there has been an increase in drinking at risky levels. Almost half (45.9%) of 16 to 17 year-old current drinkers drank at risky levels. WA's rates of alcohol use among students are slightly higher than the national rates across all measured categories. As with smoking, students in regional WA are more likely to have consumed alcohol across all surveyed categories.

Births to teenage mothers – Between 2007 and 2013 there was a decrease in births to Western Australian teenage mothers aged 17 years and younger, from 442 to 294. The decrease was most pronounced for 16 year-olds where the number of births dropped from 135 to 74, a 45.2 per cent change.

Contact with the justice system – The rate of 10 to 17 year-olds in detention in 2013 (0.61 per 1,000) is lower than all previous WA rates since 2008 but significantly higher than the national average (0.33 per 1,000). WA's rate of detention for young people has consistently exceeded all other states and territories, with the exception of the Northern Territory. The rate of detention on a community supervision order was lower in 2012 (3.2 per 1,000) than all but one year since 2006 (the 2007 rate was 3.05 per 1,000).

The data on arrests and police bail shows that the number of children and young people arrested was highest in 2009–10, and in subsequent years has decreased considerably. In 2012–13, there were 4,003 arrests, compared to 5,982 in 2009–10. This mirrors an overall downwards trend in offending rates in WA and also an overall decrease in youth offending rates in Australia between 2008–09 and 2012–13. Aboriginal children and young people and males are over-represented.

Environment

Access to parks and facilities – On average, across all local government areas, 33.6 per cent of children and young people aged five to 14 years lived within 400 metres of a playground. Depending on the local government area, between six and 53 per cent of children and young people aged five to 14 years live within 400 metres walking distance from a park with playground equipment.

Air and drinking water quality – From 2006–07 to 2011–12, all licenced water providers were fully compliant with microbiological and health-related chemical guidelines for licenced water schemes. Around 90 Aboriginal communities are serviced by the Remote Area Essential Services Program. From 2006 to 2012 there were a number of occasions where microbiological guidelines were exceeded in these communities, with remediation taken. Air quality in Perth is generally good, with relatively few days where the national standards are exceeded.

Aboriginal children and young people

The Australian Bureau of Statistics estimates that 36,000 (6.7%) of children and young people in WA are Aboriginal. More than 40 per cent of the total population of Aboriginal people in WA are aged under 18 years. Around 60 per cent of Aboriginal children and young people live outside the Perth metropolitan area compared to 22 per cent of non-Aboriginal children and young people.

While there has been recent improvement in some areas, such as NAPLAN reading results and immunisation rates, Aboriginal children and young people continue to be significantly disadvantaged in several areas of wellbeing.

The following is a description of some key areas of concern. The status of Aboriginal children and young people's wellbeing is outlined in detail in each measure of this report where relevant data was available.

Pregnancy – Aboriginal women are significantly more likely to smoke during pregnancy than non-Aboriginal women (54.9% of Aboriginal women in WA did not smoke during pregnancy, compared to 89.8% of non-Aboriginal women).

Birth – While there has been a slight drop in the proportion of Aboriginal babies who are born at a low birth weight, from 13.7 in 2009 to 13.0 in 2011, Aboriginal babies continue to be more than twice as likely to be of low birth weight compared to all Western Australian babies. The infant mortality rate for Aboriginal babies is two (female babies) to three times (male babies) higher than that of all babies.

Early health – For Aboriginal children, the rate of immunisation at 12 to 15 months is significantly lower than for non-Aboriginal children (81.2% compared to 90.4%). By 24 to 27 months and 60 to 63 months the gap closes, and rates are almost identical. Aboriginal children are more than twice as likely to suffer ear diseases and hearing problems as non-Aboriginal children.

Births to teenage mothers – The teenage fertility rate for Aboriginal women aged 15 to 19 years increased over the last decade. Aboriginal women accounted for about 33 per cent of births in the up to 17 years age group. The median age of Aboriginal women who give birth is 24.7 years, more than five years lower than the median age of all mothers (30.3 years).

Injury – Aboriginal young people are more likely than non-Aboriginal young people to be hospitalised for intentional self-harm. Aboriginal children are more likely to be hospitalised for an injury and are ten times more likely to experience interpersonal violence.

Family and domestic violence, child abuse and neglect – Aboriginal children and young people are significantly overrepresented in family and domestic violence related incidents reported to WA Police (around one-third involve Aboriginal children and young people). Aboriginal children and young people are more likely to be the subject of a substantiated notification of abuse or neglect than non-Aboriginal children. In WA, the rate for Aboriginal children who were the subject of a substantiated notification increased from 20.7 per 1,000 in 2010 to 24.4 per 1,000 in 2012, more than 13 times the rate for non-Aboriginal children. The rate for Aboriginal children in out-of-home care was 51.6 per 1,000 children, more than 15 times the rate for non-Aboriginal children.

Early education – Aboriginal children are significantly more likely to be developmentally vulnerable when entering school – 49 per cent were considered developmentally vulnerable on at least one domain in 2012, though this is an improvement on the 2009 result of 52.3 per cent. In 2013, just over one-third of Aboriginal children were regular attendees at government-run Kindergarten and Pre-Primary, compared with over 70 per cent of non-Aboriginal children.

Educational attainment – Despite some recent improvements in NAPLAN results there remains a considerable gap between the proportion of Aboriginal students achieving the minimum standards compared to that of the overall year group in all tested subject areas. In 2013, 74.6 per cent of Aboriginal students participated in education, employment and/or training in the year they turned 17, compared to over 92.0 per cent of all WA students of the same age.

Housing – The ABS estimates that in WA more than one-quarter of Aboriginal children aged 0 to three years (26.0%) and more than one-third of Aboriginal children aged four to 14 years (34.8%) are living in overcrowded conditions. Aboriginal people are significantly overrepresented in homelessness. In WA in 2011, Aboriginal people represented more than one-third (35.2%) of all people who were homeless.

Youth justice – In 2012, Aboriginal children and young people were 40 times more likely to be in detention than non-Aboriginal children. This means that of the 160 children and young people in custody on an average day in 2012, 113 (or more than two-thirds) were Aboriginal.

Conclusion

This report is intended to be a practical document that increases access to data and information concerning the many complex factors impacting on Western Australian children and young people's wellbeing.

It is recommended this report be read with the companion report *Building Blocks: Best practice programs to improve children and young people's wellbeing*.

Further information concerning how Western Australian children and young people are faring is available in the following two comparison tables:

- Appendix 1 – How Western Australia's children and young people compare with other Australian states and territories
- Appendix 2 – How Aboriginal children and young people compare

Overview

Under s.19 (c) of the *Commissioner for Children and Young People Act 2006*, one of the Commissioner's functions is 'to promote and monitor the wellbeing of children and young people generally'. One of the ways the Commissioner does this is through the **Wellbeing Monitoring Framework**.

Both reports were published in 2012 and 2014 and are structured under the same eight domains of wellbeing.

Health and Safety

19 measures; 21 programs

The health and safety of children is a strong indicator of the value a society places on children. Being healthy and safe has a direct relationship with a child's wellbeing.

Education

5 measures; 19 programs

Education and pathways to employment have a strong influence on wellbeing and outcomes for children and young people.

Material Wellbeing

4 measures; 7 programs

The material circumstances of the family unit can have a significant impact on children and young people's wellbeing.

Family and Peer Relationships

0 measures; 23 programs

Children and young people's relationships with their families and peers are among the most important influences on a child's development and wellbeing.

The Wellbeing Monitoring Framework comprises two reports:

The State of Western Australia's Children and Young People (this report) – provides statistical information on a range of wellbeing **measures**

Building Blocks: Best practice programs that improve the wellbeing of children and young people – **programs** from around Australia

Participation

2 measures; 10 programs

Participation in community activities provides opportunities for children and young people to learn new skills, build community networks and express their opinions.

Subjective Wellbeing

1 measure; 14 programs

Subjective wellbeing considers how children and young people feel about themselves and the world they live in.

Behaviours and Risks

6 measures; 23 programs

Risky behaviours, such as misuse of alcohol or other drugs, can have a negative effect on the health and wellbeing of children and young people.

Environment

3 measures; 9 programs

The state of the environment, both the built environment and natural environment, is considered to affect children and young people's wellbeing through long-term socio-economic and health impacts.



1. Introduction

1.1 Role of the Commissioner

Under the *Commissioner for Children and Young People Act 2006* (the Act), the Commissioner has responsibility for advocating for all Western Australian citizens under the age of 18 and for promoting legislation, policies, services and programs that enhance the wellbeing of children and young people.

One of the guiding principles of the Act is the recognition that parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and young people and should be supported in carrying out their role.

In performing all functions under the Act, the Commissioner is required to have regard to the *United Nations Convention on the Rights of the Child*, and the best interests of children and young people must be the paramount consideration.

The Commissioner must also give priority to, and have special regard to, the interests and needs of Aboriginal and Torres Strait Islander children and young people, and to children and young people who are vulnerable or disadvantaged for any reason.

The Commissioner is an independent statutory officer who reports directly to the Western Australian Parliament.

1.2 Background to the report

An evidence-based approach is now recognised as crucial in the process of developing policies, programs and services that improve the wellbeing of children and young people.

The Wellbeing Monitoring Framework was established by the Commissioner's office to provide a single, collated resource for Western Australia (WA) that would support an evidence-based approach to the development and implementation of policies, programs and services for children and young people.

The Framework relates to several of the Commissioner's functions as set out in the *Commissioner for Children and Young People Act 2006*:

- to promote and monitor the wellbeing of children and young people generally (s19(c))
- to advocate for children and young people (s19(a))
- to conduct, coordinate, sponsor, participate in and promote research into matters relating to the wellbeing of children and young people (s19(i))
- to promote public awareness and understanding of matters relating to the wellbeing of children and young people (s19(h))
- give priority to, and have special regard to, the interests and needs of
 - (i) Aboriginal children and young people and Torres Strait Islander children and young people; and
 - (ii) children and young people who are vulnerable or disadvantaged for any reason (s20(1)(a))
- work in cooperation with, and consult with, other government agencies and non government agencies (s20(1)(f)).

The Framework comprises two key reports:

- *The State of Western Australia's Children and Young People*

Although many agencies collect data with relevance to the wellbeing of children and young people, in most cases these relate only to individual agency performance and targets or specific subject areas. A single, collated overview of children and young people's wellbeing is an important starting point to improving the wellbeing of children and young people.

This report provides this overview by presenting data and other relevant information on a broad range of measures of children and young people's wellbeing, under eight domains.

- *Building Blocks: Best practice programs that improve the wellbeing of children and young people*

This report lists and describes evidence-based and promising programs and services under eight domains of wellbeing.

Edition One of these reports was tabled in the Parliament of Western Australia in February 2012, and since this time there has been strong interest in and support for the development of a second edition.

1.3 What children and young people value regarding their wellbeing

Understanding what children and young people actually value provides important context to their indicators of wellbeing. It can also ensure that we are meeting their needs on issues of importance to them and assist in influencing how children and young people are perceived by the broader community.

The Commissioner for Children and Young People WA's research into what children and young people believed was important to their wellbeing in 2010¹ found that relationships with family and friends were the two most important influences on their wellbeing. School and getting a good education was also highly regarded, along with being safe and having the ability to have fun and engage in sport and activities.²

Other research, such as the Mission Australia Youth Surveys³ and The Nest Consultancy Report by the Australian Research Alliance on Children and Youth (ARACY),⁴ show similar results, with relationships with family and friends consistently appearing as highly valued, and education, health, and safety being identified as important.

Research consistently shows that the relationships that children and young people have with their families, particularly their parents, are among the most important influences on child and adolescent development and psychological wellbeing. Children and young people who have good friendships at school tend to be better able to cope with academic, social, emotional and physical requirements of school life. Similarly, participation in sporting and cultural activities is also known to benefit children and young people's wellbeing.

Consistent with what children and young people report as having a key influence on their wellbeing, the measures in this report include data about family factors, educational engagement and attainment, participation and access to sporting, cultural and community activities, and many indicators of basic health and safety.

1.4 Structure of the report

The State of Western Australia's Children and Young People – Edition Two identifies 40 measures of wellbeing categorised under the domains established originally by the Australian Research Alliance for Children and Youth to report on the health and wellbeing of young Australians. These domains are similar to those used in edition one of this report.

The domains are:

- Health and Safety – The health and safety of children is a strong indicator of the value a society places on children. Being healthy and safe has a direct relationship with a child’s wellbeing.
- Education – From early childhood through to late adolescence, education and pathways to employment have a strong influence on the future outcomes of children and young people.⁵
- Material Wellbeing – The material circumstances of the family unit can have a significant impact on children and young people’s wellbeing. Adequate access to basic material needs is linked to improved outcomes in other domains such as Health and Safety, Education and Behaviours and Risks.⁶ Family income, employment situation and suitable housing are examples of material wellbeing that can help to deliver a stronger foundation to a child’s life.
- Family and Peer Relationships – Key to children and young people’s wellbeing is their relationship with their family and peers. For most children and young people, their family is the primary source of security, support and development.⁷ As children grow, peer relationships also become important sources of support and socialisation.
- Participation – Participation in community activities provides opportunities for children and young people to learn new skills, build community networks and express their opinions.⁸
- Subjective Wellbeing – Subjective wellbeing considers how children and young people feel about themselves and the world they live in. This includes feelings about their own physical and mental health, as well as concerns about broader issues, such as family conflict and problems at school.⁹
- Behaviours and Risks – Healthy behaviours, such as eating well and exercising, contribute to young people’s wellbeing. In contrast, risky behaviours, such as misuse of alcohol or other drugs, may have a negative effect on their health and wellbeing.¹⁰ The impact is not only on children and young people themselves, but also on their families and communities who are exposed to these behaviours.
- Environment – The state of the environment is considered to affect children and young people’s wellbeing through long-term socio-economic and health impacts.¹¹ The built environment in which children live, play and interact affects wellbeing as children and young people need safe spaces to relax, have fun, explore and be active.¹²

Data is presented in each measure in the following way:

- Why this measure is included – a brief description of why this measure is important to children and young people’s wellbeing.
- Data – tables that outline the data.
- What is this measure? – an explanation of where the data comes from, what it covers or does not cover, and any qualifications regarding use of the data.
- Commentary – a brief description of the key data and what this means for children and young people’s wellbeing.
- Strategies – State and Commonwealth strategies to improve children and young people’s wellbeing (this information is not intended to be exhaustive).
- Want to know more? – data, research reports and articles and other information relevant to the measure, for those who would like more detail (this information is not intended to be exhaustive).

The 40 measures of wellbeing in this report were selected based on numerous factors including their importance to the wellbeing of children and young people in WA, the availability of reliable data and the professional views of experts from various sectors of child and youth health and wellbeing, including the Wellbeing Monitoring Framework Reference Group.

Of particular note are the eight new measures included in this edition of the report for the first time, they are:

3.7	Ear health	Page 74
3.8	Oral health	Page 78
3.13	Self-harm and suicide	Page 110
3.17	Parental use of alcohol and drugs	Page 134
7.2	Internet access	Page 243
10.1	Access to green spaces, parks and community facilities	Page 311
10.2	Drinking water quality	Page 318
10.3	Air quality	Page 321

Following feedback on edition one some other minor changes have been made to the titling of measures, design and the structure of the report. These changes increase readability and navigation through the data.

1.4 Data sources

Data and information used in this report are drawn from State and Commonwealth government agencies, non-government organisations, universities and research institutions and public surveys, as well as incorporating previous research conducted by the Commissioner for Children and Young People. The agencies involved in this work are listed in Appendix 6 of this report.

The most recent publications available at the time this report was compiled have been used. The date of data publication varies from measure to measure depending on the frequency with which data is collected and reporting timelines.

To ensure accuracy of data and its interpretation, agencies were consulted during the drafting of the report.

Seven measures of this report contain data of a different nature than the other 33 measures.

Most data meets the following list of stringent criteria:

- Capable, as far as possible, of disaggregation by gender, by Aboriginal status and by region of WA.
- Meaningful for researchers and users and, where possible, young people.
- Based on consistent and repeatable data collections.
- Capable of being influenced by action.

Data in the following seven measures may not meet each of these criteria but has been included in order to provide the best available information regarding this aspect of children and young people's wellbeing:

3.6	Child health checks	Page 70
3.7	Ear health	Page 74
3.12	Mental health	Page 105
3.13	Self-harm and suicide	Page 110
3.17	Parental use of alcohol and drugs	Page 134
8.1	Concerns of children and young people	Page 253
10.1	Access to green spaces, parks and community facilities	Page 311

The data in these measures should be used with caution, including considering the qualifications outlined within each measure.

1.5 Governance

The Wellbeing Monitoring Framework Reference Group was established to guide the project including providing advice on the most suitable measures to be included in this report, and identifying data sources. The Reference Group also provided feedback on the draft report.

The members of the Reference Group are listed on page 5 of this report.

1.6 Use of this report

It is recommended this report be read with the companion report *Building Blocks: Best practice programs to improve children and young people's wellbeing*.

This report is intended to be a practical document that increases access to data and information concerning the many complex factors impacting on children and young people's wellbeing.

Each section contains data and sources from which to obtain additional information.

The information published in this report has been selected to support the reader to make informed decisions. However, readers are encouraged to supplement the information here with additional research targeted to their particular need.

1.7 Further information

Two comparison tables are provided in this report to assist in the analysis of how Western Australian children and young people are faring.

- How Western Australia's children and young people compare with other Australian states and territories – page 327
- How Aboriginal children and young people compare – page 335

These two tables are available in Appendix 1 and 2 of this report. Additional appendices are outlined below:

- Appendix 3 – Glossary and acronyms
- Appendix 4 – Wellbeing measures used across Australian jurisdictions
- Appendix 5 – Jurisdictional and national reports
- Appendix 6 – Agencies and organisations that provided data
- Appendix 7 – Tables, figures and maps
- Appendix 8 – References

The Commissioner for Children and Young People WA will develop a series of policy briefs based on key data in this report and *Building Blocks*.

1. Commissioner for Children and Young People WA 2010, *Children and Young People's Views on Wellbeing*, full report: Wellbeing Research Project, <www.ccyp.wa.gov.au>
2. Commissioner for Children and Young People WA 2010, *Speaking out about wellbeing: The views of Western Australian children and young people*, Commissioner for Children and Young People Western Australia, p. 6.
3. Mission Australia Youth Survey 2013. Available at <www.missionaustralia.com.au>
4. Australian Research Alliance for Children and Youth 2012, *The Nest Consultation Report*, pp. 21-25, <www.aracy.org.au/documents/item/151>
5. Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p. 6.
6. Ibid, p.2.
7. Price-Robertson R et al 2010, 'Family is for life: Connections between childhood family experiences and wellbeing in early adulthood', *Family Matters*, No. 85, pp. 7–17.
8. Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p. 117.
9. Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p. 14.
10. Ibid, p. 12.
11. Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p. 123.
12. These themes come through most of the literature on children's interaction with the built environment. See for example Commissioner for Children and Young People 2011, *Building spaces and places for children and young people*, Perth, Western Australia.





2. Profile of Children and Young People in Western Australia



2.1 Population

Overall population

Western Australia (WA) is home to 576,366 children aged 0 to 17 years which is 11.0 per cent of the national population of children and young people. The number of children and young people in WA increased by 3.3 per cent between June 2012 and June 2013 (Table 2.1).

Table 2.1: Children and young people aged 0 to 17 years: number and in per cent, states and territories, 2013

State or territory	2013	Difference from 2012 to 2013	Proportion of state population	Proportion of Australia's children
	Number	Per cent	Per cent	Per cent
WA	576,366	3.3	22.9	11.0
NSW	1,671,820	1.8	22.6	32.0
Victoria	1,257,787	2.0	21.9	24.0
Queensland	1,107,162	2.1	23.8	21.2
South Australia	356,698	0.7	21.3	6.8
Tasmania	115,016	-0.3	22.4	2.2
ACT	83,958	3.1	21.9	1.6
Northern Territory	63,161	0.9	26.4	1.2
Australia*	5,232,583	2.0	22.6	100.0

Source: Australian Bureau of Statistics 2013, *Australian Demographic Statistics, Jun 2013*

* Figure includes other territories comprising Jervis Bay Territory, Christmas Island and the Cocos (Keeling) Islands.

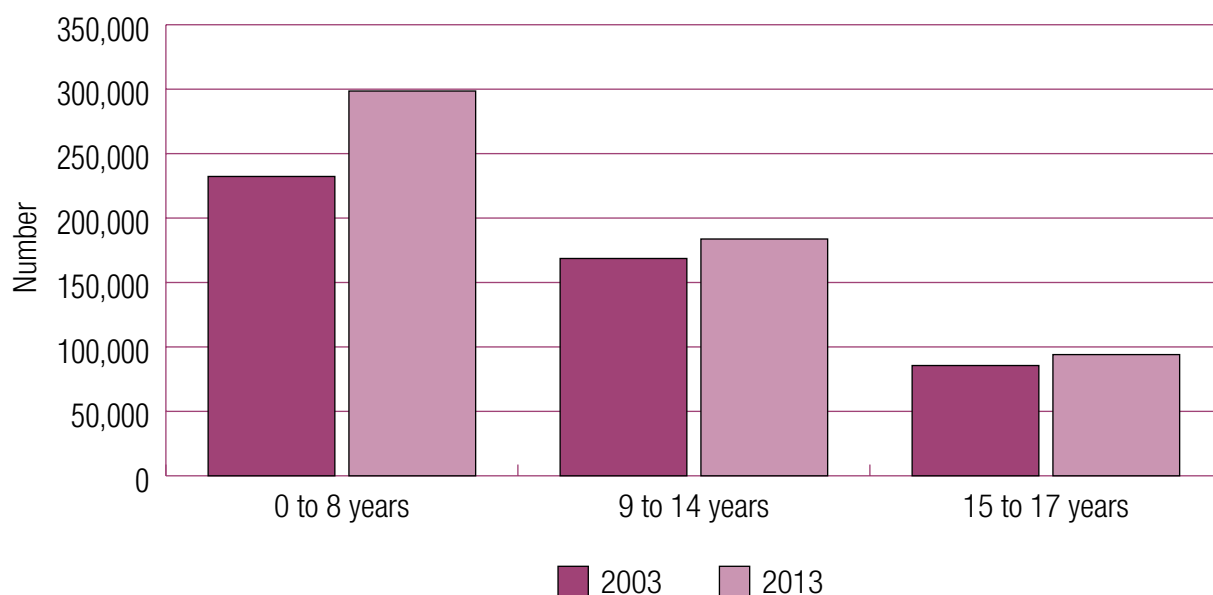
Over the last decade, the number of 0 to 17 year-olds in WA increased by almost 90,000 or 18.5 per cent. The strongest increase (28.5%) occurred in the early childhood age group of 0 to eight years – the result of a high birth rate in recent years (Table 2.2).

Table 2.2: Children and young people aged 0 to 17 years: number and in per cent, by age group, Western Australia, 2003 and 2013

Age group	2003	2013		Difference from 2003 to 2013	
	Number	Number	Per cent	Per cent	Number
0 to 8 years	232,273	298,568	51.8	28.5	66,295
9 to 14 years	168,634	183,740	31.9	9.0	15,106
15 to 17 years	85,576	94,058	16.3	9.9	8,482
Total 0 to 17 years	486,483	576,366	100.0	18.5	89,883

Source: Australian Bureau of Statistics 2013, *Australian Demographic Statistics, Jun 2013*

Figure 2.1: Population growth among children and young people aged 0 to 17 years: number, by age group, Western Australia, 2003 and 2013



Source: Australian Bureau of Statistics 2013, *Australian Demographic Statistics, Jun 2013*

Gender

The gender distribution of children and young people in WA is 51.1 per cent male and 48.9 per cent female, which is consistent with most Australian states and territories and the national distribution.¹³



Geographical distribution

The geographical distribution of children and young people across WA remains largely unchanged. In 2012,¹⁴ around 73 per cent of the population of 0 to 17 year-olds resided in metropolitan Perth, 17 per cent resided in regional areas¹⁵ and 10 per cent in remote areas¹⁶ of WA.

Between June 2011 and June 2012, the number of children and young people increased in the metropolitan area by 3.7 per cent and in the regional areas by 3.3 per cent. In the remote parts of WA the population has decreased by 0.5 per cent overall, however a decrease has only occurred in the Pilbara and the Kimberley regions (-1.6% and -3.1% respectively). In other remote parts of WA the population has increased slightly (Table 2.3).

Table 2.3: Geographical distribution of children aged 0 to 17 years: number, Western Australia, 2012

	0 to 8 years	9 to 14 years	15 to 17 years	Total 0 to 17 years	Difference from 2011 to 2012	Proportion of WA children
	Number	Number	Number	Number	Per cent	Per cent
Perth	209,098	130,233	69,262	408,593	3.7	72.9
Mandurah	10,317	6,923	3,589	20,829	4.7	3.7
Bunbury	20,974	14,205	7,050	42,229	3.9	7.5
Wheatbelt	16,311	11,187	5,062	32,560	1.7	5.8
WA regional (a)	47,602	32,315	15,701	95,618	3.3	17.1
Esperance	2,151	1,417	741	4,309	1.3	0.8
Goldfields	6,211	3,639	1,608	11,458	0.4	2.0
Mid West	6,902	4,879	2,425	14,206	0.9	2.5
Gascoyne	1,329	742	269	2,340	0.6	0.4
Pilbara	7,759	3,949	1,592	13,300	-1.6	2.4
Kimberley	5,622	3,420	1,291	10,333	-3.1	1.8
WA remote (b)	29,974	18,046	7,926	55,946	-0.5	10.0
Total WA	286,674	180,594	92,889	560,157	3.2	100.0

Source: Australian Bureau of Statistics 2014, *2012 Estimated Resident Population June 2012*, custom report (unpublished)

Totals may not add up to 100 per cent due to rounding.

Notes:

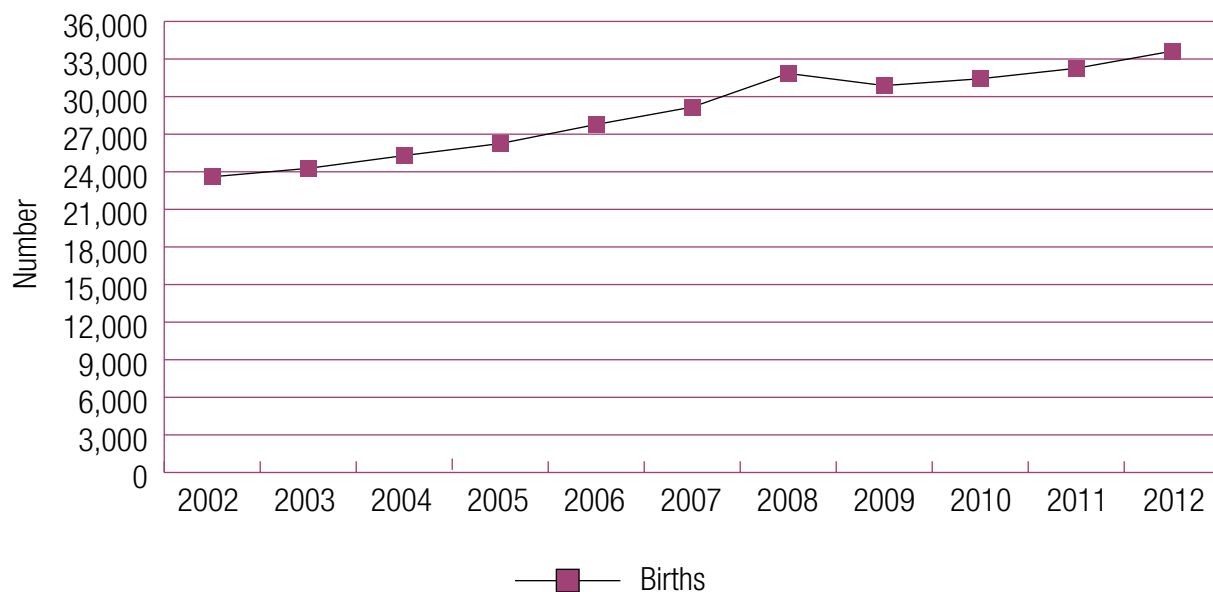
(a) Includes Mandurah, Bunbury and Wheatbelt.

(b) Includes Esperance, Goldfields, Mid West, Gascoyne, Pilbara and Kimberley.

Births

There were 33,627 births registered in WA in 2012, the largest number ever recorded in the State. The number of births increased strongly and steadily over the last decade: the 33,627 births registered in 2012 represent a 4.2 per cent increase since 2011 (32,259) and a 42.5 per cent increase since 2002 (23,601) (Figure 2.2).

Figure 2.2: Number of births: Western Australia, 2002 to 2012



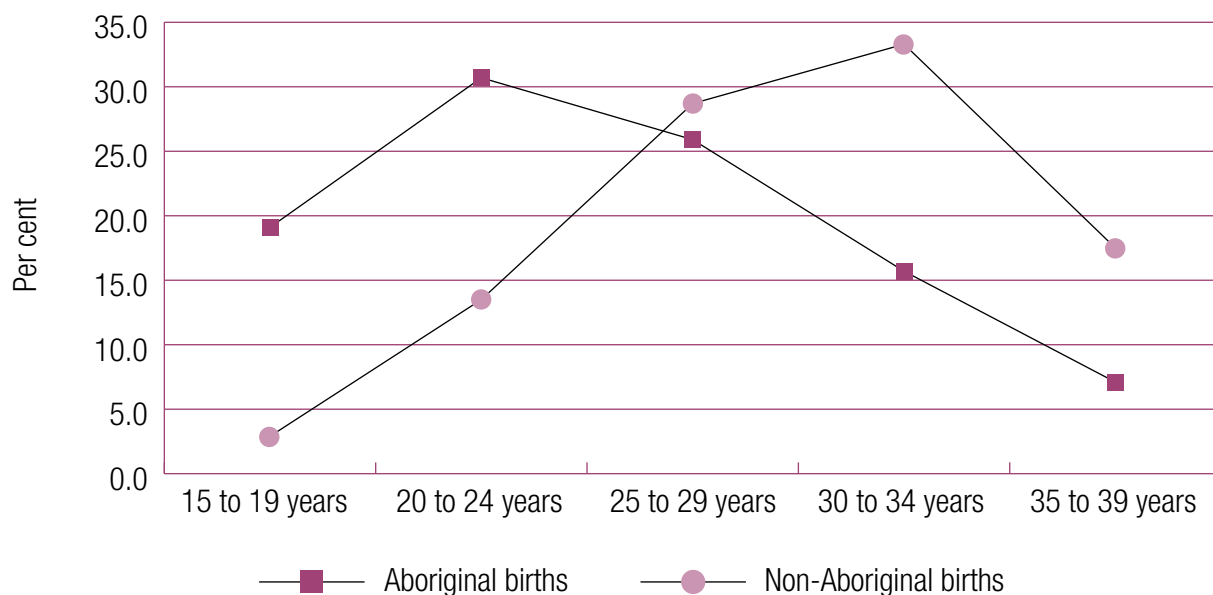
Source: Australian Bureau of Statistics 2013, *Births, Australia, 2012*

The median age of all mothers for births registered in 2012 was 30.3 years (an increase on the median age of 29.9 recorded in 2002), while the median age of fathers was 32.7 years (also an increase on the median age of 32.2 recorded in 2002).¹⁷

There were 2,658 births (7.9% of all births) registered in WA during 2012 where at least one parent reported themselves as being Aboriginal on the birth registration form. The median age of Aboriginal women who registered a birth was 24.7 years, more than five years lower than the median age of all mothers (30.3 years).¹⁸

In terms of life stages, the majority of Aboriginal births (30.7%) occurs to mothers aged 20 to 24 years. In comparison, the majority of non-Aboriginal births (33.3%) occurs to mothers aged 30 to 34 years of age (Figure 2.3).

Figure 2.3: Proportion of overall births: in per cent, by Aboriginal and non-Aboriginal and age group, Western Australia, 2012



Source: Australian Bureau of Statistics 2013, *Births, Australia, 2012*

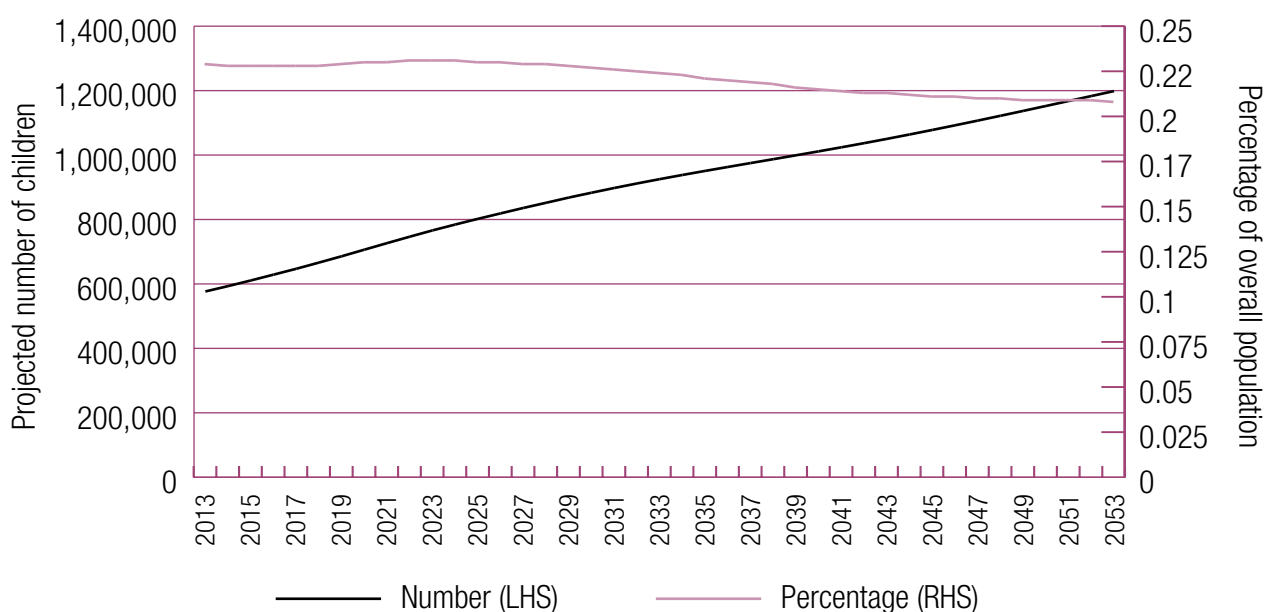
The most current statistics from the WA Registry of Births, Deaths and Marriages show that the number of births has increased again with 34,748 births registered in 2013.¹⁹

Projected growth

The Australian Bureau of Statistics (ABS) projects that WA's population will more than double over the next 40 years, reaching 5.75 million people in 2053.²⁰

The number of children and young people is projected to increase by 97 per cent to almost 1.2 million by 2053.²¹ Most of this growth is expected to occur in Perth, with smaller population increases in regional areas. However, the proportion of children and young people in the overall population is projected to decrease due to Australia's ageing population (Figure 2.4).

Figure 2.4: Projected number and percentage of children and young people: Western Australia, 2013 to 2053



Source: Australian Bureau of Statistics 2013, *Population Projections, Australia, 2012 (base) to 2101*

Education and care

Childhood and care

Almost one-half (48%) of WA children aged less than two years and 70 per cent of children aged two to three years attend some type of care.²² Child care arrangements become less common once children commence formal schooling (Table 2.4).

Children aged 0 to 12 years in the Perth metropolitan area are more likely to attend some type of child care than those in regional areas (52% compared to 40%).²³ Children from one-parent families are more likely than children living in couple families (59% compared to 47%) to attend some type of care.²⁴

Table 2.4: Type of care attended by children aged 0 to 12 years: number and in per cent, Western Australia, 2011

	Under 2 years		2 to 3 years		4 to 5 years		6 to 12 years	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Usual child care arrangement*	29,000	48.0	43,000	70.0	28,000	47.0	86,000	43.0
No usual child care arrangement	32,000	52.0	19,000	30.0	31,000	53.0	114,000	57.0
Total	61,000	100.0	62,000	100.0	60,000	100.0	199,000	100.0

Source: ABS 2012, *Childhood Education and Care, Australia, June 2011*

* Includes formal care (Long Day Care, Family Day Care, Before and/or After School Care and other) and informal care (provided by a relative such as grandparent, non-resident parent, brother/sister or other relative).

School education

Between semester 2 2012 and semester 2 2013, the number of school students enrolled in Western Australia rose from to 408,166 to 419,633, an increase of 2.8 per cent (Table 2.5).

Government schools remained the largest provider of school education in Western Australia with almost twice as many students enrolled in public schools than in private schools. In government schools student numbers increased by 3.4 per cent while in non-government schools numbers increased by 1.7 per cent (Table 2.5).

There were 26,863 Aboriginal students enrolled in semester 2 2013, representing 6.4 per cent of all students.²⁵

Table 2.5: Number of school students: by sector, Western Australia, Semester 2 2013

	Kindergarten	Pre-Primary	Years 1 to 7	Years 8 to 12	Total	Difference from 2012 to 2013
	Number	Number	Number	Number	Number	Per cent
Government	23,322	25,304	150,522	77,557	276,705	3.4
Non-government	11,119	8,934	66,138	56,737	142,928	1.7
Total*	34,441	34,238	216,660	134,294	419,633	2.8

Source: WA Department of Education 2013, *Summary Statistics of Schools and Full-Time Students*

* Total does not include students in community and independent pre-schools.

The north and south metropolitan education regions comprised 325,080 or 77.5 per cent of all students. The remainder were enrolled in schools in regional and remote education regions. Around 10 per cent of students attended schools in the South West education region.

Student numbers increased between 2012 and 2013 in every education region. The strongest increase occurred in the South metropolitan education region (3.5%) followed by the South West (3.2%) (Table 2.6).

Table 2.6: Number of school students²⁶: by education region of Western Australia, Semester 2 2013

	Kindergarten & Pre-Primary	Primary students	Secondary students	Total students	Proportion of all students	Difference from 2012 to 2013
	Number	Number	Number	Number	Per cent	Per cent
Goldfields	2,016	6,132	3,290	11,438	3.3	0.4
Kimberley	1,423	4,510	1,636	7,569	2.0	1.7
Mid West	2,228	6,965	3,813	13,006	3.1	2.4
North Metropolitan	26,261	83,098	55,145	164,504	39.2	2.5
Pilbara	1,826	5,255	2,191	9,272	2.2	0.9
South Metropolitan	26,478	82,317	51,781	160,576	38.3	3.5
South West	6,424	21,852	13,411	41,687	9.9	3.2
Wheatbelt	2,023	6,531	3,027	11,581	2.8	1.5
Total*	68,679	216,660	134,294	419,633	100.0	2.8

Source: WA Department of Education, *Summary Statistics of Schools and Full-Time Students*

* Total does not include students in Community and Independent Pre-schools.

Family composition

There are about 277,000 families with one or more children aged 0 to 17 years in WA. Of these, 73.6 per cent are couple families that are intact, 8.3 per cent are step and blended families, and 17.3 per cent are one-parent families.²⁷

WA families are broadly similar in composition to families nationally. However, WA has a lower proportion of one-parent families (17.3% compared to 19.5%) and a higher proportion of step and blended families than Australia as a whole (8.3% compared to 7.2%).²⁸

Table 2.7: Composition of families with children aged 0 to 17 years: number and in per cent, Western Australia and Australia, 2009–10

	Western Australia		Australia	
	Number	Per cent	Number	Per cent
Families with children aged 0 to 17 years				
Intact families	204,000	73.6	1,933,000	72.8
Step and blended families	23,000	8.3	190,000	7.2
Other families*	2,000	0.7	16,000	0.6
One-parent families	48,001	17.3	517,001	19.5
Total families with children aged 0 to 17 years	277,000	100.0	2,656,000	100.0
Children aged 0 to 17 years				
In intact families	387,000	74.4	3,680,000	73.4
In step and blended families	54,000	10.4	430,000	8.6
In other families*	2,000	0.4	22,000	0.4
In one-parent families	77,000	14.8	883,000	17.6
Total children aged 0 to 17 years	520,000	100.0	5,015,000	100.0

Source: Australian Bureau of Statistics 2011, *Family Characteristics, Australia, 2009–10*, cat. no. 4442.0.

* Includes 'other' couple families which are not classified as intact, step or blended, for example, grandparent families or families with only foster children present.

The proportion of one-parent families varies significantly across the regions of WA. According to the *2011 Census of Population and Housing*, the Kimberley region has the highest proportion of one-parent families at 32.5 per cent while the Pilbara region has the lowest at 14.0 per cent.^{29 30}

The high proportion of one-parent families in the Kimberley region is partly explained by the relatively high number of Aboriginal families. The *Western Australian Aboriginal Child Health Survey* found that more than one-third of Aboriginal families are one-parent families (compared to less than one-fifth of all WA families). Aboriginal families also have a higher percentage of step and blended families than non-Aboriginal families.³¹

Housing

About two-thirds (67.0%) of dwellings in WA are owned and one-third (33.0%) are rented. Among those households that are renting, around 3.8 per cent are in State Government rental dwellings (Table 2.8).

In terms of change over the last decade, a smaller proportion of WA dwellings are owned without a mortgage (down by 5.6%) and a greater proportion of dwellings are rented from a private landlord (up by 5.5%).

Table 2.8: Occupied dwellings: in per cent, by tenure and landlord type, Western Australia, 1999–00, 2007–08 and 2011–12

	1999-00	2007-08	2011-12	Change from 2000 to 2012 in per cent
Owner				
Without a mortgage	32.6	31.4	27.0	-5.6
With a mortgage	37.4	36.4	40.0	2.6
Renter				
State Government	5.6	4.3	3.8	-1.8
Private landlord	19.3	23.7	24.8	5.5
Other	5.1	4.2	4.4	-0.7

Source: Australian Bureau of Statistics 2013, *Housing Occupancy and Costs*, 2011–12

The availability of State government housing has fallen behind demand due to a number of factors including strong population growth. The *Report on Government Services 2014* shows that the number of tenable dwellings³² in WA has increased in the past four years from 30,838 in 2009 to 32,701 in 2013, however demand has risen dramatically. There were 21,218 applicants on the waiting list for State government housing in 2013, with 3,007 of those being 'new greatest need applicants'.³³

Data provided by the WA Department of Housing shows that more than 40 per cent of applicants on the waiting list for State government rental housing are families with children under 18 years of age and that almost one-half of those applicants are single parent families.³⁴

Table 2.9: Number of households on State government rental housing waiting list: number and in per cent, by household composition, Western Australia, at 30 June 2012

	Number	Per cent
Households with 1 or more children aged 0 to 17 years		
Couple family	1,700	7.4
Multiple family group	1,233	5.4
Other	2,451	10.7
Single-parent family	4,483	19.6
Households with no children aged 0 to 17	13,004	56.9
All household types	22,871	100.0

Source: WA Department of Housing 2013, custom report (unpublished)

The total number of children and young people on the waiting list (with their parent(s) or guardian) in 2012 was 19,825.³⁵

Table 2.10: Children and young people on State government rental housing waiting list: number, by household composition, Western Australia, at 30 June 2012

	Number
Couple family	4,264
Single-parent family	8,846
Multiple family group	2,391
Other	4,324
Total	19,825

Source: WA Department of Housing 2013, custom report (unpublished)

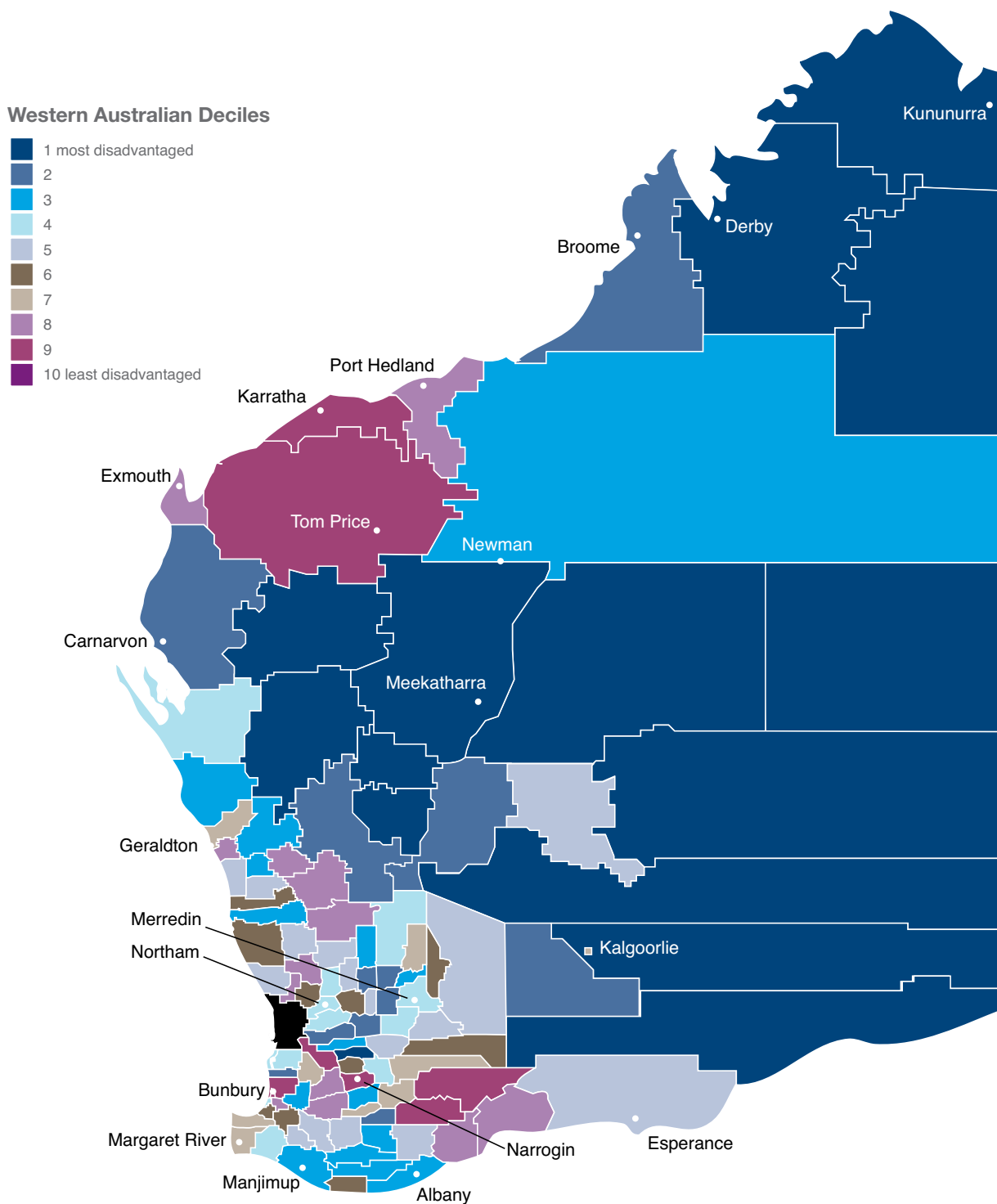
Socio-economic disadvantage

Socio-Economic Indexes for Areas (SEIFA) is a suite of measures developed to assist in the assessment of the welfare of Australian communities. The ABS has developed four indexes to allow ranking of areas, providing a method of determining the level of social and economic wellbeing in each region.³⁶

A low score indicates a relative high rate of disadvantage, such as many families with low income, low qualifications and people in low skilled occupations. A high score indicates a relative low rate of disadvantage, such as few households with low incomes, no qualifications or people in low skilled occupations.³⁷

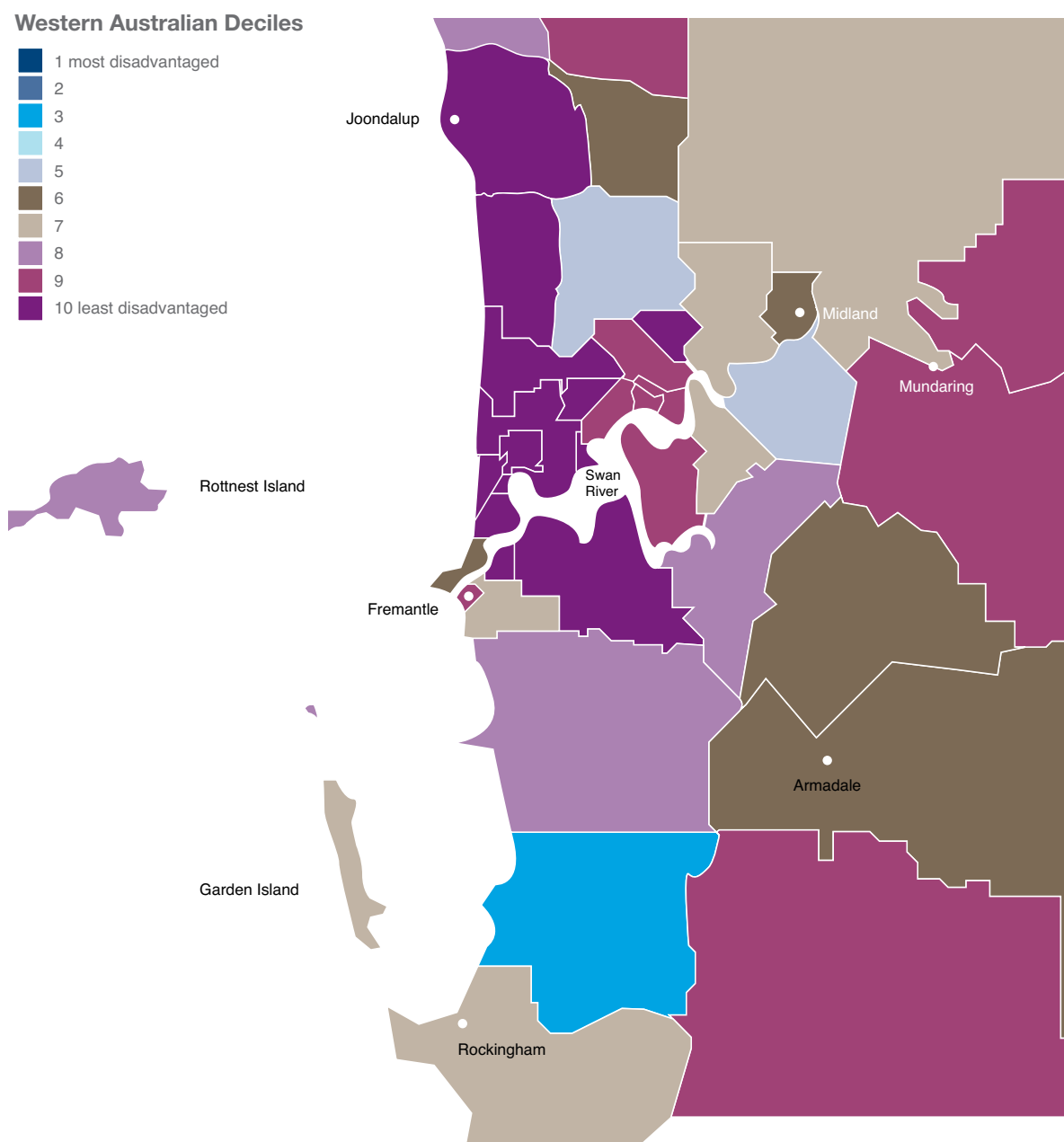


Map 2.1: SEIFA Index of relative disadvantage by Statistical Local Areas (SLAs) of Western Australia, 2011



Source: ABS 2013, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA)*, Australia, 2011

Map 2.2: SEIFA Index of relative disadvantage by Statistical Local Areas (SLAs) of Perth, 2011



Source: ABS 2013, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA)*, Australia, 2011

2.2 Diversity

Aboriginal children and young people

The Australian Bureau of Statistics estimates that 6.7 per cent of children and young people in WA are Aboriginal. This represents 12.8 per cent of all Aboriginal children and young people in Australia.³⁸

Table 2.11: Aboriginal children and young people aged 0 to 17 years: number and in per cent, Western Australia, 2011

Age Group	Number of Aboriginal children	Number of all children	Percentage of Aboriginal children in total population 0 to 17
0 to 8 years	18,757	275,311	6.8
9 to 14 years	12,132	177,750	6.8
15 to 17 years	5,716	91,715	6.2
Total 0 to 17 years	36,605	544,776	6.7

Source: Australian Bureau of Statistics 2013, *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*

There are a number of significant differences between the Aboriginal population of WA and the total population:

Age structure

The proportion of children and young people in the Aboriginal population is almost double that of the proportion of children and young people in the non-Aboriginal population (41.5% compared to 22.4%).³⁹ In other words, Aboriginal 0 to 17 year-olds represent more than 40 per cent of the total population of Aboriginal people in WA.

Geographical distribution

Around 60 per cent of Aboriginal children and young people aged 0 to 19 years live outside the Perth metropolitan area compared to 22 per cent of non-Aboriginal children and young people.⁴⁰

Table 2.12: Children and young people aged 0 to 19 years: number and in per cent, by age group, by region and by Aboriginal and non-Aboriginal, Western Australia, 2011

	0 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
Broome	623	702	594	698	557	574	497	387
Geraldton	997	3,327	941	3,397	972	3,571	817	3,193
Kalgoorlie	847	3,960	824	3,613	782	3,432	712	3,162
Kununurra	737	335	839	284	771	218	615	174
Perth	3,936	109,802	3,794	102,051	3,845	103,443	3,827	113,583
South Hedland	966	3,788	1,042	3,075	935	2,489	940	2,036
South-Western WA	1,739	23,881	1,754	24,037	1,719	25,099	1,369	22,567
West Kimberley	590	185	586	127	499	84	412	116
Total	10,435	145,980	10,374	137,282	10,080	138,910	9,189	145,218

Source: Australian Bureau of Statistics 2013, *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*

Table 2.13: Children and young people aged 0 to 19 years: number and in per cent, by region and by Aboriginal and non-Aboriginal, Western Australia, 2011

	Aboriginal	Non-Aboriginal	% Aboriginal
Broome	2,271	2,361	49.0
Geraldton	3,727	13,488	21.6
Kalgoorlie	3,165	14,167	18.3
Kununurra	2,962	1,011	74.6
Perth	15,402	428,879	3.5
South Hedland	3,883	11,388	25.4
South-Western WA	6,581	95,584	6.4
West Kimberley	2,087	512	80.3
Total	40,078	567,390	6.6

Source: Australian Bureau of Statistics 2013, *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*

Children with disability

According to data collected through the WA Health & Wellbeing Surveillance System (HWSS), 8.9 per cent of 0 to 15 year-olds in WA are living with disability, long-term illness or pain that puts a burden on the family.⁴¹ In 2012, girls were somewhat more likely to live with disability than boys (9.7% and 8.2% respectively).

Table 2.14: Prevalence of ‘disability, long-term illness or pain that puts a burden on the family’ in children aged 0 to 15 years: in per cent, Western Australia, 2012

	Per cent
Age group	
0 to 4 years	4.5
5 to 9 years	9.2
10 to 15 years	12.5
Total 0 to 15 years	8.9
Gender	
Boys 0 to 15 years	8.2
Girls 0 to 15 years	9.7

Source: Tomlin, S and Joyce S 2013, *The Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

Based on results from the most recent Survey of Disability, Ageing and Carers, the Australian Bureau of Statistics (ABS) estimates that 8.3 per cent of 0 to 14 year-olds in WA live with disability.⁴²

Data provided by the Disability Services Commission shows that 6,667 children and young people in WA accessed a disability services provider in 2011.^{43 44} This represents 1.2 per cent of the overall population of 0 to 17 year-olds in WA. Aboriginal children and young people represented 6.3 per cent of clients and male children were more than twice as likely to access a disability services provider than female children.⁴⁵

Children and young people born overseas

Almost one in five children and young people in WA were born overseas. Data from the *2011 Census of Population and Housing* shows that 18.4 per cent of 0 to 17 year-olds in WA were born in a country other than Australia.

For WA's children and young people the most common country of birth after Australia is the United Kingdom (3.4%), followed by New Zealand (1.7%), South Africa (1.3%) and India (0.5%).⁴⁶





Table 2.15: Selected countries of birth for children aged 0 to 17 years: number and in per cent, Western Australia, 2011

Country of birth	Number of children	Percentage of total population
Australia	431,803	81.6
United Kingdom, Channel Islands and Isle of Man	18,187	3.4
New Zealand	8,765	1.7
South Africa	7,046	1.3
India	2,836	0.5
Malaysia	2,148	0.4
Indonesia	1,331	0.3
United States of America	1,660	0.3
China (excludes SARs and Taiwan)	1,415	0.3
Born elsewhere	54,290	10.3
Total*	529,481	100.0

Source: Australian Bureau of Statistics, *2011 Census of Population and Housing*. Findings based on use of ABS TableBuilder Pro data.

* The total number of children used in this table is the 2011 census count of 0 to 17 year-olds in WA. This count differs to the estimates of the resident population (ERP) used elsewhere in this document.

Language spoken at home

More than one in 10 children and young people in WA (10.6%) speak a language other than English as the main language at home.

The most commonly spoken languages other than English for children aged 0 to 17 years are Southeast Asian languages including Vietnamese, Indonesian and Malay (13,767 speakers) and Eastern Asian languages including Mandarin and Cantonese (9,552 speakers).⁴⁷

Table 2.16: Languages spoken at home for children aged 0 to 17 years: number and in per cent, Western Australia, 2011

Language	Number of children	Percentage of total population
Language other than English (LOTE)	56,087	10.6
Southeast Asian languages	13,767	2.6
Eastern Asian languages	9,552	1.8
Southwest & Central Asian languages	6,896	1.3
Southern Asian languages	6,526	1.2
Southern European languages	6,190	1.2
Eastern European languages	4,595	0.9
Australian Indigenous languages	3,309	0.6
Northern European languages	2,901	0.5
Other	2,351	0.4
English	435,843	82.3
Not stated	29,414	5.6
Total*	529,481	100.0

Source: Australian Bureau of Statistics, *2011 Census of Population and Housing*. Findings based on use of ABS TableBuilder Pro data.

* The total number of children used in this table is the 2011 census count of 0 to 17 year-olds in WA. This count differs to the estimates of the resident population (ERP) used elsewhere in this document.



Children arriving as humanitarian entrants

One-fifth of humanitarian entrants⁴⁸ arriving in WA are children and young people. During 2012–13, 252 children and young people under the age of 18 years arrived in WA.⁴⁹ Myanmar (Burmese) was the most common nationality for child humanitarian entrants.

Table 2.17: Humanitarian entrants aged 0 to 17 years arriving in Western Australia: number, by age group, program year 2012–13

Age group of child entrants	Total of all WA child entrants per age group	Age group as percentage of all entrants 0 to 17 years
0 to 8 years	139	55.2
9 to 14 years	53	21.0
15 to 17 years	60	23.8
Total WA child entrants	252	100.0
Total WA entrants (all ages)	1,161	
WA child entrants as a percentage of all entrants	21.7	

Source: Department of Social Services 2014, custom report (unpublished)

Note: The Humanitarian Entrants Management System (HEMS) database reports on data sourced from the HEMS. There are limitations in the data capture, the actual data and the reporting system.

Table 2.18: Humanitarian entrants aged 0 to 17 years arriving in Western Australia: number, by nationality, program year 2012–13

	Total WA child entrants	Total WA entrants (all ages)
Myanmar (Burma)	89	297
Afghanistan	51	344
Iran	26	77
Stateless person	20	70
Iraq	16	77
Total top 5 nationalities	202	865

Source: *Department of Social Services 2014*, custom report (unpublished)

Note: The Humanitarian Entrants Management System (HEMS) database reports on data sourced from the HEMS. There are limitations in the data capture, the actual data and the reporting system.

Religion

According to the *2011 Census of Population and Housing* almost 60 per cent of children and young people in WA have a religious affiliation with the large majority of these children being Christian (53.2% of all children in WA). About 30 per cent of children and young people have no religious affiliation.⁵⁰

Table 2.19: Religious affiliation for children aged 0 to 17 years: number and in per cent, Western Australia, 2011

	Number of children aged 0 to 17	Percentage of overall population aged 0 to 17
Proportion of population with religious affiliation	311,565	58.8
Christian	281,660	53.2
Islam	13,369	2.5
Buddhism	8,073	1.3
Hinduism	4,679	0.9
Judaism	1,144	0.2
Other religions	2,640	0.5
No religious affiliation	162,717	30.7
Supplementary codes*	3,603	0.7
Not stated	51,596	9.7
Total**	529,481	100.0

Source: Australian Bureau of Statistics, *2011 Census of Population and Housing*. Findings based on use of ABS TableBuilder Pro data.

* Supplementary codes are used in the Census to process inadequately described responses. See the Glossary for more information.

** The total number of children used in this table is the 2011 census count of 0 to 17 year-olds in WA. This count differs to the estimates of the resident population (ERP) used elsewhere in this document.



13. Australian Bureau of Statistics 2013, *Australian Demographic Statistics, Jun 2013*, cat. no. 3101.0, Table 55. Estimated Resident Population By Single Year Of Age, Western Australia, data cube: Excel spreadsheet, viewed 12 February 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Jun%202013?OpenDocument>
14. The most current Estimated Resident Population (ERP) data for regions of WA that is available at the time of writing is data for 2012. The most current ERP data for all of WA is data for 2013.
15. Includes Mandurah, Bunbury and Wheatbelt. For more information on the exact geography of these regions see Australian Bureau of Statistics 2011, *Australian Standard Geographical Classification (ASGC), July 2011*, cat. no. 1216.0, Publications: Western Australia ASGC Edition 2011 pdf maps [website], viewed 17 February 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1216.0July%202011?OpenDocument>
16. Includes Esperance, Goldfields, Mid West, Gascoyne, Pilbara and Kimberley. For more information on the exact geography of these regions see Australian Bureau of Statistics 2011, *Australian Standard Geographical Classification (ASGC), July 2011*, cat. no. 1216.0, Publications: Western Australia ASGC Edition 2011 pdf maps [website], viewed 17 February 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1216.0July%202011?OpenDocument>
17. Australian Bureau of Statistics 2013, *Births, Australia, 2012*, cat. no. 3301.0, Table 11: Births of Aboriginal and Torres Strait Islander Australians, Summary, States and territories – 2005 to 2012, data cube: Excel spreadsheet, viewed 12 February 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3301.02012?OpenDocument>
18. Australian Bureau of Statistics 2013, *Births, Australia, 2012*, cat. no. 3301.0, Table 11: Births of Aboriginal and Torres Strait Islander Australians, Summary, States and territories – 2005 to 2012, data cube: Excel spreadsheet, viewed 12 February 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3301.02012?OpenDocument>
19. WA Registry of Births, Deaths and Marriages 2014, 'Statistics' [website], viewed 17 February 2014, <www.bdm.dotag.wa.gov.au/S/statistics.aspx?uid=5227-3572-2658-8961>
20. Australian Bureau of Statistics 2013, *Population Projections, Australia, 2012 (base) to 2101*, cat. no. 3222.0, Table B5. Population projections, By age and sex, Western Australia – Series B, data cube: Excel spreadsheet, viewed 12 February 2014, <[www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02012%20\(base\)%20to%202101?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02012%20(base)%20to%202101?OpenDocument)>
21. Australian Bureau of Statistics 2013, *Population Projections, Australia, 2012 (base) to 2101*, cat. no. 3222.0, Table B5. Population projections, By age and sex, Western Australia – Series B, data cube: Excel spreadsheet, viewed 12 February 2014, <[www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02012%20\(base\)%20to%202101?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02012%20(base)%20to%202101?OpenDocument)>
22. Includes formal care (eg long day care, family day care) and informal care (eg care provided by a relative).
23. Australian Bureau of Statistics 2012, *Childhood Education and Care, Australia, Datacubes, June 2011*, cat. no. 4402.0.55.003, 'Western Australia', datacube: Excel spreadsheet, viewed 12 February 2014, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4402.0June%202011?OpenDocument#Data>>
24. Ibid.
25. WA Department of Education 2013, *Summary Statistics of Schools and Full-Time Students, 'Aboriginal student numbers by Education Sector and Education Region'* [website], viewed 12 February 2014, <www.det.wa.edu.au/schoolinformation/detcms/navigation/statistical-reports/?page=2&#toc2>
26. Includes students in government and non-government schools.
27. Australian Bureau of Statistics 2011, *Family Characteristics, Australia, 2009–10*, cat. no. 4442.0
28. Ibid.
29. Counting families with dependent children.
30. Australian Bureau of Statistics, *2011 Census of Population and Housing*. Findings based on use of ABS TableBuilder Pro data.



31. Silburn SR et al 2006, *The Western Australian Aboriginal Child Health Survey: Strengthening the Capacity of Aboriginal Children, Families and Communities*, Curtin University of Technology and Telethon Institute for Child Health Research.
32. Dwelling tenantability is related to the concept of tenant, with its associated rights and responsibilities. A tenatable dwelling usually provides a certain level of basic amenity and maintenance is completed to the required minimum level. See also the Glossary. Compare AIHW 2014, METeOR metadata registry [website], viewed 17 March 2014, <meteor.aihw.gov.au/content/index.phtml/itemId/269590>
33. SCRGSP (Steering Committee for the Review of Government Service Provision) 2014, *Report on Government Services 2014*, Volume G: Housing and homelessness, p. 2 of Table 17A.5
34. WA Department of Housing 2013, data as at 30 June 2012, custom report.
35. WA Department of Housing 2013, data as at 30 June 2012, custom report.
36. Australian Bureau of Statistics 2008, *Information Paper: An Introduction to Socio-Economic Indexes for Areas (SEIFA)*, Cat. No. 2039.0, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2039.0Main+Features12006?OpenDocument>
37. Ibid.
38. Australian Bureau of Statistics 2013, *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*, cat. no. 3238.0.55.001, Table 'Estimated resident Aboriginal and Torres Strait Islander and Non-Indigenous population', Remoteness Areas, Single year of age, 30 June 2011, data cube: Excel spreadsheet, viewed 27 February 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.0.55.001June%202011?OpenDocument>
39. Ibid.
40. Ibid.
41. Tomlin S and Joyce S 2013, *The Health and Wellbeing of Western Australian Children 2012: Overview and Trends*, Department of Health WA, Perth.
42. Australian Bureau of Statistics 2012, *Disability, Ageing and Carers, Australia: Summary of Findings, 2009, State Tables for Western Australia*, cat. no. 4430.0 [website], viewed 12 December 2012, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4430.0Main+Features12012>
43. The Disability Services Commission was established in December 1993 under the *Disability Services Act 1993* (WA). It is the State Government agency responsible for advancing opportunities, community participation and quality of life for people with disabilities. The Commission provides a range of direct services and support and also funds non-government agencies to provide services to people with severe and profound disabilities, their families and carers. For more information refer to *The Disability Services Act 1993* [website], <www.austlii.edu.au/au/legis/wa/consol_act/dsa1993213/>
44. Customised data for 2012 and 2013 was requested but not available at the time of writing.
45. WA Disability Services Commission 2012, custom report.
46. Australian Bureau of Statistics, *2011 Census of Population and Housing*. Findings based on use of ABS TableBuilder Pro data. Pre-defined Topic *Country of Birth of Person by Sex*.
47. Australian Bureau of Statistics, *2011 Census of Population and Housing*. Findings based on use of ABS TableBuilder Pro data. Pre-defined Topic *Cultural and Language Diversity*.
48. Humanitarian entrants include persons entering Australia on refugee, protection and special humanitarian visa categories, granted both offshore and onshore.
49. Department of Social Services 2014, custom report (unpublished).
50. Australian Bureau of Statistics, *2011 Census of Population and Housing*. Findings based on use of ABS TableBuilder Pro data. Pre-defined Topic *Cultural and Language Diversity*.

3. Health and Safety

About this domain

The health and safety of children is a strong indicator of the value a society places on children. Being healthy and safe has a direct relationship with a child's wellbeing.

Health influences begin even before birth. A healthy start to life contributes to good wellbeing for a child, encouraging participation in education and recreation.⁵¹ Physical and mental health affect all aspects of life and all areas of wellbeing.⁵²

The measures selected for this domain include a range of impacts on the health and safety of children and young people.

The companion reports *Building Blocks* Editions One and Two include information about 126 programs which have been shown to be effective in improving the wellbeing of children and young people.

Measures in this domain are:

Smoke-free pregnancy	Page 49
Alcohol-free pregnancy	Page 54
Birth weight	Page 58
Infant mortality	Page 61
Immunisation	Page 65
Child health checks	Page 70
Ear health (new)	Page 74
Oral health (new)	Page 78
Nutrition (new)	Page 83
Physical activity	Page 91
Body weight	Page 99
Mental health	Page 105
Self-harm and suicide (new)	Page 110
Hospitalisations for injury and poisoning	Page 117
Deaths from injury and poisoning	Page 124
Family and domestic violence	Page 130
Parental use of alcohol and drugs	Page 134
Abuse or neglect: substantiations	Page 139
Out-of-home care	Page 145

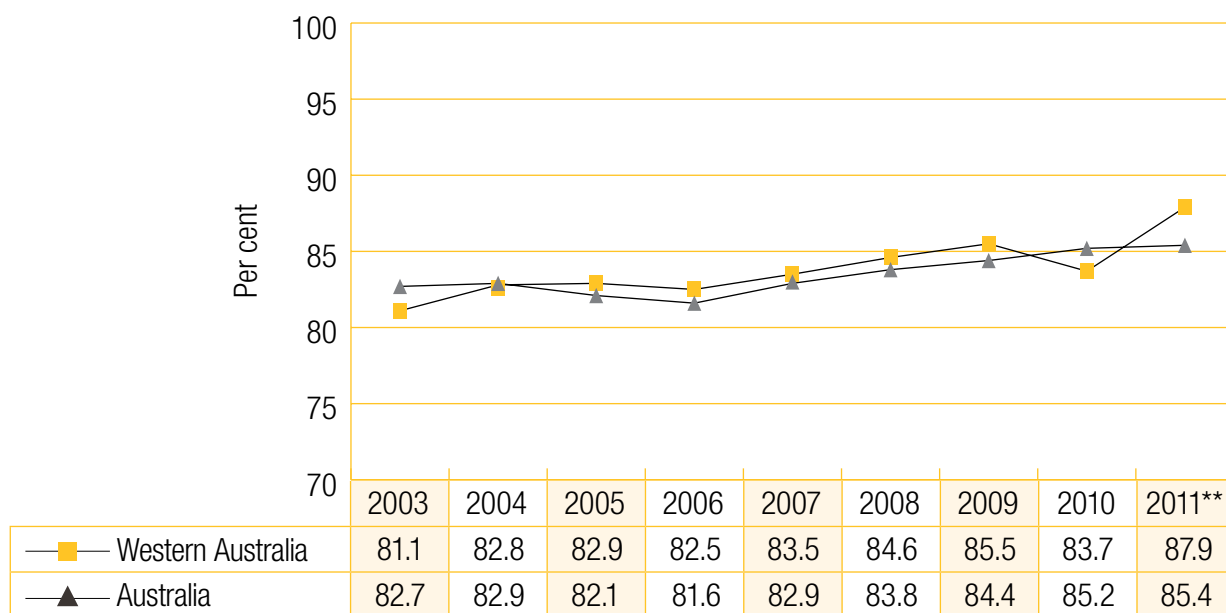


3.1 Smoke-free pregnancy

Why this measure is included

The effects of maternal smoking can persist throughout a child's life. There is strong evidence that smoking in pregnancy is associated with low birth weight, growth retardation in the fetus and increased risks of prematurity. There is also evidence of association with sudden infant death syndrome (SIDS).^{53 54}

Figure 3.1: Women who did not smoke in pregnancy: in per cent, Western Australia and Australia, 2003 to 2011



Source: AIHW, *Australia's mothers and babies*, 2003–2011 [series]

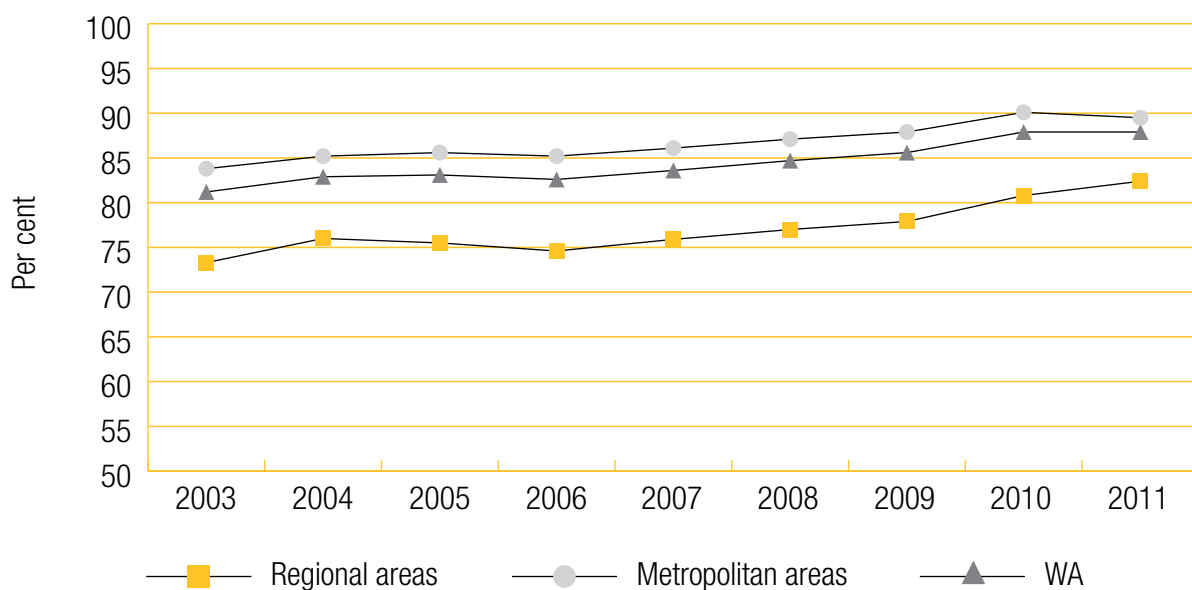
* For WA 2010 and 2011, 'Did not smoke' includes 'Not determined' average number of tobacco cigarettes smoked per day in first 20 weeks of pregnancy and after 20 weeks of pregnancy.

** The percentage for Australia for 2011 differs from the percentage published in *Australia's mothers and babies 2011*. The published 2011 data for Australia is not comparable with previous year data. In 2011, the percentage was calculated after excluding records with missing values (women with unknown smoking status). In order to allow for comparison over time, AIHW have provided the 2011 data shown in this figure as part of a custom report.

Note: Mother's tobacco smoking status during pregnancy is self-reported.



Figure 3.2: Women who did not smoke in pregnancy: in per cent, by metropolitan and regional, Western Australia, 2003 to 2011



Source: Data supplied by WA Department of Health, Maternal and Child Health Unit 2014, custom report (unpublished)

Table 3.1: Women who did not smoke in pregnancy: in per cent, by Aboriginal and non-Aboriginal and by region of Western Australia, Western Australia and Australia, 2011

	Aboriginal	Non-Aboriginal
North Metropolitan	53.6	92.6
South Metropolitan	50.7	88.3
Goldfields	59.2	84.6
Great Southern	53.4	87.2
Kimberley	54.5	90.2
Mid West	60.4	87.3
Pilbara	64.4	90.3
South West	53.0	87.5
Wheatbelt	39.2	85.0
WA	54.9	89.8
Australia	50.0	88.3

Source: Data supplied by WA Department of Health, Maternal and Child Health Unit 2014, custom report (unpublished); Australian comparison figure from Li Z et al 2013, *Australia's mothers and babies 2011*, Perinatal statistics series no. 28. Cat. no. PER 59, AIHW National Perinatal Epidemiology and Statistics Unit

Note: The percentage of Aboriginal and non-Aboriginal women who smoked during pregnancy was calculated after excluding women with unknown smoking status. Care must be taken when comparing percentages over time.

Table 3.2: Women who did not smoke in pregnancy: in per cent, states and territories, 2011

WA	NSW	Vic	Qld	SA	Tas	ACT	NT	Australia
87.9	88.8	87.8	83.9	83.0	81.6	90.0	74.0	86.8

Source: Li Z et al 2013, *Australia's mothers and babies 2011*, Perinatal statistics series no. 28. Cat. no. PER 59, AIHW National Perinatal Epidemiology and Statistics Unit

Note: Percentages calculated after excluding records with missing values (women with unknown smoking status). Care must be taken when interpreting percentages.

What is this measure?

This measure reports on the proportion of women who did not smoke during pregnancy.

The Australian Institute of Health and Welfare, National Perinatal Epidemiology and Statistics Unit, collates data on maternal health and wellbeing from each jurisdiction across Australia. This data is published annually in the *Australia's mothers and babies report series*.

Disaggregated data by area of residence and Aboriginal status was provided by the WA Department of Health's Maternal and Child Health Unit as part of a custom report.

Commentary

Between 2003 and 2011 the number of women who did not smoke during pregnancy has increased in WA from 81.1 per cent to 87.9 per cent, moving from below to above the Australian averages of 82.7 per cent and 85.4 per cent in 2003 and 2011 respectively (Figure 3.1).⁵⁵

In 2011, WA recorded the third highest proportion (87.9%) of women who did not smoke during pregnancy in Australia behind NSW (88.8%) and the ACT (90.0%) (Table 3.2).

For each year between 2003 and 2011, pregnant women in regional areas of WA are less likely to have a smoke-free pregnancy than pregnant women in the metropolitan area (Figure 3.2). The difference between pregnant women in regional areas and those in the metropolitan area closed slightly between 2003 and 2011 (73.3% to 83.9% in 2003, compared with 82.4% to 89.5% in 2011) (Figure 3.2).

Aboriginal women are significantly more likely to smoke during pregnancy than non-Aboriginal women. Table 3.1 shows that there is considerable variation across different geographic regions of WA and between Aboriginal women and non-Aboriginal women. In 2011, Aboriginal women in the Pilbara region represented the highest proportion of non-smoking during pregnancy (64.4%) while Aboriginal women in the Wheatbelt region represented the lowest (39.2%). In comparison, non-Aboriginal women in the North Metropolitan region recorded the highest proportion of non-smoking during pregnancy (92.6%) while non-Aboriginal women in the Goldfields represented the lowest (84.6%).

Strategies

Western Australian Health Promotion Strategic Framework 2012–2016, Government of Western Australia

The framework sets out WA's strategic directions and priorities for the prevention of chronic disease and injury over the next five years. The goal of the framework is to lower the incidence of avoidable chronic disease and injury by improving healthy behaviours and environments.

The framework focuses on the main lifestyle risk factors including:

- overweight and obesity
- nutrition
- physical activity
- tobacco use
- harmful levels of drinking.

There is also a section on injury prevention. Further information is available at www.public.health.wa.gov.au/cproot/4462/2/wa_health_promotion_strategic_framework.pdf

Tobacco Products Control Act 2006 (WA)

The *Tobacco Products Control Act 2006* and associated regulations form the legislative component of WA's comprehensive tobacco control strategy. The Act includes:

- a prohibition on the sale and supply of tobacco products to children
- a ban on the display of tobacco products and smoking implements in most retail outlets
- a ban on smoking in outdoor eating areas, in cars where children under the age of 17 years are present, within 10 metres of playground equipment and between the flags of patrolled beaches.

The legislation is available at www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_983_homepage.html

National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs, Commonwealth Government

The National Drug Strategy provides a national framework for action to minimise the harms to individuals, families and communities from alcohol, tobacco and other drugs. Further information is available at www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/nds2015

National Tobacco Strategy 2012–2018, Commonwealth Government

The National Tobacco Strategy, developed by the Intergovernmental Committee on Drugs Standing Committee on Tobacco, is a sub-strategy under the National Drug Strategy 2010–2015. The goal of the strategy is to improve the health of all Australians by reducing the prevalence of smoking and its associated health, social and economic costs and the inequalities it causes. Further information is available at [www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/D4E3727950BDBAE4CA257AE70003730C/\\$File/National%20Tobacco%20Strategy%202012-2018.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/D4E3727950BDBAE4CA257AE70003730C/$File/National%20Tobacco%20Strategy%202012-2018.pdf)

Want to know more?

Data on maternal smoking

The annual *Australia's mothers and babies* report series provides perinatal statistics on births in Australia and is published by the Australian Institute of Health and Welfare, available at www.aihw.gov.au/publications/

The WA Department of Health publishes annual information on WA births, available at www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm

Research, reports and articles

Australia: the healthiest country by 2020. Technical Report No 2 Tobacco control in Australia: making smoking history, Commonwealth Government, available at www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/tech-tobacco

Other information

Healthway was established by the Government of Western Australia in 1991 as an independent statutory body. The key priorities for Healthway are reducing harm from tobacco, reducing harm from alcohol, reducing obesity and promoting good mental health.

Healthway provides sponsorship to sports, arts, and racing organisations to promote healthy messages, facilitate healthy environments and increase participation in healthy activities. Healthway also provides grants to a diverse array of organisations to encourage healthy lifestyles and advance health promotion programs. Further information about Healthway is available from their website www.healthway.wa.gov.au/



3.2 Alcohol-free pregnancy

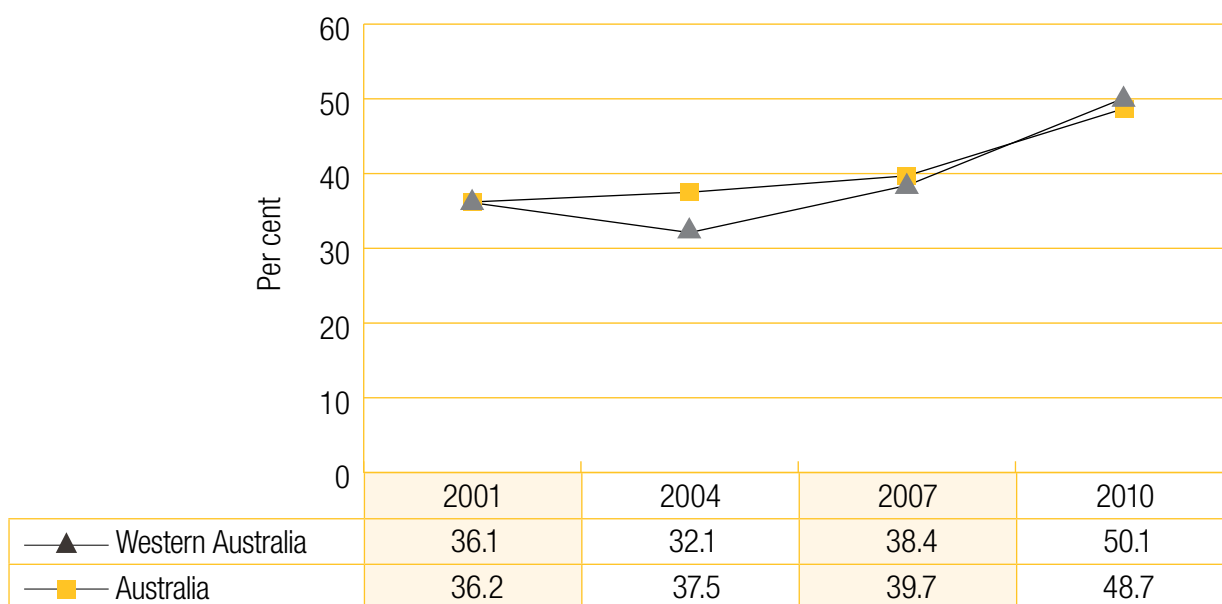
Why this measure is included

The consumption of alcohol in pregnancy can have a negative effect on a baby's wellbeing. Drinking during pregnancy is linked to a range of conditions including low birth weight, alcohol-related birth defects, alcohol-related neurodevelopmental disorders and a number of conditions that are broadly classified as Fetal Alcohol Spectrum Disorder.⁵⁶

Fetal Alcohol Spectrum Disorder can result in learning difficulties, behavioural problems, mental illness and other wellbeing issues throughout the child's life and into adulthood.⁵⁷ Fetal Alcohol Syndrome (FAS) is a severe alcohol-related condition in children that can result from drinking alcohol during pregnancy, and is one of the conditions which fall under the classification of Fetal Alcohol Spectrum Disorder. FAS is the most common preventable cause of intellectual disability in children.⁵⁸

The *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*⁵⁹ recommend not drinking alcohol at all during pregnancy to eliminate the risk of fetal alcohol exposure.

Figure 3.3: Women who consumed no alcohol in pregnancy: in per cent, Western Australia and Australia, 2001 to 2010



Source: Data supplied by AIHW 2011, from the National Drug Strategy Household Survey (NDSHS) data 2001, 2004, 2007, 2010, custom report (unpublished)

Note: Base includes women aged 14 to 49 years who were pregnant or pregnant and breastfeeding at the same time.

Table 3.3: Women who consumed no alcohol in pregnancy: in per cent, Western Australia, New South Wales, Victoria, Queensland, South Australia and Australia, 2001 to 2010

	WA	NSW	Vic	Qld	SA	Australia
2001	36.1	39.5	37.5	32.1	32.7	36.2
2004	32.1	38.7	42.0	31.8	42.3	37.5
2007	38.4	43.0	39.2	33.9	45.1	39.7
2010	50.1	48.7	51.5	50.0	39.0	48.7

Source: Data supplied by AIHW 2011, from NDSHS data 2001, 2004, 2007, 2010 (unpublished).

Note: Base includes women aged 14 to 49 years who were pregnant or pregnant and breastfeeding at the same time. Results for the ACT, NT and Tas are not shown due to small sample sizes in these jurisdictions; but are included in the Australian total.

Table 3.4: Proportion of women who drank more, less or the same amount of alcohol while pregnant: in per cent, Western Australia, 2001 to 2010

	2001	2004	2007	2010
More or same	*6.6	**4.5	**2.8	**1.0
Less	57.3	63.4	58.8	48.8
Did not drink alcohol	36.1	32.1	38.4	50.1

Source: Data supplied by AIHW 2011, from NDSHS data 2001, 2004, 2007, 2010 (unpublished).

* Estimate has a relative standard error of 25 per cent to 50 per cent and should be used with caution

** Estimate has a relative standard error greater than 50 per cent and is considered too unreliable for general use.

Note: Base includes women 14 to 49 years old who were pregnant or pregnant and breastfeeding at the same time.

What is this measure?

The National Drug Strategy Household Survey (NDSHS) collects information on alcohol use in pregnancy. The survey is conducted every three years and was last carried out in 2013. The 2013 data is not yet available and hence this measure uses data from 2001 to 2010. In 2010 data was collected from over 26,000 people across Australia aged 12 years or over. The sample size for Western Australia (WA) in 2010 was 2,473 people overall, including 1,306 females. The data is available by state and territory.

Due to the small sample size this data is not available by region or Aboriginality.

New data on alcohol use in pregnancy is currently in preparation, one by the National Perinatal Epidemiology and Statistics Unit at the Australian Institute of Health and Welfare and another by the WA Department of Health.⁶⁰

Commentary

Current research indicates that even low levels of alcohol use in pregnancy may have an adverse effect on the fetus and current National Health and Medical Research Council guidelines recommend that women do not drink at all during pregnancy.⁶¹

According to the 2010 data collected for the NDSHS and shown in Figure 3.3, 50 per cent of pregnant women in WA did not drink during their pregnancy, slightly higher than the national average of 48.7 per cent. Comparison with previous surveys shows that the proportion of women abstaining from alcohol during pregnancy has increased in WA and across Australia (Table 3.3).

Of women who continue to drink alcohol during pregnancy, almost all reported that they reduced their alcohol consumption during the pregnancy (Table 3.4).

Other research has also shown that the majority of women significantly reduce or cease alcohol consumption during pregnancy.^{62 63}

While research indicates that, generally, fewer Aboriginal women than non-Aboriginal women consume alcohol, those that do, tend to drink at more harmful levels, particularly women of childbearing age⁶⁴ increasing the risk of harm from fetal alcohol exposure for Aboriginal children.⁶⁵



Strategies

Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015, Government of Western Australia

This framework is WA's key policy document that outlines strategies which seek to prevent and reduce the adverse impacts of alcohol and other drugs in the State. It includes specific strategies for reducing alcohol use in pregnancy. The framework is available at www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=538&PortalId=0&TabId=211

The Alcohol Support Plan 2012–2015, Government of Western Australia

A supporting document to the Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015 which summarises the key objectives and supporting initiatives that will be pursued over the coming years to respond to problematic alcohol use. The plan is available at www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=743&PortalId=0&TabId=211

Strong Spirit Strong Mind – Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015, Government of Western Australia

The framework guides and informs planning, development and implementation of strategies that will help address AOD related harm in Aboriginal communities. It is available at www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=614&PortalId=0&TabId=211

The Western Australian Health Promotion Strategic Framework 2012–2016, Government of Western Australia

The framework sets out the WA Department of Health's strategic directions and priorities for the prevention of chronic disease and injury over the next five years including reducing harmful levels of alcohol consumption. Further information is available at: www.public.health.wa.gov.au/cproot/4462/2/wa_health_promotion_strategic_framework.pdf

National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs, Commonwealth Government

The Commonwealth Government's national framework to reduce harm related to alcohol and other drugs is available at [www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

Responding to the Impact of Fetal Alcohol Spectrum Disorders in Australia: A Commonwealth Action Plan, Commonwealth Government (released 2013)

The action plan has been developed in consultation with key Fetal Alcohol Spectrum Disorder (FASD) experts, consumer groups and organisations supporting FASD affected children, their mothers, families and carers. It has been informed by the work of the House of Representatives Standing Committee on Social Policy and Legal Affairs which reported on FASD in November 2012. Further information is available at www.health.gov.au/internet/publications/publishing.nsf/Content/response-fasd

National Binge Drinking Strategy, Commonwealth Government (released 2008)

This strategy aims to address Australia's harmful binge drinking culture, especially among young people. It focuses on raising awareness of the short and long-term impacts of harmful or 'risky' drinking and, over time, contribute to the development of a more responsible drinking culture within Australian society. Further information is available at <http://anpha.gov.au/internet/anpha/publishing.nsf/Content/harmful-alcohol-use>



Fetal Alcohol Model of Care, Government of Western Australia

The WA Department of Health has developed a model of care on FASD. Further information is available at www.healthnetworks.health.wa.gov.au/modelsofcare/docs/FASD_Model_of_Care.pdf

National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn, Commonwealth Government

These guidelines have been developed for use by all health care practitioners working with pregnant women experiencing a drug or alcohol use problem. The guidelines are available at www.health.nsw.gov.au/pubs/2006/pdf/ncg_druguse.pdf

Australian Guidelines to Reduce Health Risks from Drinking Alcohol, Commonwealth Government

These guidelines developed by the National Health and Medical Research Centre cover alcohol consumption during pregnancy and when breastfeeding. The guidelines are available at www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf

Want to know more?

Data related to pregnancy and birth

The National Perinatal Epidemiology and Statistics Unit website is available at www.aihw.gov.au/mothers-and-babies

Research, reports and articles

The National Organisation for Fetal Alcohol Spectrum Disorders Australia has a range of information, resources and links, available at www.nofasd.org.au/

The Australian Fetal Alcohol Spectrum Disorder Action Plan, Foundation for Alcohol Research and Education is available at www.fare.org.au/wp-content/uploads/2011/07/FARE-FASD-Plan.pdf

Alcohol and Pregnancy Resources for Health Professionals, Telethon Kids Institute are available at <http://alcoholpregnancy.telethonkids.org.au/resources/health-professionals/>

The *A picture of Australia's Children 2012* report is available at www.aihw.gov.au/publication-detail/?id=10737423343

The Intergovernmental Committee of Drugs Working Party on Fetal Alcohol Spectrum Disorders report on Fetal Alcohol Disorders in Australia is available at [www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/55FEF3DF7E89405FCA257BB0007DF141/\\$File/FASD-2012-Monograph.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/55FEF3DF7E89405FCA257BB0007DF141/$File/FASD-2012-Monograph.pdf)

Information on the Alcohol and Pregnancy and FASD Research Group, Telethon Kids Institute is available at <http://alcoholpregnancy.telethonkids.org.au/our-research/research-projects.aspx>

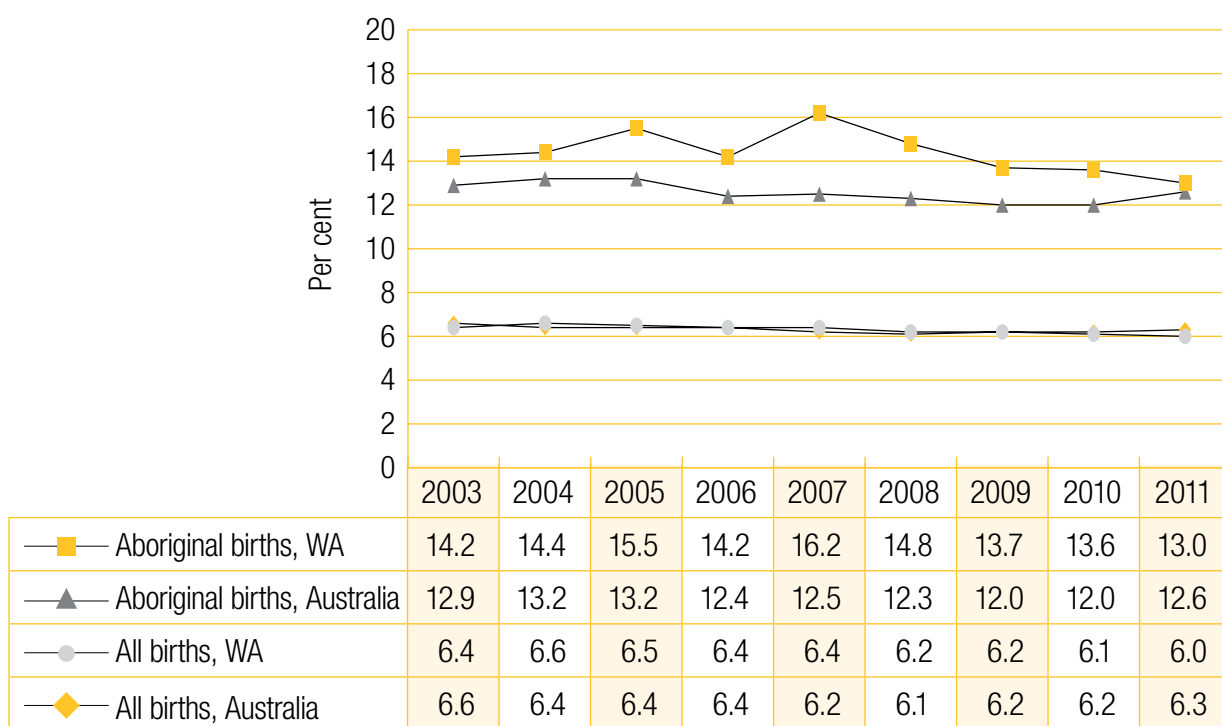
3.3 Birth weight

Why this measure is included

A baby's birth weight is a key indicator of health status. Babies are defined as low birth weight if their weight at birth is less than 2,500 grams. Babies born with a birth weight of less than 2,500 grams have an increased risk of neurological and physical disability, and morbidity in the first year. They are also more likely to experience ill-health in childhood.^{66 67}

A number of preventable risk factors are associated with poor perinatal outcomes such as low birth weight, the most common one being smoking during pregnancy.⁶⁸

Figure 3.4: Babies born at a low birth weight (less than 2,500g): in per cent, by Aboriginal births and all births, Western Australia and Australia, 2003 to 2011



Source: AIHW, *Australia's mothers and babies*, 2003–2011 [series]

Note: Only live-born babies are included in this data.

What is this measure?

The measure examines the percentage of live-born babies born at a low birth weight, that is, babies born at a birth weight of less than 2,500 grams. The data used in this measure comes from the series of annual reports *Australia's mothers and babies*, which are published by the Australian Institute of Health and Welfare (AIHW).⁶⁹ These reports provide a comprehensive collection of perinatal statistics on births in all states and territories and Australia overall.

This measure considers the overall percentage of live-born babies who were of low birth weight. It does not explore gestational age correlated birth weight.

Commentary

Figure 3.4 shows that in 2011, 6.0 per cent of babies born in WA weighed less than 2,500g. However, for babies born to Aboriginal mothers, the percentage was higher at 13.0 per cent.

The figure for WA has decreased in recent years from 6.6 per cent in 2004 to 6.0 per cent in 2011 and has always been similar to the overall Australian figure. The percentage of low-weight births in 2011 in WA (6.0%) is slightly lower than the Australian figure (6.3%).

However, when only Aboriginal mothers are considered, the WA percentage was consistently higher than the Australian figure between 2003 and 2010, with the WA figure ranging from a high in 2007 of 16.2 per cent to 13.0 per cent in 2011, compared to the Australian high of 13.2 per cent in 2005 and a low of 12.0 per cent in 2010. In 2011 the WA figure of 13.0 per cent is similar to the Australian figure of 12.6 per cent, reflecting an improvement in the WA figures since 2009 (Figure 3.4).

At an international level, the Organisation for Economic Co-operation and Development (OECD) health data for 2011 showed that Australia, with 6.2 per cent of low birth weight babies, recorded a result that was similar to the OECD average of 6.8 per cent. However, if only the babies born to Aboriginal mothers are considered, the percentage of low birth weight babies increases to 12.6 per cent, significantly higher than the OECD average and higher than any other OECD country.⁷⁰

Strategies

Improving Maternity Services: Working Together Across Western Australia. A Policy Framework, Government of Western Australia (released 2008)

Released in 2008, the main goal of this framework is to maintain a high standard of maternity care for all women and their babies. Further information is available at www.healthnetworks.health.wa.gov.au/projects/mat_services.cfm

The National Maternity Services Plan 2010

The National Maternity Services Plan provides a strategic national framework to guide policy and program development across Australia between 2010 and 2015. Further information is available at [www.health.gov.au/internet/publications/publishing.nsf/Content/BFE6AE67A9BC1BF1CA257A1B001B4B2D/\\$File/maternity%20plan.pdf](http://www.health.gov.au/internet/publications/publishing.nsf/Content/BFE6AE67A9BC1BF1CA257A1B001B4B2D/$File/maternity%20plan.pdf)

National Partnership Agreement for Indigenous Early Childhood Development 2009 to 2014

This agreement between the Commonwealth and state and territory governments is intended to improve the health and wellbeing of Aboriginal babies and families. One element of this strategy provides funding to states and territories to increase access to antenatal care, while another provides a contribution to the New Directions: Mothers and Babies service to increase access to child and maternal health care for Aboriginal families. The agreement is available at www.federalfinancialrelations.gov.au/content/npa/health_indigenous/ctg-early-childhood/national_partnership.pdf

Want to know more?

Data on birth weight

The WA Department of Health publishes annual information on WA births, available at www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm

The annual *Australia's mothers and babies* report provides perinatal statistics on births in Australia and is published by the Australian Institute of Health and Welfare, available at www.aihw.gov.au/publications/

Other information

Improving Maternity Services in Australia: The Report for the Maternity Services Review 2009, Australian Government

Further information on the maternity services review is available at www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesreview

The Commonwealth Government responded to the recommendations of the report with the \$120.5 million Budget package in 2009–10, 'Providing More Choice in Maternity Care – Access to Medicare and PBS for Midwives'. Details of this Budget package are available at www.health.gov.au/internet/budget/publishing.nsf/Content/budget2009-hmedia05.htm

The Aboriginal Maternity Services Support Unit (AMSSU) is supported by King Edward Memorial Hospital, and was developed in conjunction with recommendations from the Aboriginal Health Council of WA. The Unit is funded through the National Partnership Agreement on Indigenous Early Childhood Development.

More information on the Unit is available at www.kemh.health.wa.gov.au/services/amssu/index.htm

The *Moort boodjari* mia maternity health service for Aboriginal families in the north metropolitan area of WA provides support to pregnant Aboriginal women and their families. Information is available at www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=936

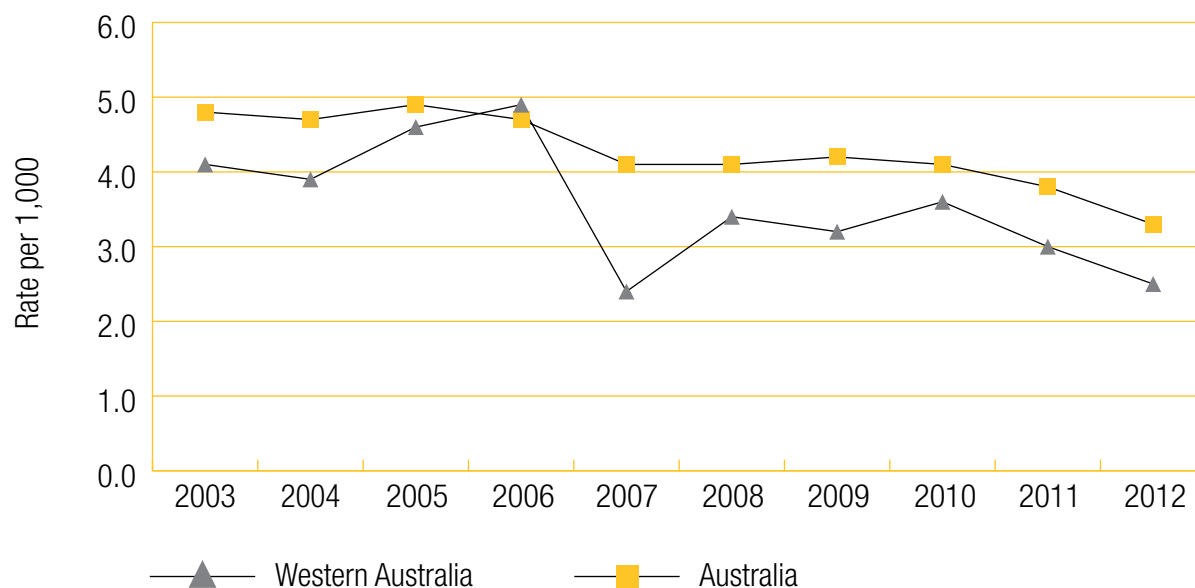


3.4 Infant mortality

Why this measure is included

The infant mortality rate, which reflects the rate of survival of children in their first year of life, is used internationally, along with birth weight, as a key indicator of a country's overall infant health status.⁷¹

Figure 3.5: Infant mortality: rate per 1,000 live births, Western Australia and Australia, 2003 to 2012



Source: ABS 2013, *Deaths, Australia, 2012*

Table 3.5: Infant mortality: number and rate per 1,000 live births, Western Australia and Australia, 2003 to 2012

	Western Australia		Australia	
	Rate	Number	Rate	Number
2003	4.1	100	4.8	1,199
2004	3.9	99	4.7	1,184
2005	4.6	120	4.9	1,302
2006	4.9	136	4.7	1,262
2007	2.4	71	4.1	1,203
2008	3.4	108	4.1	1,226
2009	3.2	99	4.2	1,261
2010	3.6	113	4.1	1,229
2011	3.0	96	3.8	1,140
2012	2.5	83	3.3	1,031

Source: ABS 2013, *Deaths, Australia, 2012*

Table 3.6: Infant mortality: rate per 1,000 live births, by gender and Aboriginal status, Western Australia 2007–09 to 2010–2012

	Female		Male	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
2007–09	4.9	2.7	9.4	2.8
2008–10	4.7	2.8	10.7	3.5
2009–11	3.7	2.6	10.2	3.3
2010–12	4.4	2.5	8.5	2.8

Source: ABS 2013, *Deaths, Australia, 2012*

Note: The rates are expressed as the reference year averaged with the preceding two years.

What is this measure?

This measure looks at the infant mortality rate in Western Australia (WA) and Australia. This information is drawn from the Australian Bureau of Statistics (ABS) data on deaths in Australia, based on information provided by each state's Registry of Births, Deaths and Marriages. These statistics report on children who are born alive but pass away within their first year of life – these are considered 'infant' deaths.

Commentary

For both WA and Australia, the overall number of infant deaths is relatively low and is trending downwards. WA's infant mortality rate is lower than the Australian rate, and this has been the case since 2007 (Figure 3.5 and Table 3.5). The infant mortality rate in WA for 2012 continues to be lower than the Australian average (2.5 per 1,000 in WA compared to 3.3 per 1,000 nationally).

Male infants have a higher rate of mortality than female infants. This applies to both Aboriginal and non-Aboriginal babies (Table 3.6).

Aboriginal male infants have the highest rate of infant mortality in WA compared with female infants and non-Aboriginal male infants (Table 3.6). The rate of 8.5 per 1,000 recorded for Aboriginal male infants for the period 2010–12 was almost twice the rate for Aboriginal female infants (4.4 per 1,000) and three times the rate for non-Aboriginal male infants (2.8 per 1,000) (Table 3.6).

In terms of international comparison, Australia's infant mortality rate of 4.1 per 1,000 live births in 2010 was just under the OECD average of 4.3 per 1,000 live births for the same year.⁷² Australia's Aboriginal infant mortality rate is higher than many Western European countries with the rate for Aboriginal male infants being twice the OECD average.

In 2010, the WA Perinatal and Infant Mortality Committee released a report analysing perinatal and infant deaths between 2005 and 2007.⁷³ Over this period there were 310 infant deaths in WA. The report stated that the most prevalent causes of death were:

- congenital abnormalities (30% of all deaths)
- extreme prematurity (19.7%)
- Sudden Infant Death Syndrome (SIDS) (14.2%)
- neurological (12.3%).⁷⁴

Notably, for all of these conditions other than neurological, the rate for babies of Aboriginal mothers was higher to a statistically significant level.⁷⁵

The same report highlights an increased risk of perinatal and post-neonatal deaths for rural and regional areas of WA. With the exception of the South West, all rates of perinatal deaths were significantly higher than for the metropolitan area and all rural areas exceeded the metropolitan rate for post-neonatal deaths.⁷⁶

The ongoing decrease in infant mortality rates in WA is attributed to continuing advances in medical and obstetric care, increased public awareness of health issues for babies, antibiotics and vaccinations, and campaigns to address deaths through Sudden Infant Death Syndrome (SIDS) and accidents.⁷⁷

Strategies

Safe Infant Sleeping Policy and Framework, Government of Western Australia (released 2013)

In June 2013 the Department of Health released the Safe Infant Sleeping Policy and Framework 2013. This framework takes an evidence-based approach to provide best-practice information on safe sleeping to parents, carers, families and communities. The framework is available at www.health.wa.gov.au/circularsnew/attachments/807.pdf

Improving Maternity Services: Working Together Across Western Australia. A Policy Framework, Government of Western Australia (released 2008)

The main goal of this framework is to maintain a high standard of maternity care for all women and their babies including in the areas of:

- improving health outcomes for Aboriginal women and babies
- improving the health and wellbeing of women and their unborn babies through better preconception and early pregnancy care
- improving the health and development of infants and addressing the needs of new parents.

Further information is available at www.healthnetworks.health.wa.gov.au/projects/mat_services.cfm

National Maternity Services Plan 2010–2015, Commonwealth Government

This is a five-year plan to improve outcomes in maternity care for mothers and babies throughout Australia, following the *Report of the Maternity Services Review*. The plan focuses on maintaining the high standards of safety and quality in maternity care, while improving access to services and choice of models of care. More information is available at www.health.gov.au/internet/publications/publishing.nsf/Content/pacd-maternityservicesplan-toc

Further information on the Maternity Services Review is available at www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesreview

Investing in the Early Years – A National Early Childhood Development Strategy, The Council of Australian Governments (released 2009)

The first outcome of the National Early Childhood Development Strategy is to ensure that children are born and remain healthy. The strategy action list includes strengthening maternal, child and family health services. Further information is available at www.coag.gov.au/sites/default/files/national_ECD_strategy.pdf

Want to know more?

Data on infant mortality

The Australian Bureau of Statistics publishes annual data on deaths. Further information is available at www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3302.0Main%20Features52012?opendocument&tabname=Summary&prodno=3302.0&issue=2012&num=&view=

The Perinatal and Infant Mortality Committee, WA Department of Health, provides triennial reports on WA infant deaths, available at www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm

The Organisation for Economic Co-operation and Development provides international comparative figures on infant mortality rates, available at www.oecd.org/

The annual *Australia's mothers and babies* report provides perinatal statistics on births in Australia and is published by the Australian Institute of Health and Welfare, available at www.aihw.gov.au/publications/

The WA Department of Health publishes annual information on WA births, available at www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm

Research, reports and articles

Ombudsman WA 2012, *Investigation into ways that State Government departments can prevent or reduce sleep-related infant deaths*, Ombudsman WA.

One of the functions of the Ombudsman WA is to investigate certain child deaths. In carrying out this role the Ombudsman noted a pattern of sleep-related deaths in infants, and as a result undertook an own motion inquiry, which resulted in this report, presented to Parliament in November 2012. The report makes 23 recommendations about ways to prevent or reduce sleep-related infant deaths including:

- a safe sleeping statement
- strategies appropriate for parents and carers of Aboriginal and culturally and linguistically diverse backgrounds
- departmental policies, assessment tools and professional development for staff
- working collaboratively with non-government organisations in Aboriginal communities
- working in partnership with universities and colleges
- the Best Beginnings service.

Further information is available at www.ombudsman.wa.gov.au/Publications/Documents/reports/OWA-Sleep-related-infant-deaths-Report-71112.pdf

Other information

SIDS and Kids Safe Sleeping Campaign, SIDS and Kids

The SIDS and Kids Safe Sleeping Campaign is an evidence-based health promotion campaign developed for health professionals, childcare workers, new and expectant mothers, parents and anyone who cares for babies and infants. The campaign, which was developed in conjunction with national and international researchers, started in 1991 and provides information about SIDS and fatal sleeping accidents. Since its inception, the campaign has reduced the incidence of SIDS by 85 per cent, which equates to preventing the deaths of 6,500 infants. Further information is available at www.sidsandkids.org/safe-sleeping/

Women's and Newborns Health Network

This network, part of the WA Department of Health, produces research and information on aspects of maternal and newborn health. It is available at www.healthnetworks.health.wa.gov.au/network/womens.cfm



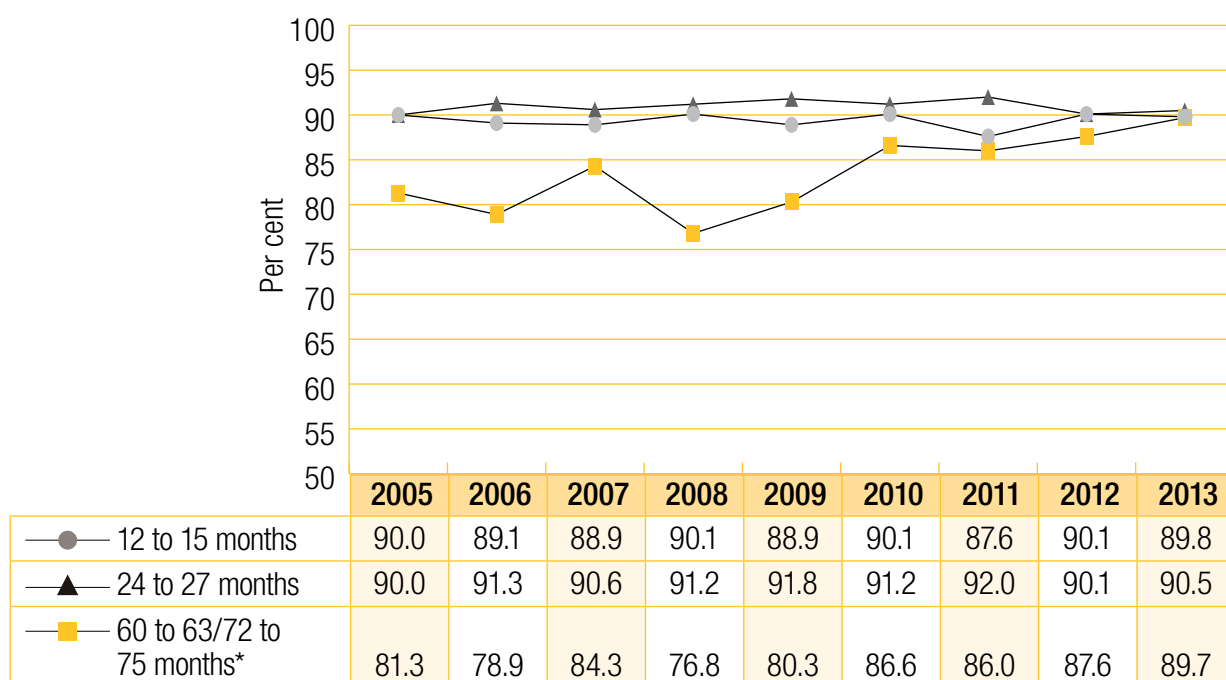
3.5 Immunisation

Why this measure is included

Immunisation against certain childhood diseases is effective in preventing child morbidity and mortality.⁷⁸ Immunisation increases the protection for individual children and contributes to overall community health by reducing the rate at which targeted diseases circulate in the general population.

The Immunise Australia Program funds free vaccinations to achieve widespread immunity to certain transmissible childhood diseases, including diphtheria, measles, mumps and polio. Immunisation coverage of 90 per cent is required to interrupt the ongoing transmission of vaccine-preventable diseases in the community.⁷⁹

Figure 3.6: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, Western Australia, 2005 to 2013



Source: Data supplied by Australian Childhood Immunisation Register (ACIR) 2013, custom report (unpublished)

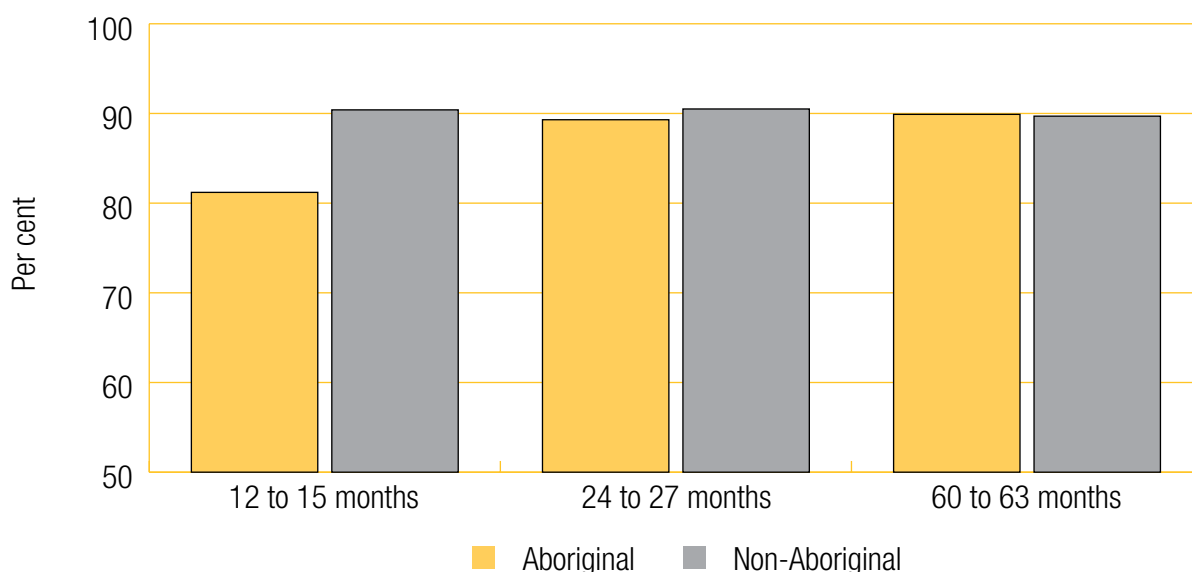
* In 2008 the schedule was changed to replace the 72-month vaccination with 60-month vaccinations.

Table 3.7: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, Western Australia and Australia, 2013

	12 to 15 months	24 to 27 months	60 to 63 months
WA	89.8	90.5	89.7
Australia	90.4	92.1	91.8

Source: Data supplied by ACIR 2013, custom report (unpublished)

Figure 3.7: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: ⁸⁰ in per cent, by Aboriginal and non-Aboriginal, Western Australia, 2013



Source: Data supplied by ACIR 2013, custom report (unpublished)

Note: Data has been supplied by ACIR based on reporting by immunisation providers. Recording of whether a child is Aboriginal is voluntary and this may affect the level of reported immunisation coverage for Aboriginal children.

Table 3.8: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, by area of Western Australia, 2011–12

	12 to 15 months	24 to 27 months	60 to 63 months
Metropolitan area	90.2	90.8	86.3
Regional and remote	90.6	91.7	88.4

Source: National Health Performance Authority 2013, *Child immunisation rates: Postcode level data, WA, 2011–12*

What is this measure?

This measure counts those children who are ‘fully immunised’ according to the definition adopted by the Australian Childhood Immunisation Register (ACIR), a national register that records vaccinations given to children aged less than seven years.^{81 82} The data covers the period 2005 to 2013.

Until 1 July 2013, ACIR considered children to be fully immunised if they received vaccines according to the National Immunisation Program Schedule for diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B and Hib. Additional vaccines were added to the definition on 1 July 2013.⁸³

Data has been supplied by ACIR based on reporting by immunisation providers. The recording of whether a child is Aboriginal is voluntary and this may affect the level of reported immunisation coverage for Aboriginal children.

Additional data on immunisation rates by regional area of Western Australia (WA) has been sourced from the National Health Performance Authority.⁸⁴

Commentary

Immunisation rates for WA children aged 12 to 15 months and 24 to 27 months have remained largely unchanged over the past eight years. Rates for the first immunisation stage have been at or slightly below 90 per cent, with a 2013 rate of 89.8 per cent. Rates for the second immunisation stage have been at or slightly above 90 per cent, with a 2013 rate of 90.5 per cent (Figure 3.6).

There has been a significant increase in the rate of children aged 60 to 63 months who are fully immunised, with the 2013 rate of 89.7 per cent the highest recorded (Figure 3.6). The childhood immunisation program strives to ensure all children under the age of seven are vaccinated according to the National Immunisation Program.⁸⁵

The 2013 rates of immunisation in WA are lower than the rates for Australia overall in each of the first three immunisation stages (Table 3.7).

For Aboriginal children in WA in 2013, the rate of immunisation at 12 to 15 months is significantly lower than for non-Aboriginal children (81.2% compared to 90.4%). By 24 to 27 months, the gap narrows (89.3% compared to 90.5%) and by 60 to 63 months Aboriginal children show a slightly higher rate of immunisation compared to non-Aboriginal children (89.9% compared to 89.7%).

Data for 2011–12 shows that children living in regional and remote parts of WA are more likely to be fully immunised than children living in the Perth metropolitan area at all three immunisation stages. The difference in immunisation rates is 0.4 per cent at the first stage (90.6% compared to 90.2%), 0.9 per cent at the second stage (91.7% compared to 90.8%) and 2.1 per cent at the third stage (88.4% compared to 86.3%) (Table 3.8).

Compared internationally, WA has a lower rate of immunisation for diphtheria, tetanus and pertussis (DTP) at the first immunisation stage than most OECD countries. In 2013, 90.6 per cent of WA children aged 12 to 15 months were immunised for DTP compared to the OECD average of 95.9 per cent. Many European countries, Korea and Mexico achieved 99 per cent immunisation rates.⁸⁶

In 2013, WA also had a lower rate of immunisation for measles compared to the OECD average (92.4% compared to 94.6%), with a number of OECD countries achieving rates of 98 or 99 per cent.⁸⁷

Strategies

Western Australian Immunisation Strategy 2013–2015, Government of Western Australia

The Western Australian Immunisation Strategy 2013–2015 was released in May 2013 to provide a framework for enhancing all aspects of immunisation program service delivery. Among its objectives, the strategy aims to improve immunisation rates among children entering school, in geographic areas with low vaccination rates and for Aboriginal children and young people. The strategy also aims to strengthen the capacity of health care providers to vaccinate. Further information is available at www.public.health.wa.gov.au/cproot/5225/2/immunisation-strategy-wahealth-2013.pdf

Immunise Australia Program, Commonwealth Government (released 1997)

The Immunise Australia Program aims to increase national immunisation rates by funding free vaccination programs, administering the Australian Childhood Immunisation Register and communicating information about immunisation to the general public and health professionals. Further information is available at www.immunise.health.gov.au

The National Immunisation Program Schedule⁸⁸ is a comprehensive list of the recommended vaccinations for children at particular ages. These vaccinations are included in the Immunise Australia Program. The schedule is available at www.health.gov.au/internet/immunise/publishing.nsf/Content/nips-ctn

Family Tax Benefit Part A supplement, Commonwealth Government

The Family Tax Benefit (FTB) is a Commonwealth Government initiative to help eligible families with the cost of raising children. The FTB Part A supplement pays families up to \$726 per child. Eligibility is based on income and other factors. To qualify for the payment, the child must be fully immunised, be on a recognised immunisation catch-up schedule or have an approved exemption during the financial year in which a child turns one, two or five years old. Further information is available at www.humanservices.gov.au/customer/services/centrelink/family-tax-benefit-part-a-part-b

Want to know more?

Data on immunisations

The Australian Childhood Immunisation Register provides data on immunisations in Australia and WA, which is available at www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register

The National Health Performance Authority publishes *Child immunisation rates: Postcode level data, WA, 2011–12*, available at www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Child-immunisation-rates-Postcode-level-data-WA-2011-12

Data on immunisations can be found at the Immunise Australia website at www.immunise.health.gov.au

Data for WA is available from Department of Health at www.public.health.wa.gov.au/2/1095/2/immunisation.pm

Additional tables

Table 3.9: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, by Aboriginal and non-Aboriginal, Western Australia and Australia, 2009 to 2013

		12 to 15 months		24 to 27 months		60 to 63 months	
		Aboriginal children	Non-Aboriginal children	Aboriginal children	Non-Aboriginal children	Aboriginal children	Non-Aboriginal children
2009	WA	76.5	89.8	85.9	92.2	74.8	80.6
	Aust	84.3	91.7	91.8	92.9	79.4	82.6
2010	WA	78.0	91.0	90.0	91.3	80.6	87.1
	Aust	84.5	91.8	92.4	92.6	85.7	89.8
2011	WA	77.9	88.3	91.6	92.0	84.0	86.2
	Aust	84.0	90.6	93.1	92.8	86.5	89.7
2012	WA	78.3	90.9	86.1	90.3	81.3	88.0
	Aust	85.8	92.2	91.4	92.3	88.9	90.6
2013	WA	81.2	90.4	89.3	90.5	89.9	89.7
	Aust	84.1	90.8	91.0	92.2	93.2	91.7

Source: Data supplied by ACIR 2013, custom report (unpublished)

Table 3.10: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, Australia and states and territories, 2013

	12 to 15 months	24 to 27 months	60 to 63 months
WA	89.8	90.5	89.7
NSW	89.7	91.9	92.2
Vic	90.5	92.7	92.4
Qld	91.4	92.3	91.5
SA	90.2	92.7	91.6
Tas	91.0	94.2	93.6
ACT	93.4	93.3	91.2
NT	91.4	93.1	91.2
Australia	90.4	92.1	91.8

Source: Data supplied by ACIR 2013, custom report (unpublished)



3.6 Child health checks

Why this measure is included

There is a strong relationship between a child's early health and their wellbeing in later life.⁸⁹ Development prior to birth through early childhood is the most intense period of brain development in a person's life and is fundamental in laying foundations for learning, physical and mental health, behaviour and wellbeing through childhood, adolescence and into adulthood.

As children get older, the developmental pathways initiated in early childhood become more difficult to change; hence, early childhood is the most effective time to make a difference to children's health and wellbeing. Medical or developmental issues can be addressed at an early stage, potentially reducing the impact on the child's learning and development.⁹⁰

A Parliamentary report into child health in WA noted that 'early identification and management of developmental and behavioural problems is associated with better health outcomes and improved school performance'.⁹¹

Children in Western Australia can access six child health checks between birth and three years, plus a school entry assessment in the first year of school attendance, which can be at Kindergarten, Pre-primary or Year one. These child health checks are free and delivered by child and school health nurses.⁹²

This measure contains data of a different nature than most other data in this report.

Most data of this report meets the following list of stringent criteria:

- Capable, as far as possible, of disaggregation by gender, by Aboriginal status and by region of WA.
- Meaningful for researchers and users and, where possible, young people.
- Based on consistent and repeatable data collections.
- Capable of being influenced by action.

The data in this measure may not meet each of these criteria but has been included in order to provide the best available information regarding this aspect of children and young people's wellbeing. The data should be used with caution, including considering the qualifications outlined within the content of this measure.

Table 3.11: Metropolitan children receiving a health and development check: in per cent and number, by age specific contact, Western Australia, 1 April to 30 June 2013

Service description	Number	Percentage of eligible children seen
Metropolitan births (estimates)	6,673	
Universal postnatal 0 to 10 days	2,520	38
Universal postnatal 11 to 21 days	3,025	45
Universal postnatal 22+ days	422	6
<i>Total universal postnatal contacts</i>	6,013	90
6 to 8 weeks	5,778	87
3 to 4 months	4,838	71
8 months	3,538	53
18 months	2,112	34*
3 years	1,147	19*

Source: Data supplied by Child and Adolescent Community Health, WA from Child Development Information System (CDIS) (unpublished)

* An additional 18.5 child health nurses were directly recruited by the Child and Adolescent Health Service as a result of the Government's additional funding for child health services from 2012–13. They have focussed on the 18-month and 3 year-old child health checks. This has resulted in an increased number of child health checks for these client groups.

Table 3.12: Metropolitan children receiving a school entry screening: number, Western Australia, 2011 and 2012

	2011	2012
School entry screening*	28,910	37,148

Source: Data supplied by Child and Adolescent Community Health, WA, 2011 data from Health Care and Related Information system (HCARe), 2012 data from CDIS system (unpublished)

* This screening could have been provided in Kindergarten, Pre-primary or Year 1. Note that these figures may include follow-ups or rechecks associated with the initial assessment.

Table 3.13: Country child health and development checks: number and percentage of eligible children, Western Australia, 1 April 2013 to 30 June 2013

Service description	2013 (Q4)	
	Number	Percentage of eligible children seen
Country births*	1,677	–
Universal postnatal 0 to 10 days	741	44
Universal postnatal 11 to 21 days	729	43
Universal postnatal 22+ days	–	–
<i>Total universal postnatal contacts</i>	1,470	88
6 to 8 weeks	1,365	81
3 to 4 months	1,290	78
8 months	1,044	66
18 months	804	42
3 years	650	35

Source: Data supplied by Child and Adolescent Community Health WA, data extracted from HCARe (unpublished)

* Figures do not include the Great Southern region.

Table 3.14: Country school entry health screenings: number, Western Australia, Terms 1 to 3, 2013

	Number completed	Number of Year 1 enrolments	Percentage completed
Number of school entry health screenings completed*	7,189	6,843	97

Source: Data supplied by Child and Adolescent Community Health WA, data extracted from HCARe (unpublished)

* Figures do not include Great Southern Region.

What is this measure?

Measures available for child health checks are limited. The Child Development Information System (CDIS) is able to provide more accurate data than the previous system, but comparison with the previous data collection is not valid.

The CDIS roll-out was completed in 2013, and at this time only metropolitan data estimates for 1 April to 30 June 2013 are available. The data used shows the number of children who receive any of the seven health checks provided in WA, at the various ages prescribed. The data is based on a comparison of reported births in the relevant quarter measured against occasions of service in the 1 April to 30 June 2013 quarter.

For the 18-month and three-year checks, the number of eligible children is estimated through the Department of Health's rate calculator then divided by four to average out the population for the quarter. The percentages of children seen are calculated by dividing the occasions of service in the quarter by the estimated population.

Information on the metropolitan school entry checks is taken from the CDIS and Health Care and Related Information (HCARe) systems. Population estimates are not available for this data; hence the percentages of children seen cannot be calculated. Data on all health checks for country students is taken from the HCARE database. The Department of Health has advised that data derived from the HCARE database has substantial limitations and should be used with caution.

Commentary

Most newborns in metropolitan Perth (90% in April to June 2013) received their first health check from a child health nurse. However, fewer than half of newborns (38%) were visited within the optimal 10-day period (Table 3.11).

Attendance at the second health check at six to eight weeks was high; 87 per cent of infants in the metropolitan area received this check. The third health check at three to four months maintained a high attendance at 71 per cent; however, after this check, attendance declined (Table 3.11).

Only 34 per cent of children attended the 18-months check in April to June 2013, and for the three years check, 19 per cent attended (Table 3.11).

Data collection for non-metropolitan areas is based on a different system and so is not necessarily comparable to metropolitan data. In non-metropolitan areas, 88 per cent of newborns received their first health check, with 44 per cent of babies receiving that check in the optimal 0 to 10 day timeframe. Four out of five (81%) infants in regional areas received the six to eight-weeks health check and 78 per cent the three to four-month check.

In 2011 the Department of Health reported that 28,910 children had received a School Entry Health Screening.⁹³ In 2012 this increased to 37,148. Data for 2011 was taken from the HCARE reporting system, while the 2012 data was taken from the HCARE and CDIS systems. The data provided in 2012 is a mixture of CDIS and HCARE data and may contain errors associated with the older, HCARE, system (Table 3.12). For children in country areas, around 97 per cent received school entry screening checks in 2013 (Table 3.14).



Strategies

Investing in the Early Years – A National Early Childhood Development Strategy, Council of Australian Governments (released 2009)

The first outcome of the National Early Childhood Development Strategy is to ensure that children are born and remain healthy. The strategy includes actions to strengthen maternal and child health services and to improve the capacity to assess child health and development between 18 months and three years. Further information is available at www.coag.gov.au/sites/default/files/national_ECD_strategy.pdf

Healthy Kids Check, Commonwealth Government (released 2008)

A Healthy Kids Check rebate can be claimed under Medicare when undertaken by a medical practitioner or on behalf of a medical practitioner by a practice nurse or registered Aboriginal health worker.

The aim of Healthy Kids Check is to improve the health and wellbeing of Australian children by promoting early detection of lifestyle risk factors, delayed development and illness and by providing the opportunity to introduce guidance for healthy lifestyles and early intervention strategies. The Healthy Kids Check is to be delivered in conjunction with the four year-old immunisation.

Further information is available at www.health.gov.au/internet/main/publishing.nsf/Content/Health_Kids_Check_Factsheet

Healthy Start for School Initiative, Commonwealth Government (released 2011)

Commencing in July 2011, if a parent or carer receives an income support payment at any time during the financial year in which their child turns four, the child is required to undergo a health check to ensure they are healthy, fit and ready to start school. The health check includes an assessment of the child's physical health and general wellbeing.

Further information is available at www.familyassist.gov.au/payments/healthy-start-school.php

Want to know more?

Research, reports and articles

Universal Child Health Checks, a report of the WA Auditor General, examined the matter of child health checks in WA and made a number of recommendations to improve the take-up of child health checks, particularly in later years. Further information is available at http://audit.wa.gov.au/2010/?post_type=report

Other information

Details of the services provided by Child and Adolescent Community Health are available at <http://pmh.health.wa.gov.au/general/CACH/>

Three WA Parliamentary Inquiries have reported on the delivery of community child health and development services within the State. These are:

- Education and Health Standing Committee 2009: *Healthy Child-Healthy State: Improving Western Australia's Child Health Screening Programs.*
- Education and Health Standing Committee 2010: *Invest Now or Pay Later: Securing the Future of Western Australia's Children.*
- Community Development and Justice Standing Committee 2009: *Inquiry into the adequacy of services to meet the developmental needs of Western Australia's children.*

These reports are available at www.parliament.wa.gov.au/parliament/commit.nsf/WebReportsByName

3.7 Ear health

Why this measure is included

Hearing loss can affect the development of speech, language and learning. Early detection of hearing loss is critical to ensuring that children receive the maximum benefit from treatment options and other support.⁹⁴

Otitis media is a common problem with ear health in infants and young children that, where untreated, can become a chronic condition leading to protracted periods of temporary hearing loss and in some cases cause permanent damage.^{95 96}

This measure contains data of a different nature than most other data in this report.

Most data of this report meets the following list of stringent criteria:

- Capable, as far as possible, of disaggregation by gender, by Aboriginal status and by region of WA.
- Meaningful for researchers and users and, where possible, young people.
- Based on consistent and repeatable data collections.
- Capable of being influenced by action.

The data in this measure may not meet each of these criteria but has been included in order to provide the best available information regarding this aspect of children and young people's wellbeing. The data should be used with caution, including considering the qualifications outlined within the content of this measure.

Table 3.15: Newborns screened through the TSH WISH Program and diagnosed with Permanent Childhood Hearing Impairment (PCHI): number and rate per 1,000, Western Australia, 2009 to 2013

Year	Number of babies screened	Number of PCHI diagnosed	Rate per 1,000
2009	6,020	9	1.50
2010	6,345	7	1.10
2011	6,508	10	1.54
2012	7,294	12	1.65
2013	8,122	14	1.72

Source: Data provided by Telethon Speech & Hearing 2014, custom report (unpublished)



Table 3.16: Screening outcomes of TSH Earbus Program: in per cent, by outcome and region, Western Australia, 2011* to 2013

	East Metro			South Metro			South West			Pilbara		
	Pass	Review (a)	Refer (b)	Pass	Review (a)	Refer (b)	Pass	Review (a)	Refer (b)	Pass	Review (a)	Refer (b)
2011	40.5	42.9	16.6	48.9	38.3	12.8	55.7	38.3	6.0	61.9	15.0	23.1
2012	45.3	33.4	21.2	42.5	40.0	17.6	56.8	35.5	7.7	35.0	37.7	27.3
2013	48.0	25.4	26.6	51.0	28.5	20.6	42.9	41.8	15.2	47.1	30.0	22.9

Source: Data provided by Telethon Speech & Hearing 2014, custom report (unpublished)

(a) Review in 2 to 3 months

(b) Refer to GP, ENT or Audiologist

* Data for 2011 covers the period July to December only. Data for 2012 and 2013 covers the entire year.

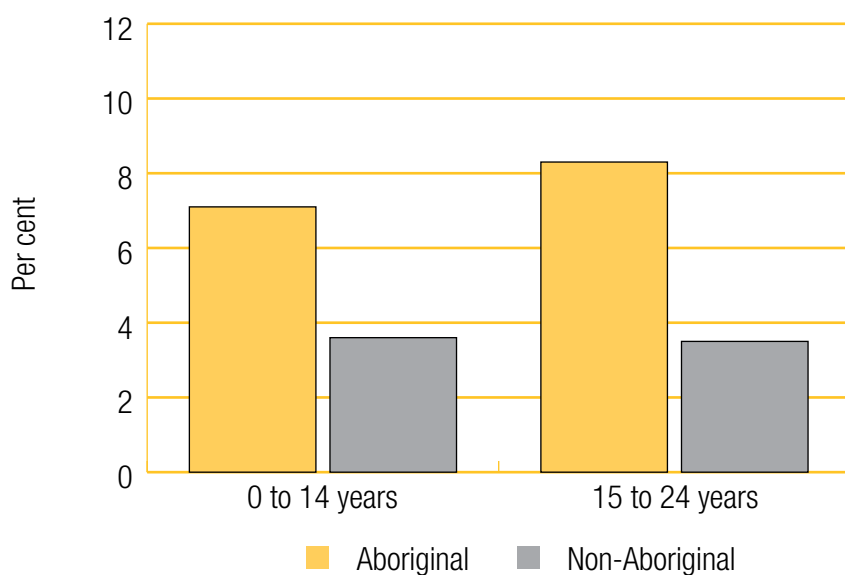
Table 3.17: TSH Earbus Program screenings resulting in a referral*: number by age group and gender, regions of Western Australia, 2013

		0 to 5 years	6 to 9 years	10 to 11 years	12 years and more	Total refer		Total pass, review and refer
						Number	Per cent	
East Metro	Male	63	151	71	37	322	27.6	1,165
	Female	47	138	39	31	255	25.4	1,005
South Metro	Male	29	88	29	34	180	20.3	887
	Female	34	98	32	22	186	20.8	894
South West	Male	15	58	23	19	115	17.4	662
	Female	4	50	17	16	87	13.1	663
Pilbara	Male	11	27	10	4	52	21.8	238
	Female	13	31	7	9	60	23.8	252

Source: Data provided by Telethon Speech & Hearing 2014, custom report (unpublished)

* Referral is to a GP, ENT or Audiologist.

Figure 3.8: Ear diseases and hearing problems in children and young people 0 to 24 years: in per cent, by age group, by Aboriginal and non-Aboriginal, Australia, 2012–13



Source: ABS 2013, *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012–13*

What is this measure?

At present, there is no comprehensive data collection which reflects the full extent of ear diseases and hearing problems among children and young people across Western Australia, and therefore no data collection which meets the criteria listed above.

Some data is available on the number of newborns screened through Telethon Speech & Hearing's (TSH) WA Infant Screening for Hearing (WISH) program⁹⁷ and diagnosed with Permanent Childhood Hearing Impairment (PCHI). The numbers assessed by the WISH program represent around one-fifth of babies born in that year.

Information is also available on the number of screenings conducted through Telethon Speech & Hearing Earbus Program for Aboriginal children in individual regions of metropolitan Perth and some regional areas. The data shows the percentage of screenings which passed, were recommended for review or referred to a general practitioner, ear, nose and throat (ENT) specialist or audiologist. This data is about Aboriginal children only and is disaggregated by age and gender. It covers the period July 2011 to December 2013.

Additional data on the extent of ear diseases and hearing problems in children and young people has been taken from the Australian Aboriginal and Torres Strait Islander Health Survey conducted by the Australian Bureau of Statistics (ABS). This data covers all children in Australia and provides a comparison between Aboriginal and non-Aboriginal children.

Commentary

According to information from the WA Department of Health, between one and two babies in every 1,000 are born with a hearing loss in both ears (bilateral hearing loss).⁹⁸ Data from Telethon Speech & Hearing's WISH program suggests a similar proportion. Assessments between 2009 and 2013 have shown a slight increase in the rate of babies screened who are found to have a degree of permanent hearing loss, from 1.50 per 1,000 in 2009 to 1.72 per 1,000 in 2013 (Table 3.15). However, given the small sample size tested, it is not conclusive that there has been an overall increase in permanent childhood hearing impairment.



Aboriginal children and young people are more than twice as likely to suffer ear diseases and hearing problems as non-Aboriginal children and young people. Data collected by the ABS shows that nationally 7.1 per cent of Aboriginal children and young people aged 0 to 14 years have an ear disease and/or hearing problem compared with 3.6 per cent of non-Aboriginal children (Figure 3.8). Other research has shown that on average an Aboriginal child suffers from otitis media and associated hearing loss for 32 months during childhood compared to three months for a non-Aboriginal child.⁹⁹

Data from the TSH Earbus program shows that in 2013 around between one in four and one in five screenings resulted in a referral to a GP, ear nose and throat specialist or an audiologist (Table 3.16).

Data for the period July 2011 to December 2013 shows an increase in the proportion of screenings resulting in a referral. In the South West and Pilbara regions, a smaller proportion of screenings of Aboriginal children were successful in 2013 than in 2011 and 2012 (Table 3.16).

Strategies

Otitis Media Model of Care, Government of Western Australia

Provides a comprehensive overview of otitis media, its prevention and management. More information is available at www.healthnetworks.health.wa.gov.au/netnews/Otitis-moc.pdf

Recommendations for clinical care guidelines on the management of Otitis Media in Aboriginal and Torres Strait Islander Populations 2010, Commonwealth of Australia

Information to assist primary health care providers in the delivery of comprehensive, effective and appropriate care for Aboriginal and Torres Strait Islander people with otitis media (ear infections). [www.health.gov.au/internet/main/publishing.nsf/Content/15CF7F192A41D2F6CA257BF0001C6CCE/\\$File/om_pdf_version.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/15CF7F192A41D2F6CA257BF0001C6CCE/$File/om_pdf_version.pdf)

Want to know more?

Other information

Telethon Speech & Hearing provides a range of services and support to families and children with hearing impairment and speech and language delay. The Centre also conducts research in collaboration with partner researchers from a range of universities and supports research students' projects. More information is available at www.tsh.org.au

The WA Department of Health's Newborn Hearing Screening Program achieved State-wide coverage in 2010 and now screens in public, private, metropolitan and regional maternity services across WA. www.pmh.health.wa.gov.au/services/newborn_hearing/

3.8 Oral health

Why this measure is included

Good oral health has positive effects on quality of life, social interactions and self-esteem.¹⁰⁰ Conversely, oral disease can cause pain, discomfort, difficulty sleeping and difficulties in eating which can lead to poor nutrition. Children with poor oral health may demonstrate problems in behaviour, peer interaction and school absences, which in turn can negatively affect academic performance.¹⁰¹ Poor oral health in childhood can lead to poor oral health in adulthood as well as an increased risk of chronic disease later in life.¹⁰²

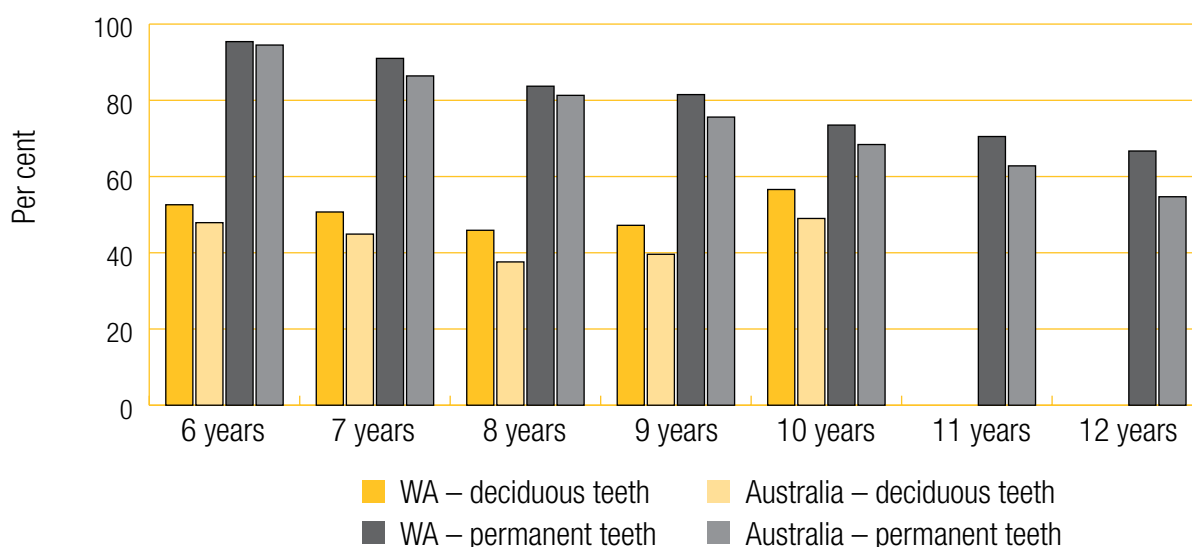
Table 3.18: Children 6 to 12 years with no decayed, missing or filled teeth as a result of tooth decay: in per cent, by age and tooth type, Western Australia and Australia, 2008

	Deciduous teeth		Permanent teeth	
	Western Australia	Australia excl. NSW and Victoria	Western Australia	Australia excl. NSW and Victoria
6 years	52.6	47.9	95.4	94.5
7 years	50.7	44.9	91.0	86.4
8 years	45.9	37.6	83.7	81.3
9 years	47.2	39.6	81.5	75.6
10 years	56.6	49.0	73.5	68.4
11 years*	n/a	n/a	70.5	62.8
12 years*	n/a	n/a	66.7	54.7

Source: Amarasena N and Ha DH 2012, *Fissure sealant use among children attending school dental services: Child Dental Health Survey Australia 2008*, Cat. no. DEN 220, Australian Institute of Health and Welfare

* Children begin losing their baby teeth from five years of age and most children would have lost their baby teeth and gained permanent teeth by 12 years of age. Therefore, analyses of dental decay in 11 to 12 year-olds report only the level of decay in permanent teeth.

Figure 3.9: Children 6 to 12 years with no decayed, missing or filled teeth as a result of tooth decay: in per cent, by age and tooth type, Western Australia and Australia, 2008



Source: Amarasena N and Ha DH 2012, *Fissure sealant use among children attending school dental services: Child Dental Health Survey Australia 2008*, Cat. no. DEN 220, Australian Institute of Health and Welfare

Table 3.19: Children and young people with decayed, missing or filled teeth: DMFT/dmft index¹⁰³ by age, Western Australia and Australia (excl. NSW and Vic), 2008

	Deciduous teeth (dmft)		Permanent teeth (DMFT)	
	Western Australia	Australia excl. NSW and Victoria	Western Australia	Australia excl. NSW and Victoria
5 years	1.14	n/a	n/a	n/a
6 years	1.85	2.31	0.09	0.09
7 years	1.70	2.23	0.14	0.25
8 years	1.94	2.46	0.27	0.33
9 years	1.53	2.21	0.33	0.46
10 years	1.20	1.60	0.47	0.63
11 years	n/a	n/a	0.60	0.82
12 years	n/a	n/a	0.68	1.11
13 years	n/a	n/a	0.90	n/a
14 years	n/a	n/a	1.19	n/a
15 years	n/a	n/a	1.45	n/a

Source: Amarasena N and Ha DH 2012, *Fissure sealant use among children attending school dental services: Child Dental Health Survey Australia 2008*, Cat. no. DEN 220, Australian Institute of Health and Welfare

Table 3.20: Hospital separations for potentially preventable hospitalisations due to dental conditions¹⁰⁴ for children and young people 0 to 17 years: number and rate per 100,000 population, by age group, Western Australia, 2005 to 2012

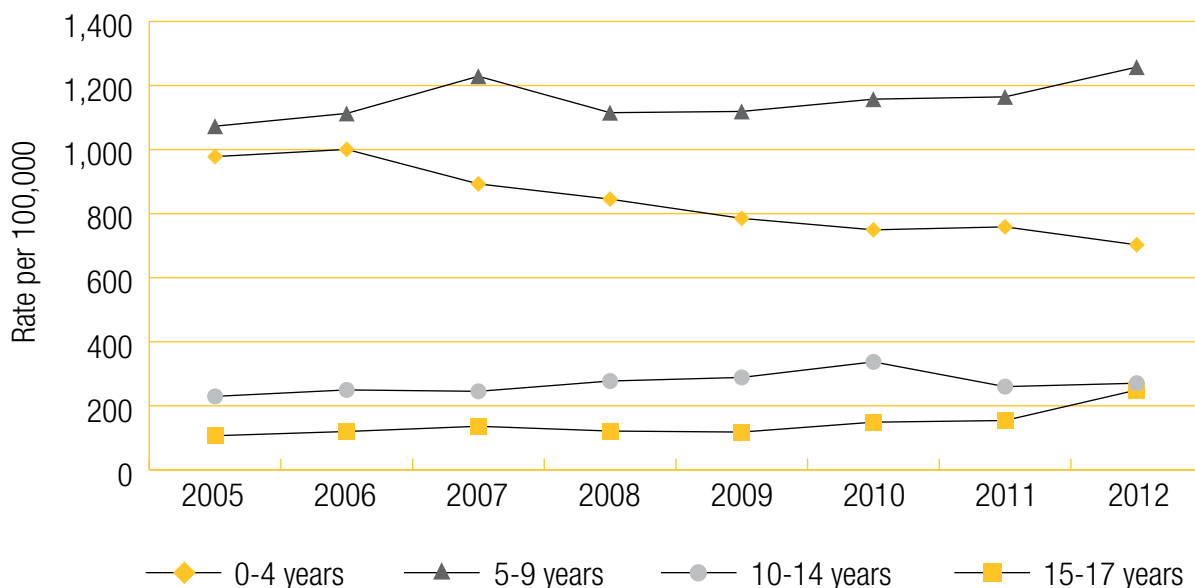
	0 to 4 years		5 to 9 years		10 to 14 years		15 to 17 years		Total	
	No.	ASHR*	No.	ASHR*	No.	ASHR*	No.	ASHR*	No.	AAR**
2005	1243	978.1	1445	1073.0	327	229.5	93	106.6	3108	645.7
2006	1304	1000.5	1514	1112.9	358	249.6	105	119.8	3281	670.8
2007	1206	892.9	1683	1228.9	354	245.2	121	136.1	3364	676.3
2008	1209	845.2	1548	1115.2	405	277.4	110	121.2	3272	638.1
2009	1172	785.2	1578	1119.1	428	288.6	109	118.0	3287	625.8
2010	1157	749.4	1650	1157.4	502	337.2	138	148.9	3447	646.0
2011	1186	758.7	1701	1164.6	386	259.9	140	154.1	3413	629.6
2012	1151	702.6	1892	1257.5	409	270.5	236	249.3	3688	659.9

Source: Data supplied by Public Health and Clinical Services Division, WA Department of Health 2013, custom report

* ASHR refers to age-specific hospitalisation rate per 100,000 population.

** AAR refers to age-adjusted rate per 100,000 population.

Figure 3.10: Hospital separations for potentially preventable hospitalisations due to dental conditions¹⁰⁵ for children and young people 0 to 17 years: age-specific rate per 100,000 population, Western Australia, 2005 to 2012



Source: Data supplied by Public Health and Clinical Services Division, WA Department of Health 2013, custom report (unpublished)

What is this measure?

This measure examines the prevalence of decayed, missing or filled teeth as a result of tooth decay in children and young people. Decay experience in teeth is denoted by the average number of decayed, missing and filled teeth, the dmft/DMFT index.¹⁰⁶

Information has been included on the dmft/DMFT index for five to 15 year-olds as well as the number and proportion of six to 12 year-olds with no past tooth decay in Western Australia (WA) and nationally. This data is drawn from the Australian Institute of Health and Welfare's (AIHW) *Child Dental Health Survey*, most recently conducted in 2008, from which the data of children and young people from all states and territories, except New South Wales and Victoria, was analysed.¹⁰⁷

In addition, this measure also considers the number and rate of hospital separations for dental health issues for children and young people aged 0 to 17 years in WA between 2005 and 2012. This data was provided by the WA Department of Health as part of a custom report.

Commentary

According to results from the Child Dental Health Survey, the proportion of WA children aged six to 12 years with no decayed, missing or filled deciduous ('baby') teeth ranged from 45.9 per cent for eight year-olds to 56.6 per cent for 10 year-olds. At age six and seven, a little more than one-half of children had no past tooth decay in their baby teeth (Table 3.18 and Figure 3.9).

The presence of relatively few permanent teeth at younger ages, and the shorter time since eruption, means that younger children were significantly more likely to have no decayed, missing or filled permanent teeth compared to older children: 95.4 per cent of six year-olds and 91.0 per cent of seven year-olds had healthy permanent teeth, while only around two-thirds of 12 year-olds (66.7%) had no past tooth decay in their permanent teeth (Table 3.18).

Comparison with national data (excl. NSW and Victoria) shows that the proportion of WA children with no decayed, missing or filled deciduous teeth was higher than the corresponding proportion of Australian children across all surveyed age groups. Similarly, WA recorded a larger proportion of children with no decayed, missing or filled permanent teeth (Table 3.18 and Figure 3.9).

The dmft/DMFT index is derived from the number of decayed, missing and filled teeth the child has – the lower a child’s dmft/DMFT the better their oral health. In 2008, the mean dmft values for deciduous teeth across five to 10 year-olds in WA fluctuated, and were the lowest for five year-olds (at 1.14) and 10 year-olds (at 1.20). This fluctuation results from the loss of deciduous teeth and their replacement by permanent teeth¹⁰⁸ (Table 3.19).

The mean DMFT values for permanent teeth across six to 15 year-olds increased with age and were the highest for 15 year-olds at 1.45. This pattern is explained by the small number of permanent teeth present for children eight years and younger (Table 3.19).¹⁰⁹

Dental extractions and restorations are the most common reason for hospital separations among children Australia-wide.¹¹⁰ In WA, children and young people aged five to 14 years had an age-adjusted hospitalisation rate for dental conditions¹¹¹ of 1,008.5 per 100,000 which was more than twice the rate for the second most common condition tonsillectomy (496.0) and three times the rate for hospitalisation for fracture injuries (351.9).¹¹²

In 2012, the WA Department of Health recorded 3,688 potentially preventable hospital separations for dental conditions for children aged 0 to 17 years. Children aged five to nine years had the highest age-specific hospitalisation rate of 1,257.5 per 100,000 in 2012. The hospitalisation rate for this age group increased during the period 2005 to 2012 from 1,073.0 to 1,257.5 (Table 3.20).

The second highest hospitalisation rate of 702.6 was recorded for very young children aged 0 to four years. The rate for this age group has decreased during the period 2005 to 2012 from 978.1 to 702.6 (Figure 3.10).

The hospitalisation rate was significantly lower for children and young people aged 10 to 14 years (270.5) and 15 to 17 years (249.3). This is due to the reduced requirement for hospitalisation in older children and young people as they can be treated as outpatients for most dental restorations or extractions. Nevertheless, the hospitalisation rates for both these age groups increased over the period 2005 to 2012, particularly for young people aged 15 to 17 years for whom the rate rose from 106.6 to 249.3 (Figure 3.10).

Strategies

Child Dental Benefits Schedule, Commonwealth Government (released 2014)

The Child Dental Benefits Schedule is a Australian Government dental scheme providing means-tested benefits for basic dental services to children aged two to 17 years. Benefits are capped at \$1,000 per child over a two-calendar-year period for dental care such as check-ups and fillings from the family dentist or public dental service. The scheme replaced the Medicare Teen Dental Plan (MTDP). More information is available at www.humanservices.gov.au/customer/services/medicare/child-dental-benefits-schedule

National Oral Health Plan, Healthy Mouths Healthy Lives, 2004-2013

The National Oral Health Plan 2004–2013 was developed to improve health and wellbeing across the Australian population by improving oral health and reducing the burden of oral disease.

The plan focused on seven action areas:

1. Promoting oral health across the population
2. Children and adolescents
3. Older people
4. Low income and social disadvantage
5. People with special needs
6. Aboriginal and Torres Strait Islander people
7. Workforce development
8. Rural and remote (added to the plan in 2011–12)

The Standing Council on Health through the Australian Health Ministers' Advisory Council has tasked the National Oral Health Plan Monitoring Group to develop a new national plan for 2014 to 2023. More information is available at <http://oralhealthplan.com.au/project-overview>

Want to know more?

Data on dental health

The AIHW report *A picture of Australia's children 2012* delivers the latest information on how, as a nation, we are faring according to key indicators of child health, development and wellbeing and is available at www.aihw.gov.au/publication-detail/?id=10737423343

An overview of AIHW publications relating to dental and oral health is available at www.aihw.gov.au/dental-and-oral-health-publications/

Research, reports and articles

Williams S, Jamieson L, MacRae A, Gray C 2011, *Review of Indigenous oral health*. Retrieved [15 November 2013] from www.healthinfonet.ecu.edu.au/oral_review

Other information

The School Dental Service of the WA Department of Health provides general dental care for all school children from the year they turn five until the end of Year 11 or reaching the age of 17 years, whichever comes first. More information is available at www.dental.wa.gov.au/school/index.php

3.9 Nutrition

Why this measure is included

Nutrition has a strong influence on wellbeing from birth. In order to grow and develop normally, it is essential that children and young people receive all the nutrients they need. Research has shown that breastfeeding, eating a wide variety of nutritious foods and limiting the consumption of fatty and sugary foods are critical to healthy development and growth. Poor nutrition in childhood is difficult to make up for later in life and can have an adverse effect on future health and wellbeing.¹¹³

Table 3.21: Prevalence of breastfeeding for children 0 to 4 years of age: in per cent, Western Australia, 2003 to 2012

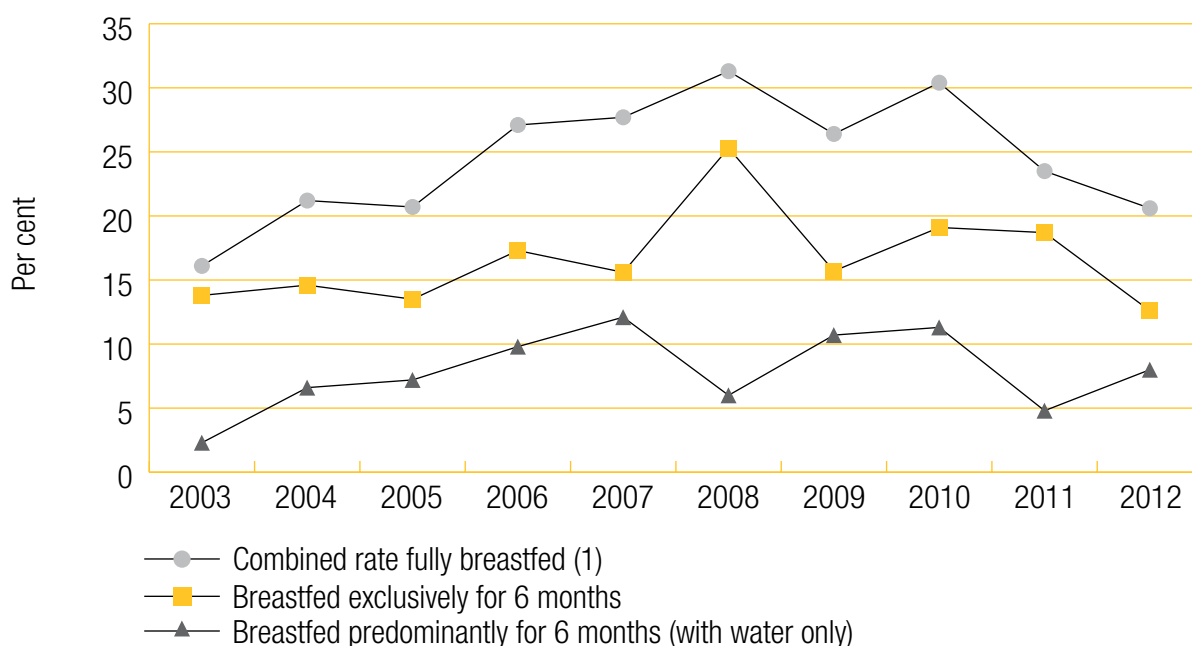
	Breastfed exclusively for 6 months	Breastfed predominantly for 6 months (with water only)	Fully breastfed - Combined rate (a)	Breastfed 6 months or more with other liquid or solid	Breastfed less than 6 months	Never breastfed	Unable to determine how long breastfed
2003	13.8	2.3	16.1	37.6	30.4	13.3	2.7
2004	14.6	6.6	21.2	32.9	32.4	8.0	5.4
2005	13.5	7.2	20.7	25.9	32.2	7.1	14.1
2006	17.3	9.8	27.1	24.7	30.0	6.7	11.4
2007	15.6	12.1	27.7	15.5	34.8	8.5	13.4
2008	25.3	6.0	31.3	25.1	23.2	10.8	9.6
2009	15.7	10.7	26.4	33.0	27.3	7.3	6.0
2010	19.1	11.3	30.4	24.4	31.5	7.0	6.7
2011	18.7	4.8	23.5	29.0	36.6	2.2	8.7
2012	12.6	8.0	20.6	31.8	28.5	13.2	5.9
<i>Average</i>	<i>16.2</i>	<i>7.7</i>	<i>23.9</i>	<i>28.7</i>	<i>30.4</i>	<i>8.2</i>	<i>8.8</i>

Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

(a) The fully breastfed rate is the combined rate of 'exclusively breastfed for 6 months' and 'breastfed with water only'.



Figure 3.11: Proportion of children 0 to 4 years fully breastfed: in per cent, Western Australia, 2003 to 2012



Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

(1) The fully breastfed rate is the combined rate of 'exclusively breastfed' and 'breastfed with water only'.

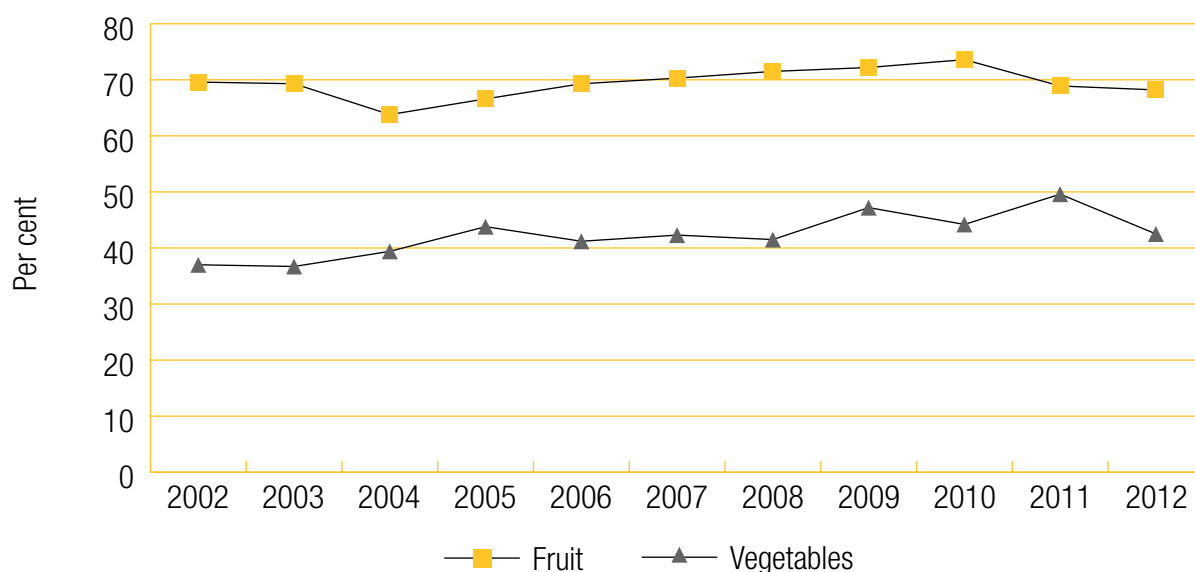
Table 3.22: Proportion of children and young people 4 to 15 years eating recommended daily fruit and vegetable serves: in per cent, Western Australia, 2002 to 2012*

	Consuming recommended serves	Less than recommended serves	Consuming recommended serves	Less than recommended serves
	Fruit		Vegetables	
2002	69.6	30.4	37.0	63.0
2003	69.3	30.7	36.7	63.3
2004	63.8	36.2	39.4	60.6
2005	66.6	33.4	43.8	56.2
2006	69.3	30.7	41.2	58.8
2007	70.3	29.7	42.3	57.7
2008	71.5	28.5	41.5	58.5
2009	72.2	27.8	47.2	52.8
2010	73.6	26.4	44.2	55.8
2011	68.9	31.1	49.6	50.4
2012	68.2	31.8	42.5	57.5
Average	69.7	30.3	42.5	57.5

Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

* All years have been standardised by weighting them to the 2006 Estimated Resident Population. As a result, 2012 estimates presented in this table differ slightly from 2012 estimates presented in the prevalence table (Table 3.23) due to the standardising of estimates to different populations.

Figure 3.12 Proportion of children and young people 4 to 15 years eating recommended daily fruit and vegetable serves: in per cent, Western Australia, 2002 to 2012*



Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

* All years have been standardised by weighting them to the 2006 Estimated Resident Population. As a result, 2012 estimates presented in this table differ slightly from 2012 estimates presented in the prevalence table (Table 3.23) due to the standardising of estimates to different populations.

Table 3.23: Proportion of children and young people 4 to 15 years eating recommended daily fruit and vegetable serves: in per cent, by gender, age group and region, Western Australia, 2012*

	Consuming recommended serves	Less than recommended serves	Consuming recommended serves	Less than recommended serves
	Fruit		Vegetables	
Gender				
Males	70.0	30.0	39.8	60.2
Females	67.9	32.1	46.3	53.7
Age Group				
4 to 7 years	95.5	4.5	64.0	36.0
8 to 11 years	97.6	2.4	46.0	54.0
12 to 15 years	15.4	84.6	19.7	80.3
Region				
Metropolitan Area	68.5	31.5	42.5	57.5
Regional Areas	70.3	29.7	44.7	55.3
Total*	68.9	31.1	43.0	57.0

Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

* Totals presented for 2012 have been weighted to the 2011 Estimated Resident Population. As a result, 2012 estimates in this table differ slightly from the estimates presented in the trend table (Table 3.22) due to the standardising of estimates to different populations.

Table 3.24: Proportion of children and young people 4 to 15 years eating meals from fast food outlets per week: in per cent, by gender and age group, Western Australia, 2012

	Never	Less than once a week	Once or twice a week	Three or four times a week	Five or more times a week
Gender					
Males	20.5	35.8	42.0	1.8	0.0
Females	25.8	37.8	33.6	2.8	0.0
Age Group					
4 to 7 years	40.2	31.4	26.8	1.6	0.0
8 to 11 years	20.5	38.7	38.5	2.2	0.0
12 to 15 years	12.2	39.2	45.8	2.7	0.0
Total	22.6	36.9	38.3	2.2	0.0

Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

What is this measure?

This measure examines the following key factors linked to a range of nutritional, health and social benefits for children and young people: breastfeeding, consumption of fruit and vegetables and limited consumption of meals from fast food outlets.

The data for WA comes from the WA Health and Wellbeing Surveillance System (HWSS).^{114 115} Data on the prevalence of breastfeeding is available for children aged 0 to four years. Data on the daily consumption of fruit and vegetables and on the consumption of meals from fast food outlets is available for children and young people aged four to 15 years, and is reported by parents. Data for young people aged 16 to 17 years (self-reported) is also available but is not included in this report.

The national comparison data sourced is from the Australian Bureau of Statistics *2011–13 Australian Health Survey*¹¹⁶ and the AIHW *2010 Australian National Infant Feeding Survey*.¹¹⁷

Commentary

Breastfeeding

While most babies in WA in 2012 (86.8%) were initially breastfed, just over one-fifth of babies (20.6%) were fully breastfed¹¹⁸ until the age of six months. The fully breastfed rate has fluctuated considerably over the past decade, with the average for this period coming to 23.9 per cent (Table 3.21).

The proportion of WA infants fully breastfed until the age of six months (20.6% in 2012) comprised 12.6 per cent who were exclusively breastfed and 8.0 per cent who were predominantly breastfed with the addition of water only (no other liquids or solids). The National Health and Medical Research Council (NHMRC) recommends that babies are exclusively breastfed until around six months of age¹¹⁹ (Table 3.21).

National data collected through the Australian Health Survey,¹²⁰ indicates that 17.6 per cent of Australian babies were exclusively breastfed until the age of six months in 2011–12.¹²¹

The Australian National Infant Feeding Survey from 2010 indicated that 14.8 per cent of WA children were exclusively breastfed until six months compared to 15.4 per cent of children nationally.¹²²

Fruit and vegetable consumption

This section refers to the former *Dietary Guidelines for Children and Adolescents in Australia*.¹²³

In 2012, more than two-thirds (68.9%) of WA children and young people aged four to 15 years consumed the recommended daily serves of fruit. It is recommended that children aged four to 11 years eat at least one serve of fruit each day, while three serves are recommended for 12 to 18 year-olds¹²⁴ (Table 3.23).

The proportion of WA children and young people meeting these guidelines has been relatively stable over the past decade, although the rate appears to have decreased somewhat in 2011 and 2012 following higher fruit intake in 2009 and 2010 (72.2% and 73.6% respectively) (Table 3.22).

It is important to consider individual age groups: more than 95 per cent of four to 11 year-olds met the recommended daily serves of fruit (at least one serve), while only 15 per cent of 12 to 15 year-olds met the recommendation (three serves) (Table 3.23).

In regard to the consumption of vegetables, in 2012 less than one-half (43.0%) of WA children and young people aged four to 15 years ate the recommended daily serves of vegetables. It is recommended children from four to seven years of age eat at least two serves of vegetables each day, eight to 11 year olds eat at least three serves a day, and 12 to 15 year olds eat at least four daily serves¹²⁵ (Table 3.23).

While the proportion of WA children and young people meeting these guidelines has increased slightly over the past decade, the rate appears to have decreased in 2012 following higher vegetable intakes being recorded for 2009 and 2011 (47.2% and 49.6% respectively) (Table 3.22).

Again, it is important to look at individual age groups: while almost two-thirds (64%) of four to seven year-olds were reported to consume the recommended daily serves of vegetables, the rate dropped to 46 per cent for eight to 11 year-olds and less than 20 per cent for 12 to 15 year-olds. Female children and children in regional areas were more likely to meet the guidelines, although the differences were not statistically significant (Table 3.23).

Nationally, the Australian Health Survey¹²⁶ found that in 2011–12, 95.3 per cent of children aged 5 to 11 years were reported to usually meet their recommended daily intake of 1 serve of fruit, compared to only 20.3 per cent of children aged 12 to 17 years (for whom three serves of fruit per day are considered adequate).¹²⁷

For vegetable intake, the same survey indicates that in Australia younger children were more likely to meet the age-specific guidelines than older children: 56.1 per cent of children aged five to seven years met the recommended intake of at least two serves per day, 30.8 per cent of children aged eight to 11 years met the recommended intake of at least three serves while 15.2 per cent of children aged 12 to 17 years met the recommended intake of at least four serves of vegetables.¹²⁸

Consumption of fast food

More than one-fifth of WA children and young people aged one to 15 years did not eat meals from fast food outlets in 2012 and more than one-third ate such meals less than once a week. However, nearly 40 per cent of WA children consumed fast food meals once or twice a week in 2012 (Table 3.24). Meals from fast food outlets are usually high in saturated fat, added sugars and added salt and there is strong evidence to suggest 'that children (and adults) who eat fast food, particularly those eating at least one fast food meal per week, are at increased risk of weight gain, overweight and obesity'.¹²⁹

The HWSS data also shows that the consumption of meals from fast food outlets increased with age. While more than 40 per cent of four to seven year-olds never consumed such meals, this proportion dropped to 12 per cent for 12 to 15 year-olds. Nearly one-half (45.8%) of the older age group consumed meals from fast food outlets once or twice a week and male children were more likely than female children to consume such meals more frequently (Table 3.24).

Direct comparison with a national data set on fast food meals consumption of children and young people is not available.

Strategies

Healthy Food and Drink Policy, Department of Education, Government of Western Australia (released 2014)

This policy sets out standards for the supply of healthy food and drinks in Western Australian public schools.

Information about the policy is available on the Department of Education website at www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/policies/healthy-food-and-drink.en?bbp.s=9&bbp.e=select&bbp.v=7&bbp.i=d0.k.1.1.1.1.1.3.1.1.1.1&bbp.8.policyID=14861046&g11n.enc=UTF-8&bbp.9.pane=0

Information for parents, schools and canteens is available on the Healthy Food and Drink website at www.det.wa.edu.au/healthyfoodanddrink/detcms/portal/

The Western Australian Health Promotion Strategic Framework 2012-2016, Government of Western Australia

This framework sets out WA Health's strategic directions and priorities for the prevention of chronic disease and injury over the next five years.

The goal is to lower the incidence of avoidable chronic disease and injury by facilitating improvements in health behaviours and environments. The Framework focuses on the main lifestyle risk factors including:

- overweight and obesity
- nutrition
- physical activity
- tobacco use
- harmful levels of drinking.

There is also a section on injury prevention.

Further information is available at: www.public.health.wa.gov.au/cproot/4462/2/wa_health_promotion_strategic_framework.pdf

National Partnership Agreement on Preventive Health (NPAPH), Council of Australian Governments

The National Partnership Agreement on Preventative Health is a joint Australia, State and Territory initiative implemented between July 2009 and June 2018.

The objectives of the Agreement are to reduce the risk of chronic disease and help assure Australian children of a healthy start to life by improving nutrition, increasing levels of physical activity and reducing the prevalence of overweight and obesity in adults, children and young people. The Agreement has enabled Western Australia to implement a suite of programs targeting children aged up to 16 years, parents and adults in a range of settings, through its Healthy Children and Healthy Workers initiatives. These are supported by the Live Lighter@campaign, which targets adults and parents to prevent overweight and obesity through good diet and active living, and the School Breakfast program.

Details of the school and community-based programs funded under the WA Healthy Children Program are available at www.public.health.wa.gov.au/3/1775/2/wa_healthy_children_program.pm.

Further information about the overall National Partnership Agreement is available at www.health.gov.au/internet/main/publishing.nsf/Content/phd-prevention-np

National Nutrition Policy, Commonwealth Government

The Department of Health is developing a National Nutrition Policy that will provide an overarching framework to identify, prioritise, drive and monitor nutrition initiatives within the context of the government's preventive health agenda.

www.health.gov.au/internet/main/publishing.nsf/Content/phd-nutrition-health

Australian National Breastfeeding Strategy 2010–2015, Commonwealth Government

The Australian National Breastfeeding Strategy provides a framework for priorities and action for all governments to address the protection, promotion, support and monitoring of breastfeeding throughout Australia. More information is available at www.health.gov.au/internet/main/publishing.nsf/Content/aust-breastfeeding-strategy-2010-2015

Want to know more?

Data on nutrition

The WA Department of Health publishes annual data on the nutrition of 0 to 15 year-olds in the *Health and Wellbeing of Children in Western Australia*, available at www.health.wa.gov.au

The WA Department of Health publishes annual data on the nutrition of people aged 16 years and older in the *Health and Wellbeing of Adults in Western Australia*, available at www.health.wa.gov.au

Comparison data for WA with Australia is available from the *2011–13 Australian Health Survey* conducted by the Australian Bureau of Statistics, at www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.003main+features12011-2012

The Child and Adolescent Physical Activity and Nutrition Survey, conducted in 2003 and 2008, measured nutrition behaviours and physical activity levels of WA children and young people. Further information is available at www.beactive.wa.gov.au/index.php?id=316

Research, Reports and Articles

Australian Institute of Health and Welfare report – *2010 National Breastfeeding study*

The 2010 Australian National Infant Feeding Survey is the first specialised national survey of infant feeding practices in Australia. The survey also collected information on attitudes towards, and enablers for and barriers against breastfeeding. This report provides baseline data on key infant feeding indicators, including: most babies (96%) were initially breastfed, but only 39 per cent were exclusively breastfed for less than four months, and 15 per cent for less than six months; overall 35 per cent of infants were introduced to solid foods by four months of age and 92 per cent by the recommended age of six months. Definitions of the types of breastfeeding are included. Further information is available at www.aihw.gov.au/publication-detail/?id=10737420927&libID=10737420926

National Health and Medical Research Council – *Giving Your Baby the Best Start*

This publication was developed and released with the new Infant Feeding Guidelines in early 2013. Further information is available at www.nhmrc.gov.au/_files_nhmrc/publications/attachments/n55e_infant_brochure.pdf



Other information

The *Australian Dietary Guidelines* use the best available scientific evidence to provide information on the types and amounts of foods, food groups and dietary patterns that promote health and wellbeing, reduce the risk of diet-related conditions and reduce the risk of chronic disease. Further information is available at www.nhmrc.gov.au

There is consumer information based on the Australian Dietary Guidelines at the Australian Government's website at www.eatforhealth.gov.au/

The Commonwealth Department of Health Information plays a national leadership and coordination role in the promotion of healthy eating to all Australians. Get up and Grow is a resource guide incorporating resources on healthy eating and physical activity for early childhood and Indigenous specific resources for Aboriginal and Torres Strait Islander child care staff, carers and parents. Information on this and other national initiatives is available at www.health.gov.au/internet/main/publishing.nsf/Content/gug-resource-order-guide

The Chronic Disease Prevention Directorate within the Public Health and Clinical Services Division at the Department of Health leads public health and health promotion policy around nutrition and coordinates the implementation of the National Partnership Agreement on Preventive Health in Western Australia. Further information is available at www.public.health.wa.gov.au/1/1573/2/healthy_lifestyles.pm



3.10 Physical activity

Why this measure is included

Physical activity makes an important positive contribution to the health and wellbeing of children and young people. The time spent on physical activity has long been a focus for research and policy makers. A complementary research focus is sedentary behaviour, particularly time spent on screen-based activities.¹³⁰ Sedentary behaviour and physical inactivity are risk factors associated with several chronic health conditions including coronary heart disease, stroke and diabetes.¹³¹

Table 3.25: Weekly physical activity of 5 to 15 year-olds: in per cent, Western Australia, 2006 to 2012

	No activity	1 to 6 sessions	7 or more sessions but less than 60 mins	7 or more sessions and 60 mins or more (meets the recommendation)
2006	2.2	31.6	20.3	45.9
2007	2.7	26.5	14.8	56.0
2008	3.3	28.6	15.3	52.8
2009	4.0	36.3	14.3	45.4
2010	3.3	32.7	14.8	49.2
2011	4.0	32.1	18.3	45.5
2012	4.6	31.9	14.4	49.1

Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

Note: This publication follows the current National Physical Activity Recommendations.¹³² For children aged 5 to 15 the recommendation is at least 60 minutes of moderate to vigorous physical activity every day.

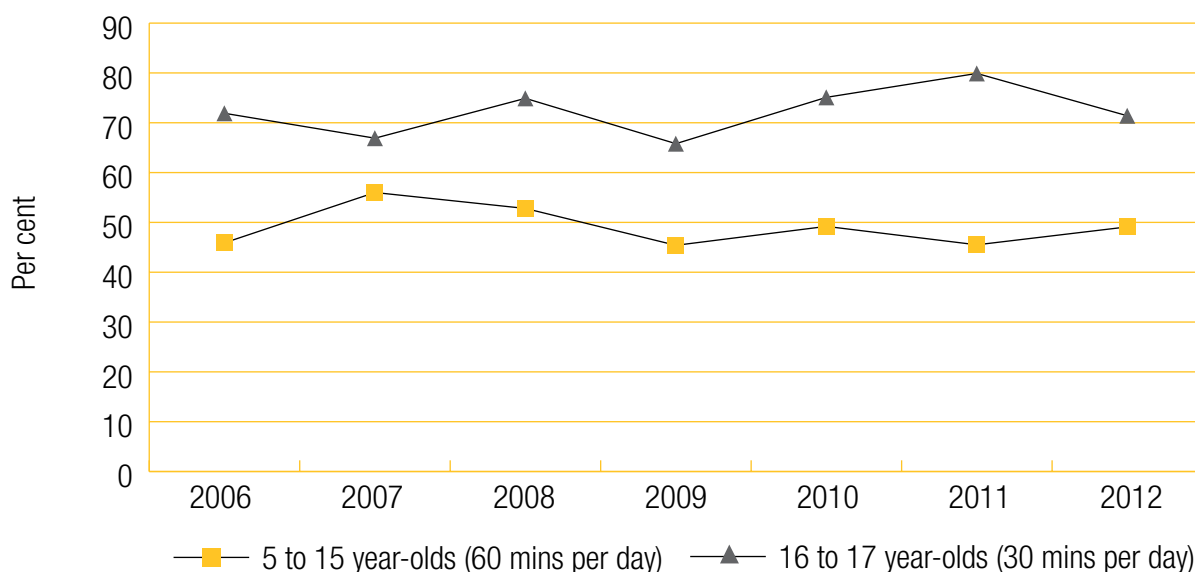
Table 3.26: Weekly physical activity of 16 to 17 year-olds: in per cent, Western Australia, 2006 to 2012

	No activity	Less than 150 mins	150 mins or more but not over 5 sessions	150 mins or more over 5 or more sessions
2006	6.7	11.4	10.0	71.9
2007	4.9	20.7	7.4	66.9
2008	3.7	16.3	5.1	74.9
2009	2.4	20.0	11.7	65.8
2010	1.8	14.5	8.5	75.1
2011	2.0	13.9	4.2	79.9
2012	4.7	16.9	7.0	71.4

Source: Data supplied by Public Health and Clinical Services Division, WA Department of Health, custom report (unpublished)

Note: This report assesses 16 to 17 year-olds against the National Physical Activity Recommendations¹³³ for adults. For adults the recommendation is at least 30 minutes of moderate-intensity physical activity on most, preferably all, days.

Figure 3.13: Proportion of children and young people completing sufficient levels of physical activity per week: in per cent, by age group, Western Australia, 2006 to 2012



Source: Data supplied by Public Health and Clinical Services Division, WA Department of Health, custom report (unpublished)

Note: The minimum requirements are seven sessions of at least 60 minutes for five to 15 year-olds and five sessions of at least 30 minutes for 16 to 17 year-olds.

Table 3.27: Weekly physical activity of 5 to 15 year-olds: in per cent, by age group and region, Western Australia, 2012

	No activity	1 to 6 sessions	7 or more sessions but less than 60 min	7 or more and 60 min or more (meets the recommendation)
Gender				
Males	3.6	28.5	12.9	55.0
Females	5.7	35.4	16.2	42.7
Age Group				
5 to 9 years	2.8	27.0	19.6	50.6
10 to 15 years	6.2	35.9	10.4	47.5
Region				
Metropolitan Area	n/a	n/a	n/a	47.8
Regional areas	n/a	n/a	n/a	52.4
Total	4.6	31.9	14.5	48.9

Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

Notes: This publication follows the current National Physical Activity Recommendations.¹³⁴ For children aged five to 15 years the recommendation is at least 60 minutes of moderate to vigorous physical activity every day.

Totals presented for 2012 have been weighted to the 2011 Estimated Resident Population. As a result, 2012 estimates in this table differ slightly from the estimates presented in the trend table (see Table 3.25) due to the standardising of estimates to different populations.

Table 3.28: Weekly screen-based activity of 0 to 15 year-olds: in per cent, by age group and region, Western Australia, 2012

	Does not meet the recommendation	Meets the recommendation
Gender		
Males	36.3	63.7
Females	36.7	63.3
Age Group		
0 to <2 years	50.6	49.4
2 to 5 years	71.7	28.3
5 to 15 years	21.1	78.9
Region		
Metropolitan area	38.0	62.0
Regional areas	31.8	68.2
Total	36.5	63.5

Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

Notes: This publication follows the current National Physical Activity Recommendations.¹³⁵ For children aged 0 to 15 the recommended amounts per day are no screen-based activity for children younger than two years, less than one hour for two to four year-olds¹³⁶ and no more than two hours for five to 15 year-olds.

Table 3.29: Proportion of children and young people 2 to 17 years meeting physical activity and screen-based activity recommendations: in per cent, Western Australia and Australia, 2011–12

	Whether met physical activity recommendation on all 7 days (a) (b)		Whether met screen-based activity recommendation on all 7 days (b) (c)		Total (d)
	Met recommendation	Did not meet recommendation	Met recommendation	Did not meet recommendation	
WA	32.5	66.9	24.0	74.3	100.0
Australia	29.7	69.1	28.7	70.3	100.0

Source: Australian Bureau of Statistics 2013, *Australian Health Survey: Physical Activity, 2011–12*

(a) The physical activity recommendation for children two to four years is 180 minutes or more per day, for children five to 17 years it is 60 minutes or more per day.

(b) In seven days prior to interview

(c) The screen-based recommendation for children two to four years is no more than 60 minutes per day, for children five to 17 years it is no more than two hours per day for entertainment purposes.

(d) Includes whether met recommendation on one or more days not known.

Table 3.30: Average time spent on sedentary screen-based activity by children 5 to 17 years: in minutes per day, Western Australia and Australia, 2011–12

Average time spent on sedentary screen-based activity per day (a) (b)					
	Watching TV, DVDs or videos	Playing electronic games	Using the internet/ computer for non-homework purposes (excl. games)	Using the internet/ computer for homework purposes	Average per day
WA	91	26	23	4	146
Australia	84	21	25	6	136

Source: Australian Bureau of Statistics 2013, *Australian Health Survey: Physical Activity, 2011-12*

(a) In seven days prior to interview.

(b) Sedentary is defined as sitting or lying down for activities.

Notes: This ABS publication follows the current National Physical Activity Recommendations.¹³⁷

For children aged 0 to 15 years the recommended amounts are no screen-based activity for 0 to one year-olds, less than one hour for two to four year-olds and no more than two hours for five to 15 year-olds.

What is this measure?

This measure examines the physical activity as well as screen-based activity levels of children and young people aged 0 to 17 years. Two separate data collections are used for this measure.

The first set of data is from the WA Health and Wellbeing Surveillance System (HWSS)¹³⁸ which is a strong trend indicator.¹³⁹ The HWSS is a continuous data collection initiated in 2002 to monitor the health status of the general population. In 2012, almost 900 parents or carers of children aged 0 to 15 years were interviewed.¹⁴⁰ The HWSS provides data on weekly physical and screen-based activities for children and young people aged five to 15 years (reported by parents) and 16 to 17 years (self-reported).¹⁴¹

The second set of data comes from the *2011–13 Australian Health Survey (AHS)*, a national survey with a sample size of approximately 32,000 adults and children.¹⁴² This survey provides national as well as state and territory data on daily physical and screen-based activities for children and young people aged two to 17 years.¹⁴³ The AHS is the largest and most comprehensive health survey ever conducted in Australia.

The two data sets that inform this measure do not include data about Aboriginality.

Commentary

Physical activity

According to the HWSS, less than one-half of five to 15 year-olds in WA (48.9%)¹⁴⁴ met the recommended amount of physical activity in 2012. The recommended amount for five to 15 year-olds, stipulated in the National Physical Activity Guidelines,¹⁴⁵ is at least 60 minutes of moderate to vigorous physical activity every day.

Trend data for the last seven years shows that the proportion of WA children meeting the recommended amount of activity was greater in 2012 compared with 2011 (49.1% compared to 45.5%)¹⁴⁶ and also greater than the average for the seven-year period (47.5%).¹⁴⁷ None of the described differences were statistically significant.



It is important to note that almost five per cent of WA children were not physically active in 2012 (Table 3.25).

In terms of gender, male children were more likely than female children to meet the recommended amounts (55.0% compared to 42.7%), however this difference was not statistically significant. Children aged five to nine years were more active than children aged 10 to 15 years (50.6% compared to 47.5%), and children in regional areas were slightly more active than their metropolitan counterparts (52.4% compared to 47.8%) (Table 3.27).

The proportion of WA 16 to 17 year-olds doing the recommended amount of physical activity was smaller in 2012 than in 2011 (71.4% compared to 79.9%). As with the younger age group, it is important to note that almost five per cent of WA young people were not physically active in 2012, which is the third largest figure over the seven-year period (Table 3.26).

The AHS¹⁴⁸ shows that only one-third of WA children (32.5%) aged two to 17 years met the recommended National Physical Activity Guidelines¹⁴⁹ for daily physical activity. Nationally, less than 30 per cent of children met the guidelines in 2011–12 (Table 3.29).

Screen-based activity

According to the HWSS, almost two-thirds of 0 to 15 year-olds in WA (63.5%)¹⁵⁰ met the guidelines for screen-based activity in 2012. The National Physical Activity Guidelines¹⁵¹ recommend that children younger than two years should not spend any time using electronic media for entertainment,¹⁵² two to five year-olds should spend no more than one hour, and five to 15 year-olds should spend no more than two hours a day using electronic media for entertainment.

Trend data for the past 10 years shows that while the proportion of WA children meeting the recommendations was lower in 2012 than 2011 (64.6% compared to 66.0%),¹⁵³ it was still above the average for the ten-year period (61.5%).¹⁵⁴

Significantly, children and young people aged five to 15 years were more likely than younger children to meet the recommendations for screen-based activity. Almost 80 per cent of the older age group were reported to spend two hours or less a day using electronic media. However, more than one-half (50.6%) of infants aged 0 to one year, and more than two-thirds (71.7%) of two to four year-olds spent more time than recommended using electronic media. While there was no marked difference in use between the genders, regional location appears to have some impact on use; children in regional areas were more likely than their metropolitan counterparts to meet the recommendation, although the difference was not statistically significant¹⁵⁵ (Table 3.28).

In contrast, results from the AHS show that less than one-quarter (24.0%) of two to 17 year-olds in WA met the recommendation for daily screen-based activity in 2011–12. This proportion was the lowest of all states and territories, meaning that children in WA were least likely to meet the recommendations for daily screen use. The national average for this category was 28.7 per cent (Table 3.29).

According to the AHS, WA children and young people aged five to 17 years spent 146 minutes per day engaged in screen-based activities, 10 minutes more than the national average of 136 minutes. WA children spent around 90 minutes a day watching TV, with an additional 50 minutes spent on playing electronic games and using the internet for non-homework related purposes (Table 3.30).

The focus and method of the HWSS and the AHS differ, which accounts for differences in their results. Generally, the HWSS data is a strong trend indicator for WA and its regions, while the AHS provides robust one-off estimates for all states and territories.

Strategies

The Western Australian Health Promotion Strategic Framework 2012–2016, Government of Western Australia

This framework sets out directions and priorities for the prevention of chronic disease and injury in WA over the next five years. The goal is to lower the incidence of avoidable chronic disease and injury by increasing healthy behaviours and environments. The Framework focuses on the main lifestyle risk factors including:

- overweight and obesity
- nutrition
- physical activity
- tobacco use
- harmful levels of drinking.

There is also a section on injury prevention.

Further information is available at www.public.health.wa.gov.au/cproot/4462/2/wa_health_promotion_strategic_framework.pdf

National Partnership Agreement on Preventative Health (NPAPH) – Healthy Children Initiative, Council of Australian Governments (released 2009)

The NPAPH is a joint Australian, state and territory initiative implemented between July 2009 and June 2018.

The objective of the NPAPH is to reduce the risk of chronic disease and help assure Australian children of a healthy start to life by improving nutrition, increasing levels of physical activity and reducing the prevalence of overweight and obesity in children, young people and adults. The NPAPH has enabled Western Australia to implement a suite of programs targeting children aged up to 16 years, parents and adults, in and through a range of settings, through its Healthy Children and Healthy Workers initiatives. These are supported by the LiveLighter® campaign, which targets adults and parents to prevent overweight and obesity through good diet and active living, and the School Breakfast Program.

Details about the school, professional development and community based programs funded under the WA Healthy Children Program is available on the Western Australian Department of Health website at www.public.health.wa.gov.au/3/1775/2/wa_healthy_children_program.pm

Further information about the overall NPAPH is available at www.health.gov.au/internet/main/publishing.nsf/Content/phd-prevention-np

Active Living for All: A Framework for Physical Activity in Western Australia 2012-2016, Government of Western Australia

Active Living for All represents the strategic direction for increasing and improving opportunities for physical activity in WA over the five-year period 2012 to 2016. Further information is available at www.dsr.wa.gov.au/active-living-for-all-framework

Want to know more?

Data on physical activity

The WA Department of Health publishes annual data on the physical activity of five to 15 year-olds in the *Health and Wellbeing of Children in Western Australia*, available at www.health.wa.gov.au



The WA Department of Health publishes annual data on the physical activity of adults 16 years and over in the *Health and Wellbeing of Adults in Western Australia*, available at www.health.wa.gov.au

Comparison data on physical activity for WA and other states and territories is available from the Australian Health Survey, available at www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.004

The Child and Adolescent Physical Activity and Nutrition survey, conducted in 2003 and 2008, measured physical activity levels and nutrition behaviours of WA children and young people adolescents. Further information is available at www.beactive.wa.gov.au/index.php?id=316

Other information

The National Physical Activity Guidelines recommend the minimum levels of physical activity for children and young people. Recommendations are available for young children (0-5), children (5-12) and young people (13-17), at www.commcarelink.health.gov.au/internet/main/publishing.nsf/Content/health-publth-strateg-phys-act-guidelines.

The Unplug and Play Parent Campaign provides information and resources to help parents increase physical activity and decrease sedentary behaviour in children, available at www.participaction.com/get-moving/unplug-play/ (campaign no longer being actively implemented).

Nature Play WA provides resources for parents and families on how to get your children more involved in outdoor activities, available at www.natureplaywa.org.au/

The Chronic Disease Prevention Directorate within the Public Health and Clinical Services Division at the WA Department of Health leads public health and health promotion policy around physical activity and coordinates the implementation of the National Partnership Agreement on Preventive Health in Western Australia. Further information is available at www.public.health.wa.gov.au/1/1573/2/healthy_lifestyles.pm

The Department of Sport and Recreation (DSR) is the lead agency in WA responsible for the implementation of government policy and initiatives in sport and recreation. DSR supports a number of initiatives to encourage physical activity by children and young people. These include organised sport as well as access to natural spaces and child-friendly built environments. Further information is available at www.dsr.wa.gov.au/

Additional tables

Table 3.31: Proportion of children and young people 2 to 17 years meeting physical activity and screen-based activity recommendations: in per cent, states and territories, 2011–12

	Whether met physical activity recommendation on all 7 days (a) (b)		Whether met screen-based activity recommendation on all 7 days (b) (c)		Total (d)
	Met recommendation	Did not meet recommendation	Met recommendation	Did not meet recommendation	
WA	32.5	66.9	24.0	74.3	100.0
NSW	26.1	72.0	30.9	67.9	100.0
Vic	26.1	72.9	28.2	70.6	100.0
Qld	35.1	64.1	29.0	70.7	100.0
SA	35.4	63.8	24.3	74.9	100.0
Tas	33.5	64.7	34.1	65.0	100.0
NT	37.1	62.4	33.3	66.7	100.0
ACT	31.2	68.0	26.5	72.8	100.0
Australia	29.7	69.1	28.7	70.3	100.0

Source: Australian Bureau of Statistics 2013, *Australian Health Survey: Physical Activity, 2011–12*



- (a) The physical activity recommendation for children two to four years is 180 minutes or more per day, for children five to 17 years it is 60 minutes or more per day.
- (b) In seven days prior to interview.
- (c) The screen-based recommendation for children two to four years is no more than 60 minutes per day, for children five to 17 years it is no more than two hours per day for entertainment purposes.
- (d) Includes whether met recommendation on one or more days not known.

Table 3.32: Average time spent on sedentary screen-based activity by children 5 to 17 years: in minutes per day, states and territories, 2011–12

	Average time spent on sedentary screen-based activity per day (a) (b)				
	Watching TV, DVDs or videos	Playing electronic games	Using the internet/computer for non-homework purposes (excl. games)	Using the internet/computer for homework purposes	Average per day
WA	91	26	23	4	146
NSW	77	22	26	7	133
Vic	84	14	25	5	128
Qld	89	22	21	9	142
SA	88	26	25	6	145
Tas	85	18	28	3	135
NT	93	20	19	2	134
ACT	88	27	28	5	149
Australia	84	21	25	6	136

Source: Australian Bureau of Statistics 2013, *Australian Health Survey: Physical Activity, 2011-12*

- (a) In seven days prior to interview.
- (b) Sedentary is defined as sitting or lying down for activities.

Notes: This ABS publication follows the current National Physical Activity Recommendations.¹⁵⁶

For children aged 0 to 15 the recommended amounts per day are no screen-based activity for children younger than two years, less than one hour for two to less than five year-olds and less than two hours for five to 15 year-olds.



3.11 Body weight

Why this measure is included

Being overweight or obese increases a child's risk of poor physical health in both the short and long term. Being obese increases a child's risk of a range of conditions such as asthma, Type 2 diabetes and cardiovascular conditions.¹⁵⁷ Overweight or obese children who continue to be overweight or obese in adulthood face a higher risk of developing coronary heart disease, diabetes, certain cancers, gall bladder disease, osteoarthritis and endocrine disorders.^{158 159}

Children and young people who are overweight or obese can also experience discrimination, victimisation and teasing by their peers. This may contribute to poor peer relationships, school experiences and psychological wellbeing, particularly among older overweight and obese children.¹⁶⁰

Table 3.33: Prevalence of BMI categories for children 5 to 15 years: in per cent, Western Australia, 2004 to 2012

	Not overweight or obese	Overweight	Obese
2004	73.6	19.7	6.7
2005	70.7	19.9	9.3
2006	78.8	15.1	6.1
2007	82.5	12.9	4.6
2008	80.2	14.1	5.8
2009	77.3	16.8	5.8
2010	77.7	17.0	5.3
2011	81.0	14.7	4.3
2012	77.9	14.7	7.3

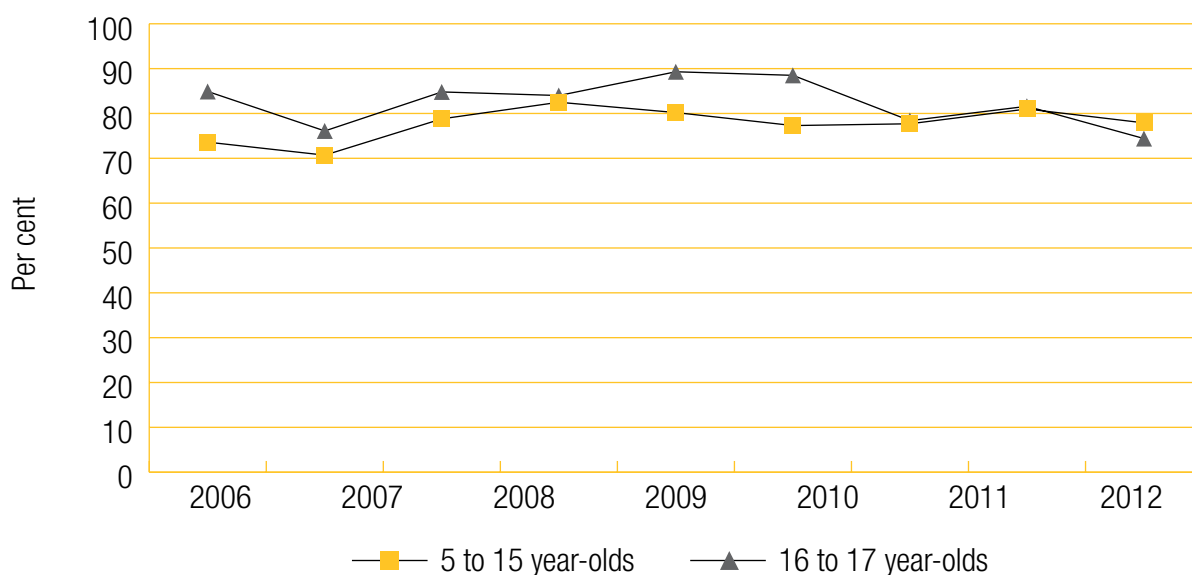
Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

Table 3.34: Prevalence of BMI categories for young people 16 to 17 years: in per cent, Western Australia, 2004 to 2012

	Not overweight or obese	Overweight	Obese
2004	84.9	8.4	6.7
2005	76.1	17.3	6.6
2006	84.8	13.4	1.8
2007	84.0	14.0	2.2
2008	89.3	6.2	4.6
2009	88.5	7.3	4.3
2010	78.4	16.3	5.2
2011	81.6	14.3	4.1
2012	77.2	19.1	3.6

Source: Data supplied by Public Health and Clinical Services Division, WA Department of Health, custom report

Figure 3.14: Proportion of children and young people not overweight or obese: in per cent, by age group, Western Australia, 2004 to 2012



Source: Data supplied by Public Health and Clinical Services Division, WA Department of Health, custom report

Table 3.35: Prevalence of BMI categories for children and young people 5 to 15 years: in per cent, by gender and region, Western Australia, 2012

	Not overweight or obese	Overweight	Obese
Gender			
Males	76.9	14.4	8.7
Females	78.9	15.0	6.0
Region			
Metropolitan Area	78.8	13.5	7.7
Regional Areas	75.0	18.9	6.4
Total	77.9	14.7	7.4

Source: Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*

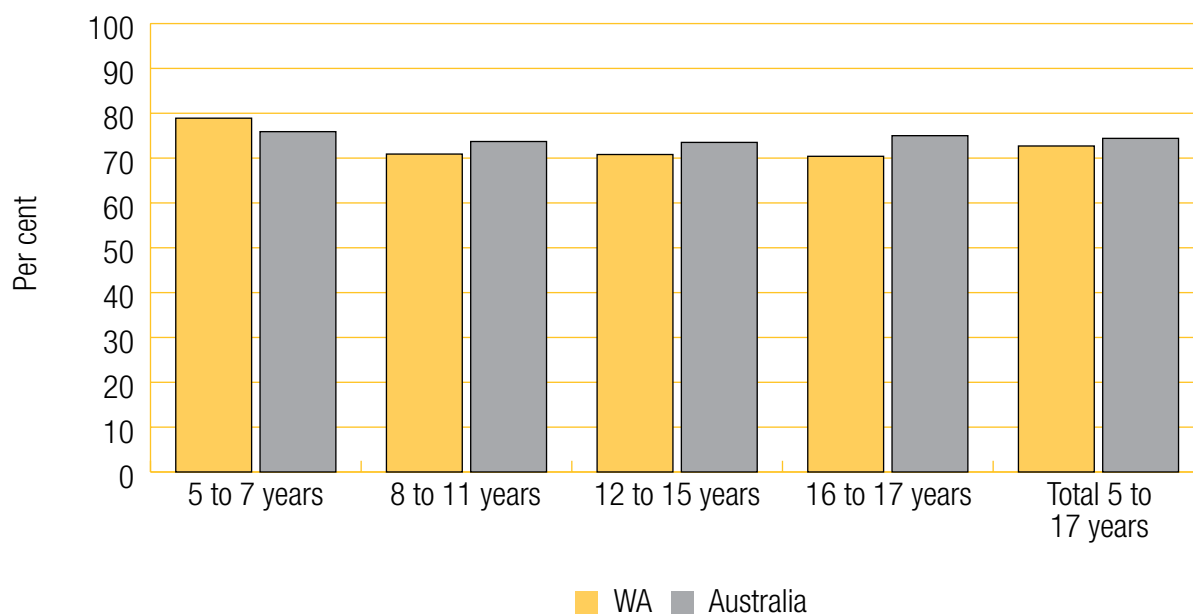
Table 3.36: Prevalence of BMI categories for children and young people 5 to 17 years: in per cent, by age group, Western Australia and Australia, 2011–12

	Not overweight or obese	Overweight	Obese	Overweight/Obese (BMI 25.00 or more)
Western Australia				
5 to 7 years	78.9	13.7	7.4*	21.1
8 to 11 years	70.9	22.6	6.5*	29.1
12 to 15 years	70.8	23.6	5.6*	29.2
16 to 17 years	70.4	22.0	7.6*	29.6
Total 5 to 17 years	72.7	20.7	6.6	27.3
Australia				
5 to 7 years	75.9	15.5	8.5	24.1
8 to 11 years	73.7	19.6	6.7	26.2
12 to 15 years	73.5	19.5	7.1	26.6
16 to 17 years	75.0	17.4	7.6	25.0
Total 5 to 17 years	74.4	18.3	7.4	25.7

Source: Australian Bureau of Statistics 2013, *Australian Health Survey: Updated Results, 2011–12*

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Figure 3.15: Proportion of children and young people not overweight or obese (BMI less than 25.00): in per cent, by age group, Western Australia and Australia, 2011–12



Source: Australian Bureau of Statistics 2013, *Australian Health Survey: Updated Results, 2011–12*

What is this measure?

This measure is concerned with the Body Mass Index (BMI) of children and young people aged five to 17 years. BMI is a common measure for defining whether a person is overweight or obese,¹⁶¹ calculated by dividing weight in kilograms by the square of height in metres. BMI scores for children take into account the sex and age of the child. The BMI however is not a fixed measure, it varies as body composition changes with normal growth and stage of puberty.

Two separate data collections are used for this measure.

The first set of data is from the WA Health and Wellbeing Surveillance System (HWSS)¹⁶² which is a strong trend indicator.¹⁶³ The HWSS is a continuous data collection initiated in 2002 to monitor the health status of the general population. In 2012, almost 900 parents or carers of children aged 0 to 15 years were interviewed.¹⁶⁴

Parents and carers were asked to provide their child's height without shoes and their weight without clothes or shoes. A BMI was derived from these figures.¹⁶⁵ Data for young people aged 16 and 17 years was based on self-assessment.¹⁶⁶

The second set of data comes from the *2011–13 Australian Health Survey (AHS)*, a national survey with a sample size of approximately 32,000 adults and children.¹⁶⁷ In this survey, questions about height and weight were voluntary, and 79.9 per cent of children aged two to 17 years involved in the survey had their height and weight measured. The measurements were conducted by trained interviewers.¹⁶⁸

The two data sets that inform this measure do not include data about Aboriginality.

Commentary

In 2012, the HWSS found that just over three-quarters of WA children aged five to 15 years were not overweight or obese (77.9%). This was at the lower end of the range observed since 2006 (77.3% to 82.5%), but higher than the proportion not overweight or obese in 2004 (73.6%) and 2005 (70.7%) (Table 3.33).

The proportion of WA young people aged 16 and 17 years classified as not overweight or obese was 77.2 per cent, which is the second lowest proportion recorded to date (Table 3.34).

In terms of gender, WA girls aged five to 15 years were slightly more likely than boys to be not overweight or obese (78.9% compared to 76.9%).

There are some differences in the proportions of overweight children and young people in regional areas compared with children in the metropolitan area, however the differences are not statistically significant (Table 3.35).

Separately, the AHS reported that in 2011–12 less than three-quarters (72.7%) of five to 17 year-olds in WA were not overweight or obese. This proportion is slightly lower than the proportion recorded nationally (74.4%) (Table 3.36).

The AHS also found that in WA, children aged five to seven years were significantly more likely not to be overweight or obese than children in older age groups (78.9% compared to 70.4% to 70.9%). National figures showed more consistency across age groups, with a range of 73.5 per cent to 75.9 per cent across age groups (Table 3.36).

The proportion of WA children aged five to seven years who were not overweight or obese was higher than the national average (78.9% compared to 75.9%). For all other age groups, WA children and young people were more likely to be overweight or obese than the national average (Table 3.36 and Figure 3.15).

The focus and methods of the HWSS and the AHS differ in many ways, which accounts for differences in their results. Generally, the HWSS data is a strong trend indicator for WA, while the AHS provides robust one-off estimates for all states and territories.

Strategies

Western Australian Health Promotion Strategic Framework 2012–2016, Western Australian Government

This framework sets out the WA Health's strategic directions and priorities for the prevention of chronic disease and injury over the next five years.

The goal is to lower the incidence of avoidable chronic disease and injury by facilitating improvements in health behaviours and environments. The framework focuses on the main lifestyle risk factors including:

- overweight and obesity
- nutrition
- physical activity
- tobacco use
- harmful levels of drinking.

Further information is available at www.public.health.wa.gov.au/2/1588/2/the_wa_health_promotion_strategic_framework_.pm

National Partnership Agreement on Preventative Health (NPAPH), Council on Australian Governments (released 2009)

The NPAPH is a joint Australian, state and territory initiative implemented between July 2009 and June 2018.

The objective of the NPAPH is to reduce the risk of chronic disease and help assure Australian children of a healthy start to life. It focuses on improving nutrition, increasing levels of physical activity and reducing the prevalence of overweight and obesity in children, young people and adults. The NPAPH has enabled WA to implement a suite of programs targeting children aged up to 16 years, parents and adults, in and through a range of settings, through its Healthy Children and Healthy Workers initiatives. These are supported by the LiveLighter® campaign, which targets adults and parents to prevent overweight and obesity through good diet and active living, and the School Breakfast Program.

Details about the school, professional development and community-based programs funded under the WA Healthy Children Program are available on the WA Department of Health website at www.public.health.wa.gov.au/3/1775/2/wa_healthy_children_program.pm

Further information about the NPAPH is available at www.health.gov.au/internet/main/publishing.nsf/Content/phd-prevention-np

Global Strategy on Diet, Physical Activity and Health, World Health Organization (WHO) (released 2004)

This strategy provides recommendations for the promotion of healthy diets and regular physical activity to prevent non-communicable diseases (NCDs). The 2013 World Health Assembly endorsed the Global NCD Action Plan 2013–2020, which includes a set of actions for member states, international partners and the WHO Secretariat to promote healthy diets and physical activity, and to attain nine voluntary global targets for NCDs. The strategy includes a focus on childhood obesity, which is recognised as one of the most serious public health challenges of the 21st century. Further information is available at www.who.int/dietphysicalactivity/en/



Want to know more?

Data on body weight

The WA Department of Health publishes annual data on the BMI categories for five to 15 year-olds in *Health and Wellbeing of Children in Western Australia*, available at www.health.wa.gov.au

The WA Department of Health publishes annual data on the BMI categories for people 16 years and over in the *Health and Wellbeing of Adults in Western Australia*, available at www.health.wa.gov.au

Information about the Australian Health Survey and the results are available at www.abs.gov.au/australianhealthsurvey

Other information

The National Physical Activity Guidelines recommend the minimum levels of physical activity for children and young people, available at www.health.gov.au/internet/main/publishing.nsf/content/health-publhlth-strateg-phys-act-guidelines#rec_5_12

The *Australian Dietary Guidelines* use the best available scientific evidence to provide information on the types and amounts of foods, food groups and dietary patterns that aim to promote health and wellbeing, reduce the risk of diet-related conditions and reduce the risk of chronic disease. Further information available at www.nhmrc.gov.au/guidelines/publications/n55

The 2013 clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia are intended for use by clinicians and make recommendations regarding the management of individuals who are overweight or obese and are at risk or currently have an obesity related comorbidity. The guidelines are available at www.nhmrc.gov.au/guidelines/publications/n57

Within WA Health, the Chronic Disease Prevention Directorate, Public Health and Clinical Services Division and Child and Adolescent Community Health Statewide Policy and Planning lead public health policy in relation to obesity. The Chronic Disease Prevention Directorate coordinates the implementation of the National Partnership Agreement on Preventive Health in Western Australia. Further information is available at www.public.health.wa.gov.au/1/1573/2/healthy_lifestyles.pm

The Department of Sport and Recreation (DSR) is the lead agency responsible for the implementation of government policy and initiatives in sport and recreation. DSR supports a number of initiatives to encourage physical activity by children and young people. These include organised sport as well as access to natural spaces and child-friendly built environments. Further information is available at www.dsr.wa.gov.au/



3.12 Mental health

Why this measure is included

Good mental health is an essential component of wellbeing and means that children and young people are more likely to have fulfilling relationships, cope with adverse circumstances and adapt to change.¹⁶⁹ Poor mental health for children and young people is associated with behavioural issues, a diminished sense of self-worth and a decreased ability to cope. This can affect their quality of life, emotional wellbeing and capacity to engage in school and community activities.¹⁷⁰

Good mental health and wellbeing is important for children from infancy and early childhood through to adolescence and young adulthood.^{171 172}

When a person experiences a mental health problem or disorder in childhood or adolescence, it can be a precursor to ongoing mental health issues in adulthood and increases the likelihood of alcohol and drug use, smoking, poorer physical health and social skills, and lower educational attainment.¹⁷³

This measure contains data of a different nature than most other data in this report.

Most data of this report meets the following list of stringent criteria:

- Capable, as far as possible, of disaggregation by gender, by Aboriginal status and by region of WA.
- Meaningful for researchers and users and, where possible, young people.
- Based on consistent and repeatable data collections.
- Capable of being influenced by action.

The data in this measure may not meet each of these criteria but has been included in order to provide the best available information regarding this aspect of children and young people's wellbeing. The data should be used with caution, including considering the qualifications outlined within the content of this measure.

What is this measure?

There is no adequate or reliable data which accurately reflects the mental health and wellbeing of Western Australian children and young people and the extent of mental health problems and disorders among them.

Data is available on hospital separations for children and young people with a mental health diagnosis. This data is not disaggregated and is for all children and young people aged 0 to 17 years. Therefore, the age-adjusted rates¹⁷⁴ (AARs) are low due to the inclusion of very young children whose rates of mental health problems are very low in comparison to the rates in young people aged 13 to 17 years.

Information from the WA Department of Health's Mental Health Information System provides data on the number of children and young people in WA who received a service from a child and adolescent mental health program. This information is disaggregated by age groups and gender but not by Aboriginal status or area of residence.

In information provided to the Commissioner for Children and Young People WA's Inquiry into the mental health and wellbeing of children and young people in Western Australia in 2011,¹⁷⁵ the Infant, Child, Adolescent and Youth Mental Health Executive Group estimated that the Child and Adolescent Mental Health Service was only funded to provide a service to 20 per cent of the children and young people who required it.¹⁷⁶

The Inquiry found that limited funding of many mental health services had resulted in stringent eligibility criteria being developed to manage demand.¹⁷⁷ The limited capacity of services had also resulted in lengthy waiting lists with a focus on 'crisis' response rather than comprehensive early intervention and treatment.¹⁷⁸ In regional and remote areas of WA, mental health assessment, early intervention and treatment services were especially limited.¹⁷⁹

Therefore, the figures related to children and young people accessing treatment are likely to be a significant underrepresentation of the extent of mental health problems experienced by children and young people in the community.

Experiencing a mental health problem is also a risk factor for self-harm and suicide.¹⁸⁰ Further information on self-harm and suicide is available in measure 4.13.

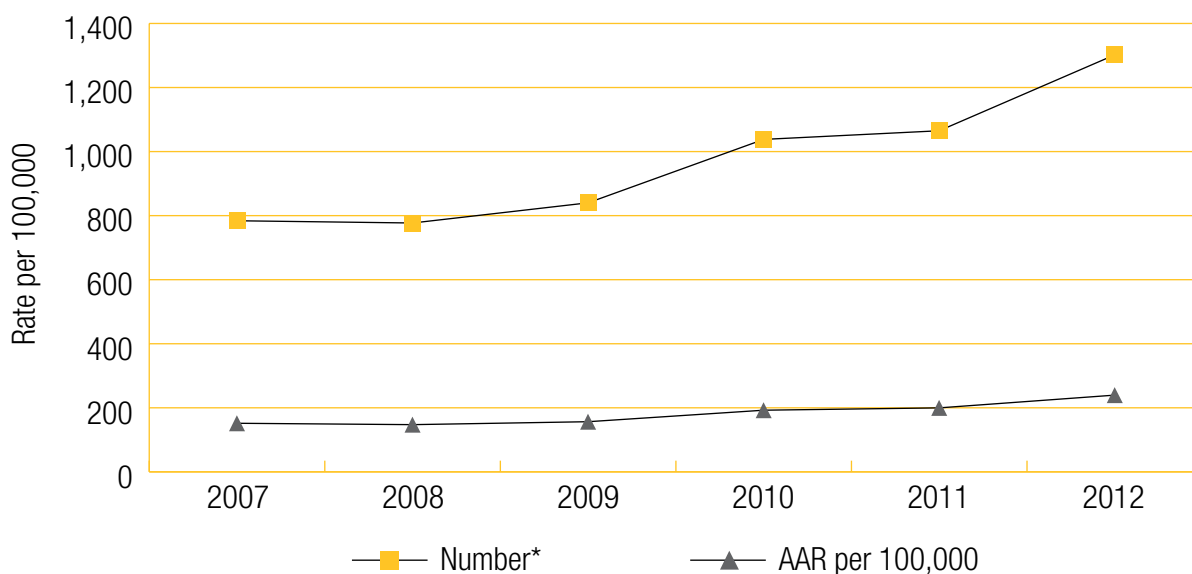
Table 3.37: Children and young people 0 to 17 years who separated from a public or private hospital with a mental health diagnosis: number and age-adjusted rate (AAR) per 100,000, Western Australia, 2007 to 2012

	Number*	AAR
2007	784	151.7
2008	777	147.4
2009	840	156.6
2010	1,038	192.5
2011	1,065	199.8
2012	1,302	239.6

Source: WA Department of Health, Mental Health Information System 2013, custom report

* Figures only include patients who were diagnosed with ICD10-AM Primary Diagnosis Code Mental Health or discharged from a designated psychiatric ward.

Figure 3.16: Children and young people 0 to 17 years who separated from a public or private hospital with a mental health diagnosis: number and age-adjusted rate (AAR) per 100,000, Western Australia, 2007 to 2012



Source: WA Department of Health, Mental Health Information System 2013, custom report

* Figures only include patients who were diagnosed with ICD10-AM Primary Diagnosis Code Mental Health or discharged from a designated psychiatric ward.

Table 3.38: Children and young people 0 to 17 years who received service from a child and adolescent mental health program: number and age-specific rate (ASR) per 100,000, Western Australia, 2007 to 2012

Year	0 to 4 years		5 to 12 years		13 to 17 years		Total	
	Number	ASR	Number	ASR	Number	ASR	Numbers	ASR
2007	220	162.9	2,296	1,030.5	2,997	2,032.5	5,371	1,082.3
2008	221	154.5	2,214	982.0	3,080	2,051.6	5,359	1,063.6
2009	248	166.1	2,337	1,020.6	3,394	2,222.5	5,801	1,132.5
2010	261	169.1	2,532	1,096.5	3,585	2,340.0	6,221	1,200.6
2011	254	162.5	2,922	1,245.0	4,057	2,691.5	7,007	1,365.1
2012	243	148.3	2,900	1,206.1	4,535	2,909.5	7,508	1,405.5

Source: WA Department of Health, Mental Health Information System 2013, custom report

Table 3.39: Children and young people 0 to 17 years who received service from a child and adolescent mental health program: number and age-specific rate (ASR) per 100,000, by gender, Western Australia, 2007 to 2012

Year	Male						Female					
	0 to 4 years		5 to 12 years		13 to 17 years		0 to 4 years		5 to 12 years		13 to 17 years	
	Number	ASR	Number	ASR	Number	ASR	Number	ASR	Number	ASR	Number	ASR
2007	125	180.1	1,549	1,345.0	1,388	1,820.9	95	144.7	747	694.1	1,609	2,258.9
2008	128	173.9	1,495	1,284.8	1,448	1,866.2	93	133.9	719	659.0	1,632	2,249.8
2009	139	181.7	1,581	1,337.2	1,631	2,066.3	109	149.8	756	682.6	1,763	2,389.6
2010	154	194.8	1,683	1,411.7	1,685	2,128.6	107	142.1	849	760.0	1,900	2,566.0
2011	158	197.8	1,941	1,623.6	1,828	2,374.0	96	125.6	981	851.9	2,229	3,023.1
2012	144	171.1	1,889	1,527.1	1,891	2,357.7	99	124.3	1011	865.9	2,644	3,494.4

Source: WA Department of Health, Mental Health Information System 2013, custom report

Commentary

It is generally accepted that around 20 per cent of Australians will suffer from a mental health problem in their lifetime.¹⁸¹ A number of studies have examined the prevalence of mental health problems and disorders in Australian children and young people and have found rates of mental health problems at between 14 and 24 per cent.^{182 183 184 185}

Hospital separation data shows a significant increase in the age-adjusted rate¹⁸⁶ (AAR) for children and young people aged 0 to 17 years who separated from a public or private hospital with a mental health diagnosis between 2007 (151.7) and 2012 (239.6) (Table 3.37). This information has not been disaggregated further.

The number of children and young people aged 0 to 17 years who received a service from a child and adolescent mental health program also increased in this period with the age-specific rate¹⁸⁷ (ASR) increasing from 1,082.3 in 2007 to 1,405.5 in 2012 (Table 3.38).

Use of child and adolescent mental health programs increased with age. Children aged 0 to four years have the lowest ASR and young people aged 13 to 17 years have substantially higher rates (Table 3.38).

Differences between males and females show that males have substantially higher rates of service in the 0 to four age group and the five to 12 age group. However this trend is reversed in the 13 to 17 age group where females have substantially higher ASRs than males (Table 3.39).

The data has not been further disaggregated for Aboriginal status or by area of residence.

Strategies

Mental Health 2020: Making it personal and everybody's business, Government of Western Australia (released 2010)

The Mental Health Commission has responsibility for mental health strategic policy, planning, procurement and performance monitoring and evaluation of services. The Commission is currently involved in strategic planning and short and long-term projects for infants, children, adolescents and young people. The strategic policy is available at www.mentalhealth.wa.gov.au/about_mentalhealthcommission/Mental_Health2020_strategic_policy.aspx

National Mental Health Policy 2008, Commonwealth Government

This policy provides an overarching vision and intent for the mental health system in Australia and is available at www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-pol08

Fourth National Mental Health Plan 2009–2014, Commonwealth Government

This plan has been developed to further guide reform and identifies key actions for progress towards fulfilling the vision of the policy and is available at www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc

Further information is available at www.mentalhealth.wa.gov.au/Homepage.aspx

Want to know more?

Research, reports and articles

The Commissioner for Children and Young People's *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* is available at www.cyp.wa.gov.au/files/MentalWellbeingInquiry/CCYP%20Mental%20Health%20Inquiry%20-%20Report%20to%20Parliament.pdf

Other information

The Mental Health Advisory Council provides high level, independent advice and guidance to the WA Mental Health Commissioner regarding major issues affecting people with mental health problems, their families and service providers. More information is available at www.mentalhealth.wa.gov.au/about_mentalhealthcommission/mental_health_advisory_council.aspx

The National Mental Health Commission reports to the Prime Minister. It provides independent expert advice based on evidence of the mental health system's performance across all areas that promote mental health and prevent mental illness and suicide. They provide an annual report card on mental health and suicide prevention. More information is available at www.mentalhealthcommission.gov.au/



The Royal Australian and New Zealand College of Psychiatry sets the professional standards for psychiatrists in Australia and provides training and information on mental health treatment. More information is available at www.ranzcp.org

The Ministerial Council for Suicide Prevention monitors and extends suicide prevention initiatives across the State for all high risk populations, regardless of age. More information is available at www.onelifewa.com.au/one-life-strategy/mcsp/

The Specialist Aboriginal Mental Health Service supports both Aboriginal consumers and carers in accessing mainstream mental health services, and in better meeting the needs of Aboriginal people. More information is available at www.mentalhealth.wa.gov.au/ournewapproach/Aboriginal.aspx

The Children of Parents with a Mental Illness (COPMI) promotes better health outcomes for children of parents with a mental illness. More information is available at www.copmi.net.au/clearinghouse/clearinghouse-items.html

Organisations providing help for children and young people needing advice or with a mental health problem include:

- Child and Adolescent Mental Health Services www.pmh.health.wa.gov.au/general/CAMHS/
- Kids Helpline www.kidshelpline.com.au
- Lifeline www.lifeline.org.au
- ReachOut.com <http://au.reachout.com>
- youth beyondblue www.youthbeyondblue.com/
- YouthFocus <http://youthfocus.com.au/>
- headspace www.headspace.org.au



3.13 Self-harm and suicide

Why this measure is included

Mental health problems affect a young person's quality of life and emotional wellbeing and their capacity to engage in school, community, sport and cultural activities – and eventually the work place. Mental health problems are also a risk factor for self-harm and suicide¹⁸⁸. Intentional self-harm and suicide are responsible for a significant proportion of mortality and morbidity in young people. In the last decade there has been a greater focus on the development of prevention strategies to reduce suicide morbidity and mortality, particularly in young people.¹⁸⁹

This measure contains data of a different nature than most other data in this report.

Most data of this report meets the following list of stringent criteria:

- Capable, as far as possible, of disaggregation by gender, by Aboriginal status and by region of WA.
- Meaningful for researchers and users and, where possible, young people.
- Based on consistent and repeatable data collections.
- Capable of being influenced by action.

The data in this measure may not meet each of these criteria but has been included in order to provide the best available information regarding this aspect of children and young people's wellbeing. The data should be used with caution, including considering the qualifications outlined within the content of this measure.

What is this measure?

Measures available for self-harm and suicide are limited, particularly in relation to children and young people, due to the low numbers involved and the need to protect confidentiality, and due to difficulties in determining intent in the cause of death for suicide.

All data is gathered from the Public Health Division, Department of Health. Data is expressed as rates per 100,000 to preserve confidentiality where numbers are low. Caution should also be used in interpreting trends in data due to the low numbers involved.

Self-harm refers to the deliberate infliction of injury or harm on the body. In the majority of cases it is not intended to be fatal and is not an attempt at suicide.¹⁹⁰ Rates of self-harm increase with age with those aged 15 to 17 years having the highest rates. This measure provides information on hospitalisations due to injury or poisoning in WA of children and young people as a result of intentional self-harm. The age-adjusted rates (AAR) per 100,000 are for young people aged 13 to 17 years as the number of hospitalisations in children younger than 13 years is extremely small. The data does not distinguish between self-harm that is an attempt at suicide and self-harm that is not intended to be fatal.

This measure also includes data on the number of deaths of WA children and young people aged 13 to 17 years due to intentional self-harm, during the period 2005 to 2012.

Research indicates that the vast majority of young people who self-harm do not present for hospital treatment¹⁹¹ at all and therefore the following data is most likely an underrepresentation of the actual number of young people intentionally self-harming.

Table 3.40: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-specific rate (ASR) per 100,000 population 13 to 17 years, Western Australia, 2005 to 2012

	Number	ASR
13 years	118	49.8
14 years	283	118.7
15 years	417	173.9
16 years	696	288.2
17 years	658	269.8
13 to 17 years	2,172	180.9

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

Table 3.41: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by year of age, Western Australia, 2005 to 2012

	Number						AAR
	13 years	14 years	15 years	16 years	17 years	13 to 17 years	13 to 17 years
2005	20	37	41	83	83	264	177.7
2006	14	23	50	56	73	216	141.0
2007	11	16	48	66	68	209	133.3
2008	11	26	40	55	73	205	127.5
2009	13	37	48	82	82	262	154.6
2010	18	27	50	111	90	296	171.4
2011	12	42	53	91	80	278	159.5
2012	19	75	87	152	109	442	253.8
Total	118	283	417	696	658	2,172	

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

Table 3.42: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-specific rate (ASR) per 100,000 population 13 to 17 years, by Aboriginal status, Western Australia, 2005 to 2012

	Non-Aboriginal		Aboriginal	
	Number	ASR	Number	ASR
13 years	106	43.9	12	87.5
14 years	259	106.7	24	178.0
15 years	386	157.5	31	234.3
16 years	654	262.0	42	324.4
17 years	608	240.7	50	395.7
13 to 17 years	2,013		159	

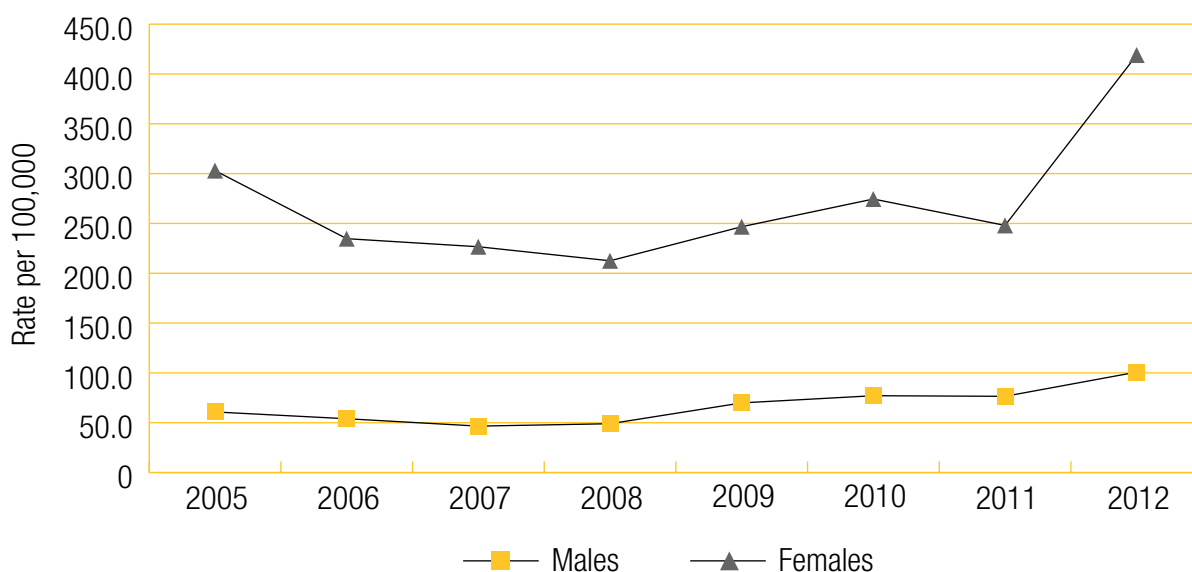
Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

Table 3.43: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by gender, Western Australia, 2005 to 2012

	Males		Females	
	Number	AAR	Number	AAR
2005	47	60.8	217	303.0
2006	43	54.0	173	234.7
2007	38	46.6	171	226.6
2008	41	49.0	164	212.5
2009	62	69.9	200	246.7
2010	70	77.1	226	274.5
2011	70	76.5	208	248.0
2012	92	100.8	350	419.0
Total	463		1,709	

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

Figure 3.17: Hospitalisations due to intentional self-harm among young people 13 to 17 years: age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by gender, Western Australia, 2005 to 2012



Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

Table 3.44: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by remoteness of residence, Western Australia, 2005 to 2012

	Metropolitan		Regional		Remote	
	Number	AAR	Number	AAR	Number	AAR
2005	187	154.3	47	201.5	17	n/a
2006	148	118.0	34	145.7	21	239.3
2007	151	117.7	33	138.9	9	n/a
2008	151	114.9	35	143.6	12	n/a
2009	188	135.1	35	139.9	17	n/a
2010	213	150.1	38	153.1	26	285.3
2011	195	136.5	38	165.4	27	302.6
2012	326	233.5	69	264.9	36	344.8
Total	1,559		329		165	

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished)

Table 3.45: Deaths due to intentional self-harm among young people 13 to 17 years: number and age-specific rate (ASR) per 100,000 population 13 to 17 years, Western Australia, 2005 to 2011

	Number	ASR
13 years*	n/a	n/a
14 years*	n/a	n/a
15 years	11	5.0
16 years	16	7.1
17 years	24	10.6
13 to 17 years	51**	5.0

Source: Data supplied by Public Health and Clinical Services Division 2013, WA Department of Health, custom report (unpublished).

* Information for this age group has been suppressed for confidentiality reasons.

** Only includes the number of deaths for the age group 15 to 17 years.

Commentary

Self-harm

Intentional self-harm is the second highest cause of death¹⁹² in young people aged 13 to 17 years and resulted in more than 2,100 hospitalisations of WA young people between 2005 and 2012 (Table 3.40). The age-adjusted rate (AAR) per 100,000 young people aged 13 to 17 years fluctuated between 2005 and 2011 with a low of 127.5 in 2008 and a peak of 253.8 in 2012.

The recent increase is accounted for by both genders: the number of hospitalisations increased by 31.4 per cent for males and by 68.3 per cent for females from 2011 to 2012 (see Table 3.43). Tracking of future years will be required to see if this increase represents a continuing trend rather than a peak in a fluctuating pattern. However, contacts with the Kids Helpline from young people regarding issues with self-harm have shown an upward trend over the last three years with the numbers doubling between 2009 and 2012¹⁹³.

The age-specific rates (ASRs) for hospitalisations from intentional self-harm generally increase with age (Table 3.40) with substantially lower ASRs for those aged 13 years (49.8) compared to those aged 16 and 17 years (288.2 and 269.8 respectively). Young people aged 16 years have the greatest likelihood of hospitalisation due to intentional self-harm (Tables 3.40 and 3.41).

Aboriginal young people aged 13 to 17 years are more likely than non-Aboriginal young people to be hospitalised for intentional self-harm. In 2012, Aboriginal young people had a higher ASR per 100,000 in each individual age group, particularly for those aged 13 years, 14 years and 17 years where the rate was almost twice the rate for non-Aboriginal young people (Table 3.42).

In terms of gender, young women were hospitalised for intentional self-harm at more than four times the rate of young males. In 2012, the AAR per 100,000 females aged 13 to 17 years was 419 compared to a rate of 101 per 100,000 males (Table 3.43). The rate of hospitalisations due to intentional self-harm has increased between 2005 and 2012 with a particularly strong increase between 2011 and 2012 (Figure 3.17).

Young people aged 13 to 17 years who are living in remote areas of WA are more likely to be hospitalised due to intentional self-harm than young people in regional or metropolitan areas. In 2012, the AAR per 100,000 young people 13 to 17 years in remote areas was 344.8 which compares to a rate of 264.9 for young people in regional areas and a rate of 233.5 for young people in metropolitan areas. Reflective of the overall increase in self-harm hospitalisations between 2005 and 2012, all of the areas of residence categories have shown a substantial increase in hospitalisations due to self-harm between 2005 and 2012 (Table 3.44).

Suicide

Data on deaths from suicide is influenced by a range of factors such as the criteria used for determining cause of death due to uncertainty about suicidal intent, particularly for children and young people. Further to this, the number of suicides in children under the age of 15 years is small and in order to protect confidentiality is not reported on in detail each year. Therefore the data is not reported on annually but rather as aggregated data over several reference years combined.

Despite the low numbers of suicides in children under the age of 15 years, they make up a significant proportion of all deaths in this age group.¹⁹⁴ The data from WA shows that deaths by injury or poisoning from intentional self-harm is the second highest cause of death in children and young people aged 0 to 17 years in the period 2005 to 2011¹⁹⁵.

The vast majority of these deaths are in young people aged 13 to 17 years and generally the rate increases with age with those aged 17 years having the highest ASR per 100,000 of 10.6 for the period 2005 to 2011 (Table 3.45).

Despite young women having significantly higher rates of hospitalisation for self-harm, young males were much more likely to die as a result of intentional self-harm with a rate of 6.7 per 100,000 compared to a rate of 3.9 per 100,000 young females between 2005 and 2011¹⁹⁶.



The rates for deaths as a result of intentional self-harm of Aboriginal young people and young people living in regional areas are not presented because the numbers involved are small and therefore cannot be published in order to protect confidentiality.

Strategies

Mental Health 2020: Making it personal and everybody's business, Government of Western Australia (released 2010)

The ten-year strategic policy for mental health in Western Australia sets out the State's mental health priority areas for action and provides a framework for addressing these issues over the next decade. The policy is available at www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms.aspx

Mental Health 2020: Making it personal and everybody's business – Action Plan 2012–13, Government of Western Australia

The action plan supports and implements the strategic policy and maps what the Mental Health Commission will do in 2012–13 to improve mental health services and is available at www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms.aspx

Western Australian Suicide Prevention Strategy 2009–2013, Government of Western Australia

The strategy is aligned to the National Suicide Prevention Strategy and provides a framework for addressing suicide in Western Australia and is available at www.mentalhealth.wa.gov.au/Libraries/pdf_docs/WA_Suicide_Prevention_Strategy.sflb.ashx

National Mental Health Commission. Strategies and Actions 2012–2015, Commonwealth Government

This document sets out the strategies and actions to guide the National Mental Health Commission's work for 2012 to 2015 and is available at www.mentalhealthcommission.gov.au/media/5039/strategicactions_2012%20to2015.pdf

The Roadmap for National Mental Health Reform 2012–2022

This document outlines the direction governments will take over the next 10 years in regard to mental health reform, available at www.coag.gov.au/sites/default/files/The%20Roadmap%20for%20National%20Mental%20Health%20Reform%202012-2022.pdf.pdf

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, May 2013

The overarching objective of the Strategy is to reduce the cause, prevalence and impact of suicide on individuals, their families and communities.

Further information is available at: [www.healthinonet.ecu.edu.au/key-resources/bibliography?page=1&q=suicide&q_exact=&q_author=&q_keyword=&sorter=year-DESC&health_topic\[\]=11&year_start=1840&year_end=2013&lid=25209](http://www.healthinonet.ecu.edu.au/key-resources/bibliography?page=1&q=suicide&q_exact=&q_author=&q_keyword=&sorter=year-DESC&health_topic[]=11&year_start=1840&year_end=2013&lid=25209)

National Mental Health Commission. A Contributing Life: The 2013 National Report Card on Mental Health and Suicide Prevention.

This is the second report card released by the National Mental Health Commission providing a comprehensive overview of the Commission's recommendations for improving mental health in Australia. The report has a number of accompanying documents including a technical report and is available at www.mentalhealthcommission.gov.au/media/94321/Report_Card_2013_full.pdf



Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–2014, Commonwealth Government

The plan articulates a whole-of-government approach to mental health based on a population health framework that recognises the complex range of factors that influence mental health and wellbeing. The plan is available at www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-f-plan09

Want to know more?

Data

The Australian Bureau of Statistics publishes cause of death data and other data specifically on suicide in Australia. Further information is available at www.abs.gov.au

Data is also available through the National Mental Health Commission's 2013 National Report Card (see above).

Research, reports and articles

headspace has a range of research, information sheets and other resources on youth suicide and mental health available through their website www.headspace.org.au

The Commonwealth Department of Health publishes a range of articles and other resources on mental health, available at www.health.gov.au/internet/main/publishing.nsf/Content/publications-Mental+health

Other information

Ombudsman of Western Australia (2014) Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people. Available at www.ombudsman.wa.gov.au

Suicide Prevention Australia (2010) Position Statement: Youth Suicide Prevention. Available at www.suicidepreventionaust.org

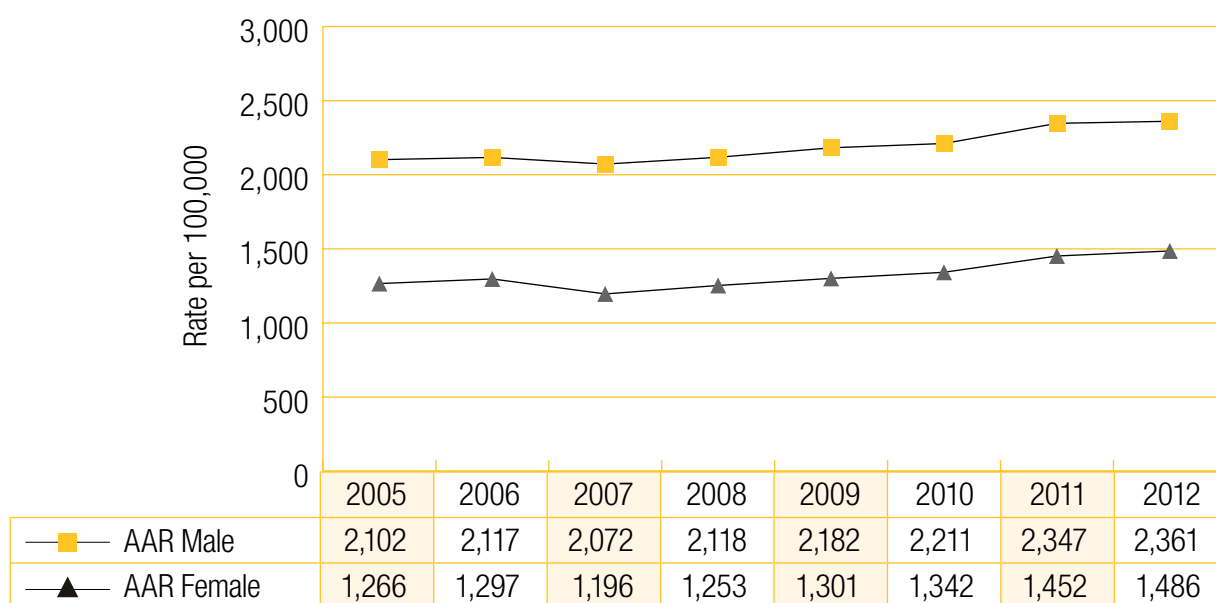


3.14 Hospitalisations from injury and poisoning

Why this measure is included

Injuries and poisoning are major causes of hospitalisation for children and young people in Australia. Injuries can have long-lasting and debilitating effects on the child or young person and on their family where a disability results.¹⁹⁷ Many physical injuries can be prevented by identifying causes and removing these, or by reducing exposure to them. Injury prevention and control was declared a National Health Priority Area in 1996, in recognition of the burden that injury places on the health system and the community.¹⁹⁸

Figure 3.18: Hospitalisations due to injury and poisoning for children and young people: age-adjusted rate (AAR) per 100,000 population 0 to 17 years, by gender, Western Australia, 2005 to 2012



Source: Data supplied by Public Health Division, WA Department of Health, custom report

Table 3.46: Hospitalisations due to injury and poisoning for children and young people: age-specific rate per 100,000 population, by gender and age group, Western Australia, 2005 to 2012

	Male			Female		
	0 to 4	5 to 12	13 to 17	0 to 4	5 to 12	13 to 17
2005	1,953	1,700	2,884	1,562	1,096	1,257
2006	2,011	1,646	2,965	1,623	1,110	1,287
2007	1,872	1,630	2,966	1,477	1,019	1,210
2008	2,009	1,672	2,932	1,629	1,045	1,231
2009	2,144	1,733	2,934	1,623	1,135	1,262
2010	2,222	1,692	3,026	1,628	1,142	1,390
2011	2,307	1,878	3,131	1,799	1,225	1,484
2012	2,311	1,933	3,088	1,768	1,213	1,653
2005 to 2012	2,115	1,737	2,992	1,645	1,125	1,349

Source: Data supplied by Public Health Division, WA Department of Health, custom report

Table 3.47: Causes of injury and poisoning-related hospitalisations for 0 to 17 year-olds: in percent, by age group, Western Australia, 2005 to 2012

	0 to 4	5 to 12	13 to 17	0 to 17
Transport accidents	4.1	14.2	21.2	13.7
Falls	34.3	41.2	18.1	31.0
Accidental drowning	1.1	0.2	0.1	0.4
Fires, burns and scalds	5.9	2.1	1.3	2.9
Accidental poisoning	10.3	1.1	1.2	3.8
Other unintentional injuries	32.7	31.6	35.4	33.3
Intentional self-harm	0.0	0.2	8.3	3.0
Interpersonal violence	1.5	0.7	6.7	3.1
Medical complications	9.8	8.5	6.8	8.3
External causes of undetermined intent	0.4	0.2	0.9	0.5
Total	100.0	100.0	100.0	100.0

Source: Data supplied by Public Health Division, WA Department of Health, custom report

Table 3.48: Hospitalisations due to injury and poisoning for children and young people 0 to 17 years: number, by gender and by cause, Western Australia, 2005 to 2012

	Male	Female	Total
Transport accidents	7,350	2,834	10,184
Falls	14,330	8,757	23,087
Accidental drowning	167	126	293
Fires, burns and scalds	1,322	853	2,175
Accidental poisoning	1,555	1,292	2,847
Other unintentional injuries	16,809	7,954	24,763
Intentional self-harm	486	1,734	2,220
Interpersonal violence	1,565	714	2,279
Medical complications	3,575	2,601	6,176
External causes of undetermined intent	185	199	384
Total	47,344	27,064	74,408

Source: Data supplied by Public Health Division, WA Department of Health, custom report

Table 3.49: Hospitalisations due to injury and poisoning for children and young people: number and age-adjusted rate (AAR) per 100,000 population 0 to 17 years, by Aboriginal status and by cause, Western Australia, 2005 to 2012

	Non-Aboriginal		Aboriginal	
	Number	AAR	Number	AAR
Transport accidents	9,078	230.8	1,106	457.0
Falls	21,204	539.3	1,883	764.8
Accidental drowning	275	6.8	18	7.3
Fires, burns and scalds	1,725	43.1	450	182.1
Accidental poisoning	2,542	62.7	305	123.7
Other unintentional injuries	22,231	561.7	2,532	1039.2
Intentional self-harm	2,049	51.2	171	72.9
Interpersonal violence	1,423	35.6	856	360.5
Medical complications	5,798	146.5	378	154.5
External causes	316	7.9	68	28.5
Total	66,641		7,767	

Source: Data supplied by Public Health Division, WA Department of Health, custom report

Table 3.50: Hospitalisations due to injury and poisoning for children and young people: number and age-adjusted rate (AAR) per 100,000 population 0 to 17 years, by remoteness of residence and by cause, Western Australia, 2005 to 2012

	Metropolitan		Regional		Remote	
	Number	AAR	Number	AAR	Number	AAR
Transport accidents	6,098	191.9	2,621	370.9	1,457	501.4
Falls	17,013	540.5	4,003	561.4	2,059	642.8
Accidental drowning	217	6.7	40	5.6	34	9.5
Fires, burns and scalds	1,227	38.3	532	74.7	412	120.6
Accidental poisoning	2,002	61.9	561	78.7	282	79.7
Other unintentional injuries	17,935	563.6	4,450	627.8	2,364	726.5
Intentional self-harm	1,583	48.2	436	62.5	189	71.4
Interpersonal violence	1,332	40.8	341	48.6	594	209.2
Medical complications	4,796	151.1	899	126.6	477	152.7
External causes	252	7.8	73	10.4	57	19.8
Total	52,455		13,956		7,925	

Source: Data supplied by Public Health Division, WA Department of Health, custom report

Note: There are 72 hospitalisations for which the remoteness category is unknown. These are not included in the table.

Table 3.51: Hospitalisations due to injury and poisoning for children 0 to 14 years: rate per 100,000 population 0 to 14 years, by gender and cause of injury, Australia, 2010–11

	Male	Female	All
Falls	751.7	491.0	624.8
Land transport accidents	180.7	89.0	136.0
Accidental poisoning	44.6	40.5	42.6
Burns and scalds	44.6	35.3	40.1
Assault	18.0	12.1	15.2
All injuries	1677.2	1069.0	1381.0

Source: Australian Institute of Health and Welfare 2012, *A picture of Australia's children*, Australian Institute of Health and Welfare, p. 91

What is this measure?

This measure examines the incidence and causes of hospitalisations due to injury and poisoning among children and young people aged 0 to 17 years. Data for WA was provided by the Epidemiology Branch of the WA Department of Health and shows the number of periods of care in hospital for each cause of injury between 2005 and 2012. Each of these periods is termed a 'hospital separation', that is, a person discharged from hospital and returning for treatment of the same injury is counted as two separations. Also included are age-adjusted rates (AARs) of hospitalisation due to injury for 0 to 17 year-olds. The information has been prepared to show differences between individual age groups, by gender, Aboriginal status and remoteness.

National data on hospitalised injury rates for children and young people aged 0 to 14 in 2010–11 has been sourced from the Australian Institute of Health and Welfare publication *A picture of Australia's children 2012*.¹⁹⁹ National trend data for rates of hospitalised injury for 0 to 14 year-olds between 1999–2000 and 2010–11 was taken from *Trends in hospitalised injury, Australia, 1999–2000*.²⁰⁰



Commentary

In 2012, males aged 0 to 17 years experienced a hospitalisation rate of 2,361 per 100,000 whereas females aged 0 to 17 years experienced a hospitalisation rate of 1,486 per 100,000 (Figure 3.18).

Between 2005 and 2012, rates of hospitalisation due to injury increased for both males and females. For males, the rate was 2,102 separations per 100,000 in 2005 increasing to 2,361 separations in 2012. For females, the rate was 1,266 increasing to 1,486 in 2012 (Figure 3.18). An increase was recorded across all individual age groups for both genders. For instance, the rates of injury in male children 0 to four years increased from 1,953 in 2005 to 2,311 in 2012 (Table 3.46).

The leading single cause of injury for children and young people is falls (31%), followed by transport accidents (13.7%), accounting for nearly half of injury hospitalisations. One-third of hospitalisations for injury are accounted for by other unintentional injuries.²⁰¹

Specifically by age group:

- For children aged four years or less, the most prevalent cause of hospitalisation is falls (34.3%), followed by accidental poisoning (10.3%).
- For those aged five to 12 years, falls are again the leading cause accounting for four in 10 injuries (41.2%), followed by transport accidents (14.2%).
- For young people aged between 13 and 17, transport accidents are the most prevalent cause of injury (21.2%), followed by falls (18.1%) and intentional self-harm (8.3%).

The rates of hospitalisation show that males are significantly more likely than females to be hospitalised for an injury. On age-adjusted rates, males have a rate of 2,361 hospitalisations per 100,000, while females have a rate of 1,486 per 100,000. The exception to this is in the category 'intentional self-harm'. Females represent over three quarters of hospitalisations in this category (Table 3.48).

Aboriginal children and young people are considerably more likely to be hospitalised for injury than non-Aboriginal children and young people. Based on age-adjusted rates, between 2005 and 2012, Aboriginal children and young people were hospitalised at nearly twice the rate for transport accidents; over four times the rate for fires, burns and scalds; double the rate for unintentional poisoning; and over ten times the rate for interpersonal violence (Table 3.49).

In terms of remoteness, children and young people in regional and remote areas have higher rates of hospitalisation for injury than children and young people in the metropolitan area. Particular areas of concern for both regional and remote children are transport accidents (2.6 times more likely in remote areas); fires, burns and scalds (3.1 times more likely in remote areas); and intentional self-harm (1.5 times more likely in remote areas).

Additionally, interpersonal violence is 5.1 times more likely as a cause for hospitalisation for children and young people in remote areas compared with their regional and metropolitan counterparts (Table 3.50).

Direct comparison of the WA data with national data published by the AIHW is not possible, as the AIHW report covers children and young people aged 0 to 14 years, and the datasets use slightly different classifications of 'injury'²⁰². The following however gives an indication of how WA children and young people are faring compared with children Australia-wide.

In Australia, injury rates for children and young people 0 to 14 years have decreased between 1999–2000 and 2010–11.²⁰³ A decrease is evident for both genders and across individual age groups. For example, for male children aged 0 to four years, the rate was 1,768 cases per 100,000 in 1999–2000 and this decreased to 1,579 cases in 2010–11.²⁰⁴

In terms of gender, Australian male children were considerably more likely than female children to be hospitalised for injury in 2010–11 (1,677 per 100,000 compared with 1,069 per 100,000).

Falls were the leading cause of injury for both genders and across all age groups. Land transport accidents were the next most prevalent cause overall, with the incidence increasing with age group (Table 3.51).

Significantly, the Australian data shows that female children represented 82 per cent of hospitalisations for self-harm in 2010–11.²⁰⁵

In Australia, the injury separation rate for Aboriginal children and young people aged 14 years and less was 1.5 times higher than the rate for non-Aboriginal children and young people in 2010–11.²⁰⁶ The difference was most pronounced in assault. The separation rate for Aboriginal male children for assault was five times higher than for other males, while for female children the rate was 11 times higher than for other females.²⁰⁷

Children and young people living in remote and very remote areas of Australia were around twice as likely as children and young people in major cities to be hospitalised with injury.²⁰⁸

Strategies

The Western Australian Health Promotion Strategic Framework 2012–2016

The framework sets out WA's strategic directions for health and priorities for the prevention of chronic disease and injury. The goal of the framework is to lower the incidence of avoidable chronic disease and injury by facilitating improvements in health behaviours and environments.

The framework focuses on the main lifestyle and injury risk factors including eating for better health, a more active WA, maintaining a healthy weight, making smoking history, reducing harmful alcohol use and creating safer communities.

The 'creating safer communities' factor recognises that injuries have the potential to be anticipated, and could therefore be avoided. It lists priority areas for WA Health including reducing road crashes and road trauma, preventing falls in older people, protecting children from injury, improving water safety and reducing interpersonal violence.

To make progress on these priorities the WA Department of Health has a policy team addressing injury prevention and supports local NGOs such as the Injury Control Council WA, Royal Life Saving WA, Kidsafe WA, Council on the Ageing and Farmsafe to provide injury prevention programs within the community.

Further information is available at www.public.health.wa.gov.au/cproot/4462/2/wa_health_promotion_strategic_framework.pdf

National Injury Prevention and Safety Promotion Plan: 2004–2014

This plan provides a strategic framework for injury prevention and safety promotion. It includes specific sections on children and youth and young adults. The plan identifies key objectives and actions to achieve a positive safety culture in Australia and create safe environments. The plan is available at www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-injury-index.htm

Want to know more?

Data on injury

The Epidemiology Branch of the WA Department of Health provides population statistics including data on injury. An overview is available at www.public.health.wa.gov.au/3/1496/1/injury.pm

Research, reports and articles

The Australian Institute of Health and Welfare conducts extensive analysis of statistics on hospitalisation for injury in Australia. Reports are available at www.aihw.gov.au/injury/publications/

The Research Centre for Injury Studies at Flinders University in South Australia develops, coordinates, interprets and distributes relevant information, research and analysis to inform discussion and support policy making on injury control and prevention. Further information is available at www.nisu.flinders.edu.au/

Other information

Kidsafe WA is a non-government organisation dedicated to the prevention of unintentional childhood injuries, providing information about current news and events, fact sheets, resources and program information to help keep kids safe. Further information is available at www.kidsafewa.com.au/

The Injury Control Council Western Australia (ICCWA) is a non-government organisation involved in injury prevention and community safety promotion in WA. The mission of ICCWA is to reduce the incidence, severity and effect of injuries through the promotion of safe and healthy communities. Further information is available at www.iccwa.org.au

Royal Life Saving WA provides water safety education in WA and delivers targeted and effective health promotion, injury prevention and research programs. Further information is available at www.lifesavingwa.com.au

Surf Life Saving WA provides targeted ocean safety programs. Further information is available at www.workplacelifesavers.com.au/community-programs

The Department of Fire and Emergency Services provides safety education programs for schools, children and families. Further information is available at www.dfes.wa.gov.au/educationandheritage/fehcn/Pages/default.aspx

The Department of Transport has developed training packages for primary and secondary school students on marine safety. Further information is available at www.transport.wa.gov.au/imate/courses-and-programs.asp

Farmsafe WA Alliance targets injury prevention and safety on farms. Further information is available at <http://farmsafewa.org/projects-services/the-safety-of-young-people-in-agriculture.aspx>

The WA Police Constable Care program addresses topics including road safety, drugs, bullying and staying healthy as part of its touring shows. Further information is available at www.constablecare.org.au/

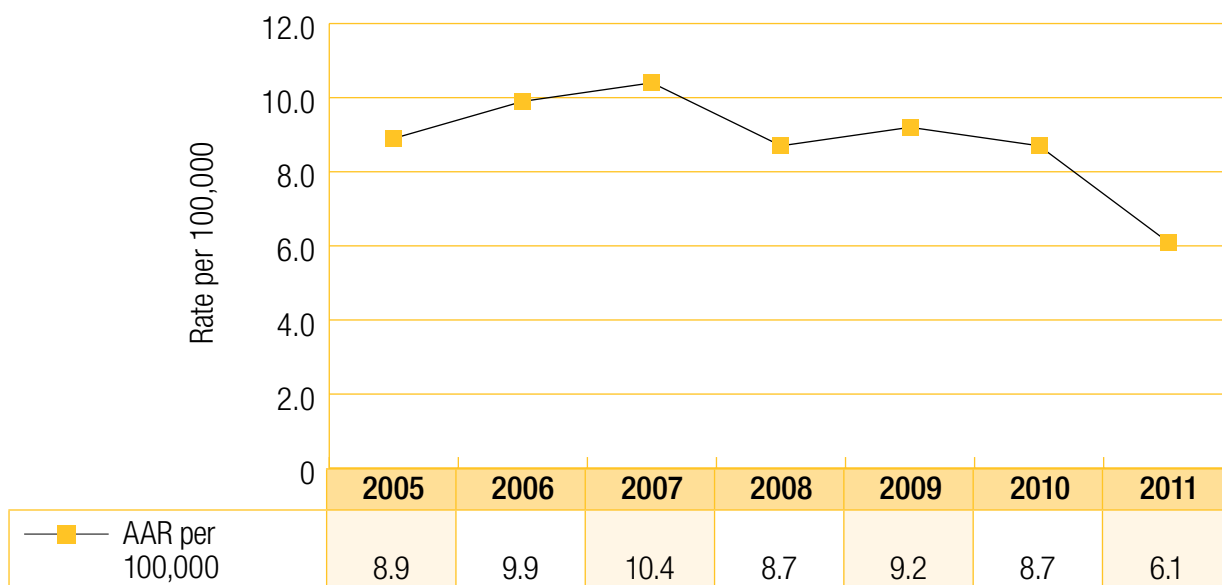


3.15 Deaths from injury and poisoning

Why this measure is included

Injury is a leading cause of death among children and young people in Australia.²⁰⁹ In many cases injury is largely preventable through appropriate strategies. Measuring the incidence of death through injury and poisoning is an indicator of overall safety for children in the community.²¹⁰

Figure 3.19: Deaths due to injury and poisoning among children and young people: age-adjusted rate (AAR) per 100,000 population 0 to 17 years, Western Australia, 2005 to 2011



Source: Data supplied by Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA, custom report (unpublished)

Table 3.52: Causes of death due to injury and poisoning among 0 to 17 year-olds: number and in per cent, Western Australia, 2005 to 2011

Cause of Death	Number	Per cent
Transport accidents	133	41.2
Falls	9	2.8
Accidental drowning	31	9.6
Fires, burns and scalds	12	3.7
Accidental poisoning	7	2.2
Other unintentional injuries	43	13.3
Intentional self-harm	57	17.7
Interpersonal violence	26	8.1
External causes of morbidity and mortality of undetermined intent	5	1.6
Total	323	100.0

Source: Data supplied by Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA, custom report (unpublished)

Table 3.53: Proportion of deaths due to injury and poisoning among 0 to 17 year-olds: in per cent, by age group, Western Australia, 2005 to 2011

Cause of Death	0 to 4	5 to 12	13 to 17
Transport accidents	26.7	54.0	45.9
Falls	4.0	6.0	1.2
Accidental drowning	22.8	10.0	1.7
Fire, burns and scalds	4.0	4.0	3.5
Accidental poisoning	0.0	0.0	4.1
Other unintentional injuries	26.7	12.0	5.8
Intentional self-harm	0.0	2.0	32.6
Interpersonal violence	11.9	12.0	4.7
External causes of morbidity and mortality of undetermined intent and medical complications	4.0	0.0	0.6

Source: Data supplied by Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA, custom report (unpublished)

What is this measure?

This measure examines the incidence and causes of deaths due to injury and poisoning among children and young people aged 0 to 17 years. Data for Western Australia (WA) was provided by the Epidemiology Branch of the WA Department of Health and shows the number for each cause of death for the period 2005 to 2011. It also shows the incidence for each cause of death in the three age groups – 0 to four, five to 12, and 13 to 17 years. The data is also presented by Aboriginal status and by remoteness.

National data showing rates for deaths due to injury for 0 to 14 year-olds has been sourced from the Australian Institute of Health and Welfare (AIHW) publication *A Picture of Australia's Children 2012*.²¹¹ Data is not comparable to WA data as the national data covers a different time period (2008 to 2010), and deals with different age groupings and type of data reported. In addition, the AIHW datasets use slightly different classifications of 'injury'.²¹²

It should be noted that the overall numbers of deaths are low and therefore rates are subject to considerable change year by year. Measurements of statistical significance of trends over time are limited because of the low numbers and large potential for variation annually.

Commentary

In 2011, the death rate due to injury and poisoning among children and young people aged 0 to 17 years was 6.1 per 100,000 children and young people.

Transport accidents were the most likely cause of death due to injury for children and young people, accounting for 41.2 per cent of deaths in WA between 2005 and 2011, followed by intentional self-harm (17.7%), other unintentional injuries (13.3%), accidental drowning (9.6%) and interpersonal violence (8.1%) (Table 3.52).

Table 3.53 outlines more specific data for each age group:

- For children 0 to four years, 26.7 per cent of deaths were the result of transport accidents, 26.7 per cent from other unintentional injuries and 22.8 per cent from accidental drowning.
- Among children five to 12 years, 54.0 per cent of deaths resulted from transport accidents, 12.0 per cent from interpersonal violence, and 12.0 per cent from other unintentional injuries.
- For young people 13 to 17 years, transport accidents were the cause of 45.9 per cent of deaths, with intentional self-harm accounting for 32.6 per cent of deaths.

National data collated by the AIHW shows that in Australia the death rate from accident and injury for people aged 0 to 14 years from 2008 to 2010 was five per 100,000 population.²¹³ The overall trend from 1997 and 2010 has been decreasing, having halved from the 1997 rate of 10 per 100,000.²¹⁴ The death rate for males has been consistently higher than that for females over this period.²¹⁵

In the 2008 to 2010 period, the leading causes of death due to injury for 0 to 14 year-olds in Australia were road transport accidents, accidental drowning and assault.²¹⁶

Strategies

The Western Australian Health Promotion Strategic Framework 2012–2016

The framework sets out WA's strategic directions for health and priorities for the prevention of chronic disease and injury. The goal of the framework is to lower the incidence of avoidable chronic disease and injury by facilitating improvements in health behaviours and environments.

The framework focuses on the main lifestyle and injury risk factors including eating for better health, a more active WA, maintaining a healthy weight, making smoking history, reducing harmful alcohol use and creating safer communities.

The 'creating safer communities' factor recognises that injuries have the potential to be anticipated, and could therefore be avoided. It lists priority areas for WA Health including reducing road crashes and road trauma, preventing falls in older people, protecting children from injury, improving water safety and reducing interpersonal violence.

To make progress on these priorities the WA Department of Health has a policy team addressing injury prevention and supports local NGOs such as the Injury Control Council WA, Royal Life Saving WA, Kidsafe WA, Council on the Ageing and Farmsafe to provide injury prevention programs within the community.

Further information is available at www.public.health.wa.gov.au/cproot/4462/2/wa_health_promotion_strategic_framework.pdf

National Injury Prevention and Safety Promotion Plan: 2004–2014

This plan provides a strategic framework for injury prevention and safety promotion. It includes specific sections on children and youth and young adults. The plan identifies key objectives and actions to achieve a positive safety culture in Australia and create safe environments. The plan is available from www.health.gov.au/internet/main/publishing.nsf/Content/health-publth-strateg-injury-index.htm

National Aboriginal and Torres Strait Islander Safety Promotion Strategy (released 2005)

The strategy outlines specific strategic requirements for improving safety and reducing the incidence and harm of injury to Aboriginal and Torres Strait Islander peoples. The strategy builds on and is integrated with the National Injury Prevention and Safety Promotion Plan 2004–2014. Further information is available from www.nphp.gov.au/publications/sipp/atsi.pdf

Towards Zero – Road Safety Strategy to Reduce Road Trauma in Western Australia 2008–2020, Government of Western Australia

Towards Zero is the Western Australian Government's road safety strategy, developed by the Road Safety Council. It draws on research and best practice to address the road toll in WA and attempts to reduce the number of road deaths and serious injuries. The strategy is available at www.ors.wa.gov.au/Documents/Strategies/ors-towards-zero-strategy.aspx

Australian Water Safety Strategy 2012–15

This strategy was developed by the Australian Water Safety Council, a body of organisations with an interest in water safety, and is supported by the Commonwealth Government. The overall goal of this strategy is to reduce drowning deaths by 50 per cent through promotion of water safety strategies and concentration on particular areas of concern. It has a specific goal to reduce drowning deaths among children aged up to 14 years. The strategy is available from www.royallifesaving.com.au/__data/assets/pdf_file/0011/4016/AWSC_Strategy2012_Brochure-Lowres.pdf

Want to know more?

Kidsafe WA – Biannual Bulletin

Kidsafe WA compile the WA Childhood Injury Surveillance, Biannual Bulletin which address specific childhood injury types and outlines trends and data relating to that injury for WA. Recent bulletins have included: Injuries Resulting from Trampolining, Injuries to Aboriginal and Torres Strait Islander Children, Ingestion Injuries, Injuries Resulting in Fractures, Burns and Scalds. In addition, Kidsafe WA publish an annual WA Childhood Injury Surveillance Bulletin. Further information is available at www.kidsafewa.com.au/

ICCWA Injury Prevention Summit

In 2012 ICCWA coordinated the WA Injury Prevention Summit which provided opportunity for the WA injury prevention sector to discuss and detail injury prevention priorities for WA. Further information is available at www.iccwa.org.au/useruploads/files/ip_summit_report_final_june_2013.pdf

Royal Life Saving WA – Annual Drowning and Near Drowning Report

The Royal Life Saving Society Western Australia has been collecting drowning death statistics and information from the WA Coroner's Office since 2000 to better understand who, how and why people drown in Western Australia. An annual drowning report is produced each year, providing a profile of drowning in WA and helping to direct water safety and drowning prevention initiatives in the community. Further information is available at www.lifesavingwa.com.au/community/stats-facts/drowning-reports/

Royal Life Saving WA is the largest provider of water safety education in WA and delivers targeted and effective health promotion, injury prevention and research programs. Well known programs include; Keep Watch, Watch Around Water and Don't Drink and Drown. Further information is available at www.lifesavingwa.com.au/community/

Data on deaths from injuries and accidents

The Australian Bureau of Statistics publishes annual data on deaths, available at www.abs.gov.au, under Deaths (series by year).

The Epidemiology Branch of the WA Department of Health provides population statistics including data on injury. An overview is available at www.public.health.wa.gov.au/3/1496/1/injury.pm

The Perinatal and Infant Mortality Committee, WA Department of Health, provides information on WA infant deaths via triennial reports. Reports are available at www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm

Other information

The Injury Control Council Western Australia (ICCWA) is the peak non-government organisation involved in injury prevention and community safety promotion in WA. The mission of ICCWA is to reduce the incidence, severity and effect of injuries through the promotion of safe and healthy communities. Further information is available at www.iccwa.org.au

Additional tables

Table 3.54: Causes of death due to injury and poisoning among 0 to 17 year-olds: number, by remoteness status, Western Australia, 2005 to 2011

Cause of Death	Metropolitan	Regional	Remote
Transport Accidents	74	39	18
Falls	<5*	<5*	<5*
Accidental Drowning	18	9	<5*
Fires, burns and scalds	10	0	<5*
Accidental poisoning	<5*	<5*	<5*
Other unintentional injuries	26	9	8
Intentional self-harm	27	13	14
Interpersonal violence	19	<5*	5
External causes of morbidity and mortality of undetermined intent	5	0	0
Total	187	77	54

Source: Data supplied by Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA, custom report (unpublished)

* Number is suppressed for confidentiality reasons.



Table 3.55: Causes of death due to injury and poisoning among 0 to 17 year olds: number, by Aboriginal status, Western Australia, 2005 to 2011

	Non-Aboriginal	Aboriginal
Transport Accidents	102	31
Falls	6	*
Accidental Drowning	23	7
Fires, burns and scalds	8	*
Accidental poisoning	6	0
Other unintentional injuries	34	8
Intentional self-harm	34	21
Interpersonal violence	22	*
External causes of morbidity and mortality of undetermined intent	5	0
Total	240	78

Source: Data supplied by Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA, custom report (unpublished)

* Number is suppressed for confidentiality reasons.

Note: There are five deaths for which Aboriginal status is unknown.



3.16 Family and domestic violence

Why this measure is included

The negative effects of exposure to family and domestic violence on children and young people have been well identified by researchers worldwide.^{217 218}

Some of the psychological and behavioural effects of exposure to family and domestic violence can include depression, anxiety, trauma symptoms, antisocial behaviour, mood problems, school difficulties and a higher likelihood of substance abuse.²¹⁹ Other research has identified eating disorders, early school leaving, suicide attempts and violence as possible consequences of exposure to family violence.²²⁰

There is a growing body of evidence about the effects of witnessing family and domestic violence on children and young people. While the child themselves may not be the subject of the violent behaviour, the existence of violent behaviour in their household has been shown, for a significant proportion of children, to cause trauma.

This can have effects on the child's coping mechanisms and sense of self, can cause a state of hyper-vigilance and in some cases can manifest as post-traumatic stress disorder.²²¹ Not all children and young people witnessing domestic violence exhibit trauma symptoms;²²² regardless, every child or young person has a right²²³ to live free from violence in any form.

Table 3.56: Number of family and domestic related incidents attended to by police: number and in per cent, Western Australia, 2008–09 to 2012–13

	2008–09	2009–10	2010–11	2011–12	2012–13
Number of distinct incidents	32,336	33,155	35,867	41,587	46,827
Number of distinct incidents where at least one child* is present	16,178	16,584	18,532	22,107	23,832
% of incidents where at least one child* is present	50.0	50.0	51.7	53.2	50.9

Source: Data provided by WA Police, Business Intelligence Office 2014, custom report (unpublished)

* A child or young person aged 0 to 17 years.

Notes:

1. Statistics are based on the date the offence was reported to police, not the date the offence is alleged to have occurred; and is for the period 1 July 2008 to 30 June 2013.
2. The term "distinct incidents" refers to all family and domestic related violence incidents with one or more verified offences reported to or becoming known to police and resulting in the submission of an incident report. Whether the incidents resulted in a charge is not a factor in this count.
3. Statistics include both general incidents (where no valid offences have been committed) and crime incidents (where one or more valid offences have been committed).
4. A 'family and domestic related incident' is an incident where there is a family and domestic relationship between the parties involved. A family and domestic relationship is defined by WA Police as including intimate partners or immediate family members.

Table 3.57: Number of family and domestic related violence incidents involving victims aged between 0 and 17 years: in per cent, by Aboriginal status, Western Australia, 2008–09 to 2012–13

Financial year	Number of distinct incidents	Number of incidents by Aboriginal status					
		Aboriginal		Non-Aboriginal		Unknown	
		Number	Per cent	Number	Per cent	Number	Per cent
2008–09	1,061	353	33.1	638	59.7	77	7.2
2009–10	1,044	326	31.1	633	60.5	88	8.4
2010–11	1,114	324	28.9	699	62.4	98	8.7
2011–12	1,250	365	28.9	736	58.2	163	12.9
2012–13	1,701	529	30.9	843	49.2	342	20.0

Source: Data provided by WA Police, Business Intelligence Office 2014, custom report (unpublished); percentages calculated by the Commissioner for Children and Young People WA based on data provided by WA Police.

Notes:

1. Statistics are based on family and domestic related violence incidents only.
2. Statistics are based on the date the offence was reported to police, not the date the offence is alleged to have occurred; and is for the period 1 July 2008 to 30 June 2013.
3. Statistics only include incidents where the victim's age is known.
4. Victim's age is based on the date the offence was reported.
5. Victim's Aboriginality is based on the victims' ethnic appearance, and is a subjective opinion of the recording officer.
6. A victim may be involved in multiple incidents, therefore a victim may be counted more than once. As a result, the total 'Number of incidents by Aboriginal status' will not equate to the 'Number of distinct incidents'. Accordingly, care should be exercised in the interpretation of the provided statistics as well as the percentages derived from those statistics. An incident will be counted more than once if two or more victims of the same incident are of different Aboriginality. Therefore, the 'Number of incidents by Aboriginal status' figures will not equate the 'Number of distinct incidents' in column 2 of Table 3.57.
7. A 'family and domestic violence incident' is an incident involving an offence against the person (ie. homicide, historical sexual assault, recent sexual assault, domestic assault, deprivation of liberty, robbery (business and non-business), threatening behaviour and excludes non-domestic assault offences; and where there is a family and domestic relationship between the parties involved. A family and domestic relationship is defined by WA Police as including intimate partners or immediate family members.

What is this measure?

Despite recent improvements in data collection²²⁴ about family and domestic violence in the community and, in particular, children and young people's exposure to it, data remains limited. One of the main reasons is that family and domestic violence is generally under reported.

As a result, any data that is available must be seen as an indicative measure and cannot reflect the full extent of children and young people's exposure to family and domestic violence.²²⁵

The data for this measure has been provided by WA Police. It shows the number of family and domestic related incidents attended to by police and the number of incidents at which a child or young person aged 0 to 17 years was present. The data is available for the period 2008–09 to 2012–13.²²⁶

Also provided is information on the number of family and domestic related violence incidents involving victims aged 0 to 17 years. This data has been disaggregated by Aboriginal status and is available for the period 2008–09 to 2012–13.

In addition, Australian data from the *Personal Safety Survey, Australia, 2012*²²⁷ and a national survey of 5,000 young people aged 12 to 20 years²²⁸ has been included.

Commentary

Data from WA Police shows that in 2012–13, 51 per cent of family and domestic related incidents had a child or young person aged 0 to 17 years present. This proportion has remained fairly stable over the past five years. In absolute terms however, the number of incidents involving a child or young person has increased from 16,178 in 2008–09 to 23,832 in 2012–13 (Table 3.56).

The number of family and domestic related violence incidents involving victims aged 0 to 17 years in WA has increased from 1,061 in 2008–09 to 1,701 in 2012–13. This represents an increase of more than 60 per cent over the five-year period.

Aboriginal children and young people are significantly overrepresented in family and domestic violence incidents: In 2012–13, around 31 per cent involved Aboriginal children and young people²²⁹, 49 per cent involved non-Aboriginal children and young people, and in 20 per cent of incidents the Aboriginal status of the child was unknown (Table 3.57).

The *Personal Safety Survey, Australia, 2012* conducted by the ABS found that 1.5 per cent of women and 0.6 per cent of men experienced violence by a partner during the last 12 months.²³⁰ 61 per cent of the women who experienced violence by a previous partner had children in their care when violence occurred. Almost one-half (48%) of women who experienced violence by a previous partner said that their children had witnessed the violence.²³¹

A national survey of 5,000 Australian young people aged 12 to 20 years found that 23 per cent of participants had witnessed physical domestic violence against their mothers. The survey also found that Aboriginal young people were significantly more likely to have experienced physical domestic violence between their parents with a rate for male to female violence of 42 per cent (compared to 23 per cent for all respondents).²³²

Strategies

Western Australia's Family and Domestic Violence Prevention Strategy to 2022: Creating Safer Communities, Government of Western Australia

- First Phase: Sustaining change – strengthening the foundation and supporting further reform (2013 to 2016).
- Second Phase: Consolidating change – recognising achievements and assessing results (2016 to 2019).
- Third Phase: Achieving change – continuing reform beyond the life of the strategy (2019 to 2022).

The strategy's primary outcomes to 2022 are:

- Prevention and early intervention – individual attitudes and behaviours within the community reflect that family and domestic violence in any form is not acceptable
- Safety for victims – adult and child victims are safe and kept free from harm through timely and accessible services
- Accountability for perpetrators – perpetrators are held accountable for their actions and are actively supported to cease their violent behaviour.



Further information is available at www.dcp.wa.gov.au/Documents/WA%20FDV%20Prevention%20Strategy%20to%202022.pdf

Want to know more?

Research, reports and articles

The Australian Domestic and Family Violence Clearinghouse reviews and disseminates evidence-based research on the causes, effects and ongoing impacts of domestic and family violence. In 2014, the role of the Clearinghouse will be transferred to the new National Centre of Excellence. More information is available at www.adfvc.unsw.edu.au/home.html

Responses to Family and Domestic Violence in Western Australia

The Department for Child Protection and Family Support is the leading agency responsible for family and domestic violence strategic planning in WA. Further information about key strategies and initiatives is available at www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Pages/FamilyandDomesticViolence.aspx

National Plan to Reduce Violence against Women and their Children 2012–2020, Council of Australian Governments

Through six broad strategic areas, the intention of this plan is to reduce sexual assault and family and domestic violence. The plan is available at www.fahcsia.gov.au/sites/default/files/documents/05_2012/national_plan.pdf

Youth Say No, Government of Western Australia

The Youth Say No website is provided by the Department for Child Protection and Family Support and provides information on the possible impacts of family and domestic violence on young people. It also details what a child or young person can do if they are subject to family and domestic violence, or want to help someone who is subject to family violence. Further information is available at www.youthsayno.wa.gov.au

Other information

WA Police information on family and domestic violence is available at www.police.wa.gov.au/Yoursafety/Familyviolence/tabid/895/Default.aspx

The Department for Child Protection and Family Support's information on services and policies is available at www.dcp.wa.gov.au/Pages/Home.aspx

The Women's Council for Domestic and Family Violence Services is a state-wide peak organisation which facilitates and promotes policy, legislative and programmatic responses relevant to women and children who have experienced domestic and family violence. A range of links and information is available at www.womenscouncil.com.au/



3.17 Parental use of alcohol and drugs

Why this measure is included

Parental use of alcohol and drugs can have a significant impact on the health and wellbeing of children and young people in their care. Issues such as neglect of household tasks and routines, financial difficulties, failure to respond to the emotional needs of children and poor supervision can result from parental alcohol or other drug intoxication or dependence and negatively affect children.²³³

Alcohol or other drug use is a key risk factor for the occurrence of child abuse and neglect requiring intervention by the child protection system.²³⁴

This measure contains data of a different nature than most other data in this report.

Most data of this report meets the following list of stringent criteria:

- Capable, as far as possible, of disaggregation by gender, by Aboriginal status and by region of WA.
- Meaningful for researchers and users and, where possible, young people.
- Based on consistent and repeatable data collections.
- Capable of being influenced by action.

The data in this measure may not meet each of these criteria but has been included in order to provide the best available information regarding this aspect of children and young people's wellbeing. The data should be used with caution, including considering the qualifications outlined within the content of this measure.

What is this measure?

Measures for parental alcohol and drug use are limited. State-level data for Western Australia (WA) is only currently available for parental smoking and has not been published for alcohol or illicit drug use.

Some national data is available for this measure in relation to alcohol and illicit drug use and it meets three of the above criteria.

The Australian Institute of Health and Welfare's (AIHW) National Drug Strategy Household Survey (NDSHS)²³⁵ measures alcohol and illicit drug use in Australian households and includes measures on use by household composition.

The NDSHS has been conducted every three years since 1985. The most recent survey with published results was undertaken in 2010. The data reports on alcohol use and illicit drug use in people aged 14 years or older. Data for ages 12 and above is available from 2004 onwards.

The illicit drug use data describes use of a broad range of substances, including prescription medications used for non-medical purposes.

The data is also reported on by social characteristics of survey respondents. The survey incorporates data on household composition that includes categories of 'single person with dependent children' and 'couple with dependent children'.^{236 237}

Data for WA by household composition has not been published.



Information on parental smoking in WA can be derived from the Australian Secondary Students' Alcohol and Drug (ASSAD) survey which has been conducted every three years since 1984. The latest survey was conducted during the 2011 school year. The national report provides estimates of the prevalence of use of different substances in 2011 by males and females of each age between 12 and 17.²³⁸ WA-specific data is prepared and published by the WA Drug and Alcohol Office.²³⁹

In order to differentiate the data included in this measure from data in other measures that meet all selection criteria, the data tables have been placed at the end of the measure.

Commentary

According to the most recent NDSHS, in Australia 18.6 per cent of single parents with dependent children and 19.5 per cent of parents in couple families with dependent children consume alcohol at a level at which the person consuming the alcohol is at increased risk of experiencing alcohol-related disease or injury over their lifetime (Table 3.60).

For single occasion alcohol consumption, 16.9 per cent of Australian single parents with dependent children and 14.3 per cent of parents in couple families with dependent children report they consume alcohol at a rate that increases their immediate risk of alcohol-related harm or injury at least once per week (Table 3.60).

The NDSHS data relating to alcohol consumption in all people 14 years or older is published for WA. The data shows that levels of alcohol consumption in WA that increase risk of injury or disease over a lifetime are higher than the national average (22.7% compared to 20.1%) (Table 3.58).

Similarly, the levels of alcohol consumption that increase risk of injury or disease from a single occasion are higher in WA than nationally (43.3% compared to 39.8%) (Table 3.59). The NDSHS data also revealed that people living in remote or very remote areas were more likely to drink at risky levels than those living in other areas.²⁴⁰ Aboriginal Australians were 1.5 times as likely as non-Aboriginal Australians to drink alcohol at risky levels but Aboriginal Australians were also 1.4 times as likely to abstain from drinking alcohol.²⁴¹

The data on illicit drug use by household composition indicates that in Australia, 20.9 per cent of single parents with dependent children and 10.8 per cent of members of couple families with dependent children had used an illicit drug in the twelve months prior to the most recent NDSHS survey. Additionally, the data indicates that the proportion of single parents who had used an illicit drug in the past year had increased between 2007 and 2010 from 17.7 per cent to 20.9 per cent (Table 3.61) but the increase was not statistically significant.

The NDSHS data relating to illicit drug use in all people aged 14 years or older is published for WA. For illicit drug use in WA the data shows that recent use of illicit drugs is higher in WA than the national average (18.6% compared to 14.7%) and is the second highest rate of use in Australia, after the Northern Territory.²⁴²

Data on the number of children coming into contact with child protection services due to parental alcohol and drug use is not reported by child protection services in Australia however it has been estimated that more than 70 per cent of child protection cases involve excessive parental alcohol consumption.²⁴³

The ASSAD data on smoking in young people aged 12 to 17 years shows that only one-third (33.7%) of young people who live in a household where another person in the home smoked reported they were certain not to smoke. Young people who did not live with another smoker were significantly more likely to say they were certain they would never smoke (66.7%).²⁴⁴

Strategies

The Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015, Government of Western Australia

The Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015 focuses on the strategies required to reduce harms from alcohol and drug use in the Western Australian community. The framework outlines a number of key initiatives that identify the specific needs of children and young people with parents who use alcohol or other drugs. The framework has a number of supporting documents that provide further guidance on specific issues of relevance. Further information is available at www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=538&PortalId=0&TabId=211

Strong Spirit Strong Mind Aboriginal Drug and Alcohol Framework for Western Australia 2011–2015, Government of Western Australia

The Strong Spirit Strong Mind Aboriginal Drug and Alcohol Framework for Western Australian 2011–2015 underpins the Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015 providing guidance to key stakeholders on culturally secure ways of working with Aboriginal people who are affected by alcohol and other drug use problems. Further information is available at www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=614&PortalId=0&TabId=211

The National Drug Strategy 2010–2015, Commonwealth of Australia

The National Drug Strategy provides a comprehensive framework aimed at reducing the harm from alcohol and drug use across the Australian community. The strategy identifies specific objectives to reduce harm to families with reference to the needs of children living in families where alcohol or drug use is affecting them. Further information is available at [www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

National Framework for Protecting Australia's Children 2009–2020, Commonwealth of Australia

This framework is a long-term, collaborative approach aimed at reducing child abuse and neglect. It sets out key strategies with supporting outcomes and actions that will be delivered in a series of three-year strategies. Further information is available at www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business

Want to know more?

The Australian National Council on Drugs has also published a comprehensive research report, *Drug Use in the Family: Impacts and implications for children*. The paper is available to download at www.ancd.org.au

Child Family Community Australia Research, Practice and Policy Information Exchange website at www.aifs.gov.au/cfca

A Picture of Australia's Children 2012, Commonwealth of Australia

This publication includes data at a national level on the rate of tobacco smoking in the home and information on parental alcohol and illicit drug use. The publication is available at www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737423340



Data tables

Table 3.58: Lifetime risk status, recent drinkers aged 14 years or older: in per cent, states and territories, 2010

	WA	NSW	Vic	Qld	SA	Tas	ACT	NT	Aust
Abstainers (a)	17.0	21.8	20.9	16.8	19.0	14.4	13.5	13.7	19.5
Low risk (b)	60.3	59.6	60.6	60.0	61.7	66.1	67.0	56.9	60.4
Risky (c)	22.7	18.6	18.4	23.2	19.3	19.4	19.5	29.4	20.1

Source: Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25 Cat no. PHE 145

(a) Not consumed alcohol in the previous 12 months.

(b) On average, had no more than two standard drinks per day.

(c) On average, had more than two standard drinks per day.

Table 3.59: Single occasion risk status, recent drinkers aged 14 years or older: in per cent, states and territories, 2010

	WA	NSW	Vic	Qld	SA	Tas	ACT	NT	Aust
Abstainers (a)	17.0	21.8	20.9	16.8	19.0	14.4	13.5	13.7	19.5
Low risk (b)	39.7	41.7	41.1	38.3	42.7	45.1	42.0	35.5	40.7
Risky									
At least yearly (c)	12.3	10.6	11.4	11.8	11.0	11.5	15.1	11.3	11.3
At least monthly (d)	13.2	11.0	12.3	15.0	11.2	13.1	15.9	14.9	12.5
At least weekly (e)	17.9	15.0	14.4	18.1	16.1	15.8	13.6	24.7	15.9
Total risky	43.3	36.6	38.0	44.9	38.4	40.4	44.5	50.8	39.8

Source: Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25 Cat no. PHE 145

(a) Not consumed alcohol in the previous 12 months.

(b) Never had more than four standard drinks on any occasion.

(c) Had more than four standard drinks at least once a year but not as often as monthly.

(d) Had more than four standard drinks at least once a month but not as often as weekly.

(e) Had more than four standard drinks at least once a week.



Table 3.60: Lifetime and single occasion risk, people aged 14 years or older: in per cent, by social characteristics, Australia, 2010

	Lifetime risk			Single occasion risk		
	Abstainer (a)	Low risk (b)	Risky (c)	Low risk (d)	At least yearly (e)	At least weekly (f)
Single with dependent children	19.1	62.3	18.6	37.2	26.8	16.9
Couple with dependent children	15.4	65.1	19.5	40.2	30.1	14.3

Source: Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25 Cat no. PHE 145

- (a) Not consumed alcohol in the previous 12 months.
- (b) On average, had no more than two standard drinks per day.
- (c) On average, had more than two standard drinks per day.
- (d) Never had more than four standard drinks on any occasion.
- (e) Had more than four standard drinks at least once a year but not as often as weekly.
- (f) Had more than four standard drinks at least once a week.

Table 3.61: Illicit drug use, people aged 14 years or older: in per cent, by social characteristics, Australia, 2007 and 2010

	Never used		Ex-users (a)		Recent users (b)	
	2007	2010	2007	2010	2007	2010
Single with dependent children	40.8	39.9	41.5	39.1	17.7	20.9
Couple with dependent children	50.5	49.3	38.8	40.0	10.7	10.8

Source: Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25 Cat no. PHE 145

- (a) Somebody who has used, but not in the previous 12 months.
- (b) Used in the previous 12 months.

3.18 Abuse or neglect: substantiations

Why this measure is included

National and international research consistently refers to the profound impact abuse and neglect can have on children and young people both in the short term and in adulthood. The consequences of experiencing child abuse and neglect can include poor physical health, secure attachment problems, learning and developmental problems, substance abuse, mental illness, criminality, homelessness, later parenting issues and suicide.²⁴⁵

A range of factors may impact on the way a child or young person is affected by abuse or neglect. These include the age at which the abuse is experienced, the severity, nature, frequency and duration of the abuse, and the relationship between the child and the abuser. Impacts may also vary according to the presence of risk or protective factors, which can contribute to children or young people's vulnerability or resilience.²⁴⁶

Table 3.62: Children and young people who were the subjects of substantiations of notifications: rate per 1,000 population 0 to 17 years, Western Australia and Australia, 2005–06 to 2011–12

	WA (a) (b)	Australia
2005–06	1.9	7.2
2006–07	2.3	6.9
2007–08	2.7	6.5
2008–09	2.8	6.5
2009–10	2.9	6.1
2010–11	3.4	6.1
2011–12(c)	4.7	7.4

Source: Australian Institute of Health and Welfare, *Child Protection Australia, 2007–12* [series]

- (a) 2009–10 data for Western Australia is not comparable with other years due to the introduction of a new client information system in March 2010. Proxy data was provided for that year.
- (b) For 2010–11, Western Australia was unable to report a child's characteristics based on their first substantiation. As a result, a small number of children may be double-counted in this table where they have more than one substantiation and the notifications had differing characteristics such as age or abuse type.
- (c) The ABS has improved the methodology used to obtain estimates of the resident population which has caused a downward revision of the 2011–12 estimates based on the 2011 Census. Due to these changes, comparisons of rates over time should be interpreted with caution.

Table 3.63: Children and young people who were the subjects of substantiations of notifications: number and in per cent, by type of abuse or neglect, Western Australia and Australia, 2011–12

	WA		Australia	
	Number	Per cent	Number	Per cent
Physical abuse	475	18.4	7,980	21.1
Sexual abuse	570	22.1	4,801	12.7
Emotional abuse	797	30.9	14,024	37.2
Neglect	741	28.7	10,936	29.0
Total	2,583	100.0	37,781 (a)	100.0

Source: Australian Institute of Health and Welfare 2013, *Child Protection Australia: 2011–12*

(a) The abuse type for some substantiations was recorded as 'not stated' and could not be mapped to physical, sexual, emotional or neglect. These substantiations are included in the total: as such, the total does not equal the sum of the categories.

Table 3.64: Children and young people who were the subjects of substantiations of notifications: number and rate per 1,000 population, by Aboriginal status, Western Australia and Australia, 2011–12

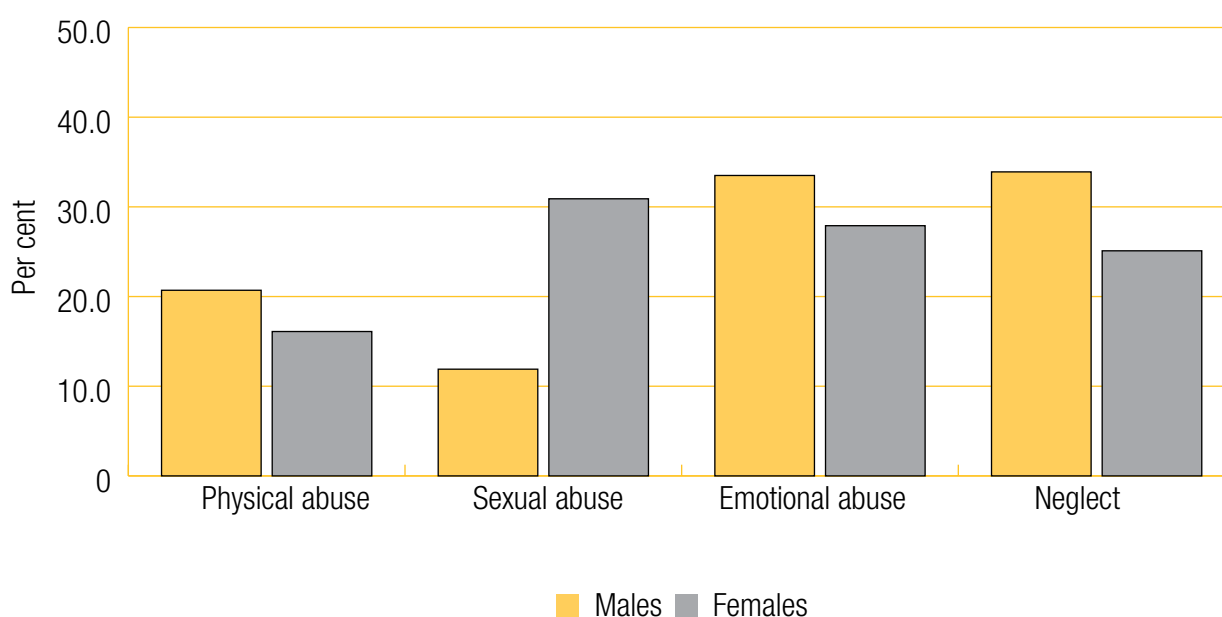
		Aboriginal	Non-Aboriginal	Unknown	All children and young people	Rate ratio Aboriginal / non-Aboriginal
WA (a) (b)	Number	763	944	876	2,583	n/a
	Rate	24.4	1.8	n/a	4.7	13.4
Australia	Number	10,058	26,183	1,540	37,781	n/a
	Rate	41.9	5.4	n/a	7.4	7.8

Source: Australian Institute of Health and Welfare 2013, *Child Protection Australia: 2011–12*

(a) Western Australia is currently unable to report a child's characteristics based on their first substantiation. As a result, a small number of children may be double-counted in this table where they have more than one substantiation and the notifications had differing characteristics such as age or abuse type.

(b) In Western Australia, the proportion of substantiations for children with an unknown Aboriginal status affects the reliability of this data. Rate ratios should therefore be interpreted with caution.

Figure 3.20: Children and young people who were the subjects of substantiations of notifications: in per cent, by type of abuse or neglect and gender, Western Australia, 2011–12



Source: Australian Institute of Health and Welfare 2013, *Child Protection Australia: 2011–12*

What is this measure?

This measure considers the number of children and young people who were the subjects of substantiations of notifications of abuse or neglect. Substantiations of notifications refer to child protection notifications made to relevant authorities that were investigated and it was concluded there was reasonable cause to believe that the child had been, was being, or was likely to be abused, neglected or otherwise harmed.²⁴⁷

All data for this measure is drawn from state and territory child protection administrative data sets that are collated, analysed and published by the Australian Institute of Health and Welfare (AIHW) in their annual publication *Child Protection Australia*.

Data for 2009–10 for Western Australia is not comparable with other years due to the introduction of a new client information system in March 2010. Proxy data was provided for that year. In addition, differences between states and territories in jurisdictional policy, practice, legislation and data systems must be taken into consideration when interpreting the data for this measure.²⁴⁸

It is also important to note that national child protection data is based only on those cases reported to departments responsible for child protection. Notifications made to other organisations, such as the police or non-government welfare agencies, are only included if they were also referred to departments responsible for child protection.²⁴⁹ The data is likely to understate the true prevalence of child abuse and neglect across Australia.

On 1 January 2009, WA introduced the mandatory reporting of child sexual abuse by certain professionals. Doctors, nurses, midwives, police officers and teachers are required to make a report to the Department for Child Protection and Family Support if they form a reasonable belief, in the course of their work, that a child has been the subject of sexual abuse or is the subject of ongoing sexual abuse.²⁵⁰ Other Australian jurisdictions have mandatory reporting of all or some forms of child abuse and neglect.²⁵¹

Commentary

During 2011–12, 13,745 notifications of abuse or neglect of a child or young person were received by the relevant authorities in WA. Three-quarters (74.7%) of these notifications were further investigated, while the remaining one-quarter were dealt with by other means, such as referral to a support service.²⁵²

Fewer than one-third (31.4%) of the 8,780 finalised investigations for 2011–12 resulted in a substantiated notification. With this result, WA recorded the lowest proportion of substantiated investigations of all jurisdictions (Tasmania recorded the highest with 68.3%). The national proportion was 45.4 per cent.²⁵³

In WA during 2011–12, 4.7 children per 1,000 were the subject of a substantiated notification of abuse or neglect. This is the lowest rate of all jurisdictions, however the highest rate recorded for WA since 2005. Equally, the national rate of 7.4 per 1,000 is also the highest recorded since 2005 (Table 3.62).

It is important to note that comparisons of rates over time should be interpreted with caution due to adjustments to population estimates.²⁵⁴

Across all jurisdictions in 2011–12, Aboriginal children and young people were more likely to be the subject of a substantiated notification than non-Aboriginal children and young people.²⁵⁵ In WA, the rate for Aboriginal children who were the subject of a substantiated notification was 24.4 per 1,000 children – that is more than 13 times the rate for non-Aboriginal children. Nationally, the rate was 41.9 per 1,000 which is nearly eight times the rate for non-Aboriginal children (Table 3.64).

Compared to the data in edition one of this report, the rate for Aboriginal children and young people who were the subject of a substantiated notification in WA has increased from 20.7 in 2010 to 24.4 in 2012, while the rate ratio between Aboriginal and non-Aboriginal children increased from 12.7 to 13.4²⁵⁶ (Table 3.64).

In WA, the most common type of substantiated abuse was emotional abuse (30.9%) followed by neglect (28.7%). This represents a significant shift from the data reported in edition one of this report where neglect was the most common form of substantiated abuse (38%), followed by emotional abuse (21%).

WA's data now reflects the Australian averages where emotional abuse followed by neglect were the most common forms of substantiated abuse during 2011–12, although the Australian average for emotional abuse was higher (37.2%) than WA's.

Table 3.63 also shows that WA has a significantly higher percentage of substantiations of sexual abuse notifications compared to the Australian average (22.1% compared to 12.7%).

When a gender split is applied, sexual abuse emerges as the most common type of substantiated abuse for female children in WA (30.9%), while neglect and emotional abuse are the most common types of substantiated abuse for male children (33.9% and 33.5% respectively) (Figure 3.20).

Strategies

Department for Child Protection and Family Support, Government of Western Australia

The Department for Child Protection and Family Support has a number of strategies and programs for responding to child abuse and neglect.

1. Signs of Safety Child Protection Practice Framework Second Edition 2011

This framework uses practice tools and processes where professionals and family members can together address situations of child abuse and neglect to determine:

- what supports are needed for families to care for their children
- whether there is sufficient safety for the child to stay within the family
- whether the situation is so dangerous that the child must be removed
- whether there is enough safety for a child in the care system to return home.

2. Child Sexual Abuse Policy 2009

3. Policy on Neglect 2012

Further information is available at www.cdfs.wa.gov.au

Mandatory Reporting of Sexual Abuse, Government of Western Australia (released 2009)

On 1 January 2009, mandatory reporting of child sexual abuse came into effect under the *Children and Community Services Act 2004*. Doctors, nurses, midwives, teachers and police officers are required to make a report to the Department for Child Protection and Family Support if they form a reasonable belief that a child has been sexually abused or is the subject of ongoing child sexual abuse. Further information is available at www.mandatoryreporting.dcp.wa.gov.au/Pages/Home.aspx

Working with Children Checks, Government of Western Australia (released 2006)

In January 2006, Working with Children Checks commenced in WA. Certain people wanting to volunteer or work with children in 'child related work' are required to have this stringent criminal record check and comply with other requirements of the *Working with Children (Criminal Record Checking) Act 2004*. The scheme is administered by the Department for Child Protection and Family Support. Further information is available at www.checkwwc.wa.gov.au/checkwwc

Protecting Children is Everyone’s Business: National Framework for Protecting Australia’s Children 2009–2020, Council of Australian Governments

This framework comprises a series of high-level, three-year plans to deliver and monitor strategies to sustain a substantial reduction in child abuse and neglect. Further information is available at www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business

Want to know more?

Data on child protection

A national child protection report that provides across-jurisdictional data is produced annually and is available on the Australian Institute of Health and Welfare (AIHW) website at www.aihw.gov.au/publication-detail/?id=60129542755

Research, reports and articles

Research and related articles on child protection are available from

- Child Family Community Australia, www.aifs.gov.au/cfca/
- Centre for Child Protection at the University of South Australia www.unisa.edu.au/childprotection
- Australia Catholic University – Institute of Child Protection Studies www.acu.edu.au/about_acu/faculties,_institutes_and_centres/centres/institute_of_child_protection_studies
- Australian Institute of Criminology www.aic.gov.au/
- Australian Research Alliance for Children & Youth www.aracy.org.au/

Other information

Information on effective prevention strategies and programs is available from the National Association for Prevention of Child Abuse and Neglect (NAPCAN) on their website at <http://napcan.org.au/>

The Council of Australian Governments’ (COAG) annual report on the National Framework for protecting Australia’s Children and the annual Report on Government Services (ROGS) both include relevant information this topic. The COAG report is available at www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business/protecting-children-is-everyone-s-business-national-framework-for-protecting-australia-s-children-2009-2020-annual-report-2011-12

The ROGS 2014 is available at www.pc.gov.au/gsp/rogs

Additional tables

Table 3.65: Children and young people who were the subjects of substantiations of notifications: Rate per 1,000 population, by age group, Western Australia and Australia, 2011–12

	WA (a) (b)		Australia	
	Number	Per cent	Number	Per cent
Under 1 year (c)	234	9.1	3,862	10.2
1 to 4 years	642	24.9	9,908	26.2
5 to 9 years	745	28.8	10,380	27.5
10 to 14 years	715	27.7	9,381	24.8
15 to 17 years	186	7.2	2,771	7.3
Total (d)	2,583	100.0	37,781	100.0

Source: Australian Institute of Health and Welfare 2013, *Child protection Australia: 2011–12*

- (a) Western Australia is currently unable to report a child's characteristics based on their first substantiation. As a result, a small number of children may be double-counted in this table where they have more than one substantiation and the notifications had differing characteristics such as age or abuse type.
- (b) In Western Australia, the proportion of substantiations for children with an unknown Aboriginal status affects the reliability of these data.
- (c) The 'Under 1 year' category excludes unborn children. These children are included in the totals.
- (d) Totals include children of unknown age and unborn children.

Table 3.66: Children and young people who were the subjects of substantiations of notifications: rate per 1,000 population 0 to 17 years, states and territories, 2005–06 to 2011–12

	WA (c)(d)	NSW (a)	Vic	Qld (b)	SA (e)	Tas	ACT	NT	Total
2005–06	1.9	8.0	6.3	10.4	4.2	5.6	11.4	7.8	7.2
2006–07	2.3	8.5	5.6	8.7	5.0	6.8	7.4	8.8	6.9
2007–08	2.7	8.2	5.1	7.1	5.2	7.9	7.1	11.4	6.5
2008–09	2.8	8.7	5.0	6.3	5.4	9.1	7.8	12.3	6.5
2009–10	2.9	8.0	5.2	5.7	4.2	7.4	7.0	16.6	6.1
2010–11	3.4	7.0	5.9	5.4	5.1	9.5	5.8	22.8	6.1
2011–12(f)	4.7	9.0	7.1	6.5	5.1	8.1(g)	6.9	24.4	7.4

Source: Australian Institute of Health and Welfare, *Child protection Australia, 2007-12* [series]

- (a) New South Wales figures are not comparable with those of other jurisdictions. New South Wales has a differential investigation response whereby an investigation can be undertaken over two stages (stage 1 – information gathering; stage 2 – assessment). Only the more serious cases that receive the higher level response may lead to a recorded substantiation outcome. Following the New South Wales Keep Them Safe reforms, the 2010–11 data reflect the first full year of reporting under legislative changes to the New South Wales *Children and Young Persons (Care and Protection) Act 1998*, proclaimed on 24 January 2010. This includes raising the reporting threshold from 'risk of harm' to the new 'risk of significant harm'.
- (b) During 2011–12, additional staff focused on investigations and assessments were deployed across Queensland. This resulted in a decrease in the number of investigations not yet finalised, and an increase in the number of investigations with a finalised outcome of substantiated, unsubstantiated or no investigation and assessment outcome.
- (c) Western Australian data for 2009–10 are not comparable with other years due to the introduction of a new client information system in March 2010. Proxy data were provided for that year.
- (d) For 2010–11, Western Australia was unable to report a child's characteristics based on their first substantiation. As a result, a small number of children may be double-counted in this table where they have more than one substantiation and the notifications had differing characteristics such as age or abuse type.
- (e) During 2009–10, South Australia implemented a new client information system and this was accompanied by policy and practice changes. Therefore, data for this year are not fully comparable with previous years' data.
- (f) The ABS has improved the methodology used to obtain estimates of the resident population, which has caused a downward revision of the 2011–12 estimates based on the 2011 Census. Due to these changes, comparisons of rates over time should be interpreted with caution.
- (g) Rates for 2012 for Tasmania should not be compared with previous years due to the change in methodology used to obtain estimates of the resident population.

3.19 Out-of-home care

Why this measure is included

Out-of-home care refers to a range of short or long-term care options for children and young people aged less than 18 years who are unable to live with their families for a variety of reasons, usually due to child abuse and/or neglect. The number and rate of children in out-of-home care in Western Australia (WA) has been increasing consistently since 1997.

The out-of-home care experience can be a positive experience for many children and young people. However, studies have shown that children and young people in out-of-home care experience poorer outcomes on average than those in the general population, including significantly poorer mental health outcomes for some²⁵⁷ and a vulnerability to homelessness.²⁵⁸ Schooling to Year 12 level or equivalent is also less likely to be completed, and this group is more likely to be unemployed, have contact with the youth justice system and experience alcohol and drug use problems.^{259 260 261} A significant number of children and young people in care experience complex psychological and behavioural problems, which have been contributed to by the abuse and trauma experienced by children prior to coming into care.²⁶²

Table 3.67: Children and young people in out-of-home care: number and rate per 1,000 population 0 to 17 years, states and territories, 30 June 2006 to 30 June 2012

	WA		Australia	
	Number	Rate	Number	Rate
2006	1,968	4.0	25,454	5.3
2007	2,371	4.7	28,379	5.8
2008	2,546	5.0	31,166	6.3
2009	2,682	5.1	34,069	6.7
2010	2,737	5.1	35,895	7.0
2011	3,120	5.7	37,648	7.3
2012	3,400	6.1	39,621	7.7

Source: Australian Institute of Health and Welfare, *Child Protection Australia*, 2006–12 [series]

Table 3.68: Children and young people in out-of-home care: rate per 1,000 population 0 to 17 years, by Aboriginal and non-Aboriginal, states and territories, 30 June 2012

	Aboriginal	Non-Aboriginal	All children and young people (a)	Rate ratio Aboriginal / non-Aboriginal (b)
WA	51.6	3.4	6.1	15.3
NSW	83.4	7.1	10.5	11.7
Vic	66.4	4.2	5.1	15.8
Qld	42.2	4.9	7.4	8.7
SA	55.0	5.4	7.2	10.2
Tas	25.1	7.4	8.7	3.4
ACT	68.0	5.3	7.0	12.8
NT	20.7	3.7	11.2	5.7
Australia	55.1	5.4	7.7	10.3

Source: Australian Institute of Health and Welfare 2013, *Child Protection Australia: 2011–12*

- (a) 'All children and young people' includes children and young people whose Aboriginal status was unknown.
- (b) Rate ratios are calculated by dividing the un-rounded rate of Aboriginal children who were in out-of-home care by the un-rounded rate of non-Aboriginal children who were in out-of-home care. The resulting number is a measure of how many Aboriginal children were in out-of-home care for every one non-Aboriginal child who was in out-of-home care.

Table 3.69: Aboriginal children in out-of-home care: number and in per cent, by type of carer, Western Australia and Australia, as at 30 June 2012

Relationship	WA		Australia	
	Number	Per cent	Number	Per cent
Relatives/kin or other Aboriginal caregivers				
Aboriginal relative/kin	670	42.5	5,047	38.2
Other Aboriginal caregiver	231	14.6	2,169	16.4
Other relative/kin	193	12.2	1,866	14.1
Total placed with relatives/kin or other Aboriginal caregivers	1,094	69.3	9,082	68.8
Total not placed with relatives/kin or other Aboriginal caregivers	484	30.7	4,122	31.2
Total	1,578	100.0	13,204	100.0

Source: Australian Institute of Health and Welfare 2013, *Child Protection Australia: 2011–12*

Note: This table does not include Aboriginal children who were living independently or whose living arrangements were unknown.

Table 3.70: Children in out-of-home care, by type of placement, Western Australia and Australia, as at 30 June 2012

Type of Placement	WA		Australia	
	Number	Per cent	Number	Per cent
Home-based care				
Foster care (a)	1,386	40.8	17,274	43.6
Relatives/kin (a)	1,465	43.1	18,515	46.7
Other home-based care	0	0.0	961	2.4
Total home-based care	2,851	83.9	36,750	92.8
Residential care	150	4.4	2,042	5.2
Family group homes	170	5.0	272	0.7
Other/unknown (b)	229	6.7	557	1.4
Total	3,400	100.0	39,621	100.0

Source: Australian Institute of Health and Welfare 2013, *Child Protection Australia: 2011–12*

- (a) Where a child is placed with a relative who is also fully registered to provide foster care for other children, they are counted in the foster care category for Western Australia.
- (b) 'Other/unknown' includes 'Independent living'.

What is this measure?

This measure considers the number of children and young people who are in various forms of out-of-home care in WA, other jurisdictions and Australia overall. Out-of-home care is defined as overnight care for children aged 0 to 17 years, where the state or territory makes a financial payment or where a financial payment has been offered but has been declined by the carer.²⁶³

All data for this measure is drawn from state and territory child protection administrative data sets that are collated, analysed and published by the Australian Institute of Health and Welfare (AIHW) in their annual publication *Child Protection Australia*.

The differences between states and territories in legislation, policies and practices in relation to out-of-home care should be taken into account when interpreting the data for this measure. A description of the legislative and regulatory position of each state and territory is available in the *Child Protection Australia* series of reports.²⁶⁴

It should be noted that WA implemented a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–2010 data. Data as at 31 December 2010 was used as a proxy for data at 30 June 2010.

Commentary

At 30 June 2012 there were 3,400 children in out-of-home care in WA. This equals a rate of 6.1 per 1,000 children. The rate of children in out-of-home care at 30 June 2012 was higher than at 30 June 2011 in WA (5.7) and in all other jurisdictions.²⁶⁵ The rate was also higher than the rate published in edition one of this report for 30 June 2010 (5.1). The national rate at 30 June 2012 was 7.7 (up from 7.3 in 2011 and 7.0 in 2010) (Table 3.67).

In WA and nationally, the rate of children in out-of-home care at 30 June has increased each year since 1997 when the rate was 2.2 per 1,000 children in WA and 3.0 nationally. Between 1997 and 2012, the number of children in out-of-home care in WA has more than tripled from 1,050 in 1997 to 3,400 children in 2012 (Table 3.67).

In all jurisdictions in 2011–12, the rate of Aboriginal children and young people in out-of-home care was higher than for non-Aboriginal children and young people.²⁶⁶ In WA, the rate for Aboriginal children in out-of-home care was 51.6 per 1,000 children – that is more than 15 times the rate for non-Aboriginal children. Nationally, the rate was 55.1 per 1,000 which is 10 times the rate for non-Aboriginal children Australia-wide (Table 3.68).

Aboriginal children represented 46 per cent of children in out-of-home care at 30 June 2012. The Department for Child Protection and Family Support's latest annual report indicates that at 30 June 2013 nearly one-half (49%) of children in care were Aboriginal.²⁶⁷

The data in Table 3.69 shows that nearly 70 per cent of Aboriginal children in out-of-home care in WA were placed with relatives or other Aboriginal caregivers. This result is a reflection of the Aboriginal Child Placement Principle.²⁶⁸ The national percentage is very similar at 68.8 per cent of Aboriginal children in out-of-home care placed with relatives or other Aboriginal caregivers (Table 3.69).

Table 3.70 shows that 83.9 per cent of all children and young people in out-of-home care in WA at 30 June 2012 were in home-based care – 43.1 per cent in relative/kinship care and 40.8 per cent in foster care. The remaining 16.1 per cent of children and young people were living in either residential care (4.4%), family group homes (5.0%) or in other types of funded placements (6.8%). Nationally, 92.8 per cent of children in out-of-home care were in home-based care and 7.2 per cent in other types of funded placements including residential care (5.2%). The results for both WA and Australia follow a similar pattern to that observed in previous years²⁶⁹ (Table 3.70).

Strategies

Better Care, Better Services: Standards for children and young people in protection and care, Government of Western Australia (released 2007)

These nine standards were developed by the Department for Child Protection and Family Support (CPFS) and the non-government sector. They aim to promote the safety and wellbeing of children and young people in care and are monitored by CPFS. Further information is available at www.dcp.wa.gov.au/Resources/Documents/Standards%20Monitoring%20Unit/Better%20Care%20Better%20Services%20-%20booklet.pdf

Permanency Planning Policy (2012), Government of Western Australia

This policy addresses the issue of placement instability and ‘drift’ in care by requiring that timely consideration be given to whether children and young people in care can be reunified with their parent/s, or whether long-term out-of-home care needs to be achieved. Further information is available at www.dcp.wa.gov.au/Resources/Pages/PoliciesandFrameworks.aspx

Foster Care Partnership Policy and Foster Care Partnership: Practice Framework – 2nd edition 2012, Government of Western Australia

The Foster Care Partnership forms the foundation for the Department for Child Protection and Family Support approach to foster care. Partnership means that child protection workers and foster carers work together to meet the needs of the child. Further information is available at www.dcp.wa.gov.au/Resources/Pages/PoliciesandFrameworks.aspx

Viewpoint, Government of Western Australia (released 2011)

Viewpoint is a computer assisted self-interviewing program designed to allow children and young people in out-of-home care to more actively participate in decisions made about their care. Viewpoint can be used to allow children and young people to have more direct involvement in planning for leaving care. The program was rolled out in 2011 and is now available to all WA children and young people in out-of-home care. Further information is available at manuals.dcp.wa.gov.au/manuals/cpm/Pages/04ViewpointandCarePlans-helpingchildrenincaretohavetheirsay.aspx

Protecting Children is Everyone’s Business: National Framework for Protecting Australia’s Children 2009–2020, Council of Australian Governments

This framework comprises a series of high-level, three-year plans to deliver and monitor strategies to sustain a substantial reduction in child abuse and neglect. The framework is available at www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business



National Standards for Out of Home Care, Commonwealth Government (released 2011)

These standards seek to drive improvements in the quality of care so children and young people in care have the same opportunities as other children and young people to reach their potential in all the key areas of well-being. A summary is available at www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/an-outline-of-national-standards-for-out-of-home-care-2011

Want to know more?

Data on out-of-home care

A national child protection report that provides across-jurisdictional data, including data on out-of-home care, is produced annually and available on the Australian Institute of Health and Welfare website at www.aihw.gov.au/publication-detail/?id=60129542755

Research, reports and articles

Research and related articles on out-of-home care are available from Child Family Community Australia www.aifs.gov.au/cfca/

Other information

Further information on out-of-home care is available on the Department for Child Protection and Family Support website www.dcp.wa.gov.au

The Council of Australian Governments' (COAG) annual report on the National Framework for protecting Australia's Children and the annual Report on Government Services (ROGS) both include relevant information this topic. The COAG report is available at www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business/protecting-children-is-everyone-s-business-national-framework-for-protecting-australia-s-children-2009-2020-annual-report-2011-12

The ROGS 2014 is available at www.pc.gov.au/gsp/rogs

Additional tables

Table 3.71: Children in out-of-home care: Number and in per cent, by age group, Western Australia and Australia, 2011–12

	WA		Australia	
	Number	Per cent	Number	Per cent
Under 1 year	145	4.3	1,185	3.0
1 to 4 years	789	23.2	7,975	20.1
5 to 9 years	1,106	32.5	12,528	31.6
10 to 14 years	939	27.6	12,047	30.4
15 to 17 years	421	12.4	5,885	14.9
0 to 17 years (a)	3,400	100.0	39,621	100.0

Source: Australian Institute of Health and Welfare 2013, *Child Protection Australia: 2011–12*

(a) Total for Australia includes one child whose age was unknown.

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82. Note that the immunisation statistics are given a three month 'window' to ensure that delayed reporting to Australian Childhood Immunisation Register is still included.
83. From 1 July 2013, the meningococcal C, pneumococcal and varicella (chickenpox) vaccines will be included in the list of immunisations that are needed for a child to be fully immunised. It is likely WA's reported immunisation rates will drop significantly due to the changed definition of 'fully vaccinated': Department of Health WA, *Western Australian Immunisation Strategy 2013–2015*, p. 7.
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104. Hospitalisations due to dental conditions were identified using ICD-10-AM codes K02, K03, K04, K05, K06, K08, K09.8, K09.9, K12, K13 as principal diagnosis based on definition in the *National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations*, 2013 [website], <<http://meteor.aihw.gov.au/content/index.phtml/itemId/497224>>
105. Hospitalisations due to dental conditions were identified using ICD-10-AM codes K02, K03, K04, K05, K06, K08, K09.8, K09.9, K12, K13 as principal diagnosis based on definition in the *National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations*, 2013 [website], <<http://meteor.aihw.gov.au/content/index.phtml/itemId/497224>>
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115. The Health and Wellbeing Surveillance System (HWSS) is a cross-sectional survey which can be used to investigate the relationship between modifiable risk factors and non-communicable diseases in a population-based sample of Western Australians. The HWSS study population includes approximately 55,000 Western Australians randomly sampled via the electronic white pages for a Computer Assisted Telephone Interview. Information collected from over 6,000 people per year include demographics, general health, self-reported co-morbidities, health service utilisation, mental health, physical and sedentary activity, body measurements, alcohol and tobacco use, and nutrition.
116. The 2011-13 Australian Health Survey (AHS) is the largest and most comprehensive health survey ever conducted in Australia. The survey was designed to collect a range of information from Australians about health related issues, including health status, risk factors, socioeconomic circumstances, health-related actions and use of medical services. Compare Australian Bureau of Statistics 2013, *Australian Health Survey: Health Service Usage and Health Related Actions, 2011-12* [website], viewed 19 September 2013, <www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.002Chapter1102011-12>
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126. The 2011-13 Australian Health Survey (AHS) is the largest and most comprehensive health survey ever conducted in Australia. The survey was designed to collect a range of information from Australians about health related issues, including health status, risk factors, socioeconomic circumstances, health-related actions and use of medical services. Compare *Australian Health Survey: First Results, 2011-12*, cat. no. 4364.0.55.001 [website], viewed 20 March 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012011-12?OpenDocument>
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135. Ibid.
136. The two to four year-old classification in this publication refers to the children two to less than five years classification used by the WA Department of Health.
137. Department of Health, *Australia's Physical Activity and Sedentary Behaviour Guidelines* Australian Government [website], viewed 29 April 2014, <www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>
138. The Health and Wellbeing Surveillance System (HWSS) is a cross-sectional survey which can be used to investigate the relationship between modifiable risk factors and non-communicable diseases in a population-based sample of Western Australians. The HWSS study population includes approximately 55,000 Western Australians randomly sampled via the electronic white pages for a Computer Assisted Telephone Interview. Information collected from over 6,000 people per year include demographics, general health, self-reported co-morbidities, health service utilisation, mental health, physical and sedentary activity, body measurements, alcohol and tobacco use, and nutrition.
139. Reported in Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*, Department of Health.
140. Ibid, p. xi.
141. Data on screen-based activity of young people 16 to 17 years (self-reported) was not requested for this report.
142. The 2011-13 Australian Health Survey (AHS) is the largest and most comprehensive health survey ever conducted in Australia. The survey was designed to collect a range of information from Australians about health related issues, including health status, risk factors, socioeconomic circumstances, health-related actions and use of medical services. Compare Australian Bureau of Statistics 2013, *Australian Health Survey: Physical Activity, 2011-12* [website], viewed 24 September 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0.55.004Main+Features12011-12?OpenDocument>

143. Data for this age group was reported by parents however selected young people aged 15-17 years may have been personally interviewed with parental consent. For further information, see 'Data Collection' in Australian Bureau of Statistics 2013, *Australian Health Survey: Users' Guide, 2011-13*, cat. no. 4363.0.55.001, [website], viewed 24 September 2013, <www.abs.gov.au/ausstats/abs@.nsf/Lookup/4363.0.55.001Chapter2002011-13>
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150. The total presented for 2012 has been weighted to the 2011 Estimated Resident Population. As a result, the 2012 estimate differs slightly from the estimate presented in the trend table (see Table 3.25) due to the standardising of estimates to different populations.
151. Department of Health, *Australia's Physical Activity and Sedentary Behaviour Guidelines* Australian Government [website], viewed 29 April 2014, <www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>
152. This guideline refers to the use of media such as TV, iPads, computer games and the internet by infants up to nearly two years of age.
153. Trend data has been weighted to the 2006 Estimated Resident Population. As a result, the 2012 trend estimate differs slightly from the 2012 estimate presented in Table 3.27 due to the standardising of estimates to different populations. For further information see Tomlin S and Joyce S 2013, *Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*, Department of Health, p. 7.
154. Ibid, p. 43.
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158. Australian Bureau of Statistics 2009, 'Children who are overweight or obese', *Australian Social Trends, Sep 2009*, [website], viewed 25 October 2013, <[www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication24.09.093/\\$File/41020_Childhoodobesity.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication24.09.093/$File/41020_Childhoodobesity.pdf)>
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162. The Health and Wellbeing Surveillance System (HWSS) is a cross-sectional survey which can be used to investigate the relationship between modifiable risk factors and non-communicable diseases in a population-based sample of Western Australians. The HWSS study population includes approximately 55,000 Western Australians randomly sampled via the electronic white pages for a Computer Assisted Telephone Interview. Information collected from over 6,000 people per year include demographics, general health, self-reported co-morbidities, health service utilisation, mental health, physical and sedentary activity, body measurements, alcohol and tobacco use, and nutrition.
163. Reported in Tomlin S and Joyce S 2013, *The Health and Wellbeing of Children in Western Australia 2012, Overview and Trends*, Department of Health, Western Australia.
164. Ibid, p. xi.
165. For more information about the methodology used to classify children into BMI categories see: Ibid, p. 45.
166. For more information about the methodology used to classify young people aged 16 and 17 years into BMI categories see: Ibid, p. 73.
167. The 2011-13 Australian Health Survey (AHS) is the largest and most comprehensive health survey ever conducted in Australia. The survey was designed to collect a range of information from Australians about health related issues, including health status, risk factors, socioeconomic circumstances, health-related actions and use of medical services. Compare Australian Bureau of Statistics 2013, *Australian Health Survey: Physical Activity, 2011-12* [website], viewed 24 September 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0.55.004Main+Features12011-12?OpenDocument>
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172. WACOSS 2013, *Integrating services to support the mental health of infants and young children: Developing the Concepts*, Western Australian Council of Social Service, Perth, pp. 7–10
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174. Age-adjusted rate (AAR) is defined as the age-adjusted rate per 100,000 person years. Direct standardisation uses a range of age groups of 2001 Australian Standard population in order to compare rates between population groups and different years for the same population group.
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187. Age-specific rate (ASR) is defined as, number of hospitalisations, deaths or cases for an age group divided by the population for the age group, expressed as per 100,000 person years.
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192. See measure 3.15 Deaths from injury and poisoning.
193. Boystown 2012, *Kids Helpline Overview 2012*, Kids Helpline, p. 55.
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201. The category 'Other unintentional injuries' totals all causes of accident and injury not already represented.
202. The data for WA includes hospitalisation records with a principal diagnosis under codes including adverse effects, not elsewhere classified; complications of surgical and medical care, not elsewhere classified; other specified complications of trauma; sequelae of injuries, of poisoning and of other consequences of external causes. These causes are not included in the Australian data as published by the AIHW. Additionally, the Australian data excludes transfers from another acute hospital.

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205. Australian Institute of Health and Welfare 2012, *A picture of Australia's children 2012*, Australian Institute of Health and Welfare, p. 91.
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207. Ibid, p. 92.
208. Ibid, p. 92.
209. Australian Institute of Health and Welfare 2012, *A Picture of Australia's Children 2012*, Australian Institute of Health and Welfare, p. 88.
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212. The data for WA includes hospitalisation records with a principal diagnosis under codes including adverse effects, not elsewhere classified; complications of surgical and medical care, not elsewhere classified; other specified complications of trauma; sequelae of injuries, of poisoning and of other consequences of external causes. These causes are not included in the Australian data as published by the AIHW. Additionally, the Australian data excludes transfers from another acute hospital.
213. Australian Institute of Health and Welfare 2012, *A picture of Australia's children 2012*, cat. no. PHE 167, Australian Institute of Health and Welfare, p. 89.
214. Ibid, p. 89.
215. Ibid, p. 89.
216. Ibid, p. 89.
217. The term 'exposure' is used here to reflect current research which shows that a child does not have to be a witness to actual physical violence to be affected by it and that family and domestic violence can take many forms. Richards K 2011, *Children's exposure to domestic violence in Australia, Trends and issues in crime and criminal justice*, No 419, Australian Institute of Criminology, June 2011, p. 1.
218. It is acknowledged that young people can also be perpetrators of family or domestic violence, either towards parents, siblings or intimate partners but that at this stage there is insufficient data to comment in more detail.
219. Richards K 2011, *Children's exposure to domestic violence in Australia*, Trends and issues in crime and criminal justice, No 419, Australian Institute of Criminology, June 2011, p. 3.
220. Ibid, p. 3.
221. Laing L 2000, *Children, young people and domestic violence*, Issues Paper no. 2, Australian Domestic and Family Violence Clearinghouse.
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223. Article 19 of the United Nations Convention on the Rights of the Child [website], viewed 6 February 2012, <www.ohchr.org/en/professionalinterest/pages/crc.aspx>
224. For example the formation of an across government data working group to support the collection and collation of data against seven family and domestic violence key performance indicators. For further information see *Western Australia's Family and Domestic Violence Prevention Strategy to 2022* available at <www.dcp.wa.gov.au/Documents/WA%20FDV%20Prevention%20Strategy%20to%202022.pdf>
225. Data on children known to reside with either the adult victim, perpetrator or person of interest is not included in this measure. The Department for Child Protection and Family Support advises that exposure to family and domestic violence can include experiencing the build-up and aftermath of a violent event and that therefore information about children residing with either the adult victim, perpetrator or person of interest would be relevant in the context of a more comprehensive exploration of family and domestic violence. WA Department for Child Protection and Family Support, personal communication to the Commissioner for Children and Young People WA, dated 24 February 2014.



226. A discussion on this can be found in Richards K 2011, *Children's exposure to domestic violence in Australia*, Trends and issues in crime and criminal justice, No 419, Australian Institute of Criminology.
227. Australian Bureau of Statistics 2013, *Personal Safety Survey, Australia, 2012*, cat. no. 4906.0, viewed 15 April 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Main+Features12012?OpenDocument>
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230. Australian Bureau of Statistics 2013, *Personal Safety Survey, Australia, 2012*, cat. no. 4906.0, datacube: Excel spreadsheet, 'Table 21 Experience of partner violence since the age of 15' [website], viewed 15 April 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4906.02012?OpenDocument>
231. Australian Bureau of Statistics 2013, *Personal Safety Survey, Australia, 2012*, cat. no. 4906.0, datacube: Excel spreadsheet, 'Table 28 Experience of partner violence since the age of 15' [website], viewed 15 April 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4906.02012?OpenDocument>
232. Indermaur D 2001, 'Young Australians and Domestic Violence', *Trends and Issues in Crime and Criminal Justice*, no. 195, Australian Institute of Criminology; cited in Australian Domestic & Family Violence Clearinghouse 2011, *The impact of domestic violence on children and infants*, Fast Facts 4, October 2011 [website], viewed 13 March 2014, <www.adfvc.unsw.edu.au/fast_facts.htm>
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234. Meredith V & Price-Robertson R 2011, *Alcohol misuse and child maltreatment*, National Child Protection Clearinghouse, Australian Institute of Family Studies.
235. Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25, Cat. No. PHE 145, AIHW.
236. A dependent child is defined as a child under the age of 15 years or who is still financially dependent.
237. Excludes those where the survey respondent is a younger person living with their parents or where the respondent is an adult living in a household with children but is not the parent or guardian of the children.
238. White V and Bariola E 2012, *Australian secondary school students' use of tobacco, alcohol, and over-the counter and illicit substances in 2011: Report*, Cancer Council Victoria, for the Department of Health and Ageing.
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243. Meredith V & Price-Robertson R 2011, *Alcohol misuse and child maltreatment*, National Child Protection Clearinghouse, Australian Institute of Family Studies.
244. Hood R et al 2012, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2011 – Western Australian results*, Drug and Alcohol Office Surveillance Report: Number 7, p. 63.
245. Hunter C 2014, *Effects of child abuse and neglect for children and adolescents*, National Child Protection Clearinghouse Resource Sheet, January 2014.
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248. Ibid, p. 95.
249. Ibid, p. 6.
250. Ibid, p. 103.
251. Ibid, pp. 101–105.
252. Ibid, 'Appendix A Detailed tables', Table A1.
253. Ibid, p. 55–56.
254. The Australian Bureau of Statistics has improved the methodology used to obtain estimates of the resident population, which has caused a downward revision of the 2011–12 estimates based on the 2011 Census. Due to these changes, comparisons of rates over time should be interpreted with caution.
255. Australian Institute of Health and Welfare 2013, *Child Protection Australia: 2011–12*, Child Welfare series no. 55. Cat. no. CWS 43, pp. 16-17.
256. Rate ratios are calculated by dividing the un-rounded rate of Aboriginal children who were the subject of a substantiated notification by the un-rounded rate of non-Aboriginal children who were the subject of a substantiated notification.
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262. Osborn A and Bromfield L, *Outcomes for children and young people in care*, Research Brief No. 3, National Child Protection Clearing House, Australian Institute of Family Studies, p. 3.
263. For the various types of out-of-home care see Australian Institute of Health and Welfare 2013, *Child Protection Australia: 2011–12*, p. 36 and the Glossary.
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269. Ibid, p. 38.



4. Education



About this domain

Education is a key influence on a child’s life. Early engagement with school assists a child to develop skills to succeed academically and to maintain social relationships. Schooling has a strong influence on a child’s future pathway into employment and further education.²⁷⁰

The measures selected for this domain cover significant aspects of education and learning for children and young people, from informal learning as infants and children through to pathways out of high school.

The companion reports *Building Blocks* Editions One and Two include information about 126 programs which have been shown to be effective in improving the wellbeing of children and young people.

Measures in this domain are:

Parents engaging children in informal learning (new)	Page 163
Early education (revised)	Page 167
Children developmentally vulnerable on entering school	Page 173
Children achieving at or above national minimum standards	Page 180
Pathways for leaving school	Page 188

4.1 Parents engaging children in informal learning

Why this measure is included

Children learn through a variety of experiences, including informal learning experiences in their home and community. While learning is a lifelong process, early childhood is a vital period in children's learning and development²⁷¹ and parents are children's first and most influential teachers.²⁷² The significant and ongoing effect of parental involvement on the educational attainment and social and emotional wellbeing of their children is well established.²⁷³

Home environments which nurture informal learning provide a range of opportunities for play and shared experiences. The extent to which parents read with their infants and children or tell stories, for example, provides some indication of parental engagement in children's informal learning.²⁷⁴

Table 4.1: Children 0 to 2 years, involvement in informal learning by parents last week: in per cent, by type of activity, Western Australia and Australia, 2011

	WA	Australia
Read from a book or told a story	80.5	80.2
Watched TV, videos or DVDs	66.9	68.7
Assisted with drawing, writing or other creative activities	49.3	52.4
Played music, sang songs, danced or did other musical activities	77.7	77.1
Physical activities	62.3	65.9
Attended a playgroup	26.6	20.1
None of the above	8.8	9.4

Source: Australian Bureau of Statistics 2013, *Childhood Education and Care Survey*, June 2011, custom report

Table 4.2: Children 3 to 8 years, involvement in informal learning by parents last week: in per cent, by type of activity, Western Australia and Australia, 2011

	WA	Australia
Told stories, read or listened to the child read	97.3	96.3
Used computers or the Internet	44.1	47.2
Watched TV, videos or DVDs	89.7	88.5
Assisted with homework or other educational activities	77.7	78.4
Played sport, outdoor games or other physical activities	87.0	82.2
Involved in music, art or other creative activity	67.8	65.1

Source: Australian Bureau of Statistics 2013, *Childhood Education and Care Survey*, June 2011, custom report

Table 4.3: Children 0 to 8 years, number of days last week parent(s) read from a book or told a story: in per cent, by age group, Western Australia and Australia, 2011

	WA		Australia	
	0 to 2 years	3 to 8 years	0 to 2 years	3 to 8 years
Number of days last week parent(s) read from a book or told a story				
1 to 3 days	9.7	10.5	10.8	14.5
4 to 6 days	10.3	34.8	12.2	33.3
7 days	60.5	52.0	57.1	48.5
Did not read from a book or tell a story	19.5	2.7	19.8	3.7
Number of books in the home				
Less than 25	8.3	4.2	9.9	5.1
25 to less than 100	32.7	22.8	30.3	24.3
100 to less than 200	30.9	29.6	26.3	29.3
200 or more	28.2	43.3	33.4	41.2
Number of children's books in the home (a)				
Less than 10	*	1.8	7.0	2.3
10 to less than 25	21.8	8.9	18.5	10.2
25 to less than 100	43.3	40.9	47.6	43.2
100 to less than 200	27.6	36.8	25.8	33.7
200 or more**	n/a	11.3	n/a	10.1

Source: Australian Bureau of Statistics 2013, *Childhood Education and Care Survey*, June 2011, custom report

* Estimate has a relative standard error of 25 per cent to 50 per cent and therefore has been suppressed.

** Category only asked for age group three to eight years.

(a) The variable 'Number of children's books in the home' has two hidden categories. These categories are 'Don't know' and 'Not applicable'. The values for these two categories are very small and therefore have been suppressed. As a result, values in the columns in this category may not add up to 100 per cent.

What is this measure?

This measure is of parental involvement in informal learning activities with their children aged 0 to eight years. Informal learning refers to unstructured learning activities that occur in daily life, such as reading, musical activities and physical activities.

The data shows the percentages of parents in Western Australia (WA) and nationally who engaged in selected informal learning activities with their child. Also shown are the number of days that parents read from a book or told a story and the number of books in the home. The data is taken from the Australian Bureau of Statistics' (ABS) *Childhood Education and Care Survey*, June 2011.²⁷⁵ Data for WA in 2011 has been provided as part of a customised report.

In the publication, the reference period for 'involvement in informal learning by parents' and 'number of days read from a book or told a story' was the week prior to the interview.²⁷⁶

Commentary

In 2011, a large majority of WA children 0 to eight years participated in some form of informal learning activity with their parents in the week prior to the interview. Of the more than 180,000 children aged three to eight years, less than one per cent did not engage in informal learning activities with their parents, compared with nine per cent of the almost 95,000 children aged 0 to two years (Tables 4.1 and 4.2).

Reading activities were the most common type of informal learning in which parents were involved. Parents read or told stories to 80.5 per cent of 0 to two year-olds, and read, told stories or listened to the reading of 97.3 per cent of three to eight year-olds. Among 0 to two year-olds, other common informal learning activities with parents included musical activities (77.7%) and watching TV, videos or DVDs (66.9%). Children aged three to eight years commonly engaged in watching TV, videos and DVDs (89.7%) and physical activities (87.0%) with their parents (Tables 4.1 and 4.2).

Compared nationally, the proportions and types of activities were largely similar. Some of the differences evident in the data are that WA parents of 0 to two year-olds were somewhat more likely than parents Australia-wide to attend a playgroup with their child (26.6% compared to 20.1%), but were less likely to engage in physical activities with them (62.3% compared to 65.9%). Conversely, WA parents of three to eight year-olds were somewhat more likely than parents nationally to engage in physical activities with their child (87.0% compared to 82.2%), but less likely to use the computer or internet with them (44.1% compared to 47.2%) (Tables 4.1 and 4.2).

More than 60 per cent of 0 to two year-olds and more than one-half of three to eight year-olds in WA were being read to or told a story by their parents every day of the week. These proportions are larger than those recorded nationally (Table 4.3). On the other hand, less than three per cent of three to eight year-olds in WA were not read to or told a story by their parents in the reference week compared with almost 20 per cent of 0 to two year-olds. These proportions are similar to those recorded for Australia overall (Table 4.3).

In terms of books in the household, just over five per cent of WA parents of children in the younger age group, and less than two per cent of parents of children in the older age group, had less than 10 children's books in the home (Table 4.3).

National data shows that there is little to no difference between single parent families and couple families when it comes to parental involvement in informal learning (ie the proportions are very similar). There is, however, a marked difference between couple families where one or both parents are employed and jobless families. Parents in jobless couple families are less likely to engage in informal learning activities with their children than parents in couple families where at least one parent is employed. The correlation between employment status and engagement in informal learning is less pronounced in single parent families.²⁷⁷

Strategies

Investing in the Early Years – A National Early Childhood Development Strategy, Council of Australian Governments (released 2009)

This strategy aims to ensure that by 2020 all Australian children experience a positive early childhood from before birth through the first eight years of life. The strategy aims to better meet the diverse needs of families with a focus on improving and fostering the health, wellbeing and productivity of the next generation. The strategy is available at www.coag.gov.au/sites/default/files/national_ECD_strategy.pdf

Want to know more?

Research, reports and articles

The Australian Research Alliance for Children and Youth (ARACY) report *Parental engagement in learning and schooling: Lessons from research* is available at www.aracy.org.au/projects/parental-engagement

Other information

Playgroup WA supports the wellbeing of parents and families by providing opportunities for young children to learn through play and by building community connections. Information is available at <http://playgroupwa.com.au/>

Child and Parent Centres are being established on selected public school sites in vulnerable communities to improve access to a range of early learning, parenting, child and maternal health and wellbeing programs and services to support families with children aged 0 to eight years, with a focus on children aged 0 to four years. The Department of Education is working with other government departments and selected non-government organisations to manage and provide services at each Child and Parent Centre. More information about the service model and the Centres is available at www.det.wa.edu.au/curriculum/support/earlychildhood/detcms/navigation/category.jsp?categoryID=14350457

The Department of Local Government and Communities provides a range of information, resources and services to support positive parenting including the Early Years Program, the Best Start Program for Aboriginal parents and carers, and Parenting WA. Information is available at www.communities.wa.gov.au/Pages/default.aspx

Better Beginnings is a universal family literacy program delivered through public libraries under a tripartite alliance between the State Library, local government and the business sector. The program supports the development of literacy from birth by parents fostering early learning through reading, talking, singing and playing with their infants and children. More information is available at www.better-beginnings.com.au/

The Engaging Families in the Early Childhood Development (ECD) Story project aimed to better engage parents, carers and the community to increase understanding of evidence-based information from the neurosciences about early childhood development and thereby influence their interactions with children to maximise early childhood outcomes. The project proceeded under the auspices of the Ministerial Council for Education, Early Childhood Development and Youth Affairs and Stage 1 concluded June 2013. Information on Stage 1 of the project is available at <http://scseec.edu.au/site/DefaultSite/filesystem/documents/Reports%20and%20publications/Publications/Early%20childhood%20education/Engaging%20Families%20in%20the%20ECD%20Story-Final%20project%20report%20Stage%201.pdf>

4.2 Early education

Why this measure is included

Participation in early educational programs is considered to have a number of benefits for a child. This includes enhanced literacy and numeracy, sociability and concentration, independence, overall cognitive development and preparation for the successful transition to formal schooling.²⁷⁸ Early childhood education is also associated with a lower incidence of personal and social problems in later life such as school dropout, welfare dependency, unemployment and criminal behaviour.²⁷⁹

Research by the Telethon Kids Institute (formerly the Telethon Institute for Child Health Research) demonstrated that children who started their school careers with irregular attendance were more likely to have ongoing irregular attendance, and this had considerable effects on their academic achievement and school engagement.²⁸⁰

Children in Western Australia (WA) have access to Kindergarten, a publicly-funded early childhood education program. Children can attend Kindergarten from the beginning of the year in which they turn four years and six months. Children must turn four on or before 30 June to be able to enrol. Kindergarten is provided at both public and private schools, and typically attendance is 15 hours per week. This program is attended in the year prior to commencing compulsory schooling (Pre-primary).²⁸¹

Table 4.4: Number of enrolments in Kindergarten and Pre-primary programs: number, by sector, Western Australia, 2007 to 2013

	Kindergarten			Pre-primary		
	Government	Non-government	Total	Government	Non-government	Total
2007	18,594	7,253	25,847	19,679	7,827	27,506
2008	19,223	7,716	26,939	19,593	8,183	27,776
2009	20,274	8,222	28,496	20,212	8,619	28,831
2010	21,128	8,948	30,076	20,811	8,760	29,571
2011	22,855	10,436	33,291	22,053	8,492	30,545
2012	23,649	11,251	34,900	24,132	8,751	32,883
2013	23,942	11,376	35,318	25,304	8,938	34,242
Difference 2011 to 2013 in per cent	4.8	9.0	6.1	14.7	5.2	12.1

Source: Data provided by WA Department of Education 2013, custom report (unpublished)

Notes:

1. The non-government school data for 2011 to 2013 is not comparable to the 2007 to 2010 data. This is because, from 2011, a new method was introduced for allocating students in non-government schools to Kindergarten and Pre-primary based on the assignment by schools rather than by using the number of enrolled sessions.
2. Enrolments are as at Semester 2 student census each year.
3. Government includes community Kindergarten students. Non-government includes independent Pre-school students.
4. Kindergarten programs that are run in long-day care centres are excluded from this table.

Table 4.5: Number of Aboriginal students enrolled in Kindergarten and Pre-primary programs: number and in per cent, Western Australia, 2005 and 2013

	Kindergarten		Pre-primary	
	Aboriginal students (number)	Percentage of all students	Aboriginal students (number)	Percentage of all students
2005	1,890	7.5	1,961	7.3
2010	2,186	7.3	2,146	7.3
2011	2,347	7.0	2,192	7.2
2012	2,251	6.4	2,312	7.0
2013	2,275	6.4	2,327	6.8

Source: Data provided by WA Department of Education 2013, custom report (unpublished)

Notes:

1. The non-government school data for 2011 to 2013 is not comparable to the 2005 to 2010 data. This is because, from 2011, a new method was introduced for allocating students in non-government schools to Kindergarten and Pre-primary based on the assignment by schools rather than by using the number of enrolled sessions.
2. Enrolments are as at Semester 2 student census each year.
3. Government includes community Kindergarten students. Non-government includes independent Pre-school students.
4. Kindergarten programs that are run in long day care centres are excluded from this table.

Table 4.6: Kindergarten and Pre-primary students in government schools who are in the 'regular attendance' category: in per cent, by Aboriginal status, Western Australia, 2008 to 2013

	Kindergarten		Pre-primary	
	All students	Aboriginal students	All students	Aboriginal students
2008	73.9	39.6	66.6	32.5
2009	74.7	39.5	68.5	32.2
2010	72.9	40.0	69.1	36.7
2011	72.2	36.1	69.7	34.2
2012	68.9	34.9	67.6	33.0
2013	70.2	34.5	72.4	35.8

Source: Data provided by WA Department of Education 2013, custom report (unpublished)

Notes:

1. In 2013, new National Standards for Student Data Attendance Reporting were introduced. The attendance data covers the entire Semester 1. Attendance data prior to 2013 included only those students enrolled at the end of Semester 1.
2. The 'regular attendance' category denotes students who attend more than 90 per cent of the time.

Table 4.7: Enrolment of 4 year old children in pre-school*: number, states and territories, 2013

Children enrolled, 2013	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Pre-school									
Government	4,431	7,143	1,567	10,152	22,672	2,504	2,690	2,584	53,745
Non-government									
Community	21,530	23,399	16,156	155	0	0	0	0	61,240
Private for profit	51	167	133	0	0	0	0	0	350
Independent schools	434	1,728	559	455	3,294	214	122	175	6,976
Catholic schools	209	0	114	237	4,926	516	78	0	6,075
Total non-government	22,226	25,298	16,957	839	8,222	731	200	175	74,643
Multiple pre-schools	412	53	0	57	8	8	24	62	622
Total pre-school	27,066	32,491	18,527	11,055	30,901	3,241	2,910	2,820	129,012
Preschool program within a long day care centre	34,678	22,135	39,747	4,214	530	255	155	1,294	103,012
Children across more than one provider type	1,669	2,107	1,171	867	1,057	52	199	517	7,642
Total children enrolled in a pre-school program	63,409	56,732	59,447	16,134	32,490	3,553	3,270	4,636	239,663
Population	95,936	72,116	63,688	19,984	33,063	6,496	3,637	5,021	299,970
Percentage of 4 year-old population enrolled**	66.1	78.7	93.3	80.7	98.3	54.7	89.9	92.3	79.9

Source: Australian Bureau of Statistics 2014, *Preschool Education, Australia, 2013*

* A pre-school program is a structured, play-based learning program, delivered by a degree qualified teacher, aimed at children in the year or two before they commence full-time schooling. This is irrespective of the type of institution that provides it or whether it is government funded and/or privately provided. Early childhood education terminology of a preschool program differs across states and territories, and these differences are outlined in ABS 2014, *National Early Childhood Education and Care Collection: Concepts, Sources and Methods, 2013*, cat. no. 4240.0.55.001, Chapter 3, 'Concepts, Methods and Processes'.

** Percentages calculated by the Commissioner for Children and Young People WA using Estimated Resident Population (ERP) data for June 2013 from ABS 2013, *Australian Demographic Statistics, Jun 2013*, cat. no. 3101.0. Care should be taken in making direct comparisons, as states and territories have different starting ages and programs for preschool education.

What is this measure?

The measure is based on information provided by the WA Department of Education and presents the number of enrolments of four and five year-olds in Kindergarten and Pre-primary programs from 2007 to 2013.²⁸² The data includes a breakdown of students by Aboriginal status.

Also shown is regular attendance ²⁸³ data for Kindergarten and Pre-primary students enrolled in government schools from 2008 to 2013.²⁸⁴ This data covers the entire first semester of 2013. Attendance data prior to 2013 includes only those students enrolled at the end of Semester 1.

National data is taken from the Australian Bureau of Statistic's publication *Preschool Education, Australia, 2013*²⁸⁵ and shows the number of four year-old children enrolled in Pre-school education for each state and territory. It is important to note that the total shown for WA is not identical to the total shown in the WA-state table (Table 4.4) due to differing data inclusion limits.

Commentary

In 2013, there were more than 35,000 enrolments in Kindergarten programs and more than 34,000 enrolments in Pre-primary programs across WA.

In the two-year period from 2011 to 2013,²⁸⁶ the number of enrolments in Kindergarten programs increased by 6.1 per cent or 2,027 enrolments and the number of enrolments in Pre-primary programs increased by 12.1 per cent or 3,697 enrolments. The increase was evident across both the government and non-government sector with Pre-primary programs in government schools experiencing the strongest increase (14.7%) followed by Kindergarten programs in the non-government sector (9.0%) (Table 4.4).

Around 6.4 per cent of Kindergarten students and 6.8 per cent of Pre-primary students are Aboriginal children. These proportions are slightly lower than the proportions recorded for 2011. In absolute figures, the number of Aboriginal children in Kindergarten programs decreased from 2,347 in 2011 to 2,275 in 2013 while the number in Pre-primary programs increased from 2,192 in 2011 to 2,327 in 2013 (Table 4.5).

In terms of 'regular attendance',²⁸⁷ around 70 per cent of Kindergarten students and 72 per cent of Pre-primary students attended regularly in 2013. Due to changes in attendance reporting standards, the 2013 attendance data is not comparable to previous years.

Aboriginal students are significantly less likely to attend regularly than their non-Aboriginal peers. In 2013 only around 35 per cent of Aboriginal children enrolled in Kindergarten or Pre-primary programs were recorded to attend regularly (Table 4.6).

National data included is taken from the Australian Bureau of Statistic's report *Preschool Education, Australia* and shows the number of four year-old children enrolled in preschool education, compared to their representation in the population. Care should be taken in making direct comparisons, as states and territories have different starting ages and programs for preschool education (Table 4.7).

The national data shows that in WA, nearly all (98.3%) four year-old children were enrolled in Pre-school education in 2012. A significant majority (69.8%) were in government-provided Pre-schools, with most of the remainder in non-government Pre-schools. Queensland had the second highest proportion (93.3%) of four year-olds enrolled in Pre-school education (Table 4.7).

Strategies

National Partnership Agreement on Universal Access to Early Childhood Education, Council of Australian Governments (extended to 2014)

The National Partnership Agreement on Universal Access to Early Childhood Education has been extended to December 2014. The agreement has committed to maintaining universal access to early education through the provision of 600 hours per year of Kindergarten, ongoing professional development for staff and enhancing transition to school. This agreement has a focus on vulnerable and disadvantaged children. Further information is available at www.federalfinancialrelations.gov.au/content/npa/education.aspx

Aboriginal and Torres Strait Islander Education Action Plan 2010–2014, Council of Australian Governments

This plan will be undertaken at the national, state and local level to close the gap between the educational outcomes of Aboriginal and non-Aboriginal students. These actions are linked to six priority areas that evidence shows will have the most impact on closing the gap, including readiness for school. The plan is available at http://scseec.edu.au/site/DefaultSite/filesystem/documents/ATSI%20documents/ATSIEAP_web_version_final.pdf

Aboriginal Education Plan for WA Public Schools 2011–2014, Government of Western Australia

Readiness for school is one of the key focus areas of this plan. Strategies include better access to Pre-school facilities, general support for parents, screening of young children prior to Year 1 and case management for children assessed as not ready for school. The plan is available at www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/strategic-documents/aboriginal-education-plan-2011-2014

Want to know more?

Data on early education

The Australian Bureau of Statistics publishes data on Pre-school education in all Australian states and territories, available at

Research, reports and articles

In 2009, the WA Auditor General released the *Every Day Counts: Managing Student Attendance in Western Australian Public Schools*. The report is available at https://audit.wa.gov.au/wp-content/uploads/2013/05/report2009_09.pdf

Other information

Further information on WA education policy is available from the Department of Education website www.education.wa.gov.au

The Schools and You site includes information for parents and the community about public schooling. <http://det.wa.edu.au/curriculumsupport/earlychildhood/detcms/navigation/category.jsp?categoryID=14350457>

The State government has committed to the establishment of 16 Child and Parent Centres on selected public school sites in vulnerable communities. A range of children and family services, such as early learning programs for three year-olds, playgroups, child and maternal health services and parent programs are provided



by procured non-government organisations. Further information is available from <http://det.wa.edu.au/curriculumsupport/earlychildhood/detcms/navigation/category.jsp?categoryID=14350457>

Under the Closing the Gap: Indigenous Early Childhood Development National Partnership, WA has received funding to construct and operate five Children and Family Centres in WA. These centres are predominantly for Aboriginal children from birth to eight years of age and their families, and will offer a range of early learning and child and material health programs. Further information is available from <http://det.wa.edu.au/curriculumsupport/earlychildhood/detcms/navigation/initiatives/children-and-family-centres/>

Hancock K, Shepherd C, Lawrence D and Zubrick S 2013, *Student Attendance and Educational Outcomes: Every Day Counts*, Telethon Institute for Child Health Research, Perth. Available from www.telethonkids.org.au/media/472779/final_report_2013.pdf



4.3 Children developmentally vulnerable on entering school

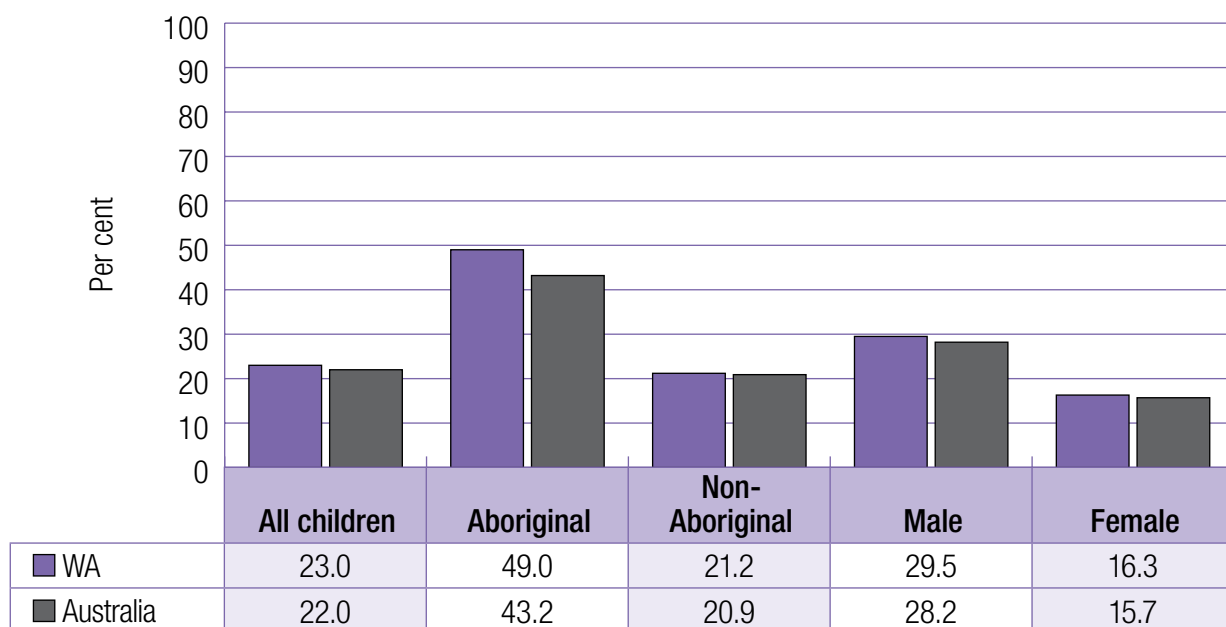
Why this measure is included

Successful engagement with early childhood education is a key contributor to attaining positive life outcomes.²⁸⁸ Early childhood is the most critical time for brain development. These early years set the foundations for future learning and optimal childhood development.

This measure has been developed around the Australian Early Development Index (AEDI), a national progress measure on early childhood development. The AEDI can help measure how young children are developing across Australia, and will assist communities and governments to target services, resources and support needed by young children and their families to ensure those children get the best possible start in life.²⁸⁹

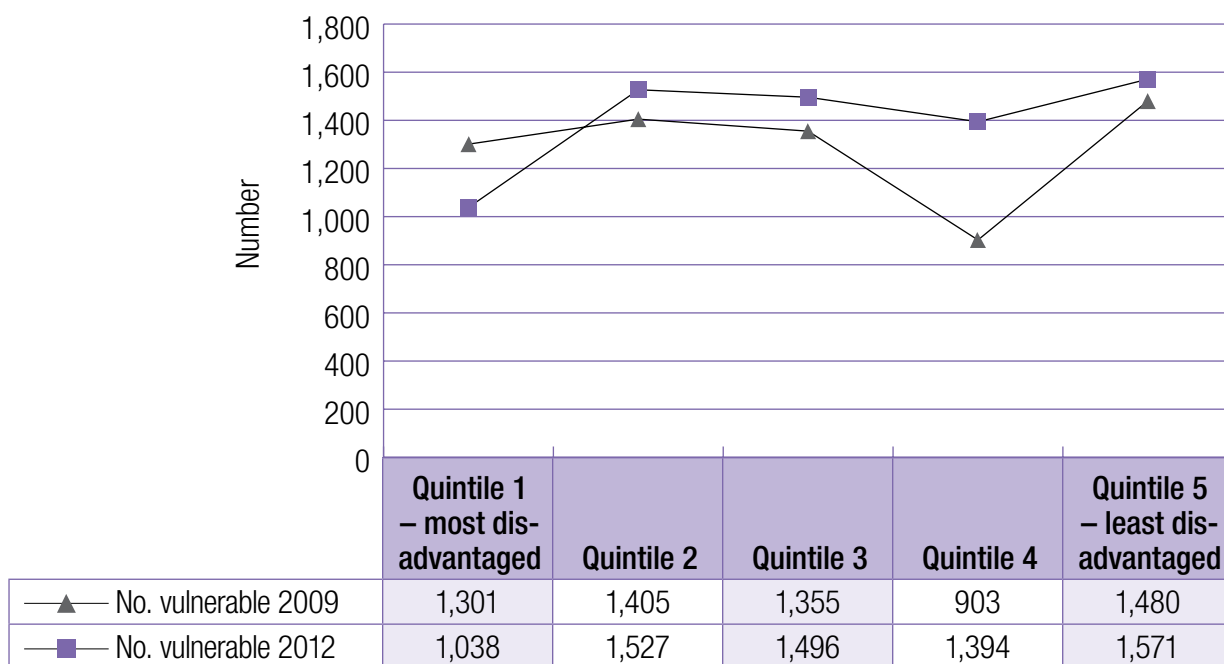
The AEDI also has the capacity to predict children’s trajectories through school.²⁹⁰

Figure 4.1: Children entering full-time school who are ‘developmentally vulnerable’ on one or more domains: in per cent, by gender and Aboriginal status, Western Australia and Australia, 2012



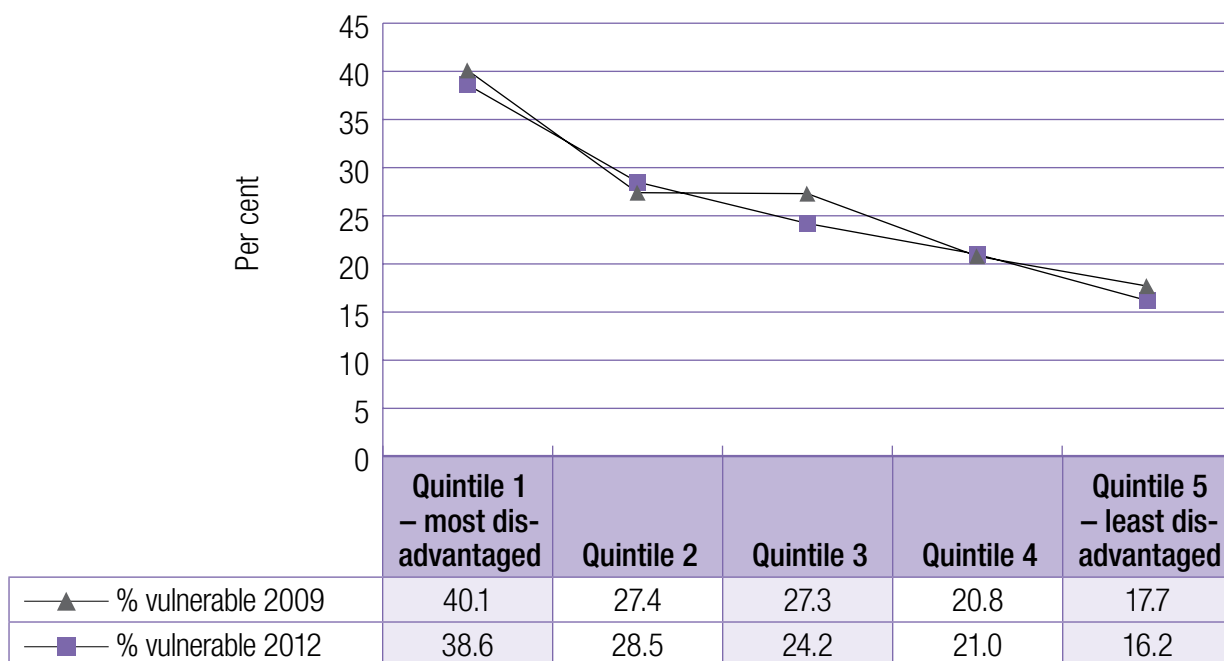
Source: Data provided by The Social Research Centre, custom report

Figure 4.2: Children entering full-time school who are ‘developmentally vulnerable’ on one or more domains: number, by SEIFA²⁹¹ category, 2009 and 2012, Western Australia



Source: Data provided by The Social Research Centre, custom report

Figure 4.3: Children entering full-time school who are ‘developmentally vulnerable’ on one or more domains: in per cent, by SEIFA²⁹² category, 2009 and 2012, Western Australia



Source: Data provided by The Social Research Centre, custom report

Table 4.8: Children entering full-time school who are ‘developmentally vulnerable’ on one or more domains: in number and per cent; critical differences²⁹³ between 2009 and 2012 by Aboriginal and non-Aboriginal, Western Australia and Australia

	2009		2012		2009 to 2012		
	Number	Per cent	Number	Per cent	Change	Critical Diff.	Significant
Western Australia							
Aboriginal	834	52.3	997	49.0	-3.3	1.7	Y
Non-Aboriginal	5,611	22.9	6,051	21.2	-1.8	0.4	Y
Total	6,445	24.7	7,048	23.0	-1.7	0.4	Y
Australia							
Aboriginal	5,309	47.4	6,057	43.2	-4.2	0.6	Y
Non-Aboriginal	52,727	22.4	53,876	20.9	-1.6	0.1	Y
Total	58,036	23.6	59,933	22.0	-1.5	0.1	Y

Source: Data provided by The Social Research Centre, custom report

Table 4.9: Children entering full-time school who are ‘developmentally vulnerable’ on one or more domains: in number and per cent, critical differences²⁹⁴ between 2009 and 2012 by remoteness area, Western Australia

	2009		2012		2009 to 2012		
	Number	Per cent	Number	Per cent	Change	Critical Diff.	Significant
Metropolitan area	4,053	23.5	5,045	22.1	-1.4	0.5	Y
Inner regional WA	1,015	24.7	675	23.1	-1.6	1.2	Y
Outer regional	610	29.1	663	25.5	-3.6	1.5	Y
Remote	438	25.7	361	23.4	-2.4	1.7	Y
Very remote	329	35.6	304	39.2	3.7	2.4	Y
Total	6,445	24.7	7,048	23.0	-1.7	0.4	Y

Source: Data provided by The Social Research Centre, custom report

What is this measure?

This measure reports on results from the Australian Early Development Index (AEDI) for Western Australia (WA) and Australia. The AEDI is a population measure of children’s development as they enter their first year of formal full-time school (Pre-primary in WA).

The AEDI has been administered nationally in 2009 and 2012 and will be administered every three years. The 2012 survey assessed 96.5 per cent of all Australian children enrolled in their first year of formal full-time school, including 99.0 per cent of children (32,160) enrolled in WA.²⁹⁵

Information for the AEDI is collected through a teacher-completed checklist. Based on this information the AEDI calculates the percentage of children who are considered ‘developmentally vulnerable’ on one or more of the five domains. Although information for the AEDI is collected by teachers, results are reported for the community where children live, not where they go to school.²⁹⁶

The five areas of focus that comprise the AEDI domains – physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge – are closely linked to predictors of good adult health, education and social outcomes.²⁹⁷

Children who score above the 25th percentile (in the top 75 per cent) of the national AEDI population are classified as ‘on track’. Children who score between the 10th and 25th percentile of the AEDI population are classified as ‘developmentally at risk’. Children who score below the 10th percentile (in the lowest 10 per cent) of the national AEDI population are classified as ‘developmentally vulnerable’. These children demonstrate a much lower than average ability in the developmental competencies measured in that domain.²⁹⁸

The commentary and reporting in this measure is consistent with the AEDI report, which differentiates children who are ‘on track’ from those who are ‘developmentally vulnerable’ and ‘developmentally at risk’. It is also consistent with the way in which other states and territories report on the data.²⁹⁹

Commentary

Results from the 2012 AEDI data collection show that the majority of WA children at Pre-primary are considered on-track on each of the five developmental domains of the AEDI. The percentage of children developmentally vulnerable on one or more domains in 2012 was 23.0 per cent. This is an improvement on the percentage reported in 2009 of 24.7 per cent. However, the percentage of children developmentally vulnerable on one or more domains remains higher in WA than the Australian average (Figure 4.1).

The AEDI found that demographic factors have a significant impact on the development of children.³⁰⁰ Therefore, rather than consider WA as a single entity it is more useful to examine the most significant demographic factors – socio-economic status, gender, Aboriginality and location.

The percentage of children developmentally vulnerable on one or more domains increases with the level of socio-economic disadvantage of a community.³⁰¹ In WA, 38.6 per cent of children who live in communities classified in the lowest Socio-Economic Indexes for Areas (SEIFA)³⁰² category (Quintile 1 – most disadvantaged) are considered developmentally vulnerable when they enter school. In absolute numbers this means that 1,038 WA children living in the most disadvantaged communities were considered developmentally vulnerable in 2012 (Figures 4.2 and 4.3).³⁰³

In comparison, 16.2 per cent of WA children who reside in the least disadvantaged areas (Quintile 5) are considered developmentally vulnerable on one or more domains (Figure 4.3). In absolute numbers, this means that 1,571 children living in the least disadvantaged areas were considered developmentally vulnerable (Figure 4.2).³⁰⁴

Boys are significantly more likely than girls to be developmentally vulnerable on one or more domains. In 2012 in WA, 29.5 per cent of boys were developmentally vulnerable compared to 16.3 per cent of girls. This was consistent with the differences between boys and girls in Australia generally (28.2% for boys and 15.7% for girls). The findings of the Longitudinal Study of Australian Children also suggested that girls were generally more advanced in their development than boys of a similar age.³⁰⁵

Aboriginal children are significantly more likely to be developmentally vulnerable on one or more domains than non-Aboriginal children. The 2012 data collection found that nearly half of Aboriginal children (49.0%) were developmentally vulnerable on one or more domains. This had decreased since the 2009 study, where 52.3 per cent of Aboriginal children were found to be developmentally vulnerable, but is still more than double the incidence for non-Aboriginal children (Table 4.8).

Geographic location also is an important factor. In WA, 39.2 per cent of children living in very remote areas are developmentally vulnerable on one or more domains compared to 22.1 per cent of children who live in the metropolitan area. The percentage of children developmentally vulnerable on one or more domains has decreased from 2009 to 2012 across all geographic location categories with the exception of 'very remote' where the percentage of developmentally vulnerable children increased by almost four percentage points (Table 4.9).

Strategies

National Partnership Agreement on Universal Access to Early Childhood Education

The National Partnership Agreement on Universal Access to Early Childhood Education replaced an earlier partnership agreement which expired in June 2013. This current agreement has committed to maintaining universal access to early education through the provision of 600 hours per year of kindergarten, ongoing professional development for staff and enhancing transition to school. This agreement has a focus on vulnerable and disadvantaged children. Further information is available at www.federalfinancialrelations.gov.au/content/npa/education.aspx

Aboriginal and Torres Strait Islander Education Action Plan 2010–2014, Council of Australian Governments

This plan will be undertaken at the national, state and local levels to close the gap between the educational outcomes of Aboriginal and non-Aboriginal students. These actions are linked to six priority domain areas that evidence shows will have the most impact on closing the gap, including readiness for school. The plan is available at http://scseec.edu.au/site/DefaultSite/filesystem/documents/ATSI%20documents/ATSIEAP_web_version_final.pdf

Aboriginal Education Plan for WA Public Schools 2011–2014, Government of Western Australia

Readiness for school is one of the key focus areas of this plan. Strategies include better access to pre-school facilities, general support for parents, screening of young children prior to Year 1 and case management for children assessed as not ready for school. The plan is available at www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/strategic-documents/aboriginal-education-plan-2011-2014

Want to know more?

Research, reports and articles

Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, Canberra. The report is available at www.rch.org.au/aedi/Resources/National_Report/

Australian Government 2013, *A Snapshot of Early Childhood Development in Australia 2012 – AEDI National Report*, Australian Government, Canberra. The report is available at www.rch.org.au/aedi/Resources/National_Report/

The paper 'Associations Between the Early Development Instrument at Age 5, and Reading and Numeracy Skills at Ages 8, 10 and 12: a Prospective Linked Data Study' discusses how the AEDI predicts a child's later literacy and numeracy outcomes. A summary of the paper is available at www.rch.org.au/aedi/Researchers/Research_snapshots/



The full paper is available at <http://telethonkids.org.au/our-research/published-research/2013/child-development-and-wellbeing/associations-between-the-early-development-instrument-at-age-5,-and-reading-and-numeracy-skills-at-ages-8,-10-and-12-a-prospective-linked-data-study/>

Other information

AEDI results for Western Australian communities are available in the form of community profiles and on-line community maps, available at www.aedi.org.au

The AEDI website shows information about the AEDI studies, the AEDI results and the Indigenous Adaptation Study www.aedi.org.au

Further information on the Department of Education is available on its website www.det.wa.gov.au

The State government has committed to the establishment of 16 Child and Parent Centres on selected public school sites in vulnerable communities. A range of children and family services, such as early learning programs for three year-olds, playgroups, child and maternal health services and parent programs are provided by procured non-government organisations. Further information is available from <http://det.wa.edu.au/curriculum-support/earlychildhood/detcms/navigation/category.jsp?categoryID=14350457>

Under the Closing the Gap: Indigenous Early Childhood Development National Partnership, WA has received funding to construct and operate five Children and Family Centres in WA. These centres are predominantly for Aboriginal children from birth to eight years of age and their families, and will offer a range of early learning and child and material health programs. Further information is available from <http://det.wa.edu.au/curriculum-support/earlychildhood/detcms/navigation/initiatives/children-and-family-centres/>

Additional tables

Table 4.10: Children entering full-time school who are ‘developmentally vulnerable’ on one or more domains: in number and per cent; critical differences³⁰⁶ between 2009 and 2012 by region within Western Australia

	2009		2012		2009 to 2012		
	Number	Per cent	Number	Per cent	Change	Critical Diff.	Significant
Central	257	31.4	272	30.7	-0.8	2.3	N
Kimberley*	225	40.8	241	39.6	-1.2	2.9	N
Lower Great South	194	26.6	196	24.4	-2.2	2.5	N
Midlands	195	28.5	166	23.1	-5.3	2.6	Y
Perth	4,389	23.5	4,849	22.0	-1.5	0.5	Y
Pilbara	158	22.5	175	21.4	-1.2	2.5	N
South Eastern	241	31.4	238	26.3	-5.1	2.4	Y
South West	718	25.2	835	23.7	-1.4	1.3	Y
Upper Great South	68	28.8	76	26.1	-2.7	4.4	N
Total	6,445	24.7	7,048	23.0	-1.7	0.4	Y

Source: Data provided by The Social Research Centre, custom report

* Includes Christmas and Cocos (Keeling) Islands

Table 4.11: Children entering full-time school who are ‘developmentally vulnerable’ on one or more domains: in number and per cent; critical differences³⁰⁷ between 2009 and 2012 by gender, Western Australia and Australia

	2009		2012		2009 to 2012		
	Number	Per cent	Number	Per cent	Change	Critical Diff.	Significant
Western Australia							
Male	4,223	31.8	4,572	29.5	-2.3	0.6	Y
Female	2,222	17.4	2,476	16.3	-1.0	0.6	Y
Total	6,445	24.7	7,048	23.0	-1.7	0.4	Y
Australia							
Male	37,518	30.2	38,661	28.2	-2.0	0.2	Y
Female	20,518	16.8	21,272	15.7	-1.1	0.2	Y
Total	58,036	23.6	59,933	22.0	-1.5	0.1	Y

Source: Data provided by The Social Research Centre, custom report

Table 4.12: Children entering full-time school who are ‘developmentally vulnerable’ on one or more domains: in number and per cent; critical differences³⁰⁸ between 2009 and 2012 by SEIFA³⁰⁹ category, Western Australia

	2009		2012		2009 to 2012		
	Number	Per cent	Number	Per cent	Change	Critical Diff.	Significant
Quintile 1	1,301	40.1	1,038	38.6	-1.5	1.3	Y
Quintile 2	1,405	27.4	1,527	28.5	1.1	0.9	Y
Quintile 3	1,355	27.3	1,496	24.2	-3.1	0.9	Y
Quintile 4	903	20.8	1,394	21.0	0.2	1.0	N
Quintile 5	1,480	17.7	1,571	16.2	-1.5	0.7	Y
Not available	1	33.3	22	31.9	-1.4	39.1	N
Total	6,445	24.7	7,048	23.0	-1.7	0.4	Y

Source: Data provided by The Social Research Centre, custom report

4.4 Students achieving at or above national minimum standards

Why this measure is included

Education is fundamentally important to the healthy development of children, equipping them with the skills and abilities they need to engage with the world and to develop their prospects of employment, study and training throughout life.^{310 311} Measuring student achievement helps educators and parents understand how children are faring in their learning, and helps to show how to assist children in achieving to their potential.

Since 2008, all students in Australia in Years 3, 5, 7 and 9 are tested annually using a common assessment tool under the National Assessment Program – Literacy and Numeracy (NAPLAN). This tool is administered by the Australian Curriculum, Assessment and Reporting Authority (ACARA).

Table 4.13: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading: in per cent, by gender, Aboriginal status and language background other than English (LBOTE), Western Australia, 2008 to 2013

Reading	Year	All students	Male	Female	Aboriginal	LBOTE
Year 3	2008	89.4	87.0	91.9	57.3	88.0
	2009	91.1	88.7	93.7	66.3	89.2
	2010	91.7	90.1	93.3	67.4	89.8
	2011	92.1	90.1	94.1	70.4	90.8
	2012	91.8	90.0	93.7	64.1	90.3
	2013	94.3	92.9	95.7	75.2	92.7
Year 5	2008	89.1	87.1	91.1	51.8	86.1
	2009	88.9	86.5	91.5	56.2	86.4
	2010	89.1	86.6	91.7	54.1	87.1
	2011	89.7	87.5	91.9	55.0	86.6
	2012	89.6	87.4	91.9	53.6	86.9
	2013	96.0	95.0	97.0	79.0	94.5
Year 7	2008	92.7	91.0	94.5	63.4	90.3
	2009	92.1	90.2	94.2	65.2	89.1
	2010	94.3	93.0	95.7	69.9	90.9
	2011	94.7	93.6	95.9	72.6	91.9
	2012	93.7	91.9	95.6	69.1	90.9
	2013	93.8	92.4	95.3	68.2	91.4
Year 9	2008	91.8	90.1	93.5	62.8	89.6
	2009	89.9	87.1	93.0	56.4	85.8
	2010	89.3	86.9	91.9	54.7	85.1
	2011	90.9	89.5	92.5	72.1	86.8
	2012	90.7	88.6	92.9	57.7	86.8
	2013	92.9	91.4	94.4	65.7	91.0

Source: Australian Curriculum, Assessment and Reporting Authority, *National Assessment Program – Literacy and Numeracy, Achievement in Reading, Writing, Language Conventions and Numeracy: National Report, 2008–2013* [series]

Table 4.14: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in numeracy: in per cent, by gender, Aboriginal status and language background other than English (LBOTE), Western Australia, 2008 to 2013

Numeracy	Year	All students	Male	Female	Aboriginal	LBOTE
Year 3	2008	94.5	94.0	94.9	75.5	93.0
	2009	92.3	91.8	92.8	68.8	89.9
	2010	93.5	93.3	93.8	73.7	90.9
	2011	95.3	95.0	95.6	79.8	93.8
	2012	92.5	92.2	92.7	63.9	91.1
	2013	95.4	94.9	95.9	76.9	93.6
Year 5	2008	91.1	91.5	90.7	61.6	89.7
	2009	92.8	92.9	92.6	67.4	90.5
	2010	92.3	91.9	92.7	61.9	90.5
	2011	93.4	93.4	93.5	67.0	91.3
	2012	91.7	91.3	92.1	60.4	89.6
	2013	92.7	93.0	92.5	65.3	91.9
Year 7	2008	94.7	95.0	94.5	74.2	93.3
	2009	93.6	93.7	93.4	71.7	92.1
	2010	94.8	94.5	95.2	72.4	92.6
	2011	94.7	94.6	94.8	72.2	92.6
	2012	93.9	93.6	94.3	70.9	92.8
	2013	95.1	95.0	95.2	74.0	93.9
Year 9	2008	92.3	92.5	92.1	66.2	92.2
	2009	93.5	93.1	94.0	67.4	91.9
	2010	92.0	92.5	91.6	63.7	90.3
	2011	92.1	92.1	92.0	67.3	90.1
	2012	93.1	93.3	92.9	67.7	92.8
	2013	90.8	91.5	90.1	60.6	89.9

Source: Australian Curriculum, Assessment and Reporting Authority, *National Assessment Program – Literacy and Numeracy, Achievement in Reading, Writing, Language Conventions and Numeracy: National Report, 2008–2013* [series]

Table 4.15: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading: in per cent, by Aboriginal status and geolocation, Western Australia, 2013

Reading	Geolocation	All students	Aboriginal	Non-Aboriginal
Year 3	Metro	95.5	82.5	96.0
	Provincial	93.6	80.7	94.8
	Remote	90.1	75.1	94.5
	Very remote	74.2	58.6	95.0
Year 5	Metro	97.0	86.9	97.4
	Provincial	96.4	87.1	97.3
	Remote	90.8	74.3	96.2
	Very remote	76.5	62.6	96.0
Year 7	Metro	95.4	81.1	95.9
	Provincial	93.6	77.5	95.1
	Remote	87.2	62.7	95.1
	Very remote	63.8	45.4	93.2
Year 9	Metro	94.2	73.4	95.1
	Provincial	92.2	71.9	94.0
	Remote	85.0	62.1	93.7
	Very remote	60.6	41.6	93.2

Source: Australian Curriculum, Assessment and Reporting Authority 2013, *National Assessment Program – Literacy and Numeracy, Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2013*

Table 4.16: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in numeracy: in per cent, by Aboriginal status and geolocation, Western Australia, 2013

Numeracy	Geolocation	All students	Aboriginal	Non-Aboriginal
Year 3	Metro	96.4	84.2	96.9
	Provincial	95.4	83.6	96.5
	Remote	91.3	73.2	96.5
	Very remote	76.3	61.3	96.2
Year 5	Metro	94.6	74.7	95.4
	Provincial	91.7	72.3	93.6
	Remote	83.8	56.3	93.0
	Very remote	67.5	50.4	91.5
Year 7	Metro	96.5	85.9	96.9
	Provincial	94.7	81.3	95.9
	Remote	90.1	69.9	96.5
	Very remote	69.7	53.6	95.6
Year 9	Metro	92.4	69.0	93.5
	Provincial	89.7	66.1	91.8
	Remote	81.3	55.4	91.2
	Very remote	56.0	37.1	88.9

Source: Australian Curriculum, Assessment and Reporting Authority 2013, *National Assessment Program – Literacy and Numeracy, Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2013*

Table 4.17: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading, persuasive writing and numeracy: in per cent, Western Australia and Australia, 2013

	Reading		Persuasive writing		Numeracy	
	WA	Australia	WA	Australia	WA	Australia
Year 3	94.3	95.3	94.5	95.0	95.4	95.7
Year 5	96.0	96.1	90.9	91.7	92.7	93.4
Year 7	93.8	94.2	89.9	89.3	95.1	95.0
Year 9	92.9	93.4	82.9	82.6	90.8	90.6

Source: Australian Curriculum, Assessment and Reporting Authority 2013, *National Assessment Program – Literacy and Numeracy, Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2013*

Table 4.18: PISA results in reading literacy, mathematical literacy and scientific literacy: mean scores for Western Australia, Australia and OECD Average, 2012

Jurisdiction	Reading literacy	Mathematical literacy	Scientific literacy
WA mean	519	516	535
Australian mean	512	504	521
OCED average mean	496	494	501

Source: Thomson S et al 2013, *PISA in Brief, Highlights from the full Australian report: PISA 2012: How Australia measures up*, Australian Council for Education

What is this measure?

This measure reports on the percentages of children and young people who achieve at or above the national minimum standard for achievement. The data used in this measure is the NAPLAN test results for students in each tested year group by state and territory. Data is presented showing results grouped by gender, Aboriginality, language background other than English (LBOTE) and geolocation.³¹²

Tables 4.13 to 4.16 show the percentages of students in the tested years who are achieving at or above the national minimum standard for reading and numeracy for the years 2008 to 2013, showing male, female, Aboriginal and LBOTE students in Western Australia (WA).

Table 4.17 compares the percentages of students achieving at or above the minimum standard in each of Year 3, Year 5, Year 7 and Year 9, in reading, persuasive writing and numeracy in 2013, for both WA and Australia.

Table 4.18 shows how WA students compare to the Australian average and the Organisation for Economic Cooperation and Development (OECD) average in the three subjects tested in the 2012 Programme for International Student Assessment (PISA) tests. These tests are conducted every three years at randomly selected schools worldwide to compare the capabilities of 15 year-old students.³¹³

Commentary

The NAPLAN results for reading and numeracy for WA between 2008 and 2013 show how children in the tested school years are faring.

Reading

The percentages of both male and female students achieving the minimum standard in reading increased between 2008 and 2013 for each year level (3, 5, 7, 9), particularly for Year 3 and Year 5 (Table 4.13). A greater percentage of female students than male students achieve at or above the minimum standard in each year group.

LBOTE students were slightly less likely than all students to achieve at or above the minimum standard in reading but the percentage achieving the minimum standard increased between 2008 and 2013 for each year level, particularly in Year 5 (Table 4.13).

The proportion of Aboriginal students achieving the minimum standard in reading has increased between 2008 and 2013 for each year level, particularly for Year 3 and Year 5. However, there remains a considerable gap between the percentage of Aboriginal students achieving the minimum standard compared to that of the overall year group (Table 4.13).

The increase in the percentages of Year 3 and Year 5 students achieving at or above the national minimum standard in reading between 2008 and 2013 was statistically significant.³¹⁴ There was no statistically significant difference in reading for Year 7 or Year 9 students between 2008 and 2013.³¹⁵

Numeracy

Between 2008 and 2013 there has been an increase in the percentage of both males and females achieving the minimum standard in numeracy for each year level, except Year 9 where the percentages have decreased for both genders (Table 4.14). There is little difference between the genders in their achievement of the minimum standard.

LBOTE students were slightly less likely than all students to achieve the minimum standard in numeracy. Between 2008 and 2013, the percentages have increased for all year levels, except Year 9 where a smaller percentage of LBOTE students achieved the minimum standard in 2013 than in previous years (Table 4.14).

While there has been some improvement in Year 3 and Year 5, Aboriginal students were considerably less likely than all students to achieve the minimum standard in numeracy. In Year 9, a smaller percentage of Aboriginal students achieved the minimum standard in 2013 than in previous years (Table 4.14).

The increase in the percentage of Year 3 students achieving at or above the national minimum standard in numeracy between 2012 and 2013 was statistically significant.³¹⁶ There was no statistically significant difference in numeracy for Year 5, Year 7 or Year 9 students between 2008 and 2013 or 2012 and 2013.³¹⁷

Geolocation

When results are disaggregated by geolocation they reveal a linear relationship between remoteness of location and the likelihood to achieve at or above the minimum standard. The more remote a student's place of residence, the less likely they are to achieve at or above the minimum standard in reading or numeracy.

If results are further split by Aboriginality it becomes evident that geolocation appears to have little effect on non-Aboriginal students,³¹⁸ while for Aboriginal students, the differences between students in the metropolitan area and students in very remote areas are very pronounced (Tables 4.15 and 4.16).

Comparison

The overall NAPLAN results for 2013 show students in WA generally perform at a level consistent with that of the whole of Australia. Results for WA showed no statistically significant difference from the results for Australia for any year level.³¹⁹

In terms of international comparison, Australia participates in the OECD's Programme for International Student Assessment (PISA) which assesses a representative sample of 15 year-old students across most industrialised countries for reading literacy, mathematical literacy and scientific literacy. The results allow for comparison of Australian and WA results against participant countries.

In 2012 the study showed that Australian students performed above the OECD average in all tested areas. WA performed slightly better than the Australian average in all areas and performed noticeably higher than the OECD average in all areas.³²⁰

Strategies

National Partnership Agreement on Literacy and Numeracy, Council of Australian Governments (released 2008)

Priority areas for reform by each state and territory under this agreement are:

- effective and evidence-based teaching of literacy and numeracy
- strong school leadership and whole school engagement with literacy and numeracy
- monitoring student and school literacy and numeracy performance to identify where support is needed.

Further information is available at www.federalfinancialrelations.gov.au/content/npa/education/smarter_schools/literacy_numeracy/national_partnership.pdf

Better Attendance: Brighter Futures, Government of Western Australia (released 2010)

In 2009 the WA Auditor General released the *Managing Student Attendance in Western Australian Public Schools*. The report is available at https://audit.wa.gov.au/wp-content/uploads/2013/05/report2009_09.pdf

In response to the Auditor General's report, the WA Department of Education developed Better Attendance: Brighter Futures. This plan includes nine key actions to improve school attendance rates in public schools with a key target group being students from Kindergarten to Year 4. Further information is available at http://det.wa.edu.au/studentssupport/behaviourandwellbeing/detcms/cms-service/download/asset/?asset_id=9511741

Aboriginal Education Plan for WA Public Schools 2011–2014, Government of Western Australia

A key focus area of this plan is literacy and numeracy. Through the implementation of a range of strategies, the target of this focus area is to halve the gap in reading, writing and numeracy achievement between Aboriginal and non-Aboriginal students by 2018. The plan is available at www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/strategic-documents/aboriginal-education-plan-2011-2014/

Aboriginal and Torres Strait Islander Education Action Plan 2010–2014, Council of Australian Governments

This plan will be undertaken at the national, state and local level to close the gap between the educational outcomes of Aboriginal and non-Aboriginal students. These actions are linked to six priority domain areas that evidence shows will have the most impact on closing the gap, including literacy and numeracy. The plan is available at http://scseec.edu.au/site/DefaultSite/filesystem/documents/ATSI%20documents/ATSIEAP_web_version_final.pdf

Want to know more?

Department of Education, Government of Western Australia

Further information on the Department of Education is available on their website www.det.wa.gov.au

National Partnership Agreement on Literacy and Numeracy: Performance Report for 2010, Council of Australian Governments

The Council of Australian Governments' first report on the National Partnership Agreement on Literacy and Numeracy, providing an assessment of achievement against targets agreed between the Commonwealth and the states and territories, was released in April 2011. The report is available at www.coagreformcouncil.gov.au/reports/education.cfm



NAPLAN results

NAPLAN results are available through the Australian Curriculum, Assessment and Reporting Authority (ACARA) website www.nap.edu.au

Programme for International Student Assessment (PISA) results

Programme for International Student Assessment results are available from the Australian Council for Educational Research website www.acer.edu.au/ozpisa

Additional Tables

Table 4.19: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading: in per cent, states and territories, 2013

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Year 3	96.3	96.0	95.1	94.3	94.3	94.6	96.1	74.3	95.3
Year 5	96.8	96.5	96.2	96.0	95.7	95.5	97.0	73.7	96.1
Year 7	94.7	95.6	93.6	93.8	94.0	93.7	95.9	65.7	94.2
Year 9	94.1	94.3	92.7	92.9	93.2	91.8	96.0	70.5	93.4

Source: Australian Curriculum, Assessment and Reporting Authority 2013, *National Assessment Program – Literacy and Numeracy, Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2013*

Table 4.20: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in persuasive writing: in per cent, states and territories, 2013

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Year 3	96.0	96.0	94.3	94.5	93.6	94.4	95.5	68.9	95.0
Year 5	93.1	94.2	90.0	90.9	89.3	89.0	94.1	59.8	91.7
Year 7	89.2	91.3	88.8	89.9	89.6	86.7	90.7	55.6	89.3
Year 9	81.8	86.0	81.6	82.9	81.8	78.5	86.5	54.3	82.6

Source: Australian Curriculum, Assessment and Reporting Authority 2013, *National Assessment Program – Literacy and Numeracy, Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2013*

Table 4.21: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in numeracy: in per cent, states and territories, 2013

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Year 3	96.4	96.2	95.8	95.4	94.4	95.4	96.6	75.7	95.7
Year 5	93.9	94.4	93.6	92.7	92.0	92.4	95.0	69.7	93.4
Year 7	95.1	95.7	95.4	95.1	94.6	94.5	95.8	72.3	95.0
Year 9	90.4	92.2	90.1	90.8	90.1	88.0	92.9	68.2	90.6

Source: Australian Curriculum, Assessment and Reporting Authority 2013, *National Assessment Program – Literacy and Numeracy, Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2013*

4.5 Pathways for leaving school

Why this measure is included

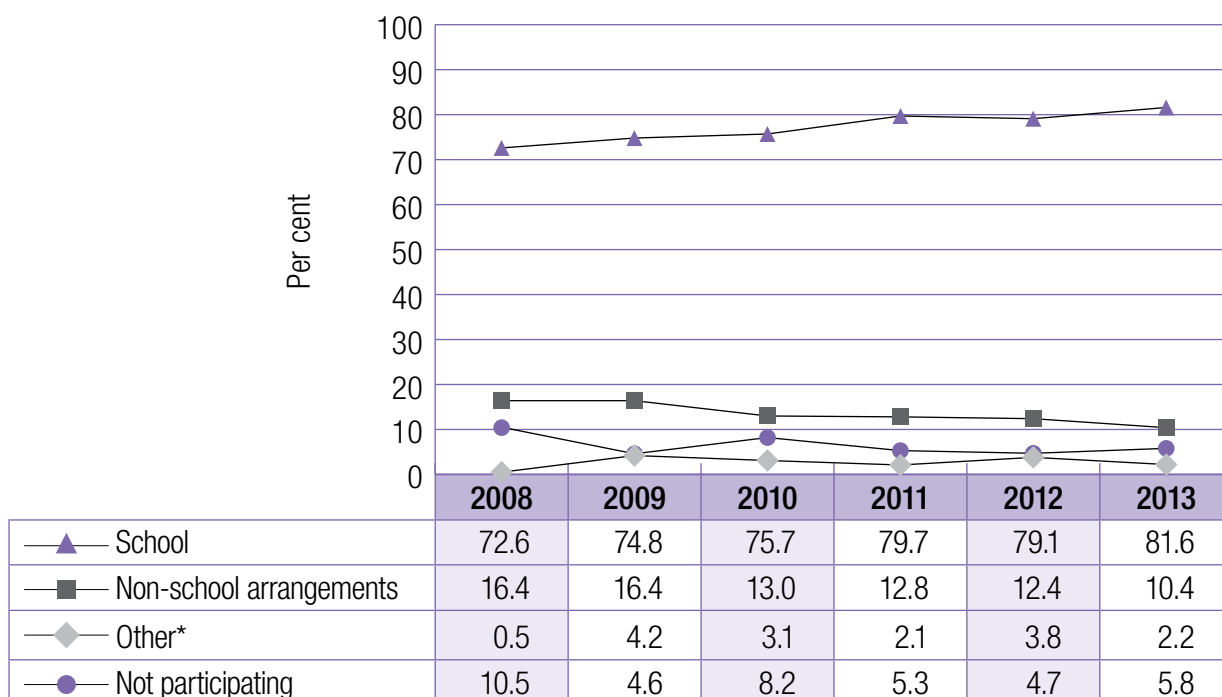
Young people who remain engaged in education, training or employment following their compulsory school years have better long-term prospects in the labour market, and consequently in life.

The Foundation for Young Australians noted in their 2013 report that there were growing opportunities for young people to get good jobs, but to do so they needed good qualifications and skills.³²¹ Young people who did not have qualifications or education would find it increasingly difficult to get a good job.³²² The Australian Research Alliance for Children and Youth (ARACY) noted that young people who were not in school, training or employment were at increased risk of being excluded from participating and contributing to society.³²³

The 2010 report by the Foundation for Young Australians on school leavers in Australia demonstrated that not completing Year 12 was a disadvantage for young people entering the job market directly from school. Those who had completed Year 12 were substantially less likely to be seeking work or not be in the labour force than those who left in Years 10 or 11.³²⁴

In Western Australia (WA), students are required to remain at school or participate in an approved non-school option (such as employment or training) until the end of the year they turn 17 years of age (from 2014, 17 years and six months), or graduate from high school.

Figure 4.4: Student participation: in per cent, year of turning 17 years of age, Western Australia, 2008 to 2013

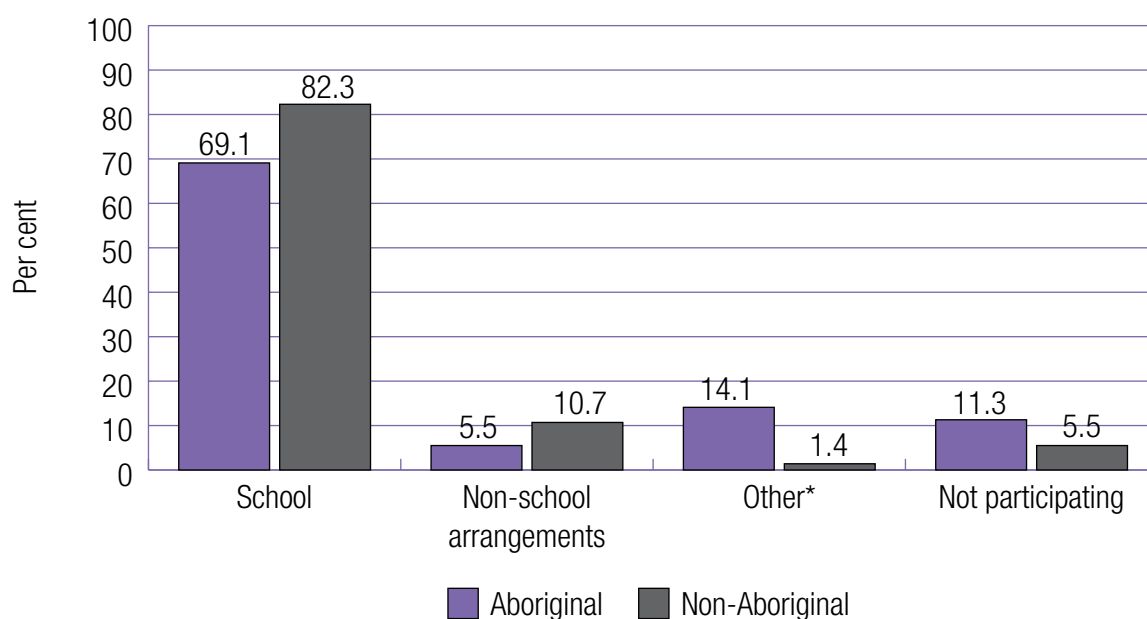


Source: Data supplied by WA School Curriculum and Standards Authority, custom report, 2013

* 'Other' includes students who have left WA, already graduated, are working with the Department of Education's Participation Unit, have passed away, or whose whereabouts are unknown.

Totals may not add to 100 due to rounding.

Figure 4.5: Student participation: in per cent, year of turning 17 years of age, by Aboriginal status, Western Australia, 2013



Source: Data supplied by WA School Curriculum and Standards Authority, custom report, 2013

* 'Other' includes students who have left WA, already graduated, are working with the Department of Education's Participation Unit, have passed away, or whose whereabouts are unknown.

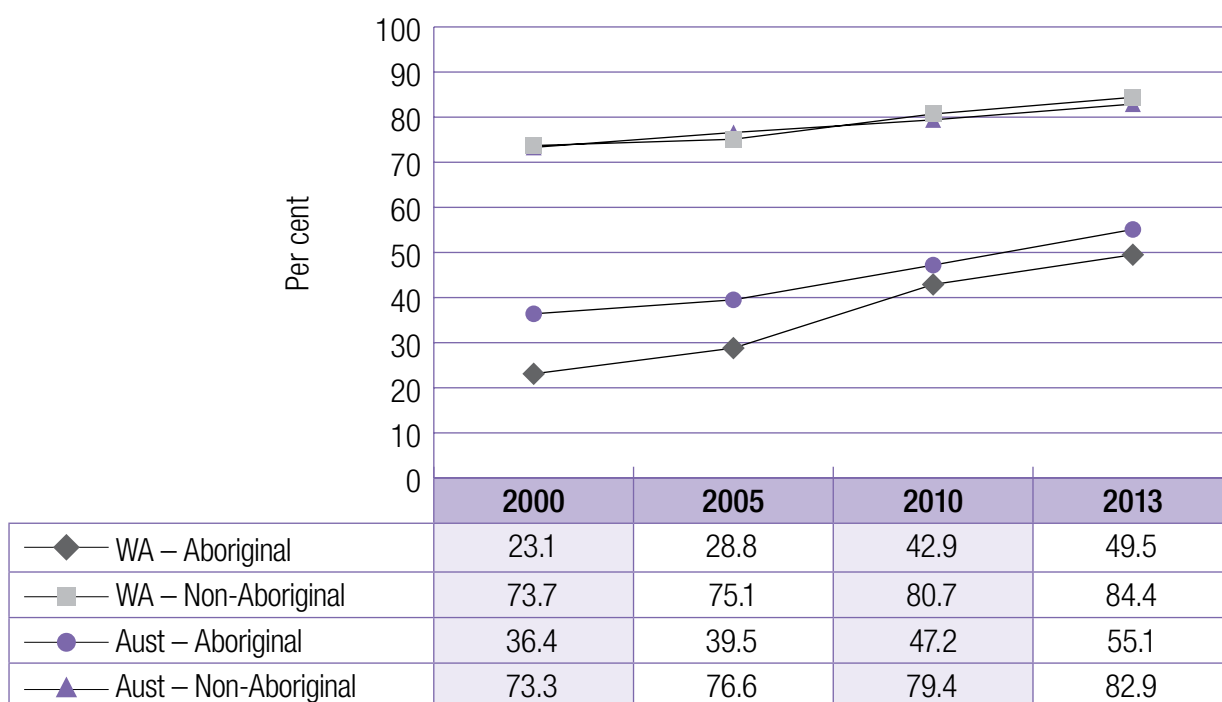
Table 4.22: Students in non-school arrangements or not participating during year of turning 17 years of age: number, by gender, Western Australia, 2013

		Male		Female		Total
		Number	Per cent	Number	Per cent	Number
Non-school arrangements	TAFE / full-time study	496	51.7	463	48.3	959
	Apprenticeship / traineeship	1,146	76.0	361	24.0	1,507
	Employment	384	58.7	270	41.3	654
	Combination of options	8	19.0	34	81.0	42
	Pending	62	49.6	63	50.4	125
Not participating	Left school	213	55.8	169	44.2	382
	Not re-registered this year	79	59.0	55	41.0	134
	Rejected / cancelled	694	52.5	629	47.5	1,323
	Other*	338	49.9	340	50.1	678

Source: Data supplied by WA School Curriculum and Standards Authority, custom report, 2013

* 'Other' includes students who have left WA, already graduated, are working with the Department of Education's Participation Unit, have passed away, or whose whereabouts are unknown.

Figure 4.6: Apparent retention rates of full-time students in Years 7 or 8 to Year 12: in per cent, by Aboriginal status, Western Australia and Australia, 2000 to 2013



Source: Australian Bureau of Statistics 2014, *Schools, Australia 2013*

What is this measure?

This measure shows the percentages of students undertaking various educational and vocational pathways from school. The data used for this measure is collected by the WA School Curriculum and Standards Authority and includes all students in WA who turn 17 years in the relevant year. It shows the percentage of these students who are in full-time school-based education, the percentage who are engaged in approved non-school arrangements (such as employment, training, an apprenticeship or a combination of options) and the percentage who are neither attending school nor participating in non-school arrangements.

The data has been prepared to show differences by gender and Aboriginal status of students.

Additional data has been sourced through the Australian Bureau of Statistics (ABS) publication *Schools, Australia 2013*. It shows apparent retention rates of full-time students in Years 7 or 8 to Year 12 for all states and territories for the period 2000 to 2013.³²⁵

Commentary

In 2013, 92.0 per cent of WA students participated in education, employment, training or some combination of these. The percentage of students remaining in full-time education increased from 72.6 per cent in 2008 to 81.6 per cent in 2013 (Figure 4.4).³²⁶

The percentage of WA students not participating in any option has decreased from 10.5 per cent in 2008 to 5.8 per cent in 2013. During the same period, the percentage of WA students counted in category 'Other' (this includes students who have left the State, have already graduated, are working with the Participation Unit,³²⁷ have passed away or whose whereabouts are unknown) has increased from 0.5 per cent in 2008 to 2.2 per cent in 2013 (Figure 4.4).

Overall, males are about twice as likely as females to be in non-school arrangements and the majority of those males are in apprenticeships or traineeships (Table 4.22). This has remained consistent over several years.

The percentage of Aboriginal students participating in education, employment, training or some combination of these has fluctuated, increasing from 77.4 per cent in 2009 to 79.0 per cent in 2011, and then declining to 74.6 per cent in 2013. The percentage of Aboriginal students participating in education or an approved option is smaller than non-Aboriginal students in this category. In comparison to non-Aboriginal students, fewer Aboriginal students participated in education or an approved option, and a greater percentage are represented in the categories 'Not participating' and 'Other'. This result has been consistent over the period 2009 to 2013 (Figure 4.5 and Table 4.24).

This data is not comparable to other states because it combines education, employment and training outcomes for 17 year-olds. An appropriate comparison between WA and Australia can be made from apparent retention rates of students from Year 7 or Year 8³²⁸ to Year 12, which is collected annually by the ABS (Figure 4.6).³²⁹ This data shows the percentage of students who continue from the first year of high school to graduation. It does not show the destinations of those who do not stay in school, so it is not possible to know whether students are leaving for employment or training.

The apparent retention rate for WA non-Aboriginal students for Year 7 or 8 to Year 12 was 84.4 per cent in 2013 (up from 73.7% in 2000), which is above the Australian average of 82.9 per cent. The apparent retention rate for Aboriginal students is significantly below that of non-Aboriginal students. Just one-half of WA Aboriginal students continue from the first year of high school to graduation (49.5%). Nationally, 55 per cent of Aboriginal students complete Year 12 (Figure 4.6).

Research suggests that socio-economic differences play a significant role in Year 12 attainment rates. The 2013 report by the COAG Reform Council on educational achievement showed there was almost a 20 per cent gap in Year 12 attainment between young people from the lowest and highest socio-economic areas (73.7% compared to 93.2%).³³⁰

Strategies

Training together – Working together: Aboriginal Workforce Development Strategy, WA Government (released 2010)

This strategy seeks to increase the number of Aboriginal people in training for sustainable employment in Western Australia. The strategy focuses on improving attainment and graduation rates (linked to the 'Closing the Gap' initiatives), mentoring, and youth transition and support. Further information is available at www.dtwd.wa.gov.au/employeesandstudents/aboriginalworkforcedevelopmentcentre/trainingtogether-workingtogether/Pages/default.aspx

Aboriginal and Torres Strait Islander Education Action Plan 2010–2014, Council of Australian Governments

This plan will be undertaken at the national, state and local level to close the gap between the educational outcomes of Aboriginal and non-Aboriginal students. These actions are linked to six priority areas that evidence shows will have the most impact on closing the gap, including pathways to real post-school options. The plan is available at http://scseec.edu.au/site/DefaultSite/filesystem/documents/ATSI%20documents/ATSIEAP_web_version_final.pdf

Western Australian Youth Mentoring Reform Strategic Framework, Department for Local Government and Communities (released 2012)

The framework aims to reform in the way in which the government and the youth mentoring sectors work together to improve outcomes for young West Australians.

Specific outcomes of the mentoring reform will include:

- greater collaboration, coordination and exchange of information across sectors and agencies
- improved training and professional development opportunities in the mentoring sector
- new models for sharing resources
- increased numbers of quality programs meeting national mentoring benchmarks
- a long-term program of research and evaluation
- clear policy, planning, management and governance guidelines for mentoring programs and funding agencies.

Further information is available at: www.communities.wa.gov.au/Documents/Youth/YO43%20Youth%20Mentoring%20booklet%20final.pdf

School Business Community Partnership Brokers Programme, Commonwealth Government (released 2010)

This programme is focused on building partnerships to help young people achieve Year 12 or equivalent qualifications, encouraging a whole-of-community approach to improving education and transition outcomes for young people. A national network of partnership brokers builds partnerships between four key groups – education and training providers; business and industry; parents and families; and community groups. Information is available from <http://education.gov.au/schools-business-community-partnership-brokers-programme>

Youth Connections Programme, Commonwealth Government (released 2011)

Youth Connections aims to support young people who are early school leavers or who are at significant risk of leaving school early. The services are intended to help young people stay in or re-engage with school or training. More information is available from <http://education.gov.au/youth-connections>

Want to know more?

Research, reports and articles

The School Curriculum and Standards Authority Annual report 2012–13 is available at www.scsa.wa.edu.au/internet/Publications/Reports/Annual_Reports

How Young People are Faring is an annual report on the learning-and-earning situation of young Australians published by the Foundation for Young Australians and available on their website www.fya.org.au/research/research-publications/



Other information

The Career Centre website provided by the Department of Training & Workforce Development is available at www.careercentre.dtwd.wa.gov.au/Pages/CareerCentre.aspx

Information on the Department of Education is available on their website www.det.wa.gov.au

Information on the implementation of vocational education and training in government schools can be obtained from the Department of Education website at www.det.wa.edu.au/curriculum-support/vetis/detcms/portal/

For young people entering Years 11 and 12 there are a range of approved options to meet the participation requirement of the *School Education Act 2009*. These pathways can broadly be described as school-based, training-based, and community-based. Further information on the participation requirement under the *School Education Act 2009* is available at <http://det.wa.edu.au/participation/detcms/navigation/young-people/?oid=Article-id-320590>

The *Acts Amendment (Higher School Leaving Age and Related Provisions) Act 2005* is available at www.austlii.edu.au/au/legis/wa/num_act/aaslaarpa200522o2005594/

The Youth Attainment and Transitions website provides information, resources and services that aim to improve educational attainment and support successful transitions to further education, training and employment. The information is available at <http://transitions.youth.gov.au/Sites/transitions>

The report by the Smith Family, *Preparing students for the transition to work or further study – Engaging students: Building aspirations*, is available at www.thsmithfamily.com.au/about-us/research-and-advocacy/research-and-evaluation



Additional tables

Table 4.23: Apparent retention rates of full-time students in Years 7 or 8 to Year 12: in per cent, all states and territories, 2000 and 2013

	NSW	VIC	Qld	SA	WA	Tas	NT	ACT	Aust.
2000	67.5	77.2	77.3	65.4	71.3	69.5	49.7	87.1	72.3
2010	72.5	81.1	82.5	81.9	78.3	71.0	53.0	90.8	78.0
2013	76.7	83.7	85.2	90.6	82.2	68.7	55.8	91.6	81.6

Source: ABS 2014, *Schools, Australia 2013*

Table 4.24: Student participation: in per cent, year of turning 17 years of age, by Aboriginal status, Western Australia, 2009 to 2013

		School	Non-school arrangements	Other*	Not participating
2009	Aboriginal	68.4	9.0	12.4	10.2
	Non-Aboriginal	75.1	16.8	3.7	4.3
2010	Aboriginal	61.9	6.5	11.6	19.9
	Non-Aboriginal	76.6	13.4	2.5	7.5
2011	Aboriginal	73.5	5.5	10.7	10.3
	Non-Aboriginal	80.0	13.2	1.7	5.0
2012	Aboriginal	66.1	6.5	16.2	11.2
	Non-Aboriginal	79.9	12.7	3.1	4.3
2013	Aboriginal	69.1	5.5	14.1	11.3
	Non-Aboriginal	82.3	10.7	1.4	5.5

Source: Data supplied by WA School Curriculum and Standards Authority, custom report, 2013

* 'Other' includes students who have left WA, already graduated, are working with the Participation Unit, have passed away, or whose whereabouts are unknown.

Totals may not add to 100 due to rounding.

ENDNOTES

- 270 Australian Institute of Health and Welfare 2012, *Australia's Health 2012*, Australia's Health Series No. 13, Cat. No. AUS 156, Australian Institute of Health and Welfare, p. 66
- 271 Department of Education, Employment and Workplace Relations 2009, *BELONGING, BEING AND BECOMING: The Early Years Learning Framework for Australia*, Council of Australian Governments, p. 5.
- 272 Ibid, p. 12.
- 273 Australian Research Alliance for Children and Youth, Parental engagement [website], viewed 7 November 2013, <www.aracy.org.au/projects/parental-engagement>
- 274 Australian Research Alliance for Children and Youth 2013, *Report Card: The wellbeing of young Australians*, Australian Research for Children and Youth, p. 19.
- 275 Australian Bureau of Statistics 2013, *Childhood Education and Care Survey, June 2011*, cat. no. 4402.0, viewed 29 October 2013, [website], <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4402.0Main+Features1June%202011?OpenDocument>
- 276 Australian Bureau of Statistics 2013, *Childhood Education and Care Survey, June 2011*, cat. no. 4402.0, 'Explanatory Notes' [website], viewed 29 October 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4402.0Explanatory%20Notes1June%202011?OpenDocument>
- 277 Australian Bureau of Statistics 2013, *Childhood Education and Care Survey, June 2011*, cat. no. 4402.0, data cube: Excel spreadsheet, Table 19 and 20 Parental involvement in informal learning by labour force status of parents [website], viewed 29 October 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4402.0June%202011?OpenDocument>
- 278 Gorey A, cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat. no. PHE 112, Australian Institute of Health and Welfare, p. 48.
- 279 Ibid, p. 48.
- 280 Hancock K et al 2013, *Student Attendance and Educational Outcomes: Every Day Counts*, Report for Department of Education, Employment and Workplace Relations, Telethon Institute for Child Health Research, pp.iv– vi.
- 281 Since 2013, Pre-primary is the first year of compulsory schooling for young children in public and private schools across Western Australia.
- 282 The non-government school data for 2011 to 2013 is not comparable to the 2007 to 2010 data. This is because, from 2011, a new method was introduced for allocating students in non-government schools to Kindergarten and Pre-primary based on the assignment by schools rather than by using the number of enrolled sessions.
- 283 The regular attendance category denotes students that are attending more than 90 per cent of the time.
- 284 In 2013, new National Standards for Student Data Attendance Reporting were introduced. These specify the inclusion of students enrolled in a school at any time during Semester 1. Attendance data prior to 2013 included only those students enrolled at the end of Semester 1.
- 285 Australian Bureau of Statistics 2014, *Preschool Education, Australia, 2013*, cat. no. 4240.0, viewed 20 March 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4240.02013?OpenDocument>
- 286 The school data for 2011 to 2013 is not comparable to the 2007 to 2010 data. See Table 4.4, Note 1 for further detail.
- 287 The 'regular attendance' category denotes students who attend more than 90 per cent of the time.
- 288 Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat. no. PHE 112, Australian Institute of Health and Welfare, p. 48.
- 289 Australian Government 2013, *A Snapshot of Early Childhood Development in Australia 2012 – AEDI National Report*, Australian Government, p. 8.
- 290 Brinkman SA et al 2013, 'Associations Between the Early Development Instrument at Age 5, and Reading and Numeracy Skills at Ages 8, 10 and 12: a Prospective Linked Data Study', *Child Indicators Research 2013; vol 6 issue 4*, pp. 1–14.

- 291 Socio-Economic Indexes for Areas (SEIFA) were developed by the Australian Bureau of Statistics (ABS). They are a set of measures, derived from Census information, that summarise different aspects of socio-economic conditions in an area. The Index for Relative Socio-Economic Disadvantage (IRSED), which is used in AEDI results, looks at Census information that reflect disadvantage such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations. Every geographical area in Australia is given a IRSED score that ranks the 'disadvantage' of an area compared with other areas in Australia. To enable socio-economic comparisons, the suburb of residence of the child as recorded in the AEDI was matched to the ABS State Suburb (SSC) geography. Children's suburb of residence was categorised according to the IRSED quintile to allow for comparisons.
- 292 See previous footnote.
- 293 The 'critical difference' is the minimum level of change required between 2009 and 2012 for the AEDI results to be significant. The Comparative Results Tool on the AEDI website provides communities with guidance for interpreting change. Critical difference will vary depending on the number of children in a community and the AEDI outcome of interest. The Comparative Results Tool indicates the critical difference required to reflect significant change in children's development in a community.
- 294 See previous footnote.
- 295 Australian Government 2013, *A Snapshot of Early Childhood Development in Australia 2012 – AEDI National Report*, Australian Government, p. 10.
- 296 Ibid, p. 9.
- 297 Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, p. 13.
- 298 Australian Government 2013, *Understanding the AEDI results*, Factsheets [website], viewed 25 March 2014, <www.rch.org.au/aedi/Resources/Fact_sheets/>
- 299 For an example refer to: State of Victoria (Department of Education and Early Childhood Development) 2011, *The State of Victoria's Children 2010*, p. 179.
- 300 Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, pp. 11–12.
- 301 Ibid, p. 11.
- 302 Socio-Economic Indexes for Areas (SEIFA) were developed by the Australian Bureau of Statistics (ABS). They are a set of measures, derived from Census information, that summarise different aspects of socio-economic conditions in an area. The Index for Relative Socio-Economic Disadvantage (IRSED), which is used in AEDI results, looks at Census information that reflect disadvantage such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations. Every geographical area in Australia is given a IRSED score that ranks the 'disadvantage' of an area compared with other areas in Australia. To enable socio-economic comparisons, the suburb of residence of the child as recorded in the AEDI was matched to the ABS State Suburb (SSC) geography. Children's suburb of residence was categorised according to the IRSED quintile to allow for comparisons.
- 303 The WA Department of Education delivers the AEDI Local Champions Program aimed at supporting locally-based organisations to work directly in a targeted region, local government area or local community where there are high levels of vulnerability (as identified by the AEDI), to facilitate an understanding of the AEDI and its potential to drive early childhood policy and planning. For more information go to <www.det.wa.edu.au/curriculum/support/earlychildhood/detcms/navigation/initiatives/australian-early-development-index/?page=4&tab=Main>
- 304 Overall, there are more children living in the least disadvantaged areas than in the most disadvantaged areas.

- 305 Wake M et al 2008, *How well are Australian infants and children aged 4 to 5 years doing? Findings from the Longitudinal Study of Australian Children Wave 1*, Social Policy Research Paper 36, Department of Families, Housing, Community Services and Indigenous Affairs, p. 20.
- 306 The 'critical difference' is the minimum level of change required between 2009 and 2012 for the AEDI results to be significant. The Comparative Results Tool on the AEDI website provides communities with guidance for interpreting change. Critical difference will vary depending on the number of children in a community and the AEDI outcome of interest. The Comparative Results Tool indicates the critical difference required to reflect significant change in children's development in a community.
- 307 See previous footnote on 'critical difference'.
- 308 See previous footnote on 'critical difference'.
- 309 See previous footnote on SEIFA.
- 310 Australian Institute of Health and Welfare 2012, *A Picture of Australia's Children 2012*, Australian Institute of Health and Welfare, p. 39.
- 311 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p. 69.
- 312 Geolocation refers to the locality of the individual school based on the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) Schools Geographic Classification system. Note that in this classification, 'provincial' includes large non-metropolitan cities (in WA, Bunbury and Kalgoorlie-Boulder are examples) and what is usually termed the 'regional' area.
- 313 For more information about PISA and its testing processes, see <www.oecd.org/pisa/aboutpisa/>
- 314 Australian Curriculum, Assessment and Reporting Authority 2013, *NAPLAN Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2013*, Australian Curriculum, Assessment and Reporting Authority, p. 274
- 315 Ibid, pp. 274 and 295.
- 316 Ibid, p. 274.
- 317 Ibid, pp. 274 and 295.
- 318 This is partly explained by the fact that the number of Aboriginal and non-Aboriginal students in very remote parts of WA is small.
- 319 Australian Curriculum, Assessment and Reporting Authority 2013, *NAPLAN Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2013*, Australian Curriculum, Assessment and Reporting Authority, pp.61-2, 125-6, 189, 253-4.
- 320 Thomson S et al 2013, *PISA in Brief, Highlights from the full Australian Report: PISA 2012: How Australia Measures Up*, Australian Council for Educational Research, pp. 10-12.
- 321 Foundation for Young Australians 2013, *How young people are Faring 2013: The national report on the learning and earning of young Australians*, Foundation for Young Australians, p. 7.
- 322 Ibid, p. 24.
- 323 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p. 78.
- 324 Foundation for Young Australians 2010, *How Young People are Faring '10: The National Report on the Learning and Work Situation of Young Australians*, Foundation for Young Australians, p. 20.
- 325 Australian Bureau of Statistics 2014, *Schools, Australia, 2013*, Cat. No. 4221.0, <www.abs.gov.au/ausstats/abs@.nsf/mf/4221.0>
- 326 Note that a full-time student with a part-time job is counted in the 'education' category and not in the 'combination' category.
- 327 The role of the Department of Education's Participation Unit is to support students who are early school leavers and require external support to access continued schooling or another approved option.
- 328 Depending on which year level marks the beginning of high school.
- 329 Australian Bureau of Statistics 2014, *Schools, Australia, 2013*, 'Table 64a Apparent Retention Rates (ARR), 1999–2013', datacube: Excel Spreadsheet, cat. no. 4221.0 [website], viewed 20 March 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4221.02013?OpenDocument>
- 330 Council of Australian Governments Reform Council 2013, *Education in Australia 2012: Five years of performance*, COAG Reform Council, p. 68.



5. Material Wellbeing



About this domain

The material circumstances of the family can be a significant contributor to the wellbeing of children and young people. Access to basic material needs and security of accommodation protects against the risks of ongoing disadvantage,³³¹ and contributes to improved wellbeing in other domains.

Measures selected for this domain highlight some of the aspects of material wellbeing which can influence a child's development and future.

The companion reports *Building Blocks* Editions One and Two include information about 126 programs which have been shown to be effective in improving the wellbeing of children and young people.

Measures included in this domain are:

Low-income households	Page 201
Jobless families	Page 206
Overcrowded households	Page 211
Homelessness	Page 217



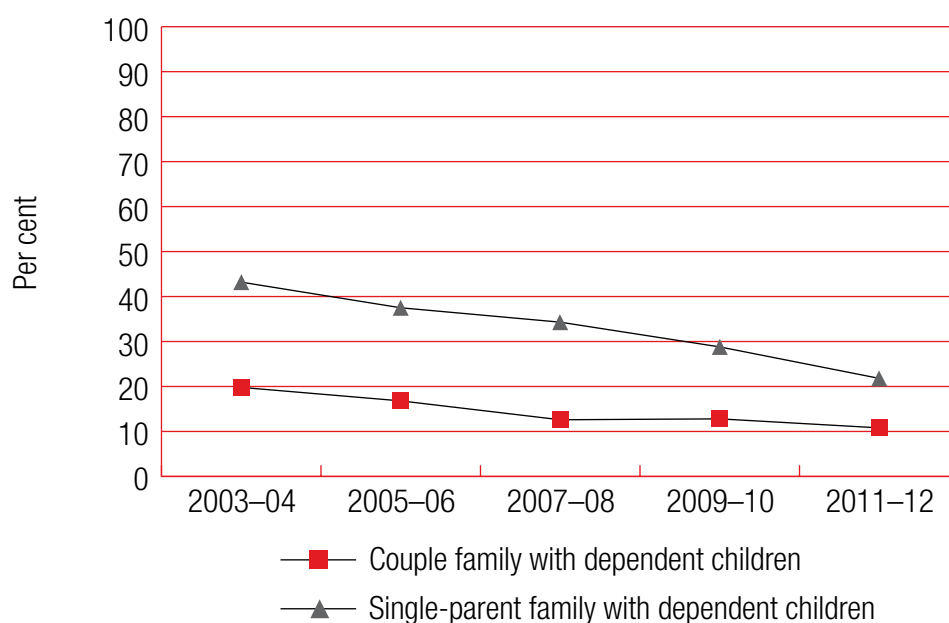
5.1 Low-income households

Why this measure is included

Children and young people living in families with inadequate income are at greater risk of poor health and educational outcomes in the short and long term.³³² Low-income families are less likely to have sufficient economic resources to support a minimum standard of living. This can affect children and young people in the family through reduced provision of appropriate housing, heating, nutrition, medical care and technology.^{333 334}

Children and young people from low-income families can be more prone to psychological or social difficulties, behavioural problems, lower self-regulation and elevated physiological markers of stress.³³⁵ International research has revealed that a primary concern of children and young people in economically disadvantaged families is being excluded from activities that other children and young people appear to take for granted, and the embarrassment this can cause.^{336 337}

Figure 5.1: People in family households with dependent children considered low-income: in per cent, by family type, Western Australia, 2003–04 to 2011–12



Source: Australian Bureau of Statistics, *Household Income and Income Distribution, Australia*, 2003–04 to 2011–12 [series], custom reports (unpublished)

Table 5.1: People in family households with dependent children considered low-income: number and in per cent, by family type, Western Australia, 2007–08 to 2011–12

	People in couple family with dependent children		People in single-parent family with dependent children		Total Number
	Number	Per cent	Number	Per cent	
2003–04	168,100	19.8	72,600	43.2	240,700
2005–06	142,200	16.8	61,200	37.5	203,400
2007–08	114,200	12.6	47,700	34.3	161,900
2009–10	119,800	12.8	48,500	28.8	168,300
2011–12	113,000	10.8	29,400	21.8	142,400

Source: Australian Bureau of Statistics, *Household Income and Income Distribution, Australia*, 2007–08 to 2011–12 [series], custom reports (unpublished)



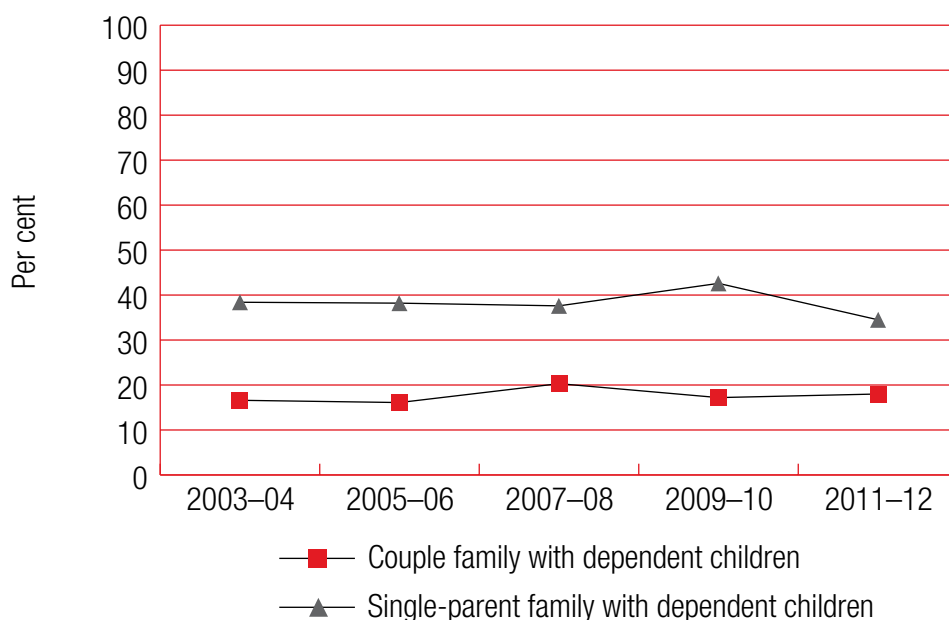
Table 5.2: Median* weekly income for people in family households: in Australian \$, Western Australia and Australia, 2011–12

	Couple family with dependent children	Single-parent family with dependent children	All households
	\$	\$	\$
WA	862	687	867
Australia	801	578	790

Source: Australian Bureau of Statistics 2013, *Household Income and Income Distribution, Australia, 2011–12*, custom report (unpublished)

* The midpoint when all people are ranked in ascending order of income.

Figure 5.2: People in family households with dependent children considered low-income: in per cent, by family type, Australia, 2003–04 to 2011–12



Source: Australian Bureau of Statistics, *Household Income and Income Distribution, Australia, 2003–04 to 2011–12* [series]

What is this measure?

This measure uses data from the *Survey of Income and Housing*³³⁸ conducted every two years by the Australian Bureau of Statistics (ABS). It presents estimates of the number of people in family households with dependent children³³⁹ which are considered low-income (ie those people with household income in the second and third deciles³⁴⁰).

Data is available for couple and single-parent families in Australia for the period 2003 to 2012. Data for individual states and territories is also available however only as part of a custom report. Western Australia (WA) data has been requested for the period 2003 to 2012.

Separation of the data by Aboriginal status is not available.

Also included in this measure is information on the median (ie the midpoint when all people are ranked in ascending order of income) weekly household income for family households.

Commentary

In 2011–12, 10.8 per cent of people in couple families with dependent children in Western Australia were living in low-income households. People in single-parent families with dependent children were twice as likely as people in couple families to be living in low-income households, with 21.8 per cent being classified as such (Table 5.1).

From 2003–04 to 2011–12, the proportion of people in couple families with dependent children who are living in a low-income household has nearly halved from 19.8 per cent in 2003–04 to 10.8 per cent in 2011–12 (Figure 5.1).

The proportion of people in single-parent families with dependent children who are living in a low-income household has also halved from 43.2 per cent in 2003–04 to 21.8 per cent in 2011–12 (Figure 5.1).³⁴¹

Nationally, the percentage of people in families with dependent children who are living in low-income households has fluctuated during the period 2003–04 to 2011–12. Overall, the proportions have remained largely unchanged particularly for couple families (Figure 5.2). In 2011–12, 18.0 per cent of people in couple families and 34.5 per cent of people in single-parent families were living in a low-income household.

The reasons for the change in the proportions of people living in low-income households and in particular the strong decrease in these proportions in WA may be complex, but the last decade was a period of high wages growth and relatively high employment in WA.

In 2011–12, WA had the second highest mean income (after the ACT) which was 11 per cent above the national mean income.³⁴² In comparison, in 2002–03, the Western Australian mean income was at about the national average.³⁴³

While there has been high wages growth, there has also been high increase in the cost of living. The Western Australian Council of Social Services reports that “the incomes of low income households in WA are failing to keep up with increases in the basic costs of living”.³⁴⁴ For low income households, housing accounts for the largest percentage of weekly expenditure.³⁴⁵ Between 2002–03 and 2011–12, the mean housing costs for renters in Western Australia (both public housing tenants and private tenants) increased by 79.9 per cent from \$179 to \$322 per week.³⁴⁶

The median weekly income for people in couple families with dependent children in 2011–12 was similar to the median income of people in all households (\$862 compared to \$867). The median weekly income for people in single-parent families however was significantly lower at \$687. Overall, the median weekly incomes are higher in WA than in Australia for all household categories (Table 5.2).

Strategies

National Affordable Housing Agreement, Council of Australian Governments (released 2009)

The National Affordable Housing Agreement (NAHA) commenced in 2009 and aims to ensure all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. The NAHA provides housing assistance to low and middle income Australians and is supported by the National Partnership Agreements on social housing, homelessness and Indigenous Australians living in remote areas. Further information is available at www.dss.gov.au/our-responsibilities/housing-support/programs-services/housing-affordability/national-affordable-housing-agreement

Want to know more?

Data on low-income families

The ABS provides a bi-annual publication on household income and income distribution. It is available at www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6523.0Main+Features62011-12?OpenDocument

Research, related reports and articles

The Western Australian Council of Social Services' *Cost of Living* series of reports is available at www.wacoss.org.au/policy_and_advocacy/CostofLiving.aspx

The Australian Institute of Health and Welfare report *Australia's welfare* provides national information on welfare services in Australia. Further information is available at www.aihw.gov.au/publication-detail/?id=60129543825

The Smith Family's 2011 report, *Unequal Opportunities: Life Chances for Children in the 'Lucky Country'*, showed that the most well off one-fifth of Australian children (ranked by household) had access to 3.1 times the economic resources of the poorest one-fifth of Australian children in 2009. The report is available at www.thesmithfamily.com.au/~media/Files/Research%20and%20Advocacy%20PDFs/Research%20and%20Evaluation%20page%20PDFs/natsem-opportunities-final-report-2011.ashx

The *Making a Difference: Building on Young People's Experiences of Economic Adversity* prepared by the UNSW Social Policy Research Centre, explores the perceptions of children and young people aged between 11 and 17 years who experience economic adversity. The report is available at www.thesmithfamily.com.au/~media/Files/Research%20and%20Advocacy%20PDFs/Research%20and%20Evaluation%20page%20PDFs/making-a-difference-2012.ashx

The Commissioner for Children and Young People's 2010 research report, *Speaking Out About Wellbeing*, showed that the 'basics' such as food, clothing shelter, enough money to live, parents who looked after them and health care was important to children and young people. The report is available at www.ccyp.wa.gov.au/content.aspx?cld=326

In 2011 *Breaking cycles of disadvantage* identified three key principles for addressing cycles of disadvantage:

- The way you treat people matters – how support is provided
- Continuity of support is essential
- A focus on addressing structural disadvantage must be maintained – holistic response to reduce the structural barriers.

Further information is available at <http://pandora.nla.gov.au/pan/142909/20130920-1300/www.socialinclusion.gov.au/sites/default/files/publications/pdf/breaking-cycles-of-disadvantage.pdf>

The 2011 report *Governance models for location based initiatives* provided advice to the Australian Government on governance models that work best for locational approaches to address disadvantage, reporting that initiatives should be based on five key elements:

- Clear connection between economic and social policy and programs at a local level
- Framework for providing integration of effort across governments
- Level of devolution that allows significant and meaningful local investment in determining the issues and solutions
- Capacity development at both local level and in government
- Funding, measurement and accountability mechanisms.



Further information is available at <http://trove.nla.gov.au/work/81064810?q=Governance+models+for+location+based+initiatives&c=book>

The report *Addressing barriers for jobless families* identifies four elements that government and community-based organisations need to include when addressing social exclusion for jobless families:

- Sustainability – ensuring that work provided to jobless families is sustainable
- Individualisation and flexibility – to meet the diverse and complex needs of jobless families
- Incremental achievement – providing parents in jobless families with alternatives and choices that are realistically achievable and attractive to them
- Accessibility – these issues may include structural barriers such as transport, internet access and childcare, as well as personal barriers such as poor education and health, and stigmatisation.³⁴⁷

The report is available at <http://trove.nla.gov.au/work/81064808?q=addressing+barriers+for+jobless+families&c=book>

Other information

The Hardship Utilities Grant Scheme (HUGS) is a State Government scheme that provides financial assistance to help people with financial difficulties pay their water, gas and electricity bills so their supply is not cut off. To be eligible for HUGS, a person must be:

- unable to pay a current bill and be at risk of disconnection or already be disconnected
- experiencing money problems.

Further information is available at [www.dcp.wa.gov.au/servicescommunity/Pages/HardshipUtilitiesGrantScheme\(HUGS\).aspx](http://www.dcp.wa.gov.au/servicescommunity/Pages/HardshipUtilitiesGrantScheme(HUGS).aspx)

Centrelink has a range of programs and services to assist families and young people to become self-sufficient and to support those in need, including income management, financial information and counseling, and child support. Further information is available at www.humanservices.gov.au/customer/dhs/centrelink

ConcessionsWA is an online resource where citizens can search to find details on rebates, concessions and subsidy schemes provided by the Government of Western Australia. Further information is available at www.concessions.wa.gov.au/Pages/default.aspx



5.2 Jobless families

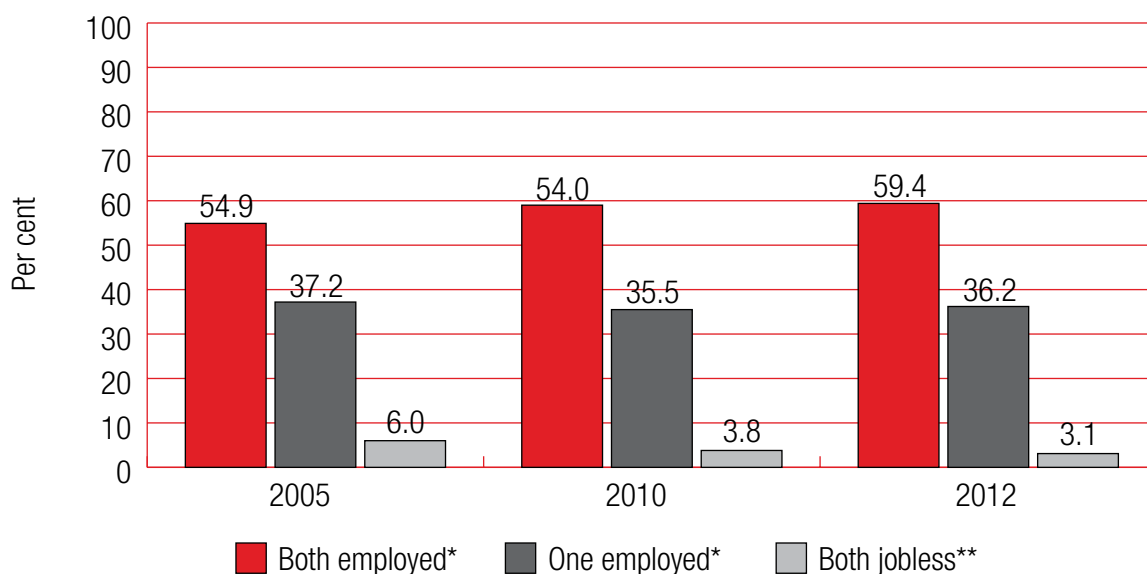
Why this measure is included

Growing up in a jobless³⁴⁸ family is an established measure of children and young people's wellbeing.³⁴⁹

Parental employment is associated with higher levels of adolescent psychological wellbeing, sociability, satisfaction and happiness.³⁵⁰ Parental employment also provides for effective role modelling by encouraging aspirations of workforce participation for children and young people.³⁵¹

By contrast, living in a family where parents are jobless can have negative short and long-term effects on children and young people's development, physical and mental health, social engagement and educational progress.³⁵²⁻³⁵³ Parental joblessness may lead to family stress, conflict and domestic violence, substance abuse and child abuse.³⁵⁴⁻³⁵⁵

Figure 5.3: Couple families with children less than 15 years of age: in per cent, by labour force status of parent/partner, Western Australia at June 2005, 2010 and 2012



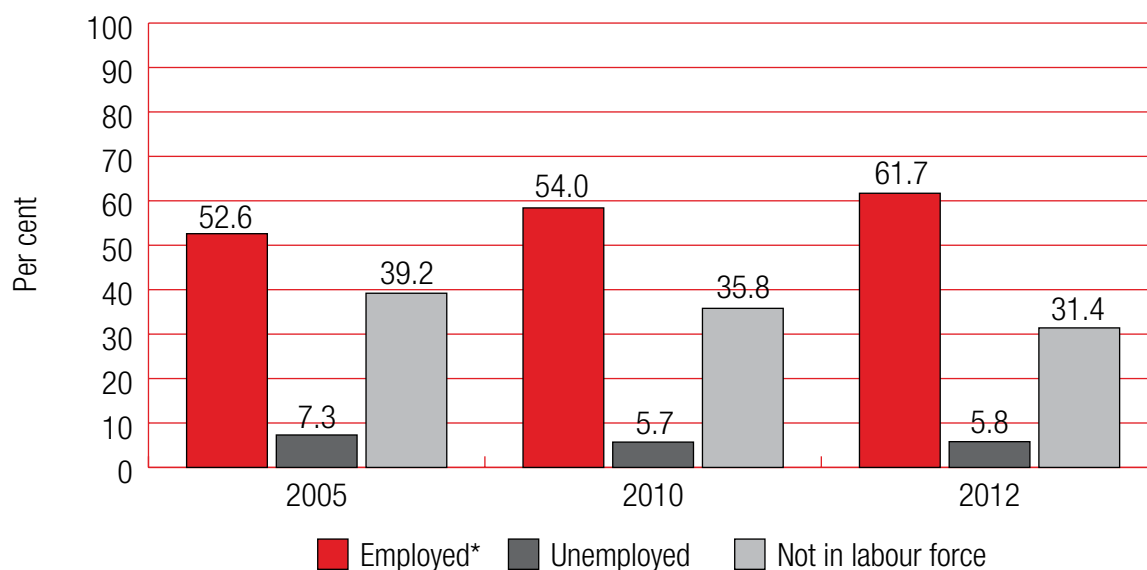
Source: Australian Bureau of Statistics 2013, *Labour Force, Australia: Labour Force Status and Other Characteristics of Families, June 2012*.

* Includes full-time and part-time employment.

** Includes families where both partners were unemployed or not in the labour force, and families where one partner was unemployed and the other not in the labour force.



Figure 5.4: Single-parent families with children less than 15 years of age: in per cent, by labour force status of parent, Western Australia at June 2005, 2010 and 2012



Source: Australian Bureau of Statistics 2013, *Labour Force, Australia: Labour Force Status and Other Characteristics of Families, June 2012*.

* Includes full-time and part-time employment.

Table 5.3: Families with children under 15 years of age: number and in per cent, by family composition and labour force status in Western Australia and Australia in 2012

		WA		Australia		Difference WA to Australia
		Number	Per cent	Number	Per cent	Percentage Point
Couple family	Both employed*	125,470	59.4	1,159,500	60.7	-1.3
	One employed*	76,530	36.2	629,490	32.9	3.3
	Both jobless**	6,610	3.1	91,410	4.8	-1.7
	Total***	211,210	100.0	1,910,990	100.0	
Single-parent family	Employed*	30,720	61.7	265,790	54.5	7.2
	Unemployed	2,910	5.8	31,020	6.4	-0.6
	Not in labour force	15,680	31.5	186,890	38.3	-6.8
	<i>Jobless</i>	18,590	37.3	217,910	44.7	-7.4
	Total***	49,820	100.0	487,810	100.0	

Source: Australian Bureau of Statistics 2013, *Labour Force, Australia: Labour Force Status and Other Characteristics of Families, June 2012*

* Includes full-time and part-time employment.

** Includes families where both partners were unemployed or not in the labour force, and families where one partner was unemployed and the other not in the labour force.

*** Total includes 'Labour status not determined'.



What is this measure?

This measure examines families with children aged less than 15 years who are considered jobless. The data for this measure is taken from the annual Australian Bureau of Statistics publication *Labour Force Status and Other Characteristics of Families*, which is produced from data collected in the Labour Force Survey.

The definition of jobless includes all people who are unemployed (looking for work) and those who are not in the labour force (not actively looking for work).³⁵⁶ It includes detailed family data not featured in the monthly *Labour Force, Australia* publication.

The data included for this measure shows the labour force status of single-parent and couple families with children and young people aged less than 15 years in June 2005, June 2010, and June 2012.

Commentary

The majority of Western Australian (WA) children are living in a family where the resident parent or parents are employed. More than 95 per cent of couple families with children aged less than 15 years have at least one parent who is employed. In single-parent families, almost 62 per cent of resident parents are employed. Both proportions are higher than those recorded in 2010 and reported in edition one of this report³⁵⁷ (Table 5.4).

In comparison, the proportion of couple families in WA with children aged less than 15 years who are considered jobless has decreased from 6.0 per cent in 2005 to 3.8 per cent in 2010 and then to 3.1 per cent in 2012. This represents a drop of 2.9 per percentage points or about one-third of jobless couple families less than there were in 2005 (decrease from 10,550 families in 2005 to 6,610 in 2012). This indicates a positive downward trend for this measure³⁵⁸ (Figures 5.3 and 5.4).

The proportion of single-parent families in WA with children aged less than 15 years who are considered jobless has also decreased from 46.5 per cent in 2005 to 41.5 per cent in 2010, and then to 37.2 per cent in 2012. This represents a drop of 9.3 percentage points or more than 3,000 jobless single-parent families less than there were in 2005 (decrease from 21,760 families in 2005 to 18,590 in 2012) (Figures 5.3 and 5.4).

In comparison with Australia in 2012:

- the WA percentage of jobless single-parent families was significantly lower than the national percentage (37.3% compared to 44.7%)
- the WA percentage of couple families where both parents were jobless was also lower than the national percentage (3.1% compared to 4.8%).

It is evident from this data that the proportion of jobless families in WA and Australia-wide has fallen considerably in the past decade. A report³⁵⁹ published by The Smith Family in 2011 aims to examine the factors that influenced this development:

*The decrease [...] is likely to have been influenced by a combination of factors, including strong economic growth and the introduction of the Welfare to Work reforms by the Commonwealth Government in July 2006. One of the main goals of the Welfare to Work reforms was to increase the labour force participation of single parents by changing the timing and nature of work requirements related to the receipt of income support.*³⁶⁰



Strategies

Supporting Jobless Families, Commonwealth Government (released 2012)

The Supporting Jobless Families measure assists parents to prepare to return to the workforce once their youngest child is school age, and helps ensure their children are ready to start school. The measure is part of the Building Australia's Future Workforce package. The Supporting Jobless Families measure is taking place in 10 Local Government Areas across Australia, including Kwinana in WA. More information is available at www.humanservices.gov.au/corporate/government-initiatives/supporting-families

Want to know more?

Data on joblessness

Labour Force, Australia: Labour Force Status and Other Characteristics of Families, June 2012 is available at the Australian Bureau of Statistics website at www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/6224.0.55.001History%20of%20Changes0Jun%202012?opendocument&tabname=Summary&prodno=6224.0.55.001&issue=Jun%202012&num=&view=

Research, reports and articles

The 2012 report *Parental joblessness, financial disadvantage and the wellbeing of parents and children* was prepared for the (then) Department of Families, Housing, Community Services and Indigenous Affairs and explores and analyses the effects of joblessness and short part-time hours on parents and children using data from the Longitudinal Study of Australian Children (LSAC). Further information is available at www.dss.gov.au/about-the-department/publications-articles/research-publications/occasional-paper-series/number-48-parental-joblessness-financial-disadvantage-and-the-wellbeing-of-parents-and-children

The 2012 report *Making a Difference: Building on Young People's Experiences of Economic Adversity*, prepared by the UNSW Social Policy Research Centre, explores perceptions of children and young people who experience economic adversity with a view to understanding what it means to them, how they experience exclusion in the family, at school and in the community. The report is available at www.thsmithfamily.com.au/~media/Files/Research%20and%20Advocacy%20PDFs/Research%20and%20Evaluation%20page%20PDFs/making-a-difference-2012.ashx

The Smith Family's 2011 report, *Unequal Opportunities: Life Chances for Children in the 'Lucky Country'*, showed that the most well off one-fifth of Australian children (ranked by household) had access to 3.1 times the economic resources of the poorest one-fifth of Australian children in 2009. The report is available at www.thsmithfamily.com.au/~media/Files/Research%20and%20Advocacy%20PDFs/Research%20and%20Evaluation%20page%20PDFs/natsem-opportunities-final-report-2011.ashx

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Addressing barriers for jobless families identifies four elements that government and community-based organisations need to include when addressing social exclusion for jobless families:

- Sustainability – ensuring that work provided to jobless families is sustainable.
- Individualisation and flexibility – to meet the diverse and complex needs of jobless families.
- Incremental achievement – providing parents in jobless families with alternatives and choices that are realistically achievable and attractive to them.
- Accessibility – these issues may include structural barriers such as transport, internet access and childcare, as well as personal barriers such as poor education and health and stigmatisation.³⁶¹



The report is available at <http://trove.nla.gov.au/work/81064808?q=addressing+barriers+for+jobless+families&c=book>

Family Joblessness in Australia (2009) provides an analysis of trends in family joblessness in Australia over the past 30 years and identifies factors that have driven trends in joblessness and future policy directions. The report can be accessed at <http://trove.nla.gov.au/work/32201314?q=Family+joblessness+in+australia&c=book>

The report lists the following international and national best practice examples to address family joblessness:

- The Family Centred Employment Project, Department for Education, Employment and Workforce Relations, Commonwealth Government (now Department of Employment) <http://employment.gov.au/family-centred-employment-project>
- The Brotherhood of St Laurence Centre for Work and Learning, Yarra, Victoria – www.bsl.org.au/Services/Work-and-Learning/Centre-for-Work-and-Learning.aspx

Other information

Centrelink, Commonwealth Government, has a range of programs and services to assist families and young people to become self-sufficient and to support those in need, including developing job skills, finding a job, and related incentive schemes. Further information is available at www.humanservices.gov.au/

Additional table

Table 5.4: Families with children less than 15 years of age: number and in per cent, by labour force status of parent/partner, Western Australia at June 2005, 2010 and 2012

		2005		2010		2012		Difference 2012 to 2005
		Number	Per cent	Number	Per cent	Number	Per cent	Percentage Point
Couple family	Both employed*	97,180	54.9	118,580	59.0	125,470	59.4	0.0
	One employed*	65,850	37.2	71,360	35.5	76,530	36.2	-1.0
	Both jobless**	10,550	6.0	7,630	3.8	6,610	3.1	-2.9
	Total ***	176,900	100.0	200,980	100.0	211,210	100.0	
Single-parent family	Employed *	24,590	52.6	27,990	58.4	30,720	61.7	9.1
	Unemployed	3,430	7.3	2,750	5.7	2,910	5.8	-1.5
	Not in labour force	18,330	39.2	17,160	35.8	15,680	31.4	-7.8
	<i>Jobless</i>	<i>21,760</i>	<i>46.5</i>	<i>19,910</i>	<i>41.5</i>	<i>18,590</i>	<i>37.2</i>	<i>-9.3</i>
	Total ***	46,720	100.0	47,900	100.0	49,820	100.0	

Source: Australian Bureau of Statistics 2013, *Labour Force, Australia: Labour Force Status and Other Characteristics of Families, June 2012*.

* Includes full-time and part-time employment.

** Includes families where both partners were unemployed or not in the labour force, and families where one partner was unemployed and the other not in the labour force.

*** Total includes 'Labour status not determined'.



5.3 Overcrowded households

Why this measure is included

Overcrowded housing has been associated with potential negative impacts on children's wellbeing and development which can have significant and far reaching effects. While more Australian research into the effects on children is required, possible impacts of overcrowding cited in the literature here and abroad include an increased risk of infection-based illness, irregular sleep, poor school performance, increased parental stress resulting in punitive parenting and parent-child conflict, greater vulnerability to abuse and poor mental health.^{362 363 364} These effects can persist throughout life and perpetuate intergenerational social inequality.³⁶⁵

In Western Australia (WA) the extent of overcrowding among Aboriginal families is a serious issue.³⁶⁶

Table 5.5: Children and young people living in households that require additional bedrooms: number and in per cent, by housing utilisation, by age group, Western Australia, 2011

Housing Utilisation	0 to 8 years	9 to 14 years	15 to 17 years	0 to 17 years	
	Number	Number	Number	Number	Per cent
One extra bedroom needed	12,631	7,899	3,923	24,453	4.9
Two extra bedrooms needed	2,842	1,845	1,023	5,710	1.1
Three or more extra bedrooms needed	1,726	1,187	645	3,558	0.7
<i>One or more extra bedrooms needed</i>	<i>17,199</i>	<i>10,931</i>	<i>5,591</i>	<i>33,721</i>	<i>6.7</i>
No extra bedrooms needed	54,353	36,847	19,056	110,256	22.1
One or more bedrooms spare	173,929	108,717	53,566	336,212	67.3
Other*	6,719	7,591	5,419	19,729	3.9
Total	252,200	164,086	83,632	499,918	100.0

Source: Australian Bureau of Statistics 2013, 2011 Census of Population and Housing, custom report

* Includes 'unable to determine' and 'not stated'.

Table 5.6: Proportion of Aboriginal children and young people living in overcrowded conditions: in per cent, by age group, Western Australia and Australia, 2008

	0 to 3 years		4 to 14 years		15 to 24 years	
	WA	Australia	WA	Australia	WA	Australia
Major cities	n/a	21.0	n/a	18.4	n/a	20.0
Regional areas	n/a	26.0	n/a	26.5	n/a	25.1
Remote areas	40.7	53.8	50.3	58.8	n/a	59.0
Total	26.0	30.6	34.8	31.6	34.0	31.0

Source: Australian Bureau of Statistics 2010, *National Aboriginal and Torres Strait Islander Social Survey, 2008*

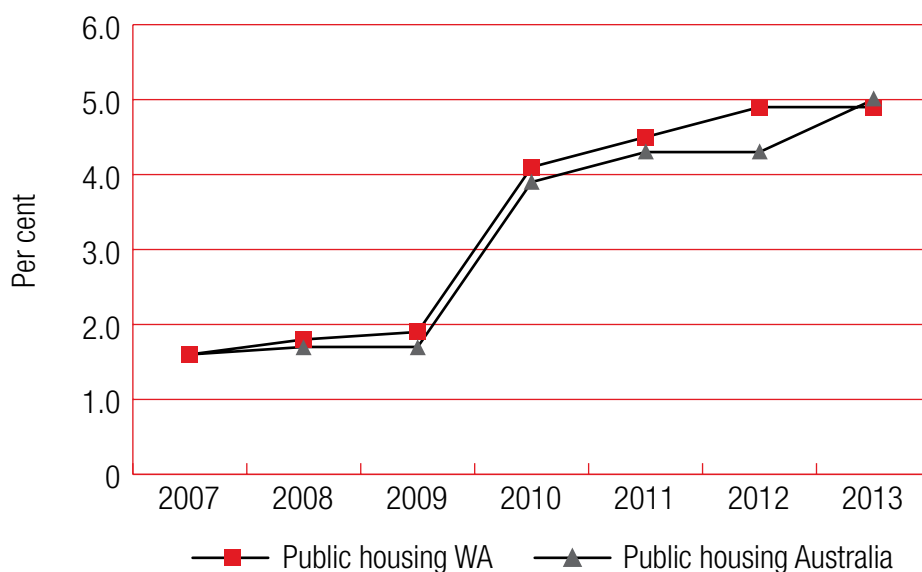


Table 5.7: Proportion of Aboriginal children and young people living in overcrowded conditions: number and in per cent, by age group, Western Australia, 2008

0 to 3 years		4 to 14 years		15 to 24 years	
Number	Per cent	Number	Per cent	Number	Per cent
1,800	26.0	6,500	34.8	4,700	34.0

Source: Australian Bureau of Statistics 2010, *National Aboriginal and Torres Strait Islander Social Survey, 2008*

Figure 5.5: Proportion of overcrowded households in public housing: in per cent, Western Australia and Australia, 2007 to 2013



Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services, 2008 to 2014* [series], Productivity Commission

Note: In 2010 the classification of 'overcrowded' changed, resulting in an increase in households considered overcrowded. Data is now based on the Canadian National Occupancy Standard for overcrowding, where overcrowding is deemed to occur if one or more bedrooms are required to meet the standard.

Table 5.8: Proportion of Aboriginal households in public housing living in overcrowded conditions: in per cent, by remoteness, Western Australia and Australia, 2010–11 to 2012–13 ^{367 368 369}

	Western Australia			Australia		
	2010–11	2011–12	2012–13	2010–11	2011–12	2012–13
Major cities	10.4	11.1	12.0	10.0	9.7	10.5
Inner regional	10.4	10.9	8.3	8.1	8.1	8.5
Outer regional	8.6	8.7	9.3	10.5	10.6	11.4
Remote	13.5	13.8	12.7	13.3	13.9	12.9
Very remote	14.8	16.1	13.2	14.3	15.5	13.2

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services, 2012 to 2014* [series], Productivity Commission

What is this measure?

Overcrowding can occur in any type of household. This measure looks at the incidence of overcrowding among families in WA and compares this with Australia-wide data. The definition of overcrowding used in this measure is based on the Canadian National Occupancy Standard for Housing Appropriateness, in which households that require at least one additional bedroom are considered to experience some degree of overcrowding.³⁷⁰ Australia adopted this standard in 2010.

Information on the number of children and young people living in a household that requires additional bedrooms comes from the 2011 Census of Population and Housing.

Data is also taken from the National Aboriginal and Torres Strait Islander Social Survey 2008 (NATSISS). The scope of this survey is Indigenous people who were usual residents of private dwellings in Australia. The NATSISS is a multidimensional social survey providing broad information across key areas of social concern for Indigenous Australians.³⁷¹

Other data used is from the annual *Report on Government Services* and shows the proportion of households in State government owned housing that are defined as overcrowded. The data considers all households in public housing.

Commentary

Table 5.5 shows that the majority of children and young people in WA live in adequate housing and that overcrowding is relatively uncommon. More than 93 per cent live in a dwelling that does not require additional bedrooms.

The remaining 6.7 per cent of WA children and young people live in a household that needs extra bedrooms – 24,453 live in a household that requires one extra bedroom, 5,710 live in a household that requires two extra bedrooms and 3,558 children and young people in WA live in a household that requires three or more extra bedrooms. More than one-half of children living in a household that requires at least one extra bedroom are aged 0 to eight years (Table 5.5).

Compared nationally, the rate of overcrowding for children and young people is lower in WA than in Australia overall (6.7% compared to 9.5%).³⁷²

While the majority of WA children and young people live in adequate housing, the incidence of overcrowding is high among Aboriginal households.

Based on data from the 2008 NATSISS, the ABS estimates that in WA more than one-quarter of Aboriginal children aged 0 to three years (26.0%) and more than one-third of Aboriginal children aged four to 14 years (34.8%) are living in overcrowded conditions. In absolute terms, this means that around 8,300 Aboriginal children aged between 0 and 14 years are living in overcrowded conditions. In the 15 to 24 year age group of Aboriginal young people in WA, about 4,700, or one-third, are living in such conditions (Tables 5.6 and 5.7).

Aboriginal children and young people living in remote areas of WA are most likely to experience overcrowding. The ABS estimates that around one-half of Aboriginal children and young people in remote areas are living in overcrowded dwellings (Table 5.6).

The situation in WA is similar to Australia overall. The ABS estimates that almost one-third (31%) of Aboriginal children and young people across Australia live in overcrowded housing and that those living in remote areas and those living in housing rented from an Aboriginal housing organisation are the most likely to live in overcrowded conditions.³⁷³

There has been an increase in the proportion of overcrowded dwellings that are owned by the State government. In 2013, 4.9 per cent of WA public housing stock was classified as overcrowded which is close to the Australian average of 5.0 per cent. While the data shows no change for WA between 2012 and 2013, the proportion of overcrowded dwellings has increased since 2010 when 4.1 per cent of dwellings were recorded as overcrowded (Figure 5.5). This data considers all households³⁷⁴ in public housing with family households with children, representing around 37 per cent of all households in public housing in WA. The increase in the percentage of dwellings considered overcrowded from 2009 to 2010 (from 1.9% to 4.1%) is a result of Australia adopting the Canadian National Occupancy Standard for Housing Appropriateness in 2010³⁷⁵ (Figure 5.5).

Again, the incidence of overcrowding is significantly higher for Aboriginal households in public housing. According to data from the *Report on Government Services*, around 12 per cent of Aboriginal households in the Perth Metropolitan area and more than 13 per cent of Aboriginal households in remote areas of WA are overcrowded (Table 5.8).

One critical factor for the increased likelihood of overcrowding in Aboriginal households is the lack of appropriate housing for larger families or grouped families, where several generations or distinct family groups may live in the same household.

Strategies

Opening Doors to Address Homelessness: State Plan 2010–2013, Government of Western Australia

This plan builds on the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness. The action areas under the plan are:

- a range of housing options
- employment, education and training
- health and wellbeing
- connection with community, family and friends.

The State government departments involved are the Department for Child Protection and Family Support (as the lead agency), Department of Housing, Mental Health Commission, Drug and Alcohol Office, Department of Corrective Services and WA Police. Further information is available at www.dcp.wa.gov.au/servicescommunity/Documents/WA%20Homelessness%20State%20Plan.pdf

National Partnership on Homelessness, Council of Australian Governments (released 2009)

In WA, the Department for Child Protection and Family Support is the lead agency responsible for this joint Commonwealth/State Partnership. Programs provided include:

- services for rough sleepers
- new housing support workers for private and public tenancies, and people leaving supported accommodation and institutional care
- new and expanded supports for women and children experiencing domestic violence
- a 'Foyer' development to provide transitional, self-contained housing for young people, combined with support to access employment, education and training (contracted to Anglicare WA).

Further information on the National Partnership is available at www.dcp.wa.gov.au/servicescommunity/Pages/Homelessness.aspx

Specific information on the Foyer development is available at <http://oxfordfoyer.com.au/> and www.anglicarewa.org.au/



National Affordable Housing Agreement, Council of Australian Governments (released 2009)

The National Affordable Housing Agreement (NAHA) aims to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. The NAHA is an agreement by the Council of Australian Governments that commenced on 1 January 2009, initiating a whole-of-government approach in tackling the problem of housing affordability.

The NAHA provides \$6.2 billion worth of housing assistance to low and middle income Australians in the first five years and is supported by the National Partnership Agreements on social housing, homelessness and Indigenous Australians living in remote areas. Further information is available at www.fahcsia.gov.au/our-responsibilities/housing-support/programs-services/housing-affordability/national-affordable-housing-agreement

National Rental Affordability Scheme, Commonwealth Government (released 2008)

The National Rental Affordability Scheme seeks to address the shortage of affordable rental housing by offering financial incentives to individuals, business and community organisations to build and rent housing to low and moderate income households, at a rate at least 20 per cent below the market value rent.

The scheme is intended to stimulate the construction of 50,000 high quality homes and apartments, to provide affordable private rental properties. More information is available at www.dss.gov.au/our-responsibilities/housing-support/programs-services/national-rental-affordability-scheme

Want to know more?

Data on overcrowding

The Report on Government Services (ROGS) includes the data on overcrowding in public housing and in State-owned and managed Indigenous housing (SOMIH). This series is available at www.pc.gov.au/gsp/rogs

Research, reports and articles

The ABS discusses the housing situation including the experience of overcrowding by Aboriginal children and young people as part of their wider publication *Aboriginal and Torres Strait Islander Wellbeing: A focus on children and youth, Apr 2011*. This is available at www.abs.gov.au/ausstats/abs@.nsf/Lookup/4725.0main+features1Apr%202011

The AIHW examines overcrowding as a component of adequate shelter and its impact on children's health and wellbeing in *Shelter: development of a Children's Headline Indicator*. The report is available at www.aihw.gov.au/publication-detail/?id=6442472426

The Australian Housing and Urban Research Unit (AHURI) carries out research on housing and homelessness. Reports are available from www.ahuri.edu.au

Dockery A, Kendall G, Li J, Mahendran A, Ong R & Strazdins L 2010. *Housing and children's development and wellbeing: a scoping study*, AHURI Final Report No. 149, Australian Housing and Urban Research Institute, Melbourne, www.ahuri.edu.au/publications/download/ahuri_80551_fr

Dockery A, Ong R, Colquhoun S, Li J and Kendall G 2013, *Housing and children's development and wellbeing: evidence from Australian data*, AHURI Final Report No. 201, Australian Housing and Urban Research Institute. Melbourne, www.ahuri.edu.au/publications/download/ahuri_80651_fr



The report by Mission Australia *Seen and Heard: Putting children on the homelessness agenda 2011* recommends that a consistent and nationwide framework is required to address the needs of homeless children, informed by child and family-centred practice. The framework should articulate how to:

- prevent families and children from becoming homeless
- intervene early to stabilise housing where it is precarious
- better support children and families once homeless.

Further information is available at www.missionaustralia.com.au/research-page/homelessness-page?view=docman



5.4 Homelessness

Why this measure is included

There is a growing body of evidence about the immediate and longer term effects of homelessness on children and young people’s wellbeing. Research indicates childhood experiences of homelessness may affect physical health, educational attainment, social relationships and functioning, and may be linked with subsequent homelessness in adulthood.^{376 377 378 379}

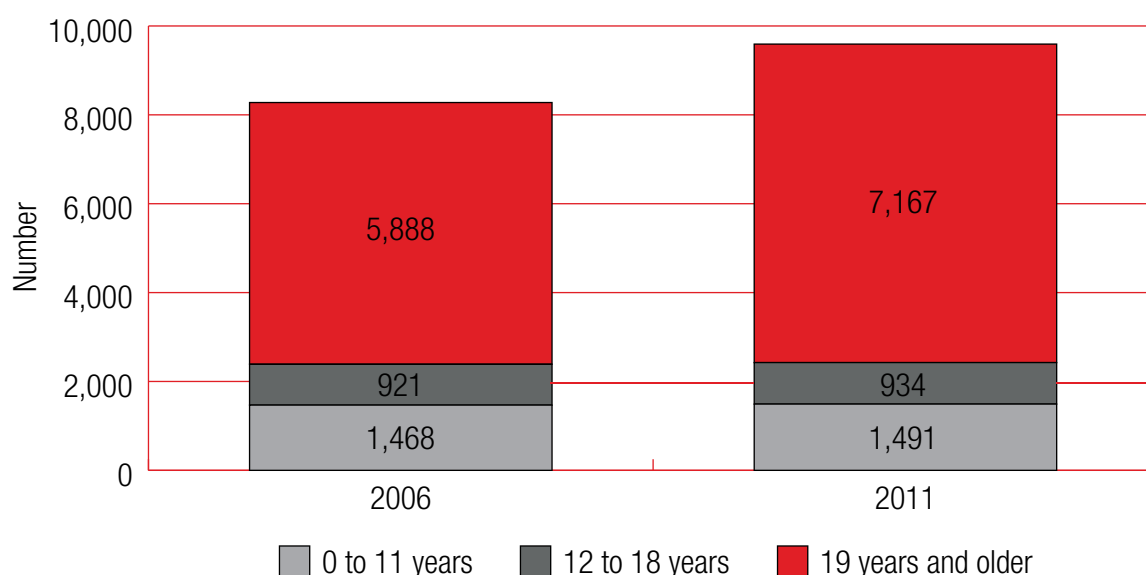
Homelessness has also been linked with contributing factors such as substance abuse, crime and mental health issues.^{380 381}

Table 5.9: Children and young people 0 to 18 years who are homeless: rate per 10,000 population, by age groups and homeless operational groups by selected characteristics, Western Australia and Australia, 2011

	0 to 11 years		12 to 18 years	
	WA	Australia	WA	Australia
Persons who are in improvised dwellings, tents or sleeping out	1.6	1.2	2.0	1.9
Persons in supported accommodation for the homeless	4.1	16.5	5.3	15.5
Persons staying temporarily with other households	5.8	5.1	4.3	4.6
Persons staying in boarding houses	0.5	0.6	2.0	2.5

Source: Australian Bureau of Statistics 2011, *Census of Population and Housing, Estimating homelessness 2011*

Figure 5.6: Children and young people 0 to 18 years who are homeless: number, by age group, Western Australia, 2006 and 2011



Source: Australian Bureau of Statistics 2011, *Census of Population and Housing, Estimating homelessness 2011*

Table 5.10: Children and young people 0 to 18 years who are homeless: number, by age group and gender, Western Australia, 2011

	0 to 11 years	12 to 18 years	Total 0 to 18 years	
	Number	Number	Number	Percentage of all homeless
Male	767	458	1,225	22.9
Female	724	476	1,200	28.3
Total	1,491	934	2,425	25.3

Source: Australian Bureau of Statistics 2011, *Census of Population and Housing, Estimating homelessness 2011*

Table 5.11: Children and young people 0 to 18 years whose living arrangements are close to the statistical boundary of homelessness³⁸²: number, by age group and gender, Western Australia, 2011

	0 to 11 years	12 to 18 years	Total 0 to 18 years	
	Number	Number	Number	Percentage of all homeless
Male	709	461	1,170	31.0
Female	675	445	1,120	34.0
Total	1,384	906	2,290	32.4

Source: Australian Bureau of Statistics 2011, *Census of Population and Housing, Estimating homelessness 2011*

Table 5.12: Children and young people 0 to 17 years who are clients of Specialist Homelessness Services: number, by age group and gender, Western Australia 2011–12 and 2012–13

	2011–12			2012–13		
	Male	Female	Total	Male	Female	Total
0 to 9 years	2,235	2,334	4,569	1,921	2,074	3,995
10 to 14 years	816	820	1,636	595	708	1,303
15 to 17 years	508	659	1,167	395	551	946
Total 0 to 17 years	3,559	3,813	7,372	2,911	3,333	6,244

Source: Australian Institute of Health and Welfare 2014, Specialist Homelessness Services revised 2011–12 data, unpublished; Australian Institute of Health and Welfare 2013, *Specialist Homelessness Services 2012–13*, Supplementary tables: WA



Table 5.13: Children and young people 0 to 17 years who are clients of Specialist Homelessness Services: number and rate per 1,000 population, by age group and Aboriginal status, Western Australia 2012–13

	Aboriginal		Non-Aboriginal		Unknown	Aboriginal
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Per cent
0 to 9 years	1,733	83.3	1,803	6.4	459	49.0
10 to 14 years	485	48.1	651	4.7	167	42.7
15 to 17 years	260	45.5	576	6.7	110	31.1

Source: Australian Institute of Health and Welfare 2013, *Specialist Homelessness Services 2012–13*, Supplementary Tables: WA, Table 2.3

Notes:

1. Aboriginal status was not reported for 625 clients (aged 0 to 17 years) in 2011–12 and 736 clients (aged 0 to 17 years) in 2012–13.
2. Rates are Commissioner for Children and Young People WA calculations based on data from ABS 2013, *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*, cat. no. 3238.0.55.001 and ABS, *Australian Demographic Statistics, Jun 2011*, cat. no. 3101.0.

What is this measure?

This measure examines the incidence of homelessness among children and young people in WA and compares this with national data. It is difficult to measure the actual number of homeless people, as the nature of homelessness means it may be difficult to maintain contact with a person, and homelessness may be a transient condition.³⁸³ The Australian Bureau of Statistics (ABS) estimates the homeless population based on information collected in the Census of Population and Housing.³⁸⁴

It is important to note that:

*...for some groups of people, Census variables provide limited opportunity to estimate those likely to be homeless. Three key groups are: homeless youth; homeless people displaced due to domestic and family violence; and homeless Aboriginal and Torres Strait Islander Australians.*³⁸⁵

Notwithstanding these limitations, the ABS estimates have been compiled on a generally consistent basis so that they can be compared over time to track increases or decreases in homelessness.³⁸⁶

This measure uses ABS estimates derived from the Census 2011 and compares those estimates to 2006. Information has been included on the number and rates per 10,000 population of children and young people 0 to 18 years who are either homeless or whose living arrangements are close to the statistical boundary of homelessness.³⁸⁷

Other data used in this measure is from the annual report on *Specialist Homelessness Services 2012–13* published by the Australian Institute of Health and Welfare (AIHW). The data in the report is compiled from the new Specialist Homelessness Services Collection that was introduced in 2011.³⁸⁸ It includes data on children and young people aged 0 to 17 years.³⁸⁹



This data is not comparable with the previous edition's data, taken from the Supported Accommodation Assistance Program National Data Collection. In that data collection, children who accompanied a parent or guardian were counted as accompanying children, not as clients in their own right, and as a result only limited information was collected from them. In the Specialist Homelessness Services Collection, all individuals who receive any service from a specialist homelessness agency are counted as clients, and detailed data is collected from them.³⁹⁰ This is intended to improve information about children and young people who are at risk of, or experience homelessness.

Commentary

Based on data from the 2011 Census of Population and Housing, the ABS estimates that in 2011 there were 1,491 homeless 0 to 11 year-olds and 934 homeless 12 to 18 year-olds³⁹¹ in WA (Figure 5.6).

The total of 2,425 homeless children and young people is similar to the total that was estimated for 2006 (2,389). While the number of homeless children has remained largely the same over the past five years, the number of homeless people overall in WA has increased by more than 15 per cent (Figure 5.6 and Table 5.14).

Nationally, the number of homeless children and young people aged 0 to 18 years has increased by 12.8 per cent, while the number of all homeless people is estimated to have increased by 17.3 per cent (Table 5.15).

In 2011 children and young people represented about one-quarter (25.3%) of all homeless people in WA. Although this proportion is smaller than the proportion calculated for 2006 (28.9%), children and young people remain over-represented in the homeless group, as they comprise only 25 per cent of the State's general population. The ABS also note that homeless young people are one of the key groups most likely to have been underestimated in the Census (Table 5.10).

Boys and girls appear equally likely to experience homelessness with both male and female children represented almost equally across the younger age groups (1,225 boys compared to 1,200 girls) (Table 5.10).

In addition to the estimated 2,425 homeless children and young people in WA for 2011, a further 2,290 children and young people aged 0 to 18 years were estimated to be living in arrangements close to the statistical boundary of homelessness.³⁹² Children and young people represented one-third (32.4%) of all people living in these type of arrangements (Table 5.11).

Aboriginal people were significantly over-represented in the homeless group. In WA in 2011, Aboriginal people represented more than one-third (35.2%) of all homeless people,³⁹³ while only representing 3.1 per cent of the State's overall population.³⁹⁴

While estimates of the number of homeless Aboriginal children and young people in WA were not requested for this report, it is assumed that Aboriginal children and young people are significantly over-represented in the group of homeless children and young people described above.

According to 2012–13 data from the Specialist Homelessness Services Collection, 6,244 children and young people aged 0 to 17 years received support from specialist homelessness agencies in WA. Almost two-thirds (64.0% or 3,995) of these were aged between 0 and nine years (Table 5.12). By comparison, in 2011–12 a total of 7,372 children and young people received support. This represents a decrease of 1,128 children and young people and is reflective of an overall decrease in clients younger than 18 years across Australia.³⁹⁵

Overall, children and young people were significantly over-represented among those who received support from specialist homelessness agencies relative to their representation in the overall population. This result was recorded for WA as well as nationally.



In WA, children and young people represented 29 per cent of clients receiving support in 2012–13 (relative to their representation in the general WA population of 25 per cent). Children aged zero to nine years accounted for 19 per cent of all clients³⁹⁶ despite representing only 13 per cent of the general WA population³⁹⁷.

Aboriginal children represented almost one-half (49.0%) of all clients in the youngest age group of 0 to nine year-olds and were also considerably over-represented in the older age groups (42.7% of 10 to 14 year-old clients and 31.1% of 15 to 17 year-old clients were Aboriginal) (Table 5.13).

Aboriginal children aged 0 to nine years received homelessness support at a rate of 83.3 per 1,000 population of that age group³⁹⁸. In other words, almost one in ten Aboriginal children in WA received support from agencies in 2012–13. The comparative rate for non-Aboriginal children aged 0 to nine years was 6.4 per 1,000 population of that age group³⁹⁹ (Table 5.13).

Strategies

State Plan 2010–2013: Opening Doors to Address Homelessness, Government of Western Australia

This plan provides a framework for government and community agencies to address homelessness, building on the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness described below. Key strategies are:

- early intervention and prevention
- a better integrated service system
- breaking the cycle of homelessness.

The State government departments involved in the plan are the Department for Child Protection and Family Support (as the lead agency), Department of Housing, Mental Health Commission, Drug and Alcohol Office, Department of Corrective Services and the Western Australia Police. Further information is available at www.dcp.wa.gov.au/servicescommunity/Documents/WA%20Homelessness%20State%20Plan.pdf

National Partnership Agreement on Homelessness, Council of Australian Governments (released 2009)

The four-year National Partnership Agreement on Homelessness commenced in 2009, focusing on three key strategies to reduce homelessness:

- prevention and early intervention to stop people becoming homeless
- breaking the cycle of homelessness
- improving and expanding the service response to homelessness.

In 2013 the Commonwealth and State governments reached a Transitional National Partnership Agreement on Homelessness to extend the joint arrangements for a further 12 months.

The Department for Child Protection and Family Support is the lead agency responsible for the Commonwealth/State partnership in WA. The Department works closely with other government and community agencies to promote an integrated, seamless response for people at risk of or experiencing homelessness. Commonwealth and state-funded specialist homelessness programs include:

- services for rough sleepers
- housing support workers for private and public tenancies, and people leaving supported accommodation and institutional care
- supports for women and children experiencing domestic violence
- the 'Foyer' development of supported independent accommodation for young people (contracted to Anglicare WA).



Information on the National Partnership Agreement and transitional plans can be accessed at www.mediastatements.wa.gov.au/Pages/StatementDetails.aspx?listName=StatementsBarnett&StatId=7426 and www.dss.gov.au/our-responsibilities/housing-support/programs-services/homelessness/national-partnership-agreement-on-homelessness

Further information on WA's implementation is available at the Department of Child Protection and Family Support website at www.dcp.wa.gov.au/servicescommunity/Pages/Homelessness.aspx

Specific information on the Foyer development is available at <http://oxfordfoyer.com.au/> and www.anglicarewa.org.au/

National Affordable Housing Agreement, Council of Australian Governments (released 2009)

The National Affordable Housing Agreement commenced in 2009 and aims to ensure all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation.

The Agreement provides housing assistance to low and middle-income Australians and is supported by the National Partnership Agreements on social housing, homelessness and Indigenous Australians living in remote areas.

Further information is available at www.dss.gov.au/our-responsibilities/housing-support/programs-services/housing-affordability/national-affordable-housing-agreement

Want to know more?

Data on homelessness

The Australian Bureau of Statistics produces a range of publications on housing and homelessness. An overview of available resources is available at www.abs.gov.au/websitedbs/c311215.nsf/web/Housing+and+Homelessness

The Australian Institute of Health and Welfare produces an annual report on homelessness based on data from the Specialist Homelessness Services collection. Annual reports are available at www.aihw.gov.au/homelessness-publications/

Research, reports and articles

The Western Australian Auditor General's Report, *Implementation of the National Partnership Agreement on Homelessness in Western Australia*, Report 13 October 2012, is available at http://audit.wa.gov.au/wp-content/uploads/2013/05/report2012_13.pdf

The Commonwealth Government's 2008 White Paper on homelessness, *The Road Home*, is available from the Department of Social Services website www.dss.gov.au/our-responsibilities/housing-support/programs-services/homelessness/the-road-home-the-australian-government-white-paper-on-homelessness-0

The 2008 report by the National Youth Commission on youth homelessness, *Australia's Homeless Youth*, is available at www.theoasismovie.com.au/pdfs/Homeless_report.pdf

The report *Seen and Heard: Putting children on the homelessness agenda* by Mission Australia recommends that a consistent and nationwide framework is required to address the needs of homeless children, informed by child and family centred practice. This framework should articulate how to:

- prevent families and children from becoming homeless
- intervene early to stabilise housing where it is precarious
- better support children and families once homeless.



Further information is available at www.missionaustralia.com.au/research-page/homelessness-page?view=docman

The National Homelessness Research Network provides information and access to research on the issues and challenges associated with homelessness. The Network can be accessed at www.ahuri.edu.au/about/nhrn

Other information

The Australian Homelessness Clearinghouse, funded by the Commonwealth Government Department of Social Services, provides an extensive range of information as a resource on homelessness, including latest research, data, articles and communities of practice. Further information is available at <http://homelessnessclearinghouse.govspace.gov.au/>

Additional Tables

Table 5.14: Children and young people 0 to 18 years who are homeless: number, Western Australia, 2001, 2006 and 2011

	0 to 11 years	12 to 18 years	Total 0 to 18 years	
	number	number	number	Per cent of all Homeless
2001	n/a	n/a	n/a	n/a
2006	1,468	921	2,389	28.9
2011	1,491	934	2,425	25.3

Source: Australian Bureau of Statistics 2011, Census of Population and Housing, *Estimating homelessness 2011*

Table 5.15: Children and young people 0 to 18 years who are homeless: number, by age group, Australia, 2001, 2006 and 2011

	0 to 11 years	12 to 18 years	Total 0 to 18 years	
	number	number	number	Per cent of all Homeless
2001	n/a	n/a	n/a	n/a
2006	15,715	9,788	25,503	28.4
2011	17,845	10,913	28,758	27.3

Source: Australian Bureau of Statistics 2011, Census of Population and Housing, *Estimating homelessness 2011*



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- 339 A dependent child is a person who is either a child less than 15 years of age or a dependent student. Refer to the Glossary for more information on 'dependent child'.
- 340 Deciles are groupings that result from ranking all households or persons in the population in ascending order according to some characteristic such as their household income and then dividing the population into 10 equal groups, each comprising 10 per cent of the estimated population. Refer to the Glossary for more information on deciles.
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6. Family and Peer Relationships

Why this domain is included

The relationships between children and young people and their families are among the most important influences on a child's development and wellbeing.⁴⁰⁰ For most children and young people, their family is the primary source of security, support and development.⁴⁰¹ As children grow older, the influence of peers increases, and forms an important source of support and socialisation.

The Commissioner for Children and Young People has consulted with children and young people across the State concerning a range of issues and themes which influence their wellbeing.

The views of children and young people gained through this work have been published in a series of 'Speaking Out' publications. These include:

- Speaking Out About Wellbeing (2010)
- Speaking Out About Mental Health (2011)
- Speaking Out About Living in Regional and Remote WA (2013)
- Speaking Out About Disability (2013).

In all of these projects, children and young people emphasised the importance of family and friends to positive wellbeing.

Commentary

The previous edition of this report included two measures in the Family and Peer Relationships domain: 'What children and young people value' and 'Obtaining advice and support to manage personal problems'.

Some of the data sources on which these measures were based have changed and the measures were reconsidered. The new measures fitted more appropriately in other domains and, as a result, there are no appropriate measures available for this domain.

The lack of measures for this domain does not represent any reduced significance of family and peer relationships on the wellbeing of children and young people. As outlined above, there is significant evidence that points to these relationships being vital in establishing a strong foundation for lifelong wellbeing.

Rather, the lack of any measures indicates the complex nature of these relationships and the difficulty identifying and collating relevant data.

Other measures in this report will have relevance to the Family and Peer Relationships domain.

These include the measures:

- 3.16 Family and domestic violence
- 3.17 Parental use of alcohol and drugs
- 4.1 Parents engaging children in informal learning
- 5.4 Homelessness.

Strategies

Parenting WA Strategic Framework, Department for Local Government and Communities (released 2010)

This strategic framework is designed to support policy and provide service delivery to support families in WA. The framework sets out three overarching objectives to Strengthen Parents; Strengthen the Parenting Sector; and Strengthen Communities.

The strategic framework is available at www.communities.wa.gov.au/communities-in-focus/parenting_and_children/parentingwa/Pages/default.aspx

Want to know more?

Research, reports and articles

The Commissioner for Children and Young People WA's research report, *Speaking Out About Wellbeing*, is available at www.ccyp.wa.gov.au/content.aspx?cid=326

The Commissioner for Children and Young People WA has a policy brief on families, *Speaking out about Wellbeing: Children and young people speak out about families*, available at www.ccyp.wa.gov.au/content.aspx?cid=752

The Commissioner has also produced a policy brief on Aboriginal children and young people's views about families, available at www.ccyp.wa.gov.au/content.aspx?cid=752

Other information

The WA Department for Local Government and Communities provides information on parenting and about services to the public through its website www.communities.wa.gov.au/communities-in-focus/parenting_and_children/Pages/default.aspx



ENDNOTES

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7. Participation



About this domain

For children and young people, participation includes having the chance to have a say on areas that affect them, to be involved with and part of the community, and to learn new skills.⁴⁰²

The Commissioner for Children and Young People has actively promoted the participation of children and young people in issues which affect them. Involving children and young people can help maximise the chances that strategies and services are relevant to them and their needs.

Data on participation in this report concentrates on participation in cultural activities and sport, and to access to networks and information through electronic media.

The companion reports *Building Blocks* Editions One and Two include information about 126 programs which have been shown to be effective in improving the wellbeing of children and young people.

Measures in this domain are:

Participation in sport and cultural activities	Page 235
Internet access (new)	Page 243

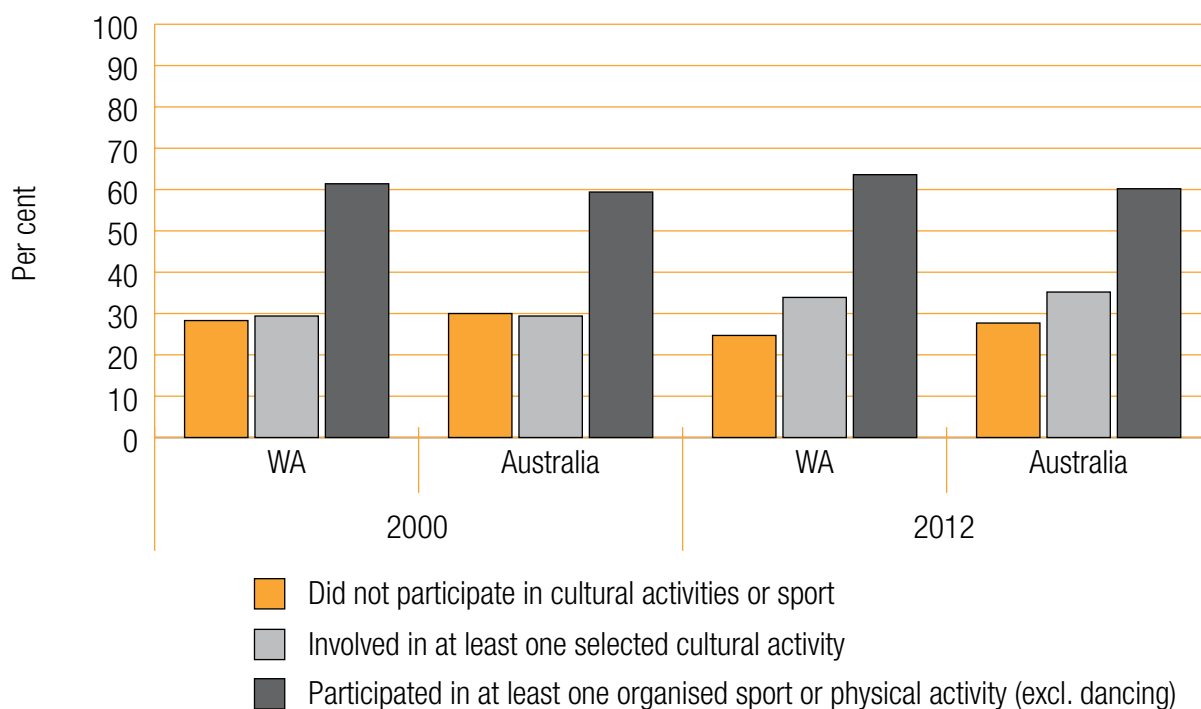


7.1 Participation in sport and cultural activities

Why this measure is included

Participation in sport and cultural activities provides children and young people with many benefits in regard to their physical, social, emotional and cognitive development.^{403 404} Children who participate in sport tend to have higher social competence, exert more self-control and report greater wellbeing than their non-participating peers.⁴⁰⁵ Participation in cultural activities provides an opportunity for emotional and creative expression and can influence a child's ability to persist with tasks.⁴⁰⁶ Participating in both sports and cultural activities has a valuable role in promoting mental health and wellbeing.⁴⁰⁷

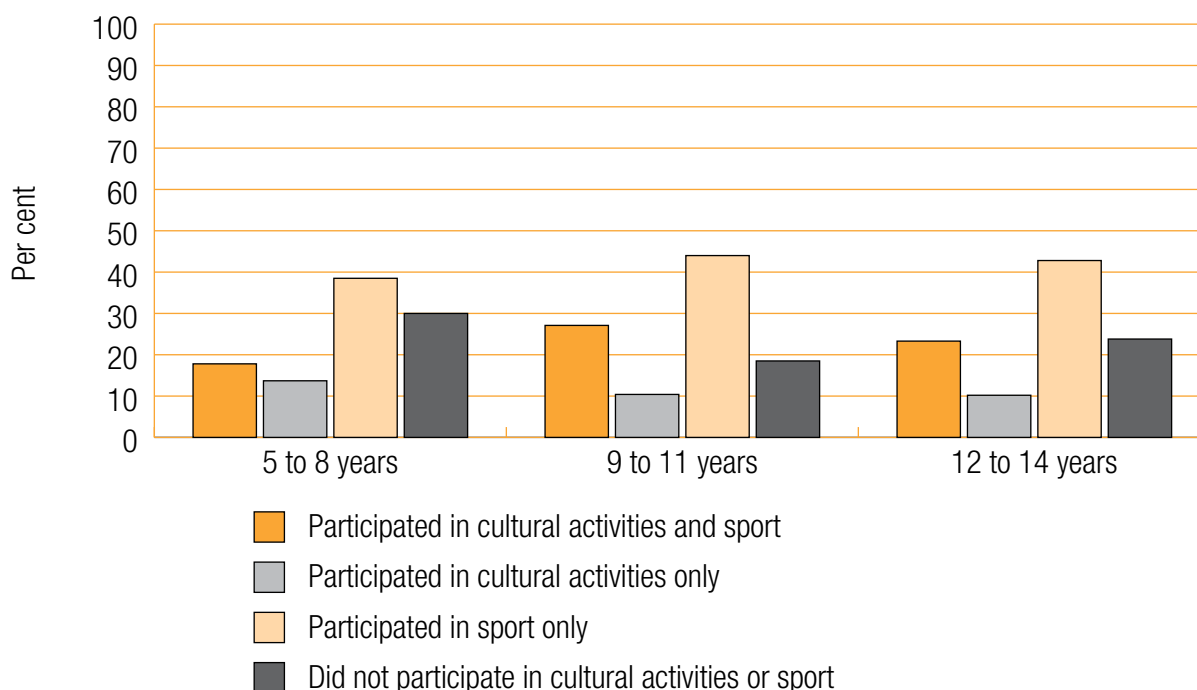
Figure 7.1: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, Western Australia and Australia, 2000 and 2012



Source: Australian Bureau of Statistics, *Children's Participation in Cultural and Leisure Activities*, 2000–2012 [series]



Figure 7.2: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by age group, Western Australia, 2012



Source: Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities*, 2012

Table 7.1: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by selected characteristic, Western Australia, 2012

	Males	Females	One-parent families		Couple families	
			Parent employed	Parent not employed	Child born in other country*	Both parents born in other countries*
Participated in cultural activities and sport	17.6	27.2	21.9	9.5	**	**
Participated in cultural activities only	5.0	18.7	11.7	7.2	**	**
Participated in sport only	54.7	27.3	41.9	32.7	**	23.8
Did not participate in cultural activities or sport	22.7	26.9	24.5	50.5	60.0	50.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities*, 2012

* The group 'other country' comprises all countries except Australia and the other main English-speaking countries (the United Kingdom, Ireland, South Africa, Canada, the United States of America and New Zealand).

** Estimate has a relative standard error of 25 per cent to 50 per cent and is therefore not suitable for publication.

Table 7.2: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by Index of Relative Socio-economic Advantage and Disadvantage (IRSAD)⁴⁰⁸

	Western Australia				
	Lowest quintile*	Second quintile	Third quintile	Fourth quintile	Highest quintile**
Participated in cultural activities and sport	16.4	12.3	18.1	24.2	39.4
Participated in cultural activities only	13.6	8.9	12.7	11.3	12.9
Participated in sport only	40.1	43.8	46.7	39.8	35.2
Did not participate in cultural activities or sport	30.0	35.0	22.6	24.8	12.4
	Australia				
	Lowest quintile*	Second quintile	Third quintile	Fourth quintile	Highest quintile**
Participated in cultural activities and sport	12.5	16.2	20.9	26.1	36.6
Participated in cultural activities only	10.2	12.9	13.0	12.5	11.4
Participated in sport only	30.3	35.4	39.4	39.9	38.6
Did not participate in cultural activities or sport	46.9	35.4	26.7	21.5	13.3

Source: Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities*, 2012, custom report

* The lowest quintile represents areas with relatively greater disadvantage and a lack of advantage in general.

** The highest quintile represents areas with a relative lack of disadvantage and greater advantage in general.



Table 7.3: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by activity, Western Australia and Australia, 2000, 2009 and 2012

	2000		2009		2012	
	WA	Australia	WA	Australia	WA	Australia
Cultural activities or sport (a)						
Involved in at least one selected cultural activity	29.4	29.4	37.4	33.7	33.9	35.2
Participated in at least one organised sport or physical activity (excluding dancing)	61.4	59.4	63.1	63.1	63.6	60.2
Attended at least one cultural venue or event	**	**	71.9	70.9	74.4	71.0
Did not participate in cultural activities or sport	28.3	30.0	23.3	26.0	24.7	27.7
Selected other activities (b)						
Skateboarding, rollerblading or riding a scooter*	38.6	30.9	53.8	49.3	59.7	53.8
Bike riding	66.3	63.8	64.0	60.4	66.2	63.5
Watching TV, DVDs or videos	96.6	96.9	97.1	97.4	97.7	95.8
Art and craft	47.9	44.3	49.9	48.3	46.3	43.4
Reading for pleasure	**	**	74.7	72.2	74.4	71.1

Source: Australian Bureau of Statistics, *Children's Participation in Cultural and Leisure Activities, 2000–2012* [series]

* The activity 'riding a scooter' has been added to this category in 2009. The figures for 2000 only include skateboarding and rollerblading.

** The activities 'attended at least one cultural venue or event' and 'reading for pleasure' were not yet included in 2000.

(a) In previous 12 months.

(b) During the last two weeks of school.



Table 7.4: Participation in selected Western Australian youth services: number of participants 12 to 17 years, by age group and gender, Western Australia, 2012

	12 to 14 years	15 to 17 years	Total
Youth Development Services	2,461	3,080	5,541
	Female	Male	Total
Cadets WA 2010 (a)	n/a	n/a	5,940
Cadets WA 2012 (a) (b)	3,202	4,538	7,740

Source: WA Department for Local Government and Communities 2013, custom report

(a) 2010 and 2012 data for Cadets WA are not directly comparable as the number of individual programs that are funded as part of the service fluctuates.

(b) Total includes young people 18 years of age.

What is this measure?

This measure is of the participation of children and young people aged five to 14 years in various cultural and sporting activities, both formal and informal.

The data shows the percentages of children and young people, in Western Australia (WA) and nationally, who were active in selected cultural activities, organised sport activities and who attended cultural venues or events outside of school hours. Also shown are the percentages of children who were not active in any of the aforementioned activities.

The data is taken from the Australian Bureau of Statistics' (ABS) *Children's Participation in Cultural and Leisure Activities* for 2000, 2009 and 2012.⁴⁰⁹ Data for this publication is collected every three years as a supplement to the monthly ABS Labour Force Survey.

Disaggregation of the data by Aboriginal status is not available.

In the publication, 'selected organised cultural activities' comprises time spent outside of school hours playing a musical instrument or participating in singing, dancing, drama or organised art and craft. 'Organised sport' refers to sports which are played or trained for outside of school hours and are organised by a school, club or association.⁴¹⁰

The survey also asks about selected other activities such as attendance at 'selected cultural venues and events'⁴¹¹ and 'selected recreational activities'.⁴¹² The participation in such activities has been included in this measure as it implies a connection to the community (Tables 7.2 and 7.3).

It is important to note that the survey uses two reference periods of data collection. Data on children's cultural and sport activities is collected with reference to the preceding 12-month period, while data on children's participation in selected other activities is referenced to the last two weeks of school.⁴¹³

Additionally, information has been included on the number of participants aged 12 to 17 years in selected WA youth services. This data was provided by the Department of Local Government and Communities as part of a custom report.



Commentary

In 2012, more than 60 per cent (63.6%) of WA children aged five to 14 years participated in at least one organised sport or physical activity. The WA rate is higher than the national rate of 60.2 per cent and represents an increase on the WA rate recorded for all previous survey years (in 2000 the rate was 61.4%). The rate of WA children participating in at least one organised cultural activity also increased from 29.4 per cent in 2000 to 33.9 per cent in 2012, but is slightly below the national rate of 35.2 per cent. Encouragingly, the rate of WA children not participating in any organised cultural activities or sport decreased from 28.3 per cent in 2000 to 24.7 per cent in 2012 (Figure 7.1 and Table 7.3).

Children aged between nine and 11 years were the most active, with more than 80 per cent participating in at least one organised sport or cultural activity (Figure 7.2). More boys participated in sport than girls, with almost three-quarters of boys (72.3%) involved in at least one organised sport compared with just over half of all girls (54.5%). Girls, on the other hand, were more than three times as likely as boys to participate in an organised cultural activity (18.7% compared with 5.0%) (Table 7.1).

However, not all WA children and young people have equally high participation rates. One-half of children aged five to 14 years who are living in a one-parent family where the parent is not employed do not participate in any organised cultural activity or sport. High rates of non-participation are also present among children from culturally and linguistically diverse (CALD) backgrounds. Sixty per cent of children born in a non-English speaking country do not participate in any organised cultural activity or sport (Table 7.1).

In addition, almost one-third of all children (30.0%) living in the most disadvantaged communities of WA did not participate in either sport or cultural activities. This proportion is even higher for all of Australia (46.9%). In comparison, around one in 10 children (12.4%) living in the most advantaged communities in WA did not participate in either type of activity (Table 7.2).⁴¹⁴

Looking at other activities linked to life in the community, nearly three-quarters (74.4%) of children and young people in WA attended at least one cultural venue or event in 2012. This represents a rate higher than the one recorded nationally (71.0%) and also shows an increase on the WA rate of 71.9 per cent recorded in 2009 (Table 7.3).

In regard to other recreational activities, the data shows a strong increase in popularity for 'skateboarding, rollerblading or riding a scooter', especially since riding a scooter was added to this category. Nearly 60 per cent of children and young people in WA engaged in 'skateboarding, rollerblading or riding a scooter' in 2012 compared to only 38.6 per cent in 2000. The WA rate is also significantly higher than the national rate of 53.8 per cent. Bike riding, on the other hand, remained largely unchanged. Almost the same proportion of WA children rode a bike in 2012 as in 2000 – around two-thirds. Notably, a slightly higher proportion of WA children than all Australian children engage in 'watching TV, DVDs or videos' (Table 7.3).

In terms of individual age groups, the peak age of participation in cultural and sports activities is from nine to 11 years. Children at this age are more likely than their younger or older peers to be participating in organised sport, a cultural activity or to be attending a cultural venue or event. Participation in activities such as bike riding or riding a scooter, however, appears to be most popular among the youngest age group of five to eight year-old children. Participation in these categories is lowest for young people aged 12 to 14 years (Table 7.5).

Information from the Department for Local Government and Communities shows that 5,541 young people aged 12 to 17 years participated in programs and activities with Youth Development Services⁴¹⁵ in 2012. Almost 56 per cent (3,080) of young people participating were aged 15 to 17 years and 44 per cent (2,461) were aged 12 to 14 years. Both genders were represented fairly equally. An additional 7,740 young people aged 12 to 18 years were involved in a unit with Cadets WA Program.⁴¹⁶ Here almost 60 per cent (4,538) of participants were male and approximately 40 per cent (3,202) were female. The data indicates a significant increase in Cadets WA participant numbers from 2010 to 2012 (Table 7.4).

Strategies

Active Living for All: A Framework for Physical Activity in Western Australia 2012-2016, Government of Western Australia

The *Active Living for All* framework represents the strategic direction for increasing and improving opportunities for physical activity in WA over the next five years (2012–16). Further information is available at www.beactive.wa.gov.au/index.php?id=1589

Youth advisory councils

A number of local councils and organisations have formed youth advisory councils (YAC) or similar groups of young people who are interested in the issues of their community and want to do something about them. Examples of activities undertaken by YACs include:

- providing advice to local governments or the organisation on a wide range of youth issues and initiatives
- assisting in deciding funding priorities for youth facilities, events and services
- encouraging participation of young people in community initiatives.

Further information is available at www.communities.wa.gov.au/communities-in-focus/youth/get-involved/Pages/Youth-Advisory-Councils.aspx

Examples of YACs include:

- Subi Voice of Youth, City of Subiaco – www.subiaco.wa.gov.au/Our-community/For-youth#SVY
- Youth Advisory Committee, New Children’s Hospital Project, Department of Health – www.newchildrens.hospitalproject.health.wa.gov.au/Planning/Consultation/YouthAdvisoryCommittee.aspx

Want to know more?

Data on participation of children and young people

The Australian Bureau of Statistics produces information on children’s participation in cultural and leisure activities every three years, available at www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202009?OpenDocument

Other information

Information about involving children and young people in the work of your organisation is available in the Commissioner for Children and Young People WA’s publication *Involving Children and Young People: Participation Guidelines* available at www.cryp.wa.gov.au/content/Participation%20Guidelines.aspx

The Department for Culture and the Arts is the State agency responsible for the implementation of government policy and initiatives in culture and the arts. Further information is available at www.dca.wa.gov.au

The Department of Sport and Recreation is the lead WA agency responsible for the implementation of government policy and initiatives in sport and recreation. Information on their priorities and programs is available at www.dsr.wa.gov.au

The KidSport initiative enables eligible children and young people to apply for financial assistance to contribute towards sporting club fees. The funding is administered by local governments which have signed up to the scheme. More information is available at <http://clubsonline.dsr.wa.gov.au/kidsport>

There are a number of organisations funded by the Department for Communities aimed at providing children and young people with the opportunity to participate in community and voluntary activities. More information is available at www.communities.wa.gov.au/Pages/default.aspx



Additional tables

Table 7.5: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by age group and activity, Western Australia, 2012

	5 to 8 years	9 to 11 years	12 to 14 years	Total
Cultural and sports activities (a)				
Involved in at least one selected cultural activity	31.5	37.5	33.4	33.9
Attended at least one cultural venue or event	73.1	79.5	71.2	74.4
Participated in at least one organised sport or physical activity (excl. dancing)	56.3	71.1	66.1	63.6
Selected other activities (b)				
Skateboarding, rollerblading or riding a scooter	66.6	66.1	44.2	59.7
Bike riding	73.0	71.1	52.4	66.2
Watching TV, DVDs or videos	97.8	98.2	96.9	97.7
Other screen-based activities	72.8	90.5	93.4	84.2
Art and craft	59.8	45.2	29.2	46.3
Reading for pleasure	73.9	76.7	73.0	74.4
Homework or other study for school	75.9	88.0	89.5	83.6

Source: Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities*, 2012

(a) In previous 12 months.

(b) During the last two weeks of school.



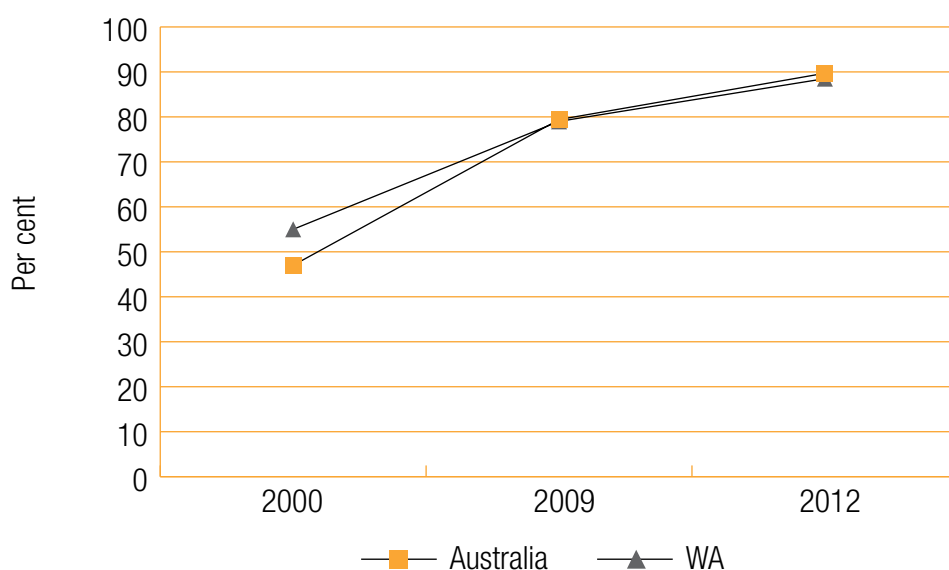
7.2 Internet access

Why this measure is included

Internet access is regarded as an increasingly important indicator of material basics and social inclusion,⁴¹⁷ providing children and young people with a range of educational, entertainment and social opportunities.⁴¹⁸ Having an Internet connection is included as an indicator which UNICEF considers when measuring children's material wellbeing in its report card on child wellbeing in rich countries.⁴¹⁹

There is an increasing recognition of the Internet's capacity as a tool and setting for promoting the health and wellbeing of young people, particularly in the area of mental health.^{420 421}

Figure 7.3: Internet access by children and young people 5 to 14 years: in per cent, Western Australia and Australia, 2000, 2009 and 2012



Source: Australian Bureau of Statistics, *Children's Participation in Cultural and Leisure Activities*, 2000–2012 [series]

Table 7.6: Internet access by children and young people 5 to 14 years: in per cent, by age group, Western Australia and Australia, 2009 and 2012

	2009		2012	
	WA	Australia	WA	Australia
5 to 8 years	n/a	59.9	75.7	79.1
9 to 11 years	n/a	88.5	96.1	96.0
12 to 14 years	n/a	95.5	98.2	97.8
Total	79.0	79.4	88.5	89.7

Source: Australian Bureau of Statistics, *Children's Participation in Cultural and Leisure Activities*, 2000–2012 [series]

Table 7.7: Internet access by children and young people 5 to 14 years: in per cent, by selected characteristics, Western Australia, 2012

Selected characteristic		Per cent
Males		88.6
Females		88.4
Perth metropolitan area		90.6
Regional/remote WA		83.0
One-parent families	Parent employed	85.3
	Parent not employed	78.4
Couple families	Born in other country*	77.7
	Both parents born in other country*	78.4
	Neither parent employed	76.1

Source: Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, 2012*

* The group 'other country' comprises all countries except Australia and the other main English-speaking countries (the United Kingdom, Ireland, South Africa, Canada, the United States of America and New Zealand).

Table 7.8: Internet use by children and young people 5 to 14 years: in per cent, by type of Internet activity done at home, Western Australia, 2012

	5 to 8 years	9 to 11 years	12 to 14 years	Total
Educational activities	82.3	92.7	95.5	90.4
Playing online games	66.8	74.6	58.6	66.3
Listening to music or watching videos or movies	46.6	62.5	78.9	63.3
Other general surfing or browsing	16.1	40.7	54.3	37.7
Downloading videos, movies or music	10.4	30.8	59.0	34.4
Visiting or using social networking sites	2.8	20.8	63.9	30.6
Emailing	6.2	28.9	53.9	30.6
Making phone calls online	12.8	21.9	35.9	24.0
Visiting news, sports or weather sites	6.3	20.2	29.9	19.2
Using chat rooms, forums or instant messaging	2.1	5.6	25.8	11.7
Creating online content	n/a	n/a	16.5	7.6
Using eBay, auction sites or Internet shopping	n/a	n/a	10.4	4.8

Source: Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, 2012*

What is this measure?

This measure looks at Internet access and use⁴²² by children and young people aged five to 14 years.

The data shows the percentages of children and young people in Western Australia (WA) and nationally who had access to the Internet at home, in school and at other places, and the most common types of Internet activity at home by children and young people. It includes situations where a parent is present teaching the child or where the parent is operating the mouse or keyboard under the child's direction, but does not include situations where the child is only observing the parent accessing the Internet.⁴²³

The data is taken from the Australian Bureau of Statistics' (ABS) *Children's Participation in Cultural and Leisure Activities* for 2000, 2009 and 2012.⁴²⁴ Data for this publication is collected every three years as a supplement to the monthly ABS Labour Force Survey. The data on children's Internet access and use was collected with reference to the preceding 12-month period.⁴²⁵ The data does not provide a breakdown on Internet access and use by Aboriginal children, nor does it include children living in Aboriginal communities, who were not in the scope of the survey for operational reasons.⁴²⁶

In order to provide some indication of Internet access and use by Aboriginal children, data has been sourced from the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS).⁴²⁷ This data considered all Aboriginal children aged five to 14 years in Australia.

Commentary

The majority (88.5%) of WA children and young people aged five to 14 years accessed the Internet in the 12 months to April 2012. The proportion has steadily increased from 55.0 per cent in 2000 and 79.0 per cent in 2009 (Figure 7.3). Generally, the proportion of children and young people in WA who accessed the Internet increased with age, with 75.7 per cent of five to eight year-olds having accessed the Internet, 96.1 per cent of nine to 11 year-olds and 98.2 per cent of 12 to 14 year-olds (Table 7.6).

Almost the same proportion of girls as boys accessed the Internet (88.4% compared to 88.6%), although there was a difference in access between children and young people in the Perth metropolitan area and in other parts of WA. More than 90 per cent of children residing in the metropolitan area accessed the Internet compared with 83 per cent of children in regional and remote areas (Table 7.7).

Children and young people living in one-parent families where the parent is not employed, and those from culturally and linguistically diverse (CALD) backgrounds, were less likely than their peers to access the Internet (78.4% and 77.7% respectively) (Table 7.7).

In addition, more than one-third of all children (34.4%) living in the most disadvantaged⁴²⁸ communities of WA did not access the Internet at home. This proportion is higher than for all of Australia (31.9%). In comparison, fewer than one in 10 children (8.9%) living in the most advantaged communities in WA did not access the Internet at home⁴²⁹ (Table 7.10).

Of the more than 235,000 children and young people who did access the Internet at home, 90 per cent used the Internet for educational activities, which was the most popular purpose. Playing online games and listening to music or watching videos or movies were the second and third most popular Internet activities for children and young people. This result was observed across all surveyed age groups with the exception of age group 12 to 14 years where visiting or using social networking sites was third (Table 7.8).

The ABS estimates that in 2008, around 69 per cent of Aboriginal children aged five to 14 years in Australia used the Internet, often accessing the Internet from more than one site. School was the most popular location: 84 per cent of Aboriginal children who used the internet accessed the internet from school, 58 per cent from their homes and 21 per cent from a neighbour's, friend's or relative's house.⁴³⁰

The most popular online activities identified by Aboriginal children in 2008 were education or study (77%), entertainment or leisure (59%) and social communication (26%).⁴³¹



Strategies

Students Online Policy, Government of Western Australia (released 2013)

This policy supports the development of school-based processes and procedures to protect and inform students and parents in their use of Department of Education online services. Information is available at www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/policies/students-online.en?oid=au.edu.wa.det.cms.contenttypes.Policy-id-3784406

National Strategy for Young Australians, Commonwealth Government (released 2010)

This national strategy provides the Commonwealth Government's vision for all young people to grow up safe, healthy, happy and resilient and to have the opportunities and skills they need to learn, work, engage in community life and influence decisions that affect them. It focuses on eight key priority areas including enabling young Australians to participate confidently and safely online. Information is available at www.youth.gov.au/sites/youth/ayf/media/pages/nationalstrategyforyoungaustralians

Closing the Gap: National Partnership Agreement on Remote Indigenous Public Internet Access – Indigenous Communications Program, Council of Australian Governments (released 2009)

This program is being delivered under a 2009 National Partnership Agreement on Remote Indigenous Public Internet Access. It aims to improve telecommunications services and basic public Internet access facilities for 120 remote indigenous communities that have limited or no public access Internet facilities. Information is available at www.communications.gov.au/funding_and_programs/indigenous_communications_programme

Cybersmart, Commonwealth Government

Cybersmart is a national cyber safety and cyber security education program managed by the Australian Communications and Media Authority. The program is specifically designed to meet the needs of children, young people, parents, teachers and library staff. Information is available at www.cybersmart.gov.au/

Stay Smart Online, Commonwealth Government

Stay Smart Online is a Commonwealth Government initiative providing cyber security information for Australian Internet users about ways to protect their personal information online. It includes information on using social networking sites safely, dealing with cyber bullying and online grooming, and how to secure mobile phones. Further information is available at www.staysmartonline.gov.au/kids_and_teens

Youth Advisory Group on Cyber Safety, Commonwealth Government (established 2009)

This group of young people aged eight to 17 years provides advice to government on cyber safety issues. They provide an insight into cyber safety issues affecting children and teenagers and how they can be addressed from the perspective of young people themselves. Further information is available at www.communications.gov.au/funding_and_programs/cyber_safety/youth_advisory_group



Want to know more?

Data on Internet access and use

The Australian Bureau of Statistics produces information on children's access and use of the Internet every three years, available at www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202012?OpenDocument

Research, reports and articles

The July 2012 report *Review of access to telecommunication services by people with disability, older Australians and people experiencing illness* was undertaken by the Commonwealth Government to consider how best to support use of telecommunications by people with a disability, including Internet access and use. The report is available at www.communications.gov.au/consultation_and_submissions/previous_consultation_and_submissions/review_of_access_to_telecommunication#report

The Commonwealth Parliament's Joint Select Committee on Cyber-Safety June 2011 Interim Report *High-Wire Act: Cyber-Safety and the Young* is available at www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=jsc/report.htm

Like, post, share: Young Australians' experience of social media, August 2011, reports on qualitative research conducted for the Australian Communications and Media Authority (ACMA). This report can be accessed at www.acma.gov.au/theACMA/Library/researchacma/Research-reports/young-australians-and-social-media

The Young and Well Cooperative Research Centre explores the role of technology in young people's lives and how technology can be used to improve the mental health and wellbeing of young people aged 12 to 25 years. The Centre is funded under a Commonwealth Government initiative and unites young people with researchers, practitioners, innovators and policy makers from over 70 partner organisations across the not-for-profit, academic, government and corporate sectors. Further information is available at www.yawcrc.org.au/partners

Other information

The State Library of Western Australia (SLWA) provides free public access to the Internet at the Perth Cultural Centre site. In addition, many public libraries provide free internet access to members. www.slwa.wa.gov.au/find/services/services_and_equipment/internet
www.slwa.wa.gov.au/find/guide_to_public_libraries

Cyber Strong Schools provides resources to help WA school communities support students to engage in positive ways with social media. CSS is part of Friendly Schools PLUS developed by the Child Health Promotion Research Centre at Edith Cowan University. Information is available at friendlyschools.com.au/cyberstrong

Solid Kids – Solid Schools – Solid Families is a childhood bullying prevention and management resource relevant to Aboriginal communities in the Mid-West Education District of Western Australia. The project was led by the Child Health Promotion Research Centre in partnership with the Combined Universities Centre for Rural Health and the Telethon Institute for Child Health Research. Further information about the resource is available at www.solidkids.net.au/index.php/

Information on the Commonwealth Government's approach to cyber safety, including research to inform policy development, is available on the Department for Communications' website at www.communications.gov.au/online_safety_and_security/cyber_safety

The Australian Communications and Media Authority is a Commonwealth Government agency responsible for the regulation of broadcasting, the Internet, radio communications and telecommunications. Information for parents, children and young people on Internet use is available at www.acma.gov.au/Citizen

Australian Broadcasting Corporation (ABC)/Education Services Australia (ESA) Education Portal is available at www.abc.net.au/learn/education-portal.htm



Additional tables

Table 7.9: Internet access by children and young people 5 to 14 years: number and in per cent, by location of Internet access, Western Australia, 2012

Location of Internet access	Per cent	Number
Home	89.5	235,400
School	90.1	237,000
Other places	51.9	136,600
Total	100.0	262,900

Source: Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, 2012*

Table 7.10: Internet use at home by children and young people 5 to 14 years: in per cent, by Index of Relative Socio-economic Advantage and Disadvantage

	Western Australia				
	Lowest quintile	Second quintile	Third quintile	Fourth quintile	Highest quintile
Internet accessed at home	65.6	72.6	80.7	80.6	91.1
Internet not accessed at home	34.4	27.4	19.3	19.4	8.9
	Australia				
	Lowest quintile	Second quintile	Third quintile	Fourth quintile	Highest quintile
Internet accessed at home	67.8	76.7	80.7	86.3	90.5
Internet not accessed at home	31.9	23.0	19.2	13.6	9.5

Source: Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, custom report*



- 402 Australian Research Alliance for Children and Youth 2013, *Report Card: The wellbeing of young Australians*, Australian Research Alliance for Children and Youth, p. 22.
- 403 The Smith Family 2013, *Sport, culture and the internet: Are Australian children participating?*, The Smith Family.
- 404 Be Active WA, Physical Activity Taskforce, *Co-benefits of Physical Activity*, Government of Western Australia [website], viewed 24 June 2013, <www.beactive.wa.gov.au/index.php?id=483#relevant>
- 405 Findlay L C and Coplan R J 2008, 'Come out and play: Shyness in childhood and the benefits of organised sports participation', *Canadian Journal of Behavioural Science*, 40(3) pp. 153–161; cited in The Smith Family 2013, *Sport, culture and the internet: Are Australian children participating?*, The Smith Family.
- 406 Črnčec R, Wilson S and Prior M 2006, 'The cognitive and academic benefits of music to children: Facts and fiction.' *Educational Psychology: An International Journal of Experimental Educational Psychology*, 26(4) pp. 579–594; cited in The Smith Family 2013, *Sport, culture and the internet: Are Australian children participating?*, The Smith Family.
- 407 Bungay H and Vella-Burrows T 2013, 'The effects of participating in creative activities on the health and wellbeing of children and young people: A rapid review of the literature,' *Perspectives in Public Health*, 33(1) pp. 44–52; cited in The Smith Family 2013, *Sport, culture and the internet: Are Australian children participating?*, The Smith Family.
- 408 Australian Bureau of Statistics 2013, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011*, cat. no. 2033.0.55.001, 'The Index of Relative Socio-economic Advantage and Disadvantage (IRSAD)' [website], viewed 11 March 2014, <www.abs.gov.au/ausstats/abs@.nsf/Lookup/2033.0.55.001main+features100042011>
- 409 Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, 2012*, cat. no. 4901.0 [website], viewed 20 June 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202012?OpenDocument>
- 410 Compare Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, 2012*, Glossary [website], viewed 20 June 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4901.0Glossary1Apr%202012?opendocument&tabname=Notes&prodno=4901.0&issue=Apr%202012&num=&view=>>
- 411 'Selected cultural venues and events' includes visiting public libraries; visiting museums or art galleries; and attending performing arts events. See Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, 2012*, cat. no. 4901.0 [website], viewed 20 June 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202012?OpenDocument>.
- 412 'Selected recreational activities' includes skateboarding, rollerblading or riding a scooter; bike riding; watching television, DVDs or videos; other screen-based activities; art and craft (excluding organised art and craft); and reading for pleasure and homework or other study. See Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, 2012*, cat. no. 4901.0 [website], viewed 20 June 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202012?OpenDocument>.
- 413 For a more detailed description of the reference periods see Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, 2012*, Glossary [website], viewed 20 June 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4901.0Glossary1Apr%202012?opendocument&tabname=Notes&prodno=4901.0&issue=Apr%202012&num=&view=>>
- 414 A large Western Australian study of young people's participation in activities outside of school hours showed a stronger positive association for high school students from more disadvantaged schools, compared to their peers from more advantaged schools. Compare Blomfield C and Barber B 2011, 'Developmental experiences during extracurricular activities and Australian adolescents' self-concept: Particularly important for youth from disadvantaged schools', *Journal of Youth and Adolescence*, 40(5) pp. 582–594.
- 415 Youth Development Services are funded to provide programs and activities that meet the needs of young people aged 12 to 25 years and that focus on youth development in a number of areas including resilience, sociability and peer relationship skills and community participation.



- 416 Cadets WA Units are funded to provide programs and activities that meet the needs of young people aged 12 to 18 years and focus on structured leadership, initiative, teamwork and life-skills activities. Services are provided on a universal basis in response to the diverse, and varied, needs of young people of secondary age throughout Western Australia.
- 417 Australian Research Alliance for Children and Youth 2013, *Report Card: The wellbeing of young Australians*, Australian Research Alliance for Children and Youth.
- 418 The Smith Family 2013, *Sport, culture and the Internet: Are Australian children participating?*, The Smith Family.
- 419 UNICEF Office of Research 2013, 'Child Well-being in Rich Countries: A comparative overview', *Innocenti Report Card 11*, UNICEF Office of Research, Florence, p. 9.
- 420 Blanchard M, Hosie A, Burns J 2013, *Embracing technologies to improve well-being for young people - An Australian view of evidence and policy implications*, Commonwealth Health Partnerships 2013 [website] viewed 9 October 2013 <www.yawcrc.org.au/knowledge-hub/publications>
- 421 Campbell A, Robards F 2013, *Using technologies safely and effectively to promote young people's wellbeing: A Better Practice Guide for Services*, NSW Centre for the Advancement of Adolescent Health, Westmead and the Young and Well CRC, Abbotsford. [website] viewed 9 October 2013 <www.yawcrc.org.au/knowledge-hub/publications>
- 422 Although the Internet has many benefits for children and young people, potential adverse impacts on their wellbeing can result from exposure to illegal or inappropriate content, cyber bullying and sexual predators. While cyber safety and other potential negative aspects of Internet use are not considered as part of this measure, links relating to information on cyber safety are included.
- 423 Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, Apr 2012*, cat. no. 4901.0 [website], Glossary [website], viewed 9 October 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4901.0Glossary1Apr%202012?opendocument&tabname=Notes&prodno=4901.0&issue=Apr%202012&num=&view=>>
- 424 Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, Apr 2012*, cat. no. 4901.0 [website], viewed 20 June 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202012?OpenDocument>.
- 425 For more information on the data collection methodology see Australian Bureau of Statistics 2013, *Children's Participation in Cultural and Leisure Activities, Australia, 2012*, Explanatory Notes [website], viewed 24 October 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4901.0Explanatory%20Notes1Apr%202012?opendocument&tabname=Notes&prodno=4901.0&issue=Apr%202012&num=&view=>>
- 426 Australian Bureau of Statistics 2012, *Children's Participation in Cultural and Leisure Activities, Australia, Apr 2012*, cat. no. 4901.0 [website], viewed 20 June 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Explanatory%20Notes1Apr%202012?OpenDocument>
- 427 Australian Bureau of Statistics 2009, *National Aboriginal and Torres Strait Islander Social Survey, 2008*, cat. no. 4714.0 [website], viewed 28 January 2014, <www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0/>
- 428 Most disadvantaged communities are communities ranked in the Lowest quintile of the Index of Relative Socio-economic Advantage and Disadvantage (SEIFA). For more information on SEIFA refer to Australian Bureau of Statistics 2013, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011*.
- 429 The Smith Family report *Sport, culture and the Internet: Are Australian children participating?* discusses the different levels of participation by children from disadvantaged communities compared with children from advantaged communities. See The Smith Family 2013, *Sport, culture and the Internet: Are Australian children participating?*, The Smith Family, pp. 5–6.
- 430 Australian Bureau of Statistics 2011, 'IT use by Aboriginal and Torres Strait Islander Children' *Australian Social Trends, Jun 2011*, cat. no. 4102.0, [website], viewed 28 January 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features60Jun+2011>
- 431 Ibid.



8. Subjective Wellbeing

About this domain

Subjective wellbeing considers how children and young people feel about themselves and the world they live in. This includes feelings about their own physical and mental health, as well as concerns about broader issues, such as family conflict and problems at school.⁴³²

Subjective wellbeing adds another dimension to the more traditional view of wellbeing in terms of material progress measured by income or gross domestic product.⁴³³

The companion reports *Building Blocks* Editions One and Two include information about 126 programs which have been shown to be effective in improving the wellbeing of children and young people.

Measures included in this domain are:

Concerns of children and young people

Page 253



8.1 Concerns of children and young people

Why this measure is included

Children and young people are not a homogenous group and understanding the range of issues that concern them provides important insight into what is affecting their wellbeing and what assistance they require to deal with these issues. Similarly, how they find information and where they seek help and advice about their health and wellbeing are also important to ensure that children and young people have access to relevant avenues of support. A variety of programs and services need to be accessible to suit the different needs and circumstances of children and young people across Western Australia (WA).⁴³⁴

This measure contains data of a different nature than most other data in this report.

Most data of this report meets the following list of stringent criteria:

- Capable, as far as possible, of disaggregation by gender, by Aboriginal status and by region of WA.
- Meaningful for researchers and users and, where possible, young people.
- Based on consistent and repeatable data collections.
- Capable of being influenced by action.

The data in this measure may not meet each of these criteria but has been included in order to provide the best available information regarding this aspect of children and young people's wellbeing. The data should be used with caution, including considering the qualifications outlined within the content of this measure.

What is this measure?

This measure examines the issues that most concern children and young people.

Research and evidence about what concerns children and young people and their sources of support specific to WA is limited.

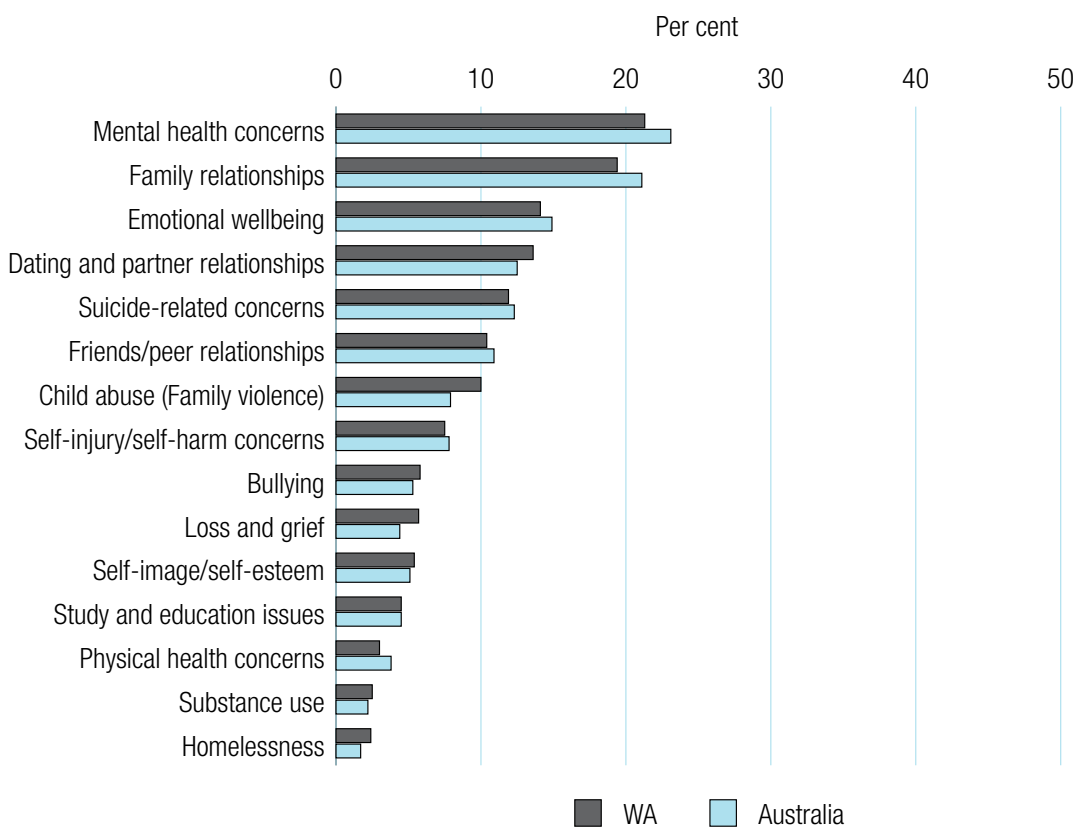
Data from contacts to the Kids Helpline in 2012 provides information on the issues of concern to children and young people. In this year, Kids Helpline⁴³⁵ provided almost 4,500 counselling sessions to WA children and young people aged five to 25 years. The data from these contacts is disaggregated by age, gender, ethnicity and by location (regional/metropolitan).⁴³⁶

Further data is available from the Mission Australia *Youth Survey 2013*.⁴³⁷ This survey, designed for young people aged 15 to 19 years, is conducted annually. The data is disaggregated at a state level by gender but not by Aboriginal status. The data is not disaggregated by area of residence in relation to metropolitan, regional or remote categories.

More than 14,000 young people from across Australia participated in the survey, with 1,235 of these from WA. Most young people (72%) accessed the survey online with the remainder submitting hard copies. Young people were engaged in the survey through secondary schools and through Mission Australia's services for young people. Participation is voluntary and the survey employs a self-selecting sampling method.

Young people were asked to rate how concerned they were about specified items on a five-point scale, from 'extremely concerned' to 'not at all concerned'. Young people were also asked about who they turn to for information, advice and support. Again, a list of options was provided for young people to comment on. There was no capacity in the survey for young people to add additional items or provide comment for either question.

Figure 8.1: Issues and concerns of children and young people 5 to 25 years contacting Kids Helpline: in per cent, by 'all concerns', Western Australia and Australia, 2012



Source: BoysTown 2012, *Western Australia 2012*, Kids Helpline

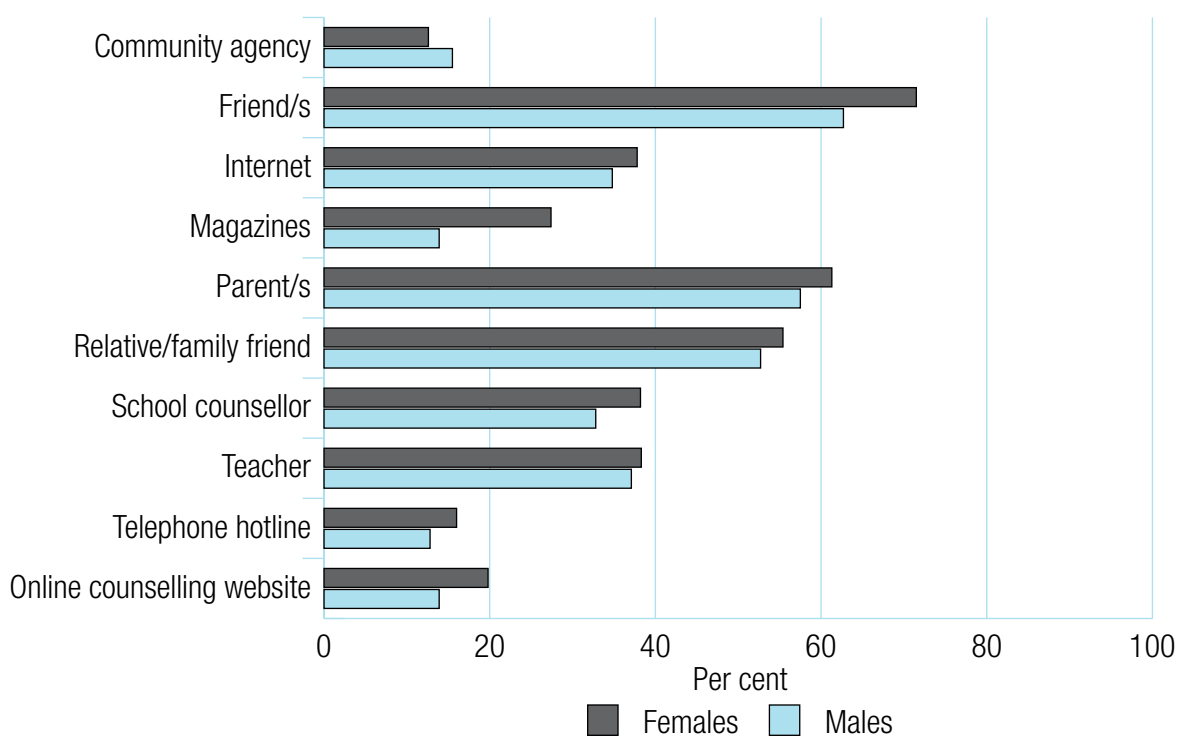


Table 8.1: Where young people 15 to 19 years turn for information, advice and support: in per cent, by gender, Australia, 2013

Females	Information	Advice	Support	Not comfortable
Community agency	35.0	12.6	9.0	51.5
Friend/s	42.8	71.5	77.4	5.2
Internet	75.5	37.8	16.1	10.8
Magazines	53.6	27.4	7.0	28.0
Parent/s	52.1	61.3	66.1	15.5
Relative/family friend	40.6	55.4	54.8	19.5
School counsellor	28.4	38.2	28.2	42.1
Teacher	42.4	38.3	23.8	35.1
Telephone hotline	20.4	16.0	11.8	65.7
Online counselling website	26.3	19.8	12.9	59.6
Males	Information	Advice	Support	Not comfortable
Community agency	35.9	15.5	9.8	46.0
Friend/s	49.9	62.7	59.9	8.1
Internet	69.0	34.8	17.9	13.8
Magazines	42.9	13.9	7.4	39.0
Parent/s	53.9	57.5	57.9	14.1
Relative/family friend	46.8	52.7	47.0	17.2
School counsellor	29.8	32.8	24.9	38.9
Teacher	45.2	37.1	20.7	30.5
Telephone hotline	20.7	12.8	10.3	61.7
Online counselling website	23.2	13.9	9.9	60.0

Source: Mission Australia 2013, *Youth Survey 2013*, Mission Australia

Figure 8.2: Where young people 15 to 19 years turn for advice: in per cent, by gender, Australia, 2013



Source: Mission Australia 2013, *Youth Survey 2013*, Mission Australia

Commentary

Kids Helpline provided counselling, information and support through approximately 43,000 direct contacts and self-directed website help-seeking activities with WA children and young people in 2012.⁴³⁸ Of these, 4,427 were counselling sessions provided to WA children seeking help about their issues and concerns. This was a 25 per cent increase on the 2011 figures of 3,542.⁴³⁹

Of the 4,427 WA children and young people who had contact with a Kids Helpline counsellor regarding their issues and concerns in 2012, more than 70 per cent were aged five to 18 years. More specifically, 42.3 per cent were aged 15 to 18 years, 27.4 per cent were aged 10 to 14 years and only 2.2 per cent were aged five to nine years.⁴⁴⁰ Children and young people in regional and remote areas of WA represented 17 per cent of all calls or online contacts.⁴⁴¹

Four in five (80%) children and young people who engaged in counselling sessions were female, three per cent identified as Aboriginal and nearly one in four (24%) identified as from a culturally or linguistically diverse (CALD) background.⁴⁴² Similar proportions were reported nationally with 84 per cent of contacts from females, 2.4 per cent Aboriginal and 25 per cent CALD.⁴⁴³

The most common concerns for children and young people in WA who contacted the Kids Helpline in 2012 were mental health concerns (21.3%), family relationships (19.4%) and emotional wellbeing (14.1%) (Figure 8.1). In comparison with national data, there were higher rates of concerns raised by WA children and young people in regard to dating and partner relationships (13.6% compared to 12.5%), child abuse (10% compared to 7.9%), loss and grief (5.7% compared to 4.4%), and homelessness (2.45 compared to 1.7%).⁴⁴⁴

Nationally there were significant differences in issues of concern for different age groups, gender and ethnicity. The information was not disaggregated in these categories for WA children and young people.

The top concerns of Australian children aged five to nine years were family relationships and bullying, as well as friendship relationships for females or emotional wellbeing for males.⁴⁴⁵

For those aged 10 to 14 years, family relationships was the leading concern for both genders, friendship relationships and mental health concerns were second and third highest for females, and bullying and emotional wellbeing were second and third highest for males.⁴⁴⁶

The most common concerns for Australian young people aged 15 to 18 years were mental health and family relationships, for both genders. Third highest for females was emotional wellbeing, and for males, dating and partner relationships.⁴⁴⁷

The top three concerns of Aboriginal children and young people across Australia were mental health concerns, family relationships and suicide-related concerns. Aboriginal children and young people were more likely to seek help about suicide-related concerns, child abuse, bullying and homelessness, than non-Aboriginal callers to the Kids Helpline.⁴⁴⁸

Nationally there was a 12 per cent increase in children and young people from culturally and linguistically diverse (CALD) backgrounds engaging in counselling sessions in 2012. The top three concerns of children and young people from CALD backgrounds were family relationships, mental health concerns and emotional wellbeing. They were more likely to seek help about family relationships, dating and partner relationships, friendship relationships, child abuse, study/education issues, self-image/esteem, employment issues and cultural identity concerns than other callers to the Kids Helpline.⁴⁴⁹

The Mission Australia *Youth Survey 2013*,⁴⁵⁰ designed for young people aged 15 to 19 years, showed some differences in the top areas of concern to the Kids Helpline (for five to 25 year-olds). The top three items of concern to young people nationally in 2013 were coping with stress (38.3%), school/study problems (37.4%) and body image (30.8%). Depression, family conflict and bullying/emotional abuse were the next three highest reported areas of concern.⁴⁵¹

In regard to gender, young females had higher levels of extreme concern across all areas except drugs, alcohol and gambling, where young males expressed higher levels of concern.⁴⁵²

Aboriginal young people also shared the same top three concerns as young people nationally, although school and study concerns was the top concern for this group. Aboriginal young people reported higher levels of concern than the total sample of young people across most items but particularly for family conflict, bullying/emotional abuse, personal safety, suicide, discrimination, drugs, alcohol and gambling.⁴⁵³

Similar to the Kids Helpline data, the Mission Australia data reports a high level of information seeking from the Internet by Australian young people aged 15 to 19 years, with 72 per cent ranking it as their main source of information. The Mission Australia survey also provides information on who young people seek help from with friends, parents and other relatives the top three sources of advice and support (Table 8.1 and Figure 8.2).

The Commissioner for Children and Young People WA's research in 2009 involved consultation with nearly 1,000 children and young people aged five to 18 years across WA about what they believed was important to their wellbeing. This research found that family conflict, problems with friends and issues at school were the main sources of stress.⁴⁵⁴ Educational achievement was also a significant cause of concern,⁴⁵⁵ as was bullying at school.⁴⁵⁶

Some young people aged 10 to 17 years admitted to feeling overwhelmed by stress and problems. For example, more than 35 per cent of children and young people responding to the online survey component of the research agreed with the statement 'I have too much stress/worry in my life'.⁴⁵⁷

The Australian Research Alliance for Children and Youth (ARACY) held a consultation with children and young people (aged less than 24 years) and their families in 2012, *The Nest Consultation*,⁴⁵⁸ to find out their views on what was important to children and young people's wellbeing.

The findings of the consultation were grouped into seven aspects of wellbeing, 'being loved and valued', 'being safe', 'being healthy', 'learning and developing', 'having a say', 'being a part of the community' and 'achieving material basics'.

Overall, the children and young people who participated in the consultation considered 'being loved and valued' the most important aspect of wellbeing (78%).⁴⁵⁹ The findings of the consultation were used to inform the *ARACY Report Card: The wellbeing of young Australians*.⁴⁶⁰

Want to know more?

Data on concerns of children and young people

Kids Helpline Overview 2012 and past overviews back to 2006 are available at www.kidshelp.com.au/grownups/news-research/research-reports/kids-helpline-overview.php

Mission Australia's *Youth Survey 2013* and past national surveys are available at www.missionaustralia.com.au/youthsurvey

ARACY 2012, *The Nest Consultation: Findings from consultation with children, young people, parents and other adults conducted between March and September 2012*. Available at www.aracy.org.au/documents/item/151



Other information

The Commissioner for Children and Young People WA's research report, *Children and Young People's Views on Wellbeing 2010*, is available at [www.cyp.wa.gov.au/files/Wellbeing%20research%20report%202010/wellbeing-report\[1\].pdf](http://www.cyp.wa.gov.au/files/Wellbeing%20research%20report%202010/wellbeing-report[1].pdf)

Commissioners and/or guardians representing children and young people in other Australian states and territories have also sought the views of children and young people on their issues of concern. Links to their websites are on the Commissioner for Children and Young People website at <http://www.cyp.wa.gov.au/content.aspx?cld=57>

Information about stress in children and young people, how to recognise when they are under stress and how to guide them to better cope can be found on a number of websites including:

- Raising Children Network – www.raisingchildren.net.au
- South Australia's Children and Youth Health service – www.cyh.com
- Parenting WA – www.communities.wa.gov.au/communities-in-focus/parenting_and_children/Pages/default.aspx

The Department of Local Government and Communities publishes a number of resources for young people and parents on issues of concern to young people including suicide, depression, self-harm and bullying. These are available at www.communities.wa.gov.au/Youth/publications/Pages/default.aspx



ENDNOTES

- 432 Australian Research Alliance for Children and Youth 2009, *Report Card 2009: The wellbeing of young Australians*, Australian Research Alliance for Children and Youth, p. 14.
- 433 Conceicao P and Bandura R 2008, *Measuring Subjective Wellbeing: A Summary Review of the Literature*, Office of Development Studies, United Nations Development Program [website] viewed 10 April 2014, <<http://web.undp.org/developmentstudies/researchpapers.shtml>>
- 434 Commissioner for Children and Young People 2009, *Involving Children and Young People: Participation Guidelines*, Commissioner for Children and Young People WA.
- 435 BoysTown 2012, *Western Australia 2012*, Kids Helpline.
- 436 Ibid.
- 437 Mission Australia 2013, *Youth Survey 2013*, Mission Australia.
- 438 BoysTown 2012, *Western Australia 2012*, Kids Helpline, p. 1.
- 439 Ibid, p. 1.
- 440 Ibid, p. 3.
- 441 Ibid, p. 2.
- 442 Ibid, p. 3.
- 443 Ibid, p. 3.
- 444 Ibid, p. 3.
- 445 BoysTown 2012, *Kids Helpline Overview 2012*, Kids Helpline pp. 52–53.
- 446 Ibid, pp. 52–53.
- 447 Ibid, pp. 52–53.
- 448 Ibid, p. 49.
- 449 Ibid, p. 49.
- 450 Mission Australia 2013, *Youth Survey 2013*, Mission Australia.
- 451 Ibid, p. 18.
- 452 Ibid, pp. 147 & 148.
- 453 Ibid, pp. 33 & 34.
- 454 Commissioner for Children and Young People 2010, *Speaking out about wellbeing: The views of Western Australian children and young people*, Commissioner for Children and Young People Western Australia, p. 22.
- 455 Ibid, p. 15.
- 456 Ibid, p. 17.
- 457 Ibid, pp. 22–23.
- 458 Australian Research Alliance for Children and Youth 2012, *The Nest consultation, Findings from consultation with children, young people, parents and other adults conducted between March and September 2012*, Australian Research Alliance for Children and Youth.
- 459 Ibid, p. 2.
- 460 Australian Research Alliance for Children and Youth 2013, *Report Card: The wellbeing of young Australians*, Australian Research Alliance for Children and Youth.





9. Behaviours and Risks



About this domain

Healthy behaviours, such as eating well or exercising, contribute to young people's wellbeing. In contrast, risky behaviours, such as misuse of alcohol or other drugs, may have a negative effect on their health and wellbeing.⁴⁶¹ The impact is not only on the children and young people themselves, but also on their families and communities who are exposed to these behaviours.

The measures included here reflect those behaviours and outcomes which research suggests can have negative consequences on children and young people's wellbeing.

The companion reports *Building Blocks* Editions One and Two include information about 126 programs which have been shown to be effective in improving the wellbeing of children and young people.

Measures included in this domain are:

Smoking	Page 263
Alcohol consumption	Page 269
Births to teenage mothers	Page 277
Youth justice: Diversion	Page 283
Youth justice: Community-based supervision	Page 290
Youth justice: Detention	Page 297

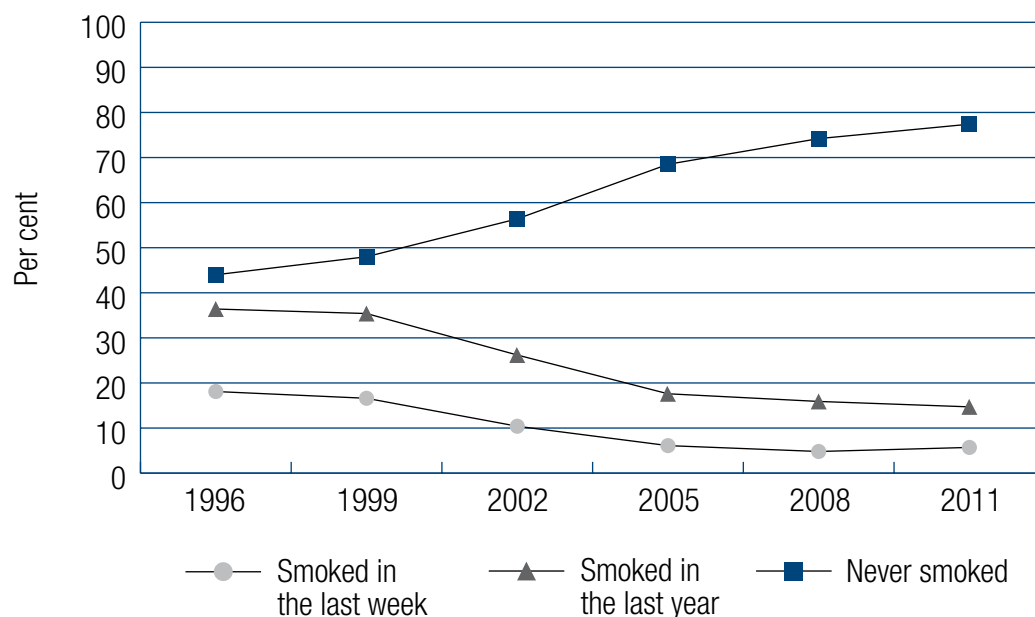


9.1 Smoking

Why this measure is included

Smoking greatly increases the risk of many cancers, cardiovascular disease, chronic obstructive pulmonary disease and other respiratory diseases, peripheral vascular disease and many other serious medical conditions.⁴⁶² Research has shown that the younger an individual starts smoking, the less likely they are to stop.⁴⁶³

Figure 9.1: Prevalence of smoking of 12 to 17 year-old school students: in per cent, by recency of use, Western Australia, 1996 to 2011

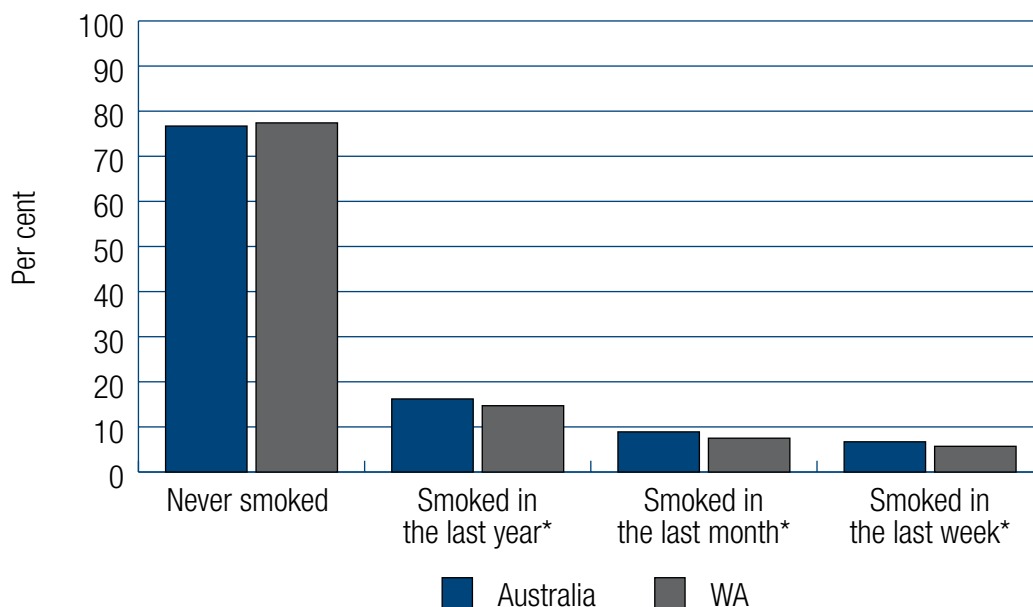


Source: Hood R et al, *Australian School Student Alcohol and Drug Survey: Tobacco Report – Western Australian results, 1996–2011* [series]

* 'Smoked in the last year' includes those who smoked in the last month (not shown) and the last week.



Figure 9.2: Prevalence of smoking of 12 to 17 year-old school students: in per cent, by recency of use, Western Australia and Australia, 2011



Source: Hood R et al 2012, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2011 – Western Australian results*

* ‘Smoked in the last year’ includes those who smoked in the last month and the last week and ‘smoked in the last month’ includes those who smoked in the last week.

Table 9.1: Prevalence of smoking of 12 to 17 year-old school students: in per cent, by age and gender, Western Australia, 2011

	12 years	13 years	14 years	15 years	16 years	17 years	12 to 17 years
Never smoked							
Male	87.9	84.5	76.7	75.7	67.8	52.4	76.7
Female	92.5	81.5	81.2	73.7	67.2	64.8	78.3
All	90.1	83.1	78.8	74.8	67.5	58.6	77.4
Smoked in the last year*							
Male	0.2	10.3	15.6	14.3	21.5	38.1	14.3
Female	1.4	13.0	13.3	19.7	25.7	23.4	15.2
All	0.8	11.6	14.4	16.9	23.6	30.8	14.7
Smoked in the last week							
Male	0.0	3.0	6.2	6.3	9.4	17.4	5.9
Female	0.0	4.4	4.7	8.6	8.6	10.1	5.6
All	0.0	3.7	5.5	7.4	9.0	13.8	5.7

Source: Hood R et al 2012, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2011 – Western Australian results*

* ‘Smoked in the last year’ includes those who smoked in the last month (not shown) and the last week.

Table 9.2: Prevalence of smoking of 12 to 17 year-old school students: in per cent, by region, Western Australia, 2011

	Perth metropolitan area	Regional WA	WA
Never smoked	78.6	69.3	77.4
Smoked in the last year*	14.2	18.8	14.7
Smoked in the last week	5.5	7.3	5.7

Source: Hood R et al 2012, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2011 – Western Australian results*

* ‘Smoked in the last year’ includes those who smoked in the last month (not shown) and the last week.

What is this measure?

This measure considers the level of smoking among 12 to 17 year-olds in Western Australia (WA) and Australia.

This information is derived from the Australian Secondary Students’ Alcohol and Drug (ASSAD) survey which has been conducted every three years since 1984. The latest survey was conducted during the academic school year of 2011. The national report presents estimates of the prevalence of use of different substances in 2011 by males and females at each age between 12 and 17 years.⁴⁶⁴ WA-specific data is prepared and published by the WA Drug and Alcohol Office.⁴⁶⁵

This measure presents data from both the ASSAD 2011 national report as well as WA-specific data for the years 1996 to 2011 provided by the Drug and Alcohol Office.

Commentary

In 2011, 77.4 per cent of all 12 to 17 year-old secondary students in Western Australia had no experience with smoking. This is significantly higher than the proportion recorded in 2008 (74.2%) and 2005 (68.5%). The trend data in Figure 9.1 shows that the prevalence of smoking among secondary students in WA has declined strongly over the last two decades since 1996.

Compared nationally, the 2012 proportion of WA secondary students who reported that they had never tried smoking was marginally greater than the proportion recorded nationally (77.4% compared to 76.7%) (Figure 9.2).

In terms of students who had tried smoking, around 15 per cent of secondary students in WA had smoked in the last year while 7.5 per cent had smoked in the last month. Both these rates are lower than the comparative national rates of around 16 and nine per cent respectively (Figure 9.2).

Students who smoked in the seven days preceding the survey were termed current smokers. The proportion of 12 to 17 year-old students who were current smokers increased from 4.8 per cent in 2008 to 5.7 per cent in 2011.

There was some difference in the prevalence of smoking among male and female students in WA in 2011. The increase in the proportion of students who had never smoked was greater among females (74.3% to 78.3%) compared to males (74.2% to 76.7%). Consequently, female students were more likely than male students to never have smoked a cigarette (78.3% compared to 76.7%). Males were also more likely than females to have smoked in the last month (7.7% and 7.3% respectively) and the last week (5.9% and 5.6% respectively). Female students on the other hand were more likely to have smoked in the last year (15.2% and 14.3% respectively)⁴⁶⁶ (Table 9.1).



The prevalence of smoking increased with age. At the age of 12 years, less than one per cent of secondary students in WA had smoked in the last year and none had smoked in the last month or week. By the age of 17 years, almost one-third had smoked in the last year (30.8%) and 13.8 per cent had smoked in the last week⁴⁶⁷ (Table 9.1).

School students in regional WA are more likely to have tried smoking than their peers in the metropolitan area (30.7% and 21.4% respectively). The greater prevalence of smoking among students in regional areas in 2011 was evident for each frequency of smoking⁴⁶⁸ (Table 9.2).

Due to the small sample size data that measures the incidence of smoking specifically among Aboriginal students is not available.

The ASSAD survey also includes questions about awareness of the health effects of smoking and about how the respondent feels about smoking. In 2011, more students agreed that smoking harms health and is unattractive.⁴⁶⁹ In addition, fewer students agreed that it is okay if their friends smoke (17.1% in 2011 compared to 20.7% in 2008). Interestingly, almost two-fifths (38.7%) of students aged 12 to 17 years thought their peers smoked last week, but only 5.7 per cent actually did.⁴⁷⁰

International comparison shows that WA has a low rate of smoking among children and young people. The Australian Research Alliance for Children and Youth's (ARACY) 2013 *Report Card* found that "Australia leads the world in areas such as low youth smoking rates."⁴⁷¹ The Organisation for Economic Cooperation and Development (OECD) measures tobacco use by 15 year-olds. This was most recently collected in 2009–10 and showed that, in the OECD countries, on average 17 per cent of boys and 16 per cent of girls smoked at least once a week.⁴⁷² In comparison, in WA in 2011, 6.3 per cent of boys and 8.6 per cent of girls reported smoking in the last week⁴⁷³ (Table 9.1).

Strategies

Western Australian Health Promotion Strategic Framework 2012–2016, Government of Western Australia

The framework sets out WA Health's strategic directions and priorities for the prevention of chronic disease and injury over the next five years. The goal of the framework is to lower the incidence of avoidable chronic disease and injury by improving healthy behaviours and environments.

The framework focuses on the main lifestyle risk factors including:

- overweight and obesity
- nutrition
- physical activity
- tobacco use
- harmful levels of drinking.

There is also a section on injury prevention. Further information is available at: www.public.health.wa.gov.au/cproot/4462/2/wa_health_promotion_strategic_framework.pdf



Tobacco Products Control Act 2006 (WA)

The *Tobacco Products Control Act 2006* and associated regulations form the legislative component of WA's comprehensive tobacco control strategy. The Act includes:

- a prohibition on the sale and supply of tobacco products to children
- a ban on the display of tobacco products and smoking implements in most retail outlets
- a ban on smoking in outdoor eating areas, in cars where children under 17 years are present, within 10 metres of playground equipment and between the flags of patrolled beaches.

The legislation is available at www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_983_homepage.html

National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs, Commonwealth Government

The National Drug Strategy provides a national framework for action to minimise the harms to individuals, families and communities from alcohol, tobacco and other drugs. Further information is available at www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/nds2015

National Tobacco Strategy 2012–2018, Commonwealth Government

The National Tobacco Strategy, developed by the Intergovernmental Committee on Drugs Standing Committee on Tobacco, is a sub-strategy under the National Drug Strategy 2010–2015. The goal of the strategy is to improve the health of all Australians by reducing the prevalence of smoking and its associated health, social and economic costs and the inequalities it causes. Further information is available at [www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/D4E3727950BDBAE4CA257AE70003730C/\\$File/National%20Tobacco%20Strategy%202012-2018.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/D4E3727950BDBAE4CA257AE70003730C/$File/National%20Tobacco%20Strategy%202012-2018.pdf)

Want to know more?

Data on smoking

Data in the WA report on the ASSAD survey series is available on the Drug and Alcohol Office website www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/Researchandstatistics/Statistics/AustralianSchoolStudentsAlcoholandDrugsurvey.aspx

Australian data in the national report on the 2011 ASSAD is available from the National Drug Strategy website at www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/school11

Australian Institute of Health and Welfare 2011, *Drugs in Australia 2010: tobacco, alcohol and other drugs*. Drug statistics series no. 27. Cat. no. PHE 154. Canberra: AIHW. www.aihw.gov.au/publication-detail/?id=10737420497

Research, reports and articles

Australia: the healthiest country by 2020. Technical Report No 2 Tobacco control in Australia: making smoking history, Commonwealth Government www.health.gov.au/internet/yourhealth/publishing.nsf/Content/nphs-report-roadmap

The Smarter than Smoking Project is a comprehensive and innovative youth smoking prevention project that aims to prevent the uptake of smoking among 10 to 15 year-olds in WA. In March 2012, the Smarter than Smoking Project launched 'Future in Your Hands', a new campaign urging teenagers to make a positive choice not to smoke. Further information is available on the Cancer Council Western Australia website at www.cancerwa.asn.au/prevention/tobacco/quitsmoking/youthsmoking/



Other information

Healthway, Government of Western Australia

Healthway was established in 1991 as an independent statutory body. The key priorities for Healthway are reducing harm from tobacco, reducing harm from alcohol, reducing obesity and promoting good mental health.

Healthway provides sponsorship to sports, arts, and racing organisations to promote healthy messages, facilitate healthy environments and increase participation in healthy activities. Healthway also provides grants to a diverse array of organisations to encourage healthy lifestyles and advance health promotion programs. Further information about Healthway is available from their website www.healthway.wa.gov.au/

School Drug Education and Road Aware, Government of Western Australia

School Drug Education and Road Aware (SDERA) is the State government's primary drug (including tobacco and alcohol) and road safety education strategy and provides best practice road safety, resilience and drug education. SDERA provides school-based staff, parents and community agencies with professional learning services and support resources to develop effective drug and road safety education programs within their schools and communities. Further information is available at www.det.wa.edu.au/sdera/detcms/portal/



9.2 Alcohol consumption

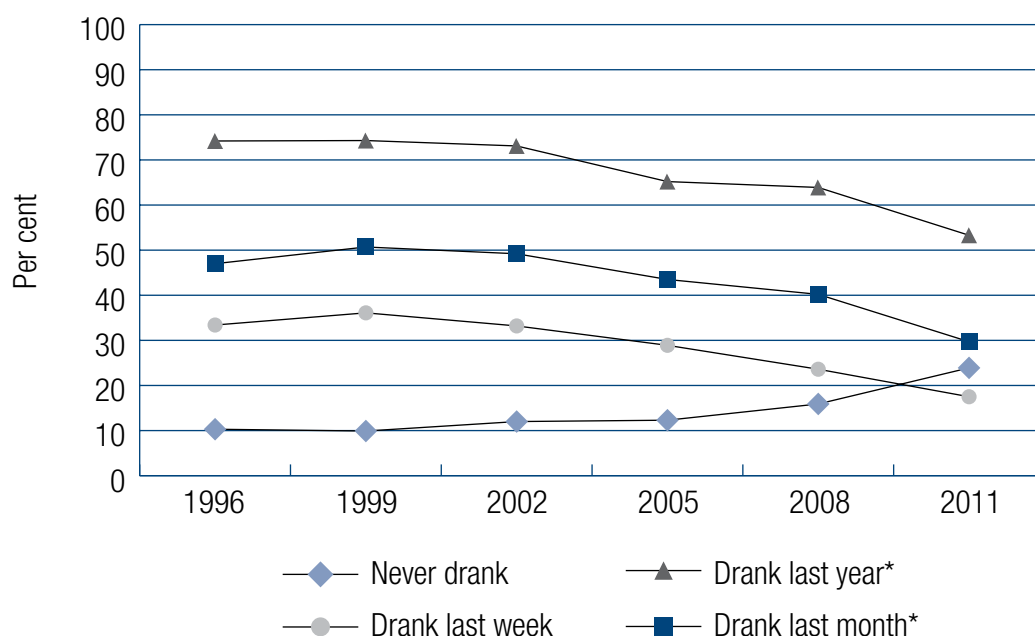
Why this measure is included

Research indicates alcohol can adversely affect brain development in adolescents and be linked to health complications and alcohol-related problems later in life.⁴⁷⁴ Chronic health conditions linked to alcohol include heart problems, cancer and liver damage.⁴⁷⁵

Young people's alcohol use is also associated with increased risk-taking behaviour including risky sexual behaviour, sexual coercion, drug use, anti-social behaviour, violence and self-harm.⁴⁷⁶ Alcohol is a contributing factor to the three leading causes of death among adolescents – unintentional injuries, homicide and suicide.⁴⁷⁷

Evidence suggests that the earlier young people commence risky drinking the greater the likelihood of alcohol dependency and associated problems in later life.⁴⁷⁸

Figure 9.3: Prevalence of alcohol consumption of 12 to 17 year-old school students: in per cent, by recency of use, Western Australia, 1996 to 2011

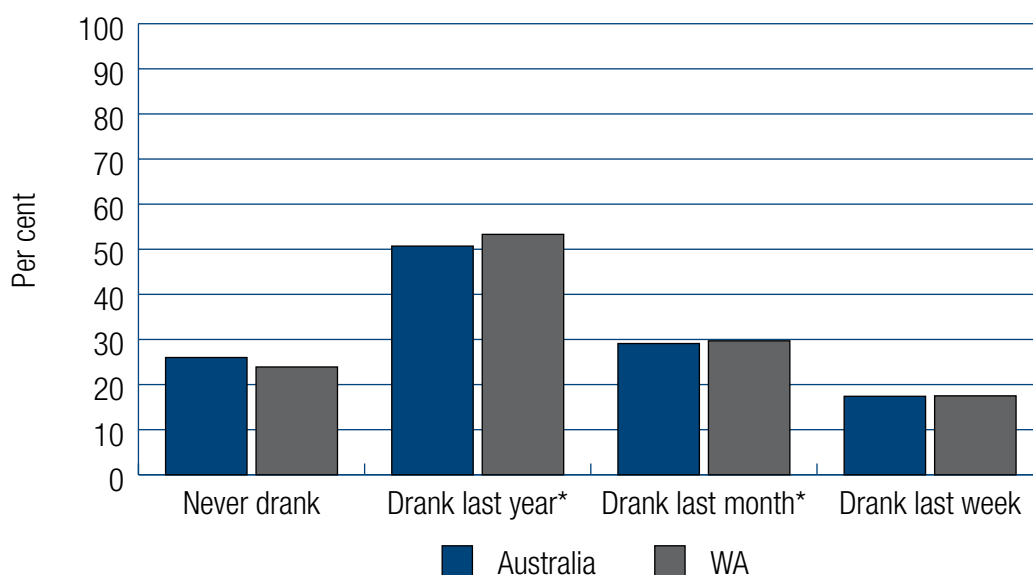


Source: Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011* – Western Australian results, Drug and Alcohol Office Surveillance Report: Number 8

* 'Drank last year' includes those who drank last month and last week. 'Drank last month' includes those who drank last week.



Figure 9.4: Prevalence of alcohol consumption of 12 to 17 year-old school students: in per cent, by recency of use, Western Australia and Australia, 2011



Source: Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*, Drug and Alcohol Office Surveillance Report: Number 8

* 'Drank last year' includes those who drank last month and last week. 'Drank last month' includes those who drank last week.

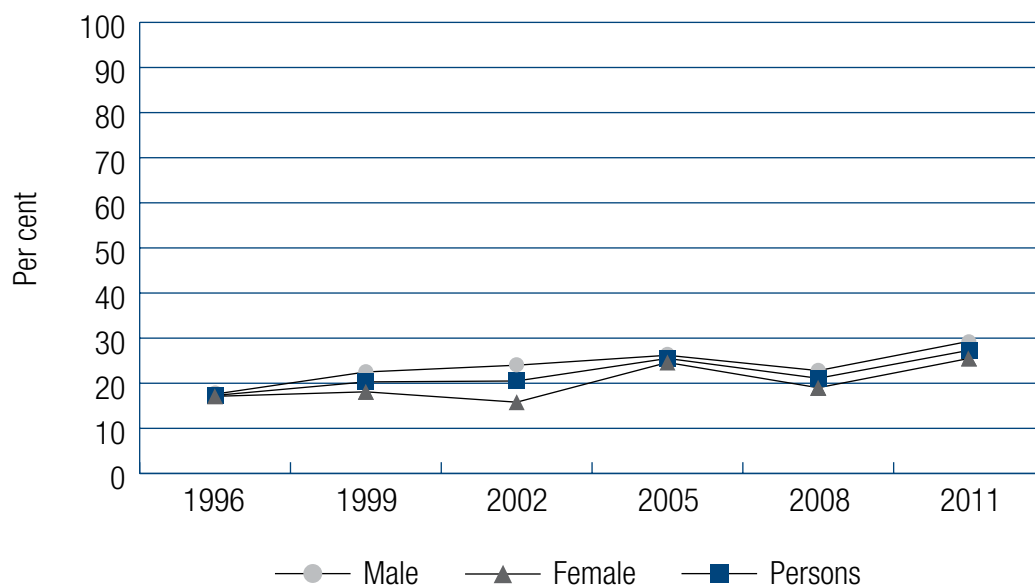
Table 9.3: Prevalence of alcohol consumption of 12 to 17 year-old school students: in per cent, by age and gender, Western Australia, 2011

	12 years	13 years	14 years	15 years	16 years	17 years	12 to 17 years
Never drank							
Male	42.8	28.7	21.7	18.6	13.8	3.7	23.7
Female	40.7	37.4	16.9	19.5	12.2	7.7	24.1
Persons	41.8	32.9	19.3	19.0	13.0	5.7	23.9
Drank last year*							
Male	25.4	42.0	56.5	63.2	75.0	89.9	54.8
Female	12.0	36.6	56.1	64.9	75.9	86.8	51.7
Persons	18.9	39.4	56.3	64.0	75.4	88.3	53.3
Drank last month*							
Male	15.7	14.6	26.7	33.3	51.6	65.0	30.8
Female	6.9	17.2	24.6	35.8	50.3	51.1	28.5
Persons	11.4	15.9	25.7	34.5	50.9	58.1	29.7
Drank last week							
Male	1.9	7.6	14.8	20.6	33.3	41.8	17.3
Female	6.3	13.3	13.2	20.9	28.0	35.6	17.8
Persons	4.0	10.3	14.0	20.8	30.7	38.7	17.5

Source: Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*, Drug and Alcohol Office Surveillance Report: Number 8

* 'Drank last year' includes those who drank last month and last week. 'Drank last month' includes those who drank last week. Students who have consumed alcohol at some point in their life but had not drunk in the past 12 months are not included in this table.

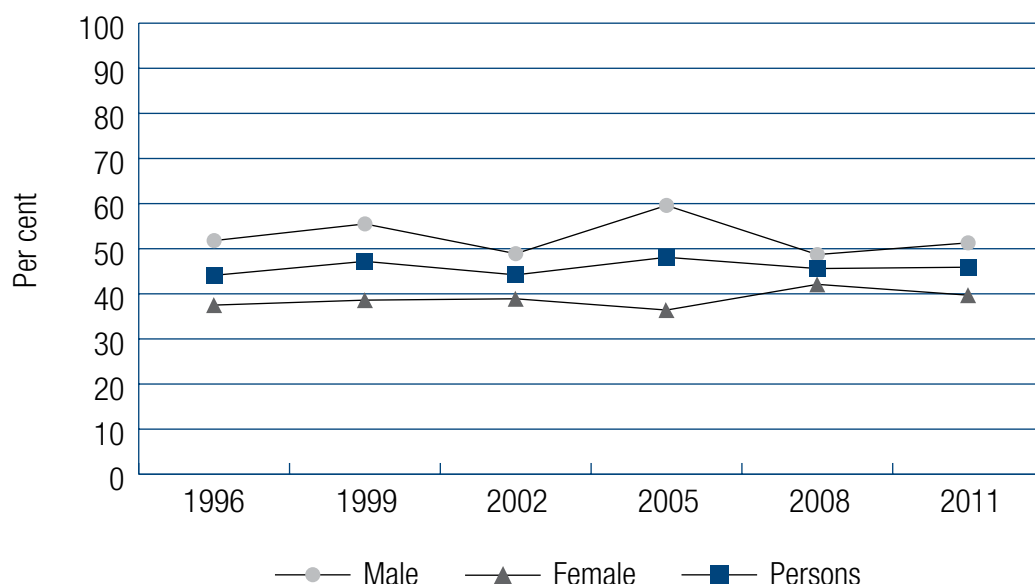
Figure 9.5: Current drinkers* drinking 'at-risk' among 12 to 15 year-old school students: in per cent, by gender, Western Australia, 1996 to 2011



Source: Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*, Drug and Alcohol Office Surveillance Report: Number 8

* Current drinkers are respondents who 'drank in the last week'. In this report, a risky drinking student drank at risk of single occasion harm (eg injury) if they consumed at least five but no more than 20 standard drinks on any one day in the past week.

Figure 9.6: Current drinkers* drinking 'at-risk' among 16 and 17 year-old school students: in per cent, by gender, Western Australia, 1996 to 2011



Source: Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*, Drug and Alcohol Office Surveillance Report: Number 8

* Current drinkers are respondents who 'drank in the last week'. In this report, a risky drinking student drank at risk of single occasion harm (eg injury) if they consumed at least five but no more than 20 standard drinks on any one day in the past week.

Table 9.4: Prevalence of alcohol consumption among school students aged 12 to 17 years: in per cent, by gender and region, Western Australia, 2008 and 2011

Prevalence of alcohol consumption		2008		2011	
		Metropolitan	Non-metropolitan	Metropolitan	Non-metropolitan
Never drank	Male	13.5	12.6	23.9	22.6
	Female	19.4	16.8	25.5	15.1
	Persons	16.6	14.6	24.7	18.6
Drank last year*	Male	63.2	68.2	54.7	55.4
	Female	63.0	61.9	49.9	63.1
	Persons	63.1	65.3	52.4	59.5
Drank last month*	Male	38.8	44.3	31.0	29.1
	Female	40.0	38.3	27.2	36.8
	Persons	39.4	41.6	29.2	33.2
Drank last week	Male	24.4	25.4	17.4	16.6
	Female	23.0	20.9	17.2	21.3
	Persons	23.7	23.4	17.3	19.1

Source: Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*, Drug and Alcohol Office Surveillance Report: Number 8

* 'Drank last year' includes those who drank last month and last week. 'Drank last month' includes those who drank last week.

What is this measure?

This measure looks at the incidence of alcohol use among children and young people in WA.

This information is derived from the Australian Secondary Students' Alcohol and Drug (ASSAD) survey which has been conducted every three years since 1984. The latest survey was conducted during the academic school year of 2011. The national report presents estimates of the prevalence of use of different substances in 2011 by males and females at each age between 12 and 17 years.⁴⁷⁹ WA-specific data is prepared and published by the Drug and Alcohol Office.⁴⁸⁰ Due to the small sample size reliable data on Aboriginal students is not available.

This measure presents data from both the ASSAD 2011 national report as well as WA-specific data for the years 1996 to 2011 provided by the Drug and Alcohol Office.

Comparison data for Australia is taken from the published report on the national results of the ASSAD 2011 survey.⁴⁸¹

Commentary

The 2011 data indicates that almost one in four WA students aged 12 to 17 years (23.9%) had never tried alcohol compared to one in ten students in 1996 (10.3%) and one in six students in 2008 (15.9%). The increase in the number of students who had not tried alcohol corresponds to the decrease in the number of students who drank alcohol: in the last year (53.3% in 2011 compared to 63.9% in 2008); in the last month (29.7% compared to 40.2%); and in the last week (17.5% compared to 23.6%)⁴⁸² (Figure 9.3).

However, for those students who drank in the last week there has been an increase in drinking at risky levels.^{483 484} In 2011, more than one-quarter (27.3%) of 12 to 15 year-old current drinkers drank at risky levels and almost half (45.9%) of 16 to 17 year-old current drinkers drank at risky levels. This represents an increase compared to previous proportions recorded in 2008 (21.1% and 45.6%) and earlier (Figures 9.5 and 9.6).

WA's rates of alcohol use are slightly higher than the national rates across all measured categories (last twelve months, last four weeks and last seven days). Consequently WA also has a lower proportion of students who never drank alcohol than Australia overall (23.9% compared to 26.0%) (Figure 9.4).

Alcohol consumption becomes more common as age increases. For instance, 4.0 per cent of 12 year-olds drank in the last week compared to 38.7 per cent of 17 year-olds. Similarly, a little over 40 per cent of 12 year-olds had never tried alcohol compared to just under six per cent of 17 year-olds⁴⁸⁵ (Table 9.3).

There was very little difference in the prevalence of females and males reporting that they had never drank alcohol (24.1% of females said this compared to 23.7% of males) (Table 9.3). However, the 2011 survey found that males typically consume alcohol more frequently than females across all ages.⁴⁸⁶

Students in non-metropolitan areas of WA were more likely to have consumed alcohol across all surveyed categories. They were also less likely than students in the metropolitan area to have never drunk alcohol: almost one in four students in the metropolitan area had never tried alcohol compared to less than one in five students in non-metropolitan WA (24.7% compared to 18.6%).⁴⁸⁷

There were several differences between male and female students in non-metropolitan areas. While male students in non-metropolitan areas generally consumed alcohol at similar levels to their metropolitan counterparts, female students in non-metropolitan areas consumed alcohol more frequently than their metropolitan peers and also male non-metropolitan peers. For instance, 21.3 per cent of female students in regional areas were current drinkers compared to 16.6 per cent of male regional students and 17.2 per cent of female metropolitan students. A similar pattern was observed for students who drank last month and last year: Females aged 12 to 17 years in non-metropolitan areas represent the largest proportions of students who consume alcohol across all recency periods and the smallest proportion of students who have never tried alcohol⁴⁸⁸ (Table 9.4).

Additionally, there appears to have been a shift from 2008 to 2011 where non-metropolitan females are consuming more alcohol at each frequency compared to other groups. In comparison, consumption amongst students from metropolitan areas and males from non-metropolitan areas has declined during the same time period⁴⁸⁹ (Table 9.4).

The ASSAD survey also asked about attitudes towards alcohol and about the knowledge of its health effects. While almost four-fifths of students aged 12 to 17 years (78.4%) agreed that 'drinking can harm your health', this declined by 2.4 per cent since 2008.⁴⁹⁰ More than half of all students have a positive expectation⁴⁹¹ concerning alcohol consumption (55.7%) although this has also declined by 5 per cent since 2008.⁴⁹²



Strategies

Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015, Government of Western Australia

This framework guides the approach that the Drug and Alcohol Office, other government agencies, non-government agencies and the community may adopt to counter harmful alcohol consumption and illicit drug use in WA. The framework includes five key strategic areas focusing on:

- prevention
- intervening before problems become entrenched
- effective law enforcement approaches
- effective treatment and support services
- strategic coordination and capacity building.

The framework is available from the Drug and Alcohol Office website at www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=483&PortalId=0&TabId=211

The Western Australian Health Promotion Strategic Framework 2012–2016, Government of Western Australia

The framework sets out the Department of Health's strategic directions and priorities for the prevention of chronic disease and injury over the next five years. The goal of the framework is to lower the incidence of avoidable chronic disease and injury by improving healthy behaviours and environments.

The framework focuses on the main lifestyle risk factors including:

- overweight and obesity
- nutrition
- physical activity
- tobacco use
- harmful levels of drinking.

There is also a section on injury prevention. Further information is available at www.public.health.wa.gov.au/cproot/4462/2/wa_health_promotion_strategic_framework.pdf

Strong Spirit Strong Mind: Aboriginal Drug and Alcohol Framework for Western Australia 2011–2015, Government of Western Australia

This framework guides stakeholder agencies in delivering culturally secure programs and supporting Aboriginal ways of working to manage and reduce alcohol and other drug related harm in Aboriginal communities. Key action areas are capacity building, working together, access to services and information and workforce development. Information on the framework is available from Drug and Alcohol Office website www.dao.health.wa.gov.au/

National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs, Commonwealth Government

The National Drug Strategy provides a national framework for action to minimise the harms to individuals, families and communities from alcohol, tobacco and other drugs. Further information is available at [www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)



National Binge Drinking Strategy, Commonwealth of Australia (released 2008)

This strategy aims to address Australia's harmful binge drinking culture, especially among young people. The strategy focuses on raising awareness of the short and long-term impacts of harmful or 'risky' drinking, and over time contributing to the development of a more responsible drinking culture within Australian society.

Of particular relevance to young people's alcohol consumption, the 'Be the Influence – Tackling Binge Drinking' initiative is part of this strategy. The initiative aims to connect with young people to bring about a cultural shift that encourages a more responsible attitude towards alcohol consumption, and to provide them the tools to challenge the acceptability of binge drinking in their peer groups.

Further information is available from the Australian National Preventive Health Agency website at <http://anpha.gov.au/internet/anpha/publishing.nsf/Content/harmful-alcohol-use>

Want to know more?

Data on alcohol consumption

The WA report on the ASSAD survey series is available at the Drug and Alcohol Office website www.dao.health.wa.gov.au

The national report on the 2011 ASSAD is available from the National Drug Strategy website www.nationaldrugstrategy.gov.au

The National Drug Research Institute (NDRI) at Curtin University is funded under the National Drug Strategy to conduct and disseminate high quality research that contributes to the primary prevention of harmful drug use and the reduction of drug-related harm in Australia. Further information is available at <http://ndri.curtin.edu.au/>

The National Drug and Alcohol Research Centre at the University of NSW, also funded under the National Drug Strategy, generates high quality research and evidence to develop and improve approaches to the prevention and treatment of addiction-related problems <http://ndarc.med.unsw.edu.au/>

Research, reports and articles

The Commissioner for Children and Young People WA has published an Issues Paper on alcohol, *Young people and alcohol*, which is available at [www.cryp.wa.gov.au/files/resource/Issues%20Paper%20-Young%20people%20and%20alcohol\(1\).pdf](http://www.cryp.wa.gov.au/files/resource/Issues%20Paper%20-Young%20people%20and%20alcohol(1).pdf)

The Commissioner has also released the report *Speaking Out About Reducing Alcohol-Related Harm on Children and Young People*. This report is available at www.cryp.wa.gov.au/files/Speaking%20Out%20About%20Reducing%20Alcohol-Related%20Harm.pdf



Other information

Healthway, Government of Western Australia

Healthway was established in 1991 as an independent statutory body. The key priorities for Healthway are reducing harm from tobacco, reducing harm from alcohol, reducing obesity and promoting good mental health.

Healthway provides sponsorship to sports, arts, and racing organisations to promote healthy messages, facilitate healthy environments and increase participation in healthy activities. Healthway also provides grants to a diverse array of organisations to encourage healthy lifestyles and advance health promotion programs.

Further information about Healthway is available from their website www.healthway.wa.gov.au/

School Drug Education and Road Aware, Government of Western Australia

School Drug Education and Road Aware (SDERA) is the State government's primary drug (including tobacco and alcohol) and road safety education program and provides best practice road safety, resilience and drug education. Further information is available at www.det.wa.edu.au/sdera/detcms/portal/

The 'Alcohol. Think Again' campaign for reducing alcohol-related harm in the community is available at www.alcoholthinkagain.com.au

The McCusker Centre for Action on Alcohol and Youth aims to reduce levels of drinking, harmful drinking and alcohol problems among young people. Further information is available at www.mcaay.org.au



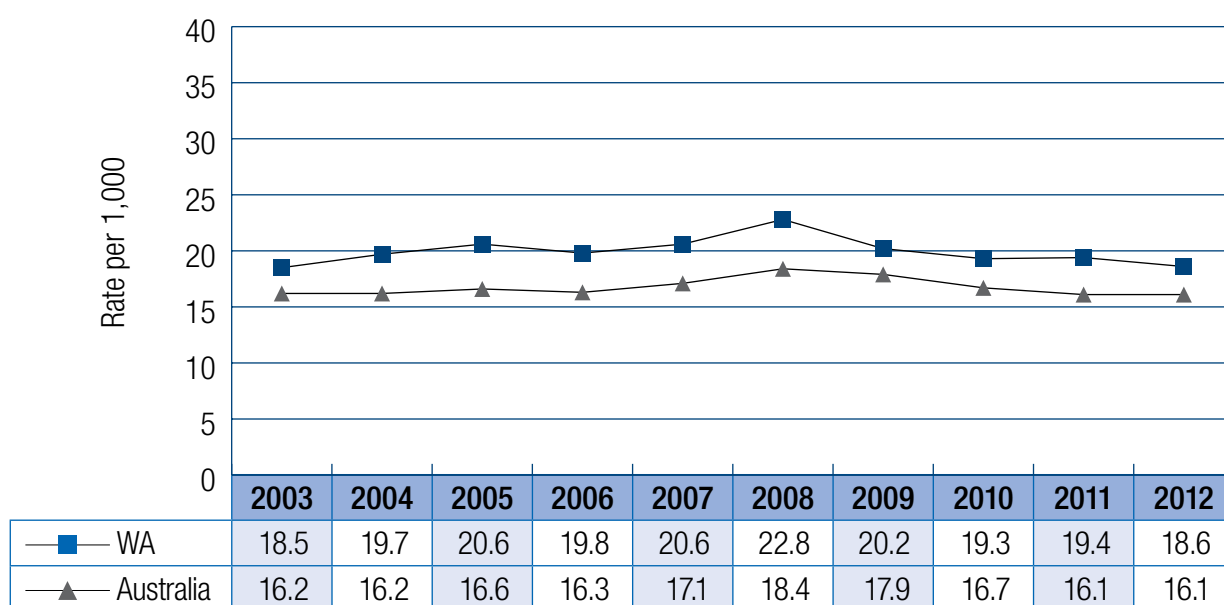
9.3 Births to teenage mothers

Why this measure is included

Births to teenage mothers are closely linked to less favourable health, education and economic outcomes for both mother and baby. Parenthood during the teenage years often means that schooling is interrupted, job prospects are limited, and there is an increased likelihood of dependency on government assistance.

Babies of teenage mothers are at greater risk of low birth weight and pre-term birth. This might be due to the age of the mother, but might also reflect certain risk factors which are more prevalent among teenage mothers. These include socioeconomic disadvantage, lone parenting, smoking during pregnancy and poor nutritional choices.⁴⁹³ Teenage mothers are also less likely to attend ante-natal care, which can be a protective factor against these increased risks.^{494 495}

Figure 9.7: Births to teenage women: age-specific fertility rate per 1,000 population 15 to 19 years, Western Australia and Australia, 2003 to 2012

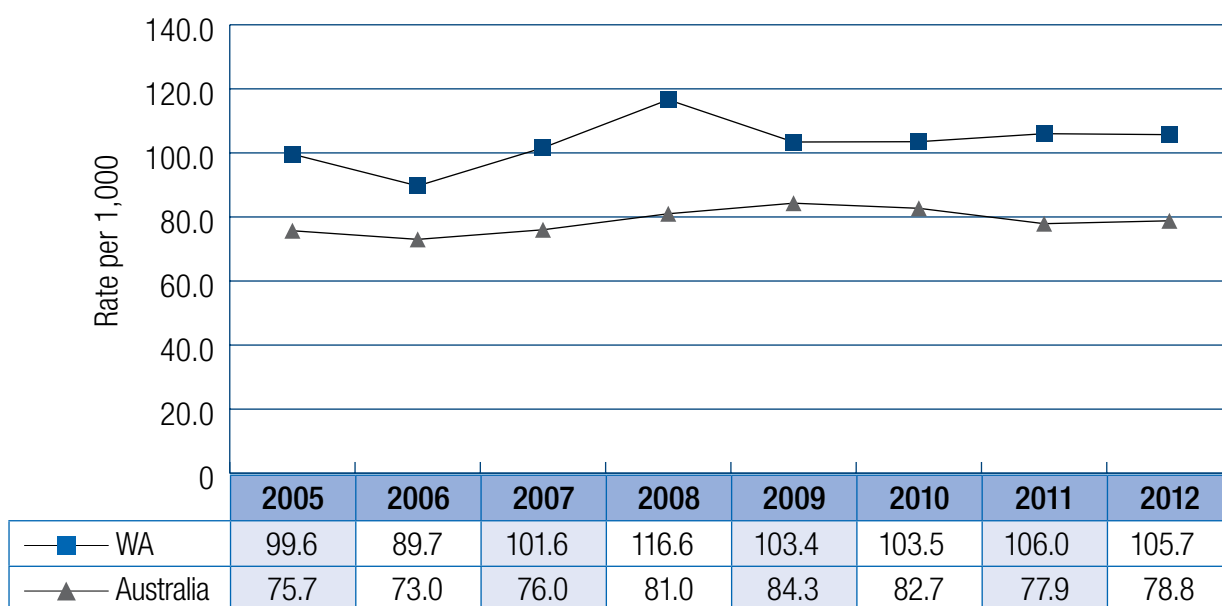


Source: Australian Bureau of Statistics 2013, *Births, Australia, 2012*

Note: Data includes births to women aged less than 15 years.



Figure 9.8: Births to Aboriginal teenage women: age-specific fertility rate per 1,000 population 15 to 19 years, Western Australia and Australia, 2005 to 2012



Source: Australian Bureau of Statistics 2013, *Births, Australia, 2012*

Note: Data includes births to women aged less than 15 years.

Table 9.5: Births to women 17 years and under: number, Western Australia 2007 and 2013

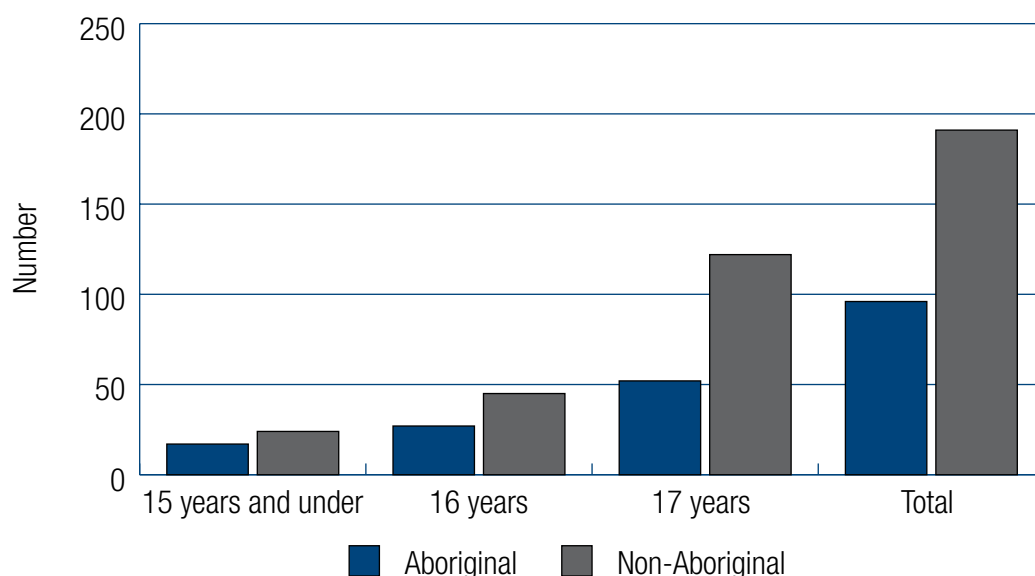
	2007	2013*	Percentage change
15 years and under	49	42	-14.3
16 years	135	74	-45.2
17 years	258	178	-31.0
Total	442	294	-33.5

Source: WA Registry of Births, Deaths and Marriages, custom report (unpublished)

* Data for 2013 only includes births registered up to 30 January 2014. Parents have 60 days to register their child's birth. This means that some babies born in late December 2013 may not be included in this table.



Figure 9.9: Births to women 17 years and under: number, by Aboriginal and non-Aboriginal, Western Australia, 2013⁴⁹⁶



Source: WA Registry of Births, Deaths and Marriages 2013, custom report

Table 9.6: Births to teenage women: age-specific fertility rate per 1,000 population 15 to 19 years, by region of WA, 2012

	Rate*
Mandurah	25.9
Perth – Inner	3.4
Perth – North East	17.5
Perth – North West	11.9
Perth – South East	18.3
Perth – South West	15.6
<i>Metropolitan area of WA</i>	14.9
Bunbury	19.2
WA – Outback**	52.0
WA – Wheat Belt	28.4
<i>Regional and remote areas of WA</i>	35.2
Total – WA	19.1

Source: Australian Bureau of Statistics 2013, *Births, Australia, 2012*

* Age-specific and total fertility rates for sub-state regions (for example, regions of WA) are average rates for three years ending in the reference year. Rates for Australia and the states/territories are based on single years of birth registration data.⁴⁹⁷

** Includes Kimberley, Pilbara, Mid West, Gascoyne, Goldfields, and Esperance.

What is this measure?

This measure examines births to teenage mothers in WA and compares the results with national data.

Data from the Australian Bureau of Statistics' (ABS) annual publication *Births, Australia* shows the age-specific fertility rates for women aged 15 to 19 years, that is, the number of live births per 1,000 females in this age group. Births to women aged less than 15 years are also included in this age group.

Additional data has been provided by the WA Registry of Births, Deaths and Marriages. This provides information on the number of births in WA to young women aged 17 years and younger.

Commentary

The age-specific fertility rate for WA teenage women aged 15 to 19 years⁴⁹⁸ in 2012 was 18.6 births per 1,000 population of that age group. This rate was lower than the rate recorded for 2011 (19.4) and the lowest since 2003 (18.5) (Figure 9.7). In absolute numbers, in 2012, there were 1,413 births to women aged 15 to 19 years, which represented 4.2 per cent of all births in that year.⁴⁹⁹

In contrast, the age-specific fertility rate of Aboriginal teenage mothers in WA increased between 2005 and 2012, from 99.6 births per 1,000 population in 2005 to 105.7 per 1,000 in 2012 (Figure 9.7).

If only births to women aged 17 years and younger are considered, there was a decrease between 2007 and 2013 from 442 to 294. The decrease was most pronounced for 16 year-old women where the number of births dropped from 135 to 74, a 45.2 per cent change (Table 9.5).

Aboriginal women aged 17 years and younger accounted for about 33 per cent of births in this age group while representing only about six per cent of the population of WA women aged 17 years and younger.

Teenage women in regional and remote areas of WA have a higher age-specific fertility rate than their metropolitan peers. In 2012, the overall rate for teenage women in metropolitan Perth was 14.9 births per 1,000 population compared with a rate of 35.2 births for teenage women in regional and remote areas (Table 9.6).

Comparison with national data shows that the age-specific fertility rate of teenage mothers is higher for WA than for Australia overall. The Australian rate has remained largely unchanged between 2003 and 2012 at around 16 to 17 births per 1,000 population compared with a rate of around 18 to 19 births in WA (Figure 9.7). As in WA, the Australia-wide rate for Aboriginal young women is considerably higher than that for non-Aboriginal women and it also increased from 75.7 in 2005 to 78.8 in 2012.

The Australian Institute of Health and Welfare (AIHW) has analysed Australian data on births, showing that birth rates among teenage women correlate with socioeconomic status, such that the highest rates of birth to teen mothers occur in the lowest socioeconomic group.⁵⁰⁰ Other research shows similar correlations.⁵⁰¹

The AIHW reported that in 2011, 35.8 per cent of teenage mothers smoked during pregnancy, nearly three times the overall rate of smoking during pregnancy. Babies whose mothers smoked during pregnancy were almost twice as likely to be of low (under 2,500 grams) birth weight (11.2%) than those whose mothers did not smoke (6.3%).⁵⁰²

The AIHW also reported that the rate of deaths of babies born to young mothers was higher than any other group. This included fetal⁵⁰³ deaths (15.0 per 1,000), neonatal⁵⁰⁴ deaths (4.9 per 1,000) and perinatal⁵⁰⁵ deaths (19.8 per 1,000).⁵⁰⁶

Want to know more?

Data on teenage pregnancy

The *Australia's mothers and babies* series of reports, published by the Australian Institute of Health and Welfare provide annual perinatal statistics on births in Australia, available at www.aihw.gov.au

The WA Department of Health publishes annual information on WA births, including regional births, available at www.health.wa.gov.au

Other information

Growing and Developing Relationships is a partnership between the WA Departments of Health and Education, and is supported by the Association of Independent Schools of WA. The curriculum support materials were first released in 2002 to all schools in WA. These materials approach relationship education in a positive way and are consistent with the WA Curriculum Framework. These materials include an interactive website which provides a range of age-appropriate learning activities and support to assist teachers to deliver relationship and sexual health education. Further information is available at www.gdhr.wa.gov.au/

Information for young people on sexual health can be found on the Get the Facts website www.getthefacts.health.wa.gov.au/

Information for parents about how to talk to children and young people about sexual health and related matters is available in the Talk Soon Talk Often resource developed by the Department of Health, available at www.public.health.wa.gov.au/cproot/4011/2/TSTO_V2.pdf

Family Planning Association WA (FPWA) Sexual Health Services provide specific sexual health services for young people including a clinic, counselling and education service for young people aged under 25 years. Further information is available at www.fpwa.org.au/

The Department of Education has developed guidelines for schools to support students who are pregnant or parenting to continue their education. In addition, the Department is involved in programs and partnerships in the metropolitan area to facilitate access to school for young parents and pregnant teenagers, through the School of Isolated and Distance Education. The Departmental guidelines are available from www.det.wa.edu.au/childprotection/detcms/inclusiveeducation/child-protection/public/resources/Guidelines.en?oid=MultiPartArticle-id-13332213

The Young Parenting Education Network WA was formed in 2013 to advocate for improving educational outcomes for young people aged 12 to 21 years who are pregnant or parenting. The Network includes representatives from government and non-government organisations which provide services to support young people to engage in education and training.



Additional tables

Table 9.7: Births to teenage women: age-specific fertility rate per 1,000 population 15 to 19 years, by Aboriginal status, Western Australia and Australia, 2005 to 2012

	All teenage women 15 to 19 years		Aboriginal teenage women 15 to 19 years	
	WA	Australia	WA	Australia
2005	20.6	16.6	99.6	75.7
2006	19.8	16.3	89.7	73.0
2007	20.6	17.1	101.6	76.0
2008	22.8	18.4	116.6	81.0
2009	20.2	17.9	103.4	84.3
2010	19.3	16.7	103.5	82.7
2011	19.4	16.1	106.0	77.9
2012	18.6	16.1	105.7	78.8

Source: Australian Bureau of Statistics 2013, *Births, Australia*, 2012

Note: Data includes births to women aged less than 15 years.



9.4 Youth justice: Diversion

Why this measure is included

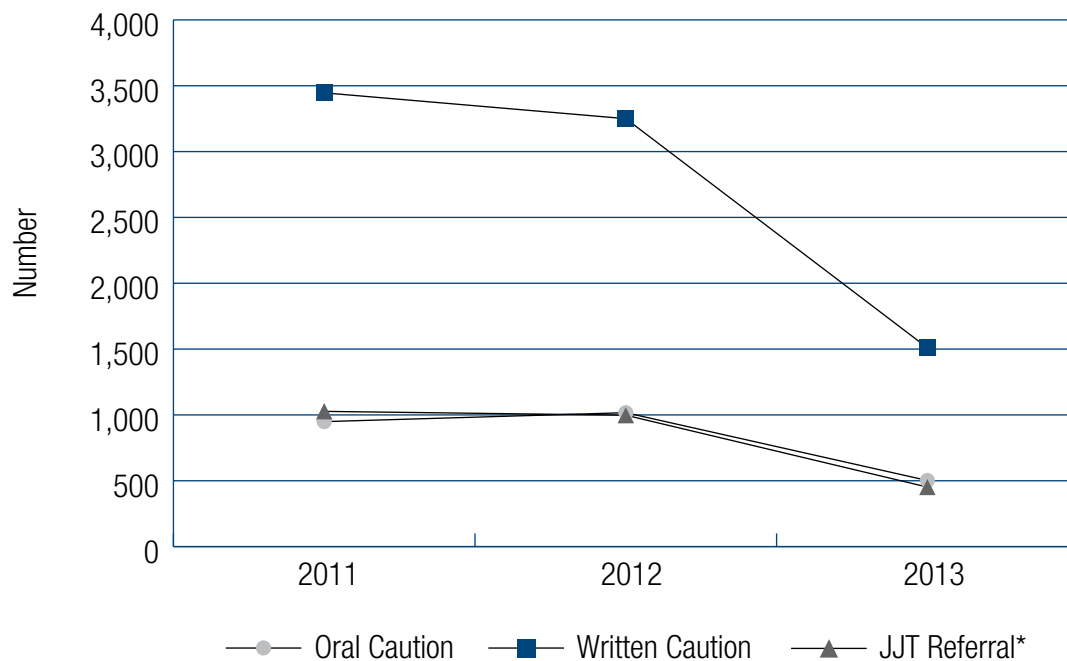
The majority (over 96%) of children and young people in Western Australia (WA) have little or no contact with the justice system.⁵⁰⁷ For those who do, a continuum of responses is available ranging from diversionary initiatives to juvenile justice supervision through community-based sentencing or detention.

Diversion initiatives involve diverting children and young people aged 10 to 17 years who have committed offences away from contact with the formal, statutory youth justice system⁵⁰⁸ wherever possible and appropriate. Diversion options include informal warnings issued by police and referrals to juvenile justice teams.

Bail provides an alternative to holding children and young people in custody prior to their hearings.

Minimising young people's contact with the formal justice system is important because research indicates the more frequently a child or young person is in contact with the youth justice system, and the more serious the level of contact, the more likely he or she is to continue to offend into adulthood.^{509 510}

Figure 9.10: Diversion of children and young people 10 to 17 years by police: number, by type of diversion, Western Australia, 2011 to 2013



Source: Data supplied by WA Police 2014, custom report (unpublished)



Table 9.8: Diversion of children and young people 10 to 17 years by police: number and in per cent, by type of diversion, by gender, Western Australia, 2011 to 2013

		Male		Female		Total (a)	
		Number	Per cent	Number	Per cent	Number	Per cent
2011	Oral caution (b)	669	18.5	272	15.4	949	17.5
	Written caution	2,207	61.2	1,213	68.5	3,446	63.6
	JJT referral (c)	733	20.3	286	16.1	1,027	18.9
	Total	3,609	100.0	1,771	100.0	5,422	100.0
2012	Oral caution (b)	690	19.8	321	18.4	1,017	19.3
	Written caution	2,092	60.0	1,139	65.3	3,250	61.7
	JJT referral (c)	703	20.2	285	16.3	998	19.0
	Total	3,485	100.0	1,745	100.0	5,265	100.0
2013	Oral caution (b)	365	21.4	136	18.3	502	20.4
	Written caution	1,005	58.9	493	66.3	1,510	61.3
	JJT referral (c)	335	19.6	115	15.5	452	18.3
	Total	1,705	100.0	744	100.0	2,464	100.0

Source: Data supplied by WA Police 2014, custom report (unpublished)

(a) Total includes gender unknown.

(b) Oral cautions are not necessarily recorded by police, hence these figures are indicative rather than definitive.

(c) Juvenile Justice Team (JJT) referral.

Table 9.9: Diversion of children and young people 10 to 17 years by police: number and in per cent, by type of diversion, by Aboriginal and non-Aboriginal, Western Australia, 2011 to 2013

		Aboriginal		Non-Aboriginal		Total (a)	
		Number	Per cent	Number	Per cent	Number	Per cent
2011	Oral caution (b)	327	17.2	573	17.5	949	17.5
	Written caution	1,108	58.2	2,183	66.6	3,446	63.6
	JJT referral (c)	468	24.6	523	15.9	1,027	18.9
	Total	1,903	100.0	3,279	100.0	5,422	100.0
2012	Oral caution (b)	379	18.1	580	19.3	1,017	19.3
	Written caution	1,183	56.4	1,980	65.9	3,250	61.7
	JJT referral (c)	535	25.5	444	14.8	998	19.0
	Total	2,097	100.0	3,004	100.0	5,265	100.0
2013	Oral caution (b)	185	17.9	296	21.6	502	20.4
	Written caution	610	59.2	874	63.7	1,510	61.3
	JJT referral (c)	236	22.9	201	14.7	452	18.3
	Total	1,031	100.0	1,371	100.0	2,464	100.0

Source: Data supplied by WA Police 2014, custom report (unpublished)

(a) Total includes Aboriginal status unknown.

(b) Oral cautions are not necessarily recorded by police, hence these figures are indicative rather than definitive.

(c) Juvenile Justice Team (JJT) referral.

Table 9.10: Matters lodged in the Children’s Court as a result of an arrest: number, by police bail status prior to the court hearing, Western Australia, 2007–08 to 2012–13

	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
In custody	2,050	2,226	2,298	1,935	1,579	1,605
On bail	2,476	2,960	3,013	2,347	2,183	2,186
No bail set	183	270	310	252	184	160
Unknown	230	240	361	280	239	52
Total	4,939	5,696	5,982	4,814	4,185	4,003

Source: Data provided by WA Department of the Attorney General 2014, custom report (unpublished)

Table 9.11: Matters lodged in the Children’s Court as a result of an arrest: number, by police bail status, by gender and by Aboriginal and non-Aboriginal, Western Australia, 2012–13

		Female	Male	Aboriginal	Non-Aboriginal	Total*
Refused bail	Number	278	1,325	1,051	422	1,605
	Per cent	17.3	82.6	65.5	26.3	100.0
Granted bail	Number	407	1,774	1,404	717	2,186
	Per cent	18.6	81.2	64.2	32.8	100.0

Source: Data provided by WA Department of the Attorney General 2014, custom report (unpublished)

* Total includes gender and/or Aboriginal status unknown.

Table 9.12: Matters lodged in the Children’s Court as a result of an arrest: number, by police bail status, by regional development area where the matter was lodged, Western Australia, 2012–13

	Refused bail		Granted bail		Total	
	Number	Per cent	Number	Per cent	Number	Per cent granted bail
Gascoyne	40	2.5	85	3.9	125	68.0
Goldfields-Esperance	124	7.7	162	7.4	286	56.6
Great Southern	24	1.5	40	1.8	64	62.5
Kimberley	157	9.8	354	16.2	511	69.3
Metropolitan area	873	54.4	892	40.8	1,765	50.5
Mid West	112	7.0	193	8.8	305	63.3
Peel	10	0.6	61	2.8	71	85.9
Pilbara	192	12.0	215	9.8	407	52.8
South West	66	4.1	127	5.8	193	65.8
Wheatbelt	7	0.4	57	2.6	64	89.1
Total	1,605	100	2,186	100	3,791	57.7

Source: Data provided by WA Department of the Attorney General 2014, custom report (unpublished)

Table 9.13: Matters lodged in the Children’s Court as a result of an arrest: number, by court bail status following the first court hearing, Western Australia, 2007–08 to 2012–13

	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
In custody	883	821	875	860	714	713
On bail	2,797	3,277	3,427	2,734	2,344	2,347
No bail set	1	1	3	0	0	0
Unknown	95	210	196	89	90	94
Total	3,776	4,309	4,501	3,683	3,148	3,154

Source: Data provided by WA Department of the Attorney General 2014, custom report (unpublished)

Table 9.14: Matters lodged in the Children’s Court as a result of an arrest: number, by court bail status following the first court hearing, by gender and by Aboriginal and non-Aboriginal, Western Australia, 2012–13

		Female	Male	Aboriginal	Non-Aboriginal	Total*
Refused bail	Number	72	640	479	171	713
	Per cent	10.1	89.8	67.2	24.0	100.0
Granted bail	Number	455	1,889	1,459	741	2,347
	Per cent	19.4	80.5	62.2	31.6	100.0

Source: Data provided by WA Department of the Attorney General 2014, custom report (unpublished)

* Total includes gender and/or Aboriginal status unknown.

Table 9.15: Matters lodged in the Children’s Court as a result of an arrest: number, by court bail status following the first court hearing, by regional development area where the matter was lodged, Western Australia, 2012–13

	Court refused bail		Court granted bail		Total	
	Number	Per cent	Number	Per cent	Number	Per cent granted bail
Gascoyne	29	4.1	102	4.3	131	77.9
Goldfields-Esperance	43	6.0	200	8.5	243	82.3
Great Southern	17	2.4	36	1.5	53	67.9
Kimberley	69	9.7	284	12.1	353	80.5
Metropolitan Area	418	58.6	1,097	46.7	1,515	72.4
Mid West	22	3.1	182	7.8	204	89.2
Peel	7	1.0	43	1.8	50	86.0
Pilbara	87	12.2	228	9.7	315	72.4
South West	19	2.7	133	5.7	152	87.5
Wheatbelt	2	0.3	42	1.8	44	95.5
Total	713	100.0	2,347	100.0	3,060	76.7

Source: Data provided by WA Department of the Attorney General 2014, custom report (unpublished)

What is this measure?

This measure examines two sets of data relevant to diversions.

The first dataset (Tables 9.8 and 9.9) presents the number of police-initiated diversions from the formal justice system. WA Police have three main diversionary options – an oral caution, a written caution, and a referral to a Juvenile Justice Team (JJT).

Oral cautions, as the name implies, are relatively informal sanctions involving a warning from a police officer to the young person. It should be noted that not all oral cautions are necessarily recorded, so these figures should be treated as indicative rather than definitive.

Written cautions are a more formal sanction, while referral to a Juvenile Justice Team is the most serious diversion strategy available. Both written cautions and Juvenile Justice Team referrals must be recorded.

It should also be noted that the source data system records offences as offenders. For instance, one offender may be responsible for 20 offences but the source data would record them as 20 offenders. Therefore, the number of offenders in any category is indicative but not definitive.

Data is included from 2011 to 2013. Prior to 2011, assessment of Aboriginality or other ethnicity was based on observation by officers, and so may not be entirely accurate. Since 2011, people are asked how they identify themselves. The classification 'non-Aboriginal' in this table combines two categories from police data – Australian (non-Indigenous) and non-Australian.

Tables 9.10 to 9.15 include data from the Children's Court relating to children and young people obtaining bail from police or courts. These figures are further differentiated based on gender, on Aboriginality and the region where the matter was lodged.

When a child or young person is arrested, they have the opportunity to apply for bail. Police have discretion to grant bail – where police do not grant bail, an arrested person is able to apply to the court for bail. Bail is not strictly a diversion measure, as it does not provide an alternative to contact with the formal justice system. However, it is included in this measure as it offers an alternative to children and young people being remanded in custody.

Commentary

The *WA Young Offenders Act 1994* requires:

- police to caution an offender unless the number and type of previous offences with which the child or young person has been charged make it inappropriate to do so
- that when dealing with children and young people who have committed less serious offences, police and other agencies consider directing children and young people away from court.⁵¹¹

According to the data, the most likely diversion option to be exercised by police is the written caution. In each of the three years reported, written cautions represented more than 60 per cent of the total diversions recorded. There has been a slight increase in the proportion of oral cautions over the period (17.5 per cent in 2011 compared to 20.4 per cent in 2013), with a slight decrease in written cautions (63.6 per cent in 2011 compared to 61.3 in 2013) and in juvenile justice team referrals (18.9 per cent in 2011 compared to 18.3 per cent in 2013) (Figure 9.10 and Table 9.8).

More police-initiated diversionary options are issued to males than females, which reflects the higher incidence of offending by males. Females have in each of the three years reported been more likely than males to receive a written caution, while being less likely to receive an oral caution or Juvenile Justice Team referral (Table 9.8).



Aboriginal people are over-represented in police-initiated diversionary outcomes. For both Aboriginal and non-Aboriginal young people there has been an increase in the use of oral cautions, but this increase is more pronounced for non-Aboriginal young people. For all the years 2011 to 2013, Aboriginal young people have been considerably less likely than non-Aboriginal young people to receive a written caution, and considerably more likely to be referred to a Juvenile Justice Team (JJT) (Table 9.9).⁵¹²

The data on arrests and police bail shows that the number of children and young people arrested was highest in 2009–10, and in subsequent years has decreased considerably. In 2012–13, there were 4,003 arrests, compared to 5,982 in 2009–10 (Table 9.10). This mirrors an overall downwards trend in offending rates in WA between 2008–09 (2,278.8 per 100,000) and 2012–13 (1,400.5 per 100,000),⁵¹³ and also an overall decrease in youth offending rates in Australia between 2008–09 (3,868.8 per 100,000) and 2012–13 (3,220.7 per 100,000).⁵¹⁴

In 2012–13, more than 40 per cent (1,605) of all arrests of a young person resulted in refusal of bail by police. Males represented over 80 per cent of police bail matters and Aboriginal young people represented around 65 per cent of police bail matters (Table 9.11).

While around 58 per cent of all arrests of a young person were granted bail by police, this was not consistent across regions. In the metropolitan area, 50.5 per cent of cases were granted bail; in the Goldfields-Esperance region 56.6 per cent; in the Mid West 63.3 per cent; in the Kimberley 69.3 per cent and in the South West 65.8 per cent (Table 9.12).

If a child or young person is refused bail by police, they are able to apply for bail through the court. Data from the courts for the first court hearing shows that between 2007–08 and 2012–13, the rate at which bail was granted by the court varied between 74.1 per cent and 76.1 per cent (Table 9.13).

In 2012–13, males represented a considerable majority of cases (82.6%) of appearances before court relating to bail. Aboriginal children and young people represented nearly two-thirds (63.3%) of bail cases before the court.

In 2012–13, females were more likely (86.3%) than males (74.7%) to have bail granted by the court at the first appearance. Non-Aboriginal children and young people were more likely (81.3%) than Aboriginal children and young people (75.2%) to be granted bail by the court (Table 9.14).

The granting of bail by courts was not consistent across all areas. In the metropolitan area in 2012–13, 72.4 per cent of applicants were granted bail; in the Kimberley 80.5 per cent; in the Goldfields-Esperance area 82.3 per cent; in the South West 87.5 per cent and in the Wheatbelt 95.5 per cent (Table 9.15).

Want to know more?

Data

Youth justice data and research is available on the Australian Institute of Criminology website www.aic.gov.au

Research, reports and articles

Youth justice data and research is available on the Australian Institute of Criminology website www.aic.gov.au

The Commissioner for Children and Young People WA engaged Dr Harry Blagg in 2009 to produce a report, *Youth Justice in Western Australia*, available at www.ccp.wa.gov.au/files/article/Harry%20Blagg%20report%20-%20Youth%20Justice%20in%20Western%20Australia%20-%20FINAL.pdf

The Commissioner for Children and Young People WA produced *Youth Justice*, Issues Paper 13, May 2013, which is available at www.ccp.wa.gov.au/files/IssuesPapers/Youth%20Justice%20Issues%20Paper%20May%202013.pdf

The *2009 NSW Young People in Custody Health Survey: Full Report* is available on the Juvenile Justice NSW website www.justicehealth.nsw.gov.au/about-us/publications/ypichs-full.pdf

The Auditor General's 2008 report, *The Juvenile Justice System: Dealing with Young People under the Young Offenders Act 1994* is available at http://audit.wa.gov.au/wp-content/uploads/2013/05/report2008_04.pdf

The Australian Institute of Criminology has released a number of articles and research papers on youth offending and youth justice outcomes. More information is available at the Institute's website www.aic.gov.au

Other information

Regional Youth Justice Services (RYJS)

RYJS aims to prevent young people from entering the formal youth justice system, or divert them away from the system as early as possible and for as long as possible. This is shown to be the most effective way of preventing criminal behaviour.

RYJS offers a service following up families of young people who receive a Western Australia Police (WAPOL) caution; Juvenile Justice Teams (JJTs) targeting young people in the early stages of offending, diverting them from the formal justice system; an extended hours bail service to locate suitable adults or alternative short term accommodation for young people eligible for bail; education and counselling services; and the management of young people on statutory orders.

The RYJS are aimed at addressing the four priority needs which are: diverting young people who offend away from the criminal justice system; reducing the financial costs of youth crime; improving life opportunities for Aboriginal young people; and reducing the numbers of young people in remote areas being transported to the metropolitan area and separated from their families and communities.

Metropolitan Youth Bail Service (MYBS)

The MYBS aims to prevent the unnecessary detention of metropolitan young people in circumstances where they are eligible for bail but a suitable responsible adult cannot be found. The *Bail Act 1982* authorises Youth Bail Coordinators to act as the 'Responsible Person' in this situation.

The MYBS ensures the young person attends court with an understanding of the court process and why they are there. Participants are also referred to relevant community based services to address their offending behaviour and ensure adequate supervision and monitoring of the young person whilst on bail. MYBS placements may include short and long term accommodation stays, placement in rehabilitative residential services, psychiatric facilities or even with a young person's parents or extended family.

Positive role models can be appointed to provide support for young people who have broken the law or who are at risk of offending through the Youth Support Officers Program. A youth support officer is appointed following a youth justice officer assessment or a request from the Court or the Supervised Release Review Board. The youth support officer can provide practical help with transport, study and emotional issues. They can also organise positive recreation and sporting activities.

Further information on all of these strategies is available from the Department for Corrective Services website at www.correctiveservices.wa.gov.au/youth-justice/default.aspx

Statistics on court proceedings including bail are available from the Department of the Attorney General's website www.department.dotag.wa.gov.au/S/statistics.aspx?uid=0952-8687-1485-3638.



9.5 Youth justice: Community-based supervision

Why this measure is included

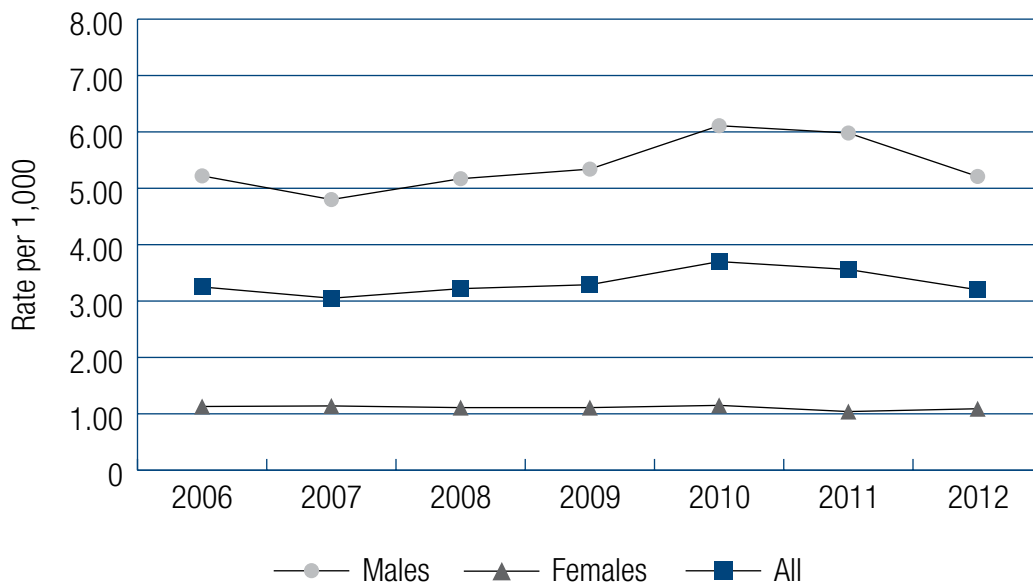
Over 96 per cent of children and young people in Western Australia (WA) have little or no contact with the justice system.⁵¹⁵ For those who do, a continuum of responses is available ranging from diversionary initiatives to youth justice supervision through community-based sentences or detention.

Community-based supervision enables a child or young person to continue school, training or work commitments while meeting supervision requirements and avoiding the negative impacts of detention.

The rate of 12 to 17 year-olds under youth justice supervision⁵¹⁶ is a key national indicator.⁵¹⁷ Young people under youth justice supervision are a particularly disadvantaged and vulnerable group, many of whom experience significant mental health issues, poor educational outcomes, alcohol and drug abuse problems and backgrounds of child abuse and neglect.⁵¹⁸

Research suggests that contact with the youth justice system increases the likelihood of criminality in adulthood, and the more intensive and restrictive the justice intervention, such as detention, the greater the negative impact.⁵¹⁹

Figure 9.11: Children and young people on a community-based sentence: average daily rate per 1,000 population 10 to 17 years, by gender, Western Australia, 2006 to 2012



Source: Data supplied by Department of Corrective Services WA 2013, custom report (unpublished)

Notes:

1. Data includes children and young people 10 to 17 years and may include some young people over the age of 17.
2. Daily rates calculated by the Commissioner for Children and Young People WA using Estimated Resident Population (ERP) data from ABS, Australian Demographic Statistics, Dec 2012. ERP data for the period 2006 to 2011 has been recalculated by the ABS following the 2011 census. Consequently previously published rates may have changed slightly.

Table 9.16: Males on a community-based sentence: average daily rate per 1,000 population 10 to 17 years, Western Australia, 2006 to 2012

	Overall rate per 1,000 population	Aboriginal	Non-Aboriginal	Aboriginal over-representation rate
2006	5.22	56.88	2.05	27.70
2007	4.80	53.35	1.78	29.96
2008	5.17	57.59	1.83	31.42
2009	5.34	55.30	2.15	25.76
2010	6.11	61.40	2.63	23.36
2011	5.98	59.55	2.62	22.70
2012	5.21	55.80	2.11	26.47

Source: Data supplied by Department of Corrective Services WA 2013, custom report (unpublished)

Notes:

1. Data includes male children and young people 10 to 17 years and may include some males over the age of 17.
2. Daily rates calculated by the Commissioner for Children and young People WA using Estimated Resident Population (ERP) data from ABS, Australian Demographic Statistics, Dec 2012. ERP data for the period 2006 to 2011 has been recalculated by the ABS following the 2011 census. Consequently previously published rates may have changed slightly.

Table 9.17: Females on a community-based sentence: average daily rate per 1,000 population 10 to 17 years, Western Australia, 2006 to 2012

	Overall rate per 1,000 population	Aboriginal	Non-Aboriginal	Aboriginal over-representation rate
2006	1.13	15.16	0.28	54.40
2007	1.14	14.48	0.32	45.91
2008	1.11	14.55	0.29	49.35
2009	1.11	13.62	0.32	42.06
2010	1.15	13.91	0.37	37.12
2011	1.04	12.02	0.38	31.90
2012	1.09	13.56	0.35	38.48

Source: Data supplied by Department of Corrective Services WA 2013, custom report (unpublished)

Notes:

1. Data includes female children and young people 10 to 17 years and may include some females over the age of 17.
2. Daily rates calculated by the Commissioner for Children and Young People WA using Estimated Resident Population (ERP) data from ABS, Australian Demographic Statistics, Dec 2012. ERP data for the period 2006 to 2011 has been recalculated by the ABS following the 2011 census. Consequently previously published rates may have changed slightly.

Table 9.18: Children and young people on a community-based sentence: average daily number and rate per 1,000 population 10 to 17 years, Western Australia, 2006 to 2012

	Total (a)		Aboriginal		Non-Aboriginal		Aboriginal over-representation rate
	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000	Number	
2006	3.25	748	36.85	487	1.20	260	30.75
2007	3.05	708	34.84	467	1.08	237	32.27
2008	3.22	754	37.13	503	1.10	242	33.81
2009	3.29	780	35.58	486	1.26	281	28.24
2010	3.70	882	38.75	534	1.53	344	25.35
2011	3.56	858	36.79	510	1.52	346	24.14
2012	3.20	780	35.48	490	1.25	288	28.38

Source: Data supplied by Department of Corrective Services WA 2013, custom report (unpublished)

(a) Total includes those with unknown Aboriginal status.

Notes:

1. Data includes children and young people 10 to 17 years and may include some young people over the age of 17.
2. Daily rates calculated by the Commissioner for Children and Young People WA using Estimated Resident Population (ERP) data from ABS, Australian Demographic Statistics, Dec 2012. ERP data for the period 2006 to 2011 has been recalculated by the ABS following the 2011 census. Consequently previously published rates may have changed slightly.

Table 9.19: Children and young on a community-based sentence: average daily number, by branch, Western Australia, 2012

	Aboriginal	Non-Aboriginal	Unknown	Total	% of the total
Metro (a)	193.1	233.2	2.1	428.4	55.0
Regional (b)	45.4	35.2	0.4	81.0	10.4
Remote (c)	251.0	19.1	0.1	270.2	34.7
Total	489.5	287.6	2.5	779.6	100.0

Source: Data supplied by Department of Corrective Services WA 2013, custom report (unpublished)

(a) Metro includes Central, North, South East and South West Youth Justice Services.

(b) Regional includes Albany, Bunbury, Busselton, Katanning, Narrogin and Northam Youth Justice Services.

(c) Remote includes Broome, Carnarvon, Derby, Esperance, Fitzroy Crossing, Geraldton, Halls Creek, Kalgoorlie, Karratha, Kununurra, Meekatharra, Newman, Roebourne, South Hedland and Wyndham Youth Justice Services.

Note: Data includes children and young people 10 to 17 years and may include some young people over the age of 17.

Table 9.20: Children and young people on a community-based sentence: average daily number, all people and un-sentenced only, by gender and Aboriginality, Western Australia, 2012 to 2013

		Aboriginal			Non-Aboriginal (a)			Total		
		Male	Female	Total (b)	Male	Female	Total (b)	Male	Female	Total (b)
2012	All Persons	399.04	90.03	490.07	246.23	39.44	286.67	647.76	130.47	780.23
	Un-sentenced	6.29	0.86	7.15	0.10	0.05	0.15	6.40	0.92	7.32
2013	All Persons	397.00	88.91	487.25	216.59	40.02	257.60	617.84	129.92	750.11
	Un-sentenced	9.51	2.64	12.15	0.14	0.12	0.25	9.73	2.74	12.48

Source: Data supplied by Department of Corrective Services 2014, custom report (unpublished)

(a) Includes people where Aboriginality is unknown.

(b) Includes people where gender is unknown.

What is this measure?

This measure looks at the number of children and young people under the supervision of the Department of Corrective Services on a community-based order as provided for in the *Young Offenders Act 1994*.⁵²⁰ Being under supervision can either be the result of a sentence or a supervision order. Community-based sentences vary in relation to the level and type of supervision and mandatory requirements to participate in programs. The four main types are:

- Youth Community-Based Order
- Intensive Youth Supervision Order – Without Detention
- Intensive Youth Supervision Order – Detention (Conditional Release Order)
- Supervised Release Order.

Data provided by Corrective Services has been used to report on the average daily number and rate of children and young people aged 10 to 17 years under community-based supervision per 1,000 population, by gender and by Aboriginality.

National data has been sourced from the Australian Institute of Health and Welfare's (AIHW) report *Youth Justice in Australia 2012-13*.⁵²¹ It is important to note that Western Australia did not supply Juvenile Justice National Minimum Data Set (JJ NMDS) data for 2012–13. Consequently, comparison of WA data with national data is not possible.

Commentary

The rate of 10 to 17 year-olds under community-based supervision in WA was lower in 2012 (3.20 per 1,000 population) than in 2011 (3.56 per 1,000 population). Annual data for the past seven years shows that following a spike in 2010 (3.70 per 1,000), the 2012 rate is comparable to the rate recorded for 2006 (3.25 per 1,000). In absolute terms, the average daily number of 10 to 17 year-olds under community based supervision in 2012 in WA was 780, down from 858 in 2011 (Figure 9.11 and Table 9.18).

Gender and Aboriginality are significant factors for this measure.

Male children and young people are more likely to be under youth justice supervision than their female peers. Average daily rates for 2012 indicate that male children and young people in WA were 4.8 times



more likely than female children to be under community-based supervision (5.2 per 1,000 compared to 1.1 per 1,000). This means that on an average day in 2012, 649 male children and young people were under supervision in the community compared to 130 female children (Tables 9.16 and 9.17).

Aboriginal children and young people continue to be significantly over-represented in youth justice supervision cases. In 2012, Aboriginal children and young people were 28.4 times more likely to be under community supervision than non-Aboriginal children and young people. Of the 780 children that were under community-based supervision on an average day in 2012, two-thirds (490) were Aboriginal (Table 9.18).

While Aboriginal male children and young people are 4.1 times more likely to be under supervision than female Aboriginal children (55.80 per 1,000 compared to 13.56 per 1,000), both genders are over-represented when compared with the non-Aboriginal population (Tables 9.16 and 9.17).

Almost all children and young people under youth justice supervision in WA are under sentenced supervision – that is, their supervision is a sentence under the *Young Offenders Act*. A small number of young people are un-sentenced and under supervision. In 2013, 1.6 per cent of young people under community-based supervision were un-sentenced and almost all of these young people were Aboriginal (Table 9.20).

For children and young people under community-based supervision, more than one-half (55.0%) of sentences are in the metropolitan area and around 10 per cent are in regional areas. More than one-third (34.7%) of sentences are from remote areas although children and young people in remote areas represent only around 10 per cent of the state population of children and young people (Table 9.19).

Strategies

Department of Corrective Services

A Youth Justice Board (the Board) with external representatives will be established in 2014 to support the objectives of the *Young Offenders Act 1994*. The Board will oversee the work of a new Youth Justice division and guide the formulation of interventions to support rehabilitation and reintegration for young offenders and young people at risk of reoffending.

The Department of Corrective Services' Youth Justice Services division presently administers a number of community based programs that provide an alternative sentencing option for the judiciary and as such, have the potential to reduce imprisonment and provide a means of diversion from custody (see below under 'Other information').

Want to know more?

Data on youth justice

The AIHW report *Youth Justice in Australia 2012–13*, is available at www.aihw.gov.au/publication-detail/?id=60129546738, and the report *Juvenile justice in Australia 2010–11* is available at www.aihw.gov.au/publication-detail/?id=10737422554

Youth justice data and research is available on the Australian Institute of Criminology website www.aic.gov.au

More information and data about young people under youth justice supervision is also available from the AIHW website at www.aihw.gov.au/youth-justice/

Research, reports and articles

The Commissioner for Children and Young People WA released in May 2013 an updated *Youth Justice, Issues Paper 13*, which is available at www.cryp.wa.gov.au/files/IssuesPapers/Youth%20Justice%20Issues%20Paper%20May%202013.pdf



The Commissioner for Children and Young People WA engaged Dr Harry Blagg in 2009 to produce a report, *Youth Justice in Western Australia*, available at www.cyp.wa.gov.au/files/article/Harry%20Blagg%20report%20-%20Youth%20Justice%20in%20Western%20Australia%20-%20FINAL.pdf

The 2009 *NSW Young People in Custody Health Survey: Full Report* is available on the Juvenile Justice NSW website www.djj.nsw.gov.au

The Auditor General's 2008 report, *The Juvenile Justice System: Dealing with Young People under the Young Offenders Act 1994* is available at http://audit.wa.gov.au/wp-content/uploads/2013/05/report2008_04.pdf

Other information

Regional Youth Justice Services (RYJS)

RYJS aims to prevent young people from entering the formal youth justice system, or divert them away from the system as early as possible and for as long as possible. This is shown to be the most effective way of preventing criminal behaviour.

RYJS offers a service following up families of young people who receive a Western Australia Police (WAPOL) caution; Juvenile Justice Teams (JJTs) targeting young people in the early stages of offending, diverting them from the formal justice system; an extended hours bail service to locate suitable adults or alternative short term accommodation for young people eligible for bail; education and counselling services; and the management of young people on statutory orders.

The RYJS are aimed at addressing the four priority needs which are: diverting young people who offend away from the criminal justice system; reducing the financial costs of youth crime; improving life opportunities for Aboriginal young people; and reducing the numbers of young people in remote areas being transported to the metropolitan area and separated from their families and communities.

Juvenile Justice teams (JJTs)

JJTs are primarily used by WAPOL as a diversionary measure. This results in the young person being diverted to a JJT rather than being charged by WAPOL and referred to a court. Additionally, the Children's Court may also divert charged young people to the JJT, rather than proceed with a charge. Referrals are made to divert young people who have committed minor offences away from the formal justice system. JJTs work in partnership with WAPOL and with input from the Department of Education using a restorative justice approach. This approach promotes victim participation, family involvement and encourages the young person to take responsibility for their actions.

JJTs also provide the Court Conferencing process. This is where young people appearing before the Children's Court who are not eligible for the JJT can be diverted and have their matters resolved in a restorative justice manner rather than through the formal court sentencing process. In addition to the above, young people may be referred to a range of contracted Youth Diversion Services, including training, employment, mentoring and other programs. Bail accommodation is also provided as a means of preventing young people from being remanded in custody. Youth Justice Services also funds the Youth Bail Options Program to support the Regional Youth Justice Service and Metropolitan Youth Bail Service. These services are provided by non-government organisations and provide short term emergency accommodation for young people granted bail who do not have suitable accommodation. These services prevent young people from being unnecessarily detained.



Positive role models can be appointed to provide support for young people who have broken the law or who are at risk of offending through the Youth Support Officers Program. A youth support officer is appointed following a youth justice officer assessment or a request from the Court or the Supervised Release Review Board. The youth support officer can provide practical help with transport, study and emotional issues. They can also organise positive recreation and sporting activities.

Further information on all of these strategies is available from the Department for Corrective Services website at www.correctiveservices.wa.gov.au/youth-justice/default.aspx

Additional Tables

Table 9.21: Children and young people 10 to 17 years under community-based supervision: average daily rate per 10,000 population, by gender and Aboriginal status, states and territories, 2012–13

	Aboriginal status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust excl WA & NT	Aust incl WA & NT
Male	Aboriginal	258.5	275.6	304.4	n/a	251.1	115.4	328.0	n/a	271.4	281.9
	Non-Aboriginal	14.9	20.2	19.0	n/a	19.4	42.5	27.4	n/a	18.6	18.3
	Total	28.8	23.7	38.3	n/a	28.1	47.3	34.4	n/a	30.2	31.9
Female	Aboriginal	73.2	88.3	95.3	n/a	88.3	n/p	128.5	n/a	82.3	78.8
	Non-Aboriginal	3.4	4.4	4.4	n/a	4.4	14.3	8.3	n/a	4.4	4.2
	Total	7.5	5.5	10.5	n/a	7.6	14.6	11.1	n/a	7.9	8.1
Total	Aboriginal	168.3	182.4	201.7	n/a	170.8	67.2	229.1	n/a	178.7	182.7
	Non-Aboriginal	9.3	12.5	11.9	n/a	12.1	28.7	18.0	n/a	11.7	11.4
	Total	18.4	14.9	24.7	n/a	18.1	31.5	23.0	n/a	19.4	20.3

Source: Australian Institute of Health and Welfare 2014, *Youth Justice in Australia 2012–13*, Supplementary tables – community-based supervision, Table s39a

Notes:

1. Western Australia and the Northern Territory did not supply JJ NMDS data for 2011–12.
2. Totals for 2012–13 include aggregate data supplied by Western Australia and 2007–08 data for the Northern Territory, where available. Numbers were rounded to the nearest five young people and therefore may not sum to total.
3. Rates are not published where there were fewer than five young people.

9.6 Youth justice: Detention

Why this measure is included

Consistent with Article 37(b) of the United Nations Convention on the Rights of the Child, an underpinning principle of the *WA Young Offenders Act 1994* is that:

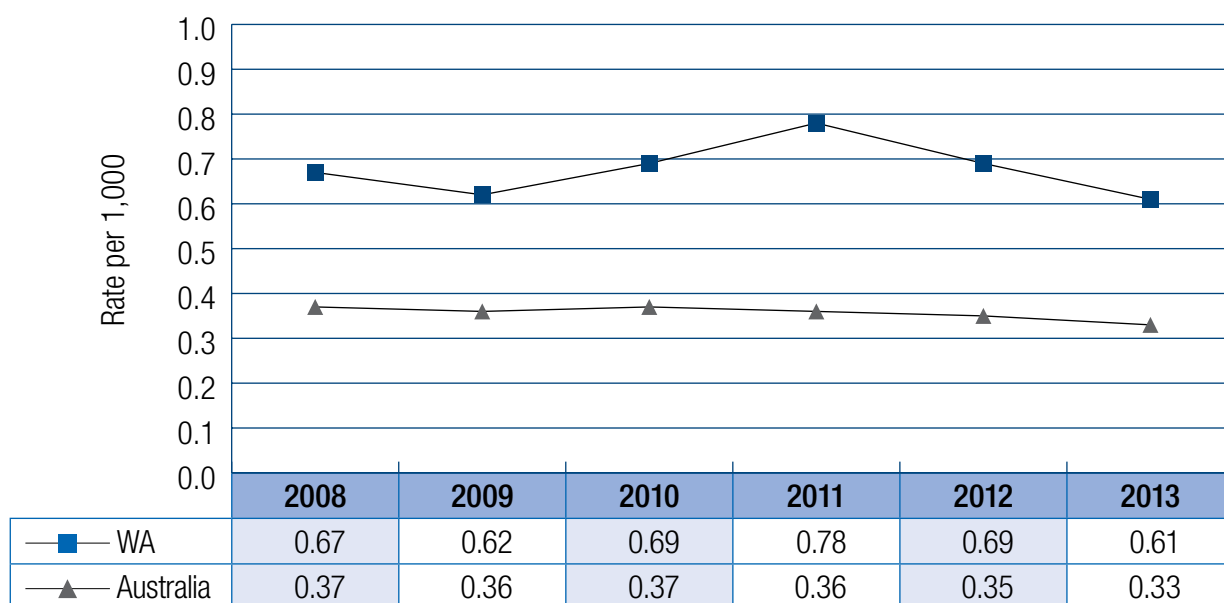
*...detaining a young person in custody for an offence, whether before or after the person is found to have committed the offence, should only be used as a last resort and, if required, is only to be for as short a time as is necessary.*⁵²²

Young people under youth justice supervision are a particularly disadvantaged and vulnerable group, many of whom experience significant mental health issues, poor educational outcomes, alcohol and drug abuse problems and backgrounds of child abuse and neglect.⁵²³

Research suggests that contact with the youth justice system increases the likelihood of criminality in adulthood, and the more intensive and restrictive the justice intervention, the greater the negative impact.⁵²⁴

Children and young people are particularly vulnerable to potential negative impacts of detention, which can include stigmatisation and the fostering of further criminality.^{525 526} Evidence of high levels of mental illness among young people in detention⁵²⁷ compounds their vulnerability to the negative effects of a detention environment even further.

Figure 9.12: Children and young people 10 to 17 years in detention: rate (number per 1,000 population) on an average night, WA and Australia, June quarter 2008 to 2013



Source: Australian Institute of Health and Welfare 2013, *Youth detention population in Australia 2013*

Table 9.22: Males 10 to 17 years in detention: average daily rate per 1,000 population, Western Australia, 2006 to 2012

	Total	Aboriginal	Non-Aboriginal	Aboriginal over-representation rate
2006	0.91	10.97	0.29	37.6
2007	1.04	13.50	0.27	49.7
2008	1.11	14.11	0.30	47.0
2009	1.04	13.07	0.29	45.3
2010	1.21	14.81	0.37	40.5
2011	1.29	15.11	0.42	35.6
2012	1.15	14.09	0.36	39.5

Source: Data supplied by Department of Corrective Services 2011 and 2013, custom report (unpublished)

Note: Daily rates calculated by the Commissioner for Children and Young People WA using Estimated Resident Population (ERP) data from ABS, Australian Demographic Statistics, Dec 2012. ERP data for the period 2006 to 2011 has been recalculated by the ABS following the 2011 census. Consequently previously published rates may have changed slightly.

Table 9.23: Females 10 to 17 years in detention: average daily rate per 1,000 population, Western Australia, 2006 to 2012

	Total	Aboriginal	Non-Aboriginal	Aboriginal over-representation rate
2006	0.11	1.42	0.03	50.0
2007	0.13	1.63	0.04	38.1
2008	0.15	2.03	0.03	62.1
2009	0.11	1.53	0.02	61.3
2010	0.11	1.73	0.02	110.7
2011	0.13	1.87	0.02	86.7
2012	0.15	1.83	0.05	39.5

Source: Data supplied by Department of Corrective Services 2011 and 2013, custom reports (unpublished)

Note: Daily rates were calculated by the Commissioner for Children and Young People using Estimated Resident Population (ERP) data from ABS, *Australian Demographic Statistics, Dec 2012*. ERP data for the period 2006 to 2011 has been recalculated by the ABS following the 2011 Census. Consequently, previously published rates may have changed slightly.

Table 9.24: Children and young people 10 to 17 years in detention: average daily number and rate per 1,000 population, Western Australia, 2006 to 2012

	Total		Aboriginal		Non-Aboriginal		Aboriginal over-representation rate
	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000	Number	
2006	0.52	120	6.38	84	0.16	36	38.7
2007	0.60	140	7.81	105	0.16	35	48.6
2008	0.64	151	8.36	113	0.17	38	49.1
2009	0.59	139	7.56	103	0.16	36	47.2
2010	0.68	162	8.54	118	0.19	44	43.9
2011	0.72	173	8.77	121	0.23	52	38.6
2012	0.66	160	8.18	113	0.20	47	40.0

Source: Data supplied by Department of Corrective Services 2011 and 2013, custom reports (unpublished)

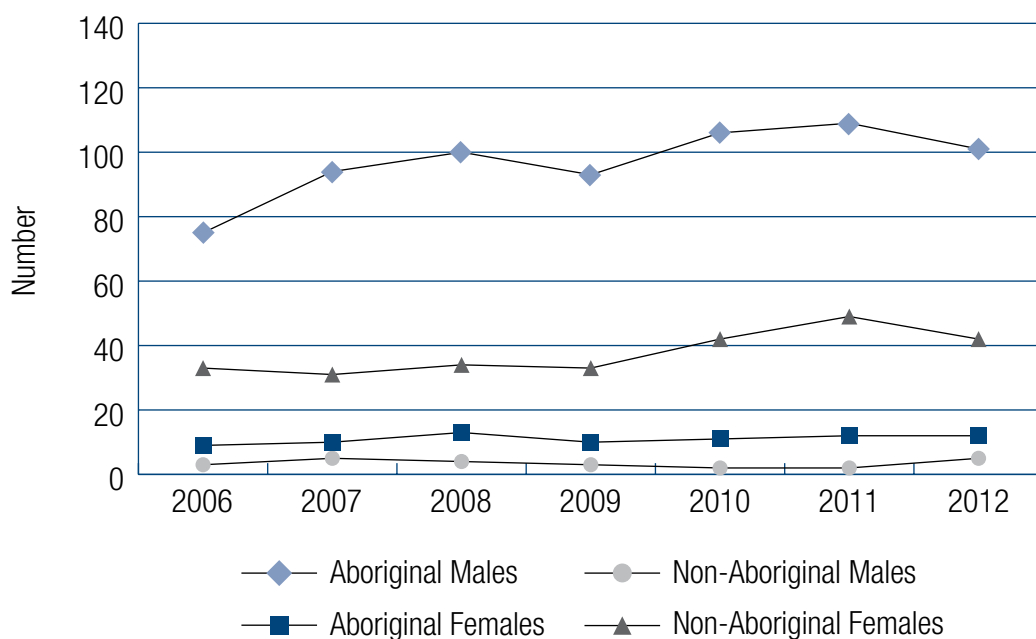
Note: Daily rates were calculated by the Commissioner for Children and Young People using Estimated Resident Population (ERP) data from ABS, *Australian Demographic Statistics, Dec 2012*. ERP data for the period 2006 to 2011 has been recalculated by the ABS following the 2011 Census. Consequently, previously published rates may have changed slightly.

Table 9.25: Places of origin of young people in detention: number as at 30 June of each year, Western Australia, 2009 to 2013

		Aboriginal		Non-Aboriginal		Total		
		Metro	Regional and remote	Metro	Regional and remote	Metro	Regional and remote	Total
2009	Unsentenced	19	23	11	6	30	29	59
	Sentenced	41	29	13	3	54	32	86
2010	Unsentenced	18	25	21	6	39	31	70
	Sentenced	35	30	19	11	54	41	95
2011	Unsentenced	41	18	34	4	75	22	97
	Sentenced	35	39	20	8	55	47	102
2012	Unsentenced	27	20	17	4	44	24	68
	Sentenced	42	40	24	6	66	46	112
2013	Unsentenced	32	26	10	2	42	28	70
	Sentenced	39	38	19	4	58	42	100

Source: Data supplied by Department of Corrective Services 2011 and 2014, custom reports (unpublished)

Figure 9.13: Children and young people 10 to 17 years in detention: number, by gender and Aboriginal status, Western Australia, 2006 to 2012



Source: Data supplied by Department of Corrective Services WA, custom report (unpublished)

What is this measure?

This measure shows the number of children and young people in custody who are either serving a period of sentenced detention or on remand awaiting a court hearing, trial outcome or sentencing.⁵²⁸

This report draws on two major data sources. The Department of Corrective Services has provided data on average daily numbers in detention by gender and by Aboriginal status for the period 2006 to 2012. Data has also been sourced from the Australian Institute of Health and Welfare's (AIHW) annual publication *Youth detention population in Australia*. This data shows average nightly populations of children and young people in detention from 2008 to 2013.⁵²⁹

It should be noted there are some discrepancies in rates between the Corrective Services data and the AIHW data. This is due to the AIHW dataset for Western Australia using averaged end-of-month data to calculate rates, while the WA data is calculated on the average for the entire year.

The data also shows the percentages of children and young people remanded in custody as a percentage of the entire detainee population at 30 June each year.

In examining youth justice statistics, particularly detention statistics, it is important to remember that the small population in contact with the justice system means minor variations in number can yield large percentage changes.

Commentary

The AIHW data shows that the rate of 10 to 17 year-olds in detention in Western Australia on an average night in 2013 (0.61 per 1,000 population) was lower than in 2012 (0.69 per 1,000 population). Trend data for the past six years indicates that, following a spike in 2011, the 2013 rate of children and young people in custody in WA is the lowest for the period and similar to the rate recorded in 2009 (Figure 9.12).

Data from the Department of Corrective Services corroborates this, showing that between 2006 and 2012 the rate of detention varied between 0.52 per 1,000 in 2006 and 0.72 per 1,000 in 2011. In absolute terms, in 2012 the number of 10 to 17 year-olds in detention on an average day was 160, down from a peak of 173 in 2011 (Table 9.24).

Gender and Aboriginal status are significant factors in the context of this measure.

Male children and young people are more likely to be in custody than their female peers. Average daily rates for 2012 indicate that male children and young people in WA were 7.7 times more likely than females to be in custody (1.15 per 1,000 compared to 0.15 per 1,000) (Tables 9.22 and 9.23). This means that on an average day in 2012, 143 male children and young people were in detention compared to 17 females (Figure 9.13).

Aboriginal children and young people continue to be significantly over-represented in all areas related to youth justice.

In 2012, Aboriginal children and young people were 40 times more likely to be in detention than non-Aboriginal children and young people. In absolute numbers this means that of the 160 children in custody on an average day in 2012, 113, or more than two-thirds, were Aboriginal children and young people (Table 9.24 and Figure 9.13). This level of over-representation has remained high throughout the period 2006 to 2012, ranging from 38.6 times in 2011 to 49.1 times in 2008.

While Aboriginal male children and young people were 7.7 times more likely to be in custody than female Aboriginal children and young people (14.09 per 1,000 compared to 1.83 per 1,000), both genders are over-represented when compared with the non-Aboriginal population (Tables 9.22 and 9.23).

In terms of place of origin, young people from regional and remote areas of WA are over-represented in the detention population. At 30 June 2013, 41.2 per cent of young people in detention in WA were from regional and remote areas while representing only around 27 per cent of the WA population. Similar percentages were recorded throughout the period 2009 to 2013 (Table 9.25).

The over-representation of young people from regional and remote areas is explained by the high proportion of Aboriginal young people in the detention population and their distribution across WA. Around two-thirds of Aboriginal young people reside in regional and remote areas as opposed to non-Aboriginal young people of whom more than two-thirds live in the metropolitan area.

In Australia overall, the rate of 10 to 17 year-olds in detention on an average night remained almost unchanged between the June quarter 2008 (0.37 per 1,000 population) and the June quarter 2013 (0.33 per 1,000) (Figure 9.12).

Compared nationally, the rate of 10 to 17 year-olds in detention in WA in 2013 was nearly twice the national rate (0.61 compared to 0.33) (Figure 9.12). WA's rate of detention for young people has consistently exceeded all other states and territories, with the exception of the Northern Territory.

WA children and young people are considerably over-represented in the Australian youth detention population. Children and young people aged 10 to 17 years in WA represent about 10.8 per cent of the overall Australian population of 10 to 17 year-olds. However, in 2013 WA children and young people made up 14.6 per cent of the un-sentenced detention population in Australia, 30.0 per cent of the sentenced detention population, and 20.4 per cent of the overall detention population (Table 9.26).

In the 2013 June quarter, 44.7 per cent of children and young people in custody in WA were un-sentenced. This proportion is smaller than the proportion recorded in 2009 (50.7%) and also smaller than the national proportion for the June quarter 2013 (62.3%) (Table 9.26).



The proportion of children and young people in custody who were un-sentenced was considerably higher than the proportion of adult prisoners who were un-sentenced. On an average day in 2011–12, almost one-quarter (24%) of adults in prison in Australia were un-sentenced compared with over half (54%) of children and young people in detention.⁵³⁰

Want to know more?

Data on youth justice

Youth justice data and research is available on the Australian Institute of Criminology website www.aic.gov.au

A range of data on youth justice is available from the Australian Institute of Health and Welfare at www.aihw.gov.au/youth-justice/

The most recent publication of *Youth detention population in Australia 2013* is available at www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129545393

Research, reports and articles

Following a serious incident at the Banksia Hill Detention Centre in WA in January 2013, a number of reports were produced into the incident and related to the development of the detention centre.

- The Office of the Inspector of Custodial Services was directed by Parliament to carry out a directed review of the incident. This report, *Directed Review into an Incident at Banksia Hill Detention Centre on 20 January 2013*, was tabled in July 2013, and is available at www.oics.wa.gov.au/reports/85-directed-review-incident-banksia-hill-detention-centre-20-january-2013/
- The Commissioner for Children and Young People WA made a submission to the Inspector of Custodial Services on the Banksia Hill incident; the *Submission to the Inspector of Custodial Services – Inquiry into Banksia Hill incident*, March 2013, is available at www.cryp.wa.gov.au/content/Submissions.aspx
- The Auditor General’s report into the redevelopment of Banksia Hill, *The Banksia Hill Detention Centre Redevelopment Project*, Report 12 August 2013 is available at www.audit.wa.gov.au/reports-and-publications/reports/the-banksia-hill-detention-centre-redevelopment-project/

The Commissioner for Children and Young People WA updated the *Youth Justice*, Issues Paper 13, May 2013, which is available at www.cryp.wa.gov.au/files/IssuesPapers/Youth%20Justice%20Issues%20Paper%20May%202013.pdf

The Youth Affairs Council Western Australia, in collaboration with WACOSS and the Youth Legal Service Western Australia Inc, released *The Report and Recommendations of the 2012 Youth Justice Think Tank: Building a more effective Youth Justice System in WA*, February 2013.

The *2009 NSW Young People in Custody Health Survey: Full Report* is available on the Juvenile Justice NSW website www.djj.nsw.gov.au

The Commissioner for Children and Young People WA engaged Dr Harry Blagg to produce a report, *Youth Justice in Western Australia*, 2009, available on the Commissioner’s website at www.cryp.wa.gov.au/files/article/Harry%20Blagg%20report%20-%20Youth%20Justice%20in%20Western%20Australia%20-%20FINAL.pdf

The Auditor General’s 2008 report, *The Juvenile Justice System, Dealing with Young People Under the Young Offenders Act 1994*, is available at http://audit.wa.gov.au/wp-content/uploads/2013/05/report2008_04.pdf



Other information

The Department of Corrective Services' Regional Youth Justice Services (RYJS) operates in the Mid-West Gascoyne, Goldfields, East and West Kimberley and Pilbara. The RYJS provides a range of prevention, intervention, diversion and statutory services for children and young people at risk of entering, or already in, the youth justice system. An evaluation of the RYJS found improvements in a range of areas, for example, an overall reduction in the number of statutory cases handled by the courts involving children and young people.⁵³¹ Further information on this service is available at www.correctiveservices.wa.gov.au/youth-justice/regional-youth-justice.aspx

Further information on the youth justice system in WA is available on the Department of Corrective Services website www.correctiveservices.wa.gov.au

Additional Tables

Table 9.26: Children and young people 10 to 17 years in detention: number on an average night, WA and Australia, June quarter 2009, 2012 and 2013

	WA		Australia	
	Number	% of total detention	Number	% of total detention
	Un-sentenced detention			
June quarter 2009	74	50.7	443	55.7
June quarter 2012	85	50.6	481	61.6
June quarter 2013	67	44.7	457	62.3
	Sentenced detention			
June quarter 2009	72	49.3	352	44.3
June quarter 2012	82	48.8	300	38.4
June quarter 2013	83	55.3	277	37.7
	Total detention			
June quarter 2009	146	100.0	795	100.0
June quarter 2012	168	100.0	781	100.0
June quarter 2013	150	100.0	734	100.0

Source: Australian Institute of Health and Welfare 2013, *Youth detention population in Australia 2013*



Table 9.27: Children and young people 10 to 17 years in detention: rate (number per 1,000 population) on an average night, WA and Australia, June quarter 2008 to 2013

	WA	Australia
June quarter	Un-sentenced detention	
2008	0.36	0.23
2009	0.32	0.20
2010	0.34	0.21
2011	0.40	0.20
2012	0.35	0.21
2013	0.28	0.20
	Sentenced detention	
2008	0.31	0.14
2009	0.31	0.16
2010	0.36	0.16
2011	0.39	0.15
2012	0.34	0.13
2013	0.34	0.12
	Total detention	
2008	0.67	0.37
2009	0.62	0.36
2010	0.70	0.37
2011	0.78	0.36
2012	0.69	0.35
2013	0.61	0.33

Source: Australian Institute of Health and Welfare 2012, *Juvenile detention population in Australia 2012*; Australian Institute of Health and Welfare 2013, *Youth detention population in Australia 2013*

Table 9.28: Children and young people 10 to 17 years in detention: rate (number per 1,000 population) on an average night, states and territories, June quarter 2009, 2012 and 2013

	WA	NSW	Vic	Qld	SA	Tas	ACT	NT	Aust
June quarter	Un-sentenced detention								
2009	0.32	0.25	0.08	0.17	0.15	0.33	0.18	0.66	0.20
2012	0.35	0.23	0.06	0.23	0.24	0.23	0.39	1.01	0.21
2013	0.28	0.20	0.05	0.29	0.21	0.13	0.30	1.00	0.20
	Sentenced detention								
2009	0.31	0.22	0.06	0.08	0.13	0.22	n/a	0.56	0.16
2012	0.34	0.15	0.06	0.08	0.11	0.11	0.16	0.53	0.13
2013	0.34	0.13	0.04	0.08	0.06	0.16	n/a	0.87	0.12
	Total detention								
2009	0.62	0.48	0.14	0.25	0.28	0.55	0.26	1.22	0.36
2012	0.69	0.37	0.12	0.31	0.36	0.34	0.55	1.55	0.35
2013	0.61	0.33	0.09	0.37	0.26	0.29	0.40	1.87	0.33

Source: Australian Institute of Health and Welfare 2013, *Youth detention population in Australia 2013*

- 461 Australian Research Alliance for Children and Youth 2009, *Report Card 2009 – the wellbeing of young Australians*, Australian Research Alliance for Children and Youth, p.12.
- 462 US Department of Health and Human Services 2004, *The Health Consequences of Smoking: A Report of the Surgeon General*, Centers for Disease Control and Prevention, Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; cited in Commonwealth of Australia 2012, *National Tobacco Strategy 2012-2018*, Intergovernmental Committee on Drugs, p. 1.
- 463 Khuder SA et al 1999, 'Age at smoking onset and its effect on smoking cessation', *Addict Behaviour*, 24:673–677; cited in Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p. 95.
- 464 White V and Bariola E 2012, *Australian secondary school students' use of tobacco, alcohol, and over-the counter and illicit substances in 2011: Report*, Cancer Council Victoria, for the Department of Health and Ageing.
- 465 Hood R et al 2012, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2011 – Western Australian results*. Drug and Alcohol Office Surveillance Report: Number 7.
- 466 Ibid, p. 11.
- 467 Ibid, p. 11.
- 468 Ibid, p. 34.
- 469 Ibid, p. 11.
- 470 Ibid, pp. 25, 28.
- 471 Australian Research Alliance for Children & Youth 2013, *Report Card: The wellbeing of young Australians*, Australian Research Alliance for Children and Youth.
- 472 Organisation for Economic Cooperation and Development (OECD) 2012, 'CO1.8 Regular smokers among 15 year-olds by gender', *OECD Family Database*, [website], viewed 25 September 2013, <www.oecd.org/els/soc/oecdfamilydatabase.htm>
- 473 Hood R et al 2012, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2011 – Western Australian results*, Drug and Alcohol Office Surveillance Report: Number 7, pp. 11 and 36.
- 474 National Health and Medical Research Council 2009, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Commonwealth of Australia pp. 57–65
- 475 Australian Medical Association 2009, *Alcohol Use and Harms in Australia (2009) – Information Paper*, <<https://ama.com.au/alcohol-use-and-harms-australia-2009-information-paper>>
- 476 Australian Drug Foundation 2013, *Fact Sheet: Young People and Alcohol, June 2013* (for parents), <www.druginfo.adf.org.au/fact-sheets/young-people-and-alcohol>
- 477 Ibid.
- 478 National Health and Medical Research Council 2009, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Commonwealth of Australia p. 63.
- 479 White V and Bariola E 2011: *Australian secondary school students' use of tobacco, alcohol, and over-the counter and illicit substances in 2011: Report*, Cancer Council Victoria.
- 480 Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*. Drug and Alcohol Office Surveillance Report: Number 8.
- 481 White V and Smith G 2009, *Australian secondary school students' use of tobacco, alcohol, and over-the counter and illicit substances in 2008,: Report*, The Cancer Council Victoria.
- 482 Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*. Drug and Alcohol Office Surveillance Report: Number 8.
- 483 In the ASSAD report, a risky drinking student drank at risk of single occasion harm (e.g. injury) if they consumed at least 5 but no more than 20 standard drinks on any one day in the past week.

- 484 In March 2009, the National Health and Medical Research Council released new guidelines about alcohol consumption and health risks. The updated guidelines simplified the definitions of risk, suggested lower consumption levels and no longer differentiated between genders. For children and young people under 18 the safest option is not drinking. Children under 15 years are at the greatest risk of harm from drinking, and for this age group, not drinking is especially important. For young people aged 15 to 17 years, the safest option is to delay the initiation of drinking for as long as possible.
- For adults, drinking at risk of single occasion harm (e.g. injury) is defined as having more than four standard drinks on any one day. In this report, risky drinking is defined using this guideline. Risky drinking from previous surveys has been recalculated against the 2009 guidelines. Further information is available at <www.nhmrc.gov.au/guidelines>
- See Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*, Drug and Alcohol Office, Surveillance Report Number 8, p. 19.
- 485 Ibid, p. 15.
- 486 Ibid, p. 15.
- 487 WA Drug and Alcohol Office 2013, custom report.
- 488 WA Drug and Alcohol Office 2013, custom report.
- 489 WA Drug and Alcohol Office 2013, custom report.
- 490 Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*, Drug and Alcohol Office, Surveillance Report Number 8, p. 36.
- 491 Students were asked to rate what type of experience they think they would usually have if they took alcohol, from 'really good' to 'really bad'.
- 492 Bridle R et al 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*, Drug and Alcohol Office, Surveillance Report Number 8, p. 31.
- 493 Gaudie J et al 2010, 'Antecedents of teenage pregnancy from a 14-year follow-up study using data linkage', *BMC Public Health*, 10:63 [website], viewed 10 March 2014, <www.biomedcentral.com/1471-2458/10/63>
- 494 In keeping with the terminology used by the Australian Bureau of Statistics and other states, in assessing this measure 'teen' and 'teenage' are used to indicate persons aged 19 years and under. Where this measure is highlighting births to mothers aged 17 years and under, that is specifically stated.
- 495 Australian Institute of Health and Welfare 2012, *A picture of Australia's children 2012*, Cat. No. PHE 167, Australian Institute of Health and Welfare, p. 50.
- 496 Data for 2013 only includes births registered up to 30 January 2014. Parents have sixty days to register their child's birth. This means that some babies born in late December 2013 may not be included in this table.
- 497 For more information refer to Australian Bureau of Statistics 2013, *Births, Australia, 2012*, Cat. no. 3301.0, 'Explanatory note 23' [website], viewed 30 October 2013, <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3301.0Explanatory%20Notes12012?OpenDocument>
- 498 Births to women aged less than 15 years are included in this group.
- 499 Australian Bureau of Statistics 2013, *Births, Australia, 2012*, cat. no. 3301.0, data cube: Excel spreadsheet, Table 1.5, <www.abs.gov.au/AUSSTATS/subscriber.nsf/log?openagent&33010do004_2012.xls&3301.0&Data+Cubes&BE451653447AF558CA257C0D000F85B5&0&2012&24.10.2013&Latest>
- 500 Australian Institute of Health and Welfare 2012, *A Picture of Australia's Children 2012*, Australian Institute of Health and Welfare, p. 52.
- 501 Gaudie J et al 2010, 'Antecedents of teenage pregnancy from a 14-year follow-up study using data linkage', *BMC Public Health*, 10:63, <www.biomedcentral.com/1471-2458/10/63>
- 502 Australian Institute of Health and Welfare 2013, *Australia's Mothers and Babies 2011*, Australian Institute of Health and Welfare, pp. 24 and 78.
- 503 'fetal death' – stillbirth.
- 504 'neonatal death' – born alive but lives less than 28 days.
- 505 'perinatal death' – lives between 28 days and 1 year.

- 506 Australian Institute of Health and Welfare 2013, *Australia's Mothers and Babies 2011*, Australian Institute of Health and Welfare, p. 91.
- 507 Office of the Auditor General 2008, *The Juvenile Justice System: Dealing with Young People under the Young Offenders Act 1994: Performance Examination*, Office of the Auditor General, p. 17.
- 508 The 'statutory' youth justice system deals with offenders who are sentenced to detention or a community-based sentence.
- 509 Chen S et al 2005, *The transition from juvenile to adult criminal careers*, Crime and Justice Bulletin, No. 86, NSW Bureau of Crime statistics and Research, pp. 9–11.
- 510 Gatti U et al 2009, 'Iatrogenic effect of juvenile justice', *The Journal of Child Psychology and Psychiatry*, 50(8), pp. 991–998.
- 511 *Young Offenders Act 1994 (WA)*, section 23 (1) & section 7 (g) [website], viewed 22 March 2014, <www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_1101_homepage.html>
- 512 It should be noted that the source data does not indicate how many prior offences a young person has committed before they are escalated from written caution to JJT referral. In this context, WA Police has advised that while raw data may indicate Aboriginal young people are more likely to receive a JJT referral than non-Aboriginal young people, this does not take into account that an Aboriginal young person may have received multiple written cautions prior to being referred to a JJT (for the same offence). Likewise, data for other offenders may indicate they are more likely to receive a written caution because it may be their first offence.
- 513 Australian Bureau of Statistics 2014, *Recorded Crime – Offenders 2012-13*, [website], viewed 25 March 2014 <www.abs.gov.au/ausstats/abs@.nsf/Lookup/4519.0main+features52012-13>
- 514 Australian Bureau of Statistics 2014, *Recorded Crime – Offenders 2012-13* [website], viewed 25 March 2014, <www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4519.0~2012-13~Main%20Features~Youth%20offenders~19>
- 515 Office of the Auditor General 2008, *The Juvenile Justice System: Dealing with Young People under the Young Offenders Act 1994: Performance Examination*, Office of the Auditor General, p. 17.
- 516 'Youth justice supervision' includes children and young people who have been sentenced, as well as those who have not been sentenced but are under some form of formal reporting or supervisory relationship with the respective agency in their state. For example, young people on a supervised bail order are unsentenced, but under supervision.
- 517 Australian Institute of Health and Welfare 2010, *Health and wellbeing of young Australians: technical paper on operational definitions and data issues for key national indicators*, Working paper series, Cat. no. WP 63, Australian Institute of Health and Welfare, p. 11 and p. 90.
- 518 Australian Institute of Health and Welfare 2011, *Young Australians: their health and wellbeing*, Cat. no. PHE 140, Australian Institute of Health and Welfare, p. 111.
- 519 Richards K 2011, *What makes juvenile offenders different from adult offenders?* Trends and issues in crime and criminal justice, No.409, February 2011, Australian Institute of Criminology, p. 7.
- 520 *Young Offenders Act 1994 (WA)*, Part 7, Divisions 6 and 7.
- 521 Australian Institute of Health and Welfare 2014, *Youth justice in Australia 2012–13*, AIHW bulletin 120, Cat. no. AUS 179.
- 522 Section 7(h) of the *Young Offenders Act 1994 (WA)*.
- 523 Australian Institute of Health and Welfare 2011, *Young Australians: their health and wellbeing*, Cat. no. PHE 140, Australian Institute of Health and Welfare, p. 111.
- 524 Richards K 2011, *What makes juvenile offenders different from adult offenders?* Trends and issues in crime and criminal justice, No.409 February 2011, Australian Institute of Criminology, p. 7.
- 525 Gatti U et al 2009, 'Iatrogenic effect of juvenile justice', *The Journal of Psychology and Psychiatry*, 50 (8), pp. 991–998.
- 526 Richards K 2011, *What makes juvenile offenders different from adult offenders?* Trends and issues in crime and criminal justice, No. 409 February 2011, Australian Institute of Criminology, pp. 5–7.
- 527 *Ibid*, p. 4.
- 528 In all Australian jurisdictions, 10 years is the minimum age at which a person can be held criminally responsible for their actions, hence all data starts from age 10.
- 529 Data for 2008 is sourced from Australian Institute of Health and Welfare 2012, *Juvenile Detention*



Population in Australia 2012, Cat. No. JUV 11, Australian Institute of Health and Welfare; data for 2009 onwards is sourced from Australian Institute of Health and Welfare 2013, *Youth Detention Population in Australia 2013*, Cat. No. JUV 31, Australian Institute of Health and Welfare.

- 530 Australian Institute of Health and Welfare 2012, *Comparisons between the youth and adult justice systems: 2011–12*, Youth justice fact sheet no 17, Cat. No. JUV 29, Australian Institute of Health and Welfare, p. 3.
- 531 Advice from the Department of Corrective Services, September 2011.



10. Environment



About this domain

Both the built environment and the natural environment influence the development of children and young people. Children and young people access community and recreational facilities in the built environment, which provides opportunities for physical and social development. The natural environment provides a place to explore, have fun and be active, but at the same time can impact on the health of children and young people through climate change and pollutants.^{532 533}

The Australian Research Alliance for Children and Youth states that ‘The quality of the physical environment is a critical determinant of the wellbeing of current and future generations, and is one of the important issues of concern to young people’.⁵³⁴

The measures in this edition reflect on the availability of parks and open spaces for children and young people, as well as measures on the quality of water and air.

The companion reports *Building Blocks* Editions One and Two include information about 126 programs which have been shown to be effective in improving the wellbeing of children and young people.

Measures included in this domain are:

Access to green spaces, parks and community facilities (new)	Page 311
Drinking water quality (new)	Page 318
Air quality (new)	Page 321



10.1 Access to green spaces, parks, and community facilities

Why this measure is included

Outdoor activity and contact with nature is increasingly being recognised as important to children and young people's development, physical health and mental wellbeing.⁵³⁵ With the average house block size falling, particularly in new developments, and greater urban infill,⁵³⁶ access to public open space is increasingly important to children and young people's wellbeing.^{537 538}

Children and young people also report that having access to places and facilities is important to their wellbeing and also helps them feel a part of their local community.⁵³⁹

This measure contains data of a different nature than most other data in this report.

Most data of this report meets the following list of stringent criteria:

- Capable, as far as possible, of disaggregation by gender, by Aboriginal status and by region of WA.
- Meaningful for researchers and users and, where possible, young people.
- Based on consistent and repeatable data collections.
- Capable of being influenced by action.

The data in this measure may not meet each of these criteria but has been included in order to provide the best available information regarding this aspect of children and young people's wellbeing. The data should be used with caution, including considering the qualifications outlined within the content of this measure.



Table 10.1: Children and young people 5 to 14 years with access to a park: in per cent, by type of park, by Local Government Area (LGA) within Metropolitan Perth and Mandurah, Western Australia, 2013

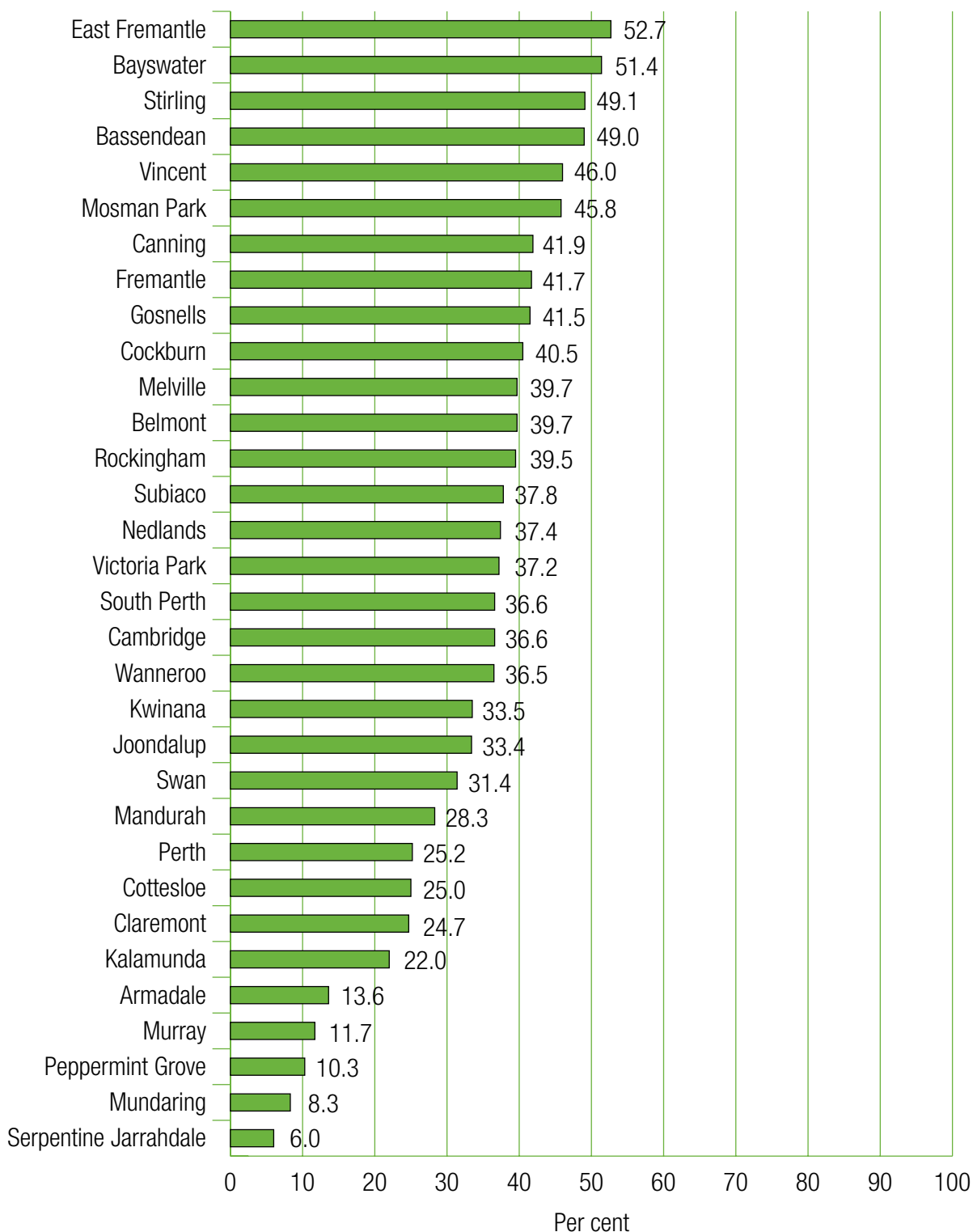
Local government area	Population 5 to 14 years	Proportion of LGA population	Access to a pocket (a) park within 300m	Access to a local (b) park within 400m	Access to a neighbourhood (c) park within 800m
	Number	Per cent	Per cent	Per cent	Per cent
Armadale	8,423	13.5	8.1	22.6	59.1
Bassendean	1,596	11.1	30.2	27.1	62.4
Bayswater	5,898	9.6	25.4	25.8	79.1
Belmont	3,450	9.8	19.6	28.0	74.4
Cambridge	3,601	14.4	20.4	29.1	80.1
Canning	9,936	11.6	23.5	23.3	79.5
Claremont	1,049	11.3	14.7	14.9	78.1
Cockburn	11,963	13.3	21.8	24.7	75.5
Cottesloe	936	12.3	21.0	13.7	57.0
East Fremantle	913	13.2	46.4	34.9	51.2
Fremantle	2,517	9.5	24.4	31.3	61.3
Gosnells	14,683	13.8	16.0	33.6	77.1
Joondalup	20,206	13.3	9.5	26.1	81.0
Kalamunda	7,155	13.4	8.0	16.9	54.5
Kwinana	4,104	14.0	15.5	44.2	58.7
Mandurah	8,742	12.5	17.7	24.8	69.2
Melville	11,273	11.8	17.4	27.3	66.8
Mosman Park	1,059	12.3	12.1	52.6	88.6
Mundaring	5,024	13.8	5.6	10.7	33.2
Murray	1,923	13.6	4.4	16.9	26.5
Nedlands	2,970	14.5	18.4	31.4	66.0
Peppermint Grove	256	16.8	0.0	1.3	87.2
Perth	367	2.2	42.7	27.8	91.6
Rockingham	15,366	14.8	10.4	36.0	73.8
Serpentine Jarrahdale	2,831	16.0	6.8	1.3	25.2
South Perth	3,768	9.2	17.2	29.6	60.7
Stirling	20,700	10.6	25.1	35.0	79.7
Subiaco	1,492	8.5	29.8	11.0	77.6
Swan	16,331	15.1	17.1	28.5	71.2
Victoria Park	2,428	7.5	10.0	29.6	85.6
Vincent	2,509	8.0	32.4	21.8	88.1
Wanneroo	24,216	15.9	9.5	36.2	67.4

Source: Data provided by The Centre for the Built Environment and Health, The University of Western Australia, 2014, custom report (unpublished)

Notes:

- (a) Pocket park is a park less than 0.4 ha.
- (b) Local park is a park from 0.4 ha to less than 1 ha.
- (c) Neighbourhood park is a park from 1.0 ha to less than 5 ha.

Figure 10.1: Children and young people 5 to 14 years with access to a playground within 400m: in per cent, by Local Government Area (LGA) within Metropolitan Perth and Mandurah, Western Australia, 2013



Source: Data provided by The Centre for the Built Environment and Health, The University of Western Australia, 2014, custom report (unpublished)

Table 10.2: Amenities for young people 12 to 17 years: number, by type of amenity, by Local Government Area (LGA) within Metropolitan Perth and Mandurah, Western Australia, 2012

Local government authority	Population (12 to 17 years)	Proportion of LGA population	Skate parks	Skate parks/ adolescents	Youth centres	Leisure centre (youth focus)	SEIFA Index*
	Number	Per cent	Number	Ratio	Number	Number	Index
Armadale	6,119	9.8	5	1 per 1,224	3	-	996.1
Bassendean	1,175	8.2	1	1 per 1,175	-	-	1,004.3
Bayswater	4,266	7.0	2	1 per 2,133	-	-	1,020.3
Belmont	2,388	9.8	1	1 per 2,388	1	-	986.8
Cambridge	2,404	9.9	1	1 per 2,404	1	-	1,117.2
Canning	8,189	9.6	-	0 per 8,189	4	-	1,034.2
Claremont	997	10.7	1	1 per 997	1	1	1,095.3
Cockburn	8,278	9.2	1	1 per 8,278	1	-	1,034.6
Cottesloe	600	7.9	-	0 per 600	-	-	1,116.3
East Fremantle	634	9.2	-	0 per 634	-	-	1,088.5
Fremantle	1,695	6.4	2	1 per 847	2	-	1,008.8
Gosnells	10,599	9.9	1	1 per 10,599	3	1	1,004.1
Joondalup	16,465	10.8	2	1 per 8,232	3	-	1,082.4
Kalamunda	5,585	10.4	3	1 per 1,862	1	-	1,050.3
Kwinana	2,783	9.4	1	1 per 2,783	1	-	968.1
Melville	9,243	9.7	3	1 per 3,081	1	-	1,076.6
Mosman Park	892	10.4	1	1 per 892	-	-	1,065.7
Mundaring	3,938	10.8	4	1 per 984	1	-	1,052.4
Nedlands	2,253	11.0	1	1 per 2,253	-	-	1,115.4
Peppermint Grove	259	17.0	-	0 per 259	-	-	1,126.5
Perth	469	2.8	1	1 per 469	-	-	1,062.7
Rockingham	11,087	10.7	5	1 per 2,217	3	-	1,012.0
Serpentine Jarrahdale	1,923	10.8	1	1 per 1,923	1	-	1,047.2
South Perth	3,325	8.2	-	0 per 3,325	-	-	1,065.0
Stirling	14,947	7.6	2	1 per 7,474	-	1	1,028.3
Subiaco	1,083	6.2	1	1 per 1,083	1	-	1,076.9
Swan	11,676	10.8	2	1 per 5,838	1	-	1,010.6
Victoria Park	1,833	5.7	2	1 per 916	-	2	1,020.6
Vincent	1,531	3.9	1	1 per 1,531	1	-	1,058.5
Wanneroo	16,496	10.9	7	1 per 2,356	3	3	1,025.5

Source: O'Connell, E 2012: Local Government Environments for Adolescents: A comparative analysis of LGAs within Metropolitan Perth, The University of Western Australia

* The SEIFA Index of Disadvantage measures the relative level of socio-economic disadvantage based on a range of Census characteristics. A higher score on the index means a lower level of disadvantage. A lower score on the index means a higher level of disadvantage.

What is this measure?

Historically there has not been a reliable source of data on children and young people's access to parks, playgrounds and recreation facilities. Recently the University of Western Australia's Centre for the Built Environment and Health has launched a public open space tool (POS Tool) that enables analysis of data on parks, playgrounds and public open space. The POS Tool only contains data for the Perth metropolitan and Peel regions therefore excluding information on other regional areas. Data is also not disaggregated by gender or Aboriginal status.

Service areas extending 400m along the road network (ie representing a walkable catchment area of 400m from the playground equipment) were generated around all playgrounds present within parks up to 5ha in size were. A distance of 400m has been used to assess access to playgrounds because this is commonly used in the scientific literature to capture a walkable distance for children and families.⁵⁴⁰

The data used for this measure includes playgrounds in parks up to five hectares (ie pocket, local and neighbourhood parks) that are in residents' immediate neighbourhood and within walking distance. It does not include playgrounds that are in public open spaces greater than five hectares (eg district and regional-sized public open spaces that serve larger catchments) and large open spaces such as coastal areas, regional and national parks and large conservation areas.

The context, geography and distribution of the resident population of each local government area should be considered when interpreting the data.⁵⁴¹

Additional data on the availability of community facilities particularly targeted to young people is drawn from a research project on a comparative analysis of the provision of facilities specifically for young people aged 12 to 17 years in local government areas in the metropolitan Perth and Peel regions. This data is not disaggregated by gender or Aboriginal status and does not apply to regional or remote areas.

The data is only about the availability of recreation spaces and facilities and it does not include information on the actual use of these facilities by children and young people.

Commentary

There is considerable variation between access to recreation spaces and facilities across local government areas for children and young people. As noted previously, the context of individual local government areas, both geographically and in terms of the numbers of children and young people, should be taken into account when interpreting the data. For example, the Shire of Peppermint Grove has the smallest number of children and young people (256 aged five to 14 years) and the City of Wanneroo has the largest number (24,216 aged five to 14 years) yet there is little difference in the proportion this age group represents in terms of the overall population of these local government areas, at 16.8 per cent and 15.9 per cent respectively (Table 10.1). Geographical features such as proximity to areas of bushland and coastal areas are also of significance in providing additional access to natural environments and recreational spaces.

Additionally, differences in socio-economic status, availability of public transport and proximity to facilities also impact on the accessibility of recreation options and facilities for children and young people residing in different local government areas.⁵⁴²

The range of children and young people aged five to 14 years who live within 400 metres walking distance from a park with playground equipment⁵⁴³ varies from 53 per cent to six per cent (Figure 10.1). On average, across all the local government areas, 33.6 per cent of children and young people aged five to 14 years lived within 400 metres of a playground.



While access to parks and public open space and contact with nature is important for children of all ages, what meets children and young people's needs also changes as they get older.⁵⁴⁴ For example, playgrounds typically cater to younger children, while adolescents often seek out recreational facilities such as skate parks or basketball hoops, or just want places where they can socialise outdoors with their peers.^{545 546}

Access to park areas, with or without playground equipment, also varied ranging from 1.3 per cent to 53 per cent for those aged five to 14 years living within 400 metres of a local size park, and 25 per cent to 92 per cent living within 800 metres of a neighbourhood size park (Table 10.1).

In terms of facilities for young people aged 12 to 17 years, again there is considerable variation across local government areas. Skate parks are the most common youth-specific facility provided by local government. While skate parks do not cater for the needs of all young people it has been argued that they provide an important recognition to young people that their needs are also being considered in the community.⁵⁴⁷

Table 10.2 shows the range of facilities specific for young people aged 12 to 17 years in each local government area. The number of skate parks per young person ranges from 0 per 8,189 in the City of Canning to one per 469 in the City of Perth. Again the context of each local government area should be considered when interpreting this data.

Examining local government areas with similar socio-economic status and populations of young people aged 12 to 17 years the differences in skate park provision is more useful. The City of Armadale provides one skate park per 1,224 young people, the City of Belmont provides one per 2,388 young people and the City of Gosnells provides one per 10,599.

In higher socio-economic areas, the Shire of Mundaring provides one skate park per 984 young people, the City of Joondalup provides one per 8,232 and the City of South Perth provides no skate parks or other youth-specific facilities for the 3,325 young people residing within their boundary.

Research⁵⁴⁸ has also shown there is a shortage of public open space able to accommodate organised sport, particularly in the outer, growing areas of the Perth region. This is placing greater pressure on existing sporting fields and resulting in players having to travel greater distances to access organised sporting activities.

Strategies

Liveable Neighbourhoods, Government of Western Australia

Liveable Neighbourhoods has been adopted by the WA Planning Commission as operational policy, and is to be followed in the design and approval of urban development. More information is available at www.planning.wa.gov.au

The State Public Parkland Strategy, Government of Western Australia (released 2011)

The State Public Parkland Strategy was initiated in 2010 to bring together the different sectors involved in the planning, design and management of open space to collectively consider the complex issues which impact the delivery of quality, functional parkland in Western Australia. The Strategy is managed by the Department of Sport and Recreation and is underpinned by a strategy team comprising representation from across State and local government, key peak bodies and related industries. This team has developed a series of responses to inform issues and policies related to public parkland and open space. Further information on the State Public Parkland Strategy can be obtained by contacting the Department of Sport and Recreation at www.dsr.wa.gov.au



Want to know more?

Data

The Public Open Space (POS)Tool can be accessed directly at www.postool.com.au or by emailing the research team at postool-sph@uwa.edu.au

Research, reports and articles

The WA Department of Sport and Recreation provide links to relevant information and research related to trends in recreation, available at www.dsr.wa.gov.au/active-open-space-in-a-growing-perth-peel-region

The WA Department of Sport and Recreation has developed a classification framework for public open space. The aim of this framework is to shift the focus from the size of spaces to the function they serve and ensuring that community needs are considered at the front end of the planning process. More information is available at www.dsr.wa.gov.au/classification-framework-for-public-open-space

The Planet Ark National Tree Day initiative has conducted a number of research projects highlighting the decline in outdoor play by children and young people in Australia. More information is available at www.treeday.planetark.org

Dr Michael Ungar is currently conducting research into the nature of spaces and places that establish a sense of community and cultural connection for young people. More information is available at www.resilienceresearch.org/research-and-evaluation/projects/176

The University of WA Child's Play program of research has on its website a number of evidence summaries and case studies relating to the benefits of outdoor environments and nature for children, and includes guidelines for schools and communities for play spaces that promote child health and wellbeing. More information is available at www.sph.uwa.edu.au/research/cbeh/projects/childsplay

Other information

Nature Play WA is a not-for-profit organisation that aims to increase the time WA children spend in unstructured play outdoors. They have a range of information, resources and events to achieve their aim. More information is available at www.natureplaywa.org.au

The Public Parkland and Design Guide (WA) has been developed to assist in the delivery of parkland which optimises community benefit, is suited to the local environment and supports efficient and effective use of water resources. The guide has been developed through a partnership between the Department of Sport and Recreation and the Department of Water. The guide can be accessed at www.dsr.wa.gov.au/public-parkland-guide.

Commissioner for Children and Young People, 2011, *Building spaces and places for children and young people*. www.ccyp.wa.gov.au/content/Built-Environment.aspx



10.2 Drinking water quality

Why this measure is included

Safe drinking water is fundamental to good health. Unsafe water can carry microbiological and chemical contamination which may be harmful in the short or long term. Children and young people who do not have access to safe water may be vulnerable to water-borne diseases or to the effects of potentially harmful chemicals in the water.⁵⁴⁹

Table 10.3: Compliance with health-related Drinking Water Guidelines, tests of scheme water that complied with the guidelines: in per cent, Western Australia, 2006–07 to 2011–12

	Microbiological guidelines	Health-related chemical guidelines
2006–07	100.0	100.0
2007–08	100.0	100.0
2008–09	100.0	100.0
2009–10	100.0	100.0
2010–11	100.0	100.0
2011–12	100.0	100.0

Source: Economic Regulation Authority, *Water, Wastewater and Irrigation Performance Report*, [series]

Table 10.4: Compliance with microbiological guidelines in Aboriginal Communities serviced by the Remote Area Essential Services Program: in per cent, Kimberley, Pilbara and Goldfields, 2006 to 2012

Year	Kimberley		Pilbara		Goldfields	
	<i>E.Coli</i>	Thermophilic Naegleria	<i>E.Coli</i>	Thermophilic Naegleria	<i>E.Coli</i>	Thermophilic Naegleria
2006	93.8	92.4	91.5	90.3	97.0	93.5
2007	96.8	97.4	93.8	90.3	96.5	85.9
2008	95.6	92.0	95.3	92.0	96.5	94.2
2009	94.6	92.7	96.6	94.0	99.5	89.6
2010	94.4	94.4	98.5	89.2	97.7	88.1
2011	95.3	94.2	97.1	93.0	96.4	93.5
2012	94.4	95.3	95.7	95.3	99.4	97.7

Source: Department of Housing 2014, custom report (unpublished)

Notes:

1. A remediation process including a re-test is conducted after each fail. Re-tests are included in the overall test counts upon which this data is based.
2. Communities are tested on average once a month. However not all communities can be tested every month for a number of factors including non-occupation of community (transient population or abandoned during the wet), inaccessibility due to seasonal factors and failed pick up from the airstrip by community.

What is this measure?

This measure shows the proportion of water schemes that complied with the microbiological guidelines and health-related chemical guidelines set down in the Australian Drinking Water Guidelines. Water schemes are tested throughout the year and immediate action is taken to address any detected contamination outside the guidelines.

Microbiological guidelines include the presence of *E.coli* or Thermophilic Naegleria. *E.coli* is an indicator of faecal contamination in water, which may indicate the presence of water-borne diseases.⁵⁵⁰ Thermophilic Naegleria are a group of free-living amoeba whose presence in water may indicate the potential presence of *N. fowleri*, which can cause primary amoebic meningoencephalitis (amoebic meningitis). Health-related chemical guidelines set out safe levels for more than 130 chemicals, including Fluoride, Nitrate, and Trihalomethanes (a by-product of disinfection by chlorination and chloramination).⁵⁵¹ The Australian Drinking Water Guidelines have been adopted by the WA Department of Health in agreement with water service providers through a Memorandum of Understanding.

The Australian Drinking Water Guidelines also include guidelines for aesthetic quality of drinking water. Broadly, these are inclusions which might affect taste, appearance or properties (such as water hardness), but do not have health effects. These have not been included in this report.⁵⁵²

Commentary

Drinking water in Western Australia (WA) is of high quality. The State complies with the Australian Drinking Water Guidelines, developed by the National Health and Medical Research Council (NHMRC) and the Natural Resource Management Ministerial Council (NRMCC). These guidelines provide a basis for determining the quality of drinking water supplies.⁵⁵³

Around 90 per cent of the population in WA receives water from licenced and regulated water supply schemes. The Water Corporation provides around 75 per cent of scheme water, with the rest provided by licenced providers Aqwest (Bunbury), Busselton Water Board, Rottnest Island Authority and Hamersley Iron (Dampier, Paraburdoo and Tom Price).⁵⁵⁴

The remainder of the population get water from mine sites and exploration camps, private small system operators (roadhouses, caravan parks, water carriers), some local governments, or through the Remote Aboriginal Essential Services Program.⁵⁵⁵

Water from regulated and licenced schemes is monitored by the scheme providers themselves, with the results reported to the WA Department of Health. Private small system operators are monitored through a network of local government health authorities.

Large public water supplies are fluoridated due to the dental health benefits of fluoride. In Western Australia, fluoridation is regulated by the *Fluoridation of Public Water Supplies Act 1966* and overseen by the Fluoridation of Public Water Supplies Advisory Committee (FAC).

From 2006–07 to 2011–12, all licenced water providers were fully compliant with microbiological and health-related chemical guidelines for licenced water schemes, in accordance with requirements outlined in the Memorandum of Understanding with the Department of Health (Table 10.3).⁵⁵⁶

Around 90 Aboriginal communities are serviced by the Remote Area Essential Services Program. From 2006 to 2012 there were a number of occasions where microbiological guidelines were exceeded in these communities. These locations are sampled monthly, and any detection of microbiological contamination is reported and remediation taken (Table 10.4). Water sources in communities are also tested for compliance with health-related chemical and aesthetic guidelines.



Some locations in WA have exemptions from the health guidelines for Nitrate content in water. The Australian Drinking Water Guidelines specify 50 mg/L (measured as nitrate) for infants less than three months old and 100 mg/L (measured as nitrate) for adults and children over three months old. Where the water supply contains between 50 and 100 mg/L of nitrate and no other supply is available, an exemption may be available. In WA, the following areas have been granted exemptions from the nitrate guideline:

- Mid West Region – Cue, Meekatharra, Mt Magnet, Nabawa, New Norcia, Sandstone, Wiluna and Yalgoo
- Goldfields and Agricultural Region – Laverton, Leonora and Menzies

In these towns, the Water Corporation supplies free bottled water to community health nurses for supply to mothers who are bottle feeding babies less than three months old.⁵⁵⁷

Strategies

Water Forever: Towards Climate Resilience, Water Corporation of WA (released 2009)

Water Forever is a 50-year plan to deliver sustainable water services to Perth and surrounding areas, including the Goldfields and Agricultural water supply. It includes targets to reduce water use, develop new water sources and increase water recycling to ensure sustainable water supplies. In 2012 the Water Corporation released 10-year plans under the Water Forever brand for Perth and WA to address the short-term needs of the state. More information is available from www.watercorporation.com.au/Home/Residential/About%20us/Planning%20for%20the%20future

National Water Quality Management Strategy, Commonwealth Government (released 2000)

This strategy was developed jointly by the Agriculture and Resource Management Council of Australia and New Zealand and the Australia and New Zealand Environment and Conservation Council to help develop a national approach to water resource management in Australia. Further information is available from www.environment.gov.au/topics/water/water-quality/national-water-quality-management-strategy

Want to know more?

Data on water quality

The Water Corporation publishes annual reports on water quality monitoring for WA. These reports are available at www.watercorporation.com.au/about-us/our-performance/drinking-water-quality

Aqwest provides scheme water to the Bunbury area. Annual reports are available at <http://aqwest.com.au/Downloads/AnnualReports.aspx>

Busselton Water supplies scheme water to the Busselton area. Reports on water quality and annual reports are available at www.busseltonwater.wa.gov.au/OurWater/WaterQuality/WaterQualityReports.aspx

More information about water quality

The Australian Drinking Water Guidelines are based on the latest scientific evidence on good quality drinking water. The most recent guidelines were released in 2011 and are available at www.nhmrc.gov.au/guidelines/publications/eh52

The Advisory Committee for the Purity of Water is an inter-departmental committee chaired by the WA Department of Health. It includes representatives from relevant government agencies as well as representatives of the licenced drinking water providers. Its purpose is to advise the Ministers of Health and Water on maintaining the quality of drinking water, and fostering inter-agency cooperation in regard to supply. More information is available at www.public.health.wa.gov.au/3/962/2/drinking_water_in_wa.pm

10.3 Air quality

Why this measure is included

Air quality can have impacts on the short and long-term health of children and young people. Exposure to certain pollutants can exacerbate respiratory conditions, while others can affect birth weight or fetal growth.⁵⁵⁸ Children are often more susceptible to pollutants than adults, as they inhale more pollutants for weight than adults. Their developing organs may be more vulnerable at certain points of development.⁵⁵⁹

Australia has national standards on ambient air quality, developed by the National Environment Protection Council. These are regularly monitored by each state and territory. Overall, air quality in Australian cities is considered good by international standards.⁵⁶⁰

Table 10.5: Days where various pollutants exceeded the standard, Perth, Western Australia, 2008 to 2012

Pollutant	Time	Standard	2008	2009	2010	2011	2012
Carbon Monoxide (3)	8 hour	9.0 ppm	0	0	0	0	0
Nitrogen Dioxide (7)	1 hour	0.12 ppm	0	0	0	0	0
	1 year	0.03 ppm	0	0	0	0	0
Ozone (6)	1 hour	0.10 ppm	0	2(2)	0	0	3(3)
	4 hour	0.08 ppm	0	3(2)	0	0	6(4)
Sulfur Dioxide (3)	1 hour	0.20 ppm	0	0	0	0	0
	24 hour	0.08 ppm	0	0	0	0	0
	1 year	0.02 ppm	0	0	0	0	0
Particles PM10 (3)	24 hour	50 micrograms/m ³	1(1)	0	5(2)	3(3)	8(3)
Particles PM2.5 (4)	24 hour	25 micrograms/m ³	4(4)	10(4)	11(4)	5(4)	14(4)

Source: Department of Environmental Regulation (WA), Air Quality Monitoring Reports, by year

Note: Numbers in brackets next to a pollutant indicate the number of stations where that pollutant is monitored. Numbers in brackets in the year column indicate the number of stations where that pollutant exceeded the standard.

ppm: parts per million

Table 10.6: Days where Particles (PM10 and PM2.5) exceeded the standard, regions, 2008 to 2012

Station/Pollutant	Time	Standard	2008	2009	2010	2011	2012
Albany PM10	24 hour	50 micrograms/m ³	2	0	1	0	0
Bunbury PM10	24 hour	50 micrograms/m ³	0	1	2	2	2
Bunbury PM2.5	24 hour	25 micrograms/m ³	2	7	7	5	7
Busselton PM2.5	24 hour	25 micrograms/m ³	3	12	7	6	5
Collie PM10	24 hour	50 micrograms/m ³	7	3	16	4	6
Geraldton PM10	24 hour	50 micrograms/m ³	10	14	4	3	3

Source: Department of Environmental Regulation (WA), Air Quality Monitoring Reports, by Year

Note: Particles are the only pollutants monitored by the Department of Environmental Regulation outside the metropolitan area.

What is this measure?

This measure indicates the number of days per year that air quality at various locations in Western Australia (WA) exceeded guidelines for the various listed pollutants.

Air quality in Australia is guided by the National Environment Protection (Ambient Air Quality) Measure, first established in 1998 and varied in 2003. This document sets the threshold for each of the pollutants listed in Table 10.5 above. As a party to the agreement, WA collects data and reports on pollution as set out in the national standard.

Air quality in WA is monitored by the Department of Environmental Regulation at eight sites in the metropolitan area and at Albany, Bunbury, Busselton, Collie, and Geraldton. Specific pollutants are monitored depending on the location of the station – sulfur dioxide, for example, is only measured at three locations in the south of Perth near the Kwinana industrial area, the main source of sulfur dioxide.⁵⁶¹

The pollutants tested for in WA are:

- Carbon monoxide: Associated with adverse birth outcomes, such as low birth weight, as well as hospital admissions and cardiovascular disease.⁵⁶² In WA carbon monoxide is created primarily by prescribed burning and wildfires. In the Perth metropolitan area most carbon monoxide comes from motor vehicle emissions.⁵⁶³
- Nitrogen dioxide: Short-term exposure is associated with increased asthma symptoms.⁵⁶⁴ Primary sources in WA are bush fires and natural decay of plants, while in the Perth metropolitan area the main sources are motor vehicle emissions and electricity generation.⁵⁶⁵
- Sulfur dioxide: Short-term exposure is associated with irritant responses and respiratory problems, particularly for people with asthma.⁵⁶⁶ Sulfur dioxide in WA mostly comes from non-ferrous metal manufacture and processing, while in the metropolitan area the main sources are electricity generation, and petroleum and coal manufacturing.⁵⁶⁷
- Ozone: Short-term exposure is associated with higher hospital admissions for respiratory causes and linked to adverse respiratory outcomes.⁵⁶⁸ Ozone in the lower atmosphere (that is, close to the earth's surface) can react with other pollutants to form photochemical smog, and so is measured to indicate smog concentration.⁵⁶⁹
- Particles (PM10 and PM2.5): Particles are associated with cardiovascular disease and some respiratory symptoms, and long-term effects related to lung growth and asthma development.⁵⁷⁰ Across WA, major sources of particles are fires, metal ore mining, and windblown dust, while in Perth major sources are solid fuel burning, fires and motor vehicles.⁵⁷¹ PM10 refers to particles of 10 microns or less in diameter, while PM2.5 refers to particles of 2.5 microns or less in diameter.⁵⁷²

Commentary

Air quality in Perth is generally good, with few days where the national standards are exceeded. However, there are a number of air pollutants that are approaching the national standards. The standards that have been exceeded are particles and ozone. These standards are exceeded most often as a result of smoke haze from bushfires.⁵⁷³

Research suggests that health effects can be observed even where emissions are below national standards, particularly for children and young people.⁵⁷⁴

When the standards for pollution were originally developed in 1998, it was considered that these represented a threshold below which pollutants would have no real effect.⁵⁷⁵ These standards were based on contemporary overseas evidence on the links between certain levels of air pollution and adverse health effects.



More recent work has provided evidence of health effects that can be attributed to the current levels of air pollution, which are largely below the standards set in the NEPM.⁵⁷⁶

Some studies have shown a correlation between air pollution and health, particularly on lung function, respiratory symptoms and use of medication for asthma.^{577 578}

Strategies

Perth Air Quality Management Plan (released 2000)

This 30-year management plan was launched in 2000 to ensure that the Perth metropolitan area achieves and maintains clean air. An associated Implementation Strategy was released in 2002.

The plan is a whole-of-government initiative, including programs and projects run by a variety of agencies with the aim of ensuring clean air. Development and implementation of the plan is overseen by the Air Quality Coordinating Committee, which includes members from relevant government agencies, environmental and community groups and industry.

The management plan and reviews and progress reports on the implementation of the plan are available from www.dec.wa.gov.au/pollution-prevention/air-quality/perth-air-quality-management-plan.html

Want to know more?

Data on air quality

The Department of Environment Regulation publishes annual reports on air quality in WA. These are available at www.der.wa.gov.au/your-environment/air

Research, Reports and Articles

The Telethon Institute for Child Health Research published the results of a study into the respiratory health of children in Kwinana. Research findings indicated that children in Kwinana did not appear to demonstrate any more respiratory problems than children in other parts of Perth. The study report is available at <http://telethonkids.org.au/our-research/projects-index/k/kwinana-childrens-respiratory-health-study/>

In 2013 the Senate Community Affairs Reference Committee of the Commonwealth Parliament published a report, *Impacts on health of air quality in Australia*. This report focussed on particles in air, and made recommendations to address these. The report is available at www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/airquality/index

In 2003 the University of the Sunshine Coast produced a report, *Air quality and child health – Current evidence and priorities for Australia*, which focussed on long-term effects of major outdoor pollutants on the health of children. The report is available at www.environment.gov.au/resource/air-quality-and-child-health-current-evidence-and-priorities-australia

More information about air quality

The Commonwealth Government will be developing a National Plan for Clean Air by the end of 2014. This plan is intended to be a national plan to reduce risks of health impacts of air pollution. More information on air quality in WA is available at www.der.wa.gov.au/your-environment/air



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Appendix 1

How Western Australia's children and young people compare with other Australian states and territories

Measure	Data definition	Source	Year	Page Ref
3. Health and Safety				
3.1 Smoke-free pregnancy	Women who did not smoke in pregnancy (in per cent)	AIHW, Australia's mothers and babies	2011	49
3.2 Alcohol-free pregnancy	Women who consumed no alcohol in pregnancy (in per cent)	AIHW, National Drug Strategy Household Survey, unpublished data.	2010	54
3.3 Birth weight	Liveborn babies born at less than 2,500g (in per cent)	AIHW, Australia's mothers and babies	2011	58
3.4 Infant mortality	Infant (under 1 year) death rate per 1,000 live births	ABS, Deaths, Australia	2012	61
3.5 Immunisation	Children fully immunised at 24 to 27 months (in per cent)	Australian Childhood Immunisation Register, unpublished data	2013	65
3.6 Child health checks	No comparable data available.			
3.7 Ear health	No comparable data available.			
3.8 Oral health	Children aged 12 years with no decayed, missing or filled permanent teeth (in per cent)	AIHW, Child Dental Health Survey Australia	2008	78
3.9 Nutrition	Children 5 to 17 years who do not eat fruit/less than 1 serve per day (in per cent)	ABS, Australian Health Survey	2011–12	85
	Children 5 to 17 years who do not eat vegetables/less than 1 serve per day (in per cent)	ABS, Australian Health Survey	2011–12	85
3.10 Physical activity	Children 2 to 17 years meeting physical activity recommendation (in per cent)	ABS, Australian Health Survey: Physical Activity	2011–12	93
3.11 Body weight	Children 2 to 17 years not overweight or obese (in per cent)	ABS, Australian Health Survey	2011–12	100
3.12 Mental health	No comparable data available.			
3.13 Self-harm and suicide	No comparable data available.			
3.14 Hospitalisations from injury and poisoning	Comparable data not obtained.			
3.15 Deaths from injury and poisoning	Comparable data not obtained.			
3.16 Family and domestic violence	No comparable data available.			
3.17 Parental use of alcohol and drugs	No comparable data available.			
3.18 Abuse or neglect: substantiations	Children 0 to 17 years who were the subjects of substantiations of notifications (rate per 1,000)	AIHW, Child Protection Australia	2011–12	139
3.19 Out-of-home care	Children 0 to 17 years in out-of-home care (rate per 1,000)	AIHW, Child Protection Australia	2011–12	145

WA	NSW	Vic	Qld	SA	Tas	NT	ACT	Australia
3. Health and Safety								
87.9	88.8	87.8	83.9	83.0	81.6	74.0	90.0	86.8
50.1	48.7	51.5	50.0	39.0	(a)	(a)	(a)	48.7
6.0	5.8	6.3	6.4	6.9	7.6	9.6	8.1	6.3
2.5	3.2	2.8	4.4	3.2	3.6	8.0	2.9	3.3
90.5	91.9	92.7	92.3	92.7	94.2	93.1	93.3	92.1
66.7	n/a	n/a	49.7	54.5	48.4	43.0	63.3	54.7
10.5	8.5	7.5	7.9	10.0	12.0	10.3	8.9	8.5
5.8	5.7	6.1	4.9	(c)	(c)	(c)	6.9	5.6
32.5	26.1	26.1	35.1	35.4	33.5	37.1	31.2	29.7
74.8	75.8	77.9	72.7	75.8	73.6	73.6	73.7	75.4
4.7	9.0	7.1	6.5	5.1	8.1	24.4	6.9	7.4
6.1	10.5	5.1	7.4	7.2	8.7	11.2	7.0	7.7

Measure	Data definition	Source	Year	Page Ref
4. Education				
4.1 Parents engaging children in informal learning	Comparable data not obtained.			
4.2 Early education	4 year-old children enrolled in a preschool program [in per cent (b)]	ABS, Preschool education, Australia	2013	169
4.3 Children developmentally vulnerable on entering school	Children entering school who are 'developmentally vulnerable' on one or more domains (in per cent)	Australian Early Development Index	2012	173
4.4 Students achieving at or above national minimum standards	Students achieving at or above the national minimum standard	ACARA, National Assessment Program – Literacy and Numeracy	2013	180
4.5 Pathways for leaving school	Apparent retention rates of full-time students in Years 7 or 8 to Year 12	ABS, Schools	2013	190
5. Material Wellbeing				
5.1 Low-income households	Comparable data not obtained.			
5.2 Jobless families	Comparable data not obtained.			
5.3 Overcrowded households	Comparable data not obtained.			
5.4 Homelessness	Children 0 to 11 years who are homeless (rate per 10,000)	ABS, Estimating Homelessness	2011	217
	Young people 12 to 18 years who are homeless (rate per 10,000)	ABS, Estimating Homelessness	2011	217
6. Family and Peer Relationships				
	No comparable data available.			
7. Participation				
7.1 Participation in sport and cultural activities	Children 5 to 14 years who participated in at least one selected cultural activity (in per cent)	ABS, Children's Participation in Cultural and Leisure Activities	2012	235
	Children 5 to 14 years who participated in at least one organised sport or physical activity (excluding dancing) (in per cent)	ABS, Children's Participation in Cultural and Leisure Activities	2012	236
7.2 Internet access	Children 5 to 14 years who accessed the internet	ABS, Children's Participation in Cultural and Leisure Activities	2012	243
8. Subjective Wellbeing				
8.1 Concerns of children and young people	Children and young people 5 to 25 years contacting Kids Helpline with a mental health concern (in per cent)	Kids Helpline, Annual report	2012	254

WA	NSW	Vic	Qld	SA	Tas	NT	ACT	Australia
4. Education								
98.3	66.1	78.7	93.3	80.7	54.7	89.9	92.3	79.9
23.0	19.9	19.5	26.2	23.7	21.5	35.5	22.0	22.0
Comparable data for this measure is provided within the body of the report.								
82.2	76.7	83.7	85.2	90.6	68.7	55.8	91.6	81.6
5. Material Wellbeing								
42.5	34.0	45.4	48.9	41.5	31.7	1,046.5 (d)	53.7	53.8
45.0	42.6	48.2	49.3	44.0	42.4	947.6 (d)	67.9	55.9
6. Family and Peer Relationships								
7. Participation								
33.9	35.6	37.1	33.3	35.8	32.5	27.8	39.5	35.2
63.6	60.2	60.5	56.5	63.2	58.0	53.7	73.3	60.2
88.5	90.7	90.9	87.3	91.8	87.2	83.1	92.0	89.7
8. Subjective Wellbeing								
21.3	21.7	23.5	25.3	21.0	24.1	20.5	23.7	23.1



Measure	Data definition	Source	Year	Page Ref
	Children and young people 5 to 25 years contacting Kids Helpline with a family relationship concern (in per cent)	Kids Helpline, Annual report	2012	254
9. Behaviours and Risks				
9.1 Smoking	Young people 15 to 17 years who never smoked (in per cent)	ABS, Australian Health Survey: Updated Results	2011–12	264
9.2 Alcohol consumption	Young people 15 to 17 years who never consumed alcohol (in per cent)	ABS, Australian Health Survey: First Results	2011–12	270
9.3 Births to teenage mothers	Fertility rate for women 15 to 19 years (rate per 1,000)	ABS, Births, Australia	2012	278
9.4 Youth justice: Diversion	No comparable data available.			
9.5 Youth justice: Community-based supervision	Children 10 to 17 years under community-based supervision (daily rate per 10,000)	AIHW, Youth Justice in Australia	2012–13	296
9.6 Youth justice: Detention	Children 10 to 17 years in detention (rate per 10,000 population)	AIHW, Youth detention population in Australia	2013	298
10. Environment				
10.1 Access to green spaces, parks and community facilities	No comparable data available.			
10.2 Drinking water quality	No comparable data available.			
10.3 Air quality	No comparable data available.			

- (a) Data not available for publication but included in the Australian total.
- (b) Percentages calculated by the Commissioner for Children and Young People WA using Estimated Resident Population (ERP) data for June 2013 from ABS 2013, *Australian Demographic Statistics, Jun 2013*, cat. no. 3101.0. Care should be taken in making direct comparisons, as states and territories have different starting ages and programs for Pre-school education.
- (c) Estimate has a relative standard error of 25 per cent to 50 per cent and has therefore not been included in this table.
- (d) Rate as published in ABS 2012, *Census of Population and Housing: Estimating homelessness, 2011*, data cube 'Census of Population and Housing: Estimating Homelessness_2011', Table 5 States and territories, rate of homeless persons per 10,000 of the population – by selected characteristics, viewed 27 March 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2049.02011?OpenDocument>
- (e) excluding WA and NT
- n/a – not available

WA	NSW	Vic	Qld	SA	Tas	NT	ACT	Australia
19.4	20.5	20.7	22.4	21.8	19.5	21.7	19.5	21.1
9. Behaviours and Risks								
87.9	91.7	90.8	87.8	89.3	85.3	82.9	93.2	89.9
42.0	53.9	44.1	53.3	42.0	(a)	66.5	49.6	49.1
18.6	14.2	10.6	22.3	16.0	24.4	51.4	8.6	16.1
n/a	18.4	14.9	24.7	18.1	31.5	n/a	23.0	19.4 (e)
6.12	3.29	0.88	3.74	2.64	2.92	18.66	4.04	3.25
10. Environment								





Appendix 2
How Aboriginal children and
young people compare



Measure	Data definition	Source	Year	Page Ref	WA		Australia	
					Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
3. Health and Safety								
3.1 Smoke-free pregnancy	Women who did not smoke in pregnancy (in per cent)	AIHW, Australia's mothers and babies	2011	49	54.9	89.8	50.0	88.3
3.2 Alcohol-free pregnancy	No comparable data available.							
3.3 Birth weight	Liveborn babies born at less than 2,500g (in per cent)	AIHW, Australia's mothers and babies	2011	58	13.0	6.0 (a)	12.6	6.3 (a)
3.4 Infant mortality	Infant (under 1 year) death rate per 1,000 live births	ABS, Deaths, Australia, 2012	2012	61	6.5	2.6	6.4 (b)	3.6 (b)
3.5 Immunisation	Children fully immunised at 24 to 27 months (in per cent)	Australian Childhood Immunisation Register, unpublished data	2013	65	89.3	90.5	91.0	92.2
3.6 Child health checks	No comparable data available.							
3.7 Ear health	Ear diseases and hearing problems in children 0 to 14 years (in per cent)	ABS, Australian Aboriginal and Torres Strait Islander Health Survey	2012–13	76	n/p	n/p	7.1	3.6
3.8 Oral health	No comparable data available.							
3.9 Nutrition	Children 5 to 17 years who do not eat fruit/less than 1 serve per day (in per cent)	ABS, Australian Aboriginal and Torres Strait Islander Health Survey	2012–13	84	n/a	10.5 (d)	12.3	8.5 (d)
	Children 5 to 17 years who do not eat vegetables/less than 1 serve per day (in per cent)	ABS, Australian Aboriginal and Torres Strait Islander Health Survey	2012–13	84	n/a	5.8 (d)	8.9	5.6 (d)
3.10 Physical activity	No comparable data available.							

Measure	Data definition	Source	Year	Page Ref	WA		Australia	
					Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
3.11 Body weight	Young people 15 to 17 years who are overweight or obese (in per cent)	ABS, Australian Aboriginal and Torres Strait Islander Health Survey	2012–13	99	n/a	n/a	36.3	24.2
3.12 Mental health	Comparable data for WA not obtained.							
3.13 Self-harm and suicide	Hospitalisations due to intentional self-harm for children 0 to 17 years (rate per 100,000)	WA Department of Health, custom report	2005–11	111	72.9	51.2	n/a	n/a
	Deaths due to intentional self-harm for children 0 to 17 years (number)	WA Department of Health, custom report	2005–12	113	21	34	n/a	n/a
3.14 Hospitalisations from injury and poisoning	Hospitalisations due to transport accidents for children 0 to 17 years (rate per 100,000)	WA Department of Health, custom report	2005–12	131	457	230.8	n/a	n/a
	Hospitalisations due to interpersonal violence for children 0 to 17 years (rate per 100,000)	WA Department of Health, custom report	2005–12	139	360.5	35.6	n/a	n/a
3.15 Deaths from injury and poisoning	Deaths due to injury and poisoning among children 0 to 17 years (number)	WA Department of Health, custom report	2005–11	124	78	240	n/a	n/a
3.16 Family and domestic violence	Family and domestic related violence incidents involving victims aged 0 and 17 years (number)	WA Police, custom report	2012–13	145	529	843	n/a	n/a
3.17 Parental use of alcohol and drugs	No comparable data available.							
3.18 Abuse or neglect: substantiations	Children 0 to 17 years who were the subjects of substantiations of notifications (rate per 1,000)	AIHW, Child Protection Australia	2011–12	118	24.4	1.8	41.9	5.4

Measure	Data definition	Source	Year	Page Ref	WA		Australia	
					Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
3.19 Out-of-home care	Children 0 to 17 years in out-of-home care (rate per 1,000)	AIHW, Child Protection Australia	2011–12	118	51.6	3.4	55.1	5.4
4. Education								
4.1 Parents engaging children in informal learning	Comparable data not available.							
4.2 Early education	Pre-primary students who are in the 'regular attendance' category (in per cent)	WA Department of Education, custom report	2013	168	35.8	72.4	n/a	n/a
4.3 Children developmentally vulnerable on entering school	Children entering school who are 'developmentally vulnerable' on one or more domains (in per cent)	Australian Early Development Index	2012	173	49.0	21.2	43.2	20.9
4.4 Students achieving at or above national minimum standards	Students achieving at or above the national minimum standard	ACARA, National Assessment Program – Literacy and Numeracy	2013	180	Comparable data for this measure is provided within the body of this report.			
4.5 Pathways for leaving school	Apparent retention rates of full-time students in Years 7 or 8 to Year 12 (in per cent)	ABS, Schools	2013	190	49.5	84.4	55.1	82.9
5. Material Wellbeing								
5.1 Low-income households	Comparable data not available.							
5.2 Jobless families	Comparable data not available.							
5.3 Overcrowded households	Children 4 to 14 years living in overcrowded housing (in per cent)	ABS, National Aboriginal and Torres Strait Islander Social Survey	2008	212	34.8	6.2 (e)	31.6	n/o

Measure	Data definition	Source	Year	Page Ref	WA		Australia	
					Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
5.4 Homelessness	Children 10 to 14 years who are clients of Specialist Homelessness Services (rate per 1,000)	AIHW, Specialist Homelessness Services	2012–13	218	48.1 (c)	4.7 (c)	42.8 (c)	5.7 (c)
6. Family and Peer Relationships								
	Comparable data not available.							
7. Participation								
7.1 Participation in sport and cultural activities	Comparable data not available.							
7.2 Internet access	Children 5 to 14 years accessing the internet (in per cent)	ABS, National Aboriginal and Torres Strait Islander Social Survey	2008	243	n/a	n/a	69.0	79.0
8. Subjective Wellbeing								
8.1 Concerns of children and young people	Comparable data not obtained.							
9. Behaviours and Risks								
9.1 Smoking	Young people 15 to 17 years who are daily smokers (in per cent)	ABS, Australian Aboriginal and Torres Strait Islander Health Survey	2012–13	263	n/a	n/a	17.6	3.9
9.2 Alcohol consumption	Young people 15 to 17 years who never consumed alcohol (in per cent)	ABS, Australian Aboriginal and Torres Strait Islander Health Survey	2012–13	269	n/a	42.0 (f)	52.0	49.6
9.3 Births to teenage mothers	Fertility rate for women 15 to 19 years (rate per 1,000)	ABS, Births, Australia	2012	277	105.7	18.6	78.8	16.1
9.4 Youth justice: Diversion	Children 10 to 17 years receiving a diversionary outcome from police (number)	WA Police, custom report	2012–13	283	1,031	1,371	n/a	n/a

Measure	Data definition	Source	Year	Page Ref	WA		Australia	
					Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
9.5 Youth justice: Community-based supervision	Children 10 to 17 years on a community-based sentence (daily rate per 1,000)	WA Department of Corrective Services, custom report	2012		35.48	1.25	n/a	n/a
9.6 Youth justice: Detention	Children 10 to 17 years in detention (rate per 1,000 population)	WA Department of Corrective Services, custom report	2012		8.18	0.20	n/a	n/a
10. Environment								
10.1 Access to green spaces, parks and community facilities	No comparable data available.							
10.2 Drinking water quality	No comparable data available.							
10.3 Air quality	No comparable data available.							

- (a) Data shown includes 'all persons'.
- (b) Combined infant mortality rate (IMR) for New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.
- (c) Rates calculated by the Commissioner for Children and Young People WA based on data from ABS 2013, *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*, cat. no. 3238.0.55.001 and ABS, *Australian Demographic Statistics, Jun 2011*, cat. no. 3101.0
- (d) Data includes all young people aged 15 to 17 years. Source: ABS 2013, *Australian Health Survey: First Results, 2011–12*, cat. no. 4364.0.55.001
- (e) Data for WA is for all children aged 0 to 14 years. Source: ABS *Census of Population and Housing 2011*
- (f) Data includes all young people aged 15 to 17 years.

n/a – not available

n/p – not published

n/o – not obtained

Appendix 3
Glossary and acronyms



Term	Definition
Aboriginal	The Commissioner acknowledges the unique contribution of Aboriginal people's culture and heritage to Western Australian society. For the purposes of this report, the term 'Aboriginal' encompasses Western Australia's diverse cultural and language groups and also recognises those of Torres Strait Islander descent.
Aboriginal Child Placement Principle, The	The Aboriginal Child Placement Principle outlines a preference for the placement of Aboriginal and Torres Strait Islander children with other Aboriginal and Torres Strait Islander people when they are placed outside their family (Lock 1997:50). The Principle has the following order of preference for the placement of Aboriginal and Torres Strait Islander children: <ul style="list-style-type: none"> • with the child's extended family • within the child's Indigenous community • with other Indigenous people. All jurisdictions have adopted the Aboriginal Child Placement Principle in legislation and policy.
Age-adjusted rate (AAR)	Age-adjusted rate per x person years. Direct standardisation using a range of age groups of Australian Standard Population in order to compare rates between population groups and different years for the same population group.
Age-specific rate (ASR)	Number of occurrences of eg. hospitalisations, deaths or cases for an age group divided by the population for the age group, expressed as per x person years.
Apparent retention rate	This is a measure of the number of school students in a designated level/year of education expressed as a percentage of their respective cohort group in a base year.
Canadian National Occupancy Standard	Canadian National Occupancy Standards define overcrowding as requiring one or more additional bedrooms to meet the standards of: <ul style="list-style-type: none"> • no more than two people per bedroom • parents or couples may share a bedroom • children under five of same sex or opposite sex may share a bedroom • children under 18 of the same sex can share a bedroom • a child aged five to 17 years should not share a bedroom with a child under five of the opposite sex • single adults aged 18 years and over and any unpaired children require a separate bedroom.
Children and young people	The <i>Commissioner for Children and Young People Act 2006</i> defines 'children and young people' as people less than 18 years of age. When referred to individually, 'children' refers to the ages zero to 12 years and 'young people' from 13 to 17 years.
Compulsory education period	The compulsory education period is defined by the WA Department of Education as from the beginning of the year in which the child reaches the age of six years and six months and until: <ul style="list-style-type: none"> • the end of the year in which the child reaches the age of 17 years and six months; or • the child satisfies the minimum requirements for graduation from secondary school established under the Curriculum Council Act 1997; or • the child reaches the age of 18 years, whichever happens first.
Crude rate	The number of occurrences of something (for example hospitalisations) divided by the whole relevant population. Cannot be used to compare different population groups (for example, Aboriginal children with children of migrant or refugee backgrounds) because of potential differences in population structure.

Term	Definition
Decile	Groupings that result from ranking all households or persons in the population in ascending order according to some characteristic such as their household income and then dividing the population into 10 equal groups, each comprising 10 per cent of the estimated population.
Dependent child	The ABS defines a dependent child as a person who is either a child less than 15 years of age or a dependent student (for a definition of dependent student see Dependent student). To be regarded as a child the person can have no identified partner or child of his/her own usually resident in the household.
Dependent student	The ABS defines a dependent student as a child of 15 to 24 years who attends a secondary or tertiary institution as a full-time student.
Disposable income	The ABS calculates disposable income to represent the economic resources available to meet the needs of households. It is derived by deducting estimates of personal income tax and the Medicare levy (including Medicare levy surcharge) from gross income.
Equivalised disposable income	The ABS calculates equivalised disposable income by adjusting disposable income by the application of an equivalence scale. This adjustment reflects the requirement for a larger household to have a higher level of income to achieve the same standard of living as a smaller household. Where disposable income is negative, it is set to 0 equivalised disposable income.
Estimated resident population	The estimated resident population is the official measure of the population of Australia. This measure is based on the concept of usual residence. It refers to all people, regardless of nationality or citizenship, who usually live in Australia, with the exception of foreign diplomatic personnel and their families. It includes usual residents who are overseas for less than 12 months. It excludes overseas visitors who are in Australia for less than 12 months.
Fetal Alcohol Spectrum Disorder	Fetal Alcohol Spectrum Disorder (FASD) is a general term describing a range of effects that can occur in an individual exposed to alcohol during pregnancy. FASD is a spectrum of disorders and includes diagnostic terms of Fetal Alcohol Syndrome, Alcohol Related Birth Defects and Alcohol Related Neurodevelopmental Disorder.
Fetal Alcohol Syndrome	Fetal Alcohol Syndrome is a diagnostic term used to describe the facial characteristics, poor growth and neurobehavioural function in children exposed to alcohol during pregnancy.
Household	A household is defined as one or more persons, usually resident in the same private dwelling. The total number of households is equal to the total number of occupied private dwellings.
Group households	The ABS defines a group household as a household consisting of two or more unrelated people where all persons are aged 15 years and over. There are no reported couple relationships, parent-child relationships or other blood relationships in these households.
Household, Income and Labour Dynamics in Australia survey	The Household, Income and Labour Dynamics in Australia (HILDA) survey is the first extensive household panel survey to be conducted in Australia, and includes over 13,000 survey respondents each year. HILDA is a dataset that is representative of the Australian population, and is used extensively in Australian research as it provides rich data about economic and subjective wellbeing, and labour market and family dynamics. It has been conducted every year since 2001.
Humanitarian entrant	Humanitarian entrants include persons entering Australia on refugee, protection and special humanitarian visa categories, granted both offshore and onshore.
Index of relative socio-economic advantage and disadvantage (IRSAD)	One of the four indexes that comprise the Socio-Economic Indexes for Areas developed by the ABS (See SEIFA). The IRSAD summarises information about the economic and social conditions of people and households within an area, including both relative advantage and disadvantage measures.



Term	Definition
Infant	Children in their first year of life.
Infant mortality rate	Rate of survival of children in their first year of life.
Intact family	A couple family containing at least one child who is the natural or foster child of both members of the couple, and no child who is the stepchild of either member of the couple.
Jobless families	This report adopts the definition of the Australian Bureau of Statistics that describes a jobless family as a family where no persons in the family aged 15 years and over are employed. This includes dependants. In a jobless family, all of the family members are either unemployed and/or not in the labour force. Families that have no employed members but do have members that are “not determined in the scope of the labour force survey,” such as having a family member who is a member of the permanent Australian defence force, are not included in the number of jobless families however they are included in the total number of families.
Low income households	Households with income in the second and third deciles (see Deciles).
Mean income	The total income received by a group of units divided by the number of units in the group.
Median income	That level of income which divides the units in a group into two equal parts, one half having incomes above the median and the other half having incomes below the median.
Notifications	Notifications consist of contacts made to an authorised department by persons or other bodies making allegations of child abuse or neglect, child maltreatment or harm to a child. A notification can only involve one child. Where it is claimed that two children have been abused or neglected or harmed, this is counted as two notifications, even if the children are from one family. See also Substantiations of notifications
Out-of-home care	Out-of-home care refers to the care of children and young people less than 18 years of age who are unable to live with their families (often due to child abuse and neglect). It involves the placement of a child or young person with alternate caregivers on a short or long-term basis (Victorian Government Department of Human Services, 2007)
Out-of-home care, types of	<ul style="list-style-type: none"> • ‘Home-based care’ is where placement is in the home of a carer who is reimbursed (or who has been offered but declined reimbursement) for expenses for the care of the child. This is broken down into the three subcategories: relative/kinship care, foster care and other home-based out-of-home care • ‘Residential care’ is where placement is in a residential building whose purpose is to provide placements for children and where there are paid staff. • ‘Family group homes’ provide care to children in a departmentally or community sector agency provided home. These homes have live-in, non-salaried carers who are reimbursed and/or subsidised for the provision of care. • ‘Independent living’ includes private board and lead tenant households. ‘Other’ includes placements that do not fit into the above categories and unknown placement types. This includes boarding schools, hospitals, hotels/motels and the defence force

Term	Definition
Parenting payment	<p>Parenting Payment is to help with the costs of caring for children. It is paid to the person who is the main carer of a child.</p> <p>To qualify for Parenting Payment either as a parent, grandparent or foster carer, the person:</p> <ul style="list-style-type: none"> • is single and cares for at least one child aged less than eight years, or • has a partner and cares for at least one child aged less than six years, and • their and their partner's income and assets are below a certain amount.
Perinatal	The period from prior to birth to 28 days after birth
Post-neonatal	The period from 29 days to one year following birth
Pre-compulsory education period	<p>The pre-compulsory education period covers two years and is defined by the WA Department of Education as:</p> <ul style="list-style-type: none"> • from the beginning of the year in which the child reaches the age of four years and six months, and • until the end of the year in which the child reaches the age of five years and six months.
Quantile measures	<p>ABS publications frequently use quantile measures to reflect income data. When persons are ranked from the lowest to the highest on the basis of some characteristic such as their household income, they can then be divided into equally sized groups. The generic term for such groups is quantiles.</p>
Quintile	<p>Where population (or another group) is ranked in order based on some characteristic (for example household income) they can be divided into equal-sized groups. Where there are five groups, each group is termed a quintile.</p>
Over-representation	The ratio of difference between the rates of any characteristic of one defined group against another.
Relative Standard Error (RSE)	<p>The Standard Error expressed as a percentage of the estimate for which it was calculated. It is a measure which is independent of both the size of the sample and the unit of measurement and as a result can be used to compare the reliability of different estimates. The smaller an estimate's RSE, the more likely it is that the estimate is a good proxy for that which would have been obtained if the whole population had been surveyed.</p>
Remoteness Area	See Remoteness Structure
Remoteness Structure	<p>Remoteness Structure is one of the seven structures that compose the Australian Standard Geographic Classification (ASGC).</p> <p>The concept of remoteness is an important dimension of policy development in Australia. The purpose of the Remoteness Structure is to provide a classification for the release of statistics that inform policy development by classifying Australia into large regions that share common characteristics of remoteness.</p>
School participation rate	<p>This is a measure of the number of school students of a particular age expressed as a proportion of the Estimated Resident Population of the same age. It indicates the proportion of the population by age who are at school.</p>
SEIFA	<p>Socio-Economic Indexes for Areas (SEIFA) were developed by the Australian Bureau of Statistics. SEIFA ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly Census.</p>
Standard error	<p>A measure of the likely difference between estimates obtained in a sample survey and estimates which would have been obtained if the whole population had been surveyed. The magnitude of the standard error associated with any survey is a function of sample design, sample size and population variability.</p>

Term	Definition
Statistical Division	A Statistical Division (SD) is an Australian Standard Geographical Classification defined area which represents a large, general purpose, regional type geographic area. SDs represent relatively homogeneous regions characterised by identifiable social and economic links between the inhabitants and between the economic units within the region, under the unifying influence of one or more major towns or cities. They consist of one or more Statistical Subdivisions and cover, in aggregate, the whole of Australia without gaps or overlaps.
Statistical Local Area	The Statistical Local Area (SLA) is an Australian Standard Geographical Classification defined area which consists of one or more Collection Districts. SLAs are Local Government Areas or parts thereof. Where there is no incorporated body of local government, SLAs are defined to cover the unincorporated areas. SLAs cover, in aggregate, the whole of Australia without gaps or overlaps.
Statistical Subdivision	The Statistical Subdivision (SSD) is an Australian Standard Geographical Classification defined area which represents an intermediate level, general purpose, regional type geographic unit. SSDs consist of one or more Statistical Local Areas and cover, in aggregate, the whole of Australia without gaps or overlaps.
Substantiations of notifications	Substantiations of notifications refer to child protection notifications made to relevant authorities that were investigated and it was concluded there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. Substantiations may also include cases where there is no suitable caregiver, such as children who have been abandoned or whose parents are deceased. See also Notifications.
Supplementary codes	Supplementary codes (often called dump codes) are used in the Census of Population and Housing to process inadequately described responses. Not further defined codes are used to process incomplete, non-specific or imprecise responses which cannot be coded to the most detailed level of a classification, but which nevertheless, contain enough information to allow them to be coded to a higher level of the classification structure.
Tenantable dwelling	Dwelling tenantability is related to the concept of tenant, with its associated rights and responsibilities. A tenantable dwelling usually provides a certain level of basic amenity and maintenance is completed to the required minimum level. A dwelling that is occupied, but is not tenantable, indicates an unmet housing need.



APPENDIX 3 - ACRONYMS

Acronym	Meaning
AAR	Age adjusted rates
ABS	Australian Bureau of Statistics
ACARA	Australian Curriculum, Assessment and Reporting Authority
ACIR	Australian Childhood Immunisation Register
ACT	Australian Capital Territory
AEDI	Australian Early Development Index
AHS	Australian Health Survey
AHURI	Australian Housing and Urban Research Unit
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ARACY	Australian Research Alliance for Children and Youth
ASGC	Australian Standard Geographical Classification
ASIB	Australian Social Inclusion Board
ASR	Age Specific Rate
ASSAD	Australian School Student Alcohol and Drug Survey
BMI	Body Mass Index
CACH	Child and Adolescent Community Health
CaLD	Culturally and Linguistically Diverse
CDIS	Child Development Information System
COAG	Council of Australian Governments
CPFS	Department for Child Protection and Family Support (WA)
DAO	Drug and Alcohol Office (WA)
DCS	Department of Corrective Services (WA)
DEECD	Department of Education and Early Childhood Development (Victoria)
dmft	Decayed, missing or filled deciduous (baby) teeth
DMFT	Decayed, missing or filled permanent teeth
DoE	Department of Education (WA)
DSR	Department of Sport and Recreation (WA)
DTP	Diphtheria, Tetanus, Pertussis
ECD	Early Childhood Development
ENT	Ear, Nose and Throat
ERP	Estimated Resident Population
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Syndrome Disorder
FDV	Family and Domestic Violence
FPAWA	Family Planning Association WA
FTB	Family Tax Benefit
HCARe	Health Care and Related Information System
HILDA	Household, Income and Labour Dynamics in Australia survey
HWSS	Health and Wellbeing Surveillance System
HUGS	Hardship Utilities Grant Scheme
ICCWA	Injury Control Council of WA



APPENDIX 3 - ACRONYMS

Acronym	Meaning
ICD-10-AM	International Classification of Diseases, 10th revision, Australian Modification
IRSAD	Index of Relative Socio-Economic Advantage and Disadvantage
IRSD	Index for Relative Socio-Economic Disadvantage
JJNMDS	Juvenile Justice National Minimum Data Set
JJT	Juvenile Justice Team
LBOTE	Language Background other than English
LGA	Local Government Area
LSAC	Longitudinal Study of Australian Children
MHC	Mental Health Commission (WA)
MTDP	Medicare Teen Dental Plan
MYBS	Metropolitan Youth Bail Service
NAHA	National Affordable Housing Agreement
NAPLAN	National Assessment Program: Literacy and Numeracy
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NDC	National Data Collection
NDRI	National Drug Research Institute
NDSHS	National Drug Strategy Household Survey
NEPM	National Environmental Protection Measure
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NPAPH	National Partnership Agreement on Preventative Health
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Cooperation and Development
PCHI	Permanent Child Hearing Impairment
PISA	Program for International Student Assessment
PM10	Particles 10 microns in diameter
PM2.5	Particles 2.5 microns in diameter
POS	Public Open Space
ppm	Parts per million
Qld	Queensland
ROGS	Report on Government Services
RYJS	Regional Youth Justice Services
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SCSA	School Curriculum and Standards Authority
SD	Statistical Division
SDERA	School Drug Education and Road Aware
SEIFA	Socio-Economic Indexes for Areas
SHS	Specialist Homelessness Services
SIDS	Sudden Infant Death Syndrome
SLA	Statistical Local Area

Acronym	Meaning
SLWA	State Library of WA
SOMIH	State Owned and Managed Indigenous Housing
SSD	Statistical Subdivision
SUDI	Sudden Unexpected Deaths in Infants
Tas	Tasmania
TICHR	Telethon Institute for Child Health Research
TSH	Telethon Speech and Hearing
UK	United Kingdom
UN	United Nations
UNCROC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USA	United States of America
VCAMS	Victorian Child and Adolescent Monitoring System
Vic	Victoria
WA	Western Australia
WACOSS	WA Council of Social Service
WHO	World Health Organisation
WISH	WA Infant Screening for Hearing
YAC	Youth Advisory Council





Appendix 4
Wellbeing measures used across
Australian jurisdictions



APPENDIX 4

This table lists all measures used in this report and shows where they (or similar measures) are used in frameworks and reports produced by other Australian jurisdictions or organisations. The measures used are not necessarily directly comparable, as there may be different approaches towards the topic. Please refer to the individual reports as listed at Appendix 5 for details.

Measure	WA	Vic 2010, 2013	Qld 2013	SA 2013	Tas 2013	ARACY 2013	AIHW 2012	NSW
Birth weight	Y	Y	Y	Y	Y	Y	Y	Y
Infant mortality	Y	Y	Y	Y	Y	Y	Y	Y
Child health checks	Y	N	N	N	Y	N	N	N
Immunisation	Y	Y	Y	Y	Y	Y	Y	Y
Smoke-free pregnancy	Y	Y	Y	N	Y	N	Y	N
Alcohol-free pregnancy	Y	Y	N	N	Y	N	Y	
Body weight	Y	Y	Y	Y	N	Y	Y	Y
Physical activity	Y	Y	Y	N	Y	N	Y	Y
Mental Health	Y	Y	Y	Y	Y	Y	N	Y
Family and domestic violence	Y	Y	N	N	Y	N	N	Y
Substantiation notifications of abuse or neglect of children and young people	Y	Y	Y	Y	Y	N	Y	Y
Children and young people in out-of-home care	Y	N	Y	Y	Y	Y	Y	Y
Hospitalisations from injury and poisoning	Y	Y	Y	N	Y	N	Y	Y
Deaths from injury and poisoning	Y	Y	Y	Y	Y	Y	Y	Y
Participation in early education	Y	N	Y	Y	Y	Y	Y	Y
Children developmentally vulnerable on entering school	Y	Y	Y	Y	Y	Y	Y	Y
Students achieving at or above national minimum standards (NAPLAN)	Y	Y	Y	Y	Y	Y	Y	Y
Pathways for leaving school	Y	Y	Y	Y	Y	Y	N	Y
Dependent children living in low-income home	Y	Y	N	Y	Y	Y	Y	Y
Jobless families	Y	Y	N	Y	Y	Y	N	Y
Overcrowded households	Y	N	N	N	N	N	N	Y
Homelessness	Y	Y	Y	Y	Y	N	Y	Y
Concerns of children and young people	Y	Y	N	N	Y	Y	N	N
Participation in sport or cultural activities	Y	Y	N	Y	N	Y	N	N
Smoking	Y	Y	Y	Y	Y	Y	Y	Y
Alcohol consumption	Y	Y	Y	Y	Y	Y	Y	Y
Births to teenage mothers	Y	Y	Y	N	Y	Y	Y	Y
Youth justice: Diversion	Y	Y	Y	Y	N	N	N	Y
Youth justice: Community-based supervision	Y	Y	Y	Y	Y	N	Y	Y
Youth justice: Detention	Y	Y	Y	Y	Y	Y	Y	Y
Ear health	Y	N	N	N	N	N	N	N
Oral Health	Y	Y	Y	Y	Y	Y	Y	Y
Nutrition	Y	Y	Y	Y	Y	Y	Y	Y
Self-harm/suicide	Y	Y	Y	N	N	Y	Y	Y
Parents engaging children in informal learning	Y	Y	Y	N	N	Y	N	Y
Internet access	Y		Y	Y	Y	Y	N	N
Access to recreation and community facilities	Y	Y	N	N	Y	N	N	N
Parental use of alcohol and drugs	Y	Y	N	N	N	N	N	N
Water quality	Y	N	N	N	Y	N	N	N
Air quality	Y	N	N	N	N	N	N	N

Appendix 5
Jurisdictional and national reports

Where a report is part of a series, only the most recent release is listed here.

Australian Institute of Health and Welfare 2012, *A Picture of Australia's Children 2012*, Australian Institute of Health and Welfare, Canberra.

Australian Institute of Health and Welfare 2011, *Headline Indicators for children's health, development and wellbeing 2011*, Australian Institute of Health and Welfare, Canberra.

Australian Research Alliance for Children and Youth 2013, *Report Card: The Wellbeing of Young Australians*, Australian Research Alliance for Children and Youth, Canberra.

Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, Canberra.

Commission for Children and Young People and Child Guardian 2013, *Snapshot 2013: Children and Young People in Queensland*, Commission for Children and Young People and Child Guardian, Brisbane.

Council for the Care of Children 2013, *A snapshot of young South Australians, June 2013*, Government of South Australia, Adelaide.

Council for the Care of Children 2013, *Technical Report to support the 2013 Council's Report: A snapshot of young South Australians*, Government of South Australia, Adelaide.

Department of Education and Early Childhood Development 2013, *The state of Victoria's children 2012: Early childhood, A report on how Victoria's young children are faring*, Department of Education and Early Childhood Development, Melbourne.

Department of Education and Early Childhood Development nd, *Victorian Child and Adolescent Monitoring System (VCAMS)*, website <http://www.education.vic.gov.au/about/research/Pages/vcams.aspx>

New South Wales Commission for Children and Young People nd, *A Picture of NSW children* website <http://picture.kids.nsw.gov.au/>

Organisation for Economic Cooperation and Development 2009, *Doing Better for Children*, Organisation for Economic Cooperation and Development, Paris.

Organisation for Economic Cooperation and Development nd, *OCED Family Database: Child Well-being Module*, www.oecd.org/social/family/database/CWBM

Tasmanian Government 2013, *Kids Come First Update: Selected Outcomes for Children and Young People in Tasmania*, Tasmanian Government, Hobart.

UNICEF Office of Research 2013, *Child well-being in rich countries: A comparative overview*, Report Card 11, UNICEF Innocenti Research Centre, Florence.



Appendix 6
Agencies and organisations that provided data

Western Australia

Centre for the Built Environment and Health, UWA
Department of Aboriginal Affairs
Department of the Attorney General
Department for Child Protection and Family Support
Department of Corrective Services
Department of Education
Department of Environmental Regulation
Department of Housing
Department for Local Government and Communities
Department of Sport and Recreation
Drug and Alcohol Office
Mental Health Commission
School Curriculum and Standards Authority
Telethon Speech and Hearing
Water Corporation
Western Australia Police

Australia

Australian Bureau of Statistics
Australian Institute of Health and Welfare
Australian Childhood Immunisation Register
BoysTown
Mission Australia
Productivity Commission
Social Research Centre



Appendix 7
Tables, figures and maps



List of tables

- Table 2.1: Children and young people aged 0 to 17 years: number and in per cent, states and territories, 2013
- Table 2.2: Children and young people aged 0 to 17 years: number and in per cent, by age group, Western Australia, 2003 and 2013
- Table 2.3: Geographical distribution of children aged 0 to 17 years: number, Western Australia, 2012
- Table 2.4: Type of care attended by children aged 0 to 12 years: number and in per cent, Western Australia, 2011
- Table 2.5: Number of school students: by sector, Western Australia, Semester 2 2013
- Table 2.6: Number of school students: by education region of Western Australia, Semester 2 2013
- Table 2.7: Composition of families with children aged 0 to 17 years: number and in per cent, Western Australia and Australia, 2009–10
- Table 2.8: Occupied dwellings: in per cent, by tenure and landlord type, Western Australia, 1999–00, 2007–08 and 2011–12
- Table 2.9: Number of households on State government rental housing waiting list: number and in per cent, by household composition, Western Australia, at 30 June 2012
- Table 2.10: Children and young people on State government rental housing waiting list: number, by household composition, Western Australia, at 30 June 2012
- Table 2.11: Aboriginal children and young people aged 0 to 17 years: number and in per cent, Western Australia, 2011
- Table 2.12: Children and young people aged 0 to 19 years: number and in per cent, by age group, by region and by Aboriginal and non-Aboriginal, Western Australia, 2011
- Table 2.13: Children and young people aged 0 to 19 years: number and in per cent, by region and by Aboriginal and non-Aboriginal, Western Australia, 2011
- Table 2.14: Prevalence of 'disability, long-term illness or pain that puts a burden on the family' in children aged 0 to 15 years: in per cent, Western Australia, 2012
- Table 2.15: Selected countries of birth for children aged 0 to 17 years: number and in per cent, Western Australia, 2011
- Table 2.16: Languages spoken at home for children aged 0 to 17 years: number and in per cent, Western Australia, 2011
- Table 2.17: Humanitarian entrants aged 0 to 17 years arriving in Western Australia: number, by age group, program year 2012–13
- Table 2.18: Humanitarian entrants aged 0 to 17 years arriving in Western Australia: number, by nationality, program year 2012–13
- Table 2.19: Religious affiliation for children aged 0 to 17 years: number and in per cent, Western Australia, 2011
- Table 3.1: Women who did not smoke in pregnancy: in per cent, by Aboriginal and non-Aboriginal and by region of Western Australia, Western Australia and Australia, 2011

-
- Table 3.2: Women who did not smoke in pregnancy: in per cent, states and territories, 2011
- Table 3.3: Women who consumed no alcohol in pregnancy: in per cent, Western Australia, New South Wales, Victoria, Queensland, South Australia and Australia, 2001 to 2010
- Table 3.4: Proportion of women who drank more, less or the same amount of alcohol while pregnant: in per cent, Western Australia, 2001 to 2010
- Table 3.5: Infant mortality: number and rate per 1,000 live births, Western Australia and Australia, 2003 to 2012
- Table 3.6: Infant mortality: rate per 1,000 live births, by gender and Aboriginal status, Western Australia 2007–09 to 2010–2012
- Table 3.7: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, Western Australia and Australia, 2013
- Table 3.8: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, by area of Western Australia, 2011–12
- Table 3.9: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, by Aboriginal and non-Aboriginal, Western Australia and Australia, 2009 to 2013
- Table 3.10: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, Australia and states and territories, 2013
- Table 3.11: Metropolitan children receiving a health and development check: in per cent and number, by age specific contact, Western Australia, 1 April to 30 June 2013
- Table 3.12: Metropolitan children receiving a school entry screening: number, Western Australia, 2011 and 2012
- Table 3.13: Country child health and development checks: number and percentage of eligible children, Western Australia, 1 April 2013 to 30 June 2013
- Table 3.14: Country school entry health screenings: number, Western Australia, Terms 1 to 3, 2013
- Table 3.15: Newborns screened through the TSH WISH Program and diagnosed with Permanent Childhood Hearing Impairment (PCHI): number and rate per 1,000, Western Australia, 2009 to 2013
- Table 3.16: Screening outcomes of TSH Earbus Program: in per cent, by outcome and region, Western Australia, 2011 to 2013
- Table 3.17: TSH Earbus Program screenings resulting in a referral: number by age group and gender, regions of Western Australia, 2013
- Table 3.18: Children 6 to 12 years with no decayed, missing or filled teeth as a result of tooth decay: in per cent, by age and tooth type, Western Australia and Australia, 2008
- Table 3.19: Children and young people with decayed, missing or filled teeth: DMFT/dmft index by age, Western Australia and Australia (excl. NSW and Vic), 2008
- Table 3.20: Hospital separations for potentially preventable hospitalisations due to dental conditions for children and young people 0 to 17 years: number and rate per 100,000 population, by age group, Western Australia, 2005 to 2012



- Table 3.21: Prevalence of breastfeeding for children 0 to 4 years: in per cent, Western Australia, 2003 to 2012
- Table 3.22: Proportion of children and young people 4 to 15 years eating recommended daily fruit and vegetable serves: in per cent, Western Australia, 2002 to 2012
- Table 3.23: Proportion of children and young people 4 to 15 years eating recommended daily fruit and vegetable serves: in per cent, by gender, age group and region, Western Australia, 2012
- Table 3.24: Proportion of children and young people 4 to 15 years eating meals from fast food outlets per week: in per cent, by gender and age group, Western Australia, 2012
- Table 3.25: Weekly physical activity of 5 to 15 year-olds: in per cent, Western Australia, 2006 to 2012
- Table 3.26: Weekly physical activity of 16 to 17 year-olds: in per cent, Western Australia, 2006 to 2012
- Table 3.27: Weekly physical activity of 5 to 15 year-olds: in per cent, by age group and region, Western Australia, 2012
- Table 3.28: Weekly screen-based activity of 0 to 15 year-olds: in per cent, by age group and region, Western Australia, 2012
- Table 3.29: Proportion of children and young people 2 to 17 years meeting physical activity and screen-based activity recommendations: in per cent, Western Australia and Australia, 2011–12
- Table 3.30: Average time spent on sedentary screen-based activity by children 5 to 17 years: in minutes per day, Western Australia and Australia, 2011–12
- Table 3.31: Proportion of children and young people 2 to 17 years meeting physical activity and screen-based activity recommendations: in per cent, states and territories, 2011–12
- Table 3.32: Average time spent on sedentary screen-based activity by children 5 to 17 years: in minutes per day, states and territories, 2011–12
- Table 3.33: Prevalence of BMI categories for children 5 to 15 years: in per cent, Western Australia, 2004 to 2012
- Table 3.34: Prevalence of BMI categories for young people 16 to 17 years: in per cent, Western Australia, 2004 to 2012
- Table 3.35: Prevalence of BMI categories for children and young people 5 to 15 years: in per cent, by gender and region, Western Australia, 2012
- Table 3.36: Prevalence of BMI categories for children and young people 5 to 17 years: in per cent, by age group, Western Australia and Australia, 2011–12
- Table 3.37: Children and young people 0 to 17 years who separated from a public or private hospital with a mental health diagnosis: number and age-adjusted rate (AAR) per 100,000, Western Australia, 2007 to 2012
- Table 3.38: Children and young people 0 to 17 years who received service from a child and adolescent mental health program: number and age-specific rate (ASR) per 100,000, Western Australia, 2007 to 2012
- Table 3.39: Children and young people 0 to 17 years who received service from a child and adolescent mental health program: number and age-specific rate (ASR) per 100,000, by gender, Western Australia, 2007 to 2012

-
- Table 3.40: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-specific rate (ASR) per 100,000 population 13 to 17 years, Western Australia, 2005 to 2012
- Table 3.41: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by year of age, Western Australia, 2005 to 2012
- Table 3.42: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-specific rate (ASR) per 100,000 population 13 to 17 years, by Aboriginal status, Western Australia, 2005 to 2012
- Table 3.43: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by gender, Western Australia, 2005 to 2012
- Table 3.44: Hospitalisations due to intentional self-harm among young people 13 to 17 years: number and age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by remoteness of residence, Western Australia, 2005 to 2012
- Table 3.45: Deaths due to intentional self-harm among young people 13 to 17 years: number and age-specific rate (ASR) per 100,000 population 13 to 17 years, Western Australia, 2005 to 2011
- Table 3.46: Hospitalisations due to injury and poisoning for children and young people: age-specific rate per 100,000 population, by gender and age group, Western Australia, 2005 to 2012
- Table 3.47: Causes of injury and poisoning-related hospitalisations for 0 to 17 year-olds: in per cent, by age group, Western Australia, 2005 to 2012
- Table 3.48: Hospitalisations due to injury and poisoning for children and young people 0 to 17 years: number, by gender and by cause, Western Australia, 2005 to 2012
- Table 3.49: Hospitalisations due to injury and poisoning for children and young people: number and age-adjusted rate (AAR) per 100,000 population 0 to 17 years, by Aboriginal status and by cause, Western Australia, 2005 to 2012
- Table 3.50: Hospitalisations due to injury and poisoning for children and young people: number and age-adjusted rate (AAR) per 100,000 population 0 to 17 years, by remoteness of residence and by cause, Western Australia, 2005 to 2012
- Table 3.51: Hospitalisations due to injury and poisoning for children 0 to 14 years: rate per 100,000 population 0 to 14 years, by gender and cause of injury, Australia, 2010–11
- Table 3.52: Causes of death due to injury and poisoning among 0 to 17 year-olds: number and in per cent, Western Australia, 2005 to 2011
- Table 3.53: Proportion of deaths due to injury and poisoning among 0 to 17 year-olds: in per cent, by age group, Western Australia, 2005 to 2011
- Table 3.54: Causes of death due to injury and poisoning among 0 to 17 year-olds: number, by remoteness status, Western Australia, 2005 to 2011
- Table 3.55: Causes of death due to injury and poisoning among 0 to 17 year-olds: number, by Aboriginal status, Western Australia, 2005 to 2011



- Table 3.56: Number of family and domestic related incidents attended to by police: number and in per cent, Western Australia, 2008–09 to 2012–13
- Table 3.57: Number of family and domestic related violence incidents involving victims aged between 0 and 17 years: in per cent, by Aboriginal status, Western Australia, 2008–09 to 2012–13
- Table 3.58: Lifetime risk status, recent drinkers aged 14 years or older: in per cent, states and territories, 2010
- Table 3.59: Single occasion risk status, recent drinkers aged 14 years or older: in per cent, states and territories, 2010
- Table 3.60: Lifetime and single occasion risk, people aged 14 years or older: in per cent, by social characteristics, Australia, 2010
- Table 3.61: Illicit drug use, people aged 14 years or older: in per cent, by social characteristics, Australia, 2007 and 2010
- Table 3.62: Children and young people who were the subjects of substantiations of notifications: rate per 1,000 population 0 to 17 years, Western Australia and Australia, 2005–06 to 2011–12
- Table 3.63: Children and young people who were the subjects of substantiations of notifications: number and in per cent, by type of abuse or neglect, Western Australia and Australia, 2011–12
- Table 3.64: Children and young people who were the subjects of substantiations of notifications: number and rate per 1,000 population, by Aboriginal status, Western Australia and Australia, 2011–12
- Table 3.65: Children and young people who were the subjects of substantiations of notifications: Rate per 1,000 population, by age group, Western Australia and Australia, 2011–12
- Table 3.66: Children and young people who were the subjects of substantiations of notifications: rate per 1,000 population 0 to 17 years, states and territories, 2005–06 to 2011–12
- Table 3.67: Children and young people in out-of-home care: rate per 1,000 population 0 to 17 years, states and territories, 30 June 2006 to 30 June 2012
- Table 3.68: Children and young people in out-of-home care: rate per 1,000 population 0 to 17 years, by Aboriginal and non-Aboriginal, states and territories, 30 June 2012
- Table 3.69: Aboriginal children in out-of-home care: number and in per cent, by type of carer, Western Australia and Australia, as at 30 June 2012
- Table 3.70: Children in out-of-home care, by type of placement, Western Australia and Australia, as at 30 June 2012
- Table 3.71: Children in out-of-home care: number and in per cent, by age group, Western Australia and Australia, 2011–12
- Table 4.1: Children 0 to 2 years, involvement in informal learning by parents last week: in per cent, by type of activity, Western Australia and Australia, 2011
- Table 4.2: Children 3 to 8 years, involvement in informal learning by parents last week: in per cent, by type of activity, Western Australia and Australia, 2011
- Table 4.3: Children 0 to 8 years, number of days last week parent(s) read from a book or told a story: in per cent, by age group, Western Australia and Australia, 2011

-
- Table 4.4: Number of enrolments in Kindergarten and Pre-primary programs: number, by sector, Western Australia, 2007 to 2013
- Table 4.5: Number of Aboriginal students enrolled in Kindergarten and Pre-primary programs: number and in per cent, Western Australia, 2005 and 2013
- Table 4.6: Kindergarten and Pre-primary students in government schools who are in the 'regular attendance' category: in per cent, by Aboriginal status, Western Australia, 2008 to 2013
- Table 4.7: Enrolment of 4 year old children in pre-school: number, states and territories, 2013
- Table 4.8: Children entering full-time school who are 'developmentally vulnerable' on one or more domains: in number and per cent, critical differences between 2009 and 2012 by Aboriginal and non-Aboriginal, Western Australia and Australia
- Table 4.9: Children entering full-time school who are 'developmentally vulnerable' on one or more domains: in number and per cent; critical differences between 2009 and 2012 by remoteness area, Western Australia
- Table 4.10: Children entering full-time school who are 'developmentally vulnerable' on one or more domains: in number and per cent; critical differences between 2009 and 2012 by region within Western Australia
- Table 4.11: Children entering full-time school who are 'developmentally vulnerable' on one or more domains: in number and per cent; critical differences between 2009 and 2012 by gender, Western Australia and Australia
- Table 4.12: Children entering full-time school who are 'developmentally vulnerable' on one or more domains: in number and per cent; critical differences between 2009 and 2012 by SEIFA category, Western Australia
- Table 4.13: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading: in per cent, by gender, Aboriginal status and language background other than English (LBOTE), Western Australia, 2008 to 2013
- Table 4.14: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in numeracy: in per cent, by gender, Aboriginal status and language background other than English (LBOTE), Western Australia, 2008 to 2013
- Table 4.15: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading: in per cent, by Aboriginal status and geolocation, Western Australia, 2013
- Table 4.16: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in numeracy: in per cent, by Aboriginal status and geolocation, Western Australia, 2013
- Table 4.17: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading, persuasive writing and numeracy: in per cent, Western Australia and Australia, 2013
- Table 4.18: PISA results in reading literacy, mathematical literacy and scientific literacy: mean scores for Western Australia, Australia and OECD Average, 2012
- Table 4.19: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading: in per cent, states and territories, 2013



- Table 4.20: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in persuasive writing: in per cent, states and territories, 2013
- Table 4.21: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in numeracy: in per cent, states and territories, 2013
- Table 4.22: Students in non-school arrangements or not participating during year of turning 17 years of age: number, by gender, Western Australia, 2013
- Table 4.23: Apparent retention rates of full-time students in Years 7 or 8 to Year 12: in per cent, all states and territories, 2000 and 2013
- Table 4.24: Student participation: in per cent, year of turning 17 years of age, by Aboriginal status, Western Australia, 2009 to 2013
- Table 5.1: People in family households with dependent children considered low-income: number and in per cent, by family type, Western Australia, 2007–08 to 2011–12
- Table 5.2: Median weekly income for people in family households: in Australian \$, Western Australia and Australia, 2011–12
- Table 5.3: Families with children under 15 years of age: number and in per cent, by family composition and labour force status in Western Australia and Australia in 2012
- Table 5.4: Families with children less than 15 years of age: number and in per cent, by labour force status of parent/partner, Western Australia at June 2005, 2010 and 2012
- Table 5.5: Children and young people living in households that require additional bedrooms: number and in per cent, by housing utilisation, by age group, Western Australia, 2011
- Table 5.6: Proportion of Aboriginal children and young people living in overcrowded conditions: in per cent, by age group, Western Australia and Australia, 2008
- Table 5.7: Proportion of Aboriginal children and young people living in overcrowded conditions: number and in per cent, by age group, Western Australia, 2008
- Table 5.8: Proportion of Aboriginal households in public housing living in overcrowded conditions: in per cent, by remoteness, Western Australia and Australia, 2010–11 to 2012–13
- Table 5.9: Children and young people 0 to 18 years who are homeless: rate per 10,000 population, by age groups and homeless operational groups by selected characteristics, Western Australia and Australia, 2011
- Table 5.10: Children and young people 0 to 18 years who are homeless: in numbers, by age group and gender, Western Australia, 2011
- Table 5.11: Children and young people 0 to 18 years whose living arrangements are close to the statistical boundary of homelessness: in numbers, by age group and gender, Western Australia, 2011
- Table 5.12: Children and young people 0 to 17 years who are clients of Specialist Homelessness Services: number, by age group and gender, Western Australia 2011–12 and 2012–13
- Table 5.13: Children and young people 0 to 17 years who are clients of Specialist Homelessness Services: number and rate per 1,000 population, by age group and Aboriginal status, Western Australia 2012–13
- Table 5.14: Children and young people 0 to 18 years who are homeless: number, Western Australia, 2001, 2006 and 2011

-
- Table 5.15: Children and young people 0 to 18 years who are homeless: number, by age group, Australia, 2001, 2006 and 2011
- Table 7.1: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by selected characteristic, Western Australia, 2012
- Table 7.2: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by Index of Relative Socio-economic Advantage and Disadvantage (IRSAD)
- Table 7.3: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by activity, Western Australia and Australia, 2000, 2009 and 2012
- Table 7.4: Participation in selected Western Australian youth services: number of participants 12 to 17 years, by age group and gender, Western Australia, 2012
- Table 7.5: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by age group and activity, Western Australia, 2012
- Table 7.6: Internet access by children and young people 5 to 14 years: in per cent, by age group, Western Australia and Australia, 2009 and 2012
- Table 7.7: Internet access by children and young people 5 to 14 years: in per cent, by selected characteristics, Western Australia, 2012
- Table 7.8: Internet use by children and young people 5 to 14 years: in per cent, by type of Internet activity done at home, Western Australia, 2012
- Table 7.9: Internet access by children and young people 5 to 14 years: number and in per cent, by location of Internet access, Western Australia, 2012
- Table 7.10: Internet use at home by children and young people 5 to 14 years: in per cent, by Index of Relative Socio-economic Advantage and Disadvantage
- Table 8.1: Where young people 15 to 19 years turn for information, advice and support: in per cent, by gender, Australia, 2013
- Table 9.1: Prevalence of smoking of 12 to 17 year-old school students: in per cent, by age and gender, Western Australia, 2011
- Table 9.2: Prevalence of smoking of 12 to 17 year-old school students: in per cent, by region, Western Australia, 2011
- Table 9.3: Prevalence of alcohol consumption of 12 to 17 year-old school students: in per cent, by age and gender, Western Australia, 2011
- Table 9.4: Prevalence of alcohol consumption among school students aged 12 to 17 years: in per cent, by gender and region, Western Australia, 2008 and 2011
- Table 9.5: Births to women 17 years and under: number, Western Australia 2007 and 2013
- Table 9.6: Births to teenage women: age-specific fertility rate per 1,000 population 15 to 19 years, by region of WA, 2012
- Table 9.7: Births to teenage women: age-specific fertility rate per 1,000 population 15 to 19 years, by Aboriginal and non-Aboriginal, Western Australia and Australia, 2005 to 2012

- Table 9.8: Diversion of children and young people 10 to 17 years by police: number and in per cent, by type of diversion, by gender, Western Australia, 2011 to 2013
- Table 9.9: Diversion of children and young people 10 to 17 years by police: number and in per cent, by type of diversion, by Aboriginal and non-Aboriginal, Western Australia, 2011 to 2013
- Table 9.10: Matters lodged in the Children's Court as a result of an arrest: number, by police bail status prior to the court hearing, Western Australia, 2007–08 to 2012–13
- Table 9.11: Matters lodged in the Children's Court as a result of an arrest: number, by police bail status, by gender and by Aboriginal and non-Aboriginal, Western Australia, 2012–13
- Table 9.12: Matters lodged in the Children's Court as a result of an arrest: number, by police bail status, by regional development area where the matter was lodged, Western Australia, 2012–13
- Table 9.13: Matters lodged in the Children's Court as a result of an arrest: number, by court bail status following the first court hearing, Western Australia, 2007–08 to 2012–13
- Table 9.14: Matters lodged in the Children's Court as a result of an arrest: number, by court bail status following the first court hearing, by gender and by Aboriginal and non-Aboriginal, Western Australia, 2012–13
- Table 9.15: Matters lodged in the Children's Court as a result of an arrest: number, by court bail status following the first court hearing, by regional development area where the matter was lodged, Western Australia, 2012–13
- Table 9.16: Males on a community-based sentence: average daily rate per 1,000 population 10 to 17 years, Western Australia, 2006 to 2012
- Table 9.17: Females on a community-based sentence: average daily rate per 1,000 population 10 to 17 years, Western Australia, 2006 to 2012
- Table 9.18: Children and young people on a community-based sentence: average daily number and rate per 1,000 population 10 to 17 years, Western Australia, 2006 to 2012
- Table 9.19: Children and young people on a community-based sentence: average daily number, by branch, Western Australia, 2012
- Table 9.20: Children and young people on a community-based sentence: average daily number, all people and un-sentenced only, by gender and Aboriginality, Western Australia, 2012 to 2013
- Table 9.21: Children and young people 10 to 17 years under community-based supervision: average daily rate per 10,000 population, by gender and Aboriginal status, states and territories, 2012–13
- Table 9.22: Males 10 to 17 years in detention: average daily rate per 1,000 population, Western Australia, 2006 to 2012
- Table 9.23: Females 10 to 17 years in detention: average daily rate per 1,000 population, Western Australia, 2006 to 2012
- Table 9.24: Children and young people 10 to 17 years in detention: average daily number and rate per 1,000 population, Western Australia, 2006 to 2012
- Table 9.25: Places of origin of young people in detention: number as at 30 June of each year, Western Australia, 2009 to 2013

-
- Table 9.26: Children and young people 10 to 17 years in detention: number on an average night, WA and Australia, June quarter 2009, 2012 and 2013
- Table 9.27: Children and young people 10 to 17 years in detention: rate (number per 1,000 population) on an average night, WA and Australia, June quarter 2008 to 13
- Table 9.28: Children and young people 10 to 17 years in detention: rate (number per 1,000 population) on an average night, states and territories, June quarter 2009, 2012 and 2013
- Table 10.1: Children and young people 5 to 14 years with access to a park: in per cent, by type of park, by Local Government Area (LGA) within Metropolitan Perth and Mandurah, Western Australia, 2013
- Table 10.2: Amenities for young people 12 to 17 years: number, by type of amenity, by Local Government Area (LGA) within Metropolitan Perth and Mandurah, Western Australia, 2012
- Table 10.3: Compliance with health-related Drinking Water Guidelines, tests of scheme water that complied with the guidelines: in per cent, Western Australia, 2006–07 to 2011–12
- Table 10.4: Compliance with microbiological guidelines in Aboriginal Communities serviced by the Remote Area Essential Services Program: in per cent, Kimberley, Pilbara and Goldfields, 2006 to 2012
- Table 10.5: Days where various pollutants exceeded the standard, Perth, Western Australia, 2008 to 2012
- Table 10.6: Days where Particles (PM10 and PM2.5) exceeded the standard, regions, 2008 to 2012

List of figures

- Figure 2.1: Population growth among children and young people aged 0 to 17 years: number, by age group, Western Australia, 2003 and 2013
- Figure 2.2: Number of births: Western Australia, 2002 to 2012
- Figure 2.3: Proportion of overall births: in per cent, by Aboriginal and non-Aboriginal and age group, Western Australia, 2012
- Figure 2.4: Projected number and percentage of children and young people: Western Australia, 2013 to 2053
- Figure 3.1: Women who did not smoke in pregnancy: in per cent, Western Australia and Australia, 2003 to 2011
- Figure 3.2: Women who did not smoke in pregnancy: in per cent, by metropolitan and regional, Western Australia, 2003 to 2011
- Figure 3.3: Women who consumed no alcohol in pregnancy: in per cent, Western Australia and Australia, 2001 to 2010
- Figure 3.4: Babies born at a low birth weight (less than 2,500g): in per cent, by Aboriginal births and all births, Western Australia and Australia, 2003 to 2011
- Figure 3.5: Infant mortality: rate per 1,000 live births, Western Australia and Australia, 2003 to 2012
- Figure 3.6: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, Western Australia, 2005 to 2013



- Figure 3.7: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, by Aboriginal and non-Aboriginal, Western Australia, 2013
- Figure 3.8: Ear diseases and hearing problems in children and young people 0 to 24 years: in per cent, by age group, by Aboriginal and non-Aboriginal, Australia, 2012–13
- Figure 3.9: Children 6 to 12 years with no decayed, missing or filled teeth as a result of tooth decay: in per cent, by age and tooth type, Western Australia and Australia, 2008
- Figure 3.10: Hospital separations for potentially preventable hospitalisations due to dental conditions for children and young people 0 to 17 years: age-specific rate per 100,000 population, Western Australia, 2005 to 2012
- Figure 3.11: Proportion of children 0 to 4 years fully breastfed: In per cent, Western Australia, 2003 to 2012
- Figure 3.12: Proportion of children and young people 4 to 15 years eating recommended daily fruit and vegetable serves: in per cent, Western Australia, 2002 to 2012
- Figure 3.13: Proportion of children and young people completing sufficient levels of physical activity per week: in per cent, by age group, Western Australia, 2006 to 2012
- Figure 3.14: Proportion of children and young people not overweight or obese: in per cent, by age group, Western Australia, 2004 to 2012
- Figure 3.15: Proportion of children and young people not overweight or obese (BMI less than 25.00): in per cent, by age group, Western Australia and Australia, 2011–12
- Figure 3.16: Children and young people 0 to 17 years who separated from a public or private hospital with a mental health diagnosis: number and age-adjusted rate (AAR) per 100,000, Western Australia, 2007 to 2012
- Figure 3.17: Hospitalisations due to intentional self-harm among young people 13 to 17 years: age-adjusted rate (AAR) per 100,000 population 13 to 17 years, by gender, Western Australia, 2005 to 2012
- Figure 3.18: Hospitalisations due to injury and poisoning for children and young people: age-adjusted rate (AAR) per 100,000 population 0 to 17 years, by gender, Western Australia, 2005 to 2012
- Figure 3.19: Deaths due to injury and poisoning among children and young people: age-adjusted rate (AAR) per 100,000 population 0 to 17 years, Western Australia, 2005 to 2011
- Figure 3.20: Children and young people who were the subjects of substantiations of notifications: in per cent, by type of abuse or neglect and gender, Western Australia, 2011–12
- Figure 4.1: Children entering full-time school who are 'developmentally vulnerable' on one or more domains: in per cent, by gender and Aboriginal status, Western Australia and Australia, 2012
- Figure 4.2: Children entering full-time school who are 'developmentally vulnerable' on one or more domains: number, by SEIFA category, 2009 and 2012, Western Australia
- Figure 4.3: Children entering full-time school who are 'developmentally vulnerable' on one or more domains: in per cent, by SEIFA category, 2009 and 2012, Western Australia
- Figure 4.4: Student participation: in per cent, year of turning 17 years of age, Western Australia, 2008 to 2013

-
- Figure 4.5: Student participation: in per cent, year of turning 17 years of age, by Aboriginal status, Western Australia, 2013
- Figure 4.6: Apparent retention rates of full-time students in Years 7 or 8 to Year 12: in per cent, by Aboriginal status, Western Australia and Australia, 2000 to 2013
- Figure 5.1: People in family households with dependent children considered low-income: in per cent, by family type, Western Australia, 2003–04 to 2011–12
- Figure 5.2: People in family households with dependent children considered low-income: in per cent, by family type, Australia, 2003–04 to 2011–12
- Figure 5.3: Couple families with children less than 15 years of age: in per cent, by labour force status of parent/partner, Western Australia at June 2005, 2010 and 2012
- Figure 5.4: Single-parent families with children less than 15 years of age: in per cent, by labour force status of parent, Western Australia at June 2005, 2010 and 2012
- Figure 5.5: Proportion of overcrowded households in public housing: in per cent, Western Australia and Australia, 2007 to 2013
- Figure 5.6: Children and young people 0 to 18 years who are homeless: number, by age group, Western Australia, 2006 and 2011
- Figure 7.1: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, Western Australia and Australia, 2000 and 2012
- Figure 7.2: Participation in organised sport and cultural activities by children and young people 5 to 14 years: in per cent, by age group, Western Australia, 2012
- Figure 7.3: Internet access by children and young people 5 to 14 years: in per cent, Western Australia and Australia, 2000, 2009 and 2012
- Figure 8.1: Issues and concerns of children and young people 5 to 25 years contacting Kids Helpline: in per cent, by 'all concerns', Western Australia and Australia, 2012
- Figure 8.2: Where young people 15 to 19 years turn for advice: in per cent, by gender, Australia, 2013
- Figure 9.1: Prevalence of smoking of 12 to 17 year-old school students: in per cent, by recency of use, Western Australia, 1996 to 2011
- Figure 9.2: Prevalence of smoking of 12 to 17 year-old school students: in per cent, by recency of use, Western Australia and Australia, 2011
- Figure 9.3: Prevalence of alcohol consumption of 12 to 17 year-old school students: in per cent, by recency of use, Western Australia, 1996 to 2011
- Figure 9.4: Prevalence of alcohol consumption of 12 to 17 year-old school students: in per cent, by recency of use, Western Australia and Australia, 2011
- Figure 9.5: Current drinkers drinking 'at-risk' among 12 to 15 year-old school students: in per cent, by gender, Western Australia, 1996 to 2011
- Figure 9.6: Current drinkers drinking 'at-risk' among 16 and 17 year-old school students: in per cent, by gender, Western Australia, 1996 to 2011



- Figure 9.7: Births to teenage women: age-specific fertility rate per 1,000 population 15 to 19 years, Western Australia and Australia, 2003 to 2012
- Figure 9.8: Births to Aboriginal teenage women: age-specific fertility rate per 1,000 population 15 to 19 years, Western Australia and Australia, 2005 to 2012
- Figure 9.9: Births to women 17 years and under: number, by Aboriginal and non-Aboriginal, Western Australia, 2013
- Figure 9.10: Diversion of children and young people 10 to 17 years by police: number, by type of diversion, Western Australia, 2011 to 2013
- Figure 9.11: Children and young people on a community-based sentence: average daily rate per 1,000 population 10 to 17 years, by gender, Western Australia, 2006 to 2012
- Figure 9.12: Children and young people 10 to 17 years in detention: rate (number per 1,000 population) on an average night, WA and Australia, June quarter 2008 to 2013
- Figure 9.13: Children and young people 10 to 17 years in detention: number, by gender and Aboriginal status, Western Australia, 2006 to 2012
- Figure 10.1: Children and young people 5 to 14 years with access to a playground within 400m: in per cent, by Local Government Area (LGA) within Metropolitan Perth and Mandurah, Western Australia, 2013

List of maps

- Map 2.1: SEIFA Index of relative disadvantage by Statistical Local Areas (SLAs) of Western Australia, 2011
- Map 2.2: SEIFA Index of relative disadvantage by Statistical Local Areas (SLAs) of Perth, 2011



Appendix 8 References



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