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# Foreword

*A Picture of Australia's Children* is the third national statistical report the Australian Institute of Health and Welfare has produced on the health, development and wellbeing of Australia's children aged 0–14 years. The AIHW has played a leading role in the monitoring and reporting of children's services, child protection, and children's health and wellbeing since 1996.

When the Institute first began reporting on Australia's children there was little national focus on the health and wellbeing of children. Today, the landscape is quite different. Childhood, particularly early childhood, has become a key priority for governments and non-government organisations across Australia. This is in response to a raised awareness about the impact on children of the rapid social change in Australia over recent decades, as well as compelling evidence about the importance of the early years in ensuring the best possible outcomes for our children later in life.

We are pleased to bring together a wide variety of data in this report, including information about individual, family and societal factors that influence the health and wellbeing of children. New topics include: exposure to environmental tobacco smoke, homelessness, literacy and numeracy, children as victims of violence, neighbourhood safety, and parental health and disability.

The key message from this report is clear—most children in Australia are faring well but there are still significant areas of concern. Aboriginal and Torres Strait Islander children and children from lower socioeconomic backgrounds continue to experience worse health, poorer developmental outcomes and generally reduced wellbeing when compared to other Australian children. In addition, a number of lifestyle risk factors and chronic conditions that have shown to be debilitating for the adult population are creeping in to children's lives as well. Overweight and obesity and mental health problems are two such examples. Incidentally, these are the two areas where we have the least amount of data to report. As one of its main aims, this publication also seeks to show the way ahead by highlighting the importance of having nationally consistent data to monitor these and other emerging morbidities in the future.

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**Richard Madden**

**Director**

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# Executive summary

Childhood sets the foundation for future health and wellbeing. Biological, social, family and community, and economic influences during childhood impact on children's physical, emotional and mental health and affect their education, employment, and behavioural development.

This report presents the latest available data on key national indicators of health, development and wellbeing of Australian children aged 0–14 years. This is the third report about children produced by the AIHW. In keeping with the new emphasis on a whole-of-government, cross-sectoral approach to effective policy towards early intervention and prevention, this report has been broadened to look at a wider set of influences on children's health, development and wellbeing, including learning and education and the role of family and community.

## Children of Australia

- There were approximately 3.9 million children aged 0–14 years in Australia in 2003 and these children made up 20% of the total Australian population. Over the years, the share of children in the total population has been declining: in 1923, children made up over 30% of the total population, while it is projected that the child population will make up approximately 19% of the total population by 2006 and 18% by 2011.
- According to 2001 census figures, Indigenous children comprised 4.5% of the total child population. Overseas-born children constituted 5.8% of all Australian children aged 0–14 years.

## How healthy are Australia's children?

- The infant mortality rate in Australia halved over the last two decades, from 9.6 per 1,000 live births in 1983 to 4.8 in 2003. Based on current age-specific mortality rates, infants born today are expected to live to an average age of 77.8 years for males and 82.8 years for females.
- Over the last two decades, mortality among children aged 1–14 years has also declined by over 50%. Most deaths to children occur in the early childhood period of 1–4 years of age, and this group has also experienced a 45% decline in the death rate between 1983 and 2003.
- A major contributing factor for falling mortality during infancy is the declining rate of deaths from SIDS. Between 1983 and 2003, SIDS deaths declined by 84%, but in 2003, SIDS was still responsible for 17% of infant deaths in the post-neonatal period.
- Injury and poisoning was the major cause of death among children aged 1–14 years, accounting for 40% of all deaths to children in 2003. However, between 1983 and 2003, the child death rate from injury and poisoning declined by about 60%.
- Chronic conditions such as asthma, diabetes and cancer contribute significantly to the disease burden among children in Australia. In 2001, an estimate of 527,000 children aged 0–14 years had asthma as a long-term condition, a prevalence rate of 13.2%.
- In 2000–01, the average annual rate of new cases of Type 1 diabetes was around 20 per 100,000 among children aged 0–14 years.
- Between 1982 and 2001, the age standardised incidence rate of cancer for children aged 0–14 years increased by an average of 0.6% per year. The overall five-year survival from leukaemia increased significantly from 62.4% to 69.7% between 1982–86 and 1992–97.

- In 2003, there were approximately 320,000 children with a disability in Australia, accounting for 8% of the total child population aged 0–14 years. Slightly over half these children had a severe or profound core activity restriction.
- A study conducted in 1998 among 4,500 children indicated that 14% of children aged 4–14 years had mental health problems.

Although most Australian children are healthy, there are sub-groups for whom additional health gains can still be achieved.

- Less advantaged socioeconomic backgrounds have an adverse effect on children's health and wellbeing. Infants from the least advantaged socioeconomic areas are twice as likely as those from the least disadvantaged areas to die before they reach their first birthday.
- Aboriginal and Torres Strait Islander children have poorer health and wellbeing than other Australian children but data limitations hinder exact comparisons. While infant mortality has improved between 1993 and 2003 decreasing by approximately 3.3% per year, Indigenous Australian children had worse outcomes against most indicators.

### How well are we promoting healthy child development?

Although the incidence of vaccine-preventable diseases in Australia has been reduced since the introduction of immunisation, these diseases remain a serious concern. Vaccine coverage needs to exceed 90% to achieve and maintain the level of community immunity necessary to interrupt ongoing transmission of vaccine-preventable diseases.

- In 2004, the proportion of children aged 2 who were fully vaccinated was 92%. Near 100% immunisation coverage is expected for children at school entry age, but only 84% of the children aged 6 years were fully immunised in 2004.

- The rates of immunisation at 12 months of age among Indigenous Australian children were a little lower than for other Australian children, but there was no difference in rates between Indigenous and other Australian children at 24 months of age.

Breastfeeding in the first 4–6 months of life is considered to protect infants against a number of acute and chronic conditions including diarrhoea, respiratory infection, otitis media, SIDS, diabetes and asthma.

- Most infants aged 0–3 years receive breast milk at some stage of infancy. There are no national data on exclusive breastfeeding of Australian infants. However, the ABS 2001 National Health Survey provides information on the proportion of infants fully breastfed. In 2001, approximately 54% of babies were fully breastfed at 3 months of age or less, compared with around 32% of infants by 6 months of age or less.
- Breastfeeding data for Indigenous babies from the WA Child Health Survey indicated that 53% of the Indigenous infants aged less than 6 months were exclusively breastfed.

Good oral health throughout infancy and childhood contributes to better dental health in adulthood, resulting in less decay and reduced loss of natural teeth. Great improvements in the oral health of Australian children have been observed where the public water supply has been fluoridated.

- Despite the evidence of the benefits of water fluoridation, significant areas of Queensland, and to a lesser extent Victoria, do not fluoridate water.
- Between 1990 and 2000, the mean number of decayed teeth decreased among children aged 6 years from 2.1 to 1.7 and for children aged 12 years from 1.4 to less than 1. However, in more recent years this decline appears to have ceased and there are signs of decay experience among children increasing.

## What factors can affect children adversely?

This report presents data on a number of influences that have a bearing on outcomes for children: low birthweight, maternal smoking during pregnancy, exposure to environmental tobacco smoke, overweight and obesity and tobacco and alcohol use by children.

- Approximately 6% of Australian babies were born weighing less than 2,500 grams at birth. Low birthweight is more common in babies born to families of low socioeconomic status and to Indigenous mothers.
- Tobacco smoking in pregnancy is a major risk factor for low infant birthweight. Data from NSW, WA, SA and the ACT indicate that overall 18% of women smoked during pregnancy. According to the 2001 WA Aboriginal Child Health Survey, mothers of 47% of Indigenous children had smoked tobacco during pregnancy.
- The proportion of households with young children where a household member smoked inside the house decreased from 31% in 1995 to 20% in 2001. Nevertheless, this meant that nearly 1 in 5 Australian households with children aged 0–14 years had a person smoking inside the home.
- While the majority of children aged 2–14 years were of acceptable weight, a relatively high proportion of boys (18%) and girls (22%) were overweight or obese. South Australian data for 2000–01 indicated that socioeconomically disadvantaged children from both metropolitan and non-metropolitan areas were more likely to be overweight or obese.
- A survey of secondary-school students in Australia found that the prevalence of tobacco smoking among students aged 12–14 years had fallen from 17% in 1984 to 9% in 2002. Nevertheless, this still meant that 1 in 11 children in 2002 had smoked tobacco in the week prior to the survey.
- The same survey showed that 5% of children aged 12–14 years had participated in risky drinking in the 2 weeks prior to the survey. This figure remained relatively constant over the period 1984 to 2002.

## How safe and secure are Australia's children?

It is important for children's development that they grow up in safe and secure homes and environments, and that they are protected from abuse and victimisation.

- There was a significant reduction in childhood deaths from injury over the period 1982–2003. However, injury and poisoning remains the major cause of death and disability among Australian children.
- Indigenous children have a higher average injury mortality rate than other Australian children. For instance, the average annual injury mortality rate among Indigenous infants in 2001–03 was 56 per 100,000 infants while the corresponding rate for other Australian infants was 18.2 per 100,000.
- The rate of children on care and protection orders increased by 47% between 1997 and 2003. However, this increase needs to be interpreted with caution as the trends in such data are heavily influenced by changes in policies and practices within the child protection system. There was no difference in 2003 between the rates of boys and girls on care and protection orders.
- The rate of child protection substantiations for Indigenous children aged 0–14 years in 2002–03 was 22.9 per 1,000 children, compared to 7.2 per 1,000 for other Australian children. The rate of Indigenous children on care and protection orders at June 2002 was 23.4 per 1,000 and for other Australian children this was 4.6 per 1,000.
- In 2003, police recorded over 12,000 children as victims of all types of assault. The largest group of children subjected to assault was boys aged 10–14 years.
- The rate of reported sexual assault against girls aged 10–14 years was five times higher than that recorded for boys: 475 per 100,000 for girls compared with 88 per 100,000 for boys.
- In 2002–03, 51,860 children aged 15 years or less accompanied a parent or guardian seeking assistance from the major program response to homelessness, SAAP. Of these children, 44% were under 5 years of age.

## How well are Australia's children learning and developing?

Participation in early childhood education programs such as preschools or centre-based programs have short and long-term positive effects on children's intellectual development and school completion. Success in school is associated with future life success; failure to successfully complete schooling increases the likelihood of poor employment prospects, low income, welfare dependency, delinquent behaviour, drug abuse and crime.

- In 2002, approximately 59% of children aged 4 years participated in preschool. A further 25% of 4 year old children attended long day care centres, many of which offer educational preschool programs.
- Participation in preschool programs varied by region of residence and Indigenous status. In 2001, the preschool participation rate for children was 58% in Major Cities and 43% in very remote regions. Indigenous children's participation in preschool programs was 46% compared with 57% participation by other Australian children.
- The majority of students (88% boys and 92% girls) met the national benchmarks for reading, writing and numeracy in 2001. From 1999 to 2001 the rates of girls meeting the benchmarks were consistently higher than those of boys. The rates for Years 3 and 5 Indigenous students were consistently lower than the national rates.
- The detention rate for young people aged 10–14 years in juvenile justice detention centres declined from 9.5 per 100,000 in 1990 to 6.2 per 100,000 in 2003. Boys were 5 times more likely than girls to be detained. During the period from 2000 to 2002, Indigenous children between 10 and 14 years of age were detained at about 30 times the rate of other Australian children.

## What kind of families and communities do Australia's children live in?

The family and community environment and socioeconomic circumstances in which children are growing up, have an effect on children's educational, psycho-social and criminal outcomes. Neighbourhoods, along with individual circumstances, can also play a major role in shaping children's behaviour. Neighbourhoods where social cohesion is low may increase the vulnerability of families and children, while neighbourhoods with stronger community connectedness may provide a safe and secure environment to families and children.

The school and community contexts in which children live also have a considerable influence over their health, development and wellbeing. These contexts, along with family, set foundations for learning, behaviour and health over the course of their lives.

- In 2003, 72% of Australian children lived in intact families and nearly 20% of children lived in lone parent families. A further 5% were in blended families and 3% in step families. A small proportion of children (less than 1%) lived with grand parents.
- The majority of parents reported high levels of family cohesion, but the proportion of families reporting good to excellent family cohesion was lower in lone parent (87%) and blended families (88%), compared with original parent families (93%). Family cohesion was reported to be lower in low income families compared to high income families.
- In 2002–03, 22% of children aged 0–14 years lived in low income households. The proportion of children in one-parent households with incomes in the lowest quintile was more than twice that of children in couple households (43% compared with 17%).

- The rate of children who are placed in out-of-home care rose from 3 per 1,000 children in 1997 to 5 per 1,000 in 2004.
- In 1998, 17% of children aged 0–14 years lived with a parent who had a disability. Of these children living with a parent with a disability, approximately 90% lived with a parent whose main disabling condition was a physical condition and about 11% with a parent whose main condition was mental or behavioural disorder.
- Most Australian children are growing up in families that felt safe in their neighbourhood. In 2002, 90% of Australian householders said they felt safe in their neighbourhood.
- Most families with young children in Australia had good family and social support networks and were able to get support in time of crisis, could ask for small favours and had regular contact with family and friends.

### Future directions

As one of its main aims, this publication seeks to show the way ahead by highlighting the importance of having nationally consistent data for future monitoring of Australian children's health, development and wellbeing. While there are a wealth of data to measure many aspects of Australian children's health and wellbeing, there are a number of important indicator and data gaps.

- Currently there are no system performance indicators specific to children that will help assess the impact of existing systems on health and wellbeing outcomes for children and their families.
- Identification of Indigenous status varies considerably in many existing data collections. This has restricted the analysis and presentation of data presented in this report.
- There are a lack of data for monitoring outcomes for population sub-groups such as children from culturally and linguistically diverse backgrounds and those living in geographically isolated areas.
- There are a lack of recent national data on a number of key areas of concern: mental health, overweight and obesity and physical activity.

This report has described work in progress to address these issues and additional data developments relevant to children.

# Indicator summary

Indicator domain	Favourable trend	No trend	Unfavourable trend	No comparable/trend data
Infant mortality rate	✓			
Infant deaths from SIDS	✓			
Mortality rate among children aged 1–14 years	✓			
Prevalence of asthma				✓
Incidence of Type 1 diabetes				✓
Incidence of cancer			✓	
Five-year survival rate for leukaemia	✓			
Children with severe/profound activity restriction				✓
Mental health of children				✓
Infants & children fully vaccinated at ages 1,2 & 6	✓			
Exclusive breastfeeding of infants				✓
Dental health of children			✓	
Proportion of low birthweight babies		✓		
Women smoking during pregnancy				✓
Children exposed to household tobacco smoking	✓			
Proportion of children overweight or obese				✓
Tobacco use among children	✓			
Alcohol misuse among children		✓		
Death rate from all types of injury	✓			
Hospitalisation for all types of injury		✓		
Child protection substantiations				✓
Children on care and protection orders			✓	
Rate of assault				✓
Children in homeless families				✓
Children attending preschools				✓
Children meeting literacy and numeracy benchmarks				✓
Children in juvenile justice facilities	✓			
Family cohesion				✓
Children in families where no parent is employed	✓			
Children in out-of-home care			✓	
Children living with parents whose health is fair/poor				✓
Children living with parents with a disability and/ chronic illness				✓
Children living in neighbourhoods perceived to be unsafe				✓
Families ability to get social support in time of crisis				✓

*Note: Trends are based on time series data for seven years or more.*