

# 1 Introduction

This is the third national statistical report on the health and wellbeing of Australia's children aged 0–14 years. This report differs somewhat from the previous two as the focus has been widened to include factors influencing children's overall wellbeing. Previous reports have identified that children's wellbeing is broader than the status of good health; however, the scarcity of data prevented reporting on such issues as children's learning, safety and security, and social interactions. Although the data in these areas are still scanty, this report attempts to provide a snapshot of early learning and education, safety and security, crime, victimisation and social capital, as new additions to the information presented in previous reports.

Childhood, particularly early childhood, has become a key priority for governments and non-government organisations across Australia. This is in response to emerging issues of concern for Australia's children in the context of rapid social change, as well as compelling evidence about the importance of the early years for laying the foundations for children's later competence and physical wellbeing, and about the types of early interventions proving beneficial for positively influencing child outcomes. The biological, social, community, family and economic influences on children are important predictors of health, educational, psycho-social, behavioural and criminal outcomes (Zubrick et al. 2000a; Prior et al. 2000). This recognition has prompted the Australian Government decision to work towards a National Agenda for Early Childhood which seeks to bring together everyone working on child-related areas to develop a 'road map' to achieve the best outcomes for children.

The main areas that have become the focus of the National Agenda are:

- healthy young families—improved care during pregnancy and the postnatal period, promotion of health behaviours, early recognition of children with, or at risk of having, ill-health, and effective early intervention;
- early learning and care—access to quality early learning and care services, support for parents and other primary carers such as a child's first teacher, successful transitions to school, coherent approach to care, education and family support, and early identification of and intervention for children at risk of developmental and behavioural problems;
- supporting families and parents—improved access to family support services, such as parenting education programs and relationship support, which assist parents to provide an optimal home environment for children; family assistance including income support and child care to assist parents achieve a work/family balance; and improved access to quality assured parenting information; and
- child-friendly communities—fostering flexible and responsive services at the local level, creating better links and coordination among community services, reducing levels of family violence, assessment of risks to children in communities, and community provision of children's activity, play and learning opportunities.

Central to the National Agenda is the capacity to be able to monitor regularly over time how Australia's children are faring, and how certain population groups, such as Indigenous children and children from rural and regional Australia, are faring by comparison (ACCAP 2004). Several Australian states and territories have also begun to commission reports monitoring the progress of children within their jurisdiction (Centre for Epidemiology and Research 2002; NSW and Qld Commissions for Children and Young People 2004; Qld Commission for Children and Young People 2004; Tennant et al. 2003).

As there are a number of major areas such as education, health and welfare services, both at local and national level, aiming to improve children's health, development and wellbeing, the National Agenda is intended to work together for a common goal. This will minimise any duplication of effort and therefore resources can be directed more efficiently.

In keeping with this new emphasis on a whole-of-government, cross-sectoral approach to childhood policy, the AIHW has broadened its reporting framework in this area to encompass a wider set of influences on childhood development, health and wellbeing. This work has been guided by an Advisory Committee comprising key experts and jurisdictional representatives, the Australian Government Taskforce on Child Development, and the Australian Council for Children and Parenting (ACCAP).

### Key national indicators

The key national indicators on the health, development and wellbeing of Australia's children presented in this report are built upon an earlier set developed by the AIHW in collaboration with an expert committee. This initial set was based on a conceptual framework for the organisation of national child health information. The framework consisted of three broad groups of indicators of child health: health status, risk and protective factors, and the delivery of health services and interventions.

The framework was endorsed by the AIHW advisory committee, discussed at a workshop convened by the AIHW in 1998 and subsequently endorsed by the Australian Health Ministers' Advisory Council. While this original framework was primarily focused on health, subsequent indicator development and national monitoring of the wellbeing of children undertaken by the Institute has progressively broadened. The new indicator framework follows an ecological approach where the importance of parents, families and the physical and social environment has been well recognised.

This report aims to encompass reporting on the wider social, community and economic contexts in which children in Australia are growing up and how these influences affect outcomes for children. This approach is consistent with the international research literature and the shift in government policy towards early intervention and prevention. Recent research findings have emphasised the importance of early childhood exposures (such as family environment, social interaction, and education) in shaping children's health, development and wellbeing later in life (for a summary of this research, see Waters et al. 2002; McCain & Mustard 2002).

The development of national indicators for Australia's children has been guided by an advisory group of key experts in the areas of child health, development and wellbeing (see AIHW 2004a for further details). In addition, the indicators were discussed at a workshop hosted by the Australian Council for Children and Parenting (ACCAP), in March 2004. This workshop brought together a variety of leading academic experts, and government and non-government stakeholders, to consider a national reporting framework for Australia's children. The key national indicators selected for this report have also been influenced by international indicator development in Europe (European Union Community Health 2002), in Canada (Canadian Council On Social Development 2002), and in America (Federal Interagency Forum on Child and Family Statistics 2003), as well as indicator development within Australia (Waters et al. 2002; Zubrick et al. 2000a).

## Report structure

The key national indicators of children's health, development and wellbeing that have emerged out of the consultative process outlined above have formed the basis for this report. The key indicators are organised around answering questions vital to assessing the health and wellbeing of Australia's children, such as:

- How healthy are Australia's children?
- How well are we promoting healthy child development?
- What factors can affect children adversely?
- How safe and secure are Australia's children?
- How well are Australia's children learning and developing?
- What kind of families and communities do Australia's children live in?

While the majority of Australian children are faring well, as evidenced by the decline in mortality rates over the last two decades, not all are doing so well. Hence it is important for any national report to provide information on how wellbeing varies for children from rural and regional Australia, children from different socioeconomic backgrounds and Indigenous children. Where possible, this information has been included in *A Picture of Australia's Children*.

## Data issues

Although the aim of this report is to bring together national data, there were a number of key indicators for which no national data were available or the available data were outdated. There were also many key indicator areas relating to Australian Indigenous children where national data were lacking. In these instances, this report used most recent available data from jurisdictional collections. For example, NSW Child Health Survey data were used for the indicator on breastfeeding and WA Child Health Survey data were used to report against a number of indicators for Indigenous children.

For comparison between population groups, wherever possible, rates are adjusted for age using direct standardisation in which age-specific rates are multiplied against a constant population (the Australian 2001 Population Standard unless otherwise specified). Indirect standardisation was used to estimate the death rates for Australian Indigenous children. Average death rates for the Australian 2001 Population Standard were applied to the number of Indigenous children from Queensland, Western Australia, South Australia and the Northern Territory to obtain the expected number of deaths for Indigenous children. This effectively removes the influence of age structure on the summary rate that is described as the age-standardised rate.

The observed value of a rate may vary due to chance even where there is no variation in the underlying value of the rate. Therefore, where indicators include a comparison between time periods, geographical locations, socioeconomic groups or Indigenous and other Australian people, a 95% confidence interval is calculated. The 95% confidence interval provides a probability that the difference is not due to chance. Where the confidence intervals do not overlap, there is at least 95% confidence that the change in a rate is greater than that which could be explained by chance. Where the intervals do overlap, then there is not a 95% confidence that changes in the rate are due to chance. The 95% confidence intervals in this report were calculated using a method for obtaining approximate confidence intervals for a weighted sum of Poisson parameters developed by Dobson et al. (1991).

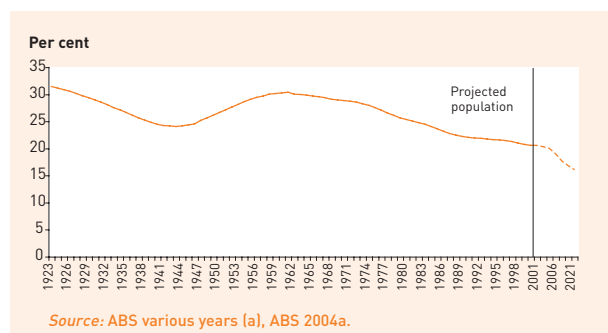
## 2 An overview of the Australian child population

This chapter describes the child population of Australia including its size, its distribution among states & territories and regions, and its cultural diversity. The status of the population provides a context for exploring many issues influencing children's health, development and wellbeing. The size and composition of the child population is important for policy making and planning for various services required by children including schools, child care and health and welfare services. In addition to children's own characteristics, parents' demographic and socioeconomic characteristics also have an important impact on the health and wellbeing of children. Parental influences on the lives of Australia's children will be discussed in Part III of this report.

### Child population

The child population as defined in this publication includes children aged 0–14 years. The Australian Bureau of Statistics (ABS) estimated the child population as at 30 June 2003 was approximately 3.9 million (20% of the total Australian population). Although the number of children has been increasing each year, the child population as a proportion of the total population has been declining. A decade ago the child population in Australia represented 22% of the total population. Since the early 1920s, with the exception of baby-boom years, the child population as a proportion of the total population has steadily declined (Figure 2.1)—reflecting changing fertility patterns over the period.

**Figure 2.1:** Children as a proportion of the total Australian population, 1923–2023



During the early 1920s in Australia, the total fertility rate (TFR) (defined as the average number of babies that a woman could expect to bear during her lifetime, if she experienced current age-specific fertility rates throughout her reproductive life) was 3.1 births per woman. The TFR fell to low levels during the Great Depression of the 1930s, reaching its lowest point of 2.1 babies per woman in 1934. The TFR rose rapidly following World War II, reaching a peak of 3.5 babies per woman at the height of the baby boom in 1961. Since then Australian fertility rates have declined for a variety of reasons including the availability of the oral contraceptive pill, laws making abortion more available, late age of child bearing and women choosing not to have children altogether (ABS 2003a). In 2002, the total fertility rate was 1.75 births per woman.

ABS population projections indicate further reductions in the relative size of the child population are likely to occur in the future, making the child population an even smaller proportion of the total population compared to the persons aged 65 years and over (ABS 2004a). Since children are very much dependent on adults—the economically productive sector of the population—for their needs, the population share of children has important implications for planning. While the child dependency ratio (the ratio of children aged 0–14 years to the working age population aged 15–64 years) has been declining, the proportion of dependants aged over 65 years has been increasing as the baby boomers move into older age. This will have implications for the future child population as more resources are increasingly committed to the ageing population.

## Characteristics of Australian children

### Age and sex

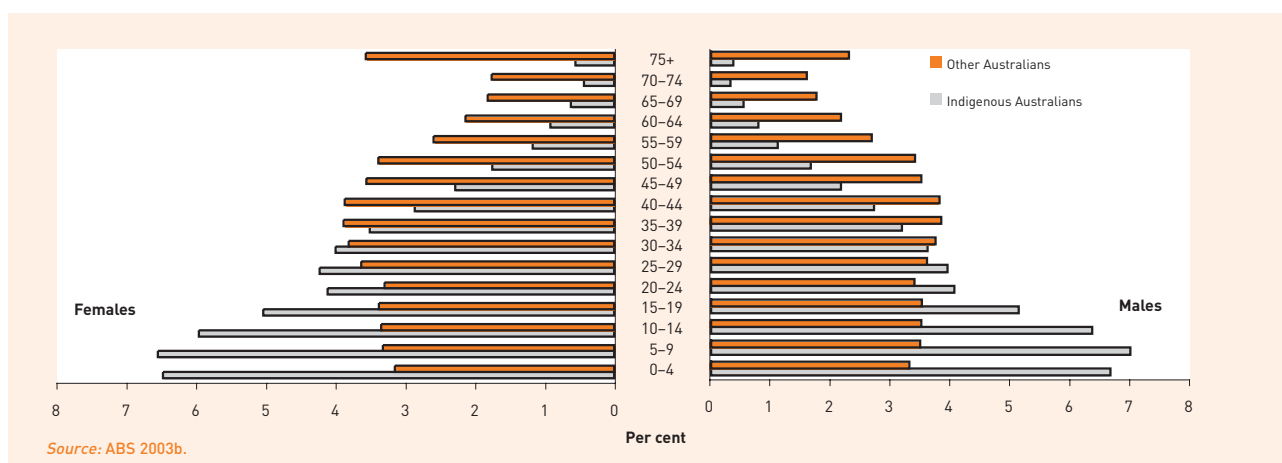
In 2003, there were 2 million boys compared to 1.9 million girls in the Australian child population, a sex ratio of 105 boys per 100 girls. Infants (those aged less than 12 months) accounted for 6% of the child population.

The age and sex distribution of the Australian population also highlights the declining child population (Figure 2.2). This decline, as explained above, is a reflection of a falling birth rate and a trend towards a later age of child bearing in Australia. The population pyramid, therefore, shows a

bulge towards the middle with a reasonably large proportion of people in the older age groups.

In contrast to the age structure of the total population, the Indigenous population in Australia has a much younger age structure (Figure 2.2). In 2001, Indigenous children aged 0–14 years accounted for 39% of the Indigenous Australian population. This reflects the higher birth rate that prevails among the Indigenous population and also the higher levels of mortality at all ages. For this reason, any comparisons made between the Indigenous and other Australian populations need to be age standardised to a selected standard population to control for the effect of differing age structures.

**Figure 2.2:** Indigenous and other Australian populations, by age and sex, 2001



**Table 2.1:** Residence area of Australian children<sup>(a)</sup> aged 0–14 years, 2003 (per cent)

State/territory	Number of children	Per cent of Australian child population	Share of state/territory population (per cent)
New South Wales	1,331,831	33.5	19.9
Victoria	959,215	24.1	19.5
Queensland	791,290	19.9	20.8
Western Australia	398,612	10.0	20.4
South Australia	287,926	7.2	18.9
Tasmania	97,354	2.4	20.4
Australian Capital Territory	64,092	1.6	19.8
Northern Territory	50,414	1.3	25.4
<b>Australia</b>	<b>3,981,538</b>	<b>100.0</b>	<b>20.0</b>

(a) Estimated resident population.

Source: ABS 2003b.

### State and territory of residence

- One-third of all Australian children lived in New South Wales, almost a quarter in Victoria and 20% in Queensland. Nearly 78% of all children lived in these three states. Just over 1% of Australia's children lived in the Northern Territory.
- In 2003, except for the Northern Territory, the share of the child population aged 0–14 years in every jurisdiction was about one-fifth of its total population. In the Northern Territory, just over a quarter of the population were children aged 0–14 years. This is related to the large Aboriginal and Torres Strait Islander population in the Northern Territory, as the Indigenous population has a younger age structure than the total population (Table 2.1).

### Geographical location

Geographical location in this report refers to the ASGC (Australian Standard Geographical Classification) Remoteness Areas classification released by the ABS in 2001. ASGC Remoteness can be interpreted as 'access to a range of services, some of which are available in smaller and others in larger centres: the remoteness of a location can thus be measured in terms of how far one has to travel to centres of various sizes' (DHAC & GISCA 2001).

- In 2003, 64% of Australian children lived in Major Cities, 22% in Inner Regional areas and 11% in Outer Regional areas. Children living in Remote or Very Remote areas accounted for approximately 3% of the child population (Table 2.2).
- Over half of the Northern Territory child population (51%) lived in Remote or Very Remote areas.

**Table 2.2: Distribution of children aged 0–14 years across ASGC remoteness categories, 2003 (per cent)**

Remoteness category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Major Cities	69.4	70.9	49.9	66.8	68.5	..	99.8	..	63.5
Inner Regional	21.9	23.4	26.8	13.6	13.9	62.1	0.2	..	22.2
Outer Regional	7.8	5.6	18.7	10.8	12.9	35.6	..	49.1	11.2
Remote	0.7	0.1	2.9	5.6	3.6	1.8	..	21.2	2.0
Very Remote	0.1	..	1.8	3.2	1.1	0.5	..	29.7	1.2

.. Not applicable.  
Source: ABS 2003b.

**Table 2.3: Selected characteristics of Indigenous Australian children aged 0–14 years, 2001 (per cent)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Indigenous as a % of the child population	4.0	1.1	6.4	6.4	3.4	7.1	2.3	40.5	4.5
Indigenous as a % of all Indigenous children	30.1	6.0	28.0	14.3	5.5	3.8	0.8	11.4	100.0
<b>Total Indigenous (N)</b>	<b>53,873</b>	<b>10,794</b>	<b>50,189</b>	<b>25,622</b>	<b>9,778</b>	<b>6,878</b>	<b>1,497</b>	<b>20,428</b>	<b>179,128</b>

(N) Total number.  
Source: ABS 2003c.

## Population diversity

The Australian population is a diverse one with its Indigenous and migrant populations. At the 2001 census there were about 179,000 Indigenous Australian children. These children made up 4.5% of the total Australian child population in 2001 (Table 2.3).

- Most Indigenous Australian children were in New South Wales (30% of the total number of Indigenous children) followed by Queensland, where 28% of the Indigenous children lived.
- Although only 11% of Australia's Indigenous children lived in the Northern Territory, they accounted for nearly 40% of the territory's child population.

In 2001, 5.8% (230,000 children) were born in another country. This figure does not include children born to overseas-born parents. Overseas-born people live mainly in Major Cities: in 2001, over 80% were living in an urban area (ABS 2004b).