



Australian Government

Australian Institute of  
Health and Welfare

# Making progress

The health, development and wellbeing of  
Australia's children and young people



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## Foreword

The health and wellbeing of Australia's children and young people is at the centre of policy making in Australia today. Policy initiatives in the areas of health, productivity and social inclusion draw on the principles of early intervention and prevention. The effectiveness of these initiatives depends on the ability to track progress and provide regular feedback to inform the developing reform agendas. This has been recognised as a high priority by all Australian Government departments, and is a primary goal of the Australian Institute of Health and Welfare (AIHW).

This report builds on work undertaken by the AIHW over the last decade on the development and reporting of key national indicators of child and youth health, development and wellbeing, and more recently work undertaken on the Ministerial endorsed Headline Indicators. This report is distinct from previous AIHW reports, as it presents measures of progress for children and young people in a summary, indicator-based format. This report focuses on issues of importance for children and adolescents, including indicators of mental health, risk factors for chronic disease, hospitalisation, mortality, educational achievement in primary and high school, homelessness, jobless families and family economic situation.

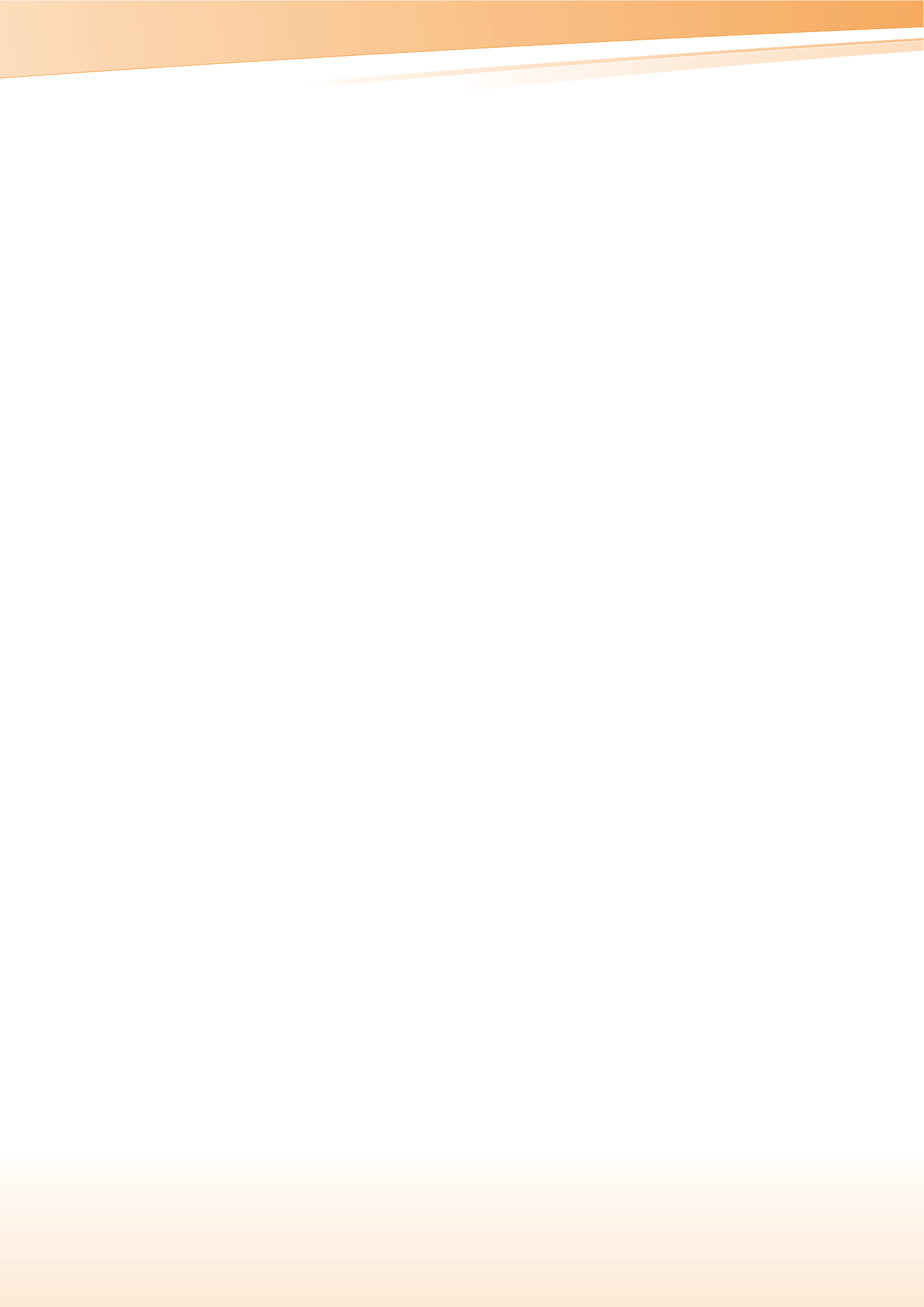
The analysis in this report shows that, while many children and adolescents in Australia are doing well, some experience significant physical, social, educational and economic disadvantage, and numerous indicators do not compare favourably with other developed countries.

This report reveals that while much progress has been made, a great deal remains to be done to ensure that *all children have the best possible start in life*.

The AIHW gratefully acknowledges the valuable input, advice and comments provided by the Australian Bureau of Statistics (ABS), the Australian Institute of Family Studies (AIFS), the Australian Government Departments of Health and Ageing (DoHA), Education, Employment and Workplace Relations (DEEWR), and Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), and Professor George Patton (VicHealth Professor of Adolescent Health Research, University of Melbourne).

**Penny Allbon**

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## How are Australia's children and young people faring?

This report shows that, while many Australian children and adolescents are faring well, some experience considerably worse health, poorer developmental and learning outcomes and generally reduced wellbeing than others in the population, and there are many areas where further gains in health and wellbeing could be achieved. The table below summarises these key areas of concern, as well as some recent achievements, in the areas of health, education and wellbeing for different stages of development—early childhood, childhood, adolescence, and for the overall 0–19 year age group. It also identifies where data gaps exist in the national monitoring of child and youth health and wellbeing in Australia.

In response to the Council of Australian Governments' (COAG) 'Closing the gap' agenda, particular focus is given to Aboriginal and Torres Strait Islander children and youth. Indigenous children and youth continue to be disadvantaged across a broad range of health and socioeconomic indicators, and have not shared the same improvements in health, education and wellbeing as those observed for Australian children and youth

generally. This report shows that while Indigenous students are gradually catching up in retention to Year 12, there has been no measurable progress in recent years in closing the gap in the Year 5 writing and numeracy benchmark results. Immunisation coverage of Indigenous 2 year olds is similar to the national average, but Indigenous children are still twice as likely as other children to be of low birthweight, to be hospitalised for chronic conditions and to die before the age of 20. Similarly, children and young people living in regional and remote areas and the most socioeconomically disadvantaged areas also have worse health and education outcomes for many of the indicators where data are available.

The report also shows that Australia does not compare favourably with other developed countries for many of the indicators presented, where comparable data are available. For example, Australia has the second highest percentage of children living in jobless families in the OECD and ranks in the bottom third in the under-5 mortality rate.

Age range	Achievements	Areas of concern	What don't we know?
<b>Across the age span (0–19 years)</b>	Mortality rates falling in all age groups Fewer children living in jobless families	Poor outcomes for Indigenous children and youth in multiple areas (both health and wellbeing) High unmet requests for SAAP accommodation for children and youth	Prevalence of child abuse and neglect, and whether rate has changed over time Prevalence of disability among Indigenous children and other disadvantaged populations
<b>Early childhood</b>	Immunisation coverage for 1 and 2 year olds is over 90% Gap in Indigenous infant mortality rates narrowing	Infant mortality and teenage fertility compare unfavourably with other OECD countries High unmet demand for child care due to accessibility barriers, particularly availability of places	Proportion of women exclusively breastfeeding to 4 and 6 months of age Number of children attending early childhood education programs delivered by university-qualified teacher in the year before school
<b>Childhood</b>	Good dental health compared with other OECD countries Drop in asthma hospitalisation rate	Gap in literacy and numeracy for Indigenous students remains high Increase in hospitalisation rates for diabetes	How many children are physically active according to National Physical Activity Guidelines
<b>Adolescence</b>	Reduction in rates of smoking, risky alcohol intake, illicit drug use Increase in Year 12 retention rate for Indigenous students	High youth unemployment and underemployment Indigenous youth over-represented in juvenile justice supervision, and no change in rates in 6 years	Rates of physical and sexual assault, and whether rate has changed over time How Australia compares internationally on many of the health and crime indicators

The table **How does Australia compare...** summarises information about Australia's international performance and the level of inequality between three population groups of interest within Australia—Aboriginal and Torres Strait Islander people, people living in regional or remote areas, and those living in socioeconomically disadvantaged areas. Comparisons are made internally, that is, between population groups within Australia, and externally with other developed countries. For the groups of interest in the internal comparison, rates for various indicators are compared with those of the remaining population group. Each comparison is expressed as a rate

ratio: the rate for the group of interest over the rate for the rest of the population. For indicators relating to childhood immunisation, breastfeeding, and education, rate ratios of less than 1 indicate disadvantage for the group of interest. The lower the ratio, the greater the disadvantage for the group of interest. For all remaining indicators, a rate ratio of greater than 1 indicates that the group of interest is at a disadvantage—in these cases, the higher the rate ratio, the greater the disadvantage.

International data and data for population groups of interest were not available for each indicator presented in this report.

## How does Australia compare...

### ...internally: who fares worse than others?

### ...externally: how do we compare with like countries?

Indicator	See page	Ratio ratios <sup>(a)</sup> for			OECD rankings (total number of countries) <sup>(b)</sup>
		Indigenous to non-Indigenous Australians	Remote/very remote areas to major cities	Most disadvantaged to least disadvantaged areas	
<b>HEALTH</b>					
Mortality	7	2.0–3.1			24 (30)
Disability	8				
Teenage births	15	5.2	5.0		16 (24)
Low birthweight	16	2.2	1.4	1.3	13 (30)
Childhood immunisation (12, 24 months) <sup>†</sup>	18	0.9, 1.0			14 (20)
Breastfeeding (NSW) <sup>†</sup>	17		1.1	0.4	
Dental decay (6 years, 12 years)	24	2.5, 1.8	1.7, 1.4	2.2, 1.5	8 (30)
Chronic disease	23	2.1–2.7			
Obesity (6–11 years, 15–19 years)	26, 32	1.4, 2.6		2.0 <sup>(c)</sup>	
Physical activity/screen time	25				
Injury and poisoning	22, 30	1.3			
Mental health	31	1.4			
Substance use	33				
<b>WELLBEING</b>					
Child care accessibility	19				
Early childhood education (preschool: 3, 4 years) <sup>†</sup>	20		0.4, 1.1		
Literacy and numeracy <sup>†</sup>	27	0.8, 0.9	0.6, 0.9		8 & 16(25) <sup>(d)</sup>
Year 12 retention and completion <sup>†</sup>	34	0.6, 0.5	0.4–0.7		18 (29)
Youth participation (unemployment rate)	35	2.3			16 (25) <sup>(e)</sup> , 12(30)
Jobless families	9	3.1			23 (24)
Family economic situation	10				13 (24)
Child abuse and neglect	11	5.4			
Homelessness	12				
Crime	28, 36	13–49			

<sup>†</sup> For these indicators, rate ratios of less than 1 indicate disadvantage for the population group of interest. For all other indicators, disadvantage is indicated by rate ratios of greater than 1.

(a) The comparison groups included in the table column headings may not apply to all the indicators. For some of the indicators, the comparison is between Indigenous and other Australians, while for others it is Indigenous and all Australians. Different comparison groups also apply for regional and disadvantaged areas. For precise comparison groups, see the relevant sections.

(b) Green shading indicates a ranking in the top third, yellow in the middle third and red in the bottom third.

(c) 6–11 years only, based on school socioeconomic status.

(d) Australia ranked 8<sup>th</sup> in science and 16<sup>th</sup> in maths. Includes some non-OECD countries.

(e) Percentage of 15–19 year olds neither working nor studying.



## Introduction

Ensuring children get the best possible start in life is central to the health, social inclusion and productivity agendas of the Australian Government. Meeting this goal will involve reforms in the areas of education, early childhood development, preventive health care and housing, as well as strategies to address economic and social disadvantage. The benefits of investing in children and young people flow through to the entire population with outcomes as diverse as greater productivity, lower burden of disease, stronger families, and safer and more connected communities. Promoting the physical, social, emotional, and cognitive development of Australia's children and young people is therefore a matter of national priority.

Australia's children and young people are growing up in an environment of rapid social, economic and technological change. The world in which children and young people live plays an important role in shaping their health, development and wellbeing, both in the short-term and into adulthood. It follows that any reflection on their progress needs to take account of these environmental factors. The indicator framework developed for this report aims to do this, by presenting a range of indicators in the areas of health, development and wellbeing while taking into account the broad social, community and economic factors.

## Purpose of this report

Good information is at the heart of good policy development. A great deal of detailed information exists about children and young people in Australia today. The AIHW, in consultation with an expert advisory group and funding assistance from the Australian Government Department of Health and Ageing, has produced six comprehensive, national, statistical reports on the health, development and wellbeing of Australian children and young people over the last decade.<sup>1,2</sup> The next of these reports, focusing on children, will be released in May 2009. The AIHW has also been contracted by three Ministerial Councils (Australian Health Ministers' Advisory Council, the Community and Disability Services Ministers' Advisory Council and the Australian Education Systems Officials Committee) to report on the 19 Headline Indicators of children's

health, development and wellbeing endorsed by the Australian Health Ministers' Conference and the Community and Disability Services Ministers' Conference in 2006.<sup>3</sup> However, given current policy priorities there is an increasing need to also have a timely, targeted indicator-based report drawing together key summary statistics integral to child and youth health and wellbeing in order to inform the COAG and social inclusion agendas. This report aims to meet this need, and in doing so, the following questions have been central:

- What aspects of health and wellbeing have changed for Australia's children and young people in recent years—for better or for worse?
- Where is there a clear need for improvement?
- How do we compare with countries like ours?
- And crucially, in the context of the social inclusion agenda which addresses multiple difficulties or levels of disadvantage, in what areas do some subpopulations within Australia fall behind their peers?

## Changing lives: children and young people in Australia

Children and young people in Australia today are growing up in a very different environment from 20, and even 10, years ago. Major social changes that have directly affected families include a rise in the number of blended and lone-parent families, a trend towards having fewer children and children later in life, increased workforce participation of women with children and the accompanying growth in the use of child care.<sup>4</sup> For infants and young children, research about the importance of the first years of life has led to an increased focus on antenatal care, early learning and development, and early intervention for children at risk of health, educational or social problems. Among older children and adolescents, advances in information technology have changed the way they learn and interact with their friends and society at large. Changes in the labour market, alongside increasing participation in post-secondary education, has seen a rise in the proportion of young people combining study with work, and many remain in the family home well into their 20s.<sup>4</sup> In the area of health, far fewer children than in generations past die before



the age of 20; most grow up free from infectious diseases such as measles and polio, and more survive serious illnesses such as cancer or live longer with genetic conditions such as cystic fibrosis.<sup>1,2</sup> However, these conditions have been replaced with rising concerns about obesity, chronic disease and mental and behavioural problems, and their associated disabilities.

The size and composition of the child and youth population has important implications for planning and policy development, and these, too, are changing. In 2006, there were 1.3 million children aged under 5 years (comprising 6% of the population), 2.1 million children aged 5–12 years (11%), and 1.9 million teenagers (10%)—in total, 5.3 million Australians aged under 20, comprising more than one-quarter (27%) of the population. By 2020 the number of children and youth is projected to be similar, but they will represent only 22% of the population. Some population groups have experienced greater growth than average—the proportion of Australians aged under 20 years who were Indigenous increased from 3.7% to 4.1% between 1996 and 2006, while those born outside Australia rose from 8.2% to 8.8%. Understanding these changing demographic trends contributes to good policy decisions about the provision, delivery and accessibility of services required by children and young people, including child care, schools, and health and welfare services.

## Framework

The indicators selected for this report take into account these different social, community and economic environments that children and young people are growing up in today. Each of the indicators presented relate to one or more high-level objectives of the Social Inclusion and COAG Reform agendas, and have been chosen on that basis. A mapping of the indicators included in this report to these high-level objectives is shown in Appendix A.

This report focuses on children and young people aged 0–19 years, and is divided into four sections reflecting different stages of development. The first section presents six indicators covering the broad 0–19 year age range. The chosen indicators represent topics of relevance to children and young people aged less than 20 years in the areas of health, development and wellbeing. Each of these indicators signify an issue that can have profound impact on the lives of children, young people, their families and society at large, and interact with many of the indicators covered in the later sections. The remaining three sections are dedicated to specific stages of growing up: infancy and early childhood, ‘school age’ childhood, and adolescence. These sections include indicators of particular significance and relevance to the age group concerned in the areas of health, development and wellbeing.

