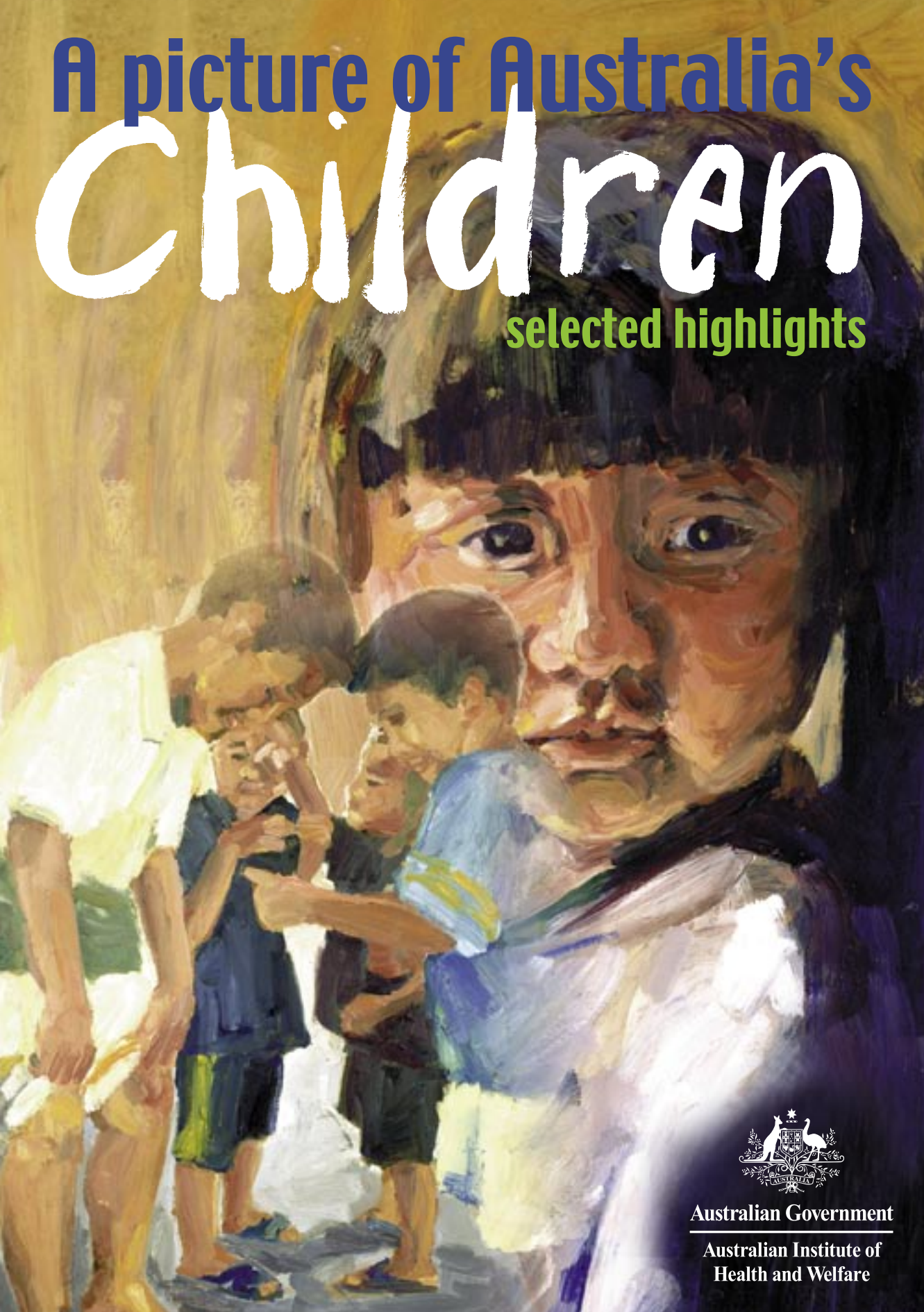


# A picture of Australia's Children

selected highlights



Australian Government

Australian Institute of  
Health and Welfare

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# A picture of Australia's children: selected highlights

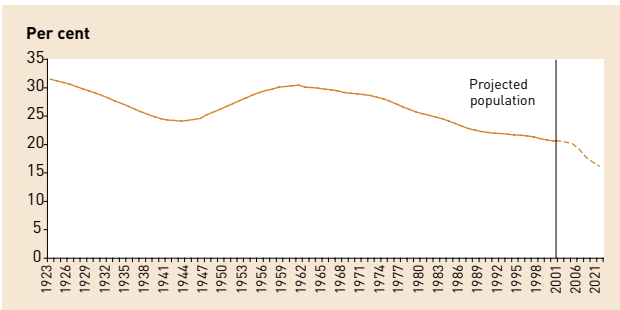
Childhood sets the foundation for future health and wellbeing. Biological, social, family and community, and economic influences during childhood impact on children's physical, emotional and mental health and affect their education, employment, and behavioural development.

The *Picture of Australia's Children* report presents the latest available data on key national indicators of health, development and wellbeing of Australian children aged 0–14 years. It 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, the 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.

This summary booklet takes selected key national indicators and summarises the findings from the report in an abbreviated format.

## Population and family structure

Children as a proportion of the total Australian population, 1923–2023



	1930	1940	1950	1960	1970	1980	1990	2000	2011	2016	2021
Children as a proportion of total population	28.9	24.4	26.6	30.2	28.8	25.3	22.0	20.5	17.7	16.8	16.1

Source: ABS Demographic Statistics (various years). ABS Population Projections.

- 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.

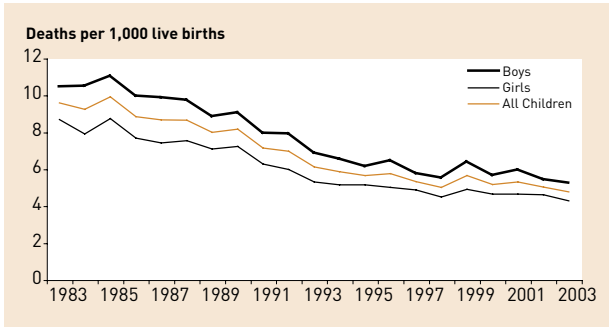
In 2003, most children (72%) aged 0–14 years lived in intact families, a family consisting of both natural parents of the child. Nearly 20% of children lived in lone parent families. Of these children, 88% lived with lone mothers.

Data from the 2001 ABS Census of Population and Housing highlight that, in households with Indigenous people, the proportion of children living in one-parent families (44%) was twice the proportion of other children in one-parent households (20%).

See page 5 of the main report for more information on *Population and Family Structure*

# Mortality

## Infant mortality rate, 1983–2003



	1983	1985	1987	1989	1991	1993	1995	1997	1999	2001	2003
<b>Deaths per 1,000 live births</b>											
Boys	10.5	11.0	9.9	8.8	7.9	6.9	6.1	5.8	6.4	5.9	5.2
Girls	8.7	8.7	7.4	7.1	6.3	5.3	5.1	4.9	4.9	4.6	4.3
All children	9.6	9.9	8.7	8.0	7.1	6.1	5.7	5.3	5.7	5.3	4.8

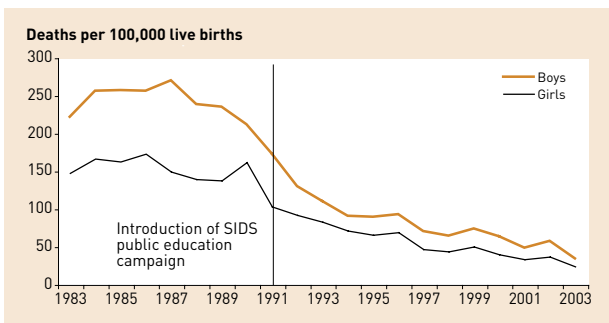
Source: AIHW Mortality Database.

- 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.
- In the last two decades, the male infant death rate has been consistently higher than that of female infants. However, the infant mortality rate declined for both boys and girls between 1983 and 2003. In 1983, the

rate for boys was 10.5 deaths per 1,000 live births. By 2003, this had halved to 5.2 per 1,000 live births. Similarly, the rate for girls dropped by 51% from 8.7 in 1983 to 4.3 per 1,000 live births 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.

## Infant deaths from SIDS, 1983–2003



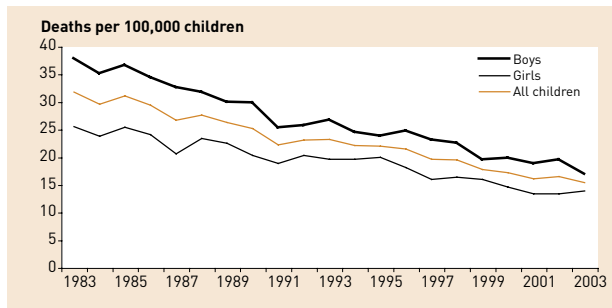
	1983	1985	1987	1989	1991	1993	1995	1997	1999	2001	2003
<b>Deaths per 100,000 live births</b>											
Boys	221.6	257.1	269.8	235.0	172.8	110.1	89.0	70.4	73.8	48.3	34.1
Girls	147.4	162.6	149.1	137.3	103.0	82.9	65.7	46.5	50.2	33.3	23.8
All children	185.5	211.0	211.1	187.4	138.8	96.8	77.7	58.8	62.3	41.0	29.1

Source: AIHW Mortality Database.

- 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% (from 186 deaths per 100,000 live births

to 29 per 100,000), but in 2003, SIDS was still responsible for 17% of infant deaths in the post-neonatal period.

### Death rate for children aged 1–14 years, 1983–2003



	1983	1985	1987	1989	1991	1993	1995	1997	1999	2001	2003
<b>Deaths per 100,000 children</b>											
Boys	37.8	36.6	32.6	29.9	25.3	26.7	23.8	23.1	19.5	18.8	16.9
Girls	25.5	25.4	20.6	22.5	18.9	19.6	20.0	16.0	16.0	13.4	13.9
All children	31.8	31.1	26.7	26.3	22.2	23.2	22.0	19.6	17.8	16.1	15.4

Source: AIHW Mortality Database.

- Over the last two decades, mortality among children aged 1–14 years has also declined by over 50% (from 31.8 deaths in 1983 to 15.4 deaths per 100,000 children in 2003).
- Most deaths to children occur in the early childhood period of 1–4 years of age (47%), and this group has experienced a 45% decline in the death rate between 1983 and 2003.

### Major causes of death of children aged 1–14 years, 2003

Cause of death	Number			Rate per 100,000 children		
	Boys	Girls	All children	Boys	Girls	All children
Injury and poisoning	121	110	231	3.2	2.9	6.2
Neoplasms	60	39	99	1.6	1.0	2.7
Diseases of the nervous system	39	27	66	1.0	0.7	1.8
Congenital malformations	23	19	42	0.6	0.5	1.1
Diseases of the circulatory system	14	11	25	0.4	0.3	0.7
Endocrine, nutritional and metabolic diseases	13	9	22	0.3	0.2	0.6
Diseases of the respiratory system	18	17	35	0.5	0.5	0.9
Other symptoms, signs and abnormal findings	15	9	24	0.4	0.2	0.6
Infectious and parasitic diseases	5	6	11	0.1	0.2	0.3

Source: AIHW Mortality Database.

- In 2003, 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%.

There was a significant reduction in injury death rates for children aged 0–14 years over the period 1982 (714 deaths) to 2003 (276 deaths). In 1982 injury rates for boys and girls were 25.1 per 100,000 and 13.1 per 100,000 respectively. The corresponding rates in 2003 were 7.0 per 100,000 for boys and 6.9 per 100,000 for

girls. The most common external causes of death from injury were transport accidents, followed by drowning and assaults.

Despite impressive declines in child injury death rates, injury still remains an area where considerable health gains can be achieved through the implementation of prevention strategies.

*See page 12 of the main report for more information on Mortality*

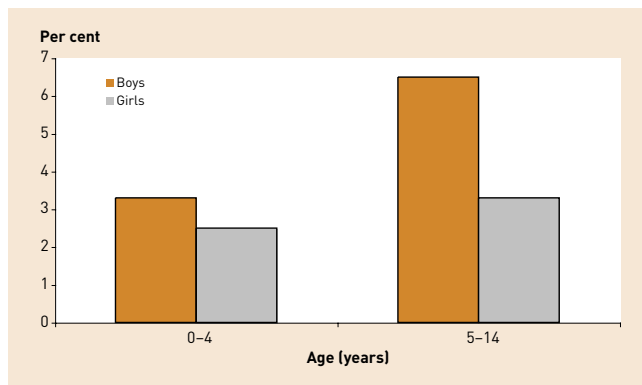
## Disability

In 2003, there were approximately 320,000 children aged 0–14 years with a disability in Australia, accounting for 8% of the total child population aged 0–14 years. Of those children with a disability, approximately 52% had a profound or severe core activity restriction. This equates to approximately 4% (or 167,000 children) of the total Australian child population.

- Among children with profound or severe core activity restrictions in 2003, boys aged 5–14 years had the highest rate (6.5%), followed by boys aged 0–4 years and girls aged 5–14 years (3.3%).

*See page 22 of the main report for more information on Disability*

**Profound or severe core activity<sup>(a)</sup> limitation rates<sup>(b)</sup> by sex and age, 2003**



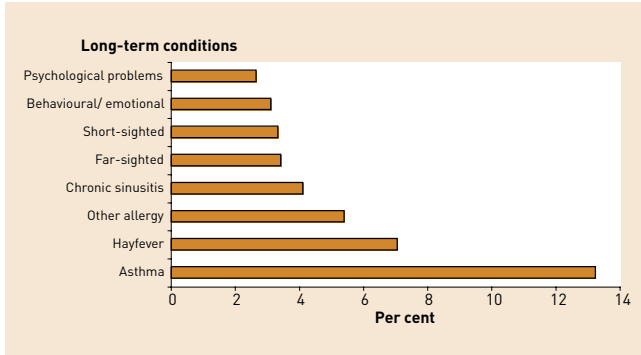
Age group	Boys	Girls
	Per cent	
0-4	3.3	2.5
5-14	6.5	3.3

- (a) Core activities comprise self-care, mobility, communication, schooling and/or employment.
- (b) Children with a profound or severe core activity limitation as a proportion of all children in the same age group and sex group.

Source: ABS Survey of Disability, Ageing and Carers 2003.

# Chronic conditions

## Most frequently reported chronic conditions in children aged 0–14 years, 2001



Source: ABS National Health Survey 2001.

Long-term conditions	Per cent
Asthma	13.2
Hayfever	7.0
Other allergy	5.4
Chronic sinusitis	4.1
Far-sighted	3.4
Short-sighted	3.3
Behavioural/ emotional	3.1
Psychological problems	2.6

Chronic conditions such as asthma, diabetes and cancer contribute significantly to the disease burden among children in Australia.

- Long-term conditions were reported in 2001 for 44% of children aged 0–14 years. Of these children, 25% had two long-term conditions and 18% had three or more long-term conditions. Asthma was the most frequently reported long-term condition in children aged 0–14 years, reported for 13.2% of all children.

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. Although there was a slight increase in the 5-year survival rate for children with brain cancer, this increase was not statistically significant.

*See page 17 of the main report for more information on Chronic Conditions*

# Injuries

- In 2002–03, there were 65,651 hospitalisations for injury. Falls were the most common external cause of hospitalisation for injury among children at a rate of 628.1 per 100,000 children, followed by pedal cycle accidents (98.1 per 100,000 children) and accidental poisonings (80.8 per 100,000 children).
- There were distinct differences in the age patterns for different types of injury hospitalisation. For example, hospitalisation rates for assault were much more common among infants (<1 year) than children aged 1–14 years. In contrast hospitalisations for accidental poisoning and burns and scalds were most common among children aged 1–4 years. Children aged 5–9 years had the highest hospitalisation rates for falls, while pedal cycle accidents were most common among children aged 10–14 years.

- Hospitalisation rates for injury were higher among boys than girls in all age groups. Overall, boys had an injury hospitalisation rate of 2,006.3 per 100,000 compared with a rate of 1,268.8 per 100,000 for girls.

*See page 52 of the main report for more information on Injuries*

# Mental health problems and disorders

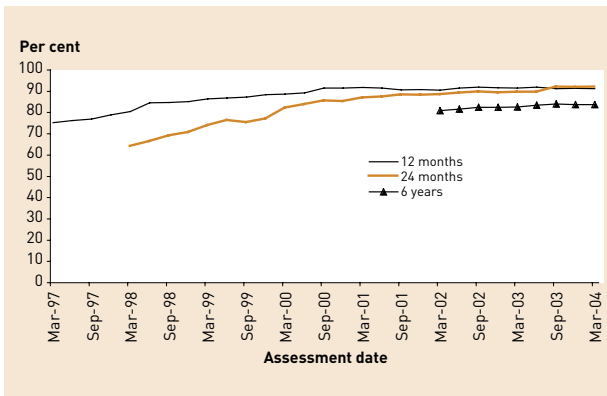
- A national study conducted in 1998 among 4,500 children indicated that 14% of children aged 4–14 years had mental health problems.
- The same study also investigated the prevalence of three mental disorders—depressive disorder, conduct disorder and attention-deficit hyperactivity disorder (ADHD). Of these 3 specific disorders, ADHD was the most prevalent among children aged 6–14 years, reported in 17.8% of boys and 7.9% of girls.

Depressive disorder was reported in 3.7% of boys and 2.6% of girls. Conduct disorder was reported in 4.4% of boys, and 1.8% of girls. For all three disorders the prevalence was higher among boys than among girls.

*See page 24 of the main report for more information on Mental Health Problems and Disorders*

# Immunisation

Trends in vaccination coverage, 1997–2003



n.a. Not available.

Source: AIHW, Australia's Health 2004.

Assessment date	12 months	24 months	6 years
Per cent			
Mar '97	74.9	n.a.	n.a.
Sep '97	76.7	n.a.	n.a.
Mar '98	80.2	63.8	n.a.
Sep '98	84.5	68.8	n.a.
Mar '99	86.1	73.5	n.a.
Sep '99	87.0	74.9	n.a.
Mar '00	88.4	81.7	n.a.
Sep '00	91.3	85.1	n.a.
Mar '01	91.5	86.6	n.a.
Sep '01	90.4	88.0	n.a.
Mar '02	90.2	88.1	80.6
Sep '02	91.7	89.4	82.2
Mar '03	91.2	89.3	82.3
Sep '03	91.0	91.6	83.7
Mar '04	90.9	91.7	83.5

- 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.

*See page 29 of the main report for more information on Immunisation*



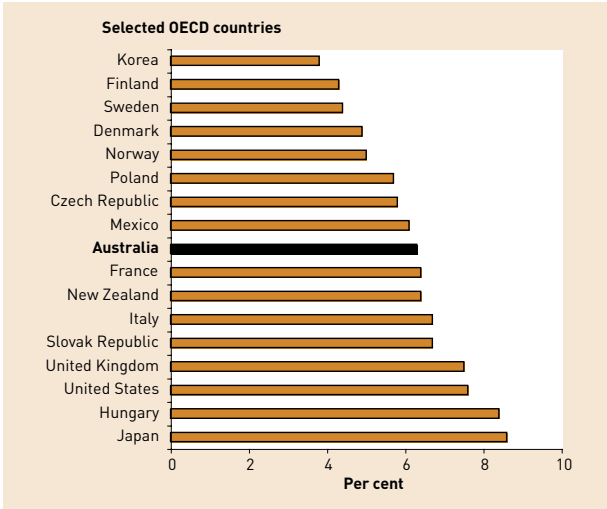
# Low birthweight

There are a number of risk factors associated with low birthweight (defined by the World Health Organization as babies weighing less than 2,500 grams). Risk factors include: younger gestational age, younger or older maternal age, a high number of previous births, multiple births, maternal tobacco smoking, alcohol or other substance abuse, inadequate nutrition and maternal illnesses or infection during pregnancy.

Smoking during pregnancy is considered to be the most important known modifiable risk factor for low birthweight and infant mortality. Although there are no national statistics available, data from NSW, WA, SA and the ACT indicate that overall 18% of women smoked during pregnancy.

The 2001 National Drug Strategy Household Survey found that women who were pregnant and/or breastfeeding in the previous 12 months were less likely to consume alcohol (53%), tobacco (23%) and any illicit drug (8%) while they were pregnant and/or breastfeeding compared with when they were not (83%, 24% and 17% respectively). The same survey also found those women who were pregnant, breastfeeding, or both pregnant and breastfeeding in the past 12 months were generally less likely to smoke, drink alcohol and use illicit drugs than women who were not pregnant and/or breastfeeding.

**Babies with low birthweight, selected OECD countries, 2000 (per cent)**



Source: OECD Health Data 2004.

Selected OECD country	Per cent
Japan	8.6
Hungary	8.4
United States	7.6
United Kingdom	7.5
Slovak Republic	6.7
Italy	6.7
New Zealand	6.4
France	6.4
Australia	6.3
Mexico	6.1
Czech Republic	5.8
Poland	5.7
Norway	5.0
Denmark	4.9
Sweden	4.4
Finland	4.3
Korea	3.8

- The proportion of low birthweight babies varies across OECD countries. While around 6% of Australian babies are born with low birthweight, the percentage in Japan is close to 9%. In contrast, the proportion of low birthweight babies in Korea is much lower (3.8%).

*See page 37 of the main report for more information on Low Birthweight*

# Overweight and obesity

The most recent national data on the weight of Australian children come from the 1995 ABS National Nutrition Survey.

- In 1995, while the majority of Australian children aged 2–14 years (75.0% of boys and 73.7% of girls) were of an acceptable weight, 14.3% of boys and 16.4% of girls were overweight, and 3.7% of boys and 5.6% of girls were obese.

- A small 6.9% of boys and 4.3% of girls were underweight.
- The proportion of children who were overweight or obese in 1995 was highest among boys aged 10–14 years (22.4%), and among girls aged 2–4 years (22.7%).

*See page 44 of the main report for more information on Overweight and Obesity*

## Smoking in the home

Infants and children are particularly susceptible to the effects of passive smoking. The health effects on children of inhaling second-hand smoke include increased risk of respiratory infections, middle ear infections and more frequent colds, onset and severity of asthma, decreased lung function, eye and nose irritation, and sudden infant death syndrome.

- 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.

*See page 42 of the main report for more information on Smoking in the Home*

### Household smoking status<sup>(a)</sup>, by dependent children status<sup>(b)</sup>, 1995–2001 (per cent)

Household smoking status	Dependent children			No dependent children <sup>(c)</sup>		
	1995	1998	2001	1995	1998	2001
Smokes inside the home	31.3	22.6	19.7	32.2	26.6	21.3
Only smokes outside the home	16.7	21.5	24.9	13.7	18.0	19.8
No-one at home regularly smokes	52.0	55.9	55.4	54.1	55.4	58.9

(a) Household smoking status as reported by respondents aged 14 years and over.

(b) Households contain dependent children aged 14 years or under.

(c) May include dependants aged 15 years and over.

Source: AIHW, Australia's Health 2004.

# Children on care and protection orders

There are no reliable measures of the prevalence of child abuse and neglect in Australia, mainly due to the difficulties in both defining and measuring abuse and neglect. Prevalence rates can vary considerably depending on the definitions used.

The only available data relate to situations where children have come to the attention of the child protection authorities in each jurisdiction. These administrative statistics represent only a proportion of all abuse and neglect cases that occur within the community.

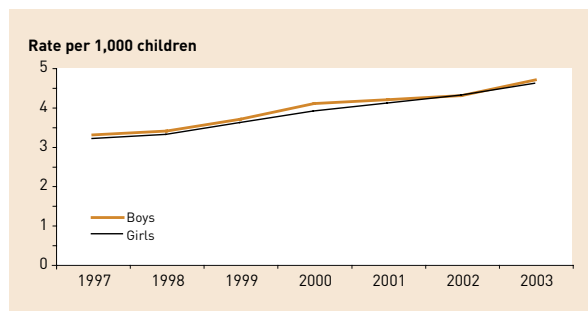
Most children and families who come into contact with the child protection authorities are referred to various support services. In situations where further intervention is required in order to protect a child, the child protection authority may apply to the relevant court for a care and protection order.

Children on orders are those children for whom there are more serious concerns about their safety and wellbeing. A care and protection order provides the community services department with greater authority and responsibility for the child. These orders include guardianship and custody orders as well as supervision orders.

- The rate of children aged 0–14 years on care and protection orders at 30 June each year increased by 47% between 1997 and 2003.
- The number of orders was similar for boys and girls. In 2003 the rate for boys was 4.7 per 1,000 children and 4.6 per 1,000 for girls.

*See page 56 of the main report for more information on Children on Care and Protection Orders*

Children aged 0–14 years on care and protection orders at 30 June, 1997–2003 (rate per 1,000 children)



	1997	1998	1999	2000	2001	2002	2003
<b>Rate per 1,000 children</b>							
Boys	3.3	3.4	3.7	4.1	4.2	4.3	4.7
Girls	3.2	3.3	3.6	3.9	4.1	4.3	4.6

Source: AIHW, unpublished data.

# Economic security

Children living in families without economic security are at a greater risk of poor outcomes both in the short and longer term.

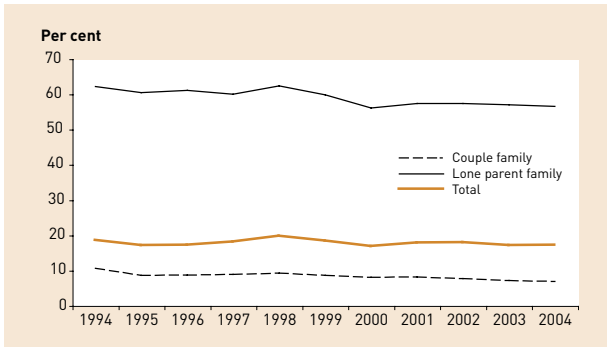
Children living in families with no employed parent are at a disadvantage compared to other children because not only is lack of employment likely to result in immediate financial hardship, the absence of a working role model may also impact on a child's long-term prospects for labour market success and other future outcomes.

- The proportion of all children under 15 years living in families without a parent employed fell from 19% in June 1994 to 17% in June 2004, albeit with some fluctuation over this period.
- Over the period, the proportion of children with no parent employed was considerably higher for those in one-parent families than in couple families. This is hardly surprising, given that single parents have no co-resident parent available to care for their children

while they work. In 2004, among children who lived in couple families, 7% lived in families where neither parent was employed. Of children who lived in one-parent families, 57% lived in families where the parent was not employed.

- Reflecting the growth in the 1990s in the total number of single parents who were not employed, the number of children living in one-parent families where the parent was not employed increased 30% from around 363,000 in 1994 to around 471,000 in 2004. Conversely, the number of children living in couple families where neither parent was employed fell 36% from 341,000 to 219,000 over the same period.

Children aged 0–14 years living in families where no parent is employed, June 1994 to June 2004 (per cent)



	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
	Per cent										
<b>Couple family</b>	10.6	8.6	8.7	8.9	9.3	8.6	8.1	8.2	7.7	7.2	6.9
<b>Lone parent family</b>	62.2	60.5	61.1	60.0	62.4	59.8	56.1	57.4	57.4	57.0	56.6
<b>Total</b>	18.5	17.1	17.2	18.1	19.7	18.3	16.8	17.8	17.9	17.1	17.2

Source: ABS Labour Force Survey (various years).

Two further indicators of family poverty and financial hardship are the proportion of households with dependent children who went without food because of cash flow problems and the proportion of households with dependent children who would be unable to raise \$2,000 within a week for something important. These data were collected in the 2002 ABS General Social Survey.

- A small proportion of households with children aged 0–14 reported going without meals because of cash flow problems. Among couple families 1.2% went without meals compared with 9.7% of lone parent families.

## Homelessness

A high rate of family homelessness has meant a significant proportion of Australia's homeless population are now children. One source of information about people that were homeless over a given period of time is to count the number of people seeking assistance from a Supported Accommodation Assistance Program (SAAP) agency. SAAP is a major government response to homelessness, providing recurrent funding to agencies offering a variety of support services to homeless people.

- The proportion of households who said they would be unable to raise \$2,000 within a week for something important also varied by household type. For couple families the percentage was 14.5% whereas for lone parent families, the proportion was much higher (47.7%).

*See page 80 of the main report for more information on Economic Security*

- In 2002–03, 53,700 children aged 17 years or less accompanied a parent or guardian seeking SAAP assistance. Of these children, 44% were under 5 years of age.
- In 2002–03, on an average day, 127 children seeking SAAP accommodation were turned away. This was 62% of all children seeking accommodation on an average day.

*See page 42 of the main report for more information on Homelessness*

## Preschool participation

Many Australian children have access to early education before commencing school through formal early learning programs which can be provided either in a child care centre or preschool education setting.

- In June 2002, approximately 59% of children aged 4 years attended preschool.
- In addition, 25.1% of children aged 4 years attended long day care. Many long day care centres offer educational preschool programs for children in this age group.

*See page 65 of the main report for more information on Preschool Participation*

# Literacy and numeracy

Proficiency in reading, writing and mathematics is essential for day-to-day living, for further educational opportunities and for employment prospects.

- In 2001, 92% of girls and 88% of boys in Years 3 and 5 met the national reading benchmark. The national writing benchmark was met by over 92% of girls and 86% of boys.
- From 1999 to 2001 the percentage of girls meeting national reading and writing benchmarks was consistently higher than for boys in both Year 3 and Year 5.

- A greater percentage of Year 3 students met the national numeracy benchmark than Year 5 students in both 2000 and 2001. In 2001, over 93% of Year 3 students met the benchmark, compared with just under 90% of Year 5 students.

*See page 67 of the main report for more information on Literacy and Numeracy*

## Students in Years 3 and 5 meeting national reading, writing and numeracy benchmarks, by Indigenous status, 1999–2001 (per cent)

School year		Reading			Writing			Numeracy		
		1999	2000	2001	1999	2000	2001	1999	2000	2001
Year 3	Boys	87.9	90.9	88.4	90.0	87.4	86.4	n.a.	92.7	93.7
	Girls	92.0	94.3	92.3	93.9	92.6	92.7	n.a.	92.8	94.3
Year 5	Boys	83.4	85.2	87.8	91.4	90.2	91.9	n.a.	89.4	89.5
	Girls	88.4	89.6	92.0	95.4	94.9	96.2	n.a.	89.8	89.8

n.a. Not available.

Source: MCEETYA, National Report on Schooling in Australia 2001.



