Appendix A: Mapping the indicators to Government priorities and reform

The following high-level objectives, set by government, underpin current reforms that will impact on the health and wellbeing of children and adolescents, as well as the broader society. While COAG has established seven Working Groups to drive the reform work program, only four of these relate directly to children and youth, and have been described below.

**To improve health outcomes for all Australians and the sustainability of the Australian health system**  
—COAG Working Group on Health and Ageing

**To pursue substantial reform in the areas of education, skills and early childhood development, to deliver significant improvements in human capital outcomes for all Australians. To strengthen Australia’s economic and social foundations through this reform workplan**  
—COAG Working Group on the Productivity Agenda  
(Education, Skills, Training & Early Childhood Development)

**To develop service delivery improvements to reduce homelessness (one of the 5 objectives of this Working Group)**  
—COAG Housing Working Group

**To close the gap on Indigenous disadvantage and in particular close the life expectancy gap within a generation; halve the gap in mortality rates for Indigenous children under 5 within a decade; and halve the gap in reading, writing and numeracy achievements within a decade—in partnership between all levels of government and Indigenous communities. The pathway to closing the gap is inextricably linked to economic development and improved education outcomes**  
—COAG Working Group on Indigenous Reform

*All Australians need to be able to play a full role in all aspects of Australian life.*  
—The Social Inclusion Agenda

The following table shows how the indicators presented in this report relate to each of these high level objectives. A number of indicators are of relevance to more than one area of reform.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>COAG Working Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health &amp; Ageing</td>
</tr>
<tr>
<td>Mortality</td>
<td>✓</td>
</tr>
<tr>
<td>Disability</td>
<td>✓</td>
</tr>
<tr>
<td>Jobless families</td>
<td></td>
</tr>
<tr>
<td>Family economic situation</td>
<td></td>
</tr>
<tr>
<td>Child abuse &amp; neglect</td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td></td>
</tr>
<tr>
<td>Teenage births</td>
<td>✓</td>
</tr>
<tr>
<td>Birthweight</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Childhood immunisation</td>
<td>✓</td>
</tr>
<tr>
<td>Access to child care</td>
<td></td>
</tr>
<tr>
<td>Early childhood education</td>
<td></td>
</tr>
<tr>
<td>Injury and poisoning</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>✓</td>
</tr>
<tr>
<td>Mental health</td>
<td>✓</td>
</tr>
<tr>
<td>Dental health</td>
<td>✓</td>
</tr>
<tr>
<td>Physical activity</td>
<td>✓</td>
</tr>
<tr>
<td>Overweight &amp; obesity</td>
<td>✓</td>
</tr>
<tr>
<td>Literacy &amp; numeracy</td>
<td></td>
</tr>
<tr>
<td>Crime</td>
<td></td>
</tr>
<tr>
<td>Substance use</td>
<td>✓</td>
</tr>
<tr>
<td>Year 12 retention &amp; completion</td>
<td></td>
</tr>
<tr>
<td>Youth participation</td>
<td>✓</td>
</tr>
</tbody>
</table>
Appendix B: About the data

The data and analysis included in this report builds on previous work that the AIHW has undertaken in the areas of child and youth health, development and wellbeing. Over the last decade the AIHW has produced six comprehensive national statistical reports on patterns and trends in child and youth health, development and wellbeing.\textsuperscript{1,2,19} The indicators included in these reports cover a broad range of areas including health and health risk factors, learning and development, family and community environments, and safety and security (further information on these reports can be found at www.aihw.gov.au/publications/index.cfm). This report builds on the work of these detailed reference documents by drawing together key summary statistics on selected indicators integral to child and youth health and wellbeing.

Data sources

Various data sources were used to compile this report, including administrative data (for example, hospital and mortality data), survey data, longitudinal data and published data. In all cases, the data used in this report have been the most recently available at the time of writing. For many of the selected indicators more than one data source was available to report on the specific indicator, and the data source chosen for a particular indicator was dependent on the availability of data for the selected age groups and for the subpopulations examined in this report.

Table 1 provides information on the data sources used, in terms of data availability and where further information can be found for each of these data sources.

Data analysis

Various statistical methods have been used in the analysis and presentation of data in this report. The majority of the rates presented are age-specific or crude rates, either presented as a percentage or as a rate indexed to 1,000 or 100,000 (see the AIHW report \textit{Australia’s health 2008} for definitions of these methods).

The ABS estimated resident population (ERP) data were used to calculate most rates presented in this report, except for rates by Indigenous status. The ABS experimental projections, based on the 2001 Census, were the most recent available population data for the Aboriginal and Torres Strait Islander population.

Measures presented by geographical remoteness (such as major cities versus remote and very remote areas) use the Accessibility-Remoteness Index of Australia Plus (ARIA+), except for breastfeeding data, which was based on the classification of area health services in NSW, and literacy and numeracy data which uses the MCEETYA Schools Geographic Location Classification Scale.

Trend data has been presented where available, and has been calculated by examining the percentage change between the two time-periods.

The mortality classification for coding causes of death used in Australia, and in this report, is the International Statistical Classification of Diseases and Related Health Problems (ICD-10). This international classification has been modified for morbidity coding in health services in Australia, and the ICD-10-AM has been used as the classification for hospital data in the National Hospital Morbidity Database. Specific ICD and ICD-AM codes used throughout the report can be supplied on request.
Table 1: National and international data sources used in this report for child and youth indicators

<table>
<thead>
<tr>
<th>Data source</th>
<th>Data availability</th>
<th>Further information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIHW and collaborating units data sources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Dental Health Survey</td>
<td>Annual from 1990</td>
<td>AIHW DSRU: Armfield et al. 2007</td>
</tr>
<tr>
<td><strong>ABS data sources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other data sources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OECD Education Database</td>
<td>Varies by indicator</td>
<td><a href="http://www.oecd.org/education/database">www.oecd.org/education/database</a></td>
</tr>
<tr>
<td>OECD Family Database</td>
<td>Varies by indicator</td>
<td><a href="http://www.oecd.org/els/social/family/database">www.oecd.org/els/social/family/database</a></td>
</tr>
<tr>
<td>OECD Health Data</td>
<td>Selected indicators from 1960 onwards</td>
<td><a href="http://www.oecd.org/health/healthdata">www.oecd.org/health/healthdata</a></td>
</tr>
</tbody>
</table>
Abbreviations

ABS    Australian Bureau of Statistics
ACER   Australian Council for Educational Research
ACIR   Australian Childhood Immunisation Register
AESOC  Australian Education Systems Officials Committee
AHMAC  Australian Health Ministers’ Advisory Council
AHMC   Australian Health Ministers’ Conference
AIFS   Australian Institute of Family Studies
AIHW   Australian Institute of Health and Welfare
CDSMAC Community and Disability Services Ministers’ Advisory Council
CDSMC  Community and Disability Services Ministers’ Conference
COAG   Council of Australian Governments
DoHA   Australian Government Department of Health and Ageing
FaHCSIA Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
MCEETYA Ministerial Council on Education, Employment, Training and Youth Affairs
NHMRC  National Health and Medical Research Council
OECD   Organisation for Economic Co-operation and Development
SAAP   Supported Accommodation Assistance Program
SES    socioeconomic status
UN     United Nations
UNESCO United Nations Educational, Scientific and Cultural Organization
UNICEF United Nations International Children's Emergency Fund
WHO    World Health Organization

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Ensuring that children get the best possible start in life is a key priority for the Australian Government. This report delivers the latest and most reliable information on how, as a nation, we are faring according to key statistical indicators of child and youth health, development and wellbeing.

The report covers children and young people aged 0—19 years, and includes indicators for the entire 0—19 year age range as well as indicators for three different stages of development:

1. infancy and early childhood;
2. school age childhood; and
3. adolescence.

Information is presented on important issues such as mental health, disability, risk factors for chronic disease, mortality, education, homelessness, crime, jobless families and family economic situation. Particular attention is given to Aboriginal and Torres Strait Islander children and youth, and to how Australia compares internationally.

This is an essential resource for policy makers, researchers, practitioners and anyone interested in the progress of Australia’s children and youth.