

# The State of Western Australia's Children and Young People – Edition One



**Commissioner for Children and Young People**  
Western Australia

February 2012

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## LETTER TO PARLIAMENT

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Hon. Barry House MLC  
President, Legislative Council

Hon. Grant Woodhams MLA  
Speaker, Legislative Assembly

### The State of Western Australia's Children and Young People – Edition One

In accordance with section 49 of the *Commissioner for Children and Young People Act 2006*, I hereby submit to Parliament for information the report *The State of Western Australia's Children and Young People – Edition One*.



MICHELLE SCOTT  
Commissioner for Children and Young People WA

29 February 2012

## FOREWORD

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As Commissioner for Children and Young People I have a statutory responsibility to monitor the wellbeing and advocate for improvements in the lives of the 540,000 children and young people aged 0 to 17 years living in Western Australia – almost a quarter of the State's population.

I produced this report, *The State of Western Australia's Children and Young People*, to increase our understanding of children and young people's wellbeing and our ability to plan and deliver effective services and programs that strengthen their wellbeing.

With the number of births in Western Australia increasing significantly in recent years (31,571 births in 2010, compared to less than 24,000 in 2001) it is even more critical that we are doing all we can to protect and nurture the development of our youngest citizens.

*The State of Western Australia's Children and Young People* – one of three reports which comprise the Wellbeing Monitoring Framework – contains information on 33 key measures of children and young people's wellbeing, categorised under eight domains.

It provides a picture of how our children and young people are faring and is intended to be an essential resource for government agencies, non-government organisations and private sector corporations who have a responsibility or interest in the wellbeing of children and young people around the State.

Agencies can use this report in conjunction with the companion report *Building Blocks – Best practice programs that improve the wellbeing of children and young people* to ensure their work to improve the wellbeing of our youngest citizens is based on evidence on what programs will be most effective.

Local, national and international research is continually increasing our understanding concerning the broad range of factors that influence wellbeing.

Family and peer relationships are shown to be critically important to positive wellbeing. For most children and young people, their family is the primary source of security, support and development. In research I conducted in 2010 on children and young people's perception of wellbeing, almost 1,000 young participants identified a loving, supportive family as the number one ingredient to their wellbeing.

A range of external factors also impact on children and young people's wellbeing, such as their access to quality health and education, a safe and stimulating built environment, community activities and a general community acceptance of children and young people as valued members of our community.

It is clear that no single agency operating alone can deliver improved wellbeing for children and young people.

To make a positive difference to the complex, inter-related nature of children and young people's wellbeing there must be a focus on developing holistic, multi-faceted programs and services, involving strong partnerships and innovative funding models.

The structure of this report and the selection of measures enable the wellbeing of our children and young people to be compared to other Australian states and national and international data.

This report shows that children and young people in Western Australia are faring well overall. However, there are areas of concern including child health services and immunisation, alcohol-related harm, the detention of young people, mental health and homelessness.

Consistent with the requirements of section 20 of the *Commissioner for Children and Young People Act 2006*, *The State of Western Australia's Children and Young People* includes a priority on Aboriginal children and young people, and children and young people who are disadvantaged or vulnerable. Aboriginal children and young people comprise over 40 per cent of the population of Aboriginal people in WA, compared to the 23 per cent of non-Aboriginal children and young people.

## FOREWORD

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As readers of this report will identify, Aboriginal children and young people experience significant disadvantage.

Additionally, the data shows us that vulnerable and disadvantaged children are not doing as well as their peers in some areas. This is evident at the earliest stage of a child's life and when they commence school.

For example, through the Australian Early Development Index we know that while one in four Western Australian children (24.7%) are vulnerable on one or more developmental domains when they enter school, this rate increases to 37.4 per cent of children from low socio-economic communities, and to 52.3 per cent for Aboriginal children.

This inaugural report provides a wealth of useful information but it must also be recognised that there is much work to be done to increase the comprehensiveness of the data on children and young people's wellbeing.

To achieve this, government agencies must continue to improve the quality and range of data available. Some areas, such as mental health and environment, are almost devoid of useful data.

Additionally, adequate resources must be provided to a coordinating agency to monitor and collate data and research across the State and develop regular reports. This first edition is just the start – ongoing, regular reports are essential to monitor progress and continually expand our understanding of children and young people's wellbeing.

Such actions would help deliver a systematic approach to nurturing the wellbeing of the State's children and young people, where their wellbeing is measured comprehensively and investment is focused on programs that are proven to work.

I encourage government agencies, local government authorities, non-government organisations and the private sector to utilise this report fully and work together to improve the wellbeing of our children and young people.



MICHELLE SCOTT  
Commissioner for Children and Young People WA

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*The State of Western Australia's Children and Young People* is based on data obtained from a number of government agencies, non-government organisations and research organisations.

I would like to thank the chief executive officers and staff of the government and non-government agencies who assisted the development of this report by providing data and feedback concerning the wellbeing of children and young people in Western Australia.

The project was assisted by the members of the Wellbeing Monitoring Framework Reference Group:

- Jason Beeley                      Assistant Auditor General, Office of the Auditor General
- Dr Dawn Bessarab                Associate Professor, Curtin University
- Ennio Cicchini                    Director South (Youth), Department of Corrective Services
- Margaret Dawkins                Executive Director Policy and Planning, Department for Communities
- Geoff Holloway                    Research Manager, Australian Research Alliance for Children and Youth
- Tanyana Jackiewicz                Manager – Collaboration for Applied Research and Evaluation, Telethon Institute of Child Health Research
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- Elena Mobilia                      Australian Bureau of Statistics
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- Kim Ward                          A/Assistant Executive Director, Statewide Services, Department of Education
- Peter Wilkins                        Deputy Ombudsman, Ombudsman Western Australia
- Prof Steve Zubrick                Winthrop Professor, Centre for Child Health Research, University of Western Australia; Head, Division of Population Science, Telethon Institute for Child Health Research

The guidance of this group was valuable in assisting the selection of measures, the development of the report structure and in facilitating access to information required to report on the measures. I thank them for providing their expertise and for their dedication to this important initiative.



## ACKNOWLEDGEMENTS

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I would like to acknowledge Michael White of MW Group Consulting who provided strategic advice and guidance to the project including high-level analysis of report content during the drafting process.

Finally, I acknowledge the staff of my office that made contributions to this project. In particular I would like to thank the project team – Philippa Gardener, Marketa Dresler, Chris Stronach and Anne Knowles – for their significant contribution in producing this report.

MICHELLE SCOTT

Commissioner for Children and Young People WA

## EXECUTIVE SUMMARY

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The inaugural *The State of Western Australia's Children and Young People* report demonstrates that the majority of Western Australian (WA) children and young people are faring well and on most measures are similar to children and young people in other Australian states.

On a global perspective, WA children live in a strong, developed economy, supported by modern infrastructure. For many children, their material and physical needs are fully met as a matter of course. For example, all children and young people have access to universal health care and to full secondary education.

There are several areas of wellbeing where WA children and young people compare well against national and international standards.

The rate of smoking during pregnancy in WA declined in the period from 2003 to 2008, falling below the national average to 15.4 per cent. The proportion of mothers who abstain from alcohol entirely during pregnancy has increased in WA (and nationally).

WA has the lowest rate of infant mortality in Australia, at 3.0 per 1,000 births.

Over 97 per cent of eligible children are enrolled in Kindergarten, and practically 100 per cent in pre-primary education. At the other end of the education spectrum, around 92 per cent of young people over 15 years are engaged in education, employment or training.

Overall, a low number of WA children and young people have contact with the justice system.

The rates of children and young people living in low-income households and in families where parents are jobless are below or similar to national averages. In WA, the percentage of people in couple families with dependent children that live in low-income households decreased from 17.6 per cent to 12.6 per cent, which is considerably lower than the national average of 19.4 per cent. A decrease was also recorded in the percentage of jobless single-parent families.

WA children and young people rate their families as a critical factor to their wellbeing; 81.7 per cent of 11 to 14 year-olds and 72.5 per cent of 15 to 19 year-olds said they would seek out their parents for advice and support. A key issue is how we can better support families to undertake this important role.

WA also has one of the highest national rates of participation by children and young people in physical and cultural activities, both formal and informal. For example, surveys in 2009 show for WA children aged 5 to 14 years:

- nearly two-thirds (64.0%) rode a bike in the two weeks prior to the survey (more than the 60.4% nationally)
- over 60 per cent (63.1%) had played a sport outside of school hours which had been organised by a school, club or association
- over 70 per cent (71.9%) attended at least one cultural venue or event (a public library, a museum or art gallery, or a performing arts event).

## EXECUTIVE SUMMARY

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The prevalence of tobacco smoking among WA teenagers has been decreasing significantly since 1999. A 2008 survey showed that the proportion of WA 12 to 17 year-olds who were current smokers (i.e. smoked in the week prior to the survey) was 4.8 per cent (compared to 16.6% in 1999). The proportion of WA teenagers who had ever smoked even part of a cigarette is also decreasing and currently sits at 25.8 per cent, which is slightly less than the national figure of 27.2 per cent.

These are all encouraging findings; however, this report also identifies several areas where the status of WA children and young people's wellbeing is cause for some concern.

### Early childhood health and development

The available data indicates that nearly all babies receive a visit from a child health nurse for a 'first' check, but less than half (46% in 2009–10) were visited in the optimum 10-day period. The three to four month visit rates are also quite high, but rates for further visits fall sharply. In 2009–10 only 30 per cent of children attended the 18 months check and nine per cent the three to three and a half year check.

The rate of immunisation in WA is lower than the rate for Australia overall at each of the first three immunisation stages. Immunisation rates in WA for the first two stages have remained largely unchanged over the past five years, at slightly above or below the 90 per cent target. There has been an increase in the rates for the final (third) immunisation, but it is still three per cent below the national average. Low immunisation rates affect all children and others in the community through the increased risk of serious diseases becoming prevalent in communities.

According to the Australian Early Development Index (AEDI) almost one in four WA children are 'developmentally vulnerable' at the year they start school, a rate that is greater than the national average. Aboriginal children (52.3%) are a particularly vulnerable group.

### Reducing alcohol-related harm

Approximately one in two WA women drink alcohol at some time during their pregnancy. While the rate of non-drinking is increasing, and the majority of pregnant women who do drink consume less than one standard drink a day, there is no safe level of alcohol consumption during pregnancy. Fetal Alcohol Spectrum Disorder is associated with drinking during pregnancy and can result in learning difficulties, behavioural problems, mental illness and other wellbeing issues throughout the child's life and into adulthood.

While the number of WA young people drinking alcohol has slightly reduced in the last 10 to 15 years, the numbers overall are still extremely high. In 2008, almost 60 per cent of WA 12 to 15 year-olds, and over 80 per cent of 16 to 17 year-olds, reported they had consumed alcohol in the past year. The same 2008 survey reported that one in five young people aged 12 to 15 years is a current drinker (ie has drunk alcohol in the last week), and more than one in three 16 to 17 year-olds are current drinkers. There is also evidence the number of current drinkers drinking to levels considered risky to adults is increasing, particularly among females.

## EXECUTIVE SUMMARY

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### Body weight

Around 25 per cent of WA children and young people are considered overweight or obese. This means one in four of our young people are exposed to a range of associated health risks including asthma, cardiovascular disease and type 2 diabetes.

### Mental health

The Inquiry into the mental health and wellbeing of children and young people in WA, conducted by the Commissioner for Children and Young People in 2010, found that services are only funded to provide a service to 20 per cent of the children and young people who required it.

This means that four out of five children who require acute mental health services are unable to access them.

### Education

WA has a smaller percentage of students achieving at or above the national standards for reading, writing and numeracy than most other states and territories, as shown in the National Assessment Program – Literacy and Numeracy (NAPLAN) test results. For example, in 2010, 95.3 per cent of Year 3 students in New South Wales reach minimum levels for reading compared to 91.7 per cent of Year 3 students in WA. The national average for this measure is 93.9 per cent.

### Homelessness

In 2010 around 8,400 children in WA were members of homeless families who sought support from service providers. Data shows that the rate of Western Australian children under 18 years who are with a parent seeking housing support increased from 127 per 10,000 in 2006–07 to 158 per 10,000 in 2009–10.

The instability and chaotic nature of homelessness can have profound effects on a child's physical health, psychological development and academic achievement. Significantly, nearly 45 per cent of WA children from homeless families are aged 0 to four years, meaning these children are at increased risk at a very important time in their development.

### Young people in detention

WA has the second highest state or territory rate of youth detention in Australia, only the Northern Territory is higher. In 2008, the WA youth detention rate was 66.4 young people per 100,000 population, compared to the national average of 37.0 per 100,000 and 14.3 per 100,000 in Victoria.

When compared with the adult remand population, there is a much higher proportion of children and young people in detention on remand. In WA on 1 December 2011, 48.4 per cent of children and young people in detention were on remand compared with 18.8 per cent of adults in prison on remand. Some children and young people are in detention on remand because the bail requirement for a 'responsible adult' cannot be met.

## EXECUTIVE SUMMARY

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### **Aboriginal children and young people**

The data in this report confirms the ongoing disadvantage of Aboriginal children and young people across a range of wellbeing measures.

This disadvantage starts prior to birth with the incidence of smoking during pregnancy significantly higher for Aboriginal women (51% compared to 13% for non-Aboriginal women). The health of the mother both before and during pregnancy has a close relationship to the likelihood of a baby being born at a healthy weight. Babies of Aboriginal mothers in WA are more than twice as likely to be of low birth weight as babies born to non-Aboriginal mothers.

The wellbeing gap between Aboriginal children and young people and non-Aboriginal children and young people is evident at every stage of their development. This is reflected in measures such as infant mortality rates, immunisation rates, overcrowded homes, preparedness for schooling, educational achievement, contact with the justice system and injury and hospitalisation.

This is not to say there is not hope for an improved future. There are some positive trends for Aboriginal children and young people; including some aspects of NAPLAN results and immunisation rates. However, in general, considerable improvement is needed to attain parity between the wellbeing of Aboriginal and non-Aboriginal children and young people, and thereby ensure that all WA children and young people receive a positive start to life.

## PRIORITIES FOR THE FUTURE

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### Priorities

This report makes clear the priority areas for action to improve the wellbeing of children and young people in WA.

There is an urgent need to look at new ways of addressing the disadvantage of Aboriginal children and young people. The inter-related nature of problems many Aboriginal children and young people face requires a comprehensive, multi-agency response.

Other critical priority areas include:

- providing an immediate boost to early childhood health and education services and family support programs for children aged 0 to eight years, and developing a State-wide plan for the equitable and sustainable delivery of these services
- working to meet the specific needs of children and young people in regional and remote communities
- addressing the inadequate resourcing of mental health services and programs for children and young people across the State
- undertaking a comprehensive, multi-faceted approach to reduce alcohol-related harm to babies, children and young people
- investing in programs that divert children and young people away from the criminal justice system
- improving record keeping and research so that accurate and comprehensive data is available for the factors that influence children and young people's wellbeing.

The data contained in this report can be used to make practical improvements to the wellbeing of children and young people in WA.

When read in conjunction with the companion *Building Blocks* report, effort and investment can be effectively targeted towards evidence-based programs that have been evaluated as being effective in improving the wellbeing of children and young people.

# Chapter 1 – Introduction

### 1.1 Role of the Commissioner

Michelle Scott was appointed Western Australia's inaugural Commissioner for Children and Young People in December 2007 pursuant to the *Commissioner for Children and Young People Act 2006* (the Act).

Under the Act, the Commissioner has responsibility for advocating for all Western Australian citizens under the age of 18 and for promoting legislation, policies, services and programs that enhance the wellbeing of children and young people.

One of the guiding principles of the Act is the recognition that parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and young people and should be supported in carrying out their role.

In performing all functions under the Act, the Commissioner is required to have regard to the *United Nations Convention on the Rights of the Child*, and the best interests of children and young people must be the paramount consideration.

The Commissioner must also give priority to, and have special regard to, the interests and needs of Aboriginal and Torres Strait Islander children and young people, and to children and young people who are vulnerable or disadvantaged for any reason.

The Commissioner is an independent statutory officer who reports directly to the Western Australian Parliament.

### 1.2 Background to the report

An evidence-based approach is now recognised as crucial in the process of developing policies, programs and services that successfully improve the wellbeing of children and young people.

The difficulty in accessing comprehensive information about the wellbeing of children and young people to help guide program development has been raised with the Commissioner in her consultations with communities and agencies throughout the State.

Although many agencies collect data with relevance to the wellbeing of children and young people, in most cases these relate only to individual agency performance and targets or specific subject areas.

A single, collated overview of children and young people's wellbeing is a vital starting point to improving the wellbeing of children and young people, and one which many Australian jurisdictions have already implemented or are developing.

*The State of Western Australia's Children and Young People* has been developed to address this goal.

This information will also help agencies to understand the inter-related nature of wellbeing for children and young people.

### 1.3 The Wellbeing Monitoring Framework

*The State of Western Australia's Children and Young People* is one of three reports which comprise the Wellbeing Monitoring Framework project, an initiative of the Commissioner for Children and Young People WA.

The other reports of the Framework are:

- *Building Blocks: Best practice programs that improve the wellbeing of children and young people* – lists and describes 82 evidence-based and promising programs under the same eight domains of wellbeing used in this report



## CHAPTER 1 - INTRODUCTION

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- *The Profile of Children and Young People in Western Australia* – provides socio-demographic data from a variety of sources.

The Framework relates to several of the Commissioner's functions as set out in the *Commissioner for Children and Young People Act 2006*:

- to promote and monitor the wellbeing of children and young people generally (s19(c))
- to advocate for children and young people (s19(a))
- to conduct, coordinate, sponsor, participate in and promote research into matters relating to the wellbeing of children and young people (s19(i))
- to promote public awareness and understanding of matters relating to the wellbeing of children and young people (s19(h))
- give priority to, and have special regard to, the interests and needs of
  - (i) Aboriginal children and young people and Torres Strait Islander children and young people; and
  - (ii) children and young people who are vulnerable or disadvantaged for any reason (s20(1)(a))
- work in cooperation with, and consult with, other government agencies and non-government agencies (s20(1)(f)).

### 1.4 Structure of the report

*The State of Western Australia's Children and Young People* identifies 33 measures of wellbeing categorised under the eight domains established by the Australian Research Alliance for Children and Youth to report on the health and wellbeing of young Australians.

The eight domains are:

- Health and Safety – The health and safety of children is a strong indicator of the value a society places on children. Being healthy and safe has a direct relationship with a child's wellbeing.
- Education – From early childhood through to late adolescence, education and pathways to employment have a strong influence on the future outcomes of children and young people.<sup>1</sup>
- Material Wellbeing – The material circumstances of the family unit can have a significant impact on children and young people's wellbeing. Adequate access to basic material needs is linked to improved outcomes in other domains such as Health and Safety, Education and Behaviours and Risks.<sup>2</sup> Family income, employment situation and suitable housing are examples of material wellbeing that can help to deliver a stronger foundation to a child's life.
- Family and Peer Relationships – Key to children and young people's wellbeing is their relationship with their families and peers. For most children and young people their family is the primary source of security, support and development.<sup>3</sup> As children grow, peer relationships also become important sources of support and socialisation.

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1 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p.6.

2 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p.2.

3 Price-Robertson R et al 2010, 'Family is for life: Connections between childhood family experiences and wellbeing in early adulthood', *Family Matters*, No. 85, pp.7–17.

- Participation – Participation in community activities provides opportunities for children and young people to learn new skills, build community networks and express their opinions.<sup>4</sup>
- Subjective Wellbeing – Subjective wellbeing considers how children and young people feel about themselves and the world they live in. This includes feelings about their own physical and mental health, as well as concerns about broader issues, such as family conflict and problems at school.<sup>5</sup>
- Behaviours and Risks – Healthy behaviours, such as eating well and exercising, contribute to young people's wellbeing. In contrast, risky behaviours, such as misuse of alcohol or other drugs, may have a negative effect on their health and wellbeing.<sup>6</sup> The impact is not only on children and young people themselves, but also on their families and communities who are exposed to these behaviours.
- Environment – The state of the environment is considered to affect children and young people's wellbeing through long-term socio-economic and health impacts.<sup>7</sup> The built environment in which children live, play and interact affects wellbeing as children and young people need safe spaces to relax, have fun, explore and be active.<sup>8</sup>

The following headings are used to outline each measure:

- Why this measure has been included – the importance of this measure to children and young people's wellbeing
- What is this measure? – a definition
- Commentary – a description of relevant data and what this means for children and young people's wellbeing
- Strategies – major policy work, projects and initiatives that are active in this area of wellbeing
- Want to know more? – links for further information.

### Selection of the measures

The 33 measures of wellbeing in this report were selected based on numerous factors including their importance to the wellbeing of children and young people in WA, the availability of reliable data and the professional views of experts from various sectors of child and youth health and wellbeing, including the Wellbeing Monitoring Framework Reference Group.

This inaugural report is a significant step in providing an understanding of the major factors influencing children and young people's wellbeing in WA. Further development and expansion of the report will be required over time.

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4 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p.117.

5 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p.14.

6 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p.12.

7 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, ARACY, Canberra, p.123.

8 These themes come through most of the literature on children's interaction with the built environment. See for example Commissioner for Children and Young People 2011, *Building spaces and places for children and young people*, Perth, Western Australia.

### 1.5 Data sources and governance

Data and information used in this report is drawn from Commonwealth and state government agencies, non-government organisations and public surveys, as well as incorporating previous research conducted by the Commissioner for Children and Young People.

The agencies and organisations involved in this work are listed in Appendix 6 of this report.

The most recent publications available at the time this report was compiled have been used. The date of data publication varies from measure to measure depending on the frequency with which data is collected and reporting timelines.

To ensure accuracy of data and its interpretation, agencies were consulted during the drafting of the report.

#### Reference Group

The Wellbeing Monitoring Framework Reference Group was established to provide advice on suitable measures to be included in this report as well as identifying data sources. The Reference Group also provided feedback on the draft report.

The members of the Reference Group are listed on page 8 of this report.

### 1.6 Use of this report

*The State of Western Australia's Children and Young People* is a companion report to the other Wellbeing Monitoring Framework reports and, while all three reports are linked, it is recommended this report be read in conjunction with *Building Blocks* in particular.

This report is intended to be a practical document which increases access to data and information concerning the many complex factors impacting on children and young people's wellbeing.

The information published in this report has been selected to support users to make informed decisions. However, readers are encouraged to supplement the information here with additional research targeted to their particular need.

### 1.7 Further information

#### Appendices

A number of appendices are included in this report to supplement the information provided in the 33 measures.

- **Appendix 1** – How Western Australia's children and young people compare with other Australian States and Territories
- **Appendix 2** – How Aboriginal children and young people compare
- **Appendix 3** – Glossary and acronyms
- **Appendix 4** – Wellbeing measures used across Australian jurisdictions
- **Appendix 5** – Jurisdictional and national reports
- **Appendix 6** – Agencies and organisations that provided data
- **Appendix 7** – Figures and tables
- **Appendix 8** – References

## CHAPTER 1 - INTRODUCTION

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### Recognising Aboriginal and Torres Strait Islander people

The Commissioner acknowledges the unique contribution of Aboriginal people's culture and heritage to Western Australian society. For the purposes of this report, the term 'Aboriginal' encompasses Western Australia's diverse cultural and language groups and also recognises those of Torres Strait Islander descent.

### Commissioner for Children and Young People WA

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## Chapter 2 – Health and Safety

### About this domain

The health and safety of children is a strong indicator of the value a society places on children. Being healthy and safe has a direct relationship with a child's wellbeing.

The Health and Safety domain examines 14 factors that strongly influence the life-long wellbeing of Western Australia's (WA's) children and young people. The measures reported here highlight areas of need across all childhood age groups from before birth to late adolescence.

The companion report *Building Blocks* contains information about programs which are effective in improving the wellbeing of children and young people in the Health and Safety domain.

### Measures

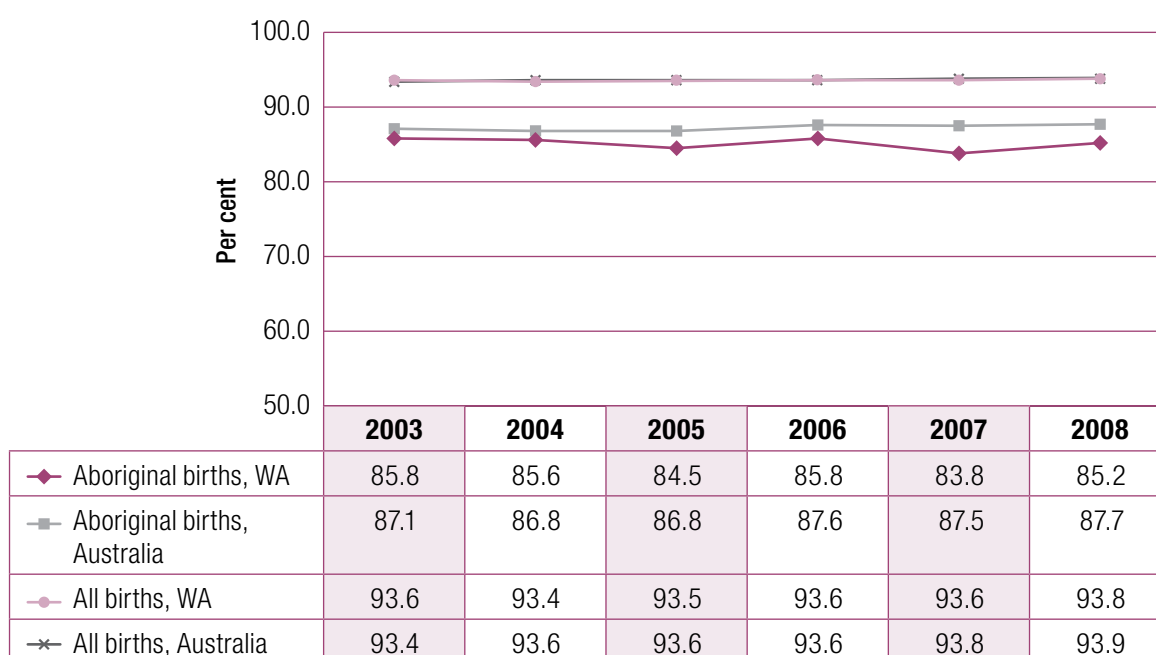
2.1	Birth weight	23
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## 2.1 Birth weight

### Why this measure has been included

A baby's weight at birth is generally considered to be a good proxy measure of neonatal health. Babies born in a healthy weight range, defined as 2,500g or more, are more likely to have good health overall and are less likely to be subject to significant disability compared with low birth weight babies (less than 2,500g).<sup>9</sup>

**Figure 1: Babies born at a healthy birth weight (2,500g or more): in per cent, by Aboriginal and non-Aboriginal, Western Australia and Australia, 2003 to 2008**



Source: AIHW, *Australia's mothers and babies*, 2003–2008 [series].

### What is this measure?

The measure examines the incidence of low birth weight babies in Western Australia (WA). The data used in this measure comes from the Australia's mothers and babies series of reports, which is published annually by the Australian Institute of Health and Welfare (AIHW).<sup>10</sup> This is a comprehensive collection of perinatal statistics on births in Australia.

### Commentary

Figure 1 shows that in 2008, 93.8 per cent of babies born in WA were 2,500g or more. However, for babies born to Aboriginal mothers, the percentage was significantly lower at 85.2 per cent.

The percentage of healthy-weight births in WA is close to the Australian average, with WA averaging 93.6 per cent between 2003 and 2008 and the national average being 93.7 per cent for both Aboriginal and non-Aboriginal mothers.

9 Laws PJ et al 2010, *Australia's mothers and babies 2008*, Perinatal statistics series no. 24, Cat no. PER 50, Australian Institute of Health and Welfare, p.67.

10 In 2008 this was published as Laws PJ, Li Z and Sullivan EA 2010, *Australia's mothers and babies 2008*, Perinatal statistics series no. 24, Cat no. PER 50, Australian Institute of Health and Welfare.

However, when only Aboriginal mothers are considered, the WA percentage of 85.2 per cent is consistently lower than the national average of 87.7 per cent. Between 2003 and 2008, the percentage of babies born at a healthy birth weight has not improved. During the same period the average percentage of babies at a healthy birth weight was 94.1 per cent for non-Aboriginal mothers.<sup>11</sup> (See Figure 1 for trend data on Aboriginal births).

The health of the mother both before and during pregnancy has a close relationship to the likelihood of a baby being born at a healthy weight. Mothers who are healthy, who have good nutrition during their teenage years and during pregnancy and who do not smoke or drink alcohol during their pregnancy are more likely to have a baby of a healthy weight.<sup>12</sup>

In some cases, low birth weight is not a factor related to the health of the mother. Approximately half of multiple births result in low birth weight babies. The report *Perinatal Statistics in Western Australia 2008* published by the WA Department of Health stated that in 2008, 52.6 per cent of multiple-birth babies in WA were low birth weight.<sup>13</sup> Australia-wide statistics for that year show 50.2 per cent of twins and 99.5 per cent of other multiple births were of low birth weight.<sup>14</sup> Older mothers are also more likely to give birth to low birth weight babies.<sup>15</sup>

At an international level, the Organisation for Economic Co-operation and Development (OECD) health data for 2008 showed that Australia, with 93.8 per cent of healthy birth weight babies, recorded a result that was similar to the OECD average of 93.7 per cent. However, if only the babies born to Aboriginal mothers are considered, the percentage drops to 87.7 per cent, well below the OECD average and lower than any OECD country.<sup>16</sup>

### Strategies

#### Improving Maternity Services: Working Together Across Western Australia. A Policy Framework, Government of Western Australia

The main goal of this framework is to maintain a high standard of maternity care for all women and their babies including in the areas of:

- improving health outcomes for Aboriginal women and babies
- improving the health and wellbeing of women and their unborn babies through better preconception and early pregnancy care
- improving the health and development of infants and addressing the needs of new parents.

Further information is available at [http://www.healthnetworks.health.wa.gov.au/projects/mat\\_services.cfm](http://www.healthnetworks.health.wa.gov.au/projects/mat_services.cfm)

#### Improving Maternity Services in Australia: The Report for the Maternity Services Review 2009, Australian Government

This report makes a series of recommendations including in the areas of:

- access to a range of models of care
- inequality of outcomes and access
- information and support for women and their families.

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11 Data from Midwives Notification System, (unpublished).

12 United Nations Children's Fund 2007, *Child poverty in perspective: An overview of child well-being in rich countries*, Innocenti Report Card 7, 2007 United Nations Children's Fund Innocenti Research Centre, p.14.

13 Le M & Tran B 2008, *Perinatal Statistics in Western Australia 2008: Twenty-sixth Annual Report of the Western Australian Midwives' Notification System*, Department of Health, Western Australia, p.48.

14 Laws PJ et al 2010, *Australia's Mothers and Babies 2008*, Perinatal statistics series no 24, Cat. No. PER 50, Australian Institute of Health and Welfare, p.70.

15 Laws PJ et al 2010, *Australia's Mothers and Babies 2008*, Perinatal statistics series no 24, Cat. No. PER 50, Australian Institute of Health and Welfare, p.71.

16 Organisation for Economic Co-operation and Development, *Low Birth Weight*, CO1.3 [website], viewed 30 September 2011, <<http://www.oecd.org/dataoecd/4/37/46798664.pdf>>



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Further information on the maternity services review is available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesreview>

The Commonwealth Government responded to the recommendations of the report with the \$120.5 million Budget package in 2009–10, 'Providing More Choice in Maternity Care – Access to Medicare and PBS for Midwives'.

Details of this Budget package are available at <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2009-hmedia05.htm>

### **Want to know more?**

#### **Perinatal statistics**

The annual Australia's mothers and babies report provides perinatal statistics on births in Australia and is published by the Australian Institute of Health and Welfare, available at <http://www.aihw.gov.au/publications/>

The WA Department of Health publishes annual information on WA births, available at [http://www.health.wa.gov.au/publications/subject\\_index/p/Perinatal\\_infant\\_maternal.cfm](http://www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm)

## 2.2 Infant mortality

### Why this measure has been included

The infant mortality rate, which reflects the rate of survival of children in their first year of life, is used internationally, along with birth weight, as a key indicator of a country's overall infant health status.<sup>17</sup>

**Table 1: Infant mortality: rate per 1,000 live births, Western Australia and Australia, 2004 to 2006, 2005 to 2007, 2006 to 2008 and 2007 to 2009<sup>18</sup>**

	Western Australia		Australia*	
	All births	Aboriginal births	All births	Aboriginal births
2004–06	4.5	11.9	4.9	10.6
2005–07	3.9	10.2	4.8	10.1
2006–08**	3.5	10.1	4.5	8.9
2007–09**	3.0	7.7	4.3	7.8

Source: ABS 2010, *Deaths, Australia, 2009*.

\* Australia data is for NSW, Qld, WA, and NT combined, based on state or territory of usual residence. Vic, Tas and ACT are excluded due to small numbers of registered Aboriginal deaths.

\*\* There is an ongoing ABS investigation into the unusual volatility in the number of deaths of Aboriginal and Torres Strait Islander Australians registered in Western Australia in recent years. Until this investigation is finalised, caution should be exercised when interpreting Aboriginal and Torres Strait Islander Australian data for 2007, 2008 and 2009. In the latest publication of the ABS *Deaths, Australia* series, the infant mortality rates for Aboriginal births in WA have been suppressed.

### What is this measure?

This measure looks at the infant mortality rate in WA and Australia. This information is drawn from the Australian Bureau of Statistics (ABS) data on deaths in Australia, based on information provided by each State's Registry of Births, Deaths and Marriages. Rates included here are provided as a three-year grouping to assist in reducing the volatility of the rate due to the small numbers involved.<sup>19</sup>

### Commentary

Table 1 shows that in WA and Australia, the overall number of infant deaths is relatively low and has shown a downwards trend. The infant mortality rate in WA for 2007–09 is lower than the Australian average (3.0 per 1,000 in WA compared to 4.3 per 1,000 nationally).

The ABS reports that in 2008, Australia's infant mortality rate was 4.1 infant deaths per 1,000 live births. This puts Australia in the lower third of OECD countries. Luxembourg had the lowest infant mortality rate in the OECD with a rate of 1.8 per 1,000 live births.<sup>20</sup>

17 Organisation for Economic Co-operation and Development *Society at a Glance 2009: Social Indicators*, Organisation for Economic Co-operation and Development, p.106.

18 The rates are expressed as the reference year averaged with the preceding two years. Australia data is for New South Wales, Queensland, South Australia, Western Australia and Northern Territory combined, based on state or territory of usual residence. Victoria, Tasmania and the Australian Capital Territory are excluded due to small numbers of registered Indigenous deaths. See Australian Bureau of Statistics 2010, *Deaths, Australia, 2009*, cat. no. 3302.0 [website], viewed 10 January 2011, <<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/A932463DB3A44C73CA2577D60010A05B>>.

19 Australian Bureau of Statistics 2010, *Deaths, Australia, 2009*, cat. no. 3302.0 [website], viewed 10 January 2011, <<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/A932463DB3A44C73CA2577D60010A05B>>.

20 Australian Bureau of Statistics 2010, *Measures of Australia's Progress, 2010*, cat. no. 1370.0 [website], viewed 26 September 2011, <[http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0~2010~Chapter~International%20comparisons%20\(4.1.9\)>](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0~2010~Chapter~International%20comparisons%20(4.1.9)>)>.

In 2010, the WA Perinatal and Infant Mortality Committee released a report analysing perinatal and infant deaths between 2005 and 2007.<sup>21</sup> Over this period there were 310 total infant deaths in WA. The report stated that the most prevalent causes of death were:

- congenital abnormalities (30% of all deaths)
- extreme prematurity (19.7%)
- Sudden Infant Death Syndrome (SIDS) (14.2%)
- neurological (12.3%).<sup>22</sup>

Notably, for all of these conditions other than neurological, the rate for Aboriginal mothers was higher to a statistically significant level.<sup>23</sup>

The same report highlights an increased risk of perinatal and post-neonatal deaths for rural and regional areas. With the exception of the South West, all rates of perinatal deaths were significantly higher than for the metropolitan area and all rural areas exceeded the metropolitan rate for post-neonatal deaths.<sup>24</sup>

The ongoing decrease in infant mortality rates in WA is attributed to continuing advances in medical and obstetric care, increased public awareness of health issues for babies, antibiotics and vaccinations, and campaigns to address deaths through Sudden Infant Death Syndrome (SIDS) and accidents.<sup>25</sup>

### Strategies

#### Improving Maternity Services: Working Together Across Western Australia. A Policy Framework, Government of Western Australia

The main goal of this framework is to maintain a high standard of maternity care for all women and their babies including in the areas of:

- improving health outcomes for Aboriginal women and babies
- improving the health and wellbeing of women and their unborn babies through better preconception and early pregnancy care
- improving the health and development of infants and addressing the needs of new parents.

Further information is available at [http://www.healthnetworks.health.wa.gov.au/projects/mat\\_services.cfm](http://www.healthnetworks.health.wa.gov.au/projects/mat_services.cfm)

#### Improving Maternity Services in Australia: The Report for the Maternity Services Review 2009, Commonwealth Government

This report makes a series of recommendations including in the areas of:

- access to a range of models of care
- inequality of outcomes and access
- information and support for women and their families.

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21 Perinatal and Infant Mortality Committee 2010, *The 13th Report of the Perinatal and Infant Mortality Committee of Western Australia for Deaths in the Triennium 2005–07*, Department of Health, Western Australia. 'Perinatal deaths' include stillbirths and neonatal deaths, where the child is born alive but dies within 28 days of birth. 'Infant deaths' includes all deaths of live-born babies up to one year old.

22 Perinatal and Infant Mortality Committee 2010, *The 13th Report of the Perinatal and Infant Mortality Committee of Western Australia for Deaths in the Triennium 2005–07*, Department of Health, Western Australia, p.41.

23 Perinatal and Infant Mortality Committee 2010, *The 13th Report of the Perinatal and Infant Mortality Committee of Western Australia for Deaths in the Triennium 2005–07*, Department of Health, Western Australia, p.41.

24 Perinatal and Infant Mortality Committee 2010, *The 13th Report of the Perinatal and Infant Mortality Committee of Western Australia for Deaths in the Triennium 2005–07*, Department of Health, Western Australia, p.47.

25 Perinatal and Infant Mortality Committee 2010, *The 13th Report of the Perinatal and Infant Mortality Committee of Western*

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Further information on the maternity services review is available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesreview>

The Commonwealth Government responded to the recommendations of the report with the \$120.5 million Budget package in 2009–10, 'Providing More Choice in Maternity Care – Access to Medicare and PBS for Midwives'.

Details of this Budget package is available at <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2009-hmedia05.htm>

### **Investing in the Early Years – A National Early Childhood Development Strategy, The Council of Australian Governments**

The first outcome of the National Early Childhood Development Strategy is to ensure that children are born and remain healthy. The strategy action list includes strengthening maternal, child and family health services.

Further information is available at [http://www.coag.gov.au/coag\\_meeting\\_outcomes/2009-07-02/docs/national\\_ECD\\_strategy.pdf](http://www.coag.gov.au/coag_meeting_outcomes/2009-07-02/docs/national_ECD_strategy.pdf)

### **SIDS and Kids Safe Sleeping Campaign, SIDS and Kids**

The SIDS and Kids Safe Sleeping Campaign is an evidence-based health promotion campaign developed for health professionals, childcare workers, new and expectant mothers, parents and anyone who cares for babies and infants. The campaign, which was developed in conjunction with national and international researchers, commenced in 1991 and provides information about the evidence around SIDS and fatal sleeping accidents. Since its inception, the campaign has reduced the incidence of SIDS by 85 per cent, which equates to preventing the deaths of 6,500 infants.

Further information is available at <http://www.sidsandkids.org/safe-sleeping/>

### **Want to know more?**

#### **Infant mortality rate**

The Australian Bureau of Statistics publishes annual data on deaths. Further information is available at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3302.0>

The Perinatal and Infant Mortality Committee, WA Department of Health, provides triennial reports on WA infant deaths, available at [http://www.health.wa.gov.au/publications/subject\\_index/p/Perinatal\\_infant\\_maternal.cfm](http://www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm)

The Organisation for Economic Co-operation and Development provides international comparative figures on infant mortality rates, available at <http://www.oecd.org>

#### **Perinatal statistics**

The annual Australia's mothers and babies report provides perinatal statistics on births in Australia and is published by the Australian Institute of Health and Welfare, available at <http://www.aihw.gov.au/publications/>

The WA Department of Health publishes annual information on WA births, available at [http://www.health.wa.gov.au/publications/subject\\_index/p/Perinatal\\_infant\\_maternal.cfm](http://www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm)

## 2.3 Child health checks

### Why this measure has been included

There is a strong relationship between a child’s early health and their wellbeing in later life.<sup>26</sup> The WA Department of Health advises that all WA children aged 0 to six years can access seven child health and developmental assessments. These child health checks are free, evidence-based and delivered by child and school health nurses<sup>27</sup> at critical points in the child’s development to identify any health or developmental problems in the early stages.<sup>28</sup>

**Table 2: Metropolitan children receiving a health and development check: in per cent and number, by age specific contact, Western Australia, 2008–09 and 2009–10**

Service description	2008–09		2009–10	
	Number	Percentage of live births	Number	Percentage of live births
Metropolitan births (estimates)*	22,850		22,602	
Universal postnatal 0 to 10 days	9,506	42	10,481	46
Universal postnatal 11 to 21 days	10,553	46	10,350	46
Universal postnatal 22+ days	1,795	8	1,596	7
Total universal postnatal contacts	21,854	96	22,427	99
6 to 8 weeks	21,037	92	21,314	94
3 to 4 months	18,129	79	18,319	81
8 months	13,880	61	13,831	61
18 months**	6,950	31**	6,629	30**
3 to 3.5 years**	2,391	11**	2,075	9**

Source: Data supplied by Child and Adolescent Community Health, WA from Health Care and Related Information System (HCARe) Occasions of Service data for 2008–09 and 2009–10 financial years (unpublished).

\* At the time of reporting, the metropolitan birth figures for the corresponding financial years were not available. Therefore an estimation of births was reported. Estimations were based on the combination of data from the Department of Health Midwives’ Notification System and the Epidemiology branch (Rates Calculator).

\*\* For the 18 month and 3 to 3.5 years contacts, a proxy of the population was derived from birth data from the Department of Health Midwives’ Notification System for the corresponding year of birth (based on calendar year). Factors such as migration and immigration have not been factored in and prevent accurate analysis.

**Table 3: Metropolitan children receiving a school entry screening, Western Australia, 2008–09 and 2009–10**

	2008–09	2009–10
School entry screening*	22,953	27,007

Source: CACH, HCARE Occasions of Service data for 2008–09 and 2009–10 (unpublished).

\*This screening could have been provided in Kindergarten, Pre-primary or Year 1. Note that the significant increase in service activity in 2009–10 is due to a two-year phased in catch-up program involving screening of both Kindergarten and Pre-primary cohorts.

26 Council of Australian Governments 2009, *Investing in the Early Years—A National Early Childhood Development Strategy*, Commonwealth of Australia, p.8.

27 Child and school health nurses are registered nurses with post-graduate qualifications in child and family health.

28 Child and Adolescent Community Health, *Our Services* [website], viewed 28 September 2011, <<http://pmh.health.wa.gov.au/general/CACH/services.htm>>.

### What is this measure?

This measure looks at the percentages of children who receive the seven health checks provided in WA, at the various ages prescribed. The data used has been provided by Child and Adolescent Community Health (CACH) services and is taken from the Community Health Care and Related Information System (HCARe) which reports on 'Occasions of Service' by service type as reported in the CACH Governance Report for 2009–10. The data shown is for metropolitan WA and is indicative only. CACH advises that child health data derived from HCARE has substantial limitations and should be used with caution. CACH is in the process of implementing an improved data collection system but the data included in this report is the best currently available. The data reported is consistent with the information contained in the WA Auditor General's Report on Universal Child Health Checks, also sourced from the WA Department of Health.<sup>29</sup>

CACH advises that this data is not available for regional WA, or by Aboriginality.

In addition, at the time this data was reported in the 2009–10 Governance report, accurate live birth data was not available, therefore estimates were used based on the Department of Health Midwives' Notification System and the Epidemiology Branch population statistics.

### Commentary

Nearly all (96% in 2008–09 and 99% in 2009–10) WA babies living in metropolitan areas were visited at home by a child health nurse for their first child health check. However, fewer than half of newborns (42% in 2008–09 and 46% in 2009–10) were visited within the optimal 10-day period (Table 2).

Attendance at the second health check at six to eight weeks was high, with 92 per cent and 94 per cent of children receiving this contact in 2008–09 and 2009–10 respectively. The third health check at three to four months maintains a high attendance (between 79% and 81%), however, after this check, attendance declines sharply (Table 2).

In 2008–09 only 31 per cent of children attended the 18 months check, and this decreased to 30 per cent in 2009–10. For the 3 to 3.5 year check only 11 per cent of children attended in 2008–09 and attendance decreased further to nine per cent in 2009–10 (Table 2).

In 2008–09, 22,953 children received a school entry health assessment. The WA Department of Health has advised that this increased significantly in 2009–10 to 27,007 due to a two-year phased catch-up program to include Kindergarten and Pre-primary students<sup>30</sup> (Table 3).

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29 Auditor General of Western Australia 2010, *Universal Child Health Checks*, Office of the Auditor General Report 11 – November 2010, p.6.

30 Email communication, WA Department of Health, 23 September 2011.

### Strategies

#### Investing in the Early Years – A National Early Childhood Development Strategy, Council of Australian Governments

The first outcome of the National Early Childhood Development Strategy is to ensure that children are born and remain healthy. The strategy action list includes strengthening maternal and child health services and taking steps to improve capacity to assess child health and development between 18 months and three years.

Further information is available at

[http://www.coag.gov.au/coag\\_meeting\\_outcomes/2009-07-02/docs/national\\_ECD\\_strategy.pdf](http://www.coag.gov.au/coag_meeting_outcomes/2009-07-02/docs/national_ECD_strategy.pdf)

#### Healthy Kids Check, Commonwealth Government

A Healthy Kids Check rebate can be claimed under Medicare when undertaken by a medical practitioner or on behalf of a medical practitioner by a practice nurse or registered Aboriginal health worker.

The aim of Healthy Kids Check is to improve the health and wellbeing of Australian children by promoting early detection of lifestyle risk factors, delayed development and illness and by providing the opportunity to introduce guidance for healthy lifestyles and early intervention strategies. The Healthy Kids Check is to be delivered in conjunction with the four year-old immunisation.

Further information is available at

[http://www.health.gov.au/internet/main/publishing.nsf/Content/Health\\_Kids\\_Check\\_Factsheet](http://www.health.gov.au/internet/main/publishing.nsf/Content/Health_Kids_Check_Factsheet)

#### Healthy Start for School Initiative, Commonwealth Government

Commencing in July 2011, if a parent or carer receives an income support payment at any time during the financial year in which their child turns four years of age, the child is required to undergo a health check to ensure they are healthy, fit and ready to start school. The health check includes an assessment of the child's physical health and general wellbeing.

Further information is available at <http://www.familyassist.gov.au/payments/healthy-start-school.php>

### Want to know more?

#### Child and Adolescent Community Health, Government of Western Australia

For details of the services provided by Child and Adolescent Community Health see <http://pmh.health.wa.gov.au/general/CACH/>

#### Inquiries into child health

Three WA Parliamentary Inquiries have reported on the delivery of community child health and development services within the State. These are:

- Education and Health Standing Committee 2009: *Healthy Child-Healthy State: Improving Western Australia's Child Health Screening Programs.*
- Education and Health Standing Committee 2010: *Invest Now or Pay Later: Securing the Future of Western Australia's Children.*
- Community Development and Justice Standing Committee 2009: *Inquiry into the adequacy of services to meet the developmental needs of Western Australia's children.*

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These reports are available at

<http://www.parliament.wa.gov.au/parliament/commit.nsf/WebReportsByName>

### **The WA Auditor General's Report on Universal Child Health Checks**

The Auditor General examined the matter of child health checks in WA and made a number of recommendations to improve the take-up of child health checks, particularly in later years.

Further information is available at

<http://www.audit.wa.gov.au/report2010.php>



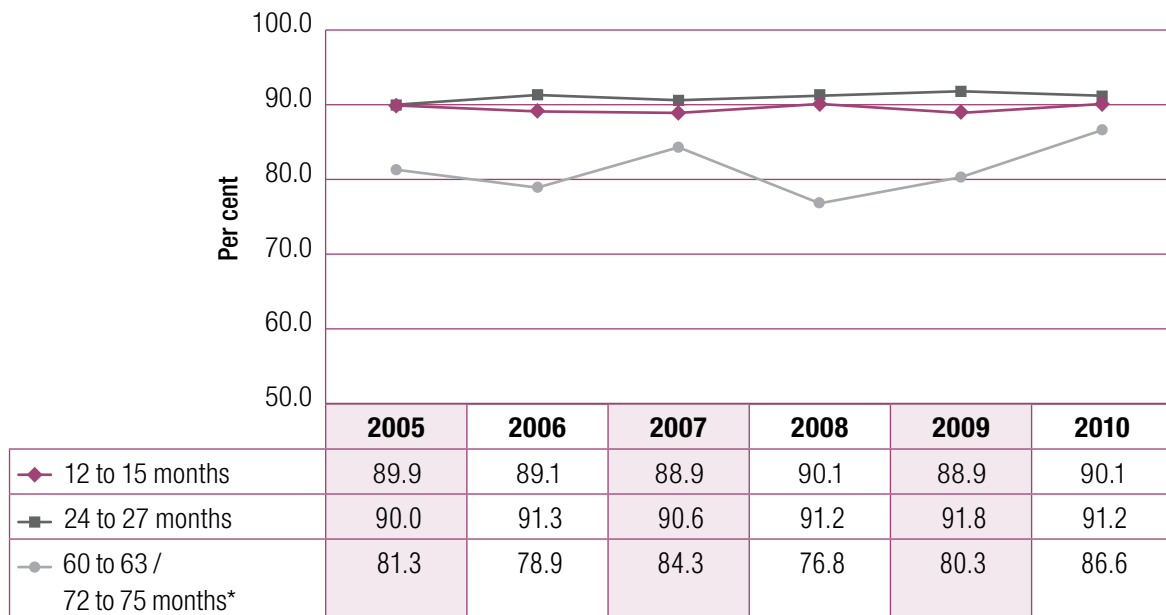
2.4 Immunisation

Why this measure has been included

Immunisation against certain childhood diseases is effective in preventing child morbidity and mortality.<sup>31</sup> It increases the protection for individual children and contributes to overall population health by reducing the rate at which those diseases circulate in the community.

The National Immunisation Program Schedule<sup>32</sup> is a comprehensive list of the recommended vaccinations for children at particular ages, with the intention of achieving widespread community immunity to certain transmissible childhood diseases, including diphtheria, measles, mumps and polio. Immunisation coverage of 90 per cent is required to interrupt the on-going transmission of vaccine-preventable disease in the community.<sup>33</sup>

**Figure 2: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months<sup>34</sup>: in per cent, Western Australia, 2005 to 2010**



Source: Data supplied by ACIR, (unpublished).

\* In 2008 the schedule was changed to replace the 72-month vaccination with 60-month vaccinations.

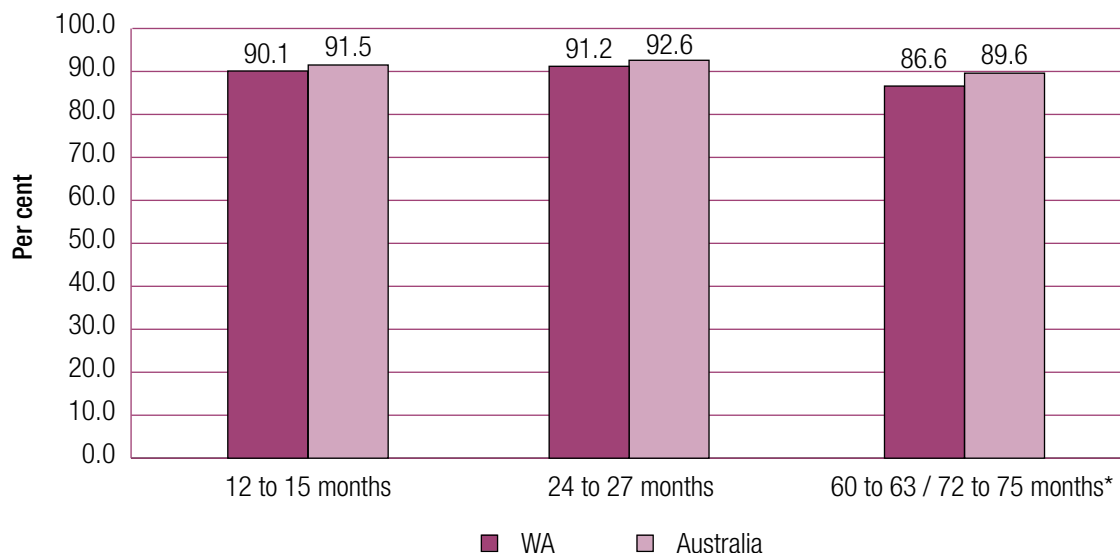
31 Australian Institute of Health and Welfare 2009, *A picture of Australia's Children 2009*, Cat. no. PHE 112, Australian Institute of Health and Welfare, p.124.

32 The National Immunisation Program Schedule can be found at <<http://health.gov.au/internet/immunise/publishing.nsf/Content/nips2>>.

33 Australian Institute of Health and Welfare 2009, *A picture of Australia's Children 2009*, Cat. no. PHE 112, Australian Institute of Health and Welfare, p.124.

34 In 2008 the immunisation schedule was changed to replace the 72-month vaccination with 60-month vaccinations.

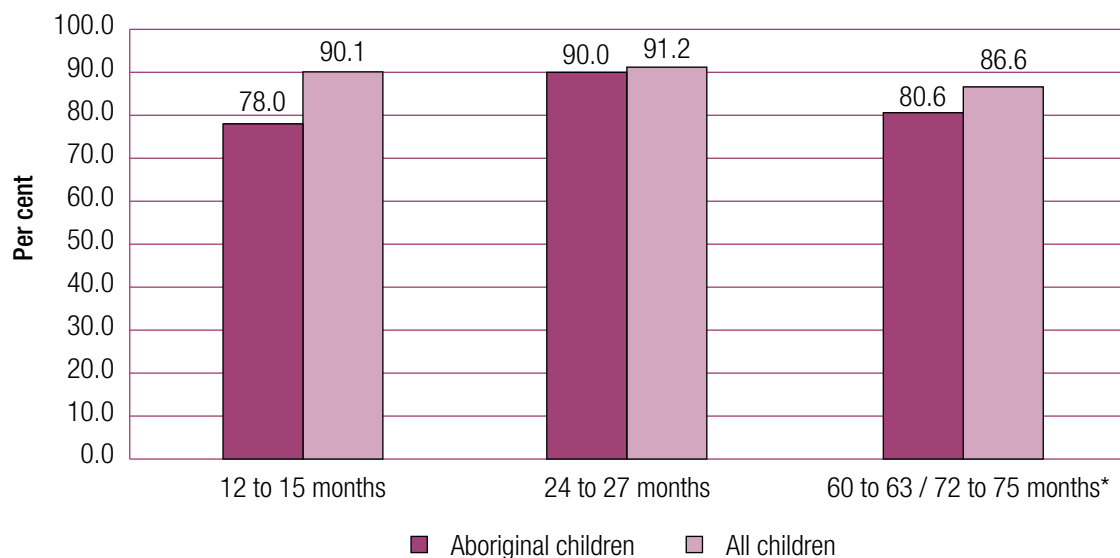
**Figure 3: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, Western Australia and Australia, 2010**



Source: Data supplied by ACIR, (unpublished).

\* In 2008 the schedule was changed to replace the 72-month vaccination with 60-month vaccinations.

**Figure 4: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months: in per cent, by Aboriginal and all children, Western Australia, 2010**



Source: Data supplied by ACIR, (unpublished).

\* In 2008 the schedule was changed to replace the 72-month vaccination with 60-month vaccinations.

### What is this measure?

This measure counts those children who are fully immunised according to the appropriate schedule for their age (12 to 15 months, 24 to 27 months and 60 to 63 months).<sup>35</sup> In Figure 3, Australian average figures are shown for comparison.

Data has been supplied by the Australian Childhood Immunisation Register (ACIR), based on reporting by immunisation providers. The recording of whether a child is Aboriginal on the ACIR is voluntary and this may affect the level of reported immunisation coverage for Aboriginal children.

### Commentary

The rate of immunisation in WA is lower than the rate for Australia overall at each of the first three immunisation stages.

Figure 2 shows that immunisation rates in WA have remained largely unchanged over the past five years, at slightly above or below the 90 per cent target for the first two recommended immunisation stages. Since 2005, WA has not met the target for the third immunisation. However, since the schedule was changed in 2008 to replace the 72-months vaccination with 60-months vaccinations, the rate of children fully vaccinated at 60 months has increased to reach 86.6 per cent in 2010.

For Aboriginal children in WA, the rate of immunisation at 12 months is lower than for non-Aboriginal children, as shown in Figure 4. By the 24-month immunisation stage the gap narrows, yet falls away again at the third immunisation point.

Compared internationally, WA has a lower rate of immunisation for DTP (Diphtheria, Tetanus, Pertussis) than most OECD countries, and an average rate for measles.<sup>36</sup>

### Strategies

#### Immunise Australia Program, Commonwealth Government

The Immunise Australia Program aims to increase national immunisation rates by funding free vaccination programs, administering the Australian Childhood Immunisation register and communicating information about immunisation to the general public and health professionals.

Further information is available at <http://www.immunise.health.gov.au/>

#### Maternity Immunisation Allowance, Commonwealth Government

This allowance is available to families who immunise their children at the appropriate ages. Two payments are made, one for immunisations between 18 and 24 months and one for immunisations between four and five years. In addition, to be eligible for the Child Care Benefit payment, the child must be appropriately immunised, or have a valid exemption.

Further information is available at [http://www.centrelink.gov.au/internet/internet.nsf/payments/maternity\\_allow.htm](http://www.centrelink.gov.au/internet/internet.nsf/payments/maternity_allow.htm)

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<sup>35</sup> Note that the immunisation statistics are given a three month 'window' to ensure that delayed reporting to Australian Childhood Immunisation Register is still included.

<sup>36</sup> Organisation for Economic Co-operation and Development Health Data listing 2011 [website], viewed 30 September 2011, <<http://www.oecd.org/dataoecd/52/42/49188719.xls>>.

**Want to know more?**

**Data on immunisations**

Data on immunisations in Australia and WA is provided by the Australian Childhood Immunisation Register, available at <http://www.medicareaustralia.gov.au/public/services/acir/index.jsp>

Data on immunisations can be found at Immunise Australia website <http://www.immunise.health.gov.au>

Data for WA is available from <http://www.public.health.wa.gov.au>

**Additional tables**

**Table 4: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months<sup>37</sup>: in per cent, by Aboriginal and non-Aboriginal, Western Australia, 2005 to 2010**

		2005	2006	2007	2008	2009	2010
12 to 15 months	All children	89.9	89.1	88.9	90.1	88.9	90.1
	Aboriginal children	78.4	77.1	76.3	78.8	76.4	78.0
	Non-Aboriginal children	90.7	90.0	89.8	90.9	89.8	91.0
24 to 27 months	All children	90.0	91.3	90.6	91.2	91.8	91.2
	Aboriginal children	86.0	87.3	83.1	87.7	85.9	90.0
	Non-Aboriginal children	90.2	91.6	91.2	91.4	92.2	91.3
60 to 63 months	All children				76.8	80.3	86.6
	Aboriginal children				69.4	74.8	80.6
	Non-Aboriginal children				77.3	80.6	87.1

Source: Data supplied by ACIR (unpublished).

**Table 5: Children fully immunised at ages 12 to 15 months, 24 to 27 months and 60 to 63 months<sup>38</sup>: in per cent, by Aboriginal and non-Aboriginal, Australia, 2005 to 2010**

		2005	2006	2007	2008	2009	2010
12 to 15 months	All children	91.0	90.7	91.2	91.2	91.3	91.5
	Aboriginal children	85.0	84.0	84.6	84.7	84.3	84.5
	Non-Aboriginal children	91.3	91.0	91.5	91.5	91.8	91.8
24 to 27 months	All children	91.7	92.4	92.5	92.8	92.9	92.6
	Aboriginal children	91.3	92.3	90.0	91.8	91.8	92.4
	Non-Aboriginal children	91.8	92.4	92.6	92.8	92.9	92.6
60 to 63 months	All children				80.4	82.4	89.6
	Aboriginal children				77.3	79.4	85.7
	Non-Aboriginal children				80.6	82.6	89.7

Source: Data supplied by ACIR (unpublished).

37 The 60 to 63-month immunisations were previously given at 72 to 75 months.  
 38 The 60 to 63-month immunisations were previously given at 72 to 75 months.

## 2.5 Smoke-free pregnancy

### Why this measure has been included

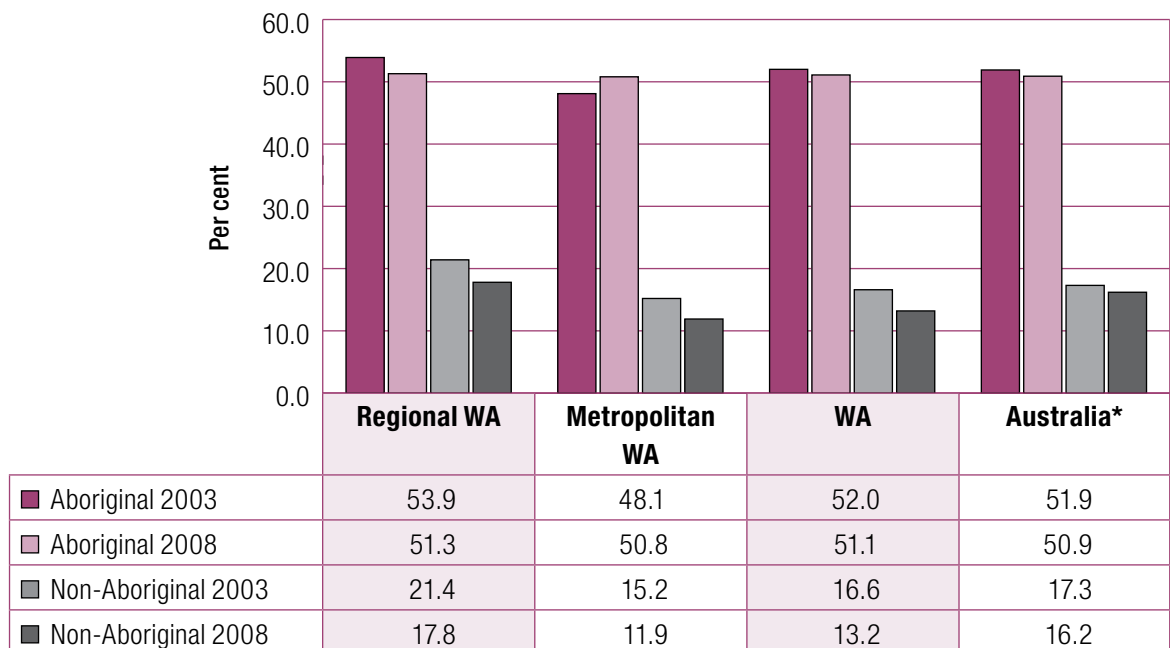
The effects of maternal smoking can persist throughout a child's life. There is strong evidence that smoking in pregnancy is associated with low birth weight, growth retardation in the fetus and increased risks of prematurity. There is also evidence of association with SIDS.<sup>39 40</sup>

**Table 6: Women who smoked in pregnancy: in per cent, Western Australia and Australia, 2003 and 2008**

	2003	2008
WA	18.9	15.4
Australia	17.3	16.2

Source: AIHW, *Australia's mothers and babies, 2003 and 2008*.

**Figure 5: Women who smoked in pregnancy: in per cent, by Aboriginal and non-Aboriginal, region of Western Australia and Australia, 2003 and 2008**



Source: Data supplied by Maternal and Child Health Unit, (unpublished); Australian comparison figure calculated from AIHW, *Australia's mothers and babies, 2003 and 2008*.

\* For Australia, the percentages shown for 'non-Aboriginal' women include all women.

39 Laws PJ et al 2010, *Australia's mothers and babies 2008*, Perinatal statistics series no. 24, Cat no. PER 50, Australian Institute of Health and Welfare, p.67.

40 Perinatal and Infant Mortality Committee 2010, *The 13th Report of the Perinatal and Infant Mortality Committee of Western Australia for Deaths in the Triennium 2005-07*, Department of Health, Western Australia, p.46.

### What is this measure?

The measure reports the incidence of smoking in pregnancy. Data on smoking in pregnancy in WA has been supplied by the Maternal and Child Health Unit, WA Department of Health, which maintains the WA Perinatal Collection.<sup>41</sup> The comparative data for Australia has been calculated from the AIHW National Perinatal Collection.<sup>42</sup>

### Commentary

Table 6 shows that the rate of smoking in pregnancy in WA declined from 2003 to 2008, and in 2008 it fell to just below the national average (16.2% nationally compared to 15.4% in WA).

However, it is also clear that there is a significantly higher rate of smoking among Aboriginal pregnant women. Figure 5 shows that more than 50 per cent of Aboriginal women smoked in pregnancy in comparison to approximately 13 per cent of non-Aboriginal pregnant women.<sup>43</sup>

Table 7 shows that non-Aboriginal women in regional areas were more likely to smoke in pregnancy than those in the metropolitan area.

Some of the strategies aimed at decreasing the rate of smoking in the general population include ongoing campaigns to raise awareness on the effects of tobacco, significant increases in the price of tobacco and restrictions on the use of tobacco in public spaces through the *Tobacco Products Control Act 2006*.<sup>44</sup>

### Strategies

#### The National Tobacco Campaign 2011, Commonwealth Government

This campaign aims to contribute to a reduction in the prevalence of adult daily smoking from the current rate of 16.6 per cent to 10 per cent or less by 2018. To achieve this, several marketing activities, including activities targeting pregnant women, combine to encourage and support smokers in their efforts to stop smoking.

Further information is available at

<http://www.quitnow.gov.au/internet/quitnow/publishing.nsf/Content/ntc-2009-2013-lp>

#### Western Australian Health Promotion Strategic Framework 2007–2011, Government of Western Australia

This framework sets out strategic directions and priorities for the prevention of chronic disease and injury and is the key state-wide strategy addressing smoking in the WA population.

A summary of the framework is available at

[http://www.health.wa.gov.au/publications/documents/WA\\_Health\\_Promotion\\_Strategic\\_Framework\\_2007\\_2011\\_Summary.pdf](http://www.health.wa.gov.au/publications/documents/WA_Health_Promotion_Strategic_Framework_2007_2011_Summary.pdf)

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41 Data from the Perinatal Collection is published annually as the *Perinatal Statistics in Western Australia* series under various authors.

42 Data from the AIHW National Perinatal Collection is published annually as the Australia's Mothers and Babies series under various authors.

43 Due to the relatively small numbers of Aboriginal women compared to the overall population, there is potential for small variations to cause large percentage variations and so interpretation of annual trend data is difficult.

44 *Tobacco Products Control Act 2006 (WA)*, sections 107A-107D contain the provisions regarding smoking in public places, see *Tobacco Products Control Act 2006, (WA)* [website], viewed 2 February 2012, <[http://www.slp.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_983\\_homepage.html](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_983_homepage.html)>

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### *Tobacco Products Control Act 2006, Government of Western Australia*

The *Tobacco Products Control Act 2006* and associated regulations form the legislative component of WA's comprehensive tobacco control program, which includes:

- prohibiting the sale and supply of tobacco products to children
- banning the display of tobacco products and smoking implements in most retail outlets
- banning smoking in outdoor eating areas, in cars where children under 17 years are present, within 10 metres of playground equipment and between the flags of patrolled beaches.

The legislation is available at

[http://www.slp.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_983\\_homepage.html](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_983_homepage.html)

### *Healthway, Government of Western Australia*

Healthway was established in 1991 as an independent statutory body. The key priorities for Healthway are reducing harm from tobacco, reducing harm from alcohol, reducing obesity and promoting good mental health.

Healthway provides sponsorship to sports, arts, and racing organisations to promote healthy messages, facilitate healthy environments and increase participation in healthy activities. Healthway also provides grants to a diverse array of organisations to encourage healthy lifestyles and advance health promotion programs.

Further information is available at <http://www.healthway.wa.gov.au/>

### **Want to know more?**

Policies and strategies that address smoking in WA are aligned with national objectives and are outlined in the following key documents:

- National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs, Commonwealth Government, is available at [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)
- *Australia: the healthiest country by 2020. Technical Report No 2 Tobacco control in Australia: making smoking history*, Commonwealth Government, is available at <http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/nphs-report-roadmap>

### **Perinatal statistics on smoking**

The annual Australia's mothers and babies report provides perinatal statistics on births in Australia and is published by the Australian Institute of Health and Welfare, available at <http://www.aihw.gov.au/publications/>

The WA Department of Health publishes annual information on WA births, available at

[http://www.health.wa.gov.au/publications/subject\\_index/p/Perinatal\\_infant\\_maternal.cfm](http://www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm)

Additional tables

**Table 7: Women who smoked in pregnancy: in per cent, by Aboriginal and non-Aboriginal and by region of Western Australia, Western Australia and Australia, 2003 and 2008**

	Aboriginal		Non-Aboriginal	
	2003	2008	2003	2008
North Metropolitan	48.4	48.6	13.1	9.8
South Metropolitan	47.9	52.7	17.8	14.3
Goldfields	52.2	46.3	24.9	19.9
Great Southern	63.4	52.3	20.6	18.1
Kimberley	57.7	56.5	20.4	17.3
Midwest	53.0	48.5	24.3	21.4
Pilbara	44.8	46.8	17.9	15.1
Southwest	50.0	40.4	20.8	16.7
Wheatbelt	56.4	58.7	19.4	17.4
WA	52.0	51.1	16.6	13.2
Overall Australia*	51.9	50.9	17.3	16.2

Source: Data supplied by Maternal and Child Health Unit, (unpublished); Australian comparison figure calculated from AIHW, *Australia's mothers and babies, 2003 and 2008*.

\* For Australia, the percentages shown for 'non-Aboriginal' women include all women.



## 2.6 Alcohol-free pregnancy

### Why this measure has been included

The consumption of alcohol in pregnancy can have a negative effect on a baby’s wellbeing. Drinking during pregnancy is linked to a range of conditions including low birth weight, alcohol-related birth defects, alcohol-related neurodevelopmental disorders and a number of conditions that are broadly classified as Fetal Alcohol Spectrum Disorder.<sup>45</sup>

Current research indicates that even low levels of alcohol use in pregnancy may have an adverse effect on the fetus and current National Health and Medical Research Council guidelines recommend that women do not drink at all during pregnancy.<sup>46</sup>

**Figure 6: Women who consumed no alcohol in pregnancy: in per cent, Western Australia and Australia, 2001 to 2010**



Source: Data supplied by AIHW, from NDSHS data 2001, 2004, 2007, 2010 (unpublished).

Note: Base includes women 14 to 49 years old who were pregnant or pregnant and breastfeeding at the same time.

**Table 8: Women who consumed no alcohol in pregnancy: in per cent, Western Australia, New South Wales, Victoria, Queensland, South Australia and Australia, 2001 to 2010**

	WA	NSW	Vic	Qld	SA	Australia
2001	36.1	39.5	37.5	32.1	32.7	36.2
2004	32.1	38.7	42.0	31.8	42.3	37.5
2007	38.4	43.0	39.2	33.9	45.1	39.7
2010	50.1	48.7	51.5	50.0	39.0	48.7

Source: Data supplied by AIHW, from NDSHS data 2001, 2004, 2007, 2010 (unpublished).

Note: Base includes women 14 to 49 years old who were pregnant or pregnant and breastfeeding at the same time. Results for the ACT, NT and Tas are not shown due to small sample sizes in these jurisdictions.

45 National Health and Medical Research Council 2009, *Australian Guidelines to reduce health risks from drinking alcohol*, Commonwealth of Australia, pp.70–71 & 75–76.

46 See the National Health and Medical Research Council, Frequently asked questions on alcohol, <[http://www.nhmrc.gov.au/your\\_health/healthy/alcohol/alcoholqa.htm](http://www.nhmrc.gov.au/your_health/healthy/alcohol/alcoholqa.htm)>.

### What is this measure?

At present there is no consistent data collection on alcohol use in pregnancy, although the Department of Health has indicated that it may commence collecting this information in the next three years.<sup>47</sup>

The National Drug Strategy Household Survey (NDSHS) 2010 data was collected from over 26,000 people across Australia aged 12 or over. The sample size for WA in 2010 was 2,473 persons overall, including 1,306 females.

A Telethon Institute of Child Health Research (TICHR) study invited 10 per cent of women who gave birth between 1 January 1995 and 30 June 1997 to participate in research which involved completing a questionnaire 12 weeks after birth on health-related behaviours before, during and after pregnancy. There were 4,839 valid responses.<sup>48</sup>

Neither of these data sets is available by region or Aboriginality.

### Commentary

According to the 2010 data collected by AIHW for the NDSHS and shown in Figure 6, around 50 per cent of pregnant women in both the WA and Australian samples did not drink at all during pregnancy. Comparison with results from previous surveys, particularly 2007, shows that the proportion of women abstaining from alcohol during pregnancy has increased in WA and all other jurisdictions except South Australia (Table 8).<sup>49</sup> Approximately one in two women continue to consume alcohol on at least one occasion during pregnancy in both WA and Australia overall.

The TICHR study found that 58.7 per cent of women drank alcohol at least once during pregnancy, with the majority of women that did drink (54.4%) averaging less than one standard drink per day. Around one in 20 (4.4%) pregnant women drank one standard drink or more per day during the pregnancy.<sup>50</sup>

The TICHR study also found that the amount of alcohol consumed on a typical occasion also decreased somewhat. Approximately one-third (32.3%) of respondents said they drank more than two and less than five standard drinks per occasion in the first three months prior to pregnancy. Drinking at this level decreased to 10.6 per cent in the first trimester of pregnancy and decreased further in the second and third trimesters.<sup>51</sup> The study also found that for those women who continued to drink only one to two standard drinks per occasion, the frequency at which this occurred decreased.<sup>52</sup>

The findings of the TICHR survey on the decreasing frequency of drinking are similar to another WA study based on surveys of 587 women who gave birth between September 2002 and July 2003 in two hospitals in the Perth metropolitan area. This study showed that nearly one-third (32.7%) of women did not drink before pregnancy, but during pregnancy this nearly doubled (64.8%). In addition, most respondents who did drink during pregnancy stated their drinking levels had decreased significantly. The amount respondents drank on any occasion halved from two standard drinks to one, and the number of occasions of drinking per week nearly halved from 1.7 days per week to one day per week.<sup>53</sup>

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47 Information provided to the Commissioner for Children and Young People, [email], 3 May 2011, Department of Health, Western Australia.

48 Colvin L et al 2007, 'Alcohol Consumption During Pregnancy in Nonindigenous West Australian Women', *Alcoholism: Clinical and Experimental Research*, vol 31, no 2, pp.276-284.

49 Results for the ACT, NT and Tas have been excluded due to small sample sizes in these jurisdictions.

50 Colvin L et al 2007, 'Alcohol Consumption During Pregnancy in Nonindigenous West Australian Women', *Alcoholism: Clinical and Experimental Research*, vol 31, no 2, p.279.

51 Colvin L et al 2007, 'Alcohol Consumption During Pregnancy in Nonindigenous West Australian Women', *Alcoholism: Clinical and Experimental Research*, vol 31, no 2, p.280.

52 Colvin L et al 2007, 'Alcohol Consumption During Pregnancy in Nonindigenous West Australian Women', *Alcoholism: Clinical and Experimental Research*, vol 31, no 2, p.280.

53 Giglia R and Binns C 2007, 'Patterns of alcohol intake in pregnant and lactating women in Perth, Australia', *Drug and Alcohol Review*, Sept 2007, vol 26 no 5, pp.493-500.

Fetal Alcohol Syndrome (FAS) is a severe alcohol-related condition in children that can result from drinking alcohol during pregnancy and is one of the conditions which fall under the classification of Fetal Alcohol Spectrum Disorder. FAS can result in learning difficulties, behavioural problems, mental illness and other wellbeing issues throughout the child's life and into adulthood.<sup>54</sup> It is of particular concern in the Aboriginal community, as rates of occurrence in Aboriginal babies are reported to be significantly higher than in non-Aboriginal babies.<sup>55</sup>

While research indicates that, generally, fewer Aboriginal women than non-Aboriginal women consume alcohol, those that do tend to drink at more harmful levels, particularly women of childbearing age.<sup>56</sup>

### Strategies

#### Strong Spirit Strong Future Campaign, Government of Western Australia

In September 2011, the State Government released the Strong Spirit Strong Future campaign. This campaign urges women not to drink while pregnant, planning a pregnancy or breastfeeding.

Information and resources regarding the Strong Spirit Strong Future campaign is available from the Drug and Alcohol website at <http://www.dao.health.wa.gov.au/Informationandresources/Engagingthecommunity/CommunityPrograms/StrongSpiritStrongFuture.aspx>

#### National clinical guidelines for the management of drug use during pregnancy, birth and the early newborn years of the newborn, Commonwealth Government

These guidelines have been developed for use by all health care practitioners working with pregnant women experiencing a drug or alcohol use problem, particularly drug dependency, but including other drug uses such as bingeing.

The guidelines are available at [http://www.health.nsw.gov.au/pubs/2006/pdf/ncg\\_druguse.pdf](http://www.health.nsw.gov.au/pubs/2006/pdf/ncg_druguse.pdf)

#### Australian Guidelines to Reduce Health Risks from Drinking Alcohol, Commonwealth Government

These guidelines cover alcohol consumption during pregnancy and when breastfeeding.

The guidelines are available at [http://www.nhmrc.gov.au/\\_files\\_nhmrc/publications/attachments/ds10-alcohol.pdf](http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf)

#### National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs, Commonwealth Government

One of the action items of this strategy is to develop coordinated measures to prevent, diagnose and manage Fetal Alcohol Spectrum Disorders (FASD) and make available appropriate supports to children and families who are affected.

Further information is available at [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

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54 Alcohol and Pregnancy Project 2009, *Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals* (1st revision), Telethon Institute for Child Health Research, p.7.

55 Alcohol and Pregnancy Project 2009, *Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals* (1st revision), Telethon Institute for Child Health Research, p.8.

56 Zubrick S et al 2004, *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People*, Telethon Institute for Child Health Research, p.116.

### Want to know more?

#### Fetal Alcohol Spectrum Disorder

The Telethon Institute for Child Health Research is conducting research on the development of a diagnostic screening tool for FASD.

Further information is available at <http://www.ichr.uwa.edu.au/fasdproject>

The WA Department of Health has developed a model of care on FASD, available at [http://www.healthnetworks.health.wa.gov.au/modelsofcare/docs/FASD\\_Model\\_of\\_Care.pdf](http://www.healthnetworks.health.wa.gov.au/modelsofcare/docs/FASD_Model_of_Care.pdf)

The National Organisation for Fetal Alcohol Syndrome and Related Disorders has a range of information, resources and links, available at <http://www.nofasard.org.au/>

## 2.7 Body weight

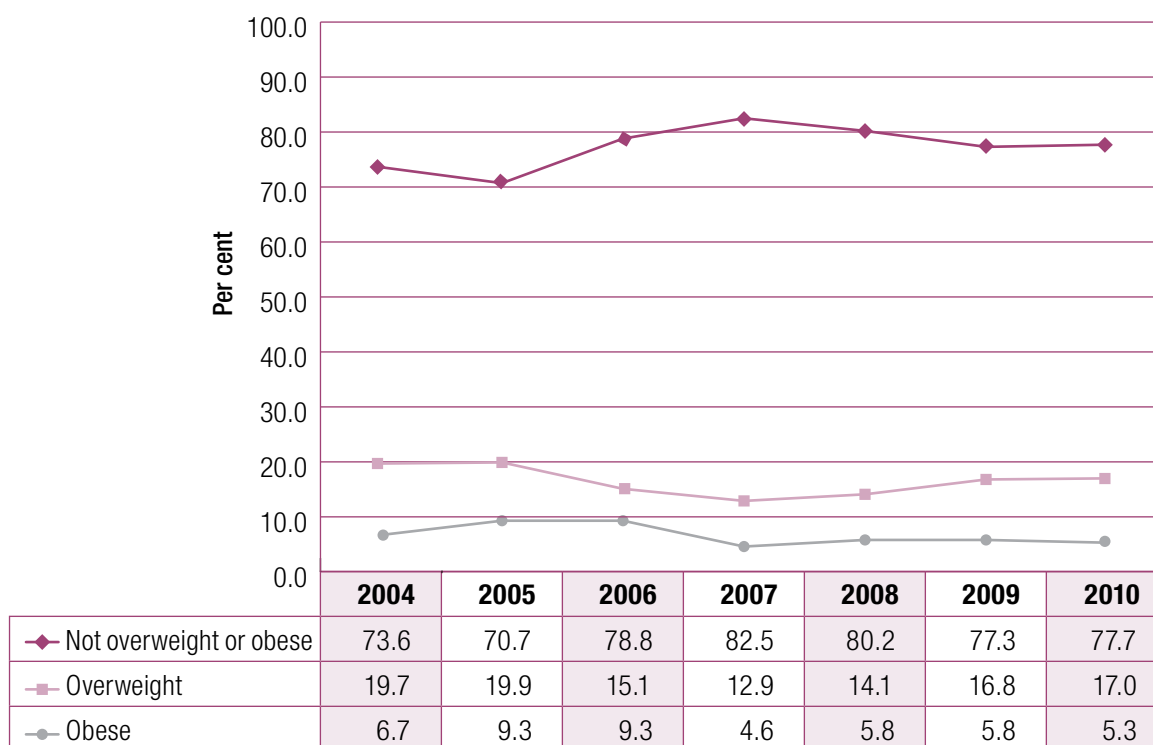
### Why we have included this measure

Being overweight or obese increases a child’s risk of a number of lifestyle diseases, including diabetes, heart disease, asthma, and some cancers, both in the short and long term.<sup>57</sup> A healthy weight in childhood is particularly important as children who are overweight or obese tend to carry this into adulthood.<sup>58</sup>

Children and young people who are overweight or obese can also experience discrimination, victimisation and teasing by their peers. This may contribute to poor peer relationships, school experiences and psychological wellbeing, particularly among older overweight and obese children.<sup>59</sup>

The measure used here is Body Mass Index (BMI), which is internationally accepted as an indirect measure of overweight and obesity. BMI is calculated by dividing weight in kilograms by the square of height in metres.<sup>60</sup>

**Figure 7: Prevalence of BMI categories for children and young people five to 15 years: in per cent, as reported by parent/guardian, Western Australia, 2004 to 2010**



Source: WA Department of Health 2011, *The Health and Wellbeing of Children in Western Australia in 2010, Overview and Trends*.

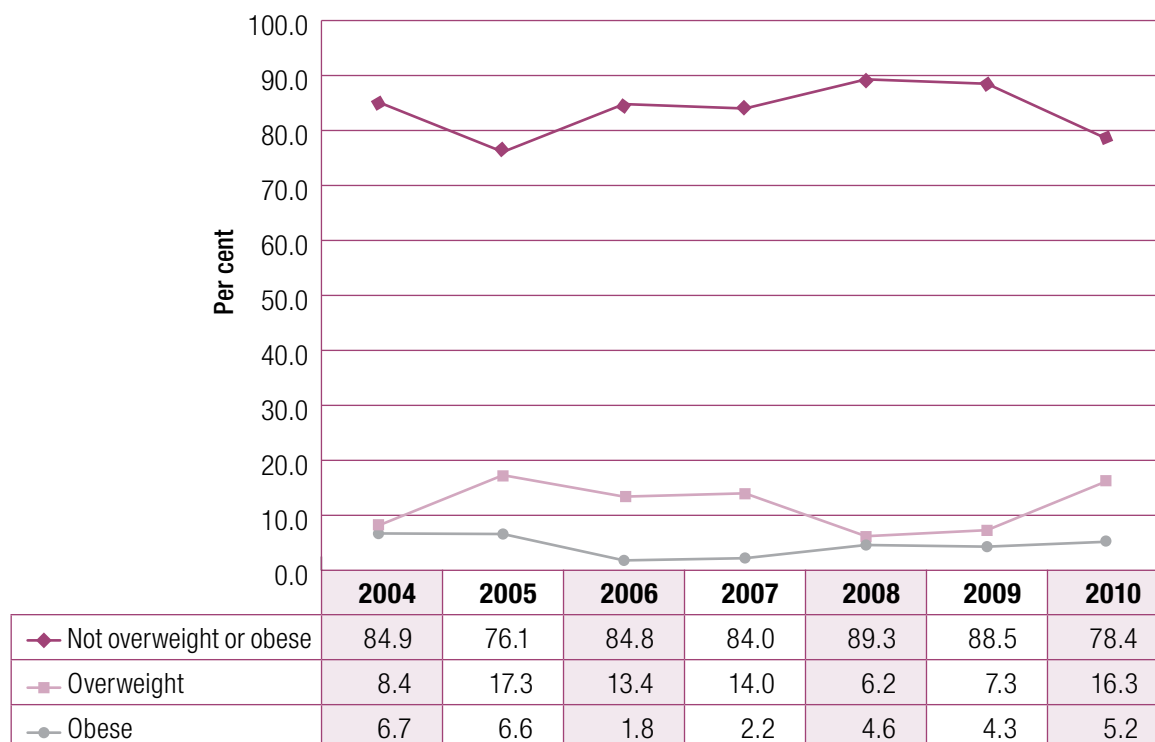
57 Australian Institute of Health and Welfare 2011, *Headline Indicators for children’s health, development and wellbeing 2011*, Australian Institute of Health and Welfare, p.41.

58 Australian Bureau of Statistics 2009, ‘Children who are overweight or obese’, *Australian Social Trends, Sep 2009* [website], viewed 22 September 2011, <[http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication24.09.093/\\$File/41020\\_Childhoodobesity.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication24.09.093/$File/41020_Childhoodobesity.pdf)>.

59 Australian Institute of Health and Welfare 2011, *Headline Indicators for children’s health, development and wellbeing 2011*, Australian Institute of Health and Welfare, p.41.

60 Australian Institute of Health and Welfare 2011, *Headline Indicators for children’s health, development and wellbeing 2011*, Australian Institute of Health and Welfare, p.42.

**Figure 8: Prevalence of BMI categories for young people 16 to 17 years: in per cent, self-reported, Western Australia, 2004 to 2010**



Source: Data provided by Public Health Division, WA Department of Health, (unpublished).

**Table 9: Prevalence of BMI categories for children and young people five to 15 years: in per cent, by gender, as reported by parent/guardian, Western Australia, 2010**

	Not overweight or obese	Overweight	Obese
Male	79.6	13.5	6.8
Female	75.9	20.4	3.7

Source: Data provided by Public Health Division, WA Department of Health, (unpublished).

**Table 10: Prevalence of BMI categories for children and young people five to 17 years: in per cent, as measured during interview, Western Australia and Australia, 2007–08**

	WA	Australia
Underweight/normal*	74.9	75.3
Overweight	19.7	17.2
Obese	5.4**	7.5
Total	100.0	100.0

Source: ABS 2009, *National Health Survey, State Tables, 2007–08*.

\* Estimates for respondents categorised as underweight are not published in State data due to the small sample size and are therefore included in category underweight/normal.

\*\* The estimate has a relative standard error of 25 per cent to 50 per cent and should be used with caution.

### What is this measure?

This measure is concerned with the BMI of children and young people five to 17 years old.

Figure 7 and Figure 8 include data taken from the WA Health and Wellbeing Surveillance System (HWSS).<sup>61</sup> This survey is conducted monthly by phone interview and aggregated over the year.

For the five to 15 year-old age group, the BMI is calculated from parental responses about their child's height and weight, while BMI for the 16 to 17 years age group is calculated from the young person's own responses.

Table 10 shows estimates derived from the National Health Survey (NHS) 2007–08 that is conducted by the ABS.<sup>62</sup> The NHS is an Australia-wide survey of over 20,000 people who are randomly selected and interviewed in person. In the 2007–08 survey, for the first time since 1995<sup>63</sup> the height and weight of respondents aged five years and over was measured in the interview and this was recorded in addition to the self-reported data. The estimates shown in Table 10 are based on the measured results.

Of the two data sets that inform this measure, neither is available by region or by Aboriginality.

NHS estimates for respondents categorised as underweight are not available for individual states and territories.<sup>64</sup> The estimates are included in category 'underweight/normal'. Similarly, the HWSS results for respondents categorised as underweight are included in category 'not overweight or obese'.

### Commentary

In 2010, the HWSS found that based on responses from parents or carers more than three-quarters (77.7%) of WA children aged five to 15 years were not overweight or obese.

The HWSS data for this measure for the past five years shows a slight change in the results for the age group five to 15 years, where the proportion of children considered not overweight or obese has increased from 73.6 per cent in 2004 to 77.7 per cent in 2010. In terms of gender differences, the survey results indicate a greater prevalence of overweight female children and a greater prevalence of obesity in male children, although these differences are not statistically significant (Table 9).

For young people 16 and 17 years of age, the proportion who are not overweight or obese (based on self-assessment) decreased from 84.9 per cent in 2004 to 78.4 per cent in 2009.

Based on results from the 2007–08 NHS, the ABS estimates that in WA 74.9 per cent of five to 17 year olds are not overweight or obese.<sup>65</sup> This is similar to the result for Australia overall (75.3%). Approximately one in five of those in the five to 17 year age group in WA are considered overweight and around one in 20 are obese.<sup>66</sup> Comparison with previous years is not possible as only self-reported measurements were collected.<sup>67</sup>

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61 Davis P & Joyce S 2011, *The Health and Wellbeing of Children in Western Australia in 2010, Overview and Trends*. Department of Health, Western Australia.

62 Australian Bureau of Statistics 2009, *National Health Survey: Summary of Results, 2007-2008* (Reissue), 'Table 12: Health risk factors: Children aged 5 to 17 years', data cube: Excel spreadsheet, cat. no. 4364.0, [website] viewed 22 September 2011, <[http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.02007-2008%20\(Reissue\)?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.02007-2008%20(Reissue)?OpenDocument)>.

63 Australian Bureau of Statistics 1997, *National Nutrition Survey: Selected Highlights, Australia, 1995*, cat. no. 4802.0, [website] viewed 10 January 2012, <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4802.0>>.

64 Due to small sample size and corresponding high relative standard error rates.

65 Included in this estimate is the proportion of respondents that qualify as 'underweight'.

66 For a detailed discussion on the tendency for survey participants to over-estimate height and under-estimate weight, refer to Australian Bureau of Statistics 1995, *How Australians Measure Up*, cat. no. 4359.0, [website] viewed 5 January 2012, <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/Lookup/CA25687100069892CA256889001F4A36/\\$File/43590\\_1995.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/Lookup/CA25687100069892CA256889001F4A36/$File/43590_1995.pdf)>.

67 The Australian Bureau of Statistics collected measured data for height and weight for the *National Nutrition Survey* of 1995 however these results have not been reflected here.

### Strategies

#### National Partnership Agreement on Preventative Health (NPAPH); Healthy Children Initiative, Commonwealth Government

The objective of the NPAPH is to reduce the risk of chronic disease by reducing the prevalence of overweight and obesity, improving nutrition and increasing levels of physical activity in adults, children and young people through the implementation of programs in various settings.

Further information is available at

[http://www.federalfinancialrelations.gov.au/content/national\\_partnership\\_agreements/health/preventative\\_health/healthy\\_children/WA.pdf](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/health/preventative_health/healthy_children/WA.pdf)

#### Physical Activity Taskforce, Government of Western Australia

This taskforce coordinates an across-government approach for the development and implementation of a whole-of-community physical activity strategy for WA, through increased policy coordination and collaboration. The taskforce and partner agencies coordinate and support a range of physical activity programs, initiatives and organisations.

Further information is available at <http://www.beactive.wa.gov.au> and <http://www.dsr.wa.gov.au>

#### Department of Sport and Recreation, Government of Western Australia

The Department of Sport and Recreation (DSR) is the lead agency responsible for the implementation of government policy and initiatives in sport and recreation. DSR supports a number of initiatives to encourage physical activity by children and young people. These include organised sport as well as access to natural spaces and child-friendly built environments.

Further information is available at <http://www.dsr.wa.gov.au/>

#### Measure Up Campaign, Commonwealth Government

This campaign was originally funded from 2006 to 2010 and has been extended until July 2013 as part of the National Partnership Agreement on Preventive Health by the Council of Australian Governments.

The primary target group for the campaign is 25 to 50 year olds who have children, in recognition that parents' behaviour is likely to have an impact on their children's lifestyle behaviours. Parents also tend to be interested in their child's long-term health and want to support their positive development.

Further information is available at

<http://www.health.gov.au/internet/abhi/publishing.nsf/Content/About+the+campaign-lp#measure>

### Want to know more?

The WA Department of Health publishes annual data on the BMI categories for five to 15 year-olds in *Health and Wellbeing of Children in Western Australia*, available at <http://www.health.wa.gov.au>

The WA Department of Health publishes annual data on the BMI categories for adults 16 years and over in the *Health and Wellbeing of Adults in Western Australia*, available at <http://www.health.wa.gov.au>



National Health Survey 2007–08

The Australian results for this survey are available at  
[http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/33685732D212C03FCA2577E30018F0F1/\\$File/43640D0012\\_20072008.xls#TopOfTable\\_Table\\_1\\_1](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/33685732D212C03FCA2577E30018F0F1/$File/43640D0012_20072008.xls#TopOfTable_Table_1_1)

The WA results from this survey are available at  
[http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/3F281B37A7DD69E4CA2578610014DA14/\\$File/43620do005\\_20072008\\_western\\_australia.xls#TopOfTable\\_Table\\_12\\_1](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/3F281B37A7DD69E4CA2578610014DA14/$File/43620do005_20072008_western_australia.xls#TopOfTable_Table_12_1)

Additional tables

**Table 11: BMI categories of children and young people five to 15 years: in per cent, as reported by parent/guardian, Western Australia, 2004 to 2010**

	Not overweight or obese	Overweight	Obese
2004	73.6	19.7	6.7
2005	70.7	19.9	9.3
2006	78.8	15.1	9.3
2007	82.5	12.9	4.6
2008	80.2	14.1	5.8
2009	77.3	16.8	5.8
2010	77.7	17.0	5.3

Source: Data provided by Public Health Division, WA Department of Health, (unpublished).

**Table 12: BMI categories of young people 16 to 17 years: in per cent, self-reported, Western Australia, 2004 to 2010**

	Not overweight or obese	Overweight	Obese
2004	84.9	8.4	6.7
2005	76.1	17.3	6.6
2006	84.8	13.4	1.8
2007	84.0	14.0	2.2
2008	89.3	6.2	4.6
2009	88.5	7.3	4.3
2010	78.4	16.3	5.2

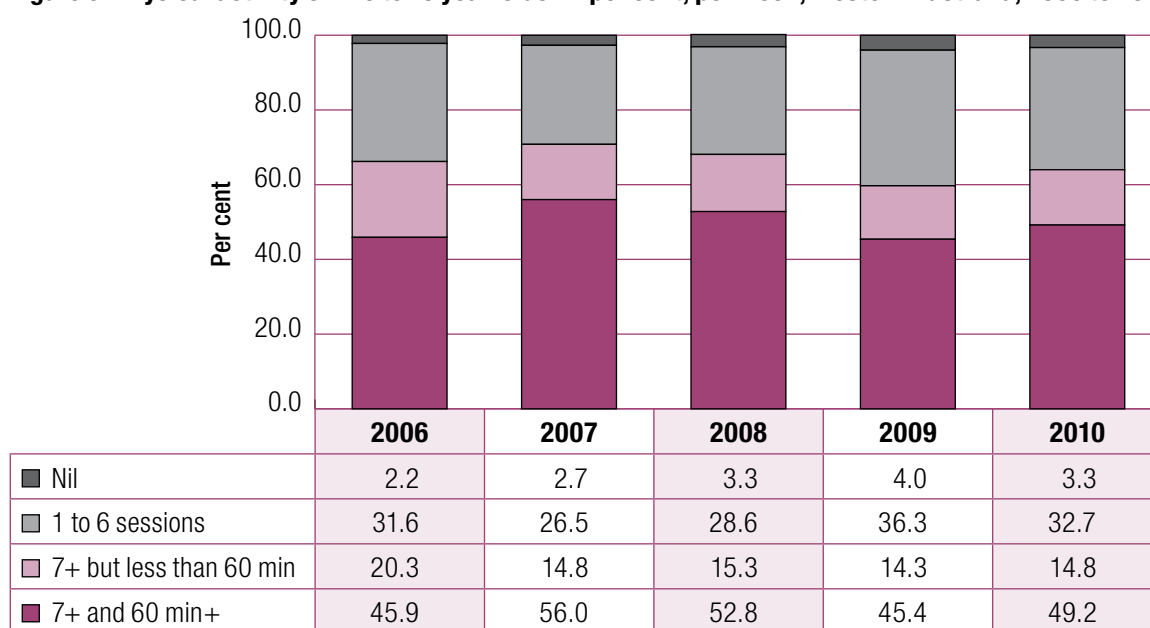
Source: Data provided by Public Health Division, WA Department of Health, (unpublished).

## 2.8 Physical activity

### Why this measure has been included

Physical activity may have positive effects on overall health and wellbeing. Maintaining an active lifestyle decreases the risk of a number of lifestyle-related diseases such as coronary heart disease, stroke and diabetes.<sup>68</sup>

**Figure 9: Physical activity of five to 15 year-olds: in per cent, per week, Western Australia, 2006 to 2010**

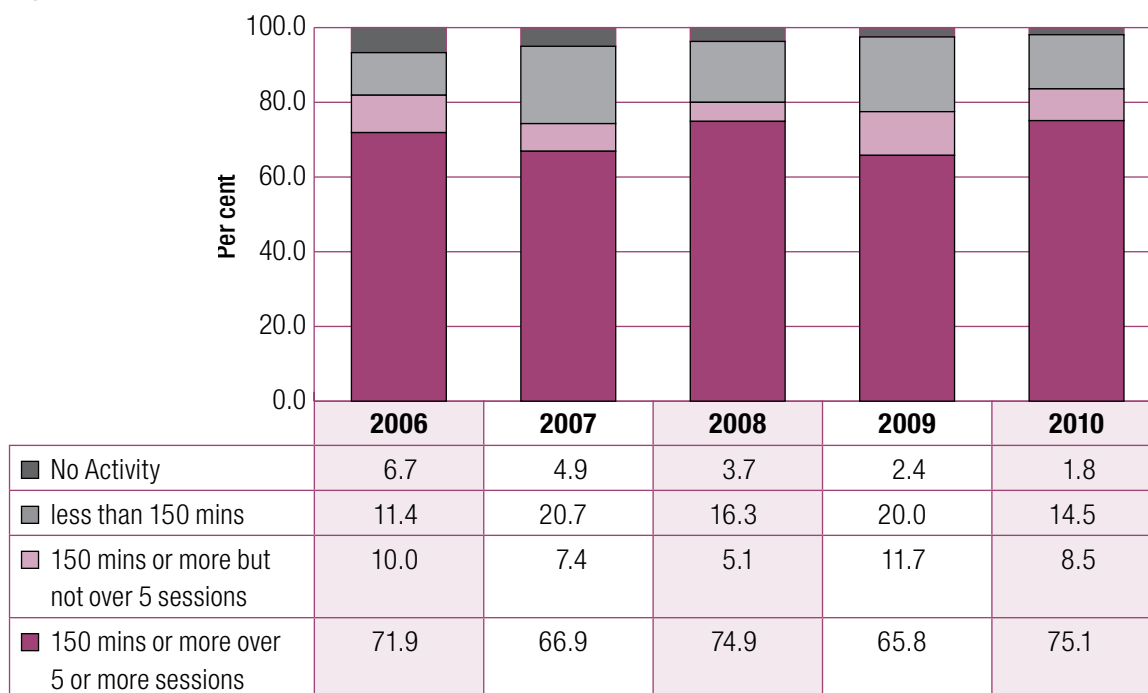


Source: Data supplied by Public Health Division, WA Department of Health, (unpublished).

Note: The minimum requirement for this age group is seven sessions of at least 60 minutes (dark purple pattern only).

68 Davis P & Joyce S 2011, *The Health and Wellbeing of Children in Western Australia in 2010*, Overview and Trends, Department of Health, Western Australia, p.44.

**Figure 10: Physical activity of 16 to 17 year-olds: in per cent, per week, Western Australia, 2006 to 2010**



Source: Data supplied by Public Health Division, WA Department of Health, (unpublished).

Note: The minimum requirement for this age group is five sessions to a total of 150 minutes (dark purple pattern only).

**What is this measure?**

This measure examines the reported weekly physical activity levels of children and young people five to 17 years old. WA data is sourced through the WA HWSS.<sup>69</sup> The data for children and young people five to 15 years is reported by parents and data for those 16 to 17 years is self-reported. Children aged five to 15 years are considered to meet the requirement if they maintain seven sessions of physical activity per week for at least 60 minutes per session. Young people aged 16 to 17 years meet the requirement if they participate in at least five sessions to a total of 150 minutes per week.

**Commentary**

In 2006 around 45 per cent of children in WA between five and 15 years of age met the physical activity guidelines. After an increase from that rate in the following two years, when more than half of children met the guidelines, in 2010 the result was similar to 2006. Boys were significantly more likely to complete the recommended amount of physical activity compared with girls. In 2010, 59.1 per cent of boys aged between five and 15 years met the guidelines compared with 38.4 per cent of girls in this age group<sup>70</sup> (Figure 9).

Figure 10 shows that in the same year, three-quarters (75.1%) of young people aged 16 and 17 years met the guidelines, which is the highest percentage since 2006.

69 Annual series published as *The Health and Wellbeing of Children in Western Australia: Overviews and Trends* and *Health and Wellbeing of Adults in Western Australia: Overviews and Trends*, various years.

70 Davis P & Joyce S 2011, *The Health and Wellbeing of Children in Western Australia: Overviews and Trends*, Department of Health, Western Australia, p.46.

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It is difficult to compare State data with national data due to the differences in the age groupings. However, the Victorian Child Health and Wellbeing Survey in 2006 found that 71.2 per cent of Victorian children aged five to 12 years met the daily guidelines.<sup>71</sup> Similarly, the Tasmanian Child Health and Wellbeing Survey reported that 62 per cent of children aged five to 12 years were physically active for at least 60 minutes per day.<sup>72</sup>

The Commissioner for Children and Young People WA's research into the wellbeing of children and young people in WA found that children and young people were interested in both structured and unstructured physical activity and recreation. The participants said that, as well as the physical health benefits, recreational activities provided an important opportunity for children and young people to develop confidence, competence and a sense of achievement. However, some participants noted that there were barriers to participating in activities such as lack of facilities, cost, lack of transport, age restrictions and safety concerns. This was particularly the case for children and young people in remote areas.<sup>73</sup>

### Strategies

#### National Partnership Agreement on Preventative Health (NPAPH); Healthy Children Initiative, Commonwealth Government

The objective of the NPAPH is to reduce the risk of chronic disease by reducing the prevalence of overweight and obesity, improving nutrition and increasing levels of physical activity in adults, children and young people through the implementation of programs in various settings.

Further information is available at:

[http://www.federalfinancialrelations.gov.au/content/national\\_partnership\\_agreements/health/preventative\\_health/healthy\\_children/WA.pdf](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/health/preventative_health/healthy_children/WA.pdf)

#### Physical Activity Taskforce, Government of Western Australia

This taskforce coordinates an across-government approach for the development and implementation of a whole-of-community physical activity strategy for WA, through increased policy coordination and collaboration. The Taskforce and partner agencies coordinate and support a range of physical activity programs, initiatives and organisations.

Further information is available at <http://www.beactive.wa.gov.au> and <http://www.dsr.wa.gov.au>

#### Department of Sport and Recreation, Government of Western Australia

The Department of Sport and Recreation (DSR) is the lead agency responsible for the implementation of government policy and initiatives in sport and recreation. DSR supports a number of initiatives to encourage physical activity by children and young people. These include organised sport as well as access to natural spaces and child-friendly built environments.

Further information is available at <http://www.dsr.wa.gov.au/>

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71 Department of Education and Early Childhood Development 2009, *The State of Victoria's Children 2008: A report on how children and young people in Victoria are faring*, Department of Education and Early Childhood Development, p.51.

72 Tasmanian Government 2009, *Kids Come First Report 2009: Outcomes for Children and Young People in Tasmania*, Tasmanian Government, p.47.

73 Commissioner for Children and Young People Western Australia 2010, *Speaking out about wellbeing*, Commissioner for Children and Young People Western Australia, pp.12–13.

### Measure Up Campaign, Commonwealth Government

This campaign was originally funded from 2006 to 2010 and has been extended until July 2013 as part of the National Partnership Agreement on Preventive Health by the Council of Australian Governments.

The primary target group for the campaign is 25 to 50 year olds who have children, in recognition that parents' behaviour is likely to have an impact on their children's lifestyle behaviours. Parents also tend to be interested in their child's long-term health and want to support their positive development.

Further information is available at

<http://www.health.gov.au/internet/abhi/publishing.nsf/Content/About+the+campaign-lp#measure>

### Want to know more?

#### Data on physical activity

The WA Department of Health publishes annual data on the physical activity of five to 15 year-olds in the *Health and Wellbeing of Children in Western Australia*, available at <http://www.health.wa.gov.au>

The WA Department of Health publishes annual data on the physical activity of adults 16 year and over in the *Health and Wellbeing of Adults in Western Australia*, available at <http://www.health.wa.gov.au>

Comparison data for WA with Australia is available from the 2007 Australian National Children's Nutrition and Physical Activity Survey, available at [http://www.health.gov.au/internet/main/publishing.nsf/content/66596E8FC68FD1A3CA2574D50027DB86/\\$File/childrens-nut-phys-survey.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/66596E8FC68FD1A3CA2574D50027DB86/$File/childrens-nut-phys-survey.pdf)

The Child and Adolescent Physical Activity and Nutrition survey, conducted in 2003 and 2008, measures physical activity levels and nutrition behaviours of WA children and young people adolescents.

Further information is available at <http://www.beactive.wa.gov.au/index.php?id=316>

**Additional tables**

**Table 13: Physical activity of five to 15 year-olds: in per cent, per week, Western Australia, 2006 to 2010**

	<b>None</b>	<b>1 to 6 sessions</b>	<b>7 or more sessions but less than 60 minutes</b>	<b>7 or more sessions and 60 minutes or more</b>
2006	2.2	31.6	20.3	45.9
2007	2.7	26.5	14.8	56.0
2008	3.3	28.6	15.3	52.8
2009	4.0	36.3	14.3	45.4
2010	3.3	32.7	14.8	49.2

Source: Data supplied by Public Health Division, WA Department of Health.

Note: The minimum requirement for this age group is seven sessions of at least 60 minutes.

**Table 14: Physical activity of 16 to 17 year-olds: in per cent, per week, Western Australia, 2006 to 2010**

	<b>None</b>	<b>Less than 150 minutes</b>	<b>150 minutes or more but not over 5 sessions</b>	<b>150 minutes or more over 5 or more sessions</b>
2006	6.7	11.4	10.0	71.9
2007	4.9	20.7	7.4	66.9
2008	3.7	16.3	5.1	74.9
2009	2.4	20.0	11.7	65.8
2010	1.8	14.5	8.5	75.1

Source: Data supplied by Public Health Division, WA Department of Health.

Note: The minimum requirement for this age group is five sessions to a total of 150 minutes .

### 2.9 Treatment for a mental health disorder

#### Why this measure has been included

Good mental health is an essential component of wellbeing and means that children and young people are more likely to have fulfilling relationships, cope with adverse circumstances and adapt to change.<sup>74</sup> Poor mental health for children and young people is associated with behavioural issues, a diminished sense of self-worth and a decreased ability to cope. This can affect their quality of life, emotional wellbeing and capacity to engage in school and community activities.<sup>75</sup>

When a person experiences a mental health problem or disorder in childhood or adolescence, it can be a precursor to ongoing mental health issues in adulthood and increases the likelihood of alcohol and drug use, smoking, poorer physical health and social skills, and lower educational attainment.<sup>76</sup>

#### What is this measure?

There is no adequate or reliable data which accurately reflects the extent of mental health issues among children and young people in the community.

In information provided to the Commissioner for Children and Young People WA's Inquiry into the mental health and wellbeing of children and young people in Western Australia,<sup>77</sup> the Infant, Child, Adolescent and Youth Mental Health Executive Group estimated that the Child and Adolescent Mental Health Service was only funded to provide a service to 20 per cent of the children and young people who required it.<sup>78</sup>

Additionally, underfunding of many mental health services has resulted in stringent eligibility criteria being developed to manage demand.<sup>79</sup> Underfunding has also resulted in lengthy waiting lists with a focus on 'crisis' response rather than comprehensive early intervention and treatment.<sup>80</sup> In regional and remote areas of WA, mental health assessment, early intervention and treatment services are especially limited.<sup>81</sup>

#### Commentary

A number of studies have examined the prevalence of mental health problems and disorders in Australian children and young people. The Child and Adolescent component of the National Survey of Mental Health and Well-being, conducted in 1998, concluded that about 14 per cent of Australian children and young people between four and 17 years of age had a mental health problem.<sup>82</sup> A 2009 report by Access Economics stated that almost one-quarter (24.3%) of Australian young people aged 12 to 25 years had some form of mental health illness. Illnesses included anxiety disorders, affective disorders, substance use disorders, personality disorders, childhood disorders, schizophrenia and eating disorders.<sup>83</sup>

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74 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p.4.

75 Commissioner for Children and Young People Western Australia 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, p.28.

76 Commissioner for Children and Young People Western Australia 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, p.28.

77 Commissioner for Children and Young People Western Australia 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia.

78 Infant Child and Youth Mental Health Executive Group 2009, *New Strategic Directions for Child and Adolescent Mental Health Services 2010–2020 (Draft)*, p.10.

79 Commissioner for Children and Young People Western Australia 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, pp.45 & 52.

80 Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Western Australia, pp.65–66.

81 Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Western Australia, p.75.

82 Sawyer M et al 2000, *Mental Health of Young People in Australia: Child and Adolescent Component of the National survey of Mental Health and Well-Being*, Department of Health and Aged Care, Commonwealth of Australia pp.xi.

83 Access Economics 2009, *The economic impact of youth mental illness and the cost effectiveness of early intervention*, Access Economics, p.11.

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TICHR conducted the Western Australian Child Health Survey in 1995, which found that more than one in six children in WA aged four to 17 years had a mental health problem.<sup>84</sup> The Western Australian Aboriginal Child Health Survey in 2005 found that 24 per cent of Aboriginal children aged four to 17 years were at high risk of clinically significant emotional or behavioural difficulties.<sup>85</sup>

The Raine Study, a longitudinal study of a cohort of children born in WA, reported that 11.5 per cent of children aged two years and 20 per cent of children aged five years had clinically significant behavioural problems, with more than six per cent having clinically significant mental health problems at both ages.<sup>86</sup>

The 2011 *Report of the Inquiry into the Mental Health and Wellbeing of Children and Young People in Western Australia*, made 54 recommendations including that:

- funding to the State's ICAYMHS be increased to meet the needs of those with mild, moderate and severe mental illnesses
- the Mental Health Commission improve and maintain comprehensive data collection on the mental health of children and young people, including of mental health and wellbeing outcomes
- funding be provided for the TICHR Child Health Survey to be conducted every three years.

The latter two recommendations are aimed at increasing understanding concerning the extent and nature of mental health problems and disorders amongst children and young people, and to help in the planning of policy and services.<sup>87</sup>

### Strategies

#### Mental Health Commission, Government of Western Australia

The Mental Health Commission (MHC) has responsibility for mental health strategic policy, planning, procurement and performance monitoring and evaluation of services. The MHC is currently involved in strategic planning and short and long term projects for infants, children, adolescents and young people.

The MHC has released a strategic plan for WA's mental health system, *Mental Health 2020: Making it personal and everybody's business*, available at [http://www.mentalhealth.wa.gov.au/about\\_mentalhealthcommission/Mental\\_Health2020\\_strategic\\_policy.aspx](http://www.mentalhealth.wa.gov.au/about_mentalhealthcommission/Mental_Health2020_strategic_policy.aspx)

#### National Mental Health Policy 2008, Commonwealth Government

This policy provides an overarching vision and intent for the mental health system in Australia and is available at [http://www.health.gov.au/internet/main/publishing.nsf/content/532CBE92A8323E03CA25756E001203BF/\\$File/finpol08.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/532CBE92A8323E03CA25756E001203BF/$File/finpol08.pdf)

#### Fourth National Mental Health Plan 2009–2014, Commonwealth Government

This plan has been developed to further guide reform and identifies key actions for progress towards fulfilling the vision of the Policy and is available at [http://www.health.gov.au/internet/main/publishing.nsf/content/360EB322114EC906CA2576700014A817/\\$File/plan09v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/360EB322114EC906CA2576700014A817/$File/plan09v2.pdf)

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84 Zubrick S et al 1995, *Western Australian Child Health Survey: Developing Health and Wellbeing in the Nineties*, Australian Bureau of Statistics and Institute for Child Health Research, Western Australia, p.35.

85 Zubrick, S, et al 2005, *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*, Curtin University of Technology and Telethon Institute for Child Health Research, p.25.

86 Robinson et al 2008, 'Pre- and post-natal influences on pre-school mental health: a large-scale cohort study', *The Journal of Child Psychology and Psychiatry*, 2008, 49 (10), pp.1118–28.

87 Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, pp.65–67.



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### National Mental Health Commission, Commonwealth Government

In June 2011 the Commonwealth Government announced Australia's first National Mental Health Commission reporting to the Prime Minister. It will contribute to the Government's mental health reform through providing independent expert advice based on evidence of the mental health system's performance across all jurisdictions.

More information is available at  
<http://www.mentalhealthcommission.gov.au/>

### Want to know more?

#### Reports on mental health

The Commissioner's *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* is available at <http://www.cyp.wa.gov.au/files/MentalWellbeingInquiry/CCYP%20Mental%20Health%20Inquiry%20-%20Report%20to%20Parliament.pdf>

#### Mental health assistance for children and young people

There are several organisations that provide help for children and young people needing advice or with a mental health problem, including:

- Kids Helpline <http://www.kidshelpline.com.au>
- Lifeline <http://www.lifeline.org.au>
- ReachOut.com <http://au.reachout.com>
- youth beyondblue <http://www.youthbeyondblue.com/>
- YouthFocus <http://youthfocus.com.au/>
- headspace <http://www.headspace.org.au>

## 2.10 Exposure to family and domestic violence

### Why this measure has been included

Research has consistently identified the negative effects of exposure to family and domestic violence on children and young people.<sup>88</sup>

Some of the psychological and behavioural effects of exposure to family and domestic violence can include depression, anxiety, trauma symptoms, antisocial behaviour, mood problems, school difficulties and a higher likelihood of substance abuse.<sup>89</sup> Other research has identified that possible consequences of exposure to family violence include eating disorders, early school leaving, suicide attempts and violence.<sup>90</sup>

There is a growing body of evidence around the effects of witnessing family and domestic violence on children and young people. While the child themselves may not be the subject of the violent behaviour, the existence of violent behaviour in their household has been shown, for a significant proportion of children, to cause trauma. This can have effects on the child’s coping mechanisms and sense of self, can cause a state of hyper-vigilance, and in some cases can manifest as post-traumatic stress disorder.<sup>91</sup> Not all children witnessing domestic violence exhibit trauma symptoms,<sup>92</sup> regardless, every child or young person has a right<sup>93</sup> to live free from violence in any form.

**Table 15: Reported family and domestic incidents: rate per 1,000 population, by police district of Western Australia, 2006 and 2010**

	Rate of ‘crime’ incidents		Rate of ‘general’ incidents		Rate of all incidents	
	2006	2010	2006	2010	2006	2010
Central Metropolitan	4.0	3.1	2.8	4.8	6.8	7.9
East Metropolitan	4.9	5.5	5.4	8.3	10.3	13.8
South Metropolitan	5.1	4.0	5.1	6.8	10.2	10.8
West Metropolitan	5.7	4.6	7.0	8.0	12.7	12.6
North West Metropolitan	4.2	3.4	5.2	6.8	9.4	10.1
South East Metropolitan	7.3	5.8	7.1	10.4	14.4	16.2
Goldfields-Esperance	16.4	13.8	13.4	24.0	29.7	37.8
Great Southern	6.8	4.4	5.9	7.5	12.7	12.0
Kimberley	29.7	34.4	21.0	37.8	50.7	72.3
Mid West-Gascoyne	10.9	10.8	14.8	17.0	25.7	27.8
Peel	6.8	6.2	7.4	10.9	14.2	17.1
Pilbara	16.7	12.5	12.7	15.7	29.4	28.2
South West	4.7	4.3	4.4	6.6	9.2	10.9
Wheatbelt	8.7	7.7	7.3	10.9	16.0	18.6
Western Australia	6.7	5.8	6.7	9.5	13.5	15.3

Source: Offence information supplied by WA Police; Population information calculated from ABS Estimated Resident Population, 2006 and 2010, rates calculated by Commissioner for Children and Young People.

Note: Incidents reported here as family or domestic incidents are those in which a ‘Family Relationship’ has been flagged in the WA Police Incident Management System.

88 The term ‘exposure’ is used here to reflect current research which shows that a child does not have to be a witness to actual physical violence to be affected by it and that family and domestic violence can take many forms. Richards K 2011, *Children’s exposure to domestic violence in Australia*, Trends and issues in crime and criminal justice, No 419, Australian Institute of Criminology, June 2011, p.1.  
 89 Richards K 2011, *Children’s exposure to domestic violence in Australia*, Trends and issues in crime and criminal justice, No 419, Australian Institute of Criminology, June 2011, p.3.  
 90 Richards K 2011, *Children’s exposure to domestic violence in Australia*, Trends and issues in crime and criminal justice, No 419, Australian Institute of Criminology, June 2011, p.3.  
 91 Laing L 2000, *Children, young people and domestic violence*, Issues Paper no. 2, Australian Domestic and Family Violence Clearinghouse.  
 92 Humphreys C 2007, *Domestic violence and child protection: Challenging directions for practice*, Issues Paper no. 13, Australian Domestic and Family Violence Clearinghouse.  
 93 Article 19 of the United Nations Convention on the Rights of the Child.

### What is this measure?

There is no adequate or reliable data which reflects the incidence of family and domestic violence in the community, in particular, children's exposure to it. Family and domestic violence is generally under reported.<sup>94</sup> Hence, any data that is available is at best a proxy and indicative measure and cannot reflect the extent of exposure to family violence. The data in Table 15 is limited as a measure of children and young people's exposure to family violence and is at best a proxy and indicative measure.

This measure compares police data on family and domestic incidents from 2006 and 2010. Rates are per 1,000 population, calculated against the ABS Estimated Resident Population for 2006 and 2010 respectively.<sup>95 96</sup> In the tables, a 'crime' incident indicates police recorded one or more offences against at least one person involved in the incident, while a 'general' incident indicates there were no offences recorded.

This data has been reported by WA Police district and, due to differing collection strategies, the data is not comparable with other states or nationally. It is not available by Aboriginality.

All the reported incidents are those in which a family or domestic relationship exists between parties, but this does not necessarily indicate that the incident was family violence or a precursor to family violence.

### Commentary

From current data it is difficult to know how many children are directly affected by family and domestic violence. The report *Children's exposure to domestic violence in Australia* examines current literature on the effects of family and domestic violence on children and infers that households where violence is reported are considerably more likely to have children present than non-violent households.<sup>97</sup>

Table 15 shows that between 2006 and 2010 the overall rate of reported family and domestic incidents has increased. However, the rate of 'crime' incidents has decreased, while the rate of 'general' incidents has increased significantly.

In 2006 the rate of 'crime' incidents was higher than 'general' incidents in eight of 14 districts. By 2010 this trend had shifted, and all districts recorded a higher rate of 'general' incidents than 'crime' incidents.

WA Police advise that this reversal may in part be attributed to changes in legislation and policy around responses to family and domestic violence. Recent years have seen the consolidation of a cross-government collaborative approach to addressing family and domestic violence, including the establishment of models where WA Police and Department for Child Protection (DCP) officers are co-located, to allow a more immediate response. WA Police are also taking a more proactive approach to addressing family violence incidents, particularly promoting early intervention. In addition, WA Police have implemented improved recording of incidents and better education and training around appropriate responses to family violence. This increased focus on family violence has seen increased reports of potential family violence incidents, allowing police to intervene prior to offending behaviour occurring.<sup>98</sup>

Rates of reported incidents, per 1,000 population, are considerably higher in the Kimberley, Pilbara, Goldfields-Esperance and Mid West-Gascoyne than in the metropolitan and southern districts.

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94 A discussion of this can be found in Richards K 2011, *Children's exposure to domestic violence in Australia*, Trends and issues in crime and criminal justice No. 491, June 2011, Australian Institute of Criminology.

95 Australian Bureau of Statistics 2007, *Population by Age and Sex, Australia, 2006*, 'Table – Population Estimates by Age and Sex, Western Australia by Geographical Classification [ASGC 2006]', data cube: Excel spreadsheet, cat. no. 3235.0 [website], viewed 17 August 2011, <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/FDB4BC36AC4D8E09CA2573210018C32C/\\$File/32350\\_agesex\\_wa\\_%202006.xls](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/FDB4BC36AC4D8E09CA2573210018C32C/$File/32350_agesex_wa_%202006.xls)>.

96 Australian Bureau of Statistics 2011, *Population by Age and Sex, Regions of Australia, 2010*, 'Table – Population Estimates by Age and Sex, Western Australia by Geographical Classification [ASGC 2010], 2005 and 2010', datacube: Excel spreadsheet, cat. no. 3235.0 [website], viewed 17 August 2011 <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/23478B15D2FD9DACC2578E10013A199/\\$File/32350ds0006\\_wa\\_2005\\_2010.xls](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/23478B15D2FD9DACC2578E10013A199/$File/32350ds0006_wa_2005_2010.xls)>.

97 Richards K 2011, *Children's exposure to domestic violence in Australia*, Trends and issues in crime and criminal justice, No 419, June 2011, p.2.

98 Western Australian Police 2011, Information provided to the Commissioner for Children and Young People, [email], 3 November 2011.

### Strategies

#### National Plan to Reduce Violence against Women and their Children 2012–2020, Commonwealth Government

Through six broad strategic areas, the intention of this plan is to reduce sexual assault and family and domestic violence.

The plan is available at

[http://www.fahcsia.gov.au/sa/women/progserv/violence/nationalplan/Documents/national\\_plan.pdf](http://www.fahcsia.gov.au/sa/women/progserv/violence/nationalplan/Documents/national_plan.pdf)

#### WA Strategic Plan for Family and Domestic Violence 2009–2013, Government of Western Australia

As part of the above national plan, each state is required to develop a state plan. The WA plan has a focus on prevention and early intervention, safety for victims and bringing perpetrators to account.

Further information is available at

<http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/WAstrategicPlanforFamilyandDomesticViolence.pdf>

#### youthsayno, Government of Western Australia

The youthsayno website is provided by the Department for Child Protection's Family and Domestic Violence Unit. The website provides information on the possible impacts of family and domestic violence on young people. It also details what a child or young person can do if they are subject to family and domestic violence, or want to help someone who is subject to family violence.

Further information is available at <http://www.youthsayno.wa.gov.au>

### Want to know more?

Police information on family and domestic violence is available at

<http://www.police.wa.gov.au/Yoursafety/Familyviolence/tabid/895/Default.aspx>

Information from the Department for Child Protection is available at

<http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Pages/FamilyandDomesticViolence.aspx>

## 2.11 Substantiations of notifications of abuse or neglect of children and young people

### Why this measure has been included

National and international research consistently refers to the profound impact of trauma on children and young people who have been abused and/or neglected and the trauma of being removed from their parents and potentially other family members. This trauma, coupled with a lack of secure attachment, contributes to these children and young people being at high risk of mental health problems, including attention and social problems. There are also higher rates of suicide attempts by children and young people who have been abused or neglected when compared with the general population.<sup>99 100</sup>

**Table 16: Children and young people who were the subjects of substantiations of notifications: rate per 1,000 population 0 to 17 years, states and territories, 2004–05 to 2009–10**

	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Total
2004–05	5.8	6.0	13.4	2.1	5.2	5.4	11.4	7.6	7.1
2005–06	8.0	6.3	10.4	1.9	4.2	5.6	11.4	7.8	7.2
2006–07	8.5	5.6 (b)	8.7	2.3	5.0	6.8	7.4 (c)	8.8	6.9
2007–08	8.2	5.1	7.1	2.7	5.2	7.9	7.1	11.4	6.5
2008–09	8.7	5.0	6.3	2.8	5.4	9.1	7.8	12.3	6.5
2009–10	8.0 (d)	5.2	5.7	2.9 (e)	4.2 (f)	7.4	7.0	16.6	6.1

Source: AIHW, *Child protection Australia 2009–10*.

- (a) The increase in the rate of children who were the subject of a substantiation in Tasmania is considered to be due in part to increased application of the Tasmanian Risk Framework as well as greater adherence to the definition of ‘substantiation’ published by the Australian Institute of Health and Welfare. It should also be noted that data relating to Tasmanian substantiations for 2005–06 and 2006–07 should be interpreted carefully due to the high proportion of investigations in process by 31 August 2007.
- (b) Due to new service and data reporting arrangements, the Victorian child protection data for 2006–07 onwards may not be fully comparable with previous years’ data.
- (c) The decrease in the number of substantiated investigations reflects a requirement of staff to substantiate emotional abuse or neglect only if there was, or is likely to be, significant harm and there was no-one with parental responsibility willing and able to protect the child/young person. Recording an outcome of an appraisal as not substantiated does not exclude ongoing work with the child or young person.
- (d) New South Wales figures are not comparable with those of other jurisdictions.
- (e) WA introduced a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data as at 30 June 2010.
- (f) During 2009–10, South Australia implemented a new client information system and this was accompanied by policy and practice changes. Therefore data for this year are not fully comparable to previous years’ data.

99 Sawyer et al 2007, ‘The mental health and wellbeing of children and adolescents in home-based foster care’, *Medical Journal of Australia*, 186 (4), pp.181-184.

100 Department of Community Services 2007, *Mental Health of Children in Out-of-Home Care in NSW, Australia*, Research to Practise Notes, July 2007, Centre for Parenting and Research, NSW Department of Community Services.

**Table 17: Children and young people who were the subjects of substantiations of notifications: rate per 1,000 population 0 to 17 years, by Aboriginal and non-Aboriginal, states and territories, 2009–10**

	Aboriginal	Non-Aboriginal	All children and young people	Rate ratio Aboriginal/non-Aboriginal (a)
NSW (b)	52.6	6.0	8.0	8.7
Vic	46.9	4.7	5.2	10.0
Qld	25.6	4.2	5.7	6.1
WA (c)	20.7	1.6	2.9	12.7
SA	30.2	3.0	4.2	10.1
Tas	15.7	5.6	7.4	2.8
ACT	61.5	4.9	7.0	12.5
NT	31.9	4.7	16.6	6.7
Australia	35.3	4.6	6.1	7.7

Source: AIHW, *Child protection Australia 2009–10*.

(a) Rate ratios are calculated by dividing the un-rounded rate of Aboriginal children who were in out-of-home care by the un-rounded rate of non-Aboriginal children who were in out-of-home care. The resulting number is a measure of how many Aboriginal children were in out-of-home care for every one non-Aboriginal child who was in out-of-home care.

(b) New South Wales figures are not comparable with those of other jurisdictions.

(c) WA introduced a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data as at 30 June 2010.

**Table 18: Children and young people who were the subjects of substantiations of notifications: in per cent, by type of abuse or neglect, states and territories, 2009–10**

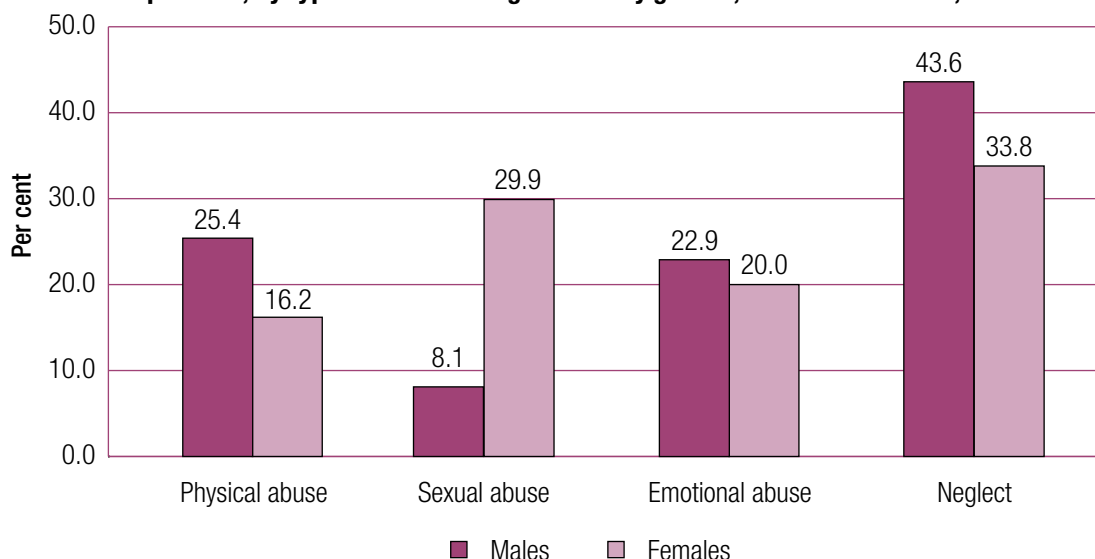
	NSW (a)	Vic	Qld	WA (b)	SA	Tas	ACT	NT	Total
Physical abuse	18.9	37.8	21.9	20.4	11.9	13.4	14.0	20.7	22.9
Sexual abuse	20.2	8.2	6.1	20.0	6.2	8.2	6.5	8.0	13.3
Emotional abuse	31.6	46.9	40.4	21.3	42.6	50.6	45.1	21.2	36.9
Neglect	29.4	7.2	31.5	38.3	39.2	27.8	34.4	50.1	26.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: AIHW, *Child protection Australia 2009–10*.

(a) New South Wales figures are not comparable with those of other jurisdictions.

(b) WA introduced a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data as at 30 June 2010.

**Figure 11: Children and young people who were the subjects of substantiations of notifications: in per cent, by type of abuse or neglect and by gender, Western Australia, 2009–10**



Source: AIHW, *Child protection Australia 2009–10*.

### What is this measure?

This data reports on the numbers and rates of substantiations of a notification of abuse and neglect for children. Substantiations are recorded when the relevant department has received a child protection notification, investigates and concludes that there was reasonable cause to believe that a child has suffered significant harm or is likely to through abuse and/or neglect.

Not all cases of abuse and neglect come to the attention of authorities. This data is therefore presented as a proxy measure, to show a proportion of those children affected by abuse or neglect.<sup>101</sup>

This data is taken from *Child protection Australia 2009–2010* and has been extracted from the administrative systems of the state and territory departments responsible for child protection, according to nationally agreed definitions and counting rules.<sup>102</sup>

The differences between states and territories in legislation, policies and practices in relation to child protection should be taken into account when interpreting the data for this measure.<sup>103</sup> On 1 January 2009, WA introduced mandatory reporting provisions for sexual abuse; where doctors, nurses, midwives, teachers and police have a reasonable suspicion that a child is or has been a victim of sexual abuse, they must report.<sup>104</sup> Other Australian jurisdictions have mandatory reporting of all forms of child abuse (ie physical, emotional and sexual abuse) and child neglect. Victorian and the Australian Capital Territory have mandatory reporting for suspected cases of child sexual abuse and physical abuse only.<sup>105</sup>

It should also be noted that WA implemented a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–2010 data. Data as at 31 December 2010 was used as a proxy for data at 30 June 2010.

101 This is in keeping with other jurisdictions such as Victoria. See Department of Education and Early Childhood Development 2009, *The State of Victoria's children 2008: A report on how children and young people in Victoria are faring*, DEECD, p.83.

102 Australian Institute of Health and Welfare 2011, *Child protection Australia 2009–10*, Cat. no. CWS 39, Australian Institute of Health and Welfare.

103 Australian Institute of Health and Welfare 2011, *Child protection Australia 2009–10*, Cat. no. CWS 39, Australian Institute of Health and Welfare, p.45.

104 For further information on mandatory reporting in Western Australia [website] [www.mandatoryreporting.dcp.wa.gov.au](http://www.mandatoryreporting.dcp.wa.gov.au)

105 Australian Institute of Health and Welfare 2011, *Child protection Australia 2009–10*, Cat. no. CWS 39, Australian Institute of Health and Welfare, pp.91–94.

### Commentary

The *Child protection Australia 2009–10* publication data at Table 16 indicates that in WA, the rate of children who are the subject of a substantiation of a notification of abuse or neglect was 2.9 per 1,000, which is the lowest rate of all jurisdictions. This compares to a national rate for the same period of 6.1 per 1,000.

From 2004–05 to 2009–10 in WA there was a slight increase (0.8 per 1,000) in substantiations of notifications of abuse or neglect. Nationally from 2004–05 to 2009–10 there was a slight decrease of 1.0 per 1,000.

Across all jurisdictions in 2009–10, Aboriginal children and young people were more likely to be the subject of a substantiation of a notification than non-Aboriginal children and young people. Table 17 shows the rate ratio of substantiation of a notification. In WA, the rate ratio of Aboriginal children and young people who were the subject of a substantiation of a notification compared to non-Aboriginal children and young people was the highest of all states and territories at 12.7 per 1,000.<sup>106</sup> The national rate ratio of Aboriginal to non-Aboriginal children substantiation of notifications was 7.7 per 1,000.

In terms of the reasons for substantiations of notifications of neglect and abuse of children and young people, data published in *Child protection Australia 2009–10* (reproduced in Table 18) indicates that in WA, neglect is most common, followed by emotional, physical and sexual abuse, which has a similar substantiation rate with a variance of 1.3 per cent. Other jurisdictions report emotional abuse as the most common reason for substantiations of notifications, except for the Northern Territory where, as with WA, neglect is most common.<sup>107</sup> Males were more likely to be the subjects of substantiations of notifications of all types of abuse other than sexual abuse (Figure 11).

### Strategies

#### Department for Child Protection, Government of Western Australia

The Department for Child Protection has a number of relevant strategies and programs.

Further information is available at <http://www.dcp.wa.gov.au>

#### Mandatory Reporting of Sexual Abuse, Government of Western Australia

On 1 January 2009 the legislation that governs mandatory reporting of child sexual abuse became part of the *Children and Community Services Act 2004*. The legislation makes it a legal requirement for doctors, nurses, midwives, teachers and police officers to report all reasonable beliefs of child sexual abuse to the Department for Child Protection.

Further information is available at <http://www.mandatoryreporting.dcp.wa.gov.au/Pages/Home.aspx>

#### Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020, Council of Australian Governments

This framework consists of strategies to be delivered through a series of three-year action plans and indicators of change that can be used to monitor the success of the Framework.

Further information is available at [http://www.coag.gov.au/coag\\_meeting\\_outcomes/2009-04-30/docs/child\\_protection\\_framework.pdf](http://www.coag.gov.au/coag_meeting_outcomes/2009-04-30/docs/child_protection_framework.pdf)

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<sup>106</sup> Rate ratios are calculated by dividing the un-rounded rate of Aboriginal children who were the subject of a substantiation notification by the un-rounded rate of non-Aboriginal children who were the subject of a substantiation notification.

<sup>107</sup> WA data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data at 30 June 2010.



## CHAPTER 2 - HEALTH AND SAFETY

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### **Want to know more?**

#### Information on child protection

Further information on child protection is available on the Department for Child Protection's website  
<http://www.childprotection.wa.gov.au>

#### Research and reports on child protection

Research and related articles on child protection are available from the National Child Protection Clearing House  
<http://www.aifs.gov.au/nch/>

A national child protection report that provides across jurisdictional data is produced annually and is available on the Australian Institute of Health and Welfare website  
<http://www.aihw.gov.au/publication-detail/?id=6442475448>

2.12 Children and young people in out-of-home care

Why this measure has been included

Out-of-home care refers to the care of children and young people less than 18 years of age who are unable to live with their families, usually due to child abuse and/or neglect. It involves the placement of a child or young person with alternate caregivers on a short- or long-term basis.

International and national studies consistently show that children and young people in out-of-home care experience high levels of disadvantage and have exceptionally poor mental health and social competence relative to the general population.<sup>108 109</sup>

Studies have also found that children and young people who have been in out-of-home care have poor long-term outcomes compared to the general population. These children and young people are less likely to complete schooling to Year 12 level or its equivalent. They are also more likely to be unemployed, homeless, have involvement with the youth justice system, have alcohol and drug use problems and become teenage parents.<sup>110</sup>

**Table 19: Children and young people in out-of-home care: rate per 1,000 population 0 to 17 years, states and territories, 30 June 2005 to 30 June 2010**

	NSW	Vic	Qld	WA	SA (a)	Tas	ACT	NT	Total
2005	5.8	3.8	5.8	3.8	3.9	4.9	4.5	5.5	4.9
2006	6.2	4.1	6.0	4.0	4.3	5.8	5.1	5.9	5.3
2007	7.3	4.3 (b)	5.8	4.7	4.8	5.7 (c)	5.2	6.4	5.8
2008	8.4	4.2	6.4	5.0 (d)	5.2	5.6 (e)	5.5	6.4	6.3
2009	9.4	4.3	6.7	5.1	5.7	6.8	6.3	7.7	6.7
2010	9.9	4.4	6.8	5.1 (f)	6.1	7.5	6.7	8.8	7.0

Source: AIHW, *Child protection Australia 2008–2009 and 2009–10* [series].

- (a) South Australia could only provide the number of children in out-of-home care where the Department is making a financial contribution to the care of a child.
- (b) Due to new service and data reporting arrangements, the Victorian child protection data for 2007 onwards may not be fully comparable with previous years' data.
- (c) The numbers of children in out-of-home care from 30 June 2007 onwards are not comparable to the numbers reported for previous years for Tasmania due to the exclusion of a cohort of children on orders who did not meet the definition of out-of-home care
- (d) Data for 2008 onwards is not strictly comparable to earlier figures for WA as they previously included children whose whereabouts were unknown or who were living with relatives who were not reimbursed.
- (e) Tasmania is not able to include children in care where a financial payment has been offered but has been declined by the carer. However, the number of carers declining a financial payment is likely to be very low.
- (f) WA introduced a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data as at 30 June 2010.

108 Wise S et al 2010, *Care-system Impacts on Academic Outcomes: Research Report June 2010*, Anglicare Victoria and Wesley Mission Victoria, p.55.  
 109 Osborn A and Bromfield L 2007, *Young people leaving care*, Research Brief No. 7, National Child Protection Clearing House, Australian Institute of Family Studies [website], viewed 7 November 2011, <<http://www.aifs.gov.au/nch/pubs/brief/rb7/rb7.pdf>>  
 110 Mendes P 2009, 'Globalization, the Welfare State and Young People Leaving State Out-of-Home Care', *Asian Social Work and Policy Review*, Vol 3 (2), pp.85–94.

**Table 20: Children and young people in out-of-home care: rate per 1,000 population 0 to 17 years, by Aboriginal and non-Aboriginal, states and territories, 30 June 2010**

	Aboriginal	Non-Aboriginal	All children and young people	Rate ratio Aboriginal/non-Aboriginal (a)
NSW	77.3	6.8	9.9	11.3
Vic	53.7	3.7	4.4	14.3
Qld	38.3	4.6	6.8	8.4
WA (b)	40.0	3.0	5.1	13.5
SA (c)	46.8	4.6	6.1	10.2
Tas (d)	16.6	6.8	7.5	2.4
ACT	64.8	5.2	6.7	12.4
NT	14.9	4.0	8.8	3.7
Australia	48.4	5.0	7.0	9.7

Source: AIHW, *Child protection Australia 2009–10*.

- (a) Rate ratios are calculated by dividing the un-rounded rate of Aboriginal children who were in out-of-home care by the un-rounded rate of non-Aboriginal children who were in out-of-home care. The resulting number is a measure of how many Aboriginal children were in out-of-home care for every one non-Aboriginal child who was in out-of-home care.
- (b) WA introduced a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data as at 30 June 2010.
- (c) South Australia can only provide the number of children in out-of-home care where the Department is making a financial contribution to the care of a child.
- (d) Tasmania is not able to include children in care where a financial payment has been offered but has been declined by the carer. However, the number of carers declining a financial payment is likely to be very low.

**Table 21: Children in out-of-home care, by type of placement, Western Australia and Australia, as at 30 June 2010**

Type of Placement	WA(a)	Australia (inc WA)
Foster care	1,267	16,551
Relatives/kin	1,235	16,336
Other home-based care	0	762
<i>Total home-based care</i>	<i>2,502</i>	<i>33,649</i>
Residential care	144	156
Family group homes	64	107
Other(b)	27	307
<b>Total</b>	<b>2,737</b>	<b>35,895</b>

Source: AIHW, *Child protection Australia 2009–10*.

- (a) WA introduced a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data as at 30 June 2010.
- (b) 'Other' includes Independent living.

**Table 22: Aboriginal children in out-of-home care by type of carer, Western Australia and Australia, as at 30 June 2010**

Relationship	WA (a)	Australia (inc WA)
Aboriginal relative/kin	633	4,633
Other Aboriginal caregiver	183	2,001
Other relative/kin	110	1,412
<i>Total placed with relatives/kin or other Aboriginal caregivers</i>	<i>926</i>	<i>8,046</i>
Total not placed with relatives/kin or other Aboriginal caregivers	312	3,370
<b>Total (b) (c)</b>	<b>1,238</b>	<b>11,416</b>

Source: AIHW, *Child protection Australia 2009–10*.

(a) WA introduced a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data as at 30 June 2010.

(b) This table does not include Aboriginal children who were living independently or whose living arrangements were unknown.

(c) Family group homes and residential care are reported under ‘other caregiver’.

### What is this measure?

This measure is of the numbers of children who are in various forms of out-of-home care in WA and Australia. This data is taken from *Child protection Australia 2009–2010* and has been extracted from the administrative systems of the state and territory departments responsible for child protection, according to nationally agreed definitions and counting rules.<sup>111</sup>

The differences between states and territories in legislation, policies and practices in relation to out-of-home care should be taken into account when interpreting the data for this measure.<sup>112</sup> A description of the legislative and regulatory position of each state and territory is available in the *Child protection Australia* series of reports.<sup>113</sup>

It should also be noted that WA implemented a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–2010 data. Data as at 31 December 2010 was used as a proxy for data at 30 June 2010.

111 Australian Institute of Health and Welfare 2011, *Child protection Australia 2009–10*, Cat. no. CWS 39, Australian Institute of Health and Welfare.

112 Australian Institute of Health and Welfare 2011, *Child protection Australia 2009–10*, Cat. no. CWS 39, Australian Institute of Health and Welfare p.45.

113 Australian Institute of Health and Welfare 2011, *Child protection Australia 2009–10*, Cat. no. CWS 39, Australian Institute of Health and Welfare, pp.96–122.

In relation to types of care reported against for this measure:

- 'Foster care' is where a family or an individual cares for other people's children in their own home. The carer must be authorised and reimbursed (or was offered reimbursement but declined) by the state or territory for the care of the child. When this is a member of the child or young person's family it is referred to as 'relative care'.<sup>114</sup>
- 'Family group homes' is where a child or young person is placed in a residential building that is typically run like a family home which has a limited number of children and they are cared for around the clock by resident substitute parents.<sup>115</sup>
- 'Residential care' is where placement is in a residential building whose purpose is to provide placements for children and where there are paid staff.<sup>116 117</sup>

### Commentary

Table 19 shows that at 30 June 2010, the rate of children and young people in out-of-home care in WA was 5.1 per 1,000. This represents a rate increase of 1.3 per 1,000 children and young people from 30 June 2005, when the rate was 3.8 per 1,000.

An increase was recorded across all jurisdictions between 30 June 2005 and 30 June 2010. The overall national increase was 2.1 per 1,000 children, from 4.9 per 1,000 on 30 June 2005 to 7.0 per 1,000 on 30 June 2010.

The rate of children and young people in out-of-home care in WA on 30 June 2010 was the second lowest rate in Australia, with Victoria having the lowest rate at 4.4 per 1,000.<sup>118</sup> As noted above, differences in legislation and policy in the different states and territories might affect the comparability of these figures.

Table 20 shows that in all states and territories on 30 June 2010, the rate of Aboriginal children and young people in out-of-home care was higher than that of non-Aboriginal children and young people.<sup>119</sup> In WA, the rate of Aboriginal children and young people in out-of-home care was 40.0 per 1,000, which represents a rate ratio of Aboriginal to non-Aboriginal children of 13.5.<sup>120</sup>

Nationally, the rate of Aboriginal children and young people in out-of-home care in 2010 was 48.4 per 1,000, which represents a rate ratio of Aboriginal to non-Aboriginal children of 9.7.

In Table 21 it can be seen that children in care in WA are split approximately evenly between foster care and relative care. This is similar to the overall national proportions for children and young people in care.

Table 22 shows the numbers of Aboriginal children and young people in out-of-home care by relationship to carer. Around three-quarters of Aboriginal children and young people in care are placed with relatives or other Aboriginal carers.

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114 Department for Child Protection 2011, *Interested in Foster Caring?* [website], viewed 16 November 2011.

<<http://www.dcp.wa.gov.au/FosteringandAdoption/InterestedInFosterCaring/Pages/InterestedInFosterCaring.aspx>>.

115 Australian Institute of Health and Welfare 2011, *Child protection Australia 2009–10*, Cat. no. CWS 39, Australian Institute of Health and Welfare p.132.

116 Australian Institute of Health and Welfare 2011, *Child protection Australia 2009–10*, Cat. no. CWS 39, Australian Institute of Health and Welfare p.133.

117 In May 2011, the Department for Child Protection commenced operation of a residential secure care centre for children and young people who are at risk to themselves or at risk to others.

118 WA data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data at 30 June 2010.

119 WA data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data at 30 June 2010.

120 Rate ratios are calculated by dividing the un-rounded rate of Aboriginal children who were in out-of-home care by the un-rounded rate of non-Aboriginal children who were in out-of-home care. The resulting number is a measure of how many Aboriginal children were in out-of-home care for every one non-Aboriginal child who was in out-of-home care.

### Strategies

#### Better Care, Better Services: Standards for children and young people in protection and care, Government of Western Australia

These nine standards have been developed in partnership between the Department for Child Protection (DCP) and the non-government sector. The standards are monitored by DCP.

Further information is available at

<http://www.dcp.wa.gov.au/Resources/Documents/Standards%20Monitoring%20Unit/Better%20Care%20Better%20Services%20-%20booklet.pdf>

#### National Standards for Out of Home Care, Commonwealth Government

These standards seek to drive improvements in the quality of care so that children and young people in care have the same opportunities as other children and young people to reach their potential in all the key areas of well-being.

A summary is available at

[http://www.fahcsia.gov.au/sa/families/pubs/std\\_out\\_of\\_home\\_care/Documents/1\\_summary.htm#1\\_1](http://www.fahcsia.gov.au/sa/families/pubs/std_out_of_home_care/Documents/1_summary.htm#1_1)

#### Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020, Council of Australian Governments

This framework consists of high-level and supporting outcomes, strategies to be delivered through a series of three-year action plans and indicators of change that can be used to monitor the success of the framework.

The framework is available at

[http://www.coag.gov.au/coag\\_meeting\\_outcomes/2009-04-30/docs/child\\_protection\\_framework.pdf](http://www.coag.gov.au/coag_meeting_outcomes/2009-04-30/docs/child_protection_framework.pdf)

#### Department for Child Protection, Government of Western Australia

The Department for Child Protection has a number of relevant strategies and programs.

Further information is available at <http://www.dcp.wa.gov.au>

#### Viewpoint, Government of Western Australia

Viewpoint is a computer assisted self-interviewing program designed to allow children and young people in out-of-home care to more actively participate in decisions made about their care.

Viewpoint may be used to allow children and young people to have more direct involvement in planning for leaving care. Viewpoint was rolled out in 2011 and is now available to all WA children and young people in out-of-home care.

Further information is available at

<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/21ViewpointandCarePlans-helpingchildrenincaretohavetheirsay.aspx>

### Want to know more?

Further information on out-of-home care is available on the Department for Child Protection's website

<http://www.dcp.wa.gov.au>

Research and related articles on out-of-home care are available from the National Child Protection Clearing House website <http://www.aifs.gov.au/nch/>

A national child protection report that provides across-jurisdictional data, including data on out-of-home care is produced annually and is available on the Australian Institute of Health and Welfare website

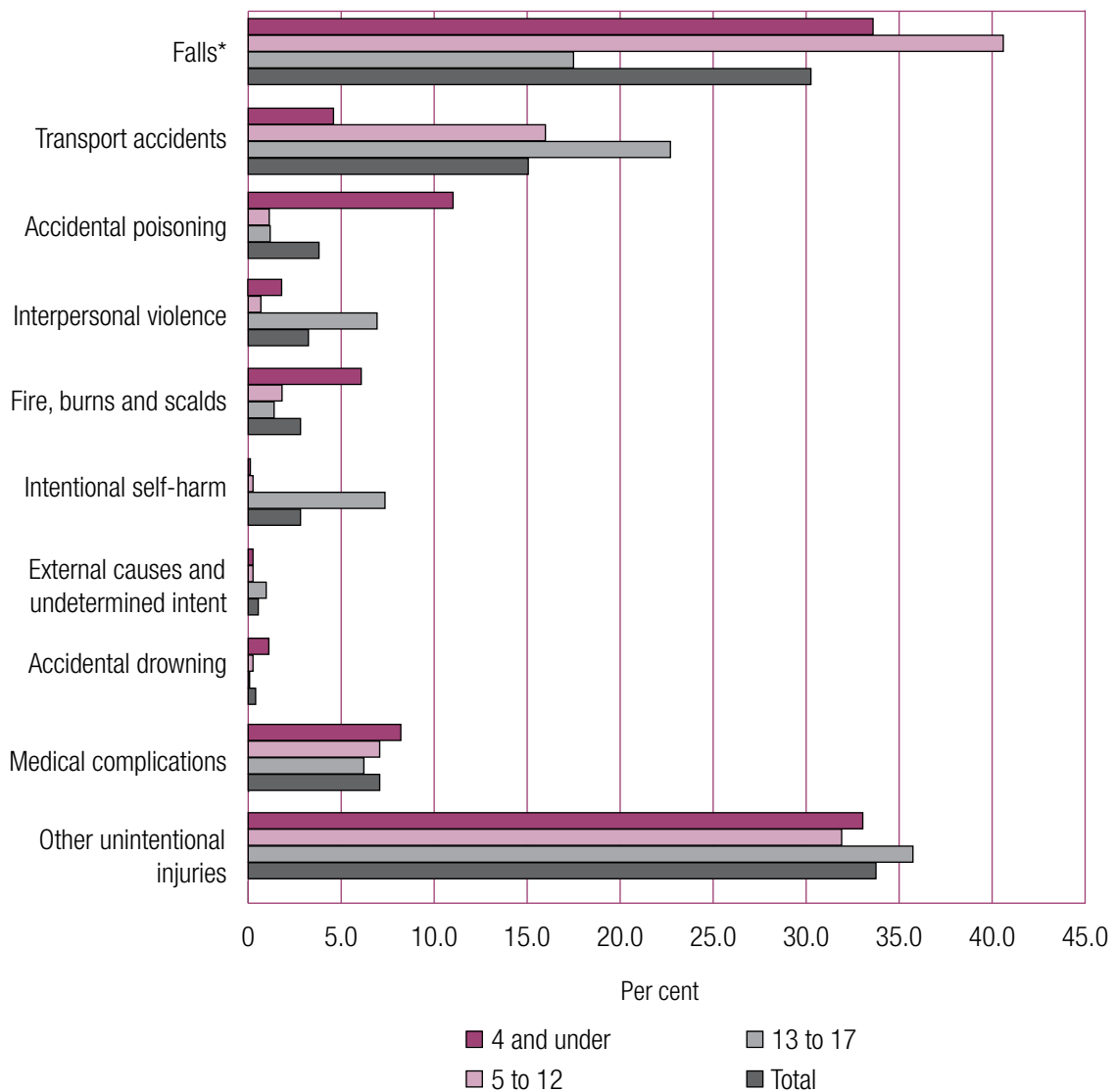
<http://www.aihw.gov.au/publication-detail/?id=6442475448>

2.13 Hospitalisations from injury and accident

Why we have included this measure?

Injuries and accidents are major causes of hospitalisation for children and young people in Australia. Injuries can potentially have long-lasting and debilitating effects on the child or young person and can also impact on the family where a disability results. Many injuries are preventable through public health strategies.<sup>121</sup>

**Figure 12: Causes of injury and accident related hospitalisations of 0 to 17 year olds: in per cent, Western Australia, 2005 to 2009**



Source: Data supplied by Epidemiology Branch, Public Health Division, WA Department of Health, (unpublished).

\* 'Falls' include falling from skateboards or scooters, but not from bicycles; 'Transport Accidents' includes falls from bicycles and accidents involving vehicles; 'Accidental poisoning' includes alcohol poisoning; 'Other unintentional injuries' totals all other causes of accident and injury not already represented.

### What is this measure?

This measure reports on the incidence and cause of hospitalisation for injury among children and young people. The data shows the number of periods of care in hospital for each cause of injury between 2005 and 2009. Each of these is termed a 'hospital separation', that is, a person discharged from hospital and returning for treatment of the same injury is counted as two separations. This data is widely used as an effective measure of injury and accident occurrence in the community.

The data was provided by the Epidemiology Branch, Public Health Division, WA Department of Health.

### Commentary

In WA between 2005 and 2009 there were 43,573 hospital separations for injury and accident for children and young people (Figure 12). The leading cause of injury was falls (30.4%), followed by transport accidents (15.2%), accounting for nearly half of injury hospitalisations. One-third of hospitalisations for injury are accounted for by other unintentional injuries.<sup>122</sup>

Specifically by age group:

- For the four years and under age group, the most prevalent cause was falls (33.7%), followed by accidental poisoning (10.9%) and fire, burns and scalds (6.2%).
- For those five to 12 years of age, falls were again the leading category accounting for four in ten injuries (40.8%), followed by transport accidents (16.0%).
- For young people between 13 and 17 years of age, transport accidents are the most prevalent cause of injury (22.7%), followed by falls (17.5%) and intentional self-harm (7.4%).

This compares with the Australia-wide figures for 2006–07 for children aged 0 to 14 years, in which 40 per cent of injury separations were accounted for by falls, and 14 per cent by transport accidents.<sup>123</sup>

Rates of hospitalisation show that males are significantly more likely than females to be hospitalised for an injury. On crude rates (not adjusted for age), males have a rate of around 28 hospitalisations per 1,000, while females have a rate of 17 per 1,000. Australia-wide figures are similar with boys being 60 per cent more likely to be hospitalised from injury than girls.<sup>124</sup>

Young Aboriginal people are nearly twice as likely as young non-Aboriginal people to be hospitalised. The crude rate for young Aboriginal people is 44 per 1,000, nearly double that for young non-Aboriginal people at 24. Similar trends are evident in Australian and Victorian data.<sup>125 126</sup> A report from the WA Department of Health suggests this is in part attributable to the effects of drug and alcohol misuse, socio-economic disadvantage, remoteness of residence, discrimination and lack of culturally-secure health facilities.<sup>127</sup>

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122 The category 'Other unintentional injuries' totals all causes of accident and injury not already represented. Because this is an aggregate category comprising a number of causes of accident and injury it has not been included in this commentary. Also not included is category 'medical complications'.

123 Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Australian Institute of Health and Welfare pp.104 & 105.

124 Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Australian Institute of Health and Welfare pp.104 & 105.

125 Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Australian Institute of Health and Welfare, p.105.

126 Department of Education and Early Childhood Development 2008, *The state of Victoria's children 2008*, Department of Education and Early Childhood Development, p.80.

127 Ballestas T et al 2011, *The Epidemiology of Injury in Western Australia, 2000–2008*, Department of Health, Western Australia, p.128.



### Strategies

#### Kidsafe WA

Kidsafe WA is the lead non-government, not-for-profit, charitable organisation dedicated to the prevention of unintentional childhood injuries, providing information about current news and events, fact sheets, resources and program information to help keep kids safe.

Further information is available at <http://www.kidsafewa.com.au/>

#### Injury Control Council of Western Australia

The Injury Control Council Western Australia (ICCWA) is the peak non-government organisation involved in injury prevention and community safety promotion in WA. The mission of ICCWA is to reduce the incidence, severity and effect of injuries through the promotion of safe and healthy communities.

Further information is available at <http://www.iccwa.org.au/home>

### Want to know more?

#### Injury and accident statistics

Statistics on injuries are available from the Epidemiology Branch, Public Health Division, WA Department of Health <http://www.health.wa.gov.au>

Additional tables

**Table 23: Causes of injury and accident related hospitalisations of 0 to 17 year-olds: number and per cent, by age group, Western Australia, 2005 to 2009**

	Age group (in per cent)			Total (0 to 17 years)	
	0 to 4 years	5 to 12 years	13 to 17 years	In per cent	Number
Transport accidents	4.6	16.0	22.7	15.2	6,627
Falls*	33.7	40.8	17.5	30.4	13,244
Accidental drowning	1.1	0.2	0.0	0.4	166
Fire, burns and scalds	6.2	1.7	1.2	2.8	1,215
Accidental poisoning	10.9	1.1	1.2	3.9	1,701
Other unintentional injuries	33.2	32.1	35.8	33.8	14,713
Intentional self-harm	0.0	0.2	7.4	2.7	1,183
Interpersonal violence	1.7	0.7	6.9	3.2	1,418
Medical complications	8.2	7.1	6.2	7.1	3,080
External causes of morbidity and mortality of undetermined intent	0.3	0.2	1.0	0.5	226
Total	100.0	100.0	100.0	N/A	43,573

Source: Data supplied by Epidemiology Branch, Public Health Division, WA Department of Health, (unpublished).

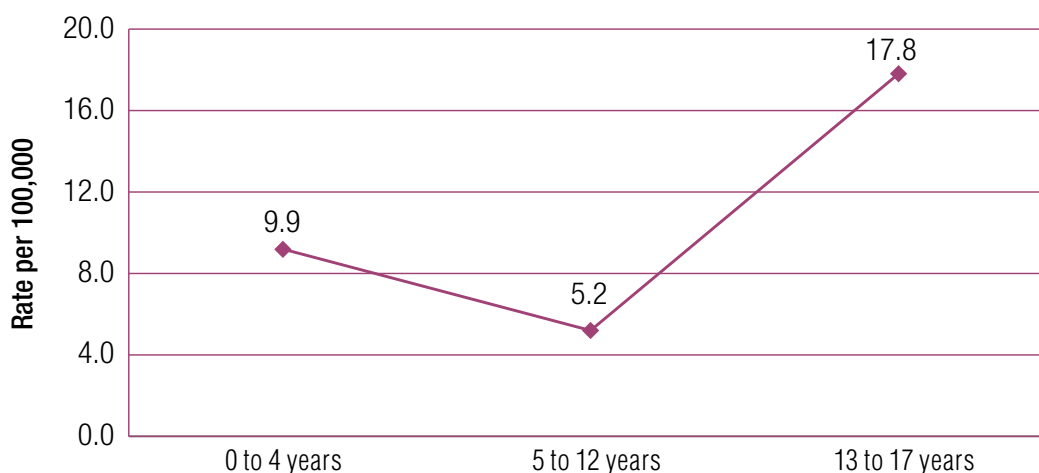
\* 'Falls' include falling from skateboards or scooters, but not from bicycles; 'Transport Accidents' includes falls from bicycles and accidents involving vehicles; 'Accidental poisoning' includes alcohol poisoning; 'Other unintentional injuries' totals all other causes of accident and injury not already represented.

## 2.14 Deaths from injury and accident

### Why this measure has been included

Injury or accident is the leading cause of death for children aged between one and 14 years in all industrialised countries, including Australia.<sup>128</sup>

**Figure 13: Deaths by injury or accident of 0 to 17 year-olds: rate per 100,000 population 0 to four years, five to 12 years and 13 to 17 years, Western Australia, 2002 to 2007**



Source: Data supplied by Epidemiology Branch, Public Health Division, Department of Health, WA (unpublished).

**Table 24: Causes of death by injury or accident of 0 to 17 year-olds: number and per cent, Western Australia, 1998 to 2007**

Cause of death category	Number	Percentage
Transport accidents	235	45.2
Falls	8	1.5
Accidental drowning	67	12.9
Fire, burns and scalds	11	2.1
Accidental poisoning	19	3.6
Other unintentional injuries	80	15.4
Intentional self-harm	66	12.7
Interpersonal violence	25	4.8
External causes of morbidity and mortality of undetermined intent and medical complications	9	1.8
Total	520	100.0

Source: Data supplied by Epidemiology Branch, Public Health Division, Department of Health, WA (unpublished).

Note: 'Falls' includes falling from skateboards or scooters, but not from bicycles; 'Transport accidents' includes falls from bicycles and accidents involving vehicles; 'Accidental poisoning' includes alcohol poisoning; 'Other unintentional injuries' totals all other causes of accident and injury not already represented. Totals for 'external causes' and 'medical complications' have been combined due to small numbers.

128 Australian Institute of Health and Welfare 2009, *A Picture of Australia's Children 2009*, Australian Institute of Health and Welfare, p.102.

**Table 25: Causes of death by injury or accident of 0 to 17 year-olds: in per cent, by age group, Western Australia, 1998 to 2007**

Cause of death category	0 to 4 years	5 to 12 years	13 to 17 years
Transport accidents	25.0	47.3	55.7
Falls	**	**	**
Accidental drowning	33.3	13.4	**
Fire, burns and scalds	3.5	**	**
Accidental poisoning	**	0.0	6.9
Other unintentional injuries	29.2	19.6	6.1
Intentional self-harm	0.0	4.5	23.3
Interpersonal violence	5.5	8.0	3.1
External causes of morbidity and mortality of undetermined intent and medical complications	**	**	1.9

Source: Data supplied by Epidemiology Branch, Public Health Division, Department of Health, WA, (unpublished).

\*\* indicates low numbers which are not published for confidentiality reasons.

### What is this measure?

This measure shows the rate, number and percentage of children and young people who have died as a result of injury or accident. The rate has been calculated over six years (2002 to 2007 inclusive) while the number and percentages have been totalled over ten years (1998 to 2007 inclusive) as annual numbers are low and the inclusion of individual years may compromise the confidentiality of the data.

Data has been supplied by the Epidemiology Branch, Public Health Division, WA Department of Health.

### Commentary

The overall number and rates of children and young people dying is low. The average death rates in Figure 13 show a consistent trend in terms of age groups. Children in the middle years age group (five to 12 years) are least likely to suffer injuries or accidents resulting in death. Infants and young children (0 to four years) are almost twice as likely to die as a result of injury or accident, while the adolescent age group (13 to 17 years) is over three times as likely to die. The reasons for this may be partly explained by the most prevalent causes of death for each group.

From 1998 to 2007, transport accidents were the most significant cause of death for children and young people, followed by other unintentional injuries, accidental drowning and intentional self-harm (Table 24).

Approximately two-thirds of all deaths are males.<sup>129</sup> Specifically by age group from 1998 to 2007:

- Among children aged four years and under, 33.3 per cent of deaths are the result of accidental drowning and 25 per cent are caused by transport accidents (Table 25).
- Among children aged five to 12 years, the most prevalent causes of death are transport accidents at 47.3 per cent and accidental drowning at 13.4 per cent (Table 25).
- Among young people aged 13 to 17 years, transport accidents account for 55.7 per cent of deaths and intentional self-harm represent 23.3 per cent (Table 25).

<sup>129</sup> Original data has not been reproduced for confidentiality reasons.

Aboriginal children and young people aged 0 to 17 years are considerably over-represented in deaths from an injury or accident compared with all children and young people. Deaths from injury or accident among this group are approximately 30 per cent of total deaths from injury and accident, while Aboriginal children and young people represent approximately six per cent of the general population in this age group.<sup>130</sup>

The leading causes of death for children and young people in WA match those reported in Victoria from 2005–06 (the latest figures).<sup>131</sup> Tasmania reported in 2006 on children 14 years and under and noted that road transport, accidental drowning and assault were the leading causes of death from injury or accident in this age group.<sup>132</sup> Queensland also reported on deaths for people aged 17 years and under between 2007 and 2009 and transport was once again the leading cause of death, followed by drowning and intentional self-harm.<sup>133</sup> In all jurisdictions the proportion of male deaths is significantly higher than those of females. Victoria and Queensland also both reported that the rate of Aboriginal deaths was disproportionately high.<sup>134 135</sup>

### Strategies

#### Kidsafe WA

Kidsafe WA is the lead non-government, not-for-profit, charitable organisation dedicated to the prevention of unintentional childhood injuries, providing information about current news and events, fact sheets, resources and program information to help keep kids safe.

Further information is available at  
<http://www.kidsafewa.com.au/>

#### Injury Control Council of Western Australia

The Injury Control Council Western Australia (ICCWA), is the peak non-government organisation involved in injury prevention and community safety promotion in WA. The mission of ICCWA is to reduce the incidence, severity and effect of injuries through the promotion of safe and healthy communities.

Further information is available at  
<http://www.iccwa.org.au/home>

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130 Original data has not been reproduced for confidentiality reasons.

131 Department of Education and Early Childhood Development 2008, *The State of Victoria's Children 2008*, Department of Education and Early Childhood Development, p.82.

132 Tasmanian Government 2009, *Kids Come First Report 2009: Outcomes for Children and Young People in Tasmania*, Tasmanian Government, p.50.

133 Commissioner for Children and Young People and Child Guardian 2010, *Snapshot 2010: Children and young people in Queensland*, Commissioner for Children and Young People and Child Guardian, pp.72 & 73.

134 Department of Education and Early Childhood Development 2008, *The State of Victoria's Children 2008*, Department of Education and Early Childhood Development p.82.

135 Commissioner for Children and Young People and Child Guardian 2010, *Snapshot 2010: Children and young people in Queensland*, Commissioner for Children and Young People and Child Guardian, pp.72 & 75.

### Want to know more?

#### Data on deaths from injuries and accidents

The Australian Bureau of Statistics publishes annual data on deaths, available at <http://www.abs.gov.au>, under Deaths (series by year).

The Perinatal and Infant Mortality Committee, WA Department of Health, provides information on WA infant deaths via triennial reports available at [http://www.health.wa.gov.au/publications/subject\\_index/p/Perinatal\\_infant\\_maternal.cfm](http://www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm)

## Chapter 3 – Education

## CHAPTER 3 - EDUCATION

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### About this domain

From early childhood through to late adolescence, education and pathways to employment have a strong influence on the future outcomes of children and young people.<sup>136</sup>

The measures reported here are aimed at highlighting the educational journey for children and young people.

The companion report *Building Blocks* contains information about programs which are effective in improving the wellbeing of children and young people in the Education domain.

### Measures

3.1	Participation in pre-compulsory education	81
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136 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p.6.



### 3.1 Participation in pre-compulsory education

#### Why this measure has been included

Attendance at early childhood educational programs is considered to have a number of benefits including better intellectual development and independence, sociability and concentration, language and cognitive development, and preparation for the successful transition to formal schooling.<sup>137</sup> Early childhood education is also associated with a lower incidence of personal and social problems in later life such as school dropout, welfare dependency, unemployment and criminal behaviour.<sup>138</sup>

Children in Western Australia (WA) have access to two publicly-funded early childhood education programs; Kindergarten for four year-olds and Pre-primary for five year-olds. The programs are attended in the two years prior to commencing compulsory schooling (Year 1).

**Table 1: Number of students enrolled in Kindergarten and Pre-primary programs: by sector, Western Australia, 2005 to 2010<sup>139</sup>**

	Kindergarten			Pre-primary		
	Government	Non-government	Total	Government	Non-government	Total
2005	18,424	6,723	25,147	19,228	7,760	26,988
2006	18,770	7,026	25,796	19,233	7,781	27,014
2007	18,594	7,253	25,847	19,679	7,827	27,506
2008	19,223	7,716	26,939	19,593	8,183	27,776
2009	20,274	8,222	28,496	20,212	8,619	28,831
2010	21,128	8,948	30,076	20,811	8,760	29,571
Change from 2005 to 2010 in per cent	+14.7	+33.1	+19.6	+8.2	+12.9	+9.6

Source: Data provided by WA Department of Education (unpublished).

Notes: Enrolments taken from Semester 2 of each year.

Community Kindergarten enrolments included in figures for Government.

Enrolments at independent pre-schools included in figures for non-government.

Enrolments may include students outside the expected age range.

The classification of pre-compulsory students (into Kindergarten or Pre-primary) in some non-government schools prior to 2011 is not straightforward due to differences in age-session combinations across schools, with the result that these data may differ slightly from other information available.

137 Gorey A, cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat. no. PHE 112, Australian Institute of Health and Welfare, p.48.

138 Gorey A, cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat. no. PHE 112, Australian Institute of Health and Welfare p.48.

139 Kindergarten programs that are run in long day care centres are excluded from this table.

**Table 2: Number of Aboriginal students enrolled in Kindergarten and Pre-primary programs: Western Australia, 2005 and 2010<sup>140</sup>**

	Kindergarten		Pre-primary	
	Aboriginal Students (number)	Percentage of all students	Aboriginal Students (number)	Percentage of all students
2005	1,890	7.5	1,961	7.3
2010	2,186	7.3	2,146	7.3
Change from 2005 to 2010 in per cent	+15.7		+9.4	

Source: Data provided by WA Department of Education (unpublished).

Notes: Enrolments taken from Semester 2 of each year from government and non-government school including community Kindergartens and independent pre-schools.  
 Enrolments may include students outside the expected age range.  
 The classification of pre-compulsory students (into Kindergarten or Pre-primary) in some non-government schools prior to 2011 is not straightforward due to differences in age-session combinations across schools, with the result that these data may differ slightly from other information available.

**Table 3: Kindergarten and Pre-primary students in public schools who are in the ‘regular attendance’ category: in per cent, by Aboriginal status, Western Australia, 2008 to 2010**

	Kindergarten		Pre-primary	
	All students	Aboriginal students	All students	Aboriginal students
2008	73.9	39.6	66.6	32.5
2009	74.7	39.5	68.5	32.2
2010	72.9	40.0	69.1	36.7

Source: Data provided by WA Department of Education (unpublished).

Notes: Attendance data recorded in conjunction with WA School Census and covers entire semester 1 of each year.  
 The ‘regular attendance’ category denotes students that are attending more than 90 per cent of the time.

### What is this measure?

The measure is based on information provided by the WA Department of Education and presents the number of enrolments of four and five year-olds in Kindergarten and Pre-primary programs from 2005 to 2010.<sup>141</sup> This information is collected during the WA School Census in August of each year.

Also shown is regular attendance data for Kindergarten and Pre-primary students enrolled in government schools from 2008 to 2010.<sup>142</sup> This data is collected in conjunction with the WA School Census and covers the entire first semester.

A specific breakdown is provided showing enrolments and attendance data for Aboriginal students.

140 Kindergarten programs that are run in long day care centres are excluded from this table.

141 Kindergarten programs that are run in long day care centres are excluded.

142 The regular attendance category denotes students that are attending more than 90 per cent of the time.

### Commentary

In 2010, over 30,000 students (predominantly four years of age) were enrolled in Kindergarten programs across WA. More than 29,500 students (predominantly five years of age) were enrolled in pre-primary programs. These figures represent a 19.6 per cent increase in the number of enrolments in Kindergarten programs and a 9.6 per cent increase in the number of enrolments in pre-primary programs between 2005 and 2010. A stronger percentage increase was evident for enrolments in the non-government sector than in the government sector (see Table 1).

The number of Aboriginal students enrolled in pre-compulsory education has increased at a similar level to that for all students. Around 7.3 per cent of students in pre-compulsory education are Aboriginal, which has remained largely unchanged between 2005 and 2010 (see Table 2).

The WA Department of Education estimates that in 2010, 97.5 per cent of age-eligible children in WA were enrolled in a Kindergarten program. This does not include children attending Kindergarten programs in long day care centres. The percentage of age-eligible children enrolled in a Pre-primary program in WA is estimated by the Department of Education to be at or close to 100 per cent. Both of these percentages are applicable only to WA as a whole and do not imply that the identical proportion of children was enrolled in all areas.<sup>143</sup>

The percentage of Kindergarten and Pre-primary students in public schools who are in the 'regular attendance' category (that is attending more than 90 per cent of the time) has remained largely unchanged for Kindergarten students and has improved slightly for Pre-primary students. The percentage of Aboriginal students attending regularly is significantly lower than for all students. Approximately seven in 10 students regularly attend the Kindergarten or Pre-primary program they are enrolled in, compared to just four in 10 Aboriginal students (see Table 3).

### Strategies

#### National Partnership Agreement on Early Childhood Education, Council of Australian Governments

This partnership has committed to ensuring all children will have access to a quality early childhood education program by 2013, delivered by a four-year university-trained early childhood teacher, for 15 hours a week, 40 weeks a year, in the year before formal schooling.

Further information is available at [http://www.deewr.gov.au/EarlyChildhood/Policy\\_Agenda/ECUA/Pages/EarlyChildhoodEducationNationalPartnership.aspx](http://www.deewr.gov.au/EarlyChildhood/Policy_Agenda/ECUA/Pages/EarlyChildhoodEducationNationalPartnership.aspx)

#### Better Attendance: Brighter Futures, Government of Western Australia

In 2009, the WA Auditor General released the *Every Day Counts: Managing Student Attendance in Western Australian Public Schools*. The report is available at [http://www.audit.wa.gov.au/reports/pdfreports/report2009\\_09.pdf](http://www.audit.wa.gov.au/reports/pdfreports/report2009_09.pdf)

In response to the Auditor General's report, the Department of Education developed Better Attendance: Brighter Futures. This plan includes nine key actions to improve school attendance rates in public schools with a key target group being students from Kindergarten to Year 4.

Further information is available at <http://www.det.wa.edu.au/schoolsandyou/detcms/navigation/shaping-our-schools/better-attendance--brighter-futures/>

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<sup>143</sup> Department of Education Western Australia, Information provided to the Commissioner for Children and Young People WA, [email], 15 November 2011.

## CHAPTER 3 - EDUCATION

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### **Aboriginal and Torres Strait Islander Education Action Plan 2010–2014, Council of Australian Governments**

This plan will be undertaken at the national, state and local level to close the gap between the educational outcomes of Aboriginal and non-Aboriginal students. These actions are linked to six priority domain areas that evidence shows will have the most impact on closing the gap, including readiness for school.

The plan is available at

[http://www.mceecdya.edu.au/verve/\\_resources/A10-0945\\_IEAP\\_web\\_version\\_final2.pdf](http://www.mceecdya.edu.au/verve/_resources/A10-0945_IEAP_web_version_final2.pdf)

### **Aboriginal Education Plan for WA Public Schools 2011–2014, Government of Western Australia**

A key focus area of this plan is readiness for school. Through the implementation of a range of strategies the aims of the plan are:

- increased proportions of Aboriginal children participating in early childhood education
- performance by Aboriginal children equivalent to or better than other children in school on-entry assessments.

Further information is available at

<http://www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/strategic-documents/aboriginal-education-plan-2011-2014/>

### **Want to know more?**

#### **Department of Education, Government of Western Australia**

Further information is available from the Department of Education website <http://www.det.wa.gov.au>

### 3.2 Children developmentally vulnerable on entering school

#### Why this measure has been included

Successful engagement with early childhood education is a key contributor to attaining positive life outcomes.<sup>144</sup> The Australian Early Development Index (AEDI) can be used to describe aspects of children's early development and to provide some indication of the influence of socio-economic and community factors on that early development. The five areas of focus that comprise the AEDI domains – physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge – are closely linked to predictors of good adult health, education and social outcomes.<sup>145</sup>

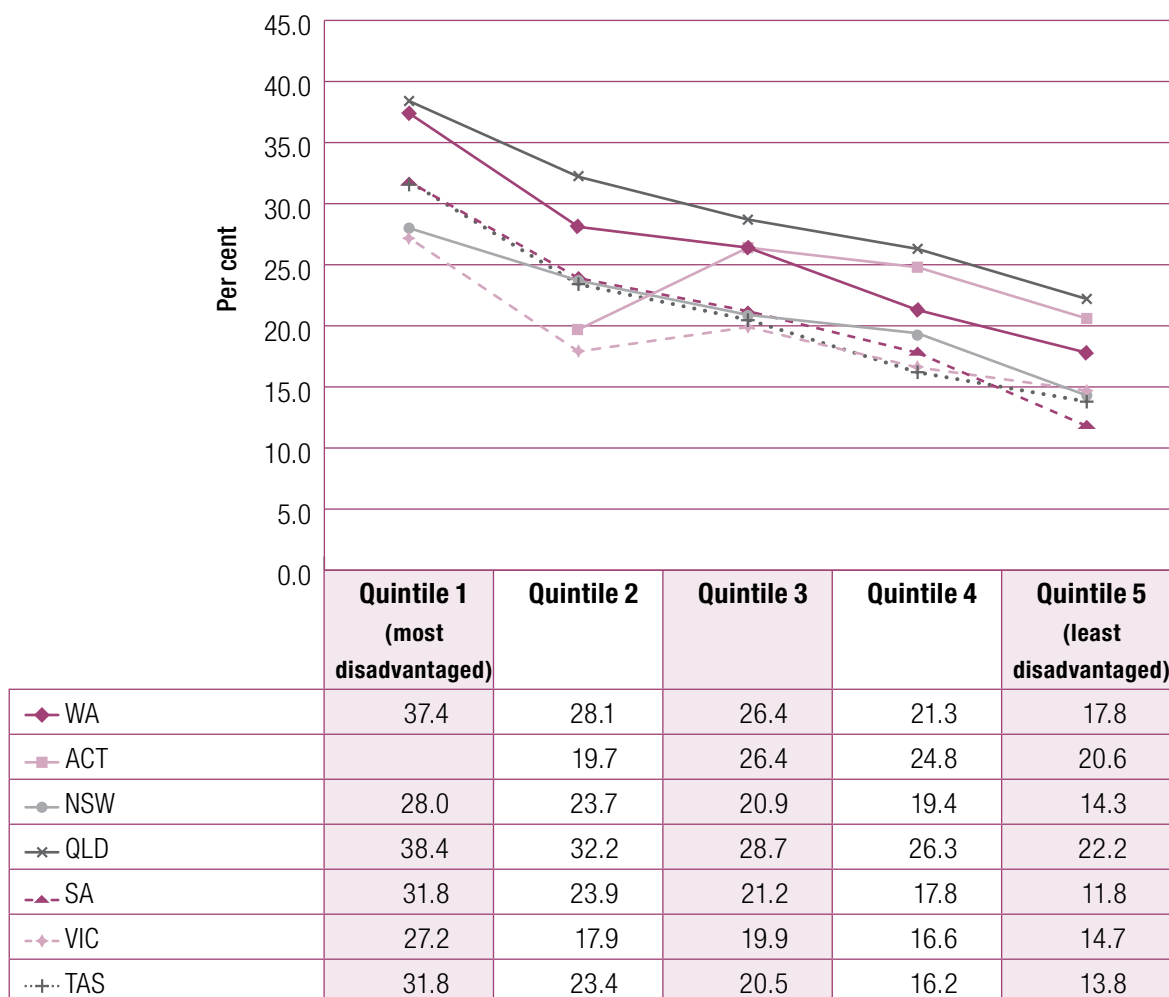
The AEDI is used in all states and territories, and the results can be compared across the jurisdictions.

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144 Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat. no. PHE 112, Australian Institute of Health and Welfare, p.48.

145 Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, p.13.

**Figure 1: Percentage of children entering school who are ‘developmentally vulnerable’ on one or more AEDI domains: in per cent, by SEIFA Index for Relative Disadvantage, states and territories, 2009<sup>146 147</sup>**



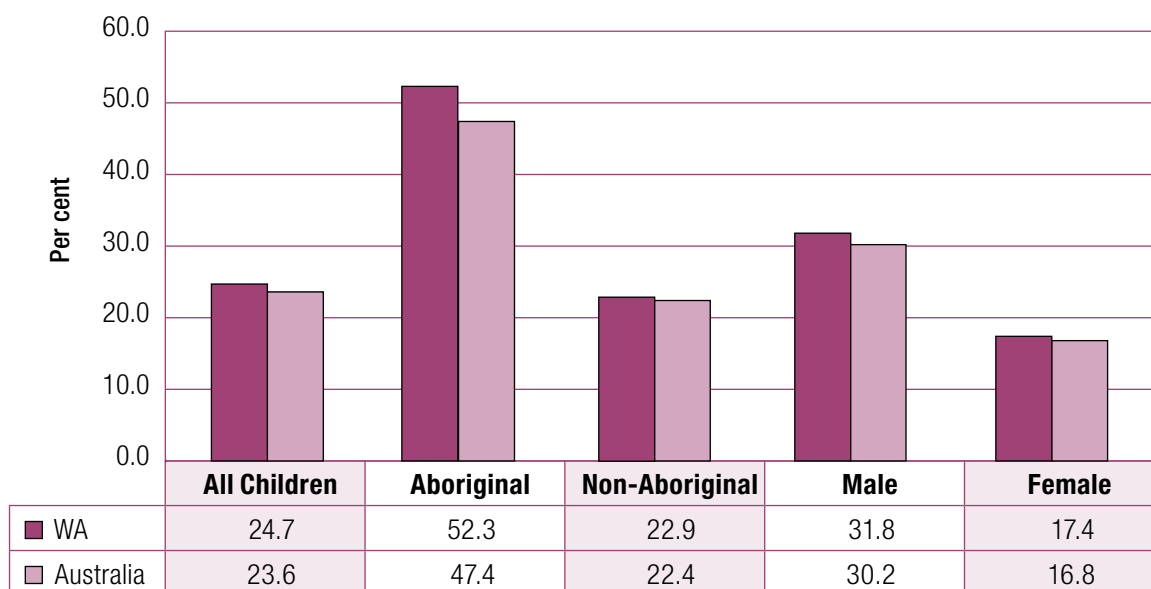
Source: Data supplied by Centre for Community Child Health (unpublished); graph based on a representation by Sally Brinkman, TICHR.

Notes: NT jurisdiction has no SEIFA categories available. ACT jurisdiction has no children in SEIFA Index for Relative Disadvantage Quintile 1.

146 Socio-Economic Indexes for Areas (SEIFA) were developed by the Australian Bureau of Statistics (ABS). They are a set of measures, derived from Census information, that summarise different aspects of socio-economic conditions in an area. The Index for Relative Socio-Economic Disadvantage (IRSED), which is used in AEDI results, looks at Census information that reflect disadvantage such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations. Every geographical area in Australia is given a IRSED score that ranks the ‘disadvantage’ of an area compared with other areas in Australia. To enable socio-economic comparisons, the suburb of residence of the child as recorded in the AEDI was matched to the ABS State Suburb (SSC) geography. Children’s suburb of residence was categorised according to the IRSED quintile to allow for comparisons.

147 Results for the Northern Territory have been excluded following the decision that the ABS SEIFA geography for the NT did not sufficiently match the AEDI NT geography. This problem is rectified with the 2011 Census and will be applied for the 2012 AEDI census. Centre for Community Child Health, Information provided to the Commissioner for Children and Young People WA, [email], 17 November 2011.

**Figure 2: Percentage of children entering school who are ‘developmentally vulnerable’ on one or more domains: in per cent, by gender and Aboriginal status, Western Australia and Australia, 2009**



Source: Data supplied by Centre for Community Child Health (unpublished).

**What is this measure?**

This measure reports on AEDI results for WA. The AEDI reports the percentage of children who are considered ‘developmentally vulnerable’ on one or more of the five domains of the AEDI – physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge.

The AEDI is an instrument used to assess the development of children in the year they enter full-time school (Pre-primary in WA). It was developed in response to increasing interest in the community as to how children were developing. The AEDI was first administered nationally in 2009 and will be administered every three years, with the next survey scheduled to be conducted in 2012.<sup>148</sup> The 2009 survey assessed 97.5 per cent of the estimated five year-old population nationally, including 99.6 per cent of the five year-olds in WA.<sup>149</sup>

Although information for the AEDI is collected by teachers, results are reported for the community where children live, not where they go to school.<sup>150</sup>

Children in the lowest 10 per cent of those assessed are classified as ‘developmentally vulnerable’. Children whose score falls between 10 per cent and 25 per cent of the population for that domain are considered ‘developmentally at risk’. Those above 25 per cent are considered to be ‘on track’ developmentally.

This measure is consistent with the AEDI report, which differentiates children who are ‘on track’ from those who are ‘developmentally vulnerable’ and ‘developmentally at risk’. It is also consistent with the way in which other states and territories report on the data.<sup>151</sup>

148 Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, p.2.

149 Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, p.3.

150 Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, p.3.

151 For an example refer to: Department of Education and Early Childhood Development 2009, *The State of Victoria’s Children 2008*, State Government of Victoria.

### Commentary

Looking at children overall in WA, the majority of five year-olds are considered 'on-track' on each of the five developmental domains of the AEDI. However, the percentage of children 'developmentally vulnerable' on one or more domains is higher in WA than the Australian average (see Table 4). Nearly one in four children in WA (24.7%) is 'developmentally vulnerable' on one or more AEDI domains when they enter school.

The AEDI found that demographic factors have a significant impact on the development of children.<sup>152</sup> Therefore, rather than consider WA as a single entity it is more useful to examine the most significant demographic factors – socio-economic status, gender, Aboriginality and location.

The percentage of children 'developmentally vulnerable' on one or more domains increases with the level of socio-economic disadvantage of a community.<sup>153</sup> In WA, 37.4 per cent of children who live in communities that are most disadvantaged are considered 'developmentally vulnerable' when they enter school. Again, the percentage of these children that are 'developmentally vulnerable' on one or more domains is greater in WA than in all other Australian jurisdictions except Queensland (see Figure 1). In comparison, the percentage of children in WA that reside in the least disadvantaged areas and are considered 'developmentally vulnerable' on one or more domains is 17.8 per cent, lower than the ACT and Queensland. The table presented as part of Figure 1 details the comparisons with other states and territories.

Boys are significantly more likely to be 'developmentally vulnerable' on one or more domains than girls. In WA, 31.8 per cent of boys are 'developmentally vulnerable' compared to 17.4 per cent of girls. There were similar findings in the Longitudinal Study of Australian Children, consistent with other evidence on the slower development rate of boys compared to girls.<sup>154</sup>

Aboriginal children are significantly more likely to be 'developmentally vulnerable' on one or more domains than non-Aboriginal children. The overall difference between female and male children is also applicable to Aboriginal children in that Aboriginal girls are more likely to be 'on track' than Aboriginal boys.

Geographic location also is an important factor. In WA, 36.8 per cent of children living in very remote areas are 'developmentally vulnerable' on one or more domains compared to 23.5 per cent of children who live in the metropolitan area (see Table 4).

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152 Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, pp.11–12.

153 Centre for Community Child Health and Telethon Institute for Child Health Research 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, p.11.

154 Wake M et al 2008, *How well are Australian infants and children aged 4 to 5 years doing? Findings from the Longitudinal Study of Australian Children Wave 1*, Social Policy Research Paper 36, Department of Families, Housing, Community Services and Indigenous Affairs, p.20.



### Strategies

#### National Partnership Agreement on Early Childhood Education, Council of Australian Governments

The National Partnership Agreement on Early Childhood Education has committed to ensuring that all children will have access to a quality early childhood education program by 2013, delivered by a four-year university-trained early childhood teacher, for 15 hours a week, 40 weeks a year, in the year before formal schooling.

Further information is available at

[http://www.deewr.gov.au/EarlyChildhood/Policy\\_Agenda/ECUA/Pages/EarlyChildhoodEducationNationalPartnership.aspx](http://www.deewr.gov.au/EarlyChildhood/Policy_Agenda/ECUA/Pages/EarlyChildhoodEducationNationalPartnership.aspx)

#### Aboriginal Education Plan for WA Public Schools 2011–2014, Government of Western Australia

Readiness for school is one of the key focus areas of this plan. Strategies include better access to pre-school facilities, general support for parents, screening of young children prior to Year 1 and case management for children assessed as not ready for school.

The plan is available at <http://www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/strategic-documents/aboriginal-education-plan-2011-2014>

#### Aboriginal and Torres Strait Islander Education Action Plan 2010–2014, Council of Australian Governments

This plan will be undertaken at the national, state and local levels to close the gap between the educational outcomes of Aboriginal and non-Aboriginal students. These actions are linked to six priority domain areas that evidence shows will have the most impact on closing the gap, including readiness for school.

The plan is available at

[http://www.mceecdya.edu.au/verve/\\_resources/A10-0945\\_IEAP\\_web\\_version\\_final2.pdf](http://www.mceecdya.edu.au/verve/_resources/A10-0945_IEAP_web_version_final2.pdf)

### Want to know more?

#### Department of Education, Government of Western Australia

Further information on the Department of Education is available on its website <http://www.det.wa.gov.au>

#### Australian Early Development Index results

The AEDI website shows information about the AEDI studies, the AEDI results and the Indigenous Adaptation Study <http://www.aedi.org.au>

Additional tables

**Table 4: Children ‘developmentally vulnerable’ on one or more domains: number and per cent, by demographic factor, Western Australia and Australia, 2009**

	Number of children*	Percentage developmentally vulnerable	Number of children*	Percentage developmentally vulnerable
<b>SEIFA Index for Relative Disadvantage**</b>	<b>WA</b>		<b>Australia</b>	
Quintile 1 (most disadvantaged)	4,022	37.4	52,087	32.0
Quintile 2	4,396	28.1	44,510	25.5
Quintile 3	4,958	26.4	42,388	23.5
Quintile 4	4,176	21.3	44,147	20.5
Quintile 5 (least disadvantaged)	8,482	17.8	60,130	16.2
<b>Remoteness</b>	<b>WA</b>		<b>Australia</b>	
Major cities of Australia	17,279	23.5	163,938	22.5
Inner regional Australia	4,141	24.7	51,629	23.6
Outer regional Australia	2,502	27.9	23,623	26.8
Remote Australia	1,284	27.4	4,557	29.5
Very remote Australia	846	36.8	2,648	47.1
<b>Gender</b>	<b>WA</b>		<b>Australia</b>	
Male	13,275	31.8	124,249	30.2
Female	12,777	17.4	122,172	16.8
<b>Aboriginal Status</b>	<b>WA</b>		<b>Australia</b>	
Aboriginal	1,594	52.3	11,190	47.4
Non-Aboriginal	24,458	22.9	235,231	22.4

Source: Data supplied by Centre for Community Child Health (unpublished).

\* Children with special needs and children with too many unanswered questions do not contribute to the domain analyses.

\*\* 18 Western Australian children reside in local communities without a SEIFA category.

**Table 5: Children ‘developmentally vulnerable’ on one or more domains: number and per cent, by region of Western Australia, 2009**

<b>WA Region</b>	<b>Number of children*</b>	<b>Percentage developmentally vulnerable</b>
Central	818	31.4
Kimberley	552	40.8
Lower Great Southern	729	26.6
Midlands	685	28.5
Perth	18,711	23.5
Pilbara	701	22.5
South Eastern	768	31.4
South West	2,852	25.2
Upper Great Southern	236	28.8

Source: Data supplied by Centre for Community Child Health (unpublished).

\* Children with special needs and children with too many unanswered questions do not contribute to the domain analyses.

### 3.3 Students achieving at or above national minimum standards (NAPLAN)

#### Why this measure has been included

Literacy and numeracy are fundamental skills for operating in the modern world. Getting the best start for a child includes ensuring that they have grounding in these important skills.

Commencing in 2008, all students in Australia in Years 3, 5, 7 and 9 are tested annually using a common assessment tool under the National Assessment Program – Literacy and Numeracy (NAPLAN). This tool is administered by the Australian Curriculum, Assessment and Reporting Authority (ACARA).

**Table 6: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading: in per cent, states and territories, 2010**

Reading	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Year 3	95.3	95.4	92.1	91.7	93.2	93.8	95.7	69.7	93.9
Year 5	93.0	94.2	88.2	89.1	90.1	90.7	94.2	64.4	91.3
Year 7	95.0	96.2	94.6	94.3	95.3	94.3	96.9	71.5	94.9
Year 9	91.2	93.3	89.5	89.3	89.9	90.2	93.7	68.1	90.8

Source: ACARA 2010, *National Assessment Program – Literacy and Numeracy. Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010.*

**Table 7: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in writing: in per cent, states and territories, 2010**

Writing	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Year 3	96.8	96.3	93.8	94.6	95.7	96.6	96.6	72.6	95.5
Year 5	95.2	94.8	90.4	91.5	92.6	92.7	94.8	63.8	93.1
Year 7	93.4	93.6	92.2	92.1	93.5	89.0	94.6	62.7	92.6
Year 9	87.5	89.3	86.6	86.2	86.9	82.9	89.0	59.6	87.2

Source: ACARA 2010, *National Assessment Program – Literacy and Numeracy. Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010.*

**Table 8: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in numeracy: in per cent, states and territories, 2010**

Numeracy	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Year 3	95.0	95.4	93.4	93.5	93.2	94.6	96.6	72.4	94.3
Year 5	94.7	95.7	92.6	92.3	92.2	93.2	95.3	69.2	93.7
Year 7	94.9	96.1	95.4	94.8	95.2	94.2	96.8	72.4	95.1
Year 9	93.1	94.8	93.1	92.0	92.1	92.4	94.7	70.5	93.1

Source: ACARA 2010, *National Assessment Program – Literacy and Numeracy. Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010.*

**Table 9: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in reading: in per cent, by gender, Aboriginal status and language background other than English (LBOTE), Western Australia, 2008 to 2010**

Reading	Year	All students	Male	Female	Aboriginal	LBOTE
Year 3	2008	89.4	87.0	91.9	57.3	88.0
	2009	91.1	88.7	93.7	66.3	89.2
	2010	91.7	90.1	93.3	67.4	89.8
Year 5	2008	89.1	87.1	91.1	51.8	86.1
	2009	88.9	86.5	91.5	56.2	86.4
	2010	89.1	86.6	91.7	54.1	87.1
Year 7	2008	92.7	91.0	94.5	63.4	90.3
	2009	92.1	90.2	94.2	65.2	89.1
	2010	94.3	93.0	95.7	69.9	90.9
Year 9	2008	91.8	90.1	93.5	62.8	89.6
	2009	89.9	87.1	93.0	56.4	85.8
	2010	89.3	86.9	91.9	54.7	85.1

Source: ACARA, *National Assessment Program – Literacy and Numeracy. Achievement in Reading, Writing, Language Conventions and Numeracy: National Report, 2008–2010* [series].

**Table 10: Year 3, Year 5, Year 7 and Year 9 students achieving at or above the national minimum standard in numeracy: in per cent, by gender, Aboriginal status and language background other than English, Western Australia, 2008 to 2010**

Numeracy	Year	All students	Male	Female	Aboriginal	LBOTE
Year 3	2008	94.5	94.0	94.9	75.5	93.0
	2009	92.3	91.8	92.8	68.8	89.9
	2010	93.5	93.3	93.8	73.7	90.9
Year 5	2008	91.1	91.5	90.7	61.6	89.7
	2009	92.8	92.9	92.6	67.4	90.5
	2010	92.3	91.9	92.7	61.9	90.5
Year 7	2008	94.7	95.0	94.5	74.2	93.3
	2009	93.6	93.7	93.4	71.7	92.1
	2010	94.8	94.5	95.2	72.4	92.6
Year 9	2008	92.3	92.5	92.1	66.2	92.2
	2009	93.5	93.1	94.0	67.4	91.9
	2010	92.0	92.5	91.6	63.7	90.3

Source: ACARA, *National Assessment Program – Literacy and Numeracy. Achievement in Reading, Writing, Language Conventions and Numeracy: National Report, 2008–2010* [series].

**Table 11: PISA results in reading, mathematical literacy and scientific literacy: mean scores for Western Australia, Australia and OECD Average, 2009**

Jurisdiction	Reading literacy	Mathematical literacy	Scientific literacy
WA mean	522	529	539
Australian mean	515	514	527
OECD average mean	493	496	501

Source: Thomson S et al 2011, *Challenges for Australian Education: results from PISA 2009: the PISA 2009 assessment of students' reading, mathematical and scientific literacy*, PISA national reports, Australian Council for Education Research, pp.22,58,167,184,209,228.

**What is this measure?**

This measure reports on the percentages of children and young people who achieve at or above the national minimum standards for achievement. The data used in this measure is the NAPLAN test results for students in each year group by state and territory. Data on the individual results of female, male, Aboriginal and language background other than English (LBOTE) students in WA is also included.

Table 6 to Table 8 show the percentage of students who are achieving at or above the national minimum standard for reading, writing, and numeracy for 2010.

Table 9 and Table 10 show the percentage of students in WA achieving at or above the national minimum standard for reading and numeracy by gender, Aboriginal status and LBOTE for the period 2008 to 2010.

Table 11 shows WA compared against the Australian average and the Organisation for Economic Cooperation and Development (OECD) average in the three subjects.

**Commentary**

The NAPLAN results for 2010 show that a smaller percentage of WA students achieve the national minimum standard than in Australia as a whole. This applies to the subject areas reading, writing and numeracy<sup>155</sup> in all assessed year groups (Table 6 to Table 8).

The NAPLAN results in reading and numeracy for female, male, Aboriginal and LBOTE students in WA shows a largely consistent pattern across all tested subject areas for 2010 with the following characteristics (Table 9 and Table 10):

- A greater percentage of female students than male students achieve at or above the national minimum standard in all subject areas and year groups except in numeracy in Year 9.
- A significantly smaller percentage of Aboriginal students than all students achieve at or above the national minimum standard in all subject areas and year groups.
- A smaller percentage of LBOTE students than all students achieve at or above the national minimum standard in all subject areas and year groups.

For international comparison, Australia participates in the OECD's Programme for International Student Assessment (PISA), which assesses a representative sample of 15 year-old students across most industrialised countries for reading, mathematical literacy and scientific literacy. The results allow for comparison of Australian and WA results against participant countries.

<sup>155</sup> There is a similar result in the subject areas spelling and grammar and punctuation however these are not reflected in this report. For further information on these results refer to ACARA 2010, *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*, ACARA.

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In 2009 the study showed that Australia performed significantly above the OECD average in all areas. WA performed slightly better than the Australian average in all areas. For reading literacy WA was the highest and for mathematical and scientific literacy the second highest.<sup>156</sup> WA and Australia were both consistently in the top quarter of participating countries.

### Strategies

#### National Partnership Agreement on Literacy and Numeracy, Council of Australian Governments

Priority areas for reform by each state and territory under this agreement are:

- effective and evidence-based teaching of literacy and numeracy
- strong school leadership and whole school engagement with literacy and numeracy
- monitoring student and school literacy and numeracy performance to identify where support is needed.

Further information is available at

[http://smarterschools.gov.au/nationalpartnerships/Documents/national\\_partnership\\_on\\_literacy\\_and\\_numeracy.rtf](http://smarterschools.gov.au/nationalpartnerships/Documents/national_partnership_on_literacy_and_numeracy.rtf)

#### Better Attendance: Brighter Futures, Government of Western Australia

In 2009 the WA Auditor General released the *Managing Student Attendance in Western Australian Public Schools*. The report is available at [http://www.audit.wa.gov.au/reports/pdfreports/report2009\\_09.pdf](http://www.audit.wa.gov.au/reports/pdfreports/report2009_09.pdf)

In response to the Auditor General's report, the Department of Education developed Better Attendance: Brighter Futures. This plan includes nine key actions to improve school attendance rates in public schools with a key target group being students from Kindergarten to Year 4.

Further information is available at

<http://www.det.wa.edu.au/schoolsandyou/detcms/navigation/shaping-our-schools/better-attendance--brighter-futures/>

#### Aboriginal Education Plan for WA Public Schools 2011–2014, Government of Western Australia

A key focus area of this plan is literacy and numeracy. Through the implementation of a range of strategies the target of this focus area is to halve the gap in reading, writing and numeracy achievement between Aboriginal and non-Aboriginal students by 2018.

The plan is available at

<http://www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/strategic-documents/aboriginal-education-plan-2011-2014/>

#### Aboriginal and Torres Strait Islander Education Action Plan 2010–2014, Council of Australian Governments

This plan will be undertaken at the national, state and local level to close the gap between the educational outcomes of Aboriginal and non-Aboriginal students. These actions are linked to six priority domain areas that evidence shows will have the most impact on closing the gap, including literacy and numeracy.

The plan is available at

[http://www.mceecdya.edu.au/verve/\\_resources/A10-0945\\_IEAP\\_web\\_version\\_final2.pdf](http://www.mceecdya.edu.au/verve/_resources/A10-0945_IEAP_web_version_final2.pdf)

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<sup>156</sup> Thomson S et al 2011, *PISA in Brief, Highlights from the full Australian Report: Challenges for Australian Education: Results from PISA 2009*, Australian Council for Educational Research, p.6.

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### Want to know more?

#### Department of Education, Government of Western Australia

Further information on the Department of Education is available on their website <http://www.det.wa.gov.au>

#### National Partnership Agreement on Literacy and Numeracy: Performance Report for 2010, Council of Australian Governments

The Council of Australian Governments' first report on the National Partnership Agreement on Literacy and Numeracy, providing an assessment of achievement against targets agreed between the Commonwealth and the states and territories, was released in April 2011. The report is available at <http://www.coagreformcouncil.gov.au/reports/education.cfm>

#### NAPLAN results

NAPLAN results are available through the Australian Curriculum, Assessment and Reporting Authority (ACARA) website <http://www.nap.edu.au>

#### Programme for International Student Assessment (PISA) results

Programme for International Student Assessment results are available from the Australian Council for Educational Research website <http://www.acer.edu.au/ozpisa>



### 3.4 Pathways for leaving school

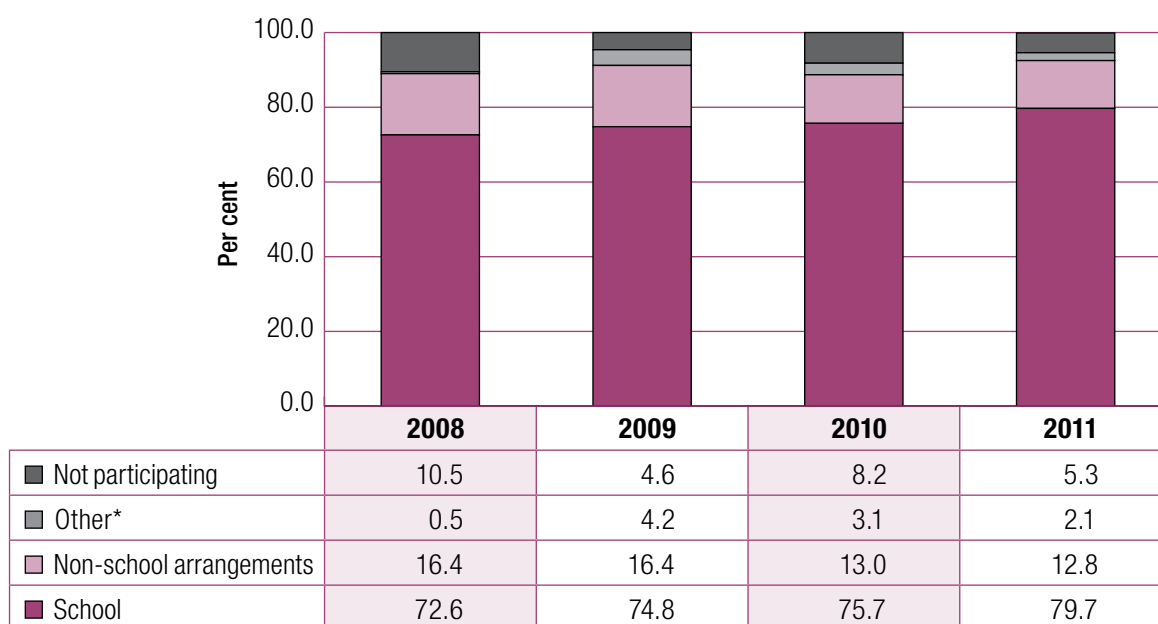
#### Why this measure has been included

Young people who are not participating in education, training or employment are at risk of personal and social stress. They may also be in danger of poor long-term labour market prospects and being excluded from participating in and contributing to society.<sup>157</sup>

A study by The Foundation for Young Australians on school leavers in Australia demonstrated that not completing Year 12 was a disadvantage for young people entering the job market directly from school. Those who had completed Year 12 were substantially less likely to be seeking work or not be in the labour force than those who left in Years 10 or 11.<sup>158</sup>

Following changes to the *School Education Act 1999* and the *Curriculum Council Act 1997*,<sup>159</sup> from 2008 WA students are required to remain at school or participate in an approved non-school option (such as employment or training) until the end of the year they turn 17 years or graduate from high school.

**Figure 3: Student participation: year of turning 17 years of age, in per cent, Western Australia, 2008 to 2011**



Source: Data supplied by WA Curriculum Council (unpublished).

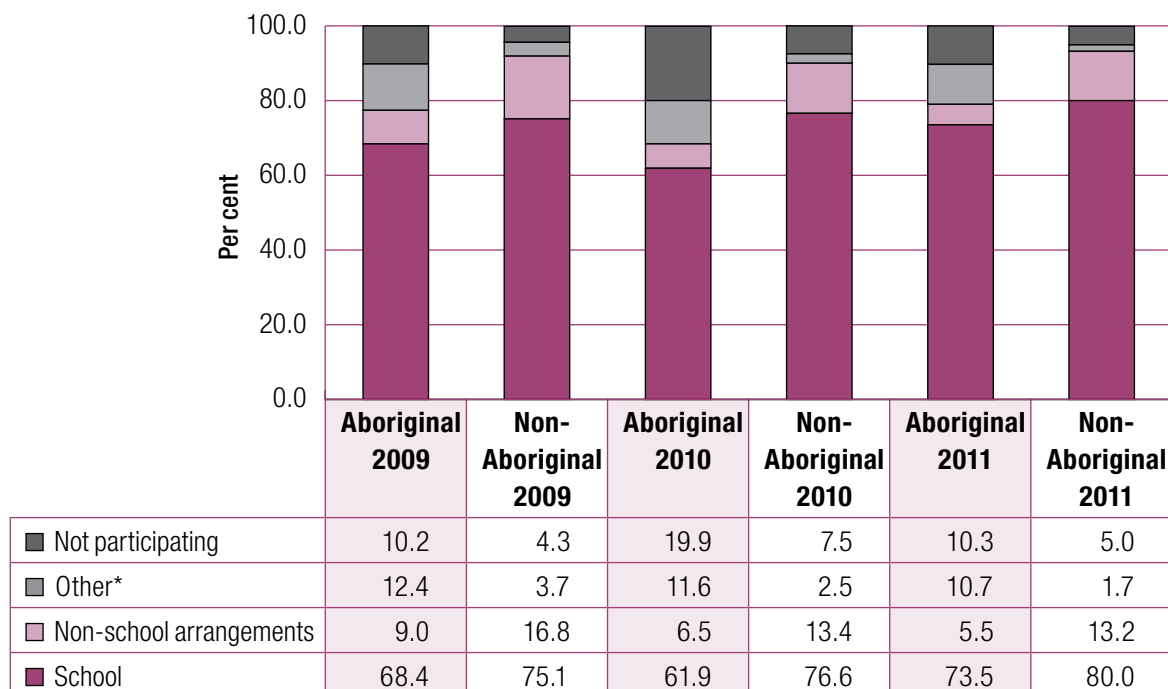
\* 'Other' includes students who have left WA, already graduated, are working with the Participation Unit, have died, or whose whereabouts is unknown.

157 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p.78.

158 Foundation for Young Australians 2010, *How Young People are Faring '10: The National Report on the Learning and Work Situation of Young Australians*, Foundation for Young Australians, p.20.

159 *School Education Act 1999* (WA) Division 1 refers to participation options for young people [website] viewed 21 February 2012, [http://www.slp.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_878\\_homepage.html](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_878_homepage.html); *Curriculum Council Act 1997* (WA) Part 3A [website] viewed 21 February 2012, [http://www.slp.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_233\\_homepage.html](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_233_homepage.html)

**Figure 4: Student participation: year of turning 17 years of age, by Aboriginal and non-Aboriginal, in per cent, Western Australia, 2009 to 2011**



Source: Data supplied by WA Curriculum Council (unpublished).

\* 'Other' includes students who have left WA, already graduated, are working with the Participation Unit, have died, or whose whereabouts is unknown.

### What is this measure?

This measure shows the percentages of students undertaking various educational and vocational pathways from school. The data used for this measure is collected by the Curriculum Council WA and includes all students in WA who turn 17 years of age in the relevant year. It shows the percentage of these students that are in full-time school-based education, the percentage who are engaged in approved non-school arrangements (such as employment, training, an apprenticeship or a combination of options) and the percentage who are not attending school nor participating in non-school arrangements.

Figure 4 shows the data for Aboriginal students from 2009 to 2011. Data for Aboriginal students for 2008 and regionalised data is not available.

### Commentary

In 2011, 92.5 per cent of WA students overall participated in education, employment, training or some combination of these. The percentage of students remaining in full-time education increased from 72.6 per cent in 2008 to 79.7 per cent in 2011.<sup>160</sup>

The percentage of WA students not participating in any option has decreased from 10.5 per cent in 2008 to 5.3 per cent in 2011. During the same period, the percentage of WA students counted in category 'Other' (this includes students who have left the State, have already graduated, are working with the Participation Unit,<sup>161</sup> have died or whose whereabouts are unknown) has increased from 0.5 per cent in 2008 to 2.1 per cent in 2011.

160 Note that a full-time student with a part-time job is counted in the 'education' category and not in the 'combination' category.

161 The role of the Participation Unit is to support students who are early school leavers and require external support to access continued schooling or another approved option.

Overall, males are twice as likely as females to be in non-school arrangements and the majority of those males are in apprenticeships or traineeships.

The percentage of Aboriginal students participating in education, employment, training or some combination of these has increased from 77.4 per cent in 2009 to 79.0 in 2011. The percentage of Aboriginal students participating in education or an approved option is smaller than non-Aboriginal students in this category. In comparison to non-Aboriginal students, fewer Aboriginal students participated in education or an approved option, and a greater percentage is represented in the categories 'Not participating' and 'Other'. This result has been consistent over the period 2009 to 2011.

The data is not directly comparable to other states because it combines education, employment and training outcomes for 17 year-olds. A limited but appropriate comparison can be made from apparent retention rates of students from Year 7 or Year 8<sup>162</sup> to Year 12, which is collected annually by the ABS (see Table 13).<sup>163</sup> This data shows the percentage of students who continue from the first year of high school to graduation. It does not show the destinations of those who do not stay in school, so it is not possible to know whether students are leaving for employment or training.

The apparent retention rate for WA for Year 7/8 to Year 12 in 2010 was 78.3 per cent (up from 71.3 per cent in 2000), which is slightly above the Australian average of 78.0 per cent.<sup>164</sup>

### Strategies

#### National Partnership on Youth Attainment and Transitions, Council of Australian Governments

The National Partnership on Youth Attainment and Transitions has been established to:

- achieve a national Year 12 or equivalent attainment rate of 90 per cent by 2015
- provide an education or training entitlement to young people aged 15 to 24
- better engage young people in education and training
- assist young people aged 15 to 24 to make a successful transition from schooling into further education, training or employment
- better align Commonwealth, state and territory programs and services related to youth, careers and transitions.

Further information is available at

<http://www.deewr.gov.au/Youth/YouthAttainmentandTransitions/Pages/NationalPartnership.aspx>

A WA implementation plan has been developed, with the federal Department of Education, Employment and Workforce Relations allocating funding of \$11.4 million over four years (2011–2014), with a \$10 million bonus upon achievement of state targets.

Further information on the WA implementation plan is available at

[http://www.federalfinancialrelations.gov.au/content/national\\_partnership\\_agreements/education/youth\\_attainment\\_transitions/WA.pdf](http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/education/youth_attainment_transitions/WA.pdf)

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162 Depending on which year level marks the beginning of high school.

163 Australian Bureau of Statistics 2011, *Schools, Australia, 2010*, 'Table 64a: Apparent Retention Rates (ARR) 1996–2010', datacube: Excel Spreadsheet, cat. no. 4221.0 [website], viewed 10 January 2012, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4221.02010?OpenDocument>>.

164 Australian Bureau of Statistics 2011, *Schools, Australia, 2010*, cat. no. 4221.0 [website], viewed 10 January 2012, <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/69FF2D323E81F5F7CA25785500127A08/\\$File/42210\\_2010.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/69FF2D323E81F5F7CA25785500127A08/$File/42210_2010.pdf)>.

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### Youth Mentoring Reform, Government of Western Australia

As part of National Partnership on Youth Attainment and Transitions, a four-year mentoring youth reform agenda is in development. The reform will include the development of a strategic youth mentoring framework. Further information is available at [http://www.youthmentoring.org.au/aust\\_research.html](http://www.youthmentoring.org.au/aust_research.html)

### Aboriginal and Torres Strait Islander Education Action Plan 2010–2014, Council of Australian Governments

This plan will be undertaken at the national, state and local level to close the gap between the educational outcomes of Aboriginal and non-Aboriginal students. These actions are linked to six priority domain areas that evidence shows will have the most impact on closing the gap, including pathways to real post-school options.

The plan is available at

[http://www.mceecdya.edu.au/verve/\\_resources/A10-0945\\_IEAP\\_web\\_version\\_final2.pdf](http://www.mceecdya.edu.au/verve/_resources/A10-0945_IEAP_web_version_final2.pdf)

### Want to know more?

#### Department of Education, Government of Western Australia

Information on the Department of Education is available on their website <http://www.det.wa.gov.au>

#### Vocational Education and Training, Government of Western Australia

Information on the implementation of Vocational Education and Training in schools can be obtained from the Department of Education website at <http://www.det.wa.edu.au/curriculum-support/vetis/detcms/portal/>

#### Participation requirement under the *School Education Act 2009 (WA)*

For young people entering Years 11 and 12 there are a range of approved options to meet the *School Education Act 2009* participation requirement. These pathways can broadly be described as school based, training based, and community based.

Further information on the participation requirement under the *School Education Act 2009* is available at <http://det.wa.edu.au/participation/detcms/navigation/young-people/?oid=Article-id-320590>

#### How Young People are Faring

This annual report on the learning-and-earning situation of young Australians is published annually by the Foundation for Young Australians and available on their website <http://www.fya.org.au/research/research-publications/>

Additional tables

**Table 12: Student participation: year of turning 17 years of age, in per cent, Western Australia, 2008 to 2011**

Year of turning 17	2008	2009	2010	2011
<b>All students</b>				
School	72.6	74.8	75.7	79.7
Non-school arrangements	16.4	16.4	13.0	12.8
Other*	0.5	4.2	3.1	2.1
Not participating	10.5	4.6	8.2	5.3
<b>Aboriginal students</b>				
School		68.4	61.9	73.5
Non-school arrangements		9.0	6.5	5.5
Other*		12.4	11.6	10.7
Not participating		10.2	19.9	10.3
<b>Non-Aboriginal students</b>				
School		75.1	76.6	80.0
Non-school arrangements		16.8	13.4	13.2
Other*		3.7	2.5	1.7
Not participating		4.3	7.5	5.0

Source: Data supplied by WA Curriculum Council (unpublished).

\* 'Other' includes students who have left WA, already graduated, are working with the Participation Unit, have died, or whose whereabouts is unknown.

**Table 13: Apparent retention rates of full-time students in Years 7 or 8 to Year 12: in per cent, all states and territories, 2000 and 2010**

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
2000	67.5	77.2	77.3	65.4	71.3	69.5	49.7	87.1	72.3
2010	72.5	81.1	82.5	81.9	78.3	71.0	53.0	90.8	78.0

Source: ABS 2011, *Schools* 2010.

**Table 14: Male and female students in non-school arrangements, Western Australia, 2007 to 2011**

Year	Males in non-school arrangements	Females in non-school arrangements	Males in apprenticeships or traineeships	Females in apprenticeships or traineeships
2007	1,720	1,055		
2008	3,427	1,995		
2009	3,236	1,758	1,625	520
2010	2,686	1,413	1,550	453
2011	2,546	1,385	1,429	430

Source: Data supplied by WA Curriculum Council (unpublished).

## Chapter 4 – Material Wellbeing

### About this domain

The material circumstances of the family unit can have a significant impact on children and young people's wellbeing. Adequate access to basic material needs is linked to improved outcomes in other domains such as Health and Safety, Education and Behaviours and Risks.<sup>165</sup> Family income, employment situation and suitable housing are examples of material wellbeing that can help to deliver a stronger foundation to a child's life.

The companion report *Building Blocks* contains information about programs which are effective in improving the wellbeing of children and young people in the Material Wellbeing domain.

### Measures

About this domain

4.1	Dependent children living in low-income homes	105
4.2	Families where resident parents are jobless	109
4.3	Overcrowded households	114
4.4	Homelessness	119

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<sup>165</sup> Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p.2.



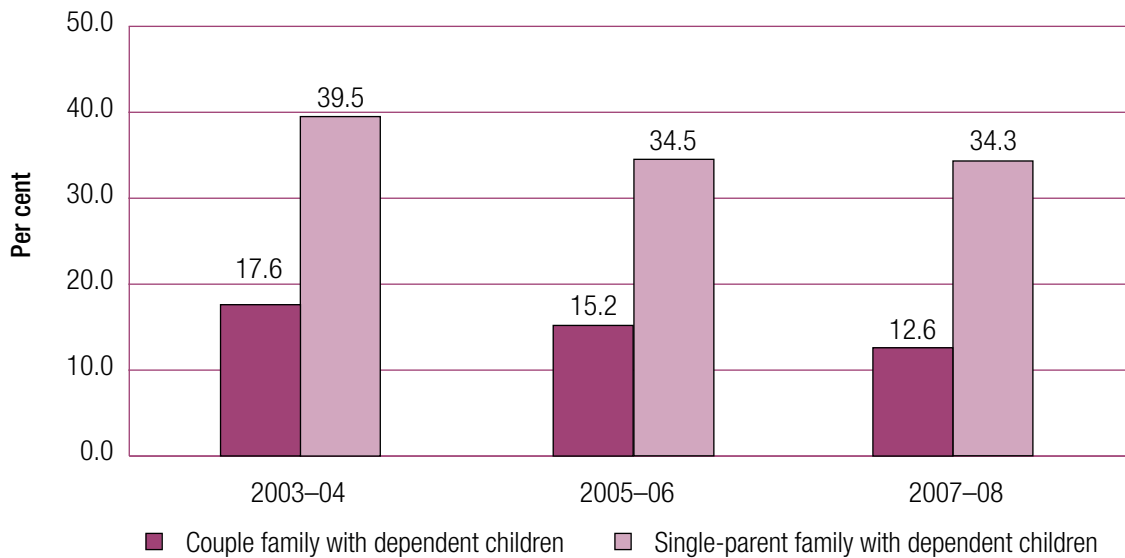
4.1 Dependent children living in low-income homes

Why this measure has been included

Children and young people living in families with inadequate income are at greater risk of poor health and educational outcomes in the short and long term.<sup>166</sup> Low-income families are less likely to have sufficient economic resources to support a minimum standard of living. This can affect children and young people in the family through reduced provision of appropriate housing, heating, nutrition, medical care and technology.<sup>167</sup>

Children and young people from low-income families can be more prone to psychological or social difficulties, behavioural problems, lower self-regulation and elevated physiological markers of stress.<sup>168</sup> International research has revealed that a primary concern of children and young people in economically disadvantaged families is being excluded from activities that other children and young people appear to take for granted, and the embarrassment this can cause.<sup>169</sup>

Figure 1: People in families with dependent children in low-income households: in per cent, Western Australia, 2003–04 to 2007–08



Source: ABS Custom Report from *Survey of Income and Housing*.

166 Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat.no.PHE 112, Australian Institute of Health and Welfare, p.86.

167 Shore R 1997; cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat.no.PHE 112, Australian Institute of Health and Welfare, p.86.

168 Barnett M 2008; cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat.no.PHE 112, Australian Institute of Health and Welfare, p.86.

169 Redmond G 2008; cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat.no.PHE 112, Australian Institute of Health and Welfare, p.86.

### What is this measure?

This measure provides an indication of the health, educational and other associated risks for children and young people under 15 years of age who live in low-income households.

The data for Figure 1 is taken from the *2007–08 Survey of Income and Housing* published by the Australian Bureau of Statistics (ABS). Income distribution is referred to as ‘average equivalised disposable household income’ in this chapter. This is calculated by taking the net income of the household and applying an equivalence scale to adjust for household size and composition. Larger households need more overall but the per-person share is usually lower due to economies of scale.<sup>170</sup> The resulting figure is a measure of the resources which are available for each family member.

Figure 1 shows the representation of people in couple and single-parent family households with dependent children in the second or third decile of income in Western Australia (WA), which is considered ‘low income’.<sup>171</sup> Data is not available at a regional level or separated by Aboriginality.

### Commentary

From 2003–04 to 2007–08, for WA families with dependent children living in low-income households (as per Figure 1):

- people in single-parent families with dependent children were approximately twice as likely to live in a low-income household as those in couple families with dependent children
- the percentage of people in couple families with dependent children in low-income households decreased from 17.6 per cent to 12.6 per cent
- the percentage of people in single-parent families with dependent children on a low income decreased from 39.5 per cent to 34.3 per cent.

Nationally, the percentage of people in families with dependent children on low income has also fallen (see Table 1).

In comparison with Australia in 2007–08:

- the WA percentage (12.6%) of people in couple families with dependent children in low-income households was lower than the national rate of 19.4 per cent
- the WA percentage (34.3%) of people in single-parent families with dependent children in low-income households was similar to the national rate of 33.8 per cent.

Internationally, in 2008 Australia’s rate of child poverty (11.8%) was slightly lower than the average for Organisation for Economic Cooperation and Development (OECD) member countries (12.7%). However, Australia’s rate of overall poverty (14.8%) was considerably above the OECD average (11.1%).<sup>172</sup>

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170 The formula and more detail on the process can be found in Australian Bureau of Statistics 2009, *Information Paper: Survey of Income and Housing, User Guide, Australia, 2007–08*, cat. no. 6553.0 [website], viewed 10 January 2012, <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/88CD2DFD5A9D84B5CA25761700193589/\\$File/65530\\_2007-08.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/88CD2DFD5A9D84B5CA25761700193589/$File/65530_2007-08.pdf)>.

171 The lowest decile of income is not generally used to show low income, as it is not a good indicator of total household resources available to people on very low or negative incomes. For further discussion on this see Australian Bureau of Statistics 2009, *Information paper: Survey of Income and Housing, User Guide, Australia, 2007–08*, cat. no. 6553.0 [website], viewed 10 January 2012, <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/88CD2DFD5A9D84B5CA25761700193589/\\$File/65530\\_2007-08.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/88CD2DFD5A9D84B5CA25761700193589/$File/65530_2007-08.pdf)>.

172 Organisation for Economic Co-operation and Development, Family Database 2011, CO2.2: *Child Poverty* [website], viewed 21 November 2011, <<http://www.oecd.org/dataoecd/52/43/41929552.pdf>>

### Strategies

#### *Addressing barriers for jobless families, Commonwealth Government*

This Australian Social Inclusion Board report identifies four elements that government and community-based organisations need to include when addressing social exclusion for jobless families:

- Sustainability: ensuring that work provided to jobless families is sustainable.
- Individualisation and flexibility: to meet the diverse and complex needs of jobless families.
- Incremental achievement: providing parents in jobless families with alternatives and choices that are realistically achievable and attractive to them.
- Accessibility: these issues may include structural barriers such as transport, internet access and childcare, as well as personal barriers such as poor education and health, and stigmatisation.<sup>173</sup>

Further information is available at

<http://www.socialinclusion.gov.au/sites/www.socialinclusion.gov.au/files/publications/pdf/addressing-barriers-for-jobless-families.pdf>

The Australian Social Inclusion Board report listed the following international and national best practice examples to address family joblessness:

- The Family Centred Employment Project, Department for Education, Employment and Workforce Relations, Commonwealth Government – <http://www.deewr.gov.au/Employment/Pages/FCEP.aspx>
- The Brotherhood of St Laurence Centre for Work and Learning, Yarra, Victoria – <http://www.bsl.org.au/Services/Employment-and-training/Centre-for-Work-and-Learning.aspx>

#### *National Affordable Housing Agreement, Council of Australian Governments*

The National Affordable Housing Agreement (NAHA) aims to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. The NAHA is an agreement by the Council of Australian Governments that commenced on 1 January 2009, initiating a whole-of-government approach in tackling the problem of housing affordability.

The NAHA provides \$6.2 billion worth of housing assistance to low and middle income Australians in the first five years.

Further information is available at <http://www.fahcsia.gov.au/sa/housing/progserv/affordability/affordablehousing/Pages/default.aspx>

#### *Hardship Utilities Grant Scheme, Government of Western Australia*

The Hardship Utilities Grant Scheme (HUGS) is a State government scheme that provides financial assistance to help people with financial difficulties pay their water, gas and electricity bills so their supply is not cut off. To be eligible for HUGS a person must be:

- unable to pay a current bill and be at risk of disconnection or already be disconnected
- experiencing money problems.

Further information is available at

[http://www.dcp.wa.gov.au/servicescommunity/Pages/HardshipUtilitiesGrantScheme\(HUGS\).aspx](http://www.dcp.wa.gov.au/servicescommunity/Pages/HardshipUtilitiesGrantScheme(HUGS).aspx)

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<sup>173</sup> Australian Social Inclusion Board 2010, *Addressing barriers for jobless families*, Department of the Prime Minister and Cabinet, pp29–31.

## CHAPTER 4 - MATERIAL WELLBEING

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### Want to know more?

#### Reports related to low income

The Smith Family's 2011 report, *Unequal Opportunities: Life Chances for Children in the 'Lucky Country'*, showed that the most well off one-fifth of Australian children (ranked by household) had access to 3.1 times the economic resources of the poorest one-fifth of Australian children in 2009.

Further information is available at

[http://www.thesmithfamily.com.au/webdata/resources/files/NATSEM\\_\\_FINAL\\_web.pdf](http://www.thesmithfamily.com.au/webdata/resources/files/NATSEM__FINAL_web.pdf)

The Commissioner for Children and Young People's 2010 research report, *Speaking Out About Wellbeing*, showed that the 'basics' such as food, clothing shelter, enough money to live, parents who looked after them and health care was important to children and young people.

The report is available at

<http://www.ccyp.wa.gov.au/content.aspx?cld=326>

#### Centrelink, Commonwealth Government

Centrelink has a range of programs and services to assist families and young people to become self sufficient and to support those in need, including income management, financial information and counselling, and child support.

Further information is available at

<http://www.centrelink.gov.au/internet/internet.nsf/home/index.htm>

### Additional tables

**Table 1: People in family households considered low-income: in per cent, Western Australia, 2003–04 to 2007–08, and Australia 2007–08**

		<b>Couple family with dependent children</b>	<b>Single-parent family with dependent children</b>
WA	2003–04	17.6	39.5
	2005–06	15.2	34.5
	2007–08	12.6	34.3
Australia	2007–08	19.4	33.8

Source: ABS Custom Report from *Survey of Income and Housing*.

## 4.2 Families where resident parents are jobless

### Why this measure has been included

Growing up in a jobless<sup>174</sup> family is an established measure of children and young people's wellbeing.<sup>175</sup> Living in a family where parents are jobless can have negative short and long-term effects on children and young people's development, physical and mental health, social engagement and educational progress.<sup>176 177</sup> Parental joblessness may lead to family stress, conflict and domestic violence, substance abuse and child abuse.<sup>178 179</sup> By contrast, parental employment is associated with higher levels of adolescent psychological wellbeing, sociability, satisfaction and happiness.<sup>180</sup> Parental employment also provides for effective role modelling by encouraging aspirations of workforce participation for children and young people.<sup>181</sup>

**Table 2: Families with children and young people under 15 years of age: number and percentage, by family composition and labour force status, Western Australia, 2005 and 2010**

		2005		2010		Change
		Number	Percentage	Number	Percentage	Percentage point
<b>Couple family</b>	Both employed *	97,000	54.8	119,000	59.5	4.7
	One employed *	62,000	35.0	65,000	32.5	-2.5
	Labour force not stated ***	3,000	1.7	3,000	1.5	-0.2
	Both jobless**	15,000	8.5	13,000	6.5	-2.0
	Total	177,000	100.0	200,000	100.0	
<b>Single-parent family</b>	Employed *	25,000	54.3	28,000	58.3	4.0
	Unemployed	3,000	6.5	3,000	6.3	-0.2
	Not in labour force	18,000	39.1	17,000	35.4	-3.7
	Labour force not stated ***	N/A	N/A	N/A	N/A	N/A
	Jobless	21,000	44.7	20,000	41.7	-3.0
	Total	46,000	100.0	48,000	100.0	

Source: ABS 2010, *Labour Force, Australia: Labour Force Status and Other Characteristics of Families, June 2010*.

\* Includes full-time and part-time employment.

\*\* Includes families where both partners were unemployed or not in the labour force, and families where one partner was unemployed and the other not in the labour force.

\*\*\* Includes families where one or both parents/partners did not state his/her labour force status or a parent/partner was temporarily absent.

174 For the purposes of this indicator, the definition of jobless includes all people who are either unemployed (ie looking for work) and not in the labour force (ie not actively looking for work) as per the Australian Social Inclusion Board definitions. Accordingly, 'jobless' is a broader category than 'unemployed' and incorporates those people who, for whatever reason, are not currently looking for work.

175 The Smith Family 2011, *Unequal Opportunities: Life chances for children in the 'Lucky Country'*, The Smith Family, p.7.

176 Heady B & Verick S 2006; cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat.no.PHE 112, Australian Institute of Health and Welfare, p.87.

177 McClelland A 1994, 'Families and financial disadvantage', *Family Matters*, Vol.37, pp.29–33, reproduced by Australian Institute of Family Studies [website], viewed 21 November 2011, <<http://www.aifs.gov.au/institute/pubs/fm1/fm37am.html>>.

178 McClelland A 2000; cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat.no.PHE 112, Australian Institute of Health and Welfare, p.87.

179 Australian Social Inclusion Board 2010, *Addressing barriers for jobless families*, Department of the Prime Minister and Cabinet, pp.18–20.

180 Weston R 1993, 'Wellbeing of young people in different family circumstances', *Family Matters*, 36:28-30, reproduced by Australian Institute of Family Studies [website], viewed 21 November 2011, <<http://www.aifs.gov.au/institute/pubs/fm1/fm36rw1.html>>.

181 The Smith Family 2011, *Unequal Opportunities: Life chances for children in the 'Lucky Country'*, The Smith Family, p.7.

**Table 3: Families with children and young people under 15 years of age: number and percentage, by family composition and labour force status, Western Australia and Australia, 2010**

		WA		Australia		Difference
		Number	Percentage	Number	Percentage	Percentage Point
<b>Couple family</b>	Both employed *	119,000	59.5	1,110,000	59.8	-0.3
	One employed *	65,000	32.5	628,000	33.8	-1.3
	Labour force not stated ***	3,000	1.5	22,000	1.2	0.3
	Both jobless**	13,000	6.5	96,000	5.2	1.3
	Total	200,000	100.0	1,856,000	100.0	
<b>Single-parent family</b>	Employed *	28,000	58.3	260,000	54.6	3.7
	Unemployed	3,000	6.3	39,000	8.2	-1.9
	Not in labour force	17,000	35.4	174,000	36.6	-1.2
	Labour force not stated ***	N/A	N/A	3,000	0.6	N/A
	<i>Jobless</i>	<i>20,000</i>	<i>41.7</i>	<i>213,000</i>	<i>44.7</i>	<i>-3.0</i>
	Total	48,000	100.0	476,000	100.0	

Source: ABS 2010, *Labour Force, Australia: Labour Force Status and Other Characteristics of Families, June 2010*.

\* Includes full-time and part-time employment.

\*\* Includes families where both partners were unemployed or not in the labour force, and families where one partner was unemployed and the other not in the labour force.

\*\*\* Includes families where one or both parents/partners did not state his/her labour force status or a parent/partner was temporarily absent.

### What is this measure?

This measure examines the incidence of families with dependent children who are considered jobless. Table 2 data shows the labour force status of single-parent and couple families with children and young people less than 15 years of age in 2005 and 2010, with the change in percentage points of each status category over this time. The data is taken from the ABS survey *Labour Force, Australia: Labour Force Status and Other Family Characteristics, June 2010*. Table 3 shows similar data for WA and Australia in 2010, with the difference in percentage points.

### Commentary

In WA in 2010, the proportion of jobless single-parent families was 35.2 percentage points higher than that of couple families where both parents were jobless.

From 2005 to 2010 the percentage of jobless single-parent families in WA decreased by three per cent and the percentage of couple families where both parents were jobless decreased by two per cent. The same trend is evident for Australia as a whole.

In comparison with Australia in 2010:

- the WA percentage of jobless single-parent families (41.7%) was lower than the national percentage (44.7%)
- the WA percentage of couple families where both parents were jobless (6.5%) was higher than the national percentage (5.2%).

Results from the Household, Income and Labour Dynamics in Australia (HILDA) survey<sup>182</sup> indicate the same development namely that 'over the eight years to 2009, the proportion of children living in jobless households has fallen considerably in Australia overall'. Results from the HILDA survey are published annually by The Smith Family and in its 2011 publication, the authors interpret this development as follows:

*The decrease [...] is likely to have been influenced by a combination of factors, including strong economic growth and the introduction of the Welfare to Work reforms by the Commonwealth Government in July 2006. One of the main goals of the Welfare to Work reforms was to increase the labour force participation of single parents by changing the timing and nature of work requirements related to the receipt of income support.*<sup>183</sup>

The *Addressing barriers for jobless families* report published by the Australian Social Inclusion Board identified a number of characteristics which were more common in jobless single-parent families than those with employment. These included being headed by a parent less than 30 years, parents having no post-school qualifications and having children aged less than five years.<sup>184</sup> These findings were based on analysis of the 2006 ABS *General Social Survey* and the report says that 'similar patterns were observed for jobless couple families compared with those with at least one parent working'.<sup>185</sup>

The OECD reports on the proportion of children less than 15 years living in jobless families. From data sourced in 2005–06 for Australia, approximately 14.8 per cent of children lived in a jobless household, which is nearly double the OECD average of 8.7 per cent. The percentage of children with jobless parents in couple families was 5.5 per cent, comparable to the OECD average of 5.0 per cent. However, over half (54.5%) of children in single-parent families were in jobless households, considerably more than the OECD average of 36.1 per cent.<sup>186</sup>

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182 The Household, Income and Labour Dynamics in Australia (HILDA) survey is the first extensive household panel survey to be conducted in Australia, and includes over 13,000 survey respondents each year. HILDA is a dataset that is representative of the Australian population. Results are published annually. For further information see The Smith Family 2011, *Unequal Opportunities: Life chances for children in the 'Lucky Country'*, The Smith Family, p.4.

183 The Smith Family 2011, *Unequal Opportunities: Life chances for children in the 'Lucky Country'*, The Smith Family, p.7.

184 Australian Social Inclusion Board 2010, *Addressing barriers for jobless families*, Department of the Prime Minister and Cabinet, p.18.

185 Australian Social Inclusion Board 2010, *Addressing barriers for jobless families*, Department of the Prime Minister and Cabinet, p.18.

186 Organisation for Economic Cooperation and Development, Family Database 2010, LMF1.1: *Children in families by employment status* [website], viewed 22 November 2011, <<http://www.oecd.org/dataoecd/2/17/43198877.pdf>>.

### Strategies

#### *Addressing barriers for jobless families, Commonwealth Government*

This report identifies four elements that government and community-based organisations need to include when addressing social exclusion for jobless families:

- Sustainability: ensuring that work provided to jobless families is sustainable.
- Individualisation and flexibility: to meet the diverse and complex needs of jobless families.
- Incremental achievement: providing parents in jobless families with alternatives and choices that are realistically achievable and attractive to them.
- Accessibility: these issues may include structural barriers such as transport, internet access and childcare, as well as personal barriers such as poor education and health and stigmatisation.<sup>187</sup>

The report is available at

<http://www.socialinclusion.gov.au/sites/www.socialinclusion.gov.au/files/publications/pdf/addressing-barriers-for-jobless-families.pdf>

The Australian Social Inclusion Board report listed the following international and national best practice examples to address family joblessness:

- The Family Centred Employment Project, Department for Education, Employment and Workforce Relations, Commonwealth Government – <http://www.deewr.gov.au/Employment/Pages/FCEP.aspx>
- The Brotherhood of St Laurence Centre for Work and Learning, Yarra, Victoria – <http://www.bsl.org.au/Services/Employment-and-training/Centre-for-Work-and-Learning.aspx>

#### **Building Australia's Future Workforce initiative**

The Commonwealth government committed funds in the 2011–12 Budget to services to develop the Australian workforce, including assistance for people trying to re-enter the workforce or change their skill set.

More information is available at

<http://www.deewr.gov.au/EMPLOYMENT/Pages/default.aspx>

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<sup>187</sup> Australian Social Inclusion Board 2010, *Addressing barriers for jobless families*, Department of the Prime Minister and Cabinet, pp.29–31.



### Want to know more?

#### Reports related to joblessness

The Smith Family's 2011 report, *Unequal Opportunities: Life Chances for Children in the 'Lucky Country'*, showed that the most well off one-fifth of Australian children (ranked by household) had access to 3.1 times the economic resources of the poorest one-fifth of Australian children in 2009.

The report is available at

[http://www.thesmithfamily.com.au/webdata/resources/files/NATSEM\\_\\_FINAL\\_web.pdf](http://www.thesmithfamily.com.au/webdata/resources/files/NATSEM__FINAL_web.pdf)

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#### Centrelink, Commonwealth Government

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Further information is available at <http://www.centrelink.gov.au/>

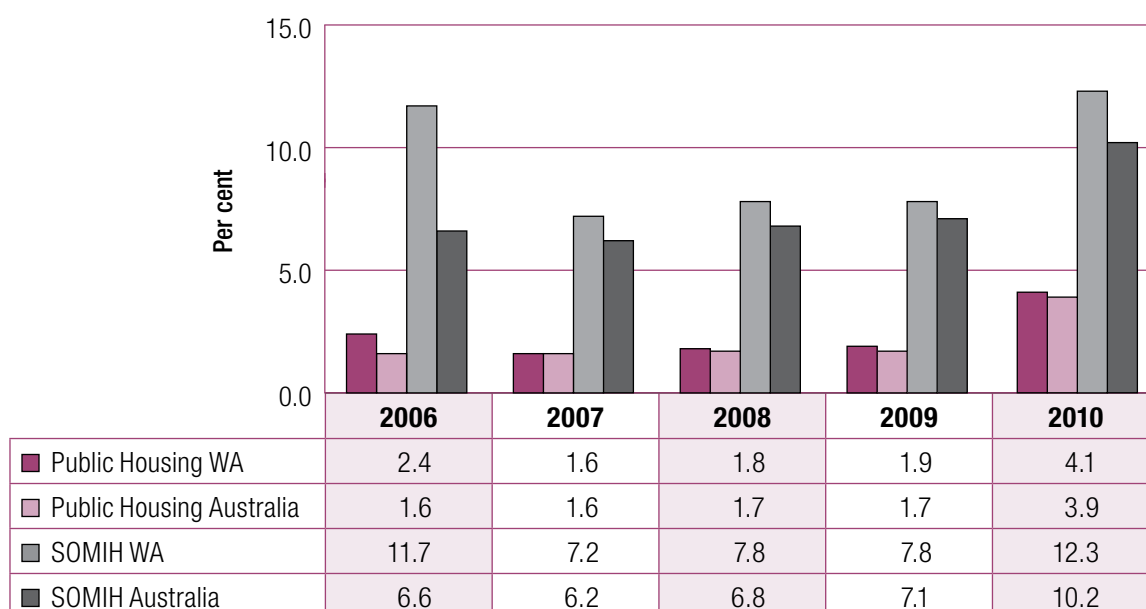
### 4.3 Overcrowded households

#### Why this measure has been included

The effects of living in an overcrowded household can be far-reaching. Children in particular appear to be significantly affected by living in overcrowded households with increased irritability, tension, increased aggression and lower levels of interaction with other children and poorer educational attainment and mental adjustment.<sup>188</sup> Studies also suggest that there is a relationship between overcrowding in early life and later adult ill-health.<sup>189</sup>

In WA overcrowding is a serious issue for Aboriginal families.<sup>190</sup>

**Figure 2: Proportion of overcrowded households, all household types: in per cent, 'State-owned and managed Indigenous housing' and 'public housing', Western Australia and Australia, 2006 to 2010<sup>191</sup>**



Source: Steering Committee for the Review of Government Service Provision 2011, *Report on Government Services*, Commonwealth of Australia, Table 16A.13 and 16A.27; SOMIH: State Owned and Managed Indigenous Housing.

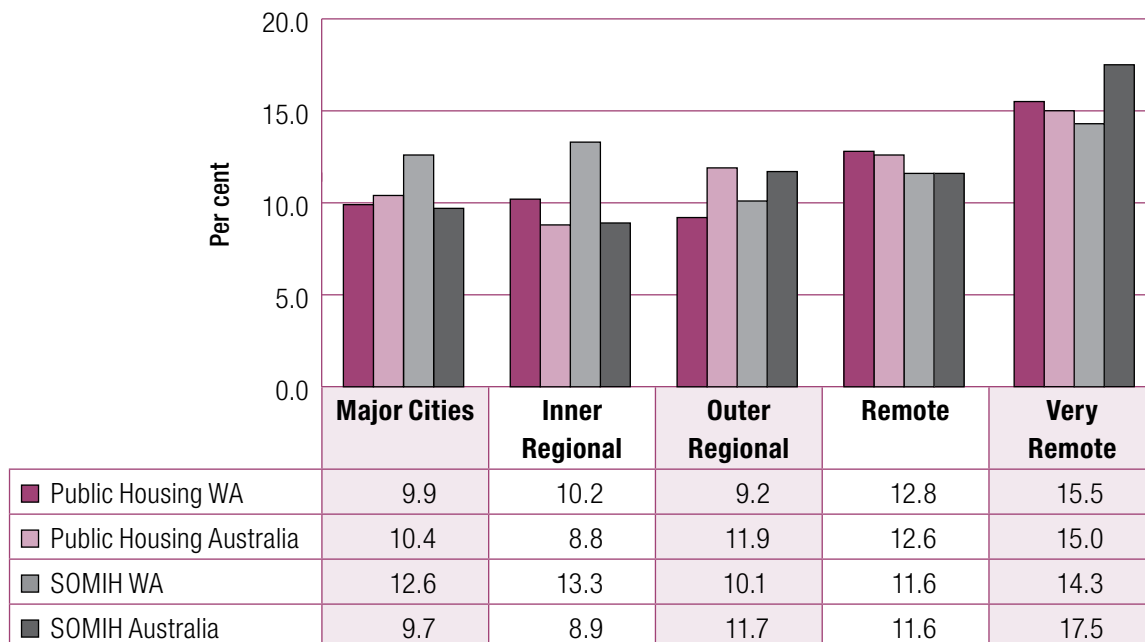
188 Standing Conference on Public Health United Kingdom, cited in Page A 2002, 'Poor Housing and Mental Health in the United Kingdom: Changing the Focus for Intervention', *Journal of Environmental Health Research*, Volume 1, Issue 1, Chartered Institute of Environmental Health [website], viewed 21 November 2011, <[http://www.cieh.org/JEHR/housing\\_mental\\_health.html](http://www.cieh.org/JEHR/housing_mental_health.html)>.

189 Page A 2002, 'Poor Housing and Mental Health in the United Kingdom: Changing the Focus for Intervention', *Journal of Environmental Health Research*, Volume 1, Issue 1, Chartered Institute of Environmental Health [website], viewed 21 November 2011, <[http://www.cieh.org/JEHR/housing\\_mental\\_health.html](http://www.cieh.org/JEHR/housing_mental_health.html)>.

190 Australian Bureau of Statistics 2011, 'Housing and Community Facilities: Overcrowding', *Aboriginal and Torres Strait Islander Wellbeing: A focus on children and youth, Apr 2011*, cat. no. 4725.0 [website], viewed 20 August 2011, <<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4725.0Chapter830Apr%202011>>.

191 Note that in 2010 the classification of 'overcrowded' changed, resulting in an increase in households considered overcrowded. See section 'What is this measure' for explanation.

**Figure 3: Proportion of overcrowded households, Aboriginal households: in per cent, 'State-owned and managed Indigenous housing' and 'public housing', Western Australia and Australia, 2010<sup>192</sup>**



Source: Steering Committee for the Review of Government Service Provision 2011, *Report on Government Services*, Commonwealth of Australia, Table 16A.14 and 16A.28.

### What is this measure?

Overcrowding can occur in any type of household. This measure looks at the incidence of overcrowding in families in WA and compares this to Australia-wide data.

The data included in Figure 2 shows the percentages of housing classified as either 'State-owned and managed Indigenous housing' (SOMIH) or 'public housing' that are defined as overcrowded. Figure 3 shows the percentages of Aboriginal households considered overcrowded in SOMIH and in public housing.

The figures for Australia represent the average across all states and territories. These statistics are comparable across states and for the nation. However, most jurisdictions do not include a measure related to household overcrowding as a measure of relative wellbeing. Given that research has demonstrated adverse effects, and for its existence as a significant issue in Aboriginal communities, it is included in this set of measures.

It is important to note that the definition of 'overcrowding' changed for the 2010 figures when Australia adopted the Canadian National Occupancy Standards,<sup>193</sup> which provides a more accurate measure of overcrowding. Prior to 2010, the measure of overcrowding was based on a proxy standard where two or more additional bedrooms were required to meet the measure. Under the Canadian National Occupancy Standard, the house is considered overcrowded if at least one additional bedroom was required. Therefore the higher overcrowding figures in 2010 than in previous years should be considered in this context.

192 Note that the various classifications, 'major cities', 'very remote', etc., follow the Australian Standard Geographic Classification used in the Australian Census.

193 Canadian National Occupancy Standards define overcrowding as requiring one or more additional bedrooms to meet the standards of:

- no more than two people per bedroom
- parents or couples may share a bedroom
- children under five of same sex or opposite sex may share a bedroom
- children under 18 of the same sex can share a bedroom
- a child aged five to 17 years should not share a bedroom with a child under five of the opposite sex
- single adults aged 18 years and over and any unpaired children require a separate bedroom.

### Commentary

Figure 2 shows that, generally, overcrowding in public housing in WA is low, at 4.1 per cent in 2010, which is comparable with the Australian average of 3.9 per cent. For Aboriginal households however, overcrowding is significantly higher at 12.3 per cent in SOMIH in WA. Nationally, the proportion of overcrowding in SOMIH in 2010 was 10.2 per cent. The highest percentages of overcrowded dwellings are in the 'very remote' classification.

As noted, the incidence of overcrowding is significantly higher in Aboriginal communities than non-Aboriginal communities. A critical factor is the lack of appropriate housing for larger families or grouped families, where several generations or distinct family groups may live in the same household.

ABS figures from the 2008 National Aboriginal and Torres Strait Islander Social Survey state that around 31 per cent of Aboriginal children aged 14 years or less are living in overcrowded homes, ranging from 19.1 per cent in major cities to 57.5 per cent in remote areas.<sup>194</sup> In WA 26 per cent of Aboriginal children aged 0 to three years and 34.8 per cent of Aboriginal children aged four to 14 years live in a household that needs at least one extra bedroom.<sup>195 196</sup>

While the highest percentages of overcrowded dwellings are in the 'very remote' classification, in absolute terms the number of people living in overcrowded homes is highest in the metropolitan area of WA.

### Strategies

#### National Partnership on Homelessness, Council of Australian Governments

In WA, the Department for Child Protection is the lead agency responsible for this joint Commonwealth/State Partnership. Programs provided include:

- services for rough sleepers
- new housing support workers for private and public tenancies, and people leaving supported accommodation and institutional care
- new and expanded supports for women and children experiencing domestic violence
- a 'foyer' development to provide supported, yet independent accommodation for young people (contracted to Anglicare WA).

Further information is available at

<http://www.dcp.wa.gov.au/servicescommunity/Pages/Homelessness.aspx>

Specific information on the foyer development is available at

<http://foyer.org.au/newsroom.php> and <http://www.anglicarewa.org.au/>

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194 Australian Bureau of Statistics 2011, *Aboriginal and Torres Strait Islander Wellbeing: A focus on children and youth, Apr 2011*, Housing and Community Facilities: Overcrowding, cat. no. 4725.0, viewed 20 August 2011, <<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4725.0Chapter830Apr%202011>>.

195 Australian Bureau of Statistics 2009, *National Aboriginal and Torres Strait Islander Social Survey, 2008*, 'Table 07. Indigenous children aged 4–14 years, by State or territory of usual residence' and 'Table 09. Indigenous children aged 0–3 years, by State or territory of usual residence', data cubes: Excel spreadsheets, cat. no. 4714.0 [website], viewed 10 January 2012, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02008?OpenDocument>>.

196 There is no single standard measure for housing overcrowding. The ABS uses a standard which is sensitive to both household size and composition. In summary, households requiring at least one additional bedroom are considered to be overcrowded. For further information on the ABS standard to measure overcrowding see ABS 2011, *Aboriginal and Torres Strait Islander Wellbeing: A focus on children and youth, Apr 2011*, cat. no. 4725.0, viewed 20 August 2011, <<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4725.0Chapter830Apr%202011>>.

## CHAPTER 4 - MATERIAL WELLBEING

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### National Affordable Housing Agreement, Council of Australian Governments

The National Affordable Housing Agreement (NAHA) aims to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. The NAHA is an agreement by the Council of Australian Governments that commenced on 1 January 2009, initiating a whole-of-government approach in tackling the problem of housing affordability.

The NAHA provides \$6.2 billion worth of housing assistance to low and middle income Australians in the first five years and is supported by the National Partnership Agreements on social housing, homelessness and Indigenous Australians living in remote areas.

Further information is available at

<http://www.fahcsia.gov.au/sa/housing/progserv/affordability/affordablehousing/Pages/default.aspx>

### Opening Doors to Address Homelessness: State Plan 2010–2013, Government of Western Australia

This plan builds on the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness. The action areas under the plan are:

- a range of housing options
- employment, education and training
- health and wellbeing
- connection with community, family and friends.

The State government departments involved are the Department for Child Protection (as the lead agency), Department of Housing, Mental Health Commission, Drug and Alcohol Office, Department of Corrective Services and WA Police.

Further information is available at

<http://www.dcp.wa.gov.au/servicescommunity/Documents/WA%20Homelessness%20State%20Plan.pdf>

### Want to know more?

#### Data and reports on overcrowding

The Report on Government Services (ROGS) includes the data on overcrowding in public housing and in SOMIH housing.

This series is available at <http://www.pc.gov.au/gsp/reports/rogs>

The ABS discusses overcrowding in Aboriginal households in a paper in the *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* series. This is available at

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter865Oct+2010>

*Seen and Heard: Putting children on the homelessness agenda, Mission Australia*

This report recommends that a consistent and nationwide framework is required to address the needs of homeless children, informed by child and family-centred practice. This framework should articulate how to:

- prevent families and children from becoming homeless
- intervene early to stabilise housing where it is precarious
- better support children and families once homeless.

Further information is available at

<http://www.missionaustralia.com.au/downloads/social-policy-reports/documents/file/267-seen-and-heard-putting-children-on-the-homelessness-agenda>

**Additional tables**

**Table 4: Proportion of overcrowded households, all household types: in per cent, ‘State-owned and managed Indigenous housing’ and ‘public housing’, Western Australia and Australia, 2006 to 2010**

	2006	2007	2008	2009	2010
Public housing WA	2.4	1.6	1.8	1.9	4.1
Public housing Australia	1.6	1.6	1.7	1.7	3.9
SOMIH WA	11.7	7.2	7.8	7.8	12.3
SOMIH Australia	6.6	6.2	6.8	7.1	10.2

Source: Steering Committee for the Review of Government Service Provision 2011, *Report on Government Services 2011*, Table 16A.13 and 16A.27.

Note: In 2010, the classification of ‘overcrowded’ changed, resulting in an increase in households considered overcrowded. See section ‘What is this measure’ for explanation.

**Table 5: Proportion of overcrowded households, Aboriginal households: in per cent, ‘State-owned and managed Indigenous housing’ and ‘public housing’, Western Australia and Australia, 2010**

	WA public housing	Australia public housing	WA SOMIH	Aust. SOMIH
Major cities	9.9	10.4	12.6	9.7
Inner regional	10.2	8.8	13.3	8.9
Outer regional	9.2	11.9	10.1	11.7
Remote	12.8	12.6	11.6	11.6
Very remote	15.5	15.0	14.3	17.5

Source: Steering Committee for the Review of Government Service Provision 2011, *Report on Government Services 2011*, Table 16A.14 and 16A.28.

### 4.4 Homelessness

#### Why this measure has been included

There is substantial and growing evidence of the impact of homelessness on children. The instability and chaotic nature of homelessness can have profound effects on a child’s physical health, psychological development and academic achievement. A critical impact on children is disrupted schooling, which in turn can increase the risk of homelessness in adulthood. Children who are homeless and those living with domestic and family violence are at greater risk of behavioural problems and poor developmental outcomes.<sup>197</sup>

**Figure 4: Supported Accommodation Assistance Program clients: rate per 10,000 population aged 15 to 19 years, Western Australia and Australia, 2006–07 to 2009–10**



Source: AIHW, *Government-funded specialist homelessness services: SAAP National Data Collection, Annual Report, 2006–07 to 2009–10* [series].

<sup>197</sup> Department of Families, Housing, Community Services and Indigenous Affairs 2008, *The Road Home: A National Approach to Reducing Homelessness*, Commonwealth of Australia, p.52.

**Figure 5: Accompanying children: rate per 10,000 population aged 0 to 17 years, Western Australia and Australia, 2006–07 to 2009–10**



Source: AIHW, *Government-funded specialist homelessness services: SAAP National Data Collection, Annual Report, 2006–07 to 2009–10* [series].

### What is this measure?

This measure examines the incidence of homelessness among children and young people in WA. It is difficult to measure the actual number of homeless people. The very nature of homelessness means it can be difficult to maintain contact with a person and in many cases homelessness may be a transient condition of short duration.<sup>198</sup>

Under the National Affordable Housing Agreement, services are provided to young people under ‘Homeless Youth – Accommodation Support and Outreach Services’ and to families under ‘Family – Accommodation and Support Services’. Prior to 2010, these services were known as the Supported Accommodation Assistance Program (SAAP). As the data used comes from that time period, the term ‘SAAP’ is used here.

SAAP provided supported accommodation and support services to people who are homeless or at risk of becoming homeless. The SAAP National Data Collection (NDC) provided estimates of the number of people using these services. The NDC is designed to capture the government response to homelessness, therefore, service providers who do not receive government funding are excluded. Consequently, the data should not be interpreted as representing the entire population of those who are homeless or at risk of homelessness.<sup>199</sup> It is a proxy measure, used because it represents a proportion of the homeless population and is comparable with other states and territories.

Figure 4 shows the rate of SAAP clients aged 15 to 19 years per 10,000 population (this shows people who themselves are the applicants for assistance, see Table 6 for the rate for clients aged 10 to 14 years). Figure 5 shows the rate per 10,000 population for accompanying children aged 0 to 17 years (where the child accompanies the main applicant). Not all homeless people seek SAAP assistance and people may seek SAAP assistance more than once in a year.

198 For some of the difficulties in counting the population affected by homelessness, see Chamberlain C and MacKenzie D 2008, *Counting the Homeless Australia 2006*, Australian Bureau of Statistics, particularly p.5 and Chapter 2.

199 Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2009–10*, Cat. No. HOU 246, Australian Institute of Health and Welfare, p.2.



### Commentary

In 2010 there were around 8,400 accompanying children in WA and 84,100 in Australia,<sup>200</sup> which correlates closely to the proportions of WA children in the Australian population. For accompanying children, the rate per 10,000 population aged 0 to 17 years has increased overall in the past four years. In WA, the rate increased from 127 per 10,000 in 2006–07 to 158 per 10,000 in 2009–10. Similarly, in Australia the rate increased from 141 per 10,000 to 166 per 10,000.<sup>201</sup>

Significantly, nearly 45 per cent of accompanying children in both WA and Australia are aged 0 to four years (44.1% in WA and 44.5% in Australia).<sup>202</sup> Children aged five to nine years make up 29.4 per cent of accompanying children in WA and 27.9 per cent in Australia. Approximately one in five accompanying children in WA and Australia is aged 10 to 14 years.<sup>203</sup>

While there has been an increase in the rate for accompanying children over the past four years, the rate for SAAP clients aged 10 to 14 and 15 to 19 years has remained largely unchanged nationally.<sup>204</sup> In WA the rate for SAAP clients aged 15 to 19 years has decreased slightly from 110 per 10,000 in 2006–07 to 104 per 10,000 in 2009–10, but the rate for clients aged 10 to 14 years has increased from 4 per 10,000 to 7 per 10,000.<sup>205</sup>

The rate for SAAP clients aged 15 to 19 years in WA is notably lower than for the whole of Australia. In 2009–10, the rate per 10,000 population was 104 in WA and 154 in Australia.<sup>206</sup> For the client age group 10 to 14 years, there is no reliable national comparison.<sup>207</sup>

It is also relevant to look at the number of clients who are unable to be accommodated by SAAP agencies. The AIHW reports that in 2009–10 WA had an average of 69.5 people per day who required new immediate accommodation (including both clients and accompanying children). Of these, 40.9 people were unable to be accommodated, representing 58.8 per cent of demand.<sup>208</sup>

In 2008–09, of 156 agencies in WA providing homelessness services, 40 services were specific to young people. Approximately 30 per cent of the overall \$11.7 million in funding was designated for services to young people.<sup>209</sup>

Of accompanying children in 2008–09 in WA, 41.8 per cent identified as Aboriginal, a significant over-representation considering that Aboriginal people represent around 6 per cent of the youth population of WA.<sup>210 211</sup>

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200 Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2009–10, Western Australia supplementary tables*, Cat. No. HOU 245, Australian Institute of Health and Welfare, p.15.

201 Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2009–10, Australia Appendix*, Cat. No. HOU 238, Australian Institute of Health and Welfare, p.6.

202 Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2009–10, Australia Appendix*, Cat. No. HOU 238, Australian Institute of Health and Welfare, p.6.

203 Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2009–10, Australia Appendix*, Cat. No. HOU 238, Australian Institute of Health and Welfare, p.6.

204 Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2009–10, Australia Appendix*, Cat. No. HOU 238, Australian Institute of Health and Welfare, p.5.

205 Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2009–10, Western Australia supplementary tables*, Cat. No. HOU 245, Australian Institute of Health and Welfare, p.14.

206 Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2009–10, Australia Appendix*, Cat. No. HOU 238, Australian Institute of Health and Welfare, p.5.

207 In most other jurisdictions, agencies cannot accept clients under 15 years of age, but this is possible in WA.

208 Australian Institute of Health and Welfare 2011, *People turned away from government-funded specialist homelessness accommodation 2009–10, appendix*, Cat. No. HOU 249, Australian Institute of Health and Welfare, p.5.

209 Australian Institute of Health and Welfare 2010, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2008–09, Western Australia supplementary tables*, Cat. No. HOU 245, Australian Institute of Health and Welfare, p.3.

210 Australian Institute of Health and Welfare 2010, *Government-funded specialist homelessness services: SAAP National Data Collection Annual Report 2008–09, Western Australia supplementary tables*, Cat. No. HOU 245, Australian Institute of Health and Welfare, p.14.

211 Clients are also listed by cultural and linguistic diversity, however there is no indication of age in the table, and so it cannot be determined if the client is both Aboriginal and under 18.

In 2008, the ABS produced the *Counting the Homeless* report, based on data from the 2006 census.<sup>212</sup> In this report, the ABS used a combination of data from SAAP and from the National Census of Homeless School Students 2006 to estimate the numbers of young people aged 12 to 18 years who were homeless. The calculation was based on the assumption that the percentage of SAAP clients who were school students was the same as the percentage of the whole youth homeless population who were school students. The number of homeless school students reported by the National Census of Homeless School Students was then considered to equal that percentage and further calculations yielded the total estimate. According to these figures, in WA there were 922 homeless school students. School students represented 21.5 per cent of the total of this age group accessing SAAP services, and so the homeless estimate was 4,280.<sup>213</sup> For the whole of Australia the estimate was 21,940 youth homeless, so WA represented 19.5 per cent of the total.<sup>214</sup> Based on the Estimated Resident Population for 2006, the rate of homelessness for 12 to 18 year-olds in WA was 200 per 10,000, double that of Australia at 100 per 10,000.

### Strategies

#### Opening Doors to Address Homelessness: State Plan 2010–2013, Government of Western Australia

This plan builds on the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness (see below). The action areas under the plan are:

- range of housing options
- employment, education and training
- health and wellbeing
- connection with community, family and friends.

The State government departments involved are the Department for Child Protection (as the lead agency), Department of Housing, Mental Health Commission, Drug and Alcohol Office, Department of Corrective Services and WA Police.

Further information is available at

<http://www.dcp.wa.gov.au/servicescommunity/Documents/WA%20Homelessness%20State%20Plan.pdf>

#### National Partnership on Homelessness, Council of Australian Governments

In WA, the Department for Child Protection is the lead agency responsible for this Commonwealth and state partnership. Programs provided included:

- services for rough sleepers
- new housing support workers for private and public tenancies, and people leaving supported accommodation and institutional care
- new and expanded supports for women and children experiencing domestic violence
- a 'foyer' development to provide supported, yet independent accommodation for young people (contracted to Anglicare WA).

Further information is available at

<http://www.dcp.wa.gov.au/servicescommunity/Pages/Homelessness.aspx>

Specific information on the foyer development is available at

<http://foyer.org.au/newsroom.php> and <http://www.anglicarewa.org.au/>

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212 Chamberlain C and MacKenzie D 2008, *Counting the Homeless Australia 2006*, Australian Bureau of Statistics.

213 Calculated by  $922 \times 100 / 21.5 = 4,280$

214 Chamberlain C and MacKenzie D 2008, *Counting the Homeless Australia 2006*, Australian Bureau of Statistics, p.19.

## CHAPTER 4 - MATERIAL WELLBEING

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### National Affordable Housing Agreement, Council of Australian Governments

The National Affordable Housing Agreement (NAHA) aims to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. The NAHA is an agreement by the Council of Australian Governments that commenced on 1 January 2009, initiating a whole-of-government approach in tackling the problem of housing affordability.

The NAHA provides \$6.2 billion worth of housing assistance to low and middle income Australians in the first five years and is supported by the National Partnership Agreements on social housing, homelessness and Indigenous Australians living in remote areas.

Further information is available at

<http://www.fahcsia.gov.au/sa/housing/progserv/affordability/affordablehousing/Pages/default.aspx>

### Want to know more?

#### Reports on homelessness

The Australian Institute of Health and Welfare produces an annual report on homelessness based on access to the SAAP services. The SAAP National Data Collection annual reports are available at <http://www.aihw.gov.au/homelessness-publications>

The Commonwealth government's White Paper on homelessness, *The Road Home*, is available from the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) website [http://www.fahcsia.gov.au/sa/housing/progserv/homelessness/whitepaper/Documents/the\\_road\\_home.pdf](http://www.fahcsia.gov.au/sa/housing/progserv/homelessness/whitepaper/Documents/the_road_home.pdf)

The report by the National Youth Commission on youth homelessness, *Australia's Homeless Youth*, is available at <http://www.nyc.net.au>

The report *Seen and Heard: Putting children on the homelessness agenda* by Mission Australia recommends that a consistent and nationwide framework is required to address the needs of homeless children, informed by child and family centred practice. This framework should articulate how to:

- prevent families and children from becoming homeless
- intervene early to stabilise housing where it is precarious
- better support children and families once homeless.

Further information is available at

<http://www.missionaustralia.com.au/downloads/social-policy-reports/documents/file/267-seen-and-heard-putting-children-on-the-homelessness-agenda>

Additional tables

**Table 6: SAAP Clients: rate per 10,000 population aged 10 to 14 years and 15 to 19 years, Western Australia and Australia, 2006–07 to 2009–10**

	2006–07	2007–08	2008–09	2009–10
WA rate 10 to 14 years	4	6	6	7
WA rate 15 to 19 years	110	104	107	104
Australia rate 10 to 14 years	**	**	**	**
Australia rate 15 to 19 years	154	158	154	154

Source: AIHW, *Government-funded specialist homelessness services: SAAP National Data Collection, Annual Report, 2006–07 to 2009–10* [series].

\*\* Figures are not available for publication because in most other jurisdictions, agencies cannot accept clients that are under 15 years of age however this is possible in WA.

**Table 7: Accompanying children: rate per 10,000 population aged 0 to 17 years, Western Australia and Australia, 2006–07 to 2009–10**

	2006–07	2007–08	2008–09	2009–10
WA rate 0 to 17 years	127	163	158	158
Australia rate 0 to 17 years	141	155	158	166

Source: AIHW, *Government-funded specialist homelessness services: SAAP National Data Collection, Annual Report, 2006–07 to 2009–10* [series].

**Table 8: Accompanying children: number and percentage, by age, Western Australia and Australia, 2009–10**

	WA		Australia	
	Percentage	Number	Percentage	Number
0 to 4 years	44.5	3,700	44.1	37,100
5 to 9 years	29.4	2,500	27.9	23,500
10 to 14 years	20.0	1,700	20.4	17,200
15 to 17 years	6.1	500	7.6	6,400
Total 0 to 17 years	100.0	8,400	100.0	84,100

Source: AIHW, *Government-funded specialist homelessness services: SAAP National Data Collection, Annual Report, 2006–07 to 2009–10* [series].

Note: Components may not add to totals because of rounding.

## Chapter 5 – Family and Peer Relationships

### About this domain

Key to children and young people's wellbeing is their relationship with their families and peers. For most children and young people their family is the primary source of security, support and development.<sup>215</sup> As children grow, peer relationships also become important sources of support and socialisation.

Data that measures family and peer relationships across Western Australian children and young people is limited.

The companion report *Building Blocks* contains information about programs which are effective in improving the wellbeing of children and young people in the Family and Peer Relationships domain.

### Measures

5.1	What children and young people value	127
5.2	Obtaining advice and support to manage personal problems	130

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215 Price-Robertson R et al 2010, 'Family is for life: Connections between childhood family experiences and wellbeing in early adulthood', *Family Matters*, No.85, pp.7-17.

## 5.1 What children and young people value

### Why this measure has been included

The Commissioner for Children and Young People WA's 2010 wellbeing research - involving almost 1,000 children and young people throughout Western Australia (WA) - identified eight aspects of wellbeing that enable children and young people to live their lives to the full. Relationships with family and friends were one of the most important of these eight aspects.<sup>216</sup> Aboriginal children and young people who participated in the research said that family included extended family members and community elders. In the online survey run as part of this research, 55 per cent of children and young people said they would like to spend more time with their family.<sup>217</sup>

The relationships that children and young people have with their families, particularly their parents, are among the most important influences on child development and psychological wellbeing.<sup>218</sup> For adolescents, having strong family relationships has been found to positively influence academic achievement and decrease the incidence of substance misuse and risk-taking behaviour.<sup>219 220</sup>

Research shows that children and young people who have good friendships at school tend to be better able to cope with academic, social, emotional and physical requirements of school life.<sup>221</sup>

**Table 1: What children and young people 11 to 14 and 15 to 19 years of age value: in per cent, Western Australia, 2010**

	11 to 14 years	15 to 19 years
Family relationships	82.2	77.8
Friendships (other than family)	63.2	57.9
Physical and mental health	38.0	36.1
School or study satisfaction	30.3	30.0
Being independent	20.6	28.9
Feeling needed and valued	19.0	19.9
Spirituality/faith	18.1	15.5
Getting a job	12.9	16.0
Financial security	10.0	13.8
Making a difference in the community	6.3	5.6

Source: Mission Australia, *National Survey of Young Australians, 2010*.

216 Commissioner for Children and Young People WA 2010, *Speaking out about wellbeing: The views of Western Australian children and young people*, Commissioner for Children and Young People Western Australia, p.6.

217 Commissioner for Children and Young People WA 2010, *Speaking out about wellbeing: The views of Western Australian children and young people*, Commissioner for Children and Young People Western Australia, p.9.

218 Shonkoff J and Phillips D; cited in Australian Institute of Health and Welfare 2009, *A picture of Australia's children 2009*, Cat. no. PHE 112, Australian Institute of Health and Welfare, p.84.

219 Fleming C et al 2010, 'Relationships between level of change in family, school, and peer factions during two periods of adolescence and problem behaviour at age 19', *Journal of Youth and Adolescence*, 39(1), pp.670–682.

220 Ghazarian S & Buehler C 2010, 'Interparental conflict and academic achievement: an examination of mediating and moderating factors', *Journal of Youth and Adolescence*, 39(1), pp.23–35.

221 Kid's Life [website], viewed 20 August 2011, <<http://www.kidslife.com.au/page.aspx?ID=2735>>.

**Table 2: What children and young people 11 to 24 years of age value: in per cent, Western Australia 2007 to 2010, and Australia 2010**

	Western Australia				Australia
	2007	2008	2009	2010	2010
Family relationships	77.0	77.4	76.7	79.2	78.8
Friendships (other than family)	61.8	64.4	62.3	59.1	60.9
Physical and mental health	36.1	32.7	32.6	37.0	33.9
School or study satisfaction	18.2	20.2	23.2	29.9	29.3
Being independent	29.5	29.2	31.6	25.7	27.0
Feeling needed and valued	22.6	22.9	22.4	19.7	21.8
Spirituality/faith	19.7	18.4	15.5	16.9	13.6
Getting a job	14.5	15.7	16.5	14.8	16.0
Financial security	11.1	12.6	12.5	12.6	13.5
Making a difference in the community	N/A	7.3	7.5	6.2	6.2

Source: Mission Australia, *National Survey of Young Australians, 2010*.

### What is this measure?

This measure examines how much children and young people value their personal relationships. This data is taken from Mission Australia’s *National Survey of Young Australians 2010*.<sup>222</sup> This is an annual and Australia-wide survey of children and young people aged 11 to 24 years. Participation is voluntary and the survey employs a self-selected sampling method, therefore the results should be read as indicative only.<sup>223</sup> The report of the survey contains a national summary of results as well as summaries for each state and territory but does not contain regional data, nor does it include state-level data for Aboriginal children and young people.

In the 2010 survey, children and young people were presented with a list of 10 options (see Table 1 and Table 2) and asked to rank these from one to 10, with one being the most important item and 10 being the least important. The data presented in the tables is aggregated and includes items ranked first, second or third by respondents.

Table 1 shows what children and young people in WA value, by percentage of respondents, for each age group. Table 2 shows what children and young people value, by percentage of respondents aged 11 to 24 years in WA from 2007 to 2010 and for Australia in 2010.

### Commentary

From 2007 to 2010, respondents aged 11 to 19 years from WA consistently placed the highest value on family relationships, followed by friends and then physical and mental health. The importance of family relationships and friends was reflected across all age groups and throughout the national survey.

In 2010, over three-quarters of WA respondents (79.2%) valued family relationships and over half (59.1%) valued friendships. Over one-third (37.0%) valued physical and mental health. These results were similar nationally and between genders.<sup>224</sup>

<sup>222</sup> Mission Australia 2010, *National survey of young Australians 2010: key and emerging issues*, Mission Australia.

<sup>223</sup> For a detailed profile of respondents refer to Mission Australia 2010, *National Survey of Young Australians 2010: key and emerging issues*, Mission Australia, pp.6–8.

<sup>224</sup> For a summary of the gender differences refer to Mission Australia 2010, *National Survey of Young Australians 2010: key and emerging issues*, Mission Australia, pp.125–126.



### Strategies

The WA Department for Communities operates Parenting WA which provides an information, support and referral service to parents, carers, grandparents and families with children up to 18 years of age.

<http://www.communities.wa.gov.au/parents/Pages/default.aspx>

### Want to know more?

#### Reports and policy briefs

Mission Australia's *National Survey of Young Australians 2010*, and past surveys, is available at <http://www.missionaustralia.com.au/research-and-social-policy/3111-mission-australias-national-survey-of-young-australians>

The Commissioner for Children and Young People WA's research report, *Speaking Out About Wellbeing*, is available at

<http://www.ccyp.wa.gov.au/content.aspx?cld=326>

The Commissioner for Children and Young People WA has a policy brief on families, *Speaking out about wellbeing: Children and young people speak out about families*, available at

<http://www.ccyp.wa.gov.au/files/Policy%20Brief%20-%20children%20and%20young%20people%20speak%20out%20about%20families.pdf>

**5.2 Obtaining advice and support to manage personal problems**

*Why we have included this measure*

The importance of strong family support as a key protective factor for mental health problems commences in infancy and is on-going through early childhood and into adolescence.<sup>225</sup>

Research has also established a link between the level of social support adolescents have and other health factors such as level of physical activity.<sup>226</sup>

**Table 3: Source of advice and support for 11 to 14 and 15 to 19 year-olds: in per cent, Western Australia, 2010**

	<b>11 to 14 years</b>	<b>15 to 19 years</b>
Friends	83.4	84.5
Parents	81.7	72.5
Relative/family friend	63.2	58.3
Internet	20.5	29.5
Magazines	12.3	12.6
Community agencies (eg youth worker)	9.3	14.2
Teacher	11.7	10.0
Someone else in the community (eg doctor, minister)	8.0	9.1
School counsellor	7.9	8.8
Telephone helpline	3.8	3.2

Source: Mission Australia *National Survey of Young Australians, 2010*.

225 Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, pp.135–136.

226 Beets MW et al 2006, 'Social support and youth physical activity: the role of provider and type,' *American Journal of Health and Behaviour*, Vol.30, pp.278–289.

**Table 4: Source of advice and support for 11 to 24 year-olds: in per cent, Western Australia 2007 to 2010, and Australia 2010**

	Western Australia				Australia
	2007	2008	2009	2010	2010
Friends	86.8	87.2	86.1	83.7	85.9
Parents	76.7	76.6	75.4	75.9	74.9
Relative/family friend	65.2	64.0	63.3	60.3	60.9
Internet	15.9	19.7	20.4	26.1	25.5
Magazines	11.7	11.1	11.1	12.5	11.4
Community agencies (eg youth worker)	10.0	9.6	10.8	12.2	11.7
Teacher	8.4	8.7	9.8	10.7	10.7
Someone else in the community (eg doctor, minister)	8.6	7.7	8.5	9.0	7.7
School counsellor	10.8	9.3	9.3	8.2	9.1
Telephone helpline	6.0	5.6	5.8	3.7	4.1

Source: Mission Australia *National Survey of Young Australians, 2010*.

**What is this measure?**

This measure shows ways in which children and young people obtain advice and support to deal with personal issues. The data is taken from Mission Australia’s *National Survey of Young Australians 2010*.<sup>227</sup> This is an annual and Australia-wide survey of children and young people aged 11 to 24 years. Participation is voluntary and the survey employs a self-selected sampling method, therefore the results should be read as indicative only.<sup>228</sup> The report on the survey contains a national summary of results as well as summaries for each state and territory but does not contain regional data or state-level data for Aboriginal children and young people.

In the 2010 survey, children and young people were presented with a list of 10 options (see Table 3 and Table 4) and asked to rank these from one to 10, with one being where they were most comfortable going for advice and support and 10 being where they were least comfortable going for advice and support. Responses are aggregated and include items ranked first, second or third by respondents.

Table 3 shows where children and young people would seek advice and support by percentage of respondents, for each age group, for WA. Table 4 shows where children and young people would seek advice and support, by percentage of respondents, for 11 to 24 year-olds from 2007 to 2010, in WA, and for Australia in 2010.

227 Mission Australia 2010, *National survey of young Australians 2010: key and emerging issues*, Mission Australia.

228 For a detailed profile of respondents refer to Mission Australia 2010, *National survey of young Australians 2010: key and emerging issues*, Mission Australia, pp.6–8.

### Commentary

From 2007 to 2010, respondents mentioned friends, followed by parents as their main sources of advice and support. This was evident across both age groups (11 to 14 years and 15 to 19 years) in WA and Australia.

More than eight in 10 respondents (83.7%) in WA identified friends as an important source of advice and support. Three-quarters (75.9%) identified their parents, while nearly two-thirds (60.3%) mentioned relative or family friend.

The internet was the most commonly mentioned answer after friends and family, and appears to be developing as a source of advice which children and young people feel comfortable accessing. The past four years have seen a strong increase in responses reporting this, especially for older young people (15 to 19 years) and males, however, the survey does not explore what types of resources or services are accessed.<sup>229</sup>

### Strategies

#### Mental Health 2020: Making it personal and everybody's business, Government of Western Australia

The Mental Health Commission has released this strategic plan for WA's mental health system. Action areas include:

- Getting help earlier
- Preventing suicide.

The strategic plan is available at

[http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Mental\\_Health\\_Commission\\_strategic\\_plan\\_2020.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_strategic_plan_2020.sflb.ashx)

#### Parenting WA Strategic Framework, Government of Western Australia

This framework outlines the WA Government's commitment to providing services and support for families and children throughout Western Australia through Parenting WA. A key objective is strengthening parents by providing opportunities for all WA parents to seek support and current information about parenting children from pre-birth to 18 years.

This strategy is available at:

<http://www.communities.wa.gov.au/parents/Documents/Parenting%20Wa%20Strategic%20Framework%20final%201.pdf>

### Want to know more?

Mission Australia's *National Survey of Young Australians 2010*, and past surveys, can be found at

<http://www.missionaustralia.com.au/research-and-social-policy/3111-mission-australias-national-survey-of-young-australians>

The Commissioner for Children and Young People WA's reports on the wellbeing research are available at

<http://www.ccp.wa.gov.au/content.aspx?cld=326>

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229 For a summary of the gender differences refer to Mission Australia 2010, *National survey of young Australians 2010: key and emerging issues*, Mission Australia, pp.130–131.

## Chapter 6 – Participation

### About this domain

Participation in community activities provides opportunities for children and young people to learn new skills, build community networks and express their opinions.<sup>230</sup>

There is limited data that measures WA children and young people's sense of connectedness to their community through participation in community activities. The measure selected for this domain focuses on cultural and sporting activity.

The companion report *Building Blocks* contains information about programs which are effective in improving the wellbeing of children and young people in the Participation domain.

### Measure

6.1 Participation in sport and cultural activities

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230 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p. 117.

6.1 Participation in sport and cultural activities

Why this measure is included

Participation in sport and cultural activities can have many benefits for children and young people in addition to supporting physical and mental development. These benefits include development of team work abilities, communication skills and a sense of connectedness to community.<sup>231</sup>

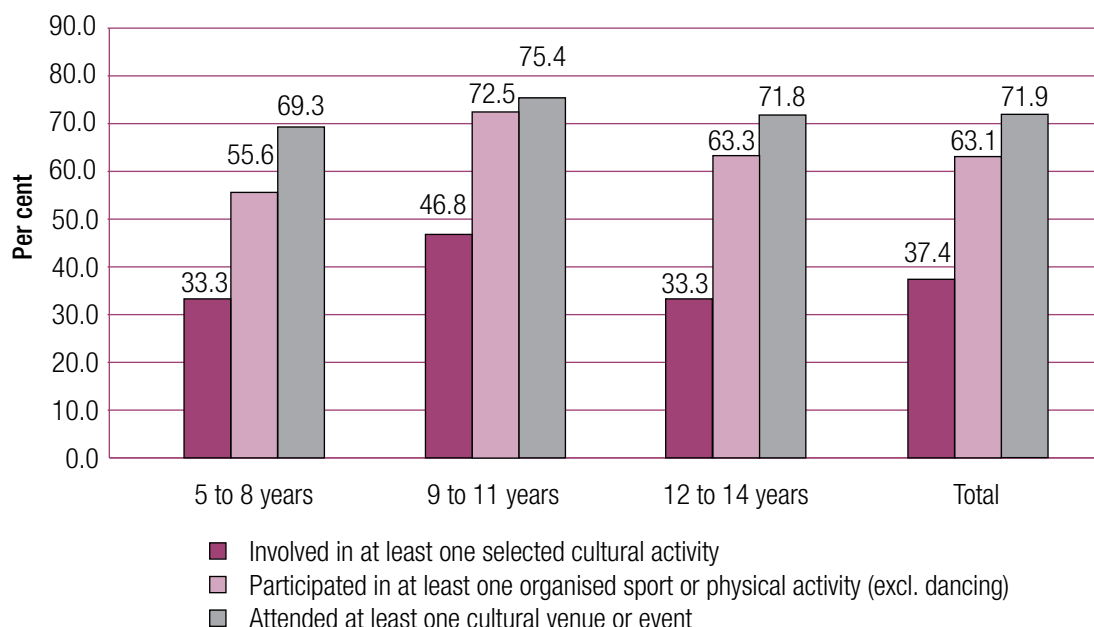
**Figure 1: Participation in organised sport and/or cultural activities by children and young people five to 14 years: in per cent, Western Australia and Australia, 2000 and 2009**



Source: ABS, *Children's Participation in Cultural and Leisure Activities*, 2000 and 2009.

231 See for example Be Active WA, Physical Activity Taskforce, *Co-benefits of Physical Activity*, Government of Western Australia [website], viewed 11 January 2012, <<http://www.beactive.wa.gov.au/index.php?id=483#relevant>>; Department for Communities WA, Cadets WA [website], viewed 11 January 2012, <<http://www.communities.wa.gov.au/cadetswa/Pages/default.aspx>>.

**Figure 2: Participation in organised sport and/or cultural activities by children and young people five to 14 years: in per cent, by age group, Western Australia, 2009**



Source: ABS, *Children's Participation in Cultural and Leisure Activities*, 2009.

**What is this measure?**

This measure is of the participation of children and young people in various cultural and sporting activities, both formal and informal.

The data shows the percentages of children and young people, in Western Australia (WA) and nationally, that were active in selected cultural activities, organised sport activities and who attended cultural venues or events outside of school hours. Also shown are the percentages of children who were not active in any of the aforementioned activities. The data is taken from the Australian Bureau of Statistics' (ABS) *Children's Participation in Cultural and Leisure Activities* for 2000 and 2009.<sup>232</sup> Data for this publication is collected as a supplement to the monthly ABS Labour Force Survey series.

In the publication, 'selected organised cultural activities' includes singing, drama, dance and playing a musical instrument. 'Participation' is defined as having some form of formal lesson or instruction, or being involved in performing. Therefore it omits a number of informal activities under this definition.

The survey also asks about other activities such as attendance at cultural venues and events (this includes public libraries, museums, art galleries and performing arts events), television and internet use, and less formalised activities such as skateboarding, bike riding and arts and crafts. Such activities, along with attendance at cultural events or places, have been included in this measure as they imply a connection to the community (see Table 1 and Table 2).

It is important to note that the survey utilises two reference periods of data collection. Data on children's cultural and sport activities is collected over a 12-month period while the reference period for children's participation in selected other activities is the last two weeks of school.<sup>233</sup>

232 Australian Bureau of Statistics 2009, *Children's Participation in Cultural and Leisure Activities, Australia, 2009*, cat. no. 4901.0 [website], viewed 17 October 2011, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202009?OpenDocument>>.

233 For a more detailed description of the reference periods see Australian Bureau of Statistics 2009, *Children's Participation in Cultural and Leisure Activities, Australia, 2009*, Explanatory Notes, cat. no. 4901.0 [website], viewed 17 October 2011, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Explanatory%20Notes1Apr%202009?OpenDocument>>.



### Commentary

Figure 1 and Figure 2 show that in 2009, over 60 per cent (63.1%) of WA children aged five to 14 years had played a sport outside of school hours which had been organised by a school, club or association. In the same year, over 70 per cent (71.9%) of children attended at least one cultural venue or event (a public library, a museum or art gallery, or a performing arts event) and nearly 40 per cent (37.4%) were involved in at least one of four selected cultural activities (playing a musical instrument, singing, dance or drama) outside of school hours. Yet nearly one in four (23.3%) WA children five to 14 years of age did not take part in either organised sport or any of the four listed cultural activities.

Involvement of WA children in at least one selected cultural activity has increased strongly from 2000 to 2009 (from 29.4% to 37.4%) while participation in organised sport during the same period increased only slightly (from 61.4% to 63.1%). Attendance at cultural venues or events had not been measured in 2000 however there has been little change in the results for this category since 2006 (71.2% in 2006 and 71.9% in 2009). Table 2 sets out these figures in detail.

Compared nationally, Table 2 shows that a greater proportion of WA children are involved in formal cultural activities (37.4% in WA compared to 33.7% nationally). Participation in organised sport is the same in WA as it is in Australia overall (63.1%) but children in WA attend cultural venues or events slightly more frequently than Australian children overall (71.9% compared to 70.9%).

Many children in WA also participate in non-organised activities in their community such as bike riding, skateboarding, rollerblading and scooter riding. In 2009, nearly two-thirds (64.0%) of children five to 14 years of age rode a bike in the two weeks prior to the survey (more than the 60.4% nationally) and more than half (53.8%) were involved in skateboarding, rollerblading or riding a scooter. Again, the WA result is above the national result of 49.3 per cent, as shown in Table 1.

Table 2 shows that the peak period of participation in cultural and sports activities appears to be the nine to 11 years of age period. Children at this age are more likely than their younger or older peers to be participating in organised sport, to be attending a cultural venue or event and to be involved in at least one cultural activity. Participation in non-organised non-sedentary activities such as bike riding or riding a scooter however appear to be most popular among the youngest age group of five to eight year-old children. Participation in these categories is lowest for young people 12 to 14 years of age.

### Strategies

#### Department for Culture and the Arts, Government of Western Australia

The Department of Culture and the Arts is the agency responsible for the implementation of government policy and initiatives in culture and the arts. Further information is available at [www.dca.wa.gov.au](http://www.dca.wa.gov.au)

#### Department for Sport and Recreation, Government of Western Australia

The Department of Sport and Recreation is the agency responsible for the implementation of government policy and initiatives in sport and recreation. Information on their priorities and programs is available at [www.dsr.wa.gov.au](http://www.dsr.wa.gov.au)

#### Physical Activity Taskforce, Government of Western Australia

This taskforce coordinates an across-government approach for the development and implementation of a whole of community physical activity strategy for WA, through increased policy coordination and collaboration. The taskforce and partner agencies coordinate and support a range of physical activity programs, initiatives and organisations. Further information is available at <http://www.beactive.wa.gov.au> and <http://www.dsr.wa.gov.au>

## CHAPTER 6 - PARTICIPATION

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### KidSport, Government of Western Australia

Under the KidSport initiative, eligible children and young people are able to apply for financial assistance to contribute towards sporting club fees. The funding is administered by local governments which have signed up to the scheme.

More information is available at  
<http://clubsonline.dsr.wa.gov.au/kidsport>

### Department for Communities, Government of Western Australia

There are a number of organisations funded by the Department for Communities which are aimed at providing children and young people with the opportunity to participate in community and voluntary activities. These are shown in Table 3.

### Youth advisory councils

A number of local councils and organisations have formed youth advisory councils (YAC) or similar. A YAC is a group of young people who are interested in the issues of their community and want to do something about them. Examples of what YACs do include:

- providing advice to local governments or the organisation on a wide range of youth issues and initiatives
- assisting in deciding funding priorities for youth facilities, events and services
- encouraging participation of young people in community initiatives.

Further information is available at  
<http://www.communities.wa.gov.au/Youth/Getinvolved/YouthAdvisoryCouncils/Pages/default.aspx>

Examples of YACs include:

- Subiaco Youth Advisory Council, City of Subiaco – <http://www.subiaco.wa.gov.au/template.asp?navSelect=12&mainNavID=12&pageRecID=147>
- Serpentine Jarrahdale Youth Advisory Council – <http://www.sjshire.wa.gov.au/advisory-council/>
- Youth Advisory Committee, New Children's Hospital Project, Department of Health – <http://www.newchildrenshospitalproject.health.wa.gov.au/Planning/Consultation/YouthAdvisoryCommittee.aspx>

### Want to know more?

#### Data on participation of children and young people

The Australian Bureau of Statistics produces information on children's participation in cultural and leisure activities every three years, available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202009?OpenDocument>

#### Involving children and young people

Information about involving children and young people in the work of your organisation is available in the Commissioner for Children and Young People WA's publication *Involving Children and Young People: Participation Guidelines* available at <http://www.cryp.wa.gov.au/content/Participation%20Guidelines.aspx>

Additional tables

**Table 1: Participation in cultural and sport activities by children and young people five to 14 years: in per cent, by activity, Western Australia and Australia, 2000 and 2009**

	2000		2009	
	WA	Australia	WA	Australia
Cultural activities or sport (a)				
Involved in at least one selected cultural activity	29.4	29.4	37.4	33.7
Participated in at least one organised sport or physical activity (excluding dancing)	61.4	59.4	63.1	63.1
Attended at least one cultural venue or event*			71.9	70.9
Did not participate in cultural activities or sport	28.3	30.0	23.3	26.0
Selected other activities (b)				
Skateboarding, rollerblading or riding a scooter**	38.6	30.9	53.8	49.3
Bike riding	66.3	63.8	64.0	60.4
Watching TV, DVDs or videos	96.6	96.9	97.1	97.4
Art and craft	47.9	44.3	49.9	48.3
Accessed the internet (c)	54.8	46.7	79.0	79.4

Source: ABS, *Children's Participation in Cultural and Leisure Activities*, 2000 and 2009.

\* The activity 'attendance at cultural venues or events' has been newly added to this category for the 2006 survey. Consequently no data is available for this activity for the year 2000.

\*\* The activity 'riding a scooter' has been newly added to this category for the 2009 survey. The figures for 2000 only include skateboarding and rollerblading.

(a) In previous 12 months.

(b) During the last two weeks of school.

(c) Either during or outside of school hours.

## CHAPTER 6 - PARTICIPATION

**Table 2: Participation in cultural and sport activities by children and young people five to 14 years: in per cent, by age group and activity, Western Australia, 2009**

	5 to 8 years	9 to 11 years	12 to 14 years	Total
Cultural and sport activities (a)				
Involved in at least one selected cultural activity	33.3	46.8	33.3	37.4
Attended at least one cultural venue or event	69.3	75.4	71.8	71.9
Participated in at least one organised sport or physical activity (excl. dancing)	55.6	72.5	63.3	63.1
Selected other activities (b)				
Skateboarding, rollerblading or riding a scooter	62.3	59.6	37.6	53.8
Bike riding	77.4	65.3	45.8	64.0
Watching TV, DVDs or videos	96.6	96.5	98.2	97.1
Other screen-based activities	74.0	87.2	84.6	81.3
Art and craft	61.9	50.9	34.1	49.9
Reading for pleasure	73.7	80.4	70.5	74.7
Homework or other study for school	72.9	86.7	86.3	81.2
Accessed the internet (c)	59.8	90.0	92.2	79.0
Has a mobile phone	3.1	27.2	75.0	32.7

Source: ABS, *Children's Participation in Cultural and Leisure Activities*, 2009.

(a) In previous 12 months.

(b) During the last two weeks of school.

(c) Either during or outside of school hours.

**Table 3: Participation in selected Western Australian organisations and programs for children and young people: numbers of participants, Western Australia, 2009 and 2010**

Organisation	Number of participants
Duke of Edinburgh's Award 2009	694
Guides Western Australia 2009	2,327
Boys' Brigade Western Australia 2009	596
Girls' Brigade Western Australia 2009	749
Scouts Association WA 2009	5,342
Eastern Goldfields YMCA Aspire Program 2009	793
Cadets WA 2010	5,940

Source: Data supplied by WA Department of Communities (unpublished).

## Chapter 7 – Subjective Wellbeing

### About this domain

Subjective wellbeing considers how children and young people feel about themselves and the world they live in. This includes feelings about their own physical and mental health, as well as concerns about broader issues, such as family conflict and problems at school.<sup>234</sup>

Subjective wellbeing adds another dimension to the more traditional view of wellbeing in terms of material progress measured by income or gross domestic product.<sup>235</sup>

Data that measures subjective wellbeing across children and young people in Western Australia (WA) is limited.

The companion report *Building Blocks* contains information about programs which are effective in improving the wellbeing of children and young people in the Subjective Wellbeing domain.

### Measure

7.1 Concerns of children and young people

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234 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p.14.

235 Conceicao P & Bandura R 2008, *Measuring Subjective Wellbeing: A Summary Review of the Literature*, Office of Development Studies, United Nations Development Program [website], viewed 25 November 2011, <[http://www.undp.org/developmentstudies/docs/subjective\\_wellbeing\\_conceicao\\_bandura.pdf](http://www.undp.org/developmentstudies/docs/subjective_wellbeing_conceicao_bandura.pdf)>.

**7.1 Concerns of children and young people**

**Why this measure has been included**

Asking children and young people to identify issues of personal concern provides an indication of subjective wellbeing by highlighting aspects which children themselves believe are impacting on their quality of life.

**Table 1: Issues of personal concern, children and young people 11 to 14 and 15 to 19 years of age: in per cent, Western Australia, 2010**

	<b>11 to 14 years</b>	<b>15 to 19 years</b>
Body image	23.4	32.7
Family conflict	28.0	28.6
School or study problems	24.4	29.8
Coping with stress	21.0	28.5
Alcohol	24.2	21.5
Drugs	29.8	17.8
Personal safety	24.9	21.2
Bullying/emotional abuse	21.7	19.7
Suicide	21.3	19.7
Depression	14.8	20.8
The environment	19.9	15.0
Physical/sexual abuse	19.0	16.1
Self harm	12.4	12.4
Sexuality	11.1	11.8
Discrimination	8.1	11.7

Source: Mission Australia, *National Survey of Young Australians, 2010*.

**Table 2: Issues of personal concern, children and young people 11 to 24 years of age: in per cent, Western Australia, 2007 to 2010, Australia 2010**

	Western Australia				Australia
	2007	2008	2009	2010	2010
Body image	28.9	25.1	24.5	28.9	31.1
Family conflict	31.2	27.4	25.3	27.8	27.8
School or study problems	27.4	19.0	18.6	26.9	25.5
Coping with stress	26.0	18.5	17.3	25.5	27.3
Alcohol	19.2	19.7	21.6	23.0	22.2
Drugs	20.7	27.3	30.3	22.8	20.5
Personal safety	N/A	24.6	22.8	22.6	23.5
Bullying/emotional abuse	21.1	18.8	20.4	20.4	23.0
Suicide	24.8	23.8	26.8	20.2	19.6
Depression	17.5	15.9	17.8	18.7	19.1
The environment	24.9	19.3	16.1	17.5	16.6
Physical/sexual abuse	23.3	23.3	24.6	17.2	15.7
Self harm	15.3	13.7	14.1	12.4	11.3
Sexuality	10.0	13.7	10.3	11.7	10.9
Discrimination	11.7	12.3	10.9	10.2	10.0

Source: Mission Australia, *National Survey of Young Australians, 2010*.

**Table 3: Issues of personal concern, children and young people 11 to 24 years of age: in per cent, by gender, Western Australia and Australia, 2010**

	Western Australia		Australia	
	Females	Males	Females	Males
Body image	31.3	25.9	34.0	27.4
Family conflict	28.8	26.7	29.9	25.2
School or study problems	26.2	28.0	26.4	24.4
Coping with stress	27.5	23.2	29.9	24.1
Alcohol	19.4	27.3	17.2	28.5
Drugs	21.6	24.3	17.6	24.2
Personal safety	22.1	23.2	24.0	23.0
Bullying/emotional abuse	18.9	22.2	21.3	25.1
Suicide	20.6	19.6	19.7	19.5
Depression	20.9	16.0	20.5	17.3
The environment	16.6	18.7	15.7	17.7
Physical/sexual abuse	18.4	15.7	18.0	12.7
Self harm	13.0	11.5	11.2	11.3
Sexuality	10.4	13.2	9.2	12.9
Discrimination	9.3	11.2	9.0	11.2

Source: Mission Australia, *National Survey of Young Australians, 2010*.



### What is this measure?

This measure examines the issues that most concern children and young people.

The data is taken from the Mission Australia's *National Survey of Young Australians 2010*.<sup>236</sup> This is an annual and Australia-wide survey of children and young people aged 11 to 24 years. Participation is voluntary and the survey employs a self-selecting sampling method, therefore the results are to be read as indicative only.<sup>237</sup> The report contains a national summary of results as well as summaries for each state and territory but does not contain regional data or state-level data for Aboriginal children and young people.

For the survey, children and young people were presented with a list of options (see Table 1, Table 2 and Table 3) and asked to rank these from one to 15, with one being the issue of most concern to them personally and 15 being the issue of least concern. Responses are aggregated and include items ranked first, second or third by respondents. Table 1, Table 2 and Table 3 show the percentage of respondents who ranked each item as one of their three most concerning issues.

Table 1 shows the issues of concern for WA respondents to the 2010 survey in the 11 to 14 years age group and the 15 to 19 years age group. Table 2 shows percentages for all respondents aged 11 to 24 years old, and Table 3 shows the breakdown by gender of respondents.

### Commentary

From 2007 to 2010, family conflict was consistently identified as one of the three most important issues of personal concern across both age groups and genders in WA and Australia. Body image was the second most consistent area of concern for these survey participants.

For 11 to 14 year-olds in 2010, the other two main issues of concern were drugs (29.8 per cent) and personal safety (24.9 per cent). For 15 to 19 year-olds, the other two main issues of concern were school or study problems (29.8 per cent) and body image (32.7 per cent).

There were some marked differences between the genders. Female respondents were more likely to report issues such as body image, coping with stress and depression as being of concern. Male respondents, however, more often reported alcohol, drugs and bullying as issues of concern (Table 3).

The Commissioner for Children and Young People WA's research into children and young people's views on wellbeing found family conflict, problems with friends and issues at school were the main sources of stress.<sup>238</sup>

Educational achievement was also a significant cause of concern,<sup>239</sup> as was bullying at school.<sup>240</sup> Some young people admitted to feeling overwhelmed by stress and problems. For example, more than 35 per cent of children and young people responding to the online survey component of the research agreed with the statement 'I have too much stress/worry in my life'.<sup>241</sup>

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236 Mission Australia 2010, *National survey of young Australians 2010: key and emerging issues*, Mission Australia.

237 For a detailed profile of respondents refer to Mission Australia 2010, *National survey of young Australians 2010: key and emerging issues*, Mission Australia, pp.6–8.

238 Commissioner for Children and Young People 2010, *Speaking out about wellbeing: The views of Western Australian children and young people*, Commissioner for Children and Young People Western Australia, p.22.

239 Commissioner for Children and Young People 2010, *Speaking out about wellbeing: The views of Western Australian children and young people*, Commissioner for Children and Young People Western Australia, p.15.

240 Commissioner for Children and Young People 2010, *Speaking out about wellbeing: The views of Western Australian children and young people*, Commissioner for Children and Young People Western Australia, p.17.

241 Commissioner for Children and Young People 2010, *Speaking out about wellbeing: The views of Western Australian children and young people*, Commissioner for Children and Young People Western Australia, pp.22–23.

### Strategies

#### Department for Communities Strategic Plan 2011–2015, Government of Western Australia

This plan identifies the following as strategic priorities:

- Strengthen parenting across all communities
- Encourage and support young people to engage in community life (including promoting their wellbeing).

The plan is available from <http://www.communities.wa.gov.au/AboutUs/SP201115/Documents/110726%20Strategic%20Plan%20Web.pdf>

Further information about strengthening parenting is available in the *Parenting WA Strategic Framework* <http://www.communities.wa.gov.au/parents/Documents/Parenting%20Wa%20Strategic%20Framework%20final%201.pdf>

The Department for Communities - Youth publishes a number of resources for young people and parents on issues of concern to young people including suicide, depression, self harm and bullying. These are available at <http://www.communities.wa.gov.au/Youth/publications/Pages/default.aspx>

### Want to know more?

#### Reports related to concerns of children and young people

Mission Australia's *National Survey of Young Australians 2010*, and past surveys, can be found at <http://www.missionaustralia.com.au/research-and-social-policy/3111-mission-australias-national-survey-of-young-australians>

The Commissioner for Children and Young People WA's research report, *Speaking Out About Wellbeing*, is available at <http://www.ccp.wa.gov.au/content.aspx?cld=326>

#### Information on services for children and young people related to stress

Information about stress in children and young people, how to recognise when they are under stress and how to guide them to better cope can be found on a number of websites including:

- Raising Children Network – <http://www.raisingchildren.net.au>
- South Australia's Children and Youth Health service – <http://www.cyh.com>
- Headroom – <http://www.headroom.net.au>
- Parenting WA – <http://www.communities.wa.gov.au/parents/Pages/default.aspx>

## Chapter 8 – Behaviours and Risks

### About this domain

Healthy behaviours, such as eating well and exercising, contribute to young people's wellbeing. In contrast, risky behaviours, such as misuse of alcohol or other drugs, may have a negative effect on their health and wellbeing.<sup>242</sup> The impact is not only on children and young people themselves, but also on their families and communities who are exposed to these behaviours.

The measures included here reflect those behaviours and outcomes which research suggests can have negative consequences on children and young people's wellbeing.

The companion report *Building Blocks* contains information about programs which are effective in improving the wellbeing of children and young people in the Behaviours and Risks domain.

### Measures

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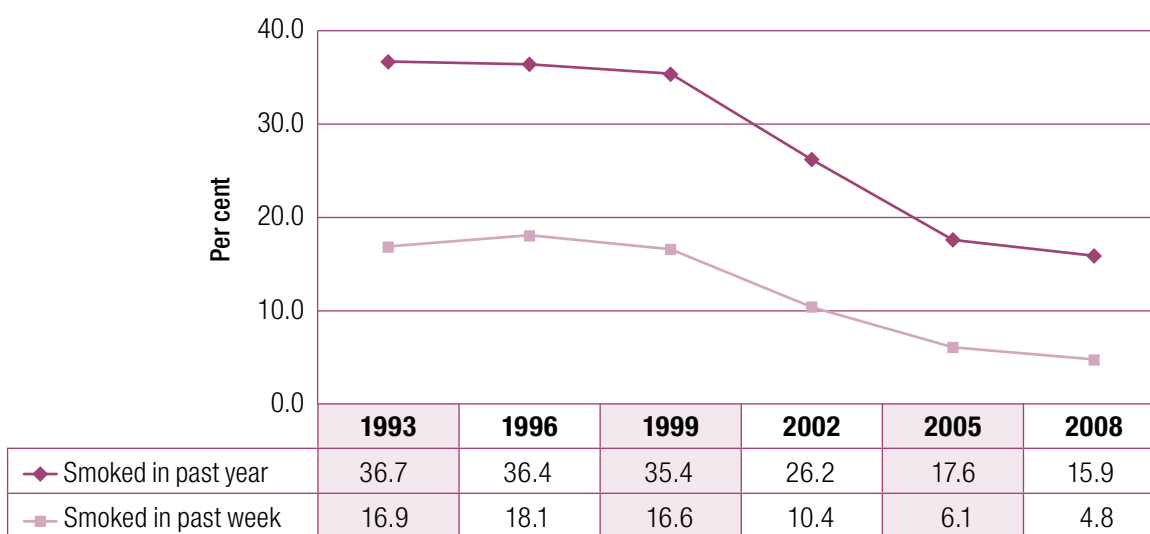
<sup>242</sup> Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, p.12.

## 8.1 Smoking

### Why we have included this measure

Smoking is considered the single most preventable cause of chronic disease and premature death.<sup>243</sup> Studies suggest that the younger an individual starts smoking, the less likely they are to stop.<sup>244</sup>

**Figure 1: Prevalence of smoking of 12 to 17 year-old school students: in per cent, respondents who 'smoked in past year' and 'smoked in past week', Western Australia, 1993 to 2008**



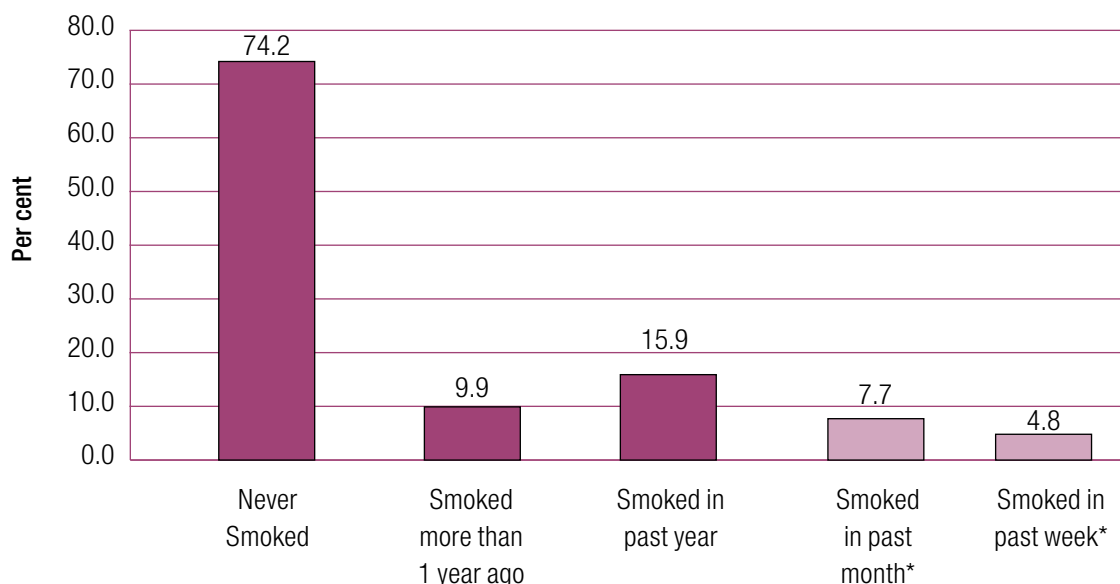
Source: Australian School Student Alcohol and Drug Survey, WA Results, 2008.

Note: Respondents who 'never smoked' and 'smoked in the past month' are not included in this figure.

243 Australian Institute of Health and Welfare 2011, *Drugs in Australia 2010: Tobacco, alcohol and other drugs*, Drug statistics series Number 27, Cat. no. PHE 154, Australian Institute of Health and Welfare, p.2.

244 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p.95.

**Figure 2: Prevalence of smoking of 12 to 17 year-old school students: in per cent, Western Australia, 2008**



Source: Australian School Student Alcohol and Drug Survey, WA Results, 2008.

\* 'Smoked in past year' includes those who smoked in the past month and past week and 'smoked in past month' includes those who smoked in past week.

### What is this measure?

This measure considers the level of smoking among 12 to 17 year-olds in Western Australia (WA) and Australia.

This information is derived from the 2008 Australian School Student Alcohol and Drug (ASSAD) Survey, a triennial survey of students in Years 7 to 12 in Government, Catholic and Independent schools across Australia.

Comparison data for Australia is taken from the published report on the national results of the ASSAD survey.<sup>245</sup>

### Commentary

Although the incidence of smoking has been trending downwards since 1984, a more pronounced decline is evident since 1999.

In 2008, only 25.8 per cent of WA respondents had ever tried smoking, which was slightly less than the national figure of 27.2 per cent. In WA, only 15.8 per cent of respondents had smoked in the previous year, and 4.8 per cent had smoked in the previous week.<sup>246</sup>

The smoking rate for WA children and young people compares favourably to the Australian average. For people 12 to 17 years of age, the reported rate of smoking in the previous year for Australia overall was 17.6 per cent, and that of 'current smokers' (those who smoked in the previous week) was 7.3 per cent.<sup>247</sup>

In WA in 2008, young women aged 12 to 17 years were more likely than young men to be current smokers or have smoked in the past year (see Table 1).

245 White V & Smith G 2009, *Australian secondary school students' use of tobacco, alcohol, and over-the counter and illicit substances in 2008: Report*, The Cancer Council Victoria.

246 Haynes R et al 2010, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2008 – Western Australian Results*, Drug and Alcohol Surveillance Report, No 4, Drug and Alcohol Office Western Australia, p.23.

247 White V & Smith, G 2009, *Australian secondary school students' use of tobacco, alcohol and over-the counter and illicit substances in 2008: Report*, The Cancer Council Victoria, p. 20.

The incidence of smoking among Aboriginal respondents is higher than for non-Aboriginal respondents. In the WA 2008 survey, 5.5 per cent of students identified as Aboriginal, whereas 9.9 per cent of those who had smoked in the past year and 13.7 per cent of those who smoked in the past month identified as Aboriginal.<sup>248</sup> As remote areas have a higher percentage of Aboriginal children and young people under 18 years of age, but are somewhat under-represented in the survey, it is possible that the actual incidence of smoking among Aboriginal children and young people is higher than reported.<sup>249</sup>

The survey includes questions about awareness of the health effects of smoking and about how the respondent feels about smoking. The data shows that awareness of the health messages around smoking is high and has not changed significantly over time. For example, agreement to the proposition 'Smoking harms your health' was 91.2 per cent in 1996 and 89.6 per cent in 2008. Similarly, 'Smoking can reduce your sporting ability' rose from 82.1 per cent in 1996 to 87.1 per cent in 2008.<sup>250</sup>

Smoking as an acceptable behaviour has, however, reduced over time in WA. Positive responses to 'It's okay if my friends smoke' reduced by more than half between 1996 and 2008, from 43.5 per cent to 20.7 per cent. Similarly, in considering the proposition 'Smokers are usually more popular than non-smokers', agreement dropped from 27.8 per cent to 15.3 per cent.<sup>251</sup>

International comparisons show that WA has a low rate of smoking. The Organisation for Economic Cooperation and Development (OECD) measures tobacco use by 15 year-olds. This was most recently collected in 2005–06 and showed an average of 16 per cent of boys and 17 per cent of girls smoked at least once a week.<sup>252</sup> WA figures in 2008 were 7.1 per cent for boys and 8.7 per cent for girls.<sup>253</sup>

### Strategies

#### Western Australian Health Promotion Strategic Framework 2007–2011, Government of Western Australia

This framework sets out strategic directions and priorities for the prevention of chronic disease and injury and is the key state-wide strategy addressing smoking in the WA population.

The summary of the framework is available at [http://www.health.wa.gov.au/publications/documents/WA\\_Health\\_Promotion\\_Strategic\\_Framework\\_2007\\_2011\\_Summary.pdf](http://www.health.wa.gov.au/publications/documents/WA_Health_Promotion_Strategic_Framework_2007_2011_Summary.pdf)

#### Tobacco Products Control Act 2006, Government of Western Australia

The *Tobacco Products Control Act 2006* and associated regulations form the legislative component of WA's comprehensive tobacco control program, including:

- prohibiting the sale and supply of tobacco products to children
- banning the display of tobacco products and smoking implements in most retail outlets
- banning smoking in outdoor eating areas, in cars where children under 17 years are present, within 10 metres of playground equipment and between the flags of patrolled beaches.

The legislation is available at [http://www.slp.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_983\\_homepage.html](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_983_homepage.html)

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248 Haynes R et al 2010, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2008 – Western Australian Results*, Drug and Alcohol Surveillance Report, No 4, Drug and Alcohol Office Western Australia, pp.59–60.

249 Haynes R et al 2010, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2008 – Western Australian Results*, Drug and Alcohol Surveillance Report, No 4, Drug and Alcohol Office Western Australia, p.18.

250 Haynes R et al 2010, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2008 – Western Australian Results*, Drug and Alcohol Surveillance Report, No 4, Drug and Alcohol Office Western Australia, p.51.

251 Haynes R et al 2010, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2008 – Western Australian Results*, Drug and Alcohol Surveillance Report, No 4, Drug and Alcohol Office Western Australia, p.51.

252 Organisation for Economic Cooperation and Development, Family Database 2009, CO1.8 *Regular smokers among 15 year-olds by gender*, Organisation for Economic Cooperation and Development, Social Policy Division.

253 Haynes R et al 2010, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2008 – Western Australian Results*, Drug and Alcohol Surveillance Report, No 4, Drug and Alcohol Office Western Australia, p.24.

### Healthway, Government of Western Australia

Healthway was established in 1991 as an independent statutory body. The key priorities for Healthway are reducing harm from tobacco, reducing harm from alcohol, reducing obesity and promoting good mental health.

Healthway provides sponsorship to sports, arts, and racing organisations to promote healthy messages, facilitate healthy environments and increase participation in healthy activities. Healthway also provides grants to a diverse array of organisations to encourage healthy lifestyles and advance health promotion programs.

Further information about Healthway is available from their website <http://www.healthway.wa.gov.au/>

### Want to know more?

#### Policy and strategy

Policy and strategies addressing smoking in WA are aligned with national objectives and are outlined in the following key documents:

- National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs, Commonwealth Government [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)
- *Australia: the healthiest country by 2020. Technical Report No 2 Tobacco control in Australia: making smoking history*, Commonwealth Government <http://www.health.gov.au/internet/preventativehealth/publishing.nsf/>

#### Drug and alcohol data

WA data is taken from the WA report on the ASSAD survey series, available through the Drug and Alcohol Office <http://www.dao.health.wa.gov.au>

The Australian report on ASSAD is available from the National Drug Strategy website <http://www.nationaldrugstrategy.gov.au>

#### Legislation

Information on the new tobacco control laws can be found on the Tobacco Control Branch website <http://www.tobaccocontrol.health.wa.gov.au>

### School Drug Education and Road Aware, Government of Western Australia

School Drug Education and Road Aware (SDERA) is the State government's primary drug (including tobacco and alcohol) and road safety education strategy and provides best practice road safety, resilience and drug education.

SDERA provides school-based staff, parents and community agencies with professional learning services and support resources to develop effective drug and road safety education programs within their schools and communities.

Further information is available at <http://www.det.wa.edu.au/sdera/detcms/portal/>



Additional tables

**Table 1: Prevalence of smoking of 12 to 17 year-old school students: in per cent, respondents who ‘smoked in the past year’ and ‘smoked in the past week’, Western Australia, 1993 to 2008**

	Smoked in the past week			Smoked in the past year		
	Male	Female	All	Male	Female	All
1993	16.4	17.5	16.9	36.7	36.7	36.7
1996	16.2	20.1	18.1	36.0	36.9	36.4
1999	15.8	17.4	16.6	32.9	38.0	35.4
2002	10.0	10.9	10.4	23.9	29.0	26.2
2005	5.5	6.8	6.1	16.2	19.0	17.6
2008	4.6	5.1	4.8	14.9	16.8	15.9

Source: Australian School Student Alcohol and Drug Survey, WA Results, 2008.

Note: Respondents who ‘never smoked’ and ‘smoked in the past month’ are not included in this table.

**Table 2: Aboriginal status of respondents who ‘smoked in the past year’ and ‘smoked in the past week’, proportions of total in per cent Western Australia, 2008**

Total n=2743	Smoked in the past week		Smoked in the past year	
	Yes (n=149)	No (n=2587)	Yes (n=478)	No (n=2256)
Aboriginal	15.7	5.1	9.9	4.8
Non- Aboriginal	84.3	94.9	90.1	95.2

Source: Australian School Student Alcohol and Drug Survey, WA Results, 2008.

## 8.2 Alcohol consumption

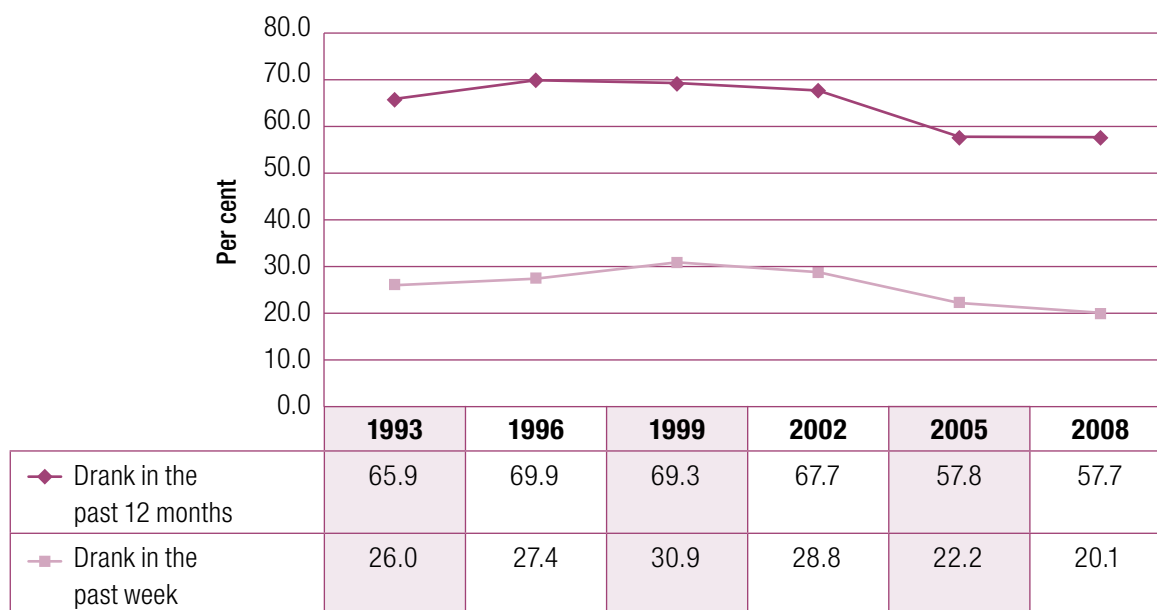
### Why we have included this measure

Emerging evidence indicates that alcohol may have an effect on the development of memory, decision making and emotions, which can lead to problems with learning, problem solving and mental health.<sup>254</sup> The likelihood of social problems increases if a young person starts drinking at an early age. There is also an increased risk of alcohol dependency.<sup>255</sup>

Road trauma is the leading cause of death among young Australians. Between a quarter and a third of fatal crashes on Australia’s roads involve drivers or riders with blood alcohol levels above the legal limit, with young people being over represented.<sup>256</sup>

In the long term alcohol has been linked to a number of chronic health conditions including heart problems, cancer and liver damage.<sup>257</sup>

**Figure 3: Prevalence of alcohol consumption among 12 to 15 year-old school students: in per cent, Western Australia, 1993 to 2008**



Source: Australian School Student Alcohol and Drug Survey, 2008, WA Results.

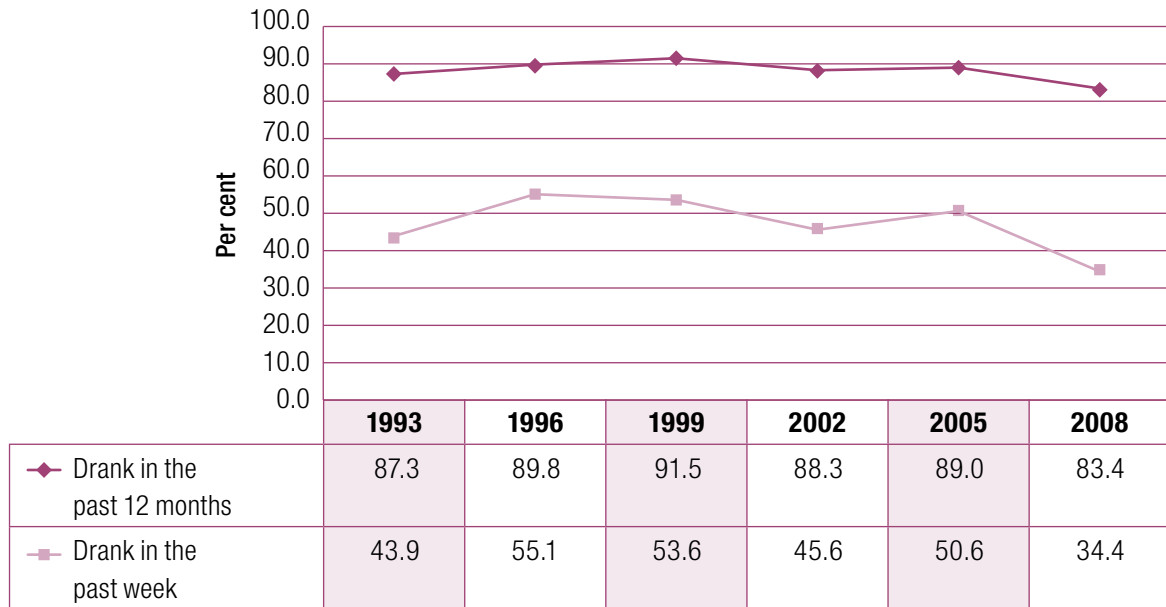
254 Australian Drug Foundation 2009, *Fact Sheet: Young People and Alcohol*, Number 7.11 June 2009 (for parents), <http://www.druginfo.adf.org.au/fact-sheets/young-people-and-alcohol>.

255 Australian Medical Association 2009, *Alcohol Use and Harms in Australia (2009) – Information Paper*, <<http://ama.com.au/print/4762>>.

256 Australian Medical Association 2009, *Alcohol Use and Harms in Australia (2009) – Information Paper*, <<http://ama.com.au/print/4762>>.

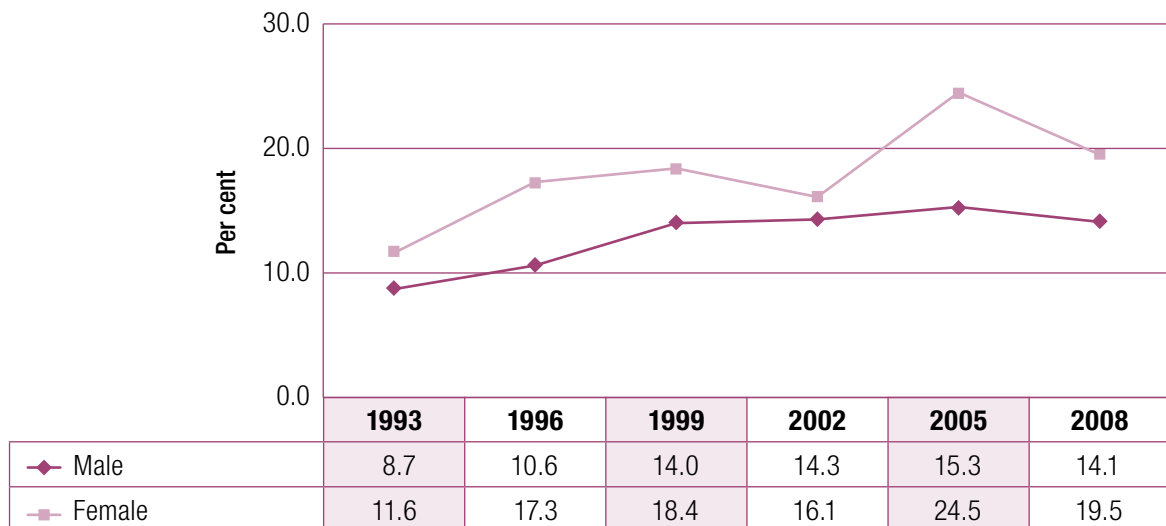
257 Australian Medical Association 2009, *Alcohol Use and Harms in Australia (2009) – Information Paper*, <<http://ama.com.au/print/4762>>.

**Figure 4: Prevalence of alcohol consumption among 16 and 17 year-old school students: in per cent, Western Australia, 1993 to 2008**



Source: Australian School Student Alcohol and Drug Survey, 2008, WA Results.

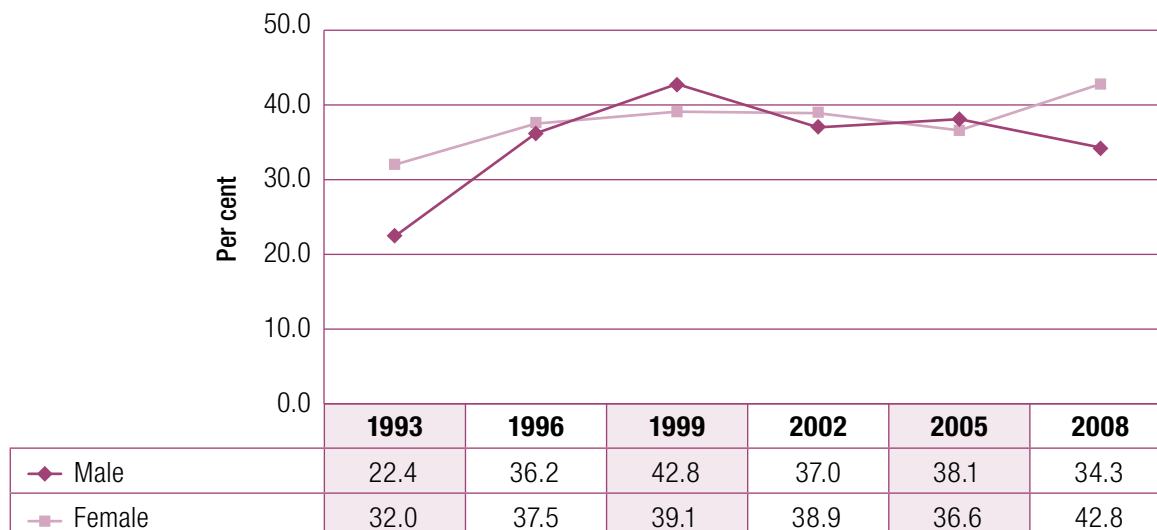
**Figure 5: Current drinkers<sup>258</sup> drinking 'at-risk' among 12 to 15 year-old school students: in per cent, by gender, Western Australia, 1993 to 2008**



Source: Australian School Student Alcohol and Drug Survey, 2008, WA Results.

<sup>258</sup> Current drinkers are respondents who 'drank in the last week'. Males were considered at risk if they consumed more than seven drinks on any day in the preceding week. Females were considered at risk if they consumed more than five drinks on any day in the preceding week.

**Figure 6: Current drinkers<sup>259</sup> drinking ‘at-risk’ among 16 and 17 year-old school students: in per cent, by gender, Western Australia, 1993 to 2008**



Source: Australian School Student Alcohol and Drug Survey, 2008, WA Results.

### What is this measure?

This measure looks at the incidence of alcohol use among children and young people in WA.

This information is derived from the 2008 ASSAD survey, a triennial survey targeting students in Years 7 to 12 in Government, Catholic and Independent schools. The report did not include specific data on Aboriginal students.

Comparison data for Australia is taken from the published report on the national results of the ASSAD survey.<sup>260</sup>

### Commentary

The majority of WA respondents aged 12 to 17 years (84.1%) have tried alcohol at some time in their lives.<sup>261</sup> The incidence of drinking alcohol increases with age. In 2008, 32.1 per cent of 12 year-old respondents had never drunk alcohol but only 8.5 per cent of 17 year-old respondents said the same.

Since 1999, there has been a slight decline in the percentages of children and young people who reported that they drank alcohol in the year prior to the survey and in the week prior to the survey.

Over the period 2002–08, approximately one in four current drinkers (those who drank in the previous week) drank at levels considered to be ‘at risk’ under the guidelines.

WA respondents aged 12 to 15 years were slightly more likely than the Australian average to have drunk alcohol in the week prior to the survey, while 16 to 17 year-olds were less likely than the Australian average to have drunk alcohol in the week prior to the survey. Other research has shown that among Australian secondary school students identifying as current drinkers, the incidence of risky drinking was slightly less in 2008 than in previous years.<sup>262</sup>

259 Current drinkers are respondents who ‘drank in the last week’. Males were considered at risk if they consumed more than seven drinks on any day in the preceding week. Females were considered at risk if they consumed more than five drinks on any day in the preceding week.

260 White V & Smith G 2009, *Australian secondary school students’ use of tobacco, alcohol, and over-the counter and illicit substances in 2008*, Report, The Cancer Council Victoria.

261 Haynes R et al 2010, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2008 – Western Australian Results*, Drug and Alcohol Surveillance Report, No 2, Drug and Alcohol Office Western Australia p.2.

262 White V & Smith G 2009, *Australian secondary school students’ use of tobacco, alcohol, and over-the counter and illicit substances in 2008: Report*, The Cancer Council Victoria, p.49.

The data in Figure 5 and Figure 6 shows that female respondents were more likely than male respondents to drink at risky levels. It should be noted though that the amount of alcohol consumed to be considered 'at risk' is lower for females than males.<sup>263</sup>

Male respondents in regional and remote areas were more likely to have consumed alcohol in the previous 12 months and in the previous four weeks than males from the metropolitan area. Conversely, female respondents in the metropolitan area were slightly more likely than those in regional and remote areas to do the same.<sup>264</sup>

The ASSAD survey also asked about attitudes towards alcohol and about the knowledge of the health effects of alcohol. Most respondents in both the 12 to 15 year age group (80.9%) and the 16 to 17 year age group (80.5%) agreed that 'Getting drunk can harm your health' and this response has been consistent over the series of surveys.<sup>265</sup> However, this survey shows that young people continue to drink alcohol regardless of a high awareness of the health risks.

### Strategies

#### Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015, Government of Western Australia

This framework guides the approach that the Drug and Alcohol Office, other government agencies, non-government agencies and the community may adopt to counter harmful alcohol consumption and illicit drug use in WA. The framework includes five key strategic areas focusing on:

- prevention
- intervening before problems become entrenched
- effective law enforcement approaches
- effective treatment and support services
- strategic coordination and capacity building.

The framework is available from the Drug and Alcohol Office website

[http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core\\_Download&EntryId=483&PortalId=0&TabId=211](http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=483&PortalId=0&TabId=211)

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263 Males were considered at risk if they consumed more than seven drinks on any day in the preceding week. Females were considered at risk if they consumed more than five drinks on any day in the preceding week.

264 Haynes R et al 2010, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2008 – Western Australian Results*, Drug and Alcohol Office Surveillance Report, No 2, Drug and Alcohol Office Western Australia, p.51.

265 Haynes R et al 2010, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2008 – Western Australian Results*, Drug and Alcohol Office Surveillance Report, No 2, Drug and Alcohol Office Western Australia, p.47.

### Want to know more?

#### Policy and strategy

Policies and strategies addressing harmful alcohol consumption in WA are aligned with national objectives and are outlined in the following key documents:

- National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs, Commonwealth Government – [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)
- The Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015, Government of Western Australia – [http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core\\_Download&EntryId=483&PortalId=0&TabId=211](http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=483&PortalId=0&TabId=211)
- The Strong Spirit Strong Mind : Aboriginal Drug and Alcohol Framework for Western Australia 2011–2015 – <http://www.dao.health.wa.gov.au/>

#### Drug and alcohol data

WA data is taken from the WA report on the ASSAD survey series, available at the Drug and Alcohol Office website <http://www.dao.health.wa.gov.au>

Australian data is from the Australian report on ASSAD and is available at the National Drug Strategy website <http://www.nationaldrugstrategy.gov.au>

#### Reducing alcohol-related harm

The 'Alcohol. Think Again' campaign for reducing alcohol-related harm in the community is available at <http://www.alcoholthinkagain.com.au>

The McCusker Centre for Action on Alcohol and Youth aims to reduce levels of drinking, harmful drinking and alcohol problems among young people.

Further information is available at <http://www.mcaay.org.au>

The Commissioner for Children and Young People has published an issues paper on alcohol, *Young people and alcohol*, which is available at [http://www.cryp.wa.gov.au/files/resource/Issues%20Paper%20-Young%20people%20and%20alcohol\(1\).pdf](http://www.cryp.wa.gov.au/files/resource/Issues%20Paper%20-Young%20people%20and%20alcohol(1).pdf)

The Commissioner has also released the report *Speaking Out About Reducing Alcohol-Related Harm on Children and Young People*. This report is available at <http://www.cryp.wa.gov.au/files/Speaking%20Out%20About%20Reducing%20Alcohol-Related%20Harm.pdf>

## CHAPTER 8 - BEHAVIOURS AND RISKS

### Additional tables

**Table 3: Prevalence of alcohol consumption among 12 to 17 year-old school students: in per cent, by gender, Western Australia 1993 to 2008 and Australia 2008**

	Drank in the past 12 months			Drank in the past week (current drinkers)			'At-risk'* drinkers (current drinkers)		
	Male	Female	All	Male	Female	All	Male	Female	All
1993	74.2	67.2	70.7	33.5	26.6	30.1	13.2	18.7	15.6
1996	75.8	72.7	74.2	34.2	32.7	33.4	19.1	25.3	22.1
1999	74.9	73.7	74.3	36.6	35.6	36.1	24.0	25.4	24.7
2002	74.4	71.5	73.1	34.9	31.2	33.2	22.1	24.9	23.3
2005	67.1	63.2	65.2	30.3	27.4	28.9	24.3	29.8	26.9
2008	65.1	62.6	63.9	24.8	22.3	23.6	21.3	27.9	24.3
Australia 2008	61.0	60.0	60.5	23.6	21.6	22.6	NR	NR	NR

Source: Australian School Student Alcohol and Drug Survey, 2008, WA Results.

\* Males were considered at risk if they consumed more than seven drinks on any day in the preceding week. Females were considered at risk if they consumed more than five drinks on any day in the preceding week.

NR – not reported.

**Table 4: Prevalence of alcohol consumption among 12 to 15 year-old school students: in per cent, by gender, Western Australia, 1993 to 2008**

	Drank in the past 12 months			Drank in the past week (current drinkers)			'At-risk'* drinkers (current drinkers)		
	Male	Female	All	Male	Female	All	Male	Female	All
1993	70.1	61.4	65.9	29.2	22.7	26.0	8.7	11.6	11.0
1996	72.5	67.1	69.9	29.1	25.5	27.4	10.6	17.3	13.7
1999	70.1	68.5	69.3	30.9	30.9	30.9	14.0	18.4	16.2
2002	70.2	64.7	67.7	31.1	26.1	28.8	14.3	16.1	15.0
2005	60.9	54.6	57.8	23.8	20.4	22.2	15.3	24.5	19.5
2008	60.2	55.0	57.7	20.9	19.3	20.1	14.1	19.5	16.5

Source: Australian School Student Alcohol and Drug Survey, 2008, WA Results.

\* Males were considered at risk if they consumed more than seven drinks on any day in the preceding week. Females were considered at risk if they consumed more than five drinks on any day in the preceding week.

**Table 5: Prevalence of alcohol consumption among 16 and 17 year-old school students: in per cent, by gender, Western Australia, 1993 to 2008**

	Drank in the past 12 months			Drank in the past week (current drinkers)			'At-risk'* drinkers (current drinkers)		
	Male	Female	All	Male	Female	All	Male	Female	All
1993	88.3	86.2	87.3	48.4	39.3	43.9	22.4	32.0	26.7
1996	88.1	91.5	89.8	53.3	56.8	55.1	36.2	37.5	36.9
1999	92.2	90.9	91.5	56.5	50.9	53.6	42.8	39.1	41.0
2002	86.6	90.3	88.3	45.9	45.2	45.6	37.0	38.9	37.9
2005	88.3	89.7	89.0	52.2	49.0	50.6	38.1	36.6	37.3
2008	81.0	85.7	83.4	37.4	31.4	34.4	34.3	42.8	38.3

Source: Australian School Student Alcohol and Drug Survey, 2008, WA Results.

\* Males were considered at risk if they consumed more than seven drinks on any day in the preceding week. Females were considered at risk if they consumed more than five drinks on any day in the preceding week.

**Table 6: Prevalence of alcohol consumption among school students aged 12 to 17 years: in per cent, by gender and region, Western Australia, 2008**

Prevalence of alcohol consumption		Metropolitan	Non-metropolitan
<b>Ever tried alcohol</b>	Male	86.5	87.4
	Female	80.6	83.2
	Persons	83.4	85.4
<b>Drank in last 12 months</b>	Male	63.2	68.2
	Female	63.0	61.9
	Persons	63.1	65.3
<b>Drank in last 4 weeks</b>	Male	38.8	44.3
	Female	40.0	38.3
	Persons	39.4	41.6
<b>Drank in last 7 days</b>	Male	24.4	25.4
	Female	23.0	20.9
	Persons	23.7	23.4

Source: Australian School Student Alcohol and Drug Survey, 2008, WA Results.



### 8.3 Teenage pregnancy

#### Why we have included this measure

Teenage pregnancy is closely linked to less favourable health, educational and economic outcomes for both the mother and baby. Parenthood during the teenage years often means that schooling is interrupted, job prospects are limited, there is dependency on government assistance and an increased likelihood of poverty. As a result many young mothers are unable to meet the financial and emotional needs of their baby.<sup>266 267</sup>

**Figure 7: Teenage fertility rate:<sup>268</sup> rate per 1,000 population 15 to 19 years, Western Australia and Australia, 2004 to 2009**



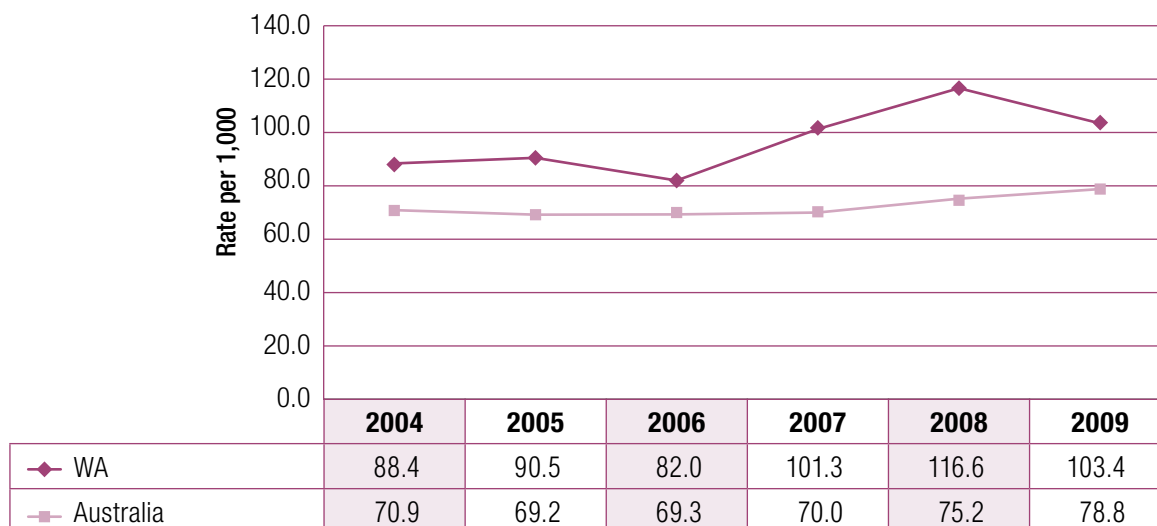
Source: ABS 2010, *Births, Australia*, 2009.

266 In keeping with the terminology used by the Australian Bureau of Statistics and other states, in assessing this measure ‘teen’ and ‘teenage’ are used to indicate persons 19 years and under. Where this measure is highlighting births to mothers 17 years and under, that is specifically stated.

267 Australian Institute of Health and Welfare 2009, *A picture of Australia's children*, Cat. no. PHE 112, Australian Institute of Health and Welfare, p.64.

268 The teenage fertility rate, as defined by the ABS, is the number of births during the calendar year to women aged 15 to 19 years, per 1,000 female estimated resident population aged 15 to 19 years at 30 June of the same year. Births to women aged under 15 years are included.

**Figure 8: Aboriginal teenage fertility rate:<sup>269</sup> rate per 1,000 population 15 to 19 years, Western Australia and Australia, 2004 to 2009<sup>270</sup>**



Source: ABS, *Births, Australia, 2007 to 2009* [series].

**Figure 9: Births to women 17 years and under: in per cent, by Aboriginal and non-Aboriginal, Western Australia, 2003 to 2008**



Source: Data supplied by Maternal and Child Health Unit, Department of Health WA (unpublished).

269 The teenage fertility rate, as defined by the ABS, is the number of births during the calendar year to women aged 15 to 19 years, per 1,000 female estimated resident population aged 15 to 19 years at 30 June of the same year. Births to women aged under 15 years are included.

270 Due to a number of factors, the collated results in this category are not always consistent. The way in which a person identifies, or is identified, as Aboriginal can change over time leading to unexpected changes in Aboriginal statistics. The data presented may therefore underestimate the level of Aboriginal births and fertility in Australia. Caution should be exercised when interpreting Aboriginal births and fertility data presented in the publication, especially with regard to year-to-year changes. Compare Australian Bureau of Statistics 2010, *Births, 2009*, Explanatory Notes No. 34-37, cat. no. 3301.0, [website] viewed 9 January 2012, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3301.0Explanatory%20Notes12009?OpenDocument>>.

### What is this measure?

This measure examines the incidence of teenage pregnancy in WA.

The first data set (Figure 7 and Figure 8) is from the Australian Bureau of Statistics' annual publication *Births, Australia*. It shows the age-specific fertility rates for women aged 15 to 19 years, that is, the number of births per 1,000 females in this age group. For calculation purposes, the age group 15 to 19 includes births to females under 15 years old.

The second data set (Figure 9) has been collected through the Midwives' Notification System and supplied by the Maternal and Child Health Unit of the Department of Health WA. This data set is available by single year of age and hence only births to women 17 years and under have been included (this differs to the ABS data set which includes women aged 15 to 19 years).

Regional breakdowns are not used in this report for confidentiality reasons.

### Commentary

There were 1,514 births to mothers aged 15 to 19 years in WA in 2009. This represented 4.9 per cent of all births in WA in that year.<sup>271</sup>

Figure 7 shows that the teenage fertility rate in WA has remained static from 2004 to 2009 at a rate of around 20 per 1,000 females, with a spike in 2008 when a rate of 22.7 per 1,000 was recorded. Nationally, this rate has also remained largely unchanged over the same period, although it has remained consistently lower than the result for WA.

Figure 9 shows that in WA, of births to women 17 years and under, nearly 40 per cent are to Aboriginal women.

WA's teenage fertility rate for Aboriginal women for 2004 to 2009 appears to have increased from 88.4 to 103.4 per 1,000 women (Figure 8).<sup>272</sup>

The teenage fertility rate for Aboriginal women in WA in 2009 was more than five times the rate of all teenage women in WA and the highest teenage fertility rate for Aboriginal women (103 babies per 1,000 women) of all states and territories. Queensland recorded the second highest Aboriginal teenage fertility rate (100 babies per 1,000 women). The national Aboriginal teenage fertility rate in 2009 was 79 babies per 1,000 women.<sup>273</sup>

The Maternal and Child Health Unit of the Department of Health WA recorded 465 births to teenage women aged 17 years and under in 2008. Over 60 per cent of these births occurred in the metropolitan area and 40 per cent in regional areas. The Kimberley region accounted for over nine per cent of births to teenage women aged 17 and under in WA while representing less than two per cent of the overall population of this age group in the State.<sup>274</sup>

WA's teenage fertility rate is higher than the OECD average. In 2008 WA's rate was 20.1, compared to the OECD average of 17.1 per 1,000.<sup>275</sup>

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271 Australian Bureau of Statistics 2010, *Births, Australia*, 2009, cat. no. 3301.0, [website] viewed 10 January 2012, <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/10BEDC49AFCACC1FCA2577CF000DF7AB/\\$File/33010\\_2009.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/10BEDC49AFCACC1FCA2577CF000DF7AB/$File/33010_2009.pdf)>.

272 Caution should be exercised when interpreting Aboriginal births and fertility data especially with regard to year-to-year changes. See footnote 29.

273 Australian Bureau of Statistics 2010, *Births 2009*, cat. no. 3301.0, [website] viewed 10 January 2012, [http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/10BEDC49AFCACC1FCA2577CF000DF7AB/\\$File/33010\\_2009.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/10BEDC49AFCACC1FCA2577CF000DF7AB/$File/33010_2009.pdf).

274 Data supplied by the Maternal and Child Health Unit, Department of Health WA [unpublished].

275 Organisation for Economic Co-operation and Development, Family Database 2010, SF2.4 *Share of births out of wedlock and teenage births*, Organisation for Economic Co-operation and Development, Social Policy Division.

### Strategies

#### Growing and Developing Healthy Relationships, Government of Western Australia

Growing and Developing Relationships is a partnership between the WA Departments of Health and Education, and is supported by the Association of Independent Schools of WA.

The curriculum support materials were first released in 2002 to all schools in WA. These materials approach relationship education in a positive way and are consistent with the WA Curriculum Framework.

These materials include an interactive website which provides a range of age-appropriate learning activities and support to assist teachers to deliver relationship and sexual health education <http://www.gdhr.wa.gov.au>

#### Family Planning Association WA (FPAWA) Sexual Health Services

FPAWA Sexual Health Services provide specific sexual health services for young people, including a clinic, counselling and education service for young people under 25 years of age.

Further information is available at <http://www.fpwa.org.au>

### Want to know more?

#### Sexual health information and services for young people

Information for young people on sexual health can be found on the Get the Facts website <http://www.getthefacts.health.wa.gov.au>

Information for parents about how to talk to children and young people about sexual health and related matters is available in the Talk Soon Talk Often resource developed by the Department of Health, available at [http://www.public.health.wa.gov.au/cproot/4011/2/HP11643\\_Talk%20Soon%20\\_Talk\\_Often%20\\_Guide.pdf](http://www.public.health.wa.gov.au/cproot/4011/2/HP11643_Talk%20Soon%20_Talk_Often%20_Guide.pdf)

#### Perinatal statistics

The Australia's mothers and babies series of reports provides annual perinatal statistics on births in Australia and is published by the Australian Institute of Health and Welfare <http://www.aihw.gov.au>

The Department of Health publishes annual information on WA births, including regional births, available at <http://www.health.wa.gov.au>

Additional tables

**Table 7: Teenage fertility rate:<sup>276</sup> rate per 1,000 population 15 to 19 years, by Aboriginal teenage women and all teenage women, Western Australia and Australia, 2004 to 2009**

	All teenage women 15 to 19 years		Aboriginal teenage women 15 to 19 years*	
	WA	Australia	WA	Australia
2004	19.6	16.0	88.4	70.9
2005	20.5	15.7	90.5	69.2
2006	19.6	15.3	82.0	69.3
2007	20.5	16.0	101.3	70.0
2008	22.7	17.2	116.6	75.2
2009	20.1	16.7	103.4	78.8

Source: ABS, *Births, Australia*, 2004 to 2009 [series].

\* Due to a number of factors, the collated results in this category are not always consistent. The way in which a person identifies, or is identified, as Aboriginal can change over time leading to unexpected changes in Aboriginal statistics. The data presented may therefore underestimate the level of Aboriginal births and fertility in Australia. Caution should be exercised when interpreting Aboriginal births and fertility data presented in the publication, especially with regard to year-to-year changes.

<sup>276</sup> The teenage fertility rate, as defined by the ABS, is the number of births during the calendar year to women aged 15 to 19 years, per 1,000 female estimated resident population aged 15 to 19 years at 30 June of the same year. Births to women aged under 15 years are included.

### 8.4 Youth justice: Prevention and diversion

#### Why we have included this measure

Contact with the youth justice system is a possible consequence of risky behaviour. The *Young Offenders Act 1994*<sup>277</sup> and the *Bail Act 1982*<sup>278</sup> set out a range of options for police and courts to use when children and young people offend.

Prevention and diversion initiatives are intended to minimise the contact of the young person with the formal justice system. Prevention is designed to be an intervention that takes place before offending has occurred, through identifying young people at risk and acting to prevent offending behaviour. In WA this includes actions by the Killara Youth Support Service and the Regional Youth Justice Services (RYJS) where ‘at-risk’ young people are identified prior to offending.<sup>279</sup>

Diversion refers to directing children and young people away from the statutory<sup>280</sup> youth justice system. This may occur at the police level, for example where a caution is issued or at a court level, where in WA a referral is made to a juvenile justice team (JJT).<sup>281</sup>

Diverting children and young people away from the formal youth justice system at the earliest opportunity is considered to be most effective in reducing crime.<sup>282</sup> Additionally, the more frequently a child or young person is in contact with the youth justice system and the more serious the contact is, the more likely they are to continue to offend into adulthood.<sup>283 284</sup>

**Table 8: Prevention and diversion cases and statutory (community-based sentences and detention) cases of 10 to 17<sup>285</sup> year-olds: in per cent, Western Australia, 2005 to 2010**

	Prevention and diversion	Statutory
2005	59.5	40.5
2006	62.7	37.3
2007	63.2	36.8
2008	64.1	35.9
2009	65.1	34.9
2010	65.1	34.9

Source: Data supplied by Department of Corrective Services WA, custom report (unpublished).

277 *Young Offenders Act 1994* (WA), Parts 5,6 and 7 address the options for police and courts in dealing with children who are suspected of committing offences. [website] viewed 2 February 2012 <[http://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:21628P/\\$FILE/YoungOffendersAct1994\\_04-10-00.pdf?OpenElement](http://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:21628P/$FILE/YoungOffendersAct1994_04-10-00.pdf?OpenElement)>.

278 *Bail Act 1982* (WA), Sections 17A, 21, 29 and 36 in particular address the matter of children obtaining bail. [website], viewed 2 February 2012, <[http://www.slp.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_70\\_homepage.html](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_70_homepage.html)>.

279 Department of Corrective Services 2011, *Prevention and Diversion*, Government of Western Australia, [website], viewed 6 December 2011, <<http://www.correctiveservices.wa.gov.au/youth-justice/prevention-diversion.aspx>>.

280 A statutory case refers to detention and community-based sentences.

281 Auditor General of Western Australia 2008, *The Juvenile Justice System: Dealing with Young People under the Young Offenders Act 1994*, Office of the Auditor General, pp.19&36.

282 Australian Institute of Health and Welfare, 2007 *Juvenile Justice in Australia 2006–07*, Cat. No. JUV 4, Australian Institute of Health and Welfare, p.7.

283 Chen S et al 2005, *The transition from juvenile to adult criminal careers*, Crime and Justice Bulletin, No. 86, NSW Bureau of Crime statistics and Research, pp.9–11.

284 Gatti U et al 2009, ‘Iatrogenic effect of juvenile justice’, *The Journal of Child Psychology and Psychiatry*, 50(8), pp.991–998.

285 In all Australian jurisdictions, 10 years is considered the minimum age at which a person can be held criminally responsible for their actions, hence all data starts from age 10.

### What is this measure?

This measure looks at the number of children and young people who are diverted away from the formal youth justice system. Department of Corrective Services (DCS) has provided data on the percentage of prevention and diversion cases compared with statutory cases (community-based sentences and detention) of 10 to 17 year-olds involved with the youth justice system. This data is not differentiated by Aboriginality.

For the purpose of providing this data, DCS includes the following as 'prevention and diversion':

- Referrals to juvenile justice teams (JJTs).
- Referrals to court conferencing.
- Formal police cautions, other agency referrals or voluntary referrals where any follow-up results in the opening of a case.
- Statutory cases where, for example, a program is not completed in the period of a community-based sentence.

Police send copies of all formal cautions to DCS for follow up. In regional areas, cautions are followed up by prevention and diversion officers.<sup>286</sup> In the metropolitan area, where the numbers are much higher, the cautions are screened using an evaluation tool to determine whether a case should be opened.

### Commentary

The WA *Young Offenders Act 1994* requires:

- police to caution an offender unless the number and type of previous offences with which the child or young person has been charged make it inappropriate to do so
- that when dealing with children and young people who have committed less serious offences, police and other agencies consider directing children and young people away from court.<sup>287</sup>

In WA, from 2005 to 2010, the proportion of 10 to 17 year-olds engaged in prevention or diversion services increased by 5.6 per cent.

### Strategies

#### Western Australian Youth Justice Framework 2010–2015, Government of Western Australia

This framework has been developed by the Department of Corrective Services in partnership with Department for Communities, Department for Child Protection, Department of Sport and Recreation, Disability Services Commission, Mental Health Commission, Department of the Attorney General, Department of Health, Department of Housing, Department of Education, Department of Indigenous Affairs, Western Australia Police and the Drug and Alcohol Office.

It is intended to address the rate of contact between young people and the justice system through better targeting of services and better cross-agency collaboration. Key aims are to reduce the differential between Aboriginal and non-Aboriginal rates of contact, and to reduce overall contact with the justice system.

More details on the strategy can be found from the Department of Corrective Services  
<http://www.correctiveservices.wa.gov.au/>

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<sup>286</sup> With the exception of the Southern region where, in the absence of prevention and diversion officers, cautions are followed up by the statutory officers as their workload allows.

<sup>287</sup> *Young Offenders Act 1994 (WA)*, section 23 (1) & section 7 (g) [website], <[http://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:21628P/\\$FILE/YoungOffendersAct1994\\_04-10-00.pdf?OpenElement](http://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:21628P/$FILE/YoungOffendersAct1994_04-10-00.pdf?OpenElement)>

### Youth Support Officers Program, Department of Corrective Services, Government of Western Australia

Positive role models can be appointed to provide support for young people who have broken the law or who are at risk of offending through the Youth Support Officers Program. A youth support officer may be allocated following assessment by a youth justice officer or a request from the Court or the Supervised Release Review Board. The youth support officer can provide practical help with transport, study and emotional issues. They can also organise positive recreation and sporting activities.

Further information on this strategy is available at <http://www.correctiveservices.wa.gov.au/youth-justice/default.aspx>

### Regional Youth Justice Services, Department of Corrective Services, Government of Western Australia

The Regional Youth Justice Services (RYJS) operate in the Mid-West Gascoyne, Goldfields, East and West Kimberley and Pilbara. The RYJS provides a range of prevention, intervention, diversion, and statutory services for children and young people at risk of entering, or already in, the youth justice system. The evaluation of the RYJS found improvements in range of areas, for example, an overall reduction in the number of statutory cases handled.<sup>288</sup>

Further information on this strategy is available at <http://www.correctiveservices.wa.gov.au/youth-justice/regional-youth-justice.aspx>

### Want to know more?

#### Department of Corrective Services, Government of Western Australia

Information on prevention and diversion strategies and procedures is available on the Department of Corrective Services website <http://www.correctiveservices.wa.gov.au>

#### Research and reports on youth justice

Youth justice data and research is available on the Australian Institute of Criminology website <http://www.aic.gov.au>

The Australian Institute of Health and Welfare report *Juvenile justice in Australia 2008–09* is available at <http://www.aihw.gov.au/publication-detail/?id=10737418606&tab=2>

The Commissioner for Children and Young People WA engaged Dr Harry Blagg to produce a report, *Youth Justice in Western Australia*, available at <http://www.ccyp.wa.gov.au/files/article/Harry%20Blagg%20report%20-%20Youth%20Justice%20in%20Western%20Australia%20-%20FINAL.pdf>

The Commissioner for Children and Young People WA has also produced an issues paper on youth justice, available at [http://www.ccyp.wa.gov.au/files/resource/Issues%20Paper%20Youth%20Justice\\_f.pdf](http://www.ccyp.wa.gov.au/files/resource/Issues%20Paper%20Youth%20Justice_f.pdf)

The *2009 NSW Young People in Custody Health Survey: Full Report* is available on the Juvenile Justice NSW website <http://www.djj.nsw.gov.au>

The WA Auditor General's 2008 report, *The Juvenile Justice System: Dealing with Young People Under the Young Offenders Act 1994*, is available at [http://www.audit.wa.gov.au/reports/pdfreports/report2008\\_04.pdf](http://www.audit.wa.gov.au/reports/pdfreports/report2008_04.pdf)

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288 Advice from the Department of Corrective Services, September 2011.



8.5 Youth justice: Community-based sentences

Why we have included this measure

Community-based sentences are provided for in the *Young Offenders Act 1994*.<sup>289</sup> A community-based sentence allows, where appropriate, a child or young person to stay living in their usual home, and continue their existing school, training or work commitments. Community-based sentences vary in relation to the level and type of supervision and mandatory requirements to participate in programs.

Along with detention, a community-based sentence is considered a statutory sentence. Research has found that the more serious a sentence, such as detention compared with a community-based sentence, the more likely a child or young person is to continue to offend into adulthood.<sup>290</sup>

**Table 9: Males 10 to 17<sup>291</sup> years on a community-based sentence: average daily rate per 100,000 population, Western Australia, 2006 to 2010**

	Total	Aboriginal	Non-Aboriginal	Aboriginal over-representation rate
2006	517.9	5,919.1	203.6	29.1
2007	472.5	5,576.7	175.5	31.8
2008	502.6	6,053.3	179.5	33.7
2009	515.5	5,775.0	209.4	27.6
2010	594.0	6,408.5	255.6	25.1

Source: Data supplied by Department of Corrective Services WA, custom report, (unpublished).

**Table 10: Females 10 to 17 years on a community-based sentence: average daily rate per 100,000 population, Western Australia, 2006 to 2010**

	Total	Aboriginal	Non-Aboriginal	Aboriginal over-representation rate
2006	112.2	1,568.2	27.6	56.8
2007	112.2	1,502.1	31.3	48.0
2008	109.9	1,495.2	29.3	51.0
2009	107.1	1,394.6	32.2	43.3
2010	114.0	1,432.9	37.3	38.4

Source: Data supplied by Department of Corrective Services WA, custom report, (unpublished).

289 *Young Offenders Act 1994* (WA), Part 7, Divisions 6 and 7 refer to community-based sentencing options [website], viewed 2 February 2012 <[http://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:21628P/\\$FILE/YoungOffendersAct1994\\_04-10-00.pdf?OpenElement](http://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:21628P/$FILE/YoungOffendersAct1994_04-10-00.pdf?OpenElement)>.

290 Chen S et al 2005, *The transition from juvenile to adult criminal careers*, Crime and Justice Bulletin, No. 86, New South Wales Bureau of Crime Statistics and Research, pp 9–11.

291 In all Australian jurisdictions, 10 is considered the minimum age at which a person can be held criminally responsible for their actions, hence all data starts from age 10.

**Table 11: Children and young people 10 to 17 years on a community-based sentence: average daily rate per 1,000 population, states and territories, 2007–08**

	Aboriginal	Non-Aboriginal	Total	Aboriginal over-representation rate
NSW	N/A	N/A	N/A	N/A
Vic	13.1	1.1	1.3	12.5
Qld	20.5	1.5	2.7	13.8
WA	27.5	0.9	2.6	30.2
SA	21.5	1.4	2.2	15.0
Tas	11.4	2.3	3.2	4.9
ACT	21.0	2.2	2.7	9.8
NT	5.4	0.8	2.7	6.9
Australia	18.5	1.3	2.2	14.6

Source: AIHW, *Juvenile Justice in Australia, 2007–08*.

**What is this measure?**

This measure looks at the number of children who are under the supervision of the DCS on a community based sentence. DCS data has been used to report on average daily numbers of children and young people aged 10 to 17 years on a community-based sentence, by gender and by Aboriginality.

The most current data for state and national comparisons is found in the Australian Institute of Health and Welfare’s report, *Juvenile justice in Australia 2007–08*.<sup>292</sup>

For the purposes of the data, ‘over-representation rate’ refers to the rate of representation of Aboriginal children and young people compared with non-Aboriginal children and young people (that is, the Aboriginal rate divided by the non-Aboriginal rate).

**Commentary**

Although rates of community-based sentences have increased, offending by children and young people aged 10 to 17 years of age has declined in Australia over the previous 10 years.<sup>293</sup>

In WA from 2006 to 2010, there was an increase in the average daily rate of 10 to 17 year-olds on a community-based sentence for both males and females. However, the rate for Aboriginal females decreased and there was a decrease in the over-representation rates for both Aboriginal males and females (Table 9 and Table 10).

For 2006 to 2010, the rates of 10 to 17 year-olds on a community-based sentences in WA increased by 76.1 per 100,000 for males and 1.8 per 100,000 for females.

State and national comparisons at Table 11 indicate that in 2007–08:

- WA’s rate of 10 to 17 year-olds under community-based sentence is similar to the Australian rate
- WA had the highest rate of Aboriginal young people on a community-based sentence at 27.5 persons per 1,000
- WA has the highest over-representation rate for Aboriginal 10 to 17 year-olds on a community-based sentence at 30.2.

292 Australian Institute of Health and Welfare 2009, *Juvenile justice in Australia 2007-08*, Cat. no. JUV 5, Australian Institute of Health and Welfare.

293 COAG Communique meeting 7 December 2009 [website], viewed 22 September 2011, <[http://www.coag.gov.au/coag\\_meeting\\_outcomes/2009-12-07/docs/20091207\\_communique.pdf](http://www.coag.gov.au/coag_meeting_outcomes/2009-12-07/docs/20091207_communique.pdf)>.

### Strategies

#### Western Australian Youth Justice Framework 2010–2015, Government of Western Australia

This framework has been developed by the Department of Corrective Services in partnership with Department for Communities, Department for Child Protection, Department of Sport and Recreation, Disability Services Commission, Mental Health Commission, Department of the Attorney General, Department of Health, Department of Housing, Department of Education, Department of Indigenous Affairs, Western Australia Police and the Drug and Alcohol Office.

It is intended to address the rate of contact between young people and the justice system through better targeting of services and better cross-agency collaboration. Key aims are to reduce the differential between Aboriginal and non-Aboriginal rates of contact, and to reduce overall contact with the justice system.

Further information about the strategy is available from the Department of Corrective Services  
<http://www.correctiveservices.wa.gov.au>

#### Juvenile Justice Teams, Department of Corrective Services, Government of Western Australia

Juvenile justice teams (JJTs) work with young people displaying antisocial behaviour who have committed minor offences and who do not have an established pattern of offending, providing diversion from the formal court system. They provide the opportunity for victims and the parents of young people to be involved in determining the young person's penalties. The teams are based on restorative justice principles and focus on the young person making amends to the victim/s. The JJTs are conducted in partnership with the WA Police and may involve input from the Department of Education.

#### Youth Support Officers Program, Department of Corrective Services, Government of Western Australia

Positive role models can be appointed to provide support for young people who have broken the law or who are at risk of offending through the Youth Support Officers Program. A youth support officer is appointed following assessment by a youth justice officer or a request from the court or the Supervised Release Review Board. The youth support officer can provide practical help with transport, study and emotional issues. They can also organise positive recreation and sporting activities.

#### Regional Youth Justice Services, Department of Corrective Services, Government of Western Australia

The Regional Youth Justice Services (RYJS) operate in the Mid-West Gascoyne, Goldfields, East Kimberley and West Kimberley and Pilbara. RYJS provides a range of prevention, intervention, diversion and statutory services for children and young people at risk of entering, or already in, the youth justice system. The evaluation of the RYJS found improvements in range of areas, such as an overall reduction in the number of statutory cases handled.<sup>294</sup>

Further information on all of these strategies is available at  
<http://www.correctiveservices.wa.gov.au/youth-justice/default.aspx>

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294 Advice from the Department of Corrective Services, September 2011.

### Want to know more?

#### Department of Corrective Services, Government of Western Australia

Information on the youth justice system in WA is available on the Department of Corrective Services website <http://www.correctiveservices.wa.gov.au/youth-justice/default.aspx>

#### Research and reports on youth justice

Youth justice data and research is available on the Australian Institute of Criminology website <http://www.aic.gov.au>

The Australian Institute of Health and Welfare's report on *Juvenile justice in Australia 2008–09* is available at <http://www.aihw.gov.au/publication-detail/?id=10737418606&tab=2>

The Commissioner for Children and Young People WA engaged Dr Harry Blagg to produce a report, *Youth Justice in Western Australia*, available at <http://www.cryp.wa.gov.au/files/article/Harry%20Blagg%20report%20-%20Youth%20Justice%20in%20Western%20Australia%20-%20FINAL.pdf>

The Commissioner for Children and Young People WA has also produced an issues paper on youth justice, available at [http://www.cryp.wa.gov.au/files/resource/Issues%20Paper%20Youth%20Justice\\_f.pdf](http://www.cryp.wa.gov.au/files/resource/Issues%20Paper%20Youth%20Justice_f.pdf)

The *2009 NSW Young People in Custody Health Survey: Full Report* is available on the Juvenile Justice NSW website <http://www.djj.nsw.gov.au>

The Auditor General's 2008 report, *The Juvenile Justice System: Dealing with Young People Under the Young Offenders Act 1994* is available at [http://www.audit.wa.gov.au/reports/pdfreports/report2008\\_04.pdf](http://www.audit.wa.gov.au/reports/pdfreports/report2008_04.pdf)

## 8.6 Youth justice: Detention

### Why we have included this measure

Children and young people aged 10 to 17 years in detention in Western Australia have either been sentenced by the Children’s Court to a period in detention or are in detention on remand, which means they could be awaiting a court hearing, trial outcome or penalty.<sup>295</sup>

Along with a community-based sentence, detention is considered a statutory sentence. While detention can be a consequence of engaging in risky behaviour, research has also suggested that it has the potential to result in stigmatisation and foster further criminal behaviour.<sup>296 297</sup>

**Table 12: Detention of males 10 to 17 years: average daily rate per 100,000 population, Western Australia, 2006 to 2010**

	Total	Aboriginal	Non-Aboriginal	Aboriginal over-representation rate
2006	90.2	1,142.1	29.0	39.4
2007	102.9	1,411.3	26.7	52.8
2008	109.4	1,483.5	29.4	50.5
2009	101.7	1,365.1	28.1	48.5
2010	118.6	1,545.8	35.6	43.5

Source: Data supplied by Department of Corrective Services WA, custom report, (unpublished).

**Table 13: Detention of females 10 to 17 years: average daily rate per 100,000 population, Western Australia, 2006 to 2010**

	Total	Aboriginal	Non-Aboriginal	Aboriginal over-representation rate
2006	10.9	9.0	3.0	48.9
2007	13.3	10.5	4.3	39.1
2008	15.3	13.1	4.1	51.3
2009	11.7	9.9	3.2	48.0
2010	11.6	11.4	1.9	94.2

Source: Data supplied by Department of Corrective Services WA, custom report, (unpublished).

295 In all Australian jurisdictions, 10 is considered the minimum age at which a person can be held criminally responsible for their actions, hence all data starts from age 10.

296 Gatti U et al 2009, 'iatrogenic effect of juvenile justice', *The Journal of Psychology and Psychiatry*, 50 (8), pp.991–998.

297 Richards K 2011, *What makes juvenile offenders different from adult offenders*, Trends and issues in crime and criminal justice, No. 409 February 2011, Australian Institute of Criminology, pp.5–7.

**Table 14: Detention of children and young people 10 to 17 years: average daily rate per 100,000 population, all states and territories, last quarter 2008**

	Total	Aboriginal	Non-Aboriginal	Aboriginal over-representation rate
NSW	50.1	567.0	25.3	22.4
Vic	14.3	166.5	12.2	13.6
Qld	26.4	255.8	10.1	25.3
WA	66.4	794.0	17.6	45.1
SA	32.9	363.8	20.8	11.1
Tas	47.6	121.0	36.0	3.4
NT	90.0	203.3	6.5	31.2
ACT	22.9	491.2	8.9	55.2
Australia	37.0	420.4	17.6	23.9

Source: Richards K and Lyneham M 2010, *Juveniles in detention in Australia, 1981-2008*, AIC Monitoring Reports, no 12.

**Table 15: Children and young people 10 to 17 years on remand: in per cent, by Aboriginal and non-Aboriginal, by gender, Western Australia, 2006 to 2010, at 30 June in each year**

	Males			Females		
	Total on remand	Non-Aboriginal (of total on remand)	Aboriginal (of total on remand)	Total on remand	Non-Aboriginal (of total on remand)	Aboriginal (of total on remand)
2006	49.0	32.0	68.0	77.8	28.6	71.4
2007	54.6	28.2	71.8	75.0	16.7	83.3
2008	52.2	26.3	73.7	62.5	20.0	80.0
2009	38.5	26.9	73.1	70.0	42.9	57.1
2010	41.6	40.0	60.0	55.6	20.0	80.0

Source: Data supplied by Department of Corrective Services WA, custom report, (unpublished).

**What is this measure?**

This measure shows the number of children and young people who are sentenced or on remand in custody. Data is drawn from DCS data on average daily numbers of children and young people aged between 10 and 17 years in detention, by gender and by Aboriginality. The data also shows the percentages of children and young people remanded in custody as a percentage of the entire detainee population at 30 June each year.

Other comparative data is drawn from the Australian Institute for Criminology data for the last quarter of 2007–08 (1 April 2008 to 30 June 2008).<sup>298</sup>

In examining youth justice statistics, in particular those in detention, it should be remembered that the population in contact with the justice system is small so minor variations in number can yield large percentage changes.

<sup>298</sup> Richards K & Lyneham M 2010, *Juveniles in detention in Australia, 1981–2008*, Monitoring Reports 12, Australian Institute of Criminology.

### Commentary

One of the principles of the WA *Young Offenders Act 1994* is:

*detaining a young person in custody for an offence, whether before or after the person is found to have committed the offence, should only be used as a last resort and, if required, is only to be for as short a time as is necessary.*<sup>299</sup>

This data shows that the rate of detention of children and young people in WA increased between 2006 and 2010 for all groups except non-Aboriginal females.

Aboriginal males have a much higher rate of detention than any other group. At any one time in 2010, around 1.5 per cent of the population of Aboriginal males aged 10 to 17 were in detention. This compares to around 0.03 per cent of non-Aboriginal males in the same age group.

Table 14 shows that for the last quarter of 2007–08, WA had the second highest rate of detention of children and young people in Australia at 66.4 persons per 100,000. The highest rate was in the Northern Territory (NT) at 90.0 per 100,000 and the lowest rate was Victoria at 14.3 per 100,000. The overall rate for Australia was 37.0.<sup>300</sup>

In absolute terms, WA has one of the highest rates of juvenile detention in Australia. In 2008–09 WA had a daily average of 128.5 people in juvenile detention, exceeded only by NSW with 361.3. Victoria, with more than double WA's population, had a daily average of less than half WA's, at 63.3.<sup>301</sup>

WA also has a very high rate of over-representation of Aboriginal children and young people in detention. At 30 June 2008, Aboriginal children and young people in WA were 45.1 times more likely than non-Aboriginal children and young people to be in detention. This compares to 23.9 times as likely for Australia overall.<sup>302</sup>

There has been a recent focus on children and young people on remand in custody. Since 1981, the proportion of children and young people on remand in the Australia-wide detention population has increased from around 21 per cent to around 59.6 per cent in 2008.<sup>303</sup> WA's figures from 2005 to 2008 have broadly mirrored this trend, although in 2009 and 2010 the percentage decreased slightly (Table 15).

The percentage of non-Aboriginal males on remand increased by 8.0 per cent and the percentage of Aboriginal females on remand increased by 8.6 per cent between 2005 and 2010. As previously noted, the relatively small size of the detention population means that small fluctuations in numbers can result in large percentage changes.

When compared with the adult remand population, there is a much higher proportion of children and young people in detention on remand. In WA on 1 December 2011, 48.4 per cent of children and young people in detention were on remand compared with 18.8 per cent of adults in prison on remand.<sup>304</sup> Some children and young people are in detention on remand because the bail requirement for a 'responsible adult' cannot be met.<sup>305 306</sup>

In 2010–11, 85.6 per cent of children and young people on remand did not receive a custodial sentence when they appeared in court.<sup>307</sup>

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299 *Young Offenders Act 1994 (WA)*, section 7 (h) [website], viewed 7 February 2012, <[http://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:21628P/\\$FILE/YoungOffendersAct1994\\_04-10-00.pdf?OpenElement](http://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:21628P/$FILE/YoungOffendersAct1994_04-10-00.pdf?OpenElement)>

300 Richards K & Lyneham M 2010, *Juveniles in detention in Australia, 1981–2008*, Monitoring Reports 12, Australian Institute of Criminology, p.42.

301 Steering Committee for the Review of Government Service Provision (SCRGSP) 2011, *Report on Government Services 2011*, Productivity Commission, p.15.61.

302 Richards K & Lyneham M 2010 *Juveniles in detention in Australia, 1981–2008*, Monitoring Reports 12, Australian Institute of Criminology, p.42.

303 Richards K 2011, *Trends in juvenile detention in Australia*, Trends and issues in crime and criminal justice, No 416 May 2011, Australian Institute of Criminology, p.4.

304 Department of Corrective Services, Weekly Offender Statistics 1 December 2011.

305 As per the *Young Offenders Act 1994*, a responsible adult in relation to a young person, means a parent or guardian, or other person having responsibility for the day-to-day care of the young person.

306 Blagg H 2009, *Youth Justice in Western Australia*, Commissioner for Children and Young People Western Australia, p.10.

307 Department of Corrective Services email communication, 12 December 2011.

### Strategies

#### Western Australian Youth Justice Framework 2010–2015, Government of Western Australia

This framework has been developed by the Department of Corrective Services in partnership with Department for Communities, Department for Child Protection, Department of Sport and Recreation, Disability Services Commission, Mental Health Commission, Department of the Attorney General, Department of Health, Department of Housing, Department of Education, Department of Indigenous Affairs, Western Australia Police and the Drug and Alcohol Office.

It is intended to address the rate of contact between young people and the justice system through better targeting of services and better cross-agency collaboration. Key aims are to reduce the differential between Aboriginal and non-Aboriginal rates of contact, and to reduce overall contact with the justice system.

Further information about the strategy is available from the Department of Corrective Services  
<http://www.correctiveservices.wa.gov.au>

#### Regional Youth Justice Services, Department of Corrective Services, Government of Western Australia

The Regional Youth Justice Services (RYJS) operate in the Mid-West Gascoyne, Goldfields, East and West Kimberley and Pilbara. The RYJS provides a range of prevention, intervention, diversion and statutory services for children and young people at risk of entering, or already in, the youth justice system.

The evaluation of the RYJS found improvements in range of areas, for example an overall reduction in the number of statutory cases handled.<sup>308</sup>

Further information on the RYJS is available at  
<http://www.correctiveservices.wa.gov.au/youth-justice/regional-youth-justice.aspx>

### Want to know more?

#### Department of Corrective Services, Government of Western Australia

Information on the youth justice system in WA is available on the Department of Corrective Services website  
<http://www.correctiveservices.wa.gov.au>

#### Research and reports on youth justice

Youth justice data and research is available on the Australian Institute of Criminology website <http://www.aic.gov.au>

The Australian Institute of Health and Welfare's report on *Juvenile justice in Australia 2008–09* is available at <http://www.aihw.gov.au/publication-detail/?id=10737418606&tab=2>

The Commissioner for Children and Young People WA engaged Dr Harry Blagg to produce a report, *Youth Justice in Western Australia*, available on the Commissioner's website at <http://www.cryp.wa.gov.au/files/article/Harry%20Blagg%20report%20-%20Youth%20Justice%20in%20Western%20Australia%20-%20FINAL.pdf>

The Commissioner for Children and Young People WA has also produced an issues paper on youth justice, available at [http://www.cryp.wa.gov.au/files/resource/Issues%20Paper%20Youth%20Justice\\_f.pdf](http://www.cryp.wa.gov.au/files/resource/Issues%20Paper%20Youth%20Justice_f.pdf)

The *2009 NSW Young People in Custody Health Survey: Full Report* is available on the Juvenile Justice NSW website <http://www.djj.nsw.gov.au>

The Auditor General's 2008 report, *The Juvenile Justice System, Dealing with Young People Under the Young Offenders Act 1994*, is available at [http://www.audit.wa.gov.au/reports/pdfreports/report2008\\_04.pdf](http://www.audit.wa.gov.au/reports/pdfreports/report2008_04.pdf)

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308 Advice from the Department of Corrective Services, September 2011.



## Chapter 9 – Environment

### About this domain

The state of the environment is considered to affect children and young people's wellbeing through long-term socio-economic and health impacts.<sup>309</sup> The built environment in which children live, play and interact affects wellbeing as children and young people need safe spaces to relax, have fun, explore and be active.<sup>310</sup>

Environment is a broad subject that encompasses many issues that impact on the wellbeing of children and young people both now and into the future. Three broad measurement areas were considered for the Environment domain in this report:

- Environmental issues such as climate change and resource use.
- Specific environmental initiatives such as school recycling programs or numbers of school gardens.
- The built environment, for example, parks and recreational facilities.

The companion report *Building Blocks* contains information about programs which are effective in improving the wellbeing of children and young people in the Environment domain.

### Measures

The Commissioner was unable to identify any existing data collection which appropriately captured the relevant aspects of children and young people interacting with the built environment. Therefore no measure for this domain has been included in this report.

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309 Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, p.123.

310 These themes come through most of the literature on children's interaction with the built environment. See for example Commissioner for Children and Young People 2011, *Building spaces and places for children and young people*, Commissioner for Children and Young People Western Australia, p.4.

In 2011 the Commissioner for Children and Young People WA produced *Building spaces and places for children and young people*, a publication that discusses the interaction between children and young people and the built environment.

The Commissioner states that:

*The design of our built environment affects us all – particularly children and young people. Designed well, the built environment enhances the development and wellbeing of children and young people and supports healthier and happier communities. By engaging children and young people in the planning of our built environment, we can create places and spaces in our neighbourhoods that are engaging, fun, safe and accessible.*<sup>311</sup>

Effective planning principles that consider and involve children and young people can improve their access to transport, community and recreational facilities. This promotes:

- better health outcomes through opportunities for active lifestyles
- better sense of community through more community-oriented facilities
- better access to transport
- greater safety for children, young people and the wider community.<sup>312</sup>

### Commentary

Research and consultation undertaken by the Commissioner suggests that when designing spaces and buildings for children, young people and their families a priority should be placed on

- designing for multi-use and accessibility
- incorporating green spaces and recreation facilities
- designing safe places
- enabling active lifestyles
- providing 'child-friendly' transport options.

In the course of considering this domain, the Commissioner consulted with several agencies – the Department of Sport and Recreation, the Department of Local Government, the WA Local Government Association and LandCorp.

However, the Commissioner was unable to identify any existing data collection which appropriately captured the relevant aspects of children and young people interacting with the built environment. Therefore no measure for this domain has been included in this report.

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311 Commissioner for Children and Young People 2010, *The Built Environment: Issues Paper*, Commissioner for Children and Young People Western Australia, p.1.

312 Commissioner for Children and Young People 2011, *Building spaces and places for children and young people*, Commissioner for Children and Young People Western Australia.

### Want to know more?

#### Environmental measures

The Victorian Child and Adolescent Monitoring System draws on a range of environmental measures including information collected in the 2006 Victorian Child Health and Wellbeing Survey. This survey asked parents about the physical and social environments of their local neighbourhoods and about their access to local facilities and services.

Further information is available at <http://www.education.vic.gov.au/researchinnovation/vcams/default.htm>

#### Nature Play WA

The Department of Sport and Recreation supports the Nature Play WA initiative. The intention of this initiative is to reconnect children and young people with the natural environment and encourage structured and unstructured outdoor play, recreation and activity.

Further information is available at <http://www.natureplaywa.org.au>

#### Publications

In 2010 the Commissioner for Children and Young People WA released an issues paper on the built environment. It is available at [http://www.ccyp.wa.gov.au/files/resource/Issues%20Paper%20-%20Built%20Environment\\_f.pdf](http://www.ccyp.wa.gov.au/files/resource/Issues%20Paper%20-%20Built%20Environment_f.pdf)

In 2011 the Commissioner for Children and Young People WA produced *Building spaces and places for children and young people*, a publication that discusses the interaction between children and young people and the built environment. The publication is available at <http://www.ccyp.wa.gov.au/files/Building%20spaces%20and%20places%20for%20children%20and%20young%20people.pdf>

Appendix 1 – How Western Australia's  
children and young people  
compare with other Australian  
states and territories



## APPENDIX 1 - HOW WESTERN AUSTRALIA'S CHILDREN AND YOUNG PEOPLE COMPARE WITH OTHER AUSTRALIAN STATES AND TERRITORIES

This table shows for each domain how Western Australia's children and young people compare with other Australian jurisdictions for those measures where comparable data exists. In some cases, the data definition shown may be different to that used in the main body of *The State of Western Australia's Children and Young People* report, as the data definition may not have been comparable with other jurisdictions.

Caveats affecting data sets and information on why certain jurisdictions are omitted from measures are available in the report or from the original source document.

### Comparison of Western Australia with Australia and other jurisdictions for measures with comparable data

Measure	Data definition	WA	NSW	Vic	Qld
<b>2. Health and Safety</b>					
2.1 Birth weight	Percentage of babies weighing 2500g or more at birth	93.8	94.2	93.8	93.7
2.2 Infant mortality	Death rate per 1,000 live births	3.0	4.3	–	5.1
2.3 Child Health Checks	No comparable data available.				
2.4 Immunisation	Percentage of infants fully immunised at 12 months	90.1	91.2	92.1	91.9
	Percentage of infants fully immunised at 24 months	90.5	92.5	93.0	92.2
2.5 Smoke-free Pregnancy	Percentage of mothers who did not smoke in pregnancy	84.6	87.2	–	80.0
2.6 Alcohol-free Pregnancy	Percentage of mothers who drank no alcohol during pregnancy	50.1	48.7	51.5	50.0
2.7 Body weight	Percentage of 5 to 15 year-olds within normal weight range	74.9	76.5	74.7	73.3
2.8 Physical activity	No comparable data available.				
2.9 Treatment for a mental health disorder	No comparable data available.				

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<b>SA</b>	<b>Tas</b>	<b>NT</b>	<b>ACT</b>	<b>Aust</b>	<b>Year</b>	<b>Page ref</b>	<b>Source</b>
<b>2. Health and Safety</b>							
93.6	93.2	92.0	93.5	93.9	2008	23	AIHW, Australia's mothers and babies, 2008
3.7	–	7.2	–	4.3	2007–09	26	ABS, Deaths, Australia, 2009
No comparable data available.						29	
91.3	91.7	90.3	92.2	91.5	2010	33	Australian Childhood Immunisation Register
92.5	92.8	93.4	93.8	92.6			
78.4	72.4	85.5	63.0	83.2	2008	37	AIHW, Australia's mothers and babies, 2008
39.0	41.2	46.1	–	48.7	2010	41	AIHW, National Drug Strategy Household Survey, 2010
74.2	81.3	–	79.0	75.3	2007–08	45	ABS, National Health Survey 2007–08
No comparable data available.						50	
No comparable data available.						55	

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<b>Measure</b>	<b>Data definition</b>	<b>WA</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>
2.10 Exposure to family and domestic violence	No comparable data available.				
2.11 Substantiations of notifications of abuse or neglect of children and young people	0 to 17 year-olds who were the subject of substantiations of notifications – rate per 1,000	2.9 (a)	8.0	5.2	5.7
2.12 Children and young people in out-of-home care	0 to 17 year-olds in out-of-home care: rate per 1,000	5.1 (a)	9.9	4.4	6.8
2.13 Hospitalisations from injury and accident	Comparable data not obtained.				
2.14 Deaths from injury and accident	Comparable data not obtained.				
<b>3. Education</b>					
3.1 Participation in pre-compulsory education	No comparable data available.				
3.2 Children developmentally vulnerable on entering school	Percentage of children entering school who are 'developmentally vulnerable' on one or more domains	24.7 (b)	21.3	20.2	29.5
3.3 Students achieving at or above national minimum standards (NAPLAN)	Percentage of Yr 3/5/7/9 students achieving at or above the national minimum standard in NAPLAN subject areas	Comparable data for this measure is provided within the body of the report			

(a) Western Australia introduced a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data as at 30 June 2010.

(b) The data for Western Australia and Australia has been provided as part of a custom report and results differ slightly from the published results.



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No comparable data available.						58	
4.2	7.4	16.6	7.0	6.1	2009–10	61	AIHW, Child protection Australia 2009–10
6.1	7.5	8.8	6.7	7.0	2009–10	66	AIHW, Child protection Australia 2009–10
Comparable data not obtained.						71	
Comparable data not obtained.						75	
<b>3. Education</b>							
No comparable data available.						81	
22.7	21.8	38.5	22.1	23.6 (b)	2009	85	CCCH and TICHR: A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009.
Comparable data for this measure is provided within the body of the report					2010	92	ACARA 2010, NAPLAN. Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010.

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<b>Measure</b>	<b>Data definition</b>	<b>WA</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>
3.4 Pathways for leaving school	Apparent retention rates of full-time students in Years 7 or 8 to Year 12	78.3	72.5	81.1	82.5
<b>4. Material Wellbeing</b>					
4.1 Dependent children living in low-income homes	Percentage of people in couple family with dependent children in low-income households	12.6	Comparable data for states and territories other than WA not obtained.		
	Percentage of people in single-parent families in low-income households	34.3	Comparable data for states and territories other than WA not obtained.		
4.2 Families where resident parents are jobless	Percentage of couple families where both parents jobless	6.5	6.5	5.0	2.9
	Percentage of single-parent families where parent unemployed	6.3	7.5	7.9	11.2
4.3 Overcrowded households	Percentage of couple families where both parents jobless (c)	4.1	3.2	5.2	4.8

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81.9	71.0	53.0	90.8	78.0	2010	97	ABS, Schools Australia, 2010
<b>4. Material Wellbeing</b>							
Comparable data for states and territories other than WA not obtained.				19.4	2007–08	105	ABS, Survey of Income and Housing, 2007–08
Comparable data for states and territories other than WA not obtained.				33.8			
4.7	7.3	4.5	3.1	5.2	June 2010	109	ABS, Labour Force, Australia, June 2010
8.8	7.1	–	–	8.2			
2.5	4.1	5.7	4.0	3.9	June 2010	114	ABS, Labour Force, Australia, June 2010

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<b>Measure</b>	<b>Data definition</b>	<b>WA</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>
4.4 Homelessness	SAAP clients 15 to 19 years: rate per 10,000 population	104	171	158	116
	Accompanying children and young people: rate per 10,000 population 0 to 17 years	158	121	211	137
<b>5. Family and Peer Relationships</b>					
5.1 What children and young people value	Percentage who value family relationships	79.2	81.3	78.4	75.8
5.2 Obtaining advice and support to manage personal problems	Percentage who report parents as source of advice and support	75.9	74.9	75.3	74.0
	Percentage who report friends as source of advice and support	83.7	86.0	86.4	85.7
<b>6. Participation</b>					
6.1 Participation in sport or cultural activities	Involved in at least one selected cultural activity	37.4	34.4	32.4	33.0
	Participated in at least one organised sport or physical activity	71.0	67.6	72.0	65.6
	Attended at least one cultural venue or event	71.9	67.6	71.4	73.1

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222	251	278	199	154	2009–10	119	AIHW, Government funded specialist homelessness services, 2009–10
284	192	406	198	166			
<b>5. Family and Peer Relationships</b>							
78.1	76.2	79.4	78.7	78.8	2010	127	Mission Australia, National Survey of young Australians, 2010
75.8	74.9	74.5	72.9	74.9	2010	130	Mission Australia, National Survey of young Australians, 2010
85.8	88.3	84.9	87.3	85.9			
<b>6. Participation</b>							
32.3	28.4	34.5	35.5	33.7	2009	135	ABS, Children's participation in cultural and leisure activities, 2009
70.9	61.6	64.1	74.0	68.7			
73.9	72.7	73.3	78.5	70.9			

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Measure	Data definition	WA	NSW	Vic	Qld
<b>7. Subjective Wellbeing</b>					
7.1 Concerns of children and young people	Percentage of various issues of concern	Comparable data for this measure is provided within the body of the report			
<b>8. Behaviours and Risks</b>					
8.1 Smoking	Percentage of respondents 12 to 17 years old who had ever tried smoking	25.8	–	29.0	–
8.2 Alcohol consumption	Percentage of respondents 12 to 17 years old who had ever tried alcohol	84.1	–	84.0	–
8.3 Teenage pregnancy	Teenage fertility rate	20.1	13.0	9.9	26.7
8.4 Youth justice: Prevention and diversion	No comparable data available				
8.5 Youth justice: Community-based sentences	Rate (per 1,000 of relevant population) of 10 to 17 year-olds under community-based supervision on an average day	2.6	–	1.3	2.7
8.6 Youth justice: Detention	Rate (per 1,000 of relevant population) of 10 to 17 year-olds in detention on an average day	0.7	–	0.1	0.3
<b>9. Environment</b>					
Environment	No measure				

**APPENDIX 1 - HOW WESTERN AUSTRALIA'S CHILDREN  
AND YOUNG PEOPLE COMPARE WITH OTHER  
AUSTRALIAN STATES AND TERRITORIES**

SA	Tas	NT	ACT	Aust	Year	Page ref	Source
<b>7. Subjective Wellbeing</b>							
Comparable data for this measure is provided within the body of the report					2010	143	Mission Australia, National Survey of young Australians, 2010
<b>8. Behaviours and Risks</b>							
–	–	–	–	27.2	2008	149	Australian School Student Alcohol and Drug Survey 2008
–	–	–	–	82.1	2008	155	Australian School Student Alcohol and Drug Survey 2008
15.9	27.1	48.0	9.7	16.7	2009	162	ABS, Births, Australia 2009
No comparable data available						167	
2.2	3.2	2.7	2.7	2.2	2007–08	170	AIHW, Juvenile Justice in Australia 2007–08
0.4	0.5	1.3	0.5	0.3	2007–08	174	AIHW, Juvenile Justice in Australia 2007–08
<b>9. Environment</b>							
						179	

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Appendix 2– How Aboriginal children  
and young people compare

## APPENDIX 2 - HOW ABORIGINAL CHILDREN AND YOUNG PEOPLE COMPARE

Measure	Data definition	WA		Australia		Year	Page ref	Source
		All	Aboriginal	All	Aboriginal			
<b>2. Health and Safety</b>								
2.1 Birth weight	Percentage of babies weighing 2500g or more at birth	93.8	85.2	93.9	87.7	2008	23	AIHW, Australia's mothers and babies, 2008
2.2 Infant mortality	Death rate per 1,000 live births	3.0	7.7	4.3	7.8	2007–09	26	ABS, Deaths, Australia, 2009
2.3 Child health checks	No comparable data available.						29	
2.4 Immunisation	Percentage of infants fully immunised at 12 months	90.1	78.0	91.5	84.5	2010	33	Australian Childhood Immunisation Register
	Percentage of infants fully immunised at 24 months	91.2	90.0	92.6	92.4			
2.5 Smoke-free pregnancy	Percentage of mothers who did not smoke in pregnancy	84.6	48.9	83.8	49.1	2008	37	AIHW, Australia's mothers and babies, 2008
2.6 Alcohol-free pregnancy	No comparable data available.						41	
2.7 Body weight	No comparable data available.						45	
2.8 Physical activity	No comparable data available.						50	
2.9 Treatment for a mental health disorder	No comparable data available.						55	
2.10 Exposure to family and domestic violence	No comparable data available.						58	

## APPENDIX 2 - HOW ABORIGINAL CHILDREN AND YOUNG PEOPLE COMPARE

Measure	Data definition	WA		Australia		Year	Page ref	Source
		All	Aboriginal	All	Aboriginal			
2.11 Substantiations of notifications of abuse or neglect of children and young people	0 to 17 year-olds who were the subjects of substantiation notifications: rate per 1,000 (a)	2.9	20.7	6.1	35.3	2009–10	61	AIHW, Child protection Australia 2009–10
2.12 Children and young people in out-of-home care	0 to 17 year-olds in out-of-home care: rate per 1,000 (a)	5.1	40.0	7.0	48.4	2009–10	66	AIHW, Child protection Australia 2009–10
2.13 Hospitalisations from injury or accident	Comparable data not obtained.						71	
2.14 Deaths from injury and accident	Comparable data not obtained.						75	
<b>3. Education</b>								
3.1 Participation in pre-compulsory education	No comparison data available						81	
3.2 Children developmentally vulnerable on entering school	Percentage of children entering school who are 'developmentally vulnerable' on one or more domains	24.7 (b)	52.3	23.6 (b)	47.4 (b)	2009	85	CCCH and TICHR: A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009.

(a) Western Australia introduced a new client information system in March 2010 and was unable to report data for the 2009–10 financial year. Data for the period 1 January 2010 to 31 December 2010 was used as a proxy for 2009–10 data. Data as at 31 December 2010 was used as a proxy for data as at 30 June 2010.

(b) The data for Western Australia and Australia has been provided as part of a custom report and results differ slightly from the published results.

## APPENDIX 2 - HOW ABORIGINAL CHILDREN AND YOUNG PEOPLE COMPARE

Measure	Data definition	WA		Australia		Year	Page ref	Source
		All	Aboriginal	All	Aboriginal			
3.3 Students achieving at or above national minimum standards (NAPLAN)	Percentage of Yr 3/5/7/9 students achieving at or above the national minimum standard in NAPLAN subject areas	Comparable data for this measure is provided within the body of the report				2011	92	ACARA 2010, NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010.
3.4 Pathways for leaving school	Apparent retention rates of full-time students in Years 7 or 8 to Year 12	78.3	42.9	78.0	47.2	2010	97	ABS, Schools, Australia, 2010
<b>4. Material Wellbeing</b>								
4.1 Dependent children living in low-income homes	Percentage of people in couple family with dependent children in low-income households	No comparable data available.					105	
	Percentage of people in single-parent families in low-income households	No comparable data available.						
4.2 Families where resident parents are jobless	Percentage of couple families where both parents jobless	No comparable data available.					109	
	Percentage of single-parent families where parent unemployed	No comparable data available.						

## APPENDIX 2 - HOW ABORIGINAL CHILDREN AND YOUNG PEOPLE COMPARE

Measure	Data definition	WA		Australia		Year	Page ref	Source
		All	Aboriginal	All	Aboriginal			
4.3 Overcrowded households	Percentage of overcrowded households in State-owned and managed Indigenous housing	–	12.3	–	10.2	2010	114	SCRGSP, Report on Government Services 2011
4.4 Homelessness	Percentage of Accompanying children and young people that are Aboriginal	–	40.6	–	25.6	2010	119	AIHW, Government funded specialist homelessness services, 2009–10
<b>5. Family and Peer Relationships</b>								
	No comparable data available						127	
<b>6. Participation</b>								
	No comparable data available						135	
<b>7. Subjective Wellbeing</b>								
	No comparable data available						143	
<b>8. Behaviours and Risks</b>								
8.1 Smoking	Comparable data not obtained						149	
8.2 Alcohol consumption	No comparable data available						155	
8.3 Teenage pregnancy	Teenage fertility rate	20.1	103.4	16.7	78.8	2009	162	ABS, Births, Australia, 2009
8.4 Youth justice: Prevention and diversion	No comparable data available						167	
8.5 Youth justice: Community-based sentences	Rate (per 1,000 of relevant population) of 10 to 17 year-olds under community-based supervision on an average day	2.6	27.5	2.2	18.5	2007–08	170	AIHW, Juvenile Justice in Australia 2007–08

**APPENDIX 2 - HOW ABORIGINAL CHILDREN AND YOUNG PEOPLE  
COMPARE**

Measure	Data definition	WA		Australia		Year	Page ref	Source
		All	Aboriginal	All	Aboriginal			
8.6 Youth justice: Detention	Rate (per 1,000 relevant population) of 10 to 17 year-olds in juvenile detention on an average day	0.7	8.1	0.3	4.0	2007–08	174	AIHW, Juvenile Justice in Australia 2007–08
<b>9. Environment</b>								
Environment	No measure							

## Appendix 3 – Glossary and acronyms

## APPENDIX 3 - GLOSSARY AND ACRONYMS

Term	Definition
Aboriginal	The Commissioner acknowledges the unique contribution of Aboriginal people's culture and heritage to Western Australian society. For the purposes of this report, the term 'Aboriginal' encompasses Western Australia's diverse cultural and language groups and also recognises those of Torres Strait Islander descent.
Apparent retention rate	This is a measure of the number of school students in a designated level/year of education expressed as a percentage of their respective cohort group in a base year.
Children and young people	The <i>Commissioner for Children and Young People Act 2006</i> defines 'children and young people' as people less than 18 years of age. When referred to individually, 'children' refers to the ages 0 to 12 and 'young people' from 13 to 17 years.
Compulsory education period	The compulsory education period is defined by the WA Department of Education as from the beginning of the year in which the child reaches the age of six years and six months and until; <ul style="list-style-type: none"> <li>the end of the year in which the child reaches the age of 17 years; or</li> <li>the child satisfies the minimum requirements for graduation from secondary school established under the Curriculum Council Act 1997, whichever happens first.</li> </ul> <p>Changes will come into effect from 1 January 2014 which are not relevant for the purpose of this report and are hence not listed.</p>
Crude rate	The number of occurrences of something (e.g. hospitalisations) divided by the whole relevant population. Cannot be used to compare different population groups (for example, Aboriginal children with children of migrant or refugee backgrounds) because of potential differences in population structure.
Decile	Where population (or another group) is ranked in order based on some characteristic (for example household income) they can be divided into equal-sized groups. Where there are ten groups, these are each termed a decile.
Dependent child	The ABS defines a dependent child as a person who is either a child less than 15 years of age or a dependent student (for a definition of dependent student see Dependent student). To be regarded as a child the person can have no identified partner or child of his/her own usually resident in the household.
Dependent student	The ABS defines a dependent student as a child of 15 to 24 years who attends a secondary or tertiary institution as a full-time student.
Disposable income	The ABS calculates disposable income to represent the economic resources available to meet the needs of households. It is derived by deducting estimates of personal income tax and the Medicare levy (including Medicare levy surcharge) from gross income.
Equivalised disposable income	The ABS calculates equivalised disposable income by adjusting disposable income by the application of an equivalence scale. This adjustment reflects the requirement for a larger household to have a higher level of income to achieve the same standard of living as a smaller household. Where disposable income is negative, it is set to 0 equivalised disposable income.



## APPENDIX 3 - GLOSSARY AND ACRONYMS

Estimated resident population	The estimated resident population is the official measure of the population of Australia. This measure is based on the concept of usual residence. It refers to all people, regardless of nationality or citizenship, who usually live in Australia, with the exception of foreign diplomatic personnel and their families. It includes usual residents who are overseas for less than 12 months. It excludes overseas visitors who are in Australia for less than 12 months.
Fetal Alcohol Spectrum Disorder	Fetal Alcohol Spectrum Disorder (FASD) is a general term describing a range of effects that can occur in an individual exposed to alcohol during pregnancy. FASD is a spectrum of disorders and includes diagnostic terms of Fetal Alcohol Syndrome, Alcohol Related Birth Defects and Alcohol Related Neurodevelopmental Disorder.
Fetal Alcohol Syndrome	Fetal Alcohol Syndrome is a diagnostic term used to describe the facial characteristics, poor growth and neurobehavioural function in children exposed to alcohol during pregnancy.
Group households	The ABS defines a group household as a household consisting of two or more unrelated people where all persons are aged 15 years and over. There are no reported couple relationships, parent-child relationships or other blood relationships in these households.
Household, Income and Labour Dynamics in Australia survey	The Household, Income and Labour Dynamics in Australia (HILDA) survey is the first extensive household panel survey to be conducted in Australia, and includes over 13,000 survey respondents each year. HILDA is a dataset that is representative of the Australian population, and is used extensively in Australian research as it provides rich data about economic and subjective wellbeing, and labour market and family dynamics. It has been conducted every year since 2001.
Infant	Children in their first year of life
Infant mortality rate	Rate of survival of children in their first year of life
Out-of-home care	Out-of-home care refers to the care of children and young people less than 18 years of age who are unable to live with their families (often due to child abuse and neglect). It involves the placement of a child or young person with alternate caregivers on a short or long-term basis (Victorian Government Department of Human Services, 2007)
Parenting payment	<p>Parenting Payment is to help with the costs of caring for children. It is paid to the person who is the main carer of a child.</p> <p>To qualify for Parenting Payment either as a parent, grandparent or foster carer, the person:</p> <ul style="list-style-type: none"> <li>• is single and cares for at least one child aged less than eight years, or</li> <li>• has a partner and cares for at least one child aged less than six years, and</li> <li>• their and their partner's income and assets are below a certain amount.</li> </ul>
Perinatal	The period from prior to birth to 28 days after birth
Post-neonatal	The period from 29 days to one year following birth
Pre-compulsory education period	<p>The pre-compulsory education period covers two years and is defined by the WA Department of Education as:</p> <ul style="list-style-type: none"> <li>• from the beginning of the year in which the child reaches the age of four years and six months, and</li> <li>• until the end of the year in which the child reaches the age of five years and six months.</li> </ul>

## APPENDIX 3 - GLOSSARY AND ACRONYMS

Quantile measures	ABS publications frequently use quantile measures to reflect income data. When persons are ranked from the lowest to the highest on the basis of some characteristic such as their household income, they can then be divided into equally sized groups. The generic term for such groups is quantiles.
Quintile	Where population (or another group) is ranked in order based on some characteristic (for example household income) they can be divided into equal-sized groups. Where there are five groups, each group is termed a quintile.
Over-representation	The ratio of difference between the rates of any characteristic of one defined group against another.
Relative Standard Error (RSE)	The Standard Error expressed as a percentage of the estimate for which it was calculated. It is a measure which is independent of both the size of the sample and the unit of measurement and as a result can be used to compare the reliability of different estimates. The smaller an estimate's RSE, the more likely it is that the estimate is a good proxy for that which would have been obtained if the whole population had been surveyed.
Remoteness Area	See Remoteness Structure
Remoteness Structure	Remoteness Structure is one of the seven structures that compose the Australian Standard Geographical Classification (ASGC).  The concept of remoteness is an important dimension of policy development in Australia. The purpose of the Remoteness Structure is to provide a classification for the release of statistics that inform policy development by classifying Australia into large regions that share common characteristics of remoteness.
Standard error	A measure of the likely difference between estimates obtained in a sample survey and estimates which would have been obtained if the whole population had been surveyed. The magnitude of the standard error associated with any survey is a function of sample design, sample size and population variability.
Statistical Division	A Statistical Division (SD) is an Australian Standard Geographical Classification defined area which represents a large, general purpose, regional type geographic area. SDs represent relatively homogeneous regions characterised by identifiable social and economic links between the inhabitants and between the economic units within the region, under the unifying influence of one or more major towns or cities. They consist of one or more Statistical Subdivisions and cover, in aggregate, the whole of Australia without gaps or overlaps.
Statistical Local Area	The Statistical Local Area (SLA) is an Australian Standard Geographical Classification defined area which consists of one or more Collection Districts. SLAs are Local Government Areas or parts thereof. Where there is no incorporated body of local government, SLAs are defined to cover the unincorporated areas. SLAs cover, in aggregate, the whole of Australia without gaps or overlaps.
Statistical Subdivision	The Statistical Subdivision (SSD) is an Australian Standard Geographical Classification defined area which represents an intermediate level, general purpose, regional type geographic unit. SSDs consist of one or more Statistical Local Areas and cover, in aggregate, the whole of Australia without gaps or overlaps.
School participation rate	This is a measure of the number of school students of a particular age expressed as a proportion of the Estimated Resident Population of the same age. It indicates the proportion of the population by age who are at school.

## APPENDIX 3 - GLOSSARY AND ACRONYMS

Acronym	Meaning
ABS	Australian Bureau of Statistics
ACARA	Australian Curriculum, Assessment and Reporting Authority
ACIR	Australian Childhood Immunisation Register
ACT	Australian Capital Territory
AEDI	Australian Early Development Index
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ARACY	Australian Research Alliance for Children and Youth
ASGC	Australian Standard Geographical Classification
ASIB	Australian Social Inclusion Board
ASSAD	Australian School Student Alcohol and Drug Survey
BMI	Body Mass Index
CACH	Child and Adolescent Community Health
COAG	Council of Australian Governments
DAO	Drug and Alcohol Office (WA)
DCP	Department for Child Protection (WA)
DCS	Department of Corrective Services (WA)
DEECD	Department of Education and Early Childhood Development (Victoria)
DoE	Department of Education (WA)
DSR	Department of Sport and Recreation (WA)
DTP	Diphtheria, Tetanus, Pertussis
ERP	Estimated Resident Population
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Syndrome Disorder
FDV	Family and Domestic Violence
HCARe	Health Care and Related Information System
HILDA	Household, Income and Labour Dynamics in Australia survey
HWSS	Health and Wellbeing Surveillance System
HUGS	Hardship Utilities Grant Scheme
ICCWA	Injury Control Council of WA
JJT	Juvenile Justice Team
LBOTE	Language Background other than English
MHC	Mental Health Commission (WA)
MYBS	Metropolitan Youth Bail Service
NAHA	National Affordable Housing Agreement
NAPLAN	National Assessment Program: Literacy and Numeracy
NDC	National Data Collection
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Research Council

## APPENDIX 3 - GLOSSARY AND ACRONYMS

NHS	National Health Survey
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Cooperation and Development
PISA	Program for International Student Assessment
Qld	Queensland
ROGS	Report on Government Services
RYJS	Regional Youth Justice Services
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SD	Statistical Division
SHS	Specialist Homelessness Services
SIDS	Sudden Infant Death Syndrome
SLA	Statistical Local Area
SOMIH	State Owned and Managed Indigenous Housing
SSD	Statistical Subdivision
Tas	Tasmania
TICHR	Telethon Institute for Child Health Research
UK	United Kingdom
UN	United Nations
UNCROC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USA	United States of America
VCAMS	Victorian Child and Adolescent Monitoring System
Vic	Victoria
WA	Western Australia
WHO	World Health Organisation
YAC	Youth Advisory Council



Appendix 4 – Wellbeing measures used  
across Australian jurisdictions

## APPENDIX 4 - WELLBEING MEASURES USED ACROSS AUSTRALIAN JURISDICTIONS

This table lists all 33 measures used in this report and shows where they (or similar measures) are used in frameworks and reports produced by other Australian jurisdictions or organisations.

The measures used are not necessarily directly comparable, as there may be different approaches towards the topic. Please refer to the individual reports as listed at Appendix 5 for details.

Note that the New South Wales framework is not included in this table, as the previous framework has been superseded and the current framework has not yet been fully released.

Measure	WA	Vic	Qld	SA	Tas	ARACY	AIHW
Birth weight	Y	Y	Y	Y	Y	Y	Y
Infant mortality	Y	Y	Y	Y	Y	Y	Y
Child health checks	Y	N	N	N	Y	N	N
Immunisation	Y	Y	Y	Y	Y	Y	Y
Smoke-free pregnancy	Y	Y	Y	N	Y	N	Y
Alcohol-free pregnancy	Y	Y	N	N	Y	N	Y
Body weight	Y	Y	Y	Y	N	Y	Y
Physical activity	Y	Y	Y	N	Y	N	Y
Treatment for a mental health disorder	Y	Y	Y	Y	Y	Y	Y
Exposure to family and domestic violence	Y	Y	N	N	Y	N	N
Substantiation notifications of abuse or neglect of children and young people	Y	Y	Y	Y	Y	Y	Y
Children and young people in out-of-home care	Y	N	Y	Y	Y	N	Y
Hospitalisations from injury and accident	Y	Y	Y	Y	Y	N	Y
Deaths from injury and accident	Y	Y	Y	N	Y	Y	Y
What children and young people value	Y	Y	N	N	N	Y	N
Obtaining advice and support to manage personal problems	Y	Y	N	N	Y	Y	Y
Participation in pre-compulsory education	Y	N	Y	Y	Y	N	Y
Children developmentally vulnerable on entering school	Y	Y	Y	Y	N	Y	Y
Students achieving at or above national minimum standards (NAPLAN)	Y	Y	Y	Y	Y	Y	Y
Pathways for leaving school	Y	Y	Y	Y	Y	Y	N
Dependent children living in low-income home	Y	Y	Y	Y	Y	Y	Y
Families where resident parents are jobless	Y	Y	Y	Y	Y	Y	Y
Overcrowded households	Y	N	N	N	N	N	N
Homelessness	Y	Y	Y	Y	Y	N	Y
Concerns of children and young people	Y	Y	N	N	Y	Y	N
Environment	Y	Y	N	N	Y	Y	N
Participation in sport or cultural activities	Y	Y	N	Y	Y	Y	N
Smoking	Y	Y	Y	Y	Y	Y	Y
Alcohol consumption	Y	Y	Y	Y	Y	Y	Y
Teenage pregnancy	Y	Y	Y	N	Y	Y	Y
Youth justice: Prevention and diversion	Y	Y	Y	Y	N	N	N
Youth justice: Community-based sentences	Y	Y	Y	Y	Y	Y	Y
Youth justice: Detention	Y	Y	Y	Y	Y	Y	Y



Appendix 5 –  
Jurisdictional and national reports

## APPENDIX 5 - JURISDICTIONAL AND NATIONAL REPORTS

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Where a report is part of a series, only the most recent release is listed here.

Australian Institute of Health and Welfare 2009, *A Picture of Australia's children 2009*, Australian Institute of Health and Welfare, Canberra.

Australian Institute of Health and Welfare 2011, *Headline Indicators for children's health, development and wellbeing 2011*, Australian Institute of Health and Welfare, Canberra.

Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Report Card*, Australian Research Alliance for Children and Youth, Canberra.

Australian Research Alliance for Children and Youth 2008, *The Wellbeing of Young Australians: Technical Report*, Australian Research Alliance for Children and Youth, Canberra.

Commission for Children and Young People and Child Guardian 2010, *Snapshot 2010: Children and Young People in Queensland*, Commission for Children and Young People and Child Guardian, Brisbane.

Council for the Care of Children 2009, *Look out for young South Australians: A framework for improving the lives of young South Australians*, Government of South Australia, Adelaide.

Council for the Care of Children 2009, *Technical Report to support the monitoring framework, Look out for Young South Australians*, Government of South Australia, Adelaide.

Department of Education and Early Childhood Development 2008, *The state of Victoria's children: A report on how children and young people in Victoria are faring*, Department of Education and Early Childhood Development, Melbourne.

New South Wales Commission for Children and Young People nd, *Kid's Stats*, website <http://kids.nsw.gov.au/kids/kidsstats.cfm> [now replaced by <http://picture.kids.nsw.gov.au/>]

Organisation for Economic Cooperation and Development 2009, *Doing Better for Children*, Organisation for Economic Cooperation and Development, Paris.

Tasmanian Government 2009, *Kids Come First Report 2009: Outcomes for children and young people in Tasmania*, Tasmanian Government, Hobart.

UNICEF 2007, *Child poverty in perspective: An overview of child well-being in rich countries*, UNICEF Innocenti Research Centre, Florence.



Appendix 6 –  
Agencies and organisations  
that provided data

## APPENDIX 6 - AGENCIES AND ORGANISATIONS THAT PROVIDED DATA

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### **Western Australia**

Department for Child Protection

Department for Communities

Department of Corrective Services

Department of Education

Department of Health

Drug and Alcohol Office

Curriculum Council Western Australia

Western Australia Police

### **Australia**

Australian Bureau of Statistics

Australian Institute of Health and Welfare

Australian Curriculum, Assessment and Reporting Authority

Australian Childhood Immunisation Register

Productivity Commission

Mission Australia

Murdoch Children's Research Institute

## Appendix 7 – Figures and Tables

### Chapter 2 – Health and Safety

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- Figure 9: Physical activity of five to 15 year-olds: in per cent, per week, Western Australia, 2006 to 2010
- Figure 10: Physical activity of 16 to 17 year-olds: in per cent, per week, Western Australia, 2006 to 2010
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- Figure 12: Causes of injury and accident related hospitalisations of 0 to 17 year olds: in per cent, Western Australia, 2005 to 2009
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- Table 9: Prevalence of BMI categories for children and young people five to 15 years: in per cent, by gender, as reported by parent/guardian, Western Australia, 2010
- Table 10: Prevalence of BMI categories for children and young people five to 17 years: in per cent, as measured during interview, Western Australia and Australia, 2007–08
- Table 11: BMI categories of children and young people five to 15 years: in per cent, as reported by parent/guardian, Western Australia, 2004 to 2010
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- Table 16: Children and young people who were the subjects of substantiations of notifications: rate per 1,000 population 0 to 17 years, states and territories, 2004–05 to 2009–10
- Table 17: Children and young people who were the subjects of substantiations of notifications: rate per 1,000 population 0 to 17 years, by Aboriginal and non-Aboriginal, states and territories, 2009–10
- Table 18: Children and young people who were the subjects of substantiations of notifications: in per cent, by type of abuse or neglect, states and territories, 2009–10
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- Table 20: Children and young people in out-of-home care: rate per 1,000 population 0 to 17 years, by Aboriginal and non-Aboriginal, states and territories, 30 June 2010
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