



Government of **Western Australia**
Department of **Health**

Health and Wellbeing of Children in Western Australia, 2017

Overview and Trends

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EXECUTIVE SUMMARY

The Health and Wellbeing Surveillance System is a continuous data collection that was initiated in 2002 to monitor the health status of the general population. In 2017, 780 parents/carers of children aged 0 to 15 years were randomly sampled and completed a computer assisted telephone interview between January and December, with an average participation rate of just over 90 per cent. The sample was then weighted to reflect the Western Australian child population.

This report describes the findings from the 2017 Health and Wellbeing Surveillance System and provides the health sector and general public with important information about various aspects of the health and wellbeing of the Western Australian child population.

Some key findings from the 2017 report include:

General health:

- Very good or excellent health was reported for 84.9 per cent of children aged 0 to 15 years by their parents/carers.

Chronic health conditions:

- It is estimated that 116,020 children (22.0%) experienced an injury in the past 12 months that required treatment from a health professional.

Lifestyle and physiological risk factors:

- Approximately two in five children aged 5 to 15 years (39.4%) were completing sufficient levels of physical activity for good health.
- Children aged 5 to 15 years and children less than 2 years of age were significantly more likely to meet daily leisure time screen usage guidelines compared with children aged 2 to less than 5 years (77.4% and 63.8% compared with 24.8%).
- Children aged 10 to 15 years were significantly less likely to always be checked by a parent/carer that they are adequately protected before going out into the sunlight compared with children aged 0 to 4 years and 5 to 9 years (41.6% compared with 65.3% and 63.3%).
- The prevalence of children living in a smoke free home has increased significantly from 2002 (90.5%) to 2017 (99.3%).

- The prevalence of children with neither parent smoking during pregnancy has increased significantly from 2005 (66.1%) to 2017 (89.5%).
- Approximately two-thirds of children aged 2 to 15 years (66.8%) usually consumed full fat or whole milk.
- The prevalence of children who never eat meals from fast food restaurants has increased significantly from 2002 (16.2%) to 2017 (28.5%).

Child development:

- Almost all children aged 0 to 4 years (96.6%) have received some breast-milk in their lifetime.

Emotional health and wellbeing:

- The prevalence of children ever treated for an emotional or mental health problem in 2017 (8.3%) was significantly higher than in 2002 (3.0%).
- Approximately one-third (35.8%) of children were bullied in the past 12 months.
- The prevalence of children aged 5 to 15 years reported by a parent/carer to have bullied another child in the past 12 months decreased significantly from 2002 (13.1%) to 2017 (6.8%).

Health service utilisation:

- In the past 12 months, approximately 85.5 per cent of children aged 0 to 15 years had used a primary health service, 64.0 percent a dental health service, 27.0 per cent an allied health service, and 26.3 per cent a hospital-based service.

School connectedness:

- The prevalence of children reported by their parent/carer to be doing very well in their overall school performance has decreased significantly between 2002 (52.7%) and 2017 (42.3%).

1. INTRODUCTION

The WA Health and Wellbeing Surveillance System (HWSS) is a continuous data collection system developed to monitor the health and wellbeing of Western Australians. On average, 550 people throughout Western Australia (WA) are interviewed each month. The HWSS began in March 2002 and as at December 2017; over 16,000 interviews have been conducted with parents/carers of children under the age of 16 years. This report presents the information collected on children during 2017.

Parents/carers are asked questions on a range of indicators related to their child's health and wellbeing. Topics include chronic health conditions, lifestyle risk factors, school and friendships, protective factors and socio-demographics. Questions about health and wellbeing are also asked of the respondent for the child and about the respondent's partner.

The questions included in the HWSS for children are selected to provide information about state or national indicators of health and wellbeing, or to provide information about areas of health, lifestyle and demography that are not available elsewhere and are necessary to understand the dynamics of healthy behaviours and outcomes. The development of these questions was guided by the Telethon Kids Institute (formerly known as The Telethon Institute of Child Health Research). A current copy of the questionnaire is available on the WA Department of Health website:

<https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys>

Information from the survey is used to monitor the health status of children in WA, to inform health education programs, to evaluate interventions, to inform health policy development, to identify and monitor emerging trends and to evaluate new public health initiatives.

Another feature of a surveillance system is that it is population based. That is, it is designed to examine trends at the population level and although major socio-demographic group estimates are possible, it is not the purpose of the system. Therefore, the information provided in this report is representative of WA children as a whole, but it is unlikely to be representative of minority groups within the population such as Aboriginal children and children living in homes without telephones. For information on Aboriginal child health, please see the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey,¹ or the 2014-15 National Aboriginal and Torres Strait Islander Social Survey.²

2. METHODOLOGY

2.1 Mode of administration and sampling

The HWSS is conducted as a Computer Assisted Telephone Interview (CATI). Households are selected from the 2013 White Pages® by a stratified random process. Rural and remote areas of WA are over-sampled relative to their populations within WA to provide enough interviews to enable reliable and robust estimates to be made for these areas.

An approach letter is sent to selected households informing them that their household has been selected to participate. The approach letter explains the purpose of the survey, gives the time within which they can expect to be contacted by the data collection agency and explains that one person from the household will be selected to participate. A specially prepared brochure is included with the letter, which explains more about the HWSS and provides contact numbers for people to call for further information.

All information provided in this report is based on self-reported data collected from the child's parent/carer. Testing has shown that the responses to the questions in the survey are reliable but in a very few cases, may not be completely accurate. For example, parents/carers are unlikely to know the exact amount of physical exercise their child does, but test-retest information shows that the estimates they give are consistent over time. This means that although the estimates of things like physical activity and weight will vary from the 'true' estimate, changes in estimates over time are meaningful and reliable. The identification of patterns over time is the basis of a monitoring and surveillance system.

2.2 Weighting the data

One of the most important features of a report describing the health and wellbeing of any population is the ability to make comparisons. In order to do this, data must be weighted to the population that is being described, which in this case is the population of WA children under the age of 16 years.

The HWSS data are weighted to compensate for the over-sampling in the rural and remote areas of WA and then also weighted to the most recent Estimated Resident Population (ERP) for the year of the survey. For 2017, this was the 2016 ERP released by the

Australian Bureau of Statistics (ABS) in August 2017.³ While the information collected on children has been weighted to the age by sex distribution of the Western Australian child population, data relating to the parent/carer and partner has not been weighted.

2.3 Response rates

A very important part of any survey is the response rate attained because low response rates may produce estimates that are unreliable, biased or not representative of the population. Each year since the HWSS began, adjusted response rates of above 80 per cent have been attained. The response rate for each month of 2017 is shown in Table 1.

The numbers refer to the entire HWSS sample given this information is not collected for adults and children separately. However, the consistency of the response rates over the year provides an excellent basis for assuming a high response rate across age groups.

Table 1: Response rates for 2017, by month

Month	Sample Frame	Out of Scope (a)	Eligible Sample	No answer after 10 attempts	Eligible Contacts (b)	Refusals	Interviews	Raw Response Rate	Adjusted Response Rate (c)	Participation Rate (d)
Jan	1127	454	673	131	542	54	464	68.9	85.6	89.6
Feb	1705	796	909	189	720	72	607	66.8	84.3	89.4
Mar	1702	791	911	152	759	73	640	70.3	84.3	89.8
Apr	2009	919	1090	201	889	80	736	67.5	82.8	90.2
May	2008	897	1111	242	871	67	758	68.2	87.0	91.9
Jun	1640	746	894	195	699	68	586	65.5	83.8	89.6
Jul	1451	664	787	173	614	47	520	66.1	84.7	91.7
Aug	1452	706	746	156	590	57	500	67.0	84.7	89.8
Sep	1502	712	790	177	613	54	518	65.6	84.5	90.6
Oct	1752	812	940	230	710	63	607	64.6	85.5	90.6
Nov	1399	650	749	160	589	61	491	65.6	83.4	88.9
Dec	745	327	418	86	332	33	285	68.2	85.8	89.6
Total	18492	8474	10018	2092	7928	729	6712	67.0	84.7	90.2

a) Non-operational, business or dedicated fax numbers. All other numbers were considered to be part of the eligible sample, which forms the denominator for the raw response rate.

b) If the telephone is answered, the number is part of the eligible contacts. This forms the denominator of the adjusted response rate.

c) The adjusted response rate is the number of people interviewed divided by the number of eligible contacts (b)

d) The participation rate is the number of people interviewed divided by the number of people interviewed plus the number of refusals.

A full explanation of the methodology can be found in the paper titled, 'WA Health and Wellbeing Surveillance System, Technical Paper Series No 1: Design and methodology, 2018'. This paper is available on the WA Department of Health website:

<https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys>

3. HOW ESTIMATES ARE REPORTED

3.1 Percentage and prevalence

The information in this report is presented either as a percentage of the child population who have a particular risk factor/demographic characteristic or as the prevalence of a particular health condition within the child population. Prevalence is the description of the number or proportion of children in a community with a given condition or characteristic, and is usually expressed as a percentage. Prevalence is distinct from incidence, which is a measure of the number of new cases of a condition or characteristic. Prevalence is concerned with all individuals with a given condition or characteristic regardless of when it began. Incidence on the other hand refers only to new cases of a condition or characteristic during a specified time interval. Surveys generally do not collect information on incidence of disease.

There are three main types of prevalence that are typically reported. Lifetime prevalence represents the proportion of the population that have ever had a condition, period prevalence represents the proportion of the population who have a condition within a specified period of time (e.g. twelve months), and point prevalence represents the proportion of the population who have a condition at the time of the survey. In this report, most of the prevalence estimates presented are period prevalence. In some cases, such as with asthma, both lifetime and period prevalence are reported. This is because a person may have had asthma at some point in their life but not have experienced it recently.

3.2 Confidence intervals

Survey results are estimates of population values and will always contain some error because they are based on samples and not the entire population. Therefore, each table presents the best estimate of the prevalence of a condition or the estimate of the proportion of the population with a particular characteristic along with the 95% confidence interval around that estimate. The 95 per cent confidence interval is the range of likely values within which the true estimate would lie 95 out of 100 times. The wider the confidence interval is around an estimate, the less precise the estimate is and the more caution that should be applied with using it.

One way to compare two prevalence estimates is to assess whether the difference between them is statistically significant. Statistical significance is a statement about the likelihood of findings being due to chance. Confidence intervals can be used to determine statistical significance. Overlapping confidence intervals indicate that there is probably no meaningful difference in the estimates being compared. If the confidence intervals do not overlap, then the estimates are considered to be significantly different.

Further information on how to determine whether or not a difference is statistically significant can be found on the WA Department of Health website:

<http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys>

The level of stability around an estimate can also be guided by the relative standard error (RSE). The RSE is a measure of the extent to which the survey estimate is likely to be different from the actual population result. Estimates with RSEs above 25 per cent are considered unreliable for general use. Therefore, throughout this report, estimates with RSEs between 25 per cent and 50 per cent have been annotated by an asterisk and should be used with caution. Estimates with RSEs above 50 per cent have been withheld.

In this report wide confidence intervals and high RSEs can be present for variables with multiple response categories, and for variables with few respondents, such as the prevalence of children with one or both parents/carers who smoked during pregnancy.

3.3 Using this report

This report has been generated to be a reference document and therefore contains little interpretative text. The confidence intervals should be used to determine statistical significance if no text has been provided. If more detailed information is required or interpretation needed, please contact the Health Survey Unit, Epidemiology Branch, WA Department of Health at epi@health.wa.gov.au.

4. COMPARISONS

4.1 Prevalence over time

One of the strengths of the HWSS is its ability to show changes over time. Therefore, trends for selected major health conditions and risk factors have been provided. The prevalence or proportion of children who reported a selected condition/risk factor of interest has been derived for each year from 2002 to 2017, where available.

To ensure that any changes over time in prevalence estimates were not the result of changes in the age and sex distribution of the population, all years were standardised by weighting them to the 2011 ERP. Trend data is weighted to the 2011 ERP because it represents an approximate mid-point of the years for which estimates are presented. Given trend data are weighted to the 2011 ERP, and 2017 data are weighted to the 2016 ERP, some estimates for 2017 may differ slightly between tables due to standardising to different populations.

Small changes in estimates from those presented in previous reports may also occur due to the standardisation of the estimates using updated ERP estimates.

4.2 Socio-Economic Indexes for Areas

The HWSS collects information on where survey respondents live. This allows comparisons to be made between the health characteristics of people living in less advantaged areas with those in more disadvantaged areas, using indexes developed by the ABS.

Socio-Economic Indexes for Areas (SEIFA) are a group of measures that rank areas across Australia based on their level of socio-economic advantage or disadvantage. This is broadly defined in terms of people's access to material and social resources, and their ability to participate in society. These measures are developed every five years based on information collected during the Census. The latest available SEIFA estimates are from the 2016 Census.⁴

In this report when the acronym SEIFA is used it is referring to the Index of Relative Socio-economic Disadvantage (IRSD).⁵ This is the index most frequently used for analysis of health characteristics. The IRSD ranks areas in terms of relative socio-economic

disadvantage. A score is derived for individual suburbs/localities in Western Australia by summarising characteristics of the population, including low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.⁵ A complex statistical calculation is used to determine the score for each suburb/locality. A technical explanation of the calculation process can be found on the ABS website:

[http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/22CEDA8038AF7A0DCA257B3B00116E34/\\$File/2033.0.55.001%20seifa%202011%20technical%20paper.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/22CEDA8038AF7A0DCA257B3B00116E34/$File/2033.0.55.001%20seifa%202011%20technical%20paper.pdf)

Areas are then grouped into quintiles from low scores that reflect the most disadvantaged areas (quintile 1) through to high scores that reflect the least disadvantaged areas (quintile 5). SEIFA quintiles are based on IRSD at statistical area 2 (SA2) level. Tables presenting selected health characteristics by SEIFA quintiles are provided.

4.3 Accessibility/Remoteness Index of Australia

Having location information for survey respondents also allows health behaviours and conditions to be analysed by remoteness.

The Accessibility/Remoteness Index of Australia (ARIA) was created to define remoteness using road distances to selected Service Centres. A score of 0 indicates high accessibility and 15 indicates high remoteness. Scores are then grouped into five categories.⁶

In this report ARIA+ is used and the categories presented are Major Cities, Inner Regional, Outer Regional, Remote and Very Remote. More information on how ARIA is calculated can be found on the Australian Population and Migration Research Centre at the University of Adelaide: https://www.adelaide.edu.au/hugo-centre/spatial_data/aria/

5. DEMOGRAPHICS

In 2017, data were collected for 780 Western Australian children aged 0 to 15 years. Of this sample, 24 children were identified as Aboriginal or Torres Strait Islander. The demographic characteristics of the child sample who participated in the HWSS in 2017 are shown in Table 2. The table shows the unweighted number in the sample for each group and the weighted prevalence expressed as a percentage.

Table 2: Demographic characteristics of the child, HWSS 2017

Characteristic	Unweighted Sample (n)	Estimated Per Cent (%)
Age		
0 to 4 years	123	32.8
5 to 9 years	235	32.3
10 to 15 years	422	34.9
Gender		
Boys	399	51.2
Girls	381	48.8
Australian born		
Yes	722	93.6
No	58	6.4
Relationship of respondent to child		
Mother	577	77.5
Father	183	20.7
Other	20	1.9 *

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The characteristics of the household where the child lives and the weighted estimated per cent of the population are shown in Table 3.

Table 3: Characteristics of the household where the child lives, HWSS 2017

	Unweighted Sample (n)	Estimated Per Cent (%)
Current living arrangement		
Family with a child or children living with biological or adoptive parents	690	88.4
Step or blended family	23	3.8 *
Sole parent family	47	5.7
Other family structure	19	2.1
Household income		
Under \$20,000	9	1.3 *
\$20,000 to \$40,000	36	5.2
\$40,000 to \$60,000	37	4.4 *
\$60,000 to \$80,000	74	12.3
\$80,000 to \$100,000	106	14.6
\$100,000 to \$120,000	96	16.2
\$120,000 to \$140,000	97	13.1
More than \$140,000	78	13.8
Household spending		
Spend more money than earn/get	23	3.9 *
Have just enough money to get by	98	12.9
Spend left over money	51	7.4
Save a bit every now and then	225	30.1
Save some regularly	311	40.5
Save a lot	61	5.2
Area of residence		
Metropolitan	339	77.9
Rural	170	7.5
Remote	271	14.6
SEIFA classification of social disadvantage		
SEIFA Quintile 1 (Most disadvantaged)	109	9.1
SEIFA Quintile 2	195	15.6
SEIFA Quintile 3	180	19.9
SEIFA Quintile 4	192	33.4
SEIFA Quintile 5 (Most advantaged)	104	22.0
Accessibility/Remoteness Index of Australia		
Inner Regional	124	9.7
Major Cities	324	73.9
Outer Regional	161	8.1
Remote	117	5.5
Very Remote	54	2.7
Have private health insurance		
Yes	622	81.0
No	148	19.0

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The demographic characteristics of the respondent for the child, with unweighted percentages, are shown in Table 4. Of the respondent sample, 13 parents/carers identified as Aboriginal or Torres Strait Islander.

Table 4: Demographic characteristics of respondent for child, HWSS 2017

Characteristic	Unweighted Sample (n)	Unweighted Per Cent (%)
Australian born		
Yes	570	73.2
No	209	26.8
Highest level of education		
Less than Year 10	8	1.0
Year 10 or Year 11	61	7.9
Year 12	73	9.4
TAFE/ Trade Qualification	354	45.6
Tertiary degree or equivalent	281	36.2
Employment status		
Employed	612	78.7
Unemployed	14	1.8
Home duties	126	16.2
Retired	11	1.4
Unable to work	7	0.9
Student	7	0.9
Other	1	0.1
Possess a government health care card		
Yes	106	13.6
No	672	86.4
Share home with a partner		
Yes	700	89.9
No	79	10.1

6. GENERAL HEALTH

6.1 Self-reported general health

Self-ratings of health are used internationally, with poor health ratings associated with increased mortality and psychological distress, and lower physical functioning.⁷

Parents/carers were asked to rate their child's general health. The population prevalence of parent/carer-reported child health status is shown in Table 5.

Table 5: Prevalence of children by parent/carer-reported child health status, 0 to 15 years, HWSS 2017

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	58.0	(45.3 - 70.7)	26.4	(15.5 - 37.2)	13.0 *	(2.9 - 23.1)	N/A	(N/A - N/A)
5 to 9 yrs	60.0	(51.9 - 68.1)	25.0	(17.7 - 32.2)	13.3	(7.3 - 19.3)	1.7 *	(0.2 - 3.3)
10 to 15 yrs	56.6	(50.2 - 63.1)	28.6	(22.9 - 34.3)	9.9	(6.0 - 13.7)	4.9 *	(2.0 - 7.8)
Gender								
Boys	58.5	(50.8 - 66.1)	24.7	(18.3 - 31.0)	12.7	(6.6 - 18.9)	4.1 *	(1.9 - 6.3)
Girls	57.9	(50.2 - 65.5)	28.8	(22.0 - 35.7)	11.2	(5.9 - 16.5)	N/A	(N/A - N/A)
Children	58.2	(52.8 - 63.6)	26.7	(22.0 - 31.4)	12.0	(7.9 - 16.1)	3.1 *	(1.5 - 4.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The majority of children aged 0 to 15 years were reported to be in excellent or very good health. Parent/carer-reported general health was similar among children from different age groups and among boys and girls.

The annual prevalence estimates of health status since 2004 are shown in Table 6. This question was not asked prior to 2004. Estimates for 2017 were similar to those for 2004.

Table 6: Prevalence of children by parent/carer-reported child health status, 0 to 15 years, HWSS 2004–17

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2004	54.9	(49.6 - 60.3)	30.2	(25.3 - 35.1)	11.7	(8.1 - 15.2)	3.2 *	(1.1 - 5.3)
2005	55.7	(51.9 - 59.4)	32.5	(28.9 - 36.0)	8.9	(6.9 - 10.9)	3.0	(1.6 - 4.4)
2006	60.7	(57.3 - 64.2)	28.5	(25.4 - 31.6)	8.2	(6.2 - 10.2)	2.6	(1.3 - 3.8)
2007	58.3	(53.3 - 63.2)	30.1	(25.5 - 34.7)	10.1	(7.2 - 13.1)	1.5 *	(0.4 - 2.6)
2008	60.3	(55.8 - 64.9)	26.7	(22.6 - 30.8)	10.6	(7.8 - 13.3)	2.4 *	(1.0 - 3.8)
2009	57.6	(54.6 - 60.6)	29.4	(26.7 - 32.1)	11.2	(9.1 - 13.2)	1.8	(1.2 - 2.4)
2010	58.5	(54.3 - 62.7)	29.9	(26.0 - 33.8)	9.6	(7.1 - 12.1)	2.0 *	(1.0 - 3.0)
2011	60.4	(55.6 - 65.2)	25.3	(21.0 - 29.6)	10.5	(7.4 - 13.6)	3.8 *	(1.7 - 5.9)
2012	58.5	(54.2 - 62.8)	26.7	(22.9 - 30.5)	12.0	(9.1 - 14.9)	2.7	(1.4 - 4.1)
2013	57.5	(52.5 - 62.5)	29.7	(25.1 - 34.3)	10.8	(7.8 - 13.8)	2.0 *	(0.9 - 3.2)
2014	58.2	(52.9 - 63.4)	30.4	(25.4 - 35.4)	8.3	(5.5 - 11.1)	3.2 *	(1.3 - 5.0)
2015	58.4	(53.6 - 63.1)	28.9	(24.6 - 33.2)	10.3	(7.2 - 13.3)	2.5 *	(1.3 - 3.7)
2016	59.2	(54.5 - 63.8)	28.4	(24.1 - 32.7)	9.3	(6.5 - 12.1)	3.1 *	(1.5 - 4.8)
2017	58.1	(52.8 - 63.4)	26.8	(22.2 - 31.4)	11.9	(7.9 - 15.8)	3.2 *	(1.6 - 4.8)
Average	58.1	(57.0 - 59.2)	29.2	(28.2 - 30.2)	10.1	(9.4 - 10.8)	2.6	(2.2 - 2.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

6.2 Disability

Disability may be experienced in terms of impairments of body functions and structures, activity limitations or participation restrictions.⁸ Parents/carers were asked whether their child has a disability, long-term illness or pain that puts a burden on the family.

The population prevalence of children with a disability, long-term illness or pain that puts a burden on the family was similar among children aged 5 to 9 years and 10 to 15 years, and among boys and girls (Table 7).

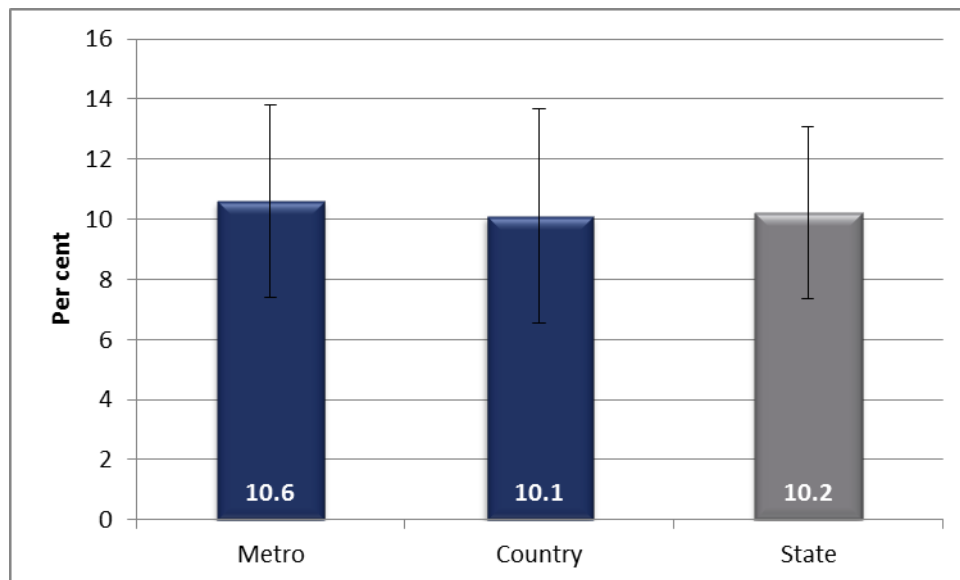
Table 7: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, 0 to 15 years, HWSS 2017

	%	95% CI
Age Group		
0 to 4 yrs	N/A	(N/A - N/A)
5 to 9 yrs	13.9	(7.9 - 19.9)
10 to 15 yrs	13.4	(8.8 - 18.0)
Gender		
Boys	12.0	(7.8 - 16.2)
Girls	8.3	(4.4 - 12.2)
Children	10.2	(7.3 - 13.1)

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 1 shows the prevalence of disability among children by geographic area of residence. The prevalence of disability, long-term illness or pain that puts a burden on the family was similar among children living in metro and country areas.

Figure 1: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, by geographic area in WA, 0 to 15 years, HWSS 2017



The annual prevalence estimates of disability are shown in Table 8. The estimate for 2017 was similar to that for 2002.

Table 8: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, 0 to 15 years, HWSS 2002–17

	%	95% CI
2002	9.4	(7.3 - 11.5)
2003	10.0	(8.0 - 12.1)
2004	13.0	(9.5 - 16.6)
2005	9.2	(7.0 - 11.4)
2006	8.9	(6.8 - 11.0)
2007	7.8	(5.3 - 10.4)
2008	7.0	(4.7 - 9.3)
2009	6.6	(5.4 - 7.8)
2010	8.1	(5.8 - 10.3)
2011	8.4	(5.5 - 11.4)
2012	8.9	(6.6 - 11.2)
2013	10.0	(7.0 - 13.0)
2014	8.0	(5.2 - 10.9)
2015	8.4	(5.9 - 10.9)
2016	9.1	(6.4 - 11.7)
2017	10.2	(7.4 - 13.0)
Average	8.7	(8.1 - 9.3)

Parents/carers were asked who the principal carer of the child with the disability, long-term illness or pain was. In 2017, the majority of children were cared for by their mother (78.7%).

Parents/carers who reported that their child had a disability, long-term illness or pain that puts a burden on the family were asked to rate the extent of the burden. The annual estimates over time are shown in Table 9. Estimates for 2017 were similar to those for 2002.

Table 9: Prevalence of children by the extent of burden their disability, long-term illness or pain puts on the family, 0 to 15 years, HWSS 2002–17

	Not much		A little		Fairly big		Big		Very big	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	23.3	(14.0 - 32.6)	30.5	(19.9 - 41.1)	30.5	(18.4 - 42.5)	9.4 *	(1.7 - 17.1)	6.3 *	(1.5 - 11.1)
2003	17.9	(9.5 - 26.3)	39.9	(29.3 - 50.6)	33.1	(22.7 - 43.5)	6.1 *	(1.1 - 11.2)	N/A	(N/A - N/A)
2004	11.1 *	(3.6 - 18.6)	34.7	(20.4 - 49.0)	29.7	(16.4 - 42.9)	12.4 *	(1.6 - 23.1)	12.2 *	(1.6 - 22.8)
2005	22.7	(12.1 - 33.4)	34.6	(22.8 - 46.4)	20.9	(10.7 - 31.2)	18.7 *	(8.3 - 29.1)	3.0 *	(0.7 - 5.3)
2006	26.1	(13.8 - 38.4)	31.2	(18.6 - 43.8)	25.0 *	(12.4 - 37.5)	8.0 *	(2.4 - 13.5)	9.8 *	(1.2 - 18.4)
2007	7.8 *	(0.7 - 14.8)	34.5	(18.7 - 50.3)	26.5 *	(11.5 - 41.6)	28.4 *	(10.4 - 46.4)	2.8 *	(0.3 - 5.3)
2008	28.8 *	(11.2 - 46.3)	24.6 *	(10.3 - 38.9)	34.5	(17.9 - 51.1)	7.9 *	(0.6 - 15.1)	4.2 *	(0.4 - 7.9)
2009	18.5 *	(8.9 - 28.1)	50.9	(41.3 - 60.4)	19.6	(13.2 - 26.1)	3.6 *	(1.0 - 6.3)	7.4 *	(3.2 - 11.5)
2010	14.3 *	(5.6 - 23.0)	51.8	(37.0 - 66.6)	25.1 *	(12.3 - 37.9)	3.8 *	(0.2 - 7.3)	N/A	(N/A - N/A)
2011	16.5 *	(3.6 - 29.5)	24.4 *	(7.9 - 40.9)	21.7 *	(6.0 - 37.5)	21.4 *	(4.9 - 37.9)	15.9 *	(0.8 - 31.0)
2012	14.4 *	(5.3 - 23.6)	43.2	(30.0 - 56.4)	27.5	(14.3 - 40.6)	9.3 *	(2.2 - 16.3)	N/A	(N/A - N/A)
2013	9.3 *	(2.7 - 16.0)	44.7	(28.4 - 60.9)	25.3 *	(8.0 - 42.6)	11.2 *	(2.7 - 19.8)	9.5 *	(1.5 - 17.5)
2014	17.1 *	(3.2 - 30.9)	38.4	(19.8 - 57.0)	26.4 *	(9.8 - 43.0)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
2015	13.9 *	(2.7 - 25.1)	38.0	(22.8 - 53.1)	12.7 *	(3.3 - 22.0)	25.3 *	(8.8 - 41.8)	10.2 *	(2.0 - 18.3)
2016	10.7 *	(3.1 - 18.4)	38.3	(23.2 - 53.4)	36.2	(20.9 - 51.5)	N/A	(N/A - N/A)	8.9 *	(0.4 - 17.5)
2017	20.9 *	(8.5 - 33.3)	34.8	(21.4 - 48.2)	30.7	(16.7 - 44.8)	8.4 *	(1.9 - 14.9)	N/A	(N/A - N/A)
Average	17.5	(14.9 - 20.1)	38.9	(35.6 - 42.2)	25.8	(22.8 - 28.9)	10.7	(8.5 - 12.9)	7.0	(5.4 - 8.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

7. CHRONIC CONDITIONS

Chronic health conditions refer to long-term conditions (lasting more than six months) that can have a significant impact on a person's life. The chronic conditions collected by the HWSS were chosen due to their health impact both personally and on families and the potential to reduce their burden.^{9, 10} In the HWSS, chronic conditions were determined by asking parents/carers whether or not a doctor had ever diagnosed their child with a number of common health conditions.

7.1 Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) is a behavioural disorder that affects young children. Children with ADHD have three main problems: inattention, impulsivity and overactivity.^{11, 12} In 2017, 2.7 per cent of children aged 2 years and over had been diagnosed with ADHD.

7.2 Developmental problems

Parents/carers were asked whether or not a doctor had ever diagnosed their child with a problem with coordination, clumsiness, deformity, stiffness or developmental delay.

The prevalence of developmental problems is shown in Table 10. In 2017, an estimated 6.9% of children aged 0 to 15 years had been diagnosed with a developmental problem. The prevalence of developmental problems was similar among children from different age groups and among boys and girls.

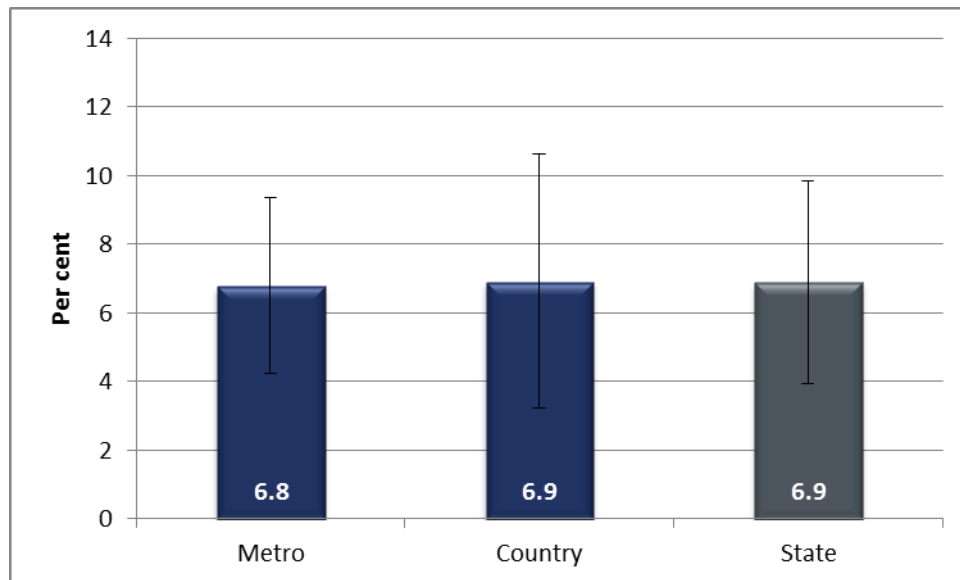
Table 10: Prevalence of children with a developmental problem, 0 to 15 years, HWSS 2017

	%	95% CI
Age Group		
0 to 4 yrs	7.3	* (0.3 - 14.4)
5 to 9 yrs	8.1	* (3.4 - 12.8)
10 to 15 yrs	5.4	* (2.6 - 8.1)
Gender		
Boys	9.0	(4.8 - 13.1)
Girls	4.7	* (0.5 - 8.9)
Children	6.9	(4.0 - 9.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 2 shows the prevalence of developmental problems among children by geographic area of residence. The prevalence of developmental problems was similar among children living in metro and country areas.

Figure 2: Prevalence of children with developmental problems, by geographic area, 0 to 15 years, HWSS 2017



The annual prevalence estimates of developmental problems are shown in Table 11. The estimate for 2017 was similar to that for 2002.

Table 11: Prevalence of children with developmental problems, 0 to 15 years, HWSS 2002–17

	%	95% CI
2002	7.4	(5.6 - 9.2)
2003	8.3	(6.5 - 10.1)
2004	8.6	(5.7 - 11.5)
2005	6.7	(4.7 - 8.7)
2006	6.2	(4.5 - 8.0)
2007	6.3	(3.9 - 8.7)
2008	7.0	(4.6 - 9.4)
2009	5.9	(4.7 - 7.1)
2010	5.8	(3.7 - 7.8)
2011	6.1	(3.7 - 8.4)
2012	7.5	(5.1 - 9.9)
2013	8.7	(5.7 - 11.7)
2014	6.3	(3.9 - 8.7)
2015	7.0	(4.6 - 9.3)
2016	5.6	(3.4 - 7.8)
2017	6.8	(4.0 - 9.6)
Average	6.7	(6.2 - 7.2)

7.3 Type 1 diabetes

Diabetes is a condition where the body is unable to maintain normal blood glucose levels. Diabetes contributes significantly to ill health, disability and premature death in Australia, though death is extremely rare among children.¹³

Parents/carers have been asked each year since 2002 whether their child has been diagnosed with type 1 diabetes. In 2017, too few respondents indicated that their child had been diagnosed with type 1 diabetes to calculate reliable population estimates.

Low prevalence rates of type 1 diabetes have also been reported by the ABS, with 0.2 per cent of 0 to 14 year olds in Australia reported as having type 1 diabetes in the 2014-15 National Health Survey.¹⁴ The latest publicly available data for WA children (2013) estimates the prevalence of type 1 diabetes to be 130.4 per 100,000 population.¹⁵

7.4 Asthma

Asthma is one of the most common chronic conditions among children, affecting 10 per cent of the Australian child population (0 to 14 years) based on the 2014-15 National Health Survey.¹⁴ Asthma is a reversible narrowing of the airways in the lungs, with symptoms that include wheezing, coughing, tightness of the chest, breathing difficulty and shortness of breath.¹⁶

Parents/carers were asked whether a doctor had ever told them that their child had asthma and whether their child had symptoms or had taken treatment for asthma during the past 12 months.

The WA prevalence of childhood asthma is shown in Table 12. Estimates for the lifetime prevalence and 12-month period prevalence of asthma were similar among children aged 5 to 9 years and 10 to 15 years, and among boys and girls.

Table 12: Prevalence of children with asthma, 0 to 15 years, HWSS 2017

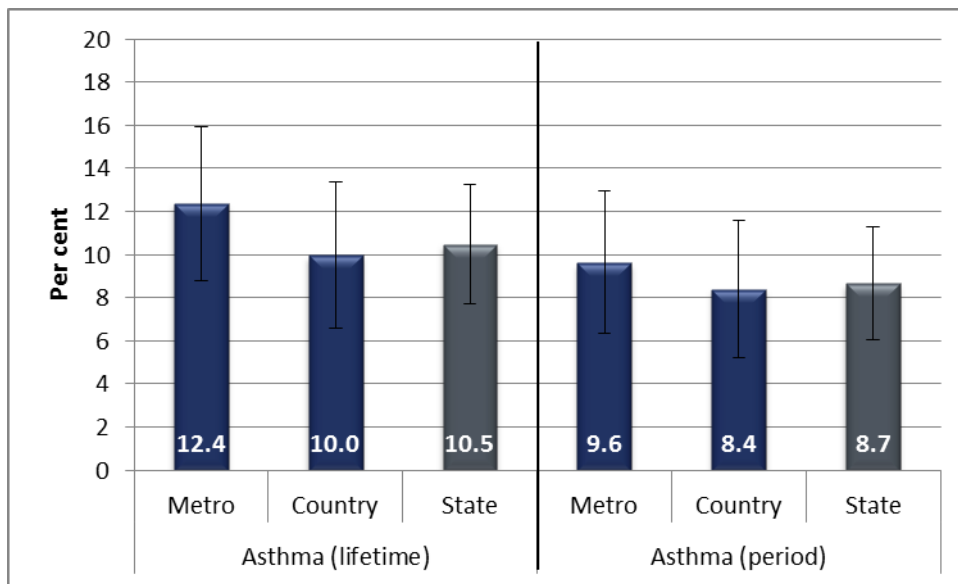
	Lifetime (a)		Period (b)	
	%	95% CI	%	95% CI
Age Group				
0 to 4 yrs	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	13.0	(7.5 - 18.6)	11.1	(6.0 - 16.2)
10 to 15 yrs	14.4	(10.0 - 18.9)	11.2	(7.0 - 15.3)
Gender				
Boys	10.7	(7.2 - 14.2)	8.6	(5.4 - 11.8)
Girls	10.3	(6.0 - 14.7)	8.7	(4.6 - 12.9)
Children	10.5	(7.7 - 13.3)	8.7	(6.1 - 11.3)

(a) Children whose parent/carer reported they had been told by a doctor or nurse that the child had asthma (ever).

(b) Children whose parent/carer reported the child has had symptoms of, or treatment for, asthma in the last 12 months.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 3 shows the prevalence of asthma among children by geographic area of residence. Estimates for the lifetime prevalence and 12-month period prevalence of asthma were similar for WA children living in metro and country areas.

Figure 3: Prevalence of children with asthma, by geographic area, 0 to 15 years, HWSS 2017



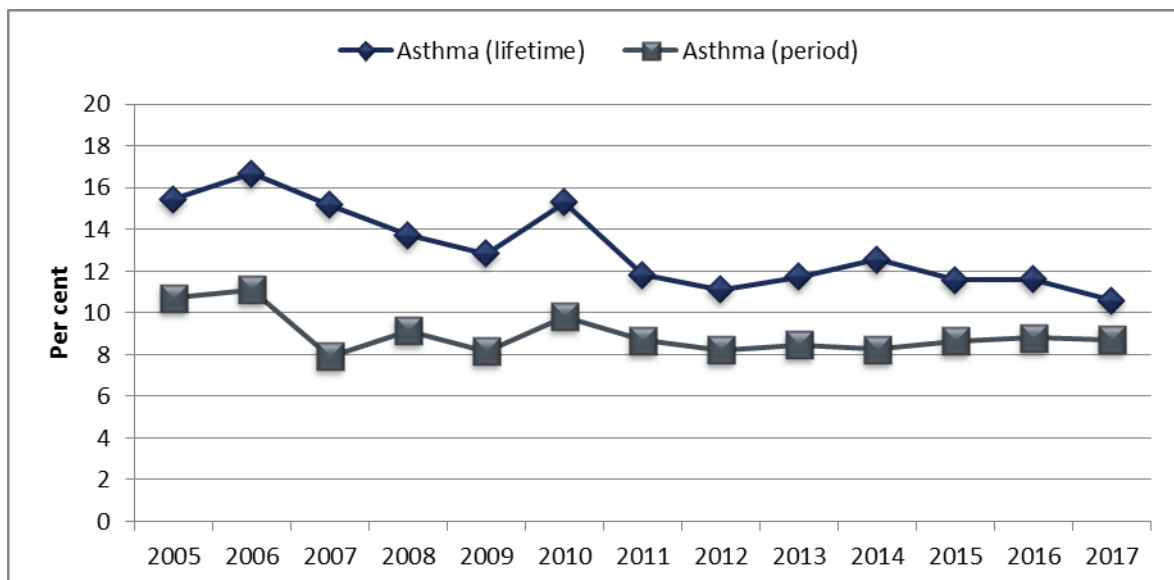
The annual prevalence estimates of childhood asthma are shown in Table 13 and Figure 4. The lifetime prevalence and 12-month period prevalence of asthma estimates for 2017 were similar to those for 2002.

Table 13: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–17

	Lifetime (a)		Period (b)	
	%	95% CI	%	95% CI
2005	15.4	(12.7 - 18.2)	10.7	(8.4 - 13.1)
2006	16.7	(14.1 - 19.3)	11.1	(8.9 - 13.4)
2007	15.2	(11.7 - 18.7)	7.9	(5.5 - 10.4)
2008	13.7	(10.5 - 17.0)	9.1	(6.3 - 12.0)
2009	12.8	(11.1 - 14.6)	8.1	(6.6 - 9.6)
2010	15.3	(12.3 - 18.3)	9.8	(7.3 - 12.3)
2011	11.8	(8.7 - 14.9)	8.7	(5.9 - 11.5)
2012	11.1	(8.5 - 13.7)	8.2	(5.9 - 10.6)
2013	11.7	(8.9 - 14.5)	8.5	(6.1 - 10.9)
2014	12.6	(9.4 - 15.8)	8.3	(5.6 - 10.9)
2015	11.6	(8.6 - 14.5)	8.7	(6.1 - 11.3)
2016	11.6	(8.5 - 14.7)	8.8	(6.0 - 11.7)
2017	10.6	(7.9 - 13.3)	8.7	(6.2 - 11.3)
Average	13.3	(12.5 - 14.0)	9.0	(8.4 - 9.6)

- (c) Children whose parent/carer reported they had been told by a doctor or nurse that the child had asthma (ever).
- (d) Children whose parent/carer reported the child has had symptoms of, or treatment for, asthma in the last 12 months.

Figure 4: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–17



7.5 Respiratory problem other than asthma

Parents/carers have been asked each year since 2007 whether a doctor had told them that their child had a respiratory problem other than asthma, such as chronic bronchitis, that lasted six months or more. In 2017, an estimated 1.6 per cent of children aged 0 to 15 years had been diagnosed with a respiratory problem other than asthma.

7.6 Injuries

Injury is a leading and often preventable cause of hospitalisation and death in Australia.¹⁰ Parents/carers were asked whether their child had an injury in the past 12 months that required treatment from a health professional (Table 14).

Approximately one in five WA children aged 0 to 15 years (22.0%) had sustained an injury in the past 12 months that required treatment from a health professional. A significantly higher percentage of children aged 10 to 15 years required treatment from a health professional than children aged 0 to 4 years (30.3% compared with 13.2%). The proportion of children injured in the past 12 months that required treatment from a health professional was similar among boys and girls.

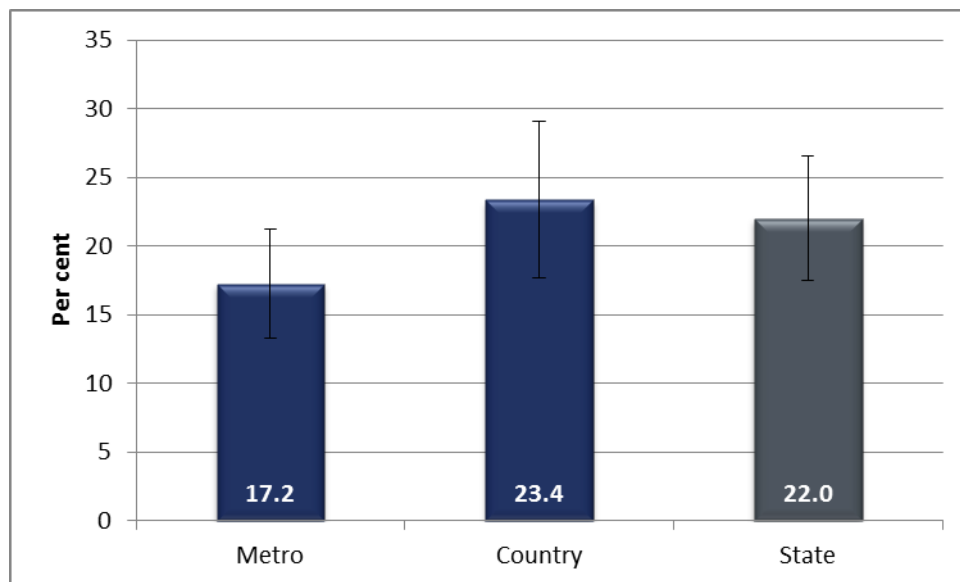
Table 14: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2017

	%	95% CI
Age Group		
0 to 4 yrs	13.2 *	(3.4 - 23.0)
5 to 9 yrs	22.1	(14.7 - 29.4)
10 to 15 yrs	30.3	(24.3 - 36.2)
Gender		
Boys	20.7	(15.1 - 26.4)
Girls	23.4	(16.3 - 30.5)
Children	22.0	(17.5 - 26.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 5 shows the proportion of children who had an injury in the past 12 months that required treatment by a health professional, by geographic area of residence. The proportion of children injured in the past 12 months that required treatment from a health professional was similar in metro and country areas.

Figure 5: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, by geographic area, 0 to 15 years, HWSS 2017

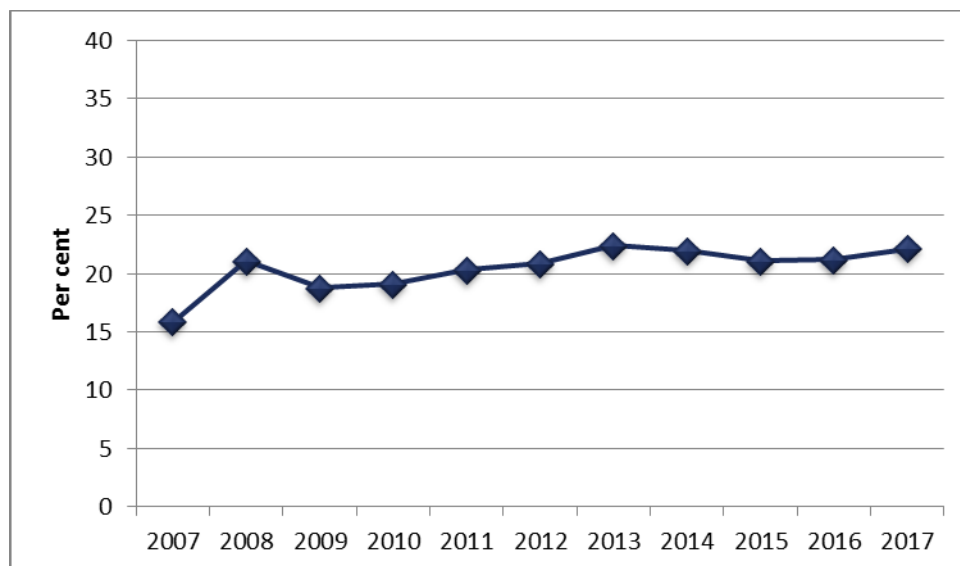


The annual prevalence estimates for WA children aged 0 to 15 years sustaining injuries requiring treatment from a health professional in the past 12 months are shown in Table 15 and Figure 6. In 2017, the proportion of children aged 0 to 15 years who sustained an injury in the past 12 months was similar to 2007 (22.1% compared with 15.9%).

Table 15: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–17

	%	95% CI
2007	15.9	(11.3 - 20.4)
2008	21.1	(17.1 - 25.0)
2009	18.7	(16.5 - 20.9)
2010	19.1	(15.6 - 22.6)
2011	20.3	(16.5 - 24.1)
2012	20.9	(17.3 - 24.4)
2013	22.4	(18.2 - 26.5)
2014	22.0	(17.7 - 26.2)
2015	21.1	(17.3 - 24.8)
2016	21.2	(17.4 - 24.9)
2017	22.1	(17.7 - 26.5)
Average	20.5	(19.4 - 21.6)

Figure 6: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–17



The mean number of injuries that required treatment from a health professional in the past 12 months is shown in Table 16. The estimates presented in Table 16 are reported to two decimal places given their small size. In 2017, children aged 10 to 15 years sustained more injuries requiring treatment from a health professional than children aged 0 to 4 years. The

mean number of injuries that required treatment from a health professional in the past 12 months was similar among boys and girls.

Table 16: Mean number of injuries requiring treatment from a health professional, 0 to 15 years, HWSS 2017

	mean	95% CI
Age Group		
0 to 4 yrs	0.15 *	(0.05 - 0.25)
5 to 9 yrs	0.33	(0.19 - 0.47)
10 to 15 yrs	0.46	(0.35 - 0.57)
Gender		
Boys	0.30	(0.20 - 0.40)
Girls	0.34	(0.24 - 0.43)
Children	0.32	(0.25 - 0.39)

* Mean estimate has a RSE between 25%-50% and should be used with caution.

It is possible to have a mean number of injuries that is less than one as the majority of children do not experience any injury in the previous year. However, this still equates to an estimated 116,020 injuries in 2017 that required treatment by a health care professional.

The mean number of injuries that required treatment from a health professional in the past 12 months since 2007 is shown in Table 17. The estimates presented in Table 17 are reported to two decimal places given their small size. The mean number of injuries for children aged 0 to 15 years that required treatment from a health professional was similar in 2017 and 2007 (0.32 injuries compared with 0.24 injuries).

Table 17: Mean number of injuries, 0 to 15 years, HWSS 2007–17

	mean	95% CI
2007	0.24	(0.18 - 0.29)
2008	0.30	(0.23 - 0.37)
2009	0.25	(0.22 - 0.29)
2010	0.28	(0.21 - 0.34)
2011	0.34	(0.26 - 0.42)
2012	0.34	(0.26 - 0.42)
2013	0.34	(0.26 - 0.42)
2014	0.40	(0.23 - 0.57)
2015	0.33	(0.25 - 0.41)
2016	0.31	(0.25 - 0.38)
2017	0.32	(0.25 - 0.39)
Average	0.30	(0.28 - 0.32)

8. LIFESTYLE FACTORS

There are many factors that influence a person's health, including genetics, lifestyle and environmental (including social) factors. These factors may have a positive effect on health, such as a high consumption of fruit and vegetables, or a negative effect, such as physical inactivity.¹⁰ These modifiable lifestyle behaviours are also associated with the onset of some physiological risk factors, such as obesity.

8.1 Physical activity and sedentary behaviour

Physical activity has important effects on children's health. It can influence children's growth and development and have mental health benefits.¹⁷ Physical inactivity can increase the risk of overweight and obesity and can increase the risk of developing chronic health conditions later in life.¹⁷ Parents/carers were asked to rate their child's physical activity level, as shown in Table 18.

Just over half (55.4%) of children aged 5 to 15 years were reported to be very active. Less than one in ten (6.3%) children were not very active/not at all active. Parent/carer-rated physical activity levels were similar among different age groups and among boys and girls.

Table 18: Prevalence of children by parent/carer-rated physical activity level, 5 to 15 years, HWSS 2017

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	61.0	(53.2 - 68.9)	21.3	(14.8 - 27.7)	13.3	(8.1 - 18.5)	4.4 *	(1.0 - 7.8)
10 to 15 yrs	50.1	(43.6 - 56.7)	22.6	(17.4 - 27.9)	19.2	(14.1 - 24.4)	8.0	(4.7 - 11.4)
Gender								
Boys	55.7	(48.6 - 62.9)	22.4	(16.4 - 28.4)	17.2	(11.9 - 22.6)	4.6 *	(1.9 - 7.4)
Girls	55.0	(47.6 - 62.3)	21.5	(15.9 - 27.2)	15.5	(10.4 - 20.5)	8.0 *	(4.0 - 12.0)
Children	55.4	(50.2 - 60.5)	22.0	(17.9 - 26.1)	16.4	(12.7 - 20.1)	6.3	(3.9 - 8.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual estimates of physical activity ratings are shown in Table 19. Estimates for 2017 relating to parent/carer-rated physical activity were similar to 2005.

Table 19: Prevalence of children by parent/carer rated physical activity level, 5 to 15 years, HWSS 2005–17

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	48.8	(44.2 - 53.3)	28.9	(24.8 - 32.9)	17.1	(13.5 - 20.6)	5.3	(3.3 - 7.3)
2006	50.3	(46.1 - 54.5)	28.9	(25.2 - 32.6)	18.4	(15.3 - 21.5)	2.4	(1.3 - 3.5)
2007	51.4	(45.6 - 57.3)	26.1	(21.1 - 31.1)	19.2	(14.6 - 23.7)	3.3 *	(1.3 - 5.4)
2008	53.3	(47.9 - 58.8)	26.9	(22.1 - 31.7)	14.6	(10.8 - 18.3)	5.2	(3.0 - 7.4)
2009	47.8	(45.3 - 50.3)	32.9	(30.6 - 35.3)	15.3	(13.5 - 17.1)	4.0	(3.1 - 4.9)
2010	51.7	(46.7 - 56.7)	29.3	(24.7 - 33.8)	13.9	(10.5 - 17.2)	5.1	(2.9 - 7.4)
2011	52.1	(46.5 - 57.8)	28.5	(23.3 - 33.7)	17.2	(12.9 - 21.5)	2.2 *	(0.7 - 3.6)
2012	49.6	(44.6 - 54.7)	30.2	(25.6 - 34.8)	14.7	(11.1 - 18.2)	5.5	(3.2 - 7.8)
2013	46.1	(40.9 - 51.4)	30.5	(25.5 - 35.5)	20.0	(15.8 - 24.3)	3.3 *	(1.5 - 5.2)
2014	47.8	(42.0 - 53.6)	28.8	(23.6 - 34.0)	17.5	(12.7 - 22.2)	5.9	(3.3 - 8.5)
2015	50.4	(45.0 - 55.8)	27.3	(22.4 - 32.2)	17.3	(13.4 - 21.2)	5.0 *	(2.4 - 7.6)
2016	53.1	(47.9 - 58.3)	26.3	(21.8 - 30.9)	16.7	(13.0 - 20.3)	3.9	(2.0 - 5.8)
2017	55.0	(50.0 - 60.0)	22.1	(18.1 - 26.1)	16.5	(12.9 - 20.2)	6.4	(4.0 - 8.7)
Average	50.0	(48.7 - 51.2)	29.3	(28.2 - 30.5)	16.4	(15.4 - 17.3)	4.3	(3.8 - 4.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Based on the 2014 Australian Physical Activity and Sedentary Behaviour Guidelines, children aged between 5 and 15 years are required to complete at least 60 minutes of moderate to vigorous physical activity each day to achieve good health.¹⁷

The HWSS reports against physical activity levels using a two-step question that asks parents/carers to report separately on the amount of vigorous and moderate activity that the child completed in the past week. Completing sufficient levels of physical activity is then defined as being physically active for seven or more sessions a week where each session lasted 60 minutes or more.

The estimates of weekly physical activity for children 5 to 15 years are shown in Table 20.

Table 20: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2017

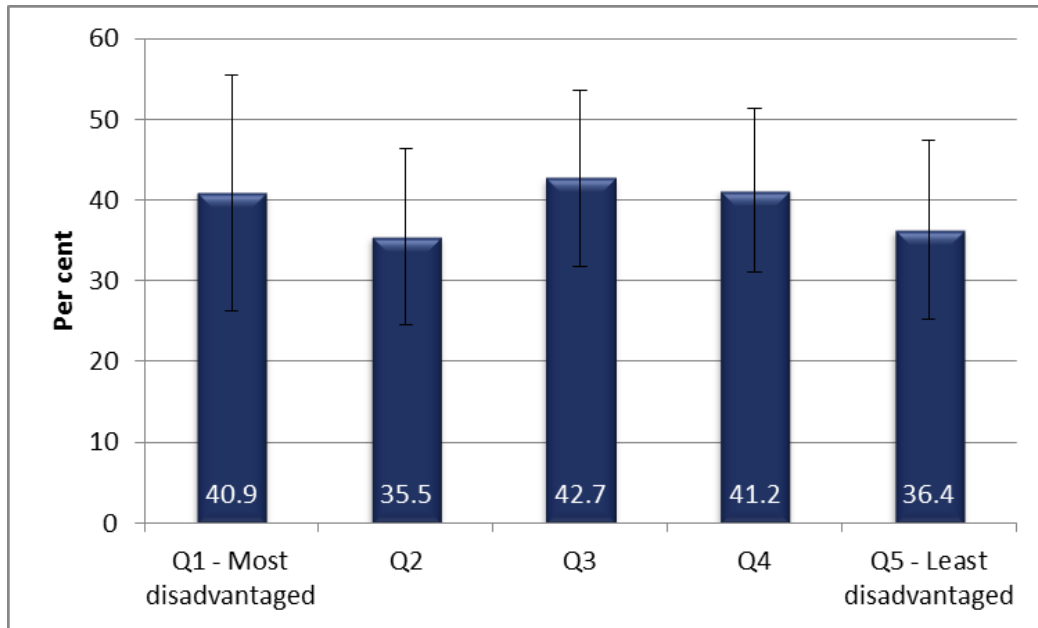
	No sessions of physical activity per week		Physically active 1 to 6 sessions per week		Physically active 7 or more sessions per week but less than 60 mins a session		Physically active 7 or more sessions per week and at least 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	2.5 *	(0.5 - 4.6)	31.4	(23.8 - 39.0)	19.3	(12.9 - 25.8)	46.7	(38.5 - 55.0)
10 to 15 yrs	5.7 *	(2.8 - 8.7)	50.1	(43.5 - 56.7)	11.3	(7.4 - 15.2)	32.9	(26.8 - 38.9)
Gender								
Boys	4.4 *	(1.6 - 7.2)	36.5	(29.4 - 43.6)	13.0	(8.4 - 17.6)	46.2	(39.0 - 53.3)
Girls	4.1 *	(1.7 - 6.5)	46.1	(38.6 - 53.6)	17.3	(11.5 - 23.1)	32.5	(25.3 - 39.8)
Children	4.2	(2.4 - 6.1)	41.2	(36.1 - 46.4)	15.1	(11.4 - 18.8)	39.4	(34.3 - 44.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Overall, 39.4 per cent of children aged 5 to 15 years completed sufficient amounts of physical activity. Estimates for the amount of physical activity completed weekly by children were similar among different age groups and among boys and girls.

Figure 7 shows the proportion of 5 to 15 year olds completing sufficient levels of physical activity for their age by SEIFA quintile. Estimates for the amount of physical activity completed weekly by children were similar among the five SEIFA quintiles.

Figure 7: Prevalence of children completing sufficient weekly physical activity, by SEIFA quintiles in WA, 5 to 15 years, HWSS 2017

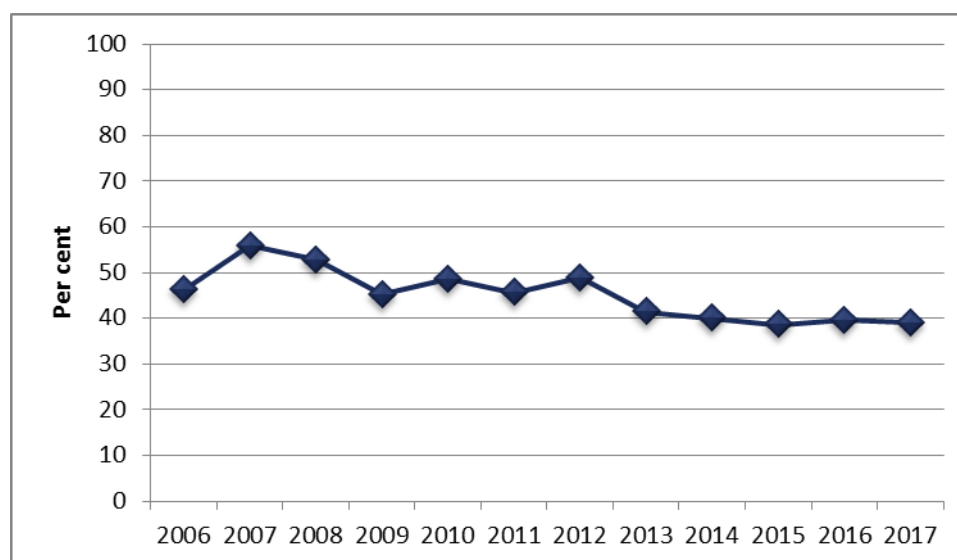


The annual prevalence estimates of weekly physical activity are shown in Table 21 and Figure 8. The proportion of children completing sufficient levels of physical activity in 2017 (39.0%) was significantly lower compared with 2007 (55.9%) and 2008 (52.8%).

Table 21: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2006–17

	No sessions of physical activity per week		Physically active 1 to 6 sessions per week		Physically active 7 or more sessions per week but less than 60 mins a session		Physically active 7 or more sessions per week and at least 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2006	2.2	(1.2 - 3.2)	31.1	(27.2 - 35.0)	20.5	(17.1 - 24.0)	46.1	(41.9 - 50.4)
2007	2.6 *	(1.0 - 4.3)	26.5	(21.4 - 31.7)	14.9	(10.9 - 18.9)	55.9	(50.0 - 61.8)
2008	3.3 *	(1.4 - 5.2)	28.6	(23.4 - 33.8)	15.3	(11.4 - 19.2)	52.8	(47.1 - 58.5)
2009	4.0	(3.0 - 4.9)	36.4	(34.0 - 38.8)	14.4	(12.7 - 16.2)	45.2	(42.7 - 47.7)
2010	3.3	(1.8 - 4.9)	32.5	(27.8 - 37.3)	15.6	(12.0 - 19.2)	48.5	(43.4 - 53.6)
2011	4.1 *	(1.2 - 6.9)	32.0	(26.7 - 37.4)	18.4	(14.0 - 22.7)	45.5	(39.9 - 51.2)
2012	4.6	(2.4 - 6.9)	31.9	(27.3 - 36.5)	14.5	(10.9 - 18.2)	48.9	(43.8 - 54.0)
2013	6.2	(3.4 - 8.9)	34.8	(29.8 - 39.9)	17.6	(13.4 - 21.8)	41.4	(36.1 - 46.7)
2014	5.6 *	(2.7 - 8.5)	35.9	(30.3 - 41.4)	18.5	(14.0 - 23.0)	40.0	(34.3 - 45.8)
2015	3.6	(1.9 - 5.3)	35.5	(30.2 - 40.8)	22.4	(17.6 - 27.1)	38.5	(33.2 - 43.9)
2016	3.8	(2.0 - 5.7)	35.7	(30.6 - 40.8)	20.9	(16.6 - 25.3)	39.6	(34.4 - 44.8)
2017	4.3	(2.4 - 6.2)	41.6	(36.6 - 46.7)	15.1	(11.5 - 18.6)	39.0	(34.0 - 44.0)
Average	3.9	(3.4 - 4.4)	34.1	(32.8 - 35.3)	16.9	(15.9 - 17.9)	45.1	(43.8 - 46.4)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 8: Prevalence of children completing sufficient weekly physical activity, 5 to 15 years, HWSS 2006–17

The annual estimates for mean minutes spent in physical activity per week, for children 5 to 15 years, are shown in Table 22.

Table 22: Mean time spent in physical activity per week, 5 to 15 years, HWSS 2006–17

	mean	95% CI
2006	501.8	(466.4 - 537.2)
2007	595.0	(535.5 - 654.5)
2008	584.5	(528.7 - 640.3)
2009	558.8	(536.2 - 581.4)
2010	520.4	(475.7 - 565.2)
2011	532.9	(484.3 - 581.5)
2012	565.8	(514.2 - 617.5)
2013	514.5	(472.3 - 556.7)
2014	496.1	(441.1 - 551.2)
2015	477.0	(430.1 - 523.9)
2016	463.1	(428.4 - 497.8)
2017	474.4	(432.5 - 516.3)
Average	530.0	(518.2 - 541.8)

Australia's Physical Activity and Sedentary Behaviour Guidelines make recommendations about the maximum amount of time children aged 0 to 17 years should spend using electronic media (for example television, seated electronic games and computer use) during leisure time.¹⁷ The guidelines recommend no use of electronic media for children less than 2 years of age, less than one hour of use daily for children 2 years to less than 5 years of age and no more than 2 hours of use daily for children 5 to 17 years of age.

The proportion of children aged 0 to 15 years who met the guidelines for their specific age group is shown in Table 23. Children aged 2 to less than 5 years were significantly less likely to meet the daily leisure time screen usage guidelines compared with children aged less than 2 years and those aged 5 to 15 years (24.8% compared with 63.8% and 77.4%). The proportion of children who met the guidelines was similar among boys and girls.

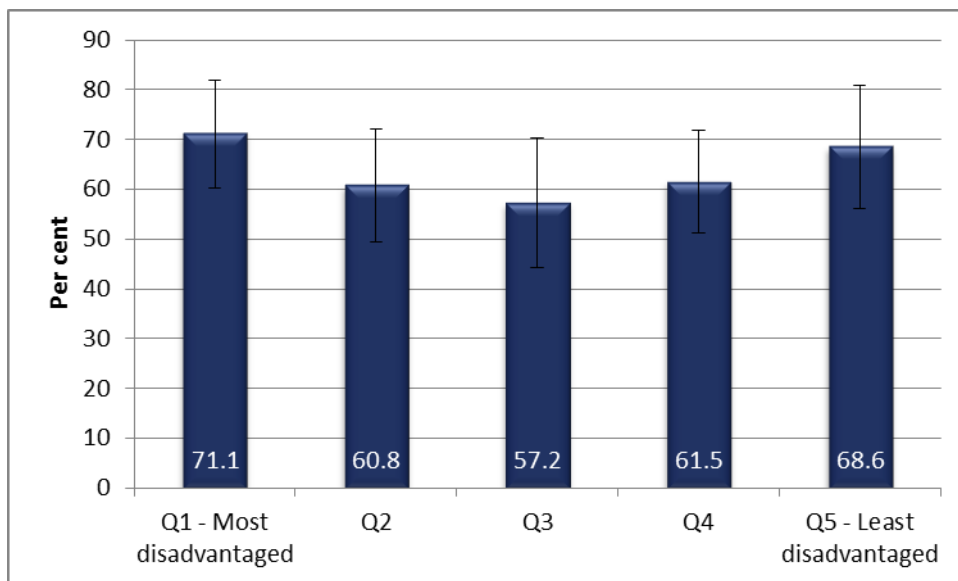
Table 23: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2017

	Does not meet guidelines for electronic media use		Meets guidelines for electronic media use	
	%	95% CI	%	95% CI
Age Group				
0 to < 2 yrs	36.2 *	(13.2 - 59.2)	63.8	(40.8 - 86.8)
2 to <5 yrs	75.2	(63.0 - 87.5)	24.8 *	(12.5 - 37.0)
5 to 15 yrs	22.6	(18.4 - 26.8)	77.4	(73.2 - 81.6)
Gender				
Boys	35.6	(28.0 - 43.1)	64.4	(56.9 - 72.0)
Girls	38.7	(30.6 - 46.8)	61.3	(53.2 - 69.4)
Children	37.1	(31.5 - 42.6)	62.9	(57.4 - 68.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 9 shows the proportion of children meeting the Australian sedentary behaviour guidelines for electronic media use by SEIFA quintile. The proportion of children who met the guidelines was similar across the five SEIFA quintiles.

Figure 9: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, by SEIFA quintiles in WA, 0 to 15 years, HWSS 2017

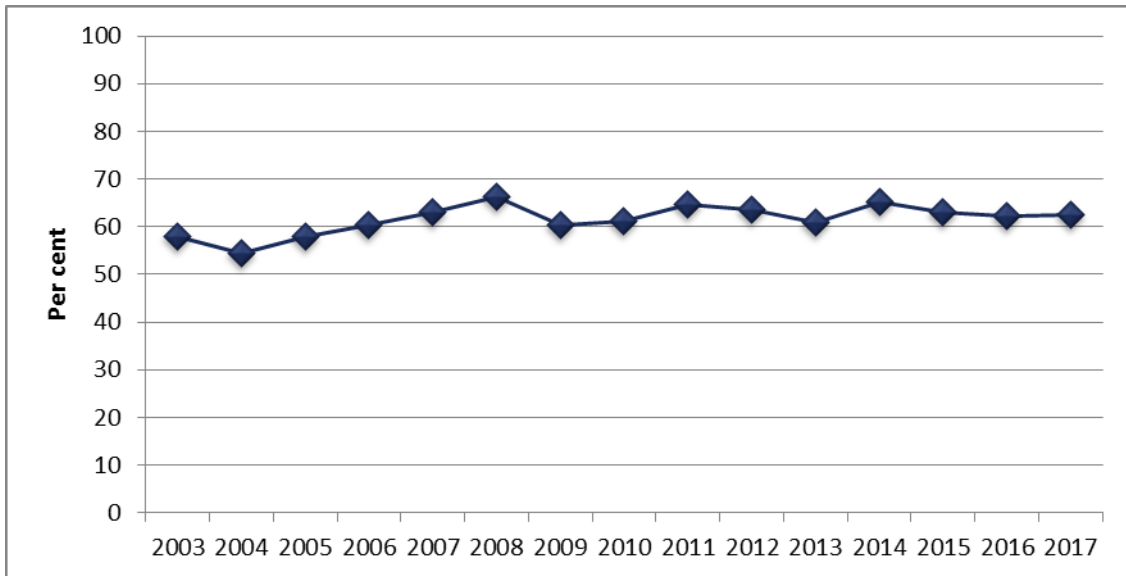


Annual estimates of the proportion of children meeting the Australian sedentary behaviour guidelines for use of electronic media during leisure time, is shown in Table 24 and Figure 10. The proportion of children meeting the Australian sedentary behaviour guidelines for use of electronic media during leisure time was similar in 2017 and 2003 (62.6% compared with 57.9%).

Table 24: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–17

	Meets guidelines for electronic media use		Does not meet guidelines for electronic media use	
	%	95% CI	%	95% CI
2003	57.9	(54.5 - 61.4)	42.1	(38.6 - 45.5)
2004	54.5	(49.1 - 59.9)	45.5	(40.1 - 50.9)
2005	57.9	(54.2 - 61.7)	42.1	(38.3 - 45.8)
2006	60.3	(56.8 - 63.7)	39.7	(36.3 - 43.2)
2007	63.1	(58.1 - 68.0)	36.9	(32.0 - 41.9)
2008	66.4	(61.8 - 70.9)	33.6	(29.1 - 38.2)
2009	60.3	(57.1 - 63.4)	39.7	(36.6 - 42.9)
2010	61.1	(56.9 - 65.3)	38.9	(34.7 - 43.1)
2011	64.8	(59.9 - 69.6)	35.2	(30.4 - 40.1)
2012	63.5	(59.2 - 67.8)	36.5	(32.2 - 40.8)
2013	61.0	(56.0 - 66.0)	39.0	(34.0 - 44.0)
2014	65.2	(60.1 - 70.4)	34.8	(29.6 - 39.9)
2015	63.2	(58.5 - 67.8)	36.8	(32.2 - 41.5)
2016	62.2	(57.5 - 67.0)	37.8	(33.0 - 42.5)
2017	62.6	(57.2 - 68.0)	37.4	(32.0 - 42.8)
Average	61.1	(60.0 - 62.1)	38.9	(37.9 - 40.0)

Figure 10: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–17



8.2 Body mass index

Parents/carers were asked to provide their child's height without shoes and weight without clothes or shoes. A Body Mass Index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared.

Age and sex specific BMI categories were then used to classify children into not overweight or obese, overweight, and obese,¹⁸ as shown in Table 25. Outliers and biologically implausible values were removed in the derivation of these categories.¹⁹

In 2017, it is estimated that approximately one in four (26.5%) children aged 5 to 15 years were either overweight or obese. The prevalence of overweight and obesity were similar among children from different age groups and among boys and girls.

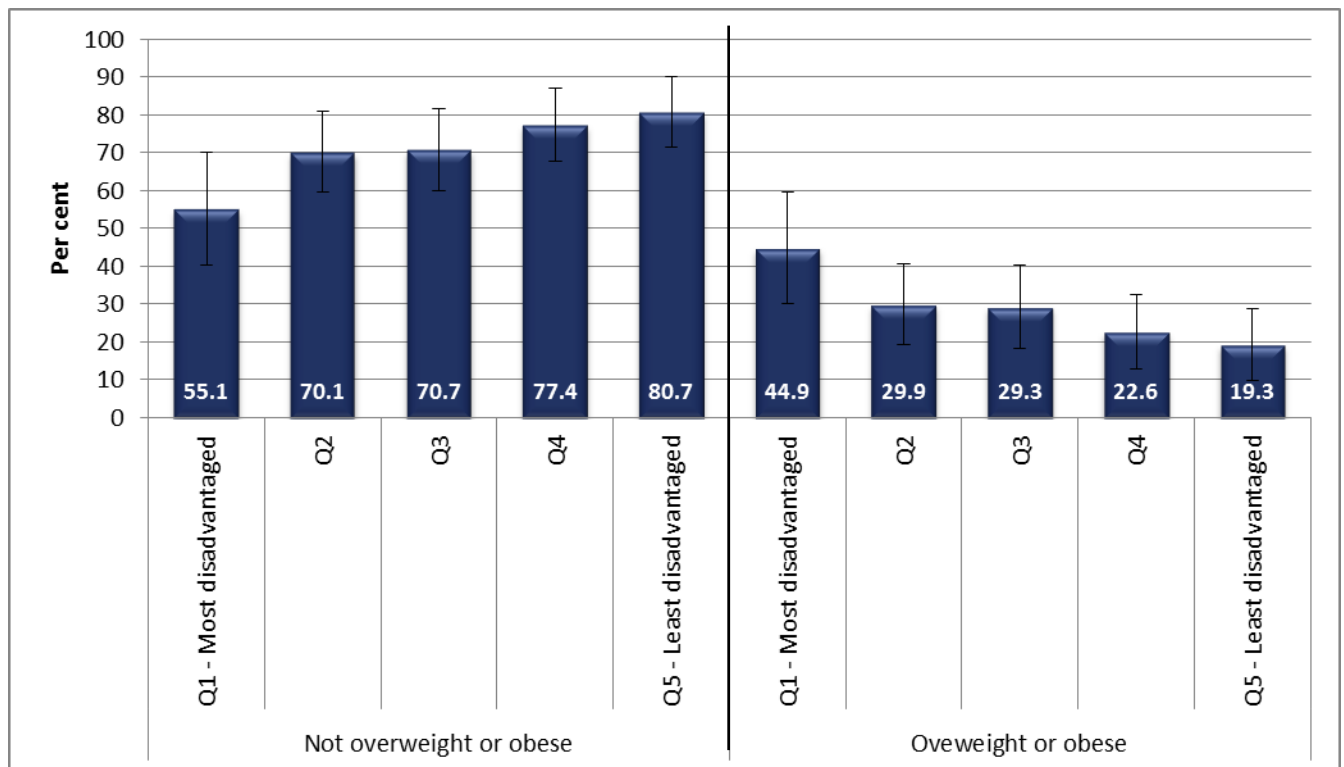
Table 25: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2017

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
5 to 9 yrs	68.9	(60.7 - 77.0)	16.4	(10.1 - 22.8)	14.7	(8.3 - 21.2)
10 to 15 yrs	77.6	(71.8 - 83.4)	16.2	(10.9 - 21.5)	6.3 *	(3.2 - 9.4)
Gender						
Boys	77.0	(70.8 - 83.2)	13.2	(8.6 - 17.9)	9.8	(5.0 - 14.5)
Girls	69.9	(62.4 - 77.5)	19.5	(12.8 - 26.1)	10.6	(5.5 - 15.7)
Children	73.5	(68.6 - 78.4)	16.3	(12.2 - 20.4)	10.2	(6.7 - 13.6)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 11 shows the prevalence of body mass index categories by SEIFA quintiles. In 2017, a significantly higher proportion of children living in the most disadvantaged areas of WA were overweight or obese compared with children living in the least disadvantaged areas of WA (44.9% compared with 19.3%).

Figure 11: Prevalence of children by body mass index categories, by SEIFA quintiles in WA, 5 to 15 years, HWSS 2017



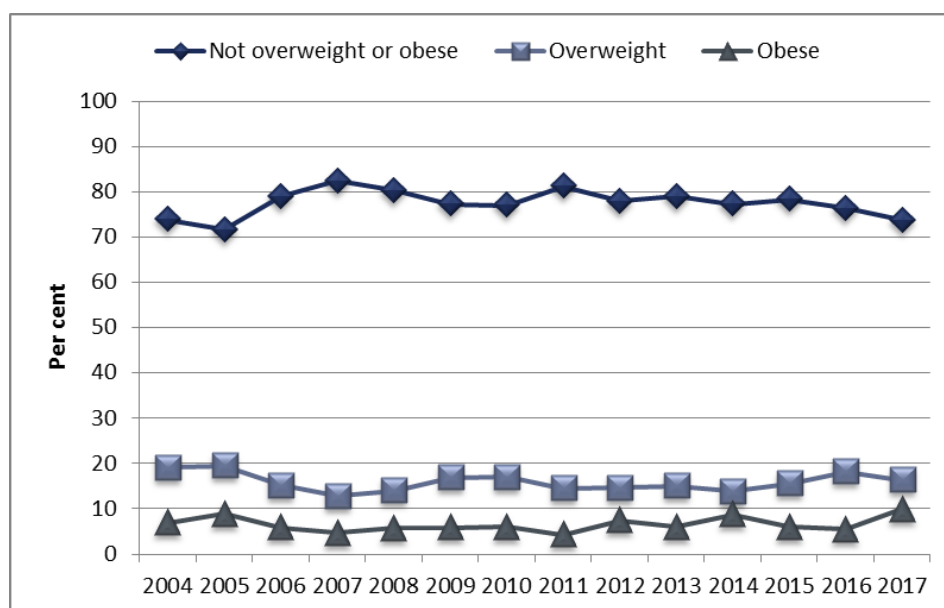
The annual prevalence estimates for body mass index categories is shown in Table 26 and Figure 12. Estimates in 2017 were similar to those in 2004.

Table 26: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–17

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
2004	73.9	(66.9 - 80.9)	19.1	(12.9 - 25.4)	7.0 *	(2.9 - 11.0)
2005	71.7	(66.4 - 77.0)	19.5	(14.9 - 24.0)	8.9	(5.3 - 12.4)
2006	79.0	(74.9 - 83.2)	15.1	(11.4 - 18.8)	5.8	(3.5 - 8.1)
2007	82.5	(77.2 - 87.8)	12.9	(8.2 - 17.6)	4.6 *	(1.8 - 7.4)
2008	80.3	(75.5 - 85.2)	14.0	(9.7 - 18.2)	5.7	(3.0 - 8.4)
2009	77.3	(75.1 - 79.5)	16.9	(14.9 - 18.8)	5.8	(4.6 - 7.0)
2010	77.0	(72.5 - 81.5)	17.0	(13.0 - 21.1)	6.0	(3.6 - 8.3)
2011	81.2	(76.8 - 85.7)	14.5	(10.6 - 18.4)	4.2 *	(1.8 - 6.7)
2012	77.9	(73.6 - 82.2)	14.7	(11.2 - 18.2)	7.4	(4.5 - 10.3)
2013	78.9	(74.4 - 83.5)	15.1	(11.1 - 19.1)	6.0	(3.4 - 8.5)
2014	77.4	(72.4 - 82.3)	13.9	(9.9 - 17.9)	8.7	(5.3 - 12.2)
2015	78.4	(73.8 - 82.9)	15.6	(11.5 - 19.8)	6.0	(3.7 - 8.4)
2016	76.3	(71.8 - 80.9)	18.2	(14.1 - 22.4)	5.4	(3.3 - 7.6)
2017	73.7	(69.0 - 78.5)	16.4	(12.3 - 20.4)	9.9	(6.6 - 13.2)
Average	77.3	(76.2 - 78.5)	16.2	(15.2 - 17.2)	6.4	(5.8 - 7.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 12: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–17



Parents/carers were also asked for their perceptions of their child's weight (Table 27). Perceptions of weight have been reported against BMI-based weight categories derived from parent/carer-reported height and weight for the children.¹⁸ For children aged 5 to 15 years with a BMI that classified them as overweight or obese, the majority (71.8%) had parents/carers who perceived their child's weight to be normal.

Table 27: Prevalence of children by parent/carer-perceived body weight, by Body Mass Index classification, 5 to 15 years, HWSS 2017

Body mass index classification	Parent / carer perception of child's body weight					
	Underweight		Normal weight		Overweight or very overweight	
	%	95% CI	%	95% CI	%	95% CI
Underweight	24.6 *	(8.7 - 40.5)	75.4	(59.5 - 91.3)	0.0	(0.0 - 0.0)
Normal weight	12.2	(7.8 - 16.6)	83.0	(78.0 - 88.0)	4.8 *	(2.0 - 7.7)
Overweight or obese	N/A	(N/A - N/A)	71.8	(61.7 - 81.8)	21.1	(13.2 - 29.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Parents/carers were then asked what they were trying to do about their child's weight (Table 28). Intentions to change weight have been reported against BMI calculations based on parent/carer-reported height and weight for the child. Around one in eight children (12.9%) classified as overweight or obese based on BMI had parents/carers intending to help them lose weight. The majority of children classified as overweight or obese based on BMI had parents/carers not intending to do anything about their child's weight (72.2%).

Table 28: Prevalence of children by parent/carer intentions regarding the child's weight, by Body Mass Index classification, 5 to 15 years, HWSS 2017

Body mass index classification	Parent / carer Intentions around child's body weight							
	Lose weight		Gain weight		Stay the same weight		I am not trying to do anything about my child's weight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Underweight	0.0	(0.0 - 0.0)	15.7 *	(3.0 - 28.4)	N/A	(N/A - N/A)	72.4	(55.9 - 89.0)
Normal weight	2.5 *	(0.8 - 4.3)	6.6 *	(3.1 - 10.1)	11.4	(7.7 - 15.1)	79.4	(74.4 - 84.5)
Overweight or obese	12.9 *	(6.4 - 19.3)	N/A	(N/A - N/A)	7.4 *	(2.0 - 12.8)	72.2	(62.0 - 82.3)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

8.3 Sun protection

Almost all skin cancers are preventable if people protect themselves from the sun.

Childhood sun exposure is particularly important in determining melanoma risk.²⁰ Table 29 shows the mean times children were sunburnt in the past 12 months. The mean times children were sunburnt in the past 12 months increased significantly with age.

Table 29: Mean times sunburnt in past 12 months, 0 to 15 years, HWSS 2017

	mean	95% CI
Age Group		
0 to 4 yrs	0.5	(0.2 - 0.7)
5 to 9 yrs	1.6	(1.2 - 1.9)
10 to 15 yrs	2.7	(2.3 - 3.2)
Gender		
Boys	1.7	(1.3 - 2.1)
Girls	1.5	(1.2 - 1.8)
Children	1.6	(1.4 - 1.8)

Annual estimates for the mean number of times sunburnt in the past 12 months are shown in Table 30. Estimates were similar in 2017 and 2002 (1.7 compared with 1.6).

Table 30: Mean times sunburnt in the past 12 months, 0 to 15 years, HWSS 2002–17

	mean	95% CI
2002	1.6	(1.3 - 1.9)
2003	1.4	(1.3 - 1.6)
2004	1.6	(1.4 - 1.9)
2005	1.3	(1.1 - 1.4)
2006	1.6	(1.3 - 1.7)
2007	1.5	(1.3 - 1.7)
2008	1.3	(1.2 - 1.5)
2009	1.1	(1.0 - 1.2)
2010	1.4	(1.2 - 1.5)
2011	1.5	(1.3 - 1.7)
2012	1.2	(1.1 - 1.3)
2013	1.5	(1.3 - 1.6)
2014	1.5	(1.3 - 1.7)
2015	1.5	(1.2 - 1.7)
2016	1.5	(1.2 - 1.8)
2017	1.7	(1.4 - 1.9)
Average	1.4	(1.4 - 1.5)

Table 31 shows the prevalence of children by how often parents/carers checked to see whether their child was adequately protected before going out into the sunlight (i.e. wearing a hat, using sunscreen and keeping covered).

In 2017, children aged 10 to 15 years were significantly less likely to always be checked by a parent/carer if they were adequately protected before going out into the sunlight compared with children aged 0 to 4 years and 5 to 9 years (41.6% compared with 65.3% and 63.3%).

Table 31: Prevalence of children by how often parent/carer checks they are adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2017

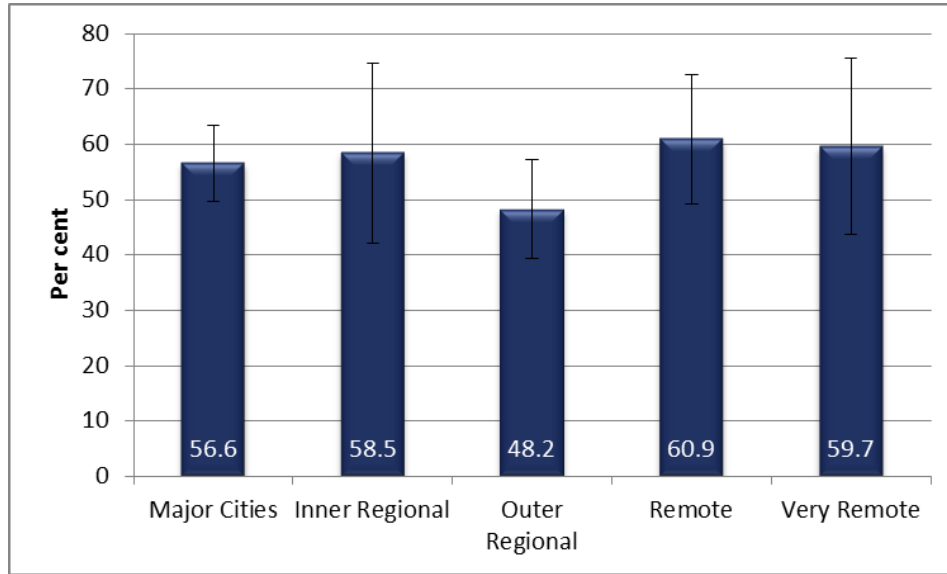
	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	65.3	(52.6 - 77.9)	30.3	(18.6 - 42.0)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	63.3	(55.5 - 71.2)	34.5	(26.8 - 42.3)	1.0 *	(0.1 - 1.9)	N/A	(N/A - N/A)
10 to 15 yrs	41.6	(35.1 - 48.1)	45.6	(39.1 - 52.1)	10.4	(6.3 - 14.5)	2.5 *	(0.5 - 4.4)
Gender								
Boys	58.7	(51.3 - 66.1)	36.3	(29.0 - 43.5)	4.1 *	(1.8 - 6.5)	N/A	(N/A - N/A)
Girls	54.0	(46.2 - 61.8)	37.7	(30.3 - 45.1)	6.7 *	(1.1 - 12.4)	N/A	(N/A - N/A)
Children	56.4	(51.0 - 61.8)	37.0	(31.8 - 42.1)	5.4 *	(2.4 - 8.4)	1.2 *	(0.3 - 2.2)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 13 shows the prevalence of children who are always checked by a parent/carer to ensure they are adequately protected before going out into the sunlight, by ARIA category. The prevalence of children always being checked before going out into the sunlight was similar among remoteness categories.

Figure 13: Prevalence of children who are always checked to be adequately protected before going out into the sunlight, by ARIA categories in WA, 0 to 15 years, HWSS 2017



Annual prevalence estimates for children checked by parents/carers to ensure they are adequately protected before going out into the sun are shown in Table 32 and Figure 14. Estimates in 2017 were similar to those in 2002.

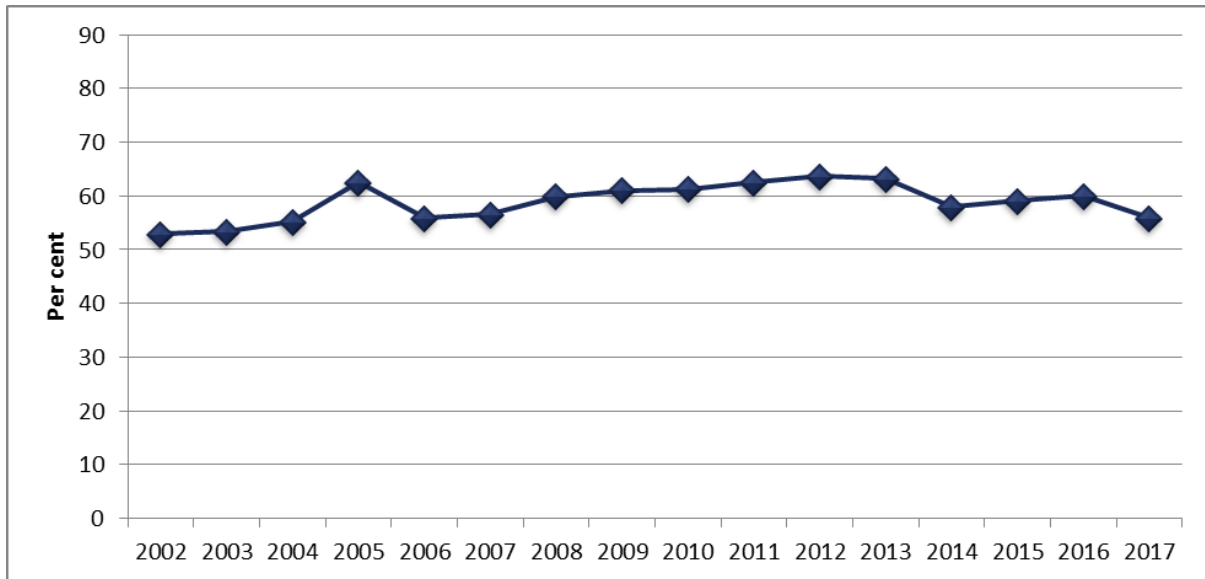
Table 32: Prevalence of children by how often parent/carer checks they are adequately protected before going into the sunlight, 0 to 15 years, HWSS 2002–17

	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	52.9	(49.1 - 56.7)	41.8	(38.1 - 45.6)	4.2	(2.8 - 5.5)	1.1 *	(0.4 - 1.8)
2003	53.3	(49.9 - 56.8)	40.8	(37.3 - 44.2)	4.4	(3.2 - 5.6)	1.5 *	(0.6 - 2.4)
2004	55.2	(49.8 - 60.5)	38.0	(32.7 - 43.2)	6.1	(3.4 - 8.7)	N/A	(N/A - N/A)
2005	62.5	(58.8 - 66.1)	30.9	(27.4 - 34.3)	5.6	(3.8 - 7.3)	1.1 *	(0.4 - 1.7)
2006	55.9	(52.3 - 59.4)	36.8	(33.4 - 40.2)	5.5	(3.8 - 7.2)	1.9 *	(0.8 - 2.9)
2007	56.5	(51.5 - 61.6)	35.0	(30.1 - 39.9)	7.0	(4.3 - 9.6)	1.5 *	(0.5 - 2.5)
2008	59.9	(55.3 - 64.6)	32.2	(27.8 - 36.7)	6.3	(4.2 - 8.5)	1.5 *	(0.4 - 2.6)
2009	61.0	(58.1 - 63.9)	31.8	(29.1 - 34.5)	5.0	(3.6 - 6.5)	2.1	(1.3 - 3.0)
2010	61.3	(57.1 - 65.4)	31.9	(27.9 - 35.8)	5.3	(3.4 - 7.2)	1.5 *	(0.6 - 2.5)
2011	62.5	(57.8 - 67.2)	32.0	(27.4 - 36.6)	4.5	(2.6 - 6.4)	1.0 *	(0.2 - 1.8)
2012	63.7	(59.5 - 67.9)	28.6	(24.7 - 32.5)	5.4	(3.6 - 7.2)	2.3 *	(0.9 - 3.7)
2013	63.2	(58.6 - 67.9)	31.9	(27.4 - 36.4)	3.6	(2.1 - 5.2)	1.2 *	(0.1 - 2.3)
2014	58.0	(52.8 - 63.2)	36.1	(31.0 - 41.2)	4.8	(2.8 - 6.7)	1.2 *	(0.1 - 2.2)
2015	59.1	(54.4 - 63.9)	35.0	(30.5 - 39.6)	4.2	(2.6 - 5.8)	1.6 *	(0.1 - 3.1)
2016	60.0	(55.5 - 64.6)	35.3	(30.9 - 39.7)	4.0	(2.3 - 5.6)	0.7 *	(0.2 - 1.1)
2017	55.9	(50.6 - 61.1)	37.3	(32.2 - 42.3)	5.6 *	(2.6 - 8.6)	1.3 *	(0.3 - 2.2)
Average	58.9	(57.9 - 59.9)	34.6	(33.7 - 35.6)	4.9	(4.5 - 5.3)	1.5	(1.3 - 1.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 14: Prevalence of children who are always checked to be adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2002–17



8.4 Smoking

8.4.1 Smoking in the home

The negative health effects of passive smoking on children are well documented. Passive smoking is associated with numerous health conditions, such as respiratory infections, middle ear infections, more frequent colds and onset and severity of asthma. In addition, children in households with a smoker are more likely to smoke themselves in the future.¹³

The annual estimates of smoking within the home are shown in Table 33. The prevalence of children living in a smoke-free home has increased significantly from 2002 (90.5%) to 2017 (99.3%).

Table 33: Prevalence of children by exposure to smoke within the home, 0 to 15 years, HWSS 2002–17

	The home is smoke free		People occasionally or frequently smoke in the house	
	%	95% CI	%	95% CI
2002	90.5	(88.5 - 92.4)	9.5	(7.6 - 11.5)
2003	93.7	(92.2 - 95.1)	6.3	(4.9 - 7.8)
2004	91.2	(88.5 - 93.9)	8.8	(6.1 - 11.5)
2005	93.6	(91.8 - 95.4)	6.4	(4.6 - 8.2)
2006	96.5	(95.3 - 97.7)	3.5	(2.3 - 4.7)
2007	95.7	(93.9 - 97.5)	4.3	(2.5 - 6.1)
2008	96.5	(94.8 - 98.1)	3.5	(1.9 - 5.2)
2009	98.1	(97.5 - 98.6)	1.9	(1.4 - 2.5)
2010	98.2	(97.2 - 99.3)	1.8 *	(0.7 - 2.8)
2011	97.7	(96.2 - 99.1)	2.3 *	(0.9 - 3.8)
2012	97.8	(96.3 - 99.4)	2.2 *	(0.6 - 3.7)
2013	98.1	(96.7 - 99.4)	1.9 *	(0.6 - 3.3)
2014	98.9	(98.1 - 99.7)	1.1 *	(0.3 - 1.9)
2015	99.1	(98.3 - 99.9)	0.9 *	(0.1 - 1.7)
2016	99.5	(99.0 - 100.0)	N/A	(N/A - N/A)
2017	99.3	(98.7 - 99.9)	0.7 *	(0.1 - 1.3)
Average	96.4	(96.0 - 96.7)	3.6	(3.3 - 4.0)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

8.4.2 Smoking during pregnancy

Smoking during pregnancy reduces the amount of oxygen available to the baby through the umbilical cord. Smokers have a greater risk of having a premature baby and are more likely to have a low birth weight baby.²¹

The annual estimates for smoking during pregnancy are shown in Table 34. Due to the increased risk of recall bias for parents/carers answering questions on early childhood events on behalf of older children, only children aged 0 to 4 years at the time of the interview were included in the reporting of smoking status during pregnancy.

The prevalence of neither parents/carers smoking during pregnancy has increased significantly from 2005 (66.1%) to 2017 (89.5%).

Table 34: Prevalence of children by parent/carer smoking status during pregnancy, 0 to 4 years, HWSS 2005–17

	Neither		Mother only		Father only		Both parents	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	66.1	(59.6 - 72.6)	5.9 *	(2.7 - 9.1)	20.1	(14.7 - 25.6)	7.9	(4.3 - 11.4)
2006	70.8	(64.9 - 76.7)	3.8 *	(1.3 - 6.2)	16.7	(11.9 - 21.4)	8.8	(5.1 - 12.5)
2007	76.1	(68.2 - 83.9)	2.6 *	(0.6 - 4.7)	13.6	(7.3 - 19.9)	7.7 *	(2.7 - 12.7)
2008	71.3	(62.8 - 79.9)	1.9 *	(0.1 - 3.7)	18.9	(11.4 - 26.4)	7.9 *	(2.7 - 13.1)
2009	78.1	(71.9 - 84.4)	4.6 *	(1.9 - 7.3)	12.9	(7.7 - 18.0)	4.4 *	(1.4 - 7.4)
2010	80.5	(73.4 - 87.6)	N/A	(N/A - N/A)	14.0	(7.7 - 20.2)	N/A	(N/A - N/A)
2011	76.5	(68.9 - 84.0)	1.9 *	(0.4 - 3.4)	16.8	(10.2 - 23.4)	4.8 *	(0.7 - 9.0)
2012	74.0	(66.7 - 81.3)	2.1 *	(0.2 - 3.9)	18.8	(12.2 - 25.4)	5.2 *	(1.7 - 8.6)
2013	86.1	(79.1 - 93.1)	N/A	(N/A - N/A)	10.1 *	(3.8 - 16.4)	N/A	(N/A - N/A)
2014	90.3	(86.1 - 94.5)	N/A	(N/A - N/A)	6.0 *	(2.8 - 9.3)	2.3 *	(0.1 - 4.5)
2015	88.5	(82.2 - 94.9)	N/A	(N/A - N/A)	9.2 *	(3.1 - 15.3)	N/A	(N/A - N/A)
2016	82.6	(75.5 - 89.7)	N/A	(N/A - N/A)	12.0 *	(5.7 - 18.4)	3.2 *	(0.4 - 6.0)
2017	89.5	(82.0 - 97.0)	N/A	(N/A - N/A)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
Average	77.2	(75.2 - 79.2)	3.1	(2.3 - 3.9)	14.5	(12.8 - 16.2)	5.2	(4.2 - 6.3)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

8.5 Nutrition

8.5.1 Fruit and Vegetables

Diet has an important effect on health and can influence children's growth, weight and development. Unhealthy eating in childhood can also increase the risk of developing chronic diseases in later life, including coronary heart disease, type 2 diabetes, stroke, and some cancers.¹⁰ The 2013 Australian Dietary Guidelines by the National Health and Medical Research Council are presented in Table 35.²²

Parents/carers were asked to report how many serves of fruit their child usually eats each day, where a serve of fruit is equal to one medium piece, two small pieces or a cup of diced fruit. They were also asked to report how many serves of vegetables their child usually eats each day, where a serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad. As the consumption of half serves is not captured in the questions currently

asked in the HWSS, for the purposes of reporting, the recommended number of serves will be rounded down to the nearest whole number.

Table 35: NHMRC 2013 Australian Dietary Guidelines for fruit and vegetable daily consumption and HWSS reporting definitions, children 2 to 15 years

	Minimum recommended serves of fruit per day	Minimum recommended serves of vegetables per day		Minimum serves of fruit and vegetables per day for HWSS reporting	
	Children	Girls	Boys	Fruit	Vegetables
2 to 3 years	1	2.5	2.5	1	2
4 to 8 years	1.5	4.5	4.5	1	4
9 to 11 years	2	5	5	2	5
12 to 15 years	2	5	5.5	2	5

Table 36 shows the prevalence of children aged 2 to 15 years, by the number of serves of fruit they usually eat daily. In 2017, around two-thirds of children aged 2 to 15 years (66.1%) were eating two or more serves of fruit daily. The prevalence of eating two or more serves of fruit daily was similar among different age groups and among boys and girls.

Table 36: Prevalence of children by number of serves of fruit consumed daily, 2 to 15 years, HWSS 2017

	Doesn't eat fruit / eats less than one serve of fruit daily		Eats one serve of fruit daily		Eats two or more serves of fruit daily	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
2 to 3 yrs	N/A	(N/A - N/A)	34.3 *	(17.0 - 51.7)	64.8	(47.5 - 82.1)
4 to 8 yrs	N/A	(N/A - N/A)	24.9	(16.1 - 33.6)	73.6	(64.8 - 82.4)
9 to 15 yrs	8.2	(4.9 - 11.5)	30.1	(24.5 - 35.7)	61.7	(55.8 - 67.7)
Gender						
Boys	4.3 *	(1.8 - 6.8)	30.0	(23.3 - 36.8)	65.7	(58.7 - 72.7)
Girls	5.1 *	(2.4 - 7.8)	28.4	(20.6 - 36.3)	66.5	(58.6 - 74.3)
Children	4.7	(2.9 - 6.5)	29.2	(24.1 - 34.4)	66.1	(60.8 - 71.3)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Table 37 shows the prevalence of children 2 to 15 years, by the number of serves of vegetables they usually eat daily. In 2017, 31.9 per cent of children aged 2 to 15 years were eating one serve of vegetables daily and 30.9 per cent were eating two serves of vegetables daily.

Table 37: Prevalence of children by number of serves of vegetables consumed daily, 2 to 15 years, HWSS 2017

	Doesn't eat vegetables / eats less than one serve of vegetables daily		Eats one serve of vegetables daily		Eats two serves of vegetables daily		Eats three serves of vegetables daily		Eats four or more serves of vegetables daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
2 to 3 yrs	N/A	(N/A - N/A)	53.9	(36.8 - 70.9)	20.4 *	(7.9 - 32.9)	20.4 *	(7.8 - 32.9)	N/A	(N/A - N/A)
4 to 8 yrs	3.6 *	(0.5 - 6.7)	35.6	(25.7 - 45.4)	32.3	(23.3 - 41.4)	21.1	(13.3 - 28.8)	7.4 *	(3.4 - 11.4)
9 to 15 yrs	5.7	(2.9 - 8.4)	20.8	(15.8 - 25.7)	34.1	(28.1 - 40.1)	26.1	(20.8 - 31.4)	13.4	(9.6 - 17.2)
Gender										
Boys	6.0 *	(2.2 - 9.8)	30.7	(23.1 - 38.3)	29.9	(23.2 - 36.6)	23.7	(17.7 - 29.7)	9.6	(6.2 - 13.1)
Girls	3.6 *	(1.3 - 5.9)	33.0	(24.7 - 41.3)	31.8	(24.7 - 39.0)	23.0	(16.8 - 29.3)	8.5	(5.3 - 11.8)
Children	4.8	(2.6 - 7.0)	31.9	(26.3 - 37.5)	30.9	(26.0 - 35.8)	23.4	(19.0 - 27.7)	9.1	(6.7 - 11.4)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The prevalence of children aged 2 to 15 years meeting the 2013 guidelines for fruit and vegetable consumption is shown in Table 38. For children aged 2 to 15 years, 80.5 per cent ate sufficient daily serves of fruit, and 12.4 per cent ate sufficient daily serves of vegetables, for their age and gender.

Children aged 9 to 15 years were significantly less likely to eat sufficient daily serves of fruit than children aged 2 to 3 years and 4 to 8 years (61.7% compared with 99.1% and 98.5%). The proportion of children eating sufficient serves of vegetables was significantly higher for children aged 2 to 3 years compared with children aged 4 to 8 years and 9 to 15 years (41.6% compared with 7.4% and 4.1%).

Table 38: Prevalence of children eating sufficient serves of fruit and/or vegetables, 2 to 15 years, HWSS 2017

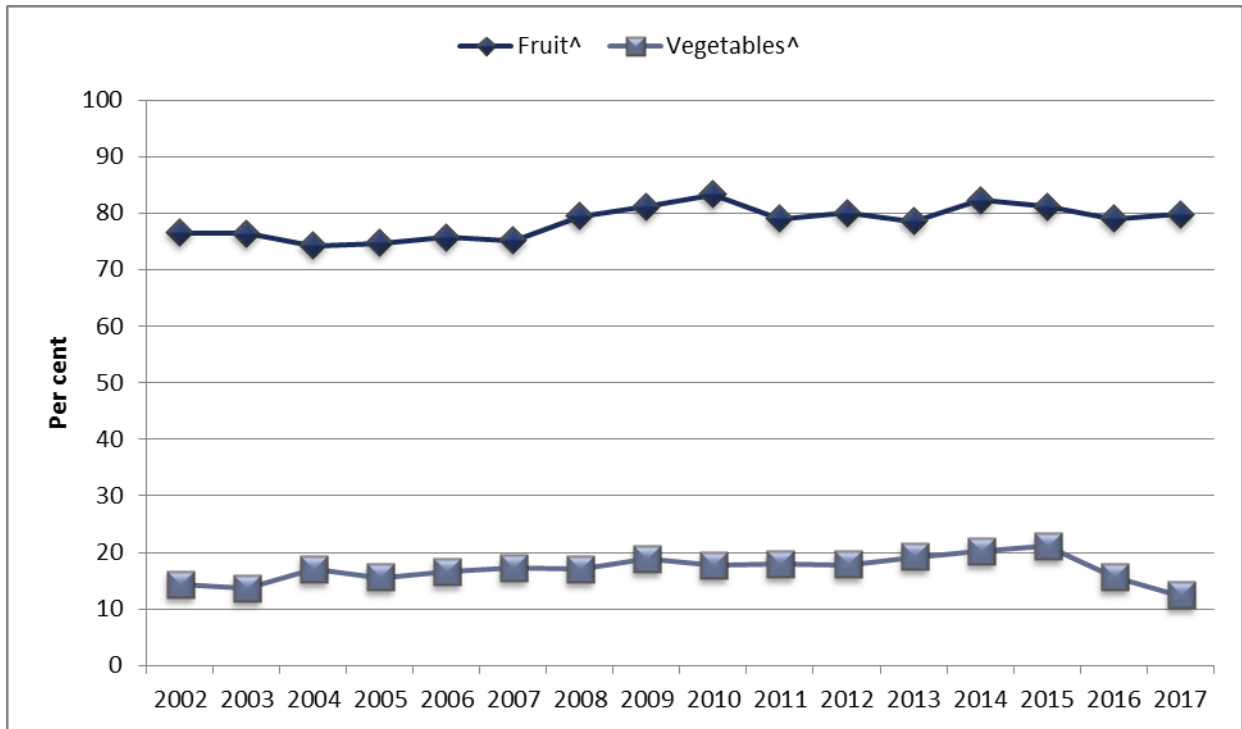
	Eats sufficient daily serves of fruit for age and gender [^]		Eats sufficient daily serves of vegetables for age and gender [^]	
	%	95% CI	%	95% CI
Age Group				
2 to 3 yrs	99.1	(97.3 - 100.0)	41.6	(25.2 - 58.1)
4 to 8 yrs	98.5	(96.5 - 100.0)	7.4 *	(3.4 - 11.4)
9 to 15 yrs	61.7	(55.8 - 67.7)	4.1	(2.4 - 5.9)
Gender				
Boys	79.4	(74.1 - 84.6)	9.9	(5.7 - 14.2)
Girls	81.7	(76.7 - 86.8)	14.8	(8.8 - 20.8)
Children	80.5	(76.9 - 84.2)	12.4	(8.7 - 16.1)

[^] For reporting purposes guidelines that include half serves have been rounded down to the nearest whole number.

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence of children aged 2 to 15 years consuming sufficient daily serves of fruit and vegetables based on the 2013 guidelines is shown in Figure 15.

Figure 15: Prevalence of children eating sufficient serves of fruit and vegetables, 2013 Australian Dietary Guidelines for fruit and vegetable consumption, 2 to 15 years, HWSS 2002–17



[^] For reporting purposes, guidelines that include half serves have been rounded down to the nearest whole number.

The annual mean serves of fruit and vegetables eaten daily by children aged 2 to 15 years is shown in Table 39. The estimates in Table 39 are reported to two decimal places given their small size. The mean number of serves of fruit and vegetables consumed daily by children aged 2 to 15 years is similar in 2017 to 2002.

Table 39: Mean daily fruit and vegetable serves, 2 to 15 years, HWSS 2002–17

	Fruit		Vegetables	
	mean	95% CI	mean	95% CI
2002	1.98	(1.88 - 2.07)	2.10	(1.98 - 2.21)
2003	1.99	(1.90 - 2.07)	2.02	(1.93 - 2.11)
2004	1.88	(1.75 - 2.00)	2.12	(1.97 - 2.26)
2005	1.91	(1.82 - 2.00)	2.31	(2.21 - 2.41)
2006	1.95	(1.85 - 2.04)	2.17	(2.07 - 2.27)
2007	1.99	(1.86 - 2.12)	2.22	(2.09 - 2.36)
2008	2.02	(1.92 - 2.12)	2.21	(2.09 - 2.34)
2009	2.11	(2.04 - 2.17)	2.35	(2.27 - 2.42)
2010	2.10	(2.00 - 2.19)	2.30	(2.19 - 2.41)
2011	1.94	(1.84 - 2.04)	2.39	(2.25 - 2.53)
2012	2.02	(1.92 - 2.12)	2.25	(2.14 - 2.35)
2013	1.98	(1.87 - 2.09)	2.24	(2.12 - 2.37)
2014	2.06	(1.94 - 2.18)	2.29	(2.16 - 2.42)
2015	2.08	(1.97 - 2.19)	2.38	(2.24 - 2.52)
2016	2.00	(1.90 - 2.11)	2.19	(2.06 - 2.31)
2017	1.94	(1.83 - 2.04)	2.07	(1.96 - 2.18)
Average	2.01	(1.98 - 2.03)	2.23	(2.20 - 2.25)

8.5.2 Milk

Milk is one of the most complete foods as it contains nearly all the constituents of nutritional importance to humans. As milk provides around one-third of the saturated fat in the diet of children and adolescents, reduced-fat varieties are recommended for children aged 2 years and over.²³ Parents/carers were asked what type of milk their child usually consumes (Table 40).

Table 40: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2017

	Full fat/whole milk		Low/reduced fat/skim milk		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
2 to 4 yrs	82.9	(72.4 - 93.4)	13.2 *	(3.6 - 22.8)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	65.6	(57.8 - 73.5)	26.8	(19.6 - 34.0)	3.0 *	(0.3 - 5.8)	4.6 *	(0.2 - 8.9)
10 to 15 yrs	57.1	(50.6 - 63.6)	35.8	(29.5 - 42.1)	3.8 *	(1.5 - 6.2)	3.2 *	(0.8 - 5.7)
Gender								
Boys	71.8	(65.3 - 78.3)	23.6	(17.5 - 29.7)	2.4 *	(0.4 - 4.3)	2.3 *	(0.1 - 4.4)
Girls	61.9	(54.5 - 69.2)	29.9	(23.2 - 36.5)	4.5 *	(1.5 - 7.5)	3.7 *	(0.8 - 6.7)
Children	66.8	(61.9 - 71.7)	26.8	(22.3 - 31.3)	3.4 *	(1.6 - 5.2)	3.0 *	(1.2 - 4.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

In 2017, approximately two-thirds of children aged 2 to 15 years (66.8%) usually consumed full fat or whole milk. Children aged 2 to 4 years were significantly more likely to consume full fat or whole milk compared with children aged 10 to 15 years (82.9% compared with 57.1%). Estimates for the type of milk usually consumed by children were similar among boys and girls.

Annual prevalence estimates for the type of milk usually consumed are shown in Table 41. The proportion of children aged 2 to 15 years consuming full fat/whole milk in 2017 is similar to the proportion in 2002.

Table 41: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2002–17

	Full fat/whole milk		Low/reduced fat/skim milk		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	69.7	(66.1 - 73.2)	28.7	(25.2 - 32.1)	N/A	(N/A - N/A)	1.5 *	(0.6 - 2.3)
2003	69.6	(66.3 - 72.9)	29.8	(26.5 - 33.1)	0.4 *	(0.0 - 0.8)	0.2 *	(0.0 - 0.5)
2004	72.9	(68.1 - 77.7)	22.5	(18.1 - 27.0)	1.9 *	(0.5 - 3.4)	2.7 *	(0.9 - 4.4)
2005	62.9	(59.0 - 66.7)	33.7	(30.0 - 37.5)	1.1 *	(0.3 - 2.0)	2.2 *	(1.1 - 3.3)
2006	60.6	(56.4 - 64.9)	36.3	(32.1 - 40.4)	1.2 *	(0.4 - 2.1)	1.9 *	(0.6 - 3.2)
2007	64.1	(59.1 - 69.0)	33.1	(28.3 - 37.9)	1.4 *	(0.1 - 2.8)	1.4 *	(0.5 - 2.3)
2008	65.1	(60.5 - 69.8)	31.7	(27.2 - 36.1)	1.3 *	(0.0 - 2.5)	1.9 *	(0.3 - 3.5)
2009	60.1	(57.2 - 63.0)	35.7	(32.8 - 38.5)	2.2	(1.2 - 3.3)	2.0	(1.4 - 2.6)
2010	56.8	(52.3 - 61.3)	39.1	(34.7 - 43.4)	1.6 *	(0.4 - 2.8)	2.5 *	(1.1 - 3.9)
2011	56.9	(51.9 - 62.0)	37.5	(32.6 - 42.4)	3.6 *	(1.4 - 5.9)	1.9 *	(0.5 - 3.3)
2012	55.5	(51.0 - 60.1)	39.1	(34.7 - 43.5)	2.1 *	(0.9 - 3.3)	3.2 *	(1.5 - 4.9)
2013	57.7	(52.7 - 62.7)	37.3	(32.5 - 42.1)	1.4 *	(0.2 - 2.7)	3.6 *	(1.7 - 5.5)
2014	52.8	(47.4 - 58.2)	40.2	(34.9 - 45.5)	4.3 *	(1.9 - 6.6)	2.7 *	(1.0 - 4.3)
2015	56.3	(51.3 - 61.3)	36.0	(31.2 - 40.9)	4.3	(2.2 - 6.3)	3.4 *	(1.6 - 5.2)
2016	62.4	(57.6 - 67.1)	31.4	(26.9 - 35.8)	3.6 *	(1.6 - 5.6)	2.6 *	(1.0 - 4.2)
2017	66.7	(61.9 - 71.4)	27.0	(22.6 - 31.4)	3.4 *	(1.7 - 5.2)	3.0 *	(1.2 - 4.7)
Average	62.3	(61.2 - 63.3)	33.7	(32.7 - 34.7)	1.9	(1.6 - 2.2)	2.2	(1.9 - 2.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

8.5.3 Fast Food

Parents/carers were asked how many times a week on average their child eats fast food meals, such as burgers, pizza, chicken or chips from fast food outlets. The prevalence of children by how frequently they eat fast food meals per week is shown in Table 42. In 2017, it was estimated that approximately one quarter of children aged 1 to 15 years (28.5%) never consumed meals from fast food outlets.

Table 42: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2017

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
1 to 4 yrs	38.8	(25.7 - 51.9)	37.4	(23.1 - 51.6)	19.2 *	(9.7 - 28.7)	N/A	(N/A - N/A)
5 to 9 yrs	27.8	(20.4 - 35.1)	35.7	(27.9 - 43.5)	34.6	(26.8 - 42.3)	N/A	(N/A - N/A)
10 to 15 yrs	21.4	(16.4 - 26.4)	32.3	(26.1 - 38.5)	43.7	(37.2 - 50.3)	2.6 *	(0.6 - 4.7)
Gender								
Boys	28.7	(21.9 - 35.5)	33.9	(26.6 - 41.1)	34.9	(28.1 - 41.6)	N/A	(N/A - N/A)
Girls	28.4	(21.4 - 35.4)	35.9	(27.9 - 43.9)	32.4	(25.6 - 39.2)	3.3 *	(0.4 - 6.3)
Children	28.5	(23.6 - 33.4)	34.9	(29.5 - 40.3)	33.6	(28.8 - 38.4)	3.0 *	(0.8 - 5.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence estimates for the number of times children consume fast food per week for 2002 to 2017 is shown in Table 43. The proportion of children who never consume meals from fast food restaurants increased significantly from 2002 (16.2%) to 2017 (28.5%). The proportion of children who consume meals from fast food restaurants once or twice a week decreased significantly from 2002 (44.9%) to 2017 (33.8%).

Table 43: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2002–17

	Never		Less than once a week		Once or twice a week		Three or more times per week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	16.2	(12.8 - 19.6)	36.8	(32.4 - 41.1)	44.9	(40.5 - 49.3)	2.1 *	(0.9 - 3.2)
2003	10.1	(8.0 - 12.2)	42.3	(38.9 - 45.8)	45.8	(42.2 - 49.3)	1.8 *	(0.9 - 2.7)
2004	11.9	(8.4 - 15.3)	45.2	(39.8 - 50.6)	42.2	(36.8 - 47.6)	0.7 *	(0.2 - 1.2)
2005	12.0	(9.4 - 14.6)	44.7	(40.9 - 48.6)	41.4	(37.6 - 45.2)	1.9 *	(0.9 - 2.8)
2006	12.5	(9.6 - 15.3)	44.6	(40.5 - 48.8)	40.8	(36.7 - 44.9)	2.1 *	(1.0 - 3.2)
2007	17.7	(13.9 - 21.5)	38.7	(33.6 - 43.8)	40.3	(35.3 - 45.3)	3.3 *	(1.2 - 5.5)
2008	11.6	(8.6 - 14.5)	42.6	(37.7 - 47.5)	44.1	(39.2 - 48.9)	1.8 *	(0.7 - 2.9)
2009	21.2	(18.3 - 24.0)	36.1	(33.1 - 39.1)	40.8	(37.9 - 43.7)	2.0 *	(1.0 - 3.0)
2010	18.4	(15.1 - 21.6)	40.7	(36.3 - 45.0)	38.3	(34.0 - 42.5)	2.7	(1.4 - 4.0)
2011	23.5	(19.1 - 28.0)	35.9	(31.1 - 40.7)	38.6	(33.8 - 43.4)	2.0 *	(0.5 - 3.5)
2012	23.1	(19.3 - 26.9)	36.7	(32.5 - 41.0)	37.9	(33.5 - 42.3)	2.3 *	(0.9 - 3.6)
2013	23.6	(18.8 - 28.4)	32.8	(28.2 - 37.4)	40.8	(35.8 - 45.8)	2.8 *	(0.9 - 4.8)
2014	25.0	(20.5 - 29.5)	43.5	(38.1 - 48.9)	30.0	(25.2 - 34.7)	1.5 *	(0.3 - 2.7)
2015	24.5	(20.3 - 28.7)	41.4	(36.4 - 46.3)	33.1	(28.6 - 37.7)	1.0 *	(0.3 - 1.6)
2016	29.5	(25.0 - 34.0)	36.0	(31.3 - 40.7)	33.0	(28.5 - 37.5)	1.4 *	(0.3 - 2.5)
2017	28.5	(23.8 - 33.3)	34.7	(29.5 - 40.0)	33.8	(29.1 - 38.5)	2.9 *	(0.9 - 5.0)
Average	18.4	(17.5 - 19.2)	39.3	(38.2 - 40.3)	40.4	(39.4 - 41.4)	2.0	(1.7 - 2.2)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

8.6 Sleep

Sleep is one of the most important requirements in early childhood development stimulating growth, proper brain development, memory, alertness and strengthening the immune system. The amount of sleep required for children varies from 8 to 17 hours depending on age and individual requirements.²⁴ In general, children sleep less as they get older. The mean number of hours of sleep reported for children is shown in Table 44.

In 2017, children aged 0 to 15 slept an average of 9.7 hours. Children aged 0 to 4 years and 5 to 9 years slept significantly longer than children aged 10 to 15 years. The mean number of hours of sleep was similar among boys and girls.

Table 44: Mean hours spent sleeping on a usual night, 0 to 15 years, HWSS 2017

	Mean	95% CI
Age Group		
0 to 4 yrs	10.2	(9.6 - 10.7)
5 to 9 yrs	10.2	(10.0 - 10.4)
10 to 15 yrs	8.9	(8.8 - 9.0)
Gender		
Boys	9.6	(9.3 - 10.0)
Girls	9.8	(9.6 - 10.0)
Children	9.7	(9.5 - 9.9)

9. CHILD DEVELOPMENT

The early years are very important for laying the foundations for children's physical wellbeing and later competence. There are many important influences on children during this period of rapid change, including biological, social, community and family.¹³

9.1 Breastfeeding

Breastfeeding is an important contributor to infant health, as it promotes the survival, growth, development and health of infants and young children. It helps protect against many conditions, including diarrhoea, respiratory and ear infections, and obesity and chronic diseases later in life. Australia's national infant feeding guidelines recommend exclusive breastfeeding for infants until six months with the introduction of solid food at around six months and continued breastfeeding until at least twelve months.²³

In 2011, national breastfeeding indicators were developed to assist with the reporting of breastfeeding prevalence in Australia and the meeting of the national infant feeding recommendation around exclusive breastfeeding.²⁵ A total of six indicators were agreed upon, three of which are reported on in this report. Reporting of the selected indicators uses the same age breakdowns as those used in the AIHW national infant feeding survey, where possible.²⁶

Parents/carers are asked if their child was breastfed, and if so, how long their child received breast milk for, and at what age they introduced water, infant formula, liquids other than water and formula, and foods other than liquids.

Due to the increased risk of recall bias for parents/carers answering questions on early childhood events on behalf of older children, only children aged less than 5 years at the time of the interview in 2017 were included in the reporting of the breastfeeding indicators. When calculating the proportion of children meeting each indicator, children that were not old enough at the time of interview to have reached the milestone were excluded. For example, if the duration of breastfeeding was less than 3 months, then a child must be at least 2 months old to be included.

In 2017, 96.6 per cent of children aged 0 to 4 years had received some breast-milk in their lifetime at the time of interview.

9.1.1 Exclusive breastfeeding

Table 45 and Figure 16 show the proportion of children exclusively breastfed to each month of age, from 0 to 6 months. Exclusive breastfeeding refers to children who received breast milk in the designated period and did not receive water, infant formula, other liquids or solid foods.

Table 45: Proportion of children exclusively breastfed to each month of age, 0 to 4 years, HWSS 2017

To month ^(a)	Duration exclusively breastfed for	Proportion of children exclusively breastfed ^(b)	
		%	95% CI
0	Less than 1 month	79.7	(69.6 - 89.7)
1	Less than 2 months	71.9	(60.3 - 83.5)
2	Less than 3 months	64.5	(51.7 - 77.4)
3	Less than 4 months	56.6	(43.2 - 70.0)
4	Less than 5 months	33.7	(20.0 - 47.3)
5	Less than 6 months	14.9 *	(5.3 - 24.4)
6	Less than 7 months	N/A	(N/A - N/A)

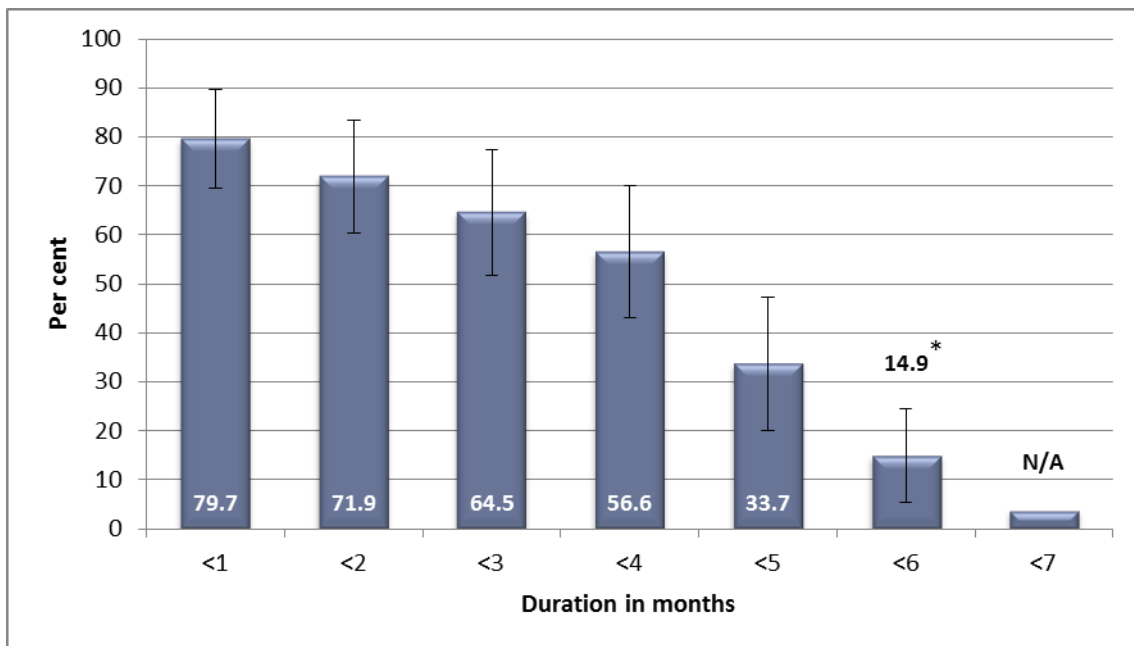
* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) 'To' indicates an infant's age the month before a fluid other than breast milk was introduced. This is effectively the month before another fluid was introduced. For example a child who was introduced to water when they were aged 4 months (in their fifth month of life) was exclusively breastfed to 4 months of age (that is, they had 4 completed months of exclusive breastfeeding).

(b) There were only four respondents who reported that their child was exclusively breastfed to 6 months (less than 7 months) of age, resulting in a high RSE for this prevalence estimate.

Figure 16: Proportion of children exclusively breastfed to each month of age, 0 to 4 years, HWSS 2017



* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
 N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

9.1.2 Predominant breastfeeding

Table 46 and Figure 17 show the proportion of children predominantly breastfed to each month of age, from 0 to 6 months. Predominant breastfeeding refers to children who received breast milk as the predominant source of nourishment in the designated period. In order to be considered predominately breastfed, children are allowed to have received liquids but not infant formula or solid foods.

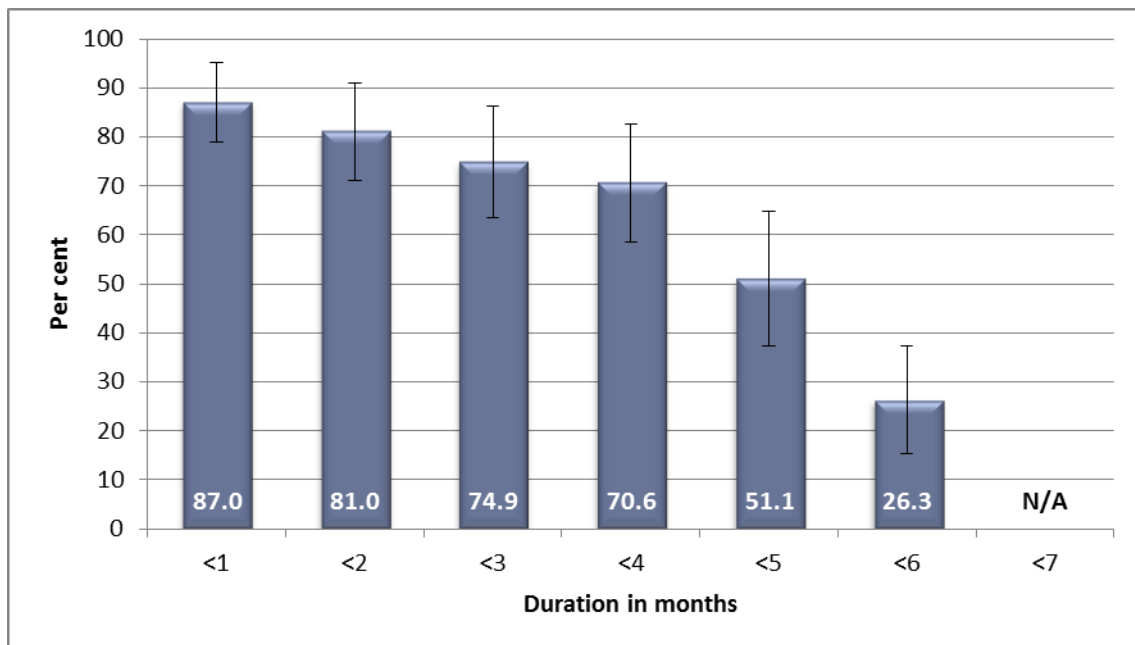
Table 46: Proportion of children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2017

To month ^(a)	Duration predominantly breastfed for	Proportion of children predominantly breastfed	
		%	95% CI
0	Less than 1 month	87.0	(79.0 - 95.1)
1	Less than 2 months	81.0	(71.2 - 90.9)
2	Less than 3 months	74.9	(63.5 - 86.2)
3	Less than 4 months	70.6	(58.6 - 82.6)
4	Less than 5 months	51.1	(37.3 - 64.8)
5	Less than 6 months	26.3	(15.2 - 37.3)
6	Less than 7 months	N/A	(N/A - N/A)

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) 'To' indicates an infant's age the month before the event occurred. For example, a child who was introduced to infant formula when they were aged 4 months (in their fifth month of life) was predominately breastfed to 4 months of age (that is, they had 4 completed months of predominant breastfeeding).

Figure 17: Proportion of children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2017



N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

9.2 Speech

From a very young age children begin to develop language. There are two distinctions in difficulties developing speech. A speech disorder refers to when children have difficulty pronouncing the sounds in words, even if other language skills (e.g. understanding words and sentences) follow a typical developmental pattern. A language delay is when children miss language development milestones by a long way.²⁷

Table 47 presents the proportion of children who were perceived to be late in starting to talk, the proportion of children perceived to need professional help, and the proportion who did receive professional help (speech therapy). Estimates are provided for children aged 5 to 15 years only given the potential for schooling to impact on parent/carer beliefs about their child's development and the likelihood of seeking professional help.

In 2017, approximately one in six children aged 5 to 15 years (16.9%) were perceived to have started talking late. Approximately one in four children (25.2%) were perceived as needing professional help with their speech. A significantly higher proportion of boys than girls were perceived as needing professional help (32.8% compared with 17.3%). Of children who were perceived to have started talking late, an estimated 94.5 per cent received professional help with their speech.

Table 47: Proportion of children late talking and needing professional help with speech, by gender, 5 to 15 years, HWSS 2017

	Child was late talking		Parents thought child needed professional help with speech		Child received professional help with speech (a)	
	%	95% CI	%	95% CI	%	95% CI
Gender						
Boys	21.4	(15.1 - 27.6)	32.8	(25.8 - 39.7)	94.2	(88.4 - 100.0)
Girls	12.2	(7.4 - 17.0)	17.3	(11.4 - 23.1)	95.0	(88.3 - 100.0)
Children	16.9	(12.9 - 20.9)	25.2	(20.6 - 29.9)	94.5	(90.0 - 98.9)

(a) The proportion of children who received professional help with speech is based only on the children who were identified as late talking.

10. PSYCHOSOCIAL AND MENTAL HEALTH

Mental health involves the capacity to interact with people and the environment and refers to the ability to negotiate the social interactions and challenges of life without experiencing undue emotional or behavioural incapacity.^{10, 28} Mental health is also referred to as psychosocial health as it involves aspects of both social and psychological behaviour.

10.1 Emotional problems

Emotional and behavioural problems are terms commonly used to describe changes in thinking, mood or behaviour that are associated with distress or impaired functioning in children.¹³ Parents/carers were asked whether their child has trouble with emotions, concentration, behaviour or getting on with people (Table 48).

Table 48: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2017

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
1 to 4 yrs	83.8	(73.8 - 93.8)	10.5 *	(3.4 - 17.7)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	71.3	(64.1 - 78.4)	21.2	(14.8 - 27.6)	5.7 *	(2.2 - 9.3)	N/A	(N/A - N/A)
10 to 15 yrs	64.1	(57.9 - 70.4)	26.5	(20.9 - 32.1)	8.5	(4.5 - 12.6)	0.8 *	(0.1 - 1.6)
Gender								
Boys	68.1	(61.4 - 74.7)	23.1	(17.3 - 28.9)	7.9 *	(3.7 - 12.0)	0.9 *	(0.1 - 1.7)
Girls	76.2	(70.2 - 82.3)	17.2	(12.5 - 22.0)	5.6 *	(1.6 - 9.7)	N/A	(N/A - N/A)
Children	72.2	(67.6 - 76.7)	20.1	(16.4 - 23.9)	6.8	(3.8 - 9.7)	0.9 *	(0.1 - 1.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Children aged 10 to 15 years were significantly less likely than children aged 1 to 4 years to experience no trouble (64.1% compared with 83.8%). The estimated proportion of children who experienced a little trouble with emotions, concentration, behaviour or getting on with people was similar among girls and boys.

The annual prevalence estimates for children aged 1 to 15 years who have trouble with emotions, concentration, behaviour or getting on with people are shown in Table 49.

Estimates for 2017 were similar to estimates for 2002.

Table 49: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2002–17

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	71.3	(67.9 - 74.7)	23.0	(19.9 - 26.1)	5.0	(3.3 - 6.7)	0.8 *	(0.3 - 1.3)
2003	68.3	(65.0 - 71.5)	24.7	(21.6 - 27.7)	5.7	(4.2 - 7.3)	1.3 *	(0.6 - 2.0)
2004	62.1	(56.8 - 67.4)	28.1	(23.2 - 32.9)	7.9	(5.0 - 10.9)	1.9 *	(0.3 - 3.5)
2005	66.0	(62.4 - 69.7)	26.8	(23.4 - 30.3)	6.4	(4.5 - 8.3)	0.7 *	(0.1 - 1.3)
2006	69.1	(65.8 - 72.5)	23.6	(20.6 - 26.6)	5.9	(4.2 - 7.7)	1.3 *	(0.5 - 2.2)
2007	71.8	(67.3 - 76.2)	22.3	(18.1 - 26.4)	4.8	(2.9 - 6.6)	1.2 *	(0.3 - 2.0)
2008	68.1	(63.6 - 72.6)	24.4	(20.2 - 28.6)	6.1	(4.0 - 8.2)	1.5 *	(0.4 - 2.5)
2009	74.0	(71.6 - 76.5)	20.2	(17.9 - 22.4)	4.3	(3.4 - 5.2)	1.5	(0.9 - 2.2)
2010	71.6	(67.7 - 75.5)	22.5	(18.9 - 26.2)	5.1	(3.2 - 7.0)	0.8 *	(0.2 - 1.3)
2011	71.8	(67.3 - 76.4)	23.0	(18.9 - 27.2)	4.4 *	(2.0 - 6.7)	N/A	(N/A - N/A)
2012	68.9	(64.7 - 73.0)	25.0	(21.1 - 28.8)	5.3	(3.3 - 7.3)	0.9 *	(0.1 - 1.6)
2013	72.4	(68.0 - 76.9)	18.8	(15.1 - 22.6)	7.5	(4.6 - 10.4)	1.3 *	(0.3 - 2.2)
2014	65.5	(60.4 - 70.7)	25.7	(21.0 - 30.5)	7.4	(4.5 - 10.3)	1.4 *	(0.3 - 2.4)
2015	70.2	(65.7 - 74.8)	23.1	(18.9 - 27.3)	4.1	(2.4 - 5.8)	2.6 *	(0.8 - 4.4)
2016	69.3	(64.9 - 73.8)	22.5	(18.5 - 26.6)	6.0	(3.7 - 8.2)	2.2 *	(0.9 - 3.5)
2017	71.9	(67.4 - 76.3)	20.5	(16.8 - 24.2)	6.7	(3.9 - 9.6)	0.9 *	(0.2 - 1.7)
Average	69.8	(68.8 - 70.8)	23.3	(22.4 - 24.2)	5.6	(5.1 - 6.0)	1.3	(1.1 - 1.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Parents/carers who reported that their child has any trouble with emotions, concentration, behaviour or getting on with people were then asked whether they thought their child needs special help for these troubles (Table 50).

Approximately one-third of children aged 1 to 15 years were estimated to be in need of special help for difficulties relating to emotions, concentration, behaviour or getting on with other people. The estimated proportion of children in need of special help for difficulties relating to emotions, concentration, behaviour or getting on with other people was similar among those aged 5 to 9 years and 10 to 15 years, and among boys and girls.

Table 50: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1 to 15 years, HWSS 2017

	%	95% CI
Age Group		
1 to 4 yrs	N/A	(N/A - N/A)
5 to 9 yrs	46.5	(31.8 - 61.3)
10 to 15 yrs	28.1	(18.4 - 37.8)
Gender		
Boys	34.4	(22.3 - 46.5)
Girls	31.7	(19.2 - 44.1)
Children	33.2	(24.4 - 42.0)

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence of children estimated to need special help for emotional problems, concentration, behaviour or getting on with other people is shown in Table 51. The prevalence of children regarded by their parent/carer as needing special help in 2017 was similar to 2002.

Table 51: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1 to 15 years, HWSS 2002–17

	%	95% CI
2002	20.6	(14.5 - 26.7)
2003	20.3	(15.5 - 25.1)
2004	23.3	(15.9 - 30.8)
2005	21.0	(15.5 - 26.5)
2006	26.2	(20.4 - 32.0)
2007	26.4	(18.3 - 34.5)
2008	26.0	(19.0 - 33.0)
2009	25.7	(21.5 - 29.9)
2010	23.2	(16.3 - 30.1)
2011	21.4	(13.0 - 29.9)
2012	25.2	(18.1 - 32.2)
2013	34.2	(24.8 - 43.7)
2014	32.8	(23.7 - 41.9)
2015	28.0	(19.9 - 36.1)
2016	35.2	(26.9 - 43.5)
2017	32.8	(24.3 - 41.2)
Average	25.6	(23.9 - 27.2)

Table 52 shows the prevalence of children who have ever been treated for an emotional or mental health problem, as reported by a parent/carer. Approximately one in twelve children aged 1 to 15 years (8.0%) received treatment for an emotional or mental health problem. The prevalence of treatment for an emotional or mental health problem was similar among those aged 5 to 9 years and 10 to 15 years, and among boys and girls.

Table 52: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2017

	%	95% CI
Age Group		
1 to 4 yrs	N/A	(N/A - N/A)
5 to 9 yrs	7.8 *	(3.6 - 11.9)
10 to 15 yrs	13.7	(9.5 - 17.8)
Gender		
Boys	8.5	(5.3 - 11.6)
Girls	7.6	(4.4 - 10.8)
Children	8.0	(5.8 - 10.3)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence of children ever treated for an emotional or mental health problem is shown in Table 53. The prevalence of children ever treated for an emotional or mental health problem in 2017 was significantly higher than in 2002 (8.3% compared with 3.0%).

Table 53: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2002–17

	%	95% CI
2002	3.0	(1.9 - 4.1)
2003	4.5	(2.8 - 6.3)
2004	5.3 *	(1.3 - 9.3)
2005	5.3	(3.7 - 6.9)
2006	6.5	(4.9 - 8.2)
2007	5.0	(2.8 - 7.3)
2008	5.8	(3.8 - 7.7)
2009	4.9	(4.0 - 5.8)
2010	4.5	(3.0 - 6.1)
2011	4.1	(2.3 - 5.9)
2012	6.0	(4.0 - 7.9)
2013	7.9	(5.4 - 10.5)
2014	6.0	(3.7 - 8.3)
2015	7.0	(4.6 - 9.4)
2016	8.1	(5.8 - 10.5)
2017	8.3	(6.0 - 10.5)
Average	5.7	(5.2 - 6.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

10.2 Social support

Social support relates to the resources available within communities and is believed to have a positive influence on health status.²⁹ Measures of social support for children include the child's level of social integration, their friendship group, whether they get assurance of worth from others and the extent to which the child can depend on family to receive support when needed.^{30, 31} The HWSS measures social support via participation within the community, including whether or not the child has a close mate and whether or not the child has a group of friends.

The prevalence of children who have a close mate and/or group of friends is shown in Table 54.

Table 54: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2017

	Special friend or really close mate		Group of friends to play with or hang around with	
	%	95% CI	%	95% CI
Age Group				
5 to 9 yrs	83.1	(77.0 - 89.1)	92.9	(88.0 - 97.7)
10 to 15 yrs	81.1	(75.9 - 86.3)	92.6	(89.1 - 96.2)
Gender				
Boys	80.8	(75.3 - 86.4)	90.7	(85.9 - 95.5)
Girls	83.3	(77.7 - 88.9)	94.9	(91.5 - 98.3)
Children	82.0	(78.1 - 86.0)	92.7	(89.8 - 95.7)

Approximately four out of five children aged 5 to 15 years (82.0%) were estimated to have a special friend or close mate, and nine out of ten (92.7%) to have a group of friends. The prevalence of children with a close mate and the prevalence of children with a group of friends were similar among different age groups and among boys and girls.

The annual prevalence of children who have a close mate and/or a group of friends is shown in Table 55. The prevalence of children who have a close mate and/or a group of friends was similar in 2017 compared with 2002.

Table 55: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2002–17

	Special friend or really close mate		Group of friends to play with or hang around with	
	%	95% CI	%	95% CI
2002	82.9	(79.6 - 86.2)	93.6	(91.6 - 95.5)
2003	80.4	(77.1 - 83.6)	94.9	(93.3 - 96.5)
2004	81.5	(76.6 - 86.4)	92.5	(89.0 - 96.0)
2005	81.8	(78.3 - 85.2)	93.8	(91.8 - 95.9)
2006	78.2	(74.7 - 81.7)	93.4	(91.4 - 95.5)
2007	80.2	(75.6 - 84.7)	92.9	(90.0 - 95.7)
2008	77.7	(73.0 - 82.5)	93.1	(90.6 - 95.7)
2009	81.7	(79.8 - 83.6)	94.3	(93.1 - 95.5)
2010	86.2	(82.9 - 89.6)	94.1	(91.9 - 96.3)
2011	82.2	(77.8 - 86.6)	93.9	(91.2 - 96.6)
2012	79.4	(75.4 - 83.4)	95.4	(93.3 - 97.4)
2013	80.5	(76.2 - 84.9)	91.8	(88.9 - 94.7)
2014	81.6	(76.9 - 86.3)	95.2	(92.7 - 97.8)
2015	75.7	(71.0 - 80.4)	95.9	(94.0 - 97.8)
2016	79.4	(74.8 - 84.0)	94.2	(91.4 - 97.1)
2017	82.0	(78.1 - 85.9)	92.8	(89.9 - 95.6)
Average	81.0	(80.1 - 81.9)	94.0	(93.5 - 94.6)

10.3 Bullying

Bullying can have serious consequences for both children who are repeatedly bullied and for those bullying others. Children who have been the victim of bullying can experience problems with their physical and psychological health, education and social development and may suffer from loss of self-esteem, depression or absenteeism.³² It may also affect the family. In the HWSS, bullying is defined as ‘when someone is picked on, hit, kicked, threatened or ignored by other children’. Parents/carers were asked whether their child had been bullied in the past 12 months and whether their child had bullied other children in the past 12 months.

As shown in Table 56, around one-third (35.8%) of children had been bullied in the past 12 months and approximately one in fifteen (6.7%) were estimated to have bullied. The prevalence of children who had been bullied, and the prevalence of children who have bullied, were similar among different age groups and among boys and girls.

Table 56: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2017

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
5 to 9 yrs	35.1	(27.0 - 43.1)	6.8 *	(2.9 - 10.7)	5.6 *	(1.9 - 9.3)
10 to 15 yrs	36.4	(30.0 - 42.8)	6.6 *	(3.3 - 9.8)	5.4 *	(2.3 - 8.5)
Gender						
Boys	35.2	(28.1 - 42.3)	6.7 *	(3.2 - 10.1)	4.7 *	(1.6 - 7.8)
Girls	36.3	(29.0 - 43.6)	6.7 *	(3.0 - 10.4)	6.3 *	(2.6 - 10.0)
Children	35.8	(30.6 - 40.9)	6.7	(4.1 - 9.2)	5.5	(3.1 - 7.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence of bullying is shown in Table 57. The prevalence of being bullied in the past 12 months in 2017 is similar to 2002. However, the prevalence of children bullying others in the past 12 months was significantly lower in 2017 compared with 2002 (6.8% compared with 13.1%).

Table 57: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2002–17

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
2002	39.9	(35.6 - 44.1)	13.1	(10.1 - 16.0)	8.8	(6.4 - 11.2)
2003	35.4	(31.5 - 39.2)	12.7	(10.0 - 15.5)	10.0	(7.4 - 12.5)
2004	38.3	(32.4 - 44.2)	17.4	(12.5 - 22.4)	13.4	(9.1 - 17.8)
2005	36.9	(32.6 - 41.2)	10.5	(7.8 - 13.2)	8.5	(6.0 - 11.0)
2006	35.9	(32.0 - 39.9)	12.1	(9.4 - 14.7)	8.8	(6.5 - 11.0)
2007	38.0	(32.4 - 43.7)	13.7	(9.8 - 17.6)	9.4	(6.3 - 12.6)
2008	37.3	(32.1 - 42.5)	13.8	(10.3 - 17.3)	10.6	(7.5 - 13.7)
2009	33.6	(31.2 - 36.0)	10.0	(8.4 - 11.6)	6.8	(5.4 - 8.1)
2010	34.7	(30.1 - 39.3)	10.7	(7.8 - 13.5)	8.6	(6.0 - 11.2)
2011	31.1	(25.8 - 36.3)	8.6	(5.2 - 12.0)	7.7	(4.4 - 11.0)
2012	35.6	(30.8 - 40.5)	8.8	(6.0 - 11.5)	6.8	(4.3 - 9.2)
2013	36.1	(30.9 - 41.2)	7.1	(4.7 - 9.5)	5.6	(3.5 - 7.8)
2014	33.8	(28.3 - 39.3)	5.9	(3.3 - 8.4)	5.1 *	(2.6 - 7.6)
2015	29.0	(24.2 - 33.9)	8.0	(5.0 - 11.0)	6.1	(3.4 - 8.9)
2016	31.9	(26.9 - 36.8)	5.4	(3.1 - 7.8)	4.1 *	(2.0 - 6.2)
2017	35.8	(30.9 - 40.8)	6.8	(4.3 - 9.2)	5.6	(3.2 - 7.9)
Average	35.2	(34.1 - 36.3)	10.5	(9.8 - 11.2)	7.9	(7.2 - 8.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

11. HEALTH SERVICE UTILISATION

Health services provide care to patients and the general population and are delivered in many different forms, including GP, dental, mental and alternative health services.¹⁰

Parents/carers were asked whether their child had used a number of common health services within the past 12 months, shown in Table 58.

Health service usage varied depending on the type of health service. Most children aged 0 to 15 years had used a primary health service (85.5%) and dental health service (64.0%) within the past 12 months. Approximately one quarter had used a hospital-based health service (26.3%) and/or an allied health service (27.0%). Less than one in ten had used a mental health service (5.4%) and less than one in twenty had used an alternative health service (3.0%).

As seen in Table 58, children aged 0 to 4 years were significantly more likely than children aged 5 to 9 years and 10 to 15 years to use primary health care services such as medical specialists, general practitioners, community health centres and community or district nurses (97.5% compared with 84.5% and 75.0%).

Children aged 5 to 9 years and 10 to 15 years were significantly more likely than children aged 0 to 4 years to use dental health services (84.3% and 85.2% compared with 21.8%). Children aged 5 to 9 years and 10 to 15 years were significantly more likely to use allied health services than children aged 0 to 4 years (33.6% and 38.6% compared with 8.2%).

Hospital-based health service usage was similar among different age groups. Health service usage was similar among boys and girls across all types of health services included in the survey.

The annual prevalence estimates for health service usage are displayed in Table 59. Health service usage in 2017 was similar to 2005 across all types of health services included in the survey.

The mean number of visits to each health service is shown in Table 60 and the annual mean numbers of visits to each health service are shown in Table 61.

Table 58: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2017

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group												
0 to 4 yrs	97.5	(95.5 - 99.4)	32.0	(20.1 - 43.9)	8.2 *	(2.2 - 14.3)	21.8 *	(10.2 - 33.4)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	84.5	(78.8 - 90.3)	25.4	(18.3 - 32.6)	33.6	(25.9 - 41.4)	84.3	(78.0 - 90.7)	5.9 *	(2.3 - 9.6)	3.4 *	(0.5 - 6.3)
10 to 15 yrs	75.0	(69.1 - 80.8)	21.6	(16.4 - 26.8)	38.6	(32.3 - 44.9)	85.2	(80.7 - 89.6)	9.7	(6.2 - 13.1)	3.3 *	(1.1 - 5.5)
Gender												
Boys	84.8	(80.4 - 89.2)	26.6	(19.5 - 33.7)	29.1	(22.8 - 35.4)	65.2	(57.1 - 73.3)	6.1	(3.6 - 8.7)	3.6 *	(1.0 - 6.1)
Girls	86.1	(81.6 - 90.6)	25.9	(19.1 - 32.7)	24.8	(19.1 - 30.5)	62.7	(54.8 - 70.7)	4.6 *	(2.2 - 7.1)	2.5 *	(0.7 - 4.2)
Children	85.5	(82.3 - 88.6)	26.3	(21.3 - 31.2)	27.0	(22.7 - 31.3)	64.0	(58.4 - 69.7)	5.4	(3.6 - 7.2)	3.0 *	(1.5 - 4.6)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Table 59: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2005–17

	Primary (a)		Hospital Based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	82.4	(79.5 - 85.3)	24.4	(21.2 - 27.5)	22.2	(19.1 - 25.4)	59.3	(55.6 - 63.1)	3.5	(2.1 - 4.8)	3.6	(2.3 - 4.9)
2006	79.6	(76.4 - 82.8)	23.9	(20.5 - 27.3)	24.8	(21.4 - 28.2)	57.9	(53.8 - 61.9)	2.6	(1.6 - 3.7)	3.0	(1.8 - 4.2)
2007	82.6	(79.0 - 86.2)	25.2	(20.9 - 29.6)	24.6	(20.4 - 28.8)	55.5	(50.4 - 61.9)	3.6	(2.0 - 5.2)	4.5	(2.7 - 6.3)
2008	80.4	(76.7 - 84.1)	23.2	(19.2 - 27.2)	23.4	(19.5 - 27.4)	57.4	(52.6 - 62.2)	3.4	(1.9 - 5.0)	3.4	(1.8 - 5.0)
2009	79.0	(76.7 - 81.3)	27.0	(24.2 - 29.9)	23.4	(21.0 - 25.8)	58.1	(54.8 - 61.4)	3.3	(2.6 - 4.1)	3.4	(2.6 - 4.2)
2010	84.5	(81.4 - 87.5)	27.3	(23.4 - 31.2)	25.2	(21.6 - 28.9)	58.0	(53.8 - 62.3)	2.8	(1.7 - 3.9)	3.7	(2.2 - 5.3)
2011	82.8	(79.4 - 86.2)	23.6	(19.5 - 27.6)	24.4	(20.4 - 28.5)	58.4	(53.5 - 63.3)	2.0	* (0.8 - 3.3)	3.7	* (1.8 - 5.5)
2012	81.6	(78.2 - 85.0)	25.0	(21.2 - 28.8)	30.4	(26.4 - 34.4)	58.4	(54.0 - 62.9)	3.9	(2.4 - 5.5)	3.5	(2.1 - 4.9)
2013	78.5	(74.5 - 82.4)	25.1	(20.8 - 29.3)	26.9	(22.6 - 31.2)	60.3	(55.0 - 65.5)	4.3	(2.5 - 6.1)	2.6	(1.4 - 3.8)
2014	82.6	(78.8 - 86.4)	20.2	(16.1 - 24.3)	30.1	(25.4 - 34.8)	59.9	(54.5 - 65.2)	6.5	(4.0 - 9.0)	4.4	(2.3 - 6.5)
2015	83.3	(79.9 - 86.6)	27.9	(23.6 - 32.2)	32.1	(27.6 - 36.5)	63.3	(58.5 - 68.1)	6.1	(3.8 - 8.4)	5.6	(3.2 - 8.0)
2016	84.1	(80.7 - 87.5)	27.0	(22.7 - 31.2)	32.5	(28.2 - 36.8)	64.3	(59.5 - 69.1)	6.3	(4.1 - 8.6)	3.0	(1.6 - 4.5)
2017	85.1	(81.9 - 88.2)	26.3	(21.5 - 31.1)	27.2	(23.0 - 31.4)	64.2	(58.6 - 69.7)	5.5	(3.8 - 7.3)	3.0	* (1.5 - 4.5)
Average	81.6	(80.8 - 82.5)	25.5	(24.4 - 26.5)	25.9	(24.9 - 26.9)	59.3	(58.1 - 60.5)	4.0	(3.6 - 4.4)	3.7	(3.3 - 4.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Table 60: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2017

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
Age Group												
0 to 4 yrs	5.3	(3.5 - 7.0)	0.7 *	(0.3 - 1.1)	N/A	(N/A - N/A)	0.4 *	(0.1 - 0.7)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	3.7	(2.7 - 4.7)	0.5	(0.3 - 0.6)	1.3	(0.8 - 1.7)	1.3	(1.2 - 1.5)	N/A	(N/A - N/A)	0.1 *	(0.0 - 0.2)
10 to 15 yrs	2.6	(2.2 - 3.0)	0.6 *	(0.2 - 0.9)	1.8	(1.2 - 2.5)	1.9	(1.6 - 2.2)	0.6	(0.3 - 0.8)	N/A *	(N/A - N/A)
Gender												
Boys	3.7	(3.1 - 4.4)	0.7	(0.4 - 1.0)	1.5	(1.0 - 2.1)	1.2	(0.9 - 1.4)	0.4 *	(0.1 - 0.7)	0.3 *	(0.0 - 0.5)
Girls	3.9	(2.7 - 5.2)	0.5	(0.3 - 0.6)	N/A	(N/A - N/A)	1.3	(1.0 - 1.5)	N/A	(N/A - N/A)	0.1 *	(0.0 - 0.1)
Children	3.8	(3.1 - 4.5)	0.6	(0.4 - 0.7)	1.8 *	(0.7 - 3.0)	1.2	(1.1 - 1.4)	0.5 *	(0.2 - 0.8)	0.2 *	(0.0 - 0.3)

* Mean estimate has a RSE between 25%-50% and should be used with caution.

N/A Mean estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Table 61: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2005–17

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
2005	3.3	(2.9 - 3.7)	0.4	(0.4 - 0.5)	1.1	(0.8 - 1.4)	1.2	(1.0 - 1.3)	0.2 *	(0.1 - 0.4)	0.1	(0.1 - 0.1)
2006	3.4	(3.0 - 3.9)	0.4	(0.3 - 0.5)	1.4	(1.0 - 1.7)	1.1	(1.0 - 1.3)	0.2 *	(0.0 - 0.3)	0.1 *	(0.0 - 0.1)
2007	3.0	(2.6 - 3.3)	0.4	(0.3 - 0.5)	1.6 *	(0.8 - 2.4)	1.1	(0.9 - 1.2)	0.2 *	(0.1 - 0.3)	0.3 *	(0.0 - 0.6)
2008	3.1	(2.7 - 3.4)	0.4	(0.3 - 0.5)	0.9	(0.7 - 1.2)	1.0	(0.9 - 1.1)	0.4 *	(0.0 - 0.8)	0.1 *	(0.0 - 0.2)
2009	2.9	(2.7 - 3.1)	0.5	(0.4 - 0.5)	0.9	(0.8 - 1.1)	1.1	(1.0 - 1.2)	0.2	(0.1 - 0.2)	0.1	(0.1 - 0.1)
2010	3.3	(3.0 - 3.6)	0.4	(0.4 - 0.5)	1.3	(0.8 - 1.7)	1.1	(1.0 - 1.2)	0.2 *	(0.1 - 0.3)	0.1 *	(0.0 - 0.2)
2011	3.1	(2.8 - 3.5)	0.5	(0.3 - 0.7)	1.5	(0.9 - 2.2)	1.1	(0.9 - 1.2)	0.1 *	(0.0 - 0.1)	0.1 *	(0.1 - 0.2)
2012	3.3	(2.9 - 3.7)	0.4	(0.3 - 0.5)	1.5	(1.1 - 1.9)	1.1	(1.0 - 1.2)	0.3 *	(0.1 - 0.4)	0.1	(0.1 - 0.1)
2013	3.2	(2.7 - 3.6)	0.4	(0.3 - 0.5)	1.5	(0.8 - 2.1)	1.2	(1.0 - 1.3)	0.3	(0.1 - 0.4)	0.1 *	(0.0 - 0.1)
2014	3.0	(2.6 - 3.4)	0.4	(0.3 - 0.5)	1.7	(1.0 - 2.4)	1.2	(1.0 - 1.4)	0.3 *	(0.2 - 0.5)	N/A	(N/A - N/A)
2015	3.8	(3.2 - 4.4)	0.6	(0.4 - 0.7)	2.3	(1.3 - 3.4)	1.2	(1.0 - 1.4)	0.5 *	(0.2 - 0.8)	N/A	(N/A - N/A)
2016	3.8	(3.3 - 4.3)	0.6	(0.3 - 0.8)	1.7	(0.9 - 2.5)	1.2	(1.1 - 1.4)	0.4 *	(0.2 - 0.7)	0.1 *	(0.0 - 0.2)
2017	3.8	(3.1 - 4.4)	0.6	(0.4 - 0.8)	1.8 *	(0.7 - 3.0)	1.2	(1.1 - 1.4)	0.5 *	(0.2 - 0.8)	0.2 *	(0.0 - 0.3)
Average	3.3	(3.2 - 3.4)	0.5	(0.4 - 0.5)	1.4	(1.2 - 1.5)	1.1	(1.1 - 1.2)	0.3	(0.2 - 0.3)	0.1	(0.1 - 0.2)

* Mean estimate has a RSE between 25%-50% and should be used with caution.

N/A Mean estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, accident and emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

12. SCHOOL CONNECTEDNESS

A positive school environment can act as a protective factor that reduces the likelihood of mental health problems and can mitigate the potentially negative effects of risk factors.²⁸

Parents/carers were asked how many days, not counting official school holidays, that their child was away from school, for any reason, in the past 12 months. The days absent from school were classified into the number of weeks, as shown in Table 62. More than half of children aged 5 to 15 years (57.2%) were absent for one or more days but less than one week of school over the past 12 months. Estimates relating to absenteeism were similar among different age groups and among boys and girls.

Table 62: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2017

	Zero		Less than a week		One to two weeks		Two to three weeks		Three weeks or more	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
5 to 9 yrs	8.6 *	(3.9 - 13.3)	53.8	(45.5 - 62.0)	21.1	(14.6 - 27.6)	9.5 *	(3.8 - 15.2)	7.0 *	(3.0 - 11.0)
10 to 15 yrs	8.5	(5.0 - 12.0)	60.5	(54.1 - 66.8)	20.2	(15.0 - 25.4)	6.2 *	(3.1 - 9.3)	4.6	(2.7 - 6.5)
Gender										
Boys	8.8	(4.8 - 12.8)	58.8	(51.8 - 65.9)	20.2	(14.6 - 25.8)	7.0 *	(2.8 - 11.3)	5.1	(2.6 - 7.6)
Girls	8.3 *	(4.1 - 12.6)	55.6	(48.0 - 63.2)	21.1	(15.0 - 27.2)	8.6 *	(3.8 - 13.4)	6.4 *	(2.8 - 10.0)
Children	8.6	(5.7 - 11.5)	57.2	(52.1 - 62.4)	20.6	(16.5 - 24.8)	7.8	(4.6 - 11.0)	5.7	(3.6 - 7.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence of weeks absent from school is shown in Table 63. Estimates in 2017 were similar to 2002.

Table 63: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2002–17

	Zero		Less than a week		One to two weeks		Two to three weeks		Three weeks or more	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	10.2	(7.5 - 12.9)	60.8	(56.6 - 65.0)	17.5	(14.5 - 20.6)	6.9	(4.6 - 9.1)	4.6	(3.2 - 6.1)
2003	9.5	(6.8 - 12.2)	57.2	(53.1 - 61.2)	21.5	(18.1 - 24.9)	6.5	(4.7 - 8.3)	5.4	(3.9 - 6.9)
2004	9.0	(5.3 - 12.7)	53.4	(47.3 - 59.6)	22.8	(17.5 - 28.1)	7.8	(4.9 - 10.7)	7.0	(3.9 - 10.1)
2005	9.6	(6.7 - 12.5)	55.5	(50.9 - 60.0)	22.0	(18.3 - 25.8)	5.7	(3.7 - 7.7)	7.2	(4.9 - 9.5)
2006	7.9	(5.5 - 10.3)	50.8	(46.6 - 55.0)	23.0	(19.6 - 26.4)	9.9	(7.2 - 12.5)	8.4	(6.2 - 10.6)
2007	8.3	(5.0 - 11.5)	54.6	(48.7 - 60.5)	21.5	(16.5 - 26.4)	7.7	(4.5 - 10.9)	7.9	(5.1 - 10.8)
2008	7.1	(3.9 - 10.3)	54.2	(48.6 - 59.8)	20.9	(16.3 - 25.5)	9.1	(6.1 - 12.1)	8.7	(5.6 - 11.8)
2009	7.8	(6.5 - 9.2)	48.3	(45.8 - 50.8)	22.9	(20.8 - 25.0)	10.1	(8.6 - 11.6)	10.9	(9.3 - 12.4)
2010	8.2	(5.3 - 11.2)	50.8	(45.8 - 55.9)	23.0	(18.7 - 27.2)	10.1	(7.3 - 13.0)	7.9	(5.2 - 10.5)
2011	8.7	(5.3 - 12.1)	49.0	(43.3 - 54.7)	20.5	(16.1 - 24.9)	11.1	(7.6 - 14.6)	10.7	(7.0 - 14.4)
2012	6.3	(4.0 - 8.6)	50.8	(45.8 - 55.9)	26.6	(22.1 - 31.2)	8.5	(5.9 - 11.1)	7.7	(5.2 - 10.3)
2013	9.8	(6.4 - 13.1)	58.3	(53.1 - 63.5)	15.8	(12.0 - 19.5)	8.0	(5.2 - 10.7)	8.2	(5.8 - 10.6)
2014	6.0	(3.6 - 8.5)	60.4	(54.8 - 66.0)	19.1	(14.7 - 23.5)	7.6	(4.6 - 10.7)	6.8	(4.1 - 9.5)
2015	8.8	(5.6 - 12.0)	54.6	(49.2 - 60.0)	21.6	(17.3 - 25.9)	5.3	(3.4 - 7.3)	9.7	(6.5 - 13.0)
2016	11.2	(7.6 - 14.9)	52.2	(46.9 - 57.5)	21.1	(17.0 - 25.2)	8.3	(5.4 - 11.2)	7.1	(4.1 - 10.2)
2017	8.6	(5.7 - 11.4)	57.3	(52.2 - 62.3)	20.7	(16.6 - 24.8)	7.7	(4.7 - 10.7)	5.8	(3.7 - 7.8)
Average	8.5	(7.9 - 9.2)	53.5	(52.3 - 54.6)	21.5	(20.6 - 22.4)	8.4	(7.7 - 9.0)	8.1	(7.5 - 8.7)

Parents/carers were asked to rate how well their child was doing in school overall, based on their school work and school reports. Approximately two in five children were estimated to be doing very well at school and one in four doing well (Table 64). A significantly lower proportion of children aged 10 to 15 years were estimated to be doing very well compared with children aged 5 to 9 years (35.8% compared with 50.2%). Estimates relating to school performance were similar among boys and girls.

Table 64: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2017

	Very well		Well		Average		Poor or very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	50.2	(42.1 - 58.4)	26.2	(19.2 - 33.2)	17.9	(12.1 - 23.7)	5.7 *	(1.5 - 9.8)
10 to 15 yrs	35.8	(29.6 - 42.0)	28.3	(22.3 - 34.2)	32.4	(26.0 - 38.8)	3.5 *	(1.2 - 5.8)
Gender								
Boys	39.2	(32.1 - 46.3)	26.5	(20.3 - 32.7)	28.3	(21.8 - 34.8)	5.9 *	(2.0 - 9.9)
Girls	46.5	(39.0 - 54.1)	28.0	(21.3 - 34.7)	22.3	(16.2 - 28.4)	3.1 *	(0.8 - 5.4)
Children	42.8	(37.6 - 48.0)	27.3	(22.7 - 31.8)	25.4	(20.9 - 29.8)	4.6 *	(2.2 - 6.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence estimates of how well children were doing in school, as perceived by their parents/carers, are shown in Table 65. The prevalence of children whose parent/carer reported their overall school performance as very well, has decreased significantly between 2002 and 2017 (52.7% compared with 42.3%).

Table 65: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2002–17

	Very well		Well		Average		Poor or very Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	52.7	(48.4 - 57.1)	22.4	(18.8 - 26.0)	22.1	(18.5 - 25.6)	2.8	(1.6 - 4.0)
2003	49.0	(44.9 - 53.0)	25.6	(21.9 - 29.3)	21.7	(18.5 - 25.0)	3.7	(2.2 - 5.3)
2004	45.7	(39.5 - 51.9)	27.5	(22.0 - 33.1)	21.3	(16.3 - 26.3)	5.4 *	(2.3 - 8.5)
2005	47.3	(42.8 - 51.9)	24.4	(20.6 - 28.2)	24.9	(21.0 - 28.8)	3.4	(1.8 - 5.1)
2006	46.0	(41.8 - 50.2)	25.9	(22.3 - 29.6)	22.8	(19.2 - 26.4)	5.3	(3.5 - 7.1)
2007	50.3	(44.4 - 56.1)	23.1	(18.0 - 28.2)	20.8	(16.1 - 25.6)	5.8	(3.2 - 8.3)
2008	42.2	(36.7 - 47.7)	28.6	(23.6 - 33.6)	25.9	(21.3 - 30.5)	3.4 *	(1.5 - 5.2)
2009	42.1	(39.6 - 44.6)	28.1	(25.9 - 30.4)	25.0	(22.9 - 27.2)	4.7	(3.7 - 5.8)
2010	45.9	(40.8 - 50.9)	29.0	(24.4 - 33.5)	20.9	(16.9 - 24.8)	4.3	(2.5 - 6.2)
2011	43.8	(38.2 - 49.5)	28.5	(23.4 - 33.7)	22.8	(18.2 - 27.3)	4.9 *	(2.3 - 7.5)
2012	42.9	(37.9 - 47.9)	25.8	(21.4 - 30.1)	24.9	(20.4 - 29.3)	6.5	(4.0 - 8.9)
2013	45.5	(40.2 - 50.8)	25.6	(21.0 - 30.3)	24.7	(20.1 - 29.3)	4.2 *	(2.1 - 6.2)
2014	46.6	(40.7 - 52.4)	24.5	(19.6 - 29.4)	24.9	(19.9 - 29.9)	4.0 *	(2.0 - 6.1)
2015	47.5	(42.0 - 52.9)	25.4	(20.8 - 29.9)	21.8	(17.5 - 26.2)	5.3	(2.8 - 7.8)
2016	42.1	(36.9 - 47.3)	27.9	(23.2 - 32.6)	26.0	(21.2 - 30.7)	4.0	(2.2 - 5.9)
2017	42.3	(37.2 - 47.4)	27.4	(22.9 - 31.9)	25.8	(21.3 - 30.3)	4.5 *	(2.3 - 6.7)
Average	45.6	(44.4 - 46.7)	26.3	(25.3 - 27.3)	23.7	(22.7 - 24.7)	4.5	(4.0 - 4.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Parents/carers were asked to rate how often their child looks forward to going to school each day (Table 66). Children aged 10 to 15 years were significantly more likely than children aged 5 to 9 years to sometimes look forward to going to school (15.1% compared with 5.9%). Estimates relating to how frequently children look forward to school were similar among boys and girls.

Table 66: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2017

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	2.7 *	(0.1 - 5.2)	5.9 *	(2.4 - 9.4)	17.3	(11.3 - 23.3)	74.1	(67.2 - 81.1)
10 to 15 yrs	4.2 *	(1.9 - 6.5)	15.1	(10.4 - 19.9)	18.0	(12.9 - 23.1)	62.7	(56.3 - 69.0)
Gender								
Boys	3.8 *	(1.5 - 6.1)	11.8	(7.2 - 16.3)	20.1	(14.3 - 25.9)	64.3	(57.4 - 71.2)
Girls	3.1 *	(0.6 - 5.6)	9.5	(5.5 - 13.5)	15.1	(9.9 - 20.3)	72.3	(65.8 - 78.8)
Children	3.5	(1.8 - 5.1)	10.6	(7.6 - 13.7)	17.7	(13.7 - 21.6)	68.2	(63.5 - 73.0)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence estimates of how frequently children look forward to going to school are shown in Table 67. Estimates relating to how frequently children look forward to going to school were similar in 2017 compared with 2002.

Table 67: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2002–17

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	3.6	(2.0 - 5.1)	9.9	(7.2 - 12.5)	13.8	(10.9 - 16.7)	72.7	(68.9 - 76.6)
2003	5.4	(3.6 - 7.2)	9.1	(6.9 - 11.3)	15.5	(12.5 - 18.5)	70.0	(66.3 - 73.7)
2004	2.4 *	(0.8 - 4.0)	11.5	(7.3 - 15.7)	13.5	(9.5 - 17.6)	72.5	(67.0 - 78.0)
2005	2.0 *	(0.9 - 3.1)	10.2	(7.1 - 13.4)	16.3	(13.1 - 19.5)	71.5	(67.3 - 75.6)
2006	5.8	(3.9 - 7.8)	7.9	(5.7 - 10.1)	16.1	(13.0 - 19.2)	70.2	(66.4 - 74.1)
2007	4.2 *	(2.0 - 6.4)	6.5	(3.6 - 9.4)	16.1	(12.0 - 20.3)	73.2	(68.1 - 78.2)
2008	5.5	(3.4 - 7.6)	11.0	(7.5 - 14.5)	13.6	(9.9 - 17.3)	69.9	(64.9 - 74.8)
2009	5.4	(4.3 - 6.6)	8.4	(7.1 - 9.8)	19.1	(17.2 - 21.1)	67.0	(64.6 - 69.3)
2010	3.6 *	(1.8 - 5.5)	10.5	(7.4 - 13.6)	16.3	(12.8 - 19.8)	69.6	(65.1 - 74.1)
2011	3.3 *	(1.6 - 5.1)	10.4	(7.3 - 13.6)	19.7	(15.1 - 24.4)	66.5	(61.2 - 71.8)
2012	6.1	(3.9 - 8.2)	7.8	(5.2 - 10.3)	16.6	(12.7 - 20.6)	69.5	(64.9 - 74.2)
2013	6.7	(4.2 - 9.1)	9.2	(6.0 - 12.3)	18.1	(14.0 - 22.2)	66.0	(61.0 - 71.1)
2014	2.5 *	(1.0 - 4.1)	8.5	(5.5 - 11.5)	14.6	(10.8 - 18.5)	74.3	(69.5 - 79.2)
2015	5.2	(2.9 - 7.5)	7.6	(4.8 - 10.4)	20.6	(16.1 - 25.1)	66.6	(61.4 - 71.7)
2016	3.3 *	(1.6 - 5.1)	10.7	(7.1 - 14.3)	13.1	(9.9 - 16.3)	72.8	(68.2 - 77.5)
2017	3.5	(1.8 - 5.2)	10.9	(7.8 - 14.0)	17.6	(13.8 - 21.4)	68.0	(63.3 - 72.7)
Average	4.6	(4.2 - 5.1)	9.0	(8.3 - 9.7)	16.7	(15.8 - 17.5)	69.7	(68.7 - 70.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

13. FAMILY FUNCTIONING

How well a family functions affects the health and wellbeing of children within the family. Family functioning affects many aspects of family life, including the degree of agreement on decisions, acceptance of individuals, the ability to solve day-to-day problems and communication.³³

The questions used in the HWSS are taken from the McMaster Family Functioning Scale of 12 questions.³⁴ Four questions were identified as sufficient to assess family functioning within a population.^a The questions are stated in the negative and reverse scored to assess overall family functioning. The first question is about the family not usually getting along (Table 68).

Table 68: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2017

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	N/A	(N/A - N/A)	26.0	(14.1 - 37.9)	73.1	(61.2 - 85.0)
5 to 9 yrs	N/A	(N/A - N/A)	25.6	(18.5 - 32.8)	72.0	(64.6 - 79.3)
10 to 15 yrs	4.3	* (1.6 - 7.0)	34.9	(28.7 - 41.1)	60.8	(54.4 - 67.2)
Gender						
Boys	2.0	* (0.7 - 3.4)	33.4	(25.6 - 41.1)	64.6	(56.9 - 72.3)
Girls	3.2	* (0.9 - 5.5)	24.4	(18.4 - 30.4)	72.4	(66.1 - 78.8)
Children	2.6	* (1.3 - 3.9)	29.0	(24.0 - 34.0)	68.4	(63.3 - 73.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence estimates of family not usually getting along are shown in Table 69. Estimates relating to the family not getting on well together were similar in 2017 compared with 2002.

^a The analysis of the McMaster instrument was undertaken by Professor Stephen Zubrick of the Telethon Kids Institute, whom the authors gratefully acknowledge

Table 69: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2002–17

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	3.2	(1.9 - 4.6)	30.2	(26.8 - 33.6)	66.6	(63.1 - 70.1)
2003	2.2	(1.4 - 3.1)	35.4	(32.1 - 38.7)	62.4	(59.0 - 65.7)
2004	4.2 *	(2.1 - 6.3)	35.5	(30.4 - 40.7)	60.3	(55.0 - 65.5)
2005	1.6 *	(0.6 - 2.6)	33.6	(30.1 - 37.2)	64.8	(61.1 - 68.4)
2006	2.1	(1.1 - 3.1)	35.8	(32.4 - 39.2)	62.1	(58.7 - 65.6)
2007	3.5	(1.9 - 5.1)	28.2	(23.6 - 32.8)	68.3	(63.6 - 73.0)
2008	3.1 *	(1.4 - 4.7)	34.6	(30.1 - 39.1)	62.3	(57.7 - 66.9)
2009	2.8	(1.9 - 3.8)	30.9	(28.3 - 33.5)	66.3	(63.6 - 69.0)
2010	3.1	(1.8 - 4.5)	26.7	(22.9 - 30.5)	70.2	(66.3 - 74.0)
2011	4.2 *	(2.0 - 6.4)	31.7	(27.1 - 36.3)	64.1	(59.3 - 68.9)
2012	3.4	(1.8 - 5.0)	33.1	(28.9 - 37.3)	63.5	(59.2 - 67.8)
2013	3.8	(2.0 - 5.5)	30.3	(25.7 - 34.8)	66.0	(61.3 - 70.7)
2014	3.3 *	(1.2 - 5.3)	28.1	(23.2 - 33.0)	68.6	(63.6 - 73.7)
2015	2.6 *	(1.3 - 4.0)	22.1	(18.0 - 26.3)	75.2	(71.0 - 79.5)
2016	2.6 *	(0.8 - 4.3)	24.9	(20.8 - 29.0)	72.6	(68.3 - 76.8)
2017	2.6 *	(1.3 - 4.0)	29.1	(24.2 - 34.0)	68.2	(63.3 - 73.2)
Average	2.9	(2.6 - 3.2)	31.4	(30.5 - 32.4)	65.7	(64.7 - 66.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The second question asked parents/carers whether planning family activities is usually difficult (Table 70). Approximately one in five children (20.1%) were estimated to live in a family where it was strongly agreed or agreed that planning family activities was usually difficult.

Table 70: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2017

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	18.0 *	(7.5 - 28.6)	44.6	(31.7 - 57.4)	37.4	(25.5 - 49.3)
5 to 9 yrs	19.1	(12.6 - 25.6)	39.6	(31.6 - 47.7)	41.2	(33.2 - 49.2)
10 to 15 yrs	23.0	(17.5 - 28.4)	32.9	(27.0 - 38.9)	44.1	(37.5 - 50.7)
Gender						
Boys	19.0	(13.4 - 24.7)	42.9	(35.0 - 50.8)	38.1	(30.8 - 45.3)
Girls	21.2	(14.3 - 28.1)	34.8	(27.5 - 42.0)	44.0	(36.4 - 51.6)
Children	20.1	(15.7 - 24.6)	38.9	(33.5 - 44.4)	41.0	(35.7 - 46.2)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence estimates of whether planning family activities is usually difficult is shown in Table 71. Estimates relating to whether planning family activities is usually difficult were similar in 2017 compared with 2002.

Table 71: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2002–17

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	19.4	(16.4 - 22.5)	40.6	(37.0 - 44.3)	39.9	(36.2 - 43.6)
2003	19.5	(16.7 - 22.2)	45.3	(41.8 - 48.8)	35.3	(31.9 - 38.6)
2004	21.6	(17.1 - 26.0)	44.0	(38.7 - 49.3)	34.5	(29.4 - 39.6)
2005	16.3	(13.5 - 19.1)	46.4	(42.7 - 50.2)	37.3	(33.6 - 40.9)
2006	19.9	(17.1 - 22.6)	45.3	(41.7 - 48.8)	34.9	(31.5 - 38.3)
2007	16.9	(13.2 - 20.6)	41.4	(36.4 - 46.3)	41.7	(36.7 - 46.8)
2008	22.1	(18.1 - 26.0)	43.8	(39.0 - 48.5)	34.1	(29.6 - 38.7)
2009	14.9	(12.8 - 17.0)	43.1	(40.1 - 46.1)	42.0	(38.9 - 45.1)
2010	16.2	(13.1 - 19.4)	40.0	(35.8 - 44.2)	43.8	(39.5 - 48.0)
2011	16.1	(12.4 - 19.8)	40.5	(35.7 - 45.2)	43.4	(38.6 - 48.2)
2012	19.7	(16.0 - 23.3)	40.0	(35.7 - 44.3)	40.4	(36.1 - 44.7)
2013	17.8	(13.9 - 21.7)	35.4	(30.7 - 40.2)	46.7	(41.6 - 51.9)
2014	12.0	(8.7 - 15.4)	39.4	(34.2 - 44.7)	48.5	(43.2 - 53.8)
2015	13.2	(9.9 - 16.6)	38.0	(33.3 - 42.7)	48.8	(43.9 - 53.7)
2016	15.3	(12.0 - 18.7)	41.6	(36.9 - 46.3)	43.1	(38.4 - 47.8)
2017	20.2	(15.9 - 24.6)	38.7	(33.4 - 44.0)	41.1	(35.9 - 46.2)
Average	17.5	(16.7 - 18.3)	42.2	(41.2 - 43.2)	40.3	(39.3 - 41.3)

The third question asked parents/carers whether their family usually avoid discussing their fears and concerns openly with each other (Table 72). One in twelve children (8.2%) were estimated to live in a family where the family usually avoided discussing fears and concerns openly with each other. Estimates relating to whether the family usually avoided discussing their fears and concerns openly with each other were similar among different age groups and among boys and girls.

Table 72: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2017

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	N/A	(N/A - N/A)	40.4	(27.7 - 53.0)	51.1	(38.3 - 64.0)
5 to 9 yrs	11.5 *	(5.5 - 17.4)	35.3	(27.7 - 42.9)	53.2	(45.1 - 61.4)
10 to 15 yrs	5.0	(2.6 - 7.4)	41.6	(35.1 - 48.1)	53.4	(46.8 - 59.9)
Gender						
Boys	6.7 *	(3.2 - 10.2)	42.8	(35.1 - 50.5)	50.5	(42.8 - 58.2)
Girls	9.8 *	(3.2 - 16.4)	35.4	(28.1 - 42.6)	54.8	(47.0 - 62.6)
Children	8.2	(4.5 - 12.0)	39.2	(33.8 - 44.5)	52.6	(47.1 - 58.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual estimates of whether families avoid discussing fears and concerns openly with each other are shown in Table 73. Estimates relating to whether families avoided discussing fears and concerns openly with each other were similar in 2017 compared with 2002.

Table 73: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2002–17

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	10.3	(8.1 - 12.5)	43.5	(39.7 - 47.2)	46.3	(42.5 - 50.0)
2003	9.3	(7.2 - 11.5)	45.0	(41.5 - 48.4)	45.7	(42.2 - 49.2)
2004	11.3	(7.7 - 14.8)	50.9	(45.5 - 56.2)	37.9	(32.7 - 43.1)
2005	6.3	(4.6 - 8.0)	47.6	(43.8 - 51.4)	46.1	(42.3 - 49.9)
2006	5.8	(4.3 - 7.4)	51.0	(47.5 - 54.5)	43.2	(39.6 - 46.7)
2007	9.9	(6.7 - 13.1)	36.8	(32.0 - 41.6)	53.3	(48.3 - 58.3)
2008	9.4	(6.6 - 12.2)	45.3	(40.5 - 50.1)	45.3	(40.5 - 50.0)
2009	6.7	(5.3 - 8.2)	47.8	(44.7 - 50.9)	45.5	(42.4 - 48.5)
2010	6.7	(4.5 - 8.8)	43.0	(38.7 - 47.2)	50.4	(46.1 - 54.7)
2011	6.0	(3.8 - 8.2)	42.5	(37.8 - 47.3)	51.4	(46.6 - 56.3)
2012	7.6	(5.0 - 10.3)	42.2	(37.9 - 46.6)	50.1	(45.7 - 54.5)
2013	11.0	(7.9 - 14.0)	39.5	(34.6 - 44.3)	49.6	(44.7 - 54.5)
2014	5.2	(2.9 - 7.4)	42.8	(37.5 - 48.1)	52.1	(46.7 - 57.4)
2015	5.7	(3.7 - 7.7)	37.4	(32.7 - 42.1)	56.9	(52.1 - 61.7)
2016	6.2	(3.8 - 8.7)	44.7	(40.0 - 49.4)	49.1	(44.4 - 53.8)
2017	8.1	(4.5 - 11.7)	39.3	(34.1 - 44.5)	52.6	(47.2 - 57.9)
Average	7.7	(7.1 - 8.3)	44.5	(43.5 - 45.6)	47.8	(46.7 - 48.8)

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other (Table 74). Estimates relating to whether making decisions is usually a problem in the family because they misunderstand each other were similar among different age groups and among boys and girls.

Table 74: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2017

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	N/A	(N/A - N/A)	47.8	(34.9 - 60.7)	47.6	(34.8 - 60.3)
5 to 9 yrs	8.1 *	(3.8 - 12.4)	41.5	(33.5 - 49.5)	50.4	(42.2 - 58.6)
10 to 15 yrs	6.9	(3.8 - 10.0)	45.1	(38.7 - 51.6)	48.0	(41.4 - 54.6)
Gender						
Boys	8.1	(4.3 - 12.0)	45.3	(37.6 - 53.1)	46.6	(38.8 - 54.3)
Girls	4.9 *	(1.9 - 7.9)	44.3	(36.5 - 52.1)	50.8	(43.0 - 58.5)
Children	6.5	(4.1 - 9.0)	44.8	(39.3 - 50.3)	48.6	(43.2 - 54.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

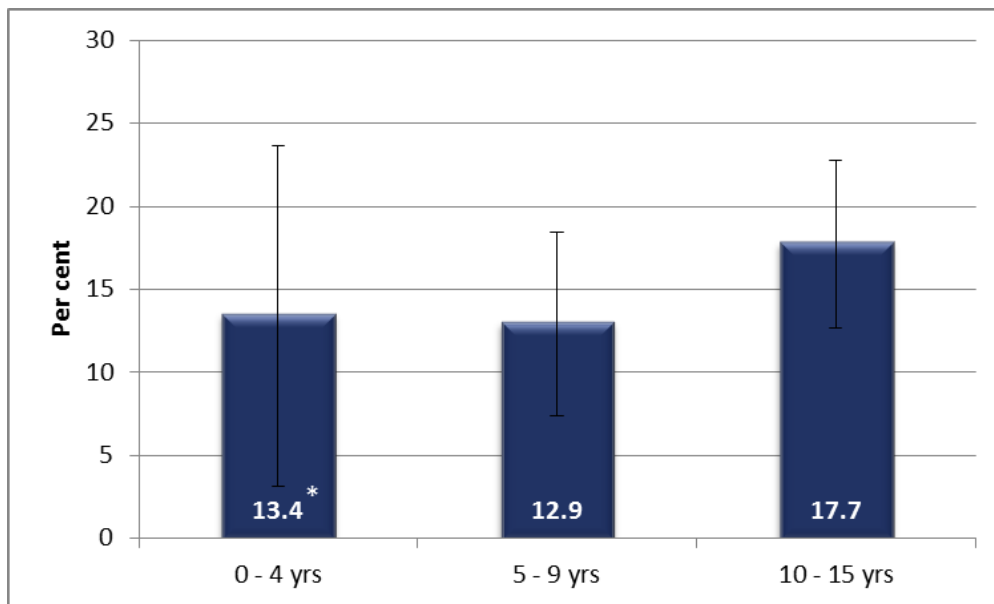
The annual estimates of whether making decisions is usually a problem is shown in Table 75. Estimates relating to whether making decisions is usually a problem were similar in 2017 compared with 2002.

Table 75: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2002–17

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	10.0	(7.6 - 12.4)	45.5	(41.7 - 49.2)	44.5	(40.8 - 48.3)
2003	9.5	(7.5 - 11.5)	50.4	(46.9 - 53.9)	40.2	(36.7 - 43.6)
2004	12.0	(8.4 - 15.5)	54.6	(49.2 - 59.9)	33.5	(28.5 - 38.5)
2005	9.1	(7.1 - 11.2)	52.1	(48.4 - 55.9)	38.7	(35.1 - 42.4)
2006	10.2	(8.1 - 12.2)	51.9	(48.4 - 55.4)	37.9	(34.5 - 41.4)
2007	8.9	(6.3 - 11.5)	46.3	(41.2 - 51.3)	44.9	(39.8 - 50.0)
2008	10.1	(7.3 - 12.8)	51.4	(46.7 - 56.2)	38.5	(33.9 - 43.1)
2009	7.5	(6.1 - 8.9)	49.1	(46.0 - 52.1)	43.4	(40.3 - 46.5)
2010	7.1	(5.0 - 9.3)	47.0	(42.7 - 51.2)	45.9	(41.6 - 50.2)
2011	6.5	(4.1 - 8.9)	45.3	(40.4 - 50.1)	48.2	(43.3 - 53.1)
2012	8.4	(6.0 - 10.8)	45.5	(41.1 - 49.8)	46.1	(41.8 - 50.5)
2013	8.2	(5.5 - 11.0)	46.9	(42.0 - 51.9)	44.8	(40.0 - 49.7)
2014	6.3	(3.6 - 9.0)	44.8	(39.4 - 50.1)	48.9	(43.6 - 54.3)
2015	6.2	(4.2 - 8.3)	43.8	(39.0 - 48.7)	50.0	(45.1 - 54.8)
2016	7.9	(5.2 - 10.7)	48.4	(43.6 - 53.1)	43.7	(39.0 - 48.4)
2017	6.5	(4.1 - 8.9)	44.9	(39.5 - 50.2)	48.6	(43.3 - 53.9)
Average	8.6	(8.0 - 9.2)	48.4	(47.4 - 49.5)	43.0	(41.9 - 44.0)

The four questions were reverse-scored and added together to get an indication of the level of functioning within families. A total score of 2.25 or less is defined as poor family functioning. The cut-off score was provided by Professor Zubrick of the Telethon Kids Institute, as part of his work on reducing the McMaster Family Functioning Scale for use in a population-based child health survey. The results are shown in Figure 18. The estimated prevalence of poor family functioning was similar among different age groups.

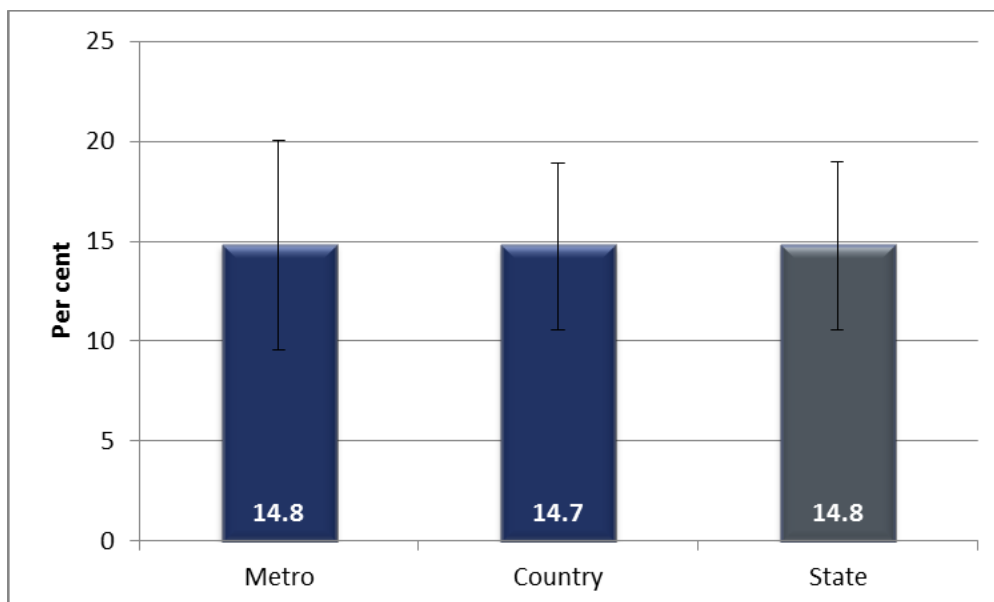
Figure 18: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2017



* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 19 shows the prevalence of children with poor family functioning scores by geographic area of residence. Estimates were similar among metro and country areas.

Figure 19: Prevalence of children with poor family functioning, by geographic area, 0 to 15 years, HWSS 2017



The annual prevalence estimates of poor family functioning are shown in Table 76. The prevalence of children in households with poor family functioning in 2017 was similar to 2002.

Table 76: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2002–17

	%	95% CI
2002	15.3	(12.6 - 17.9)
2003	14.4	(11.9 - 16.8)
2004	19.6	(15.2 - 24.0)
2005	12.5	(10.2 - 14.8)
2006	15.6	(13.1 - 18.1)
2007	14.5	(10.9 - 18.1)
2008	15.7	(12.4 - 19.1)
2009	11.4	(9.7 - 13.1)
2010	11.2	(8.6 - 13.9)
2011	11.3	(8.2 - 14.5)
2012	13.9	(10.6 - 17.2)
2013	15.9	(12.4 - 19.5)
2014	8.2	(5.4 - 11.1)
2015	8.7	(6.0 - 11.3)
2016	11.3	(8.2 - 14.4)
2017	14.9	(10.8 - 19.0)
Average	13.3	(12.6 - 14.0)

14. RESPONDENT FOR CHILD

As well as information regarding the child; demographic, social and psychosocial information about the parent/carer responding on behalf of the child is also collected. The information relating to the children has been weighted to the age and sex distribution of Australia's child population. However, data relating to the respondent for the child has not been weighted given these estimates are not meant to be reflective of the child population. The demographic characteristics of respondents are presented in Table 4.

14.1 General health

Self-ratings of health are used internationally, with poor health ratings associated with increased mortality, high levels of psychological distress and lower physical functioning, compared with excellent or very good ratings.⁷

Table 77 shows the respondents' self-reported general health status. Self-reported general health status was similar among parents/carers of children of different age groups and similar among parents/carers of boy and girls.

Table 77: General health status of respondent, HWSS 2017

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group								
0 to 4 yrs	28.5	(20.5 - 36.4)	47.2	(38.3 - 56.0)	22.0	(14.6 - 29.3)	N/A	(N/A - N/A)
5 to 9 yrs	23.4	(18.0 - 28.8)	34.9	(28.8 - 41.0)	31.9	(25.9 - 37.9)	9.8	(6.0 - 13.6)
10 to 15 yrs	23.0	(19.0 - 27.0)	36.3	(31.7 - 40.9)	31.5	(27.1 - 36.0)	9.2	(6.5 - 12.0)
Child's sex								
Boys	25.6	(21.3 - 29.9)	36.3	(31.6 - 41.1)	30.6	(26.0 - 35.1)	7.5	(4.9 - 10.1)
Girls	22.3	(18.1 - 26.5)	38.8	(33.9 - 43.8)	29.7	(25.1 - 34.3)	9.2	(6.3 - 12.1)
Persons	24.0	(21.0 - 27.0)	37.6	(34.2 - 41.0)	30.1	(26.9 - 33.4)	8.3	(6.4 - 10.3)

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

14.2 Mental health

Mental health problems encompass a wide range of conditions that vary widely in severity and duration. Mental health problems are associated with higher rates of death, poorer physical health and increased exposure to health risk factors.¹⁰

Respondents were asked whether or not a doctor had diagnosed them with depression, anxiety, stress or any other mental health problem during the past 12 months and whether they were currently receiving treatment for such a problem. The prevalence of mental health problems is shown in Table 78.

Table 78: Mental health of respondent, HWSS 2017

	Mental health condition in the past 12 months (a)		Currently receiving treatment (b)	
	%	95% CI	%	95% CI
Child's age group				
0 to 4 yrs	14.6	(8.4 - 20.9)	8.1 *	(3.3 - 13.0)
5 to 9 yrs	28.8	(22.9 - 34.6)	18.9	(13.8 - 23.9)
10 to 15 yrs	17.3	(13.7 - 21.0)	13.8	(10.5 - 17.1)
Child's sex				
Boys	20.2	(16.2 - 24.2)	14.4	(10.9 - 17.9)
Girls	20.5	(16.4 - 24.5)	14.4	(10.9 - 18.0)
Persons	20.3	(17.5 - 23.2)	14.4	(11.9 - 16.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

(a) In the past 12 months told by a doctor they had depression, anxiety, stress or any other mental health problem.

(b) Currently receiving treatment for a mental health problem ever diagnosed.

Approximately one in five (20.3%) respondents reported having been diagnosed with depression, anxiety, stress or another mental health problem in the past 12 months.

Approximately one in seven (14.4%) respondents were receiving treatment.

Parents/carers of children aged 5 to 9 years were significantly more likely to have been diagnosed with a mental health condition in the past 12 months compared with parents/carers of children aged 0 to 4 years or 10 to 15 years (28.8% compared with 14.6% and 17.3%). Parents/carers of children aged 5 to 9 years were also significantly more likely than parents/carers of children aged 0 to 4 years to be receiving treatment. The prevalence of respondents receiving treatment was similar among parents/carers of boys and girls.

14.3 Lack of control

Perceptions of control relates to an individual's belief as to whether outcomes are determined by external events outside their control or by their own actions.³⁵ Feelings of lack of control are associated with poorer health outcomes and an increased risk of mortality.³⁶

Respondents were asked to rate how often during the past four weeks they felt a lack of control over their life in general, their personal life and their health. People who often or always report feeling a lack of control over aspects of life are also those who report poorer mental and physical health.

Table 79 shows self-reported lack of control over life in general, Table 80 shows self-reported lack of control over personal life, and Table 81 shows self-reported lack of control over health.

More than half of respondents reported feeling some lack of control over life in general (54.2%), although most only felt a lack of control rarely (27.6%) or sometimes (20.2%) (Table 79). More than half of respondents reported never feeling a lack of control over personal life or their health (56.4% and 58.6%, respectively) (Table 80 and Table 81).

Estimates for lack of control over life in general, lack of control over personal life, and lack of control over health were similar among respondents who were parents/carers of children of different age groups and who were parents/carers carers of boys and girls.

Table 79: Lack of control over life in general during past four weeks, respondent, HWSS 2017

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	48.0	(39.1 - 56.8)	32.5	(24.2 - 40.8)	16.3	(9.7 - 22.8)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	44.4	(38.1 - 50.8)	26.9	(21.2 - 32.6)	19.7	(14.6 - 24.8)	7.3	(3.9 - 10.6)	1.7 *	(0.0 - 3.4)
10 to 15 yrs	45.8	(41.1 - 50.6)	26.6	(22.4 - 30.8)	21.6	(17.7 - 25.6)	5.0	(2.9 - 7.1)	1.0 *	(0.0 - 1.9)
Child's sex										
Boys	41.1	(36.2 - 45.9)	30.5	(25.9 - 35.0)	21.4	(17.4 - 25.5)	5.5	(3.3 - 7.8)	1.5 *	(0.3 - 2.7)
Girls	50.7	(45.6 - 55.7)	24.7	(20.3 - 29.0)	18.9	(15.0 - 22.8)	5.0	(2.8 - 7.2)	N/A	(N/A - N/A)
Persons	45.8	(42.2 - 49.3)	27.6	(24.5 - 30.8)	20.2	(17.4 - 23.0)	5.3	(3.7 - 6.8)	1.2 *	(0.4 - 1.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Table 80: Lack of control over personal life during past four weeks, respondent, HWSS 2017

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	58.2	(49.4 - 67.0)	27.0	(19.1 - 34.9)	10.7 *	(5.2 - 16.1)	3.3 *	(0.1 - 6.4)	N/A	(N/A - N/A)
5 to 9 yrs	54.3	(47.9 - 60.7)	20.5	(15.3 - 25.7)	18.4	(13.4 - 23.3)	6.0 *	(2.9 - 9.0)	N/A	(N/A - N/A)
10 to 15 yrs	57.0	(52.3 - 61.7)	21.9	(17.9 - 25.8)	17.3	(13.7 - 21.0)	3.3 *	(1.6 - 5.0)	N/A	(N/A - N/A)
Child's sex										
Boys	54.2	(49.2 - 59.1)	21.9	(17.8 - 26.0)	18.9	(15.0 - 22.8)	4.3	(2.3 - 6.3)	N/A	(N/A - N/A)
Girls	58.7	(53.7 - 63.6)	22.6	(18.4 - 26.8)	14.2	(10.7 - 17.7)	3.9 *	(2.0 - 5.9)	N/A	(N/A - N/A)
Persons	56.4	(52.9 - 59.9)	22.3	(19.3 - 25.2)	16.6	(14.0 - 19.2)	4.1	(2.7 - 5.5)	0.6 *	(0.1 - 1.2)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Table 81: Lack of control over health during past four weeks, respondent, HWSS 2017

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	65.9	(57.5 - 74.3)	19.5	(12.5 - 26.5)	8.9 *	(3.9 - 14.0)	5.7 *	(1.6 - 9.8)	N/A	(N/A - N/A)
5 to 9 yrs	53.4	(47.0 - 59.8)	22.2	(16.9 - 27.6)	17.9	(13.0 - 22.9)	5.6 *	(2.6 - 8.5)	N/A	(N/A - N/A)
10 to 15 yrs	59.4	(54.7 - 64.1)	18.5	(14.8 - 22.2)	16.4	(12.8 - 19.9)	3.6 *	(1.8 - 5.3)	2.1 *	(0.8 - 3.5)
Child's sex										
Boys	54.9	(50.0 - 59.8)	23.4	(19.3 - 27.6)	16.6	(13.0 - 20.3)	3.5 *	(1.7 - 5.3)	1.5 *	(0.3 - 2.7)
Girls	62.5	(57.6 - 67.3)	16.0	(12.3 - 19.7)	14.7	(11.1 - 18.3)	5.5	(3.2 - 7.8)	1.3 *	(0.2 - 2.5)
Persons	58.6	(55.1 - 62.1)	19.8	(17.0 - 22.6)	15.7	(13.1 - 18.2)	4.5	(3.0 - 6.0)	1.4 *	(0.6 - 2.2)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

15. PARTNER OF RESPONDENT FOR CHILD

The demographic characteristics of the child respondent's partner and unweighted proportions are shown below in Table 82. Of this sample, 13 respondents identified their partner as Aboriginal or Torres Strait Islander.

Table 82: Demographics of respondent's partner, HWSS 2017

Characteristic	Unweighted Sample (n)	Unweighted Per Cent (%)
Australian born		
Yes	509	72.8
No	190	27.2
Highest level of education		
Less than Year 10	6	0.9
Year 10 or Year 11	60	8.6
Year 12	108	15.5
TAFE/ Trade Qualification	334	47.8
Tertiary degree or equivalent	191	27.3
Employment status		
Employed	633	90.6
Unemployed	10	1.4
Home duties	39	5.6
Retired	6	0.9
Unable to work	7	1.0
Student	2	0.3
Other	2	0.3

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