



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

Health and Wellbeing of Children in Western Australia 2015, Overview and Trends

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Table of contents

Table of Contents

EXECUTIVE SUMMARY	xii
1. INTRODUCTION	1
2. METHODOLOGY	3
2.1 Mode of administration and sampling.....	3
2.2 Weighting the data	3
2.3 Response rates	3
3. HOW ESTIMATES ARE REPORTED	5
3.1 Percentage and prevalence	5
3.4 Confidence intervals.....	5
3.5 Using this report.....	6
4. COMPARISONS.....	8
4.1 Prevalence over time	8
4.2 Socio-Economic Indexes for Areas	8
4.3 Accessibility/ Remoteness Index of Australia.....	9
5. DEMOGRAPHICS	10
6. GENERAL HEALTH	13
6.1 Self-reported general health.....	13
6.2 Disability.....	14
7. CHRONIC CONDITIONS	18
7.1 Attention deficit hyperactivity disorder.....	18
7.2 Developmental problems	18
7.3 Type 1 diabetes.....	20
7.4 Asthma.....	21
7.5 Respiratory problem other than asthma	23
7.6 Injuries	24

8. HEALTH SERVICE UTILISATION.....	28
9. CHILD DEVELOPMENT.....	33
9.1 Birth weight	33
9.2 Breastfeeding.....	36
9.3 Speech.....	39
10. LIFESTYLE FACTORS.....	40
10.1 Physical activity and sedentary behaviour	40
10.2 Body mass index.....	47
10.3 Sun protection	50
10.4 Alcohol	54
10.5 Smoking.....	54
10.5.1 Smoking in the home.....	54
10.5.2 Smoking during pregnancy.....	55
10.6 Nutrition.....	57
10.7 Sleep.....	67
11. PSYCHOSOCIAL AND MENTAL HEALTH	68
11.1 Emotional problems	68
11.2 Social support	72
11.3 Bullying	74
12. SCHOOL CONNECTEDNESS.....	76
13. FAMILY FUNCTIONING.....	81
14. CHILD RESPONDENT	89
14.1 General health.....	89
14.2 Mental health.....	90
14.3 Lack of control.....	90
15. CHILD RESPONDENT'S PARTNER.....	92
16. REFERENCES	93

List of tables

Table 1: Response rate by month, 2015.....	4
Table 2: Demographic characteristics of the child, HWSS 2015.....	10
Table 3: Characteristics of the household where the child lives, HWSS 2015.....	11
Table 4: Demographic characteristics of respondent for child, HWSS 2015	12
Table 5: Prevalence of children by parent/carer reported child health status, 0 to 15 years, HWSS 2015.....	13
Table 6: Prevalence of children by parent/carer reported child health status, 0 to 15 years, HWSS 2004–15.....	14
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 2015.....	15
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 2002–15.....	16
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 2002–15	17
Table 10: Prevalence of children with developmental problems, 0 to 15 years, HWSS 2015	19
Table 11: Prevalence of children with developmental problems, 0 to 15 years, HWSS 2002–15	20
Table 12: Prevalence of children with asthma, 0 to 15 years, HWSS 2015.....	21
Table 13: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–15.....	22
Table 14: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2015	24
Table 15: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–15	25
Table 16: Mean number of injuries, 0 to 15 years, HWSS 2015.....	26
Table 17: Mean number of injuries, 0 to 15 years, HWSS 2007–15.....	27
Table 18: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2015	29
Table 19: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2005–15	30

Table 20: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2015.....	31
Table 21: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2005–15.....	32
Table 22: Mean birth weight (grams) by birth cohort, HWSS 2015.....	33
Table 23: Mean birth weight (grams), 0 to 4 years, HWSS 2002–15.....	35
Table 24: Proportion of breastfed children exclusively breastfed by designated duration, 0 to 4 years, HWSS 2015.....	37
Table 25: Proportion of breastfed children predominantly breastfed by designated duration, 0 to 4 years, HWSS 2015.....	38
Table 26: Proportion of children late talking and needing professional help with speech, by birth cohort, 2 to 15 years, HWSS 2015.....	39
Table 27: Prevalence of children by parent/carer rated physical activity level, 5 to 15 years, HWSS 2015.....	40
Table 28: Prevalence of children by parent/carer rated physical activity level, 5 to 15 years, HWSS 2005–15.....	41
Table 29: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2015.....	42
Table 30: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2006–15.....	43
Table 31: Mean time spent in physical activity per week, 5 to 15 years, HWSS 2006–15.....	44
Table 32: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2015.....	45
Table 33: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–15.....	46
Table 34: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2015.....	47
Table 35: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–15.....	48
Table 36: Prevalence of children by parent/ carer perceived body weight, 5 to 15 years, by Body Mass Index classification, HWSS 2015.....	49
Table 37: Prevalence of children by parent/carer’s intentions regarding the child’s weight, 5 to 15 years, by Body Mass Index classification, HWSS 2015.....	50
Table 38: Mean times sunburnt in past 12 months, 0 to 15 years, HWSS 2015.....	50

Table 39: Mean times sunburnt in the past 12 months, 0 to 15 years, HWSS 2002–15.....	51
Table 40: Prevalence of children by how often parent/carer checks they are adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2015	52
Table 41: Prevalence of children by how often parent/carer checks they are adequately protected before going into the sunlight, 0 to 15 years, HWSS 2002–15	53
Table 42: Prevalence of children by exposure to smoke within the home, 0 to 15 years, HWSS 2002–15.....	55
Table 43: Prevalence of children by parental smoking status during pregnancy, 0 to 4 years, HWSS 2005–15.....	56
Table 44: NHMRC 2013 Australian Dietary Guidelines for fruit and vegetable daily consumption and HWSS reporting definitions, children 2 to 15 years	57
Table 45: Prevalence of children by number of serves of fruit consumed daily, 2 to 15 years, HWSS 2015.....	58
Table 46: Prevalence of children by number of serves of vegetables consumed daily, 2 to 15 years, HWSS 2015	59
Table 47: Prevalence of children eating sufficient serves of fruit and/or vegetables, 2 to 15 years, HWSS 2015	60
Table 48: Mean daily fruit and vegetable serves, 2 to 15 years, HWSS 2002–15	62
Table 49: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2015.....	63
Table 50: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2002–15.....	64
Table 51: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2015	65
Table 52: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2002–15	66
Table 53: Mean time spent sleeping on a usual night, 0 to 15 years, HWSS 2015	67
Table 54: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2015	68
Table 55: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2002–15	69
Table 56: 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 2015.....	70

Table 57: 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 2002–15....	70
Table 58: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2015	71
Table 59: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2002–15	71
Table 60: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2015	72
Table 61: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2002–15	73
Table 62: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2015	74
Table 63: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2002–15.....	75
Table 64: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2015	76
Table 65: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2002–15	77
Table 66: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2015	77
Table 67: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2002–15	78
Table 68: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2015	79
Table 69: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2002–15	80
Table 70: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2015	81
Table 71: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2002–15	82
Table 72: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2015	83
Table 73: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2002–15	83

Table 74: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2015	84
Table 75: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2002–15	85
Table 76: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2015	85
Table 77: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2002–15	86
Table 78: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2002–15	88
Table 79: General health status of respondent, HWSS 2015	89
Table 80: Mental health of respondent, HWSS 2015	90
Table 81: Lack of control over life in general during past four weeks, respondent, HWSS 2015	91
Table 82: Lack of control over personal life during past four weeks, respondent, HWSS 2015	91
Table 83: Lack of control over health during past four weeks, respondent, HWSS 2015	91
Table 84: Demographics of respondent’s partner, HWSS 2015	92

List of figures

Figure 1: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, by SEIFA quintiles in WA, 0 to 15 years, HWSS 2015	15
Figure 2: Prevalence of children with developmental problems, by SEIFA quintiles within WA, 0 to 15 years, HWSS 2015.....	19
Figure 3: Prevalence of children with asthma, by SEIFA quintiles within WA, 0 to 15 years, HWSS 2015	22
Figure 4: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–15.....	23
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 2015.....	25
Figure 6: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–15	26
Figure 7: Mean birth weight (grams), by SEIFA quintiles within WA, 0 to 4 years, HWSS 2015.....	34
Figure 8: Proportion of breastfed children exclusively breastfed by designated duration, 0 to 4 years, HWSS 2015	37
Figure 9: Proportion of breastfed children predominantly breastfed by designated duration, 0 to 4 years, HWSS 2015	38
Figure 10: Prevalence of children completing sufficient weekly physical activity, by SEIFA quintiles in WA, 5 to 15 years, HWSS 2015.....	43
Figure 11: Prevalence of children completing sufficient weekly physical activity, 5 to 15 years, HWSS 2006–15	44
Figure 12: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, by SEIFA in WA, 0 to 15 years, HWSS 2015.....	45
Figure 13: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–15.....	46
Figure 14: Prevalence of children by body mass index categories, by SEIFA quintiles in WA, 5 to 15 years, HWSS 2015.....	48
Figure 15: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–15.....	49
Figure 16: Prevalence of children who are always checked to be adequately protected before going into sunlight, by ARIA categories in WA, 0 to 15 years, HWSS 2015	52

Figure 17: Prevalence of children who are always checked to be adequately protected before going into sunlight, 0 to 15 years, HWSS 2002–15	53
Figure 18: Prevalence of children eating sufficient serves of fruit and vegetables^ over time, 2013 Australian fruit and vegetable guidelines, 2 to 15 years, HWSS 2002–15 ...	61
Figure 19: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2015	87
Figure 20: Prevalence of children with poor family functioning, by geographic area, 0 to 15 years, HWSS 2015	87

EXECUTIVE SUMMARY

This report describes the findings from the 2015 Health and Wellbeing Surveillance System and provides the health sector as well as the general public with important information about a number of aspects of health and wellbeing relevant to the Western Australian child population.

The Health and Wellbeing Surveillance System is a continuous data collection which was initiated in 2002 to monitor the health status of the general population. In 2015, almost 800 parents/carers of children aged 0 to 15 years were randomly sampled and completed a computer assisted telephone interview between January and December, reflecting an average participation rate of just over 90%. The sample was then weighted to reflect the Western Australian child population.

Some key findings from the 2015 report include:

General health:

- Good or excellent health was reported for 87.3 per cent of children aged 0 to 15 years by their parents/carers.

Chronic health conditions:

- Children aged 10 to 15 years were twice as likely as children aged 0 to 9 years to have had an injury in the last 12 months.

Child Development:

- Of children aged 0 to 4 years, 96.4% had received some breast-milk in their lifetime.

Lifestyle and physiological risk factors:

- The prevalence of children aged 5 to 15 years completing sufficient levels of physical activity for good health (38.5%) was the lowest recorded since it was first measured in 2006.
- Children aged 2 to less than 5 were significantly less likely to meet the daily leisure time screen usage guidelines compared with children aged 5 to 15 years (32.2% compared to 76.2%).

- The prevalence of children always being checked for adequate protection before going into the sun (59.1%) was the second lowest recorded since 2007.
- The prevalence of children living in a smoke free home has increased significantly from 2002 (90.5%) to 2015 (99.1%).
- The prevalence of neither parent smoking during pregnancy has increased significantly from 2005 (66.1%) to 2015 (88.5%).
- The prevalence of children who never eat meals from fast food restaurants has increased significantly from 2002 (16.2%) to 2015 (24.5%).

Emotional health and wellbeing:

- Just over one-quarter (28.9%) of children were bullied in the past 12 months.
- Almost one in six (16.3%) parents/carers reported having been diagnosed with a mental health problem in the last 12 months and one in eight (12.5%) were currently receiving treatment for such a problem.

1. INTRODUCTION

The WA Health & Wellbeing Surveillance System (HWSS) is a continuous data collection system, which was developed to monitor the health and wellbeing of Western Australians. Each month, on average, 600 people throughout Western Australia (WA) are interviewed. The HWSS began in March 2002 and as at December 2015 over 85,000 interviews have been conducted. Of these, 14,676 were conducted with parents/carers of children under the age of 16 years. This report presents the information collected on children during 2015. Comparisons with historical data are presented where available.

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 (usually the mother) and about the partner of the respondent.

The questions that are included on the HWSS for children were selected to provide information about State or National indicators of health and wellbeing. The Telethon Kids Institute (formerly known as The Telethon Institute of Child Health Research) 1996 Child Health Survey methodology and questionnaire¹ guided development of these questions.

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

All the 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 probably not be the 'true' estimate, they can be used to show patterns of change over time. The identification of patterns over time is the basis of a monitoring and surveillance system.

While the information provided in this report is representative of WA children as a whole, it may not 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 reports and tables generated from the 2012-13 Australian Aboriginal and Torres Strait Islander Health 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. An approach letter is sent to selected households informing them about the survey and 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 in the letter, which explains about the HWSS and provides contact numbers for people to call for more information.

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.

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 between and within areas or categories. 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 adjusted to the 2014 Estimated Resident Population (ERP)³ As the information collected on children has been weighted to the age by sex distribution of the children in the Western Australian population, the information about the parent/carer respondent to the survey has not been weighted.

2.3 Response rates

A very important part of any survey is the response rate, as low response rates may produce estimates that are not representative of the population or that are unreliable or biased. Each year since the HWSS began adjusted response rates of over 80% have been

attained. The response rate for each month of 2015 is shown in Table 1 and the consistency is comparable to previous years. The numbers refer to the entire sample for the HWSS, that is, it includes calls to adults and children. It is not possible to extract the information for children only but the consistency of the response rates over the year provides an excellent basis for assuming a high overall response rate within age groups.

Table 1: Response rate by month, 2015

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	Participation Rate (c)
Jan	1030	223	807	116	691	59	589	73.0	85.2	90.9
Feb	1102	246	856	116	740	72	625	73.0	84.5	89.7
Mar	1103	258	845	120	725	72	614	72.7	84.7	89.5
Apr	1205	274	931	160	771	77	653	70.1	84.7	89.5
May	1103	260	843	140	703	53	605	71.8	86.1	91.9
Jun	1354	322	1032	202	830	62	701	67.9	84.5	91.9
Jul	1103	296	807	178	629	39	552	68.4	87.8	93.6
Aug	1053	268	785	102	683	74	553	70.4	81.0	88.2
Sep	1124	338	786	122	664	46	564	71.8	84.9	92.5
Oct	1066	309	757	129	628	54	548	72.4	87.3	91.0
Nov	1204	370	834	145	689	58	597	71.6	86.6	91.1
Dec	658	373	285	8	277	7	260	91.2	93.9	97.4
Total	13105	3537	9568	1538	8030	673	6861	71.7	85.4	91.1

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 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 (WAHWSS), Design and Methodology, Technical Paper No 1. September 2011 – Version 2. This document is available both on the Epidemiology Website on the Department of Health Intranet and the Department of Health internet at the following web addresses:

<http://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Population%20surveys/2003-Technical-paper-no1-Design-and-Methodology.ashx>

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 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. Prevalence includes all affected individuals, regardless of the date of contraction, whereas incidence only involves individuals who have newly contracted the disease during a specified time interval. Surveys generally do not collect or report 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. With some conditions, such as asthma, both lifetime and point prevalence are reported. This is because a person may have had asthma at some point in their life but not have it currently. A copy of the questionnaire is available on the intranet at:

intranet.health.wa.gov.au/epidemiology/resources/index.cfm

Non Department of Health employees are asked to contact the Health Survey Unit, Epidemiology Branch (WA Department of Health) for a copy of the questionnaire.

3.4 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 provides 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 that estimate is and the more caution that should be applied when using it.

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% are considered unreliable for general use. Therefore, throughout this report, estimates between 25% and 50% have been annotated by an asterisk and should be used with caution. Estimates with RSEs above 50% have been withheld.

In this report wide confidence intervals and high RSEs can be present for variables with multiple response categories, such as the burden that disability causes to a family and for variables with few respondents, such as the impact that alcohol has in a child's household.

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 difference in the estimates being compared. If the confidence intervals do not overlap, then the estimates are considered to be significantly different. Along with determining statistically significant differences confidence intervals can also be used to determine the level of stability around an estimate.

Further information on how to determine whether or not a difference is statistically significant can be found at:

http://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Population%20surveys/2003-Confidence_intervals_How_they_work.aspx

3.5 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).

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 are provided.

The prevalence or proportion of males and females who reported a selected condition/risk factor of interest was derived for each year from 2002 to 2015 where available. Some conditions, such as respiratory problems other than asthma have only been reported in the HWSS since 2007 therefore historical data is only available from then.

To ensure that any changes over time in prevalence estimates were not a result of changes in the age and sex distribution of the population, all years were standardised by weighting them to the 2011 Estimated Resident Population. As estimates in the historical tables are weighted to the 2011 Estimated Resident Population, and 2015 data is weighted to the 2014 Estimated Resident Population, some estimates for 2015 may differ slightly between tables due to standardising to different populations.

Small changes in estimates from those presented in previous reports may occur due to the standardising of the estimates and updated population estimates.

4.2 Socio-Economic Indexes for Areas

Socio-Economic Indexes for Areas (SEIFA) are a group of measures developed by the Australian Bureau of Statistics that ranks 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 are from the 2011 Census.⁴

In this report when the acronym SEIFA is used it is referring to the Index of Relative Socio-economic Disadvantage (IRSD).⁵ 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 most disadvantaged (quintile 1), low scores, through to least disadvantaged (quintile 5), high scores. SEIFA quintiles are based on IRSD at statistical area 2 (SA2) level.

4.3 Accessibility/ Remoteness Index of Australia

The Accessibility/ Remoteness Index of Australia (ARIA) was created to define remoteness using road distances to selected Service Centres. There are five different Service Centre sizes that a locality's road distances are measured to. The five measurements are then each standardised to a ratio. These five ratios are then added together and a score derived between 0 and 15 is derived. A score of 0 indicates high accessibility and 15 indicated high remoteness.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: http://www.adelaide.edu.au/apmrc/research/projects/category/about_aria.html

5. DEMOGRAPHICS

The demographic characteristics of the child sample who participated in the HWSS in 2015 are shown in Table 2. The table shows the unweighted number in the sample for each group and the weighted prevalence expressed as a per cent.

Table 2: Demographic characteristics of the child, HWSS 2015

Characteristic	Unweighted Sample (n)	Estimated Per Cent (%)
Age		
0 to 4 years	175	32.9
5 to 9 years	233	31.7
10 to 15 years	383	35.5
Gender		
Boys	410	51.0
Girls	381	49.0
Australian born		
Yes	724	91.3
No	67	8.7
Aboriginal or Torres Strait Islander		
Yes	29	2.0 *
No	762	98.0
Relationship of respondent to child		
Mother	605	78.0
Father	164	19.3
Other	22	2.7 *

* 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 2015

	Unweighted Sample (n)	Estimated Per Cent (%)
Current living arrangement		
Family with a child or children living with biological or adoptive parents	678	87.9
Step or blended family	28	3.1 *
Sole parent family	63	6.2
Other family structure	22	2.9 *
Household income		
Under \$20,000	6	0.3 *
\$20,000 to \$40,000	45	4.4
\$40,000 to \$60,000	53	7.2
\$60,000 to \$80,000	93	13.2
\$80,000 to \$100,000	116	17.9
\$100,000 to \$120,000	114	13.2
\$120,000 to \$140,000	92	13.5
More than \$140,000	205	30.3
Household spending		
Spend more money than earn/get	19	3.4 *
Have just enough money to get by	128	15.6
Spend left over money	44	4.5
Save a bit every now and then	231	29.5
Save some regularly	284	35.5
Save a lot	74	11.5
Area of residence		
Metropolitan	330	77.5
Rural	313	16.0
Remote	148	6.6
SEIFA classification of social disadvantage		
SEIFA Quintile 1 (Most disadvantaged)	126	12.1
SEIFA Quintile 2	198	14.9
SEIFA Quintile 3	167	18.7
SEIFA Quintile 4	185	26.3
SEIFA Quintile 5 (Most advantaged)	115	28.0
Accessibility/Remoteness Index of Australia		
Inner Regional	172	12.1
Major Cities	314	14.9
Outer Regional	161	18.7
Remote	88	26.3
Very Remote	56	28.0
Have private health insurance		
Yes	606	81.5
No	180	18.5

* 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 per cents, are shown in Table 4.

Table 4: Demographic characteristics of respondent for child, HWSS 2015

Characteristic	Unweighted Sample (n)	Unweighted Per Cent (%)
Australian born		
Yes	545	68.9
No	246	31.1
Aboriginal or Torres Strait Islander		
Yes	18	2.3
No	773	97.7
Highest level of education		
Less than Year 10	7	0.9
Year 10 or Year 11	70	8.9
Year 12	80	10.1
TAFE/ Trade Qualification	336	42.5
Tertiary degree or equivalent	297	37.6
Employment status		
Employed	564	71.4
Unemployed	16	2.0
Home duties	185	23.4
Retired	7	0.9
Unable to work	4	0.5
Student	9	1.1
Other	5	0.6
Possess a government health care card		
Yes	111	14.1
No	679	86.0
Share home with a partner		
Yes	712	90.1
No	78	9.9

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-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 2015

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	63.6	(54.2 - 73.1)	23.3	(15.2 - 31.3)	11.0 *	(4.6 - 17.5)	N/A	(N/A - N/A)
5 to 9 yrs	56.0	(47.4 - 64.7)	31.0	(23.0 - 39.0)	11.0 *	(5.4 - 16.5)	2.0 *	(0.2 - 3.8)
10 to 15 yrs	55.8	(48.9 - 62.7)	32.1	(25.6 - 38.7)	9.0	(4.6 - 13.3)	3.1 *	(1.0 - 5.2)
Gender								
Boys	61.0	(54.4 - 67.7)	26.4	(20.6 - 32.1)	10.4	(6.0 - 14.8)	2.2 *	(0.4 - 4.0)
Girls	55.7	(48.7 - 62.7)	31.5	(24.9 - 38.0)	10.2	(5.6 - 14.7)	2.6 *	(1.0 - 4.3)
Children	58.4	(53.6 - 63.3)	28.9	(24.5 - 33.2)	10.3	(7.1 - 13.4)	2.4 *	(1.2 - 3.6)

* 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.

The annual prevalence estimates of health status since 2004 are shown in Table 6. This question was not asked prior to 2004. In all years, over 85% of children were reported having very good or excellent health.

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

	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)
Average	58.0	(56.8 - 59.2)	29.4	(28.3 - 30.4)	10.1	(9.4 - 10.8)	2.5	(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. In 2015 children aged 10 to 15 years (11.5%) were significantly more likely (at two decimal places) than children aged 0 to 4 years (4.0%) to have a disability, long-term illness or pain that puts a burden on the family (Table 7).

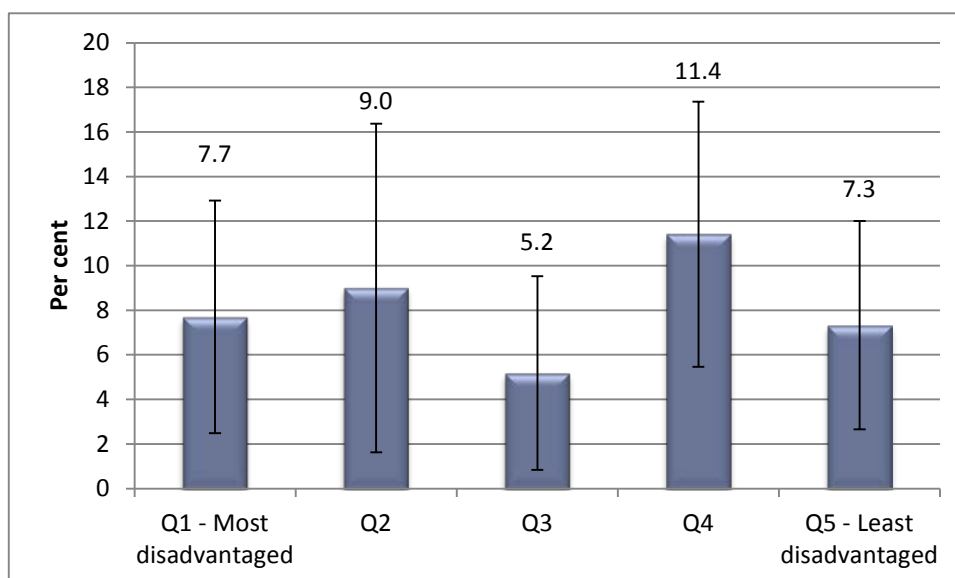
Table 7: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, 0 to 15 years, HWSS 2015

	%	95% CI
Age Group		
0 to 4 yrs	4.0 *	(1.0 - 7.1)
5 to 9 yrs	9.2 *	(3.8 - 14.6)
10 to 15 yrs	11.5	(7.1 - 15.8)
Gender		
Boys	11.6	(7.2 - 15.9)
Girls	4.9	(2.5 - 7.3)
Children	8.3	(5.7 - 10.8)

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

Figure 1 shows the prevalence of disability among children by SEIFA quintiles.

Figure 1: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, by SEIFA quintiles in WA, 0 to 15 years, HWSS 2015



The annual prevalence estimates of disability are shown in Table 8.

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 2002–15

	%	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)
Average	8.6	(8.0 - 9.2)

Parents/carers were asked who the principal carer of the child with the disability, long-term illness or pain was. In 2015 the majority of children were cared for by their mother (91.0%).

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.

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 2002–15

	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)
Average	17.5	(14.8 - 20.2)	39.2	(35.7 - 42.7)	25.1	(22.0 - 28.3)	11.1	(8.7 - 13.4)	7.1	(5.3 - 8.8)

* 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.

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}

Parents/ carers have been asked each year since 2003 whether their child has been diagnosed with ADHD. In 2015 4.1% of children aged 2 years and over had been diagnosed with ADHD, with boys comprising over three quarters (77.3%) of those diagnosed.

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.

Table 10: Prevalence of children with developmental problems, 0 to 15 years, HWSS 2015

	%	95% CI
Age Group		
0 to 4 yrs	3.7 *	(0.8 - 6.6)
5 to 9 yrs	9.3 *	(3.9 - 14.6)
10 to 15 yrs	7.9	(4.2 - 11.7)
Gender		
Boys	7.8	(4.1 - 11.4)
Girls	6.1 *	(3.1 - 9.2)
Children	6.9	(4.6 - 9.3)

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

In 2015 approximately one in every fourteen (6.9%) children has been diagnosed with a developmental problem. Figure 2 shows the prevalence of developmental problems among children by SEIFA quintiles. The annual prevalence estimates of developmental problems are shown in Table 11.

Figure 2: Prevalence of children with developmental problems, by SEIFA quintiles within WA, 0 to 15 years, HWSS 2015

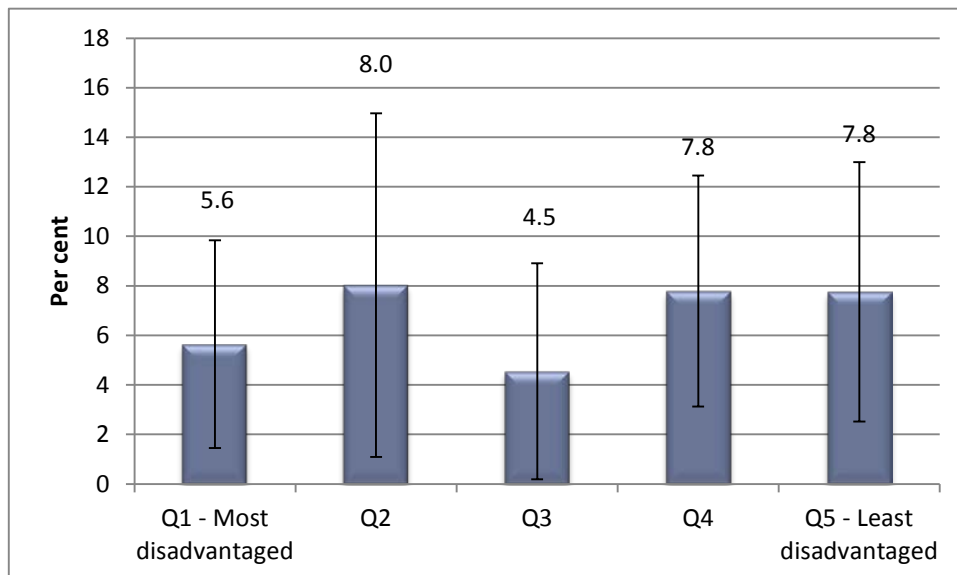


Table 11: Prevalence of children with developmental problems, 0 to 15 years, HWSS 2002–15

	%	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)
Average	6.8	(6.3 - 7.3)

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, however 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 2015 only three respondents indicated that their child had been diagnosed with type 1 diabetes. Therefore population estimates were unable to be calculated.

Low prevalence rates of type 1 diabetes have also been reported by the Australian Bureau of Statistics, with 0.1% of 0 to 14 year olds in Australia reported as having type 1 diabetes in the 2011-12 Australian Health Survey.¹⁴ The latest publically available data for WA children (2008) estimates the prevalence of type 1 diabetes to be 143.7 per 100,000 population.¹⁵

7.4 Asthma

Asthma is one of the most common chronic conditions among children, affecting nine per cent of the Australian child population (0 to 14 years) based on the 2011-12 Australian Health Survey.⁹ Asthma is a reversible narrowing of the airways in the lungs, with symptoms which 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. The prevalence of lifetime (ever) and period (current) asthma was highest among children aged 10 to 15 years however it was not significantly higher when compared with children aged 0 to 4 years and 5 to 9 years.

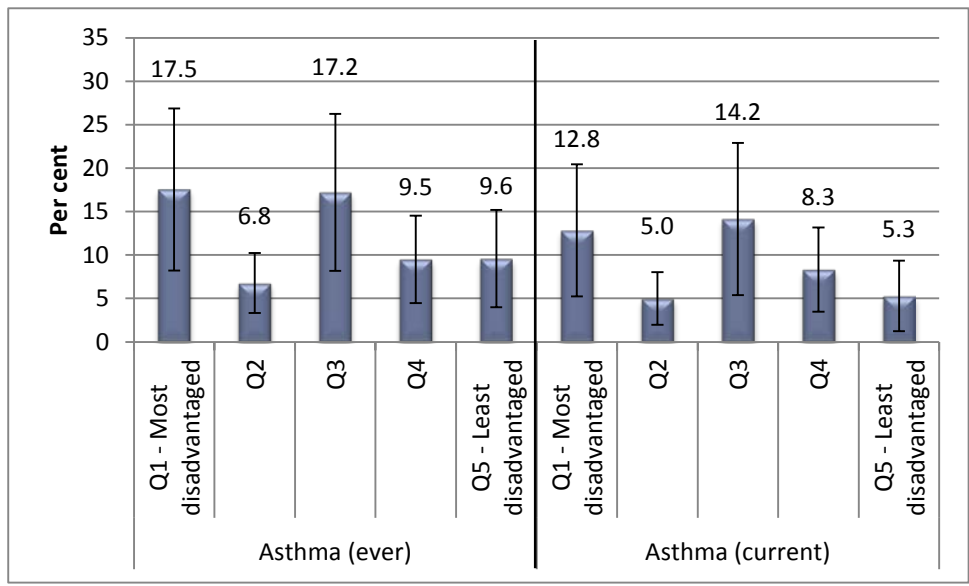
Table 12: Prevalence of children with asthma, 0 to 15 years, HWSS 2015

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
Age Group				
0 to 4 yrs	5.5 *	(1.2 - 9.7)	5.5 *	(1.2 - 9.7)
5 to 9 yrs	14.3	(8.3 - 20.3)	9.9	(5.0 - 14.7)
10 to 15 yrs	14.6	(9.7 - 19.5)	10.4	(5.9 - 14.8)
Gender				
Boys	15.2	(10.5 - 20.0)	10.3	(6.3 - 14.4)
Girls	7.6	(4.2 - 11.0)	6.8	(3.5 - 10.1)
Children	11.5	(8.5 - 14.5)	8.6	(6.0 - 11.2)

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

Figure 3 shows the prevalence of asthma among children by SEIFA quintile.

Figure 3: Prevalence of children with asthma, by SEIFA quintiles within WA, 0 to 15 years, HWSS 2015

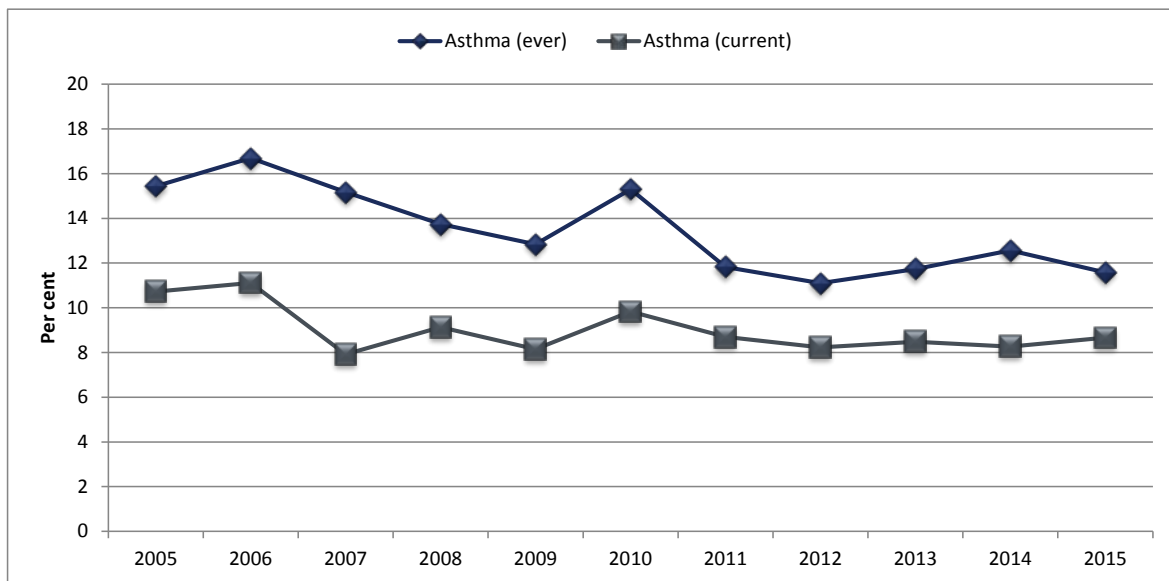


The annual prevalence estimates of childhood asthma are shown in Table 13 and Figure 4.

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

	Lifetime (ever)		Period (current)	
	%	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)
Average	13.7	(12.9 - 14.5)	9.1	(8.4 - 9.8)

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



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 2015, less than one per cent of children (0.9%) were reported to have 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.⁹ Parents/carers were asked whether their child had an injury in the past 12 months that required treatment from a health professional (Table 14).

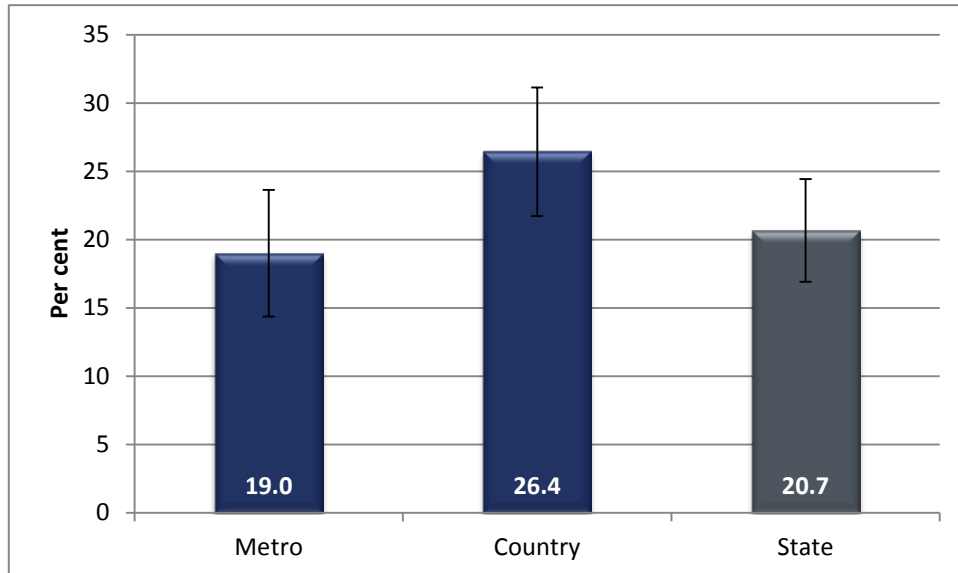
Table 14: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2015

	%	95% CI
Age Group		
0 to 4 yrs	15.1	(7.9 - 22.3)
5 to 9 yrs	13.4	(8.0 - 18.8)
10 to 15 yrs	32.3	(26.0 - 38.6)
Gender		
Boys	21.7	(16.3 - 27.2)
Girls	19.6	(14.4 - 24.7)
Children	20.7	(16.9 - 24.4)

Children aged 10 to 15 years were approximately two times more likely to have had an injury requiring treatment from a health professional in the last year compared with children aged 0 to 4 years and 5 to 9 years (32.3% compared with 15.1% and 13.4% respectively). These differences are statistically significant.

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.

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 2015

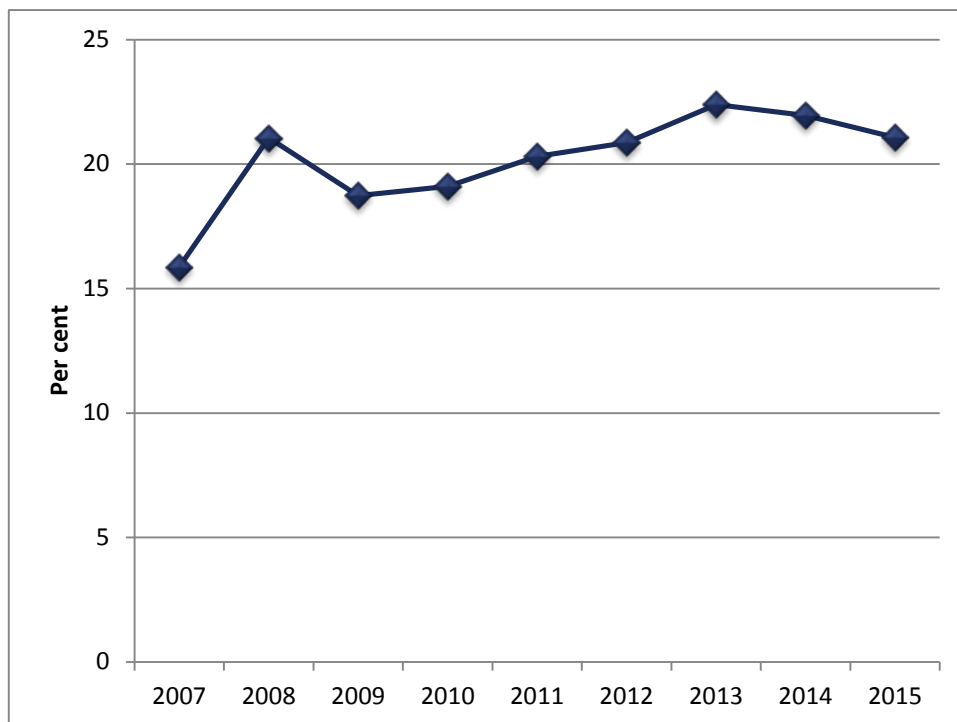


The annual proportions of injury are shown in Table 15 and Figure 6. The proportion of children aged 0 to 15 years in 2015 with an injury in the last 12 months (21.1%) was not significantly different to previous years.

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

	%	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)
Average	20.5	(19.4 - 21.7)

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



The mean number of injuries that required treatment from a health professional in the past 12 months is shown in Table 16.

Table 16: Mean number of injuries, 0 to 15 years, HWSS 2015

	mean	95% CI
Age Group		
0 to 4 yrs	0.2 *	(0.1 - 0.3)
5 to 9 yrs	0.2	(0.1 - 0.3)
10 to 15 yrs	0.6	(0.4 - 0.7)
Gender		
Boys	0.3	(0.2 - 0.5)
Girls	0.3	(0.2 - 0.4)
Children	0.3	(0.2 - 0.4)

* 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 113,368 injuries that required treatment by a health care professional in 2015 alone.

The mean number of injuries that required treatment from a health professional in the past 12 months since 2007 is shown in Table 17.

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

	mean	95% CI
2007	0.2	(0.2 - 0.3)
2008	0.3	(0.2 - 0.4)
2009	0.3	(0.2 - 0.3)
2010	0.3	(0.2 - 0.3)
2011	0.3	(0.3 - 0.4)
2012	0.3	(0.3 - 0.4)
2013	0.3	(0.3 - 0.4)
2014	0.4	(0.2 - 0.6)
2015	0.3	(0.3 - 0.4)
Average	0.3	(0.3 - 0.3)

8. 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.⁹

Parents/carers were asked whether their child had used a number of common health services within the past 12 months, shown in Table 18. The annual prevalence estimates of health service use are displayed in Table 19.

As seen in Table 18, children aged 0 to 4 years were significantly more likely than 5 to 9 and 10 to 15 year olds to use primary health care services such as medical specialists, general practitioners, community health centres and community or district nurses (93.9% compared with 78.8% and 77.6% respectively). Children aged 5 to 9 years and 10 to 15 years were significantly more likely than 0 to 4 year olds to use dental health services (82.1% and 84.6% compared with 21.7% respectively). Children aged 10 to 15 years were significantly more likely to use allied health services than 0 to 4 and 5 to 9 year olds (46.9% compared with 17.8% and 29.6% respectively).

In 2015, almost one third of children (32.1%) used an allied health service, which was significantly higher than what was observed in 2005 (22.2%).

The mean number of visits to each health service is shown in Table 20 and the annual mean numbers of visits to each health service are shown in Table 21.

The mean number of visits to dental health services increased significantly with age (Table 20).

Table 18: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2015

	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	93.9	(89.5 - 98.3)	35.7	(26.3 - 45.1)	17.8	(10.0 - 25.5)	21.7	(13.3 - 30.2)	N/A	(N/A - N/A)	5.6 *	(0.9 - 10.3)
5 to 9 yrs	78.8	(71.8 - 85.7)	19.9	(13.3 - 26.5)	29.6	(21.6 - 37.7)	82.1	(75.8 - 88.4)	8.3 *	(2.7 - 14.0)	7.6 *	(2.2 - 12.9)
10 to 15 yrs	77.6	(72.1 - 83.2)	27.2	(21.1 - 33.3)	46.9	(39.9 - 53.8)	84.6	(79.9 - 89.2)	7.9	(4.3 - 11.6)	4.1 *	(1.8 - 6.4)
Gender												
Boys	84.4	(79.9 - 88.9)	31.5	(25.1 - 38.0)	30.2	(23.9 - 36.5)	64.4	(57.6 - 71.3)	6.5 *	(2.8 - 10.1)	7.0 *	(3.0 - 10.9)
Girls	82.3	(77.3 - 87.3)	23.7	(18.0 - 29.3)	33.6	(27.1 - 40.0)	61.7	(54.7 - 68.8)	5.7 *	(2.7 - 8.7)	4.3 *	(1.5 - 7.1)
Children	83.4	(80.0 - 86.8)	27.7	(23.3 - 32.0)	31.8	(27.3 - 36.4)	63.1	(58.2 - 68.0)	6.1	(3.7 - 8.5)	5.7	(3.2 - 8.1)

* 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.

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

	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)
Average	81.0	(80.1 - 81.9)	25.1	(24.0 - 26.1)	25.5	(24.4 - 26.5)	59.7	(58.5 - 61.0)	3.8	(3.3 - 4.2)	3.8	(3.3 - 4.2)

* 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 20: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2015

	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	5.2	(3.6 - 6.8)	0.8 *	(0.4 - 1.3)	1.4 *	(0.2 - 2.6)	0.3	(0.2 - 0.4)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	3.0	(2.3 - 3.8)	0.3	(0.2 - 0.4)	3.4 *	(0.3 - 6.6)	1.2	(1.0 - 1.4)	0.6 *	(0.1 - 1.1)	N/A	(N/A - N/A)
10 to 15 yrs	3.1	(2.5 - 3.7)	0.5	(0.4 - 0.7)	2.4	(1.6 - 3.1)	1.9	(1.6 - 2.3)	0.8 *	(0.2 - 1.4)	0.1 *	(0.0 - 0.1)
Gender												
Boys	4.0	(2.9 - 5.0)	0.6	(0.3 - 0.9)	2.8 *	(0.8 - 4.9)	1.1	(0.9 - 1.3)	0.3 *	(0.1 - 0.6)	N/A	(N/A - N/A)
Girls	3.6	(3.0 - 4.2)	0.5	(0.3 - 0.6)	1.9	(1.1 - 2.7)	1.2	(0.9 - 1.5)	0.6 *	(0.2 - 1.1)	N/A	(N/A - N/A)
Children	3.8	(3.2 - 4.4)	0.6	(0.4 - 0.7)	2.4	(1.3 - 3.5)	1.2	(1.0 - 1.3)	0.5 *	(0.2 - 0.8)	N/A	(N/A - N/A)

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

	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)
Average	3.2	(3.1 - 3.3)	0.4	(0.4 - 0.5)	1.3	(1.2 - 1.4)	1.1	(1.1 - 1.2)	0.2	(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.

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 Due to the increased risk of recall bias for parents/ carers answering questions on early childhood events on behalf of older children, the data is presented differently in this section.

Tables reporting 2015 data are presented by birth cohorts with the 2011-15 cohort capturing children aged 0 to 4 years at the time of interview, the 2006-10 cohort capturing children aged 5 to 9 years at the time of interview and the 2000-05 cohort capturing children aged 10 to 15 years at the time of interview. The one exception are the tables reporting 2015 data on breastfeeding initiation which only present data for the 2011-15 cohort i.e. children aged 0 to 4 years at the time of the interview.

Trend tables showing estimates over time also only presents data for children who were aged 0 to 4 years at the time of the interview.

9.1 Birth weight

Birth weight is a key indicator of infant health, with low birth weight defined by the World Health Organisation (WHO) as less than 2,500 grams.¹⁷ Babies born with a low birth weight have a greater risk of poor health and mortality and are more likely to develop significant disabilities.¹⁷ The mean birth weight by birth cohort is shown in Table 22.

Table 22: Mean birth weight (grams) by birth cohort, HWSS 2015

	mean	95% CI
<i>Birth Cohort</i>		
2011-15	3239.2	(3111.6 - 3366.8)
2006-10	3379.2	(3286.3 - 3472.1)
2000-05	3336.3	(3255.5 - 3417.1)

Figure 7 shows the mean birth weight of children aged 0 to 4 years at the time of interview by SEIFA quintiles. Children in the most disadvantaged quintile (Q1) had a lower mean birth weight than children in the least disadvantaged quintile (Q5); however this difference was not statistically significant.

Figure 7: Mean birth weight (grams), by SEIFA quintiles within WA, 0 to 4 years, HWSS 2015

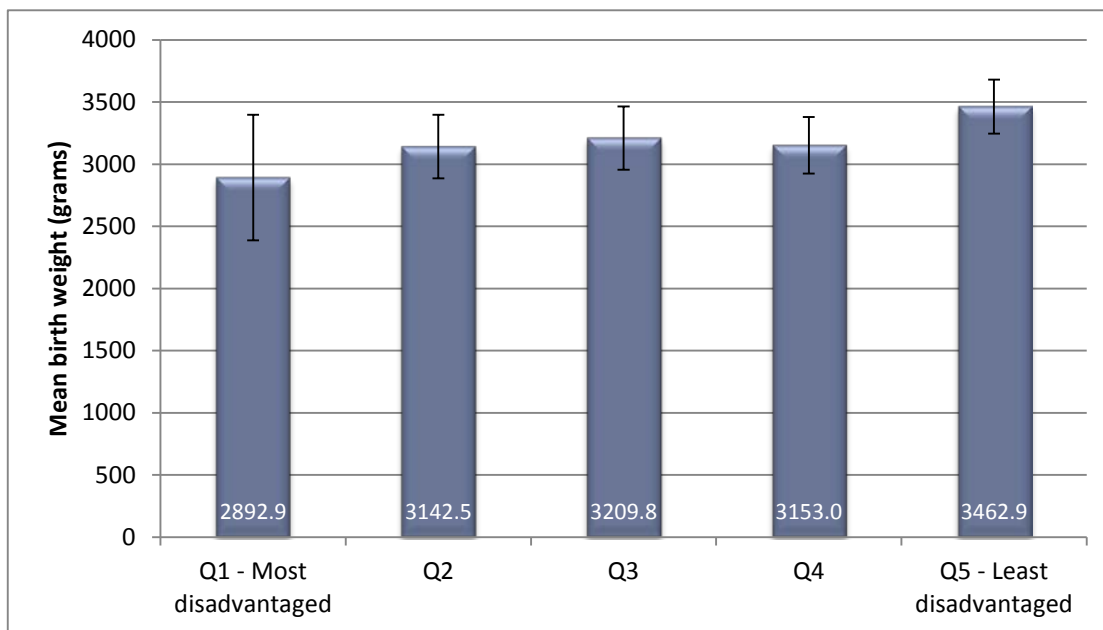


Table 23 shows the mean birth weight of children aged 0 to 4 years at the time of interview over time.

Table 23: Mean birth weight (grams), 0 to 4 years, HWSS 2002–15

	mean	95% CI
2002	3327.8	(3245.3 - 3410.2)
2003	3362.1	(3280.5 - 3443.7)
2004	3317.6	(3177.8 - 3457.4)
2005	3351.9	(3273.2 - 3430.6)
2006	3336.6	(3263.4 - 3409.7)
2007	3456.1	(3331.8 - 3580.4)
2008	3240.8	(3140.8 - 3340.7)
2009	3403.1	(3320.3 - 3485.8)
2010	3339.0	(3235.2 - 3442.8)
2011	3313.9	(3201.1 - 3426.7)
2012	3198.4	(3083.3 - 3313.5)
2013	3417.1	(3321.5 - 3512.7)
2014	3427.9	(3284.2 - 3571.7)
2015	3241.3	(3115.1 - 3367.6)
Average	3336.0	(3309.3 - 3362.7)

9.2 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 twelve months.¹⁸

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.¹⁹ A total of six indicators were agreed upon and in this report we will report on three of the six. Reporting of the selected indicators uses the same age breakdowns as those used in the AIHW national infant feeding survey where possible.²⁰

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. All children aged 0 to 4 years at the time of the interview in 2015 are 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 than a child must be at least 2 months old to be included.

Overall, in 2015, 96.4% of children aged 0 to 4 years had received some breast-milk in their lifetime. This means that 3.6% of children aged 0 to 4 years at the time of interview had never received any breast milk.

Table 24 and Figure 8 show Indicator 3 – Proportion of children exclusively breastfed to each month of age, 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.

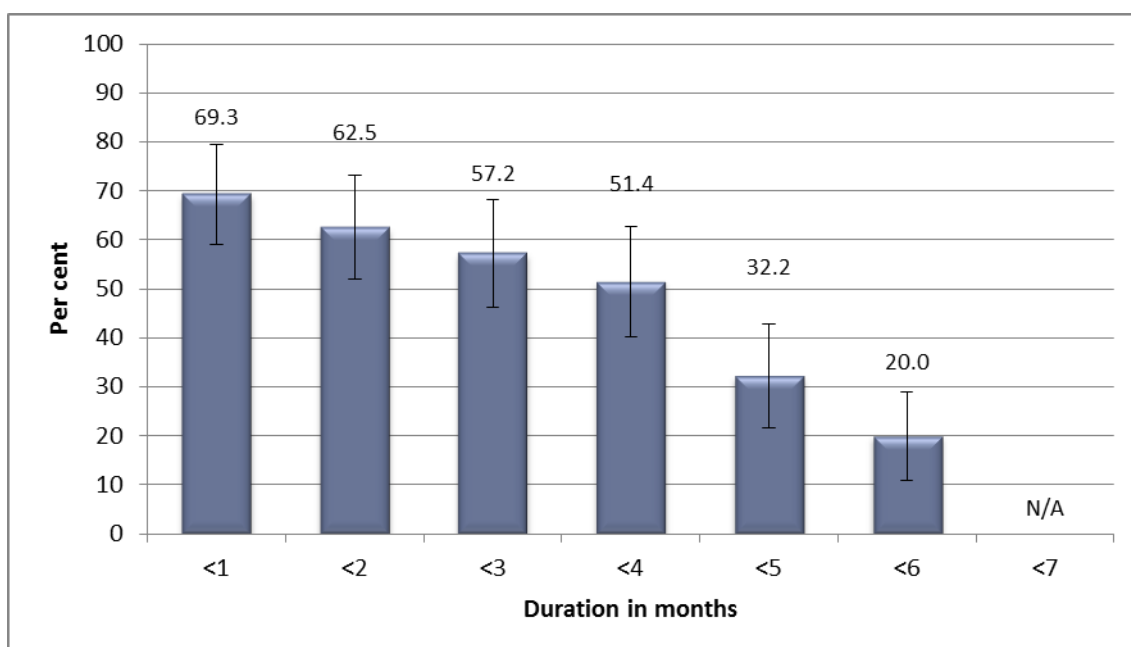
Table 24: Proportion of children exclusively breastfed to each of age, 0 to 4 years, HWSS 2015

To month ^(a)	Duration exclusively breastfed for	Proportion of children exclusively breastfed ^(b)	
		%	95% CI
0	Less than 1 month	69.3	(59.1 - 79.5)
1	Less than 2 months	62.5	(51.9 - 73.1)
2	Less than 3 months	57.2	(46.3 - 68.1)
3	Less than 4 months	51.4	(40.2 - 62.6)
4	Less than 5 months	32.2	(21.6 - 42.7)
5	Less than 6 months	20.0	(11.0 - 29.0)
6	Less than 7 months	N/A	(N/A - N/A)

- (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 two 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.

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

Figure 8: Proportion children exclusively breastfed to each month of age, 0 to 4 years, HWSS 2015



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

Table 25 and Figure 9 show Indicator 4 – Proportion children predominantly breastfed to each month of age, 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. The largest decrease in predominant breastfeeding occurs when children reach 4 months of age.

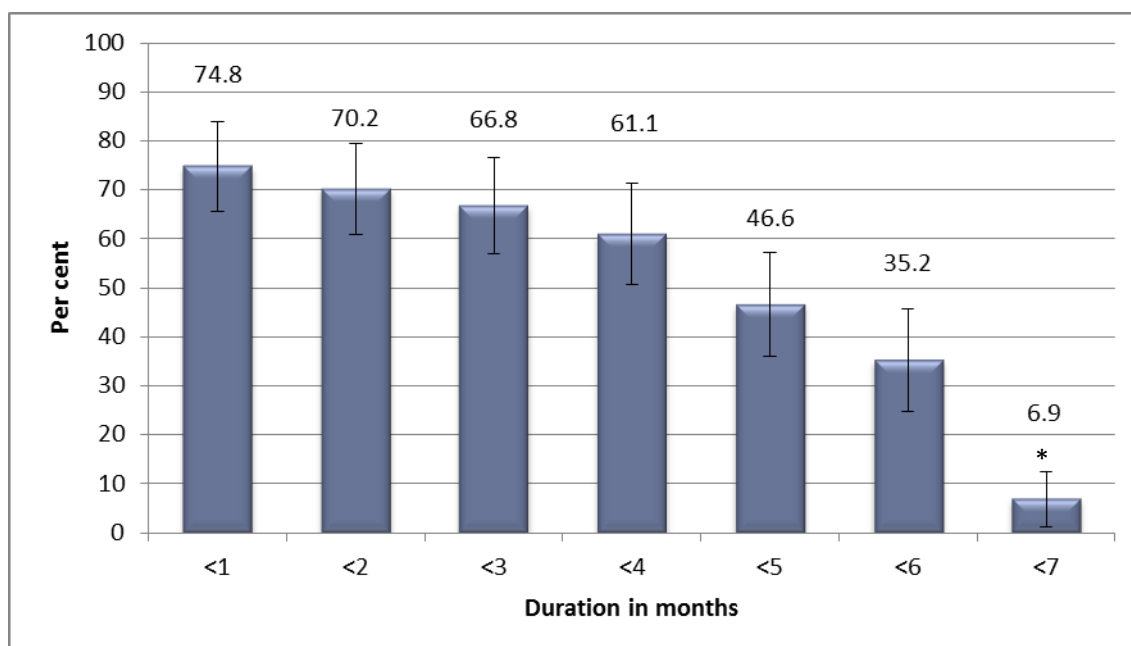
Table 25: Proportion children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2015

To month ^(a)	Duration predominately breastfed for	Proportion of children predominately breastfed	
		%	95% CI
0	Less than 1 month	74.8	(65.7 - 84.0)
1	Less than 2 months	70.2	(60.9 - 79.6)
2	Less than 3 months	66.8	(57.1 - 76.6)
3	Less than 4 months	61.1	(50.8 - 71.4)
4	Less than 5 months	46.6	(35.9 - 57.2)
5	Less than 6 months	35.2	(24.7 - 45.8)
6	Less than 7 months	6.9 *	(1.3 - 12.5)

(a) This 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).

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

Figure 9: Proportion children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2015



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

9.3 Speech

From a very young age children begin to develop language. There are two distinctions in difficulties developing speech: 1) speech delay, which is when speech follows the usual pattern of speech development, but is slower than normal; and 2) speech disorder, which is when speech does not follow the usual pattern of development.²¹ 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) are shown in Table 26 by birth cohort.

Estimates for the 2011-13 cohort have high relative standard errors which impacts on our ability to draw clear conclusions from the data.

Table 26: Proportion of children late talking and needing professional help with speech, by birth cohort, 2 to 15 years, HWSS 2015

	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
Birth Cohort						
2011-13	14.7	*(7.4 - 21.9)	5.8	*(2.1 - 9.4)	59.7	*(28.3 - 91.1)
2006-10	12.7	(7.0 - 18.4)	19.7	(13.2 - 26.3)	84.6	(72.7 - 96.5)
2000-05	16.5	(11.5 - 21.4)	17.7	(12.8 - 22.7)	97.9	(94.2 - 100.0)

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

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

10. 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.⁹ These modifiable lifestyle behaviours are also associated with the onset of some physiological risk factors, such as obesity.

10.1 Physical activity and sedentary behaviour

Physical activity has important effects on children's health. It can influence children's healthy growth and development and have mental health benefits.^{22,23} Physical inactivity can increase the risk of overweight and obesity and can increase the risk of developing chronic health conditions later in life.^{22,23} Parents/carers were asked to rate their child's physical activity level, as shown in Table 27. Parents/ carers of children aged 5 to 9 years were significantly more likely to rate their child's activity level as very active (59.2%) compared with parents/ carers of children aged 10 to 15 years (43.2%).

Table 27: Prevalence of children by parent/carer rated physical activity level, 5 to 15 years, HWSS 2015

	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	59.2	(50.6 - 67.8)	27.4	(19.7 - 35.2)	11.1	(5.8 - 16.3)	N/A	(N/A - N/A)
10 to 15 yrs	43.2	(36.3 - 50.0)	27.2	(20.9 - 33.4)	22.4	(16.8 - 28.0)	7.2 *	(3.3 - 11.1)
Gender								
Boys	53.6	(46.0 - 61.2)	25.2	(18.5 - 31.8)	18.1	(12.4 - 23.9)	3.1 *	(0.8 - 5.4)
Girls	47.8	(39.8 - 55.8)	29.5	(22.3 - 36.8)	15.9	(10.7 - 21.1)	6.8 *	(2.2 - 11.4)
Children	50.7	(45.2 - 56.3)	27.3	(22.4 - 32.2)	17.1	(13.2 - 20.9)	4.9 *	(2.3 - 7.5)

* 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 estimates of physical activity ratings are shown in Table 28.

Table 28: Prevalence of children by parent/carer rated physical activity level, 5 to 15 years, HWSS 2005–15

	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)
Average	49.5	(48.1 - 50.8)	30.0	(28.8 - 31.3)	16.3	(15.3 - 17.3)	4.2	(3.7 - 4.7)

* 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.^{22,23}

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 a child completed in the last 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 29.

Table 29: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2015

	No sessions of physical activity per week		Physically active 1 to 6 days 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 sessions	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	N/A	(N/A - N/A)	31.0	(22.6 - 39.4)	30.3	(21.7 - 38.9)	37.6	(29.1 - 46.1)
10 to 15 yrs	5.6 *	(2.6 - 8.5)	38.9	(32.1 - 45.8)	16.4	(11.5 - 21.3)	39.2	(32.2 - 46.1)
Gender								
Boys	3.0 *	(0.7 - 5.2)	26.8	(20.1 - 33.5)	21.7	(15.0 - 28.5)	48.5	(40.7 - 56.2)
Girls	4.0 *	(1.5 - 6.6)	44.1	(36.0 - 52.2)	23.9	(16.8 - 31.0)	28.0	(20.9 - 35.0)
Children	3.5	(1.8 - 5.2)	35.3	(29.9 - 40.7)	22.8	(17.9 - 27.7)	38.4	(33.0 - 43.9)

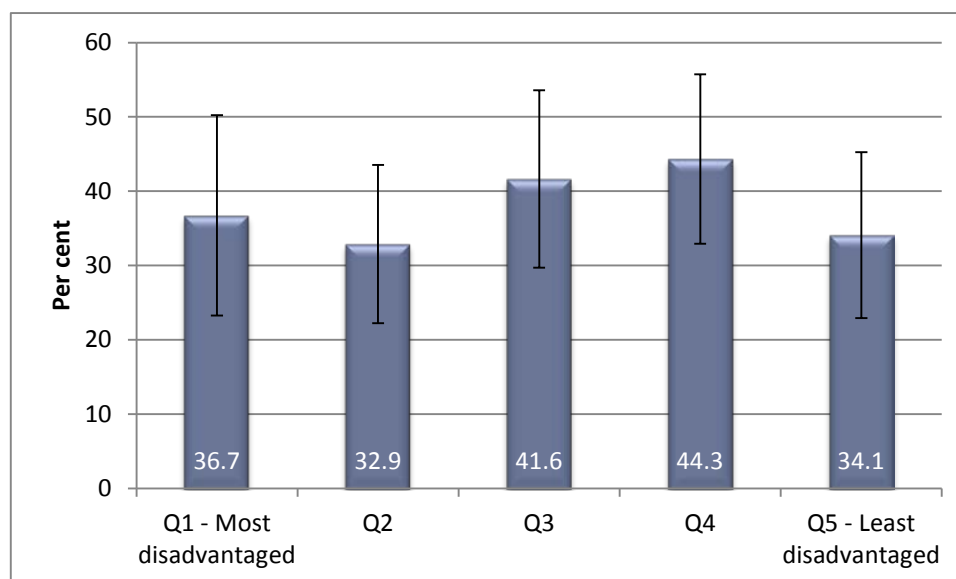
* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

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

Overall, 38.4% of children aged 5 to 15 years completed sufficient amounts of physical activity. The proportion of boys (48.5%) completing sufficient amounts of physical activity was significantly higher compared with girls (28.0%).

Figure 10 shows the proportion of 5 to 15 year olds completing sufficient levels of physical activity for their age by SEIFA quintile.

Figure 10: Prevalence of children completing sufficient weekly physical activity, by SEIFA quintiles in WA, 5 to 15 years, HWSS 2015



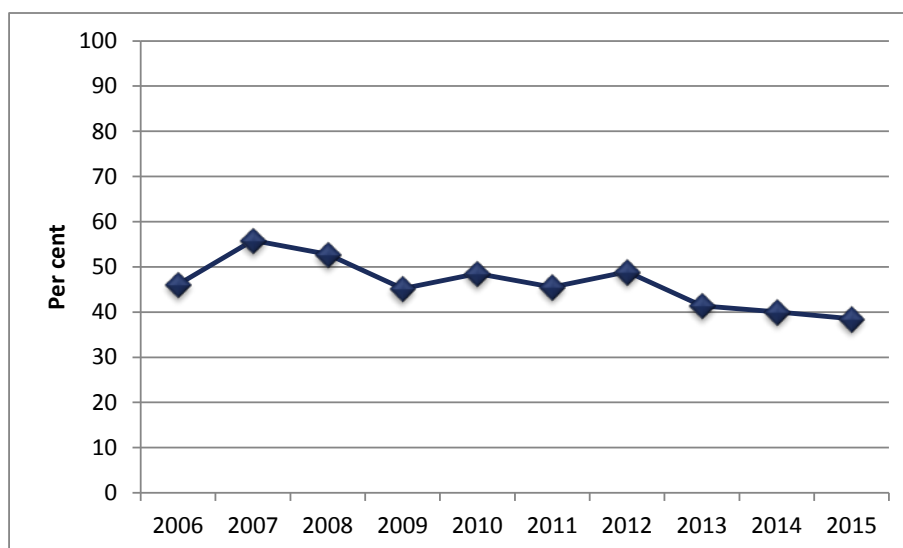
The annual prevalence estimates of weekly physical activity are shown in Table 30 and Figure 11. The proportion of children completing sufficient levels of physical activity in 2015 was the lowest on record (38.5%), and significantly lower compared with 2007 (55.9%) and 2008 (52.8%) estimates as well as the 10 year average (46.0%).

Table 30: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2006–15

	No sessions of physical activity per week		Physically active 1 to 6 days 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 sessions	
	%	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)
Average	3.9	(3.3 - 4.4)	33.4	(32.0 - 34.7)	16.7	(15.7 - 17.8)	46.0	(44.6 - 47.5)

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

Figure 11: Prevalence of children completing sufficient weekly physical activity, 5 to 15 years, HWSS 2006–15



The mean minutes spent in physical activity per week, for children 5 to 15 years, are shown in Table 31.

Table 31: Mean time spent in physical activity per week, 5 to 15 years, HWSS 2006–15

	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)
Average	539.5	(526.6 - 552.5)

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.^{24,22,23} The guidelines recommend no use of electronic media for children less than 2 years of age, less than one hour of use for children 2 years to less than 5 years of age and no more than 2 hours 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 32. Children aged 2 to less than 5 years (32.2%) were significantly less likely to meet

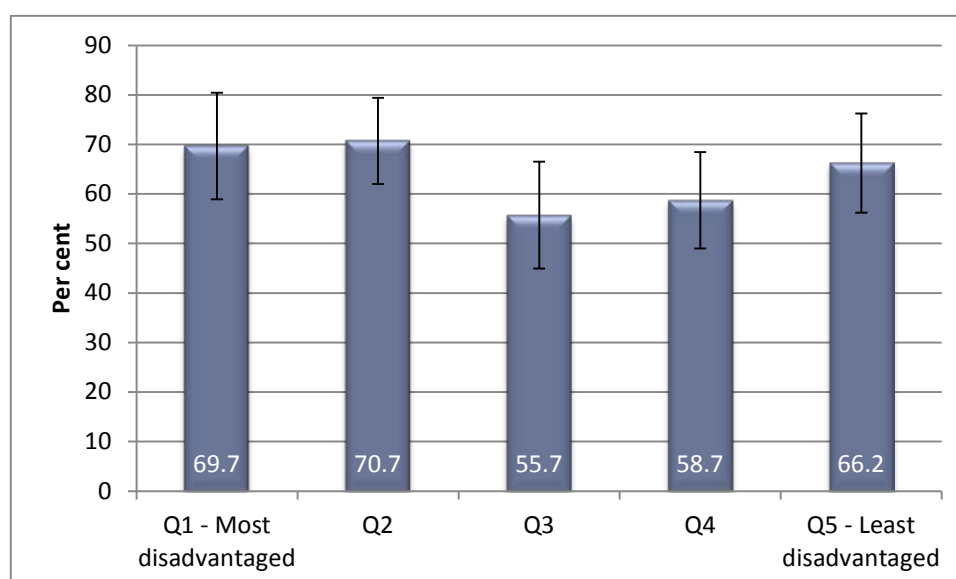
the guidelines compared with children aged 0 to less than 2 years (65.2%) and children 5 to 15 years (76.2%).

Table 32: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2015

	Does not meet guidelines for electronic media use		Meets guidelines for electronic media use	
	%	95% CI	%	95% CI
Age Group				
0 to < 2 yrs	34.8	(18.3 - 51.2)	65.2	(48.8 - 81.7)
2 to <5 yrs	67.8	(56.0 - 79.6)	32.2	(20.4 - 44.0)
5 to 15 yrs	23.8	(19.2 - 28.4)	76.2	(71.6 - 80.8)
Gender				
Boys	37.2	(30.5 - 44.0)	62.8	(56.0 - 69.5)
Girls	35.9	(29.2 - 42.6)	64.1	(57.4 - 70.8)
Children	36.6	(31.8 - 41.3)	63.4	(58.7 - 68.2)

Figure 12 shows the proportion of children meeting the Australian sedentary behaviour guidelines for electronic media use by SEIFA quintile.

Figure 12: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, by SEIFA in WA, 0 to 15 years, HWSS 2015

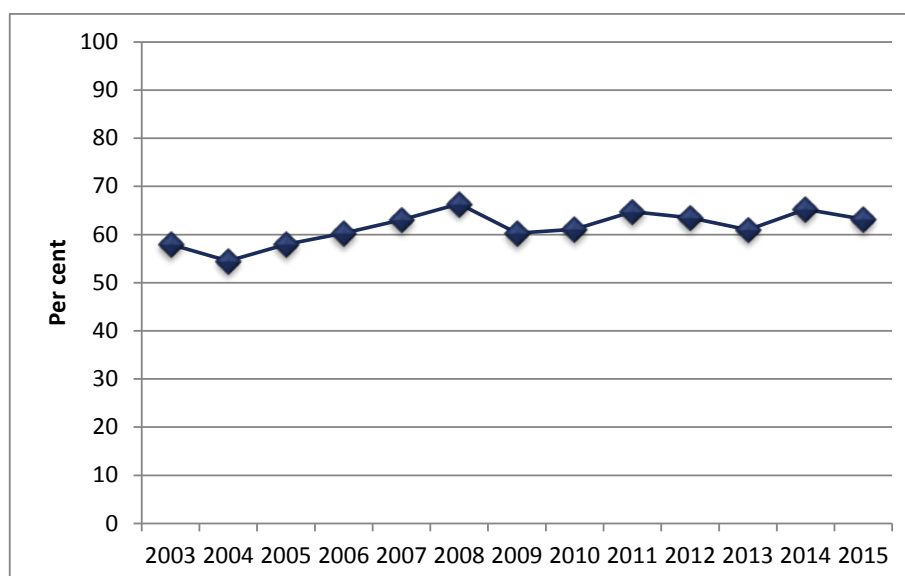


The annual proportion of children meeting the Australian sedentary behaviour guidelines for use of electronic media in leisure time is shown in Table 33 and Figure 13.

Table 33: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–15

	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)
Average	61.1	(60.0 - 62.2)	38.9	(37.8 - 40.0)

Figure 13: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–15



There was no statistically significant change over time in the proportion of children meeting the Australian guidelines for electronic media use during leisure time.

10.2 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,²⁵ as shown in Table 34. Outliers and biologically implausible values were removed in the derivation of these categories.²⁶

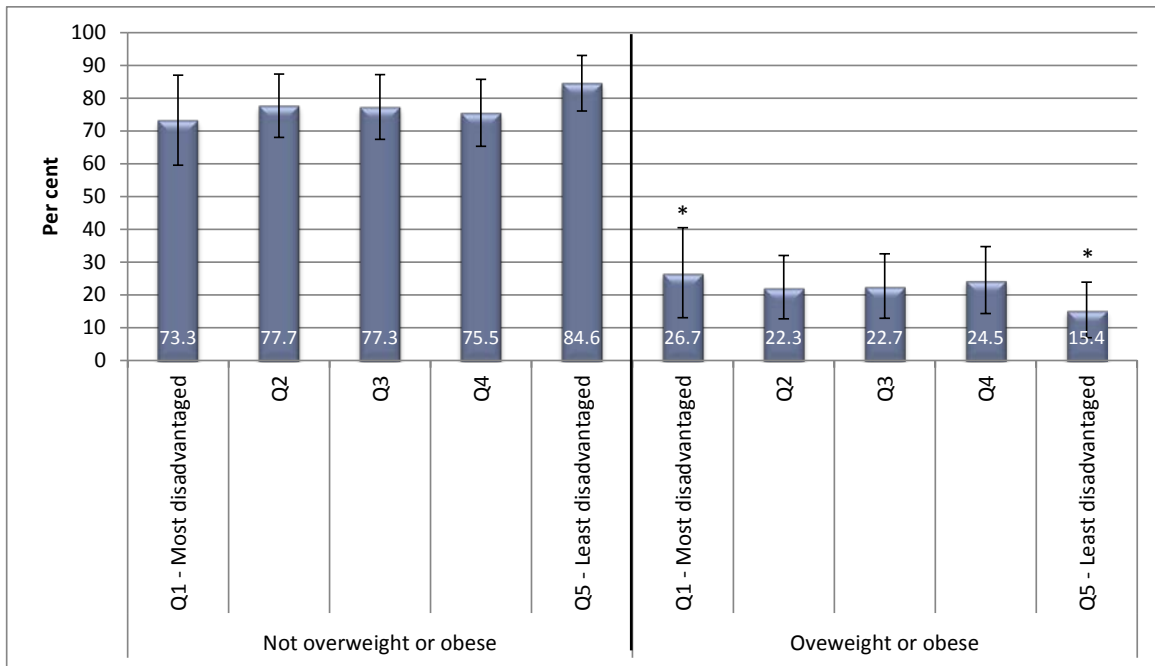
Table 34: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2015

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
5 to 9 yrs	77.3	(69.7 - 84.9)	14.9	(8.3 - 21.5)	7.8 *	(3.5 - 12.2)
10 to 15 yrs	79.2	(73.4 - 84.9)	16.2	(10.8 - 21.6)	4.6 *	(2.0 - 7.2)
Gender						
Boys	78.9	(72.6 - 85.3)	14.9	(9.1 - 20.6)	6.2 *	(2.9 - 9.5)
Girls	77.7	(71.0 - 84.5)	16.3	(10.2 - 22.4)	5.9 *	(2.5 - 9.4)
Children	78.3	(73.7 - 83.0)	15.6	(11.4 - 19.8)	6.1	(3.7 - 8.5)

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

Figure 14 shows the prevalence of body mass index categories by SEIFA quintiles.

Figure 14: Prevalence of children by body mass index categories, by SEIFA quintiles in WA, 5 to 15 years, HWSS 2015



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

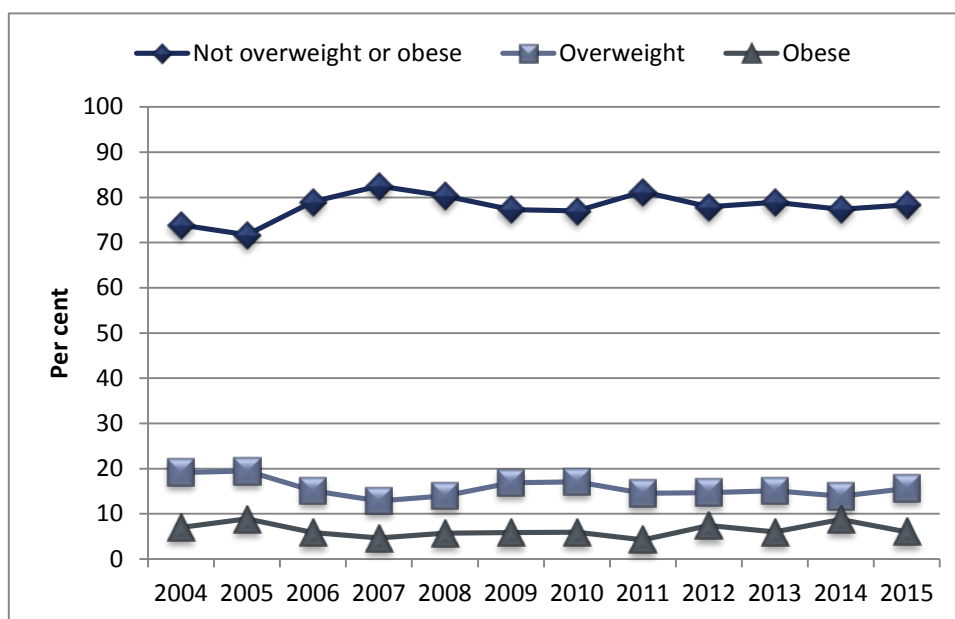
The annual prevalence of body mass index categories is shown in Table 35 and Figure 15. There were no statistically significant changes over time in any of the three categories.

Table 35: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–15

	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)
Average	77.7	(76.5 - 78.9)	16.1	(15.0 - 17.1)	6.3	(5.6 - 7.0)

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

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



Parents/ carers were also asked for their perceptions of their child’s weight (Table 36). Perceptions of weight have been reported against BMI based weight categories derived from parent/carer reported height and weight for the children.²⁵ For children 5 to 15 years with BMIs that classified them as overweight or obese, the majority (69.6%) of parents/carers perceived their child’s weight to be normal.

Table 36: Prevalence of children by parent/ carer perceived body weight, 5 to 15 years, by Body Mass Index classification, HWSS 2015

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	30.1 *	(5.9 - 54.3)	69.9	(45.7 - 94.1)	0.0	(0.0 - 0.0)
Normal weight	10.3	(6.0 - 14.7)	86.8	(82.2 - 91.4)	2.8 *	(1.2 - 4.5)
Overweight or obese	N/A	(N/A - N/A)	69.6	(58.6 - 80.6)	26.9	(16.4 - 37.4)

* 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.

Parents/ carers were then asked what they were trying to do about their child's weight (Table 37). Intentions to change weight have been reported against BMI calculations based on parents/carers reported height and weight for the child. Almost one in five (18.5%) children 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 make any changes to their child's weight (66.6%).

Table 37: Prevalence of children by parent/carer's intentions regarding the child's weight, 5 to 15 years, by Body Mass Index classification, HWSS 2015

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)	21.4 *	(0.1 - 42.6)	6.4 *	(0.0 - 12.8)	72.3	(50.7 - 93.8)
Normal weight	2.6 *	(0.8 - 4.3)	5.0 *	(1.9 - 8.1)	13.9	(9.2 - 18.6)	78.5	(72.9 - 84.1)
Overweight or obese	18.5	(9.5 - 27.5)	N/A	(N/A - N/A)	11.3 *	(5.2 - 17.5)	66.6	(55.7 - 77.4)

* 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.

10.3 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.²⁷ Table 38 shows the mean times children were sunburnt in the past 12 months. The mean times sunburnt in the previous 12 months increased significantly with age.

Table 38: Mean times sunburnt in past 12 months, 0 to 15 years, HWSS 2015

	mean	95% CI
Age Group		
0 to 4 yrs	0.5	(0.3 - 0.7)
5 to 9 yrs	1.3	(1.0 - 1.6)
10 to 15 yrs	2.4	(1.9 - 3.0)
Gender		
Boys	1.6	(1.2 - 2.0)
Girls	1.3	(1.0 - 1.6)
Children	1.4	(1.2 - 1.7)

The annual mean times sunburnt in the past 12 months are shown in Table 39.

Table 39: Mean times sunburnt in the past 12 months, 0 to 15 years, HWSS 2002–15

	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)
Average	1.4	(1.3 - 1.4)

Table 40 shows how often parents/carers checked to see whether their child was adequately protected before going out into the sunlight (i.e. wear a hat, use sunscreen and keep covered). Parents/ carers were significantly less likely to always check that 10 to 15 year olds were adequately protected before going out into the sunlight compared with children aged 0 to 4 years (49.4% compared with 72.3%).

Table 40: Prevalence of children by how often parent/carer checks they are adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2015

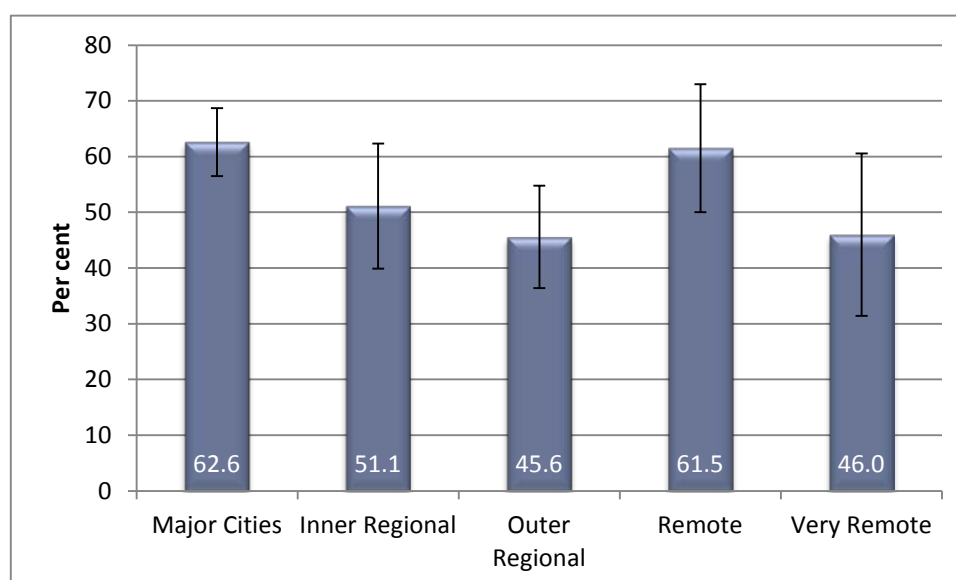
	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	72.3	(63.3 - 81.3)	23.6	(15.3 - 31.9)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	57.3	(48.6 - 66.0)	39.7	(31.1 - 48.4)	2.9	* (0.3 - 5.5)	N/A	(N/A - N/A)
10 to 15 yrs	49.4	(42.5 - 56.3)	41.1	(34.2 - 47.9)	7.2	(4.0 - 10.5)	2.3	* (0.5 - 4.1)
Gender								
Boys	59.3	(52.5 - 66.0)	36.8	(30.2 - 43.5)	3.0	* (1.2 - 4.8)	0.9	* (0.1 - 1.7)
Girls	59.6	(52.7 - 66.4)	32.9	(26.4 - 39.4)	5.2	* (2.5 - 8.0)	N/A	(N/A - N/A)
Children	59.4	(54.6 - 64.2)	34.9	(30.3 - 39.6)	4.1	(2.4 - 5.7)	1.6	* (0.0 - 3.2)

* 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 16 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. There were no statistically significant differences by remoteness category.

Figure 16: 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 2015



The annual prevalence estimates of children being checked by parents/carers to ensure they are adequately protected before going out into the sunlight are shown in Table 41 and Figure 17.

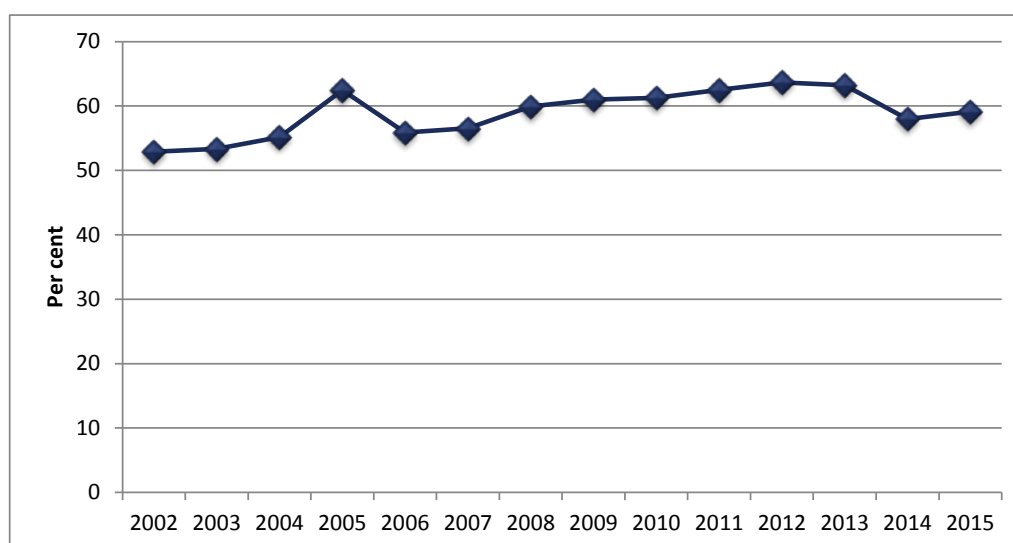
Table 41: Prevalence of children by how often parent/carer checks they are adequately protected before going into the sunlight, 0 to 15 years, HWSS 2002–15

	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)
Average	59.0	(58.0 - 60.1)	34.5	(33.5 - 35.5)	4.9	(4.5 - 5.4)	1.6	(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 17: Prevalence of children who are always checked to be adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2002–15



10.4 Alcohol

As alcohol abuse is known to be particularly disruptive to family functioning,²⁸ parents/carers have been asked since 2002 whether or not they thought that alcohol caused problems in the child's household. In 2015, 2.3% of children lived in a household where alcohol was thought to cause a problem, according to their parent/ carer. This is similar to previous years (range 0.9% to 2.5%).

10.5 Smoking

10.5.1 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 42. The prevalence of children living in a smoke-free home has increased significantly from 2002 (90.5%) to 2015 (99.1%).

Table 42: Prevalence of children by exposure to smoke within the home, 0 to 15 years, HWSS 2002–15

	The home is smoke free		People occasionally or frequently smoke in the home	
	%	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)
Average	96.1	(95.7 - 96.4)	3.9	(3.6 - 4.3)

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

10.5.2 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.²⁹

The annual estimates of smoking during pregnancy are shown in Table 43. Data are presented for children aged 0 to 4 years at the time of interview as previously described in Section 9 of this report. The prevalence of neither parents smoking during pregnancy has increased significantly from 2005 (66.1%) to 2015 (88.5%).

Table 43: Prevalence of children by parental smoking status during pregnancy, 0 to 4 years, HWSS 2005–15

	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)
Average	76.3	(74.2 - 78.5)	3.1	(2.3 - 3.9)	15.1	(13.3 - 16.9)	5.5	(4.4 - 6.6)

* 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.

10.6 Nutrition

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.⁹ The 2013 Australian Dietary Guidelines by the National Health and Medical Research Council³⁰ are presented in Table 44.

Parents/ carers responding to the HWSS 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 44: 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 7 years	1.5	4.5	4.5	1	4
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 45 shows the prevalence of children 2 to 15 years, by the number of serves of fruit they usually eat daily. In 2015, just over two-thirds (68.8%) of children aged 2 to 15 years were eating two or more serves of fruit daily.

Table 45: Prevalence of children by number of serves of fruit consumed daily, 2 to 15 years, HWSS 2015

	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)	26.8	(14.0 - 39.6)	72.0	(59.0 - 84.9)
4 to 8 yrs	N/A	(N/A - N/A)	23.7	(15.8 - 31.6)	75.5	(67.6 - 83.4)
9 to 15 yrs	9.8	(6.1 - 13.5)	27.5	(21.6 - 33.5)	62.7	(56.3 - 69.0)
Gender						
Boys	7.2 *	(4.1 - 10.3)	25.1	(19.2 - 31.1)	67.7	(61.3 - 74.1)
Girls	3.1	(1.0 - 5.2)	26.9	(20.1 - 33.8)	70.0	(63.0 - 76.9)
Children	5.1	(3.3 - 7.0)	26.0	(21.5 - 30.6)	68.8	(64.1 - 73.6)

* 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.

Table 46 shows the prevalence of children 2 to 15 years, by the number of serves of vegetables they usually eat daily. In 2014, almost one-third of children (32.6%) were eating two serves of vegetables daily. The next most common serve was one serve of vegetables daily, which accounted for 23.6% of children aged 2 to 15 years.

Table 46: Prevalence of children by number of serves of vegetables consumed daily, 2 to 15 years, HWSS 2015

	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)	41.4	(27.1 - 55.7)	33.4	(19.5 - 47.3)	12.3 *	(2.9 - 21.6)	11.2 *	(1.3 - 21.0)
4 to 8 yrs	4.67 *	(1.2 - 8.1)	22.3	(15.3 - 29.2)	31.5	(23.0 - 40.1)	17.1	(10.6 - 23.5)	24.5	(15.7 - 33.2)
9 to 15 yrs	5.6 *	(2.8 - 8.4)	18.5	(13.5 - 23.5)	33.2	(26.9 - 39.5)	22.1	(16.6 - 27.5)	20.6	(15.3 - 25.9)
Gender										
Boys	5.7 *	(2.9 - 8.5)	22.0	(16.5 - 27.6)	29.5	(22.8 - 36.2)	18.6	(13.4 - 23.8)	24.2	(17.1 - 31.2)
Girls	3.6 *	(1.1 - 6.0)	25.3	(18.8 - 31.7)	35.8	(28.7 - 42.8)	18.6	(13.0 - 24.3)	16.7	(11.7 - 21.8)
Children	4.6	(2.8 - 6.5)	23.6	(19.4 - 27.9)	32.6	(27.7 - 37.5)	18.6	(14.8 - 22.5)	20.5	(16.0 - 24.9)

* 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.

The prevalence of children aged 2 to 15 years meeting the 2013 guidelines for fruit and vegetable consumption is shown in Table 47. 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 (62.7% compared with 98.7% and 99.2% respectively). The proportion of children eating sufficient serves of vegetables also decreased significantly with age.

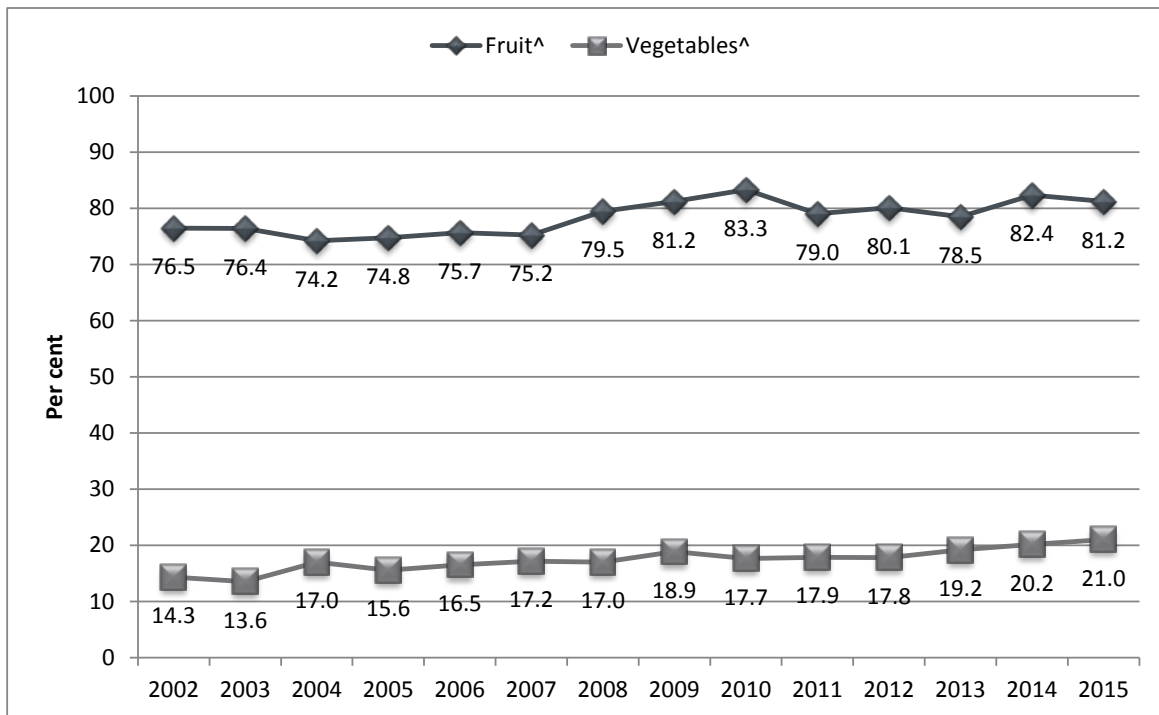
Table 47: Prevalence of children eating sufficient serves of fruit and/or vegetables, 2 to 15 years, HWSS 2015

	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	98.7	(96.3 - 100.0)	56.8	(42.5 - 71.2)
4 to 8 yrs	99.2	(98.2 - 100.0)	24.5	(15.7 - 33.2)
9 to 15 yrs	62.7	(56.3 - 69.0)	6.5	(3.6 - 9.3)
Gender				
Boys	78.5	(73.2 - 83.7)	22.7	(15.3 - 30.0)
Girls	85.2	(80.2 - 90.2)	19.9	(14.2 - 25.7)
Children	81.8	(78.2 - 85.4)	21.3	(16.6 - 26.0)

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

The annual estimates of children aged 2 to 15 years consuming sufficient daily serves of fruit and vegetables based on the 2013 guidelines is shown in Figure 18. The prevalence of children aged 2 to 15 years consuming sufficient daily serves of fruit has not changed significantly over time. The prevalence of sufficient daily vegetable consumption for children 2 to 15 years has been increasing over time and reached a high of 21.0% in 2015. This was significantly higher compared with 2003 (13.6%).

**Figure 18: Prevalence of children eating sufficient serves of fruit and vegetables[^] over time, 2013
 Australian Dietary Guidelines for fruit and vegetable consumption, 2 to 15 years, HWSS 2002–15**



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

The mean serves of fruit and vegetables eaten daily by children 2 to 15 years is shown in Table 48. There was no significant difference in the mean serves of fruit consumed in 2015 compared with previous years. The mean serves of vegetables (2.4 serves) in 2015 was significantly higher than 2003 (2.0 serves) but similar to every other year.

Table 48: Mean daily fruit and vegetable serves, 2 to 15 years, HWSS 2002–15

	Fruit		Vegetables	
	mean	95% CI	mean	95% CI
2002	2.0	(1.9 - 2.1)	2.1	(2.0 - 2.2)
2003	2.0	(1.9 - 2.1)	2.0	(1.9 - 2.1)
2004	1.9	(1.8 - 2.0)	2.1	(2.0 - 2.3)
2005	1.9	(1.8 - 2.0)	2.3	(2.2 - 2.4)
2006	1.9	(1.8 - 2.0)	2.2	(2.1 - 2.3)
2007	2.0	(1.9 - 2.1)	2.2	(2.1 - 2.4)
2008	2.0	(1.9 - 2.1)	2.2	(2.1 - 2.3)
2009	2.1	(2.0 - 2.2)	2.3	(2.3 - 2.4)
2010	2.1	(2.0 - 2.2)	2.3	(2.2 - 2.4)
2011	1.9	(1.8 - 2.0)	2.4	(2.3 - 2.5)
2012	2.0	(1.9 - 2.1)	2.2	(2.1 - 2.4)
2013	2.0	(1.9 - 2.1)	2.2	(2.1 - 2.4)
2014	2.1	(1.9 - 2.2)	2.3	(2.2 - 2.4)
2015	2.1	(2.0 - 2.2)	2.4	(2.2 - 2.5)
Average	2.0	(2.0 - 2.0)	2.2	(2.2 - 2.3)

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.¹⁸ Parents/carers were asked what type of milk their child usually consumes (Table 49).

Table 49: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2015

	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	70.4	(59.4 - 81.4)	21.6	(11.5 - 31.8)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	52.5	(43.7 - 61.3)	40.1	(31.4 - 48.8)	5.9	* (1.7 - 10.0)	N/A	(N/A - N/A)
10 to 15 yrs	50.5	(43.6 - 57.5)	41.8	(34.9 - 48.6)	2.9	* (0.5 - 5.3)	4.8	* (1.3 - 8.3)
Gender								
Boys	54.9	(47.7 - 62.2)	38.8	(31.6 - 46.0)	4.7	* (1.5 - 7.9)	1.6	* (0.4 - 2.7)
Girls	57.6	(50.5 - 64.7)	33.3	(26.7 - 40.0)	4.0	* (1.3 - 6.7)	5.1	* (1.7 - 8.4)
Children	56.3	(51.2 - 61.3)	36.1	(31.2 - 41.0)	4.4	(2.2 - 6.5)	3.3	* (1.5 - 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.

Children aged 2 to 4 years were significantly more likely to consume full fat or whole milk (70.4%) compared with children aged 5 to 9 years (52.5%) and children aged 10 to 15 years (50.5%)

The type of milk usually consumed is shown annually in Table 50. The prevalence of children consuming full fat or whole milk of any kind has decreased significantly from 69.7% in 2002 to 56.3% in 2015.

Table 50: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2002–15

	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)
Average	62.0	(60.9 - 63.1)	34.2	(33.1 - 35.2)	1.7	(1.4 - 2.0)	2.1	(1.8 - 2.4)

* 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.

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 on average is shown in Table 51.

Table 51: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2015

	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	29.9	(20.2 - 39.7)	41.6	(30.6 - 52.6)	27.4	(17.8 - 37.0)	N/A	(N/A - N/A)
5 to 9 yrs	25.1	(17.7 - 32.4)	42.1	(33.4 - 50.9)	32.1	(23.9 - 40.4)	N/A	(N/A - N/A)
10 to 15 yrs	19.9	(14.3 - 25.5)	40.8	(33.9 - 47.8)	38.2	(31.7 - 44.8)	1.0	* (0.2 - 1.8)
Gender								
Boys	25.6	(19.4 - 31.8)	40.1	(33.0 - 47.2)	33.0	(26.5 - 39.5)	1.3	* (0.2 - 2.3)
Girls	23.4	(17.5 - 29.2)	42.9	(35.7 - 50.1)	33.2	(26.5 - 39.8)	N/A	(N/A - N/A)
Children	24.5	(20.2 - 28.8)	41.5	(36.4 - 46.5)	33.1	(28.4 - 37.7)	0.9	* (0.3 - 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.

The number of times children eat fast food per week between 2002 and 2015 is shown in Table 52. The number of children who never eat meals from fast food restaurants has increased significantly from 16.2% in 2002 to 24.5% in 2015.

Table 52: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2002–15

	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)
Average	17.2	(16.4 - 18.1)	39.7	(38.6 - 40.8)	41.1	(40.0 - 42.2)	2.0	(1.7 - 2.3)

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

10.7 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 for children varies from 8 to 17 hours depending on age and individual requirements.³¹ In general children sleep less as they grow up. The mean number of hours of sleep for children is shown in Table 53.

Table 53: Mean time spent sleeping on a usual night, 0 to 15 years, HWSS 2015

	mean	95% CI
Age Group		
0 to 4 yrs	10.2	(9.6 - 10.9)
5 to 9 yrs	10.2	(10.0 - 10.4)
10 to 15 yrs	9.4	(9.2 - 9.5)
Gender		
Boys	9.8	(9.5 - 10.2)
Girls	10.0	(9.8 - 10.2)
Children	9.9	(9.7 - 10.1)

11. 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.^{9,32} Mental health is also referred to as psychosocial health as it involves aspects of both social and psychological behaviour.

11.1 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. Population estimates are shown in Table 54.

Table 54: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2015

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
1 to 4 yrs	77.3	(67.9 - 86.6)	21.8	(12.5 - 31.1)	N/A	(N/A - N/A)	0.0	(0.0 - 0.0)
5 to 9 yrs	64.7	(56.2 - 73.3)	25.8	(18.0 - 33.7)	5.7 *	(2.0 - 9.4)	N/A	(N/A - N/A)
10 to 15 yrs	70.2	(63.9 - 76.5)	21.4	(15.8 - 26.9)	4.9 *	(2.0 - 7.8)	3.6 *	(0.8 - 6.3)
Gender								
Boys	67.3	(60.5 - 74.1)	24.4	(18.1 - 30.7)	5.0 *	(2.1 - 7.8)	3.3 *	(0.3 - 6.4)
Girls	73.5	(67.3 - 79.6)	21.5	(15.7 - 27.4)	3.1 *	(1.2 - 5.0)	N/A	(N/A - N/A)
Children	70.3	(65.7 - 75.0)	23.0	(18.7 - 27.3)	4.0	(2.3 - 5.8)	2.6 *	(0.8 - 4.4)

* 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.

Girls were slightly more likely to experience no trouble with emotions, concentration, behaviour or getting on with people compared with boys; however this difference was not statistically significant.

The annual prevalence estimates of children with trouble with emotions, concentration, behaviour or getting on with people are shown in Table 55.

Table 55: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2002–15

	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)
Average	69.7	(68.7 - 70.7)	23.5	(22.6 - 24.4)	5.5	(5.0 - 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. Estimates are shown in Table 56.

Table 56: 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 2015

	%	95% CI
Age Group		
1 to 4 yrs	N/A	(N/A - N/A)
5 to 9 yrs	24.8 *	(11.1 - 38.6)
10 to 15 yrs	44.8	(31.8 - 57.8)
Gender		
Boys	29.3	(17.5 - 41.1)
Girls	25.6	(14.4 - 36.7)
Children	27.6	(19.4 - 35.9)

* 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

The annual prevalence of children regarded as needing special help for emotional problems is shown in Table 57. The prevalence of children regarded by their parent/carer as needing special help in 2015 (28.0%) was not significantly different than any previous year.

Table 57: 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 2002–15

	%	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)
Average	24.8	(23.1 - 26.5)

Table 58 shows the prevalence of children aged 1 to 15 years who have been treated for an emotional or mental health problem as reported by a parent/carer.

Table 58: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2015

	%	95% CI
Age Group		
1 to 4 yrs	N/A	(N/A - N/A)
5 to 9 yrs	9.3	* (3.4 - 15.2)
10 to 15 yrs	9.7	(6.1 - 13.3)
Gender		
Boys	7.6	* (3.8 - 11.3)
Girls	6.3	* (3.1 - 9.6)
Children	7.0	(4.5 - 9.4)

* 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 annual prevalence of children ever treated for an emotional or mental health problem is shown in Table 59. The prevalence of children ever treated for an emotional or mental health problem in 2015 was 7.0%. This was second highest since 2002, with only the prevalence in 2013 (7.9%) being higher.

Table 59: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2002–15

	%	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)
Average	5.4	(4.9 - 5.8)

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

11.2 Social support

Social support relates to the resources available within communities and is believed to have a positive influence on health status.³³ Measures of social support for children include the level of social integration that the individual is involved with; it usually comes from a group of people or friends; the assurance of worth from others such as positive reinforcement that inspires and boosts the self-esteem; the reliable alliance support provided from others, which means that the individual knows they can depend on receiving support from family members whenever it was needed.^{34, 35} 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 60.

Table 60: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2015

	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	73.4	(65.3 - 81.5)	97.4	(95.6 - 99.3)
10 to 15 yrs	77.7	(72.2 - 83.2)	94.7	(91.6 - 97.9)
Gender				
Boys	73.0	(66.1 - 79.9)	96.3	(94.0 - 98.6)
Girls	78.4	(71.7 - 85.1)	95.7	(92.7 - 98.8)
Children	75.6	(70.8 - 80.5)	96.0	(94.1 - 97.9)

The annual prevalence of children who have a close mate and/or a group of friends is shown in Table 61.

Table 61: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2002–15

	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)
Average	81.0	(80.0 - 81.9)	94.1	(93.5 - 94.6)

11.3 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 and it may even affect the family.³⁶ 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 has been bullied in the past 12 months and whether their child has bullied other children in the past 12 months. As shown in Table 62, just under one-third (28.9%) of children in WA had been bullied in the past 12 months.

Table 62: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2015

	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	27.2	(19.6 - 34.8)	11.6	* (5.9 - 17.4)	8.3	* (3.1 - 13.5)
10 to 15 yrs	30.3	(24.0 - 36.7)	5.0	* (2.2 - 7.8)	4.3	* (1.6 - 7.1)
Gender						
Boys	28.7	(21.8 - 35.6)	8.5	* (4.0 - 12.9)	7.7	* (3.2 - 12.2)
Girls	29.1	(22.0 - 36.1)	7.7	* (3.4 - 12.0)	4.5	* (1.1 - 7.9)
Children	28.9	(24.0 - 33.8)	8.1	(5.0 - 11.2)	6.2	(3.3 - 9.0)

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

The annual prevalence of bullying is shown in Table 63. The prevalence of being bullied in the past 12 months in 2015 (29.0%) was the lowest recorded in the HWSS to date and is significantly lower than the 2002 prevalence (39.9%).

Table 63: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2002–15

	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)
Average	35.3	(34.2 - 36.5)	10.9	(10.2 - 11.7)	8.2	(7.5 - 8.8)

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

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.³²

Parents/carers were asked how many days, not counting official school holidays, which their child was away from school for any reason. The days absent from school were classified into the number of weeks, as shown in Table 64. The annual prevalence of weeks absent from school is shown in Table 65.

Table 64: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2015

	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	7.6 *	(2.5 - 12.7)	53.7	(44.9 - 62.5)	26.2	(18.8 - 33.7)	5.0 *	(1.8 - 8.2)	7.5 *	(2.6 - 12.4)
10 to 15 yrs	9.8	(5.7 - 13.9)	55.6	(48.7 - 62.4)	17.7	(12.7 - 22.7)	5.5	(3.1 - 7.9)	11.5	(7.1 - 15.8)
Gender										
Boys	8.7	(4.6 - 12.8)	57.1	(49.5 - 64.7)	23.7	(17.1 - 30.2)	4.1 *	(1.9 - 6.4)	6.4 *	(2.6 - 10.2)
Girls	8.8 *	(3.7 - 13.9)	52.2	(44.2 - 60.2)	19.6	(13.8 - 25.4)	6.4 *	(3.2 - 9.7)	12.9	(7.7 - 18.2)
Children	8.8	(5.5 - 12.0)	54.7	(49.2 - 60.2)	21.7	(17.3 - 26.1)	5.3	(3.3 - 7.2)	9.6	(6.4 - 12.9)

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

Table 65: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2002–15

	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)
Average	8.4	(7.7 - 9.1)	53.3	(52.1 - 54.5)	21.6	(20.6 - 22.6)	8.4	(7.8 - 9.1)	8.3	(7.7 - 8.9)

Parents/carers were asked to rate how well their child was doing in school overall, based on their school work and school reports. Over two-thirds of children were doing well or very well in school (Table 66).

Table 66: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2015

	Very well		Well		Average		Poor or Very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	50.3	(41.6 - 59.1)	23.7	(16.6 - 30.8)	20.6	(13.8 - 27.5)	5.3 *	(1.1 - 9.5)
10 to 15 yrs	45.4	(38.4 - 52.3)	26.6	(20.6 - 32.6)	22.7	(17.0 - 28.4)	5.3 *	(2.3 - 8.4)
Gender								
Boys	42.0	(34.3 - 49.7)	28.9	(22.2 - 35.6)	22.8	(16.5 - 29.2)	6.3 *	(2.0 - 10.5)
Girls	53.6	(45.8 - 61.5)	21.5	(15.1 - 27.8)	20.6	(14.5 - 26.7)	4.3 *	(1.5 - 7.1)
Children	47.7	(42.2 - 53.3)	25.2	(20.6 - 29.8)	21.7	(17.3 - 26.1)	5.3	(2.8 - 7.9)

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

The annual estimates of how well children were doing in school as perceived by their parents/carers are shown in Table 67.

Table 67: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2002–15

	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)
Average	45.7	(44.5 - 46.9)	26.2	(25.2 - 27.3)	23.6	(22.6 - 24.6)	4.5	(4.0 - 5.0)

* 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. Population estimates are shown in Table 68. Girls were significantly more likely than boys to almost always look forward to going to school every day (75.7% compared with 57.8%).

Table 68: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2015

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	5.4 *	(1.9 - 8.9)	7.6 *	(2.5 - 12.7)	21.0	(13.4 - 28.6)	66.0	(57.4 - 74.6)
10 to 15 yrs	5.0 *	(1.9 - 8.0)	7.6	(4.7 - 10.5)	20.3	(15.0 - 25.7)	67.1	(60.8 - 73.3)
Gender								
Boys	6.2 *	(2.4 - 9.9)	11.9	(6.6 - 17.1)	24.2	(17.5 - 30.8)	57.8	(50.1 - 65.4)
Girls	4.1 *	(1.6 - 6.7)	3.2 *	(1.6 - 4.8)	17.0	(10.7 - 23.2)	75.7	(69.1 - 82.4)
Children	5.2	(2.9 - 7.5)	7.6	(4.8 - 10.5)	20.6	(16.1 - 25.2)	66.6	(61.3 - 71.8)

* 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.

The annual estimates of how frequently children look forward to going to school are shown in Table 69.

Table 69: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2002–15

	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)
Average	4.7	(4.2 - 5.2)	8.9	(8.2 - 9.6)	16.8	(15.9 - 17.7)	69.6	(68.5 - 70.7)

* 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.³⁷ The questions used in the HWSS are taken from the McMaster Family Functioning Scale of 12 questions.³⁸ 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. Each question is shown with the original wording and scoring. The first question is about the family not usually getting along (Table 70).

Table 70: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2015

	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)	20.8	(12.3 - 29.2)	77.2	(68.7 - 85.8)
5 to 9 yrs	N/A	(N/A - N/A)	27.0	(18.8 - 35.2)	71.6	(63.4 - 79.9)
10 to 15 yrs	4.2 *	(1.3 - 7.0)	19.5	(14.1 - 24.9)	76.3	(70.5 - 82.2)
Gender						
Boys	2.3 *	(0.8 - 3.8)	23.8	(17.6 - 30.1)	73.9	(67.5 - 80.2)
Girls	2.8 *	(0.6 - 5.1)	20.7	(14.9 - 26.5)	76.5	(70.4 - 82.5)
Children	2.6 *	(1.2 - 3.9)	22.3	(18.0 - 26.6)	75.1	(70.8 - 79.5)

* 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.

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

The annual estimates of family not usually getting along are shown in Table 71. The 2015 prevalence of children with parents/carers who strongly disagreed that their family usually does not get on well together was the highest recorded (75.2%), and was significantly higher than the overall average since data collection began (65.2%).

Table 71: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2002–15

	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)
Average	2.9	(2.6 - 3.3)	31.9	(30.9 - 32.9)	65.2	(64.2 - 66.2)

* 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 72).

Table 72: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2015

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	9.5 *	(2.8 - 16.2)	34.4	(24.9 - 43.9)	56.1	(46.1 - 66.1)
5 to 9 yrs	9.1 *	(4.5 - 13.8)	47.2	(38.4 - 56.0)	43.6	(34.9 - 52.3)
10 to 15 yrs	19.6	(13.9 - 25.4)	33.6	(27.3 - 39.8)	46.8	(39.9 - 53.7)
Gender						
Boys	11.2	(7.3 - 15.0)	40.2	(33.3 - 47.1)	48.6	(41.6 - 55.6)
Girls	14.9	(9.3 - 20.5)	36.0	(29.3 - 42.6)	49.1	(42.1 - 56.2)
Children	13.0	(9.6 - 16.4)	38.2	(33.3 - 43.0)	48.9	(43.9 - 53.8)

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

The annual estimates of whether planning family activities is usually difficult are shown in Table 73. In 2015 the prevalence of children with parents/carers who strongly disagreed that planning family activities is usually difficult was the highest recorded (48.8%), and was significantly higher than the overall average since data collection began.

Table 73: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2002–15

	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)
Average	17.5	(16.6 - 18.3)	42.5	(41.4 - 43.6)	40.0	(39.0 - 41.1)

The third question asked parents/carers whether their family usually avoid discussing their fears and concerns openly with each other (Table 74).

Table 74: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2015

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	5.65	* (1.4 - 9.9)	36.6	(27.0 - 46.3)	57.7	(47.8 - 67.6)
5 to 9 yrs	4.6	* (1.3 - 7.9)	38.7	(30.0 - 47.3)	56.7	(48.0 - 65.5)
10 to 15 yrs	6.7	(3.5 - 9.9)	36.8	(30.3 - 43.4)	56.4	(49.6 - 63.2)
Gender						
Boys	5.1	* (2.5 - 7.6)	37.3	(30.5 - 44.0)	57.7	(50.8 - 64.5)
Girls	6.4	* (3.1 - 9.6)	37.4	(30.6 - 44.3)	56.2	(49.2 - 63.2)
Children	5.7	(3.6 - 7.8)	37.4	(32.6 - 42.2)	57.0	(52.1 - 61.8)

* 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.

The annual estimates of whether families avoid discussing fears and concerns openly with each other are shown in Table 75. The percentage of parents/ carers that strongly disagree that their family usually avoid discussing fears and concerns openly with each other in 2015 (56.9%) was the highest on record and was significantly higher than the overall average since data collection began (47.4%).

Table 75: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2002–15

	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)
Average	7.8	(7.2 - 8.3)	44.8	(43.8 - 45.9)	47.4	(46.3 - 48.5)

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other (Table 76).

Table 76: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2015

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	4.0	* (1.1 - 6.8)	40.2	(30.3 - 50.1)	55.8	(45.9 - 65.8)
5 to 9 yrs	6.1	* (2.2 - 10.1)	47.8	(39.0 - 56.6)	46.0	(37.3 - 54.8)
10 to 15 yrs	8.1	(4.4 - 11.8)	43.8	(36.9 - 50.6)	48.1	(41.2 - 55.0)
Gender						
Boys	5.4	(2.8 - 8.0)	45.3	(38.3 - 52.3)	49.3	(42.3 - 56.3)
Girls	6.9	(3.7 - 10.1)	42.4	(35.4 - 49.4)	50.7	(43.7 - 57.8)
Children	6.1	(4.1 - 8.2)	43.9	(38.9 - 48.8)	50.0	(45.0 - 55.0)

* 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.

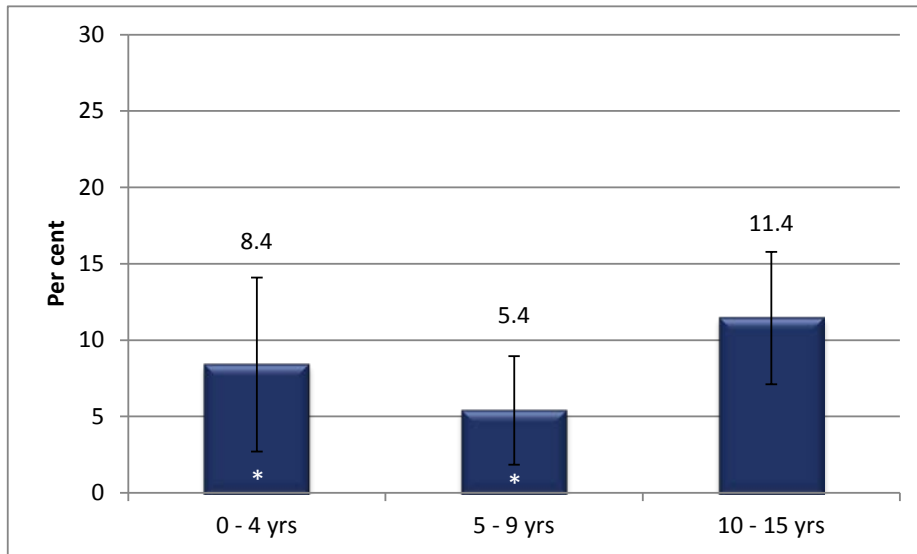
The annual estimates of whether making decisions is usually a problem is shown in Table 77. In 2015 the prevalence of children with parents/carers who strongly disagreed that making decisions within their family is usually a problem was the highest recorded (50.0%), and was significantly higher than the overall average since data collection began.

Table 77: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2002–15

	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)
Average	8.7	(8.1 - 9.3)	48.7	(47.6 - 49.7)	42.6	(41.5 - 43.7)

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 19.

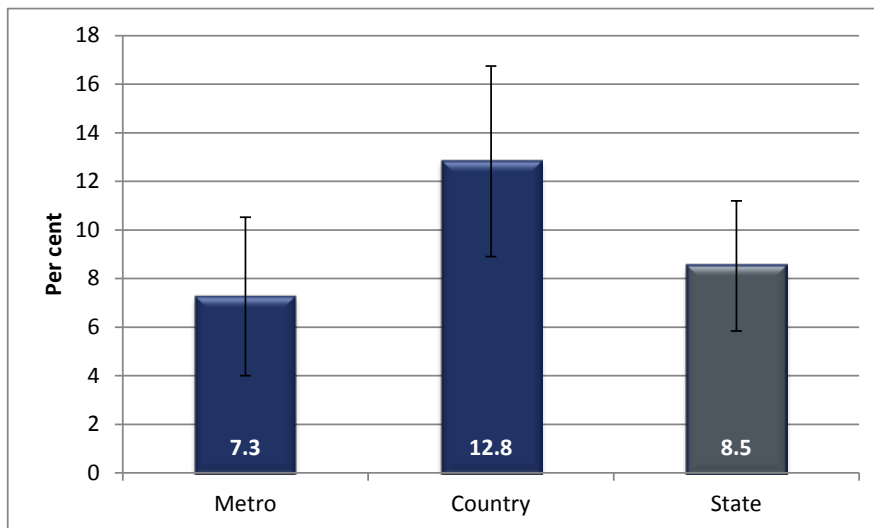
Figure 19: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2015



* 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 20 shows the prevalence of children with poor family functioning scores by area of residence.

Figure 20: Prevalence of children with poor family functioning, by geographic area, 0 to 15 years, HWSS 2015



The annual estimates of poor family functioning are shown in Table 78. The prevalence of children in households with poor family functioning in 2015 (8.7%) and was significantly lower compared with most years (2002-04, 2006, 2008 and 2013).

Table 78: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2002–15

	%	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)
Average	13.4	(12.6 - 14.1)

14. CHILD RESPONDENT

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 and so the information regarding the parent/carer respondent to the survey has not been weighted. The demographic characteristics of the respondent compared with the general population have been presented in Section 5.

14.1 General health

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

Table 79 shows the respondents' self-reported general health status.

Table 79: General health status of respondent, HWSS 2015

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group								
0 to 4 yrs	33.7	(26.7 - 40.7)	38.9	(31.6 - 46.1)	20.0	(14.1 - 25.9)	7.4 *	(3.5 - 11.3)
5 to 9 yrs	24.0	(18.5 - 29.5)	33.0	(27.0 - 39.1)	38.2	(31.9 - 44.4)	4.7 *	(2.0 - 7.5)
10 to 15 yrs	24.5	(20.2 - 28.9)	32.4	(27.7 - 37.1)	33.9	(29.2 - 38.7)	9.1	(6.2 - 12.0)
Child's sex								
Boys	26.3	(22.1 - 30.6)	33.9	(29.3 - 38.5)	32.9	(28.4 - 37.5)	6.8	(4.4 - 9.3)
Girls	26.5	(22.1 - 31.0)	34.1	(29.3 - 38.9)	31.2	(26.6 - 35.9)	8.1	(5.4 - 10.9)
Persons	26.4	(23.3 - 29.5)	34.0	(30.7 - 37.3)	32.1	(28.9 - 35.4)	7.5	(5.6 - 9.3)

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

14.2 Mental health

Mental health problems include both short-term problems, such as depression and anxiety and long-term conditions, such as chronic depression and schizophrenia. As mental health problems are associated with higher rates of death, poorer physical health and increased exposure to health risk factors.⁹

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 80.

Table 80: Mental health of respondent, HWSS 2015

	Mental health condition in the last 12 months (a)		Currently receiving treatment (b)	
	%	95% CI	%	95% CI
Child's age group				
0 to 4 yrs	8.6	(4.4 - 12.7)	6.9 *	(3.1 - 10.6)
5 to 9 yrs	19.7	(14.6 - 24.9)	15.5	(10.8 - 20.1)
10 to 15 yrs	17.8	(14.0 - 21.6)	13.4	(9.9 - 16.8)
Child's sex				
Boys	16.3	(12.8 - 19.9)	12.4	(9.2 - 15.6)
Girls	16.3	(12.6 - 20.0)	12.6	(9.3 - 16.0)
Persons	16.3	(13.7 - 18.9)	12.5	(10.2 - 14.8)

(a) In the last 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.

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

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.³⁹ Feelings of lack of control have been found to have adverse effects on health and to increase the risk of mortality.⁴⁰

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 81 shows self-reported lack of control over life in general.

Table 81: Lack of control over life in general during past four weeks, respondent, HWSS 2015

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	54.3	(46.9 - 61.7)	28.0	(21.3 - 34.7)	15.4	(10.1 - 20.8)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	44.0	(37.6 - 50.4)	32.8	(26.7 - 38.8)	18.5	(13.5 - 23.5)	3.4 *	(1.1 - 5.8)	N/A	(N/A - N/A)
10 to 15 yrs	49.6	(44.6 - 54.6)	25.6	(21.2 - 30.0)	19.1	(15.1 - 23.0)	5.0	(2.8 - 7.1)	N/A	(N/A - N/A)
Child's sex										
Boys	49.5	(44.7 - 54.4)	27.6	(23.2 - 31.9)	17.1	(13.4 - 20.7)	4.6 *	(2.6 - 6.7)	N/A	(N/A - N/A)
Girls	48.4	(43.4 - 53.5)	28.9	(24.4 - 33.5)	19.2	(15.2 - 23.2)	2.6	(1.0 - 4.2)	0.8 *	(0.0 - 1.7)
Persons	49.0	(45.5 - 52.5)	28.2	(25.1 - 31.4)	18.1	(15.4 - 20.8)	3.7	(2.4 - 5.0)	1.0 *	(0.3 - 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.

Table 82 shows lack of control over personal life.

Table 82: Lack of control over personal life during past four weeks, respondent, HWSS 2015

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	62.9	(55.7 - 70.0)	23.4	(17.1 - 29.7)	11.4	(6.7 - 16.2)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	53.7	(47.2 - 60.1)	26.0	(20.3 - 31.6)	17.3	(12.4 - 22.2)	2.2 *	(0.3 - 4.0)	N/A	(N/A - N/A)
10 to 15 yrs	58.0	(53.0 - 62.9)	21.1	(17.1 - 25.2)	15.1	(11.5 - 18.7)	5.0 *	(2.8 - 7.1)	N/A	(N/A - N/A)
Child's sex										
Boys	56.6	(51.8 - 61.4)	24.4	(20.2 - 28.6)	14.1	(10.8 - 17.5)	3.7 *	(1.8 - 5.5)	1.2 *	(0.2 - 2.3)
Girls	59.1	(54.1 - 64.1)	21.6	(17.5 - 25.8)	15.8	(12.1 - 19.5)	2.9 *	(1.2 - 4.6)	N/A	(N/A - N/A)
Persons	57.8	(54.3 - 61.2)	23.1	(20.1 - 26.0)	15.0	(12.5 - 17.4)	3.3	(2.0 - 4.5)	0.9 *	(0.2 - 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.

Table 83 shows self-reported lack of control over health.

Table 83: Lack of control over health during past four weeks, respondent, HWSS 2015

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	61.1	(53.9 - 68.4)	22.3	(16.1 - 28.5)	13.7	(8.6 - 18.8)	2.9 *	(0.4 - 5.3)	0.0	(0.0 - 0.0)
5 to 9 yrs	53.0	(46.6 - 59.5)	25.4	(19.8 - 31.0)	19.0	(13.9 - 24.0)	2.6 *	(0.5 - 4.6)	0.0	(0.0 - 0.0)
10 to 15 yrs	59.2	(54.2 - 64.1)	19.6	(15.6 - 23.6)	17.5	(13.7 - 21.4)	2.9 *	(1.2 - 4.6)	N/A	(N/A - N/A)
Child's sex										
Boys	59.0	(54.3 - 63.8)	22.2	(18.2 - 26.2)	15.6	(12.1 - 19.1)	2.7 *	(1.1 - 4.3)	N/A	(N/A - N/A)
Girls	56.5	(51.5 - 61.5)	21.6	(17.5 - 25.8)	18.7	(14.8 - 22.7)	2.9 *	(1.2 - 4.6)	N/A	(N/A - N/A)
Persons	57.8	(54.3 - 61.2)	21.9	(19.0 - 24.8)	17.1	(14.5 - 19.7)	2.8	(1.6 - 3.9)	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.

15. CHILD RESPONDENT'S PARTNER

The demographic characteristics of the child respondent's partner and unweighted proportions are shown below in Table 84.

Table 84: Demographics of respondent's partner, HWSS 2015

Characteristic	Unweighted Sample (n)	Unweighted Per Cent (%)
Australian born		
Yes	480	67.5
No	231	32.5
Aboriginal or Torres Strait Islander		
Yes	10	1.4
No	702	98.6
Highest level of education		
Less than Year 10	6	0.9
Year 10 or Year 11	74	10.5
Year 12	93	13.2
TAFE/ Trade Qualification	316	44.9
Tertiary degree or equivalent	215	30.5
Employment status		
Employed	653	91.8
Unemployed	7	1.0
Home duties	35	4.9
Retired	6	0.8
Unable to work	3	0.4
Student	4	0.6
Other	3	0.4

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