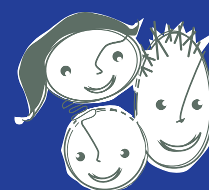
Snapshot 2010

Children and Young People in Queensland



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Abbreviations

ABS	Australian Bureau of Statistics
ACCG	Australian Children's Commissioners and Guardians
ACIR	Australian Childhood Immunisation Register
ADHD	attention deficit hyperactivity disorder
ACMA	Australian Communications and Media Authority
AEDI	Australian Early Development Index
AEFI	adverse events following immunisation
AIDS	acquired immune deficiency syndrome
AIHW	Australian Institute of Health and Welfare
BMI	Body Mass Index
CCR	Child Concern Report
CCYPCG	Commission for Children and Young People and Child Guardian
COAG	Council of Australian Governments
CPR	cardiopulmonary resuscitation
CSTDA	Commonwealth State Territory Disability Agreement
DECKAS	Department of Education Community Kindergarten Assistance Scheme
DMFT	decayed, missing or filled permanent teeth
ECEC	early childhood education and care
EIS	Evolve Interagency Services
ESP	Education Support Plan
ETRF	Education and Training Reforms for the Future
FAS	foetal alcohol syndrome
FRC	Family Responsibilities Commission
FSANZ	Food Standards Australia New Zealand
Hib	haemophilus influenzae type b
HIV	human immunodeficiency virus
HOF	Helping Out Families
ICD	International Classification of Diseases
ICMS	Integrated Client Management System
KCKS	Keeping Country Kids Safe
LBOTE	language background other than English
LSAC	Longitudinal Study of Australian Children
MCEECDYA	Ministerial Council on Education, Early Childhood Development and Youth Affairs
MMR	measles, mumps, rubella
MVPA	moderate to vigorous physical activity
NAPLAN	National Assessment Program – Literacy and Numeracy
NDA	National Disability Agreement
NHMRC	National Health and Medical Health Research Council
NIRA	National Indigenous Reform Agreement
OECEC	Office for Early Childhood Education and Care
OESR	Office of Economic and Statistical Research
OP	Overall Position
QCE	Queensland Certificate of Education
QPS	Queensland Police Service
QSA	Queensland Studies Authority
QSAAV	Queensland Schools Alliance Against Violence
RAATSICC	Remote Area Aboriginal and Torres Strait Islander Child Care
RAI	Referral for Active Intervention
SAAP	Supported Accommodation Assistance Program
SATs	School-based Apprenticeships and Traineeships
SD	statistical division
S.D.	standard deviation
SDAC	Survey of Disability, Ageing and Carers
SDM	structure decision making
SIDS	Sudden Infant Death Syndrome
STI	sexually transmissible infection
TIMSS	Trends in International Mathematics and Science Study
VET	vocational education and training
WHO	World Health Organisation
na	not available
–	nil or rounded or zero
. .	not applicable

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Foreword

I am very pleased to release *Snapshot 2010*, the eighth in the series which reports on the safety and wellbeing of Queensland's children and young people.

As Commissioner for Children and Young People and Child Guardian I have a wide ranging responsibility to protect the rights, interests and wellbeing of children and young people in Queensland. This mandate includes all children, however, legislation directs me to focus on children at risk and those in the child protection system. *Snapshot 2010*, by collating data and information across a wide array of topics tailored to the general population of children and young people, allows the Commission and our readers to be well informed about how all Queensland children and young people are faring. While *Snapshot* also reports on the wellbeing of the most vulnerable children in society, the Commission's other reports explore these matters in greater detail, including the *Child Guardian Report*, the *Deaths of Children and Young People Annual Report*, and the *Views of Children and Young People in Foster Care*, *Views of Young People in Residential Care*, and *Views of Young People in Detention Centres*.

Snapshot 2010 demonstrates that while we cannot be complacent, generally our young people are travelling well. Our community is generally safe and provides young people with a range of educational and developmental opportunities. Too many young people, however are the victims of crime, experience physical and emotional abuse and neglect, or have become homeless or transient after escaping conflict at home. Fewer young people are completing secondary school with the requisite qualifications to pursue further education, and there is still room for improvement in the areas of educational performance.

The community shares concerns relating to youth crime rates, obesity, drug and alcohol misuse and issues associated with increased access to technology. Educational retention and literacy and numeracy levels are improving, however this benefit is not shared by all, and, in particular, Indigenous children and children in out-of-home care often experience poorer outcomes. Positive engagement with school and learning must be seen as core elements in making positive change given their potential to improve present and future wellbeing.

Indigenous children continue to experience high levels of disadvantage in health and wellbeing, and the recent state and national focus on *closing the gap* needs sustained and prolonged efforts across the community and all levels of government to make the major shifts that are essential to lift their quality of life to that expected by all Australians.

As parents, community members and those entrusted with program delivery and oversight roles, we need to continue to listen carefully to what our young people are saying about their concerns. The Commission's biennial surveys of all children in foster care, residential facilities and detention and the work we do to consult with children on issues, such as bullying and violence, tell us that children have strong and valid views about what they need and what works for them, and what does not. Some concerns children continue to raise are the quality of their relationships with families and peers, managing their emotional and behavioural responses and dealing with mental health issues.

Investing wisely in developmental activities and support programs and building communities that support children and young people and their families where it is most needed is an ongoing and necessary long term investment for our state. In summary, we need to learn from the facts, be serious about engaging with young people, value their opinions and commit to giving them the best opportunities we can to help them reach their potential and live healthy and fulfilling lives.

Elizabeth Fraser
Commissioner for Children and Young People and Child Guardian

Summary

Snapshot 2010 presents current data on a range of issues that converge to provide an extensive population-level profile of the safety and wellbeing of children and young people in Queensland. By reporting annually, *Snapshot* highlights improvements over time, as well as areas where more needs to be done.

Snapshot features the most recent and reliable information available, derived from a range of respected sources. While much of the data presented are publically available, the strength of *Snapshot* is the collation of relevant information on the key domains of health and wellbeing, and the key issues affecting children and young people, particularly the most vulnerable in our society. *Snapshot* continues to evolve through the inclusion of emergent issues where new data collections become available.

Throughout the report, population-level statistics on health and wellbeing are provided for Queensland, as well as for the Queensland Indigenous population and other relevant sub-groups where appropriate.

By reporting annually, *Snapshot* enables the Commission to monitor key indicators of children and young people's wellbeing. This allows the reader to observe changes over time, with improvements and areas needing more work highlighted as appropriate.

The early years

Early childhood is a time of critical importance in a child's development. Giving children the best start in life begins in the perinatal period, where expectant mothers' behaviour in terms of smoking tobacco and drinking alcohol can have short and long-term consequences for children, such as premature births, complications at birth and foetal alcohol syndrome (FAS). FAS, which is difficult to diagnose but can lead to significant developmental delay, appears to be more prevalent among Indigenous children.

Infant mortality rates have continued to decrease in recent years, with Indigenous rates still higher than Queensland rates (8.3 and 5.1 deaths per 1000 live births respectively). Although continuing to be the leading cause of post-neonatal deaths, sudden infant death syndrome (SIDS) deaths have decreased over the past decade.

Only a small proportion of babies in Queensland are exclusively breastfed for the recommended 6 months. Indigenous babies, particularly those in remote areas, are more likely to be breastfed and for longer. A new national strategy highlighting the health benefits of breastfeeding is currently underway.

In the first 12 months of life, the vast majority of children in Queensland are fully vaccinated according to the national immunisation schedule.

Children in the first year of life are at increased risk of physical harm and neglect, compared with children and young people of other ages. Rates of substantiated harm for infants for these harm types are approximately three times greater than for any other age group. In particular, there has been an increasing number of children aged 0–4 placed in out-of-home care, with the number increasing almost four fold in the past decade.

While the majority of children in their first year of formal schooling are making good progress, almost one-third were developmentally vulnerable on at least one of the domains (e.g. social competence, emotional maturity, language and cognitive skills) of the Australian Early Development Index (AEDI).

Family and community

Record numbers of births were registered in Queensland in 2007 and 2008. Changes to the registration process as well as an increase in the actual number of babies born contributed to these increases. In line with the increases in births registered, there were increases in the all-age and teenage fertility rates. The Indigenous teenage fertility rate remains more than three times the all Queensland teenage fertility rate.

The age profile of Aboriginal and Torres Strait Islander Queenslanders varies from the general Queensland population, with nearly one-half (44.2%) of the Indigenous population aged 0–17 years, compared with one-quarter (24.3%) of the total Queensland population. The ageing population, due to increased life expectancy and lower fertility rates, means that by 2056 it is projected that just one-fifth of the Queensland population will be aged under 18 years.

The traditional family structure is evolving in Queensland and Australia, with now more than two-fifths of babies born to parents who are not married. Furthermore, divorces affect about 1% of children each year in Queensland, with one-in-five children aged under 15 years living in single-parent households.

While only a small proportion of Aboriginal and Torres Strait Islander children speak an Indigenous language as their main language, almost one-third speak an Indigenous language to some extent.

Young people are experiencing homelessness at concerning rates in Queensland, despite recent decreases in the number of homeless high school students and young clients using Supported Accommodation Assistance Program (SAAP) services (an estimated 11 homeless young people aged 11–18 per 1000 population). Significant proportions of the homeless young people had been living in step or blended families or in out-of-home care prior to becoming homeless.

Health and safety

The majority of young people in Queensland now have access to the internet and use mobile phones. With it, the problem of cyber bullying is emerging, with up to one in five reporting being the victim of this new phenomenon. Victims of cyber bullying can experience psychological distress, low self-esteem, poor school attendance and performance, and suicidal thoughts and behaviours.

While the proportions of young people reportedly using tobacco, alcohol and illicit drugs have been declining over the past decade, a worrying proportion are engaging in risky drinking behaviours. The Commonwealth Government's commitment to reducing harmful affects from alcohol continues through the National Binge Drinking Strategy. The increased tax on pre-mixed alcoholic beverages (alcopops), a popular drinking choice among young people, is seen as an important first step in minimising the risky drinking behaviours inherent in the culture of young Australians.

Most senior secondary students are reportedly sexually active, with the proportions who have engaged in sexual intercourse increasing in the past six years. While most sexually active young people take the appropriate precautions, significant proportions engage in unsafe sexual activity while almost one-third reported unwanted sex, usually as a result of pressure from a partner or being too drunk.

Approximately one in five young Queenslanders are overweight and one in twenty obese, with many children and young people engaging in screen-based entertainment activities (e.g. watching television, playing computer games) above the recommended daily guideline of two hours per day. The obesity problem is set to continue while children are not eating the recommended daily serves of fruit and vegetables, and not participating in physical activity outside of school.

Within the child protection system there have been continued reductions in the numbers of notifications and substantiations of harm or neglect. Reported rates have fallen for all types of harm, but this may be related to policy and process changes rather than actual reductions in the incidence of child abuse. Despite fewer substantiations of harm being made each year, the number of children and young people on protective orders and in out-of-home care continues to rise. The number of children in out-of-home care has more than doubled in the seven years from 2002.

Long-term consequences of child abuse and neglect can include:
- feelings of isolation and an inability to trust
- poor educational outcomes through low levels of attendance and academic achievement
- poor physical health
- impaired brain development
- depression, anxiety and suicidal thoughts and behaviours
- increased likelihood of involvement in crime as a youth and an adult
- increased likelihood of engaging in risk-taking behaviours such as smoking drinking, unprotected sex, and
- abusive behaviours.

Mortality rates for children and young people aged 1–17 years are lower now than they were 15 years ago. Deaths due to transport incidents are still a leading cause of death, with males dying at greater rates even though there has been an increase in transport-related deaths among young females in recent years.

Children and young people requiring out-of-home care

The number of children and young people requiring out-of-home care is increasing, despite continued reductions in the number of cases of substantiated harm or neglect. Many children in out-of-home care struggle academically, which can impact on future education, training and employment opportunities.

Children living in out-of-home care also have higher than expected self-reported use of attention deficit hyperactivity disorder (ADHD) medications, compared with the general population.

The majority of children and young people who participated in the Commission's *Views of Children and Young People in Foster Care, Queensland, 2010* (*n* = 2727) and *Views of Young People in Residential Care, Queensland, 2009* (*n* = 221) reported being happy in their current placement, and feeling safe and well treated.

The Commission advocates that child protection reforms continue to:

- strengthen targeted and early intervention support for families, children and young people in order to address risk factors and possibly divert children and young people from requiring child protection services
- strengthen education and therapeutic supports for children and young people who need out-of-home care
- improve placement stability to reduce the negative effects of disruptions in schooling and poor attachments with carers
- consider children's and young people's views during decision-making and facilitate participation that is appropriate to their age and development
- provide appropriate supports for young people transitioning from care, and
- strengthen the capacity for systemic monitoring to provide early alerts of system vulnerabilities.

The *Helping Out Families* initiative, which is being piloted across three areas of south-east Queensland, aims to provide intensive case management services to children and families at risk of entering the statutory child protection system.

Aboriginal and Torres Strait Islander children and young people

Queensland's Aboriginal and Torres Strait Islander children and young people continue to experience significant disadvantage across a range of areas, beginning at childbirth. This ongoing disadvantage manifests in comparative poor outcomes in terms of health, education, safety and social development.

Indigenous disadvantage is measurable in the following examples:

- Indigenous perinatal and infant mortality rates are higher than those of the general Queensland population
- Indigenous babies are more likely to be born prematurely and have a low birthweight
- foetal alcohol syndrome is more prevalent in Indigenous children than other children
- Indigenous mothers are more likely to smoke tobacco during pregnancy than non-Indigenous mothers
- teenage fertility rates in the Indigenous population are about three times higher than the Queensland average
- mortality rates for Indigenous children aged 1–17 years are about two times higher than the state rates
- the suicide rate for Indigenous young people is about three to five times higher than the rate for non-Indigenous young people
- Indigenous children are more likely to be affected by hearing loss and to have poorer dental health than their non-Indigenous peers
- Indigenous children and young people are more likely to be subject to substantiated harm or neglect
- Aboriginal and Torres Strait Islander children and young people are more than five times more likely to be in out-of-home care than the general Queensland population of children and young people
- fewer Indigenous children and young people achieve the national minimum standards in literacy and numeracy across all year levels in the National Assessment Program – Literacy and Numeracy
- just over half of Indigenous children continue school until Year 12 and they are less likely to be eligible for an Overall Position (OP) score, and
- Indigenous young people are 25 times more likely to be in youth detention than non-Indigenous young people.

Closing the Gap, the Council of Australian Governments (COAG) approach to reducing disadvantage among Indigenous Australians, is in its second year, with initiatives established at the local, state and national level.

Influencing positive change

Some important state and national initiatives which are aimed at improving children's safety, wellbeing, life chances and outcomes, and which are referred to in detail in the following chapters are:

- *The National Early Childhood Education and Care Reform Agenda*
- *The National Kindergarten–Year 12 Curriculum*
- *The National Child Protection Framework*
- *The Road Home: A national response to homelessness*
- *Closing the Gap*
- *The National Indigenous Education Plan*
- *Flying Start for Queensland Children*
- *Queensland Schools Alliance Against Violence*
- *Helping Out Families*
- *The Cape York Welfare Reform Trial*
- *The Family Responsibilities Commission*, and
- *Pre-Prep in Indigenous Communities*.

The Commission's role

The Commission for Children and Young People and Child Guardian has a legislated responsibility to promote and protect the rights, interests and wellbeing of all Queensland children and young people under 18 years of age. The Commission is active in supporting and strengthening the Queensland Government's whole-of-government approach to improved child safety through:

- administering the blue card system which requires essential and developmentally focussed service providers to implement risk-management and screening provisions – for example, in foster care and residential and respite centres
- engaging with children and young people on their views on a range of matters including bullying and violence, to enable their views to inform our advocacy and research activities
- maintaining a register of the deaths of all children and young people in Queensland from January 2001, while reviewing the causes and patterns of these deaths
- consulting with key stakeholders to guide the development of youth suicide prevention strategies under the *Reducing Youth Suicide in Queensland* project
- chairing the independently appointed, community-represented Child Death Case Review Committee and publishing its annual report, which reviews the adequacy of services provided to children who died and were known to the child safety system in the three years before their death
- regularly visiting over 7000 children and young people living in foster care and other care locations across Queensland through the Community Visitor Program, to monitor their safety and their access to appropriate services
- having an enhanced capacity to monitor and report on outcomes experienced by children and young people in care through the new information management system 'Jigsaw'
- resolving complaints relating to children and young people in the child protection and youth justice systems and where necessary, investigating serious or systemic issues
- responding to serious matters where a child or young person is at risk of harm or a victim of a criminal offence, and referring these matters to the relevant agencies for their action
- surveying (on an alternating biennial basis) the views of children and young people in foster care, residential care and in detention centres to build an evidence base for reporting and advocating on systemic issues
- participating in the interdepartmental Child Safety Directors Network and active engagement in progressing the network's agenda
- monitoring the effectiveness of the child safety system from the perspective of the children who receive its services, based on the Child Guardian Key Outcome Indicator framework
- conducting an audit of young people in out-of-home care who have self-placed to accommodation arrangements; this audit seeks to improve the outcomes for young people by determining the reasons they have self-placed and identifying themes and trends in service delivery problems for these young people, and
- providing an independent report back to service providers during the year in relation to the implementation of case plans, child health passports, education support plans and placement decision-making through the *Mandatory and Essential Services Audit 2010*.

1 Introduction

Snapshot 2010 is the eighth report in the Commission's *Snapshot* series which explores the safety and wellbeing of children and young people in Queensland. This report draws together data from a range of sources to provide a comprehensive and contemporary illustration of how Queensland's children and young people are faring.

By reporting annually, *Snapshot* is able to highlight any changes over time through an ever expanding time series of key measures. Where available, data are reported in ten-year time series, with this series extended to 15 years for child deaths where significant changes are more likely to take longer to be revealed due to the relatively small numbers of deaths recorded, particularly by specific causes such as suicide and drowning.

Snapshot utilises data from a range of sources, however not all of the information that features in the report is updated annually by the data owners (for example, Census data, health surveys and drug use surveys). To ensure continuity of the report's "stand alone" capacity, information from previous *Snapshot* reports is repeated where updated data are not available and the information is still relevant.

The coverage of *Snapshot* expands yearly as new data become available or emerging issues are identified. Included for the first time in this year's *Snapshot* report are topics such as informal learning in early childhood, maternal smoking behaviour, mobile phone use, and violence and safety. Where Queensland data are not available for a specific topic, national data are substituted where appropriate.

Data considerations

Throughout *Snapshot*, data are reported in several ways: as raw numbers, proportions and age-standardised population rates. Rates (for example per 100,000 population) reported throughout this publication may vary slightly from those published in other releases due to variances in base population figures used by respective agencies. For data from a calendar year, most agencies, including the Commission, will use mid-year (30 June) Estimated Resident Population figures as released by the Australian Bureau of Statistics. However, for annual reporting data spanning 1 July to 30 June, rates reported in *Snapshot* use an average of the mid-year population figures for both calendar years. For example, the average of 30 June 2008 and 30 June 2009 population figures are used to calculate the 2008–09 population. Other agencies, including the Department of Communities (Child Safety Services) generally use the population figures from the earlier year to calculate rates.

Estimated Resident Population figures in the publication *Population by Age and Sex* are released annually and include updates of previous year's estimates which may have a minor impact on population figures used and rates derived.

Furthermore, the ABS *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021* was released in 2009, which provided updated Indigenous population estimates and projections based on Census 2006 data. These data vary from previous projections generated from earlier Census releases. As a result, rates referring to Indigenous Queensland children and young people may be affected by the new data and may not match rates reported in other publications or in previous *Snapshot* releases.

Snapshot is structured in chapters that focus on specific data categories, summarise the available data, and discuss relevant trends or issues evident in the data. Each chapter should be considered to be "stand alone". Because of the nature of the monitoring and reporting in this document, some data may be repeated in several chapters, especially in view of the three summary chapters that now feature in the report: "Key statistics", "Age cohorts" and "Aboriginal and Torres Strait Islander wellbeing". The specific chapters included in *Snapshot 2010* are summarised below.

Key statistics

Chapter 2 provides indicators of the health and wellbeing of children and young people in the form of tables on population and families; mortality; health; child abuse; child care and education; and crime, drug use and homelessness. These tables provide 10-year time series of the specific indicators, giving the reader an indication of changes over time. Where available, comparisons between the general Queensland population of children and young people and Indigenous children and young people are included. In addition, tables also include the most recent national-level data as a base comparison.

Age cohorts

Chapter 3 looks at the specific measures and indicators for children and young people in different age cohorts. The age groups of interest reported in this chapter are infants (0–1 year), 1–4 years, 5–9 years, 10–14 years and 15–17 years.

Population

Chapter 4 uses information from Australian Bureau of Statistics (ABS) estimates and projections of resident populations to provide a demographic snapshot of children and young people in Queensland, covering various age profiles and Indigeneity. Refugees and other children born overseas are also featured, as are children who speak languages other than English at home.

Family

Chapter 5 features information drawn from the ABS Births publication, which covers the number of live births, fertility rates, Indigenous status of parents and age of parents. In addition, information about family types and size are included along with information on adoptions and divorces in Queensland.

Health

This chapter features data from a range of periodically released surveys covering a range of health issues affecting children and young people, such as oral health and weight. The Queensland Perinatal Data Collection and other data sources provide information on infancy, including risk factors such as complications at birth, maternal smoking, low birthweight, and protective factors such as immunisation and breastfeeding. Data provided by Queensland Health capture annual changes in hospitalisations, hospital waiting lists and sexually transmissible infections.

Lifestyle and social issues

Chapter 7 covers a range of topics which relate to the lifestyle and social issues affecting children and young people. Topics include nutrition, sedentary and physical activities, internet access, employment, and tobacco, alcohol and illicit drug use. Reported for the first time in *Snapshot 2010* is mobile phone use, while updated information on sexual behaviours of young people is also included. This chapter features extensive information on cyber bullying and risky drinking behaviours of Queensland's young people. The extent of homelessness among young people is also examined, as well as the Australian Government's response to reducing homelessness.

Deaths

Chapter 8 uses the Commission's own data on child deaths and summarises issues explored in more depth in the *Deaths of Children and Young People Annual Report* series. This chapter considers trends in mortality rates by age and Indigenous status, and the leading causes of death in children and young people, particularly from external causes such as drowning, transport accidents and suicide.

Child protection

Chapter 9 summarises the child protection concerns arising in Queensland and the State and Commonwealth Government's responses, including the national child protection framework and the introduction of the Helping Out Families initiative in Queensland to address risk and reduce the need for children to enter the statutory child protection system. Statistics for this chapter predominantly come from published and unpublished data from the Department of Communities' (Child Safety Services) administrative data collection. Information contained in this chapter includes investigations and substantiations of harm and neglect, characteristics of children and families within the child protection system as well as the use of protective orders and out-of-home care, and a range of outcomes for children in the child protection system. Results from the Commission's latest *Views of Young People in Foster* survey, which provides valuable insights into children and young people's experiences in foster care, are also featured.

Early childhood education and care

Chapter 10 describes the recent early childhood reforms at the national and Queensland level. The recent release of the ABS Childhood Education and Care publication provides the majority of the data featured in this chapter, including formal and informal child care arrangements, time spent in child care, and parental work in relation to child care. Informal learning is included for the first time in *Snapshot 2010* as are the results from the first nation-wide rollout of the Australian Early Development Index.

Education

Chapter 11 provides an overview of recent education and training reforms, including the proposed national curriculum for all school students and the Queensland Government's Flying Start initiative. Data featured in this chapter are derived from several sources and include statistics on enrolments, participation and retention to Year 12, completion of Year 12, vocational education and training (VET), and disciplinary absences from school due to suspensions and exclusion. Test scores from the second National Assessment Program – Literacy and Numeracy show the proportions of children in Years 3, 5, 7 and 9 in Queensland meeting the national minimum standards for literacy and numeracy.

Crime and justice

Chapter 12 collates police and justice statistics on victimisation and youth offending. Outcomes for youth offenders, including youth justice conferences are also discussed. The topic of violence and safety is introduced in *Snapshot 2010*. This chapter also contains information about young people in youth detention and 17 year olds in adult prisons.

Aboriginal and Torres Strait Islander wellbeing

Chapter 13 focuses on the continued disadvantage of Aboriginal and Torres Strait Islander children and young people in Queensland and draws together relevant data reported in other chapters of *Snapshot 2010*. Indigenous disadvantage in the areas of health, mortality and education are discussed, as well as the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection and youth justice systems. Updates on the Closing the Gap initiative and the Cape York Welfare Reform trial are also featured in this chapter.

The final chapter of this report provides a summary of key messages, and also looks at some initiatives and strategies designed to improve the health and wellbeing of children and young people.

2 Key statistics

The following tables provide recent information on key indicators of health and wellbeing of children and young people in Queensland, grouped by population and families; mortality; health; child abuse; child care and education; and crime, drug use and homelessness.

In some instances, alternative indicators to those used in the body of the report have been included in these tables to allow comparison with national levels, or because a longer time series was available and is likely to continue to be available.

The information in tables usually relates to children and young people aged under 18, although for some indicators the information relates to those aged under 20. In these instances, the ages are noted in the footnotes of the relative tables.

A guide to using the tables can be found in the “Notes” box below.

Notes

Caution should be exercised in interpreting the statistics in these tables. Some apparent change over time may be the result of improvements in data collection or changes in definitions or administrative processes. Data limitations may be discussed further in the source documents.

Data are usually in the form of age-standardised population rates, with “per population” rates calculated as a proportion of the relevant population group (usually age, sex, or Indigenous group).

Due to revisions of estimated and projected population figures, rates reported in these tables for previous years may vary slightly from those published in earlier *Snapshot* reports.

The term “Indigenous” is used interchangeably with “Aboriginal and Torres Strait Islander” in the tables and throughout the report.

In general, there may be problems of data quality for Indigenous statistics. Although the Indigenous identifier is increasingly used in administrative data collections, the level of completeness and accuracy of these data is often sensitive to the context within which it is collected and the quality of both may be less than optimal.

Population and family statistics

Table 2.1 provides a summary of statistics on population and families for children and young people in Queensland. The key points to note from the table are:

- Aboriginal and Torres Strait Islander children and young people aged 0–17 years make up a much greater proportion of the Indigenous population than the general 0–17 year old population does of the overall Queensland population (44.2% and 24.3% in 2009). The proportion of children and young people in both the Queensland and Indigenous populations has been decreasing over the past decade, reflective of the ageing population.
- In 2009, 6.5% of 0–17 year olds in Queensland were Indigenous, compared with the Australian average of 4.7%.
- The sharp increases in total and teenage fertility rates seen in 2007, due to process changes and actual increases in births, were maintained in 2008 for Indigenous and all Queensland women. The Indigenous teenage fertility rate is still more than three times higher than the Queensland average.
- About one in 25 (4.1%) children living in couple families in Queensland had no parent employed in 2008, which is almost half the proportion from a decade earlier.

Table 2.1 Population and family statistics

Topic/Indicator	Queensland 2000 to 2009										*Australia*
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Population (per cent)											***2009***
Population aged under 18 – of all population[a]	25.8	25.6	25.3	25.0	24.7	24.6	24.6	24.5	24.4	24.3	*23.1*
Indigenous population aged under 18 – of all Indigenous population[b]	47.2	47.3	47.0	46.7	46.7	46.3	45.7	45.3	44.8	44.2	*42.7*
Indigenous population (per cent)											***2009***
Indigenous population aged under 18 – of all population under 18 years[b]	na	6.2	6.3	6.3	6.3	6.3	6.3	6.6	6.5	6.5	*4.7*
Single-parent families (per cent)											***2008***
Children aged under 15 living in single-parent families – of all children under 15 years[c]	19.0	21.5	22.6	20.4	22.6	19.1	19.3	19.8	21.4	na	*18.2*
Total fertility rate[d]											***2008***
All women[e]	1.791	1.795	1.782	1.770	1.801	1.832	1.833	2.095	2.100	na	*1.969*
Indigenous women[e]	2.316	2.217	2.332	2.208	2.083	2.210	2.044	2.674	2.728	na	*2.515*
Teenage fertility rate (births per 1000 females 15–19)											***2008***
Teenage fertility rate[e]	22.7	22.5	22.3	21.6	21.7	20.5	19.7	23.0	24.7	na	*17.3*
Indigenous teenage fertility rate[e]	75.6	74.2	74.6	76.0	67.8	66.7	60.9	73.6	77.1	na	*75.2*
Jobless parents (per cent)											***2009***
Couple families with children aged under 15 where neither parent is employed – of all couples with children under 15 years[c]	7.9	8.9	7.9	7.1	6.0	5.1	5.7	4.1	4.1	na	*4.3*
Single-parent families with children aged under 15 where parent is not employed – of all single-parent families with children under 15 years[c]	52.6	52.1	57.3	54.8	52.5	52.6	41.6	38.8	40.4	na	*41.1*

Notes and sources:

na Not available.

a. ABS, *Population by Age and Sex, Australian States and Territories*, cat. no. 3201.0.

b. Based on experimental estimates of residential populations. OESR, *Experimental Estimated Resident Population by Indigenous Status*; ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0.

c. ABS, *Australian Social Trends*, cat. no. 4102.0.

d. Total fertility rate refers to the total number of babies a female could bear during a lifetime if she experienced current age-specific fertility rates at each age of her reproductive life.

e. ABS, *Births, Australia*, cat. no. 3301.0.

Mortality statistics

Table 2.2 shows key statistics relating to mortality among children and young people in Queensland. The key points are:

- Neonatal, post-neonatal and infant mortality rates have declined slightly over the past decade.
- The Indigenous infant mortality rate is higher than the general Queensland infant mortality rate (8.3 and 5.1 per 1000 live births respectively). For age groups older than one year, the mortality rate in the Indigenous population is approximately two-times that of the general Queensland population (37.9 and 19.0 per 100,000).
- Mortality rates due to Sudden Infant Death Syndrome (SIDS) in 2006–2008 were approximately half those reported a decade earlier. A number of factors have contributed to this decrease, including increased public awareness of SIDS risk factors and improvements in autopsies to identify underlying medical (non-SIDS) causes of death.
- The death rate due to drowning for children aged 0–4 years in 2007–2009 was 3.6 per 100,000 which was lower than a decade earlier.
- Transport-related mortality rates for young people aged 15–17 years have been declining over the past decade. In 2007–2009, the transport mortality rate was 12.0 per 100,000 – a ten-year low.
- Suicide mortality rates for males decreased in 2007–2009, but were approximately two-times higher than recorded five years earlier. However, the inclusion of deaths that were classified as 'suspected suicides' in the Commission's *Child Death Register* from 2004 onwards may have contributed to the recent apparent increases in rates.

Health statistics

Information on key health statistics is limited, with measures of many indicators not collected systematically or with regularity. Table 2.3 highlights the key summary statistics on health for children and young people in Queensland. The key points from the available data are:

- Aboriginal and Torres Strait Islander babies are more likely to be born prematurely and with a low birthweight, in comparison with the Queensland figures. Lower proportions of Indigenous Queensland babies are born prematurely and with low birthweight than Indigenous babies nationally.
- 81.4% of Queensland children were fully vaccinated at 5 years old in 2008.
- Over one-half (54.6%) of all babies are exclusively breastfed at 2 months, with this proportion dropping to 13.3% by 5 months. This falls short of the recommended guideline of exclusive breastfeeding for all babies in the first 6 months of life, before introducing solid foods.

Table 2.2 Mortality statistics

Topic/Indicator	Queensland 1998–2000 to 2007–2009[a]										Australia[b]
	1998–2000	1999–2001	2000–2002	2001–2003	2002–2004	2003–2005	2004–2006	2005–2007	2006–2008	2007–2009	
Neonatal & infant mortality (per 1000 live births)											***2007***
Neonatal mortality[c] rate	4.0	3.9	4.0	3.6	3.5	3.5	3.8	3.7	3.5	na	*3.1*
Post-neonatal mortality[d] rate	2.1	2.1	2.0	1.7	1.7	1.5	1.7	1.6	1.6	na	*1.2*
Infant mortality[e] rate	6.1	6.0	5.9	5.4	5.2	5.0	5.4	5.3	5.1	na	*4.2*
Indigenous infant mortality[e] rate	na	na	11.4	11.0	10.4	10.9	11.8	9.7	8.3	na	*na*
Children and young people mortality (per 100,000 population)											
Children and young people 1–17	24.6	23.6	22.2	21.0	20.0	18.6	18.6	18.6	19.1	19.0	*na*
Indigenous children and young people 1–17	na	na	43.8	42.6	40.0	35.6	36.2	34.8	38.4	37.9	*na*
SIDS & Undetermined causes (per1000 live births)											***2006***
SIDS infant mortality rate[f]	0.7	0.7	0.6	0.4	0.3	0.4	0.4	0.3	0.3	na	*0.2*
Infant mortality rate, cause undetermined[f]	0.1	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	na	*na*
Drowning deaths (per 100,000 population)											
Drowning mortality rate children 0–4 years	6.3	6.3	5.3	3.5	3.3	3.0	4.9	4.6	4.3	3.6	*na*
Transport deaths (per 100,000 population)											
Transport-related mortality rate children 5–14	3.1	2.9	3.1	3.1	2.9	2.1	1.7	2.0	2.6	2.8	*na*
Transport-related mortality rate persons 15–17	14.7	16.3	15.3	14.5	14.0	13.3	13.2	12.8	12.9	12.0	*na*
Youth suicide (per 100,000 population)											
Suicide mortality rate males 15–17[g]	13.1	10.9	11.2	8.2	5.7	4.4	6.2	10.1	11.3	10.8	*na*
Suicide mortality rate females 15–17[g]	5.8	4.4	5.2	4.3	4.7	4.6	4.9	4.4	5.8	5.3	*na*

Notes and sources:

na Not available.
SIDS Sudden infant death syndrome.
a. Years stated refer to three-year rolling averages. OESR, *Deaths Collection* (for deaths in the years 2003); CCYPCG, *Queensland Child Death Register* (for deaths in the years after 2003).
b. ABS, *Deaths, Australia*, cat. no. 3302.0.
c. Deaths under 4 weeks of age.
d. Deaths between 4 weeks and under 1 year of age.
e. Deaths under 1 year of age.
f. Based on ICD-10 codes R95 for SIDS deaths and R96–99 for deaths, cause undetermined.
g. Suicide rates are likely to be underestimated, particularly prior to 2004 – see Chapter 8.

Table 2.3 Health statistics

Topic/Indicator	Queensland 1999 to 2008										Australia
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	
Juvenile diabetes (per 100,000 population)											***2007***
New cases of Type 1 diabetes among children 0–14[a]	na	19.9	22.7	21.3	25.9	25.2	23.5	23.2	26.0	na	*24.2*
Low birthweight (per cent)											***2007***
Babies born weighing less than 2500g – of all babies[b]	6.7	7.1	6.8	7.2	6.9	7.1	6.5	7.3	6.8	6.8	*6.2*[c]
Indigenous babies born weighing less than 2500g – of all Indigenous babies[b]	11.1	12.8	12.0	12.7	12.1	12.1	11.4	11.6	10.7	10.9	*12.5*[c]
Premature births (per cent)											***2007***
Babies born before 37 weeks gestation – of all babies[b]	8.0	8.4	8.2	8.6	8.5	8.6	8.1	9.0	8.7	8.6	*8.1*[c]
Indigenous babies born before 37 weeks gestation – of all Indigenous babies[b]	12.2	13.8	12.3	12.3	13.2	13.5	13.5	12.7	12.5	11.7	*13.7*[c]
Immunisation (per cent)											***2008***
Children fully immunised at 6 years of age – of all children 6 years of age[d]	na	na	na	82.9	83.6	81.6	81.4	87.6	87.6	na	*na*
Children fully immunised at 5 years of age – of all children 5 years of age[d]	na	na	na	na	na	na	na	na	na	81.4	*79.0*
Exclusive breastfeeding (per cent)											
Babies breastfed exclusively at 2 months – of all babies at 2 months[e]	na	na	na	na	45.2	na	na	na	38.1	54.6	*na*
Babies breastfed exclusively at 5 months – of all babies at 5 months[e]	na	na	na	na	3.1	na	na	na	9.5	13.3	*na*

Notes and sources:

na Not available.

a. AIHW, *Insulin-treated Diabetes in Australia 2000–2007*, cat. no. CVD 45.

b. Queensland Health, *Perinatal Data Collection*.

c. AIHW, *Australia's Mothers and Babies*, Perinatal Statistics Series. Cat. no. PER 48.

d. As at 31 December. From March 2008, National Immunisation Coverage for 6 year olds has been replaced by coverage for 5 year olds. Medicare Australia, *Australian Childhood Immunisation Register*. www.medicareaustralia.gov.au/providers/health_statistics/statistical_reporting/acir.htm.

e. Queensland Health, *Infant and Child Nutrition in Queensland 2003;* Queensland Health, *Infant Nutrition Project 2006–07*; Queensland Health, *Infant Nutrition Survey 2008*

Child abuse statistics

Despite recent decreases in some key measures of child abuse from child protection service data, the rates are still much higher than recorded a decade ago. However, recent changes in processes and data collection are likely to have affected the key measures, making it difficult to interpret the trends. In addition, increased community awareness about child abuse and neglect and a greater preparedness to report are also likely to have contributed to an increase in notifications and child concern reports.

From the data presented in Table 2.4:

- The rate of Queensland children in out-of-home care continues to increase and is now more than twice the rate witnessed in 2000 (6.6 per 1000 in 2009, compared with 2.9 per 1000 in 2000).
- The rate of Indigenous children in out-of-home care has increased more than three-fold in the past decade, from 10.4 per 1000 in 2000 to 35.9 per 1000 in 2009.
- The rate of children and young people on protective orders was up from 6.7 per 1000 at 30 June 2008 to 7.4 per 1000 at the same date in 2009.
- Although Indigenous rates for substantiated abuse, being on protective orders and living in out-of-home care were lower in Queensland than the Australian average, Indigenous children were on protective orders and in out-of-home care at rates more than five times the rate for the general Queensland population. Similarly, Indigenous rates for substantiated abuse were four times higher than the general Queensland rates.

Child care and education statistics

Table 2.5 provides summary statistics on child care and education. The key points from the data are:

- More than one-third (36.5%) of all children under 3 used formal care in the survey reference week in 2008.
- One-half (50.0%) of mothers with children aged 0–4 years in Queensland were participating in the labour force in 2009.
- The apparent retention rate through high school was higher in Queensland than the national average in 2009 (79.4% and 75.9% respectively). Apparent retention rates are calculated from full-time enrolments in the cohort’s first year and again in the last year of high school. These rates should be used with caution because factors such as repeating or skipping a year of education, migration and other net changes to school population can affect calculations. Further, retention rates measure commencement rather than completion of Year 12.
- In 2009, apparent retention rates in Queensland were higher for females than males (83.1% and 76.1% respectively).
- Apparent retention rates to Year 12 for Indigenous students have been improving in recent years, but they dropped in Queensland in 2009 (from 61.3% in 2008 to 58.0% in 2009). Indigenous retention rates in Queensland are however higher than reported at the national level (45.4%).
- Results from the 2009 National Assessment Program – Literacy and Numeracy testing reveal that the proportions of Year 5 students reaching the national reading and numeracy standards improved from 2008 to 2009. However, these proportions were still lower than the national figures.
- The proportions of Indigenous students in Year 5 meeting the national minimum standards for reading and numeracy also improved in 2009, but were still lower than for other students.

Table 2.4 Child abuse statistics

Topic/Indicator	Queensland 2000 to 2009										*Australia*
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Substantiated abuse (per 1000 population)											***2009***
Children 0–16 with substantiated abuse or neglect[a]	5.6	7.3	8.3	10.1	14.0	14.1	10.9	9.2	7.5	6.6	*6.9*
Indigenous children 0–16 with substantiated abuse or neglect[a]	9.3	12.4	14.3	15.6	20.8	20.4	23.0	29.2	27.1	27.0	*37.7*
Protective orders (per 1000 population)											***2009***
Children 0–17 on protective orders[b]	4.0	3.9	4.0	4.3	5.1	5.9	6.4	6.2	6.7	7.4	*7.0*
Indigenous children 0–17 on protective orders[b]	15.1	13.9	15.0	16.0	18.9	20.6	25.2	28.4	32.4	39.3	*43.8*
Out-of-home care (per 1000 population)											***2009***
Children 0–17 in out-of-home care[b]	2.9	3.3	3.5	4.0	4.6	5.7	6.1	5.8	6.4	6.6	*6.7*
Indigenous children 0–17 in out-of-home care[b]	10.4	11.0	12.0	13.6	15.8	19.6	22.6	26.0	30.5	35.9	*44.8*
Abuse in out-of-home care (per cent)											***2009***
Children in out-of-home care with substantiated abuse or neglect (from household member) – of all children in out-of-home care[c]	na	na	na	na	na	na	na	na	2.0	2.4	*0.6*

Notes and sources:

na Not available.

a. Year refers to 12 months ending 30 June. AIHW, *Child Protection Australia*; Productivity Commission, *Report on Government Services* (various).

b. As at 30 June. AIHW, *Child Protection Australia*; Productivity Commission, *Report on Government Services* (various); ABS, *Population by Age and Sex*, cat. no. 3201.0; ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians 2006 to 2021*, cat. no. 3238.0.

c. Includes harm which occurred prior to the period, but was notified and substantiated during the period.

Table 2.5 Child care and education statistics

Topic/Indicator	Queensland 2000 to 2009										*Australia*
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Child care (per cent)											***2008***
Children under 3 using formal child care – of all children under 3[a]	na	na	29.7	na	na	36.9	na	na	36.5	na	*30.3*
Children 3–4 using formal child care (excluding preschool) – of all children 3–4[a]	na	na	48.7	na	na	53.7	na	na	49.5	na	*43.2*
Median weekly hours of care received by children aged under 3 – formal and informal care combined[b]	na	na	16 hours	na	na	16 hours	na	na	23 hours	na	*15 hours*
Median weekly hours of care received by children aged 3–4 – formal and informal care combined[b]	na	na	18 hours	na	na	18 hours	na	na	29 hours	na	*15 hours*
Working mothers (per cent)											***2009***
Labour force participation rate of mothers with children 0–4 – of all mothers with children 0–4[b]	48.4	50.7	50.1	52.3	47.3	54.1	52.6	53.3	53.1	50.0	*51.3*
Retention to Year 12 (per cent)											***2009***
Year 12 apparent retention rate[c]	77.3	79.0	81.3	81.5	81.2	79.9	78.8	78.5	78.1	79.6	*76.0*
Year 12 apparent retention rate – Indigenous[c]	52.3	52.1	55.9	55.9	56.7	54.1	54.3	56.5	61.3	58.0	*45.4*
Year 12 apparent retention rate – males[c]	72.4	74.9	77.4	77.6	77.0	75.3	74.0	73.9	73.1	76.1	*70.8*
Year 12 apparent retention rate – females[c]	82.6	83.2	85.5	85.7	85.7	84.7	83.8	83.3	83.3	83.1	*81.4*
Reading (per cent)											***2009***
Year 5 students reaching national reading standard[d]	..	..	..	..	..	..	..	..	86.9	88.9	*91.7*
Indigenous Year 5 students reaching national reading standard[d]	..	..	..	..	..	..	..	..	62.9	65.7	*66.7*
Numeracy (per cent)											***2009***
Year 5 students reaching national numeracy standard[d]	..	..	..	..	..	..	..	..	90.4	92.6	*94.2*
Indigenous Year 5 students reaching national numeracy standard[d]	..	..	..	..	..	..	..	..	69.5	73.9	*74.2*

Notes and sources:

na Not available.
a. ABS, *Child Care, Australia*, cat. no. 4402; ABS, *Childhood Education and Care, Australia*, cat. no. 4402.0.
b. ABS, *Australian Social Trends*, cat. no. 4102.0.
c. ABS, *Schools, Australia*, cat. no. 4221.0.
d. MCEECDYA, *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy*.

Crime, drug and homelessness statistics

Table 2.6 provides summary statistics relating to crime, drug use and homelessness. The key points from the table are:

- In 2008–09, there were 4.2 assault victims and 3.0 sexual offences victims per 1000 population aged 0–17 years – both rates were higher than a decade earlier but have been relatively stable over recent years.
- Youth offending rates for offences against the person increased from 8.2 per 1000 in 2007–08 to 8.9 per 1000 population in 2008–09.
- Conversely, youth offending rates for offences against property (such as stealing, property damage and unlawful conduct) continued to decline, down from 58.8 per 1000 population in 2007–08 to 54.8 per 1000 population in 2008–09.
- The 2008 Queensland youth detention rate for those aged 10–17 was 26.4 per 100,000 population, in comparison with 32.3 in 2007. The Queensland rate was lower than the Australian rate (37.0 per 100,000 population). This should be interpreted with caution as 17 year old offenders in Queensland are sentenced under the adult criminal code (including prison sentences) whereas in other jurisdictions 17 year olds are sentenced as juveniles.
- The Indigenous youth detention rate was 255.8 per 100,000 population in Queensland in 2008.
- In 2007, 9.3% of young people in Queensland aged 14–19 years smoked tobacco daily, which was higher than the national average (7.3%) but a decrease from 11.6% in 2004.
- Nationally, there were decreases in reported use of tobacco, alcohol and illicit drugs by 14–19 year olds between 2004 and 2007.
- An estimated 123 children per 10,000 accompanied adult clients used Supported Accommodation Assistance Program (SAAP) services in 2008–09, which is slightly lower than the previous year but substantially higher than 2001–02 (88 per 10,000 population).
- An estimated 104 per 10,000 young people aged 15–17 years were SAAP clients (i.e. not accompanying adults) in 2008–09.

Table 2.6 Crime, drug use and homelessness statistics

Topic/Indicator	Queensland 2000 to 2009										*Australia*
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Crime victims (per 1000 population)											
Assault victims aged 0–17[a]	3.6	3.7	3.7	3.9	3.9	4.0	4.2	4.4	4.2	4.2	*na*
Sexual offences victims aged 0–17[a]	2.2	2.6	2.6	2.7	3.3	3.2	3.4	3.1	3.2	3.0	*na*
Offending (per 1000 population)											
Offenders aged 10–17 of offences against the person[a]	7.7	7.5	7.7	8.6	8.6	8.2	9.3	9.6	8.2	8.9	*na*
Offenders aged 10–17 of offences against property[a]	76.3	73.8	70.6	72.1	71.8	63.2	61.2	62.9	58.8	54.8	*na*
Youth detention (per 100,000 population)											***2008***
Persons aged 10–17 in youth detention[b]	24.7	20.3	22.7	23.2	20.6	21.7	29.9	32.3	26.4	na	*37.0*
Indigenous persons aged 10–17 in youth detention[b]	244.4	240.2	234.7	237.4	200.9	188.1	237.0	313.5	255.8	na	*420.4*
Drug use (per cent)											***2007***
Young people aged 14–19 who smoked daily[c]	na	17.8	na	na	11.6	na	na	9.3	na	na	*7.3*
Young people aged 14–19 who consumed alcohol weekly[c]	na	na	na	na	na	na	na	na	na	na	*20.9*
Young people aged 14–19 who had used marijuana in the last month[d]	na	na	na	na	na	na	na	na	na	na	*7.2*
Young people aged 14–19 who had used any illicit drug except marijuana in the last month[d]	na	na	na	na	na	na	na	na	na	na	*4.4*
Homelessness (per 10,000 population)											***2009***
Estimated number of homeless young people aged 12–18[e]	na	175	na	na	na	na	110	na	na	na	*na*
SAAP agency clients aged under 15[f]	na	16	16	18	23	18	19	24	27	24	*28*
SAAP agency clients aged 15–17[f]	na	131	114	120	132	122	115	108	105	104	*146*
Children aged 0–17 accompanying SAAP agency clients[f]	na	na	88	98	90	89	83	109	127	123	*157*

Notes and sources:

na Not available.

SAAP Supported Accommodation Assistance Program.

a. Year refers to 12 months ending 30 June. Queensland Police Service, *Annual Statistical Review*; ABS, *Population by Age and Sex*, cat. no. 3201.0.

b. As at 30 June. Nationally comparable data calculated using 10–17 year olds. In the Queensland justice system, young offenders are defined as 10–16 year olds. Australian Institute of Criminology, *Juveniles in Detention in Australia: 1981–2008*.

c. AIHW, *National Drug Strategy Household Survey: First results*; AIHW, *National Drug Strategy Household Survey: State and territory supplement*.

d. AIHW, *2007 National Drug Strategy Household Survey: Detailed findings*.

e. ABS, *Counting the Homeless*, cat. no. 2050.0.

f. Year refers to 12 months ending 30 June. AIHW, *Government-funded Specialist Homelessness Services: SAAP National Data Collection annual report*.

3 Age cohorts

Tables 3.1 to 3.5 provide the most recent information available on a range of key indicators of health and wellbeing for children and young people in Queensland, grouped into specific age groups to represent discrete life stages. The data reported in the age cohort tables, along with additional information on trends and data sources, are also included in the relevant topic chapters throughout the report.

For this chapter, health and wellbeing measures relevant to a particular life stage are grouped by the following age categories: infants (0–1 year), early childhood (1–4 years), childhood (5–9 years), early adolescence (10–14 years) and late adolescence (15–17 years).

Table 3.1 Indicators of health and wellbeing in infancy (0–1 year)

Indicator	Measure	Value	Year
Births	Number of registered live births	63,132	2008
Premature births	Proportion of lives births with gestation under 37 weeks	8.6%	2008
Low birthweight	Proportion of live births with bodyweight less than 2500g	6.8%	2008
Breastfeeding	Proportion exclusively breastfed at 5 months	13.3%	2008
Immunisation	Proportion fully immunised at 12 months	91.9%	2010
Hospitalisation	Hospitalisations per 1000 population	463.9	2008–09
Injuries	Hospitalisations per 1000 population	26.5	2008–09
Infant mortality	Deaths per 1000 live births	5.1	2006–2008
Neonatal mortality[a]	Deaths per 1000 live births	3.5	2006–2008
Post-neonatal mortality[b]	Deaths per 1000 live births	1.6	2006–2008
SIDS mortality	Deaths per 1000 live births	0.3	2006–2008
Child protection substantiations	Substantiations per 1000 children	15.4	2008–09
Physical harm	Substantiations per 1000 children	5.5	2008–09
Emotional harm	Substantiations per 1000 children	2.7	2008–09
Sexual abuse	Substantiations per 1000 children	0.6	2008–09
Neglect	Substantiations per 1000 children	6.7	2008–09
Child care[c]	Proportion of children in long day-care	21.3%	2008

a. Deaths under 4 weeks of age.
b. Deaths between 4 weeks and under 1 year of age.
c. Children under 2 years.

Table 3.2 Indicators of health and wellbeing in early childhood (1–4 years)

Indicator	Measure	Value	Year
Population	Number of children aged 1–4 years	237,185	2009
Immunisation	Proportion fully immunised at 2 years	92.2%	2010
Hospitalisations	Hospitalisations per 1000 population	163.1	2008–09
Injuries	Hospitalisations per 1000 population	30.2	2008–09
Mortality	Deaths per 100,000 population	25.9	2007–2009
Drowning mortality[a]	Deaths per 100,000 population	3.6	2007–2009
Child protection substantiations	Substantiations per 1000 children	7.1	2008–09
Physical harm	Substantiations per 1000 children	1.6	2008–09
Emotional harm	Substantiations per 1000 children	2.6	2008–09
Sexual abuse	Substantiations per 1000 children	0.4	2008–09
Neglect	Substantiations per 1000 children	2.5	2008–09
Child care[b]	Proportion of children in long day-care	49.8%	2008

a. Children aged 0–4 years.
b. Children aged 2–3 years.

Table 3.3 Indicators of health and wellbeing in childhood (5–9 years)

Indicator	Measure	Value	Year
Population	Number of children aged 5–9 years	285,751	2009
Immunisation	Proportion fully immunised at 5 years	90.2%	2010
Hospitalisations	Hospitalisations per 1000 population	96.2	2008–09
Injuries	Hospitalisations per 1000 population	20.0	2008–09
Overweight and obesity	Proportion of Year 1 boys who were overweight or obese	16.7%	2006
	Proportion of Year 1 girls who were overweight or obese	19.7%	2006
Mortality	Deaths per 100,000 population	12.0	2007–2009
Child protection substantiations	Substantiations per 1000 children	6.7	2008–09
Physical harm	Substantiations per 1000 children	1.5	2008–09
Emotional harm	Substantiations per 1000 children	3.0	2008–09
Sexual abuse	Substantiations per 1000 children	0.5	2008–09
Neglect	Substantiations per 1000 children	1.8	2008–09
Reading	Proportion of Year 3 students meeting national minimum standards	92.0%	2009
Numeracy	Proportion of Year 3 students meeting national minimum standards	92.3%	2009
Child care[a]	Proportion of children in before/after school care	12.1%	2008

a. Children aged 6–12 years.

Table 3.4 Indicators of health and wellbeing in early adolescence (10–14 years)

Indicator	Measure	Value	Year
Population	Number of children aged 10–14 years	296,596	2009
Hospitalisations	Hospitalisations per 1000 population	83.2	2008–09
Injuries	Hospitalisations per 1000 population	24.9	2008–09
Overweight and obesity	Proportion of Year 5 boys who were overweight or obese	19.6%	2006
	Proportion of Year 5 girls who were overweight or obese	26.4%	2006
Smoking tobacco[a]	Proportion of 12–15 year olds who smoke daily	2.0%	2007
Drinking alcohol[a]	Proportion of 12–15 year olds who drink alcohol weekly	2.1%	2007
Risky drinking[a]	Proportion of 12–15 year old males drinking at risky levels at least monthly	2.9%	2007
	Proportion of 12–15 year old females drinking at risky levels at least monthly	6.2%	2007
Illicit drugs[a]	Proportion of 12–15 year olds using any illicit drug in the past 12 months	4.6%	2007
Mortality	Deaths per 100,000 population	11.5	2007–2009
Child protection substantiations	Substantiations per 1000 children	5.7	2008–09
Physical harm	Substantiations per 1000 children	1.4	2008–09
Emotional harm	Substantiations per 1000 children	2.5	2008–09
Sexual abuse	Substantiations per 1000 children	0.6	2008–09
Neglect	Substantiations per 1000 children	1.2	2008–09
Reading	Proportion of Year 5 students meeting national minimum standards	88.9%	2009
	Proportion of Year 7 students meeting national minimum standards	92.9%	2009
	Proportion of Year 9 students meeting national minimum standards	90.0%	2009
Numeracy	Proportion of Year 5 students meeting national minimum standards	92.6%	2009
	Proportion of Year 7 students meeting national minimum standards	94.8%	2009
	Proportion of Year 9 students meeting national minimum standards	94.5%	2009

a. Refers to Australians aged 12–15 years.

Table 3.5 Indicators of health and wellbeing in late adolescence (15–17 years)

Indicator	Measure	Value	Year
Population	Number of children aged 15–17 years	184,507	2009
Hospitalisations[a]	Hospitalisations per 1000 population	165.6	2008–09
Injuries[a]	Hospitalisations per 1000 population	35.8	2008–09
Smoking tobacco[b]	Proportion of 16–17 year olds who smoke daily	5.7%	2007
Drinking alcohol[b]	Proportion of 16–17 year olds who drink alcohol weekly	17.8%	2007
Risky drinking[b]	Proportion of 16–17 year old males drinking at risky levels at least monthly	23.8%	2007
	Proportion of 16–17 year old females drinking at risky levels at least monthly	27.3%	2007
Illicit drugs[b]	Proportion of 16–17 year olds using any illicit drug in the past 12 months	18.9%	2007
Overweight or obese	Proportion of Year 10 boys who were overweight or obese	22.6%	2006
	Proportion of Year 10 girls who were overweight or obese	20.5%	2006
Mortality	Deaths per 100,000 population	33.4	2007–2009
Suicide mortality	Deaths per 100,000 population	8.1	2007–2009
Transport mortality	Deaths per 100,000 population	12.0	2007–2009
Child protection substantiations	Substantiations per 1000 children	2.2	2008–09
Physical harm	Substantiations per 1000 children	0.6	2008–09
Emotional harm	Substantiations per 1000 children	0.9	2008–09
Sexual abuse	Substantiations per 1000 children	0.2	2008–09
Neglect	Substantiations per 1000 children	0.5	2008–09
Year 12 retention	Apparent retention rate to Year 12	79.6%	2009
OP eligibility	Proportion of Year 12 students eligible for Overall Position score	59.5%	2009
Offences against the person[c]	Offenders per 1000 population	8.9	2008–09
Offences against property[c]	Offenders per 1000 population	54.8	2008–09

a. Young people aged 15–19 years.
b. Refers to Australians aged 16–17 years.
c. Offenders aged 10–17 years.

4 Population

Key messages

At 30 June 2009, there were 1,071,091 children and young people aged 0–17 living in Queensland, representing 24.3% of the state's population.

There was a 2.3% increase in the number of 0–17 year olds living in Queensland in 2009, which was comparable with the overall 2.6% population increase from the previous year.

In 2009, there were an estimated 69,200 Aboriginal and Torres Strait Islander children and young people in Queensland – 6.5% of the Queensland 0–17 population. Substantially higher proportions of the Aboriginal and Torres Strait Islander population in Queensland are aged 0–17 years, compared with the non-Indigenous population (44.2% and 23.6% respectively).

Almost one-third (32.3%) of Aboriginal and Torres Strait Islander children and young people aged 4–14 years in Queensland speak an Indigenous language.

There were 191 refugee and humanitarian program settlers to Queensland in 2008–09 aged 0–4 years – 14.4% of all settlers.

Areas of concern

Aboriginal and Torres Strait Islander children comprise a much larger proportion of children in regional and remote areas where it may be more difficult to access essential services.

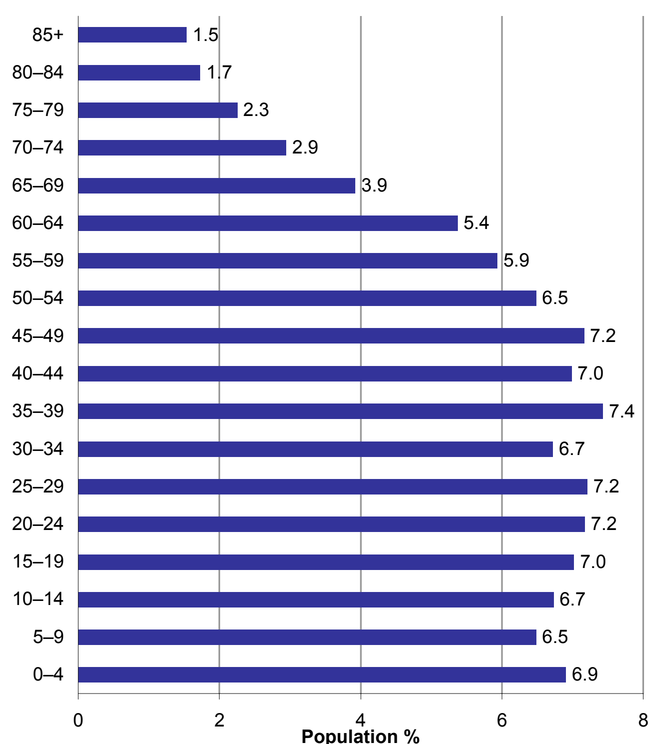
Children and young people in Queensland

At 30 June 2009, there were 1,071,091 children and young people aged 0–17 living in Queensland, constituting 24.3% of the state's population (Australian Bureau of Statistics, 2009j). This number represents a 2.3% increase since 30 June 2008 in the number of 0–17 year olds, compared with a 2.6% increase for the population overall.

In 2009 there were 589,988 children aged 0–9 years (13.4% of the population) and 481,103 young people aged 10–17 (10.9%). The population of males is slightly higher than that of females in each of these age groups, reflecting the slightly higher rates of male births (see Chapter 5, "Family"). Males represented 51.4% of children aged 0–9 years (303,506 males and 286,482 females), and 51.3% of young people aged 10–17 years (246,581 males and 234,522 females) (Australian Bureau of Statistics, 2009j).

The age profile of the Queensland population is shown in Figure 4.1. At 30 June 2009 there were roughly even proportions of persons aged in each five-year age group from birth up to middle age, and thereafter the proportions decrease with age. The proportion of 0–4 year old Queenslanders has been increasing in recent years, up from 6.4% at 30 June 2006 to 6.9% at 30 June 2009. This is associated with increases in fertility rates in Queensland and nationally since 2007.

Figure 4.1 Population by age, Queensland, June 2009



Note: Based on Estimated Residential Population. As an example of the data, 6.9% of the Queensland population are aged 0–4 years.
Source: ABS, *Population by Age and Sex*, cat. no. 3201.0

Projected population change in Queensland

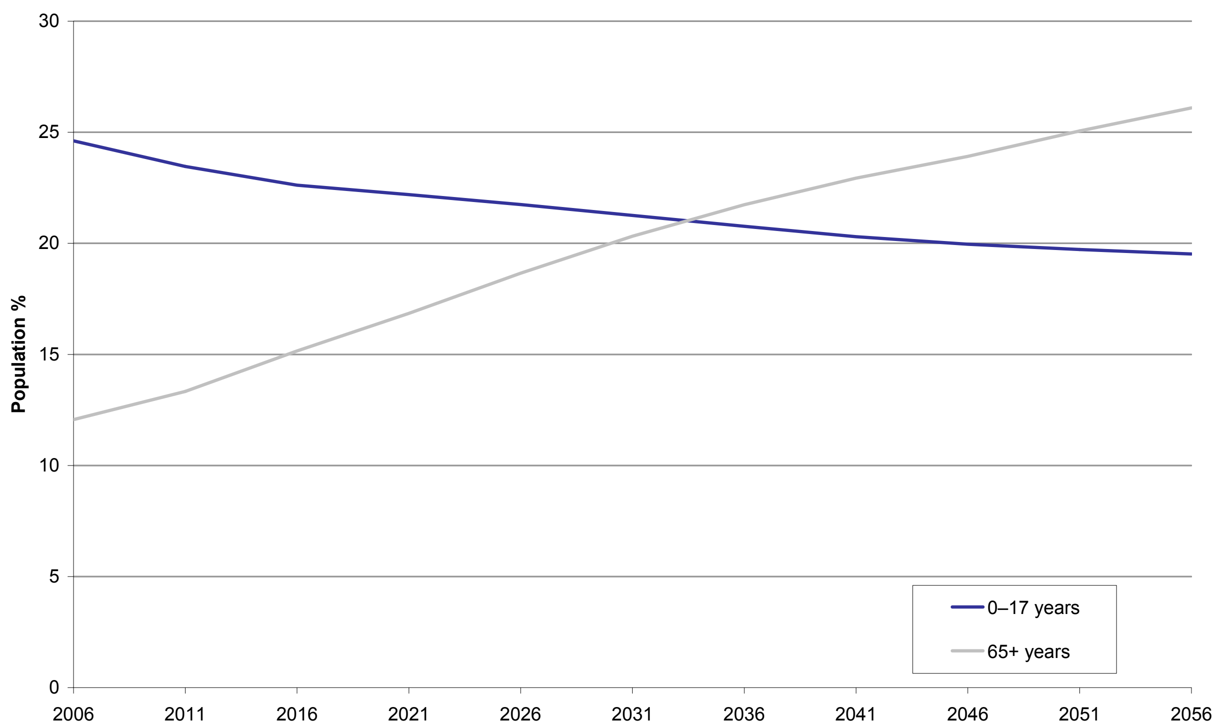
The population of children and young people aged 0–17 is projected to increase from 1.0 million in 2006 to 1.6 million in 2056 (Queensland Government, 2008). However, growth rates are projected to slow from about 1.3% per year at the beginning of the period to about 0.6% per year at the end of the projection period.

Because of the ageing population (as a result of lower fertility and increasing life expectancy), children and young people are projected to comprise only 19.5% of the population in 2056, compared with 24.6% in 2006 (Figure 4.2).

While the number of children and young people (aged 0–17 years) in Queensland is projected to increase by 32.5% to 1.3 million by 2031, the number of older people (65+ years) is expected to more than double (an increase of 158.3%) to reach 1.3 million people (Queensland Government, 2008). However, the increases in fertility rates witnessed in recent years may have an impact on the population projections, and may result in revisions in 2011.

The projected increase in children aged 0–14 years is not expected to occur in all statistical divisions (SD) across Queensland. Instead, as shown in Table 4.1, there are projected declines in the North West SD, Central West SD and South West SD.

Figure 4.2 Population projections by age, Queensland, 2006 to 2056



Source: Queensland Government, *Population Projections, 2008* (medium series)

Table 4.1 Projected change in 0–17 year old population, 2006 to 2031, by statistical division, Queensland

	2006	2031	Per cent change
Brisbane SD	439,565	582,716	+32.6
Gold Coast SD	115,580	176,203	+52.5
Sunshine Coast SD	69,242	104,197	+50.5
West Moreton SD	19,148	28,661	+49.7
Wide Bay-Burnett SD	66,402	84,329	+27.0
Darling Downs SD	60,232	71,262	+18.3
South West SD	7116	6148	–13.6
Fitzroy SD	54,899	71,364	+30.0
Central West SD	2853	2604	–8.7
Mackay SD	41,226	56,594	+37.3
Northern SD	54,680	68,938	26.1
Far North SD	65,980	72,326	+9.6
North West SD	9827	8205	–16.5
Queensland	**1,006,750**	**1,333,550**	**+32.5**

Source: Queensland Government, *Population Projections to 2056: Queensland and statistical divisions, 2008 edition* (medium series)

Aboriginal and Torres Strait Islander children and young people

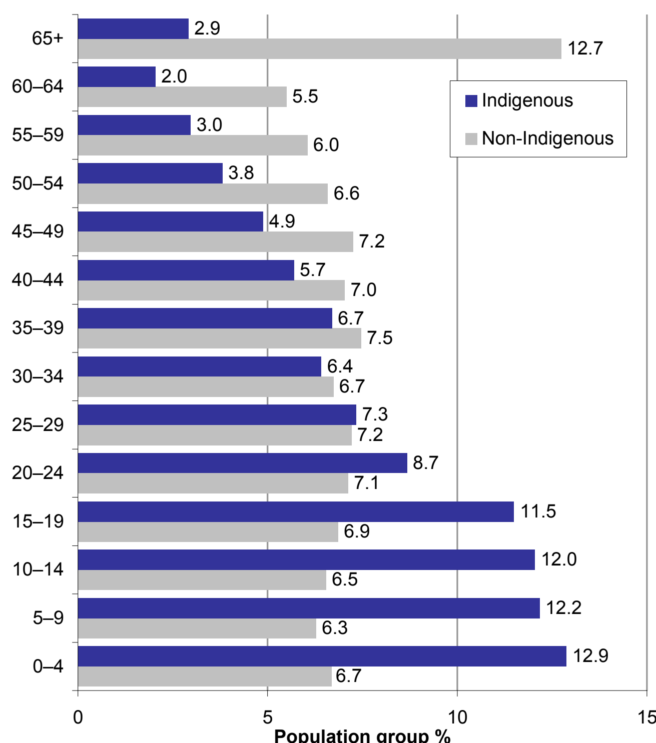
In 2009, there were an estimated 69,200 Aboriginal or Torres Strait Islander children and young people aged 0–17 years in Queensland. This represented 6.5% of the Queensland population aged under 18. Based on experimental projections of the resident Indigenous population from the 2006 Census, there were approximately 39,200 children aged 0–9 years and 30,000 young people aged 10–17 years (Australian Bureau of Statistics, 2009f).

The age profile of the Indigenous population differs markedly from that of the non-Indigenous population (Figure 4.3). The higher proportions of children and young people in the Indigenous population compared with the non-Indigenous population is mainly due to the lower life expectancy of Indigenous people, combined with higher fertility rates among Indigenous females. A further contributing factor to the higher proportions of Indigenous persons in the younger age groups comparative to the non-Indigenous population is the rate of transmission of Indigenous status. Currently in Queensland, if either parent identifies as being of Aboriginal or Torres Strait Islander origin, then the baby is also recorded as being of Aboriginal or Torres Strait Islander origin. This process widens the scope of the potential population that could be Indigenous, particularly with increasing rates of relationships between Indigenous and non-Indigenous Australians.[1]

In 2008, more than one-third (35.8%) of Indigenous babies born in Queensland had two Indigenous parents, whereas 39.6% had an Indigenous mother and a non-Indigenous father, and almost one-quarter (24.6%) had a non-Indigenous mother and an Indigenous father (Australian Bureau of Statistics, 2009b).

The ratio of children and young people to adults is much higher in the Indigenous population than in the rest of the population, with 44.2% of the Indigenous population aged 0–17, compared with 23.6% in the non-Indigenous population. However, as noted earlier, this imbalance needs to be interpreted with caution as the high proportion of Indigenous children with both an Indigenous and a non-Indigenous parent will affect the age profile of the Indigenous population.

Figure 4.3 Population by age and Indigenous status, Queensland, June 2009



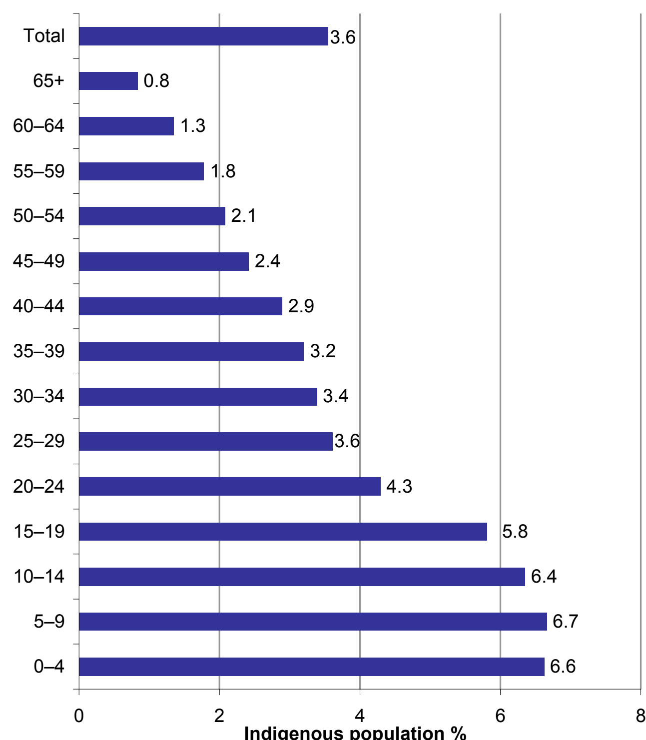
Note: As an example of the data, 12.2% of the Indigenous population are aged 5–9 years, while 6.3% of the non-Indigenous population are aged 5–9 years.

Source: ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0

1 The 5.3% of parents for Queensland births in 2008 who were Indigenous would suggest that 5.3% of babies would be Indigenous in a closed population. However, as babies with an Indigenous and a non-Indigenous parent are usually defined Indigenous, the actual proportion of babies was 7.0%.

Indigenous children and young people make up greater proportions of the general Queensland population than older Indigenous age cohorts (Figure 4.4). For example, 6.7% of all Queensland children aged 5–9 years in 2008 were Indigenous, compared with 3.2% of 35–39 year old Queenslanders.

Figure 4.4 Indigenous population by age, Queensland, June 2009



Note: As an example of the data, 6.7% of Queensland 5–9 year olds are Indigenous.
Source: ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0

Children and young people born overseas

Only 7.2% of 0–17 year olds in Queensland were born overseas (of those with birthplace stated). New Zealand was the most common overseas birthplace (31.4% of all overseas born), followed by the United Kingdom (16.8%) and South Africa (7.2%) (Table 4.2).

However, a higher proportion of Queensland parents were born overseas, with 28.7% of dependent children aged under 18 having one or both parents born overseas (Australian Bureau of Statistics, 2007b).

Table 4.2 Birthplace of 0–17 year olds born overseas, Queensland, 2006

	Number	Per cent
New Zealand	20,735	31.4
United Kingdom	11,115	16.8
South Africa	4787	7.2
United States of America	2023	3.1
Philippines	1877	2.8
South Korea	1703	2.6
Taiwan	1431	2.2
Papua New Guinea	1268	1.9
Japan	1175	1.8
Other country	19,994	30.2
Total	**66,108**	**100.0**

Note: Excludes country not stated or inadequately described.
Source: ABS, *Census 2006*

Language spoken at home

In 2006, 93.1% of 0–17 year olds spoke English as their main language at home (where language was stated). Languages spoken at home other than English included Vietnamese (7.7% of all other languages), Mandarin (7.5%) and Australian Indigenous languages (7.4%) (Table 4.3).

An estimated 6.2% of Aboriginal and Torres Strait Islander children aged 4–14 years spoke an Indigenous language at home as their main language in Queensland in 2008 (Australian Bureau of Statistics, 2009h). However, almost one-third (32.3%) of Indigenous children speak an Indigenous language, even if it is not the primary language spoken at home.

Table 4.3 Language other than English spoken at home, 0–17 year olds, Queensland, 2006

	Number	Per cent
Vietnamese	4884	7.7
Mandarin	4768	7.5
Australian Indigenous Languages	4697	7.4
Cantonese	3664	5.8
Samoan	3577	5.6
Japanese	2678	4.2
Arabic	2139	3.4
Spanish	2076	3.3
Korean	2020	3.2
Other language	33,165	52.1
Total	**63,668**	**100.0**

Note: Excludes language not stated or inadequately described.
Source: ABS, *Census 2006*

Refugees

Almost half (47.8%) of the 1330 refugee and humanitarian program settlers to Queensland in 2008–09 were children and young people aged 0–17 years. There were 191 aged 0–4 years (14.4%), 163 aged 5–9 years (12.3%), 178 aged 10–14 years (13.4%) and 104 aged 15–17 years (7.8%) (Department of Immigration and Citizenship, 2009).

Over the three-year period from 1 July 2006 to 30 June 2009, humanitarian settlers aged 0–17 years in Queensland included 258 (12.2%) from Sudan, 219 (10.4%) from Tanzania, 209 (9.9%) from Thailand, and 170 (8.1%) from Burma (Myanmar).

Recently-arrived refugee children and young people in Australia are often typified by having:

- minimal or disrupted formal schooling
- low levels of English literacy, and
- traumatic experiences such as extreme violence, forced migration, disrupted or destroyed relationships, and loss of family (Refugee Health Research Centre, 2007).

These pre-arrival experiences affect the health and mental health of refugee children and young people and their capacity and readiness to learn and participate successfully at school.

5 Family

Key messages

In 2008 there were 63,132 registered births in Queensland compared with 61,249 in 2007 and 52,665 in 2006. Changes to the birth registration process resulted in a number of previously unregistered births being processed in this time. These registration changes have also contributed to inflated fertility rates.

Almost one in five (18.2%) Indigenous babies were born to teenage mothers, compared with one in 17 (5.8%) in the general Queensland population. In line with increases in overall fertility, teenage fertility rates increased in 2008 for Indigenous women and Queensland women in general.

In 2008, 42.3% of all births were to parents who were not legally married at the time of the child's birth (exnuptial births). The vast majority of Indigenous births were exnuptial (84.1%).

Improvements

Changes to adoption legislation in 2010 allow adopted children access to more information about their biological parents. There has been a gradual decline in the number of adoptions in Queensland, down to 92 in 2008–09. Twenty were local adoptions (21.7%), 49 (53.3%) were from outside Australia (intercountry adoptions) and in 23 cases (25.0%) the child was known to the adopter.

Births

There were 63,132 registered births in Queensland in 2008, an increase of 3.1% from the 61,249 births registered in 2007. This increase was in part due to an increase in actual live births (recorded in the Queensland Perinatal Data Collection) from 59,827 in 2007 to 61,018 in 2008, and in part due to changes to birth registration processes. A number of previously unregistered births were processed in both 2007 and 2008, which resulted in an inflation of registered births during these years. For example, 18.5% of births registered in 2008 were for people born in previous years. Another potential contributor to the increase in registered births between 2006 and 2008 is the requirement of registration, or application for registration, of the birth of all children as a condition for applying for the Australian Government's Baby Bonus (Australian Bureau of Statistics, 2008f).

Of the 63,132 births in 2008, 32,589 were males (51.6%) and 30,543 were females (48.4%). This was up from 2007, when 31,656 males and 29,593 females were born (Australian Bureau of Statistics, 2009b).

The number of registered Indigenous births stabilised in 2008, after a sharp increase in 2007. In 2008, there were 4402 (2276 male and 2126 female) registered Indigenous births, which was comparable with the 4486 recorded in 2007, but still considerably greater than the 3463 in 2006. It should be noted, however that in 2008, 36.5% of registrations of Indigenous persons were for persons born in earlier years.

The registration of births from previous years has also impacted on fertility rates. In 2008, the total fertility rate[2] in Queensland was 2.100, which was marginally higher than 2007 (2.095) and was the highest recorded since 2.114 in 1977. The fertility rate had been relatively stable at about 1.8 for the decade preceding 2007.

Almost three-fifths (59.6%) of births in Queensland in 2007 occurred in major cities, with 20.1% in inner regional areas, 16.1% in outer regional areas, 2.5% in remote areas and 1.6% in very remote areas (Laws & Sullivan, 2009).

Age of parents

Table 5.1 shows that more than half of babies born in 2008 were born to mothers and fathers aged 25–34 years (57.1% and 50.7% respectively). Fathers were, on average older than mothers of babies born in 2008, with median ages of 29.7 years for mothers and 32.1 years for fathers.

Almost one in five Indigenous babies were born to a teenage mother (18.2% of Indigenous births in 2008) which was more than three times greater than the Queensland proportion (5.8%) (Australian Bureau of Statistics, 2009b).

Fertility rates for 2007 and 2008 are potentially inflated due to recent improvements in the birth registration process which has seen registration of a backlog of births from previous years. The teenage fertility rates in Queensland rose to 24.7 births per 1000 women aged 15–19 years in 2008, which was the highest rate since 1997 (Figure 5.1). The increase in teenage fertility rates is consistent with the overall increase in fertility rates across all age groups in the population. At the national level, teenage fertility rates had been declining since the 1970s, before an increase in 2007 which continued to a rate of 17.3 births per 1000 females in 2008.

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2 Total fertility rate refers to the number of babies a female would bear during her lifetime if she experienced current age-specific fertility rates at each age of her reproductive life.

Table 5.1 Births by parents' age by Indigenous status, Queensland, 2008

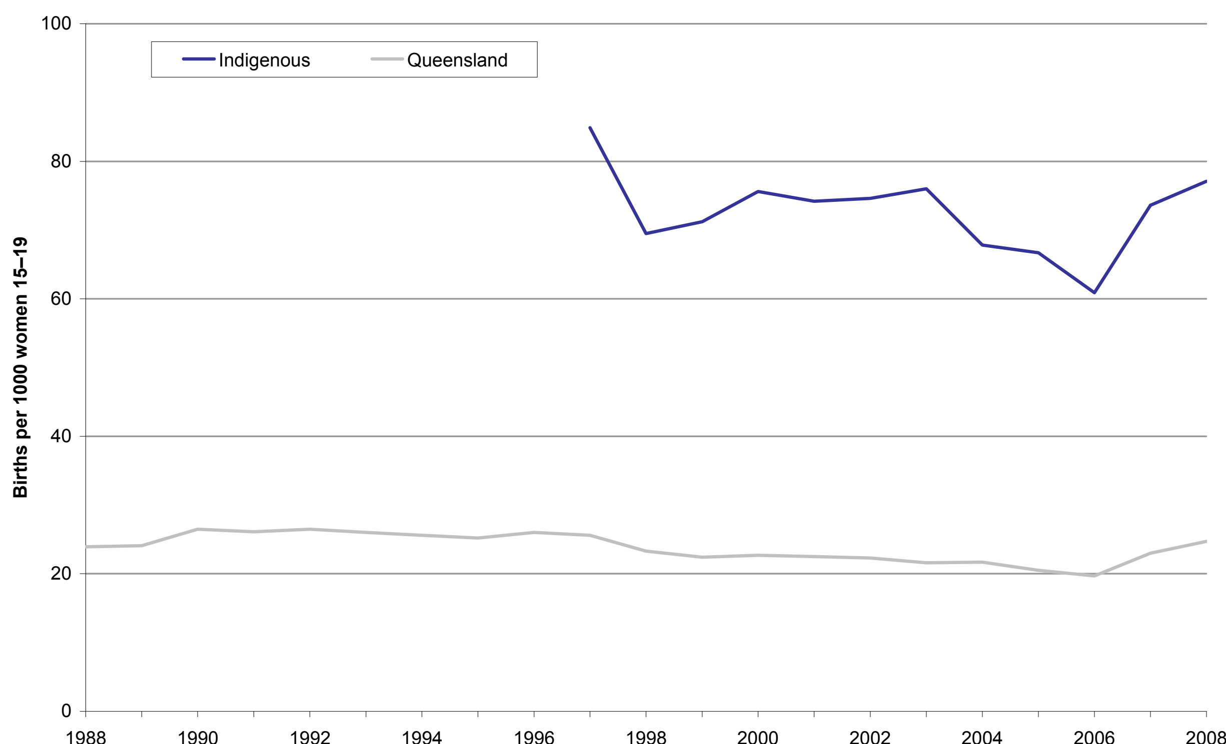
	Age of mother/father								
	Under 20	20–24	25–29	30–34	35–39	40–44	45+	Unknown[a]	Total[b]
Indigenous births –	Per cent								
mothers	19.6	32.7	23.5	16.5	7.7	–	–	. .	100.0
fathers	na	na	na	na	na	na	na	na	na
All births –	Per cent								
mothers	5.8	17.7	28.1	28.9	16.3	3.0	0.2	. .	100.0
fathers	2.1	11.3	22.2	28.5	20.6	7.7	3.5	4.0	100.0

. . Not applicable.
na Not available.
– Nil or rounded to zero.
a. Age of father not known as paternity not acknowledged.
b. Components may not add to total because of rounding.
Source: ABS, *Births, Australia, 2008*

The recent increase in Queensland teenage fertility rates is mirrored for Indigenous teenage women, where the Indigenous teenage fertility rate was more than three times that for all Queensland women in 2008 – 77.1 and 24.7 births per 1000 females respectively.

Indigenous women tend to have more babies, with a total fertility rate of 2.728 births per woman, compared with 2.100 for all Queensland women in 2008 (Australian Bureau of Statistics, 2009b).

Figure 5.1 Teenage fertility[a] by Indigenous status, Queensland, 1988 to 2008

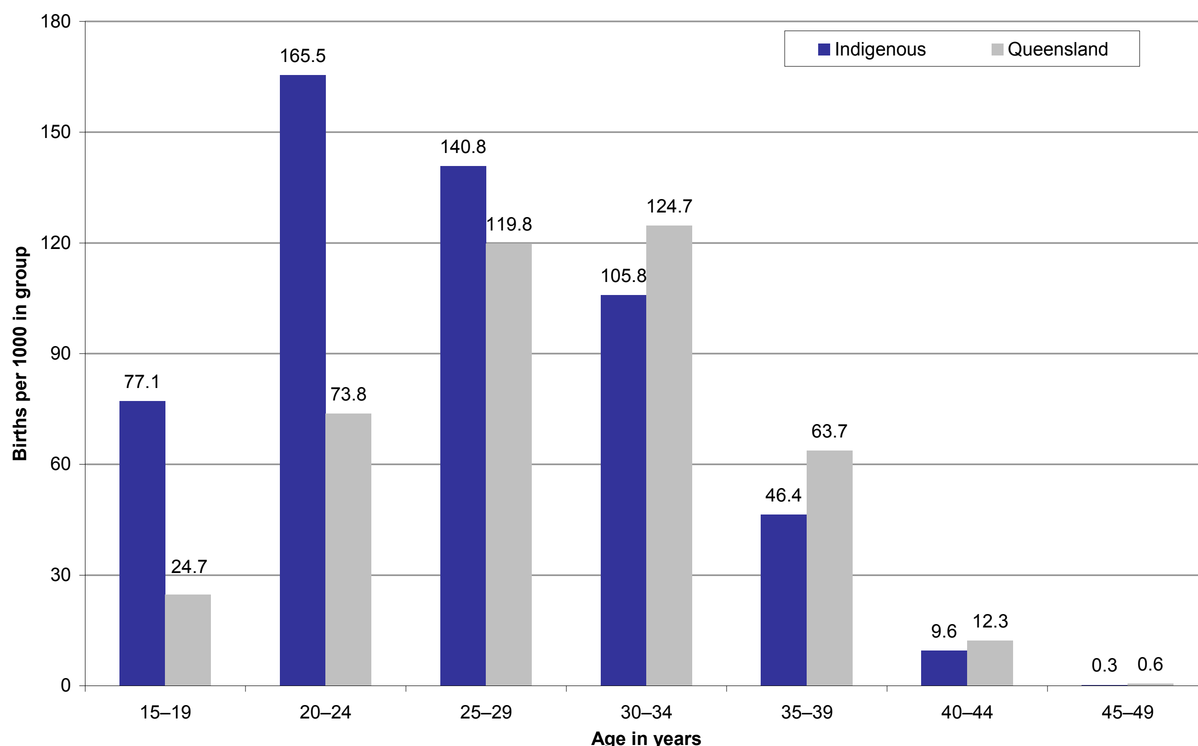


Note: Fertility rates for 2007 and 2008 are inflated due to recent changes to the birth registration process which have seen births from previous years being registered in those respective years.
a. Births per 1000 women aged 15–19. Includes births to mothers aged less than 15 years.
Source: ABS, *Births, Australia*, cat. no. 3301.0, various

Figure 5.2 illustrates the higher age-specific fertility rates for younger Indigenous women, with rates for Indigenous women in their later child-bearing years falling below the Queensland rates.

There had been a recent global tendency for women to have children later, for women to have fewer children and for more women to remain childless. However, the maintenance of higher fertility rates suggest that a new child birthing trend may be emerging. Figure 5.3 illustrates the shift in the age at which women are giving birth, with general decreases in fertility for women aged under 30, but increases for women aged 30 and over. However, the figure also illustrates the recent turnaround in fertility with general increases in registered births and fertility rates from 2007 across all age groups of women in Queensland. Age-specific fertility rates for women aged 30–34 years increased by 22.7% between 1998 and 2008, while rates increased 56.1% for women aged 35–39 years over the same period. At the same time, fertility rates for women aged 20–24 and 25–29 had been decreasing prior to the registration-process related changes in fertility rates experienced since 2007.

Figure 5.2 Fertility rate[a] by age by Indigenous status, Queensland, 2008

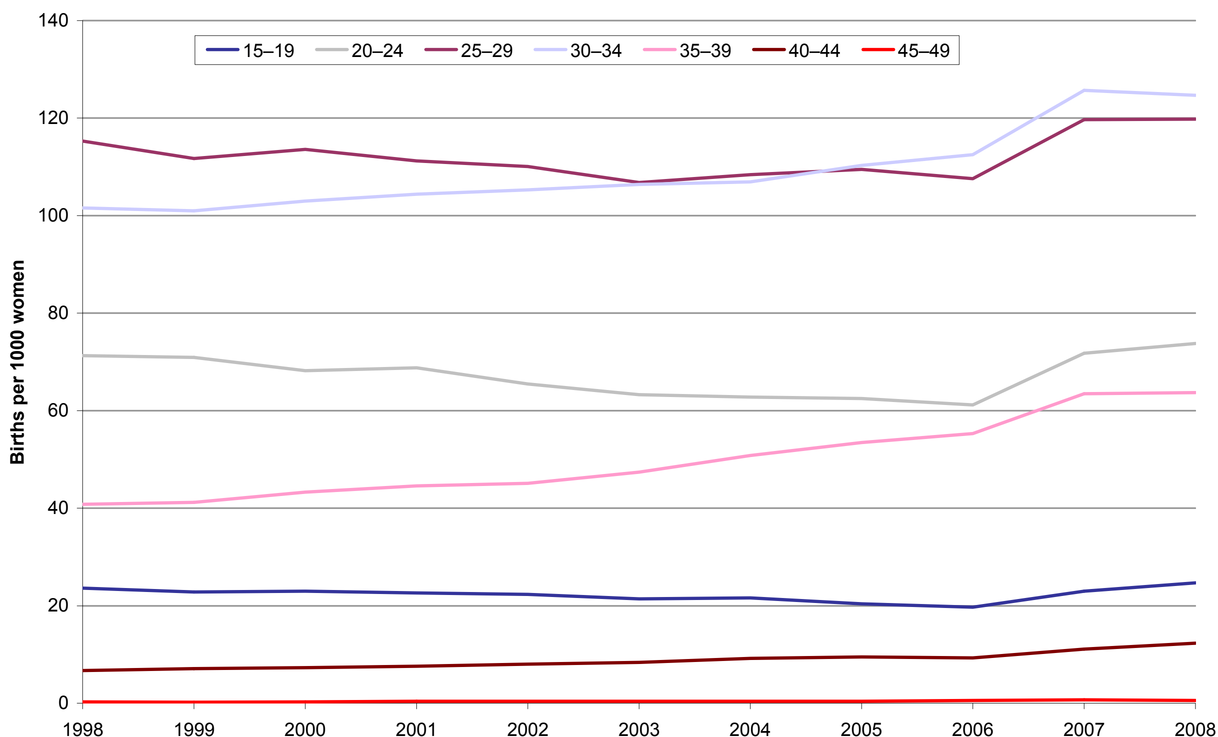


Note: Births to mothers aged under 15 years are included in the 15–19 year age group, while births to mothers aged 50 years and over are included in the 45–49 year age group. Fertility rates for 2008 are inflated due to recent changes to the birth registration process which have seen births from previous years being registered in 2008.

a. Births per 1000 women in group.

Source: ABS, *Births, Australia*, cat. no. 3301.0

Figure 5.3 Age-specific fertility rates, Queensland, 1998 to 2008



Note: Births to mothers aged under 15 years are included in the 15–19 year age group, while births to mothers aged 50 years and over are included in the 45–49 year age group. Fertility rates for 2007 and 2008 are inflated due to recent changes to the birth registration process which have seen births from previous years being registered in those respective years.

a. Births per 1000 women in group.

Source: ABS, *Births, Australia*, cat. no. 3301.0

Family types and size

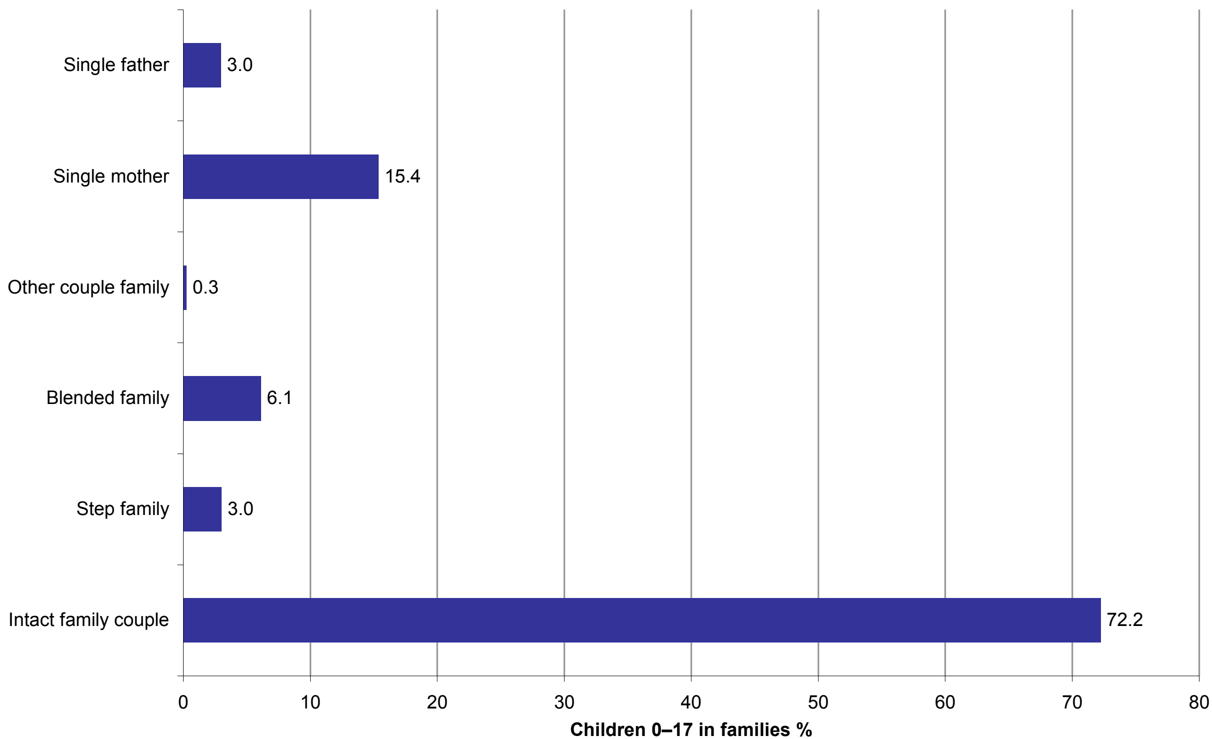
The Family Characteristics and Transitions Survey (Australian Bureau of Statistics, 2008d) showed that the majority of Queensland children aged under 18 live with two parents. Of children living in families[3] in 2006–07, 72.2% were living with both parents in intact couple families, 15.4% lived with single mothers, 6.1% were in blended families,[4] 3.0% were in step families and 3.0% lived with single fathers (Figure 5.4). There has been an increase from the previous survey in 2003 in the proportion of children living in intact couple families (up from 68.8%) and living with single fathers (up from 1.6%).

Children living in families not included in above categories of families were defined as living in "other" families, which included grandparent families or families with only foster children. In Australia in 2006–07 there were about 14,000 grandparent families, in which grandparents were guardians or main care givers of children. The number of grandparent families had declined from 23,000 in 2003.

The proportion of children living in single-parent families had been increasing up until the end of the 1990s, but has stayed at around 20% since that time. In 1990, 12.7% of Australian children aged 0–14 were living in single-parent families. By 2008 this had increased to 18.2% (Australian Bureau of Statistics, 1999, 2007c, 2009a).

Figure 5.5 shows that the proportion of children aged 0–17 years living in single-parent families increases with age of the youngest child, from 13.5% of 0–4 year olds to 29.4% of 15–17 year olds. Conversely, the proportion of children living in intact families decreases with increasing age (Australian Bureau of Statistics, 2008d).

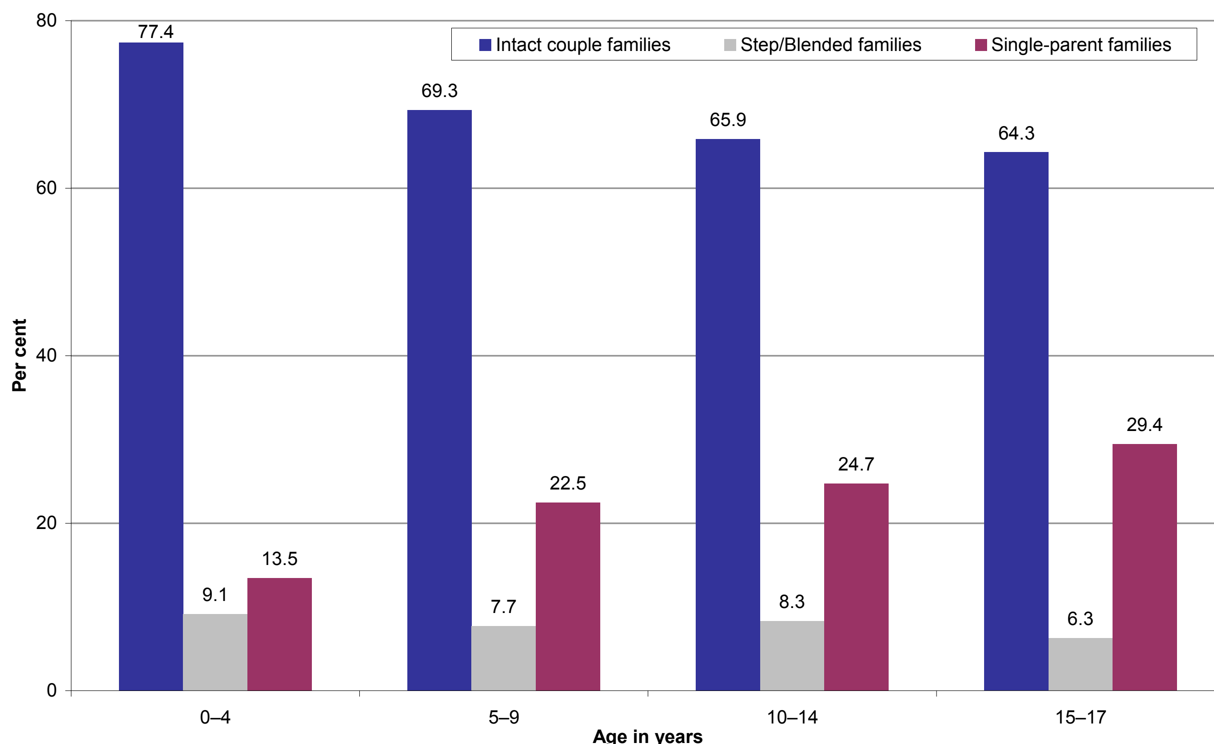
Figure 5.4 Family type for children 0–17 years, Queensland, 2006–07



Note: Other couple family includes grandparent couple families and families with only foster children.
Source: ABS, *Family Characteristics and Transitions, Australia, 2006–07*, cat. no. 4442.0

3 As distinct from children and young people living independently or in residential facilities.
4 A blended family is a couple family with two or more children aged 0–17 years, of whom at least one is the natural or adopted child of both members of the couple, and at least one is the step child of either member of the couple.

Figure 5.5 Family structure by age of youngest child, Queensland, 2006–07



Note: Totals may not sum to 100 as "other" family types such as grandparent families were not included.
Source: ABS, *Family Characteristics and Transitions, Australia, 2006–07*, cat. no. 4442.0

Reflecting the general increase in couples in permanent and long-term de facto relationships is the increase in exnuptial[5] births and of children living with couples in de facto relationships. For couple families with dependent children[6] in 2006, 15.3% of parents were in de facto marriages, an increase from 12.3% in 2001 and 10.2% in 1996 (Australian Bureau of Statistics, 2007a).

In 2008, 42.3% of births were exnuptial, compared with 9.7% in 1981, with nuptial births decreasing from 83.6% to 57.7% in this time (Australian Bureau of Statistics, 2009b). Paternity was not acknowledged for 4.0% of births in 2008, down from 6.7% in 1981.

The median age of mothers of children from nuptial births (31.5 years) was older than for exnuptial births (26.1 years). Where exnuptial paternity was not acknowledged, the median age of mothers was even younger (24.9 years). The median age of fathers of babies from nuptial births was 33.6 years, and 28.8 years for exnuptial births where paternity was acknowledged.

The proportions of Indigenous babies born exnuptial or with paternity not acknowledged are much higher than for non-Indigenous babies. Of Indigenous births in 2008, 15.9% were to married couples and 84.1% were exnuptial. Paternity was not acknowledged for 10.7% of births in 2008, which was up from 7.8% in 2007.

Step or blended families tended to be slightly larger than intact couple families, having on average 2.1 children, compared with 1.9 in intact couple families. Single-parent families had on average 1.7 children (Australian Bureau of Statistics, 2008d).

Adoptions

The new *Adoption Act 2009* was introduced in Queensland in early 2010. The most significant changes to adoption laws in Queensland in 45 years will see adopted children and birth parents having the right to identifying information. In addition, a father must provide consent before a child's adoption can proceed regardless of whether he is married to the child's mother. Changes to the eligibility criteria for individuals and couples wanting to adopt a child from Queensland or overseas have also been made. Post Adoption Support Queensland will be established to provide free telephone counselling and support for persons involved in an adoption-related issue.

5 Exnuptial births refer to births of children to parents who are not legally married at the time of the child's birth.
6 Children aged under 15 years and/or dependent students aged 15–24 years.

In 2008–09, there were 441 adoptions in Australia, with 92 taking place in Queensland (Australian Institute of Health and Welfare, 2010a). Adoptions in Queensland increased slightly from 86 in 2007–08, and represented 2.1 adoptions per 100,000 population.

There has been a substantial downward trend in adoptions over the past 25 years, from 1774 adoptions in Queensland in 1971–72 to the current number. Of the 92 adoptions in Queensland in 2008–09, 20 were local adoptions (21.7%), 49 (53.3%) were from outside Australia (intercountry adoptions) and in 23 cases (25.0%) the child was 'known'[7] to the adopter.

Intercountry adoptions in Queensland consisted of Hague adoptions[8] and non-Hague adoptions. The 23 children adopted under the Hague Convention were from China (14) and the Philippines (9), whereas the 26 non-Hague adoptions comprised 10 children from Taiwan, 9 from South Korea, and 7 from Ethiopia.

Divorce and separation

Divorce or separation of parents is likely to result in changes to living arrangements for affected children, with children living either with a single parent or in a step or blended family. Research indicates that there are a range of detrimental outcomes for children that can be associated with parental divorce and separation (Vranisan & Mathews, 2004). However, the changing face of traditional families, and an increasing tendency for children to be born to de facto couples (42.3% of all births were exnuptial in 2008), suggest there will be an increasing number of children affected by separation who will not appear in the official divorce statistics.

In 2008, there were 10,615 divorces granted in Queensland,[9] representing a 4.0% reduction from 11,058 in 2007 (Australian Bureau of Statistics, 2009b). More than one-half (51.2%) of divorces granted involved children under 18, affecting around 10,410 or 1.0% of all children in Queensland that year. The average number of children affected by each divorce in Queensland was 1.92.

For children aged under 18 with a natural parent living elsewhere, less than half visited the non-resident parent at least monthly, with 21.8% visiting at least weekly and 22.9% at least monthly but not weekly (Australian Bureau of Statistics, 2008d). One in ten (10.4%) visited the non-resident parent at least every 6 months, with 35.9% visiting less frequently or never.

Family employment and income

In almost all (96.5%) couple families where the youngest child is dependent, at least one parent was employed in 2006–07. In two-thirds of these families (64.5%) both parents worked (Australian Bureau of Statistics, 2008d). In single-parent families with dependent children, just over two-thirds of lone parents were employed (67.6%).

One-half (50.0%) of females with children aged 0–4 years were participating in the labour force in Queensland in 2009 (Australian Bureau of Statistics, 2009a).

Single-parent families tended to have much lower incomes than households with two parents. In 2006 only 8.9% of couple families with children aged under 15 had a weekly income less than $650 (gross). In contrast almost two-thirds (61.4%) of single-parent families earned less than $650 a week and 28.9% earned less than $350 a week. Only 6.0% of single-parent families had a weekly income of $1400 or more, compared with 49.8% of couple families.

Indigenous families also had lower incomes than other families, with 42.1% of Indigenous families with children under 15 earning less than $650 a week, compared with 20.3% of non-Indigenous families with children under 15.

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7 'Known' adopted children have a pre-existing relationship with the adoptive parent(s) and include step-parents, relatives and carers.

8 A Hague adoption is where the adoptive child's country of origin has ratified or acceded to the Hague Adoption Convention. The Convention protects children and their families against the risks of illegal, irregular, premature or ill-prepared adoptions abroad.

9 State and territory level divorce data should be interpreted with caution as data refer to the state or territory where the court granting divorce was located, rather than the state of usual residence of applicants.

6 Health

Key messages

Children and young people are confronted with a range of health issues across the lifespan, some of which extend back to the antenatal period. Ensuring appropriate maternal health allows newborn babies the best opportunity to thrive and meet appropriate developmental markers.

The complex nature of health issues facing Queensland's children and young people requires wide-ranging initiatives, with a focus on prevention and early intervention. Conditions such as obesity can lead to further co-morbid conditions such as diabetes at an early age and cardiac disease later in life.

Improvements

The average waiting time on hospital waiting lists in Queensland's two children's hospitals improved in 2009, particularly for children awaiting surgery for more serious conditions.

Areas of concern

Indigenous children continue to have poorer health outcomes than their non-Indigenous counterparts. This is evident across a range of health measures such as maternal smoking, foetal alcohol syndrome, premature births, and hearing problems.

The majority of infants are not being breastfed for the length of time recommended by Queensland Health and World Health Organisation Guidelines. The Australian National Breastfeeding Strategy 2010–2015 aims to improve the health, nutrition and wellbeing of infants and young children by increasing the uptake and continuation of breastfeeding to the recommended six months.

The proportion of young Australians who are overweight or obese is a particular concern, with almost one-third of 16–17 year olds now in this unhealthy weight group. The National Preventative Health Taskforce has recommended a range of interdisciplinary actions to tackle the obesity epidemic.

Maternal smoking

Smoking during pregnancy is a risk factor for a range of perinatal and post-natal conditions including low birthweight, shorter gestation and perinatal death. Almost one-fifth (19.3%) of mothers who gave birth in 2008 smoked during the first 20 weeks gestation of their pregnancy (Queensland Health – Health Information Centre, 2010). More than one-half (53.0%) of Indigenous mothers smoked, compared with 17.3% of non-Indigenous mothers.

An earlier report showed that smoking is more than three times as common among teenage mothers (44.2%) compared with mothers older than 35 years (13.7%) (Wills & Coory, 2008). More than one-third (36.2%) mothers in the most disadvantaged areas of Queensland[10] smoked during pregnancy. One in fifteen (6.5%) of mothers who smoke in early pregnancy stop by the middle of pregnancy.

Premature births

Babies with low birthweight or shorter gestation have a significantly increased risk of short- and long-term health problems (Al-Yaman, Bryant, & Sargeant, 2002). Factors contributing to low birthweight or shorter gestation include multiple births, the mother's age (older or younger), cigarette smoking during pregnancy (see above), alcohol consumption and inadequate nutrition.

In Queensland in 2008, 6.8% of babies had a low birthweight (under 2500g) and 8.6% were born before 37 weeks gestation (Queensland Health – Health Information Centre, 2010). There was very little change in these proportions from 2007 (Figure 6.1).

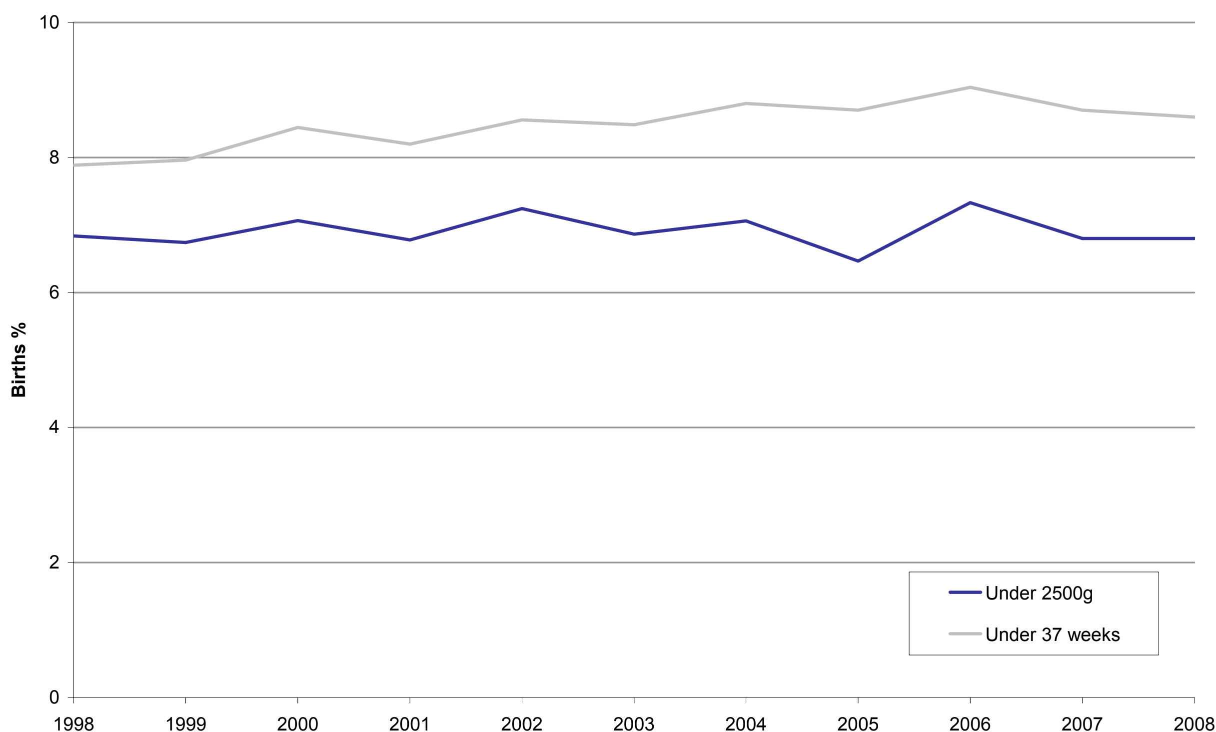
Babies born to Indigenous mothers were more likely to have a low birthweight and/or a shorter gestation period (Figure 6.2):

- About 1 in 10 Indigenous babies (10.9%) had a birthweight under 2500g in 2008, compared with the rate of almost one 1 in 15 (6.8%) for all babies born in Queensland. The proportion of underweight Indigenous babies declined from 2007 (12.1%).
- About 1 in 9 Indigenous babies (11.7%) were born before 37 weeks gestation, compared with the rate of 1 in 11 (8.6%) for all babies born in Queensland.

The pattern of low birthweight babies by Indigeneity in Queensland differs to the national average. In 2007, the rate of low birthweight babies was slightly higher in Queensland than Australia (6.8% and 6.2% respectively), whereas the Queensland rate of low birthweight Indigenous babies was lower than the national rate (11.2% and 12.5% respectively) (Laws & Sullivan, 2009).

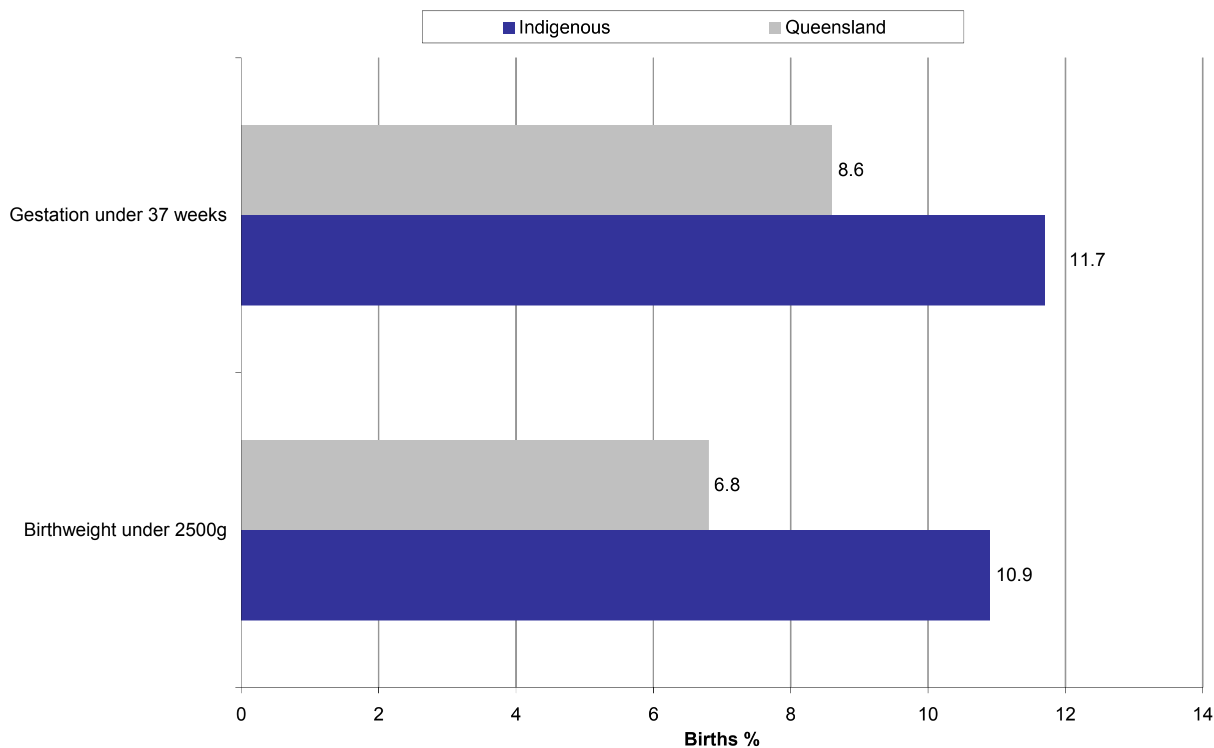
10 According to the Australian Bureau of Statistics' Socioeconomic Index for Areas.

Figure 6.1 Births by birthweight and gestation, Queensland, 1998 to 2008



Source: Queensland Health, *Perinatal Statistics*

Figure 6.2 Birthweight and gestation by Indigenous status[a], Queensland, 2008



a. Indigenous status of mother.
Source: Queensland Health, *Perinatal Statistics*

Complications at birth

Apgar scores are clinical indicators of a baby's condition shortly after birth. They are based on assessment of heart rate, breathing, colour, muscle tone and reflex irritability. Each characteristic is given a score from 0 to 2, yielding an overall Apgar score of between 0 and 10. Scores under 7 at five minutes after birth are considered an indicator of complications and of compromise for the baby (Laws & Sullivan, 2009).

In 2008, 1.0% of babies born in Queensland had Apgar scores under 7, suggesting they could have some developmental and health difficulties as they grow (Queensland Health – Health Information Centre, 2010).

Foetal alcohol syndrome

Foetal alcohol syndrome (FAS) is a developmental condition involving a range of disabilities or abnormalities caused by alcohol consumption by women during pregnancy. Although a variety of physical and developmental symptoms may be present, the key features of FAS are permanent damage to the central nervous system (especially to the brain), prenatal and/or postnatal growth deficiencies, and cranio-facial abnormalities.

FAS, and Foetal Alcohol Spectrum Disorder, are associated with a range of preventable secondary disabilities including disrupted school experiences, mental health problems, inappropriate sexual behaviours, alcohol and drug abuse and involvement in the youth justice system (Benz, Rasmussen, & Andrew, 2009).

There is limited evidence of the prevalence of FAS in the general community, though some recent interstate studies have estimated the prevalence at between 0.01 and 0.2 per 1000 live births (Allen, Riley, Goldfeld, & Halliday, 2007). The prevalence rate of children with a diagnosis of FAS in a national prospective study was 0.06 per 1000 live births, whereas in the same study the prevalence for Indigenous live births was 0.8 per 1000. For Indigenous children aged under 5 years at diagnosis the prevalence was even greater (1.5 per 1000). Two-thirds (65.2%) of children with FAS were Aboriginal or Torres Strait Islander (Elliott, Payne, Morris, Haan, & Bower, 2008).

FAS is believed to be poorly recognised and strongly underdiagnosed in Australia. Challenges in diagnosis include obtaining accurate and reliable history of maternal alcohol use and changes in diagnostic features due to normal child growth and environmental factors (Benz et al., 2009). Few health professionals correctly identify the essential features of FAS, and there is an underlying reluctance to stigmatise a family by confirming a diagnosis (Elgen, Bruaroy, & Laegreid, 2007). There is currently no distinct diagnostic test to help practitioners determine FAS in a newborn baby or child.

The National Health and Medical Research Council's (NHMRC) *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* recommends that for women who are pregnant or planning a pregnancy, not drinking is the safest option to prevent harm in the developing foetus (National Health and Medical Research Council, 2009). While heavy drinking poses the greatest risk, there are no established standards which indicate a safe level of alcohol consumption.

In 2008, the Commission forwarded a submission to Food Standards Australia New Zealand (FSANZ) which strongly supported the mandatory labelling of alcoholic beverages to warn women of the risks to their developing children of consuming alcohol when planning to become pregnant, during pregnancy or when breastfeeding (Commission for Children and Young People and Child Guardian, 2008). FSANZ is conducting further investigations that could see labelling of alcoholic beverages become mandatory.

Breastfeeding

There is strong evidence that breastfed babies have a reduced risk of developing a range of conditions throughout infancy and childhood, including diabetes mellitus, otitis media (ear infection), diarrhoea and respiratory infections such as asthma and eczema (Al-Yaman et al., 2002; Horta, Bahl, Martines, & Victoria, 2007; National Health and Medical Research Council, 2003).

The *Australian National Breastfeeding Strategy 2010–2015* aims to contribute to improving the health, nutrition and wellbeing of infants and young children, as well as mothers by protecting, promoting, supporting and monitoring breastfeeding (Australian Health Ministers' Conference, 2009). The strategy sets out goals for each stage of the breastfeeding continuum: antenatal stage; immediate postnatal stage (birth to four days); medium postnatal (four days to eight weeks); and, long postnatal (eight weeks to six months and beyond).

The Queensland Statewide Breastfeeding Policy and Implementation Standard, which supports the national strategy, will increase equity of access to evidence-based consistent, contemporary care and information for all mothers, as well as outlining safe infant feeding practices. Under this statewide policy, mothers who make the informed choice not to breastfeed their babies will be supported and provided with education and resources to safely feed their infants.

Queensland Health recommends that babies be breastfed exclusively for the first 6 months of life, with solid foods introduced at this age in addition to continued breastfeeding to at least 12 months, and after for as long as mutually desired. These guidelines are consistent with NHMRC and World Health Organisation (WHO) guidelines. Queensland Health has set out targets of exclusive breastfeeding, with 60% of infants to be given only breastmilk in the first 3 months and 50% in the first 6 months of life by 2010.

In 2008, 95.3% of Queensland mothers initiated breastfeeding, surpassing the national target of 90% (Queensland Health, in press). On discharge from hospital, 89.6% of babies were breastfed, with 78.3% of those babies exclusively breastfed and 11.3% partially breastfed (Queensland Health – Health Information Centre, 2010).

Breastfeeding declined with the age of the baby. Over one-half (54.6%) of infants were exclusively breastfed (where the infant has received breastmilk and no other solids or liquids) up to 3 months, which was slightly lower than the Queensland target of 60% (Queensland Health, in press). However, just 13.3% of infants were exclusively breastfed up to 6 months. Three-fifths (59.7%) of infants received any breastmilk at 6 months, compared with one-third (33.3%) at the nationally recommended 12 months.

Infant formula had been consumed by almost one-half (47.2%) of infants aged 6 months or less in 2008 (Queensland Health, in press). While the recommended timeframe for introduction of solid foods is around 6 months of age, more than one-half (54.2%) of infants were introduced solid food prior to 6 months. A small proportion (6.5%) of infants commenced solid foods before 4 months of age.

The Longitudinal Study of Australian Children (LSAC) reveals that 92% of children were breastfed at birth, with 88% being breastfed at one week (Australian Institute of Family Studies, 2008). However, the proportion of children fully breastfed (that is with no other food or milk) at one week was just 80%, dropping to 71% by one month. The decline in full breastfeeding continued, with 62% of two month olds, 56% of three month olds, 46% of four month olds, 28% of five month olds and 14% of six month olds being fully breastfed.

The LSAC also revealed that breastfeeding was associated with more time being cuddled/comforted, being read/sung to and less time watching television. However, it was also associated with less time sleeping or napping and more time crying (Baxter & Smith, 2009).

According to the Queensland Perinatal Data Collection, 78.3% of babies in 2008 were fed only breastmilk at the time of discharge from hospital (Queensland Health – Health Information Centre, 2010). This was down from 82.7% in 2007. However, babies with younger mothers were less likely to be breastfed, with only 71.6% of babies with mothers aged under 20 breastfed exclusively at the time of discharge, compared with 78.7% of babies with mothers aged 20 and over.

One-fifth (22%) of Indigenous children from the *Footprints in Time* longitudinal study were breastfed for at least 12 months. Children from remote areas had higher rates of breastfeeding, and were breastfed for longer periods (Department of Families Housing Community Services and Indigenous Affairs, 2009).

While the majority (63.9%) of Indigenous children in non-remote areas stopped breastfeeding within the first six months of life, two-fifths (41.1%) of remote Indigenous babies stopped breastfeeding after one year, with 15.1% of remote Indigenous babies stopping at 2–3 years of age (Australian Bureau of Statistics, 2010d).

Queensland Health, in collaboration with the Australian Breastfeeding Association, launched a social marketing campaign in 2009 to promote breastfeeding duration. The campaign, which targets mothers under the age of 30 years, has been developed to support behaviour change and to provide reassurance and confidence to breastfeeding mothers. Aboriginal and Torres Strait Islander mothers have also been identified as a target for this campaign. Antenatal breastfeeding guide and supporting breastfeeding posters have been developed both for the whole population and for Indigenous families.

Immunisation and vaccine preventable diseases

Immunisation for children is measured and reported nationally at three milestones: 12 months, two years and five years of age. Immunisation rates for children in the first two years of life have remained relatively stable for the past few years (Figure 6.3). The national target is currently 90%, with Queensland performing on a par with other jurisdictions against nationally defined milestones, in achieving this target.

From the Australian Childhood Immunisation Register (Medicare Australia, 2010), the vaccination coverage rates for Queensland children on 30 June 2010 were:

- 91.9% of children fully vaccinated at 12 months of age
- 92.2% fully vaccinated at 2 years of age
- 90.2% fully vaccinated by 5 years[11] of age, and
- 93.8% of children having received a first dose of MMR (measles, mumps, rubella) vaccine by 2 years of age and 82.7% have received their second dose of MMR by 5 years.

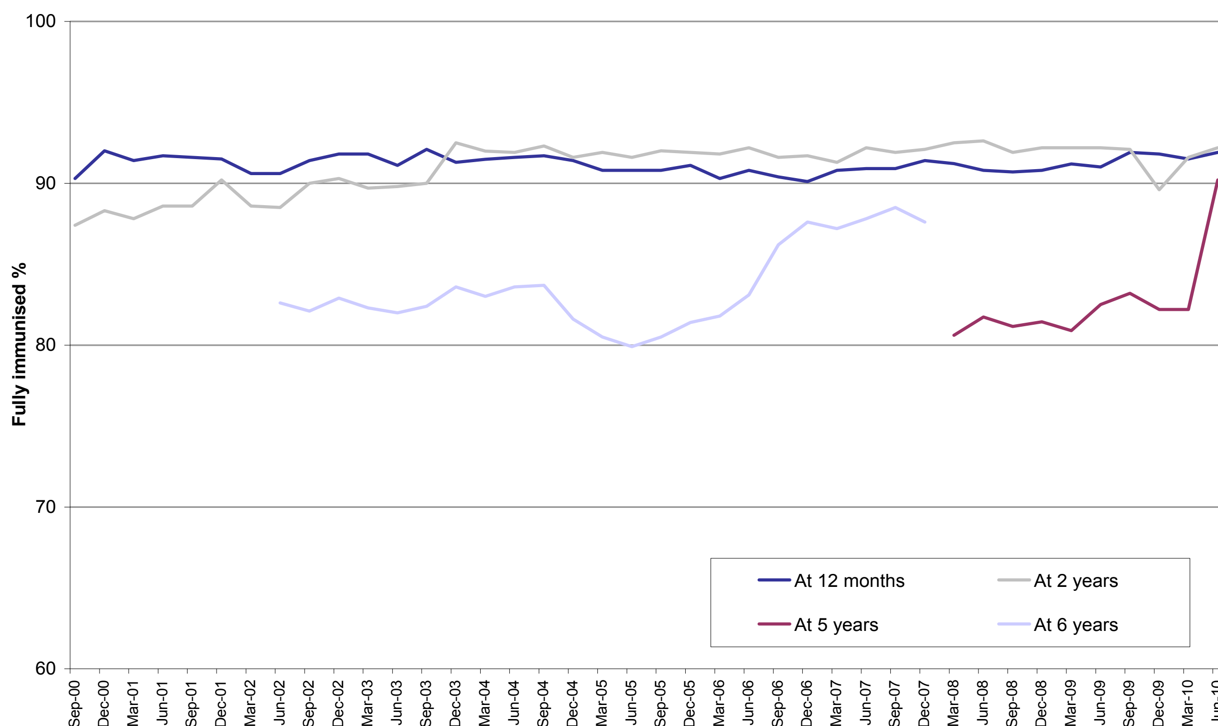
In September 2009, vaccination rates for 60–63 month old children from March 2008 onwards were updated from previous reports. Revised figures were lower than those originally reported.

For Aboriginal and Torres Strait Islander children in Queensland, coverage rates are also comparable to, or above national rates. At 30 June 2010, Indigenous coverage rates were:

- 85.7% fully vaccinated at 12 months of age
- 95.5% fully vaccinated at 2 years of age, and
- 87.0% fully vaccinated at 5 years of age.

Aboriginal and Torres Strait Islander children and young people have historically had poorer health and lower levels of vaccination. Hib[12] vaccination programs have seen dramatic reductions in the number of Hib cases, but the rate of disease notifications in Aboriginal and Torres Strait Islander children aged 0–4 years is still more than 10 times higher than in non-Indigenous children (4.3 and 0.4 per 100,000 population respectively in 2003 to 2006) (National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases, 2008).

Figure 6.3 Age-appropriate immunisation coverage rates, Queensland, September 2000 to June 2010



Note: In the September 2002 quarter the DTPa dose for children 18 months old was dropped from the schedule. As at 31 March 2008, National Immunisation Coverage is no longer produced for the 6 year age cohort. This has been replaced by the 5 year age cohort.

Source: Queensland Health – Communicable Diseases Branch; Medicare Australia, *Australian Childhood Immunisation Register*

11 As at 31 March 2008, National Immunisation Coverage is no longer produced for the 72–<75 month age cohort. This has been replaced by the 60–<63 month age cohort, as requested by the Department of Health and Ageing.

12 Haemophilus influenzae type b, or Hib disease, has complications including meningitis, epiglottitis and pneumonia.

While vaccinations have lead to the eradication of many harmful diseases, there are still potential risks associated with providing these vaccines to young children. While many children experience minor side effects following immunisation (such as soreness and swelling at the site of the injection, mild fever, and unusual crying), serious reactions are very rare. Infants or children with a high temperature or suffering from acute systemic illness should not be immunised until they have recovered.

Adverse events following immunisation (AEFI) are any serious or unexpected adverse events which may be related to the vaccine itself or its handling or administration. Such an event may be caused by the vaccine or may occur by chance, regardless of the vaccination. Surveillance of AEFIs is an integral part of the National Immunisation Program. In Queensland, reporting of AEFIs by doctors and hospitals is mandatory under the *Public Health Act 2005*.

The National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases annual report of AEFIs showed there were 1542 AEFI records in Australia in 2008 – down 5% from 2007 (Menzies et al., 2009). One in ten (9.9%) AEFIs were considered serious, in which the recipient of the vaccination required hospitalisation, experienced a life-threatening event or death.

In Queensland, there were 222 AEFI cases recorded in 2008, representing a rate of 5.2 per 100,000 population. The rate for children aged under 7 years was 19.8 per 100,000 population, which was approximately one-half the national rate (36.7 per 100,000 population).

There were two reported deaths of a child associated with immunisation in Australia in 2008, however, neither death was determined to be causally related to the vaccine administration.

Although much of the effort to improve immunisation over the last decade has resulted in increased coverage rates, a significant number of children in all age cohorts remain incompletely vaccinated. The factors associated with incomplete vaccination include failure to get primary vaccinations, high mobility, low socioeconomic status, parental unemployment, or coming from a culturally or linguistically diverse background. There are also parents who make an intentional decision against immunisation because of the perceived risks associated with immunising children. Queensland Health continues to undertake research and develop resources to assist the Queensland community to make informed decisions about immunisation.

Weight

The proportion of children with unhealthy weight-to-height ratios has increased in recent decades, with the percentage of overweight or obese children in Australia almost doubling from 11% in 1985 to 21% in 1995 (Al-Yaman et al., 2002). More recent surveys have revealed that about one-quarter of children and young people are overweight or obese. The trend has been linked to increased consumption of softdrinks, snack food and fast food. At the same time, children are spending more time in sedentary activities such as watching television and playing computer games, more time travelling in cars, and less time playing organised sport and taking part in other physical activities such as walking or cycling to school (see Chapter 7, “Lifestyle”).

The Body Mass Index (BMI) is a commonly used measure of overweight and obesity, particularly when assessing population levels of overweight and obesity. The BMI is calculated by dividing weight in kilograms by height in metres squared. However, the BMI does not consider gender and age influences, nor does it measure body fat versus muscle. International BMI cut offs for overweight and obesity for children aged 2–18 years have been established, based on adult cut offs of 25 and 30 for adults (Cole, Bellizzi, Flegal, & Dietz, 2000).

Recent Queensland and Australian studies reveal that approximately one in four children and young people are overweight or obese (Abbott et al., 2008).

The 2007 Australian National Children’s Nutrition and Physical Activity Survey reported that 17% of males and 18% of females were classified as overweight, and 5% of males and 6% of females were classified as obese (Commonwealth of Australia, 2008a). Three in ten girls aged 9–13 years were classified as either overweight (23%) or obese (7%). The Healthy Kids Queensland Survey 2006 showed greater proportions of females than males were overweight (17.7% and 14.6% respectively), with more than one-quarter of females in Year 5 considered either overweight or obese (26.4%) (Abbott et al., 2008)– see Table 6.1.

Table 6.1 Percentage of children classified as overweight or obese, Queensland, 2006

		Overweight	Obese
		Mean	
Year 1	Male	12.2	4.5
	Female	15.3	4.4
Year 5	Male	13.4	6.2
	Female	19.9	6.5
Year 10	Male	19.4	3.2
	Female	16.8	3.7
Total	**Male**	**14.6**	**4.8**
	Female	**17.7**	**5.1**
All persons		**16.2**	**4.9**

Source: Queensland Health, *Healthy Kids Queensland Survey 2006*

The National Health Survey 2007–08 showed that, based on BMI measures, 26.9% of children and young people in Queensland were overweight (17.6%) or obese (9.3%) (Australian Bureau of Statistics, 2009i). Almost one-third (31.7%) of 16–17 year olds were either overweight (19.9%) or obese (11.8%).

The proportion of Australian children aged 5–17 years who were overweight or obese in 2007–08 had increased from 1995 (24.9% and 20.9% respectively) (Australian Bureau of Statistics, 2009i). The increase was largely the result of an increase in the proportion of boys being classified as obese, up from 4.5% in 1995 to 9.7% in 2007–08. The proportion of 5–17 year old girls who were classified as obese was steady over time, but the percentage who were classified as overweight increased slightly, from 15.3% to 18.2%.

The Longitudinal Study of Australian Children (LSAC) found that 17.3% of 4–5 year olds were classified as overweight and 5.5% as obese in 2008 (Australian Institute of Family Studies, 2009). Similar proportions of 8–9 year olds were overweight (17.4%) and obese (6.2%).

Children (both boys and girls) aged 8–9 years who are overweight or obese typically correctly perceive themselves to be heavier than children of normal weight, and also express a desire to lose weight (Australian Institute of Family Studies, 2009). Likewise, underweight children perceive themselves as being lighter than normal weight children and want to put on weight. Children categorised as having normal weight typically desired to be lighter than they were.

The House of Representatives Standing Committee conducted an inquiry into obesity in Australia and released the W*eighing it up: Obesity in Australia* report in 2009 (Commonwealth of Australia, 2009e). The committee's recommendations that are relevant to children and young people included:

- continued support for the *Active After-school Communities* program
- commissioning of research into the effects of the advertising of food products with limited nutritional value on the eating behaviour of children, and
- development and implementation by peak bodies of a *Healthy Food Code of Good Practice*.

The National Preventative Health Taskforce's report *Australia: The healthiest country by 2020* made recommendations and identified areas for action to tackle obesity, tobacco and alcohol as key drivers of chronic disease and associated health system and social costs (National Preventative Health Taskforce, 2008). In regards to obesity, the overarching aim for the Taskforce is to halt and reverse the rise in overweight and obesity prevalence by 2020. The report acknowledges the complexities inherent in the obesity and overweight problems evident in Australia.

Diabetes

The rate of new cases of Type 1 (juvenile onset or insulin-dependent) diabetes in children is increasing in Australia (Australian Institute of Health and Welfare, 2009c). According to the National Diabetes Register, in 2007 there were 987 new cases among children aged 0–14 years in Australia, representing a rate of 24.2 per 100,000 population. In Queensland there were 221 new cases in 2007, at a rate of 26.0 per 100,000 population. This was an increase of 13.9% from 194 new cases in 2006.

The incidence of new cases of Type 1 diabetes increased with increasing age in the 0–14 age group. In 2007, the average annual rates of new cases for Australian children were:

- 15.1 for children aged 0–4 years per 100,000 population
- 25.8 for children aged 5–9 years per 100,000 population, and
- 31.3 for children aged 10–14 years per 100,000 population.

Oral health

The AIHW's Child Dental Health Survey, 2003–04 showed that the proportion of Queensland children with decayed, missing or filled permanent teeth generally increased with age (Armfield, Spencer, & Brennan, 2009). For instance, the proportions of children with one or more decayed, missing or filled permanent teeth (DMFT > 1) were:

- 31.1% for 9 year olds
- 37.0% of 10 year olds
- 40.7% of 11 year olds
- 43.5% of 12 year olds
- 45.6% of 13 year olds
- 55.6% of 14 year olds, and
- 55.5% of 15 year olds.

The proportion of 10 and 11 year olds with one or more DMFT increased in 2003–04 from 2002 (up from 32.9% and 34.4% respectively). In contrast, the proportion of 12 and 13 year olds with one or more decayed, missing or filled permanent teeth decreased (down from 47.7% and 49.9% in 2002 respectively).

The majority of children aged 5–11 years had no decaying (56.3%), missing (95.1%) or filled (56.3%) deciduous or permanent teeth. However, one in six (16.1%) Queensland children had one decayed tooth, one in ten (10.9%) had two decayed teeth, 6.1% had three decayed teeth, 4.1% had four decayed teeth, and 6.6% had five or more decayed teeth.

Immediate treatment needs were identified for 1.5% to 4.6% of 4–13 year old Australian children, and of these a high percentage had five or more decayed teeth in need of treatment, particularly among children aged 5 (43.4%) and 6 years (43.8%).

Risk factors for caries in early childhood (0–4 years) include difficulties in cleaning teeth, presence of bacteria (in mother and/or child), consumption of sweetened drinks, maternal anxiety and maternal access to health care benefits (Seow, Clifford, Battistutta, Morawska, & Holcombe, 2009).

The National Dental Telephone Interview Survey investigates trends in access to dental care among young Australians. In 2005, 82.7% of 5–11 year olds and 78.9% of 12–17 year olds visited a dentist in the previous 12 months (Ellershaw & Spencer, 2009). The proportion of 12–17 year old males visiting a dentist has increased from 67.5% in 1994 to 78.1% in 2005.

The majority of children (89.4% of 5–11 year olds, 79.2% of 12–17 year olds) usually visit the dentist at least once per year, and these visits were for check-ups (91.3% and 82.9% respectively). For example, three-quarters (77.6%) of 5–11 year olds and four-fifths (81.0%) of 12–17 year olds most recent visit was a check-up.

The main types of treatments received within the previous 12 months for 5–11 year olds and 12–17 year olds were: scale and clean (33.8% and 52.1% respectively); filling (29.8% and 23.8% respectively), and extraction (7.8% and 9.0% respectively).

Almost one-third (29.5%) of Indigenous children aged 0–14 years had gum or teeth problems in 2008 (Australian Bureau of Statistics, 2010d). One-quarter (24.7%) of Indigenous 10–14 year old children had a tooth or teeth filled due to decay, with 17.5% having cavities or dental decay. One in thirteen (8.0%) of Indigenous 10–14 year olds had a tooth or teeth removed because of decay.

The cost of dental treatment was a barrier for small but significant proportions of children in 2005. One in fourteen (7.1%) 5–11 year olds and one in ten (10.2%) 12–17 year olds avoided or delayed dental treatment because of the cost, however these proportions have declined from 1994 (12.6% and 16.3% respectively). Dental treatment was a large financial burden on families for 7.0% of 5–11 year olds and 12.0% 12–17 year olds, while cost prevented recommended work for 3.0% of 5–11 year olds and 7.7% of 12–17 year olds.

Water fluoridation is now used in all capital cities of Australia and is considered an effective public health measure to prevent dental decay – it reduces dental disease, loss of teeth, time away from school, and anaesthesia-related risks associated with dental treatment, and can reverse the process of decay once it has commenced (Armfield, Slade, & Spencer, 2007). The addition of small amounts of fluoride (about one part per million) to Queensland's water supply was introduced in 2008, increasing coverage from 4.7% to an estimated 80%. The Queensland Child Oral Health Survey will evaluate the oral health gains in children living in communities that have recently had their water supply fluoridated.

In an effort to improve oral health among Queensland's children, parents of newborns will be provided with age appropriate key oral health messages at the time of birth and at 6 months of age under the *Smile Baby Smile* initiative. In addition, *Happy* Teeth, a nutrition and oral health curriculum for children attending child care centres will be introduced.

Hearing loss

In July 2009, COAG announced universal neonatal hearing screening would be available to all newborn children in all states and territories by the end of 2010. National guidelines and a national framework for infant hearing screening are currently under development.

Permanent sensorineural hearing loss

Early intervention in cases of congenital hearing impairment enables improved speech, language and educational outcomes. All birthing hospitals in Queensland have offered universal screening of newborn hearing since the end of December 2006. Public paediatric audiology services throughout Queensland were also enhanced at this time to ensure access and timely diagnosis.

Almost all (99.2%) eligible babies born in 2009 received newborn hearing screening, which was comparable with capture rates with similar programs elsewhere (Queensland Health – Healthy Hearing Program, unpublished data). Of all babies screened, 0.8% were referred to paediatric audiology services for a full diagnostic assessment.

A further 2.4% of babies passed the hearing screen at birth but had risk factors for progressive or late-onset hearing loss. These babies were referred for a diagnostic assessment to occur between 6 and 12 months of age. Extensive consultation has been undertaken with parents and service providers in the hearing loss field and, as a result, a state-wide service has been established to provide support to families of children with a hearing loss.

Preliminary data for 2009 suggest that approximately 1.2 per thousand referred babies were being detected with a permanent childhood hearing loss that was moderate to severe. This is comparable to outcomes from other newborn hearing screening programs nationally and internationally.

In 2008, 34 children under 3 months were identified and fitted with hearing aids, with an additional 34 fitted by 12 months of age.

Chronic otitis media

Self-report surveys show that about one in eleven (9.1%) Indigenous children have some form of hearing impairment[13] (Australian Bureau of Statistics, 2009h). However, screening data from Queensland Health's Deadly Ears Program reveal that more than one-half (52.5%) of all Aboriginal and Torres Strait Islander children failed ear screening. Deadly Ears aims to reduce the rates of chronic ear disease, particularly otitis media, among Aboriginal and Torres Strait Islander children in regional, rural and remote communities. The most common causes of hearing loss among Indigenous people are disorders of the middle ear from infections during infancy leading to chronic otitis media, a disease which in Indigenous people usually continues from childhood into adolescence (Steering Committee for the Review of Government Service Provision, 2003). Hearing problems can result in delays in childhood development and the attainment of essential interactive skills, a lack of participation in schooling, and a failure to obtain an education, which can then contribute to a range of long-term health, social and economic problems.

Disability

The 2006 Census revealed that about 16,400 (or 1.7%) children and young people in Queensland had a profound or severe disability[14] that required assistance for core activities[15] (Australian Bureau of Statistics, 2008a). The prevalence of profound or severe disabilities was greatest among 10–14 year olds (2.1%) and 5–9 year olds (2.1%). A slightly higher proportion (1.9%) of Indigenous children and young people had a severe or profound disability that requires assistance for core activities.

From 1 January 2009, the National Disability Agreement (NDA) replaced the Commonwealth State/Territory Disability Agreement (CSTDA) for the provision of disability services in Australia to assist and support people with a disability living in the community. In Queensland, the Department of Communities (Disability Services) is responsible for disbursement of these funds under the provisions of the *Disability Services Act 2006*.

13 Hearing impairment includes deafness, partial hearing loss, tinnitus, otitis media and otitis external.

14 The ABS defines the severe and profound disability population as "those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age".

15 Because of its different methodology and its broader scope, the 2003 Survey of Disability, Ageing and Carers (SDAC) that has previously been reported in *Snapshot* estimated higher proportions of children and young people with any disability and core-activity limitation disabilities. Therefore comparisons should not be made between the 2003 SDAC and 2006 Census data.

There were 6668 users of NDA services aged under 18 years in Queensland in 2008–09 (Department of Communities – Disability Services, unpublished data). Of these, 59.0% had intellectual or learning disabilities and around a third (31.3%) had physical disabilities (including acquired brain injury and neurological disabilities). The majority of service users were non-Indigenous (79.9%); 6.7% of service users were Aboriginal and/or Torres Strait Islander, and for an additional 14.2% Indigeneity was not known or stated.

Although there is a discrepancy between the number of children and young people in Queensland estimated by the Australian Bureau of Statistics to have a disability and the number who received assistance and support through the NDA in 2008–09, it is difficult to compare the two as the ABS survey data are based on respondents' self-reporting of disability, whereas allocation of funding and services is based on the definition of disability[16] in the *Disability Services Act 2006*.

Mental health

According to the World Health Organisation (World Health Organisation, 2005), mental health is:

- an integral part of health;
- more than the absence of mental illness, and
- intimately connected with physical health and behaviour.

Furthermore, mental health is defined as "a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organisation, 2001).

The complex nature of mental health contributes to the difficulties in adequately defining and determining the scope of the problems, particularly in relation to children and young people. Accordingly, there is very limited information available that comprehensively describes the extent of mental health problems in young people. There is a spectrum of mental health problems that ranges from mild distress through to clinically diagnosed mental illness. Mental problems can sit anywhere along that continuum, so it is important to understand that, even if a child or young person has not been clinically diagnosed, they can still experience distress and dysfunction which require attention.

According to the Department of Health and Aged Care (Raphael, 2000), factors that influence the mental health of children and young people include:

- physical health and development
- social and psychological development
- the family, and the quality and consistency of nurture and the child's relationship with parents or other adults
- environmental factors, both social and physical
- genetic factors
- social norms and expectations that influence child rearing
- cultural influences on children, young people and families, and
- social advantage or disadvantage, including access to basic resources.

In 2007–08, 14.4% of Australians aged under 15 years suffered from mental and behavioural problems (Australian Bureau of Statistics, 2009i). The most common reported problems were behavioural and emotional problems with usual onset in childhood/adolescence (5.9%), anxiety related problems (5.0%) and problems of psychological development (4.7%). Also, almost one in forty (2.4%) Australians aged 0–14 years experienced mood or affective disorders such as depression.

Queensland Health are planning to develop a Youth Mental Health Policy to facilitate the provision of evidence-based and developmentally appropriate treatment practices for young people. In addition, Youth Mental Health First Aid instructors across Queensland provide training to improve the mental health literacy of people living with or working with young people to enable them to provide initial support for someone with a mental health problem.

16 The *Disability Services Act 2006* defines disability as a person's condition that is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment which results in a substantial reduction of the person's capacity for communication, social interaction, learning, mobility or self-care or management, and the person needs support. The disability must be permanent or likely to be permanent, and may be of a chronic episode nature.

Counselling

In 2008, Kids Help Line received an estimated 94,077 telephone and online contacts from children and young people in Queensland. Although telephone contacts accounted for the vast majority of contacts to the service, online services account for 7% of all contacts (Kids Help Line, 2010). Three-fifths (60.0%) of contacts received by Kids Help Line were responded to by counsellors, which equated to 52,307 answered telephone calls and 4186 online contacts. More than one-half (56%) of answered telephone calls and one-quarter (25%) of online contacts were from regional and remote areas of the state.

Many young people who contact Kids Help Line do not require specific counselling. They may be seeking relevant information, or calling to “check out” the service in case they may want to use it in the future. However, 10,425 telephone and online counselling sessions were conducted with children and young people in Queensland in 2008. Referrals to other support services were made to 13% of young people receiving counselling, and an additional 16% were referred to their doctor, school counsellor, or mental health worker.

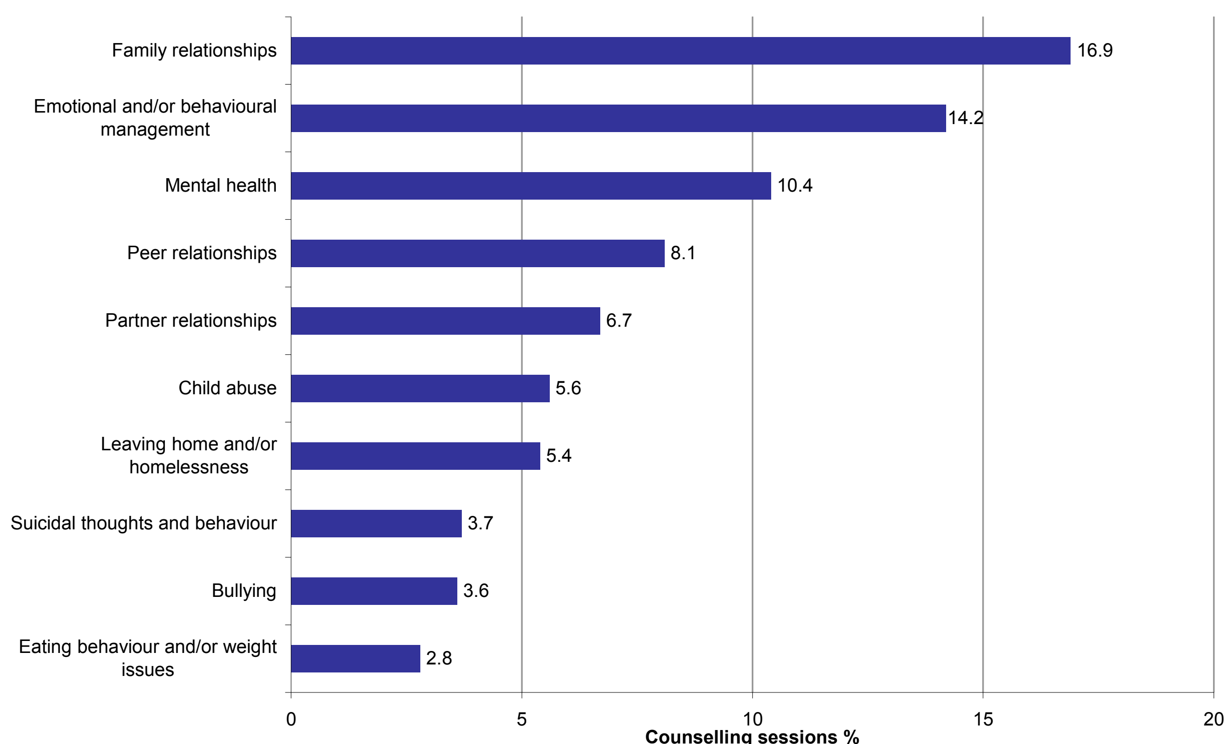
From these counselling sessions, the main concerns reported were family relationship problems (16.9%), emotional and/or behavioural management (12.4%) and mental health problems (10.4%) (Figure 6.4).

Some of the characteristics of contacts with Kids Help Line counsellors were:

- there was an increase in the number and proportion (14.2%, up from 11.7%) of counselling sessions focusing on emotional and/or behavioural management issues
- there was a continuing increasing trend in the number of counselling sessions pertaining to mental health issues (10.4% in 2008, up from 8.9% in 2007), with 43% reporting a clinically diagnosed mental health issue
- one-half (52%) of callers with family relationship concerns reported frequent or major family conflict or disruption
- there was a slight decrease in the number and proportion of counselling sessions dedicated to dealing with bullying (down from 4.3% in 2007 to 3.6%), with an additional 0.1% of counselling sessions concerning cyber bullying and harassment, and
- there was a slight increase in the proportion (3.7%) of callers reporting suicidal thoughts and behaviours, from 3.5% in 2007, with 20% of these young people having an immediate intent or being in the process of making a suicide attempt.

One in eighteen (580 contacts or 5.6%) counselling contacts pertained to child abuse. Counsellors implemented responses to protect children, such as contacting an emergency service or child protection agency, if they assessed the child was at risk of harm. Of these calls, 45% related to physical abuse, 35% related to sexual abuse, 15% related to emotional abuse, and 5% related to neglect.

Figure 6.4 Most common problems counselled on Kids Help Line, Queensland, 2008



Source: Kids Help Line, *Queensland Report 2008*

Sexual health

Young people who engage in unsafe sexual activity are at risk of unwanted pregnancy and of contracting sexually transmissible infections (STIs).

In recent years, there have been a number of improvements in both testing technologies and treatment for STIs (Queensland Health, 2005) that have contributed to earlier detection and improved treatment outcomes. Increased testing and targeted screening programs, such as the Well Person's Health Check, begun in 1998 with Indigenous people in north Queensland, and among university students in 2001 (Queensland Health – Communicable Diseases Unit, 2002), have contributed to increasing notification trends, but STIs such as chlamydia, gonorrhoea, syphilis and HIV remain widespread in Australia and most other countries.

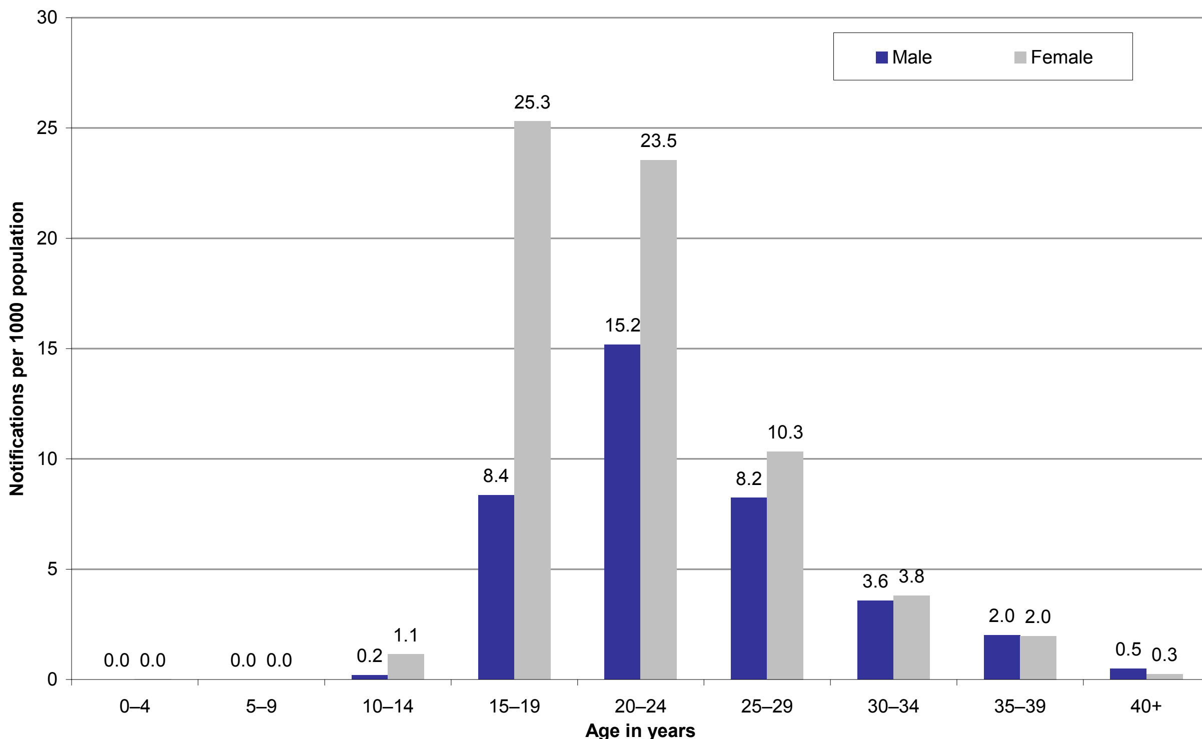
Chlamydia is the most commonly notified STI in Queensland, and the number of notifications is continuing to increase (Queensland Health, 2007). Chlamydia is a curable STI but, if left untreated, can result in pelvic inflammatory disease in females, which can cause infertility, ectopic pregnancy and chronic pelvic pain (Australian Institute of Health and Welfare, 2003). Pregnant women infected with chlamydia can pass the infection to their babies during delivery. In males, untreated chlamydia can lead to infertility.

It is difficult to estimate the actual numbers of chlamydia cases, as the infection may be asymptomatic (showing no outward symptoms), with asymptomatic cases usually only notified as a result of screening programs or partner notification. The rate of chlamydia notification in females has been increasing over time, which could be associated with increased awareness and diagnosis by professionals, although young people engaging in unprotected sex with multiple partners is believed to have contributed at least partially to this increase.

Chlamydia notifications were most common among 15–24 year olds in 2009, particularly among women (Figure 6.5):

- for females, the highest rates of chlamydia notifications occurred in 15–19 year olds (25.3 per 1000), followed by 20–24 year olds (23.5 per 1000), and
- for males, the rate of chlamydia notifications for 15–19 year olds was 8.4 per 1000, which was lower than the rates reported for 20–24 year olds (15.2 per 1000).

Figure 6.5 Chlamydia notifications[a] by age by sex, Queensland, 2009



a. Notifications per 1000 population.
Source: Queensland Health – Communicable Diseases Branch; ABS, *Population by Age and Sex*, cat. no. 3201.0

Chlamydia notification rates in young people aged 15–24 have continued to increase over time, suggesting that current approaches to sexual health education may not be succeeding with this cohort.

There were 1.1 chlamydia notifications per 1000 females and 0.2 per 1000 males in those aged 10–14 years in 2009 in Queensland. These statistics possibly raise child safety concerns, but the majority of these notifications were likely to be in older children (for example, 13–14 year olds) and infection in this age group may be linked to sex between same age peers.[17] There was one chlamydia notification in the 0–4 age group, which could have been through transmission to the neonate during delivery. This figure is similar to the number of notifications reported in 2008 and 2007 (1 and 2 respectively).[18]

In Queensland, there were three new human immunodeficiency virus (HIV) notifications for boys aged 10–19 years in 2008, and 20 in total between 2004 and 2008 (Queensland Health – Communicable Diseases Branch, 2009). The notification rate between 2004 and 2008 was 1.4 per 100,000 population. Among females aged 10–19 years there were two new cases between 2004 and 2008.

There were two HIV notifications in children aged less than 10 years in 2008. One of these children was reported to have had maternal exposure to HIV (Queensland Health – Communicable Diseases Branch, 2009).

Table 6.2 shows the number of notifications for selected STIs at the national level in 2008 (National Centre in HIV Epidemiology and Clinical Research, 2009).

The Second National Sexually Transmissible Infections Strategy 2010–2013 identifies young people as a priority group due to their over-representation in STI diagnoses, and the increasingly earlier initiation of sexual relationships. A sex education component is planned to be incorporated in the new National Curriculum.

Table 6.2 Diagnoses of specific sexually transmissible infections/diseases, Australia, 2008

	Age	Male	Female	Persons[a]
HIV	0–1	1	1	2
	2–12	4	1	5
	13–19	7	6	13
Chlamydia	0–4	36	42	79
	5–14	50	502	553
	15–19	3699	11,220	14,957
Gonorrhoea	0–4	2	2	4
	5–14	29	155	184
	15–19	739	844	1584
Syphilis	0–4	0	0	0
	5–14	0	8	8
	15–19	40	37	77
Hepatitis B	0–4	1	1	2
	5–14	1	1	2
	15–19	6	5	11

a. Includes persons whose sex was not reported.
Source: National Centre of HIV Epidemiology and Clinical Research, *Annual Surveillance Report 2008*

Hospital waiting lists

Queensland has two children's hospitals – Mater Children's Public Hospital and the Royal Children's Hospital. Waiting times for elective surgery for the December quarter 2009 are outlined in Table 6.3 (Queensland Health, 2010).

All child patients requiring category one surgery were operated on within the recommended time frames in the December 2009 quarter, which was a marked improvement from the same time 12 months earlier. The median waiting time was also lower in 2009 for both the Mater Children's Hospital (8 days in 2009 compared with 14 days in 2008) and Royal Children's Hospital (6 days compared with 11 days in 2008).

At least half of the child patients requiring category two surgery were operated on well within the recommended time frames, while more than 10% of patients at both hospitals had to wait longer than the desirable time.

17 In 2007–08, 94% of notifications among 10–14 year olds were in consenting 13–14 year olds.
18 The numbers of chlamydia notifications for 0–4 year olds for 2007 are lower than had been reported in previous *Snapshot* reports because of Queensland Health's follow-up of notifications to determine the cause of infection. Chlamydia infection can be acquired perinatally and may persist for up to 3 years.

At the end of the December quarter 2009, there were 1912 (down 48.7% from 3728) patients awaiting surgery at the two children's hospitals in Queensland. Of these, 238 (12.4%) were waiting longer than clinically recommended (down from 23.0% in 2008).

Table 6.3 Hospital waiting lists for children, Queensland, December quarter, 2009

	Mater Children's Public Hospital	Royal Children's Hospital
Category one[a]		
Number treated	190	317
Median waiting time[d]	8 days	6 days
90th percentile waiting time[e]	24 days	27 days
Number "long wait"[f]	0	0
Category two[b]		
Number treated	332	682
Median waiting time[d]	63 days	42 days
90th percentile waiting time[e]	137 days	105 days
Number "long wait"[f]	99	80
Category three[c]		
Number treated	430	146
Median waiting time[d]	20 days	90 days
90th percentile waiting time[e]	216 days	268 days
Number "long wait"[f]	11	48
Combined		
Number waiting at 1 January 2010	988	924
Proportion "long wait"[f]	11.1%	13.9%

a. Category one – admission within 30 days desirable for a condition that has the potential to deteriorate quickly, to the point that it may become an emergency.
b. Category two – admission within 90 days desirable for a condition causing some pain, dysfunction or disability, which is unlikely to deteriorate quickly or become an emergency.
c. Category three – admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.
d. Median waiting time represents the number of days within which half of the patients treated received their surgery.
e. 90th percentile wait shows that 90% of the patients treated received their surgery within the specified number of days.
f. "Long wait" is the number of patients who are waiting longer than clinically recommended.
Source: Queensland Health, *Quarterly Public Hospitals Performance Report*

Hospitalisation

The 2008–09 leading causes of morbidity for children and young people up to 19 years of age (based on hospital separations – a hospital transfer, discharge or death) are illustrated in Figures 6.6 and 6.7.

The main causes of hospitalisation of infants under 1 year of age were conditions originating in the perinatal period (including pregnancy and the first 28 days of life), with 178.4 hospitalisations per 1000 population in 2008–09, followed by diseases of the respiratory system, congenital malformations, and injuries from external causes (73.9, 30.7 and 26.5 hospitalisations per 1000 respectively).

Male children aged under 1 year were substantially more likely than their female counterparts to be hospitalised for:

- respiratory system complaints (88.2 and 58.7 per 1000 respectively)
- digestive system complaints (19.7 and 11.0 per 1000 respectively), and
- congenital malformations (39.2 and 21.7 per 1000 respectively).

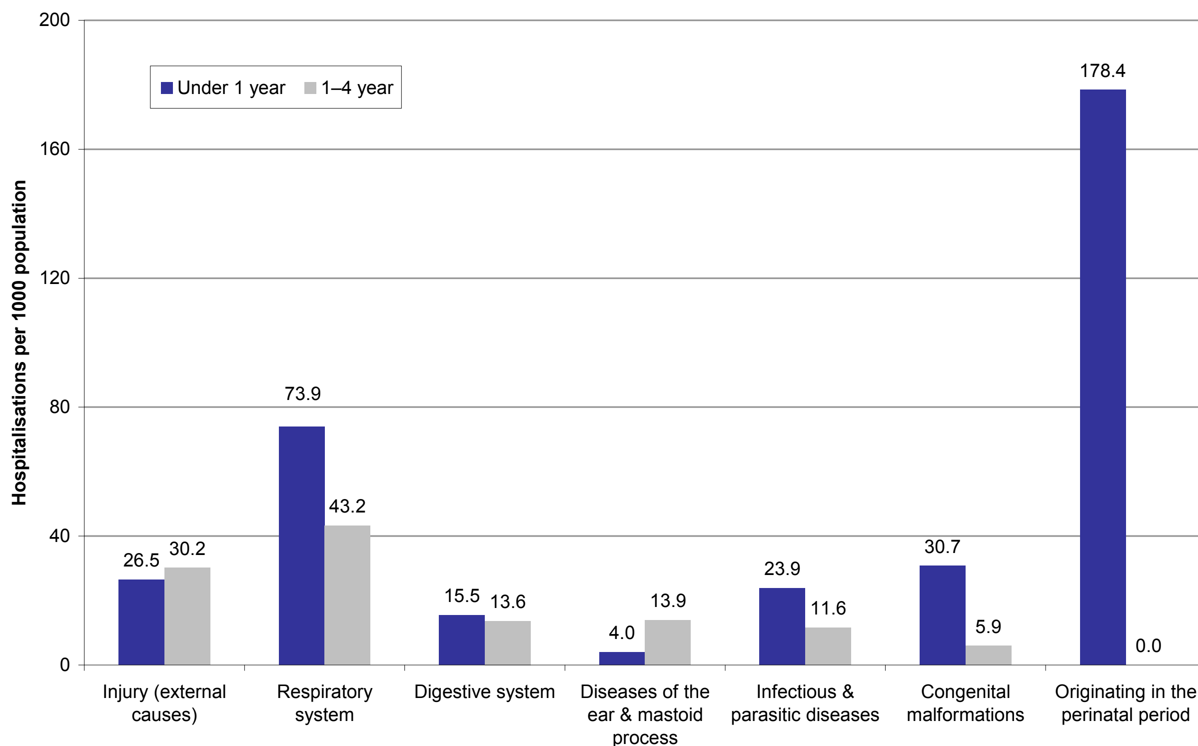
For 1–4 year olds, diseases of the respiratory system and injuries (external causes) were the main causes of hospitalisations, with 43.2 and 30.2 per 1000 respectively. Males aged 1–4 years were more likely than females to be hospitalised for injuries (34.6 and 25.5 per 1000 hospitalisations respectively), diseases of the ear and mastoid process (17.0 and 10.5 per 1000 hospitalisations respectively) and respiratory system complaints (51.3 and 34.7 per 1000 hospitalisations respectively).

Injuries from external causes were the leading cause of hospitalisation for 5–9 and 10–14 year olds, with 20.0 and 24.9 hospitalisations per 1000 respectively, followed by diseases of the digestive and respiratory systems.

The most common cause of hospitalisation for young women aged 15–19 years was pregnancy and childbirth, with a rate of 57.0 per 1000 females in the age group.

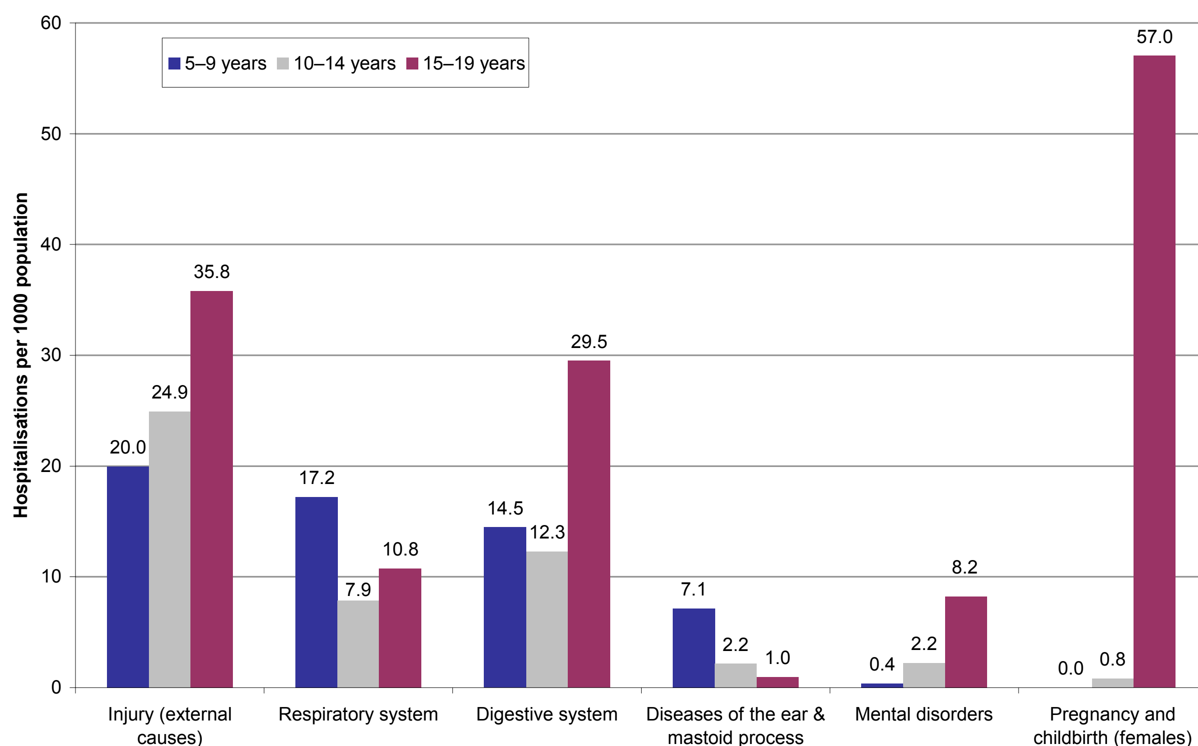
Among 15–19 year olds, injuries accounted for 35.8 hospitalisations per 1000 and diseases of the digestive system accounted for 29.5 per 1000. Male hospitalisation rates for injuries were approximately twice as high as for females in the 10–14 (32.0 and 17.5 per 1000 hospitalisations respectively) and 15–19 year age groups (47.1 and 23.9 per 1000 hospitalisations respectively).

Figure 6.6 Hospital separation rates for 0–4 year olds by selected causes,[a] Queensland, 2008–09



a. Based on International Classification of Diseases ICD-10.
Source: Queensland Health – Health Information Centre

Figure 6.7 Hospital separation rates for 5–19 year olds by selected causes,[a] Queensland, 2008–09



a. Based on International Classification of Diseases ICD-10.
Source: Queensland Health – Health Information Centre

Injury

Children and young people tend to be at risk of different types of injury, depending on their age. Young children develop mobility faster than an understanding of the world around them, making them vulnerable to falls, poisoning, burns or drowning. However, in older children and young people, risk-taking behaviour becomes more of a factor (Figure 6.8).

In 2008–09, children aged under 5 were most likely to be hospitalised because of falls (8.6 per 1000 aged under 1 and 9.7 per 1000 aged 1–4). These rates have increased from 2007–08 (up from 7.1 and 8.5 per 1000 respectively). Other significant causes for admission to hospital were fire, burns and scalds (3.3 per 1000 aged under 1 and 3.3 per 1000 aged 1–4) and accidental poisoning (0.7 per 1000 aged under 1 and 2.5 per 1000 aged 1–4).

Of particular concern is the rate of assault resulting in hospitalisations for infants, at 1.0 per 1000.

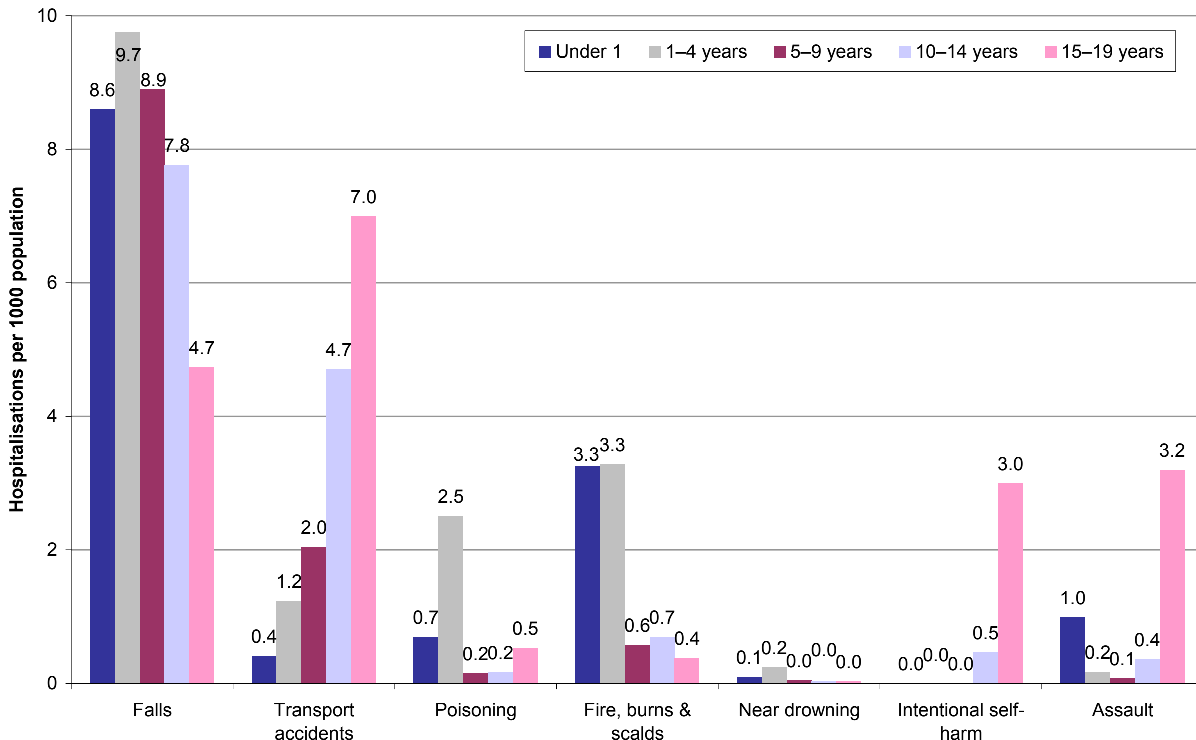
For older children and young people, the main causes of hospitalisation were:

- falls (8.9 per 1000 aged 5–9, 7.8 per 1000 aged 10–14 and 4.7 per 1000 aged 15–19), and
- transport accidents (2.0 per 1000 aged 5–9, 4.7 per 1000 aged 10–14 and 7.0 per 1000 aged 15–19).

Injuries caused by intentional self-harm and assault also became significant for young people aged over 14 (3.0 and 3.2 per 1000 respectively for those aged 15–19).

For older children and young people, males were 2–3 times more likely to be hospitalised for falls, assaults and transport accidents. Conversely, females aged 15–19 years were more likely to be hospitalised for intentional self-harm than males (4.6 and 1.5 per 1000 respectively).

Figure 6.8 Leading injury-related causes of admission to hospitals by age, Queensland, 2008–09



Source: Queensland Health – Health Information Centre.

7 Lifestyle and social issues

Key messages

Children and young people spend about half of their spare time on screen-based entertainment, such as the internet, TV, video games and watching DVDs. Young people spend over four hours a day on these activities – twice the recommended amount, as proscribed by the Australian Physical Activity Guidelines for Children and Youth. Most families now have internet access, and one in nine children have access from their bedrooms.

About two-thirds of young Queenslanders participate in organised sport and dancing outside of school. The most popular sports are swimming and netball for girls and soccer and swimming for boys. Children in single-parent families are less likely to participate in organised sport than children in couple families.

The introduction of the *Child Employment Act 2006* has seen children as young as 13 years combining their schooling with work. About one-third of Year 9 students reportedly have worked at some point in the previous year. The Commission advocates for young people to be fully protected from potential risks associated with working at a young age, including exploitation and harassment.

Improvements

There have been sustained reductions in the proportion of young people who smoke tobacco, drink alcohol and use illicit drugs. While there is still a concerning proportion of young people engaging in risky drinking behaviours, it is encouraging that there continues to be gradual decreases in these behaviours.

Areas of concern

Up to one fifth of young people have experienced cyber bullying. Cyber bullying has been linked with low self-esteem, poor academic attendance and performance, psychological distress, suicidal ideation and self-harm. A range of initiatives aimed at tackling cyber bullying are being implemented, including the establishment of the Queensland Schools Alliance Against Violence.

About one-quarter of sexually active young Australians engage in unprotected sex. In addition, about one-third have experienced unwanted sex due to pressure from a partner or through being too drunk. Inclusion of sexual education in the national curriculum for schools is being considered as an option to improve young people's sexual health behaviours.

Homelessness continues to be a significant problem for young people in Queensland, with 4000 persons aged under 20 years seeking Supported Accommodation Assistance Program services in 2008–09, with an additional 13,000 children accompanying parents. The Australian Government's *Road Home* approach to reducing homelessness is now in its second year, with priorities including providing affordable housing options and linking young people back into education and training.

Nutrition

There have been significant changes in eating and drinking habits in Australia over the last few decades. These have been associated with the changing structure of family life, and greater access to and prevalence of takeaway foods.

The 2007 Australian National Children's Nutrition and Physical Activity Survey was the first national investigation of children's nutrition and physical activity since 1995 (Commonwealth of Australia, 2008a). This survey measured dietary intake, selected food habits, use of supplements and other dietary measures.

The survey revealed that the majority of children under 9 years of age reported consuming adequate energy to meet estimated energy requirements as established by the National Health and Medical Research Council (NHMRC). However, the estimated usual intake of about one-fifth (between 19% and 21%) of 14–16 year old boys was outside the estimated energy requirements. More concerning is the 38–50% of 13–16 year old girls whose energy intake is not sufficient. However, energy intake levels of girls in this age group may be affected by under-reporting.

The majority of children and young people met the estimated average requirements for all nutrients included in the survey, except calcium. Between 82% and 89% of girls aged 12–16 years did not meet the estimated daily requirements for calcium, because of their relatively low intakes of dairy products. In addition, more than half (56%) of girls aged 14–16 years did not meet the daily requirement of magnesium intake.

The Australian Guide to Healthy Eating gives dietary guidelines for daily fruit and vegetable consumption. Guidelines for fruit consumption are:

- 4–8 year olds – 1 serve[19] per day
- 9–13 year olds – 1 serve per day
- 14–16 year olds – 3 serves per day.

And for vegetables:

- 4–8 year olds – 2 serves[20] per day
- 9–13 year olds – 3 serves per day
- 14–16 year olds – 4 serves per day.

Although the majority of children and young people aged up to 13 years met the daily recommendation of at least 1 serve of fruit per day (when juice is included), just one-quarter (25%) of boys and one-fifth (19%) of girls aged 14–16 years consumed at least one serve of fruit per day. When juice is excluded, only a minority of 14–16 year old boys and girls consumed at least one serve of fruit per day (2% and 1% respectively).

Very few children and young people of all age groups (between 5% and 22%) met the daily recommendation of vegetable intake, with just 1% of girls and 2% of boys aged 14–16 years eating 4 serves of vegetables per day.

Data from the Healthy Kids Queensland Survey collected in 2006 revealed that mean energy intakes for children in Years 1 and 5 and males in Year 10 were within the recommended ranges[21] (Abbott et al., 2008). However, the mean energy intake of Year 10 females was about 15% lower than recommended. The authors suggested that these lower levels of energy intake reported may arise from underreporting in that group. Furthermore, significant proportions of children had diets which were deficient in vitamin C, iron, calcium and potassium.

Although the vast majority of children in Years 1 and 5 reported eating breakfast every day, just 72.8% of boys and 53.8% of girls in Year 10 reported doing so.

About one-third of children from all year levels reported consuming fast food at least weekly, with 8.7% of Year 10 boys reporting consuming between 2 and 7 times per week. One in seven (13.7%) girls in Year 10 reported never eating fast food in the past 12 months.

Three in ten boys (30.3%) and four in ten girls (40.9%) in Year 1 reported drinking non-diet softdrink at least once per week. Among Year 10 students, seven in ten boys (71.5%) and one-half of girls (48.1%) drank softdrinks at least once per week. One in ten (9.3%) Year 10 boys drank at least one softdrink per day.

Physical activity

In 2010, the Australian Government announced the *National Physical Activity Recommendations for Children 0–5 years*. The specific recommendations were:

- infants (birth to 1 year) – for healthy development, physical activity, particularly supervised floor-based play in safe environments should be encouraged from birth
- toddlers (1 to 3 years) and pre-schoolers (3 to 5 years) should be physically active every day for at least three hours, spread throughout the day
- children younger than 2 years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games)
- for children 2 to 5 years of age, sitting and watching television and the use of other electronic media should be limited to less than one hour per day, and
- infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.

The *Australian Physical Activity Guidelines for Children and Youth* recommend that children (over 5 years of age) engage in at least 1 hour of moderate to vigorous physical activity (MVPA) each day (Department of Health and Ageing, 2005).

According to the Australian National Children's Nutrition and Physical Activity Survey, boys were more likely than girls to meet the physical activity guidelines (Commonwealth of Australia, 2008a). There was a 74% chance that on any given day any boy aged 9–16 years would get at least 60 minutes of MVPA, compared with 64% of girls. However, just 38% of boys and 25% of girls engaged in at least 60 minutes of MVPA on each of the four days investigated.

19 One serve of fruit is calculated to be 150g of fruit (including or excluding juice).
20 One serve of vegetables is calculated to be 75g of vegetables as specified in the Australian Guide to Healthy Eating (including or excluding potatoes).
21 For children categorised as having light to moderate levels of habitual physical activity.

Children aged 9–13 years were more likely to meet the physical activity guidelines than young people aged 14–16 years. There was a 76% chance that on any given day any 9–13 year old would get at least 60 minutes of MVPA, compared with 58% of 14–16 year olds. Two-fifths (40%) of 9–13 year olds participated in the recommended 60 minutes MVPA every day of the four-day sample period, in contrast to one-fifth (19%) of 14–16 year olds.

According to the Healthy Kids Queensland Survey, the 60-minute target for physical activity was reached on average approximately 3 days a week for boys and between 2 and 3 days a week for girls in Queensland (Abbott et al., 2008). Boys were more likely than girls to engage in physical activities every day, and at least 3 days in the past week.

Almost two-thirds (65.6%) of Queensland children aged 5–14 years participated in organised sport, dancing or physical activity outside of school in 2009 (Australian Bureau of Statistics, 2009d). There was no difference between males (65.9%) and females (65.3%) in their levels of participation.

At the national level, children from couple families were more likely to participate in organised sport (72.1%) than children from one-parent families (56.4%).

Indigenous children in remote areas were more likely to participate in physical exercise than those in non-remote areas. This was the case for both boys (87.1% and 75.0% respectively) and girls (80.4% and 66.9% respectively) (Australian Bureau of Statistics, 2010d). For boys, Australian rules and basketball were more popular in remote areas, whereas rugby league and swimming were more popular in non-remote areas. For girls, basketball was more popular in remote areas, but netball and swimming were more popular in non-remote areas.

The most popular organised sports among Australian children in 2009 are listed in Table 7.1.

Table 7.1 Participation in most popular organised sports, by sex, Australia, 2009

	Male	Female	Persons
	Per cent		
Swimming	17.2	19.8	18.5
Soccer (outdoor)	19.9	6.2	13.2
Australian rules football	16.0	0.9	8.6
Netball	0.3	17.0	8.4
Tennis	9.4	6.3	7.9
Basketball	8.5	6.3	7.4
Martial arts	7.5	3.7	5.7
Cricket (outdoor)	9.7	0.5	5.2
Gymnastics	1.7	7.6	4.6
Rugby league	7.0	0.0	3.6

Source: ABS, *Children's Participation in Cultural and Leisure Activities*, cat. no. 4901.0

Sedentary activities

The *Australian Physical Activity Guidelines for Children and Youth* also recommend that children over 5 years of age limit their use of electronic media for entertainment (such as watching TV/ videos/DVDs, using the internet or playing computer games) to 2 hours per day (Department of Health and Ageing, 2005).

However, the Healthy Kids Queensland survey found that the proportion of children in Queensland spending more than 2 hours per day on screen-based entertainment (such as TV, DVDs, internet, computer games) increased with age, with 39.3% of boys and 27.0% of girls in Year 10 exceeding this recommended level (Abbott et al., 2008). In fact, the mean number of minutes spent watching screen-based electronic media for entertainment on the previous day was 123 minutes for boys in Year 10 and 91 minutes for girls in Year 10.

According to the Australian National Children's Nutrition and Physical Activity Survey, on any given day, there was only a one in three chance that any given 9–16 year old would meet the recommendation of no more than 2 hours of non-educational screen time (Commonwealth of Australia, 2008a). Just 4% of boys and 9% of girls watched no more than 2 hours of screen-based entertainment on each of the four days assessed.

Children aged 9–16 years engaged in a daily average of 223 minutes of screen-based entertainment, with boys aged 14–16 spending the most time per day (272 minutes). Boys aged 9–16 years spent more time on screen-based entertainment than girls (248 minutes and 198 minutes respectively), with the majority of this disparity arising from time spent playing video games (57 minutes per day for boys, compared with 18 minutes per day for girls). Children aged 9–16 years watched on average more than two and a half hours of television per day (153 minutes).

Data from the *Media and Communications in Australian Families* research shows that young people aged 8–17 years spent about half (49%) of their free time on electronic media and communications activities[22] in 2007 (Australian Communications and Media Authority, 2008). The proportion of time spent on electronic activities increased with increasing age, such that 15–17 year olds spent 56% of their spare time, compared with 41% of 8–11 year olds and 51% of 12–14 year olds.

Males aged 8–17 years spent an average of four hours and 15 minutes per day on screen-based activities, compared with three hours 51 minutes for females. For all children, watching television was the most common daily activity (one hour 54 minutes), followed by using the internet (49 minutes) and playing video or computer games (39 minutes).

Internet access

Technological advances have seen the internet become an important tool for accessing information, communicating and education. The proportion of Queensland households that have access to the internet has increased dramatically in the past decade, from 15% in 1998 to 73% in 2008–09 (Australian Bureau of Statistics, 2009g). Nine in ten (91%) family households with children aged 8–17 years had the internet in 2007 (Australian Communications and Media Authority, 2007). One in nine (11%) young people had access to the internet in their bedrooms.

More than three-quarters (78.7%) of children aged 5–14 years in Queensland had accessed the internet in the twelve months preceding April 2009 (Australian Bureau of Statistics, 2009d). The proportion of internet access increased with increasing age, from 60.6% for 5–8 year olds and 84.7% for 9–11 year olds, to 95.9% for 12–14 year olds. Accessibility to the internet has increased in all age groups since 2006, particularly for younger children aged 5–8 years (up from 38.7% to 60.6%). Children living in metropolitan areas have greater access to the internet than those in remote areas (80.9% and 70.3% respectively).

Two-fifths (42%) of children aged 8–17 years have their own material on the internet (e.g. blogs, profile pages), with the majority of girls and boys aged 14–17 years having some form of web authorship (80% and 65% respectively) (Australian Communications and Media Authority, 2007).

Most children in Australia accessed the internet at home (91.8%) and school (86.4%). The time spent on the internet increases with increasing age, with one-fifth of 12–14 year olds (22.7%) going online at home for between 10–19 hours per week, in comparison with 9.0% of 9–11 year olds and 3.9% of 5–8 year olds. Further, one in ten (9.8%) 12–14 year olds access the internet for more than 20 hours per week (Australian Bureau of Statistics, 2009d). Another study showed that 16–17 year old Australians spend on average 23.5 hours per week on the internet, or 3.5 hours per day (Australian Communications and Media Authority, 2009).

Although educational activities are the most common internet activity cited by children in all age groups, other preferred uses of the internet varied by age in 2009 (Australian Bureau of Statistics, 2009d) (Table 7.2). Since 2006, the range of internet activities undertaken by children has broadened. The use of chat rooms, forums and instant messaging increased in popularity from 2006, particularly for 12–14 year olds (up from 23.6% to 59.5%). Other popular activities include downloading music (47.1%) or other media (e.g. TV programs, movies) (28.5%).

Table 7.2 Common internet activities by age group, Australia, 2009

	5–8 years	9–11 years	12–14 years	Total
Activities	Per cent			
Educational activities	64.3	90.8	94.4	84.5
Playing online games	76.7	73.3	59.4	69.1
Other general surfing or browsing	28.7	47.9	67.7	49.8
Listening to or downloading music	17.9	42.8	73.3	47.1
Emailing	10.1	30.7	59.9	35.8
Using chat rooms, forums or instant messaging	4.6	23.0	59.5	31.5
Watching or downloading TV programs or movies	16.8	26.1	39.7	28.5
Visiting news, sport or weather sites	11.2	24.8	37.2	25.6
Visiting or using social network sites	2.8	10.5	47.9	22.4
Using eBay, auction sites or internet shopping	2.0	5.6	11.4	6.7
Other activities	4.5	3.0	3.8	3.7

Source: ABS, *Children's Participation in Cultural and Leisure Activities*, cat. no. 4901.0

22 Electronic media and communication activities include television and movies, music and radio, video and computer games, mobile phones, other phone, internet, and computer.

Social networking sites, such as Bebo, MySpace and Facebook, are increasingly popular among young people. Use of social networking sites increases with increasing age, with 37% of 8–9 year olds having ever used one, compared with 97% of 16–17 year olds (Australian Communications and Media Authority, 2009).

Children aged 8–17 years spent almost two-thirds (64%) of their time online on social network sites (approximately 49 minutes per day) (Australian Communications and Media Authority, 2008). Two-fifths (39%) of young people had a personal profile on a social networking site. The proportion with a profile on a social network site was greatest in older age groups (72% for girls and 52% for boys aged 14–17 years). Most social networking sites have minimum ages of 13 years for members.

One-half (51.5%) of people living in discrete Indigenous communities have access to the internet from public locations (Australian Bureau of Statistics, 2007f). Just over one-third (36%) of Aboriginal and Torres Strait Islander people access the internet from their home, compared with 67% of the total Australian population. Although one-half of Indigenous people living in major cities had internet access, just 8% of Indigenous people living in very remote areas did so.

Queensland parents of children using the internet adopt a range of actions to ensure their personal safety or security, including placing the computer in a public area of the house (82%), installing an internet content filter (46%), supervising or monitoring child’s use of the internet (92%), and educating children about safe and appropriate use of the internet (86%) (Australian Bureau of Statistics, 2009g).

A small proportion (3%) of children aged 5–14 years who use the internet have experienced personal safety or security problems, including strangers asking for child’s personal information (1%) or bullying or threatening behaviour (1%) at the national level.

Mobile phone use

One in three (30.9%) children aged 5–14 years have a mobile phone (Australian Bureau of Statistics, 2009d). Mobile phone use is higher for teenagers with three-quarters (76.1%) of 12–14 year olds in Queensland having mobile phones. A small proportion of phones owned by children in this age group have internet capability (4.8%).

While mobile phones are used predominantly to communicate with family members, 12–14 year olds also often communicate with friends on their phones (52.0% and 43.4% respectively). Younger children aged 5–8 years almost exclusively use their mobile phones to communicate with family over friends (94.7% and 5.3% respectively).

A small proportion of children with mobile phones have experienced personal safety or security problems with their mobile phone (3%). This includes receiving bullying or threatening messages (1%) and receiving inappropriate messages or images (1%) (Australian Bureau of Statistics, 2009g).

Bullying and cyber bullying

Traditionally, bullying has taken the form of teasing, name-calling and, in some instances, physical violence. Although a clear definition has been hard to establish, bullying tends to have the following key elements:

- the actions undertaken intend to harm
- there is a power imbalance between the perpetrator/s and the victim, and
- the behaviour is repeated.

The Australian Covert Bullying Study showed that 28.2% of Queenslanders in Years 4–9 are bullied in some form at least every few weeks, with 17.4% reporting having been bullied covertly (Cross et al., 2009). Bullying was most prevalently experienced by students in Year 8 (24.2%), and was least prevalent in Year 7 (13.8%), suggesting that the transition from primary school to high school is a particularly difficult time for some students.

Cyber bullying is a distinct form of covert bullying. Bhat (2008) defines cyber bullying as the intimidation, victimisation, harassment and bullying of individuals or groups of individuals by means of text messages, email, social networking sites (such as Facebook, Bebo, MySpace) or online chat rooms.

The limited published reports on the prevalence of cyber bullying in Queensland and Australia suggest that between one in five and one in twenty young people experience cyber bullying (Australian Communications and Media Authority, 2009; Cross et al., 2009; Lodge & Frydenberg, 2007).

In Queensland, one in twenty (5.3%) students reported being frequently bullied by technology (Cross et al., 2009). Cyber bullying appears to be more prevalent among females than males (7.7% and 5.2% respectively). The prevalence of cyber bullying increases with increasing school year level, with 7.8% of Australian students in Year 9 reporting being the victim of cyber bullying. Students in Year 9 who had been bullied covertly most commonly reported:

- receiving nasty instant messages on the internet (28.6%)
- receiving nasty emails (21.7%)
- being sent nasty text messages or prank calls (19.6%), and
- being deliberately ignored or left out of things on the internet (15.4%).

Students who were bullied by mobile phones or the internet cited break times (19.6%), at home (13.9%) and in the classroom (13.6%) as the most common locations for this type of bullying.

At the national level, the prevalence of cyber bullying increases with age, from 1% of 8–9 year olds reporting having ever been cyber bullied, to 19% of 16–17 year olds (Australian Communications and Media Authority, 2009). While the internet was the most common mode of cyber bullying, mobile phones were also used in telling proportions of incidents (Table 7.3). When they had been cyber bullied, the vast majority (98%) of children reported taking some action in response. The most common actions were: telling parents (72%), blocking the bully/the message (50%), telling a friend (33%), and ignoring the person or people who were doing the bullying (33%). One in eight (12%) young cyber bullying victims told the police, with 11% telling a teacher.

Another recent Australian study showed that one in five (21%) students aged 11–17 years had been cyber bullied during the academic year (Lodge & Frydenberg, 2007). Three in ten of the students who were cyber bullied reported receiving unpleasant email or text messages from peers on multiple occasions.

Table 7.3 Incidence of being cyber bullied, by age, Australia, 2008

	8–9 years	10–11 years	12–13 years	14–15 years	16–17 years
Mobile phone	–	4%	2%	4%	2%
Internet	1%	4%	9%	7%	9%
Mobile phone and internet	–	2%	5%	6%	8%
Total	**1%**	**10%**	**16%**	**17%**	**19%**

Source: ACMA, *Young Australians' Use of Online Social Media*

McGrath's (McGrath, 2009) literature review *Young People and Technology* compares and contrasts traditional bullying and cyber bullying. Cyber bullying has a range of commonalities with traditional bullying. Specifically:

- both are about destructive human relationships, power and social control
- many young people are victims in both domains
- most cyber bullying actions have a traditional bullying counterpart, and
- the level of distress experienced by victims appears to be similar.

By the same token, there are some significant differences. These include:

- there may be more disinhibition involved in cyber bullying
- the potential anonymity associated with cyber bullying can accentuate the distress in victims, and heighten the bullying actions in perpetrators
- it is harder to escape from cyber bullying
- cyber bullying can amplify the impact of being bullied offline
- there can be a lack of friendship support and bystander intervention in cyber bullying
- victims of cyber bullying may be less likely to report it to adults as they fear losing access to the internet or their mobile phones
- cyber bullies can target individuals they have never met, and
- cyber bullying typically leaves a trail of evidence whereas traditionally bullying is often word against word.

Cyber bullying is perceived by teenagers and parents to be more of a concern for girls than boys (Australian Communications and Media Authority, 2009). While younger teenage girls perceive cyber bullying to be name-calling and swearing, older teenage girls see cyber bullying more as personal attacks, in particular relation to:

- appearance
- past experiences
- family and friends
- information told to another in confidence, and
- exaggeration of incidents.

Teenage boys were more concerned about the potential of online arguments or cyber bullying incidents escalating to physical confrontation in real life.

Bullying in general, and cyber bullying in particular, have been linked with low self-esteem, social exclusion, poor academic performance, truancy, psychological distress (including depression and anxiety), physical violence, suicidal thoughts, and even fatal suicide (BoysTown, 2009). Additionally, perpetrators of bullying are at increased risk of criminality and violent behaviour later in life.

BoysTown (2009) conducted an online survey with victims of cyber bullying, which revealed email to be the most common method of cyber bullying (51%), followed by chat rooms (38%), social networking sites (36%), and mobile phones (30%). Victims of cyber bullying reported being subjected to:

- name calling (68%)
- abusive comments (62%)
- rumour spreading (49%)
- having their opinions “slammed” (46%)
- being threatened with physical harm (45%)
- receiving rude/upsetting images (41%)
- being ignored or excluded (30%)
- online impersonation (30%), and
- having images of themselves circulated (14%).

About one-half (47%) of victims of cyber bullying also reported being bullied face-to-face by the same perpetrator, while one-fifth (21%) did not know who their cyber bully was and an additional one-fifth (21%) were not sure.

Victims of cyber bullying reported feelings of annoyance, depression, anger, sadness, frustration, embarrassment, and of being afraid. In the short-term, cyber bullying impacts on: confidence (68%), self-esteem (59%), friendships (32%), school grades (30%), family relationships (16%), school attendance (14%), as well as some victims reporting self-harm and suicidal ideation.

One in four (27%) victims of cyber bullying reported bullying others, either face-to-face (12%), cyber bullying (3%), or both (12%).

In 2009, Dr Ken Rigby was commissioned to produce a report looking at ways to counter bullying in Queensland’s schools (Rigby, 2010). While acknowledging some positive things were being done in Queensland (e.g. Schoolwide Positive Behaviour Support program, levels of dedication of staff in dealing with the bullying problem), Dr Rigby made a series of recommendations that aim to make improvements in addressing bullying in schools. These recommendations include:

- encourage schools to differentiate between bullying and other forms of undesirable interpersonal behaviour (e.g. random acts of aggression, conflicts between individuals of equal power, and non-malicious exclusion of individuals)
- reiterate the expectations of schools in terms of bullying behaviour and consequences
- require schools to produce anti-bullying policies posted on the internet, to be reported on each year
- inform and educate school staff on current best practices in addressing bullying
- establish a coalition of representatives from the education sectors (State, Independent, Catholic) and other related groups (e.g. parents groups, academics) to provide the best advice on anti-bullying, and
- evaluate and report upon the effectiveness of specific anti-bullying programs within individual schools.

On the back of Rigby’s recommendations, the Queensland Schools’ Alliance Against Violence (QSAAV) was established in February 2010 to provide independent advice to the Minister for Education and Training on effective strategies to respond to issues of bullying and violence in schools. Members of QSAAV include representatives from the Queensland Catholic Education Commission, Independent Schools Queensland, relevant Principals Associations, Parents and Citizens Associations, industrial unions, Education Queensland, and the Commission.

On behalf of QSAAV the Commission conducted a series of focus group discussions with a sample of Year 6 and Year 9 students from several Queensland schools to hear their views about bullying in schools. Discussion focused on how bullying is defined, what actions a school anti-bullying policy might include and how students would like to be consulted in regards to policy development and implementation. The consultation process helped to test, and further inform, the anti-bullying materials developed by QSAAV and provided strong confirmation that students want to be involved when schools develop and implement anti-bullying policy at the local level.

Working Together: A toolkit for effective school based action against bullying has been developed to provide Queensland schools with an effective framework from which to address bullying, and is based on national and international research and best practice. The toolkit is part of a suite of *Working Together* materials developed by QSAAV for schools and parents. The toolkit and associated QSAAV resources, including the Student Consultation report are available on the Department of Education and Training's website: http://education.qld.gov.au/studentservices/behaviour/qsaav/index.html

Sexual behaviour

The fourth National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health was conducted in 2008, some six years after its predecessor (Smith, Agius, Mitchell, Barrett, & Pitts, 2009).

The survey found that the majority (78%) of Australian young people in Years 10 and 12 were sexually experienced in some way (Smith et al., 2009). Over a quarter of Year 10 students (27.4%) had experienced sexual intercourse in 2008, which was similar to the proportion reported in 2002 (25.8%). The proportion of Year 12 students who had sexual intercourse increased from 46.8% in 2002 to 56.1% in 2008. Females in Year 12 were more likely to report a history of sexual intercourse than males (61.7% and 44.4% respectively).

Most students reported being sexually attracted only to people of the opposite sex (91.0%), while one in seventeen (6.0%) students reporting being attracted to people of both sexes, and 0.7% only being attracted to people of the same sex.

Almost one-half (44.6% for both Year 10 and 12 students) of sexually active students reported more than one sexual partner in the previous 12 months. This proportion was stable for Year 10 students (44.1% in 2002) but up considerably for Year 12 students (up from 32.6% in 2002). While fewer males than females reported sex in the past twelve months, males were more likely to report multiple sexual partners in the past year (50.9% and 41.9% respectively).

Of concern, is the increase in the prevalence of unsafe sexual intercourse (without a condom), up from 20.5% in 2002 to 27.3% in 2008. While one-half (50.5%) of sexually active students reportedly always used condoms, 6.9% reported never using condoms. Males were more likely than females to report always using condoms (60.8% and 46.1% respectively), and were less likely to report never using condoms (4.3% and 8.1% respectively).

In the most recent sexual encounter, more than one-third (35.8%) did not use a condom. Reasons cited for not using a condom included: it just happened (38.5%); I trust my partner (31.4%); I know my partner's sexual history (27.1%); I don't like them (23.6%); and, my partner doesn't like them (20.6%). One in eight (12.8%) students reported that both themselves and their partner have been tested for HIV/STIs. One-half (49.8%) of sexually active students used the pill as a contraceptive method in their most recent encounter. One in twelve (7.6%) students reported using the morning after pill as a contraception method.

Almost one-third (32.0%) of sexually active students reported ever having experienced unwanted sex, which was higher than 2002 (25.9%). Females were more likely than males to report having experienced unwanted sex (37.8% and 18.6% respectively). Sexually active students who had unwanted sex cited pressure from their partner (17.6%) and being too drunk (17.0%) as the most common reasons for having sex when they didn't want to.

While the large majority of students reported their most recent sexual partner being a similarly aged peer, one in ten (10.5%) had sex with someone aged 20 years or older (5.0% for Year 10 and 14.1% for Year 12).

One in three males (33.7%) and one in five females (20.2%) reported they were drunk or high the most recent time they had sex.

Over the past few years, several high-profile inquiries throughout Australia have revealed a high incidence of child sexual activity. An Australian Crime Commission report reveals the apparent high incidence and "normalisation" of child sexual activity among children in Indigenous communities (O'Brien, 2008). However, media reports suggest that similar behaviours are occurring in schools across Queensland and Australia.

Family Planning Queensland (Family Planning Queensland 2006) has developed a "traffic light" framework to categorise behaviours according to developmental age, while paying attention to social, cultural and familial factors, to assist parents, care givers, and teachers to understand the difference between "normal" developmentally appropriate sexual play and problematic behaviours for children and young people.

Tobacco use

Cigarette smoking is addictive and causes long-term health conditions. Smoking remains the primary cause of preventable death and ill health in Australia (White & Hayman, 2006). In 2003, tobacco was responsible for about 8% of the burden of disease and around 15,500 deaths in Australia. Most of these deaths were the result of lung cancer or chronic obstructive pulmonary disease (Australian Institute of Health and Welfare, 2007).

Evidence suggests that smoking during pregnancy is associated with poorer perinatal outcomes, including premature birth and/or low birthweight and increased risk of pregnancy complications (Australian Institute of Health and Welfare, 2007). As well, smoking in the home has been identified as a risk factor for sudden infant death syndrome (SIDS).

The proportion of young Australians aged 14–19 years smoking tobacco on a daily basis continues to decline, from 14.1% of males in 2001 to 9.5% in 2004 and 6.0% in 2007, and from 16.2% of females in 2001 to 11.9% in 2004 and 8.7% in 2007 (Australian Institute of Health and Welfare, 2008b). Among 16–17 year old girls, the proportion of daily smokers dropped from 14.5% in 2004 to 7.4% in 2007.

Older teenagers were more likely to smoke daily than younger adolescents, with 5.7% of 16–17 year olds compared with 2.0% of 12–15 year olds.

A study of secondary school students also found a decrease in smoking, with the proportion of students smoking daily decreasing from 5% in 1999 to 2% in 2005 for 12–15 year olds and similarly from 13% to 5% for 16–17 year olds (White & Hayman, 2006).

The proportion of the Queensland 14–19 year old population who smoke daily continues to decline, down from 17.8% in 2001 and 11.6% in 2004 to 9.3% in 2007 (Australian Institute of Health and Welfare, 2008c). Almost twice as many females as males aged 16–17 years old smoked on a daily basis (7.4% and 4.1% respectively).

Alcohol use

Alcohol misuse is associated with 2% of the total burden of disease in Australia (Australian Institute of Health and Welfare, 2007) and contributes significantly to youth mortality and hospitalisation rates. Alcohol accounts for about one in eight (13%) deaths among 14–17 year old Australians, with one estimated death and more than 60 hospitalisations each week from alcohol-related causes (Chikritzhs, Pascal, & Jones, 2004).

A range of adverse long-term effects of alcohol, many of which can be fatal, have been determined, including cardiovascular disease, cancer, diabetes, nutrition-related conditions, obesity and overweight, liver diseases, mental health conditions, self harm, and risks to unborn babies (National Health and Medical Research Council, 2009).

Young people who drink alcohol are also at increased risk of injuries, self-harm, violence, risky behaviours (such as riding in cars with intoxicated drivers, and using illicit drugs), risky sexual behaviour, and even death (National Health and Medical Research Council, 2009).

Alcohol consumption is related to significant changes in brain structure in young people, as well as cognitive impairment (including diminished attention and memory retrieval). Among young people, drinking excessively can have detrimental effects on school and work commitments, as well as contributing to longer-term medical and psychological problems (Bonomo, 2005). Rapid consumption of excessive amounts of alcohol can lead to serious short-term harm (such as reckless behaviours, coma or death) and long-term harm (such as impaired organ functioning, stroke or high blood pressure) (National Health and Medical Research Council, 2009).

In March 2009, the NHMRC released a revised edition of evidence-based *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (National Health and Medical Research Council, 2009). The new guidelines, which are more conservative than before, are based on evidence collected from Australia and overseas, including secondary analyses of the 2004 National Drug Strategy Household Survey data. With regard to children and young people under 18 years of age, the NHMRC guideline is that not drinking alcohol is the safest option.

Furthermore, for young people aged 15–17 years, it is advised that the safest option is to prolong the initiation of drinking for as long as possible to help minimise short-term and long-term risks associated with alcohol consumption.

The 2007 National Drug Strategy Household Survey revealed that the proportion of Australian 14–19 year olds who drink alcohol weekly continues to decrease, from 31.2% for males in 2001 to 26.6% in 2004 and 23.0% in 2007, and from 25.4% for females in 2001 to 22.2% in 2004 and 18.8% in 2007 (Australian Institute of Health and Welfare, 2008b). The prevalence of drinking alcohol was similar for 12–17 year old males and females. Overall, 2.1% of 12–15 year olds and 17.8% of 16–17 year olds were drinking weekly in 2007. These rates are lower than the levels recorded in 2004. The proportion of females aged 16–17 years who drink weekly decreased from 21.3% in 2004 to 15.4% in 2007.

An estimated 899,100 young people aged 14–19 years were victims of alcohol-related incidents in 2007, 119,600 of whom were physically abused (Australian Institute of Health and Welfare, 2008b). Of those who did experience physical abuse, two-fifths (39.5%) received bruises and abrasions and 4.4% received fractures not requiring hospital admission. A further 3.6% received injuries that were sufficiently serious to require hospital admission.

Alcopops

Figure 7.1 shows that alcopops[23] are a preferred alcoholic beverage for young people who do consume alcohol, especially females (Australian Institute of Health and Welfare, 2008a). More than two-thirds (68.5%) of females aged 16–17 years who drink alcohol reported usually drinking pre-mixed spirits in a bottle. Pre-mixed spirits in a can were the most commonly consumed drink among females aged 12–15 years (59.4%).

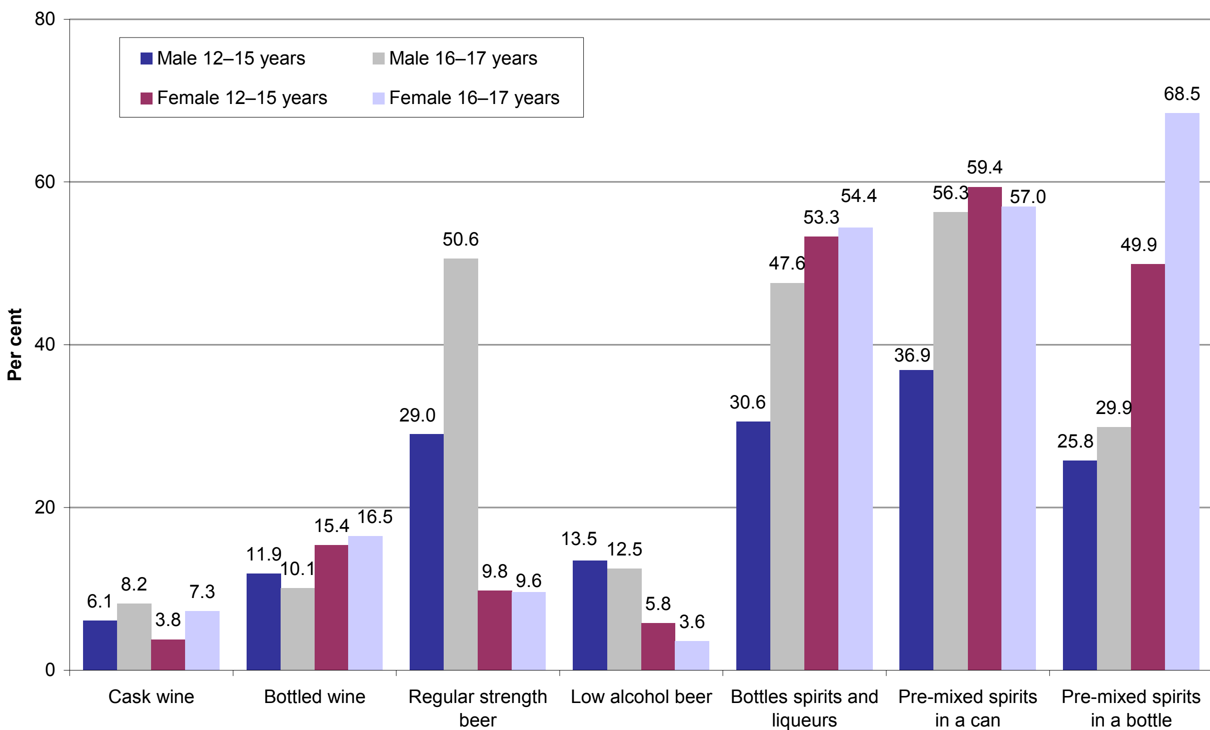
There has been inconsistent evidence relating to the consumption of alcopops by young people. According to data from the 2007 National Drug Strategy Household Survey, there has not been a clear and distinct increase in preference for pre-mixed spirits (Australian Institute of Health and Welfare, 2008a).

Consumption of pre-mixed spirits in a bottle has been declining for females aged 12–15 years (down from 63.6% in 2001 and 55.1% in 2004) and 16–17 years (down from 80.8% in 2004). In contrast, pre-mixed spirits in a can have become more popular among females aged 12–15 years (up from 43.0% in 2004). Among males, the preferences for premixed drinks have been relatively stable over time. However, among 12–15 year old males, pre-mixed spirits in a can have declined in popularity from 50.2% in 2004 to 36.9% in 2007.

Young people aged 15–17 years most commonly drank alcopops the last time they consumed alcohol (69%), followed by beer (43%) and spirits with mixers (34%) (Ipsos-Eureka Social Research Institute, 2009).

The popularity of alcopops among young drinkers prompted the Australian Government's introduction of new taxation laws in August 2009 that increased the tax on alcopops in a bid to reduce harmful drinking behaviours among young people. The new tax policy forms part of the Australian Government's National Binge Drinking Strategy announced in 2008, which aims to address the rate of drinking among young people.

Figure 7.1 Preferences for selected alcoholic drinks, Australia, 2007



Source: AIHW, *2007 National Drug Strategy Household Survey: Detailed findings*

23 Alcopops are alcoholic-based drinks that are pre-mixed and sold ready to drink in cans or bottles.

Risky drinking behaviours

Binge drinking is a term popularly used to refer to the consumption of large amounts of alcohol in a short space of time. However, the NHMRC avoids using the term as it has an inconsistent meaning and a lack of quantification of what constitutes excess. Irrespective of the terminology, many young people engage in alcohol consumption at risky levels.

Using the NHMRC's previous guidelines to define "binge drinking" as three or more drinks in one session for females and five or more drinks in one session for males, a recent study showed that three-fifths (60.0%) of females and one-half (53.5%) of males in Year 12 reportedly engaged in three or more "binge drinking sessions" over a two week period in 2008 (Smith et al., 2009). In addition, around thirty per cent of Year 10 students also reported three or more binge drinking sessions (29.1% for males and 31.3% for females). Furthermore, more than one-half of Year 12 (54.7%) students and one-quarter of Year 10 students (28.3%) reported typically drinking more than 5 drinks when they have an alcoholic beverage.

Significant proportions of young people engage in risky drinking behaviours at the national level (Australian Institute of Health and Welfare, 2008a). Specifically:

- about one-quarter (23.8% of males and 27.3% of females) of young people aged 16–17 years drank at levels that put them at risk or high risk of alcohol-related harm in the short term at least once a month
- 2.9% of males and 6.2% of females aged 12–15 years drank at levels that put them at risk or high risk of alcohol-related harm in the short term at least once a month
- the proportion of young people drinking at risky or high-risk levels weekly or monthly continues to decline; for example, the proportion of 16–17 year old females drinking at risk of short-term harm at least monthly has decreased from 32.1% in 2001 and 30.3% in 2004 to 27.3% in 2007
- approximately one in twelve young people aged 16–17 years drank at levels that put them at risk or high risk of long-term harm at least monthly (7.8% of males and 8.6% of females), and
- the proportion of young males and females drinking at levels that put them at risk or high risk of alcohol-related harm in the short term or long term approximates the proportions in the general adult population. The exception to this is females aged 16–17 years, with more than one-quarter (27.3%) drinking at risky levels for short-term harm at least monthly, compared with one in six (16.7%) among the general female adult population.

The Commonwealth Government announced the National Binge Drinking Strategy in 2008 to tackle the rate of alcohol consumption among young people. The Strategy has three key components:

1. community level initiatives to confront the culture of binge drinking, particularly in sporting organisations
2. an early intervention program to act earlier to assist young people and ensure that they assume personal responsibility for their binge drinking, and
3. an advertising campaign that confronts young people with the costs and consequences of binge drinking (*Don't turn a night out into a nightmare*).

An evaluation of the National Binge Drinking advertising campaign yielded conflicting outcomes. There was a significant trend towards lower consumption among young people aged 15–17 years (no drinks or less than four drinks), however there was a shift towards a higher risk level of drinking at the second stage of the evaluation for those who drank in the past three months (Ipsos-Eureka Social Research Institute, 2009).

Illicit drug use

Illicit drug use can include use of illegal drugs (such as marijuana/cannabis, heroin, cocaine, ecstasy and amphetamines), but also inappropriate use of other substances (such as prescription drugs, naturally occurring hallucinogens and inhalants).

A range of harms are associated with illicit drug use, for adults and children and young people. Illicit drug users are at increased risk of experiencing physical harm (e.g. cardiovascular disease, strokes), psychiatric disorders (e.g. psychosis, depression, anxiety), cognitive impairment, poor educational attainment, social disengagement, and delinquency and crime (National Drug and Alcohol Research Centre, 2007). Illicit drug use is associated with around 1000 deaths per year, most of which involve young people (Australian Institute of Health and Welfare, 2007).

The 2007 National Drug Strategy Household Survey reported the prevalence of illicit drug use among 14–19 year olds (Australian Institute of Health and Welfare, 2008b). Almost one-quarter of 14–19 year olds had used an illicit drug in their lifetime (23.8%), with one-sixth having used in the previous year (16.6%). One in twenty (4.6%) young people aged 12–15 years had used an illicit drug in the previous twelve months, while approximately one in five (18.9%) 16–17 year olds had used an illicit drug in the last year.

Cannabis was the most commonly used illicit drug among 14–19 year olds in 2007, with one-fifth having used in their lifetime (20.0%) and 12.9% having used in the previous year (see Figure 7.2). Fifteen per cent of 16–17 year olds had used cannabis in the previous year.

One in ten (10.7%) young people who had used cannabis in the past year did so every day, with 16.8% using once a week or more.

The use of cannabis within the past 12 months has decreased substantially over time for both males and females aged 14–19 years (Australian Institute of Health and Welfare, 2008a). For males, the proportion using cannabis in the past 12 months declined from 35.9% in 1995 to 13.1% in 2007. Similarly for females, cannabis use dropped from a peak of 34.2% in 1998 to 12.7% in 2007.

The Secondary Students and Sexual Health 2008 study reported a greater prevalence of cannabis use, with almost one-quarter of students (24.3%) reporting having smoked marijuana in the previous 12 months (Smith et al., 2009). The prevalence was higher for Year 12 students (29.5%) than Year 10 students (20.4%). One in thirteen (7.6%) students reported smoking marijuana six or more times in the previous year.

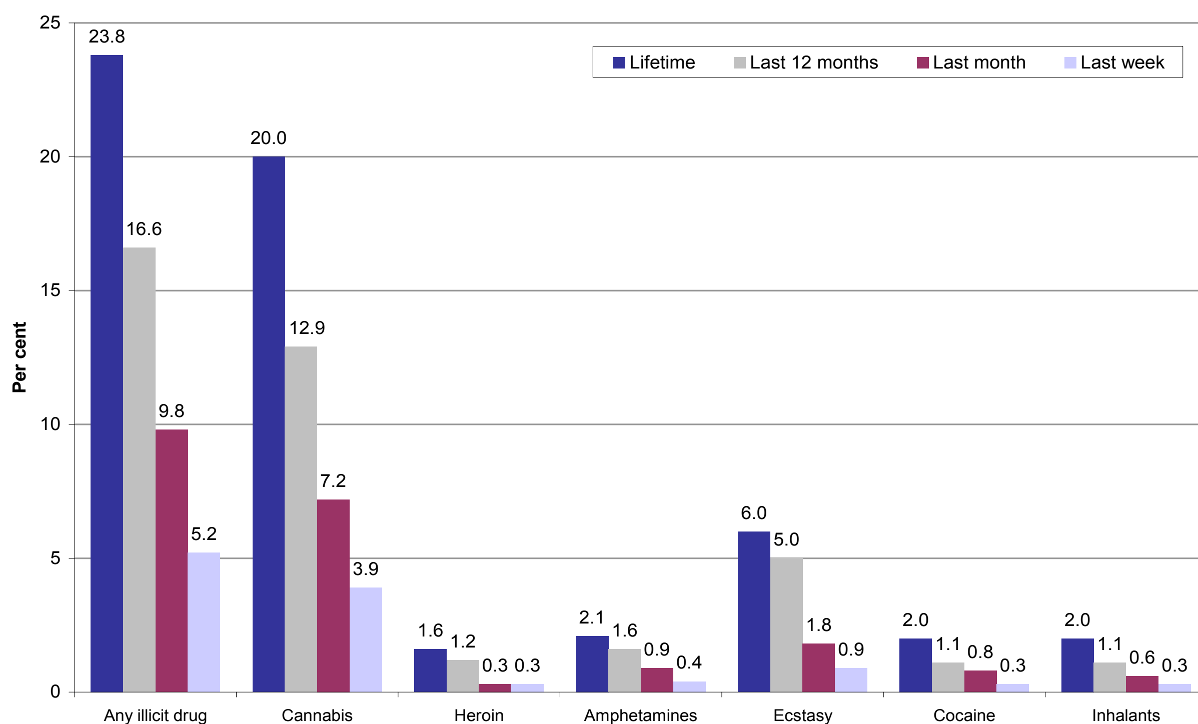
Ecstasy had a lifetime prevalence of 6.0%, with 5.0% having used in the previous 12 months. Just 0.5% of 12–15 year olds had used ecstasy in the previous 12 months (Australian Institute of Health and Welfare, 2008a). Ecstasy use continued to increase for females aged 14–19 years (up from 4.7% in 2004 to 6.0% in 2007).

Recent use of amphetamines decreased over time for both males and females, while most other illicit substance use was relatively stable over time.

The average age of initiation of illicit drugs for young persons aged 12–19 years who used drugs varied by drug type (Australian Institute of Health and Welfare, 2008a):

- 13.1 years for painkillers or analgesics
- 15.0 years for cocaine
- 15.3 years for cannabis
- 15.6 years for meth/amphetamine
- 16.2 years for heroin, and
- 16.3 years for ecstasy.

Figure 7.2 Use of illicit drugs and frequency, 14–19 year olds, Australia, 2007



Source: AIHW, *2007 National Drug Strategy Household Survey: Detailed findings*

The vast majority of young people who have ever used illicit drugs got their first supply from a friend or acquaintance (Australian Institute of Health and Welfare, 2008a). Curiosity was cited as the biggest influence on first use of illicit drugs among 12–15 year olds and 16–17 year olds who had used drugs (59.8% and 82.4% respectively). However, almost half (46.3% of 12–15 year olds and 44.0% of 16–17 year olds) indicated that peer pressure was an influence. About one in ten young people initially took drugs in a bid "to feel better". The reasons that non-drug users most commonly cited for never trying illicit drugs were "just not interested", "for reasons related to health or addiction", "for reasons related to the law" and "fear of death".

One in nine (11.2%) people seeking treatment for alcohol and other drug use in 2007–08 were aged 10–19 years nationally (Australian Institute of Health and Welfare, 2009a). The principal drugs of concern for young people in this age group were cannabis (43.2%), alcohol (34.2%), and amphetamines (8.1%).

One quarter (24.6%) of 16–17 year olds seeking treatment received information and education, with 30.6% receiving counselling services. One in twelve 16–17 year olds (8.4%) and one in fourteen 14–15 year olds (7.1%) were receiving withdrawal/ detox management treatment.

In a submission to the House of Representatives Standing Committee Inquiry into the impact of illicit drug use on families, the Commission (Commission for Children and Young People and Child Guardian, 2007) included the following concerns in relation to children and young people:

- the limited availability of age-appropriate drug treatment and support services for young people
- a lack of coordination between mental health and alcohol and drug services for young people with a dual diagnosis, and
- the increased risk of child abuse and neglect in families where the parents use illicit drugs.

Homelessness

A range of factors can result in some people being homeless for short or extended periods. These include family conflict, relationship breakdown or domestic violence, mental health issues, intellectual impairment, lack of affordable accommodation, and eviction or the end of a tenancy. Children and young people can become homeless with their parent/s, or on their own after some familial breakdown resulting in running away from home, or they may self-place from a care situation.

Homelessness is complex to define. A commonly used cultural definition which takes into account various circumstances of homeless people identifies three levels of homelessness: primary, secondary and tertiary (Chamberlain & MacKenzie, 1992). Primary homelessness refers to people without conventional accommodation, such as people living on the streets, squatting or using cars to sleep in. Secondary homelessness includes people who move frequently from one form of temporary accommodation to another. Tertiary homelessness refers to people staying in boarding houses on medium to long-term basis for 13 weeks or longer. Most homeless people move around between the various levels of homelessness.

It is difficult to measure the homeless population. The Counting the Homeless 2006 study (Chamberlain & MacKenzie, 2009), based on various sources including 2006 Census data, estimated the size and characteristics of the homeless population in Queensland and Australia. It found that:

- Indigenous people were over-represented in Queensland, with rates of 15.9 per 1000 population compared with 6.5 per 1000 for non-Indigenous Queenslanders
- the rate of homelessness was lower in Brisbane than the remainder of Queensland (4.5 and 8.8 per 1000 population respectively)
- one in four (27.6%) homeless people in 2006 were aged 18 years or younger, with 10.9% aged under 12, and
- the total rate of homelessness in Queensland in 2006 was estimated to be 6.9 homeless people per 1000 population, which was similar to the 2001 rate of 7.0 per 1000 population.

The National Census of Homeless School Students provides additional information on homelessness among young people (MacKenzie & Chamberlain, 2008). The number of homeless young people aged 12–18 in Queensland in 2006 was estimated to be 4469, a rate of 11 per 1000. This was considerably lower than in the previous Census in 2001 (6381, or 18 per 1000). In this period there was an increase in early intervention services targeting homeless and at-risk teenagers. Other findings from the National Census of Homeless School Students included:

- 1993 homeless students were identified in Queensland schools, representing a rate of 9 per 1000 students. This figure included students who were currently homeless (77%) or had been homeless in the past 3 months and required continuing support (23%).
- 88% of homeless school students aged 12–18 years were staying temporarily with friends or relatives, while 11% were in Supported Accommodation Assistance Program (SAAP) accommodation. About 1% were in improvised dwellings such as squats, tents or cars, or they were sleeping on the streets.
- One-quarter (25%) of homeless students in Queensland were aged 14 or younger, with 48% aged 15 or 16 years. Just over one-quarter (27%) were 17 or 18 years old in 2006.
- There were more female (54%) than male (46%) homeless students. Indigenous students were dramatically over-represented, comprising 17% of the homeless 12–18 student population, despite representing only 5.4% of the general 12–18 year old Queensland population.
- More than two-thirds of homeless school students were from blended families or single-parent families (68%), with 14% from intact couple families before leaving home and 6% were living with foster parents prior to being homeless. One in six (16%) homeless students had reportedly been in the state care and protection system.

Schools can play an integral role in assisting young people who are homeless, or at risk of becoming homeless (MacKenzie & Chamberlain, 2008). Welfare officers can provide support and counselling, and may be able to assist in facilitating reconciliation between homeless youth and their parents or guardians. School welfare officers can also refer young people to professional services such as Reconnect.

Reconnect is a community based early intervention program for young people aged 12 to 18 years to foster family reconciliation where practicable, as well as engaging young homeless people with employment, education, training and community. There are approximately 100 Reconnect services funded by the Australian Government across Australia, with about 200 early intervention workers.

AIHW publishes information annually on clients using SAAP services. In 2008–09, 3.6% (700) of all SAAP clients in Queensland were children aged under 15, and 15.9% (3300) were young people aged 15–19 (Australian Institute of Health and Welfare, 2010c). One in twelve (8.3%) clients aged 15 years or younger had three or more support periods in 2008–09, which was up slightly from 2007–08 (7.6%). In addition, one in ten (10.3%) 15–19 year olds had three or more support periods.

Thirteen thousand children and young people also accompanied adult clients using SAAP services in 2008–09. They comprised:

- 5700 children aged 0–4
- 3700 children aged 5–9
- 2700 aged 10–14, and
- 900 aged 15–17.

In 2008–09, almost one-third (31.6%) of accompanying children were Aboriginal or Torres Strait Islander children, which was unchanged from 2007–08 (31.5%).

Accompanying children were more likely to be with single mothers rather than with couples or single fathers. The greatest numbers of support periods in which children were involved in 2008–09 were:

- 6100 client periods for females with children
- 2400 client periods for couple families with children, and
- 600 client periods for males with children.

More than one-third (36.5%) of females with children indicated that the main reason for seeking assistance was domestic or family violence. For couples and males with children, the most commonly reported main reason for seeking assistance was financial difficulties (28.0% and 27.9% respectively).

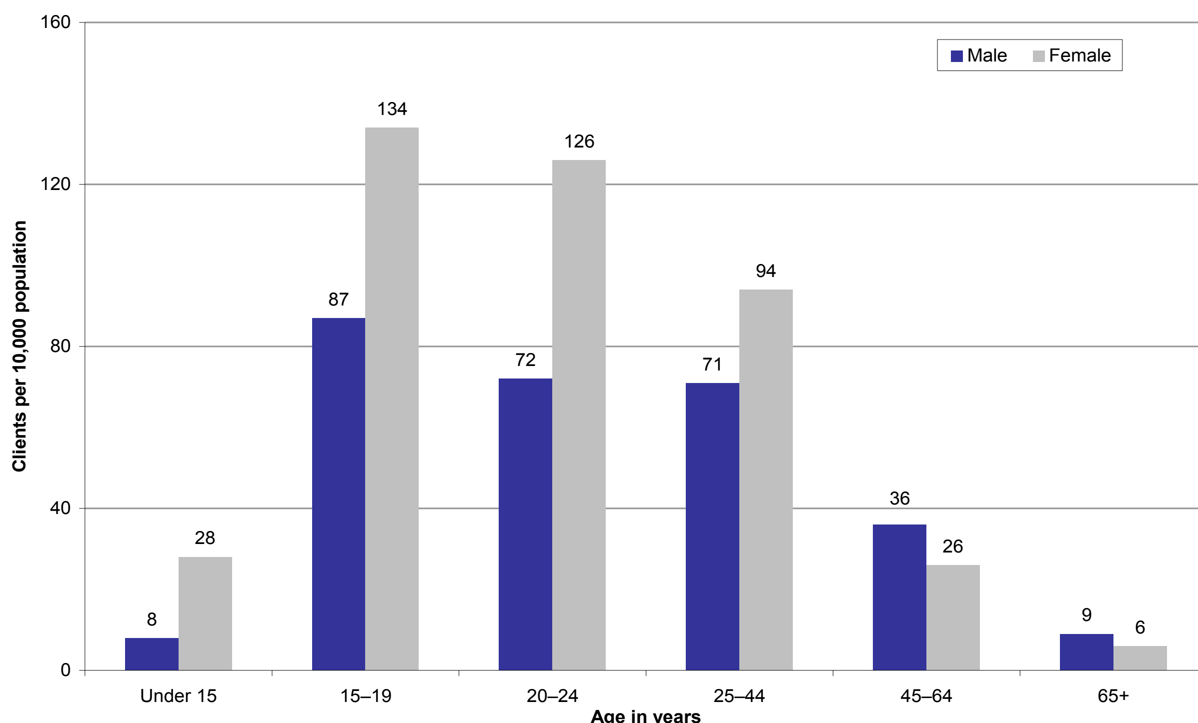
Unaccompanied young people aged 15–19 had the highest rates of SAAP service usage of any age group (110 per 10,000 population), and rates decreased with increasing age thereafter (for example, the rate was 99 for 20–24 year olds and 82 for 25–44 year olds). Unaccompanied children aged under 15 had rates of SAAP use of 18 per 10,000.

As illustrated in Figure 7.3, female clients had higher rates of use of SAAP services compared with males in all but the older groups, with females aged 15–19 having the highest rate of use of Queensland SAAP services of all age groups (134 per 10,000 population). There was very little variation in rates of SAAP service utilisation from 2007–08.

Despite the high numbers of accompanying children using SAAP services, two-thirds (66.0%) of those seeking new SAAP accommodation were turned away in 2007–08 (Australian Institute of Health and Welfare, 2009b). Three-quarters (77.0%) of couples with children and two-thirds (66.0%) of individuals with children were turned away, mainly because appropriate accommodation was not available.

As well, 60.9% of clients with valid unmet requests for SAAP accommodation were aged under 20 years.

Figure 7.3 Supported Accommodation Assistance Program clients by age and sex, Queensland, 2008–09



Source: AIHW, *Government-funded Specialist Homelessness Services: SAAP National Data Collection annual report 2008–09*, Queensland supplementary tables

The Australian Government's White Paper *The Road Home: A national approach to reducing homelessness* was released in September 2008, and set out the national plan of action until 2020 (Commonwealth of Australia, 2008b). The Australian Government's prime goals, by 2020, are to halve overall homelessness and to offer accommodation to all "rough sleepers" who need it. To achieve these goals, three distinct strategies will be implemented:

1. Turning off the tap: services will intervene early to prevent homelessness
2. Improving and expanding services: improve economic and social participation as well as connected and responsive services to achieve sustainable housing
3. Breaking the cycle: move people who become homeless quickly through the crisis system to stable housing.

The White Paper acknowledges that special attention must be given to the unique needs of children and young people who are homeless or at risk of homelessness. Targets specifically relating to children and young people are:

- a 25% increase by 2013 in the number of children who are homeless or at risk of homelessness who are provided with improved housing stability, and engagement with family, school and work, and
- a 50% increase by 2013 in the number of children who are homeless or at risk of homelessness who are provided with additional support and engaged in education.

In January 2010, achievements from the first year of the new national approach were published in *Along the Road Home* (Commonwealth of Australia, 2010). In the first year of implementation, progress was essentially measured in financial commitments to long-term projects and services such as building affordable housing for those at risk of homelessness. There was no quantitative data available to evaluate the effectiveness of the strategy at this stage.

A range of initiatives that target children and young people are being rolled out by the Department of Communities as part of the National Partnership on Homelessness. These include:

- supervised community accommodation to support young males, primarily 16 to 18 years of age
- Youth Housing and Reintegration Services which include:
  - case management and support focussing on family and community living, maintaining tenancies and linking young people with education and employment, rolling out in a staged process to six regions (commencing in July 2010)
  - community managed youth studios (the first to be available from the second half of 2010), and
  - transition to independent living units (the first units to be available in the second half of 2010).

Employment

The *Child Employment Act 2006* introduced a minimum age of 13 years at which children may work in Queensland. The Act outlines that school-aged children under 16 years are not permitted to work during school hours, for more than four hours per day or 12 hours per week during the school term, and not more than 38 hours per week during school holidays. Parents or guardians are required to complete parental consent forms before children are legally allowed to work.

A 2006 Australian Bureau of Statistics survey on employment of children aged under 15 years (Australian Bureau of Statistics, 2007d) indicated that 6.7% of 5–14 year olds in Queensland had worked[24] in the previous 12 months. National data showed that 10–14 year olds were more likely to be employed, with a rate of 11.1%, compared with 1.8% of 5–9 year olds. During school terms the most common occupation for boys 5–14 years old was in leaflet or newspaper delivery (24.0%), while the most common occupation for girls was in sales work (20.4%). Of 10–14 year olds, 73.3% worked 1–5 hours per week during school terms, 15.5% worked 6–9 hours and 11.1% worked 10 hours or more. During school holidays, more than one-quarter of children aged 10–14 years who worked did so for 10 hours or more per week (26.6%).

One-half (51%) of Queensland high school students in a recent study had been in paid employment in the previous year (McDonald, Bailey, Pini, & Price, 2010). Four-fifths (80%) of Year 11 students and one-third (35%) of Year 9 students had been in paid employment in the past year.

According to the ABS labour force statistics (Australian Bureau of Statistics, 2010e), in April 2010 one-half of secondary students in Queensland were employed (48.6% part-time, 1.1% full-time). In addition, a small proportion were actively looking for full-time (1.1%) or part-time (8.5%) employment. The proportion of students working part-time declined from the same time 12 months earlier (from 55.2%) while the proportion seeking part-time work increased (from 4.7%). Overall, three-fifths (59.3%) of Queensland secondary school students were in the labour force. These figures vary considerably across the calendar year as many students work during school holiday periods but not during the school term.

Due to the competing demands of work and study facing school students in Australia, the House of Representatives Standing Committee on Education and Training conducted an inquiry into the combination of school and work in 2009 (Commonwealth of Australia, 2009a).

As part of the inquiry, the Committee conducted an online survey which showed that three-fifths (62.3%) of respondents were engaged in some form of work outside school. The majority of students were employed in the retail (48.4%) or fast food/ hospitality (29.8%) industries, with 44% working between 6 and 12 hours per week, 21% between 12 and 20 hours per week, and 5% in excess of 20 hours per week.

The Committee recognised that there are positive aspects of part-time work for school students, such as:

- enhancing confidence and self-esteem
- contributing to their financial wellbeing
- facilitating the development of social networks
- instilling a work ethic and attitude, and
- enabling students to develop work and organisational skills.

24 “Work” included paid work for employers, paid/unpaid work in a family business or farm, street vending and busking, but excluded all household work undertaken for their household and unpaid work experience.

However, combining work with school can impact on a young person's ability to complete their requisite schoolwork, as well as limiting social and sporting opportunities. Almost one-half (46.4%) of students completing the Committee's survey indicated that their part-time work affected the amount of time they have to study. With the increasing trend towards students commencing (and in some instances completing) vocational education and training (VET) during high school, and the declining popularity of university education as a post-school option, it is not yet clear if the increasing propensity of combining school and work is having any long-term impact on later life educational and financial attainment. However, a key consideration in enabling students to participate in the workforce while still at school is that support and protection are provided to safeguard young people against exploitation.

The Commission made a submission to the inquiry, recommending that all decisions made about the best combination of school and work involve consultation with students (Commission for Children and Young People and Child Guardian, 2009c). Additionally, the Commission noted that young people combining school and work should be adequately protected and educated about the potential risks.

The *Next Step 2009* reports on destinations in 2009 of young people who completed Year 12 in 2008 (Department of Education and Training, 2009b). In 2009, nearly three-quarters (72.0%) of Year 12 completers in 2008 were working in some capacity (either full-time or part-time), down from 77.5% the previous year. There was a slight shift in the nature of work being undertaken by school leavers in 2009, with an increase in part-time employment (up from 55.7% to 64.3%) accompanied by a decrease in full-time employment (down from 25.0% to 19.4%). One in ten (10.6%) were working in apprenticeships, and 5.7% took up traineeships.

The most common occupation groups for male Year 12 completers in 2009 were:

- sales assistants (26.5%)
- food handlers (17.2%), and
- building and construction skilled workers (9.4%).

For female Year 12 completers, the most common occupational groups were:

- sales assistants (44.9%)
- clerks, receptionists and secretaries (13.9%), and
- food handlers (13.4%).

Safety in the workplace

Queensland workplace health and safety laws place a duty of care on employers that extends to all employees regardless of age. In 2008–09 there were 6376 workers' compensation claims for 15–19 year old employees (down 12.4% from 7279 in 2007–08), and 42 for those aged under 15 (Table 7.4).

In 2008–09, there were two fatalities in the agriculture, forestry and fishing industry. The most common permanent/ severe injury claims for 15–19 year olds were from the manufacturing[25] (28.8%) and construction (22.7%) industries. The most common temporary/non-severe injury claims for 15–19 year olds were from manufacturing (25.0%), retail trade (14.3%) and construction (12.8%). For young people aged under 15 years, the most common temporary/non-severe injury claims were from accommodation and food services (38.1%) and the retail trade (23.8%).

In 2006, the majority of 15–19 year olds were employed in retail trade (31.4%) or accommodation and food services (22.4%), with 7.7% in manufacturing and 7.1% in construction (Australian Bureau of Statistics, 2008c). Together, these indicate that young people working in manufacturing and construction industries are overrepresented in workplace injuries.

Table 7.4 Workers' compensation claims by severity of employee injury by age, Queensland, 2001–02 to 2008–09

	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09
Under 15 years								
Fatal injury	1	2	1	1	1	–	–	–
Permanent/ severe injury	2	–	2	–	1	1	–	1
Temporary/ non-severe injury	8	8	10	6	30	55	56	42
15–19 years								
Fatal injury	1	6	6	3	3	3	1	2
Permanent/ severe injury	131	95	99	63	93	51	75	66
Temporary/ non-severe injury	3509	3716	3854	4082	5307	6622	7279	6376

– Nil

Source: OESR, *Queensland Employee Injury Database*

25 Industry divisions from the Australian and New Zealand Standard Industry Classification (ABS cat. no. 1290.0).

8 Deaths

Key messages

Mortality rates for children and young people are generally declining. Infant mortality rates decreased from 7.2 per 1000 live births in 1992–1994 to 5.1 per 1000 in 2006–2008. In the 1–17 year age range, mortality rates are highest among 15–17 year olds and 1–4 year olds, despite slight downward trends in 2007–2009.

External causes of death (such as transport incidents and suicide) represent more than two-thirds of deaths in young people aged 15–17 years.

Mortality rates for Aboriginal and Torres Strait Islander children and young people are about two-times higher than in the general population, and the number of Indigenous deaths is probably higher than the available data indicate.

Improvements

Infant mortality rates, both from the neonatal and post-neonatal stage, continue to decline in Queensland. Sudden infant death syndrome (SIDS) continues to cause about one-twelfth of all infant deaths. Resources identifying safe sleeping practices and risk factors for SIDS have been developed and delivered to parents and health professionals in a bid to further reduce the mortality rates.

Areas of concern

External causes of death, such as transport incidents, drowning, fatal assault, fire and suicide, represent one-half of all deaths by children aged 1–17 years. These deaths are largely preventable. Recently introduced legislation pertaining to swimming pool safety and child restraints in vehicles may go some way to help reduce preventable deaths.

The Commission's Child Death Review functions

Since 1 August 2004 the Commission has been required, under Part 4A – Child deaths – of the *Commission for Children and Young People and Child Guardian Act 2000*, to:

- maintain a register of the deaths of all children and young people in Queensland (starting from 1 January 2001)
- review the causes and patterns of deaths of children and young people
- conduct broad research in relation to child deaths
- make recommendations for improvements to laws, policies, procedures and practices to help reduce the likelihood of child deaths, and
- prepare an annual report to Parliament and the public regarding child deaths.

Detailed analyses of the deaths of all Queensland children and young people since 1 January 2004 are contained in the Commission's *Deaths of Children and Young People* series.

The Commission's sixth annual report analysing deaths in the period 2009–10 is scheduled for release in late 2010.

Methodology and data limitations

The number of deaths of children and young people in Queensland each year is relatively small. As a result, year-to-year variations in numbers can cause large changes in mortality rates, which means that these rates are not necessarily a good indication of changing trends. For this reason, mortality rates reported in this chapter are rolling averages – that is, they are based on annual rates averaged over three years. For example, mortality rates for 2007–2009 are average rates from the years 2007, 2008 and 2009.

Data regarding the number of live births in Queensland in 2009 had not been released at the time of publication of this report. As a result, all infant mortality rates (including neonatal, post-neonatal and SIDS deaths) are reported up to and including 2008. Deaths of children over the age of 1 are reported up to and including 2009.

Changes to the birth registration process in 2007 have seen increases in the numbers of registered births for 2007 and 2008. These increases are largely due to the processing of a considerable number of previously unregistered births in 2007 and 2008, particularly for Indigenous persons. For example, 36.5% of Indigenous births registered in 2008 were for people born in previous years. As a result, the increase in birth registrations (combined with a real decrease in actual deaths) contributes to an apparent reduction in infant mortality rates, particularly for Indigenous infants.

Cause of death information included in this report is obtained from two main sources. Analyses of longer-term trends are based on the Australian Bureau of Statistics (ABS) Deaths Collection, as provided by the Office of Economic and Statistical Research (OESR). Information on deaths from 2004 onwards is based on the Queensland Child Death Register maintained by the Commission.

The Commission's child death data differ in some significant respects from the ABS Deaths Collection data. Although both collections use the International Classification of Diseases, tenth revision (ICD-10) to classify cause of death, differences can be found in the classification of cause of death because of differences in the amount of information available to each agency at the time of reporting. For example, the Commission specifically requests updated cause of death from the Registry of Births, Deaths and Marriages, which incorporates any subsequently obtained information from autopsy certificates or coronial findings. However, updates on cause of death may not be available to agencies such as the ABS and the OESR if the update occurred after the date of data transfer.

The Commission also recognises that ICD-10 carries inherent limitations. The classification is used to group conditions, diseases, external causes and health-related problems into homogeneous groups to assist with statistical collection and analysis of health information. In the process of grouping and classifying using ICD-10, various specificities in cause or circumstances of death that are of research interest are missed. To help overcome the limitations of ICD-10, the Commission also classifies deaths according to their circumstances, based on the information contained in the Police Report of Death to a Coroner.

These "research categories" classify deaths as being the result of transport incidents, drowning, fire, other non-intentional injury-related deaths,[26] suicide or fatal assault. Discrepancies may exist between these categorisations and those reflected by ICD-10 coding alone. To avoid confusion, the Commission reports according to research category where one exists. Deaths due to natural causes (that is, diseases and morbid conditions) are reported by ICD-10 chapter level.

Further, in the case of youth suicide, ICD-10 coding practice requires a high standard of proof for a suicide to be coded as such. In the absence of a clear statement of intent before the child's death, or in cases where coroners do not specify that the death was self-inflicted, deaths are coded as accidents when they would ordinarily be categorised as suicides in clinical or research situations. The Commission therefore endeavours to reduce the likelihood of suicides being undercounted by classifying all cases where police have indicated that the death is a suspected suicide in the research category "suicide".

Trends in deaths of children and young people from 1992 to 2009

Neonatal and post-neonatal mortality

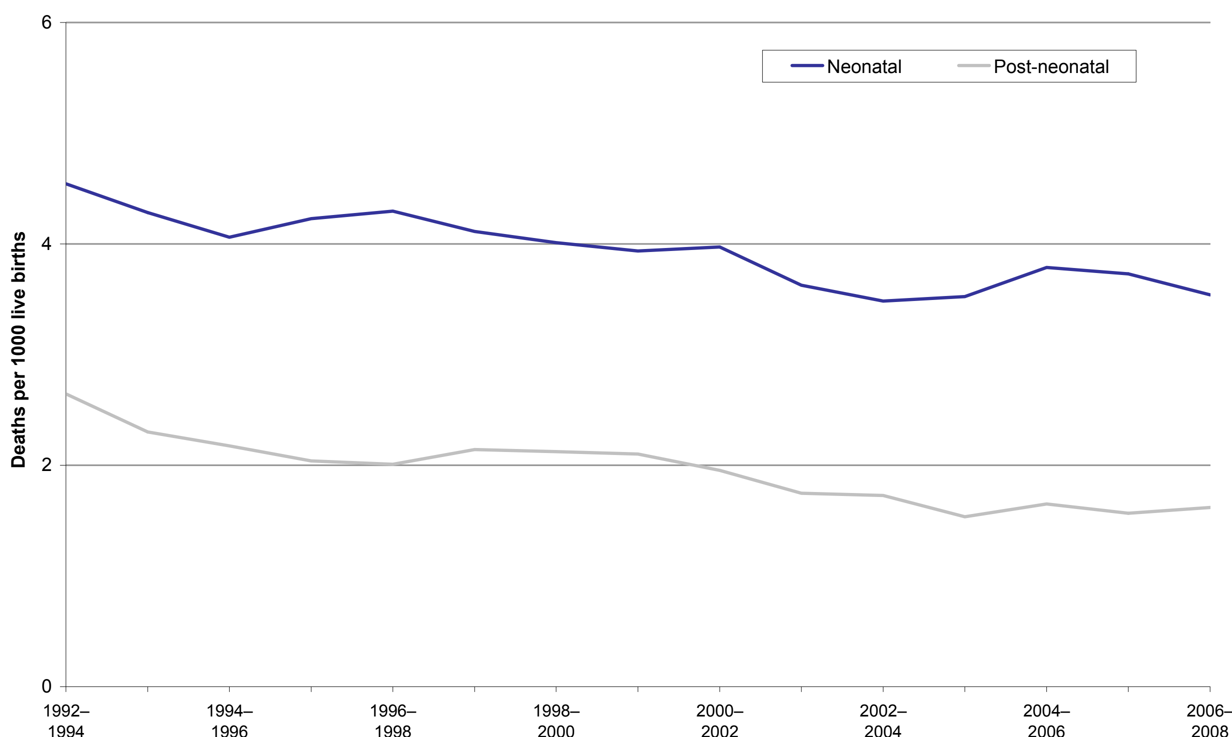
The rate of neonatal deaths (under 4 weeks of age) among Queensland babies has decreased in the last 15 years, from 4.5 deaths per 1000 live births per year in 1992–1994 to 3.5 in 2006–2008 (Figure 8.1). Post-neonatal mortality (between 4 weeks and under 1 year of age) has also decreased, from 2.6 deaths per 1000 live births in 1992–1994 to 1.6 in 2006–2008. These reductions are partially related to the aforementioned increase in registered births.

Infant mortality

The infant mortality rate (i.e. the rate of death within the first year of life) has been generally declining in Queensland (Figure 8.2), falling from 7.2 deaths per 1000 live births in 1992–1994 to 5.1 deaths per 1000 in 2006–2008.

26 This category includes falls; strangulation, suffocation and choking; poisoning; exposure to electrical current; and "other".

Figure 8.1 Neonatal[a] and post-neonatal[b] mortality rate,[c] Queensland, 1992–1994 to 2006–2008



Note: Years stated refers to three-year rolling averages at year's end. Recent changes to the birth registration process have seen a number of births from previous years being processed in 2007 and 2008, resulting in apparent reductions in mortality.

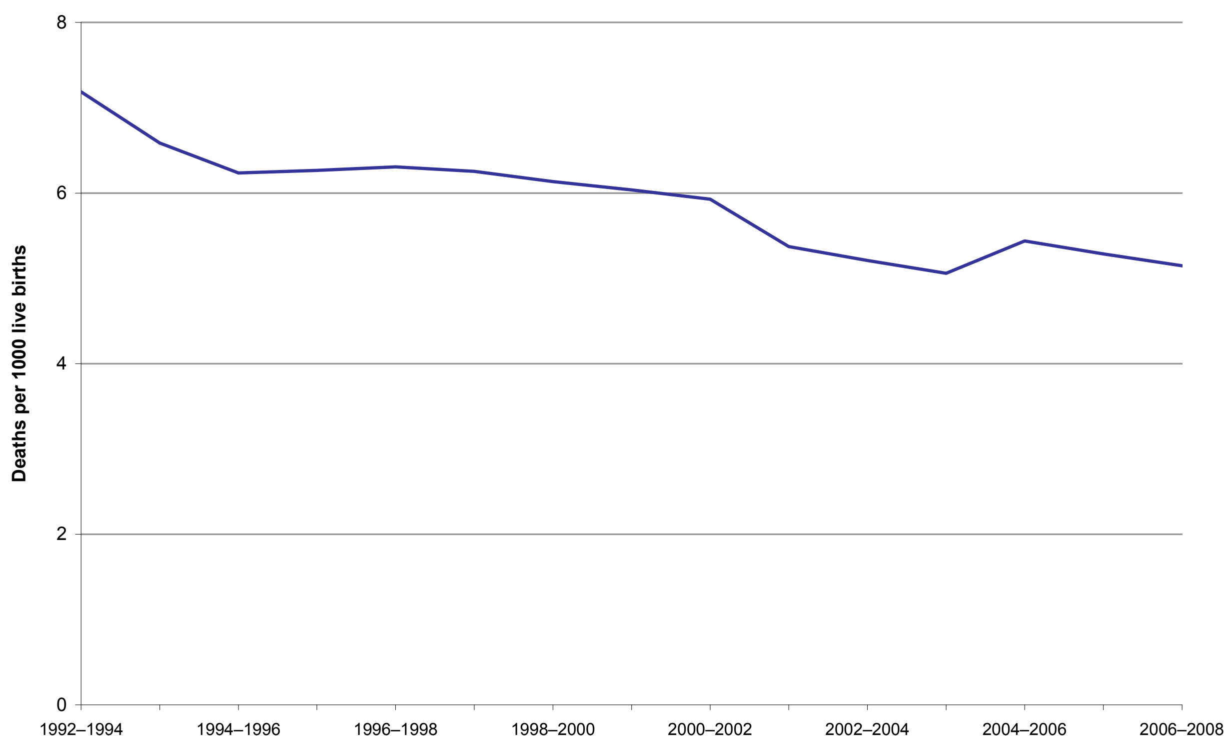
a. Under 4 weeks of age.

b. Between 4 weeks and under one year of age.

c. Per 1000 live births.

Source: OESR, *Deaths Collection* (for deaths in the years up to 2003); CCYPCG, *Child Death Register* (for deaths in the years after 2003); ABS, *Births, Australia*, cat. no. 3301.0

Figure 8.2 Infant mortality rate,[a] Queensland, 1992–1994 to 2006–2008



Note: Years stated refer to three-year rolling averages at year's end. Recent changes to the birth registration process have seen a number of births from previous years being processed in 2007 and 2008, resulting in apparent reductions in mortality.

a. Deaths in the first year of life per 1000 live births.

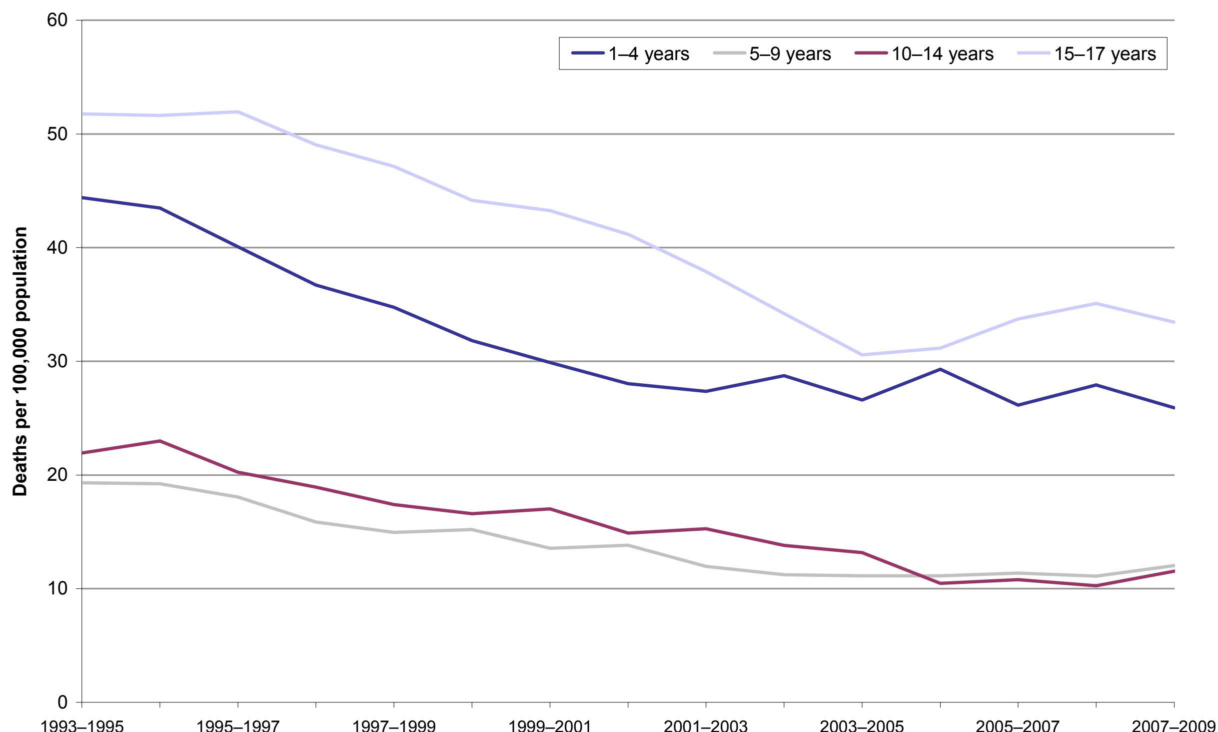
Source: OESR, *Deaths Collection* (for deaths in the years up to 2003); CCYPCG, *Child Death Register* (for deaths in the years after 2003); ABS, *Births, Australia*, cat. no. 3301.0

Mortality trends for 1–17 year olds

Mortality rates for children and young people have generally decreased in the last 17 years (Figure 8.3). Of those aged 1–17 years, mortality rates were highest for 15–17 year olds (33.4 deaths per 100,000 per year in 2007–2009) and 1–4 year olds (25.9 per 100,000), compared with children aged 5–9 years (12.0 per 100,000) and 10–14 years (11.5 per 100,000).

Mortality rates for 15–17 year olds in Queensland declined in 2007–2009, after three consecutive increases. Death rates for 5–9 year olds and 10–14 year olds have been stable in recent years, although there were slight increases for both age groups in 2007–2009.

Figure 8.3 Mortality rate[a] by age, Queensland, 1993–1995 to 2007–2009



Note: Years stated refer to three-year rolling averages at year's end.
a. Deaths per 100,000 population in age group.
Source: OESR, *Deaths Collection* (for deaths in the years up to 2003); CCYPCG, *Child Death Register* (for deaths in the years after 2003); ABS, *Population by Age and Sex*, cat. no. 3201.0

Mortality – Aboriginal and Torres Strait Islander children and young people

Information on Indigenous status on birth and death registrations was introduced in Queensland in 1996. Although the identification of the deaths of Aboriginal and Torres Strait Islander people on registration forms has improved considerably in recent years, it is not known how many Indigenous deaths are not identified. Therefore, the number of deaths registered as Aboriginal or Torres Strait Islander in a given year is expected to be an undercount of the actual number of Indigenous deaths. Between 2002 and 2006, coverage of Indigenous deaths in Queensland was estimated by the ABS to be only 51% (Australian Bureau of Statistics, 2007e). However, a Census Data Enhancement Indigenous Mortality Quality Study, which linked Census records with death registration data, revealed that the rate of coverage could be up to 87% in Queensland, although the report also noted that coverage for deaths of young Indigenous people was likely to be significantly lower (Australian Bureau of Statistics, 2008e).

Between 1996 and 2003, the deaths of 3902 children and young people were registered in Queensland. The data provided to the Commission identify only 7.2% (n = 281) of these children as Indigenous (Queensland Child Death Register). This figure represents significant under-reporting of Indigenous child mortality. In contrast, between 2007 and 2009, 11.5% (n = 175) of the 1518 child deaths registered in Queensland were identified as Indigenous. Although this figure is also likely to be an undercount of the total number of Indigenous child deaths occurring in the period, it demonstrates a progressive improvement in the recording of Indigenous status in official sources.

Because of the problems surrounding Indigenous identification, it is difficult to conduct trend analyses over time using data on Indigenous births and deaths. Although estimates and projections do exist, producing trends that can be reliably compared with the general population is problematic. Because of this limitation, key statistics on Indigenous mortality from other data sources have been included in this section.

In addition, recent changes to the birth registration process have seen a considerable number of previously unregistered births being processed in 2007 and 2008. In 2008, 36.5% of registrations for Indigenous persons in Queensland were for persons born in earlier years. This artificial increase in the number of births (the denominator) contributes to lowering infant mortality rates beyond the actual decrease in deaths (the numerator). In 2006–2008, the Indigenous infant mortality rate was 8.3 per 1000 live births, in comparison with 5.1 for all Queensland infants.

A Queensland Health analysis of perinatal deaths highlighted risk factors for Indigenous perinatal mortality (Queensland Health – Health Information Centre, 2004). Low birthweight caused by factors such as pre-term birth and intra-uterine growth retardation is a major determinant of perinatal deaths. The risk factors for low birthweight and pre-term births – cigarette smoking, genito-urinary tract infections, poor nutrition and psychosocial stress related to economic disadvantage – are consistently shown to be more prevalent among Indigenous mothers.

In general, Indigenous children of all age groups experienced higher rates of mortality than other Australian children, dying at a rate about two times that of non-Indigenous children (Australian Bureau of Statistics, 2010c).

Queensland's Indigenous children aged 1–17 years had a mortality rate two-times greater than the state mortality rate for this age group (37.9 and 19.0 per 100,000 in 2007–2009). This rate ratio has been stable over recent years, and has shown no signs of diminishing.

Leading causes of death, 2007–2009

Table 8.1 shows the leading causes of death for each age group between 2007 and 2009.

The leading causes of death for infants in the neonatal period (the first 4 weeks of life) were certain conditions originating in the perinatal period[27] (*n* = 375, 55.7% of deaths within the age group) and congenital malformations, deformations and chromosomal abnormalities[28] (*n* = 187, 27.8%).

One in four post-neonatal infants (aged between 4 weeks and under 1 year) died from Sudden Infant Death Syndrome (SIDS) and undetermined causes (*n* = 72, 25.5%), with congenital malformations, deformations and chromosomal abnormalities being the second leading cause of death (*n* = 56, 19.9%).

Young children aged 1–4 years died most frequently from drowning (*n* = 30, 16.9%), transport incidents (*n* = 26, 14.7%) and congenital malformations, deformations and chromosomal abnormalities (*n* = 21, 11.9%).

Children aged 5–9 years most often died from neoplasms (*n* = 23, 22.5%) and transport incidents (*n* = 22, 21.6%).

The leading causes of death for children aged 10–14 years were transport incidents (*n* = 27, 26.5%) and neoplasms (*n* = 20, 19.6%), while 15–17 year olds died most often from transport incidents (*n* = 65, 35.7%) and suicide (*n* = 45, 24.7%).

27 Conditions that originate in the perinatal period (pregnancy and the first 28 days after birth) include causes that relate to pregnancy, foetal growth, labour and delivery.

28 Congenital malformations are conditions present at birth and are either hereditary or originate from pregnancy. They include deformities and chromosomal abnormalities.

Table 8.1 Leading causes of death by age, Queensland, 2007–2009

Rank	Under 4 weeks	Between 4 weeks and 1 year	1–4 years	5–9 years	10–14 years	15–17 years
1	Certain conditions originating in the perinatal period (*n* = 375)	SIDS and undetermined (*n* = 72)	Drowning (*n* = 30)	Neoplasms (*n* = 23)	Transport (*n* = 27)	Transport (*n* = 65)
2	Congenital malformations, deformations & chromosomal abnormalities (*n* = 187)	Congenital malformations, deformations & chromosomal abnormalities (*n* = 56)	Transport (*n* = 26)	Transport (*n* = 22)	Neoplasms (*n* = 20)	Suicide (*n* = 45)
3	Diseases of the nervous system (*n* = 10)	Certain conditions originating in the perinatal period (*n* = 37)	Congenital malformations, deformations & chromosomal abnormalities (*n* = 21)	Congenital malformations, deformations & chromosomal abnormalities (*n* = 13)	Diseases of the nervous system (*n* = 11)	Neoplasms (*n* = 20)
4	SIDS and undetermined (*n* = 8)	Diseases of the nervous system (*n* = 18)	Diseases of the nervous system (*n* = 19)	Drowning (*n* = 10)	Suicide (*n* = 7)	Congenital malformations, deformations & chromosomal abnormalities (*n* = 10)
5	Neoplasms (*n* = 5) Endocrine, nutritional and metabolic diseases (*n* = 5)	Diseases of the respiratory system (*n* = 15)	Other non-intentional injury-related deaths[a] (*n* = 12)	Diseases of the nervous system (*n* = 8)	Congenital malformations, deformations and chromosomal abnormalities (*n* = 6)	Diseases of the nervous system (*n* = 9)

a. This category includes falls; non-intentional strangulation, suffocation and choking; poisoning; electrocution and other non-intentional injury-related deaths.

Source: CCYPCG, *Queensland Child Death Register*

SIDS and undetermined causes of death

This section relates to registered infant deaths (aged under 1 year) classified as SIDS (ICD-10 code R95) or of undetermined causes (other sudden deaths – cause unknown, ICD-10 codes R96–R99).

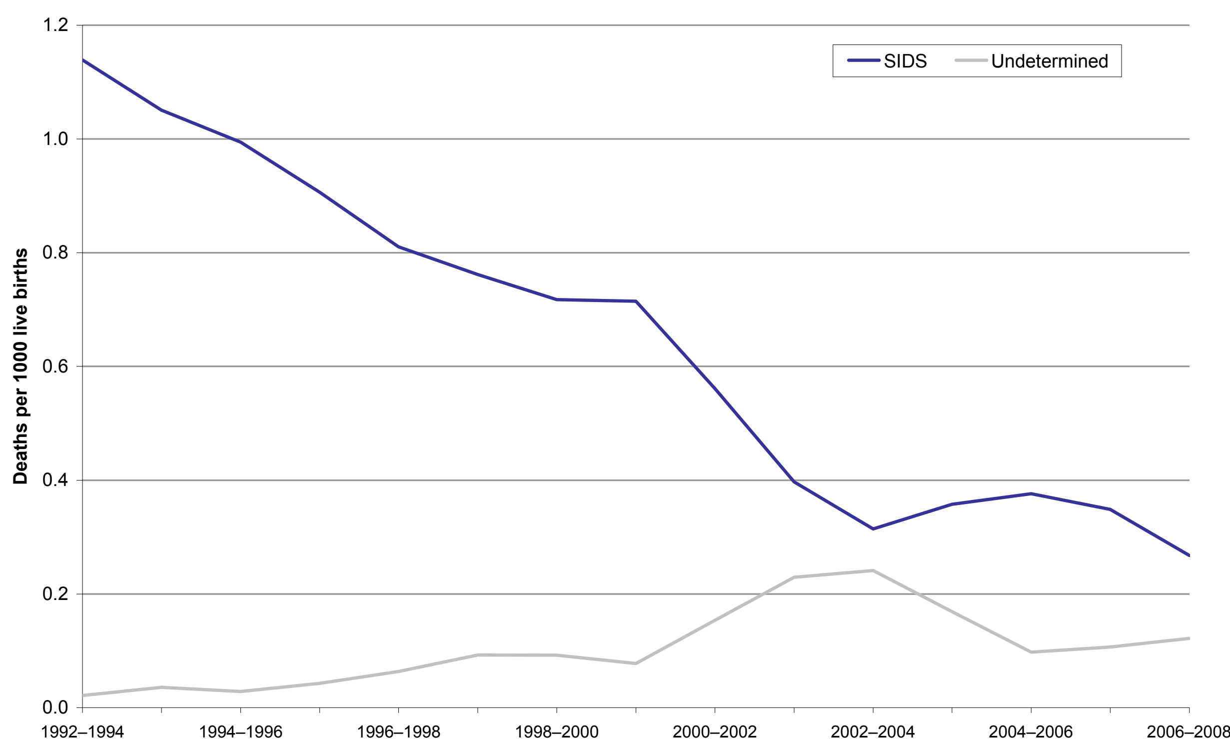
Queensland deaths from SIDS and undetermined causes comprise a significant proportion of infant deaths. When deaths due to perinatal-related conditions and congenital malformations are excluded from infant deaths, more than one-quarter (26.7%) of deaths occurring between 2007 and 2009 were classified as either SIDS or cause undetermined.

Figure 8.4 shows the steady decline of SIDS deaths, decreasing from 1.1 deaths per 1000 live births in 1992–1994 to 0.3 deaths in 2006–2008. Recorded deaths from SIDS made up 8.4% of all infant deaths in 2006–2008 in Queensland.

A number of factors may have contributed to the recorded decrease, including improved access to preventative health care, increased public awareness of SIDS risk factors, and increased use of autopsies in suspected SIDS cases leading to identification of non-SIDS causes (Commission for Children and Young People and Child Guardian, 2009a).

The classification of infant deaths as being due to undetermined causes since 1996 reflects ambiguities in definitions of SIDS. Detailed death scene examinations for apparent SIDS deaths were introduced in December 2003 by the Queensland Police Service to improve information available for investigation by coroners.

Figure 8.4 SIDS and undetermined[a] infant mortality rate,[b] Queensland, 1992–1994 to 2006–2008



Note: Years stated refer to three-year rolling averages at year's end.
a. Infant deaths, cause undetermined (ICD-10 codes R96–R99).
b. Deaths in the first year of life per 1000 live births.
Source: OESR, *Deaths Collection* (for deaths in the years up to 2003); CCYPCG, *Child Death Register* (for deaths in years after 2003); ABS, *Births, Australia*, cat. no. 3301.0

The Commission's *Deaths of Children and Young People* annual reports reveal that Indigenous infants are over-represented in deaths from SIDS and undetermined causes, with mortality rates significantly higher than for non-Indigenous infants. In 2008–09, Aboriginal and Torres Strait Islander infants died from SIDS or undetermined causes at two times the rate of non-Indigenous infants (Commission for Children and Young People and Child Guardian, 2009a).

Risk factors which continue to emerge in the *Deaths of Children and Young* People series include:

- infant factors – prematurity and low birthweight; twins or triplets; neonatal health problems; male gender; and recent history of viral respiratory infections and/or gastrointestinal illness
- parental factors – cigarette smoking; alcohol and drug abuse; young maternal age; single marital status; high number of births and short inter-pregnancy intervals; and poor or delayed prenatal care
- environmental risk factors – social disadvantage and poverty; sleeping on soft surfaces and loose bedding; prone (stomach) or side sleeping position; winter months; over-wrapping/overheating; and some forms of shared sleeping.

The reports also identified concerns in relation to unsafe sleeping practices such as smoking parents who share a sleep surface with their infant, or leaving young infants unattended on adult beds.

Between 1 July 2008 and 30 June 2009, the risk associated with unsafe sleeping practices was particularly highlighted, with nearly one-half (48.7%) of infants who died from SIDS and undetermined causes sharing a sleeping surface at the time of death (Commission for Children and Young People and Child Guardian, 2009a). In houses where shared sleeping at the time of death was identified, the majority of children were exposed to habitual smoking (78.9%).

A suite of resources are available for parents and health professionals to improve understanding of the importance of supine sleep (i.e. face-up) and to support infant care practices that reduce the risk of sudden and unexpected infant death. The Safe Infant Sleeping Online Education Program, which was launched in June 2010, provides information to health professionals in three modules: risk factors for Sudden Unexpected Deaths in Infancy; current public health messages; and, evidence to support recommendations.

Two projects have directly targeted the needs of Aboriginal and Torres Strait Islander families:

- the *Keeping Bubba Safe* resources for health services, which include a flip chart, pamphlet and poster, and
- *Baby Help* – an infant illness assessment tool based on the original Baby Check tool, which has been adapted for use by Indigenous Health Workers and parents.

External causes of death

Deaths from external causes include deaths from non-intentional injury, such as drowning, fire and road transport incidents, as well as deaths from suicide and fatal assault. As with most other causes, deaths of 0–17 year olds caused by external factors have continued to decline, dropping from 17.0 per 100,000 per year in 1993–1995 to 9.7 in 2007–2009. A total of 1977 children died from external causes between 1993 and 2009, accounting for almost one-quarter (23.4%) of all causes.

In the period 2007–2009, one-half (51.2%) of all deaths of 1–17 year olds were due to external causes. Specifically, by age group, external causes accounted for:

- 45.8% of deaths of 1–4 year olds
- 39.2% of deaths of 5–9 year olds
- 41.2% of deaths of 10–14 year olds, and
- 68.7% of deaths of 15–17 year olds.

Transport incidents accounted for one-quarter (24.9%) of all 1–17 year old deaths and almost half (48.6%) of all externally caused deaths among 1–17 year olds. Drowning of young children was also a significant risk, causing 37.0% of all externally caused deaths of 1–4 year olds (16.9% of all deaths of 1–4 year olds).

There were more deaths of males than females across all age groups between 1993 and 2009, particularly deaths due to external causes. The disparity was most marked in deaths of 15–17 year olds, where there were about twice as many male deaths due to external causes as there were for females (116 and 66 respectively in 2007–2009). These were predominantly from transport accidents and suicide.

The Commission is working with key stakeholders to develop an evidence-based coordinated approach to child injury prevention in country Queensland through the *Keeping Country Kids Safe* (KCKS) initiative.

Drowning

There has been a general decrease in the rate of drowning deaths of 0–17 year olds over the past 15 years, with rates dropping from 2.2 per 100,000 in 1993–1995 to 1.6 per 100,000 in 2007–2009 (Figure 8.5). There is considerable fluctuation in the drowning mortality rate, due to the relatively low number of deaths by drowning each year (between 6 and 24 annually since 1993).

Of the 50 drowning deaths of 0–17 year olds in the period 2007–2009, one-half (48.0%) were in swimming pools, the majority involving children aged 1–4 years (70.8%). One-half of non-pool drowning deaths occurred in rivers and rural dams, highlighting the importance of creating safe play areas with childproof fencing on rural properties.

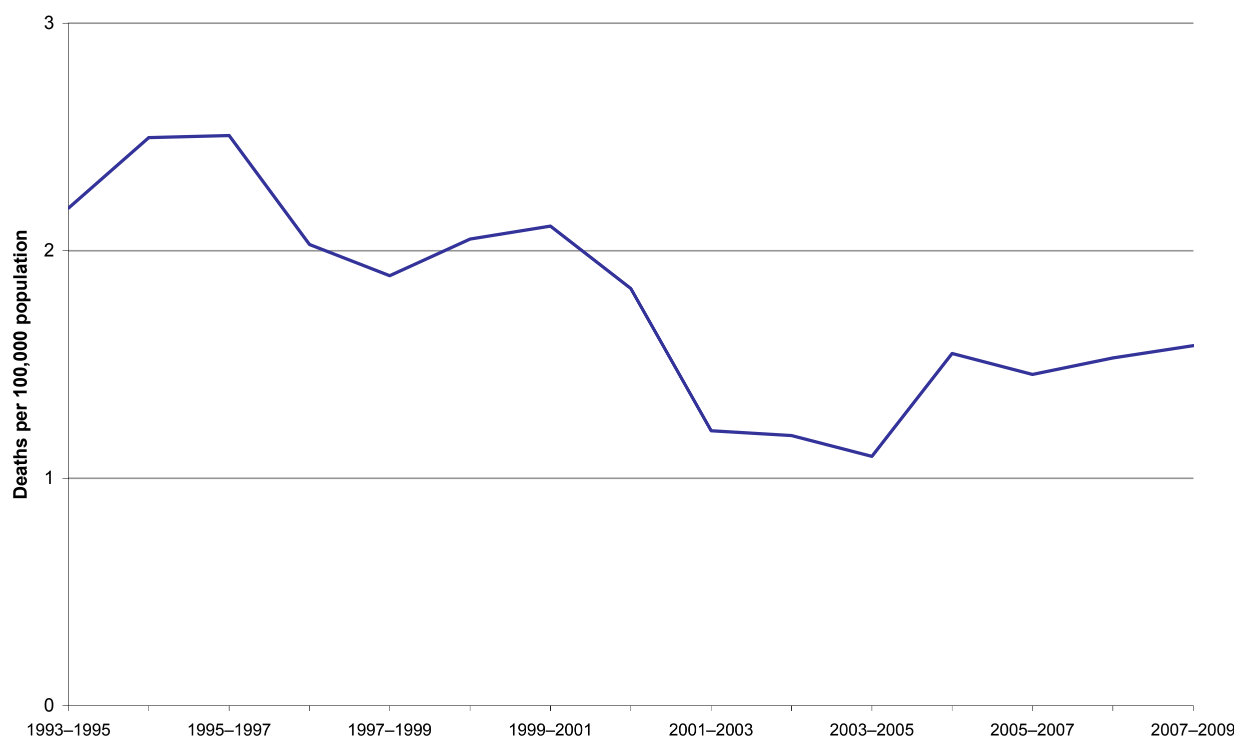
Uniform pool fencing legislation was introduced in Queensland in 1992 and has been shown to be effective in reducing pool drownings of young children (Cunningham, Hockey, Pitt, & Miles, 2002). A pool safety review in 2009 has culminated in the release of new laws and guidelines. A two-stage pool safety improvement strategy was implemented in December 2009 with stage one targeting new pools. The changes to the legislation for outdoor swimming pools on residential land include:

- simplification of the laws to the latest pool safety standard
- mandatory follow-up inspections to help ensure all new swimming pools undergo a final inspection
- mandatory cardiopulmonary resuscitation (CPR) signage that meets current best practice, and
- development of a swimming pool register which all pool owners must enrol in.

Stage two, to be implemented from 2010, will target existing swimming pools, and will feature:

- fencing of all portable pools deeper than 300 millimetres
- rationalisation of all existing pool fencing standards to one current standard
- phase out of child-resistant doors used as pool barriers on existing pools
- wider application of state laws to include indoor pools and pools at hotels, motels and caravan parks, and
- councils to gain greater powers of entry and safety inspection.

Figure 8.5 Drowning mortality rate,[a] 0–17 year olds, Queensland, 1993–1995 to 2007–2009



Note: Years stated refer to three-year rolling averages at year's end.

a. Deaths per 100,000 population aged 0–17 years.

Source: OESR, *Deaths Collection* (for deaths in the years up to 2003); CCYPCG, *Child Death Register* (for deaths in the years after 2003); ABS, *Population by Age and Sex*, cat. no. 3201.0

Transport

Deaths of children and young people caused by transport incidents have generally decreased, but there have been several increases for females only in the most recent periods (Figure 8.6). For the period 2007–2009, transport incidents were the leading cause of death among 10–14 year olds and 15–17 year olds, and the second leading cause among 1–4 year olds and 5–9 year olds.

In the period 1993–2009:

- about twice as many males as females died because of transport-related incidents (65.2% were males and 34.8% females)
- motorcycle and bicycle deaths were predominantly males (93.1% and 80.6% respectively).

New legislation introduced in Queensland in March 2010 requires all children in motor vehicles up to the age of seven be seated in appropriate child restraint for their age and size.

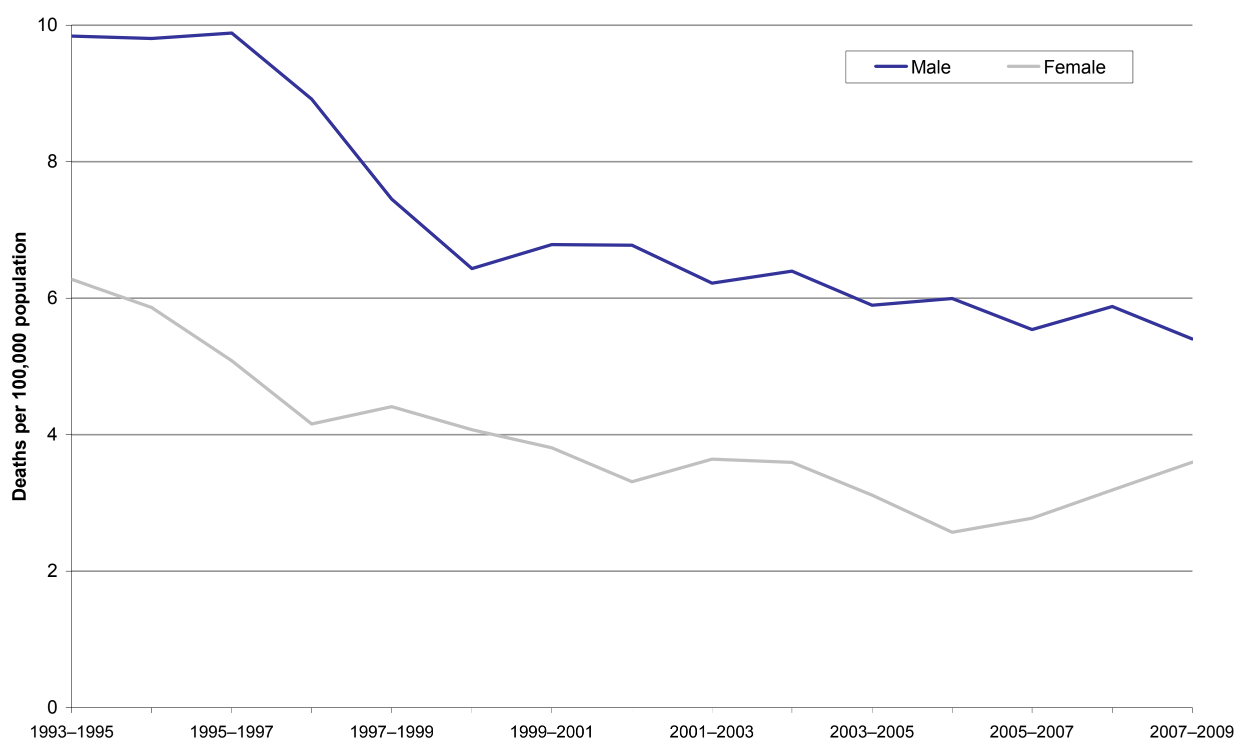
In response to the high incidence of transport-related deaths of young people, additional requirements for learner drivers in Queensland under the age of 25 were introduced in 2007 which stipulate that:

- learner licences must be held for a minimum of 12 months, and
- learners must gain 100 hours of supervised on-road driving, including 10 hours of night driving.

Once learners have successfully completed the practical assessment, they enter the provisional licence stage, which has been split into two phases. The P1 phase is a minimum of 12 months, during which a licence holder may drive unsupervised under the following conditions:

- only one passenger under the age of 21 may be carried between the hours of 11pm and 5am (excluding immediate family members)
- mobile phones may not be used in any way by the driver, or on loudspeaker by the passengers, and
- vehicles driven must not be high powered (8-cylinder or turbocharged engines are not permitted, and there are additional restrictions regarding engine capacity, power and modifications).

Figure 8.6 Transport mortality rate[a] by sex, 0–17 year olds, Queensland, 1993–1995 to 2007–2009



Note: Years stated refer to three-year rolling averages at year's end.
a. Deaths per 100,000 population aged 0–17 years.
Source: OESR, *Deaths Collection* (for deaths in the years up to 2003); CCYPCG, *Child Death Register* (for deaths in the years after 2003); ABS, *Population by Age and Sex*, cat. no. 3201.0

Suicide

The male suicide mortality rate has been greater than the female rate for the entire period[29] between 1993 and 2009, the differences between the genders often being twofold or greater.

In this period, suicides only occurred in children and young people between 10 and 17 years of age, with 15–17 years being the most common age bracket for young people to take their own life (10.8 per 100,000 population for males in 2007–2009 and 5.3 per 100,000 population for females).

Figure 8.7 outlines the suicide mortality trends for 10–17 year olds from 1993 to 2009. Rates for females have remained relatively stable over time. In contrast, suicides of males aged 10–17 years peaked in the period 1996–1998 and fluctuated thereafter. It is unclear if the increases from 2003 onwards are the result of increases in suicidal behaviour, or an improved identification of suicides by the Commission (Commission for Children and Young People and Child Guardian, 2009).

As reported in the Commission's *Deaths of Children and Young People* annual report 2008–09, seven of the 15 suicides in 2008–09 were identified as Aboriginal or Torres Strait Islander (Commission for Children and Young People and Child Guardian, 2009a). The rate of suicide among Indigenous children and young people aged 10–17 years was 13 times greater than for non-Indigenous young people (23.8 and 1.8 per 100,000 respectively).

A range of precipitating incidents and other stressful life events have been identified (Commission for Children and Young People and Child Guardian, 2009). These include:

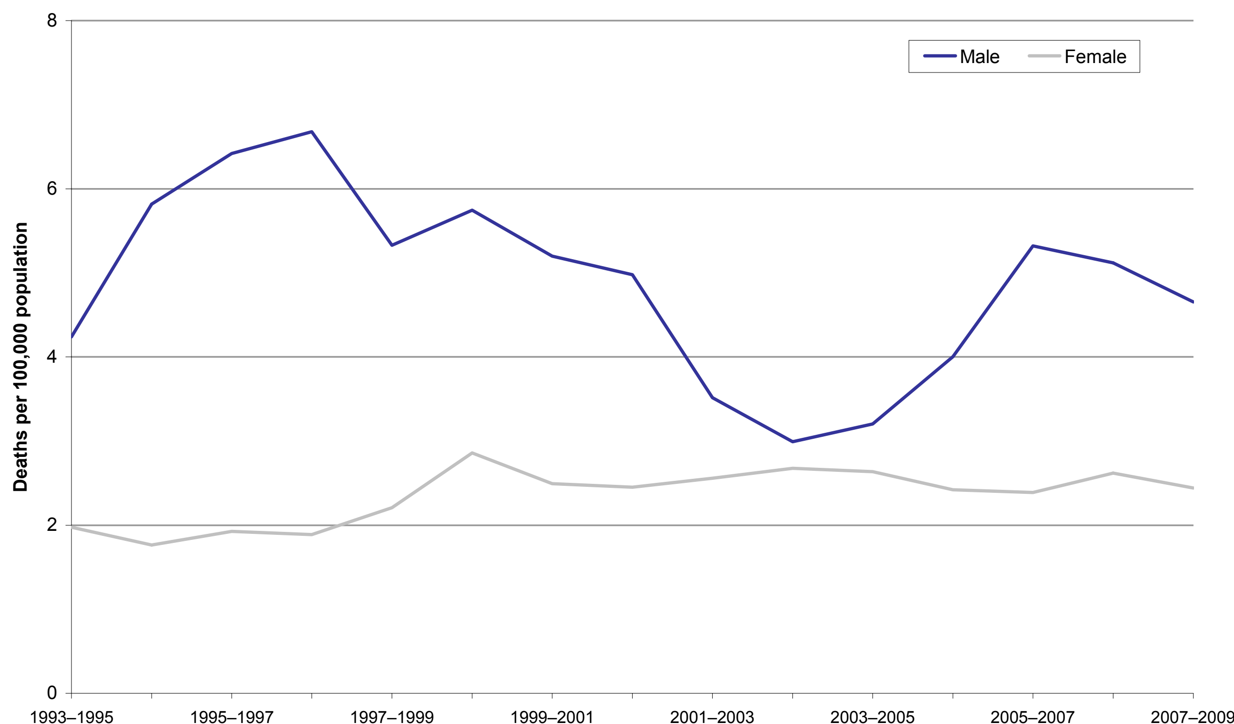
- arguments with parents, partner or other family or community member
- relationship breakdown
- offence-related contact with police or the youth/criminal justice system
- bereavement by the death of a close friend
- health-related concerns
- recent unemployment
- homelessness
- school problems
- possible pregnancy, and
- placement transition for those living in out-of-home care.

29 The exception being 2003, when only 5 male suicides were registered, in comparison with 7 female suicides.

The Commission's discussion paper *Reducing Youth Suicide in Queensland* reviewed the lives and deaths of 65 children and young people who died from suicide in Queensland between 2004 and 2007 (Commission for Children and Young People and Child Guardian, 2009d). The Commission is using this information to work with key stakeholders to develop youth suicide prevention strategies.

The Queensland Government's suicide prevention action plan, currently under development, aims to improve cross-government coordination, enhance the detection and management of suicide risk and ensure the health system is accessible and responsive to persons identified as being at risk, including young people.

Figure 8.7 Suicide mortality rate[a] by sex, 10–17 year olds, Queensland, 1993–1995 to 2007–2009



Note: Years stated refer to three-year rolling averages at year's end.
a. Deaths per 100,000 population aged 10–17 years.
Source: OESR, *Deaths Collection* (for deaths in the years up to 2003); CCYPCG, *Child Death Register* (for deaths in the years after 2003); ABS, *Population by Age and Sex*, cat. no. 3201.0

9 Child protection

Key messages

Amendments to the *Child Protection Act 1999* have placed a stronger focus on the importance of effective secondary services to prevent vulnerable children and families from entering the statutory child protection system. The *Helping Out Families* initiative will be trialled in two locations from October 2010 and a third commencing in 2011, to provide families a range of secondary services including intensive family support, child health nurse home visits to new mothers, parenting programs, and counselling services.

Aboriginal and Torres Strait Islander children and young people are five times more likely to be subjected to substantiated harm than other Queensland children. The number of Indigenous children requiring out-of-home care continues to increase, up almost three-fold since 2004. Furthermore, Indigenous children are more likely to be transitioned from substantiation to out-of-home care than non-Indigenous children.

The Commission's *Views of Young People in Foster Care* survey was conducted for the third time in 2009. The survey gave more than 2700 children and young people living in foster care in Queensland the opportunity to voice their opinions on their placement, the child protection system, and a range of other issues affecting their safety, health and wellbeing.

Improvements

The number and rate of children subject to substantiated harm or neglect continues to decrease in Queensland. Decreases have been evident across all harm types, and rates are currently about one-half of those recorded five years ago. However, reductions in rates and numbers may be related to changes in policies or procedures, more so than actual reductions in abuse and neglect.

Areas of concern

The number of children and young people living in out-of-home care continues to increase, despite sustained reductions in the numbers of notifications and substantiations recorded. With the number of children in care at an all time high in Queensland, the development of National Standards of Out of Home Care will give children and young people in care the same opportunities as other children to reach their potential through stability of placements, regular health check-ups, and adequate transition planning.

Children and young people in the child protection system appear to be at elevated risk of a range of negative health and educational outcomes, when compared with the general population. For instance, the reported rate of children in out-of-home care taking ADHD medications is substantially higher than regarded at the general population level.

Whole-of-government approach to child protection

In recognition of the shared responsibility across a range of governmental agencies that engage with children and young people, a whole-of-government model of child protection was introduced by the Queensland Government in 2004. This model involves all government agencies[30] identified as having a key role in the promotion of child safety and is designed to provide a continuum of care, from the prevention and early intervention strategies offered by a range of government and non-government agencies, to the statutory child protection intervention and support services by the Department of Communities (Child Safety Services).

The Commission for Children and Young People and Child Guardian has a legislative responsibility to monitor service delivery by the Department of Communities (Child Safety Services) and other government agencies to children and young people in the child protection system. This is achieved through auditing, monitoring and reviewing the service delivery to children, investigating specific complaints, supporting the Child Death Case Review Committee and coordinating the Community Visitor Program. The Commission reports on outcomes for children and young people in the child protection system in the annual *Child Guardian Report: Child protection system*.

National Child Protection Framework

In April 2009 the Council of Australian Governments (COAG) announced a national approach for protecting children in Australia. The *National Framework for Protecting Australia's Children 2009–2020* insists that everyone has a role to play, including parents and families, children and young people, communities, non-government organisations, the business and corporate sector, local governments, state and territory governments and the Australian Government (Commonwealth of Australia, 2009c).

30 That is, Department of Communities (Child Safety Services; Housing; Disability Services), Queensland Police Service, Queensland Health, Department of Education and Training, Department of Justice and Attorney-General.

Six supporting outcomes have been identified:
1. children live in safe and supportive families and communities
2. children and families access adequate support to promote safety and intervene early
3. risk factors for child abuse and neglect are addressed
4. children who have been abused or neglected receive the support and care they need for their safety and wellbeing
5. Indigenous children are supported and safe in their families and communities, and
6. child sexual abuse and exploitation are prevented and survivors receive adequate support.

A series of rolling three-year action plans, implemented locally and nationally, will work towards achieving the stated outcomes, and contribute to making children safer.

Administration of the *Child Protection Act 1999*

Queensland's Department of Communities (Child Safety Services) and the Queensland Police Service (QPS) have statutory authority to respond to reports of child abuse or neglect. Child Safety Services administers the *Child Protection Act 1999*, and leads the State Government's response to child safety in conjunction with the QPS, Queensland Health and other agencies. Child Safety Services has authority to intervene where a child suffers harm or is at unacceptable risk of suffering harm and does not have a parent willing and able to protect them. Suspected abuse by others, including strangers to the child, is dealt with by the police unless there are concerns identified in relation to the parent/s willingness and ability to protect the child.

The *Child Safety Practice Manual* (Department of Child Safety, 2005) establishes the procedures and practice guidelines for dealing with child protection matters. The following information is an overview of the investigation and assessment guidelines from the manual.

When an intake is received, departmental staff use professional judgement and the department's structured decision making tools, to determine if the information reaches the legislative threshold of harm or risk of harm and it is reasonably suspected that a child is in need of protection. Where the report does not meet the department's threshold for intervention, a Child Concern Report (CCR) is recorded. There are several possible responses to a CCR:

- general information and advice can be provided to assist with the needs of the child and family (such as information on local services or brochures)
- a referral to an appropriate service can be provided
- a referral can be made to the QPS (about a possible criminal matter), or an interstate child protection agency can be contacted as appropriate, or
- the case may be closed with no further action being taken.

A notification is recorded where a report reaches the legislative threshold of harm or risk of harm and it is reasonably suspected that a child is need of protection – that is, where there is no parent able and willing to protect the child from harm (*Child Protection Act 1999*, section 10). The Child Safety Officer recommends a response time frame for investigation and assessment (24 hours, 5 days or 10 days) based on the child's immediate level of safety.

There are four possible outcomes to an investigation and assessment:

- substantiated – child in need of protection (child is at risk of being harmed in the future and there is no parent able and willing to protect the child)
- substantiated – child not in need of protection (child has been harmed but there is a parent able and willing to protect the child from future harm)
- unsubstantiated (child has not suffered harm and there is a parent able and willing to protect the child from future harm), or
- no investigation and assessment outcome (where there is insufficient information to decide on an outcome, or the child and family could not be located and actions taken to locate them have been unsuccessful).

For a child with an outcome of "substantiated – child in need of protection", the department must intervene. Depending on the level of risk and the ability and willingness of the parents to work with Child Safety, intervention will occur with less intrusive intervention, such as, intervention with parental agreement, directive orders and supervision orders where the child remains living with their parent/s. However, where necessary, custody or guardianship is transferred to either the Chief Executive of the department or another suitable person, either by agreement or by court order, so the child can be placed in out-of-home care.

The *Child Protection and Other Acts Amendment Act 2010* was recently passed by Queensland Parliament to allow the statutory child safety system to respond more effectively to the individual needs of children at risk and in care. These include:

- enshrining the safety and wellbeing of children, along with the best interests of a child, in the paramount principle that guides all decision making
- including a framework of principles to improve decision making to promote children's safety, wellbeing and best interests
- recognising the important role of long-term guardians, other than the chief executive
- enhancing the ability of Child Safety Services to secure the safety of children in need of protection;
- recognising the cumulative nature of harm
- overcoming barriers in the gathering and sharing of information when responding to allegations of child abuse or concerns about unborn children after birth, and
- creating a new three-business-day temporary custody order. The department can apply for this order where it already holds the view that a child is in need of protection and does not need to conduct an assessment.

Support outside the statutory system

Families who do not fall within the scope of the statutory child protection system may access support services on a voluntary basis. There are a number of situations where families may engage with these support services, including where:

- some risk factors exist, but they are considered minor and unlikely to escalate
- more serious or escalating risk factors are observed, but there is at least one parent able and willing to protect the child, and
- families are able to benefit from additional support as they transition from the statutory system after a period of ongoing departmental intervention.

These non-statutory services are sometimes broadly referred to as "prevention and early intervention", although, as described above, they are also accessed by families who have already had substantial involvement in the statutory system and in cases where it is considered unlikely that the observed risk factors will escalate to abusive or neglectful behaviour.

Recent amendments to the *Child Protection Act 1999* promote the importance of support services in intervening with families before they enter the statutory child protection system. Amendments include the *Helping Out Families* (HOF) initiative, which aims to provide high quality services to families at risk of entering the child protection system. HOF will be trialled in Logan and Beenleigh-Eagleby, with services scheduled to commence in October 2010. A third location, Gold Coast, will have services operational in 2011, with further rollout to follow. Under the HOF initiative, child safety services will refer a family, via their specialist referral officer, to a Family Support Alliance non-government organisation. Referrals will be made, following an investigation and assessment where the outcome is:

- Unsubstantiated Child Not in Need of Protection but the family is at high risk of entering the statutory system if they do not receive support, or
- Substantiated Child Not in Need of Protection and high risk factors are present.

Child Concern Reports will also be referred to the Family Support Alliance when one or more of the following factors are present: when the subject child/ren is under 3 years old; there are multiple Child Concern Reports including domestic and family violence; or, there has been previous statutory involvement (e.g. Notification).

HOF is being introduced to ensure children and young people have the opportunity to remain in a stable, functioning family environment without the need to enter the statutory child protection system before they can receive support. Families can receive intensive family support, up to six home visits from child health nurses for new mothers, and services for domestic and family violence, mental health, drug and alcohol problems, disability and homelessness. In addition, vulnerable families can receive assistance with parenting, home management, budgeting and meal preparation. Families identified as being vulnerable and requiring additional early intervention and parenting support will be offered the targeted Family CARE Home Visiting Program from Queensland Health, consisting of 15 contacts in the first 12 months

Since 2006, ten *Referral for Active Intervention* (RAI) services have been in operation in Queensland. An eleventh was added in 2008. This initiative, funded by the Department of Communities provides intensive support services for families who have complex needs but where no child is assessed as being at risk of harm. As with all other non-statutory support services, participation is voluntary. RAI services provide intensive support directed at strengthening the resilience and capacity of both parents and children. In addition, risk factors and problems which could escalate to child abuse or neglect are dealt with before they become problematic.

Limitations of using child protection administrative data

The information in this chapter is based primarily on Child Safety Services administrative data. It is important to recognise that, for a number of reasons, the data may not show the actual incidence of child abuse and neglect in the community. Some reasons are that:

- the data include children who have not been harmed but are assessed to be at risk of being abused or neglected
- the data exclude extra-familial abuse unless a parent is assessed to be unable or unwilling to protect the child from this harm
- much abuse and neglect is never reported to child protection authorities, and
- the data are extremely sensitive to changes in legislation, policy, practice, definitions, organisational capacity, data management systems and community awareness.

Some changes that have occurred in recent years that are likely to have had a significant impact on child protection data are:

- changes in community concern and awareness stemming from several inquiries and investigations into child protection in Queensland, including:
  - *Protecting Children: An inquiry into abuse of children in foster care* (Crime and Misconduct Commission, 2004)
  - *An investigation into the adequacy of the actions of certain government agencies in relation to the safety, well being and care of the late baby Kate, who died aged 10 weeks* (Queensland Ombudsman, 2003)
  - *An investigation into the adequacy of the actions of certain government agencies in relation to the safety of the late Brooke Brennan, aged three* (Queensland Ombudsman, 2002), and
  - *Report of the Commission of Inquiry into Abuse of Children in Queensland Institutions* (Commission of Inquiry into Abuse of Children in Queensland Institutions, 1999)
- the introduction of the Integrated Client Management System (ICMS) and associated changes to data management and reporting (introduced in March 2007)
- the recording of “additional concerns” while an investigation and assessment is ongoing, rather than counting separate notifications and substantiations for each new report (since March 2007)
- the introduction of Structured Decision Making (SDM) tools, which are designed to target resources more effectively and improve consistency in decision-making (since 2005–06), and
- the progressive broadening of mandatory reporting requirements.

As the data produced are administrative by nature, it is not appropriate to draw conclusions about the actual incidence of child abuse and neglect. However, they do provide important insights into the operation and decisions of the government services involved and the effects these activities have on children, young people and their families.

Rates reported in *Snapshot* may vary slightly from those reported in other publications (such as the Australian Institute of Health and Welfare’s *Child Protection Australia*) because of differences in the base population figures used. For instance, *Snapshot* generally uses Australian Bureau of Statistics Estimated Residential Populations averaged over 2 years to generate split-year population figures (for example, the average of 30 June 2008 and 30 June 2009 to calculate the 2008–09 population), whereas *Child Protection Australia* uses figures from 31 December of the earlier year (e.g. 2008) to calculate rates. However, this should yield only minimal variations (possibly up to 0.2 per 1000) in reported rates, if any.

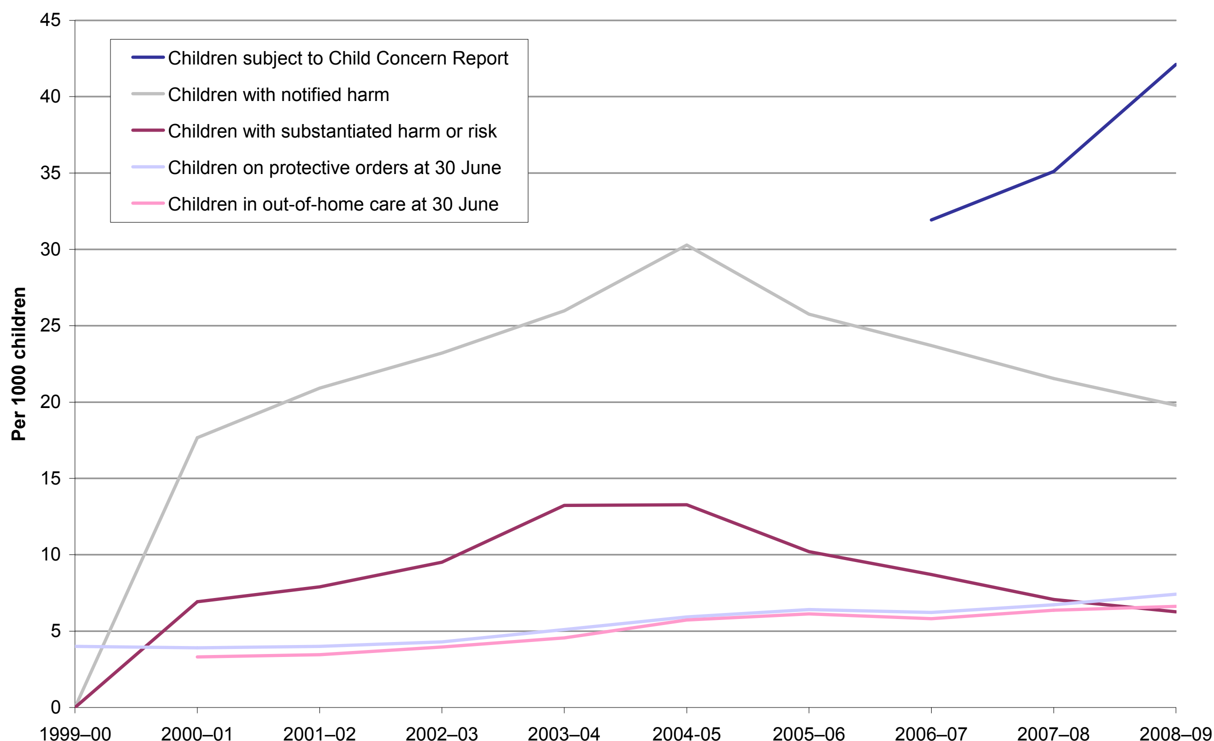
Trends in child protection data

In Queensland in 2008–09, the number of children subject to notifications continued to decline, falling from 22,333 in 2007–08 to 20,959. Based on the estimated population of 0–17 year olds, the rate of children subject to notifications per 1000 in 2008–09 was 19.8, a decrease from the rate of 21.5 in 2007–08 (Figure 9.1).

Child Concern Reports (CCRs) were introduced in 2005 when the threshold for a notification was changed to harm or risk of harm of a significant nature. CCRs are used to record matters that did not meet the threshold for recording a notification. In some circumstances, these matters can be referred to a family support service. In 2008–09, 44,589 children and young people were subjected to 59,662 CCRs. While there was a reduction in the number and rate of notifications in 2008–09, the number of children subject to CCR continues to increase (up from 36,392 in 2007–08). The rate of CCR was 42.1 per 1000 in 2008–09, up from 35.1 the previous year.

The number of children subject to substantiations, where a child had been harmed or was at risk of harm, fell for the fourth straight year in 2008–09. The rate of children subject to substantiations peaked at 13.3 per 1000 children in 2004–05 and has fallen by 52.8% to 6.3 per 1000 children in 2008–09.

Figure 9.1 Trends in child protection, Queensland, 1999–2000 to 2008–09



Note: Child Concern Reports were introduced in March 2005 as an alternative to notifications for situations where a child is not considered to be in need of protection, but where family support services may provide a more appropriate response. Data on notifications and substantiations are extracted 2 months after each time period (i.e. as at 31 August). Investigations resulting in a substantiation after this date will not be included. In 2008–09, 39.6% of finalised investigations resulted in a substantiation.

Source: Department of Communities (unpublished data); AIHW, *Child Protection Australia 2008–09*; ABS, *Population by Age and Sex*, cat. no. 3201.0

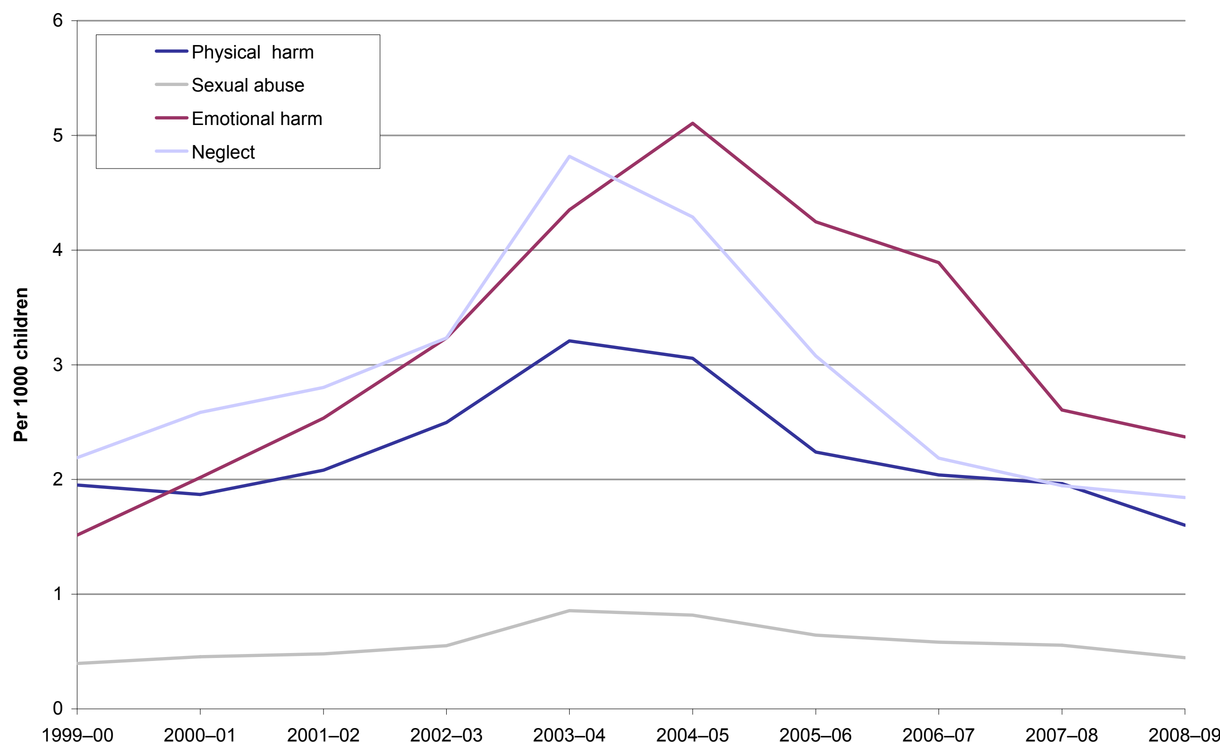
Declines were experienced for all harm types, with rates in 2008–09 approximately half the rates recorded in 2004–05. The greatest declines have been seen in substantiations where neglect or emotional harm was assessed to be the most serious type of harm, falling by 57.0% and 53.6% respectively in the last four years (Figure 9.2). Substantiations due to physical abuse (or the risk of physical abuse) decreased by 18.5% in 2008–09, and by almost one-half (47.6%) since 2004–05.

Such rapid declines are unlikely to be entirely the result of actual reductions in abuse and neglect in the community, which are generally expected to remain relatively stable over short periods of time. As explained earlier, official child protection statistics are extremely sensitive to changes in departmental policies and practices. Some factors that may have contributed to the sharp declines in substantiations may include the introduction of Structured Decision Making and changes in data management and reporting since the introduction of the ICMS.

While having remained relatively stable in recent years, rates of substantiations where sexual abuse was found to be the most serious harm type were at the lowest levels since 1999–2000 (0.4 per 1000 in 1999–2000 and 2008–09). However, rates for sexual abuse are substantially lower than other harm types.

It should be noted that data relating to substantiations exclude notifications where the investigation was not finalised by 31 August of the following financial year. For 2008–09, investigations into nearly one-fifth (18.2%) of notifications were not yet finalised (i.e. still in progress) by 31 August 2009 (Australian Institute of Health and Welfare, 2010b). In a small proportion of cases (3.0%) it was deemed that there was no outcome possible. This included notifications where there was insufficient information to identify or locate the family, or where the family has moved overseas.

Figure 9.2 Trends in children with substantiated harm by most serious harm type, Queensland, 1999–2000 to 2008–09



Source: AIHW, *Child Protection Australia 2008–09*; ABS, *Population by Age and Sex*, cat. no. 3201.0

Although rates of children subject to notifications and substantiations have fallen, rates of children subject to protective orders and placed in out-of-home care have continued to rise (Figure 9.1). With the exception of a small decline in 2007, the rates have risen each year since 2001. Since rates of children subject to notifications and substantiations began to decline in 2004–05 (34.6% and 52.8% respectively), the rate of children subject to protective orders at 30 June has increased 25.0%, from 5.9 per 1000 children to 7.4 per 1000 children. In the same time the rate of children in out-of-home care at 30 June has grown 15.6%, from 5.7 per 1000 children to 6.6 per 1000 children.

It is unclear whether growth in the numbers of children subject to orders and living in out-of-home care is a result of more children being admitted to orders and out-of-home care, or children remaining on orders and in out-of-home care for longer, or a combination of both.

Profile of children

Figure 9.3 shows the relationship between the age of a child and the most serious type of harm substantiated[31] for 2008–09. In line with the overall reduction in substantiations, rates for substantiated harm were lower in 2008–09 than the previous year for all age groups across all harm types.

Rates of children suffering substantiated neglect and physical harm were highest for children under 1 year, and tended to decrease with increasing age. Rates of children suffering substantiated sexual abuse were similar across all age groups, but slightly higher for under 1 year olds and 10–14 year olds.

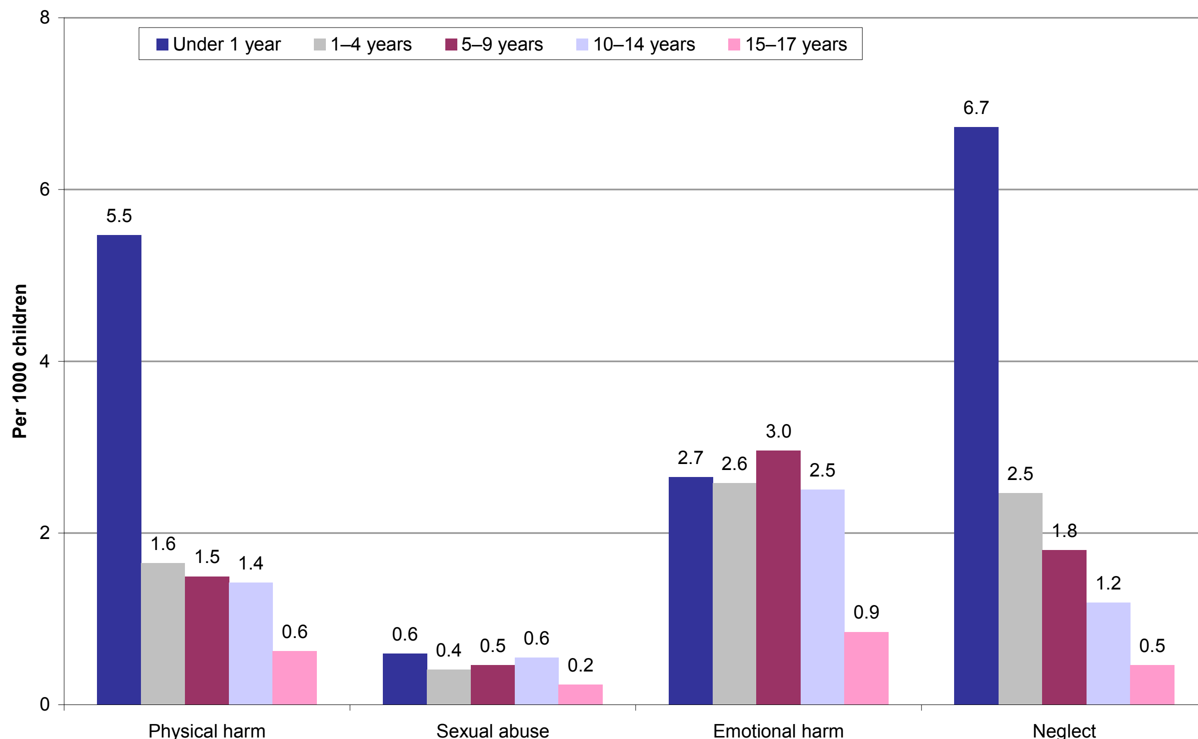
Young people aged 15–17 had the lowest rates of substantiated harm for all harm types in 2008–09.

Rates of emotional harm were comparable across age groups (except 15–17 year olds). Rates declined slightly for all age groups following more dramatic decreases between 2006–07 and 2007–08.

The rate of substantiated harm for physical harm in children under 1 year declined in 2008–09 to 5.5 per 1000, following several years of increases.

31 Includes the risk of future harm or neglect.

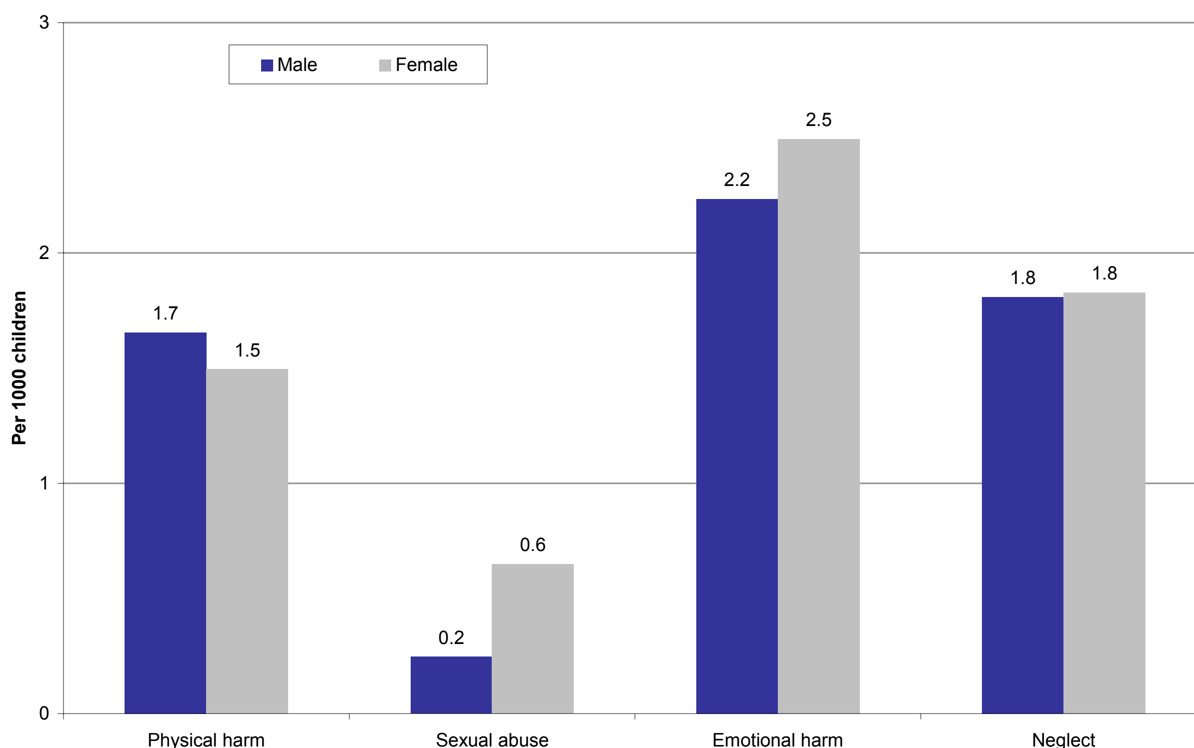
Figure 9.3 Children with substantiated harm by most serious harm type by age, Queensland, 2008–09



Source: Department of Communities (unpublished data); ABS, *Population by Age and Sex*, cat. no. 3201.0

Figure 9.4 shows that rates of substantiations across most harm types do not vary markedly between boys and girls. However, substantiation rates for sexual abuse (0.6 and 0.2 per 1000 respectively) and emotional harm (2.5 and 2.2 per 1000 respectively) were higher among females than males. Rates in 2008–09 were slightly lower than 2007–08 for all harm types and both males and females.

Figure 9.4 Children with substantiated harm by most serious harm type by sex, Queensland, 2008–09

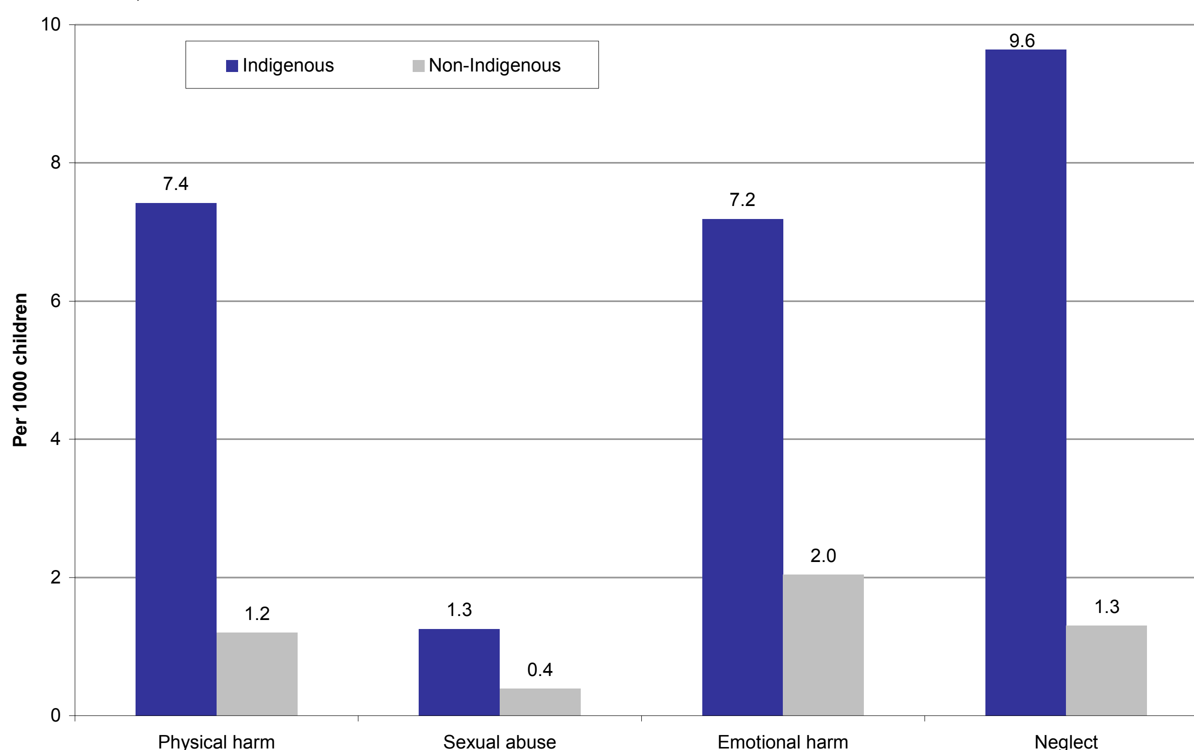


Source: Department of Communities (unpublished data); ABS, *Population by Age and Sex*, cat. no. 3201.0

Like previous years, the rates of Indigenous children subject to substantiations were substantially greater than those for non-Indigenous children in 2008–09 (Figure 9.5). Overall, Indigenous children were almost five times more likely than non-Indigenous children to be the subject of a substantiation (25.5 and 4.9 per 1000 respectively). While substantiation rates declined for non-Indigenous children for all harm types in 2008–09, rates for Indigenous children either increased or remained stable.

Indigenous children were most strongly over-represented in substantiations where neglect (7.4 times; 9.6 and 1.3 per 1000) and physical harm (6.2 times; 7.4 and 1.2 per 1000) were found to be the most serious harm type. Indigenous rates were closer to non-Indigenous rates for substantiations involving sexual abuse, however Indigenous children were still 3.2 times more likely to be subject to these types of substantiations.

Figure 9.5 Children with substantiated harm by most serious harm type by Indigenous status, Queensland, 2008–09



Note: Based on estimated populations aged 0–17 years.
Source: Department of Communities (unpublished data); ABS, *Population by Age and Sex*, cat. no. 3201.0; ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0

Profile of families

Basic data on characteristics of families of children within the child protection system are collected within the Child Safety Services ICMS. Information pertaining to family of residence is available, however this information is recorded in the assessment outcome phase of the investigation. As such the reported family type may be different to the family type when the abuse or neglect occurred as a result of a parent making efforts to ensure the protection of his or her child, such as removing the perpetrator of harm from the household. It is also important to recognise that the perpetrator of the abuse might not actually be a parent.

Table 9.1 shows the type of family in which children were living at the end of investigations that resulted in substantiations. Data from the ABS Family Characteristics and Transitions survey indicate that 72.2% of children aged 0–17 years live in intact family couples, suggesting that children from these families are under-represented in the child protection system (Australian Bureau of Statistics, 2008d). In contrast, children living in step/blended families (9.1% of the population) and single mother families (15.4% of the population) appear to be over-represented in the child protection system (18.0% and 37.7% respectively).

However, caution must be taken when interpreting family of residence data. For example, the data indicate that most sexual abuse substantiations occur within single mother families (37.8%). Therefore, it is imperative to note that the data indicate the family type at the conclusion of the investigation, and that it may have been a visitor rather than a parent who was the perpetrator of the abuse, or that the parent who was the perpetrator has left the household, changing the recorded family type to single-parent.

Table 9.1 Children with substantiated harm by family of residence by most serious harm type, Queensland, 2008–09

	Type of harm substantiated				
	Physical harm	Sexual abuse	Emotional harm	Neglect	Total
Family of residence	Per cent				
Intact couple family	38.6	28.7	35.4	30.6	**34.3**
Step/blended family	21.4	22.5	18.4	13.7	**18.0**
Single mother	29.1	37.8	37.3	45.5	**37.7**
Single father	4.7	2.3	3.8	3.7	**3.9**
Other[a]	6.2	8.7	5.2	6.5	**6.1**
Total[b]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

a. Includes children living with relatives or kin, other living situations such as independent, hospitals and Queensland youth detention centres, and where family type was not stated.
b. Components may not add to total due to rounding.
Source: Department of Communities (unpublished data)

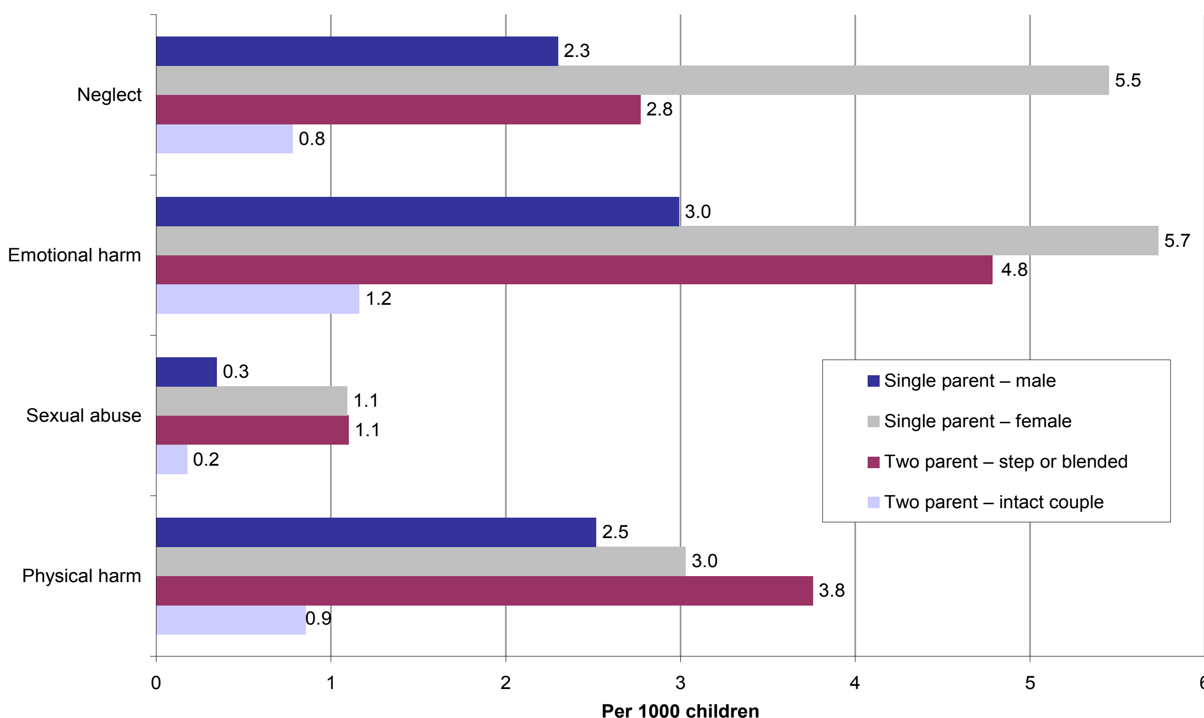
While the data in Table 9.1 shed some light on the prevalence of harm by family type within the substantiated abuse and neglect population, further examination of data using additional sources can provide an estimate of the incidence of harm within specific types of families in the community. Estimated rates of abuse and neglect by family type can be calculated using population estimates derived from ABS estimated resident population and the *Family Characteristics and Transitions* survey. However, limitations related with the data mean that estimates are only intended to provide an indication of the level of over-representation in the child protection system of children in single-parent and step or blended families.

Rates for children not living with either of their parents were much higher, but have been excluded from analysis because of the small numbers involved.

Figure 9.6 shows that children living in step, blended and single-parent families at the conclusion of investigations had higher rates of substantiated harm and neglect. Specifically:

- children living in intact couple families had the lowest rates of harm across all harm types
- children living in single mother families had the highest rates of emotional harm (5.7 per 1000 population) and neglect (5.5 per 1000 population), and
- children living in step or blended families had high rates of physical harm (3.8 per 1000 population), emotional harm (4.8 per 1000) and neglect (2.8 per 1000).

Figure 9.6 Children with substantiated harm by most serious harm type by family of residence, Queensland, 2008–09



Note: Rates are estimated using estimated populations of children by family type. Because of the limitations of the data to provide accurate base populations, rates presented are only intended to provide an indication of relative levels.
Source: Department of Communities (unpublished data); ABS; *Population by Age and Sex*, cat. no. 3201.0; ABS, *Family Characteristics and Transitions, Australia, 2006–07*, cat. no. 4442.0

Parental age may also be considered a risk factor for child abuse or neglect. Table 9.2 shows the age of the parents of children with substantiated harm (where parental age was known) in 2008–09.

Almost one-in-six (16.3%) children with substantiated harm had a mother aged 15–24 years, with about one-in-twelve (8.4%) children having a father aged 15–24 years. Mothers of substantiated children tended to be younger than fathers, with three-fifths (60.4%) of mothers being 15–24 years (16.3%) or 25–34 years (44.1%), while 44.3% of fathers were 15–24 years (8.4%) or 25–34 years (35.9%). The overall parental age profile in 2008–09 was similar to previous years.

Of note, physical harm and neglect were about two-times more likely than sexual abuse and emotional harm among mothers and fathers aged 15–24 years. Sexual abuse substantiations peaked for children with mothers and fathers aged 35–44 years (44.9% and 44.2% respectively).

Table 9.2 Children with substantiated harm by harm type by age of parent, Queensland, 2008–09

	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	Other[a]	Total[b]
Mothers	Per cent						
Physical harm	20.7	45.6	27.5	3.7	0.1	2.2	**100.0**
Sexual abuse	10.5	33.3	44.9	7.8	0.5	2.9	**100.0**
Emotional harm	10.8	45.6	36.3	6.0	0.2	1.2	**100.0**
Neglect	21.0	43.6	30.4	3.4	0.3	1.3	**100.0**
Total	**16.3**	**44.1**	**33.0**	**4.8**	**0.2**	**1.6**	**100.0**
Fathers	Per cent						
Physical harm	11.1	37.8	32.3	11.0	2.0	5.8	**100.0**
Sexual abuse	5.1	24.2	44.2	14.8	2.8	8.8	**100.0**
Emotional harm	5.3	34.6	41.9	11.3	2.0	4.8	**100.0**
Neglect	11.1	39.1	34.3	8.8	1.7	5.0	**100.0**
Total	**8.4**	**35.9**	**37.5**	**10.7**	**2.0**	**5.4**	**100.0**

Note: Excludes children where parent age was not known. Of children with substantiated harm in 2008–09, 86.5% had mother's age recorded and 71.0% had father's age recorded.
a. Includes parents aged under 15, 65 years or older, or where parent age has not yet been recorded on the ICMS.
b. Components may not add to total due to rounding.
Source: Department of Communities (unpublished data)

In 2009, the former Department of Child Safety released the final two reports in their series of six reports investigating the characteristics of parents involved in the child protection system in Queensland. These reports examined all substantiations between April and June 2007 where a parent was believed to be responsible for harm or risk of harm to their child. The final report summarised the previous five reports.

The demographic profile of parents (Department of Child Safety, 2008a) found that:

- 6% of mothers and 2% of fathers were teenagers at the time of substantiation
- Indigenous parents are younger than the general Queensland parent population
- one in ten (10.4%) substantiated households had at least one parent aged 21 years or younger ("young households"), and
- Indigenous households are significantly over-represented in the child protection system, accounting for one in five (21%) households in the system, compared with 3% in the general population.

The report on parental risk factors for abuse and neglect (Department of Child Safety, 2008b) revealed:

- parents in substantiated households were likely to have a range of risk factors:
  - drug and/or alcohol problem (47%)
  - domestic violence in the past year (35%)
  - primary parent was abused as a child (25%)
  - primary parent had a criminal history (21%), and
  - primary parent had a diagnosed mental health problem (19%)
- 44% of substantiated households displayed multiple risk factors, with two-thirds (65%) of households with a child in need of protection having multiple risk factors
- young households (63%) and Aboriginal and Torres Strait Islander households (55%) were more likely to record multiple risk factors than the average of substantiated households (44%)
- households with multiple risk factors were more likely to progress to ongoing intervention, and
- more than one-half (53%) of households substantiated for sexual abuse did not display any of the five parental risk factors listed above.

The analysis of families with a history of contact with the department (Department of Child Safety, 2008c) found that:

- one-quarter (26%) of substantiated households had a history of ongoing departmental intervention before the current substantiation, with 42% having at least one prior notification that did not lead to a departmental intervention
- households currently substantiated for neglect were most likely to have a history of contact with the department (81%), compared with emotional abuse (70%), physical abuse (67%) and sexual abuse (56%)
- 40% of Indigenous households had a history of ongoing departmental intervention
- 36% of single fathers and 33% of single mothers had a history of ongoing departmental intervention, and
- households that had a history of ongoing departmental intervention were more likely to have at least one of the five parental risk factors described above, with two-thirds (66%) having multiple risk factors.

The fourth report found that one in five (21%) substantiated households had at least one child with high needs, although this may not necessarily be the substantiated child (Department of Child Safety, 2008d).

The fifth report examined households by level of socio-economic disadvantage between areas (Department of Child Safety, 2009). The key findings from this report included:

- 40% of households in the child protection system were from areas experiencing relatively greater socio-economic disadvantage (i.e. lower income, lower educational attainment, greater unemployment, more housing stress)
- Aboriginal and/or Torres Strait Islander substantiated households were more likely to come from socio-economically disadvantaged areas (25% and 12% respectively), and
- compared with households from relatively less disadvantaged areas, substantiated households from more disadvantaged areas were more likely:
    - to have experienced two or more domestic violence incidence in the previous year (40% and 28% respectively)
    - to have a primary parent who was abused as a child (30% and 21% respectively), and
    - to have had previous contact with child safety services (71% and 63%).

Children on protective orders

There were 7942 children subject to protective orders in Queensland at 30 June 2009, which was up 11.3% from 7040 at 30 June 2008. This equates to a rate of 7.4 per 1000 children in 2009, compared with 6.7 per 1000 in 2008. Rates of children on protective orders have been generally increasing over time (Figure 9.1).

Rates of children on protective orders did not vary greatly by age for children aged over one year, but did peak among children aged 5–9 years (8.2 per 1000 population). The lowest rates were among children under one year of age (3.9 per 1000 population).

In 2008–09, there were 4647 children and young people admitted to orders (Australian Institute of Health and Welfare, 2010b). One in eight children (12.5%) admitted to orders in Queensland were under one year of age in 2008–09, with 29.8% aged 1–4 years, 29.4% aged 5–9 years, 22.7% aged 10–14 years, and 5.6% aged 15–17 years. Two-fifths (42.3%) of those admitted in 2008–09 were admitted for the first time. A total of 2268 children were discharged from orders in 2008–09.

In general, children placed on orders can be placed on court assessment orders, short-term protection orders or long-term protection orders. Court assessment orders are made by the Childrens Court and allow child safety officers or police officers to assess whether a child has been harmed or is at risk of harm, while ensuring the safety of the child during the investigation. Court assessment orders can remain in effect for up to four weeks, with allowance given for one four-week extension if it is considered in the child's best interests.

There are three kinds of short-term protection orders:

- Directive orders (no more than one year) – which direct a parent to do or refrain from doing something related to the child's protection, or direct a parent to not have contact or only have supervised contact with the child
- Supervision orders (no more than one year) – which require the Chief Executive (Director-General) to supervise the child's protection in relation to the matters stated in the order, and
- Short-term custody or guardianship orders (no more than two years) – which grant custody or guardianship to the Chief Executive or custody to a relative. Persons with custody of a child have the right and responsibility to attend to day-to-day matters including daily care. They do not have the power to make decisions about the long-term care, welfare and development of the child.

Long-term child protection orders are granted by the Childrens Court in situations where a child cannot safely be returned to their parents. For long-term protection orders, guardianship is granted either to: the Chief Executive (Director-General); a relative, or another suitable person.

At 30 June 2009, of the 7942 children on protective orders, 4578 (57.6%) were on short-term child protection orders, 3248 (40.9%) were on long-term child protection orders, and 116 (1.5%) were on court assessment orders. The proportion of children on short-term protection orders was highest for children under 1 year (89.7%) and decreased with increasing age (dropping to 37.3% of 15–17 year olds). Conversely, the proportion of children on long-term protection orders increased with age, from 2.7% of children aged under 1 year to 62.3% of 15–17 year olds.

One in ten (10.6%) children on orders in Queensland were still living with one or both parents. Almost half (49.7%) were in foster care, and an additional 28.7% were residing with other relatives or kin. A further 5.3% were living in residential care and a small proportion (1.3%) were living independently. These living arrangements essentially mirrored the circumstances of children on orders at 30 June 2008.

Aboriginal and Torres Strait Islander children in Queensland were subject to child protection and assessment orders at a rate more than seven times greater than for non-Indigenous children (39.3 and 5.2 per 1000 children respectively), which has been a consistent trend over recent years. The over-representation of Indigenous children on orders was most apparent in younger children, with Indigenous children under 1 year being 11.6 times more likely than non-Indigenous infants to be placed on orders (27.2 and 2.3 per 1000 respectively). The profile of Indigenous children by order type largely reflected that of Queensland children in general.

Children requiring out-of-home care

The number of children requiring out-of-home care (i.e. foster, kinship or residential care) continues to increase, with 7093 children placed in care on 30 June 2009, up 6.3% from 6670 on the same date in 2008 (Table 9.3). The number of children requiring out-of-home care has approximately doubled in all age groups since 2002. The increases have been most notably in the age group 0–4 years, which increased almost fourfold from 556 in 2000 to 1952 in 2009.

The rate of children living in out-of-home care in Queensland was 6.6 per 1000 population in 2008–09, which was up slightly from 6.4 per 1000 in 2007–08.

The predominant use of foster or other home-based care reflects the preference for a family-type environment, particularly for younger children. As at 30 June 2009, one-third of children in departmentally-funded out-of-home care were placed in kinship care (33.5%), up from 24.5% at 30 June 2004.

There was a 15.0% increase in the number of children placed in residential care facilities at 30 June 2009, with this placement type now representing one in 16 children in the care of the department. The 444 children in residential care at 30 June 2009 include children on transitional placements. From 2006 onward, figures for residential care services include children in transitional placements with residential care services.

Table 9.3 Children in out-of-home care by age and type of placement at 30 June, Queensland, 2000 to 2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Age[a]	Number									
0–4	556	671	767	972	1216	1670	1731	1723	1894	1952
5–9	783	909	993	1158	1358	1674	1685	1755	2025	2231
10–14	891	1004	1080	1205	1343	1658	1731	1719	1923	2013
15–17	404	427	417	452	496	655	729	775	828	897
Total[a]	**2634**	**3011**	**3257**	**3787**	**4413**	**5657**	**5876**	**5972**	**6670**	**7093**
Type of placement[b]	Number									
Foster	1910	2211	2385	2815	3271	4085	4001	3543	4038	4270
Relative	639	719	824	929	1095	1511	1650	2084	2246	2379
Residential[a]	85	81	48	43	47	61	225	345	386	444
Total[a]	**2634**	**3011**	**3257**	**3787**	**4413**	**5657**	**5876**	**5972**	**6670**	**7093**

a. From 2006 onwards, figures for residential care services include children in Placement and Support Package (PASP) placements with residential care services.
b. Data from 2000 excludes children in out-of-home care who were not on protective orders.
Source: AIHW, *Child Protection Australia*

National standards in Out of Home Care are being developed by the Department of Families, Housing, Community Services and Indigenous Affairs in consultation with major stakeholders. The national standards are intended to give children in out-of-home care the same opportunities as other children to reach their potential in the key wellbeing areas of: health (physical and mental); safety; learning and achieving; emotional development; culture and community; and, spirituality. Factors which are expected to provide a focus for the standards are:

- children and young people being supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up
- a comprehensive health assessment with ongoing medical needs attended to and a written health record for each child and young person
- timely and appropriate therapeutic assessment and support
- transition from care plans that commence at 15 years of age and reviewed at least annually, and
- appropriate carer assessment and relevant ongoing training and support.

The Commission, in its submission to the consultation paper, welcomed the introduction of national standards of out of home care, and would like to see the standards:

- give greater prominence to the process of transitioning from care
- develop ways to report on and measure the lived experience of all children and young people in out of home care, and
- include independent monitoring and reporting against national standards (Commission for Children and Young People and Child Guardian, 2010b).

Aboriginal and Torres Strait Islander children requiring out-of-home care

On 30 June 2009 there were 2481 Indigenous children in departmentally-funded out-of-home care, representing an increase of 19.0% from the same date in 2007. There were almost three times as many Indigenous children in out-of-home care in Queensland at 30 June 2009 compared with the same date five years earlier (958 at 30 June 2004).

The rate of Indigenous children in out-of-home care was 35.9 per 1000 children aged 0–17. This is almost eight times the non-Indigenous rate of 4.6 per 1000. The difference was most pronounced for children aged under one year, where Indigenous children were 11.5 times more likely to be in out-of-home care than non-Indigenous children (26.5 and 2.3 per 1000 respectively).

The translation of Indigenous children from substantiation to care appears to be higher than for non-Indigenous children. Whereas one in four (26.4%) children subject to substantiations in 2008–09 were Indigenous, one-third (35.0%) of children placed in care at 30 June 2009 were Indigenous.

Just over one-third (34.5%) of Indigenous children in out-of-home care were placed with relatives or kinship carers. This was comparable with the proportion of non-Indigenous children living with relatives at 30 June 2009 (33.0%).

Child Guardian Key Outcome Indicators

The Commission for Children and Young People and Child Guardian has a legislative responsibility to independently oversee the effectiveness of the child protection system. To do this, it has established an independent, child-focused evidence base known as the Child Guardian Key Outcome Indicators. The indicators are reported against the following ten outcomes:

- effective assessment
- appropriate interventions
- safe out-of-home care
- stable out-of-home care
- best health possible
- best education possible
- individual needs met
- special needs of Aboriginal and Torres Strait Islander children met
- successful reunifications, and
- successful transitions to independence.

Information collected in relation to the indicators and outcomes is reported annually in the *Child Guardian Report: Child protection system*. The fifth report in the series will be released in early 2011.

Safety and stability in the child protection system

In 2008–09, two-fifths (39.6%) of finalised investigations resulted in a substantiation, which was down from 44.5% in 2007–08. However, in 9.0% of cases where a decision not to substantiate was made, a substantiation was made within the next 12 months (Table 9.4). Where a child is assessed to have been harmed or to be at risk of harm, a subsequent re-substantiation within 12 months was made in 15.7% of cases. Subsequent substantiations within the following 12 months have been decreasing since 2002–03.

Almost one-quarter (22.7%) of children leaving care in 2008–09 after at least two years had more than five placements. Additionally, one-half (51.5%) of children leaving care after 12 months have more than 2 placements.

The Commission's surveys of children and young people in foster care and residential care asked how many times they had been reunified with their family. The majority of children and young people in foster care (2009 survey) and residential care (2008 survey) reported that they had not been previously reunified with their family (81.6% and 57% respectively). However, this leaves a substantial number who had, and who have subsequently been returned to care, often multiple times.

Table 9.4 Child protection outcome indicators, Queensland, 2000–01 to 2008–09

	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09
Indicator	Per cent								
Children who had been the subject of a decision not to substantiate who were the subject of a substantiation –									
within the next 3 months	4.7	4.6	3.8	4.9	4.2	3.1	3.0	3.4	na
within the next 12 months	12.9	14.9	15.0	15.1	11.2	9.2	8.3	9.0	na
Children with substantiated harm or neglect who were the subject of a resubstantiation –									
within the next 3 months	10.4	10.2	9.0	11.9	9.2	8.1	6.2	6.6	na
within the next 12 months	24.8	25.6	27.6	26.5	20.6	18.1	15.3	15.7	na
Children in out-of-home care who were the subject of substantiated harm or neglect[b, c]	3.6	3.8	4.3	8.1	7.6	3.9	na	2.7	2.4
Children leaving out-of-home care after 2 years who had more than 5 placements[d]	na	4.3	8.0	23.3	11.5	19.5	na	na	22.7

na Not available.
a. Excludes notifications where the investigation was not finalised by 31 August (18.2% in 2008–09).
b. Of all children in out-of-home care during the year.
c. From 2007–08, refers to Matters of Concern substantiations. A Matter of Concern is any concern raised in relation to the quality of care provided to children in the custody or guardianship of the Chief Executive where a breach of the Standard of Care is indicated. Data not comparable with previous years.
d. Of all children leaving out-of-home care after 2 or more years (data for children on protective orders only).
Source: Department of Communities, *Performance Data*; AIHW, *Child Protection Australia 2008–09*; Productivity Commission, *Report on Government Services 2010*

Views of children and young people in care

In 2006, the Commission introduced a survey of children and young people placed in out-of-home care in Queensland. In subsequent years, this survey has been expanded to provide tailored surveys to children and young people in foster and residential care as well as in detention centres. These three surveys are conducted on a biennial basis.

Findings from these surveys are reported in separate reports, the most recent releases being:
- *Views of Children and Young People in Foster Care, Queensland, 2010* (Commission for Children and Young People and Child Guardian, 2010c)
- *Views of Young People in Residential Care, Queensland, 2009* (Commission for Children and Young People and Child Guardian, 2009e), and
- *Views of Young People in Detention Centres, Queensland, 2009* (Commission for Children and Young People and Child Guardian, 2009f).

The foster care survey in 2009 received 2727 responses from children and young people placed in foster care in Queensland (Commission for Children and Young People and Child Guardian, 2010c). Around two-fifths (40.8%) of survey respondents had been in care for less than 3 years, with 29.8% having been in care for 3–5 years, while 8.6% had been in care for 11 years or more.

Almost two-thirds (64.0%) of children and young people placed in care reported having had either 1 or 2 placements, with an additional one-quarter (26.7%) having between 3 and 5 placements. A small proportion (3.1%) of children and young people in foster care had 10 or more placements.

The *Views of Children and Young People in Foster Care, Queensland, 2010* report also explores issues relating to safety, carers, Child Safety Officers, the child safety system, leaving care (for over 16 year olds) and the role of Community Visitors.

The second survey to investigate the views of young people placed in residential care was conducted in 2008 (Commission for Children and Young People and Child Guardian, 2009e). A total of 221 young people responded to the survey, including 169 who were in the care of child safety services. This represented 34% of the young people requiring the care of the department in Queensland who were living in residential facilities.

The report reveals that young people had been living in their residential care facility for 8 months on average, although half of the respondents had lived in their current accommodation for 4 months or less. Two-fifths (41%) of young people in residential care had lived in 1 residential facility and an additional 31% reporting having lived in 2 residential facilities. The majority (81.4%) of young people in residential care were either currently or previously in departmental care.

Cumulative harm

Cumulative harm refers to the impact of a series of circumstances and/or events in a child's life which, when viewed collectively, constitute harm to the child. Each independent event or episode may not reach the threshold of a notification or subsequent intervention; however, the nature of repeated episodes can have a profound and prolonged effect on the child.

When a notification is investigated in Queensland, a child's history is taken into account when Child Safety Services are assessing whether the child is harmed or at risk of harm. Currently, because of the nature of incidents that do not reach the threshold for investigation or intervention, there are no reliable and accurate data available about the prevalence or consequences of cumulative harm.

Progress is being made in identifying and incorporating cumulative harm in investigations. The Family Court of Australia's Child Disputes Services is developing a framework including cumulative harm that family consultants could use to assess harm and risk of harm to children. However questions remain as to whether the evidence of cumulative harm will be sufficient in the court setting.

As a general rule, it is recommended that, when determining if a child is experiencing cumulative harm, practitioners consider (Victorian Department of Human Services, 2007):

- frequency – number of incidents
- type – number of types and the different types
- severity – of the adult behaviour and the impact on the child, including the effects on the child's development
- source of harm – number of different persons responsible and relationships of person responsible to child (that is, intra- or extra-familial), and
- duration – period of time over which the abuse or neglect occurred.

Long-term effects of child abuse and neglect

Not all children who have been abused or neglected will have the experience affect their health, education and wellbeing in the long term. The effects on an individual child may vary depending on factors such as the nature, severity and duration of the abuse or neglect, the nature of the relationship between the abuser and the child, the age at which the abuse occurred, and the child's resilience. Studies do show, however, that abused and neglected children are more likely to experience a number of negative outcomes. A Child Welfare Information Gateway factsheet (Child Welfare Information Gateway, 2006) provides an overview of the effects of abuse and neglect, based on various studies.

Physical health consequences include:

- immediate physical injuries, ranging from relatively minor injuries (cuts and bruises) to severe injuries (broken bones and wounds) or even death
- shaken baby syndrome, with some immediate effects including vomiting, concussion, respiratory distress, seizures and death, and long-term consequences including blindness, mental retardation, cerebral palsy or paralysis
- impaired brain development due, in some cases, to the failure of important regions of the brain to develop properly, and
- poor physical health.

Psychological effects include:

- immediate emotional effects such as isolation, fear and an inability to trust
- long-term consequences such as depression, anxiety, eating disorders and suicide attempts
- difficulty in forming secure attachments and in forming and maintaining relationships in adult life, and
- being more likely to have reduced cognitive capacity, slower language development and lower academic achievement.

Behavioural consequences include:

- increased likelihood of adolescent problems such as delinquency, teen pregnancy, low academic achievement, drug use and mental health problems
- increased likelihood of being involved in crime as a youth and as an adult
- increased likelihood of cigarette smoking, alcohol abuse and illicit drug use, and
- abusive behaviour.

A recent study showed the victims of child sexual abuse were at increased risk of suicide and fatal drug overdose later in life (Cutajar et al., 2010).

Health status of children placed in out-of-home care

Children placed in care have poorer health outcomes than the average child. This may be exacerbated by discontinuity in health care provision as a consequence of multiple placements or alternating periods of placement at home and in care.

From January 2007, all children coming into care in Queensland are required to have a comprehensive health assessment. The assessments contribute to the Child Health Passport which records health information about children and young people, and provides carers with the information they need to meet the child's day-to-day health needs. Dental checks have now been specifically highlighted for inclusion in child health passport assessments. If a child moves between placements, the passport moves with them. All eligible children are due to have commenced their health assessment by 31 December 2010.

In the *Views of Children and Young People in Foster Care 2010* report, 15.6% reported they had a Child Health Passport, with 45.8% not knowing if they had a passport (Commission for Children and Young People and Child Guardian, 2010c). The remaining 38.6% reported they did not have a Child Health Passport. Sixty per cent of young people in residential care did not know if they had a Child Health Passport, with just 9% reported having one (Commission for Children and Young People and Child Guardian, 2009e).

One in eight children in care (12%) reported having a health problem in 2009, however carers (27%) were more likely to report a child as having a health problem. Approximately one-sixth of children (15%) and young people (16%) in foster care reported taking medication for attention deficit hyperactivity disorder (ADHD) in 2009 (Commission for Children and Young People and Child Guardian, 2010c). Amongst the young people in residential care, one in five (21%) indicating that they were receiving medication for ADHD (Commission for Children and Young People and Child Guardian, 2009e). The proportion of children in care taking ADHD medication was substantially greater than the 6.7% reported among the general population (Royal Australian College of Physicians, 2009).

Evolve Interagency Services (EIS) provide mental health therapeutic and behaviour support for children and young people with severe and complex needs who are in out-of-home care. A key priority of the EIS program is the enhancement of the capacity of government and non-government sectors to provide effective, integrated support for this population group. An evaluation, expected to be released in late 2010, seeks to identify any improvements in relation to educational, behavioural and health outcomes. Evolve Therapeutic Services, the Queensland Health component of EIS, will establish three new teams in Ipswich, Toowoomba and Brisbane South.

Children with a disability placed in out-of-home care

The Commission's survey of children and young people in foster care asked respondents whether they had a disability[32] (Commission for Children and Young People and Child Guardian, 2010c). The survey found that the rate of disability reported by children and young people requiring child protection placement was:

- 23% for 0–4 year olds
- 17% for 5–8 year olds, and
- 18% for 9–18 year olds.

One-quarter (26%) of young people in residential care in 2008 reported having a disability (Commission for Children and Young People and Child Guardian, 2009e).

The most common disabilities and disorders noted included cognitive/learning disorders, ADHD, autistic spectrum disorder, and Aspergers syndrome. Visual, hearing and speech problems, foetal alcohol syndrome, Down syndrome, cerebral palsy, and epilepsy were also reported, particularly by carers.

Evolve Behaviour Support Services is the Disability Services component of the Evolve Interagency Services. Behaviour support services are provided to children and young people in care with a disability who have complex and/or extreme challenging behaviours. The model of service is based on positive behaviour and uses an outreach-based approach to work with children, their carers, and other key stakeholders involved in the child's life. Specialist disability assessments are also provided for children with a disability entering the care of Child Safety Services.

Deaths of children known to the child protection system

In 2008–09, reviews were conducted on 74 deaths of children and young people who were known to the department (Queensland Child Death Case Review Committee, 2009). The causes of death were:

- diseases and morbid conditions – 27 deaths (36.5%)
- suspected suicide – 12 deaths (16.2%)
- transport incidents – 9 deaths (12.2%)
- SIDS/undetermined – 6 deaths (8.1%)
- fatal assault – 5 deaths (6.8%)
- drowning – 4 deaths (5.4%)
- accidental – 3 deaths (4.1%)
- fire – 2 deaths (2.7%), and
- unknown/undetermined – 6 deaths (8.1%).

Education outcomes for children placed in out-of-home care

The educational outcomes for children and young people placed in out-of-home care are also consistently poorer than for the general population.

The Department of Education and Training has introduced a number of initiatives, including Education Support Plans (ESP), in collaboration with Department of Communities. An ESP is an individual plan that identifies goals and strategies across three areas: participation, wellbeing and academic achievement. Each child or young person of compulsory school age living in out-of-home care who is enrolled at school is required to have an ESP.

A range of plans have been developed within the school setting to cater for the individual educational needs of students. These include Individual Education Plans for students with disabilities, Individual Behaviour Plans for students requiring individualised behaviour support, and Senior Education and Training Plans for students in Years 10, 11 and 12. An ESP for a child or young person placed in care may not necessarily be written as a discrete plan but is more likely to be incorporated into one of the student's other educational plans.

Four-fifths (81%) of children and young people placed in out-of-home care enrolled in Queensland schools at 31 August 2009 had an ESP (Commission for Children and Young People and Child Guardian, 2010a). An additional 14% had ESPs under development, and for the remaining 5% this had not yet commenced.

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32 The reporting of having a disability represents the respondent's perception, and may not necessarily reflect the disabilities classified by Department of Communities (Disability Services) or those that meet the threshold for provision of Commonwealth State Territory Disability Agreement support services.

In 2008–09, 45 young people in out-of-home care[33] were suspended, excluded or not enrolled at school at some point throughout the year (Commission for Children and Young People and Child Guardian, 2010a). The *Views of Children and Young People in Foster Care 2010* report revealed that two-fifths of young people were either currently suspended (1.5%) or suspended in the past (40.7%) (Commission for Children and Young People and Child Guardian, 2010c). In addition, one in ten reported currently (0.5%) or previously (8.8%) being excluded from school.

Children and young people in care reported having attended an average of 2.9 primary schools and 1.5 high schools (Commission for Children and Young People and Child Guardian, 2010c). Considerable proportions of children in care reported attending between six and nine (9.4%) or 10 or more (2.3%) primary schools, while 10% of young people have attended three or more secondary schools.

In terms of young people in residential care, 72% of respondents were attending school, with one-half (47%) of those who were not in school reporting that they were participating in other training or education (Commission for Children and Young People and Child Guardian, 2009b).

Initiatives to improve the educational outcomes of children and young people in out-of-home care include:

- *Beam: Learning for everyday life* which teaches foster carers how to support their children's learning at home and provides materials to help with literacy and numeracy, and
- *Pyjama Foundation* which recruits and trains volunteer readers to visit children in care to teach them literacy and numeracy skills by reading to them and playing educational games.

Risk of entering the youth justice system

The links between child maltreatment and youth offending were examined in a cohort of Queensland children who had at least one contact with the child protection system (Stewart, Livingston, & Dennison, 2008). Six distinctive maltreatment trajectories were identified, categorised by the age of initial maltreatment and the frequency and duration of abuse or neglect. More than one-quarter (27.0%) of children who had been victims of substantiated harm subsequently offended and were involved in the youth justice system. Children whose maltreatment trajectories either commenced at or continued into adolescence were at increased risk of offending as a youth, in comparison with children whose maltreatment trajectories did not extend into adolescence.

Of young people in the youth detention system who responded to the Commission's Views of Young People in Detention Centres, Queensland, 2009 survey, one in six (17%) were in the care of the former Department of Child Safety prior to detention (Commission for Children and Young People and Child Guardian, 2009f).

The results of these investigations (and others) converge to highlight the possible long-term consequence of child abuse and neglect in subsequent youth offending, and other negative social outcomes.

33 These 45 young people were identified through the Commission's Community Visitor Serious Issue Alerts in 2008–09.

10 Early childhood education and care

Key messages

Significant reforms in early childhood development have been in progress at the state and national level. These reforms aim to improve child outcomes and the health and wellbeing of children in out-of-home care.

The key COAG targets for early childhood education and care are:

- universal access to quality early childhood education for all children in the year before formal schooling, delivered by a four-year university trained early childhood teacher by mid-2013
- all Indigenous four year olds in remote Indigenous communities to have access to quality early childhood education program by 2013.

The Australian Bureau of Statistics' redeveloped triennial Childhood Education and Care survey was conducted in 2008, which provided national and state-level data on a range of issues relating to child care and early education, including information on the type of formal and informal care utilised, as well as the time spent in care.

The first national rollout of the Australian Early Development Index (AEDI) took place in 2009, with more than 260,000 children in their first year of formal schooling taking part. In Queensland, 55,448 children participated, representing 99.1% of the estimated five year old population. While the vast majority of children were making good progress in adapting to school, significant proportions were found to be developmentally vulnerable or at-risk on a range of domains.

Improvements

Ten *Children and Family Centres* are being established across Queensland by mid-2012 which will ensure Indigenous families have access to integrated early childhood education and care, parenting and family support, and child and maternal health services.

The *Pre-Prep in Indigenous Communities* initiative, which aims to provide a smooth transition for Indigenous children into Prep and Year 1, had 519 students participating in programs at 29 state schools in Aboriginal and Torres Strait communities as of February 2010.

Areas of concern

A significant proportion of children do not have a parent or carer who provides informal learning opportunities, such as reading from a book or telling stories. The Queensland Government has launched a statewide *Reading to Children* campaign, promoting the importance of reading to young children. In addition, as part of the *Flying Start* initiative, parents of newborns will receive a children's book to encourage reading to children.

Research and the importance of the early years

Early childhood is a time of critical importance in a child's development. Research has shown that early relationships and experiences influence brain development in ways that have a profound effect on a child's future health, wellbeing and competence (Hertzman & Power, 2003; Keating & Hertzman, 1999; Richardson & Prior, 2005).

Major changes in family structure, support networks and work patterns are creating significant challenges for families as they negotiate work commitments, caring for young children and family quality of life.

A strong case exists for increasing investment in the quality and availability of early childhood education and care programs, both as an effective approach to supporting vulnerable children and families, and as a way to equip children with the skills they will need for life, for learning and to realise their potential as contributing adults. Research suggests that an investment of this kind generates measurable economic and social benefits for children, their families and the wider community (Heckman, 2000; Isaacs, 2007).

Early childhood reforms

Since December 2007, the Council of Australian Governments (COAG) has pursued substantial reform in the area of early childhood development, as described in the National Early Childhood Development Strategy, *Investing in the Early Years*. The strategy identified a number of initiatives to improve early childhood outcomes across the fields of early childhood education and care, health, Indigenous disadvantage, homelessness, child protection, and family support.

A series of six reform priorities have been identified in the strategy to address gaps and enable the achievement of the identified outcomes:

1. strengthen universal maternal, child and family health services
2. support vulnerable children
3. improve early childhood infrastructure
4. build parent and community understanding of the importance of early childhood development
5. strengthen the workforce across early childhood development and family support services, and
6. build better information and a solid evidence base.

Key COAG targets for early childhood education and care include:

- universal access by mid-2013 to quality early childhood education for all children in the year before formal schooling, delivered by a four-year university trained early childhood teacher for 15 hours per week, 40 weeks of the year, and
- all Indigenous four year olds in remote Indigenous communities to have access to a quality early childhood education program by 2013.

The Australian Government's Department of Education, Employment and Workplace Relations is responsible for a number of initiatives and programs aimed at supporting families and the early childhood education and care (ECEC) sector. Key achievements in the past year include:

- funding to establish five Early Learning and Care Centres in Amberley, Cairns, Gladstone, Townsville and Weipa
- establishing AEIOU, an Autism Specific Early Learning and Care Centre, in partnership with Griffith University, and
- expanding the Home Interaction Program, through partnership with the Brotherhood of St Laurence and various local non-government organisations, to assist disadvantaged 3–5 year olds in five locations in Queensland.

A key priority in the national agenda will be implementing the National Quality Framework for all ECEC services, including the National Quality Standard, the National Quality Rating System and streamlining existing regulatory arrangements, by 2012.

A national statutory, paid parental leave scheme will provide 18 weeks postnatal leave paid at the federal minimum wage to eligible parents for births and adoptions that occur on or after 1 January 2011.

Within Queensland, the reform agenda has been shaped by COAG initiatives and other key state policy directions including:

- *Toward Q2, Tomorrow's Queensland* – this policy outlines the broad aims and specific targets for ECEC in Queensland
- *A Flying Start for Queensland Children* – this green paper focuses on the future of education in Queensland and outlines new initiatives as well as key proposals for reform.

The Queensland Office for Early Childhood Education and Care (OECEC) within the Department of Education and Training has responsibility for early childhood education and care services, including the administration of the *Child Care Act 2002* and Child Care Regulation 2003. The OECEC has lead responsibility for initiatives, policies and programs related to children's early development and leads implementation of the Queensland Government's four year plan for achieving universal access to kindergarten programs.

Priorities for the OECEC are:

- ensuring all children have access to an approved kindergarten program, delivered by a qualified teacher, in the year before they start Prep, and
- increasing the participation of Indigenous children in quality ECEC programs, including those children in remote Indigenous communities.

To achieve this, the OECEC is:

- establishing up to 240 extra kindergarten services in areas of greatest need across Queensland
- progressively implementing the new Kindergarten Funding Scheme, starting with 141 long day-care centres selected to provide approved kindergarten programs from early in 2010, and
- progressing a range of legislative amendments to support implementation of kindergartens.

Prevention and early intervention

The *Best Start* initiative which supports young children and their families, reflects the importance of the early years and aims to improve access to a range of ECEC services. *Best Start* initiatives include:

- expanding the coverage of parenting programs across Queensland, making them available to more families with a focus on high-need areas, Indigenous families, families with a child with a disability, and families living in rural and remote communities
- co-locating community-based ECEC services in or near state schools
- piloting the *Reading to Children* program, a universal early language and literacy program for children under school age delivered by parents, carers and volunteers, particularly seniors and grandparents, and
- piloting an *Early Years Health and Wellbeing* program, aimed at improving the health outcomes of young children, particularly in the Prep Year, in selected areas of need through a school-facilitated referral service.

In addition, *Early Years Centres* have been established in Caboolture, North Gold Coast and Browns Plains with a fourth service to be established in Cairns in late 2010. These centres operate as one-stop-shops, providing integrated ECEC services, family support and child and family health services. The centres have a specific focus on families with young children from birth to eight years.

Child and Family Support Hubs are multi-function and highly flexible services focusing on activities for families with young children and providing additional family support services. Twenty-six Hubs across Queensland deliver a range of integrated child and family support services that may include combinations of parenting education, links to or delivery of ECEC services, family support, child health services, resource libraries, information and referral services, and pre- and postnatal health care. The operation of each Hub and the mix of services provided vary in accordance with the identified needs of parents and families within each community.

Other agencies providing or funding prevention and early intervention services include:

- Department of Communities' *Referral for Active Intervention* (RAI) services to improve the safety and wellbeing of vulnerable families by providing intensive case-managed family support through a referral process, and
- Queensland Health which provides evidence-based parenting and family support initiatives that enhance service delivery and focus on prevention and early intervention, promoting health, preventing illness and intervening in the pathways to illness and injury, including child abuse and neglect.

Early childhood education and care for Aboriginal and Torres Strait Islander children

The *National Partnership Agreement on Indigenous Early Childhood Development* between the Australian Government and states and territories commenced in 2009. A key element of this National Partnership Agreement is the establishment of ten integrated *Children and Family Centres* in Queensland by mid-2012. The centres will provide Indigenous families residing in areas where services are needed most with access to integrated ECEC, parenting and family support and child and maternal health services.

A range of ECEC and family support programs provide services for Indigenous children and families living in the Cape York, Gulf of Carpentaria and Torres Strait regions, including:

- the *Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care* (RAATSICC) program's provision of playgroups, children's activity centres, family support workers and centre-based child care in 27 Indigenous communities
- three community kindergartens funded under the Department of Education Community Kindergarten Assistance Scheme (DECKAS), and
- pre-Prep programs for Indigenous children in Cape York and Torres Strait communities as well as other discrete Indigenous communities.

Under the *Bound for Success pre-Prep in Indigenous Communities* initiative, enhancements have been made to the quality of early childhood education programs across 35 Aboriginal and Torres Strait Islander communities to provide Indigenous children with the foundation for a successful transition into Prep and Year 1. The pre-Prep program is delivered in different settings, including community kindergartens, child care centres and schools. As at February 2010 there were 519 children participating in pre-Prep programs at 29 state schools in Aboriginal and Torres Strait Island communities. Pre-Prep programs are also operating in child care centres and community kindergartens in some of these communities.

Informal learning

Parents and carers play a vital role in their children's intellectual and social development through active participation in informal learning activities such as talking, playing games and reading. This is important for children of all ages, from before they enter child care or preschool, continuing throughout their formal schooling.

The 2008 Childhood Education and Care Survey reported parental involvement[34] in informal learning of children (Australian Bureau of Statistics, 2009c). For children aged 0–2 years, parent's self-reported involvement in informal care included:

- reading from a book or telling a story (79.8%)
- playing music, singing songs, dancing or doing other musical activities (79.7%)
- playing a game together indoors or outdoors (71.6%)
- watching TV, videos or DVDs (70.6%)
- assisting with drawing, writing or other creative activities (54.0%), and
- taking part in or attending a playgroup (19.1%).

One in eleven (8.8%) parents reported not being involved in any of these activities in the previous week.

Young children in couple families were more likely to have a parent read them a book or tell them a story every day in comparison with children from single-parent families (50.9% and 36.0% respectively). About one-in-five children in couple and single-parent families did not have a parent read to them or tell them a story in the week prior to the survey (19.8% and 23.0% respectively).

For children aged 3–8 years, informal learning activities included:

- telling stories, reading or listening to the child read (95.2%)
- watching TV, videos or DVDs (93.4%)
- playing sport, outdoor games or board games (86.5%)
- assisting with homework or other educational activities (77.1%)
- being involved in music, art or other creative activities (75.2%), and
- using computers or the internet (44.3%).

In the week prior to survey, almost one-half (46.6%) of parents of children aged 3–8 years told stories, read to their child or listened to their child read every day of the week. One-in-twenty (4.8%) of parents did not read or listen to their child at all in the census week.

Children in early childhood and school-age care services

Formal child care comprises regulated and/or accredited government-funded services offered outside the child's home, such as long day-care, family day-care, occasional care and kindergarten. Informal child care is any care that is unregulated – for example, from family members, friends, neighbours, paid babysitters and nannies. Most families use formal care or informal care, or combinations of the two.

In 2009 there were 271,157 children aged 0–12 years (146,370 aged 0–5 years and 70,787 aged 6–12 years) attending Australian Government-approved child care services in Queensland[35] (Productivity Commission, 2010). This represented more than one-quarter (28.7%) of 0–12 year old children in the state. The proportion of 0–5 year olds attending child care rose from 37.1% in 2008 to 41.5% in 2009.

Conversely, the proportion of older children (6–12 years) utilising child care services dropped slightly from 19.8% to 17.5% in 2009. Almost two-thirds of 3 and 4 year olds in Queensland were attending Australian Government-approved child care services in 2009 (64.6% and 63.8% respectively).

The Australian Bureau of Statistics (Australian Bureau of Statistics, 2009c) redeveloped its Child Care Survey in 2008 to incorporate information pertaining to early childhood education and learning between the ages of 0 and 8 years. Additionally, the new Childhood Education and Care survey also collected information about the *usual* child care and/or early education arrangements, whereas previous surveys had only collected information pertaining to a survey reference week. Unless otherwise stated, data in the following sections refers to the most recent Childhood Education and Care survey.

The Childhood Education and Care Survey revealed that an estimated 303,200 children in Queensland aged 0–12 years usually had child care arrangements in 2008. One-half (56.0%) of 2–3 year olds used formal child care, while the highest proportion of children who used informal care were also 2–3 year olds (26.4%) (Table 10.1).

34 Parental involvement in learning activities in the last week.

35 An additional 979 0–12 year olds (963 aged 0–5 years and 16 aged 6–12 years) attended state funded child care services in Queensland in 2009.

Table 10.1 Children usually using child care by type of care, Queensland, 2008

	Under 2		2–3 years		4–5 years		6–12 years	
	Number	%	Number	%	Number	%	Number	%
Formal care	31,800	27.6	62,500	56.0	34,700	32.2	50,200	12.8
Informal care	24,600	21.3	29,500	26.4	20,100	18.7	88,200	22.4
Both formal and informal care	7100	6.1	15,100	13.5	5600	5.2	10,600	2.7
Total with care arrangements	**49,300**	**42.8**	**76,900**	**68.9**	**49,200**	**45.6**	**127,800**	**32.5**
No usual care arrangements	65,800	57.2	34,700	31.1	58,500	54.4	266,100	67.5
All children 0–12 years	115,100	100.0	111,600	100.0	107,700	100.0	393,900	100.0

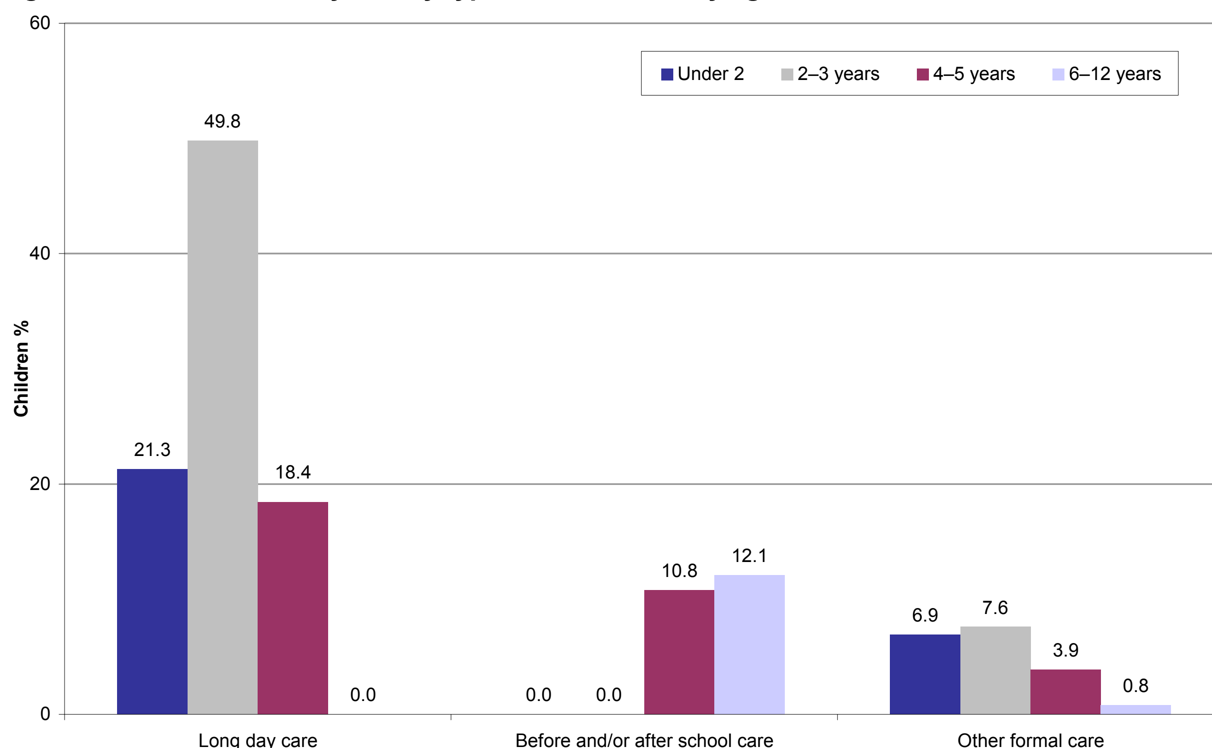
Source: ABS, *Childhood Education and Care 2008*, cat. no. 4402.0

Children in major cities of Queensland utilised child care services at a greater level than those in other areas of the state (43.7% and 38.4% respectively). This difference is largely due to the relative over-utilisation of formal care in major cities (27.8%) compared with other areas (19.7%). Rates of use of informal care were similar in both major cities (22.1%) and other areas (22.6%).

Long day-care was the most commonly used formal child care for children of all ages, particularly for children aged 2–3 years (49.8% of all children that age) (Figure 10.1). Around one in nine school aged children attended before and/or after school care in 2008 (10.8% of 4–5 year olds and 12.1% of 6–12 year olds).

Grandparents were the most common providers of informal care, caring for 19.3% of under 2 year olds, 23.0% of 2–3 year olds, 11.1% of 4–5 year olds and 12.1% of 6–12 year olds.

Figure 10.1 Children 0–12 years by type of formal care by age, Queensland, June 2008



Source: ABS, *Childhood Education and Care 2008*, cat. no. 4402.0

Sole parents

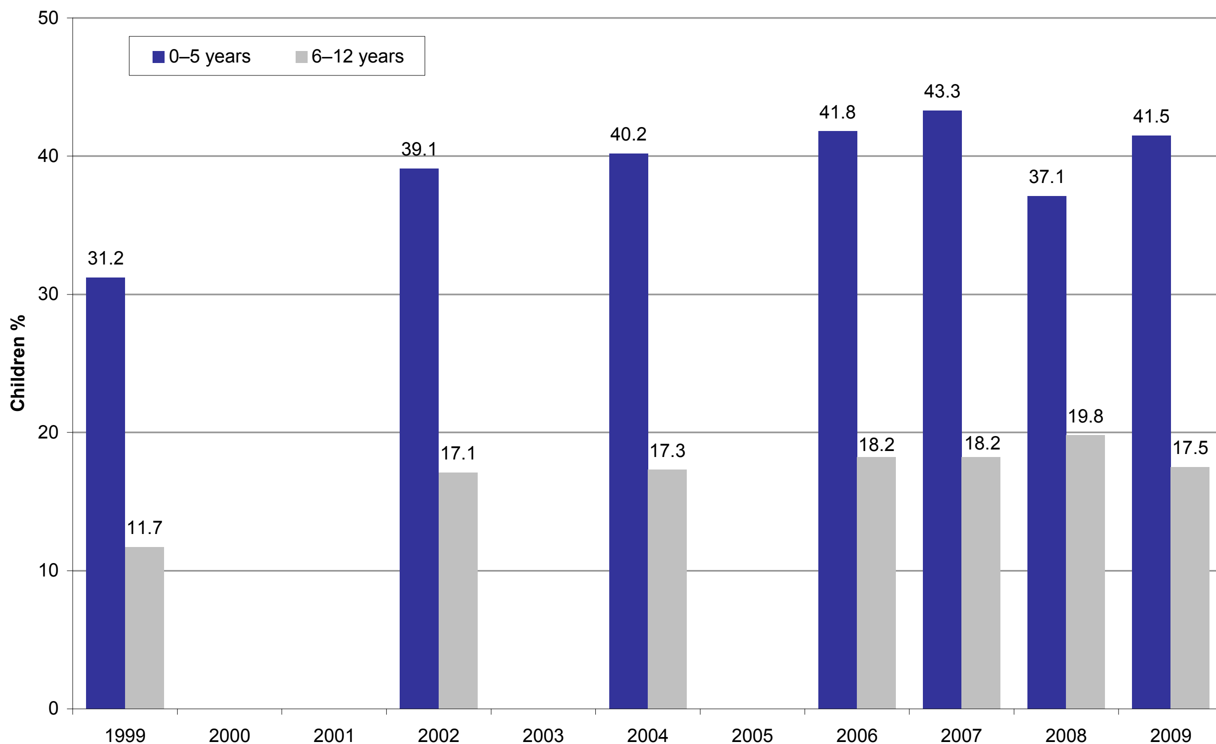
Children in single-parent families are more likely to have regular formal and informal child care arrangements, with 50.6% using care compared with 39.3% of children in couple families. While children from single-parent and couple families attended formal child care at comparable rates (23.7% and 24.8% respectively), children from single-parent families were more likely to use informal care than their counterparts in couple families (35.1% and 18.9% respectively). Single-parent families tend to utilise before and/or after school care at higher rates (11.3% and 7.3% respectively), whereas couple families make more use of long day-care (14.5% and 10.7% respectively).

The variation in use of informal care between family types is largely due to children from single-parent families receiving care from a non-resident parent (12.5%).

Trends

The Productivity Commission's *Report on Government Services 2010* indicates that the proportion of children under 6 years of age in Queensland attending government-approved child care has increased in the past decade, from 31.2% in 1999 to 41.5% in 2009 (Productivity Commission, 2010). Figure 10.2 shows a smaller proportion of children aged 6–12 years use child care services, although this proportion has increased from 11.7% in 1999 to 17.5% in 2009.

Figure 10.2 Children using government-approved[a] child care by age, Queensland, 1999 to 2009



Note: Comparable data for 2000, 2001, 2003 and 2005 are not available.
a. Child care services and registered carers need government approval to be eligible for Child Care Benefit funding.
Source: Productivity Commission, *Report on Government Services 2010*

Time spent in child care

Children in long day-care spent on average 27.9 hours per week in care in 2009 (Productivity Commission, 2010). The average time spent in family day-care has remained relatively stable over time. The number of hours per week spent in occasional care stabilised in 2009 after increasing every year from 1999 to 2008 (up from 8.4 hours in 1999 to 14.2 hours in 2008) (Figure 10.3).

The Childhood Education and Care survey showed that children who usually attended child care spent on average (mean) 14.9 hours per week in formal care and 16.4 hours per week in informal care (Australian Bureau of Statistics, 2009c). Three-quarters (75.6%) of children who use before and/or after school care attend for less than 10 hours per week. Almost one-half (42.9%) of children using long day-care usually attend more than 20 hours per week. The majority (66.8%) of children who were cared for by their grandparents usually receive less than 10 hours of this type of care per week.

Special needs children in child care

Children aged 0–12 years with special needs[36] are under-represented in child care services in Queensland (Productivity Commission, 2010). In comparison with the proportion of children with a disability in the Queensland population (7.6%), just 2.6% of the children in child care in Queensland have a disability. Similarly, children from non-English-speaking backgrounds (7.3% in child care and 11.9% in the population), Indigenous children (3.1% in child care and 6.2% in the population), and children from regional areas (32.5% in child care and 45.9% in the population) and remote areas (1.1% in child care and 4.4% in the population) are under-represented in the child care system.

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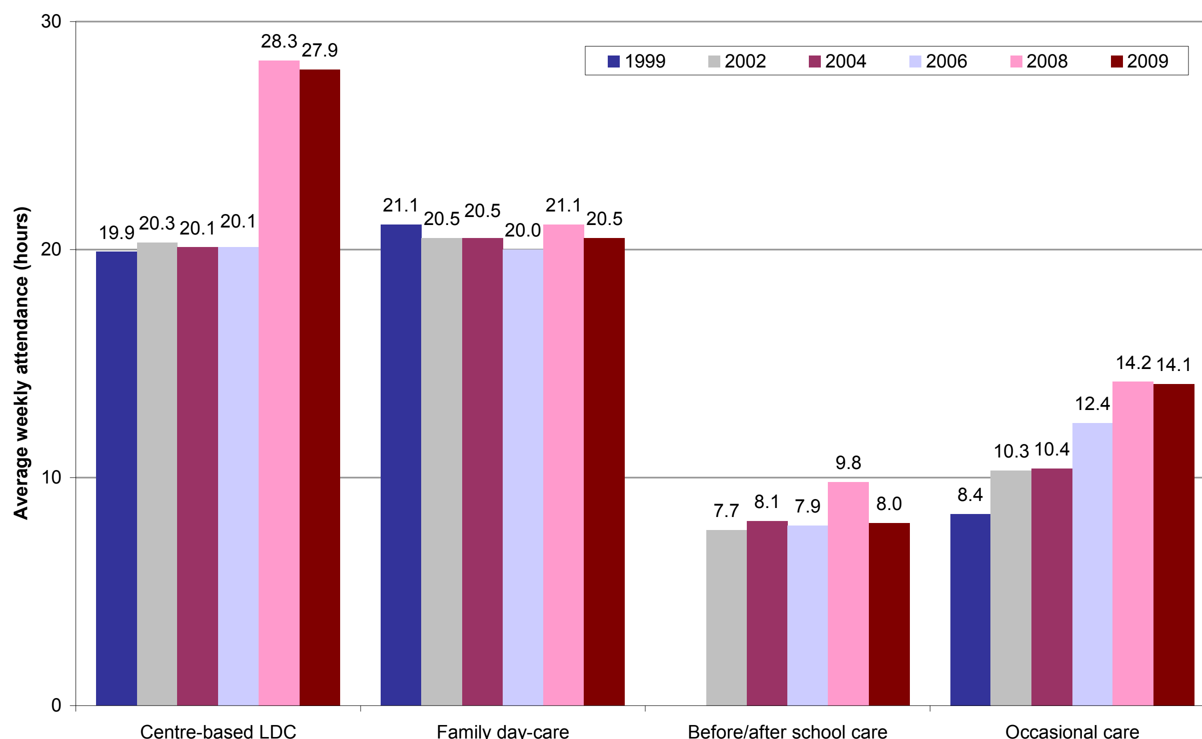
36 The Productivity Commission defines special needs groups as "An identifiable group within the general population who may have special difficulty accessing services. Special needs groups for which data are reported in this chapter include: children from a non-English speaking background; Indigenous children; children from low income families (Australian Government child care only); children with a disability; and children from regional or remote areas."

Figure 10.3 Children 0–12 years average attendance[a] at Australian Government-approved child care services, Queensland, 1999 to 2009



a.	Average attendance hours are defined as the total hours attended within each sector, divided by the number of children attended in the reference week (excludes allowable absences).
Source:	Productivity Commission, *Report on Government Services 2010*

Work and child care

The major factor influencing the use of child care is parental participation in paid employment. The participation rate for females with children aged 0–4 years was 50.0% in Queensland in June 2009, down from 53.1% in 2008 (Australian Bureau of Statistics, 2009a). The participation rate has hovered around 50% for the past decade. Nationally, workforce participation increases with the age of the youngest child, from 52% of mothers with children aged 0–4 years, to 71% with children aged 5–9 years and 77% for mothers with children aged 10–14 years (Australian Bureau of Statistics, 2008b).

Parental employment is the main reason for more than two-thirds (69.2%) of children in Queensland who usually attended formal care in 2008 (Australian Bureau of Statistics, 2009c). This was most apparent for the use of before and/or after school care (86.0%). For about one-quarter (26.1%) of children, the main reason for attending long-day care was that it was considered beneficial[37] for the child.

In 2008, three-quarters (74.6%) of couple families with a child aged 0–12 years attending child care services in Queensland had both parents in employment. In more than two-thirds (69.3%) of single-parent families with a child using child care services, the parent was in employment.

Parents in paid employment, particularly mothers, often vary their work arrangements to help manage work and family responsibilities. In 2008, almost two-thirds (62.0%) of families where at least one parent was employed adopted work arrangements to care for children (Australian Bureau of Statistics, 2009c). Of these, 71.9% of mothers adapted their work arrangements compared with 38.1% of fathers. However the proportion of working fathers making work arrangements to care for children increased from 2005 (32.9%) whereas the rate for working mothers was unchanged (72.4% in 2005).

In terms of the specific work arrangements adopted to provide care for their children, women were more likely than men to utilise:

- flexible working hours (44.8% and 27.2% respectively)
- working part-time (33.6% and 4.4% respectively), and
- working from home (16.6% and 11.0% respectively).

The pattern of using various work arrangements to cater for the care of children remained largely unchanged from 2005.

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37 Beneficial included ‘preparation for school’, ‘good for child’ and ‘other child-related reasons’.

In 2007, one-third (33.7%) of fathers and two-fifths (42.8%) of mothers provided care for a child in the week prior to the ABS Employment Arrangements, Retirement and Superannuation Survey (Australian Bureau of Statistics, 2009e). At the national level, mothers were more likely to take unpaid leave to care for children than fathers (35.6% and 23.1% respectively). Employed fathers were more likely to use paid carer's leave (24.2%) than employed mothers (18.2%). Where parents did not take time off work to provide care, almost one-quarter (23.4%) of working mothers took their children into work, compared with one in seven fathers (14.1%).

Staff in ECEC services

Staff qualifications are recognised as a key indicator of quality in ECEC services. In Queensland, the approved qualifications of staff in the various ECEC settings (private and community-based long day-care, family day-care, limited hours care, kindergartens and school-age care) are set down in legislation.

In 2008–09, almost one-third (30.2%) of primary contact staff in Queensland's Australian Government-approved child care services (such as long day-care, before and/or after school care and family day-care) did not have a formal qualification (Productivity Commission, 2010).

More than two-thirds (69.8%) of primary contact staff in Queensland's Australian Government-approved child care services did possess a formal qualification, with an additional 8.0% having three or more years relevant experience. Formal qualifications held by centre staff included Certificate III or IV (53.0%), Diploma or Advanced Diploma (34.9%) and Bachelor degrees and above (12.1%). Bachelor degree holders predominantly had a background in early childhood education (69.1%).

Preparatory Year of schooling

The statewide roll-out of Preparatory Year of schooling (Prep) commenced in 2007. Prep is a non-compulsory early education program and is offered to all Queensland children of eligible age in all Queensland state schools and most non-state schools where there is a primary program. Children attend Prep full-time from Monday to Friday during school hours. Prep was introduced to enhance early learning and to assist the smooth transition to Year 1, both of which support long term school success.

In 2009, the second full intake of Prep took place, with an estimated 56,375 students enrolled in government and non government schools across Queensland (Australian Bureau of Statistics, 2009l).

Australian Early Development Index

The Australian Early Development Index (AEDI) has been endorsed by COAG as a national measure of progress in early childhood development. The AEDI is a population based measure of child development that enables communities to assess how children are developing by the time they reach school age. Additionally, the results from the AEDI will assist governments and policy-makers identify the services and support required to optimise child development.

The first national rollout of the AEDI took place in 2009, with 261,203 children in their first year of formal schooling (Centre for Community Child Health and Telethon Institute for Child Health Research, 2009). In Queensland 55,448 children participated which represented 99.1% of the estimated 5 year old population. One in ten (10.0%) Queensland children had a language background other than English, and 6.7% were Indigenous.

The report indicated that while the vast majority of Queensland children are making good progress in adapting to school, significant proportions of children (29.5%) were developmentally vulnerable or at-risk[38] on at least one domain as they entered school. In terms of vulnerability for the specific domains:

- social competence – 29.2% were developmentally vulnerable (12.1%) or at-risk (17.1%)
- emotional maturity – 28.5% were developmentally vulnerable (11.0%) or at-risk (17.5%)
- language and cognitive skills – 39.0% were developmentally vulnerable (15.5%) or at-risk (23.5%), and
- communication skills and general knowledge – 27.4% were developmentally vulnerable (10.4%) or at-risk (16.9%).

The AEDI Indigenous Adaptation Study is underway to revise the tool to ensure that it is sensitive to the needs of Indigenous children (Silburn et al., 2009).

38 Developmentally vulnerable refers to performance on the AEDI below the 10th percentile, while developmentally at-risk refers to performance between the 10th and 25th percentile.

11 Education

Key messages

The Australian Curriculum Assessment and Reporting Authority is developing a national curriculum for all Australian school students from Kindergarten to Year 12. This new national curriculum will supplant the current state and territory arrangements. The first phase of development has focussed on specialised areas of English, mathematics, science and history, and is expected to be implemented nationally in 2011.

The Queensland Government, among other initiatives, has released the *Flying Start for Queensland Children* Green Paper, which proposes moving Year 7 from primary to secondary school. This would see students engage in seven years of primary school (Prep to Year 6) and six years of secondary school (Year 7 to 12) and would align Queensland with most other states and territories.

The National Assessment Program – Literacy and Numeracy (NAPLAN), the national comparable literacy and numeracy testing is now in its third year. Results from 2009 show slight increases in the proportion of Queensland students working at or above the national minimum standards, compared with 2008.

Improvements

About nine in ten students in Queensland met the national minimum standards for numeracy and literacy in NAPLAN. Greater proportions of Year 3 students were working at or above the national minimum standards for reading and numeracy in 2009, compared with 2008.

School attendance rates in some discrete Indigenous communities (for example, Coen 90.4%) are comparable with the state average (90.7%), while some communities still experience high levels of absenteeism. The Family Responsibilities Commission in four Cape York communities is targeting school attendance as a key marker in improving outcomes and strengthening basic social norms.

Areas of concern

Despite some increases in 2009 in NAPLAN, Queensland's mean scores remained statistically lower than the national mean in every year level and domain. Queensland's mean scores in most domains and year levels continued to fall below the other jurisdictions except for the Northern Territory.

The gaps between Indigenous and non-Indigenous performance on literacy and numeracy tests are still substantial, with Indigenous achievement lagging by up to 25 percentage points. Indigenous students in Years 7 and 9 generally achieved literacy and numeracy test scores equivalent to, or lower than, their non-Indigenous peers two grades lower.

The number of Aboriginal and Torres Strait Islander young people who finish high school without an OP or vocational qualification is a serious impediment to fulfilling future training and employment opportunities. Less than one quarter of Indigenous students were eligible for an OP in 2009 compared with almost two-thirds of non-Indigenous students.

The behaviour of some students in Queensland schools is of particular concern. Rates of students being suspended or excluded from state schools for physical and verbal misconduct have been increasing over time. In addition, to help combat bullying in schools, the cross-sector Queensland Schools Alliance Against Violence was established to provide effective strategies to deal with bullying and violence in Queensland schools.

Education and training reforms

Fundamental changes to schooling in Queensland have occurred in recent years as a result of the introduction of the Education and Training Reforms for the Future (ETRF). These reforms affect both the early and the senior years of schooling.

A full-time Preparatory Year (Prep), which replaced part-time preschool, became universally available in 2007, and in 2008 the school entry age was lifted so children will have to turn 6 on or before 30 June to enrol in Year 1. This brings Queensland into line with most other states and territories in Australia.

Queensland state schools now have set hours for teaching English and mathematics for students in Years 1 to 7. Students in Year 1 to 3 will have seven hours per week of English and five hours of mathematics, while students in Years 4 to 7 will have six hours of English and five hours of mathematics per week. It is anticipated that having set teaching times for these core components will improve literacy and numeracy outcomes for Queensland students.

Changes in senior schooling allow young people aged 15–17 years to follow learning paths that meet their needs in more innovative and flexible ways. The new laws are articulated in complementary Acts: the *Youth Participation in Education and Training Act 2003* and the *Training Reform Act 2003*.

In 2007 the legal school leaving age in Queensland was increased from 15, and it is now compulsory for young people to stay at school until they complete Year 10 or turn 16, whichever comes first. Once a young person completes Year 10 or has turned 16, there is a requirement to participate:

- for two years beyond Year 10, or
- until they have gained a Senior Certificate, or
- until they have gained a Certificate III vocational qualification, or
- until they turn 17.

The only exception to the compulsory participation phase is for young people who enter full-time work (minimum 25 hours) after they have either completed Year 10 or turned 16.

In 2008, the Queensland Certificate of Education (QCE) replaced the Senior Certificate for students who complete Year 12. The QCE is a broad-based senior schooling qualification that recognises senior school subjects and nationally recognised vocational training, as well as some workplace, university and community learning. Minimum levels of literacy and numeracy need to be demonstrated to receive the QCE, but all students, including those who are not eligible for the QCE, are issued with a Senior Statement at the completion of Year 12.

National agenda for school reform

In 2009, the Australian Government, in partnership with the states and territories, committed to improve the education system through a national agenda of school reforms. The *National Smarter Schools Partnerships* will:

- implement evidence based practices to improve literacy and numeracy outcomes for all students, particularly those who are most in need of support
- attract, train, place, develop and retain quality teachers and leaders in schools and classrooms, and
- support education reform activities in low socio-economic schools across the country, with support to be provided to students from disadvantaged backgrounds, including Indigenous students, students with disabilities and students from culturally diverse backgrounds.

In addition, a national curriculum for all school students in Australia will supplant the current arrangements in place in each of the states and territories. The first phase of the development of the curriculum from Kindergarten (or Prep in Queensland) to Year 12 involved the specialised areas of English, mathematics, science and history and were made available for public consultation in 2010. Implementation of the first phase of the national curriculum is expected to commence in all states and territories in 2011.

A Flying Start for Queensland Children

In the *Flying Start for Queensland Children* Green Paper, the Queensland Government has proposed significant changes to the education system with the changes falling under three banners:

- getting ready for school – a multi-sector approach utilising quality kindergarten programs for all children, supplemented by parents/carers reading aloud to children daily, combined with trained volunteers contributing in the school classroom
- getting ready for secondary school – by improving transitions from primary to secondary and supporting adolescent development. The most significant change proposed is the movement of Year 7 from primary to secondary school by 2014, and
- boost performance for all schools by improving school discipline and the quality of teaching, as well as setting high performance for all schools.

School enrolments, participation and retention

In 2009, there were 724,426 full-time and part-time students enrolled in 1710 schools across Queensland. This consisted of 490,691 enrolled in government schools, 128,322 enrolled in Catholic schools, and 105,413 enrolled in independent schools (Australian Bureau of Statistics, 2010h). There were 441,851 students enrolled in primary schools in Queensland in 2009, and 282,575 enrolled in secondary schools.

The school age participation rate indicates the proportion of the resident population enrolled at school on a full-time basis (based on data collected each year in August). Between the ages of 7 and 14 years, participation rates in Queensland are at around 100%.

In 2009, 92.9% of Queensland 15 year olds and 83.1% of 16 year olds were attending school (Australian Bureau of Statistics, 2010h). The participation rate for 16 year olds (males and females) increased from 76.9% in 1995.

Participation rates for senior students need to be interpreted with care as, although the majority of Year 12 students will be aged either 16 or 17 when the enrolment data are collected in August, some Year 12 students may be older or younger, depending on the age at which they started school and on whether any school years were repeated or skipped. Bearing this in mind, the average age of Year 12 students in 2009 was 16.8 years, which was lower than the national average (17.2 years) (Australian Bureau of Statistics, 2010h). The 2008 increase in the age at which students can enrol in Year 1 means that the 2008 cohort of students will be on average 6 months older when they complete school in 2019.

Attendance rates for Indigenous children are lower than those of their non-Indigenous peers. In 2008, estimated government school attendance rates for Indigenous students in Years 1–7 range from 85–87%, compared with 93–94% for non-Indigenous students (Queensland Government, 2009).

The Family Responsibilities Commission's Welfare Reform Trial, set up in Cape York communities in 2008, targets school attendance as one of four social obligations that are linked to welfare payments. Welfare recipients are obliged to ensure that children have fewer than three unexplained absences from school per term. In the 2008–09 financial year there were 658 notifications for school attendance matters in the four jurisdictions (Family Responsibilities Commission, 2009a). The majority (411) of notifications were from Aurukun where attendance rates increased from 37.9% in Term 2 2008 to 63.2% in Term 2 2009.

Attendance rates at government schools in discrete Indigenous communities ranged from 43.5% in Doomadgee (which is not one of the sites for the Cape York Welfare Reform Trial) to 90.4% in Coen for Term 4 2009, while the Queensland all-school attendance rate was 90.7% for Semester 1 2009 (Department of Communities, 2010).

Apparent continuation rates, which were introduced by the Australian Bureau of Statistics in 2008, measure the proportion of students participating in one year, compared with the same cohort that were participating the previous year. In 2009, 95.5% of 14 year old Queensland students continued school the next year (Australian Bureau of Statistics, 2010h). Likewise, 90.9% of 15 year olds continued school, as did 60.8% of 16 year olds. Females turning 16 were more likely to continue school than their male counterparts (92.2% and 89.6% respectively). Conversely, males turning 18 were more likely to continue school than females (12.1% and 9.3% respectively).

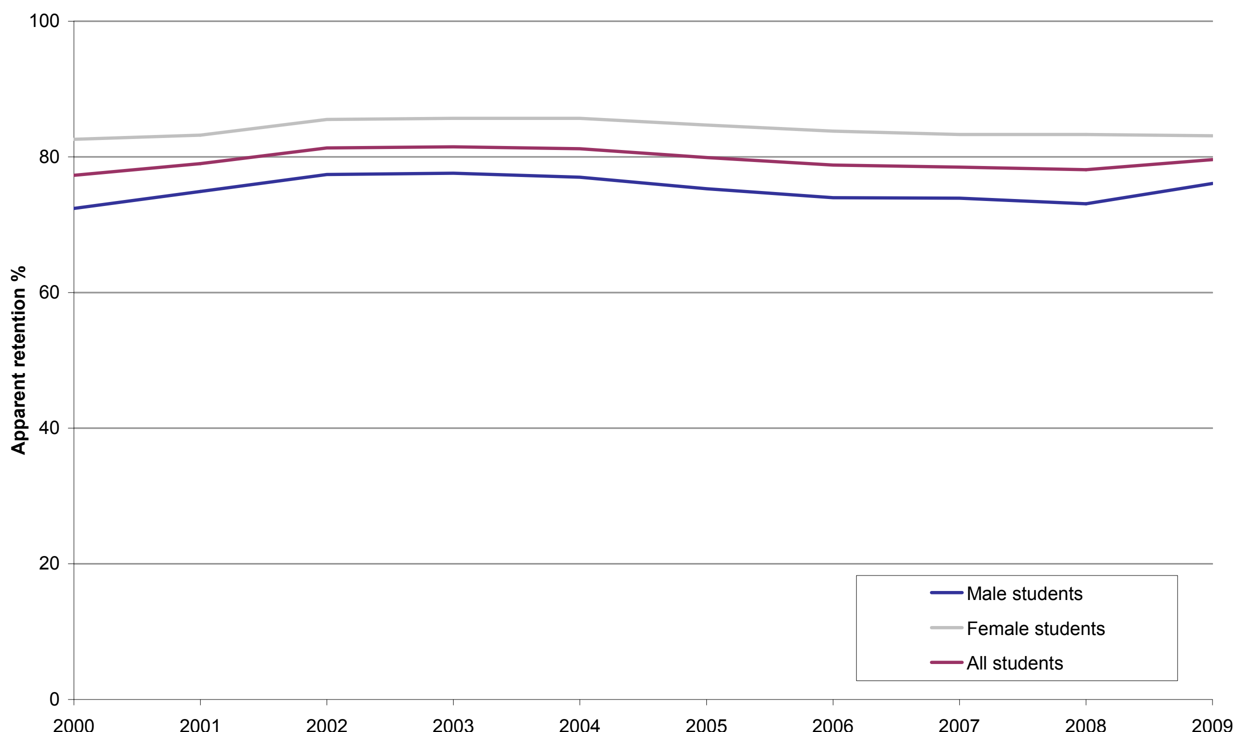
Apparent retention rates show the proportion of high school students that continue on to Year 12 from Year 8. These compare the current number of Year 12 students enrolled with the number of Year 8 students four years before, although it should be noted that this is not a measure of successful completion of Year 12. However, these rates are an estimate and don't take into consideration factors such as students repeating or skipping a year of education and interstate/overseas migration.

Year 8 to Year 12 apparent retention rates in Queensland have remained relatively stable over the past decade (79.6% in 2009) (Figure 11.1). As with participation rates, the retention rate was lower for males, with 76.1% retention to Year 12, compared with 83.1% retention for females. However male retention rates improved from 73.1% in 2008.

Indigenous students are much less likely to continue schooling to Year 12 than non-Indigenous students. The 2009 data reverse the recent trend which had seen the gap between Indigenous and non-Indigenous retention rates narrowing. From 2000 to 2008, retention rates for Indigenous students increased from 52.3% to 61.3%, while rates for non-Indigenous students were relatively stable (78.4% and 79.1% respectively) (Figure 11.2). However, in 2009, the Indigenous retention rate dropped to 58.0%, while the non-Indigenous rate increased to 81.0%. The retention rate for Indigenous females (62.5%) was higher than the rate for Indigenous males (53.6%).

The Year 7/8 to Year 12 apparent retention rate continues to be higher in Queensland than the national average, both for the whole school cohort (79.6% and 76.0% respectively) and for Indigenous students (58.0% and 45.4% respectively). Factors such as jurisdictional differences in schooling systems, students repeating years and those joining or leaving the school system will affect the estimates.

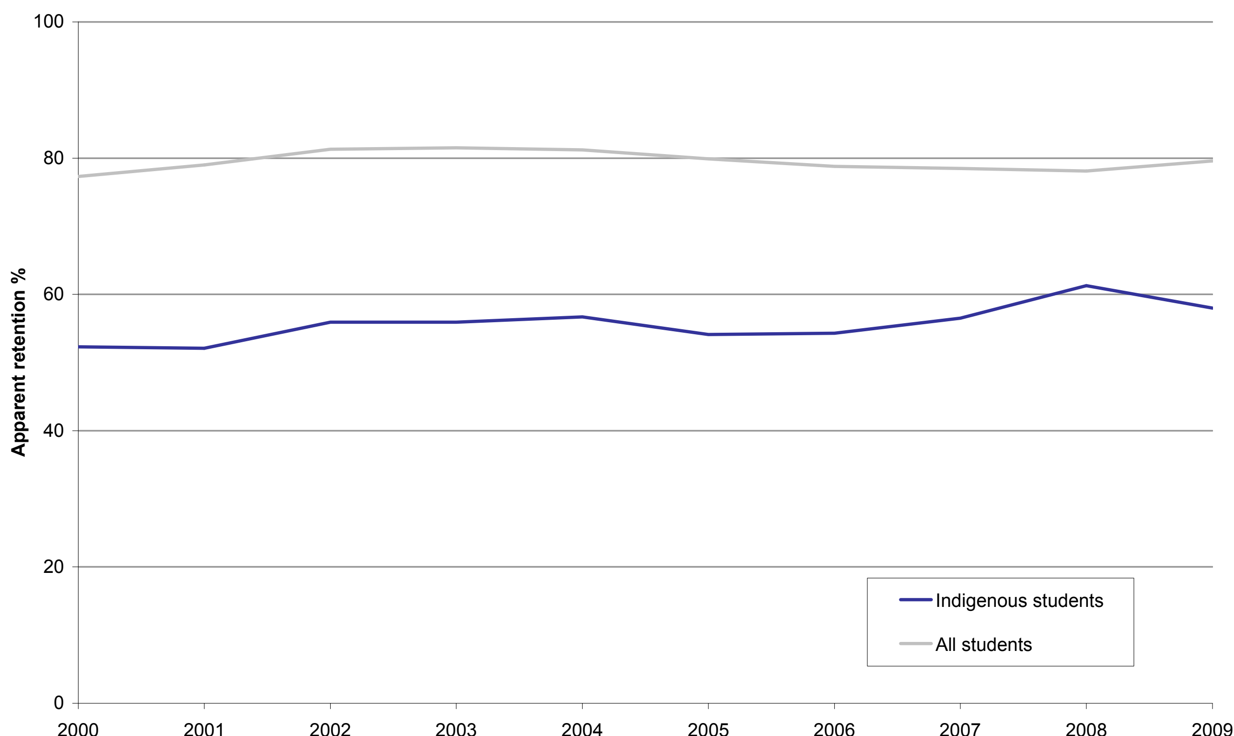
Figure 11.1 Apparent retention rate[a] by sex, Queensland, 2000 to 2009



a. Number of full-time Year 12 students divided by the number of Year 8 students four years before. Factors such as migration and students repeating year levels will affect data.

Source: ABS, *Schools, Australia*, cat. no. 4221.0

Figure 11.2 Apparent retention rate[a] by Indigenous status, Queensland, 2000 to 2009



a. Number of full-time Year 12 students divided by the number of Year 8 students four years before. Factors such as migration and students repeating year levels will affect data.

Source: ABS, *Schools, Australia*, cat. no. 4221.0

Educational achievement

Literacy and numeracy

In May 2008, all Year 3, 5, 7 and 9 students at all government and non-government schools in Australia sat the National Assessment Program – Literacy and Numeracy (NAPLAN) tests for the first time. That is all students in the same year level sat the same tests at the same time. Reading, writing, language conventions (spelling, grammar and punctuation) and numeracy were all assessed for each cohort. Before 2008, each state and territory administered independent tests, which prevented reliable comparisons across jurisdictions.

The NAPLAN tests, which were developed collaboratively by the states, territories and other government and non-government stakeholders, broadly reflect the curriculum content across all jurisdictions.

National minimum standards, in the form of particular National Achievement Bands, replace the previous concept of single-point National Benchmarks. A single continuous scale of student achievement across ten national achievement bands spans Years 3, 5, 7 and 9, for each dimension under NAPLAN assessment.

NAPLAN tests conducted in May 2010 will be able to reveal individual students' progression for the first time. For instance, students who were in Year 3 in 2008 will now be in Year 5 so will have scores for two sets of testings. Results from the 2010 tests were not available at the time of publication.

Student performances in literacy and numeracy tests have shown that there are wide ranges in abilities in each year level, and the student performances from different year levels overlap. For example, higher-performing students in Year 3 performed at least as well as the lower-performing students in Year 7.

Each year in September, individual student reports are delivered to parents of all students who sat the tests, with schools receiving whole-of-school reports. Figures 11.3 and 11.4 show Queensland students' achievements in reading and numeracy in 2009 (Ministerial Council on Education, Early Childhood Development and Youth Affairs, 2009).

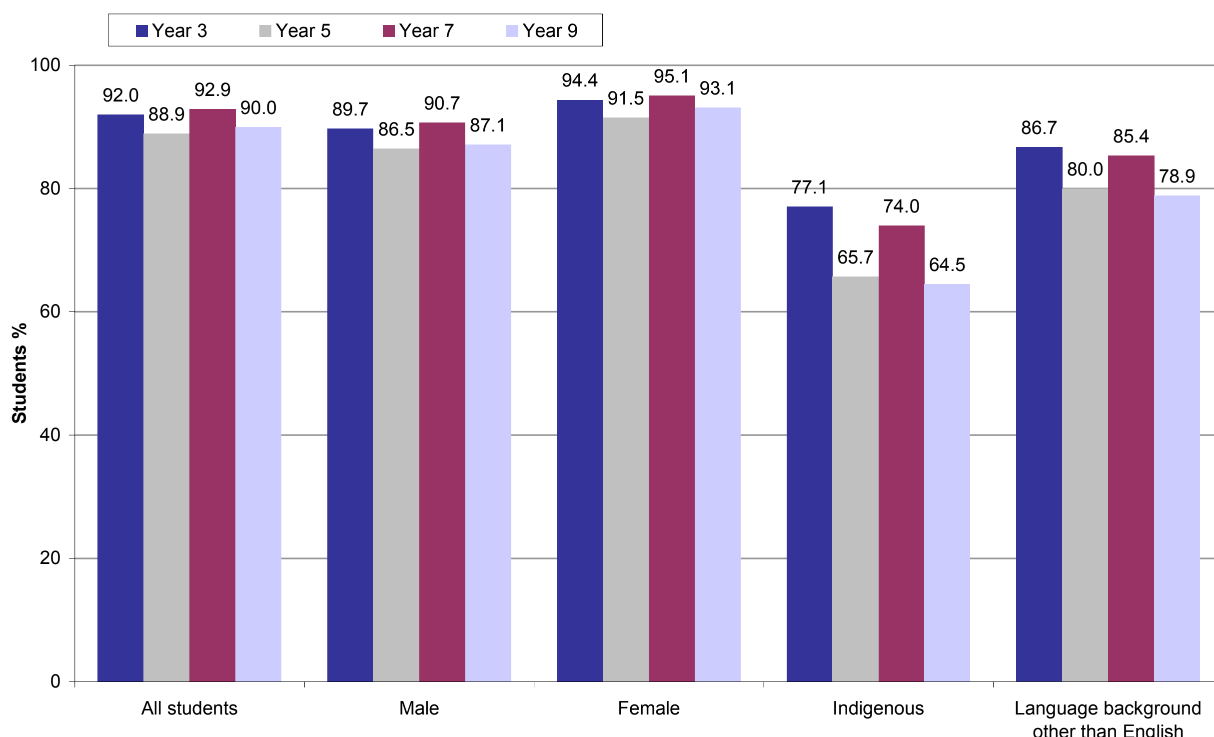
Reading

In 2009, for reading:

- 92.0% of Year 3 students met the national minimum standard
- 88.9% of Year 5 students met the national minimum standard
- 92.9% of Year 7 students met the national minimum standard, and
- 90.0% of Year 9 students met the national minimum standard.

In comparison with males, greater proportions of females were working at or above the national minimum standard for reading across all year levels in 2009.

Figure 11.3 Students achieving national minimum standards for reading by selected groups, Queensland, 2009



Source: MCEECDYA, *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy 2009*

Significant proportions of Indigenous Queensland students did not meet the national minimum standards for reading, across all year levels. Less than two-thirds of Indigenous students in Year 5 and Year 9 met the national minimum standard for reading (65.7% and 64.5% respectively), which was considerably lower than non-Indigenous counterparts (90.6% and 91.7% respectively). Approximately three-quarters of Indigenous students in Year 3 and Year 7 met the national minimum standard (77.1% and 74.0% respectively), but these were still smaller proportions than the 93.1% and 91.7% respectively of non-Indigenous students who met the standard.

The proportions of students meeting the national minimum standard for reading tended to decrease with increasing geolocation remoteness. For instance, 91.1% of Year 9 students in metropolitan areas met the national minimum standard, compared with 88.7% in provincial areas, 79.6% in remote areas and 59.6% in very remote areas.

In general, greater proportions of students in Year 3 and Year 5 were working at or above the national minimum standard for reading in 2009 than 2008 (Table 11.1). Reading performance by students in Year 7 and Year 9 was relatively unchanged between 2008 and 2009 across all demographic groups.

Table 11.1 Students achieving national minimum standards for reading, Queensland, 2008 and 2009

	Year 3		Year 5		Year 7		Year 9	
	2008	2009	2008	2009	2008	2009	2008	2009
	Per cent							
All students	87.1	92.0	86.9	88.9	92.9	92.9	90.5	90.0
Males	84.4	89.7	84.3	86.5	91.2	90.7	88.6	87.1
Females	90.0	94.4	89.6	91.5	94.6	95.1	92.5	93.1
Indigenous	66.2	77.1	62.9	65.7	74.8	74.0	70.0	64.5
Non-Indigenous	88.7	93.1	88.8	90.6	94.3	94.2	92.0	91.7
LBOTE[a]	77.2	86.7	74.2	80.0	82.4	85.4	80.8	78.9
Non-LBOTE[a]	88.1	92.5	88.0	89.7	94.0	93.5	91.4	90.9

a. Language background other than English
Source: MCEECDYA, *NAPLAN* Achievement *in Reading, Writing, Language Conventions and Numeracy 2009*

In 2009, lower proportions of Queensland students reached the national minimum standard for reading in comparison with the general Australian student population in:

- Year 3 (92.0% and 93.7% respectively)
- Year 5 (88.9% and 91.7% respectively)
- Year 7 (92.9% and 94.0% respectively), and
- Year 9 (90.0% and 92.2% respectively).

Furthermore, lower proportions of Queensland students met the national minimum standards for reading than all states and territories with the exception of the Northern Territory for all year levels.

Numeracy

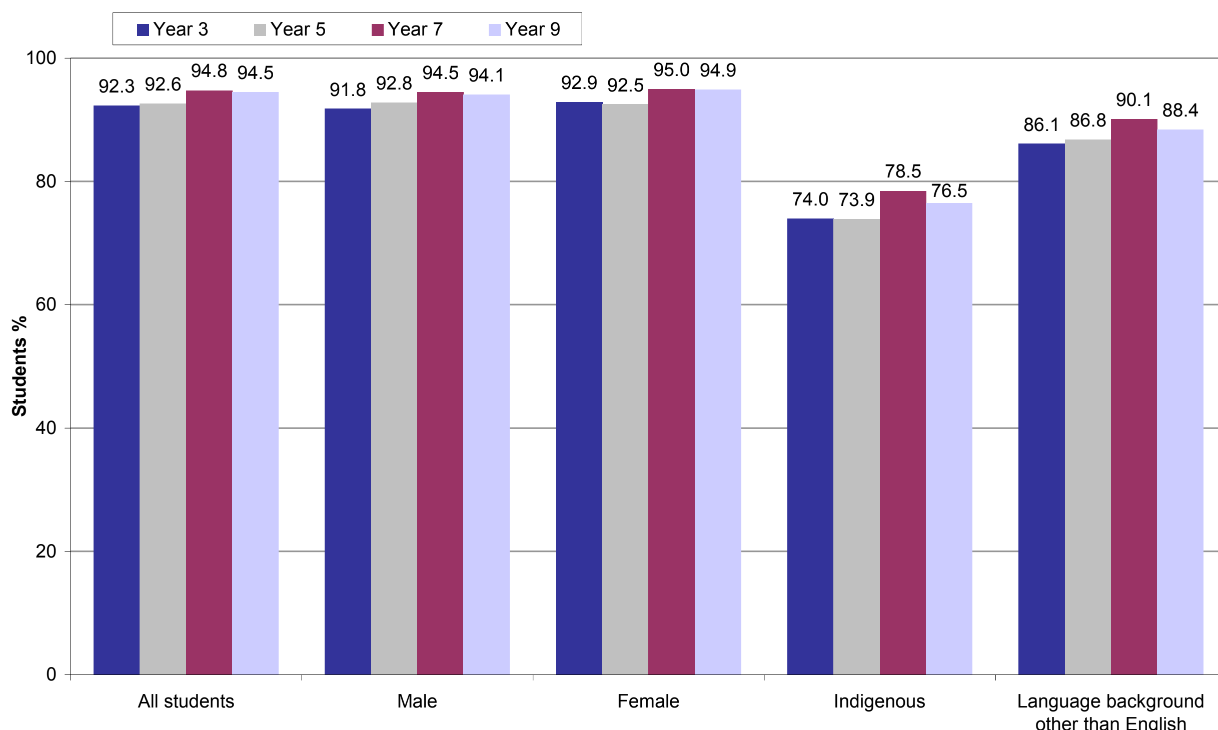
In 2009, for numeracy:

- 92.3% of Year 3 students met the national minimum standard
- 92.6% of Year 5 students met the national minimum standard
- 94.8% of Year 7 students met the national minimum standard, and
- 94.5% of Year 9 students met the national minimum standard.

Unlike reading achievement, there was no gender difference for the proportion of students working at or above the national minimum standard for numeracy (Figure 11.4).

As with reading achievement, a lower proportion of Indigenous Queenslanders reached the national minimum standards for numeracy than did non-Indigenous Queenslanders.

Figure 11.4 Students achieving national minimum standards for numeracy by selected groups, Queensland, 2009



Source: MCEECDYA, *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy 2009*

Greater proportions of students in Year 5 and Year 9 were working at or above the national minimum standards in 2009, compared with 2008 (Table 11.2).

Table 11.2 Students achieving national minimum standards for numeracy, Queensland, 2008 and 2009

	Year 3		Year 5		Year 7		Year 9	
	2008	2009	2008	2009	2008	2009	2008	2009
	Per cent							
All students	92.0	92.3	90.4	92.6	94.9	94.8	92.4	94.5
Males	91.5	91.8	90.7	92.8	94.9	94.5	92.3	94.1
Females	92.5	92.9	90.1	92.5	94.8	95.0	92.5	94.9
Indigenous	75.5	74.0	69.5	73.9	81.8	78.5	73.2	76.5
Non-Indigenous	93.3	93.6	92.0	94.0	95.9	95.9	93.8	95.7
LBOTE[a]	83.2	86.1	81.0	86.8	88.6	90.1	86.9	88.4
Non-LBOTE[a]	92.9	92.9	91.3	93.2	95.5	95.2	92.9	95.0

a. Language background other than English.
Source: MCEECDYA, *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy 2009*

Equivalent proportions of Year 7 students were working at or above the national minimum standard for numeracy in Queensland and Australia (both 94.8%). For the other year levels, fewer Queensland students met the national minimum standards:

- Year 3 (92.3% and 94.0% respectively)
- Year 5 (92.6% and 94.2% respectively), and
- Year 9 (94.5% and 95.0% respectively).

Mathematics and science

The Trends in International Mathematics and Science Study (TIMSS) is conducted every four years in over 35 countries worldwide (Thomson, Wernert, Underwood, & Nicholas, 2008). TIMSS, which is part of the Ministerial Council on Education, Early Childhood Development and Youth Affairs (MCEECDYA) National Assessment Program, provides data about trends in mathematics and science achievement over time. In 2007, almost 1500 (849 Year 4 and 648 Year 8) students in Queensland completed the tests.

For each year level and subject matter, a TIMSS scale average of 500 is calculated, allowing comparison between countries and jurisdictions within Australia. Four international benchmarks were established for each subject and year level of assessment: low benchmark, intermediate benchmark, high benchmark and advanced benchmark.

For mathematics achievement:

- the Year 4 average achievement score for Queensland was 485 (S.D. = 6.7), which ranked 7th of 8 jurisdictions and was significantly lower than for New South Wales, Victoria, the Australian Capital Territory and Tasmania and not statistically different from Western Australia, South Australia and the Northern Territory
- one in seven (14%) Queensland Year 4 students did not meet any international benchmarks for mathematics; one in five students met high (18%) or advanced (3%) benchmarks, with 38% achieving the intermediate benchmark and 27% only reaching the low benchmark score
- the Year 8 average achievement score for Queensland was 491 (S.D. = 4.9), which ranked 4th of 8 jurisdictions; there were no significant differences from other jurisdictions
- one in nine (11%) Queensland Year 8 students did not meet any international benchmarks for mathematics; 3% achieved the advanced benchmark, with 17% reaching the high benchmark; an additional 41% met the intermediate benchmark and 28% only achieved the low benchmark as their highest achievement.

For science achievement:

- the Year 4 average achievement score was 501 (S.D. = 6.0), which ranked last of the Australian states and territories; this score was significantly lower than for Victoria, New South Wales, Tasmania and the ACT
- one in eight (12%) Queensland Year 4 students did not meet the lowest international benchmark for science; 4% achieved the advanced benchmark, with 24% meeting the high benchmark; 38% achieved the intermediate benchmark, whereas 22% reached only the low benchmark score
- the Year 8 average science achievement score for Queensland was 513 (S.D. = 4.3), which ranked 4th of 8 jurisdictions; there were no significant differences between Queensland Year 8 achievement scores and those of other states and territories
- 8% of Queensland Year 8 students did not meet the international lowest benchmark score for science; one in three reached the advanced or high benchmark level (6% and 27% respectively), whereas 39% and 21% reached the intermediate and low benchmarks respectively.

The Masters Review

In response to Queensland school students' performance in the NAPLAN 2008 and TIMSS 2007 tests, the Queensland Government commissioned the *Masters Review* – an independent review of primary school standards in Queensland (Masters, 2009). The review examined existing data and international evidence to provide a pathway to improved standards in literacy, numeracy and science.

Professor Masters highlighted the inherent difficulties of comparing performances across jurisdictions because of varying schooling structures, school starting ages and transition points from primary to high school. Queensland students had on average one less year of schooling and were about one year younger than students from other jurisdictions.

The review outlined the significant achievement disparities between the best and worst performing students. For example, by Year 5 the gap between the top and bottom 20% of students is equivalent to about 2.5 years of schooling. By Year 9 this gap is closer to 5.5 years, suggesting that, once a student falls behind in the basics of literacy and numeracy, it is extremely difficult for them to catch up.

Year 12 completion

As outlined at the start of this chapter, Queensland Certificates of Education (QCE) replaced Senior Certificates in 2008. All students who complete Year 12 receive a Senior Statement. Senior Statements also report the details of any accredited vocational education and training (VET) and grades in the Queensland Core Skills Test.

Senior Education Profiles can be issued in combinations with other achievements, including:

- a QCE and a Senior Statement
- a QCE, Senior Statement and Tertiary Entrance Statement
- a Senior Statement and Tertiary Entry Statement, or
- a Senior Statement only.

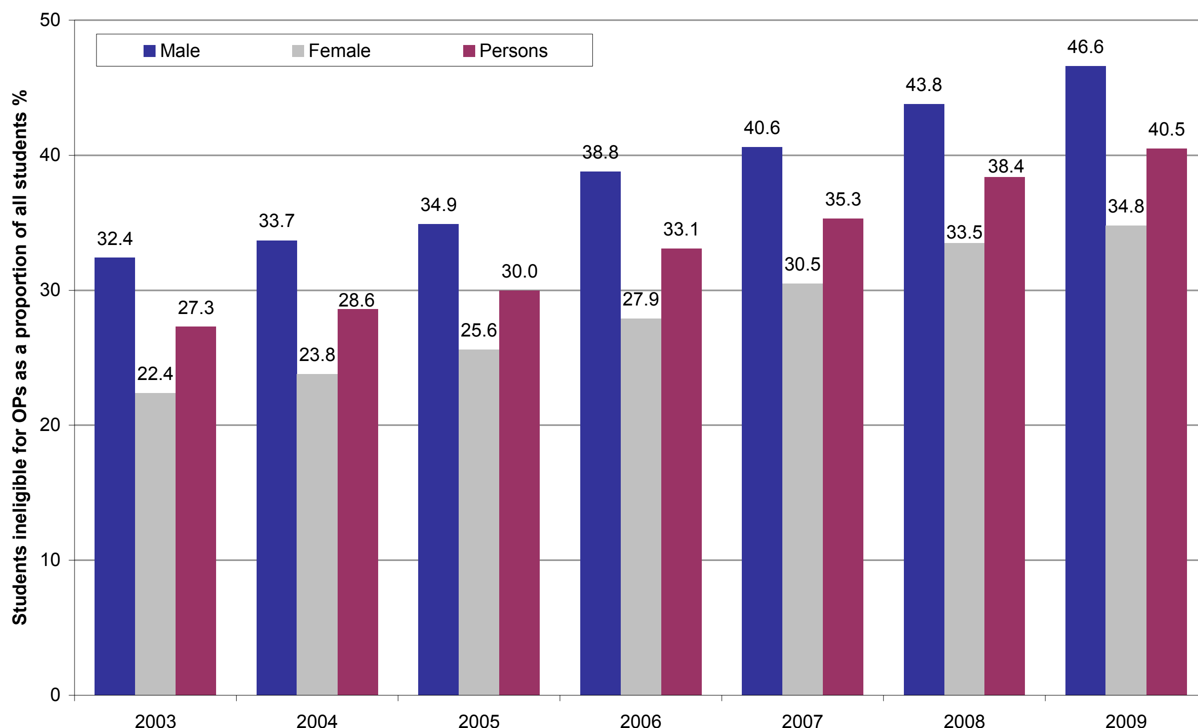
The Overall Position (OP) score provides a state-wide rank order of students on a 1 to 25 scale (1 being the highest), based on students' achievement in Queensland Studies Authority subjects studied for the QCE.

OPs are used in the selection of students for tertiary education courses. A student is eligible for an OP at the end of Year 12 provided that the student has completed a minimum of 20 semester units of Authority subjects, including at least three subjects for all four semesters, and has sat for the Queensland Core Skills test in that year.

In 2009, Senior Education Profiles were issued to 43,192 students; of these, more than two-fifths (40.5%) were ineligible for an OP score (Queensland Studies Authority, 2010). The proportion of ineligible students continues to increase, up from 27.3% in 2003, suggesting that more young people are taking up training or vocational qualifications after the reforms to senior schooling policy (see Figure 11.5).

In 2009, only one in two (50.9%) graduating males were eligible for an OP, in contrast with almost two-thirds (63.1%) of females. This suggests that males are taking up alternatives to tertiary education, such as VET or apprenticeships more so than females.

Figure 11.5 Students ineligible to receive OP scores by sex, Queensland, 2003 to 2009



Source: Queensland Studies Authority, *2009 Summary of Year 12 Enrolment and Certification*

In 2008, less than one-quarter (22.6%) of Year 12 Aboriginal and Torres Strait Islander students were eligible for an OP, compared with 62.6% of non-Indigenous students (Queensland Government, 2009). Indigenous students were far less likely than non-Indigenous students to be awarded with QCE (41.2% and 77.9% respectively), but more likely to complete Year 12 without receiving any qualifications (OP or vocational qualification) (26.0% and 9.4% respectively). However, the proportion of Aboriginal and Torres Strait Islander young people completing Year 12 with no qualifications decreased from 36.1% in 2007.

In 2009, 561 Queensland Certificates of Individual Achievement were awarded to eligible students who had completed 12 years of education. Eligible students were those on individual learning programs who have either an impairment or difficulties in learning that are not primarily due to socio-economic, cultural and/or linguistic factors. The certificates provide students with a summary of their skills and knowledge that they can present to employers and training providers.

The *Next Step 2009* surveyed 34,902 students who completed Year 12 in 2008 (Department of Education and Training, 2009b). The survey found that in the year after they completed Year 12:

- 35.1% were undertaking a university degree
- 24.5% were studying vocational education and training (including apprenticeships or traineeships)
- 12.3% were working full-time
- 18.0% were working part-time
- 8.1% were looking for work, and
- 1.9% were not studying and not looking for work.

There was a greater proportion of Year 12 completers working part-time in 2009 than 2008 (18.0% and 14.7% respectively). Conversely, there were fewer graduates working full-time in 2009 than 2008 (12.3% and 17.4% respectively).

Females were more likely than males to be attending university (38.7% and 31.1.% respectively), whereas males were more likely than females to be undertaking VET (28.6% and 20.9% respectively). About one in seven male Year 12 completers undertook apprenticeships in 2009 (13.8%), with only 2.0% of females doing so. The proportion of males undertaking apprenticeships was lower in 2009 than 2008 (17.3%).

The majority of Year 12 completers who were undertaking a university degree in 2009 were also working part-time (62.6%), with an additional 18.1% seeking work.

The most common fields of university study entered by Year 12 completers were Health (16.9%), Management and Commerce (14.2%), and Society and Culture (13.9%).

Approximately one in thirteen Year 12 completers from 2008 deferred university placement in 2009 (7.5%). A higher proportion of females than males deferred their university placement (9.2% and 5.7% respectively), however this reflects the greater proportion of females electing to undertake university study following high school. Of those who deferred, almost one-half did so because they wanted a break from study (43.3%). Almost one-third (31.0%) of deferrers cited some kind of financial reason behind their decision, with 14.7% working to finance further study, 10.7% working to qualify for independent Youth Allowance, 3.3% citing the course fees and other costs as a barrier, and 2.3% would have to move away from home. One in eight deferrers (11.9%) were undecided and considering options and 6.5% reported they were not feeling ready for more study at that time.

Indigenous Year 12 completers were more likely to be undertaking VET than their non-Indigenous counterparts (30.5% and 24.3% respectively), but less likely to be attending university (14.1% and 35.7% respectively). Furthermore, one in five (19.9%) Indigenous Year 12 completers were seeking work, which was a greater proportion than their non-Indigenous peers (7.8%).

Almost one-half (49.3%) of Year 12 completers with a language background other than English were attending university in 2009, which was higher than the state rate.

Vocational education and training

Vocational education and training is a national system designed to train workers to work in specific industries. VET helps young people move from school to work through the provision of hands-on courses that encourage learning in the workplace as well as the classroom.

The Student Outcomes Survey revealed that, in 2009, 80.5% of Queensland VET graduates were employed after completing their VET in 2008 (National Centre for Vocational Education Research, 2009).

VET includes School-based Apprenticeships and Traineeships (SATs), which are becoming more prevalent throughout Queensland. SATs allow Years 11 and 12 high school students to participate in paid employment, receiving structured training on and off the job while continuing with their school studies (Department of Education and Training, 2009a). That is, they divide their time between school, work and training. The skills they acquire are part of nationally recognised vocational qualifications, and it is possible for young people to complete up to one-third of an apprenticeship while still at school.

There are more than 700 different apprenticeships and traineeships available through SATs in various fields (for example retail, hospitality, construction and automotive). At 30 June 2009 Queensland students had started 9048 SATs, which was double the number one year earlier (4525) (Department of Education and Training, 2009a). One in eight (12.9%) Year 12 completers in 2008 undertook SATs while at school.

In 2008–09, about 16,000 15–17 year olds commenced apprenticeships or traineeships in Queensland (Department of Education and Training, 2009a). Furthermore, there were about 49,000 15–17 year old VET students in industries such as construction, hospitality, automotive and tourism.

According to the Next Step 2009 report, 8549 Year 12 completers from 2008 were enrolled in VET in 2009 (Department of Education and Training, 2009b). One-half (50.1%) of Year 12 completers in 2008 left school with a VET qualification.

Improving outcomes for Aboriginal and Torres Strait Islander students

A substantial disparity continues between the educational outcomes of Aboriginal and Torres Strait Islander students and non-Indigenous students. The sustained disadvantage in educational outcomes has driven the *Closing the Gap* reform, introduced by the Council of Australian Governments (COAG) in 2009.

The National Indigenous Reform Agreement (NIRA) signifies the importance that COAG places on improving conditions for Indigenous people. A series of COAG *Closing the Gap* targets has been established across areas such as early childhood development, education, health, housing, economic development and remote service delivery. The NIRA incorporates the objectives, outcomes, outputs, performance measures and benchmarks to which all governments have committed themselves in achieving the COAG targets.

Two specific COAG targets pertaining to improving educational outcomes for Aboriginal and Torres Strait Islander students are:

- halve the gap in reading, writing and numeracy achievements for Indigenous children within a decade, and
- halve the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020.

In order to meet the COAG targets the Department of Education and Training has developed the *Closing the Gap Education* Strategy which is the overarching strategy to improve the education outcomes of Aboriginal and Torres Strait Islander students in Queensland state schools. It sets three intermediary targets for state schools which are to halve the gap in Year 3 reading, writing and numeracy by 2012, close the gap in student attendance by 2013, and close the gap in Year 12 retention by 2013.

The second *Queensland Closing the Gap Report 2008–09* (Queensland Government, 2009) revealed that:

- Aboriginal and Torres Strait Islander students in Year 7 and 9 generally achieved literacy and numeracy test scores equivalent to, or lower than, their non-Indigenous peers two grades lower (that is, in Year 5 and 7 respectively)
- average scale scores for reading for Indigenous (and non-Indigenous) Year 3 students increased significantly in 2009, which was the only significant increase in performance by Indigenous students
- the gap between Aboriginal and Torres Strait Islander and non-Indigenous student attendance rates tended to increase over Years 8 to 10, most markedly in remote regions, and
- Indigenous Year 12 completing students were significantly less likely to be awarded a QCE than their non-Indigenous peers in 2008 (41.2% and 77.9% respectively).

The *Literacy and Numeracy National Partnership* funds reforms to enhance literacy and numeracy outcomes for all students, especially Aboriginal and Torres Strait Islander students who are not achieving the same outcomes as non-Indigenous students. Additionally, the Queensland Government, in partnership with key stakeholders, has established several initiatives to improve literacy and numeracy outcomes. These include:

- the appointment of 91 full-time equivalent Literacy and Numeracy Coaches to support 175 state schools
- *Indigenous Education Support Structures*, a pilot project which focuses on working with Indigenous students, teachers and families in six clusters of state schools across the state
- *Let's Stay Put for Literacy and Numeracy Learning*, a pilot project which focuses on addressing student mobility as a major factor influencing low student achievement in literacy and numeracy; this project will target 11 low socio-economic status schools across central, north and south east Queensland
- the *Summer Schools Initiative*, which was piloted in September 2009, engages students to develop and build on fundamental literacy and numeracy skills, and
- the *Bound for Success Consistent Curriculum* (also known as Scope and Sequence), which was developed specifically for discrete communities in Cape York and the Torres Strait, and reflects local, regional and systemic priorities across all learning areas for Years 1–9, and
- the *Remote Area Teacher Education Program*, which provides flexible, community-based training to Indigenous peoples in remote, rural and urban sites across Queensland to access tertiary education and train as teachers in their home communities.

Student behaviour – disciplinary absences

A number of strategies are used by schools to manage student behaviour. State schools in Queensland use student disciplinary absences – suspension, exclusion and cancellation of enrolment – as options of last resort to deal with serious behaviour difficulties after other strategies have been considered inappropriate (Department of Education and Training, 2009a).

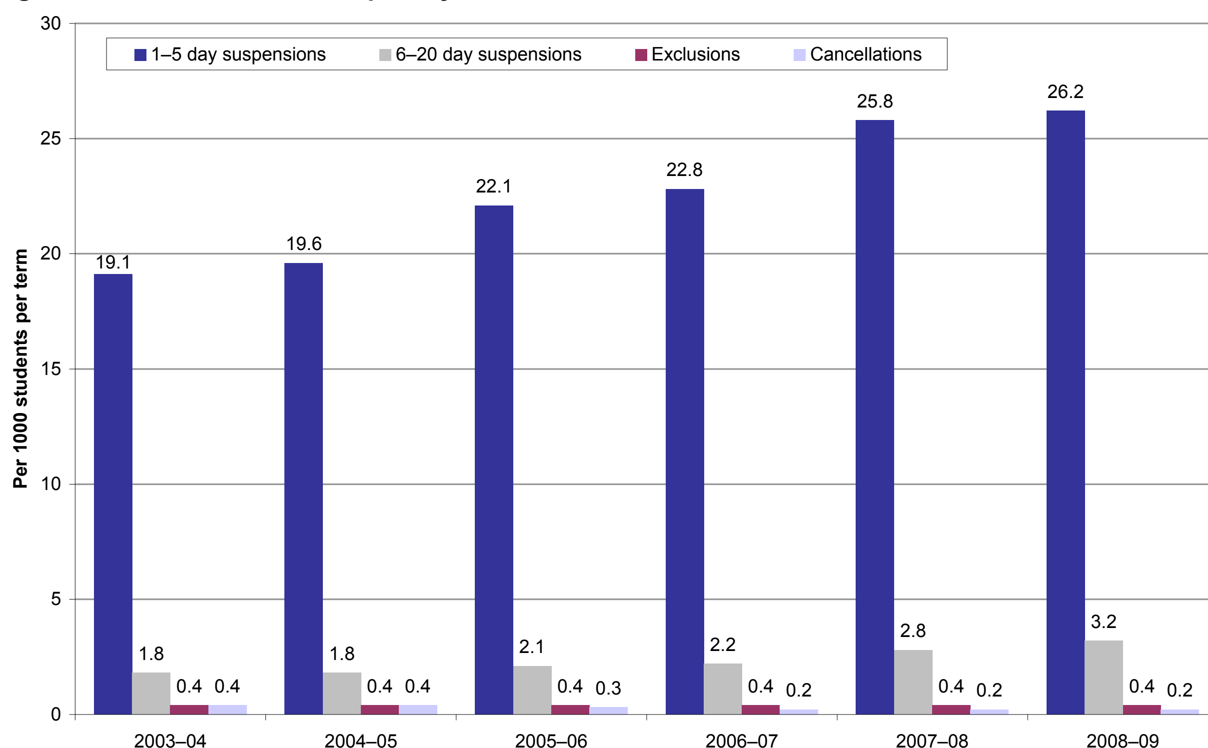
The Queensland Government has announced stronger powers for principals and higher behaviour standards for students. From 2010, principals will be given the authority to exclude a student without seeking approval from their supervisor.

Figure 11.6 illustrates the incidence of disciplinary absences at state schools (Department of Education and Training, 2009a). In the four terms from Term 3, 2008 to Term 2, 2009, there were:

- 26.2 short (1–5 day) suspensions per 1000 students per term (50,990 suspensions)
- 3.2 long (6–20 day) suspensions per 1000 students per term (6198 suspensions)
- 0.4 exclusions per 1000 students per term (864 exclusions), and
- 0.2 cancellations per 1000 students per term (383 cancellations).

The numbers and rates of 1–5 and 6–20 day suspensions continue to increase over time. In 2008–09, there was an increase of 2.1% in the number of short suspensions and 15.7% in long suspensions.

Figure 11.6 State school disciplinary absences,[a] Queensland, 2003–04 to 2008–09



a. Incidents per 1000 students
Source: Department of Education and Training, *Annual Report 2008–09*

Reasons for the 1–5 day suspensions in the four terms in 2007–08 (Department of Education and Training, 2009a) were:

- 29.1% for physical misconduct
- 20.3% for verbal or non-verbal misconduct
- 13.8% for persistently disruptive behaviour adversely affecting others
- 12.2% for other conduct prejudicial to the good order and management of the school
- 11.2% for refusal to participate in the program of instruction
- 7.0% for property misconduct
- 3.8% for substance misconduct involving tobacco and other legal substances
- 2.4% for absences, and
- 0.3% for substance misconduct involving an illicit substance.

The main reasons for long suspensions were physical misconduct (30.1%), verbal or non-verbal misconduct (17.4%), and persistently disruptive behaviour adversely affecting others (16.2%).

One-third of exclusions were for physical misconduct (33.3%), with 17.5% for other conduct prejudicial to the good order and management of the school, 16.4% due to persistent disruptive behaviour adversely affecting others, and 10.3% for verbal or non-verbal misconduct.

The vast majority of cancellations were due to students' refusal to participate in the program of instruction (91.4%).

Queensland Schools Alliance Against Violence

The cross-sector *Queensland Schools Alliance Against Violence* (QSAAV) was established in February 2010, in response to a key recommendation made by Dr Ken Rigby in his *Enhancing Responses to Bullying in Queensland Schools* report. The role of QSAAV was to provide independent advice to the Minister for Education and Training in Queensland on effective strategies to respond to issues of bullying and violence in schools. QSAAV represented an opportunity for all school sectors to work collaboratively to develop shared responses to bullying in Queensland schools. The Commission was a member of the alliance along with the Independent, Catholic and State school sectors, parent groups, teacher organisations and principal associations. Additional information on Dr Rigby's report and QSAAV can be found in the *Bullying and cyber bullying* section of the Lifestyle chapter.

12 Crime and justice

Key messages

Violence and safety are key concerns for children and young people. However, self-reported engagement in violent and antisocial behaviours among early adolescents suggests the issue is not as widespread as media reports would suggest.

In saying that, less than half of all crimes are reported to police. Therefore, the true prevalence of crimes committed by and against young people, as reported in official police statistics, could be substantially under-reported.

Youth offenders committed more property offences than offences against the person, with about one-third of all property related offences committed by young people aged 10–16 years. In contrast, only a small proportion of all assaults, homicides and sexual assaults were committed by young people.

Youth Justice Conferences are being increasingly used as a diversionary option for young offenders by the police and courts. Despite an increase by 22.1% from 2007–08, this still represents only a small proportion of actions against young offenders. However, diversionary actions (including cautions and conferencing) account for one-half of all actions taken against young offenders. Participants in youth justice conferences generally consider the process to be a fair and just process.

Improvements

There were continued declines in the number and rate of young males and females who were victims of crime in 2008–09. However, female victims still outnumbered male victims, largely due to there being four-times as many sexual offences against females as males. Male youth victimisation rates are approaching the relatively lower rates from the 1990s.

Offences against property continue to decline, having dropped more than 15% in the last decade. Offences against the person and other offences remain considerably lower in prevalence and are relatively stable.

Areas of concern

On 30 June 2009 there were thirty-nine 17 year olds in adult prisons in Queensland. Queensland is the only state in Australia that allows 17 year olds to be detained in prisons and treated as adults. This is contrary to the United Nations Convention on the Rights of the Child. The Commission advocates for the transfer of 17 year old offenders from adult prisons to youth detention centres to improve their access to developmentally appropriate services and their rehabilitative prospects.

Aboriginal and Torres Strait Islander youths are more likely to come before police for more serious offending and have more prior contacts with police. As a result, Indigenous young people are less likely to be diverted away from the youth justice system through cautions and youth conferencing than non-Indigenous youths.

Indigenous young people continue to be over-represented in the youth justice system, in terms of community-based supervision and detention. In 2008, Indigenous detention rates were 25 times greater than those of non-Indigenous youths in Queensland.

When considering issues relating to youth offending and justice, it is important to remember that the vast majority of children and young people in Queensland lead productive lives and never come into contact with the youth justice system.

In the Queensland criminal justice system, children under the age of 10 are not held criminally responsible for offences. Youth offenders are those aged between and including ten and sixteen years. In Queensland, young people who commit an offence at 17 years of age are treated as adults in the criminal justice system and can be detained in adult prisons.

Violence and safety

Early involvement in violent and antisocial behaviour can lead to subsequent participation in criminal activities throughout adolescence and later in life. Involvement in criminal activities is intrinsically related to a range of individual, familial and social factors including socio-economic status, family structure, and exposure to drugs and crime.

A recent study investigating violence and antisocial behaviours showed that one in seven males in Year 6 (14.5%) and one in eight males in Year 8 (12.3%) in Australia had attacked someone with the intention of seriously hurting them in the last 12 months (Australian Research Alliance for Children and Youth, 2009). The prevalence of reported violent behaviour was considerably lower for females in both Year 6 and Year 8 (3.1% and 4.2% respectively).

The incidence of antisocial behaviour (ranging from stealing to selling drugs to being drunk at school) was 8.8% for boys in Year 6, 11.3% of boys in Year 8, 3.6% for girls in Year 6 and 8.2% for girls in Year 8.

In 2009, the House of Representatives Standing Committee on Family, Community, Housing and Youth established an *Inquiry into the impact of violence on young Australians*. This inquiry stemmed from the revelation in Mission Australia's *National survey of young Australians* 2008 (Mission Australia, 2008) that personal safety concerned at least one-in-five (22.9%) young Australians, and the inaugural **youTHI**NK forum in February 2009, which discussed in depth the topic of 'Violence and safety' (Commonwealth of Australia, 2009d).

The Commission, in its submission to the inquiry, recommended that any strategies to reduce the impact of youth violence on young Australians:

- involve ongoing consultation with young people about how their feelings of safety can be improved
- take into account the range of factors that influence young people's use of violence, and
- include a multi-faceted and evidence-based approach to meeting young people's needs (Commission for Children and Young People and Child Guardian, 2009b).

Victims of crime

Official police statistics on victims of crime only include offences reported to or coming to the attention of the police. The recent Crime Victimisation survey by the ABS revealed that personal crimes are often not reported to the police (Australian Bureau of Statistics, 2010a). Just two-in-five physical assaults (41.1%) and robberies (42.2%) and one-in-five sexual assaults (21.4%) were reported to police in Queensland in 2008–09. Therefore the true incidence of victims of crime may be substantially greater than is shown by the official police statistics.

The Queensland Police Service's *Annual Statistical Review* (Queensland Police Service, 2009) provides most of the data for the following sections. Unless otherwise stated, data for victims of crimes refer to persons aged 0–17 years.

In 2008–09 there were continued declines in the number of victims[39] of offences against the person for both males (down from 3796 in 2007–08 to 3703) and females (down from 5378 in 2007–08 to 5367) (Queensland Police Service, 2009).

In 2008–09 female victims aged 0–17 outnumbered male victims. This was largely because there were more than four times as many female victims of sexual offences than males. For most other crimes, there were slightly more male victims than female victims. Victims in the 0–17 age group in 2008–09 included:

- 1 male and 1 female murder victims
- 2 male and 3 female victims of manslaughter or driving causing death
- 11 male and 9 female victims of attempted murder
- 2336 male and 2084 female victims of assault
- 549 male and 2600 female victims of sexual offences
- 229 male and 76 female victims of robbery, and
- 29 male and 55 female victims of kidnapping and abduction.

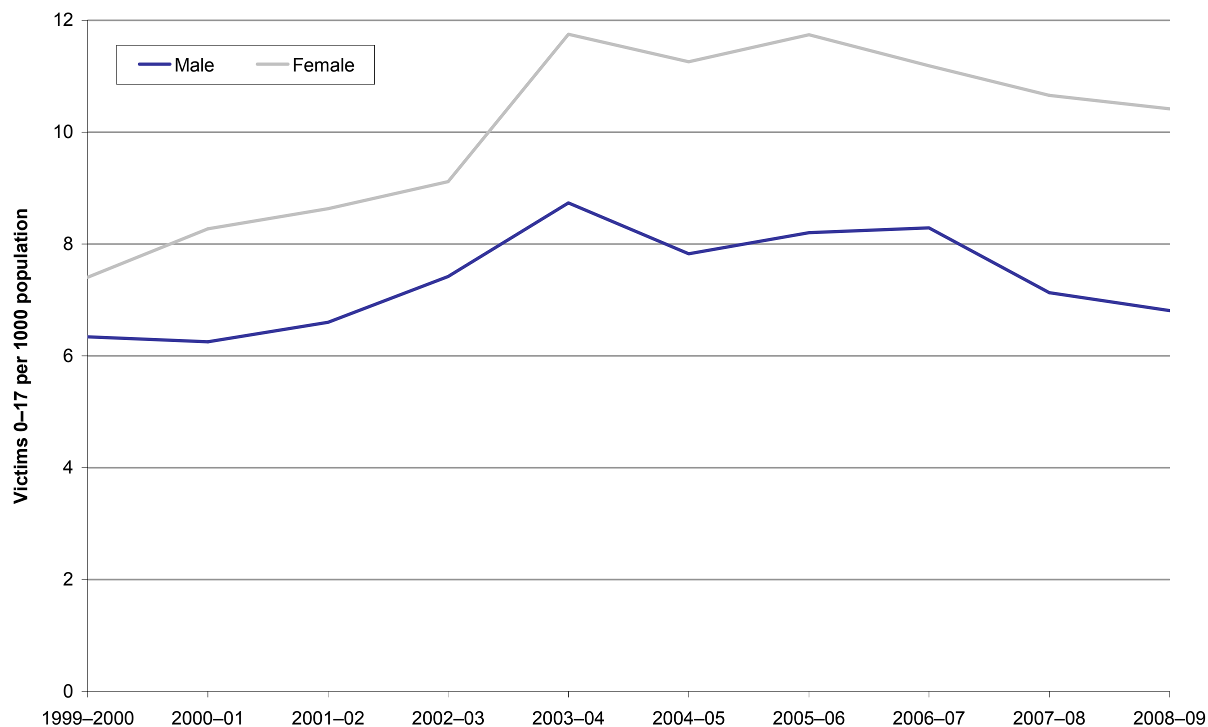
Based on all offences against the person with victims aged under 18, there were 6.8 male and 10.4 female victims per 1000 in 2008–09. Victimisation rates have been declining for both males (down from 7.1 per 1000 in 2007–08) and females (down from 10.7 per 1000 in 2007–08); however, rates were still higher than those reported ten years ago, particularly for females (Figure 12.1).

Victimisation rates on a per population basis tell us more about the risk factors for particular groups, although such analyses are most reliable where there are relatively large numbers of victims. The following section looks at victims of assault and sexual offences for the 0–4, 5–9, 10–14 and 15–19 year age groups.

Assault victimisation was higher for males than females and increased with increasing age (Figure 12.2). In 2008–09, there were 10.7 male and 9.7 female victims per 1000 aged 15–19. In the 10–14 year age group, there were 6.5 male and 6.1 female victims per 1000. The gender gap narrowed in 2008–09 for all age groups, largely due to increases in the rates of female assault victims in all age groups.

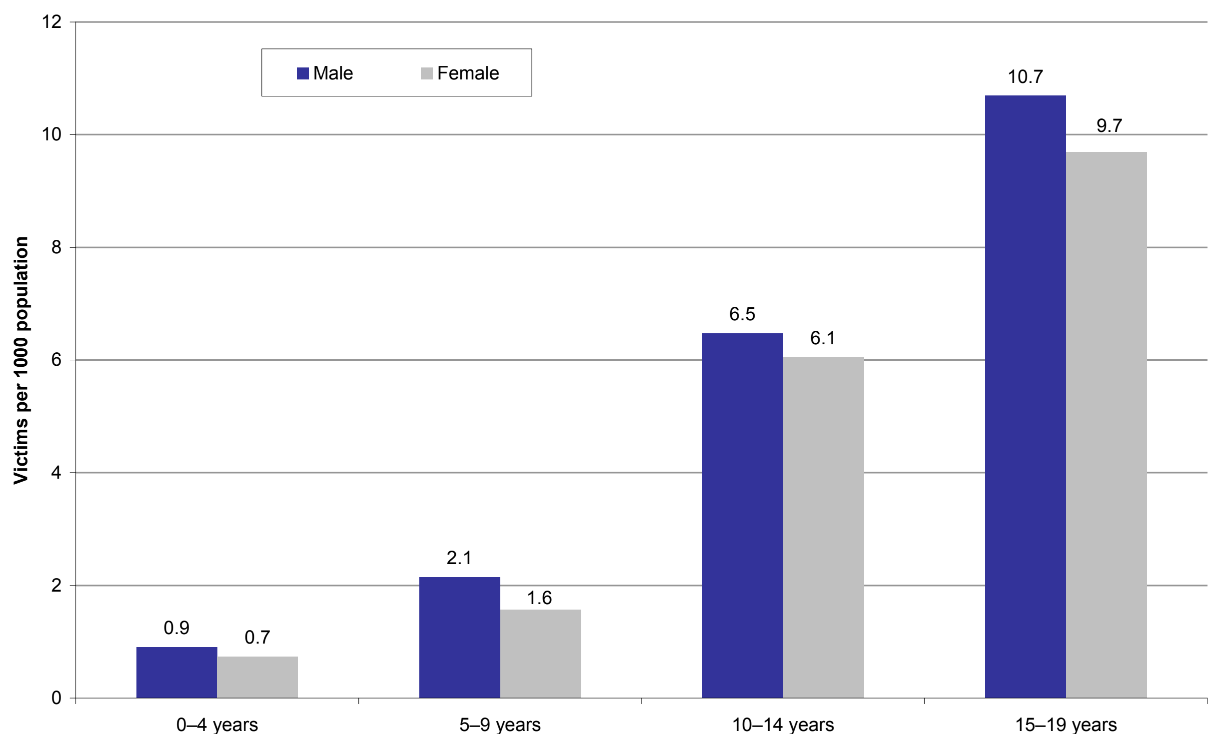
39 The term 'victim' does not refer to a unique victim count as one person may be counted several times if they were the victim of more than one offence.

Figure 12.1 Victims aged 0–17 of offences against the person by sex, Queensland, 1999–2000 to 2008–09



Note: Persons may be counted more than once if they were the victim of more than one offence.
Source: Analysis based on Queensland Police Service data and estimated residential population (ABS, cat. no. 3201.0)

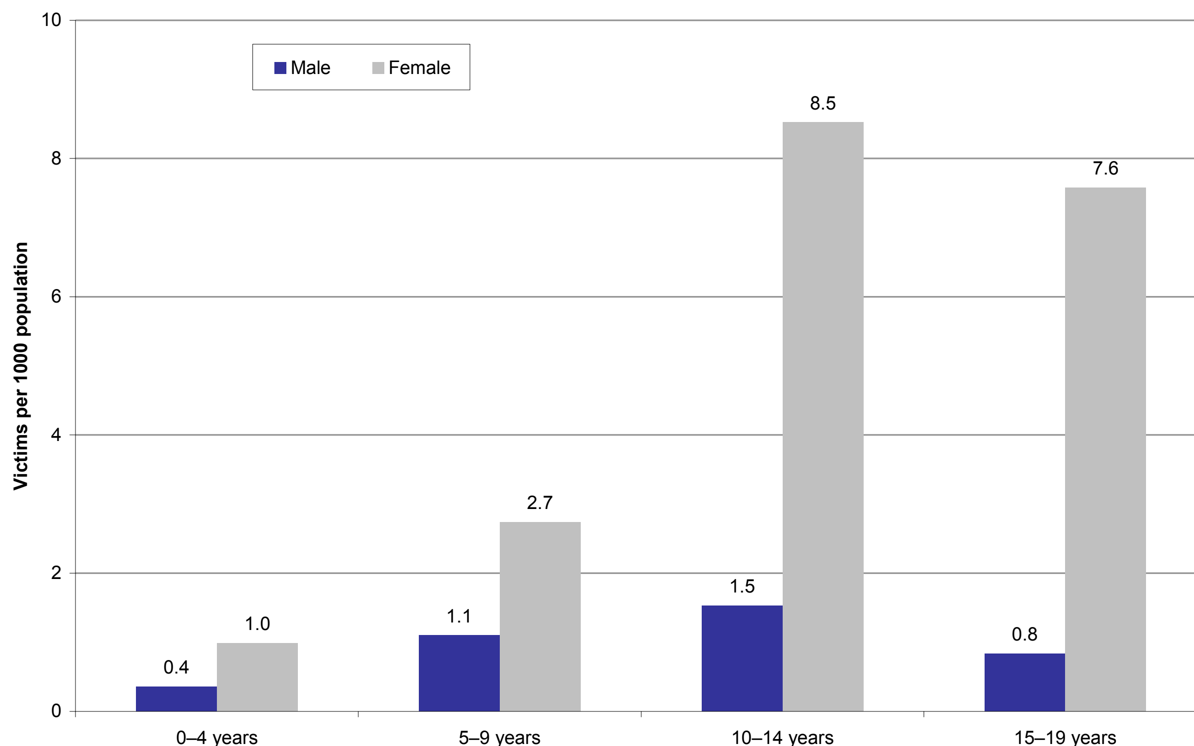
Figure 12.2 Assault victimisation rate[a] by age and sex, Queensland, 2008–09



a. Victims per 1000 population.
Source: Queensland Police Service, *Annual Statistical Review 2008–09*

Females were much more likely to be victims of sexual offences than males (Figure 12.3). Female victimisation was highest for the 10–14 and 15–19 year age groups (8.5 and 7.6 victims per 1000 population respectively). After increases in 2007–08, victimisation rates among females aged 5–9 years and 15–19 years returned to the rates experienced in 2006–07.

Figure 12.3 Sexual offences victimisation rate[a] by age and sex, Queensland, 2008–09



a. Victims per 1000 population.
Source: Queensland Police Service, *Annual Statistical Review 2008–09*

Young offenders

Offender information from police statistics is based on reported offences which have been cleared or solved through an action against an offender, and for which an offender has been identified. In the Queensland criminal justice system, children under the age of 10 are not held criminally responsible for offences.

There were 12,103 distinct youth offenders aged 10–16 years dealt with by police in Queensland in 2008–09 (Australian Bureau of Statistics, 2010g). This represented one-seventh (14.3%) of all offenders in 2008–09. Offender rates increased with increasing age within the 10–16 year age bracket, from 3.0 per 1000 for 10 year olds to 59.0 per 1000 population for 16 year olds.

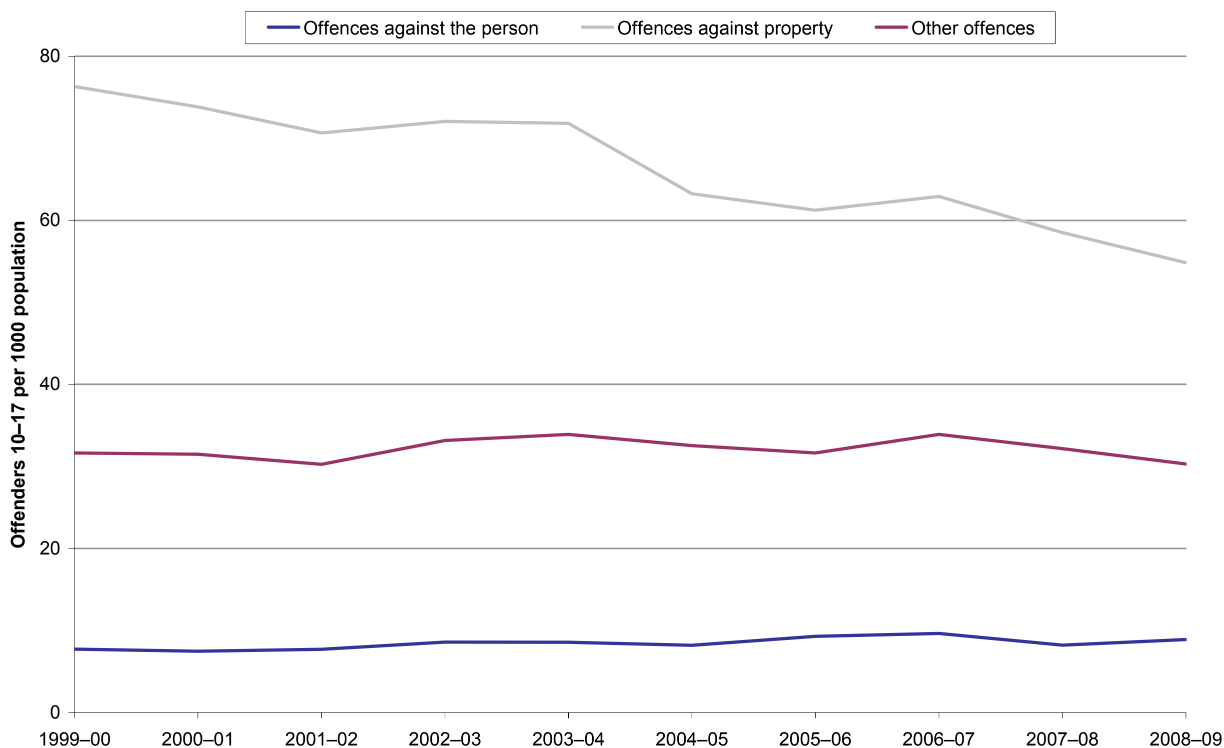
Offender rates for Indigenous young people were considerably higher than the non-Indigenous offending rates.[40] For example, for 10–14 year olds the Indigenous offender rate was 63.7 per 1000 population compared with 12.9 per 1000 for non-Indigenous young people. One in six Indigenous 15–19 year olds were processed for offending in 2008–09 (a rate of 166.1 per 1000) compared with one in twenty non-Indigenous 15–19 year olds (a rate of 51.6 per 1000).

In relation to the total number of offences[41] committed, there were general decreases in youth offending in 2008–09 for offences against property and other offences, while offences against the person increased in 2008–09 (Queensland Police Service, 2009). Offences against property were the most common offences committed by 10–17 year olds, despite declining from 58.5 per 1000 population in 2007–08 to 54.8 per 1000 population in 2008–09.

The rate of offences against the person committed by 10–17 year olds was 8.9 per 1000 in 2008–09, up slightly from 8.2 in 2007–08. The offending rate for other offences (such as drug, trespassing and good order offences) was 30.3 per 1000 in 2008–09, down from 32.2 in 2007–08 (Figure 12.4).

40 This data source has a third category “not-stated”, however a rate for this category is not available.
41 Offenders may be counted more than once if they committed more than one offence during the period.

Figure 12.4 Offences by offence type, 10–17 year olds, Queensland, 1999–2000 to 2008–09



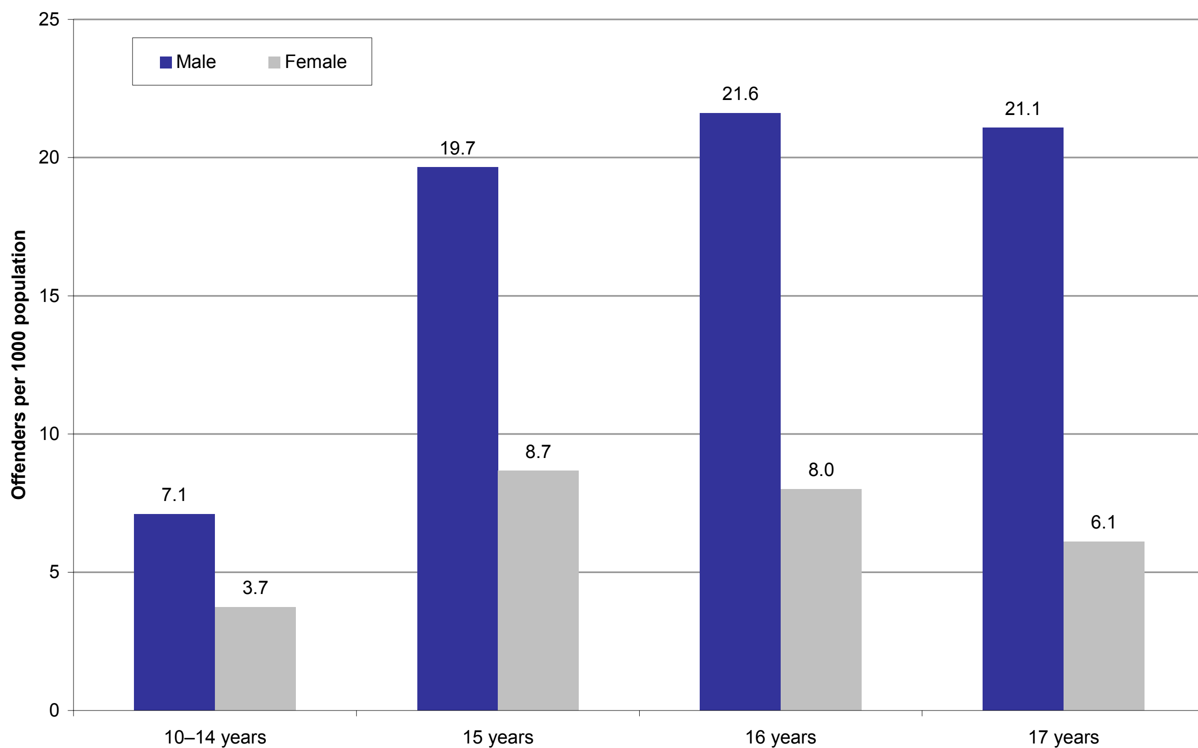
Note: Offenders may be counted more than once if they committed more than one offence.
Source: Analysis based on Queensland Police Service data and estimated resident population (ABS cat. no. 3201.0)

The following section of this report examines youth offending for particular offence types for 10–17 year olds. Generally, offending is lower for 10–14 year olds and higher for 15–17 year olds. Offending rates for males are considerably higher than for females.

Figure 12.5 illustrates the profile of offenders for offences against the person. Although male offending rates by age continue to be several times those of females, female offending rates increased for all age groups in 2008–09. While offending rates were similar for males aged 15, 16 and 17 years, offending rates for females peaked for 15 year olds before declining with age.

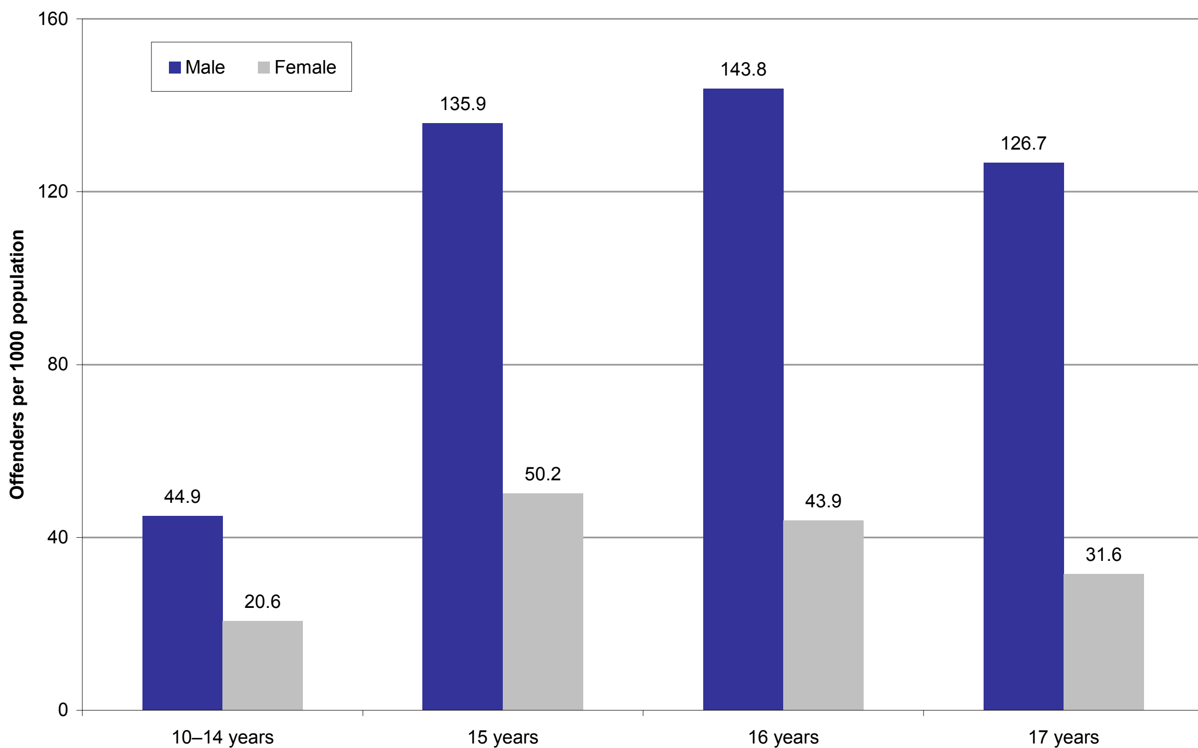
Youth offending rates are much higher for property offences than for offences against the person, with the highest rates being for males aged 15–17 (Figure 12.6). As with offences against the person, the rate of females offending against property is at its highest for 15 year olds, and decreases for 16 and 17 year olds. Rates of offences against property generally declined in 2008–09 from the previous year, most notably for 17 year old males (down from 155.0 per 1000 population in 2007–08 to 126.7 per 1000 in 2008–09).

Figure 12.5 Offenders[a] of offences against the person by age, Queensland, 2008–09



a. Offenders per 1000 population.
Source: Analysis based on Queensland Police Service data and estimated resident population (ABS cat. no. 3201.0)

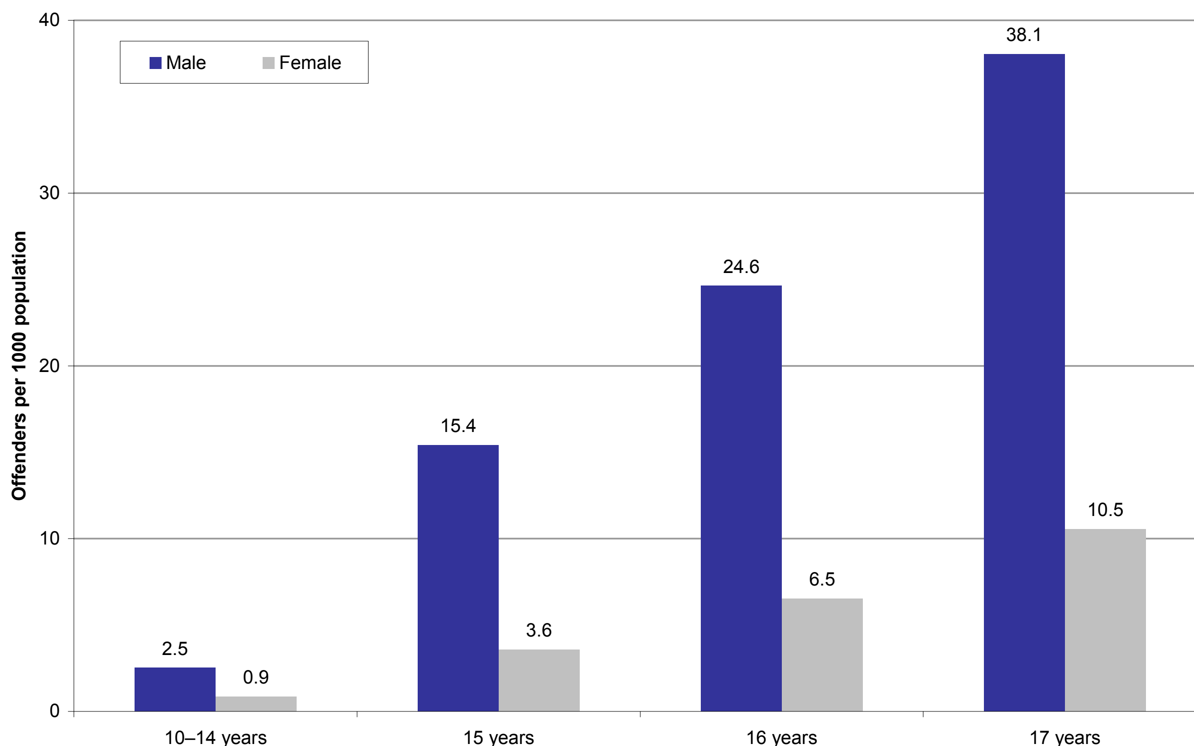
Figure 12.6 Offenders[a] of offences against property by age, Queensland, 2008–09



a. Offenders per 1000 population.
Source: Analysis based on Queensland Police Service data and estimated resident population (ABS cat. no. 3201.0)

Male offending for drug offences is approximately four times that for females. Offending increases with age and is highest for 17 year olds among those aged 10–17 years (Figure 12.7). Offending rates for drug offences were relatively stable in 2008–09 from the previous year for both males and females, and for all age groups.

Figure 12.7 Offenders[a] of drug offences by age, Queensland, 2008–09



a. Offenders per 1000 population.
Source: Analysis based on Queensland Police Service data and estimated resident population (ABS cat. no. 3201.0)

Outcomes for young offenders

This section focuses on offences committed by 10–16 year olds dealt with under the *Youth Justice Act 1992*. It excludes young people aged 17 who commit offences, as they are treated as adults under the Criminal Code in Queensland, but it may include 17 year olds dealt with for offences committed before they reached 17.

In 2008–09, offenders aged 10–16 were identified as committing 33,644 offences (down from 33,992 in 2007–08) (Queensland Police Service, 2009).

Youth offenders committed substantially more property offences (21,333 or 63.4%) than offences against the person (3403 or 10.1%). The most common offence for young offenders was other theft (which includes stealing and shoplifting) (9063 or 26.9% of all youth offences), followed by property damage (including arson) (4918 or 14.6%) and unlawful entry (4765 or 14.2%).

Young people aged 10–16 years made up 30.6% of all offences against property, 18.6% of all offences against the person, and 5.7% of all other offences. Youths made up over one-third of all offenders for offences such as property damage including arson (36.4%), unlawful use of a motor vehicle (35.7%), and other theft (34.9%). In contrast, adults (including 17 year olds) committed a higher proportion of offences against the person (for example, 93.2% of all homicide offences, 80.5% of sexual offences and 81.9% of assaults).

Information on the actions taken against offenders was available for 32,905 offenders in 2008–09.[42] Cautions were issued for more than two-fifths (40.3%) of offences committed by youths in 2008–09, up from 38.8% in 2007–08. Approximately one-half of young people who committed sexual offences (48.2%) and other thefts (51.9%) were cautioned (Table 12.1). Nearly one-half of young offenders were issued with a notice to appear (or summons) (24.5%) or arrested (24.3%) in 2008–09.

42 The Queensland Police Service Annual Statistical Review reports actions taken against offenders, where age, sex and Indigenous status (i.e. Indigenous or non-Indigenous) were identified. Approximately 3% of cases did not have Indigenous identifier information in 2008–09.

Table 12.1 Young offenders by type of offence by type of police action, Queensland, 2008–09

	Type of action							
	Caution	Youth justice conference	Arrest	Warrant	Notice to appear or summons	Other	Total[a]	Total young offenders
Offence type	Per cent							Number
Homicide (murder)	–	–	100.0	–	–	–	**100.0**	4
Assault	38.2	9.4	29.6	0.1	21.0	1.7	**100.0**	2212
Sexual offences	48.2	11.9	21.1	0.0	5.3	13.5	**100.0**	436
Robbery	6.8	15.4	64.4	0.3	12.9	0.3	**100.0**	396
Offences against the person	*36.1*	*10.5*	*32.9*	*0.1*	*17.2*	*3.2*	***100.0***	*3282*
Unlawful entry	29.2	9.0	40.1	0.1	20.6	0.9	**100.0**	4718
Property damage (incl. arson)	41.7	13.5	21.0	0.0	23.0	0.8	**100.0**	4821
Unlawful use of a motor vehicle	22.1	8.7	45.0	0.4	23.6	0.2	**100.0**	1363
Other theft	51.9	7.5	15.6	0.1	24.2	0.7	**100.0**	8833
Offences against property	*41.8*	*9.4*	*24.4*	*0.1*	*23.5*	*0.8*	***100.0***	*20,919*
Drug offences	40.1	2.1	8.6	0.1	18.6	30.5	**100.0**	2023
Other offences	*38.1*	*3.1*	*20.8*	*0.1*	*29.6*	*8.3*	***100.0***	*8704*
All offences	**40.3**	**7.8**	**24.3**	**0.1**	**24.5**	**3.0**	**100.0**	**32,905**

Note: Offenders may be counted more than once if they committed more than one offence. Includes cases where age, sex and Indigenous status were identified.
– Nil or rounded to zero.
a. Components may not add to total because of rounding.
Source: Analysis based on Queensland Police Service data

Youth Justice Conferences were introduced in Queensland in 1996, offering an alternative to court proceedings by allowing the victim and the offender to discuss the offence and negotiate an agreement about how the offender can make amends. In 2008–09 there were 2633 youth justice conferences, an increase of 19.3% from 2007–08 (Childrens Court of Queensland, 2009). Police diversionary referrals made up almost one-half (47.0%) of youth justice conferences in 2008–09, with the balance being referred from the courts. Three-quarters (75%) of all referrals were for male offenders.

One-quarter (26%) of referrals during the year were for Indigenous young people, down from 31% in 2007–08. Twelve Indigenous Conference Support Officer positions were recurrently funded in 2008–09 across the state. These officers help youth justice conferencing staff to engage with Indigenous young people, victims, families and communities in a culturally appropriate manner to improve conference outcomes for Indigenous clients.

A total of 7455 offences by youth offenders were proceeded against by youth justice conferencing in 2008–09, an increase of 20.6% from 2007–08 (Childrens Court of Queensland, 2009). The number of offences exceeds the number of conferences as multiple offences may be handled in one conference. In 2008–09 the most common offences committed that resulted in youth conferencing were: property damage (excluding arson) (1558 or 20.9% of all offences conferenced); breaking and entering (1250 or 16.8%) and other theft (1180 or 15.8%). In addition, 830 assaults (11.1%) and 87 sexual offences (1.2%) lead to youth justice conferencing.

An agreement was reached between the parties in 96% of youth justice conferences in 2008–09. The vast majority of conference attendees (including offenders and victims) believed that the process was fair (98.9%), they were satisfied with the agreement made (98.4%), and they would recommend conferencing to a friend in the same situation (97.6%).

Police officers are obliged to consider diversionary measures (such as no action, formal caution, and referral to youth justice conferencing) before taking further action. Considerations that can influence the implementation of diversionary measures include the type and severity of the offence and the offender's prior history. A small study of semi-structured interviews with police officers revealed that police are less likely to divert Indigenous young people than their non-Indigenous peers (52.6% and 63.4% respectively) (Little, Allard, & Stewart, 2010). Indigenous young people are also more likely than non-Indigenous young people to come before police for more serious offending (e.g. offences against the person) (42.1% and 24.8% respectively) and to have had more prior police contacts (65.8% and 41.6%).

Higher proportions of young Indigenous offenders were arrested than non-Indigenous young offenders in 2008–09 (39.2% and 17.7% respectively) (Queensland Police Service, 2009). Conversely, non-Indigenous offenders were more likely to receive a caution than Indigenous offenders (46.8% and 25.5% respectively). The over-representation of Indigenous young people being arrested was a feature in many crimes including assault (37.1% and 25.8% respectively), unlawful entry (50.7% and 31.8% respectively), property damage including arson (30.6% and 16.8% respectively) and drug offences (18.6% and 6.4% respectively).

Penalties for young offenders

The number of young defendants, dealt with under the *Youth Justice Act 1992*, whose cases were disposed of[43] in Queensland courts decreased by 4.6% from 6853 in 2007–08 to 6541 in 2008–09. Of these defendants, 5348 or 81.8% either were found guilty or pleaded guilty (Childrens Court of Queensland, 2009).

The majority of defendants had their cases finalised within 13 weeks (76.4%), however the court process was prolonged for other defendants in 2008–09 (Australian Bureau of Statistics, 2010b). One in seven cases (14.1%) were finalised between 13 and 26 weeks, with 4.9% lasting 26 to 39 weeks. One in 22 cases (4.5%) took longer than 39 weeks to finalise.

One-third (34.3%) of defendants received a reprimand (or other minor penalties) as their most serious penalty (Childrens Court of Queensland, 2009). The next most common penalties were good behaviour orders (18.2%), probation orders (17.9%) and community service orders (15.5%). One in twenty (5.2%) defendants received fines as their most serious penalty. In addition, a small proportion of offenders were granted immediate or conditional release (3.2%).

The number of defendants sentenced to detention decreased by 9.0% from 210 in 2007–08 to 191 in 2008–09, which represented 3.6% of all defendants found guilty in 2008–09.

Supervision orders

Young people under youth justice supervision may be supervised either in the community or in detention. In 2007–08, on an average day there were 1444 young people aged 10–17 years in Queensland under some sort of supervision (2524 throughout the year) (Australian Institute of Health and Welfare, 2009d). One-half (50.0%) of young people under supervision were Indigenous, with rates under supervision for Indigenous young people being 7.7 times higher than the Queensland average (23.4 and 3.1 per 1000 population respectively).

Community-based supervision in Queensland includes supervised bail, probation, community service orders, suspended detention and parole or supervised release. On an average day in 2007–08 there were 1295 young people on community-based supervision orders in Queensland (2373 throughout the entire year). This represents 89.7% of young people on supervision orders. The majority of young people under community-based supervision were on probation (90.8%).

Youth detention

There were 110 males and 16 females aged 10–17 years in youth detention in Queensland on 30 June 2008,[44] compared with 136 males and 16 females on the same date in 2007 (Richards & Lyneham, in press). Overall, the rate of youth detention per 100,000 aged 10–17 decreased from an eight year high of 32.3 in 2007 to 26.4 in 2008. Rates tend to fluctuate from year to year because of the relatively small numbers involved.

While the majority (71.4%) of young people in detention were aged 15–17 years, more than one-quarter (28.6%) were aged 10–14 years at 30 June 2008.

Throughout 2008–09, the average daily number[45] of young people in youth detention was 126.5, which consisted of on average 75.5 Indigenous young people and 51.0 non-Indigenous young people (Department of Communities, unpublished data). The average daily number of males (115.4) considerably exceeded the average daily number of females (11.1).

Over one-half (58.7%) of the 10–17 year olds in detention at 30 June 2008 were remanded in custody awaiting trial/sentencing, whereas 41.3% were serving sentences (Richards & Lyneham, in press).

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43 A disposal is the ultimate finalisation and clearing of all matters to do with a defendant (for instance, by a guilty finding and sentence, discharge or withdrawal, but not by transfer to another court).

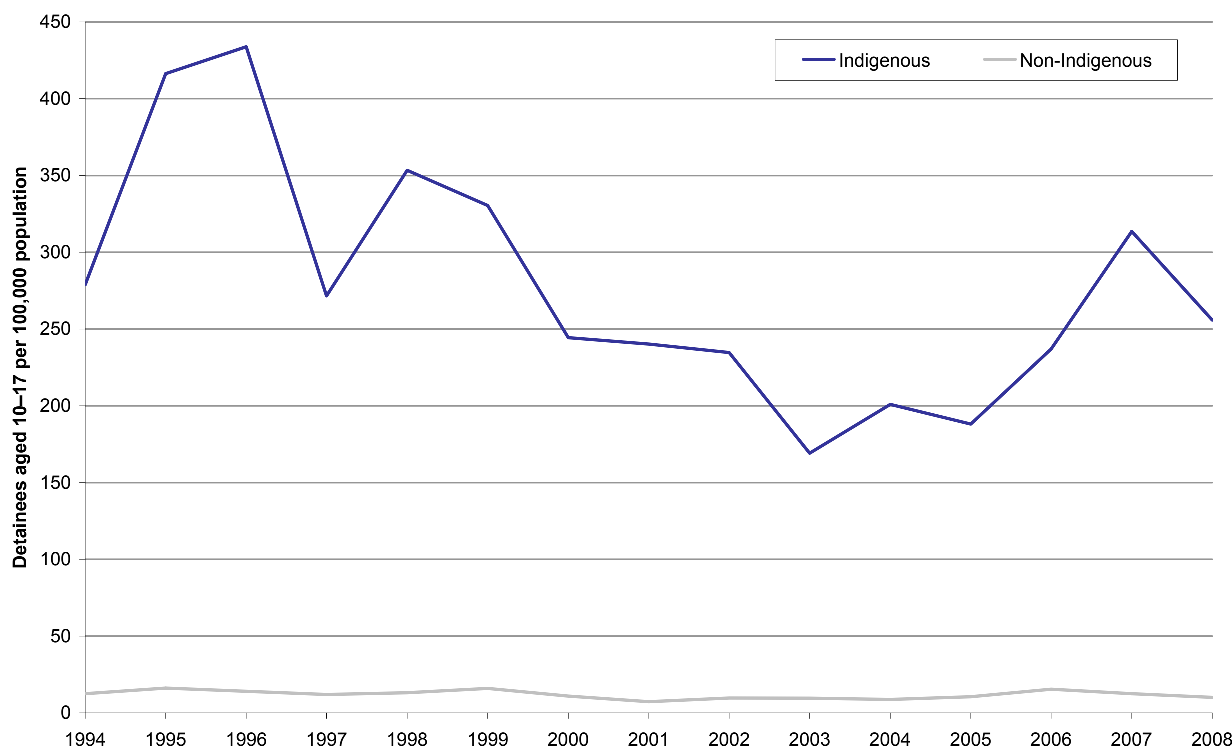
44 At 30 June 2008 there were 11 persons aged 18 years or over in detention centres in Queensland.

45 Average daily numbers are based on young people on hand as at midnight, and are calculated by averaging the total number of persons in detention on all days in the reference period.

The average daily number of young people on remand in 2008–09 was 80.1 (Department of Communities, unpublished data), with 46.4 young people on average being sentenced to a detention order.

Indigenous young people consistently have much higher youth detention rates than the general population, although there have been decreases in recent years. At 30 June 2008, there were 81 Indigenous people aged 10–17 in youth detention (down from 97 on 30 June 2007), with a rate of 255.8 per 100,000 (Richards & Lyneham, in press). This is 25 times that of the non-Indigenous population of 10–17 year olds (10.1 per 100,000) (Figure 12.8).

Figure 12.8 Youth detention rate by Indigenous status at 30 June, Queensland, 1994 to 2008



Source: Australian Institute of Criminology

In light of this continued over-representation, the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs launched an *Inquiry into the high levels of involvement of Indigenous juveniles and young adults in the justice system*. In February 2010, the Australian Children's Commissioners and Guardians (ACCG), including the Queensland Commission, provided a joint submission to the inquiry (Australian Children's Commissioners and Guardians, 2010b). The ACCG response offers 17 recommendations, including that:

- crime prevention needs to extend to early protective factors, including a long-term investment in culturally appropriate maternal health and early childhood services
- there needs to be an increased focus on crime prevention, diversions, intensive interventions for serious and repeat offenders and those at high risk of becoming serious and repeat offenders with a strong emphasis on very young offenders, and
- support needs to be provided to Indigenous parents and communities to assist them in providing leadership to ensure the optimum development of their children and young people.

Ultimately, the ACCG contends that addressing the over-representation of Indigenous young people in the youth justice system will require strategic approaches to prevention and early intervention across the continuum of child and youth development, as well as engaging Indigenous communities in working with government agencies and non-government organisations to redirect vulnerable young people on negative pathways to a better future.

The *Views of Young People in Detention Centres, Queensland, 2009* report details the Commission for Children and Young People and Child Guardian's second survey of young people in Queensland's youth detention centres (Commission for Children and Young People and Child Guardian, 2009f). A total of 110 young people participated in the survey, which was conducted in late 2008.

Almost three-quarters (74%) of young people in the survey reported having been in detention multiple times. On average, respondents had been in detention a total of three times.

Almost half (49%) reported being detained on remand. One in five of those on remand reported being detained for at least 3 months at the time of the survey and one in ten reported being detained for at least 6 months.

The survey findings indicate that attempts are being made to divert young people away from youth detention, with 85% of survey respondents reporting involvement in multiple diversionary programs and non-custodial sentences in the past. Three-quarters of respondents (73%) reported having to maintain contact with a youth justice worker in the past and 60% reported involvement in a youth justice conference.

Survey respondents reported participating in a range of educational, recreational, cultural and therapeutic activities while in detention and over 90% reported that the activities they participate in are “helpful” or “very helpful” to them. This contrasts with the situation a decade ago, when the 1999 Forde Commission of Inquiry into Abuse of Children in Queensland Institutions reported that the activities and programs in youth detention centres were of an “extremely limited nature ... resulting in boredom and disaffection throughout the detainee population” and provided few opportunities for rehabilitation or future employment (Commission of Inquiry into Abuse of Children in Queensland Institutions, 1999).

The survey also found:

- 90% young people in the survey reported that they feel safe in detention
- 50% reported being confident that they would be taken seriously if they told detention centre staff they felt unsafe or worried about something, and
- 97% reported they had at least one person to talk to about their worries while in detention.

Most respondents (74%) reported having multiple health and social problems when they had their first contact with police, including emotional or psychological problems, substance abuse problems and problems at school and with family. These findings reinforce the need for multi-faceted early interventions for young people at risk of detention. Although most respondents reported getting help for some of the problems they were having, fewer than half (46%) reported getting help for all their problems.

The survey found that most young people in detention are optimistic about their future after leaving detention, with 76% of respondents expecting to work, study or undertake training. Most also believe they would benefit from help with finding employment or training (86%), help with money (82%), help to play a sport (74%) and having someone from whom to get advice (73%).

The third *Views of Young People in Detention Centres* survey will be conducted in 2010, with the report to be released in 2011.

Seventeen year olds in adult prisons

At 30 June 2009 there were 39 seventeen year olds (36 males, 3 females) in adult prisons in Queensland, including 13 young people who are Indigenous (Australian Bureau of Statistics, 2009k). This group does not appear in statistics on youth detention as these persons were sentenced as adults for offences committed when they were 17. Queensland is the only state or territory in Australia that treats 17 year olds as adults in the criminal justice system and detains them in adult prisons. This is contrary to the United Nations Convention on the Rights of the Child.

The Youthful Offenders Unit at the Brisbane Correctional Centre accommodates up to 20 seventeen year old offenders who are segregated from the adult prisoner population. The unit operates under a structured day which allows for a number of educational and other programs, such as drug and alcohol programs, to be delivered over the course of a day. Once a young offender turns 18 they are transitioned into the adult prison population.

The Commission advocates for the transfer of 17 year old offenders from adult prisons to youth detention centres to improve their access to developmentally appropriate services and their prospects of rehabilitation. The Commission’s policy position paper *Seventeen Year Olds in Queensland’s Adult Prisons* calls for all young offenders under the age of 18 years to be dealt with in a way that promotes their rights, safety, physical and mental wellbeing and ultimately – their responsible, beneficial and socially acceptable development. Positive action, beginning with a clear, time-limited commitment from the Queensland Government is necessary to remove 17 year olds from adult prisons. It is proposed that transferring all 17 year olds to the youth justice system is the crucial first step but it is not the complete solution. More detailed exploration needs to be undertaken to determine the most effective way for 17 year olds to be transferred to the youth justice system as part of a continuum of interventions and supports that address risk factors for children and young people across the years of their development.

13 Aboriginal and Torres Strait Islander wellbeing

Key messages

Aboriginal and Torres Strait Islander children and young people continue to experience poor health, education and social outcomes, and are disproportionately over-represented in the child protection and youth justice systems.

Improvements

The Council of Australian Governments (COAG) *Closing the Gap* agenda to reduce Indigenous disadvantage is now in its second year. A key component of the agenda is to improve the lives of Indigenous people while maintaining a strong cultural identity and sense of community. Initiatives and programs at the local, state and national levels have been implemented, to give Indigenous Australians the best opportunities in early and later life. Progress against the six key target areas is hard to ascertain as monitoring trajectories had not been finalised at the time of publication.

As part of the Cape York Welfare Reform Trial, the Family Responsibilities Commission has been established in four Cape York Indigenous communities. Now in the second year of operation, some positives have been observed, including the increase in school attendance across some of the communities. While it is too soon to conclude that any changes will be sustained, a formal evaluation process is currently underway to determine the efficacy of the trial.

Areas of concern

More than one-quarter of the cases of substantiated harm in Queensland are for Indigenous children. The proportion is greatest among infants, where 37.2% of all substantiations for children under 1 year are Indigenous, despite representing about seven percent of the Queensland population.

The number and rate of Aboriginal and Torres Strait Islander children and young people placed in out-of-home care are increasing with time. In just three years, (between 2007 and 2009) there was a 41.9% increase in the number of children living in alternative care, up from 1749 to 2481. Indigenous infants under 1 year of age are 6.9 times more likely to be living in alternative care than the general Queensland population of under 1 year olds.

While declines have been noted of late, the mortality rates of Indigenous infants and children and young people remain approximately two times higher than the respective Queensland state figures.

One third of the 17 year olds in adult prisons in Queensland are Indigenous. In addition, approximately two-thirds of young people in youth detention are Indigenous. Recent research shows that Indigenous young people are less likely to be diverted away from the youth and criminal justice systems than their non-Indigenous peers.

This chapter explores the disadvantage experienced by Aboriginal and Torres Strait Islander children and young people in Queensland. Indigenous children and young people continue to have poor health, educational and social outcomes and are over-represented in both the child protection and the youth justice systems.

This chapter provides a summary of contemporary data for some key areas of Indigenous health and wellbeing, and compares the rates against Queensland data. The majority of the data have been reported elsewhere in the *Snapshot* report. The terms Indigenous and Aboriginal and Torres Strait Islander are used interchangeably in this chapter and throughout *Snapshot 2010*.

This chapter also focuses on some of the major initiatives and actions that are being undertaken, at both the state and the national level, to improve the health and wellbeing of this particularly vulnerable group of children and young people in Queensland.

Aboriginal and Torres Strait Islander children and young people in Queensland

In 2009 there were an estimated 69,176 Aboriginal or Torres Strait Islander children and young people aged 0–17 years in Queensland. This represented 6.5% of the Queensland population aged under 18. Based on experimental projections of the resident Indigenous population from the 2006 Census, there were approximately 39,200 children aged 0–9 years and 30,000 young people aged 10–17 years (Australian Bureau of Statistics, 2009f).

The age profile of the Indigenous population is very different to that of the general population, with 44.2% of the Indigenous population being aged 0–17 years, compared with 23.6% of the non-Indigenous population. This is due to the substantially lower life expectancy of Aboriginal and Torres Strait Islander people, and the higher fertility rates among Indigenous females.

An estimated 6.2% of Aboriginal and Torres Strait Islander children speak their traditional language at home as their main language (Australian Bureau of Statistics, 2009h). However, 4.4% of children in the *Footprints in Time* study are learning at least three languages (Department of Families Housing Community Services and Indigenous Affairs, 2009).

Parents of Aboriginal and Torres Strait Islander children tend to be younger than their non-Indigenous counterparts. About one-half of Indigenous babies are born to mothers and fathers who are aged 20–29 years (56.2% and 47.8% respectively). In addition, 18.2% of Indigenous births in 2008 were to teenage mothers (Australian Bureau of Statistics, 2009b).

Indigenous babies are more likely to be born to parents who are unmarried (exnuptial births), with 84.1% of Indigenous births in 2008 being exnuptial (compared with 42.3% of all Queensland births) (Australian Bureau of Statistics, 2009).

The majority (74.4%) of Indigenous children live in households with four or more people, with 11.7% living with 7 or more people. One in twelve (7.9%) Indigenous children were living in single parent families, with 28.2% of Indigenous children having a parent living elsewhere.

Health and mortality of Indigenous children and young people

Aboriginal and Torres Strait Islander children and young people are more vulnerable to a range of health conditions, as well as having higher mortality rates for infants, children and young people.

Mortality rates for Aboriginal and Torres Strait Islander infants are 1.6 times greater than the Queensland state rate (Table 13.1).

Mortality rates for Indigenous children and young people aged 1–17 years are double those of the Queensland general 1–17 year population.

Indigenous babies are more likely than Queensland babies in general to be born underweight (under 2500g) or with a shorter gestation period (Table 13.2). Both of these situations can result in short- and long-term health conditions.

Table 13.1 Deaths of Indigenous children and young people

	2005–2006	2006–2008	2007–2009	Queensland 2007–2009	Indigenous proportion
Indigenous mortality numbers	Numbers				Per cent
Infants[a] (0–1 years)	109	99	95	914	10.4
1–17 years	63	73	73	563	13.0
	2005–2006	**2006–2008**	**2007–2009**	**Queensland 2007–2009**	**Rate ratio**
Indigenous mortality rates	Annual mortality rate				
Infants[a] (0–1 years) (per 1000 live births)	9.7	8.3	na	5.1	1.6
1–17 years (per 100,000)	34.8	38.4	37.9	19.1	2.0

Note: Years stated refer to three-year rolling averages. Recent changes to the birth registration process have seen a number of births from previous years being processed in 2007 and 2008, resulting in apparent reductions in mortality.

a. Refers to the period 2006–2008.

Source: CCYPCG, *Child Death Register*; ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0

Table 13.2 Selected health issues affecting Indigenous children

	2006	2007	2008	2008 Queensland	Indigenous proportion
Indigenous babies born weighing less than 2500g					
Number	343	389	371	4146	8.9
Per cent	11.6	10.7	10.9	6.8	1.6
Indigenous babies gestation under 37 weeks					
Number	378	401	399	5294	7.5
Per cent	12.7	12.5	11.7	8.6	1.4

Source: Queensland Health, *Perinatal Statistics*; ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0

More than one-half (52.5%) of Aboriginal and Torres Strait Islander children in regional and remote areas of Queensland failed ear screening tests between 2006 and 2008 under the Deadly Ears Program (Queensland Health – Deadly Ears Program).

The *National Aboriginal and Torres Strait Islander Social Survey 2008* provides information on a range of health-related issues affecting Indigenous children and young people (Australian Bureau of Statistics, 2010d). Some of the findings include:

- the majority (87.3%) of mothers of Indigenous children aged 0–3 years had regular pregnancy check-ups. However, approximately one-half (46.9%) of mothers of Indigenous children reportedly smoked or chewed tobacco during pregnancy
- approximately one-fifth (22%) of Indigenous babies were breastfed for at least 12 months, with babies in remote areas more likely to be breastfed and for longer periods
- three-quarters (76.9%) of Indigenous children in remote areas were being breastfed at six months, compared with 45.0% of Indigenous children in non-remote areas. One in seven (15.1%) remote Indigenous children stopped breastfeeding after two years of age
- children living in remote areas were less likely to consume fruit and vegetables, and dairy products, but were also less likely to consume snacks (e.g. lollies, chips) and processed meats (e.g. hot dogs, meat pies) than children living in city areas
- while approximately three-fifths of 4–7 year old Indigenous children met the established dietary guidelines for fruit (62.4%) and vegetable (59.5%) consumption, just one in five 12–14 year old Indigenous children did (21.0% and 19.2% respectively), and
- one-fifth (20.6%) of Indigenous children live in a household where someone smokes indoors, compared with 6.6% of non-Indigenous children. An additional 41.6% of Indigenous children lived with someone who smoked but not inside the family home (compared with 25.6% of non-Indigenous children).

While the majority (57%) of children from the *Footprints in Time Longitudinal Study of Indigenous Children*[46] survey reported cleaning their teeth once or twice a day, one quarter of children never or rarely cleaned their teeth (Department of Families Housing Community Services and Indigenous Affairs, 2009).

In terms of accessing disability services, Indigenous children and young people received National Disability Agreement (NDA) services at a rate equivalent to the general Queensland population of children and young people (Table 13.3).

Table 13.3 Indigenous children with a disability

	2006–07	2007–08	2008–09[a]	Queensland 2008–09[a]	Indigenous proportion
Indigenous children receiving NDA services[b]	Number				Per cent
0–4 years	58	81	61	1438	4.2
5–14 years	215	276	286	3992	7.2
15–17 years	74	107	125	1238	10.1
Total	**347**	**464**	**472**	**6668**	**7.1**
Indigenous children receiving NDA services[b]	Rate per 1000				Rate ratio
0–4 years	3.0	4.2	3.1	4.9	0.6
5–14 years	5.7	7.3	7.6	6.9	1.1
15–17 years	7.3	10.0	11.3	6.8	1.7
Total	**5.2**	**6.8**	**6.9**	**6.3**	**1.1**

Note: As an example of the data, Indigenous young people aged 15–17 years used NDA services at a rate 1.7 times greater than the Queensland rate for the same age group.
NDA National Disability Agreement.
a. 2008–09 data are preliminary.
b. NDA services are provided for persons who have high support needs.
Source: Department of Communities (Disability Services) (unpublished data); ABS, *Population by Age and Sex*, cat. no. 3201.0; ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0

46 These results are based on a non-representative sample and should not be generalised to the national Indigenous child population.

Educational outcomes for Indigenous children

As discussed in Chapter 11, Aboriginal and Torres Strait Islander children and young people had lower Year 12 retention rates, in comparison with non-Indigenous students. Just 58.0% of Indigenous students who started Year 8 in 2005 were enrolled in Year 12 in 2009 (down from 61.3% in 2008). In addition, Indigenous students had lower attendance and participation rates than non-Indigenous students.

The performance by Indigenous students on the initial National Assessment Program – Literacy and Numeracy (NAPLAN) was below that of Queensland students in general for reading and numeracy across all year levels assessed (Table 13.4). While gains were made in some areas between 2008 and 2009 (e.g. Year 3 reading, Year 5 numeracy), in other areas the proportion of Indigenous children meeting the national minimum standard decreased over time (e.g. Year 9 reading, Year 7 numeracy). Indigenous Year 7 and 9 students generally achieved literacy and numeracy test scores equivalent to, or lower than, their non-Indigenous peers two grades lower.

Less than one-quarter (22.6%) of Indigenous Year 12 students were eligible for an OP in 2008, compared with 62.6% of non-Indigenous students (Queensland Government, 2009). Similarly, Indigenous students were less to likely to be awarded a Queensland Certificate of Education (41.2% and 77.9% respectively).

In the year after completing high school, 14.1% of Indigenous young people were attending university (compared with 35.7% of non-Indigenous young people). However, Indigenous Year 12 completers were more likely to undertake VET (30.5% compared with 24.3% of non-Indigenous completers).

Table 13.4 Literacy and numeracy performance for Indigenous students, Queensland, 2008 and 2009

	Year 3			Year 5			Year 7			Year 9		
	Indigenous		Qld	Indigenous		Qld	Indigenous		Qld	Indigenous		Qld
	2008	*2009*	*2009*	*2008*	*2009*	*2009*	*2008*	*2009*	*2009*	*2008*	*2009*	*2009*
Reading	66.2	71.2	92.0	62.9	65.7	88.9	74.8	74.0	92.9	70.0	64.5	90.0
Numeracy	75.5	74.0	92.3	69.5	73.9	92.6	81.8	78.5	94.8	73.2	76.5	94.5

Source: MCEECDYA, *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy*

Aboriginal and Torres Strait Islander children in the child protection system

Indigenous children and young people are over-represented in the statutory child protection system (Table 13.5). Almost one-quarter (22.4%) of children with notifications of harm were Indigenous in 2008–09. Indigenous children aged 0–4 years were 4.1 times more likely to be subject to a notification than the Queensland average for the same age.

Over one-quarter (26.4%) of children who had substantiations of harm or risk of harm in 2008–09 were Indigenous. The proportions of children with substantiated harm or risk of harm who were Indigenous were greatest for infants (37.2%) and 1–4 year olds (28.4%) and decreased with increasing age.

Aboriginal and Torres Strait Islander children and young people were also over-represented in protection and assessment orders, with over one-third (34.2%) of children on orders being Indigenous at 30 June 2009. Indigenous children were on protection orders at a rate more than five times greater than that for the general Queensland population. This disparity between rates of Indigenous and Queensland children on protection orders was most pronounced among infants (7.0 times greater).

The number and rate of Aboriginal and Torres Strait Islander children and young people placed in out-of-home care are increasing with time. Between 2007 and 2009 there was a 41.9% increase in the number of Indigenous children in out-of-home care, from 1749 to 2481. The number of non-Indigenous children in care also increased over this period, but not to the same extent (up 9.4%).

More than one-third (35.0%) of children in out-of-home care at 30 June 2009 were Indigenous (Table 13.6). Nearly one-half (43.6%) of infants aged under 1 year in care were Indigenous. Indigenous children aged 1–4 years were 5.9 times more likely to be in out-of-home care than Queensland children aged 1–4 in general (42.3 and 7.1 per 1000 children respectively).

Despite Aboriginal and Torres Strait Islander children and young people being placed in out-of-home care at a higher rate than non-Indigenous children, they were placed by care type (i.e. foster, relative/kin, or residential) in similar proportions (Table 13.6).

Table 13.5 Indigenous children in the child protection system

	2006–07	2007–08	2008–09	Queensland 2008–09	Indigenous proportion
	Number				Per cent
Indigenous children with notifications					
0–4 years	1635	1874	2111	8267	25.5
5–9 years	1087	1178	1276	5984	21.3
10–14 years	1036	942	1015	5167	19.6
15–17 years	275	279	290	1439	20.2
Total[a]	**4041**	**4294**	**4688**	**20,959**	**22.4**
Indigenous children with substantiations					
Under 1 year	260	287	366	985	37.2
1–4 years	478	455	469	1650	28.4
5–9 years	469	452	489	1909	25.6
10–14 years	431	342	351	1676	20.9
15–17 years	98	85	78	399	19.5
Total[a]	**1736**	**1622**	**1753**	**6628**	**26.4**
Indigenous children on protective orders at 30 June					
Under 1 year	na	86	115	262	43.9
1–4 years	na	577	690	1812	38.1
5–9 years	na	674	879	2341	37.5
10–14 years	na	597	713	2274	31.4
15–17 years	na	282	323	1253	25.8
Total	**na**	**2216**	**2720**	**7942**	**34.2**
	Rate per 1000				Rate ratio
Indigenous children with notifications					
0–4 years	85.6	96.5	106.2	25.6	4.1
5–9 years	57.7	62.4	67.3	21.1	3.2
10–14 years	55.3	49.9	53.8	17.5	3.1
15–17 years	27.1	26.1	26.3	7.9	3.3
Total[a]	**60.5**	**63.3**	**68.2**	**19.8**	**3.4**
Indigenous children with substantiations					
Under 1 year	66.3	68.8	87.8	15.4	5.7
1–4 years	30.4	29.0	29.8	7.1	4.2
5–9 years	24.9	23.8	25.8	6.7	3.8
10–14 years	23.0	18.1	18.6	5.7	3.3
15–17 years	9.6	7.7	7.1	2.2	3.2
Total[a]	**26.0**	**23.6**	**25.5**	**6.3**	**4.0**
Indigenous children on protective orders at 30 June					
Under 1 year	na	20.9	27.2	3.9	7.0
1–4 years	na	36.2	43.3	7.6	5.7
5–9 years	na	35.6	46.2	8.2	5.6
10–14 years	na	31.6	37.8	7.7	4.9
15–17 years	na	25.8	29.0	6.8	4.3
Total	**na**	**32.4**	**39.3**	**7.4**	**5.3**

Note: As an example of the data, Indigenous children aged 1–4 years had a substantiation rate 4.2 times greater than Queensland children of the same age.

na Not available.

a Totals include those children whose age was not recorded.

Source: Department of Communities (Child Safety Services) (unpublished data); AIHW, *Child Protection Australia*, ABS, *Population by Age and Sex*, cat. no. 3201.0; ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0

Table 13.6 Indigenous children placed in out-of-home care

	2007	2008	2009	Queensland 2009	Indigenous proportion
	Number				Per cent
Indigenous children in out-of-home care at 30 June					
Under 1 year	na	93	112	257	43.6
1–4 years	na	600	673	1695	39.7
5–9 years	na	669	851	2231	38.1
10–14 years	na	539	630	2013	31.3
15–17 years	na	184	215	897	24.0
Total	**1749**	**2085**	**2481**	**7093**	**35.0**
Indigenous children in out-of-home care by type of placement at 30 June					
Foster care	986	1235	1491	4270	34.9
Relative/kin	705	767	855	2379	35.9
Residential[a]	58	83	135	444	30.4
Total	**1749**	**2085**	**2481**	**7093**	**35.0**
	Rate per 1000				Rate ratio
Indigenous children in out-of-home care at 30 June					
Under 1 year	na	22.6	26.5	3.8	6.9
1–4 years	na	38.7	42.3	7.1	5.9
5–9 years	na	35.4	44.7	7.8	5.7
10–14 years	na	28.5	33.4	6.8	4.9
15–17 years	na	16.8	19.3	4.9	4.0
Total	**26.0**	**30.5**	**35.9**	**6.6**	**5.4**
Indigenous children in out-of-home care by type of placement at 30 June					
Foster care	14.6	18.1	21.6	4.0	5.4
Relative/kin	10.5	11.2	12.4	2.2	5.6
Residential[a]	0.9	1.2	2.0	0.4	4.7
Total	**26.0**	**30.5**	**35.9**	**6.6**	**5.4**

Note: As an example of the data, Indigenous children were 5.4 times more likely to be in alternative care than the Queensland average.

na Not available.

a. Includes children in Placement and Support Packages (PASP) placements with residential care services.

Source: Department of Communities (Child Safety Services) (unpublished data); AIHW, *Child Protection Australia*; ABS, *Population by Age and Sex*, cat. no. 3201.0; ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0

Aboriginal and Torres Strait Islander young people in the youth justice system

Indigenous young people are over-represented in the youth justice system (Table 13.7). While the number and rate of Indigenous 10–16 year olds who were found or pleaded guilty in Queensland courts declined in 2008–09, Indigenous young people still made up more than one-third (34.6%) of all of these cases. The proportion was somewhat lower for 17 year olds (17.5%), but is still an over-representation given that less than 6% of the 17 year old Queensland population is Indigenous.

One in five (19.5%) young people aged 10–16 years who were issued with a caution by police were Indigenous in 2008–09.

At 30 June 2009, one-third (33.3%) of the 39 seventeen year olds in prisons in Queensland were Indigenous. Indigenous 17 year olds were 5.7 times more likely than the Queensland average to be in prison (368.0 and 64.2 per 100,000 population respectively).

Almost two-thirds (64.3%) of young people in youth detention on 30 June 2008 were Indigenous. The Indigenous youth detention rate was 25.3 times greater than the Queensland non-Indigenous youth detention rate (255.8 and 10.1 per 100,000 respectively).

Table 13.7 Indigenous young people in the youth justice system

	2006–07	2007–08	2008–09	Queensland 2008–09	Indigenous proportion
	Number				Per cent
Indigenous 10–16 year olds cautioned[a,b]					
Total	2996	2579	2581	13,245	19.5
Indigenous 10–17 year old defendants found/pleaded guilty[a]					
10–16 years[b]	2382	2197	1900	5487	34.6
17 years[c]	1104	1146	1122	6418	17.5
Total	3486	3343	3022	11,905	25.4
	2006	**2007**	**2008**	**Non-Indigenous[f] 2008**	**Indigenous proportion**
	Number				Per cent
Indigenous 10–17 year olds in youth detention[d] at 30 June					
Total	71	97	81	45	64.3
	2007	**2008**	**2009**	**Queensland 2009**	**Indigenous proportion**
	Number				Per cent
Indigenous 17 year olds in prison[e] at 30 June					
Total	7	na	13	39	33.3
	2006–07	**2007–08**	**2008–09**	**Queensland 2008–09**	**Indigenous proportion**
	Rate per 1000				Rate ratio
Indigenous 10–16 year olds cautioned[a,b]					
Total	118.4	98.7	98.0	31.7	3.1
Indigenous 10–17 year old defendants found/pleaded guilty[a]					
10–16 years[b]	92.6	84.0	72.2	13.1	5.5
17 years[c]	349.4	335.9	314.4	104.6	3.0
Total	120.7	113.1	101.1	24.9	4.1
	2006	**2007**	**2008**	**Non-Indigenous[f] 2008**	**Indigenous proportion**
	Rate per 100,000				Rate ratio
Indigenous 10–17 year olds in youth detention[d] at 30 June					
Total	249.2	331.1	255.8	10.1	25.3
	2007	**2008**	**2009**	**Queensland 2009**	**Indigenous proportion**
	Rate per 100,000				Rate ratio
Indigenous 17 year olds in prison[e] at 30 June					
Total	231.1	na	368.0	64.2	5.7

Note: As an example of the data, 34.6% of 10–16 year old defendants who were found or pleaded guilty in Queensland in 2008–09 were Indigenous. Also, Indigenous 10–17 year olds were found or pleaded guilty at a rate 4.1 times higher than the Queensland average.

na Not available.

a. Offenders may be counted more than once if they committed more than one offence.

b. The *Youth Justice Act 1992* applies for offences committed by persons aged 10–16 years.

c. The *Criminal Code Act 1899* applies for offences committed by persons aged 17 years or older.

d. The *Youth Justice Act 1992* applies for offences committed by persons aged 10–16 years. Young people who are older than 16 years may be in youth detention if the offence was committed before they turned 17.

e. The *Criminal Code Act 1899* applies for offences committed by persons aged 17 years or older. Although 17 year olds may have a possible sentence of imprisonment, recent changes allow for 17 year olds to be placed in a detention centre.

f. Due to Indigenous young people comprising almost two-thirds of all young people in youth detention centres, a comparison of Indigenous rates to Queensland rates would largely be a comparison of Indigenous young people to themselves. Therefore, for this measure, Indigenous rates of youth detention are compared against non-Indigenous rates of youth detention.

Source: Department of Justice and Attorney-General (unpublished data); QPS, *Statistical Review*; ABS, *Population by Age and Sex*, cat. no. 3201.0; ABS, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2021*, cat. no. 3238.0; Australian Institute of Criminology, *Statistics on Juvenile Detention in Australia 1981–2008*; ABS, *Prisoners in Australia*, cat. no. 4517.0

The *Closing the Gap* approach

The Australian Government, in partnership with the state and territory governments, has introduced the *Closing the Gap* approach to address Indigenous disadvantage. This approach aspires to give Indigenous Australians access to opportunities that allow for self-respect, independence and improved living standards, while maintaining a strong cultural identity and sense of community (Commonwealth of Australia, 2009b).

The *Closing the Gap* approach has six specific targets:

1. close the life expectancy gap within a generation
2. halve the gap in mortality rates for Indigenous children under 5 within a decade
3. ensure access to early childhood education for all Indigenous 4 year olds in remote communities within five years
4. halve the gap in reading, writing and numeracy achievements for children within a decade
5. halve the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020, and
6. halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.

Baseline measures for these targets were detailed in the COAG Reform Council Baseline Report on the National Indigenous Reform Agreement (COAG Reform Council, 2010). The specific baseline data (at the national level) and associated targets are:

- *close the gap in life expectancy with a generation* – in 2005–07 the gap between Indigenous and non-Indigenous life expectancy was 11.5 years for males (67.2 years and 78.7 years respectively) and 9.7 years for females (72.9 years and 82.6 years respectively)
- *halve the gap in mortality rates for Indigenous children under 5 by 2018* – the gap between Indigenous and non-Indigenous child mortality from 2003–2007 was 1.2 deaths per 1000 children aged 0–4 years (2.3 and 1.1 per 1000 population respectively)
- *early childhood education access for all Indigenous 4 year olds in remote communities by 2013* – no reliable data available that describes the extent of access
- *halve the gap for Indigenous students in reading, writing and numeracy by 2018* – the NAPLAN measures student performance in literacy and numeracy at Years 3, 5, 7 and 9. Significant gaps are evident from early primary years. For example, 68.3% of Indigenous students in Year 3 were at or above the national minimum standard for reading, compared with 93.5% for non-Indigenous students (a gap of 25.2 percentage points). For numeracy, the gap between Indigenous (78.6%) and non-Indigenous (96.0%) was 17.4 percentage points
- *halve the gap in Year 12 or equivalent attainment for Indigenous 20–24 year olds by 2020* – in 2006 47.4% of Indigenous 20–24 year olds attained Year 12 or equivalent qualifications, compared with 83.8% of non-Indigenous 20–24 year olds (36.4 percentage points difference)
- *halve the gap in employment outcomes between Indigenous and non-Indigenous Australians by 2018* – in 2008, only 53.8% of the Indigenous population was employed, compared with 75.0% of the non-Indigenous population (21.2 percentage points difference).

At the time of publication, the development of trajectories to monitor the performance towards the six targets were yet to be finalised by COAG (COAG Reform Council, 2010). As such, reporting progress towards these targets is currently not possible. Trajectories will assess whether improvements are statistically significant, and whether the pace of change would be sufficient to meet the overall target. COAG also recognises the importance of continued data improvements, particularly improving Indigenous identification in the Census and other administrative data collections.

Under the auspices of the National Indigenous Reform Agreement, COAG has identified a range of building blocks which require substantial investment and commitment, if overcoming Indigenous disadvantage is to be achieved. The building blocks identified are:

- early childhood
- schooling
- health
- economic participation
- healthy homes
- safe communities, and
- governance and leadership.

National Indigenous Health Equality

In addition to the *Closing the Gap* targets, the National Indigenous Health Equality Summit proposed a range of child health targets that will improve the wellbeing of Aboriginal and Torres Strait Islander Australians and contribute to closing the gap in child mortality rates (Human Rights and Equal Opportunity Commission, 2008). The specific targets are:

- all Indigenous women and children have access to appropriate mother and baby programs
- halve the differences between Indigenous and non-Indigenous rates of premature birth and low birthweight
- 75% of all pregnant women present for first antenatal assessment within the first trimester
- close the gap in smoking rates
- national coverage of culturally appropriate maternal and child health services for Indigenous people
- all Indigenous women have access to culturally appropriate maternal and infant mental health services, and
- all Indigenous women have access to mental health screening perinatally.

Cape York Welfare Reform Trial

The Cape York Welfare Reform Trial is a partnership initiative between the Queensland and Australian Governments, the Cape York Institute for Policy and Leadership, and four Cape York Indigenous communities (Aurukun, Coen, Mossman Gorge and Hope Vale). The trial aims to improve the wellbeing of Indigenous children and families by encouraging social development and responsibility among the communities. The trial also aims to strengthen basic social norms and restore traditional cultural values.

The objective of the Family Responsibilities Commission (FRC), which forms a major part of the welfare reform trial, is to support the restoration of socially responsible standards of behaviour and of local authority, and to help resume primary responsibility for the wellbeing of their community and of the individuals and families who live there (Family Responsibilities Commission, 2009b).

Community members who have breached one of four conditions are subject to FRC decisions that can include: no action; reprimand; community service; or Centrelink income management for a specified period of time. Community members are referred to the FRC if:

- the person's child is absent from school for three full or part days of a school term without reasonable excuse, or where a child of compulsory school age is not enrolled to attend school (School Attendance Notice)
- the person is subject to a child safety notification or report (Child Safety Notices)
- the person is convicted of an offence by a Magistrates Court (Court Offence Notice), or
- the person breaches his or her public housing tenancy agreement (Tenancy Breach Notice).

FRC conferences have the option of referring community members to community support services. Therefore appropriate services need to be available in the communities, and suitable referral pathways need to be established. Family Income Management, Wellbeing Centres and Income Management services are established in the trial communities, and the FRC liaises regularly with Centrelink and the Australian Department of Families, Housing, Community Services and Indigenous Affairs to resolve problems with implementation.

The FRC began operating on 1 July 2008, after the appointment of 24 Local Commissioners (six in each community) to help conduct the conferences. The FRC conferences in each community consist of a panel of three members – the Family Responsibilities Commissioner and two Local Commissioners.

In 2008–09, the FRC received a total of 2791 agency notifications of which 1890 were in jurisdiction (Family Responsibilities Commission, 2009a). The notifications within jurisdiction were for:

- 658 School Attendance Notices
- 387 Child Safety Notices
- 834 Court Offence Notices, and
- 11 Tenancy Breach Notices.

Table 13.8 shows the breach notifications issued and the number of conferences in each of the four trial communities. Two-fifths (42%) of clients have received only one notification, with the majority of people with breach notifications having multiple notifications. One in ten (10%) FRC clients had more than five notifications. Conditional Income Management has been ordered for 89 clients in 2008–09, after all other options have been rejected.

Table 13.8 Family Responsibilities Commission notifications by community, 2008–09

	Aurukun	Hope Vale	Coen	Mossman Gorge	Total
School Attendance notice	411	207	20	20	**658**
Child Safety notice	201	109	43	34	**387**
Court Offence notice	378	301	65	90	**834**
Tenancy Breach notice	0	4	3	4	**11**
Total	**990**	**621**	**131**	**148**	**1890**
Number of conferences	450	326	55	120	**951**

Source: Family Responsibilities Commission, *Annual Report 2008–09*

While a formal evaluation of the FRC and the Cape York Welfare Reforms had not been concluded at the time of printing, there are indications that some positive change is occurring for some domains in some jurisdictions. For example, school attendance in Aurukun increased 25.3 percentage points from Term Two 2008 to Term Two 2009. However, indicators like this in areas with relatively small base populations are prone to considerable fluctuation.

National Indigenous Education Plan

The Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) released the National Indigenous Education Action Plan Draft 2010–2014, which builds on the Australian Directions in Indigenous Education 2005–2008 (Ministerial Council on Education Early Childhood Development and Youth Affairs, 2010). The draft plan identified national, jurisdictional and local action in six priority domains:

- readiness for school
- engagement and connections
- attendance
- literacy and numeracy
- leadership, quality teaching and workforce development, and
- pathways to real post-school options.

The Commission, as part of a joint submission with the Australian Children’s Commissioners and Guardians (ACCG), made comment on the draft action plan (Australian Children's Commissioners and Guardians, 2010a). ACCG welcomes the release of a new action plan to address the continuing gap between Indigenous and non-Indigenous students in terms of educational outcomes. Specific recommendations to MCEECDYA are:

- that the action plan be fully integrated with the wider COAG Closing the Gap agenda and initiatives that address Indigenous disadvantage
- that long-term investment is provided for culturally appropriate maternal health and early childhood services as well as support for parents and communities to engage and assist them in providing leadership
- that new and innovative approaches are developed to strengthen connections between schools and children’s services, with a strong focus on integration and holistic responses to improve the overall health and wellbeing of Indigenous children
- that the importance of outreach services to reach chronically disengaged children and their families is fully reflected in the action plan
- that the action plan is a best practice, evidence based, well-resourced strategy that includes a robust performance management framework with clear monitoring and evaluation mechanisms
- that MCEECDYA considers further its role in monitoring the outcomes of the action plan and in holding jurisdictions accountable for progress, and
- that meaningful consultation and participation with Indigenous children and young people become a standard approach in future education planning.

14 Conclusions and future directions

Snapshot contains data derived from a range of sources which converge to provide a contemporary point-in-time representation of the health, safety and wellbeing of children and young people in Queensland.

The *Snapshot* series is continually evolving with the inclusion of emerging indicators when new data collections become available. Reported for the first time in *Snapshot 2010* are topics such as mobile phone use, safety and violence, and informal learning, as well as the results from the first national rollout of the Australian Early Development Index (AEDI).

Now in its eighth year of release, a key strength of the *Snapshot* series is reporting of data in 10-year time series where possible to highlight any major changes over time. It also provides a point of comparison between general population data and Indigenous data which emphasises the continued plight of Aboriginal and Torres Strait Islander children and young people in Queensland.

Children and young people in Queensland

The majority of children and young people in Queensland are faring well on a range of key indicators of health, safety and wellbeing. For example:

- about nine-in-ten children are fully immunised by the appropriate coverage age
- declining proportions of young people smoke tobacco daily, drink alcohol weekly and use illicit drugs
- infant mortality rates continue to decline, including deaths attributed to Sudden Infant Death Syndrome (SIDS)
- the majority of children in their first year of formal schooling were adapting to school
- about nine in ten children and young people were working at or above the national minimum standard for literacy and numeracy, and
- the number and rate of offences against the person and property continue to decline.

In contrast, data from other measures give cause for considerable concern:

- decreasing numbers of young people are eligible for an Overall Position (OP) score upon completing Year 12
- Queensland students are continuing to generate poor results on the National Assessment Program – Literacy and Numeracy (NAPLAN) tests
- there have been no significant reductions in the number of young homeless people using Supported Accommodation Assistance Program (SAAP) services, as clients or accompanying adult clients
- about one in four children and young people in Queensland are overweight or obese
- the number of children being placed in out-of-home care continues to rise, despite sustained reductions in the number of substantiations of harm and neglect
- about one-third of sexually active young people report having experienced unwanted sex due to pressure from a partner or being too drunk
- up to one in five young people experience cyber bullying, which can have a range of consequences including poor educational attendance and performance, psychological distress and physical violence
- significant proportions of young people engage in risky drinking behaviours on a regular basis
- the number of children and young people suspended from state schools in Queensland continues to increase, and
- only a small proportion of babies are exclusively breastfed for the recommended 6 months.

The disadvantage experienced by Aboriginal and Torres Strait Islander children and young people in Queensland continues. Specifically, in comparison with non-Indigenous peers, Indigenous children and young people have:

- higher mortality rates
- higher teenage fertility rates
- greater likelihood of being born prematurely and with a low birthweight
- greater likelihood to be affected by hearing loss and to have poorer dental health
- higher rates of substantiated harm and neglect
- higher rates requiring out-of-home care
- fewer children achieving national minimum standards in numeracy and literacy
- lower retention rates to Year 12
- less likelihood of receiving an OP score, and
- higher rates of youth detention.

More children and young people than ever before are in out-of-home care in Queensland, with the number of children under 5 years in state care increasing nearly four-fold in the last decade. Children and young people who have been subjected to abuse and neglect can experience serious long-term consequences to their physical and emotional wellbeing. This can be manifested through poor physical health, feelings of isolation and psychological distress, difficulty developing secure attachments, impaired cognitive development, poorer academic performance, elevated risks of homelessness and youth offending, and risk taking behaviours such as teen pregnancy and the use of drugs and alcohol.

The Commission's survey of children and young people in foster care revealed that most children and young people are happy in their placements and appear increasingly satisfied with the support provided by Child Safety Officers. However, a considerable number continue to experience placement instability, a range of health and school problems and are likely to leave care without a leaving care plan.

The introduction of intensive case-management services for families at-risk of entering the statutory child protection system through the *Helping Out Families* initiative is a sign of the Queensland Government's commitment to strengthening services to address risk factors and possibly divert children and families away from the statutory system.

Reforms at the local, state and national level should also continue to:

- strengthen education and therapeutic supports for children and young people in out-of-home care
- consider children's and young people's views during decision-making and facilitate participation that is appropriate to their age and development, and
- strengthen the capacity for systemic monitoring to provide early alerts of system weaknesses.

Initiatives and developments to improve child safety, health and wellbeing

The Queensland Schools Alliance Against Violence (QSAAV) was established to provide independent advice on best-practice strategies to respond to issues of behaviour management, bullying and violence in schools. Members include representatives from the independent, Catholic and State school sectors, parent groups, teacher groups, as well as the Commission. Key outcomes from QSAAV in 2010 include:

- delivery of the Action Against Bullying – Education Series by Dr Michael Carr-Gregg in ten locations across the state, which included a breakfast session for school leaders, a half-day workshop for school staff, and an evening session for parents, and
- implementation of the Working Together toolkit, which provides a collection of practical strategies to address bullying in all its forms within schools.

The first phase of the Australian national curriculum from Prep to Year 12 is set to be implemented nationally in 2011. Specialised subjects such as English, mathematics, science and history will be included in this implementation. The second phase of the Australian curriculum development, including geography, languages and the arts, is expected to be concluded in mid-2011, with the third phase, covering subject areas such as design and technology, health and physical education, information communications and technology, economics, business and civics and citizenship, not yet in development.

Developments to improve child safety

Child protection reforms are underway at the state and national level, including the implementation of the National Child Protection Framework and the development of national standards for out-of-home care. The national standards are expected to have a focus on:

- children and young people being supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up
- a comprehensive health assessment with ongoing medical needs attended to and a written health record for each child and young person
- timely and appropriate therapeutic assessment and support
- transition from care plans that commence at 15 years of age and reviewed at least annually, and
- appropriate carer assessment, relevant ongoing training and support.

In Queensland, the *Child Protection and Other Acts Amendment Act 2010* allows the statutory child protection system to respond more effectively to the individual needs of children at risk and in care. This includes:

- ensuring that the safety, wellbeing and best interests of children guide all decision making
- recognising the important role of long-term guardians
- recognising the cumulative nature of harm
- developing better ways of responding to allegations of child abuse or concerns about unborn children, and
- creating a new three-business-day temporary custody order, for situations where Child Safety Services believes a child is in need of protection and does not need to conduct an assessment.

A stronger focus on family support and early intervention, through the delivery of Family Support services for Indigenous families aims to reduce the risk and number of children who need to be removed from their home and their families. In addition, Safe House Services in 11 Indigenous communities are being established to keep children and young people safe and connected to their culture and kin.

The Commission for Children and Young People and Child Guardian has functions that improve safety of children and young people in service environments and monitor the services provided to children in the child protection system. These include:

- provision of enhanced safeguards for children in essential and developmentally focused service environments through the blue card system's risk-management and screening provisions – for example, the screening of foster carers and youth workers in residential and respite centres
- a Child Death Register maintained by the Commission for research and reporting on all child deaths in Queensland since 2001
- chairing and supporting an independent Child Death Case Review Committee to review Child Safety Services internal reviews of all child deaths where those children have been known to the department in the three years preceding their death
- a Community Visitor Program which regularly visits all children and young people in foster care, residential care and detention centres, so that the appropriateness of their service provision can be monitored and problems dealt with if necessary
- systemic monitoring of outcomes for children in the child protection system through the Child Guardian Key Outcome Indicators, and
- auditing and reviewing of systems, policies and practices of Child Safety Services and other service providers.

Early childhood reform agenda initiatives

Amendments to the *Child Care Act 2002* allow parents and caregivers to access information about non-compliance within child care services by mandating that logbooks be publicly displayed for parents and visitors. The Department of Education and Training's website also publishes information about serious and repeated non-compliance within licensed centre-based and home-based child care services, as well as regulated stand alone services.

Changes to the *Education (Queensland Studies Authority) Act 2002* allow the Queensland Studies Authority (QSA) to develop, approve, purchase, revise and accredit kindergarten guidelines. The key focus of these guidelines will be to enhance children's language, literacy and numeracy knowledge, as well as developing social and physical skills through play-based learning. These guidelines will be trialled during 2010, with full implementation planned for 2011.

As part of the *Flying Start* initiative, the Queensland Government is seeking to increase the number of *Queensland Ready Readers Volunteers*. From July 2010, every newborn will also receive a children's book as a way to encourage parents to read to their child.

Under the National Quality Standards for early childhood education and care (ECEC) providers, the staff-to-child ratio will be lowered throughout Australia. For instance, one staff member will be responsible for four children aged under 24 months in long day care, with the ratio increasing to 1 to 11 for children aged over three years. Furthermore, by 2014, at least one-half of staff in long day care centres or preschools will have to have (or be actively working towards) a minimum diploma-level ECEC qualification. All other staff will be required to have (or be working towards) a Certificate III qualification.

In addition, universal post-natal contact for all mothers, new born babies and families, including nine Newborn and Family Drop-in services across the state, will be established by 2011.

Developments to improve Aboriginal and Torres Strait Islander health and wellbeing

The Council of Australian Government's (COAG) *Closing the Gap* approach to overcoming Indigenous disadvantage has been in place since 2009. This integrated policy framework includes the following targets:

- close the life expectancy gap within a generation
- halve the gap in mortality rates for Indigenous children under 5 within a decade
- ensure access to early childhood education for all Indigenous 4 year olds in remote communities within five years
- halve the gap in reading, writing and numeracy achievements for children within a decade
- halve the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020, and
- halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.

Furthermore, under the National Indigenous Reform Agreement, COAG has identified key building blocks which are imperative for overcoming Indigenous disadvantage:

- early childhood
- schooling
- health
- economic participation
- healthy homes
- safe communities, and
- governance and leadership.

Under the *Closing the Gap – National Partnership Agreement on Indigenous Early Childhood Development*, Queensland Health is implementing a series of initiatives to improve maternal and infant care. In addition, the Core of Life prevention/early intervention program seeks to empower adolescents with information related to pregnancy, birth, breastfeeding and early parenting to promote awareness of the potential short and long term consequences of pregnancy and parenthood.

The Cape York Welfare Reform Trial is a partnership initiative between the Queensland and Australian Governments, the Cape York Institute for Policy and Leadership and four Cape York Indigenous communities (Aurukun, Coen, Mossman Gorge and Hope Vale). This trial aims to improve the wellbeing of Indigenous children, families and communities by encouraging social development and responsibility.

The Family Responsibilities Commission (FRC) is an important aspect of the trial that seeks to restore social responsibility standards of behaviour. Community members can be called before the FRC if they breach one of four triggers:

1. the person's child has unexplained absences from school, or is not enrolled in school without lawful excuse
2. the person is subject to a child safety notification or report
3. the person is convicted of an offence by a Magistrate Court, or
4. the person breaches his or her public housing tenancy agreement.

FRC decisions can include: no action; reprimand; community service; or Centrelink income management for a specified period.

Evaluations of the FRC and Cape York Welfare Reform Trial are underway, with initial reports showing improvements in some areas (e.g. school attendance in Aurukun up 25.3 percentage points in 2009) whereas there has been no change in other domains. The trial is scheduled to continue until January 2012.

The Queensland Aboriginal and Torres Strait Islander Child Safety Taskforce is in the final stages of developing a comprehensive five-year plan to address the complex issues associated with Indigenous disadvantage and the underlying causes of the over-representation of Indigenous children in the child protection system.

The Office for Economic and Statistical Research (OESR) and Queensland Health are working closely with the Queensland Registry of Births, Deaths and Marriages and the Australian Bureau of Statistics to improve the quality and completeness of Queensland's vital statistics. This work incorporates improving the capture of Indigenous status in both Birth and Death registrations and increasing Birth Registrations overall.

The Commission's direction

The Commission is continuing its legislated responsibility to promote and protect the rights of children and young people across Queensland. In 2010–11, the Commission will specifically focus on:

- applying rigorous, independent scrutiny of child protection services provided to children and promoting their views of what is working for them and what is not
- regularly visiting and speaking with children and young people in out-of-home care and in detention centres to verify their safety and wellbeing; resolving and/or investigating concerns on behalf of children; and advocating on change to address systemic issues
- actively working with stakeholders to share information and networks of understanding
- advocating for improved outcomes for Aboriginal and Torres Strait Islander children
- promoting strategies to reduce preventable deaths of children through initiatives such as *Keeping Country Kids Safe* and *Reducing Youth Suicide in Queensland*
- publishing evidence based reports to build an understanding of issues and trends affecting children and implications for policy, practice and service provision
- working in partnership with other agencies and regulated service providers to maintain safe service environments for children by administering the blue card system
- reducing duplication of criminal history checks by implementing the requirements of the *Criminal History Screening Legislation Amendment Act 2010*
- continuing to work with other screening authorities at a State and national level to streamline child service related employment screening and report on the blue card system's contribution to the development of a national child protection framework, and
- building our strategic capacity, skills and operational facilities to achieve our organisational objectives.

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