



Australian Government
Australian Institute of
Health and Welfare

AIHW

Australia's

Children

in brief



welcome

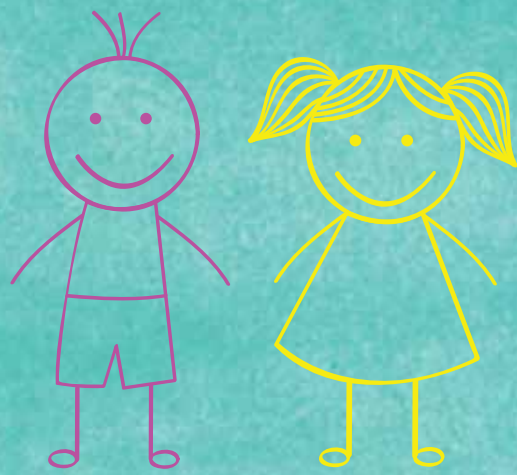


This AIHW report belongs to:



Australia's children

in brief



The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and wellbeing of all Australians.

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Australia's children at a glance

4.7 million children aged 0–14 live in Australia.



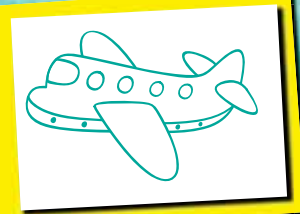
51% 49%



In 2018 (or based on the latest year of data):

Over 300,000 babies were born

1 in 11 (8.9%) children were born overseas



Around 489,000 low-income households had at least one child aged 0–14

1 in 17 (5.9%) children were Aboriginal and Torres Strait Islander



1 in 5 (21%) children lived in the lowest socioeconomic areas

1 in 14 (7.4%) children had some level of disability

1 in 3 (32%) children lived in New South Wales

1 in 5 (18%) children lived in one-parent families—usually with their mother



4 in 5 (82%) children lived in couple families

2 in 3 (70%) children lived in Major cities



3 in 5 (59%) children aged 0–4 attended some form of child care

The number of children continues to rise, but as the population grows and ages, the number of children as a proportion of the population has fallen.

1968

3.5 million

29% of population

2018

4.7 million

19% of population

How are Australia's children



Doing well

Death rates among Australia's infants and children have dropped substantially

Infants: the rate fell from 5.0 deaths per 1,000 live births in 1998 to 3.3 deaths per 1,000 live births in 2017.

Children: the rate fell from 20 deaths per 100,000 children in 1998 to 10 deaths per 100,000 children in 2017.

Fewer mothers are smoking during pregnancy

Between 2011 and 2017, the proportion of women who smoked during the first 20 weeks of pregnancy fell from 13% to 9.5%

Children's achievements at school

Between 2008 and 2018, the proportion of Year 5 students achieving at or above the national minimum standard for reading increased from 91% to 95%; and for numeracy increased from 93% to 96%.

Rate of children under youth justice supervision decreases over time

The rate of children aged 10–14 under youth justice supervision decreased from 95 per 100,000 children in 2008–09 to 73 per 100,000 in 2017–18.

faring on national indicators?



Could be better

Around 1 in 4 children aged 5–14 are overweight or obese

The proportion who were overweight or obese remained relatively stable between 2007–08 (23%) and 2017–18 (24%).

Most children (96%) aged 5–14 do not eat enough vegetables

The proportion meeting the guidelines for vegetable consumption increased slightly between 2014–15 and 2017–18, from 2.9% to 4.4%.

There were around 66,500 hospitalised injury cases for children in 2016–17, slightly higher than 10 years earlier

The rate of hospitalised injury cases for children aged 0–14 was relatively stable between 2007–08 and 2016–17 (1,419 and 1,445 per 100,000 respectively).

Around 19,400 (0.4%) children aged 0–14 were homeless on census night

The proportion remained stable between 2006 (0.5%) and 2016 (0.4%).



What do Australia's children say?

Collecting information directly from children gives them a voice on the things that matter to them. While there are limited data to monitor wellbeing from the child's perspective over time, a range of data sources can provide insight.

In 2016 (or the latest year of data available):

Most children (**91%**) aged 12–13 felt safe in their neighbourhood



1 in 5 Year 4 students experienced bullying on a weekly basis



Most children (**94%**) in Years 4, 6 and 8 said that on most days of the week, they spent quality time talking, having fun or learning with their family—or some combination of these activities

97% of children aged 12–13 had someone to talk to if they had a problem



Almost **9 in 10** children aged 12–13 would talk to their mum and/or dad if they had a problem



For children in Years 4, 6 and 8, health ranked as the **second most important domain** for having a good life after family

Introduction

Childhood is an important time for healthy development and learning, and establishing the foundation blocks of future wellbeing. Most Australian children are healthy, safe and doing well. However, childhood is also a time of vulnerability. While a positive start in life helps children to reach their full potential, a poor start increases the chances of adverse outcomes with wide and long-reaching consequences for the individual, society and potentially future generations.

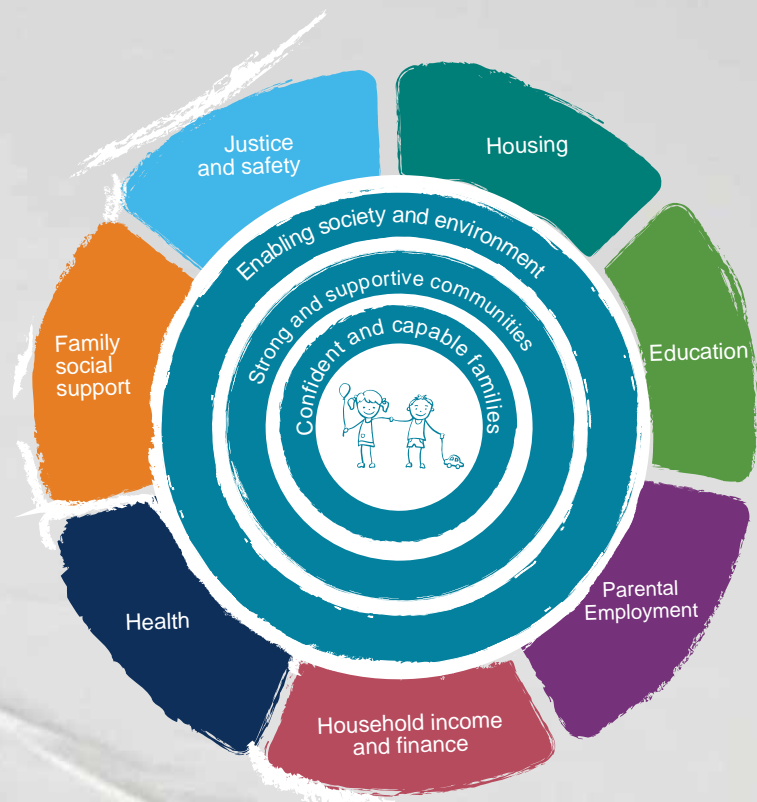
Australia's children: in brief presents key findings from the main web report, **Australia's children**. Both reports examine the most recent data on children and their families across 7 broad areas, or domains. These domains are based on the AIHW's people-centred data model.

This model was developed to report on the health and welfare of the general population, but has been adapted for **Australia's children** and **Australia's children: in brief** to better reflect the experiences of children. At times throughout the reports, certain domains have been combined or presented together to ensure relevant information is available side by side.

The model acknowledges that wellbeing is affected by a range of social, demographic, cultural and economic factors, and that different aspects of people's lives are interconnected.



People-centred model used
for Australia's children



This model provides a coherent framework for reporting on different population groups that are particularly vulnerable and potentially in greater need of health and welfare services and support. For some children, inequities that start in childhood can persist into adulthood.

Population groups of focus are:

Aboriginal and Torres Strait Islander children

children from culturally and linguistically diverse backgrounds or children born overseas

children living in different geographical areas (remoteness)

children living in areas with different socioeconomic characteristics

This report, and the main web report, are based on key national indicators for child health, development and wellbeing, which include the **Children's Headline Indicators**.

In 2006, the 19 priority areas of the Children's Headline Indicators were endorsed by 3 separate ministerial councils that focused on health, education, and community and disability services respectively. There is scope for a review of these areas and the indicators to ensure that they reflect contemporary information needs. In this report, these indicators have been supplemented by other data where appropriate and data on emerging topics where possible.

How do we define a child?

Australia's children defines children as aged 0–12 years—covering infancy through to the end of primary school.

Where data for 0–12 year olds are either not available or the numbers are too small for robust reporting, a different age range (most commonly 0–14 years) is reported.

Health

A person's health during their childhood can have lifelong effects. Good health helps a child take part in family life, schooling, social and sporting activities and can set them up with lifestyle habits that carry through into adulthood. Childhood is also a good time for intervention if there are risks to a child's health, and this can help prevent illnesses or conditions developing or worsening later in life.

However, some children experience poor health when they are young, and childhood illness and disability can have a substantial impact on their quality of life and that of their family. Sometimes, the impact of a child's poor health only becomes apparent as they grow up, with many health problems among adults having their origins in childhood.

A number of factors influence a child's health, such as individual and psychological make-up, lifestyle, and broader family, community and environmental influences, including access to quality health care programs and services.

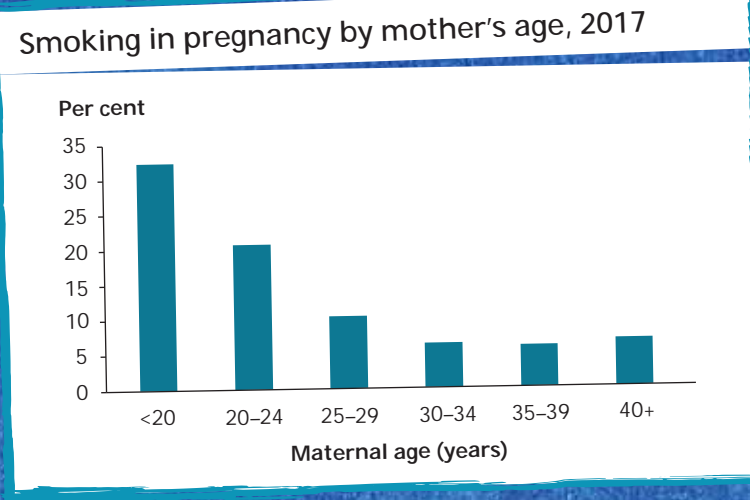


Health of mothers and babies



How many women smoke while pregnant?

In 2017, about 1 in 10 (9.5% or about 28,600) women who gave birth reported smoking during the first 20 weeks of their pregnancy. Teenage mothers were the most likely to smoke (1 in 3 or about 32%), and mothers aged 35–39 were the least likely (1 in 17 or 5.7%).



How many women drink alcohol while pregnant?

In 2016, just over 1 in 3 (about 35%) of women drank alcohol during pregnancy.

Of women who drank alcohol during pregnancy in 2016:

4 in 5 drank once a month or less

1 in 6 drank 2–4 times a month

Nearly all women who drank (97%) usually consumed 1–2 standard drinks on a single occasion. Some women reported that they were unaware of being pregnant for a part of their pregnancy. Of these women, 1 in 2 (49%) drank alcohol before they knew they were pregnant and 1 in 4 (25%) drank after they knew.

Overall, fewer women drank alcohol during pregnancy in 2016 than in 2013 (35% and 42% respectively).

Who is most likely to smoke and drink while pregnant?

In 2017:



Mothers living in Remote (18%) and Very remote (34%) areas had considerably higher smoking rates than mothers living in Major cities (7.2%).

Indigenous mothers were more likely to smoke than non-Indigenous mothers (43% and 11% respectively, adjusting for age differences).

Women living in areas of greatest socioeconomic disadvantage were also more likely than those living in areas of least disadvantage to smoke (18% and 2.9% respectively).

Australian-born mothers were more likely to smoke than overseas-born mothers (13% and 3.2% respectively).

Mothers living in Major cities were more likely to drink during pregnancy than those in Inner regional areas (38% compared with 24% respectively).





Many babies are breastfed, but breastfeeding is less common among some groups

NHMRC

Breastfeeding guidelines

In Australia, the National Health and Medical Research Council's (NHMRC's) infant feeding guidelines recommend that infants are exclusively breastfed until around 6 months of age when solid foods are introduced. The guidelines also recommend that breastfeeding is continued until 12 months of age and then 'for as long as the mother and child desire'.

It is estimated that in 2017–18 just under two-thirds (61%) of infants were exclusively breastfed to at least 4 months of age.

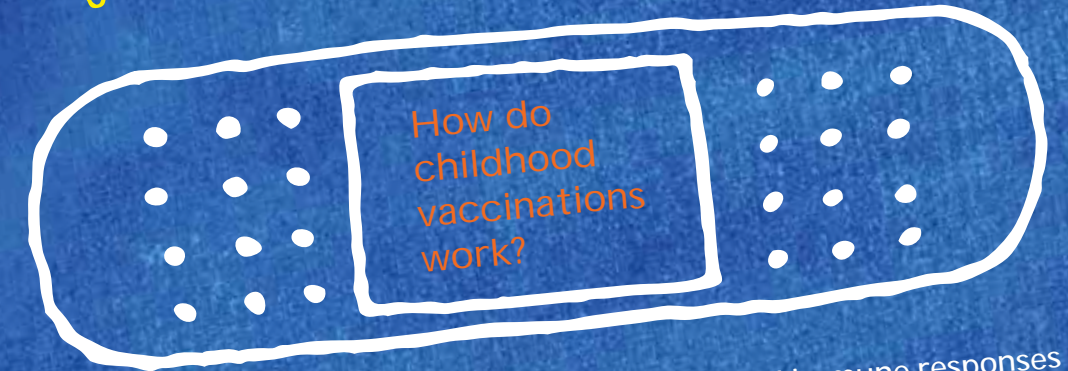
Nearly two-thirds (64%) of infants living in couple families were exclusively breastfed to at least 4 months, compared with less than half of infants (46%) living in one-parent families.

Around 7 in 10 (70%) infants living in the highest socioeconomic areas were exclusively breastfed to at least 4 months, compared with just over half (53%) of infants in the lowest socioeconomic areas.



Most children are immunised

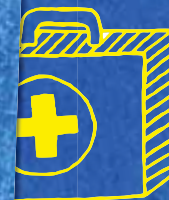
More than 9 in 10 (91%) children aged 2 were fully immunised in 2018.



Vaccination is used to help trigger the body's natural immune responses to infection. This builds resistance to certain infections and is a safe and effective way to protect children and the whole community from many harmful diseases.

Children receive a range of vaccines at different ages. However, some children are not able to receive vaccinations—for example, due to an allergy or other health condition—so it is important to have high levels of immunisation across the community to protect those who cannot receive the vaccines themselves.

Australia's aspirational target for childhood coverage is 95% to protect the community against vaccine-preventable diseases.





How common are deaths among infants and children?

In 2017, almost 1,500 children aged 0–14 died. Most (about 1,000) were infants under the age of 1.

Almost 3 in 4 (73%) infant deaths occurred within 4 weeks of birth and almost half (46%) on the day of birth.

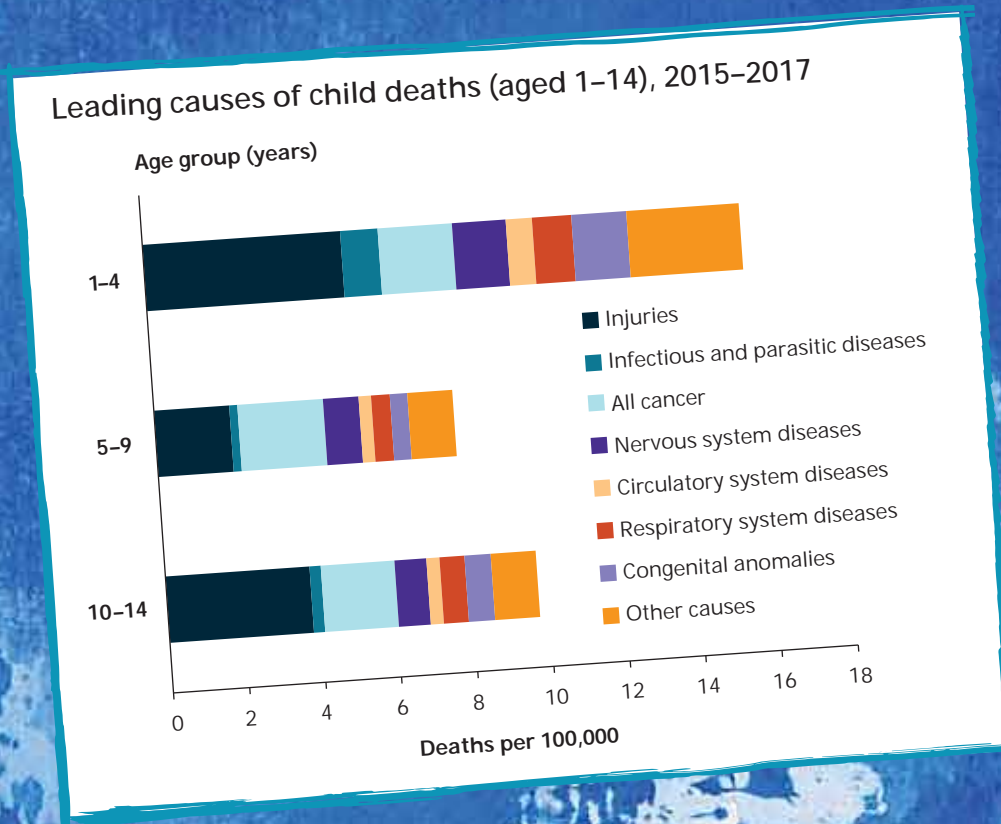
Deaths were more common among boys for both infants and children (making up 55% of all infant deaths and 57% of deaths among children 1–14).

The death rate was also higher for younger children—the rate for children aged 1–4 was almost twice the rate for children aged 5–9 (15 per 100,000 children compared with 8 per 100,000) and 1.5 times as high as the rate for children aged 10–14 (10 per 100,000 children).

What are the causes of infant and child deaths?

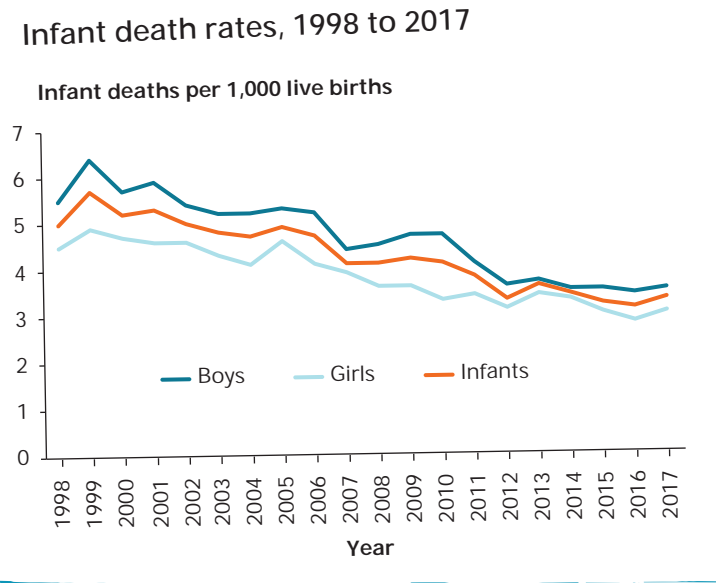
In 2015–2017, the 3 leading underlying causes of infant deaths were perinatal conditions (53%), congenital anomalies (23%) and symptoms, signs and abnormal findings, including sudden infant death syndrome (SIDS) (9.3%).

The leading causes of child deaths were injuries (33%), cancer (19%) and diseases of the nervous system (10%).



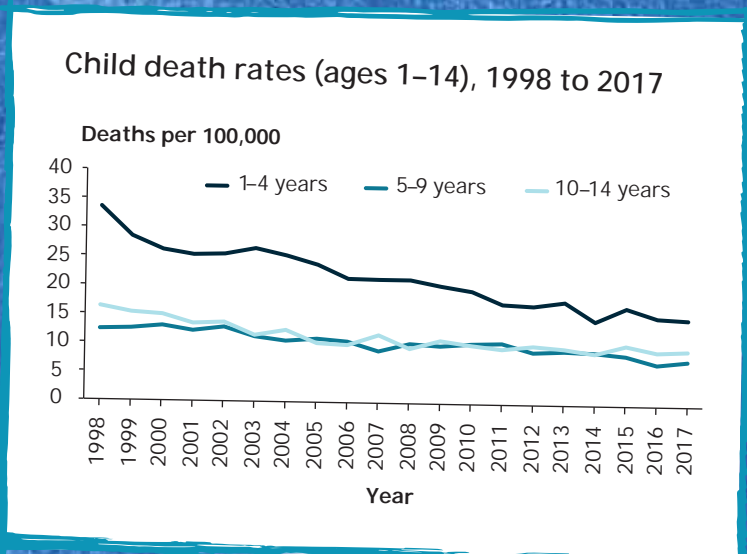
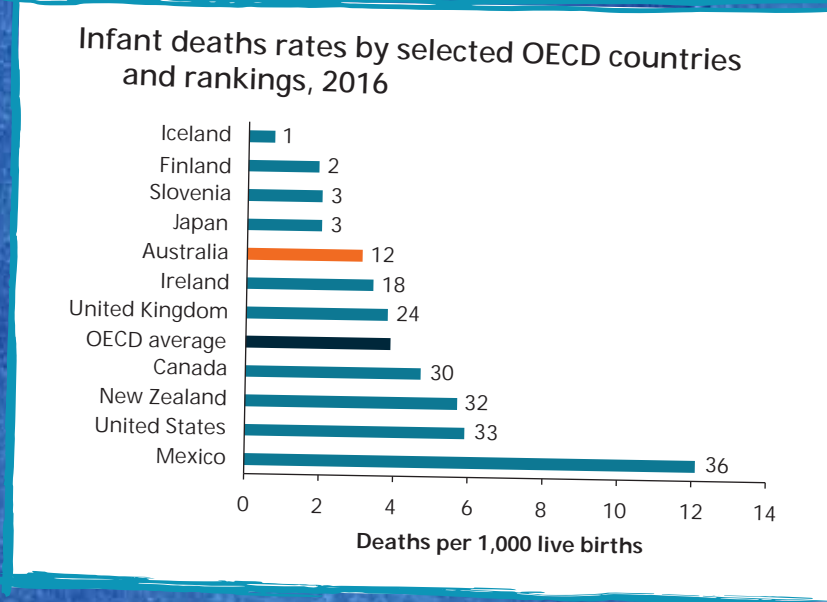
Death rates among infants and children have dramatically fallen over the past 2 decades

Between 1998 and 2017, death rates for both infants and children fell markedly. After peaking at 5.7 deaths per 1,000 live births in 1999, the infant death rate fell to 3.3 deaths per 1,000 live births. Over the same period, the death rate for children aged 1–14 halved (from 20 to 10 deaths per 100,000 children).



How does Australia's infant death rate compare internationally?

In 2016, Australia's infant death rate (3.1 per 1,000 live births) ranked equal 12th lowest (alongside Israel, Denmark and Austria) out of 36 Organisation for Economic Co-operation and Development (OECD) countries. This was better than the OECD average (3.9 per 1,000). Iceland had the lowest rate (0.7 per 1,000).



Death rates are higher in some groups of children

In 2017, Indigenous infants and children were twice as likely to die as non-Indigenous infants and children. Infants and children from Remote and Very remote areas, and from areas of greatest socioeconomic disadvantage were also more likely to die than those from Major cities and areas of lowest socioeconomic disadvantage.

	Infants	Children
Indigenous	6.2 per 1,000	22 per 1,000
Non-Indigenous	3.1 per 1,000	11 per 1,000
Remote and Very Remote	5.9 per 1,000	25 per 1,000
Major cities	2.9 per 1,000	9.4 per 1,000
Lowest socioeconomic areas	4.2 per 1,000	16 per 1,000
Highest socioeconomic areas	2.3 per 1,000	6.9 per 1,000

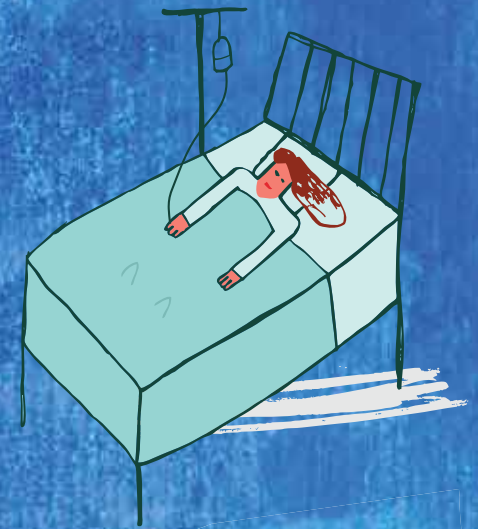
Closing the gap in death rates for Indigenous children

In 2017, the Council of Australian Governments (COAG) target of halving the gap in death rates for Indigenous children under 5 within a decade (by 2018) was not on track. The final assessment for this target based on 2018 data is still to be released. The 2017 rate for Indigenous children was 2.4 times the rate for non-Indigenous children (164 compared with 68 deaths per 100,000). Since 2008 (the baseline), the Indigenous child death rate has fallen by 10% (not statistically significant), however, the gap did not narrow as the non-Indigenous rate fell at a faster rate. Over the longer term, there was a 35% decline in the Indigenous child death rate between 1998 and 2017, with the gap narrowing by 29%.

Illness and disability in childhood

Leading causes of disease burden

In 2015, findings from the Australian Burden of Disease Study (ABDS), reported that for children under the age of 5, 4 of the 5 leading causes of the total burden of disease were infant and congenital conditions, mostly due to pre-term birth and low birthweight complications (see also the section *Infant and child deaths*). Among all children aged 5–14, asthma was the leading causes of burden followed by mental health disorders and dental caries.



Burden of disease measures how many years of life Australia loses to diseases either due to people dying early or living with ill health.

Leading causes of total burden among children aged 0–14, by age group, 2015

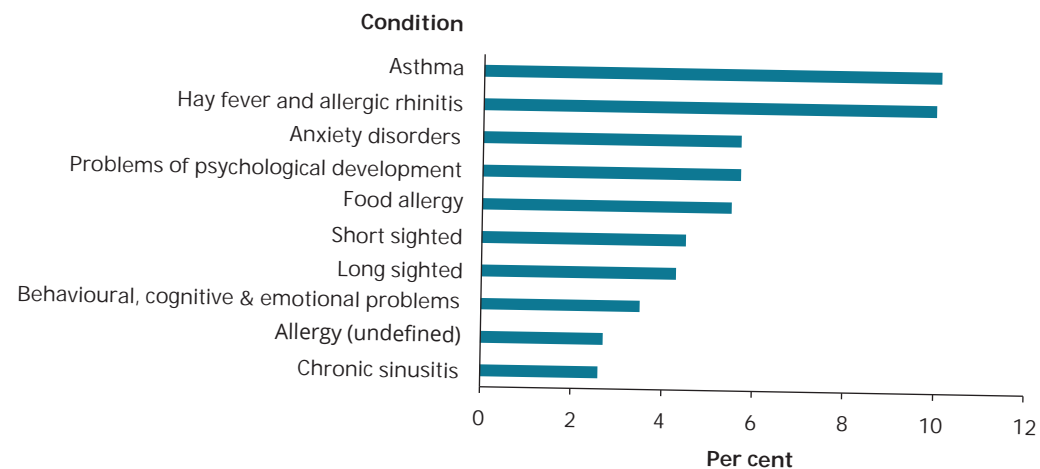
Age group	1 st	2 nd	3 rd	4 th	5 th
Under 5	Pre-term birth and low birthweight complications	Birth trauma and asphyxia	Sudden infant death syndrome	Cardiovascular defects	Asthma
5–14	Asthma	Anxiety disorders	Depressive disorders	Conduct disorders	Dental caries

Legend: Infant/congenital (pink), Mental (purple), Respiratory (teal), Oral (light blue)

How many children have a chronic disease?

In 2017, according to the National Health Survey, an estimated 43% of children were reported to have at least 1 long-term condition, and 1 in 5 (20%) had 2 or more. The 2 leading chronic conditions for children aged 0–14 were asthma, and hay fever and allergic rhinitis.

Most common chronic conditions in children aged 0–14, 2017–18

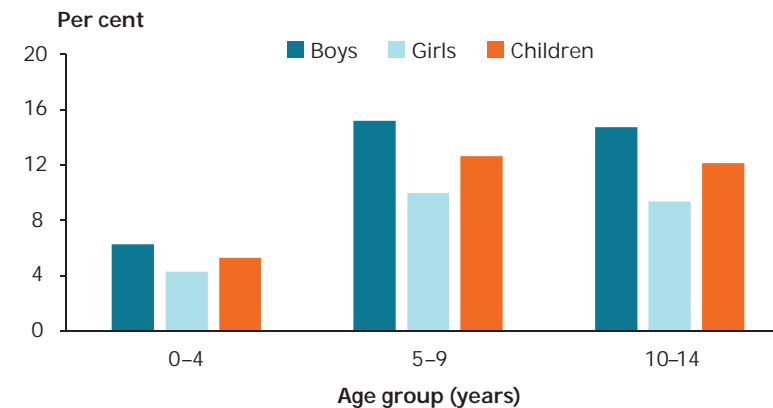


1 in 10 children have asthma

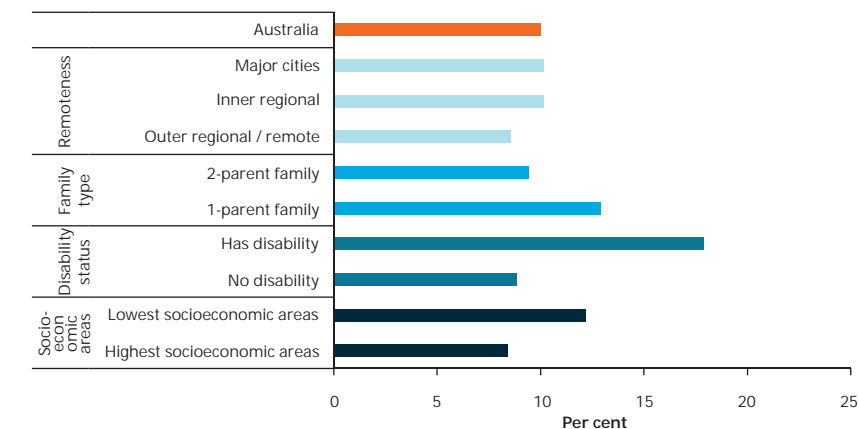
In 2017–18, an estimated 10% (around 460,000) of Australian children aged 0–14 were reported to have asthma as a long-term condition. Asthma was more common among boys (12%) than girls (7.9%), and among children aged 5–9.



Prevalence of asthma among children aged 0–14, 2017–18



Prevalence of asthma among children aged 0–14, by population group, 2017–18



Asthma rates have remained stable over the past decade at between 9.3% and 11% but are higher for some groups of children, including up to twice as high among children with disability compared with children without disability.

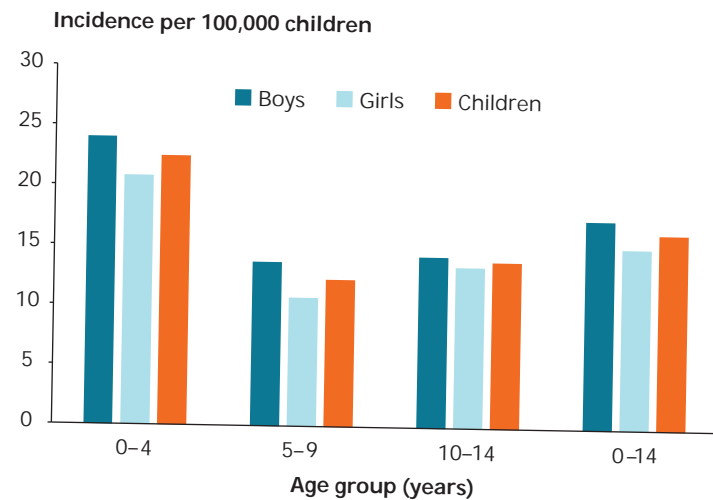


Cancer is a leading cause of death among children—but the death rate has halved in 2 decades

In 2011–2015, an average of 714 new cases of cancer were diagnosed annually among children aged 0–14—a rate of 16 per 100,000 children (18 and 15 per 100,000 boys and girls, respectively).

The highest rate was for those aged 0–4 (23 per 100,000)—almost twice that of children aged 5–9 and 1.6 times as high as children aged 10–14.

New cases of cancer among children aged 0–14, 2011–2015



What are the most common cancers among children?

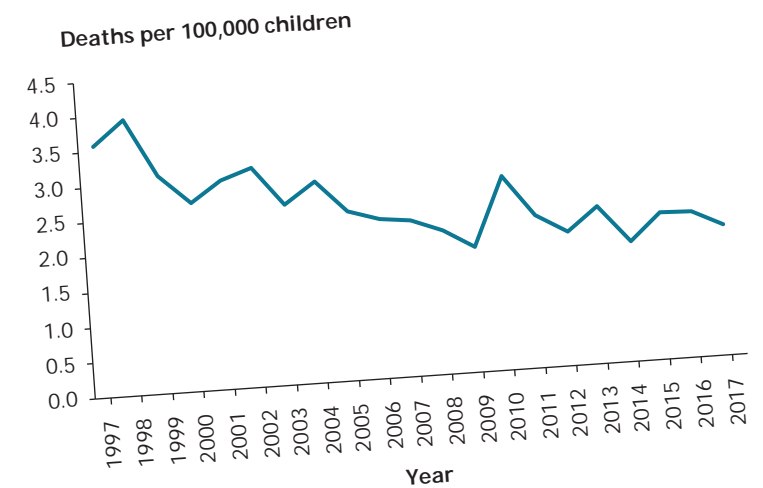
Leukaemias (5.8 per 100,000 or 35% of all cases), including lymphoid leukaemias (27% of all cases)

Central nervous system (including brain) cancers (2.3 per 100,000 or 14%)

Lymphomas (2.2 per 100,000 or 13%), including Hodgkin lymphomas (3.8%) and Non-Hodgkin lymphomas (except Burkitt lymphoma) (3.5%).



Cancer deaths among children aged 0–14, 1997 to 2017



Death rates from cancer have almost halved between 1997 and 2017—from 3.6 per 100,000 children to 1.9 per 100,000 children.



How many children have diabetes?

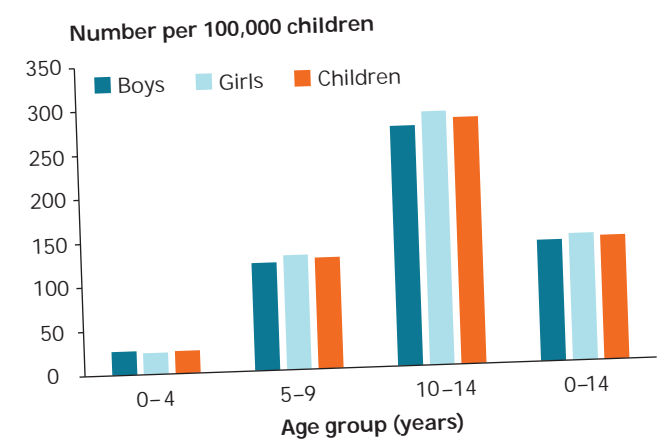
Just over 6,500 Australian children had type 1 diabetes in 2017 (141 per 100,000 children)—children aged 10–14 are 11 times as likely as younger children (aged 0–4) to have diabetes.

Types of diabetes

There are 2 types of diabetes that occur in children, **type 1** and **type 2**. Type 1 diabetes is a lifelong autoimmune disease that develops when the immune system destroys the insulin-producing cells of the pancreas, and usually has onset in childhood and adolescence. A person with type 1 diabetes usually needs insulin replacement every day for the rest of their life. They must also maintain a careful balance of diet, exercise and insulin intake. Type 2 diabetes is linked to factors such as obesity and usually develops in adulthood. Currently, there are no reliable national estimates of type 2 diabetes among children.

The prevalence of type 1 diabetes among children has remained stable between 2013 and 2017.

Prevalence of type 1 diabetes among children aged 0–14, by age group and sex, 2017



How many children have some level of disability?

Disability is more than mental and physical health conditions; it relates to a person's ability to participate in a range of activities. Disability may limit what a child can do in their daily life, and is typically measured in terms of the level of difficulty they experience when performing the core activities of daily living: self-care, mobility and communication, as well as difficulties in other activities such as schooling.

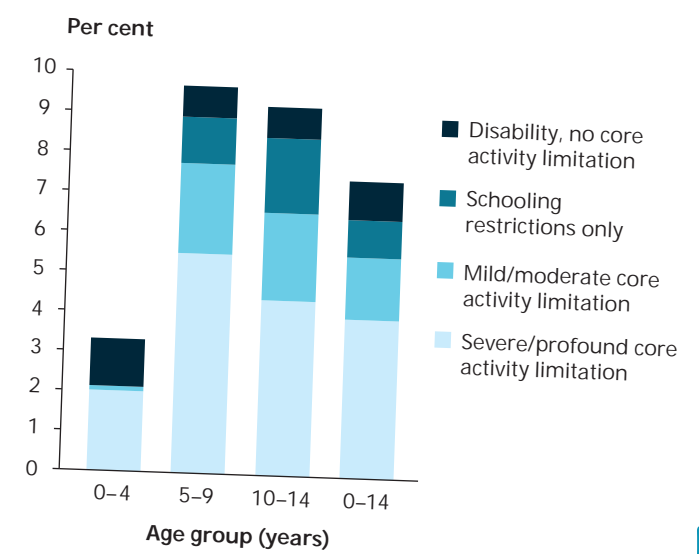
According to the 2015 Survey of Disability, Ageing and Carers, around 7.4% (or 329,000) of Australian children aged 0–14 had some level of disability. Disability was more commonly reported among boys (9.4%) than girls (5.4%).

The most common disability types were intellectual (4.3%, or 190,000 children) and sensory/speech (3.2%, or 140,000 children).

An estimated 219,000 children aged 5–14 (7.6%) had schooling restrictions or had schooling restrictions and core activity limitations, such as needing special assistance or equipment to participate in a mainstream class, or attending a special school or special classes.

It is estimated that around 177,000 children aged 0–14, or 4.0%, had a severe disability in 2015. Boys (5.2%) were twice as likely as girls (2.6%) to have a severe disability, and the prevalence of severe disability was highest among children aged 5–9.

Disability status of children aged 0–14, 2015





Are our children happy ?

In recent years, Behind the News has run 2 large-scale self-selected Kids' Happiness surveys in Australia. Of the approximately 43,700 children aged 6–12 who completed the survey in 2017:

3 out of 5 (63%) felt happy lots of the time. The things most likely to make them happy included friends (64%), family (60%), playing sport (53%) and music (50%)

3 out of 4 (76%) felt scared or worried at least some of the time

How many children have a mental disorder ?

According to the Young Minds Matter Survey, in 2013–14, an estimated 1 in 7 children and adolescents aged 4–11 (almost 14% or 314,000) met the criteria for a medical diagnosis of a mental disorder in the 12 months before the survey. Boys were more commonly affected than girls (17% compared with 11%).

The 2 most common mental disorders among children were attention deficit hyperactivity disorder (ADHD) (8.2%) and anxiety disorders (6.9%).

Mental disorders were more common among:

children with 1 parent or carer (22%) than children with 2 parents or carers (12%)

children living in families with poor family functioning (34%) than children living in families with very good family functioning (11%)

children living in the lowest socioeconomic areas (19%) than children living in the highest socioeconomic areas (12%)

A wide variety of services are available to support children with emotional and behavioural problems. In the 12 months before the survey, the 3 most common types of health service providers reportedly used by children were: general practitioner (30%), paediatrician (23%) and psychologist (20%).



Hospitalised injuries

In 2016–17, there were an estimated **66,500** hospitalised injury cases for children aged 0–14—a rate of **1,445 per 100,000** children. Overall, **boys were 1.5 times** as likely to be hospitalised for injury as girls (1,708 and 1,168 per 100,000 respectively).

Falls accounted for close to half (46% or around 30,600) of hospitalised injury cases.

Nutrition

Do children eat enough fruit and vegetables?

Although most Australian children eat enough fruit every day, they do not eat enough vegetables.

The proportion of children aged 5–14 meeting the NHMRC guidelines for fruit consumption was similar between 2014–15 and 2017–18 (70% and 72%, respectively).

The proportion meeting the guidelines for vegetable consumption rose between 2014–15 and 2017–18, from 2.9% to 4.4%.

The proportion of children meeting both sets of recommendations also rose from 2.5% to 4.0% over the period, driven by the rise in children meeting the vegetable recommendations.



How many serves are recommended?

The amount of food children need for a diverse, balanced and healthy diet differs by their age, sex and level of activity. The NHMRC publishes guidelines on how many serves of fruit and vegetables children need.



The recommended minimum number of serves of fruit per day is:

- 1 for children aged 2–3
- 1½ for children aged 4–8
- 2 for people aged 9–18



The minimum number of serves of vegetables and legumes per day is:

- 2½ for children aged 2–3
- 4½ for children aged 4–8
- 5 for children aged 9–11
- 5 for females aged 12–18
- 5½ for males aged 12–18





Around 4 in 10 children have sugar-sweetened drinks every week

According to the 2017–18 National Health Survey, around 4 in 10 children (42%) consumed sugar-sweetened drinks at least once a week.

Data from the National Child Oral Health Study 2012–14 estimates that around three-quarters (73%) of Indigenous children consume 1 or more sugar-sweetened beverages in a usual day, compared with around half (50%) of non-Indigenous children.



How much sugar should children be consuming?

The World Health Organization recommends adults and children reduce their consumption of added sugars to less than 10% of total energy intake. Reducing intake to less than 5.0% provides additional health benefits. This translates to 2–6 teaspoons of free sugars a day, depending on the age and energy requirements of the child. Free sugars include all sugars added to food by the manufacturer, cook or consumer, as well as sugars in honey, syrups, fruit juices and fruit juice concentrates.

How much sugar is in our drinks?

Fruit juice drink (250ml): more than 27g or 6.5 teaspoons

Small flavoured milk (300ml): more than 28g or 7 teaspoons

Energy drink (600ml): more than 36g or 8.5 teaspoons

Soft drink can (375ml): more than 38g or 9 teaspoons

Soft drink bottle (600ml): more than 64g or 15 teaspoons

Tooth decay among children

In 2012–14:

2 in 5 (42%) children aged 5–10 had experienced decay in their baby teeth, 1 in 4 (27%) had untreated decay

1 in 4 (24%) children aged 6–14 had experienced decay in their permanent teeth, 1 in 9 (11%) had untreated decay

Just over two-thirds (69%) of children aged 5–14 were brushing their teeth at least twice a day with toothpaste



Physical activity



Do children do enough physical activity?

In 2011–12, less than one-quarter (23%) of children aged 5–14 undertook the recommended 60 minutes of physical activity every day, and less than one-third (32%) met the screen-based activity guidelines, according to the National Nutrition and Physical Activity Survey.

Only 1 in 10 (10%) children met both sets of guidelines each day. Older children (aged 10–14) were less likely than those aged 5–9 to have met the physical activity guidelines.

On average, children aged 5–14 spent just over 2 hours (123 minutes) each day sitting or lying down for screen-based activities, with only 3.5 minutes of this being for homework.

Children aged 10–14 spent more time in front of screens (145 minutes a day, on average) than children aged 5–9 (102 minutes).

How much physical activity is recommended?

Australia has Physical Activity and Sedentary Behaviour Guidelines that outline the amount of physical activity necessary for children and young people to obtain health benefits, as well as recommendations for reducing time spent in front of screens. The guidelines recommend:



For children aged 2–4 who are not in school:

At least 180 minutes a day of physical activity, including energetic play

No more than 60 minutes a day engaged in screen-based activity

For children aged 5–12 and 13–17:

At least 60 minutes a day of moderate to vigorous intensity physical activity

No more than 2 hours a day of screen-based activity for entertainment (for example, television, seated electronic games and computer use)



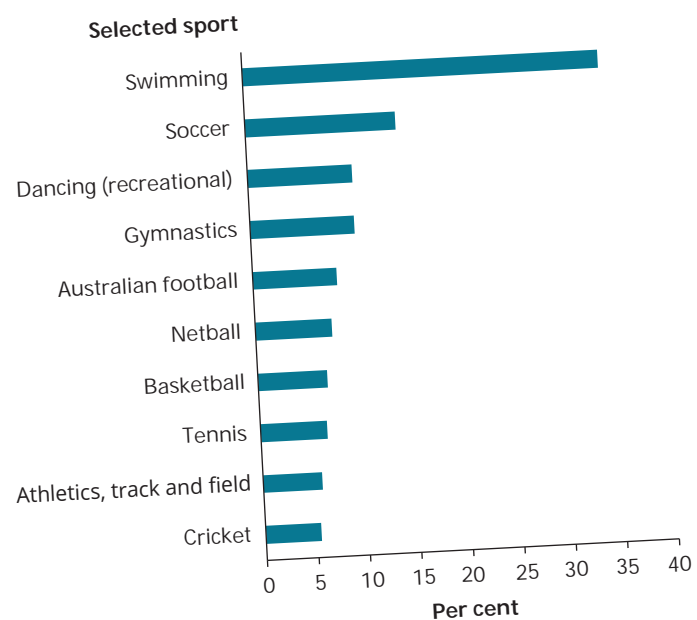
Sedentary behaviour is defined as sitting or lying down for activities.



What types of physical activity are popular among children?

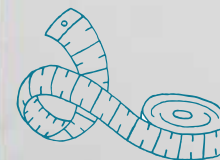
According to the 2018 AusPlay survey, it is estimated that around 65% (956,000) of children aged 5–8, 78% (740,000) of children aged 9–11 and 72% (652,000) of those aged 12–14 participated in organised physical activities outside of school hours at least once per week. Swimming was the most popular activity, with just under 1.7 million children aged 0–14 (34%) participating in organised swimming activities at least once in 2018.

Participation in organised sport and leisure physical activities for children aged 0–14, 2018



How many children are overweight or obese?

Defining and measuring overweight and obesity



Body mass index (BMI) is used to measure overweight and obesity in children. It is calculated as the ratio of weight in kilograms divided by height in metres squared (kg/m^2).

As children are constantly growing, BMI changes substantially with age and can differ between boys and girls.

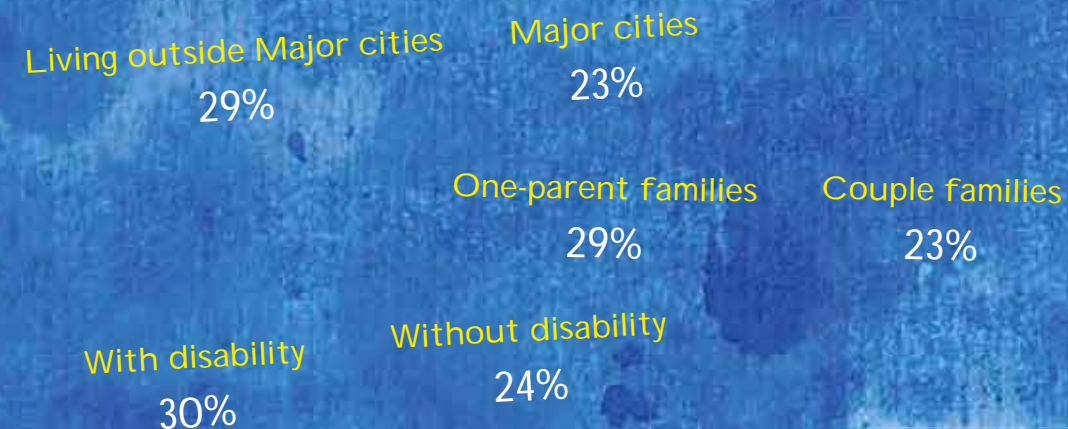


In 2017–18, while the majority of children aged 5–14 (67% or just over 2 million) were a normal weight, an estimated 746,000 or 24% were overweight (17%) or obese (7.7%), and 8.2% were underweight. For children aged 5–9 and 10–14, similar proportions of boys and girls were overweight or obese.

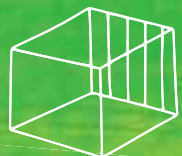
Is the prevalence of overweight and obesity the same for everyone?

Some children are more likely than others to be overweight or obese.

Proportion of children aged 5–14 who are overweight or obese



Education



Children's learning and development in the early years is integral to their wellbeing, and in the longer term has an impact on their job prospects and their participation in, and connection with, the wider community. For most children, their early language, literacy and social-emotional skills are developed at home and in early childhood education and care. These early foundations provide developmental opportunities, and can improve how well they adjust to, and continue with, formal schooling.



Before school

Most parents regularly share stories with their infants

In 2017, almost 4 in 5 children aged 0–2 (79%, or 738,000) were read to or told stories by a parent regularly (3 or more days in the previous week). Around 3 in 5 children (60%) were read to or told stories frequently (that is, on 6–7 days in the previous week). One in 6 children (16%) were not read to or told stories at all.



More children were **read to or told stories** on a regular basis if they lived in:

Inner regional areas

88%



than

Major cities

78%



Highest socioeconomic areas

85%

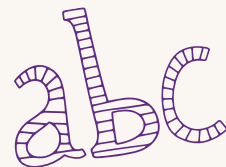
than

Lowest socioeconomic areas

70%

How many children receive early childhood education and care?

In 2017, around **3 in 5** children aged 0–4 (**59%** or **925,900** children) usually attended some form of child care.



What is early childhood education and care?



Early childhood education and care in Australia comprises:

- formal child care services, which involve regulated care away from the child's home, including long day care, family day care, before and after school care, and occasional care
- informal care services, such as care provided by a grandparent or friend
- preschool services (also known as kindergarten in some states and territories) where a structured, play-based learning program is delivered by a qualified teacher. Preschool is aimed at children in the year or two before they start full-time school.

Most eligible children are enrolled in preschool

In 2017, nearly **296,000 (90%)** eligible children were enrolled in a preschool program in the year before full-time school. The majority (**80%** or **236,000**) were aged 4; around **56,000 (19%)** were aged 5 and the remaining **3,500 (1.2%)** were aged 3.

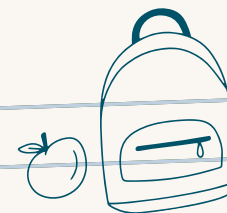
Aboriginal and Torres Strait Islander children were more likely to be enrolled in a preschool program in the year before full-time school than non-Indigenous children in 2017 (**95%** or **15,700** Indigenous children compared with **90%** or **280,000** non-Indigenous children).

The COAG Closing the Gap target to have **95%** of Indigenous 4 year olds enrolled in early childhood education in the year before full-time schooling (by 2025) was on track for 2017.



At school

Almost **4 in 5** children are ready for school



How is school readiness measured?

Children's developmental readiness for school is assessed by teachers across 5 domains in the Australian Early Childhood Development Census (AEDC):

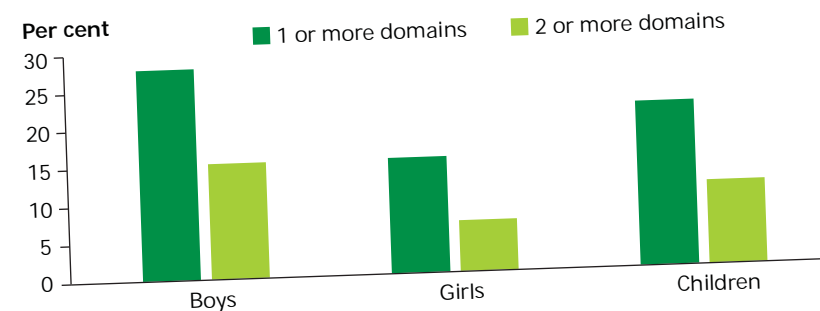
- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge.



In 2018, the majority of Australian children were doing well, with almost **4 in 5 (78%)** on track across all domains of the AEDC. However, around **1 in 5 children (22%)** were developmentally vulnerable on 1 or more domains at school entry, and **11%** were vulnerable on 2 or more domains.

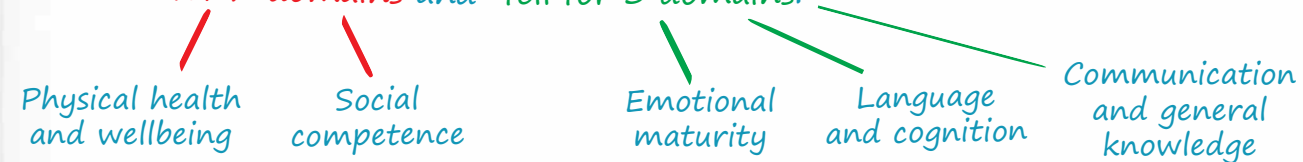
Boys were more likely to be developmentally vulnerable than girls. This was true across all domains; the difference was greatest for emotional maturity (**13%** compared with **3.8%** respectively).

Developmental vulnerabilities, in children, 2018



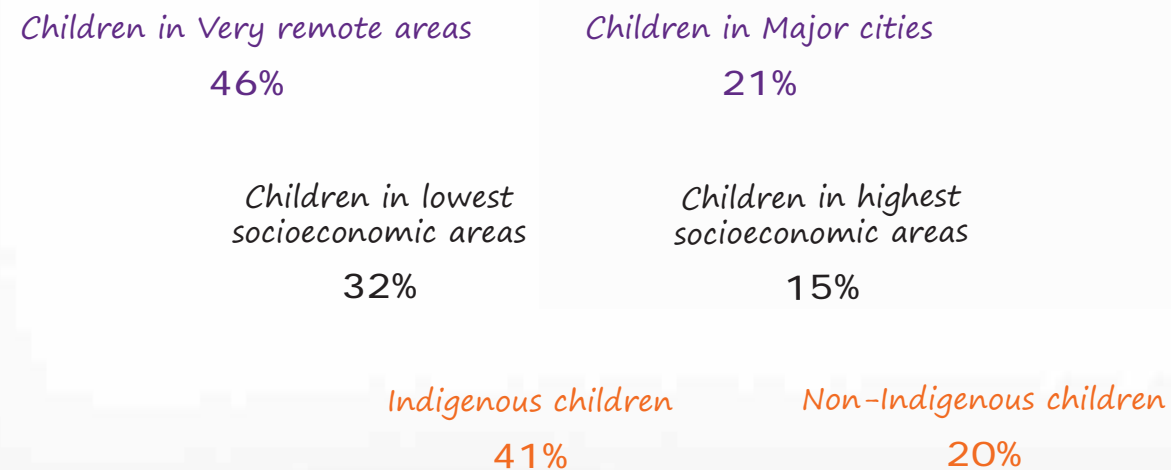
Between 2009 and 2018, the proportion of children who were developmentally vulnerable on school entry

rose for 2 domains and fell for 3 domains.



Some children are more vulnerable than others

Developmental vulnerability on 1 or more domains was higher among some groups of children:



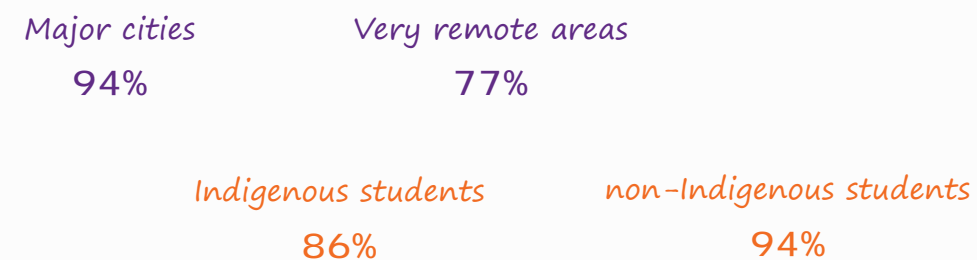
Nearly all Year 5 students attend school, but attendance is lower in remote areas

School attendance can be affected by a range of issues such as housing, a child's physical health and mental health, and family violence and unemployment.



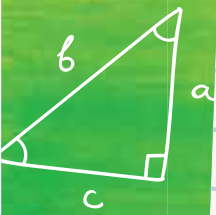
In 2018, the national attendance rate for Year 5 students was 93%, with little difference between boys and girls.

Attendance rates varied among some groups:



In 2018, the COAG target of Closing the Gap between Indigenous and non-Indigenous school attendance for Years 1-10 within 5 years (by 2018) was not on track. The final assessment of the target is still to be released.





$$a^2 + b^2 = c^2$$

Most students are achieving at or above minimum standards for literacy and numeracy

Literacy and numeracy skills are building blocks for children's educational achievement, their lives outside school, and their future employment.

In Australia, children's literacy and numeracy skills are assessed in Years 3, 5, 7 and 9 in National Assessment Program Literacy and Numeracy (NAPLAN) tests.

National minimum standards have been developed for reading, writing, spelling, language (grammar and punctuation) and numeracy.

In 2018 most Year 3, 5 and 7 students achieved at or above the minimum standards for reading and numeracy.

Students	Reading (%)	Numeracy (%)
Year 3	96	96
Year 5	95	96
Year 7	94	96



In 2018, Year 5 students from schools in Remote and Very remote areas were less likely to achieve at or above the reading and numeracy minimum standards than those from schools in Major cities. There were also differences in achievement rates between Year 5 Indigenous and non-Indigenous students.

Year 5 students	Reading (%)	Numeracy (%)
Remote	85	89
Very remote	54	61
Major cities	96	96
Indigenous	77	81
Non-Indigenous	96	97

The gap is narrowing

For Year 5 students, the COAG target to halve the gap in the proportion of Indigenous children at or above national minimum standards in reading and numeracy within a decade (by 2018) was not achieved. However, the gap has narrowed. Since 2008, the proportion of Indigenous students at or above national minimum standards for reading has risen from 63% to 77% in 2018, and for numeracy from 69% to 81% in 2018.

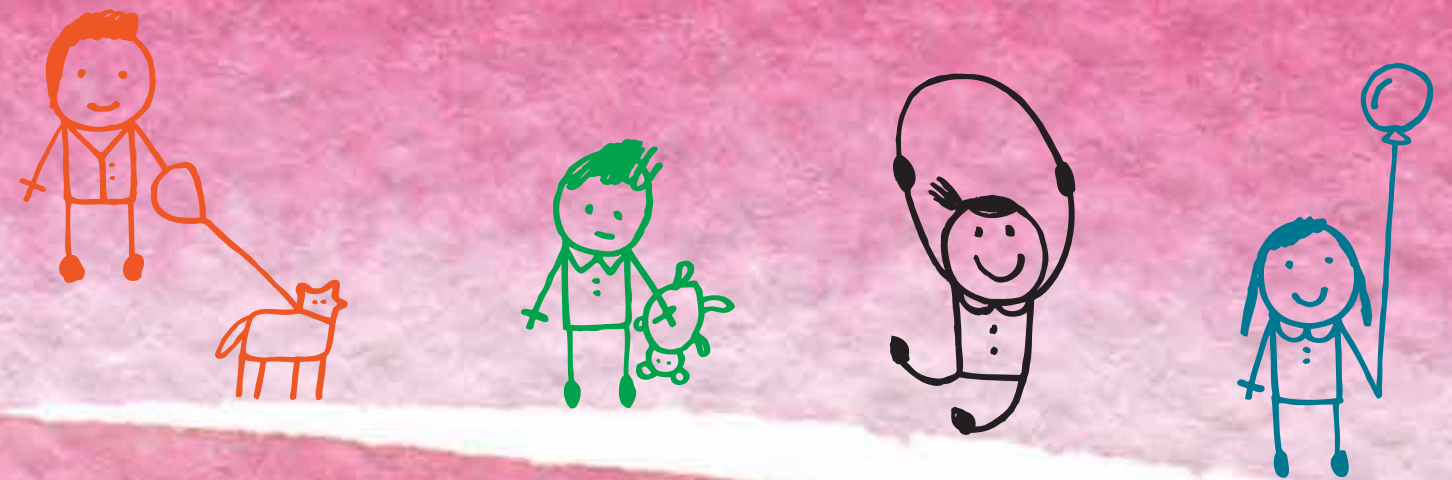


Family finances and employment

A family's finances—including whether adults in the household have a job—are an important part of a family's overall wellbeing, and can affect a child's health, emotional wellbeing, education and ability to take part in social activities. One important area of a child's life that can be affected by finances is their housing. Access to safe, stable and appropriate housing is a fundamental human need, and for a child this is particularly critical to their development and wellbeing as they grow and move into adulthood.

How many low-income families have children?

In 2017–18, there were **2 million** low-income households in Australia. Low-income households are those in the second and third income deciles. An estimated 24% (or 489,000) of low-income households had at least 1 dependent child aged 0–14 years. These households had an average disposable income (the amount left over after income tax, Medicare levy and, if applicable, Medicare levy surcharge have been deducted) of **\$558 per week**.





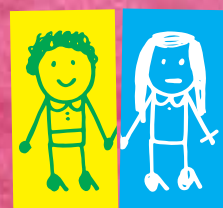
How many households with children rely on government support?

In 2017-18, there were 309,000 households with children aged 0-14 whose gross household income was at least 50% government pensions and allowances. The proportion of households reliant on government support payments differed according to family type, reflecting how childrearing responsibilities can limit a person's ability to gain employment, particularly when there are no other parents in the household to share parenting duties.



47% of **one-parent** families were reliant on government pensions and allowances

compared with



5.1% of **couple** families.

As at June 2019, around **11%** (289,000 of 2,667,900) of households with children aged 0-14 were jobless families. **37%** of one-parent families were jobless compared with **4.4%** of couple families.

Around 1 in 9 households with children were jobless families

How common is material deprivation?

When a person or a family cannot afford essential items, services or activities, they may be considered to have material deprivation. For households with children, the most common essentials they could not afford were savings in case of an emergency, home contents insurance, and dental treatment.

In 2014:



1 in 6 children lived in households that did not have \$500 in savings for an emergency



1 in 9 children lived in households that could not afford home contents insurance



1 in 16 children lived in households that could not afford dental treatment when needed



Access to safe, stable housing

How many children are homeless?

In 2016, around 19,400 children aged 0–14 were homeless on census night—or 0.4% of all children in this age group. The majority of these (62%) were living in severely overcrowded dwellings. One-quarter (25%) were living in supported accommodation for the homeless, 8.1% were staying temporarily with other households and around 2.9% were ‘sleeping rough’ (living in improvised dwellings, tents or sleeping out).



Homelessness is more common among some groups of children

Aboriginal and Torres Strait Islander children were over 10 times as likely to be homeless as non-Indigenous children—the majority of homeless Indigenous children (80%) were living in severely overcrowded households. Indigenous children were also more likely to receive homeless services than non-Indigenous children (71 per 1,000 Indigenous children compared with 9.0 per 1,000 non-Indigenous children).



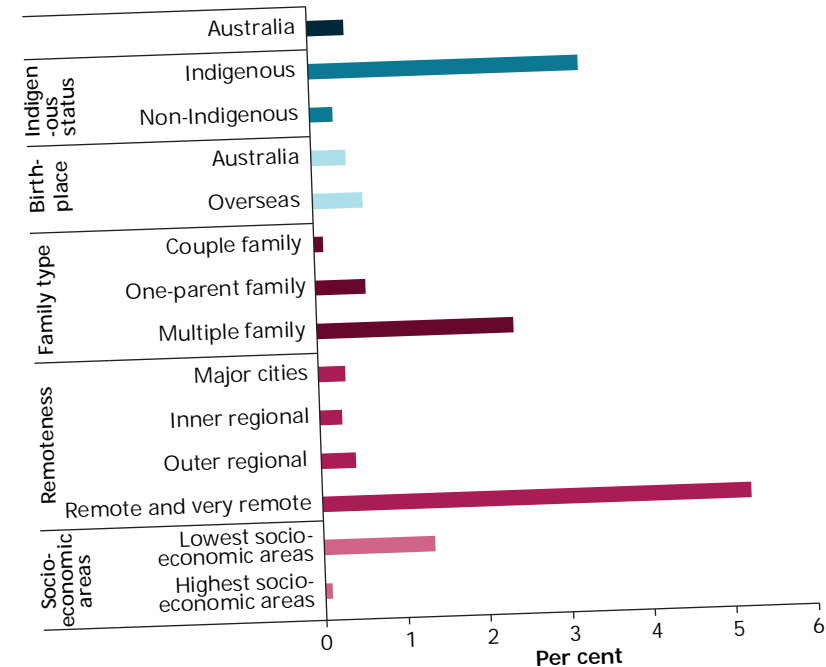
What is overcrowding and how does it affect children?

For a child, living in an overcrowded home is more than just 2 siblings sharing a bedroom. Overcrowding usually involves uncomfortable and irregular sleeping arrangements, with people of different ages and sexes sharing bedrooms, or sleeping in living areas. Overcrowding is linked to a greater risk of emotional and behavioural issues, conflict within the family, and health issues. It can also lead to poorer school performance, as it often means children do not get enough sleep and do not have a quiet place to study.

Households are considered **overcrowded** if they are estimated to require 3 extra bedrooms, and **severely overcrowded** if they are estimated to require 4 or more extra bedrooms. People living in a household that is considered severely overcrowded are reported as homeless. In 2016, a subset (just under 40%) of all children living in an overcrowded home were considered homeless.



Proportion of children aged 0–14 who are homeless, 2016



Social support

Having a strong social support network—people and services that you can turn to in good times and bad—plays a crucial role in a person's wellbeing and quality of life.

For children, parents and other family members, carers, teachers and friends play the primary role in providing social support. However, support can also come from many other areas, including the government and the wider community.

As parents and carers are some of the main providers of social support for children, their health and wellbeing—including whether they themselves have adequate support networks—is critical to whether a child receives the support they need.



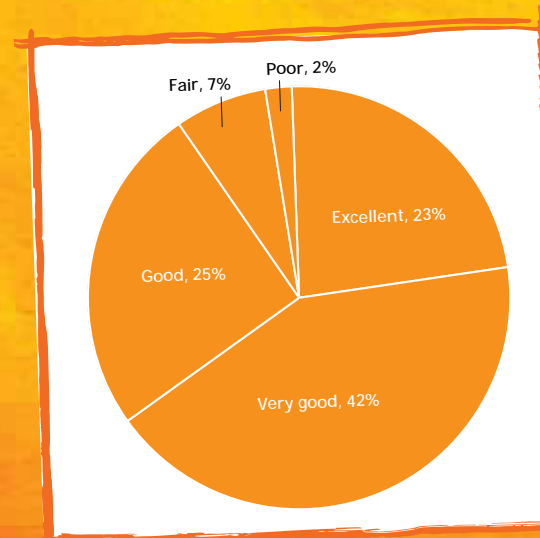
Support from family



How do families get along?

Conflict—or lack of conflict—is one measure of the quality of a family's relationships and their ability to get along with each other.

According to the 2016 Longitudinal Survey of Australian Children (LSAC), **9 in 10 (90%)** primary carers of children aged 12–13 said that their family's ability to get along with one another was good, very good or excellent.



The 2014 Australian Child Wellbeing Project found that the **majority of children (94%)** in Years 4, 6 and 8 spent quality time with their family most days in the week before the survey.

What do parents think about their parenting skills?

While national data are not available, the 2016 Parenting today in Victoria survey explored the day-to-day experiences of parents. It looked at their attitudes, behaviours and practices, concerns and help-seeking behaviour.

Some of the key findings were:

41% of parents wished they did not become impatient with their child so quickly

28% felt they were sometimes too critical of their children

29% wished they were more consistent in their parenting behaviour

76% talked to their child about problems/issues quite a lot or very much

95% of parents agreed with their partner on how to parent all or most of the time

62% of parents said they argued with or yelled at their child about their behaviour or attitude a little, 28% not at all, 10% quite a lot or very much

93% of parents agreed or strongly agree with the statement: *'I know I am doing a good job as a parent'*





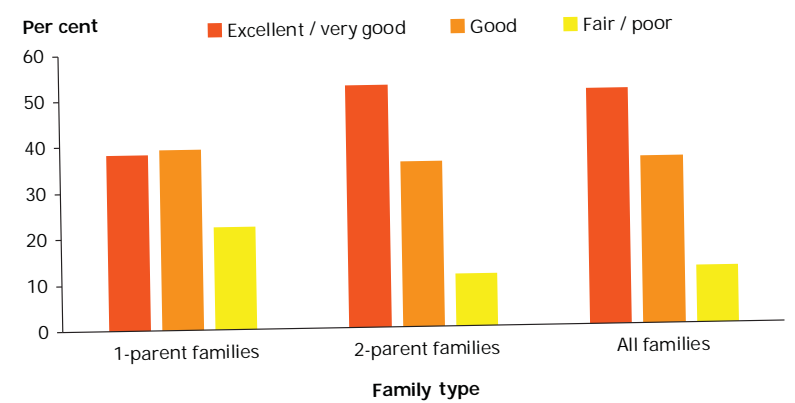
Health of parents

Most parents rate their health as good or better

According to the Household, Income and Labour Dynamics in Australia Survey, in 2017, most parents of co-resident children aged 0–14, rated their overall health as good, very good or excellent (88% or an estimated 4.1 million parents); 13% of parents (or around 588,000 parents) rated their health as fair or poor. A higher proportion of parents in couple families rated their health as excellent or very good than parents in one-parent families (53% and 38%, respectively).



Self-assessed health status of parents with co-resident children aged 0–14, 2017



Parents living in the lowest socioeconomic areas were also more likely to assess their health as fair or poor compared with parents living in the highest socioeconomic areas (21% and 9.8%, respectively).

4 out of 5 children help with housework at least weekly

Contributing to their family and household—by helping with housework or caring for other family members—is linked to a child’s wellbeing. According to the 2014 Australian Child Wellbeing Project, almost 4 out of 5 (78%) students said they helped with housework weekly or more often. This rate increased with age.

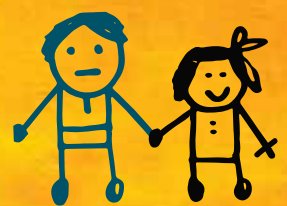
Year 4
71%

Year 6
81%

Year 8
82%



More than 6 in 10 (63%) children also spent time taking care of their siblings or other family members at least once a week.



Parental disability and mental illness



In 2015, according to the Survey of Disability, Ageing and Carers, it is estimated that about **1 in 6 (15%, or 669,000)** children aged 0–14 lived in households where one or both parents had disability.

Around **38,900 children** provided informal care to a parent with disability—**5.8%** of all children with a parent with disability.

In 2017, according to the Household, Income and Labour Dynamics in Australia Survey, an estimated **1 in 6 (16%)** parents with co-resident children aged 0–14 reported a poor level of mental health. This estimate varied for parents in couple (**14%**) and one-parent (**36%**) households.

Fewer parents are engaging in risky drinking

Parents who use illicit drugs and drink at risky levels may find it difficult to maintain routine and complete household tasks, which can potentially lead to the child's emotional and physical needs being unmet.

According to the National Drug Strategy Household Survey, the proportion of parents who engaged in single occasion risky drinking at least once a week fell from around **15%** in 2010 to **12%** in 2016.

The proportion of parents who were lifetime risky drinkers also fell over this period from **20%** to **16%**.

NHMRC

What is 'risky' drinking?

The National Health and Medical Research Council guidelines for reducing health risks of drinking alcohol are:

Guideline 1 (lifetime risk): To reduce the risk of alcohol-related harm over a lifetime, a healthy adult should drink no more than 2 standard drinks a day

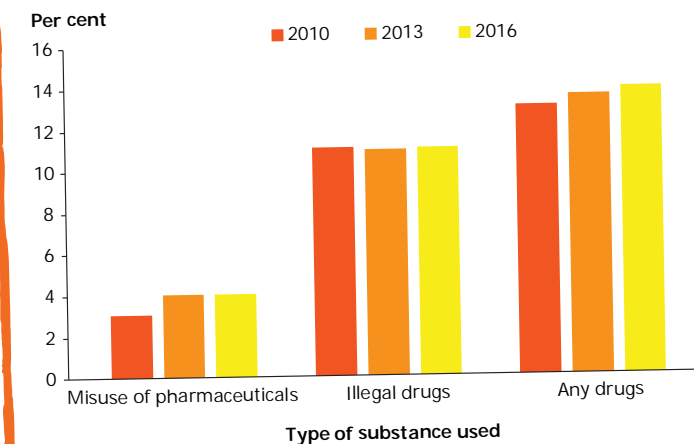
Guideline 2 (single occasion risk): To reduce the risks of injury on a single occasion of drinking, a healthy adult should drink no more than 4 standard drinks on any one occasion.

1 in 7 parents use an illicit substance

In 2016, an estimated **14%** of adults with a child aged 0–14 had used an illicit substance in the 12 months before being surveyed. Of these parents, around **29%** used pharmaceuticals for non-medical purposes, and around **80%** used illegal drugs (some parents may use both).

While the proportion of parents **using illegal drugs has remained stable** since 2010, the proportion **misusing pharmaceuticals has risen**.

Parents' drug use



Support from social networks

How are people maintaining social connections?

Social isolation and loneliness can be harmful to both mental and physical health. Having regular contact with (or connecting to) people, especially with family and friends, is an important component of having a strong or positive social network.

According to the 2014 ABS General Social Survey (GSS), **3 in 4** respondents (aged 18 and over) living in households with at least 1 child aged 0–14 had face-to-face contact with family or friends living outside their household at least once a week. This increased to over **9 in 10** respondents for non-face-to-face contact such as phone or video calls, emails, or text messages at least once a week.

Face-to-face contact
with family/friends

77%



Non face-to-face contact

94%

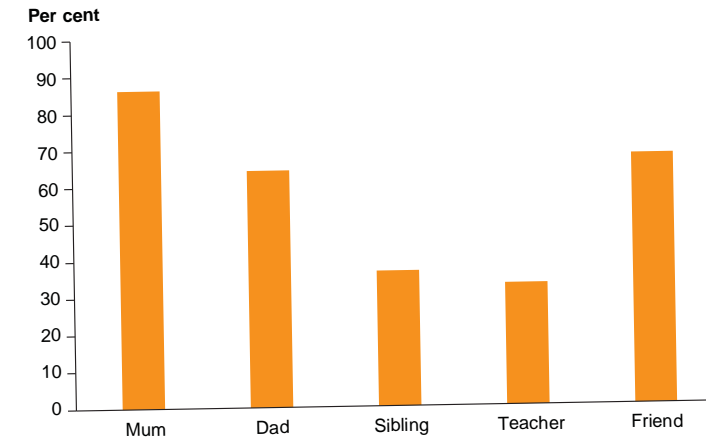


Nearly all children have someone to talk to if they have a problem

Being able to get support or help when needed is a good indicator of the quality of the strength of social networks. For children, social support is often measured in terms of whether or not they felt they had someone they could talk to about their problems.

The 2016 LSAC survey estimated that most children (**97% or around 223,000**) aged 12–13 had a least 1 person that they could talk to if they had a problem. **Nine in 10 (88%)** children would talk to their mum and/or dad—with more children turning to their **mum (86%)** than their **dad (64%)**.

Proportion of children aged 12–13 who would talk to someone if they had a problem, by person they would talk to, 2016



Most adults living with a child can get support in times of crisis

According to the 2014 ABS GSS, most (**96%**) of respondents aged 18 and over living in households with children aged 0–14 felt they were able to get support in times of crisis. Family members (**82%**) and friends (**71%**) were the most commonly reported source of support. Very few people (**4.1%**) said that they had no source of support.



Justice and safety

Safety and fairness is important to children—at home, at school and in their neighbourhood.

Most children grow up in an environment where they feel safe, but this is not true for everyone. Some children are abused or neglected, or exposed to family violence or crime. For some children, their time at school or online can make them feel unsafe.

Growing up in an unsafe environment can have serious, long-term effects on a child's wellbeing, education and mental and physical health.

Safety at home

Some children are exposed to family violence

A child can be exposed to violence by either directly experiencing the violence themselves (that is, being the target) or witnessing violence being inflicted upon somebody else.



Family violence refers to any violence between family members, typically where the perpetrator exercises power and control over another person. This violence can be sexual or non-sexual in nature.

It is difficult to obtain complete and robust data on children's exposure to family violence due to the sensitivity of the subject. For this reason, data from several sources are used to provide insight on the topic.

In 2016, **1 in 6 women** and **1 in 9 men** said that when they were children (aged under 15), they experienced physical and/or sexual abuse.

In 2018, police data from 6 states showed there were around **3,900 assaults against children** aged 0–14 that were considered to be family violence. There were also around **3,100 sexual assaults against children** perpetrated by a family member.

In 2016–17, there were over **600 hospitalisations of children** aged 0–14 due to assault. Where the perpetrator was known, almost half (**45%**) of these children were assaulted by a parent.

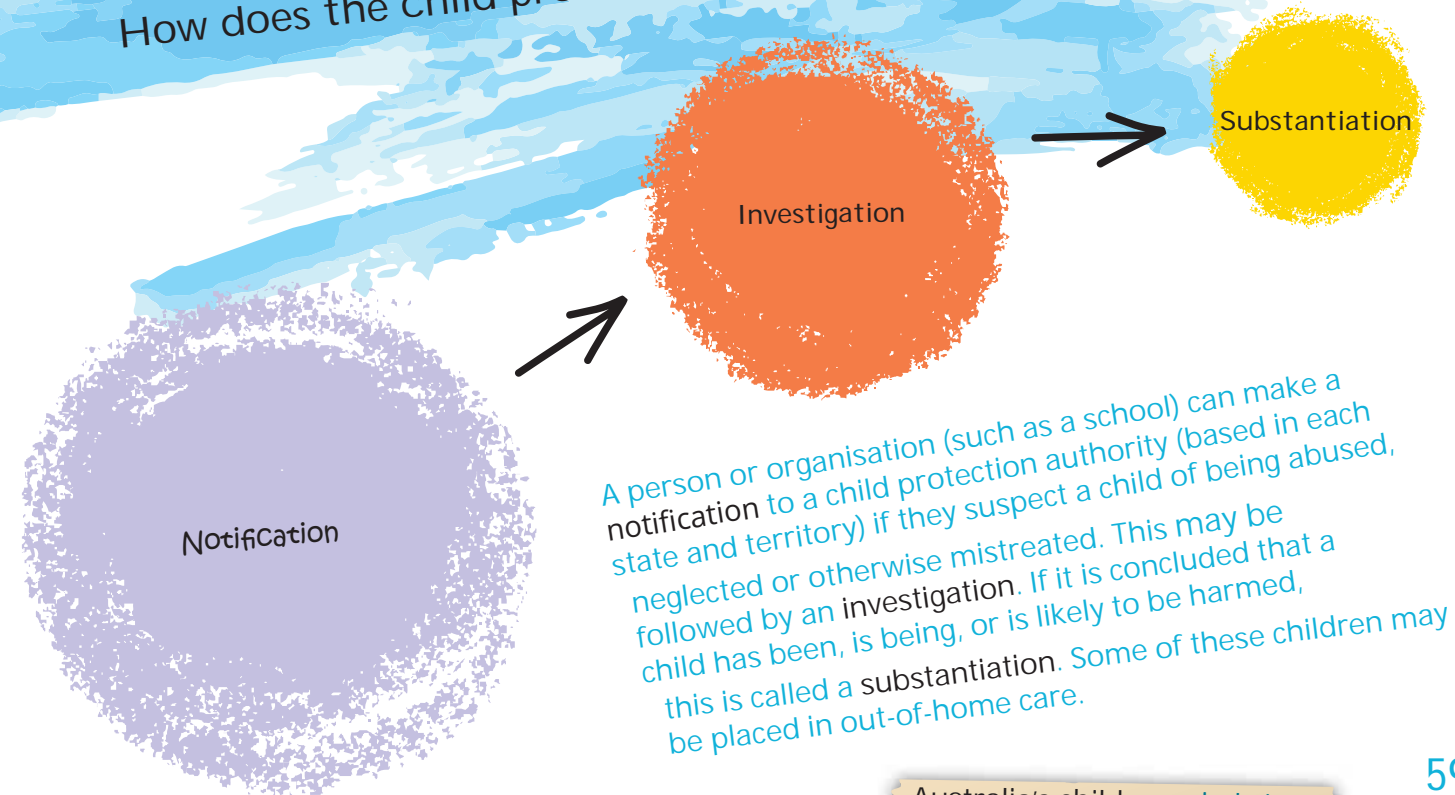
In 2016, over half of parents who had experienced violence from a previous partner said their children had seen or heard the violence—**68% of women** and **60% of men**.

Children who are exposed to family violence may have contact with state and territory child protection systems.

How many children are involved in the child protection system?

In 2017–18, there were around **116,000 children** aged 0–12 who had 1 or more notifications to child protection authorities (in states and territories with available data—excluding New South Wales). Around **26,400 children** had 1 or more notification substantiated. This equates to a rate of **9.5 per 1,000 children** aged 0–12. Children aged under 1 were around **twice as likely** to have at least 1 child protection substantiation as children aged 1–12.

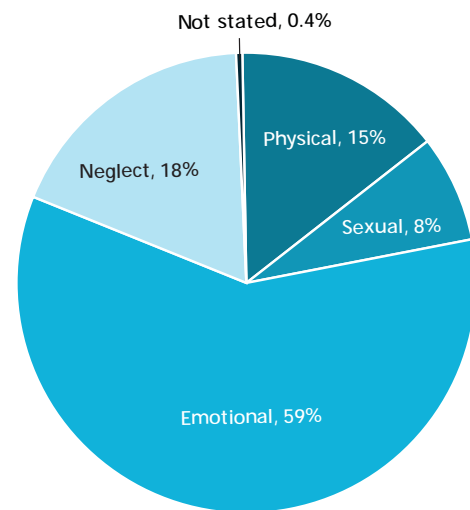
How does the child protection system work?



A person or organisation (such as a school) can make a notification to a child protection authority (based in each state and territory) if they suspect a child of being abused, neglected or otherwise mistreated. This may be followed by an investigation. If it is concluded that a child has been, is being, or is likely to be harmed, this is called a substantiation. Some of these children may be placed in out-of-home care.

What types of abuse and neglect are most common?

The most commonly substantiated primary abuse type in 2017–18 was **emotional abuse** (59% of substantiations), followed by **neglect** (18%).



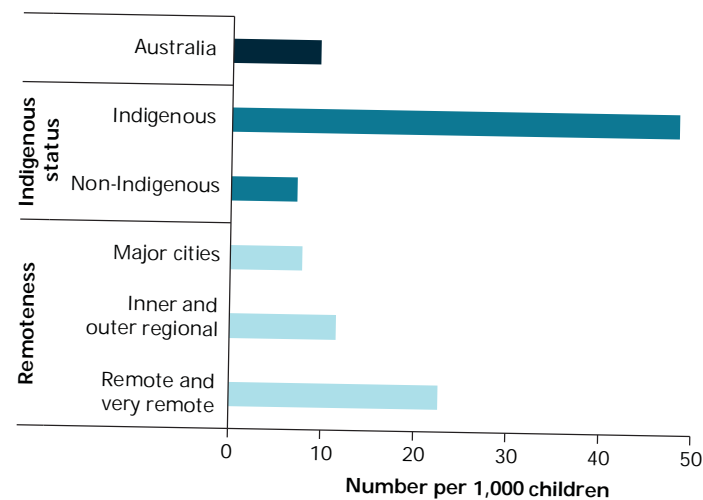
How many children are in out-of-home care?

At 30 June 2018, around **33,100 children** aged 0–12 were living in out-of-home care—such as with foster carers or with a relative—this was a rate of **8.0 per 1,000 children**. More boys (around 17,200) than girls (around 15,800) were in out-of-home care.

Between 30 June 2013 and 30 June 2018, the rate of children in out-of-home care remained **relatively stable**.



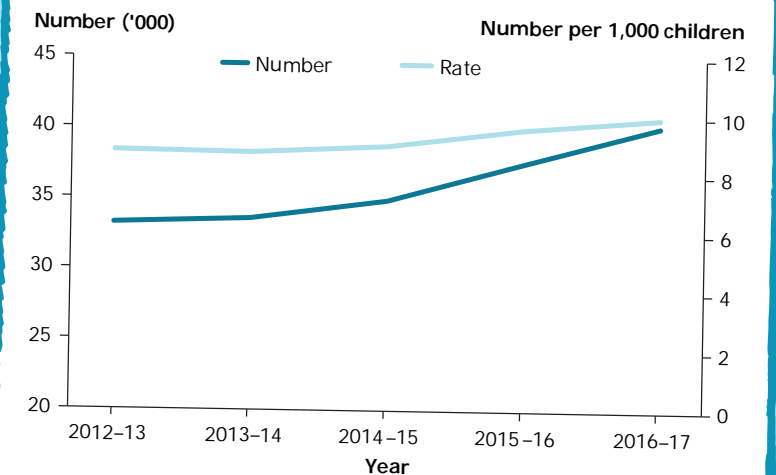
Children aged 0–12 with 1 or more substantiation, 2017–18



Has there been an increase in the number of children receiving child protection services?

Between 2012–13 and 2016–17, there was **a steady increase** in both the number and rate of children aged 0–12 who were the subject of 1 or more substantiations. This may be due to increased public awareness and greater reporting and investigation, or it may represent a genuine rise in child abuse and neglect in Australia.

Children aged 0–12 with 1 or more substantiation, 2012–13 to 2016–17



Safety at school and in the community

Children and their parents generally feel safe in their neighbourhoods

In general, both children and parents felt positively about the safety of their neighbourhoods. In 2015–16, more than **9 in 10 children** aged 12–13 felt safe in their neighbourhood, and this is very similar to their parents' perceptions. These results have remained relatively unchanged since 2011–12.

Despite these generally positive findings, some groups of people felt less safe in their neighbourhoods than others—these include people born in non-mainly English-speaking countries and those living in lower socioeconomic areas.

What is bullying?

Bullying is any intentional and repeated behaviour which causes physical, emotional or social harm to a person who has, or is perceived to have, less power than the person who bullies.

Bullying is a complex issue—it comes in many forms, can occur anywhere, and can affect anyone. It can happen face-to-face or in a more hidden manner—for example, by spreading rumours about somebody, or using technology such as social media. Children can be exposed to bullying as victims, perpetrators, bystanders, or supporters who try to help the victim. However they are exposed to bullying, it can have a major and long-term impact.

Types of bullying

Physical bullying

is any action that physically harms someone or their belongings, including stealing.

Verbal bullying

involves spoken or written words that are intended to insult or otherwise cause emotional pain.



Social bullying

is actions that are intended to socially isolate another person or otherwise attack their social standing.

Cyberbullying

also referred to as online bullying, is a subset of verbal and/or social bullying that is carried out through technology, such as the internet and mobile devices.

How common is bullying?

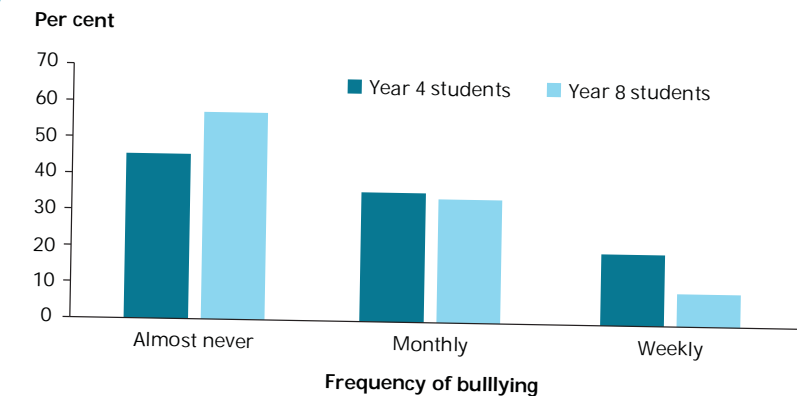
In 2015, during the school year:

almost **6 in 10 (56%)** Year 4 students reported that they experienced bullying monthly or weekly.

1 in 5 (20%) Year 4 students reported that they experienced bullying on a weekly basis.

Older students were less likely to report bullying, with about **4 in 10 (43%)** Year 8 students reporting monthly or weekly bullying.

Proportion of children who were bullied during the school year, 2015



Children's online experience

Children are increasingly using digital technology to form social networks—in 2016, **1 in 3 children** aged 8–13 indicated that they used social media.

Online bullying can cause the victim particular suffering, due to its often anonymous, invasive and fast-spreading nature. It can also be difficult to detect or identify the perpetrator.

There are many different types of online bullying, including social exclusion, damage to reputation and impersonation, unwanted contact and content, and threats and abuse.

In 2016–17, *unwanted contact and content* was the most commonly reported negative online experience for children aged 8–12, affecting **24%** of all children.



Are some children bullied more?

While anyone can be the victim of bullying, children who belong to certain groups or who are viewed as being different from their peers tend to be more vulnerable to bullying.

Some children are more likely to be bullied:

Younger children

Children with disability

Children from socioeconomically disadvantaged schools

Children who identify as lesbian, gay, bisexual, trans and gender diverse, or children who have intersex variations

Children who are from culturally and linguistically diverse backgrounds

What are the effects of bullying?

There can be a range of physical, psychological, social and academic consequences for children who are exposed to bullying. Children who are bullied, as well as those who witness or intervene in bullying, may experience immediate physical or emotional consequences (such as injuries or embarrassment). There can also be serious consequences for children who bully other children.

Children who are victims of bullying are:

more likely to have poor academic performance

at risk of struggling with transition points throughout life, such as adjusting to secondary school

more likely to have mental health concerns, such as feelings of anxiety and depression

Children who bully others are:

more likely to engage in criminal offending and substance abuse

more likely to have poor educational and employment outcomes

at higher risk of depression later in life



Exposure to, and involvement in, crime

How many children are victims of crime?

In 2018, there were over **9,000** cases of sexual assault, kidnapping/abduction, robbery and blackmail/extortion offences against children aged 0–14. Sexual assault accounted for the large majority of these (**85% or around 7,900 cases**); about two-fifths of which were considered related to family violence.

How many crimes are perpetrated by children?

In Australia, children aged 10 and over can be charged with a criminal offence. In 2017–18, around **13,800** criminal offences were committed by children aged 10–14. Over two-thirds of these (around **68% or 9,400**) were committed by boys and over two-fifths (around **44% or 6,100**) were committed by children aged 14.

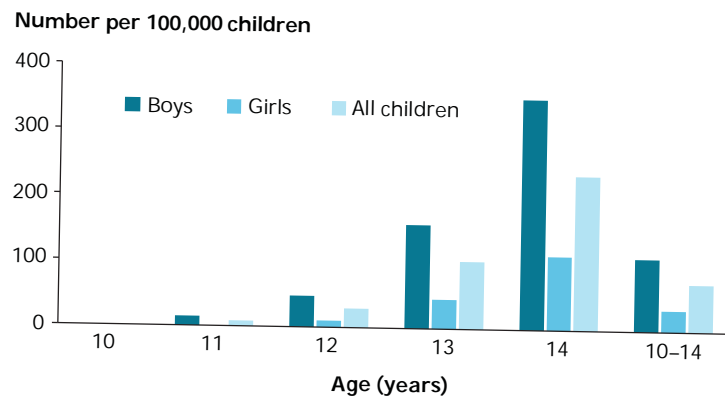
Some groups of children are over-represented in youth justice

Children from remote areas of Australia, children living in lower socioeconomic areas, and Indigenous children are all more likely to be under youth justice supervision than other children.

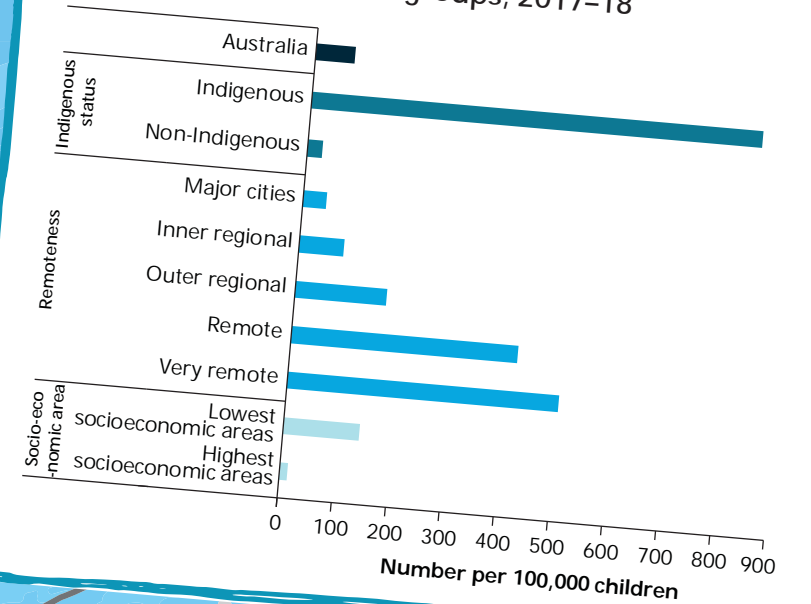
How many children are under youth justice supervision?

On an average day in 2017–18, there were almost **1,100 children** aged 10–14 under youth justice supervision in Australia. Boys were over **3 times as likely** to be under supervision as girls, and 14 year olds were more likely to be under supervision than other age groups.

Children aged 10–14 under youth justice supervision on an average day, 2017–18



Children aged 10–14 under youth justice supervision by selected population groups, 2017–18



Data

gaps

While much is known about the health and welfare of children in Australia, there are notable gaps and limitations in national reporting of this topic. Some gaps relate to specific topics, while others affect the quality of reporting against all, or most, of the domains.

There is also limited, or no, national data in many other areas, including:

children's cultural and racial identity

children's opinions or perspectives in a number of areas, including their experiences of violence

children's interaction with community services, including maternal and child health services



There are a range of population groups for which comprehensive data are not readily available, including children:

of refugee and asylum seeker families

from culturally and linguistically diverse backgrounds or children born overseas

living in out-of-home care

who are incarcerated

with disability

who identify as lesbian, gay, bisexual, trans and gender diverse, or children who have intersex variations



national indicators to measure how children transition through major development stages, or how children interact with services and move through different systems

time series data to show changes to various aspects of child wellbeing over time, such as levels of physical activity, sedentary behaviour, and sleep patterns

children's interaction with the built and natural environment

What can be done to fill the gaps?

There are a number of options for improving the information on children's wellbeing:

Enhance existing data sets—for example, by adding flags or data items to data sets for specific population groups or geographies, or by adopting sampling techniques that ensure that survey data can more accurately represent smaller population groups.



Data linkage—combining the information from multiple data sets could improve our understanding of:

- how children transition between key developmental stages and their outcomes at each stage
- the pathways children take through different services and the points where intervention would be most effective
- the relationships between risk factors, protective factors and outcomes; which interventions are most likely to provide positive outcomes; and which indicators can be used as predictive tools for monitoring
 - how children's wellbeing or service use differs among different population and geographic groups.



Building enduring linked data assets, which include data sets across multiple domains relevant to the population, will also support child-specific analysis. There is also scope for these data assets to be built with children specifically in mind.

Revisions to existing national child indicators

There is scope for a review of the Children's Headline Indicators to ensure that they meet contemporary information needs.

These gaps and opportunities are not exhaustive, but are a starting point for future discussion. The AIHW continues to work with other statistical agencies and data custodians to improve the collection and quality of data relating to children.

Where do I find more information?

For more details on topics covered here, see the main report *Australia's children*, or visit the AIHW website.



Australia's welfare 2019

and

Australia's health 2018

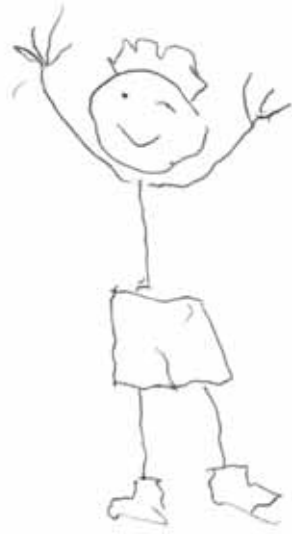


explore a broad range of data gaps that affect reporting on the wellbeing of children.

The AIHW has also released a range of reports that highlight how linking across data sources can provide information on the pathways and outcomes of children in priority populations, including in the areas of child protection, youth justice supervision, and homelessness.

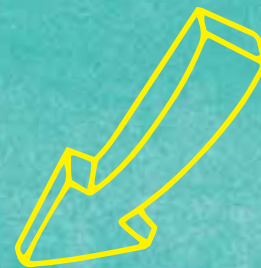
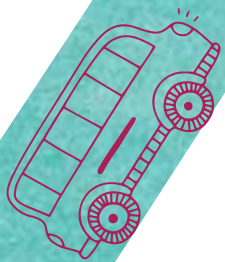
Thanks
for
reading





Bye!





Childhood is an important time for healthy development, learning, and establishing the foundations for future wellbeing. Most Australian children are healthy, safe and doing well. However, childhood is also a time of vulnerability and a child's outcomes can vary depending on where they live and their family's circumstances. This report brings together a range of data on children's wellbeing and their experiences at home, school and in the community. It summarises the main findings from *Australia's children*, available at <http://www.aihw.gov.au>.

