# Australia's youth

**Web report** | Last updated: **25 Jun 2021** | Topic: Children & youth | Media release

## About

Adolescence and young adulthood is a critical period in a person's life. It is a time for finishing school, pursuing further training and education, entering the workforce, transitioning from dependence to independence and forming relationships. The foundations for future health and wellbeing are also laid down at this time. This report brings together a wide range of data on the wellbeing of young people aged 12–24. It also provides an overview of the impact of COVID-19 on young people. Highlights are presented in *Australia's youth: in brief*.

**Cat. no:** CWS 81

- Explore youth topics
- Data gaps

**Findings from this report:**

- Severe psychological distress among 18–24 year olds increased from 14% in February 2017 to 22% in April 2020

- In February 2021, 11% of 15–24 year olds were not in education, employment or training; similar to February 2020

- Between 2001 and 2019, rates of 14-24 year olds who drank at risky levels, smoked daily, or used drugs illicitly fell

- In 2019, police-recorded sexual assault was 9 times as high for females as males aged 15–24

# Introduction

**On this page:**

*Australia's youth* provides a picture of the wellbeing of young people living in Australia. It assembles the latest available data on a wide range of topics to explain how Australian young people are faring and what changes have occurred over time. It builds on previous Australian Institute for Health and Welfare (AIHW) youth reporting–including *Young Australians: their health and wellbeing 2011* and the 2015 data portal *National Youth Information Framework (NYIF) indicators*-and is a companion report to *Australia's children*. It also outlines related data gaps, thereby providing a platform to support the improvement of and need for regular reporting on young people.

Young people are defined in this report as those aged 12–24. This life stage, from adolescence to young adulthood:

- is a critical time for acquiring the emotional and cognitive abilities for independence, completing education and transitioning to employment, civic engagement and for forming lifelong relationships (Patton et al. 2016)
- is a time when identity and sense of self are changing, and when values are formed (Harris et al. 2015)
- is a time when the foundations for health and wellbeing are laid down for these parents of tomorrow, thus influencing not only their future health and wellbeing but also that of the next generation (Patton et al. 2016).

The pathways from education to work, and from the parental home to independent living, have become more varied and complex for young people, and often take longer than in the past (AIHW 2015). The challenges these pose make resilience a key life skill to develop during adolescence, to cope with difficult or stressful situations. Resilient people who know their own strengths and use them to achieve their goals have been reported to have higher wellbeing scores (APS 2016).

Since early 2020, COVID-19 has emerged as a major health threat and disrupted almost all parts of society worldwide, including Australia. Data until 16 June 2021 has shown that although case numbers are high among young Australians, deaths have been low compared to older age groups. However, it has had a substantial social and economic impact on young Australians, particularly in relation to psychological distress, educational disruption, unemployment, and housing stress and safety.

At the time of publication, data suggest some outcomes for young people have returned to pre-COVID-19 levels. However, the full impact of COVID-19 on young people is likely to be complex, long term, and will not be fully understood for some time. As many life trajectories are set in place during adolescence and young adulthood, having regular data collection in place to monitor the wellbeing of young people over time and across domains has become even more important.

## About the report

The topics included in *Australia's youth* are based on the 7 domains of the AIHW people-centred data model–health, social support, education, employment, income and finance, housing, and justice and safety. A separate section on the impact of COVID-19 on young people is also included (see COVID-19 and the impact on young people). The report supports comparisons across different groups and internationally, where possible.

As a starting point, the following policy and national documents were used to identify areas of ongoing policy relevance, and issues considered important to young people:

- the National Framework for Protecting Australia's Children
- Australia's Youth Mental Health and Suicide Prevention Plan, with a special focus on Indigenous young people
- the National Action Plan for the Health of Children and Young People 2020–2030
- the Productivity Commission's Inquiry report on mental health
- the Alice Springs Education Declaration
- the Measurement Framework for Schooling in Australia
- Mission Australia Youth Survey reports

- Organisation for Economic Co-operation and Development (OECD) Action Plan for Youth.

The selection of final topics for the report was based on advice from the AIHW's Child and Youth Information Advisory Group, members of the Wellbeing, Health and Youth (WH&Y) Commission aged between 15–21, and data availability and/or suitability. The report is not meant to reflect all major topics important to young people. For more information, see The voice of young people.

Each topic section outlines the importance of the subject to youth wellbeing and, wherever possible, presents data on established measures over time and for particular population groups. International comparisons are included where available, and sources with more information are given. Available national or state or territory data sources have been used for those topics with no established measures to give some insight into the topic.

A companion PDF report, (Australia's youth: in brief), presents a high-level summary of key statistics and findings from the report.

## COVID-19 and the impact on young people

Where COVID-19 data for 2020 and early 2021 were available from the data collections underpinning this report, they are included. However, data were not yet available for many of these collections.

An additional section, COVID-19 and the impact on young people, overviews the emerging picture of the impact of COVID-19 on young people across the 7 domains of the report. It draws on several new surveys conducted since the pandemic began that were specifically geared to assessing the impact of COVID-19. Some of these data have limitations (for example, the sample size of young people included). Given the nature of the data available and their limitations, the COVID-19 information included is not always nationally representative; it does, however, represent the best available data.

## Young people in scope

Definitions of the age range for young people vary across Australian and international data collections and reporting. For this report, youth are defined as those aged 12–24. This age range complements that in Australia's children and the Children's Headline Indicators aged 0–12, noting there is 1 year of overlap for young people aged 12.

Where data for young people aged 12–24 are not available or readily published, or the numbers are too small for robust reporting, a different age range (most commonly 15–24 years) is reported. This is especially the case for health-related data from the Australian Bureau of Statistics (ABS).

Regardless, the age range reported in Australia's youth complements that used for equivalent indicators in Australia's children. For example, if data were reported for children aged 0–14 in Australia's children, the age range reported in Australia's youth will be 15–24 (Figure 1). (Summary demographic information is given for young people aged 12–24 in Demographics of Australian young people and their families).

Wherever possible, this report presents data for sub-age groups. The age range for sub-groups is based on robustness of the data and alignment with relevant guidelines (for example, legal age for drinking, physical activity and nutrition guidelines).

### Figure 1: Relationship between AIHW reporting on children and youth



| Child reporting | | Youth reporting | |
|---|---|---|---|
| Prenatal and early childhood | Primary school children (5–12 years) | Adolescence (12–19 years) | Young adults (20–24 years) |

## An ecological approach to reporting youth wellbeing

The ecological approach to youth reporting adopted for this report considers how factors that shape people's health interact within and between different social and ecological 'levels'. The specific approach taken derives from existing frameworks for children and young people used in Australia: The young person is at the centre and their development and wellbeing occurs within dynamic concentric circles of influence exerted by different settings, namely:

- immediate influences of a confident and capable family
- direct and indirect influences of strong and supportive communities
- broader influences of the wider society in which the young person lives (Tasmanian DHHS 2018; Victoria Department of Education and Training 2018).

The many influences on young people of these spheres can be organised into information domains. As mentioned earlier, this report is structured around the 7 domains of the AIHW's people-centred data model, developed to measure and report on the health and welfare of the general population. Modified for youth reporting, it includes 7 information domains across the health and welfare sectors: individual health, social support, education, employment, income and finance, housing, and justice and safety. The interrelationship of these domains in the context of youth wellbeing is highlighted in Figure 2.

While the 7 domains are represented separately in Figure 2, they are not mutually exclusive, but rather interconnected in the lives of young people.

- For example, while the importance of physical and mental health within the health domain is well established, health impacts young people's lives across all domains and different sectors, including family life and housing, education and employment, and justice and safety.

Currently, data are mostly available from separate and disconnected sources. This makes it difficult to undertake regular national reporting on many topics that cut across different domains–such as physical and mental health within the context of education or work, homelessness or unstable housing, or of young people in the justice system. Regular national reporting on such cross-cutting themes requires regular national multi-sectorial data linkage. For more information, see Data gaps.

**Figure 2: AIHW people-centred data model and an ecological approach to the wellbeing of young people**



## The voice of young people

According to *Mission Australia Youth Survey report 2020*, young people aged 15 to 19:

- identified equity and discrimination, COVID-19 and mental health as the 3 most important issues in Australia today
- reported the following 3 issues to be of the most personal concern: education, mental health and COVID-19 (see also COVID-19 and the impact on young people (Tiller et al. 2020)).

For this report, the AIHW sought the perspective of some young people through collaboration with the Wellbeing, Health and Youth (WH&Y) Commission. The Commission, which was established as part of the Wellbeing, Health and Youth NHMRC Centre of Research Excellence in Adolescent Health:

- is a platform for young peoples' ongoing participation in the design of adolescent health research agendas, research design and innovative methods, as well as for working through ethical dilemmas and advising on translation of adolescent health research
- has 20 members (currently) aged 15–22 from a diverse range of socioeconomic and ethnic backgrounds and lived experience
- is being supported to become an expert group of young people trained in a range of core aspects of research and translation.

The Commission also provided input into the topic selection for *Australia's youth*, and drafted 3 topic sections of particular importance to members and for which only limited data are currently available. For more information, see Contributions from young people for information pieces on Climate change, Discrimination, belonging and health and LGBTIQ+ young people.

Providing children and young people with a voice on their experiences is a role undertaken by the National Children's Commissioner, and state and territory children's commissioners. For more information, see Where do I find more information?

## Population groups

The AIHW's people-centred data model approach supports reporting on inequities in health and wellbeing outcomes that are influenced by the social determinants of health. Groups of young people at increased risk of experiencing health inequities who may need additional support include those:

- from Aboriginal and Torres Strait Islander backgrounds
- from culturally and linguistically diverse backgrounds, including young people in refugee and asylum seeker families
- with disability
- who identify as lesbian, gay, bisexual, trans and gender diverse, or who have intersex variations
- living or have lived in out-of-home care
- who are incarcerated
- with parents who are incarcerated

- born into poverty
- experiencing socioeconomic disadvantage
- living in rural and remote communities (AHRC 2017; RACGP 2018).

Being among one of these groups does not equate to inherent vulnerability. It is increasingly recognised that vulnerability exists on a continuum and arises from circumstances and contexts, rather than from intrinsic qualities of individuals or groups (NHMRC 2020). Neither are these groups mutually exclusive; there can be overlap between them. Young people who experience multiple forms of vulnerability are likely to be particularly at risk of poor outcomes.

- For example, research has found that more than half of young people who had been in youth justice supervision had also received child protection services (AIHW 2018).

To help to identify where health inequity exists, the report aims to present data for each domain disaggregated by young people from selected population groups, wherever possible. However, this is one area where there is an overarching critical data gap (see Data gaps). Due to current data availability, reporting has generally been limited to young people:

- from culturally and linguistically diverse backgrounds or born overseas
- living in different geographical areas (remoteness)
- living in areas with different socioeconomic characteristics based on the ABS Index of Relative Socio-Economic Disadvantage (see Methods).

At times, due to small sample sizes of young people in a number of surveys, data disaggregated for these 3 populations are not possible (see also Data gaps).

It should be noted that young people living in rural and remote areas face unique challenges due to their geographic location and often have poorer health outcomes than young people living in metropolitan areas. They also have poorer access to, and use of, primary health-care services (AIHW 2020). Due to the limited length of this report and extensive coverage of Indigenous young people and young people with disability in other recent AIHW publications, these 2 priority populations are not included in this report.

- For more information on Indigenous young people, see:
  - *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018* (links to relevant topics in this report are provided in each section under the heading **Where do I find more information?**)
  - *Aboriginal and Torres Strait Islander Health Performance Framework (HPF) report 2020*.
- For young people with disability, see *People with disability in Australia*.

This report does include some overarching information on young people living in out-of-home care; however, additional data on this group of young people from other sources are very limited. For information on specified indicators relating to out-of-home care, see the National Standards for Out-of-Home Care (the National Standards) under the National Framework for Protecting Australia's Children 2009-2020.

Reporting data for different groups is important for high-level national reporting; however, as each sub-group is reported separately, insight on the multiple disadvantages that children may experience is not given.

- For example, young people living in out-of-home care can also experience relatively high social and economic disadvantage (Royal Commission into Institutional Responses to Child Sexual Abuse 2017). Moreover, young people experiencing economic disadvantage may also face social exclusion.

## National initiatives and reporting on youth wellbeing

Responsibility at the national level for services and/or policies to support core elements of youth wellbeing—health, development, learning and safety-cuts across different sectors, and across different government departments of:

- Health
- Social Services
- Education, Skills and Employment
- Prime Minister and Cabinet, which includes the National Office for Child Safety.

At a national level, several initiatives, developments and/or publications have specifically recognised the importance of supporting young people, including:

- the National Youth Policy Framework, which will outline how Australian Government policies and programs help to improve the lives of young Australians and give young people a voice in policies that affect them
- the *Youth Taskforce Interim Report*, released in 2020 by the former national Youth Taskforce within the Department of Health, provides research and feedback from a consultation process with young people and experts to guide the development of the National Youth Policy Framework. In December 2020, responsibility for youth moved to the Department of Education and Skills
- the National Action Plan for the Health of Children and Young People 2020-2030
- the Youth Mental Health and Suicide Prevention Plan, with a particular focus on Indigenous suicide prevention and mental health support for children and their families
- the Productivity Commission's *Mental Health Inquiry report*, which includes recommendations for children's wellbeing across the education and health systems, and support for the mental health of tertiary students

- the National Children's Mental Health and Wellbeing Strategy, which will provide a framework to guide critical investment in the mental health and wellbeing of children and families
- the Australian Student Wellbeing Framework, that provides Australian schools with a vision and a set of guiding principles to support school communities in building positive learning environments, and to consider reviewing their current safety and wellbeing policies and support requirements
- the start of work to develop a new framework to replace the National Framework for Protecting Australia's Children 2009–2020
- the Commonwealth Child Safe Framework (CCSF), which sets minimum standards for creating and maintaining child safe culture and practices in Australian Government entities.

As a result of the shared responsibility for youth health and wellbeing, national reporting frameworks have been developed by different government departments as well as by non-government agencies to support decision making. Some are youth specific and broad in scope; some focus on an aspect of child and youth wellbeing (such as child safety). Others cover whole-of-population, or specific population groups (for example, Aboriginal and Torres Strait Islander people) and either include indicators relevant to youth and/or disaggregate for youth. Figure 3 categorises the current frameworks.

**Figure 3: National frameworks relevant to youth**

**General youth frameworks**

**Government**

Australia's youth

**Non-government**

ARACY's (Australian Research Alliance for Children and Youth) The Nest Wellbeing Framework and The Nest Report Card: the wellbeing of young Australians

**Whole population and sector specific**

**Health**

- Australian Health Performance Framework[a]
- National Healthcare Agreement
- National Strategic Framework for Chronic Conditions[b]

**Welfare**

- Australia's Welfare Indicator Framework
- National Disability Agreement
- National Housing and Homelessness Agreement[c]

**Youth and sector specific**

**Health**

- National Action Plan for Health of Children and Youth People 2020–2030 Health (*currently no reporting*)
- Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health (*currently no reporting*)

**Safety**

- National Framework for Protecting Australia's Children[d]
- National Standards for Out-of-Home Care

**Education and employment**

- National Schools Reform Agreement
- National Agreement for Skills and Workforce Development

**Aboriginal and Torres Strait Islander People**

- Aboriginal and Torres Strait Islander Health Performance Framework

- Aboriginal and Torres Strait Islander Health Plan: Implementation Plan goals

- National Indigenous Reform Agreement

- National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families

(a) The Australian Health Performance Framework subsumes the National Health Performance Framework and the Performance and Accountability Framework. A core set of indicators has been agreed.

(b) The National Strategic Framework for Chronic Conditions Reporting Project, being developed by the AIHW, is expected to be finalised later in 2021.

(c) Children and young people are a priority cohort under the National Housing and Homelessness Agreement.

(d) The National Framework for Protecting Australia's children expires in 2021. A successor plan is being developed.

Some variation exists across the frameworks in relation to the:

- breadth and depth of domain subjects covered
- age range reported
- disaggregation of data for specific populations
- frequency of reporting (Table 1).

Table 1: Domain commonalities across national reporting frameworks

| Framework | Age in years | Disaggregation | Reporting frequency |
|---|---|---|---|
| Key national indicators of youth health, and wellbeing (National Youth Information Framework indicators) | 12–24 | Age group, gender, Indigenous status, CALD, remoteness, SES, some international | 4-yearly to 2015 |
| ARACY The Nest Report Card | 0–24 | Indigenous, international | 5-yearly |
| National Framework for Protecting Australia's children | 0–17 | Age, gender, Indigenous, CALD (for some indicators) | Annual |
| National Standards for Out-of-Home Care | 0–17 | Indigenous, remoteness (for selected indicators) | Annual |
| Australian Health Performance Framework | Whole population | Varying ages | 2-yearly |
| Australia's Welfare Indicator Framework | Whole population | Varying ages | 2-yearly |
| National intergovernmental agreements | Whole population/students | Varying ages | Annual |
| Aboriginal and Torres Strait Islander Health Performance Framework | Whole population | Varying ages | 2-yearly |
| Aboriginal and Torres Strait Islander Health Plan: Implementation Plan goals | Whole population | Varying ages | Annual |

Abbreviations: ARACY (Australian Research Alliance for Children and Youth); CALD (culturally and linguistically diverse); SES (socioeconomic status).

Of the 7 domains in the AIHW people-centred data model, in relation to young people, the Health domain has the most established measures across the various frameworks while the Income and finance and Employment domains have the fewest (Table 2).

Table 2: Established measures under national reporting frameworks

| Framework | Health | Social support | Education | Employment | Income and finance | Housing | Justice and safety |
|---|---|---|---|---|---|---|---|
| Key national indicators of youth health, and wellbeing (National Youth Information Framework indicators) | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| ARACY The Nest Report Card | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| National Framework for Protecting Australia's children | ✔ | ✔ | ✔ | | ✔ | ✔ | ✔ |
| National Standards for Out-of-Home Care | | ✔ | ✔ | | | | ✔ |
| National core maternity indicators | ✔ | | | | | | |
| Australian Health Performance Framework | ✔ | | | | | | |
| Australia's Welfare Indicator Framework | ✔ | ✔ | ✔ | ✔ | | ✔ | ✔ |

| National intergovernmental agreements | NHA NDA NIRA | | NSRA NIRA | | | NHHA | |
|---|---|---|---|---|---|---|---|
| Aboriginal and Torres Strait Islander Health Performance Framework | ✔ | ✔ | ✔ | | | ✔ | ✔ |
| Aboriginal and Torres Strait Islander Health Plan: Implementation Plan goals | ✔ | | | | | | |

Abbreviations: ARACY (Australian Research Alliance for Children and Youth); NHHA (National Housing and Homelessness Agreement); NSRA (National Schools Reform Agreement); NYIF (National Youth Information Framework).

There is growing interest in Australia and internationally in developing positive indicators for wellbeing. However, historically many national well-established indicators, including some presented in this report have a deficit, rather than a strengths-based focus. This can potentially reinforce negative stereotypes about young people.

## Data supporting national indicator reporting

*Australia's youth* aims to present a national overview of how Australian youth are faring at a particular point in a way that can be regularly updated and allow for progress to be tracked. It therefore focuses on data that are nationally representative, collected periodically, and that support population-level comparisons.

The report draws predominantly on:

- administrative data sets held by the AIHW
- national surveys by the ABS
- specific national collections, such as the National Assessment Program – Literacy and Numeracy.

A mix of administrative by-product data and data collected directly from young people is included. See Data sources for a full listing of data sources used. However, for some topics of interest, where nationally representative data collected periodically are not available, other national data sources, or sub-national data sources, have been used to further insight on a topic.

In future, data integration could enable improved national reporting. For example, data could be brought together from multiple sources on select population groups (such as young people in out-of-home care and young people with disability) to better understand their use of services across multiple sectors (such as education, health and justice) and their transitions over time (such as from school to work). Data integration would also facilitate improved understanding of topics that cut across different domains, such as mental health.

## Where do I find more information?

For more information on Children's Commissioners in Australia, see:

- National Children's Commissioner
- Children and Young People Commissioner, Australian Capital Territory
- Children's Commissioner, Northern Territory
- Office of the Public Guardian, Queensland
- Office of the Guardian for Children and Young People, South Australia
- Commissioner for Children, Tasmania
- Commission for Children and Young People, Victoria
- Commissioner for Children and Young People, Western Australia.

## Advisory and expert groups

The guidance and feedback on this report from the following groups is gratefully acknowledged.

**AIHW Child and Youth Information Advisory Group**

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- Australian Bureau of Statistics (ABS)
- Australian Council for Educational Research (ACER)
- Australian Institute of Family Studies (AIFS)
- Australian Institute of Health and Welfare (AIHW)

- Australian Research Alliance for Children and Youth (ARACY)
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![Australian Government — Australian Institute of Health and Welfare]

# Demographics

## Demographics of Australian young people and their families

**On this page:**

- How many young people are there in Australia?
- Where do young people live?
- What are the common living arrangements of young people and how has this changed?
- References
- Technical notes

## How many young people are there in Australia?

In 2020, an estimated 3.2 million young people aged 15–24 lived in Australia, making up 12% of the whole population (ABS 2020a). Key demographic information for young people based on 2020 data (or the latest data available) follows. Updates to some of the demographic information will be available from the 2021 Census:

47% (or 1.5 million) of young people were aged 15–19 and 53% (or 1.7 million) were 20–24

51% (or 1.7 million) were male and 49% (or 1.6 million) were female

6.1%* (or 181,000) identified as gay, lesbian or having an 'other' sexual orientation in the Australian Bureau of Statistics (ABS) General Social Survey in 2019

Aboriginal and Torres Strait Islander young people made up 5.1% (or 164,000) of the young person population in 2019, with 2.6% (or 84,300) males and 2.5% (or 80,200) females

25% (or 814,000) were born overseas, with the largest populations from China (excluding special administrative regions and Taiwan) (4.5% or 148,000), India (2.7% or 87,600), New Zealand (1.9% or 63,200) and England (1.7% or 56,500) in 2019

Around 3,700 young people aged 12–24 permanently resettled under the Refugee and Humanitarian program in 2019–20; with around 1,800 being 12–17 year olds and around 2,000 being 18–24 year olds

9.3% (or 291,000) of young people had disability in 2018, with 4.7% (or 147,000) being males and 4.6% (or 145,000) females (ABS 2019a)

6.0% (or 188,000) of young people were informal carers in 2018, with similar rates in males and females. 0.6% (or 18,600) were primary carers, with 0.4% (or 7,000*) of males and 0.9% (or 13,700) of females

The most common religious affiliations in 2016 were Christianity (45% or 1.3 million), no religious affiliation (37% or 1.1 million), Islam (3.3% or 97,000) and Buddhism (2.5% or 75,000)

\* Indicates the value has a relative standard error of 25% to 50% and should be used with caution. | Note: Estimates and proportions for demographics may vary depending on the data source used. | Sources: ABS 2017a, 2019a, 2019b, 2020a, 2020b, 2020c; DoHA 2020.

## Where do young people live?

In 2020, the population distribution of young people aged 15–24 is similar to that for all Australians. Most young people lived in New South Wales (31% or 1.0 million) followed by Victoria (27% or 850,000), Queensland (21% or 658,000), Western Australia (10% or 321,000), South Australia (6.8% or 216,000), Tasmania (2.0% or 62,700), the Australian Capital Territory (1.8% or 56,500) and the Northern Territory (1.0% or 31,200) (ABS 2020a). All states and territories had similar proportions of young people, ranging between 12% and 13% (ABS 2020a).

In 2019, of young people aged 15–24:

- 75% live in *Major cities* (2.4 million young people)
- 16% live in *Inner regional* areas (528,000)
- 7.1% live in *Outer regional* areas (233,000)
- 1.6% live in *Remote* or *Very remote* areas (53,000).

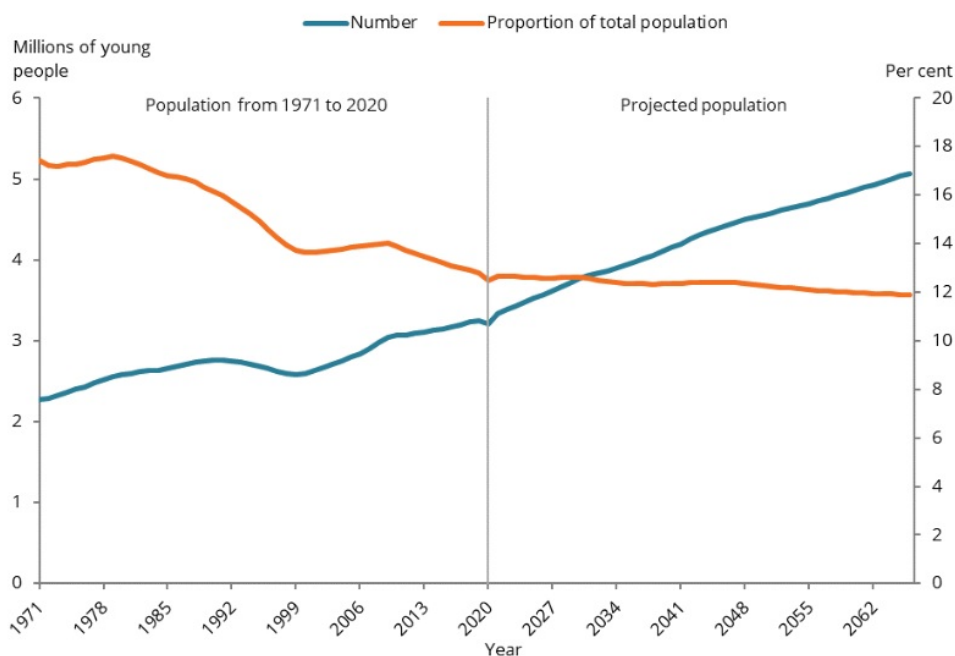## How has the proportion of young people changed over time?

From 1971 to 2020, among young people aged 15–24 in Australia:

- the population has grown, on average, from 2.3 million to 3.2 million
- their proportion relative to the Australian population has been steadily declining (from 17% to 12%) due to sustained low fertility and increased life expectancy (also referred to as 'population ageing') (Figure 1).

From 2021 to 2066, projections suggest that:

- the proportion of young people relative to the Australian population will remain much the same until 2066
- the number of young people will continue to grow, from 3.2 million in 2020 to 5.1 million in 2066 (Figure 1).

**Figure 1: Number of young people aged 15–24 and proportion of the total Australian population, 1971 to 2066**



Note: The vertical line indicates 2020. Population projections (from 2021 onwards) are based on ABS Projection Series B. See ABS 2018b for the assumptions on which Projection Series B is based.

Chart: AIHW.

Sources: ABS 2017b, 2018a, 2018b, 2020a.

## What are the common living arrangements of young people and how has this changed?

In 2017–18, the majority of young people aged 15–24 lived with their parent or parents as either a dependent student (46% or 1.4 million) or a non-dependent child (a person without a spouse or offspring in their own household who is not a full-time student) (29% or 884,000). For information on young people in out-of-home care, see Young people in out-of-home care.

A far greater proportion of young people aged 15–19 lived as a dependent student (74% or 1.1 million) than in other living arrangements. The next most common living arrangements were:

- as a non-dependent child (19% or 275,000 young people)
- as an other related individual (for example, niece or nephew) (2.3% or 33,200) (ABS 2019c).

20–24 year olds had a broader range of living arrangements than 15–19 year olds, with most living as non-dependent children (37% or 613,000) followed by:

- 21% (or 350,000) as dependent students
- 17% (or 283,000) with a husband, wife or partner; 13% without children and 3.6% as a parent with any number of children aged under 15
- 14% (or 227,000) with a non-family member (ABS 2019c).

From 2007–08 to 2017–18, the proportion of young people aged 15–24 living with their parent/s (as a dependent student or non-dependent child) increased from 69% (or 2.0 million) to 75% (or 2.3 million):

- This increase was larger for 20–24 year olds (from 48% or 701,000 to 58% or 958,000) than for 15–19 year olds (from 91% or 1.3 million to 94% or 1.3 million) (ABS 2019c).

A 2019 analysis of longitudinal data from the Household, Income and Labour Dynamics in Australia Survey compared how the rates of young people aged 18–29 who moved out of and back in to their parental home changed over time. This analysis found that the higher proportion of young people living at home in recent years is driven by a lower proportion moving out, and not a growth in the proportion moving back in to their parental home (Wilkins et al. 2020).

The analysis suggests that young people are living with parents for longer due to social developments and economic, educational and cultural reasons. These include broad trends such as:

- marriage decline
- increased participation in post-school education
- the decline in employment opportunities for young people (Wilkins et al. 2020).

See also COVID-19 and the impact on young people for information on young people who reported changes to their living arrangements during the COVID-19 pandemic.

### References

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ABS 2017b. Australian demographic statistics, Jun 2017. ABS cat. no. 3101.0. Canberra: ABS. Viewed 19 April 2021.

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ABS 2019a. Microdata: Disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

ABS 2019b. Disability, ageing and carers, Australia: summary of findings. ABS website. Canberra: ABS. Viewed 19 April 2021.

ABS 2020a. National, state and territory population. ABS website. Canberra: ABS. Viewed 15 December 2020.

ABS 2020b. General Social Survey: summary results, Australia. ABS website. Canberra: ABS. Viewed 15 December 2020.

ABS 2020c. Estimated resident population, country of birth, age and sex – as at 30 June 1996 to 2019, *People, Population*. Viewed 6 November 2020.

DoHA (Department of Home Affairs) 2020. Settlement data reports — financial year 2019-2020. Viewed 6 November 2020. www.data.gov.au

Wilkins R, Laß I, Butterworth P & Vera-Toscano E 2020. The household, income and labour dynamics in Australia survey: selected findings from waves 1 to 19: the 14th annual statistical report of the HILDA survey. Melbourne: Melbourne Institute. Viewed 19 April 2021.

### Technical notes

#### ABS data sources

1. At the time of this report, the ABS estimated resident population presented in Australian Demographic Statistics is based on biological sex and does not distinguish by sex other than males and females, see the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables for more details.
2. Sexual orientation is identified in the General Social Survey. Respondents are asked which of the following best describes how they think of themselves: straight (heterosexual); gay or lesbian; bisexual; or other sexual orientation.
   There is variation in the collection of data involving sexual orientation and estimates may vary depending on the methods used.
3. 8.8% (or 262,000) of young people aged 15–24 chose not to state their religious affiliation in the 2016 Census of Population and Housing.
4. A carer is a person who provides any informal assistance (help or supervision) to people with disability or older people (aged 65 years and over). The assistance must be ongoing, or likely to be ongoing, for at least six months. In the ABS Survey of Disability, Ageing and Carers a primary carer is a person who is aged 15 or over and provides the most informal assistance to a person with one or more disabilities, with one or more of the core activities of mobility, self-care or communication. For more details refer to Appendix – carers – Disability, Ageing and Carers, Australia: Summary of Findings methodology.

#### Other sources

The Australian Refugee and Humanitarian program can be accessed by people in humanitarian need who are: outside Australia (offshore), and need to resettle to Australia when they do not have any other durable solution available; and already in Australia (onshore), and who want to seek protection after arriving in Australia.

For general technical notes relating to this report, see also Methods.

# Explore youth topics

Each topic section outlines the importance of the subject to youth wellbeing and, wherever possible, presents national data on established measures over time and for particular population groups. International comparisons are included where available, and sources with more information are given. Available national or state or territory data sources have been used for those topics with no established measures to give some insight into the topic.

**COVID-19 and young people**

- COVID-19 and the impact on young people

**Health**

- Alcohol, tobacco and other drugs
- Body mass index
- Deaths
- Health literacy
- Infectious diseases
- Mental illness
- Nutrition
- Physical activity
- Subjective wellbeing
- Unintentional injuries

**Social support**

- Family relationships
- Intimate relationships
- Peer relationships and social networks

**Education and employment**

- Engagement in education or employment
- Non-school qualifications
- Secondary school education

**Income and finance**

- Income support for young people
- Income: household and individual
- Material deprivation and financial stress

**Housing**

- Homelessness and overcrowding
- Housing stress

**Justice and safety**

- Bullying and negative online experiences
- Crime and violence
- Young people in out-of-home care

**Contributions from young people**

- Contributions from young people

# Data gaps

## Data gaps and development opportunities

Much is known about the health and wellbeing of young people in Australia. There are still notable gaps and limitations, however, which limit national population-level monitoring over time. The COVID-19 pandemic has further highlighted some of these limitations, particularly the need for nationally consistent time-series data on a wide range of topics.

This section identifies overarching data gaps that affect the quality of reporting against all, or most, of the 7 domains of the wellbeing of young people (see Introduction). It includes nationally relevant data gaps that relate to specific topics.

The national relevancy of these data gaps has been established, based on whether the topics have been identified as national policy priorities – such as those outlined in Healthy, safe and thriving: National Strategic Framework for Child and Youth Health, and in the National Action Plan for the Health of Children and Young People 2020–2030 – and/or raised by a national expert group as topics for which data gaps exist.

The information presented here forms a basis for future discussions on national data and information development priorities; it not exhaustive.

## Overarching data gaps

A number of overarching data gaps affect several topic areas and/or domains. Some of these gaps, such as lack of information on some health and community services, also apply to whole-of-population reporting.

### The voice of young people

Current ongoing, national data sources that support population-level monitoring over time are predominantly:

- administrative (information is collected as part of service delivery)
- surveys (which are generally administered only to those aged 15 and over or 18 and over).

This means that, for some measures, data on young people ages 12–15, or sometimes 12–18, are not available.

Reporting on the voice of young people may mean looking at different modes of data collection and also understanding how young people would like to see their opinions and data reported.

### Population groups

Reporting data for different population groups is critical for understanding issues of inequity, and for providing services and resources based on need. But it is often not possible to report data by population groups. This is particularly the case if the data come from surveys with small sample sizes that may not be representative of smaller population groups.

The range of population groups for which data are not readily available include:

- young people of refugee and asylum seeker families
- young people from culturally and linguistically diverse (CALD) backgrounds or children born overseas
- young people living and who have lived in out-of-home care
- incarcerated young people
- young people with disability
- young people who identify as lesbian, gay, bisexual, trans and gender diverse, or young people who have intersex variations.

Where some groups are included in surveys – such as those from a CALD background, or those living in the lowest socioeconomic areas – small sample sizes often prevent any significant differences being detected between groups.

### Health and community services

These services may be delivered by governments, or by non-government organisations (for-profit and not-for-profit). Existing data are often fragmented, incomplete and inconsistent. Policy and service delivery approaches for young people vary across Australia, involving multiple sectors and governments. This can influence the scope and consistency of data collection at a national level. Current data are generally available for specific services or life stages (for example, from hospitals and schools).

Many health and community services collect data as part of their daily operations. Some services have data collated and routinely reported at national level (such as specialist homelessness services and child protection services), but many do not. This may be because:

- data are inconsistently collected
- there is no national mechanism for collating and/or reporting
- collated data are not nationally comparable.

Better reporting of some health and community services – for example, primary health care, sexual assault services, youth services and family domestic violence support services – could provide a more complete picture of service use by young people across Australia. It could also benefit service planning by identifying:

- the most in-demand services
- the key needs of young people accessing the services
- any unmet need.

This information, together with other data on prevalence and experiences, could then be used to predict demand and needs.

## Pathways, transitions and outcomes

There are currently no nationally agreed indicators to measure how:

- young people transition through major development stages
- young people interact with services and different systems
- these interactions impact outcomes.

The growth of nationally linked (or joined up) administrative data may help to provide more insightful indicators in the future (Box 1).

At a national level, data linkage activities continue to develop. There are some enduring national integrated data sets to support cross-sectoral and pathways analysis. However, with no single, proven national approach to routinely linking Commonwealth and state and territory data, there is limited ability to follow young people holistically through a wide range of data sources to assess their service use patterns and needs, outcomes, and related risk and protective factors. National integrated data sets can support governments and others to effectively evaluate services and to better understand young people's experiences and outcomes over time.

### Box 1: Nationally linked administrative data

**National Disability Data Asset (NDDA)**

The NDDA is currently in a pilot phase. The pilot aims to identify the most effective ways to share, link and access de-identified data to develop a more complete picture and a better understanding of the life experiences and outcomes of people with disability in Australia, their families and carers.

It will also focus on the best ways to protect people's privacy, including data de-identification and information security methods (DSS 2020). One area in which the NDDA could provide a better understanding of outcomes for young people with disability is the transition pathway from education to work.

**Data Over Multiple Individual Occurrences (DOMINO)**

The longitudinal researchable database on income support payments and characteristics (Data Over Multiple Individual Occurrences: DOMINO) aims to examine the long-term welfare outcomes and transitions for vulnerable and disadvantaged young people.

Two successfully completed linkages have shown the value of viewing a young person's experiences from a broader perspective. These were for:

- children who have experienced out-of-home care – by linking DOMINO with state and territory out-of-home care data (AIHW forthcoming)
- young people leaving youth justice supervision – by linking DOMINO with the Youth Justice National Minimum Data Set (AIHW forthcoming).

## Geographic areas

There is limited information routinely available at small geographic levels to inform local needs assessment and planning. High-quality data reported by geographical areas would provide useful information (for instance, how far young people travel to access certain services or employment) or identify areas with higher rates of disease where services should be targeted.

Future reports could explore the inclusion of data at lower geographic areas. However, nationally, some data gaps also exist in these areas.

- The quality and consistency of geographic units (such as postcode or ABS Statistical Area Level 2) varies between data sets.
- Even if available, geographic data may not be able to be presented due to concerns about confidentiality and the statistical validity of reporting data from small populations, or it may be based on service location rather than the young person's location.

## International comparisons

Inclusion in international youth wellbeing surveys allows Australia to compare how its young people are faring relative to their peers in other countries. International comparisons, where data are readily available, have been included in the report.

Currently, Australia does not provide data to the Programme for International Student Assessment (PISA) on life satisfaction. Nor does it participate in the Health Behaviour in School-aged Children survey, which includes measures for 15-year-olds on a range of wellbeing measures, including family and peer relationships.

## Topic-specific data gaps

*Australia's Youth* provides a national overview of how Australian young people are faring at a particular point in time, in a way that enables regular updating and tracking of progress.

For this reason, the report focuses mainly on national data, collected periodically, that supports population-level comparisons. Table 1 summarises current topics where national data for this purpose are not available or are limited.

Topics are grouped according to the child-centred domains, and a separate category – the Environment. Environment includes built and natural environment topics as well as those covering contextual factors, such as service availability.

Table 1: Topic gaps in national reporting of the wellbeing of young people, by domain

| Domain | Topic gaps |
|---|---|
| Health | <ul><li>Body image (noting the National Study of Mental Health and Wellbeing will include data on binge eating, and the importance of weight and/or shape to perception of self for those aged 16–85)</li><li>Sleep (for example, amount and quality)</li><li>Food allergies</li><li>Medical technology and devices used by young people with health conditions</li><li>Impact of device and social media usage on health</li><li>Health literacy in primary and secondary school students, including what they consider to be their key sources of health-related knowledge</li><li>Health of children of population groups, including young people in out-of-home-care or involved with the justice system</li><li>Co-occurrence of health conditions among population groups (for example, young people involved with the justice system)</li></ul> |
| Social support | <ul><li>Aspects of family and household composition (for example, family networks outside the household dwelling)</li><li>Parenting</li><li>Topics related to family functioning</li><li>Shared care arrangements (for example, number of children in these arrangements and the proportion of time children spend with each parent)</li><li>Extracurricular activities (outside of organised sport)</li><li>Cultural identity</li></ul> |
| Education | <ul><li>Student engagement (cognitive)</li><li>School expulsions and suspensions</li><li>Truancy and school dropout rates</li><li>National level data on student wellbeing and experiences for primary and secondary school students</li></ul> |
| Housing | <ul><li>Transport (for example, access to private transport, public transport and a driver's licence; and relationship between access and socioeconomic factors)</li><li>Housing instability, including the characteristics of young people who experience this</li></ul> |
| Justice and safety | <ul><li>Prevalence of child abuse and neglect</li><li>National data on diversionary programs</li><li>Children's exposure to violence</li><li>Bullying (Note that, in 2019–20, the Department of Education, Skills and Employment commissioned the Telethon Kids Institute, led by Professor Donna Cross, to undertake a literature review and develop a project plan as a first step to determining requirements for an updated Bullying Prevalence Study. Progression to stage two of this project is still under consideration.)</li><li>Racism</li></ul> |
| Environment | <ul><li>Physical environment (built and natural)</li><li>Social environment (for example, number of interactions with peers online and/or face-to-face)</li><li>Community governance (for example, participation in local decision making)</li><li>Civic engagement and political participation (for example, participation in campaigns or direct action strikes)</li><li>Impact of climate change on current and future wellbeing</li><li>Access to technology (for example, smartphones)</li></ul> |

## What could be done to improve the evidence?

A number of options are available for improving national information on the wellbeing of young people. These options are not exhaustive, and different options will meet different information needs.

Table 2: Options for improving national data

| Option | Strategy |
|---|---|

| | |
|---|---|
| Enhance existing data sets | Add flags or data items to data sets for specific population groups or geographies (for example, adding more detailed data items on disability, sex, gender, variations of sex characteristics and sexual orientation)<br><br>Adopt appropriate sampling techniques to ensure survey data can more accurately represent smaller population groups, such as CALD young people<br><br>Add new questions to capture data related to a topic not captured elsewhere |
| Create new data collections or safely link existing data | Establish a new administrative data collection in gap areas, or a national youth-specific survey, which includes topics where data are not currently available and/or captures data for specific age groups where data are limited (for example, for those aged 12–15)<br><br>Analysis of linked data can provide insight on young people's experiences and outcomes across multiple dimensions of wellbeing, and over time |
| Indicator development, including refreshing existing national youth indicators | Multi-sectorial linked data sets enable new, more comprehensive indicators to be developed and reported that provide additional insights into the wellbeing of young people. For example, information on potentially vulnerable households could be gained by linking Centrelink data to other sources on vulnerability (such as data on homelessness or hospitalisations).<br><br>Similarly, linked data could be used to measure the proportion of children in child protection who are later involved in the youth justice system |
| Locally relevant data | Demand is increasing for locally relevant data on young people that span multiple aspects of their experience. Potentially, the sort of data presented in this report could be built on to produce a layered national data and reporting platform to support collating, presenting and sharing people-centred data about young people across multiple domains and according to place or location. Such a data platform, focused on young people, would inform a wide range of information needs on the wellbeing of young people in Australia.<br><br>An initiative to be developed between 2021 and 2023 is the Australian National Child Health and Development Atlas project, led by the Telethon Kids Institute. This project aims to create a national data asset (including proof of concept dashboard) that maps data on children and young people across Australia, enabling the visualisation, analysis and monitoring of health and wellbeing metrics for children. It aims to incorporate Australian, state and territory data, as well as data from non-government organisations that are relevant to the health and wellbeing of Australian children. |

For information on data gaps specific to younger children see *Australia's children*, Data gaps.

## Reference

DSS (Department of Social Services) 2020. The National Disability Data Asset. Canberra: DSS. Viewed 20 November 2020.

# Technical notes

# Technical notes

## Crude rates

A crude rate is defined as the number of events over a specified period (for example, a year) divided by the total population at risk of the event.

## Age-specific rates

An age-specific rate is defined as the number of events for a specified age group over a specified period (for example, a year) divided by the total population at risk of the event in that age group. Unless otherwise stated, rates presented throughout this report are age-specific.

Age-specific rates in this report were calculated by dividing, for example, the number of events (for example, hospital separations or deaths, new cases of cancer) in each specified age group by the corresponding population in the same age group.

## Age-standardised rates

Age-standardised rates enable comparisons to be made between populations that have different age structures. Direct standardisation was used in this report, in which the age-specific rates are multiplied by a constant population. This effectively removes the influence of the age structure on the summary rate. Where age-standardised rates have been used, this is stated throughout the report.

All age-standardised rates in this report have used the June 2001 Australian total estimated resident population as the standard population.

## Confidence intervals

The observed value of a rate may vary due to chance even where there is no variation in the underlying value of the rate. Therefore, where measures based on survey data include a comparison between time periods, geographical locations, socioeconomic groups, country of birth or disability status, 95% confidence intervals have been calculated. The confidence intervals are used to provide an approximation indication of the true differences between rates. They are shown on graphs as error bars. If the error bars do not overlap, the difference can be said to be statistically significant. However, in some instances where the confidence intervals (and error bars) overlap only slightly, a further significance test (using the z-test) can indicate a statistically significant difference. Where differences were found to be statistically significant, they are noted in the text.

However, statistically significant differences are not necessarily the same as differences considered to be of practical importance. It is possible for small differences that have practical importance to be found to be not statistically significant as they are below the threshold the significance test can reliably detect.

## Data subject to revision

This report draws data from a range of administrative and survey data sets, all of which are subject to change. Such changes may arise from:

- the nature and timing of the data collection – for example, notifiable diseases are based on a 'real-time' collection of reported cases, and the counts and rates could change daily
- a regular program of updates and maintenance – for example, for 2007 data onwards, the Australian Bureau of Statistics (ABS) revises cause-of-death data using information pertaining to coroners' cases that was not available at the time of original processing
- newly discovered errors or anomalies.

The latest version of a data set has been used wherever possible. In cases where the data change frequently, the date of the release is noted. Revisions and changes in coverage should be considered when interpreting changes over time.

Note: Cause of Death Unit Record File data are provided to the AIHW by the Registries of Births, Deaths and Marriages and the National Coronial Information System (managed by the Victorian Department of Justice) and include cause of death coded by the ABS. The data are maintained by the AIHW in the National Mortality Database.

## Rounding

Percentages in the report are generally rounded to whole numbers except for those less than 10% which are rounded to 1 decimal place. Exceptions include the AIHW National Drug Strategy Household Survey (NDSHS) where proportions less than 20% are rounded to 1 decimal place in line with NDSHS reporting practice.

Numbers between 1,000 and 100,000 are rounded to the nearest hundred. Numbers over 100,000 are rounded to the nearest 1,000.

As a result of rounding, entries in columns and rows of tables as well as figures may not add to the totals shown. Unless otherwise stated, derived values are calculated using unrounded numbers.

## Population data

The ABS estimated resident population (ERP) data were used to calculate most of the rates presented in this report for administrative data collections. Exceptions are where the denominator was available from within the data source.

Age-specific rates were calculated using the ERP of the reference year as at 30 June for calendar year data (1 January to 30 December) and 31 December for financial year data (1 July to 30 June). The denominator for rates by socioeconomic disadvantage and remoteness area were calculated by applying an ABS concordance between statistical areas (SA2) and socioeconomic disadvantage and between statistical areas and remoteness area, to the relevant ERP by SA2 counts.

## Use of italics

Italics are used in this report:

- for remoteness categories derived using the Australian Statistical Geography Standard. The main categories are *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*
- for publication titles.

# Technical notes

Where available, this report presents data for a number of population groups. Population groups include those disaggregated by: socioeconomic areas, remoteness areas, disability status, and country of birth. Methods of presenting data by population groups can vary between data sources. Population groups may also be measured differently across data sources and will not be directly comparable.

## Socioeconomic disadvantage

The Socio-Economic Index for Areas (SEIFA) are summary measures of socioeconomic disadvantage, and summarise a range of socioeconomic variables associated with disadvantage. Socioeconomic disadvantage is typically associated with low income, high unemployment and low levels of education. Socioeconomic disadvantage data in *Australia's youth* is typically reported using the Index of Relative Socioeconomic Disadvantage (IRSD). The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area. Unlike the other indexes, this index includes only measures of relative disadvantage. A low score indicates relatively greater disadvantage in general. A high score indicates a relative lack of disadvantage in general.

In some data sets, other measures of socioeconomic disadvantage are used instead.

### Programme for International Student Assessment (PISA)

Socioeconomic background quartiles are based on the measure of socioeconomic background developed by PISA: the economic, social and cultural status index. This index incorporates information such as the highest level of occupation and education of a student's parents. Using this index participating students are distributed into quartiles of socioeconomic background.

## Remoteness

Remoteness is classified according to the Australian Statistical Geography Standard 2016 Remoteness Areas structure, usually based on location of current residence. Data on the location of usual residence may be collected differently across data sources. ABS correspondences are used to mathematically reassign data from one geographic region to another, for example, Statistical Area Level 2 (SA2) to Remoteness Areas.

## Disability

The ABS Survey of Disability, Ageing and Carers is used to present data on young people with disability in Demographics of Australian young people and their families. Other definitions of disability are used for presentation of data from other sources.

### ABS National Health Survey, 2017-18

A disability or restrictive long-term health condition exists if a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last, for six months or more, which restricts everyday activities.

A disability or restrictive long-term condition is classified by whether or not a person has a specific limitation or restriction. The specific limitation or restriction is further classified by whether the limitation or restriction is a limitation in core activities, or a schooling/employment restriction only.

There are five levels of activity limitation (profound, severe, moderate, mild and school/employment restriction only). These are based on whether a person needs help, has difficulty, or uses aids or equipment with any core activities (mobility, self-care and communication). A person's overall level of core activity limitation is determined by their highest level of limitation in any of these activities.

### Mission Australia Youth Survey 2019

Disability has been defined as any continuing condition that restricts everyday activities. It is not just a health issues. It is a complex, contested, evolving concept that reflecting the interaction between features of a person's body and features of the society in which they live.

Mission Australia survey respondents were asked if they have a disability. To provide assistance, the survey notes that disability can be defined according to the Australian *Disability Discrimination Act*.

## Birthplace

### ABS Census of Population and Housing, 2016

In the 2016 Census, country of birth of person (BPLP) records an individual's specific country of birth, as it has in previous Censuses.

The Standard Australian Classification of Countries (SACC), 2016 (ABS cat. no. 1269.0) is used to classify responses for country of birth data items. If a person uses a former country name, it is coded to the current country name. For example, Siam would be coded to Thailand. If country of birth of Person is not stated on the Census form, system edits derive it from other answers within the Census form. If country of birth is unable to be derived it is coded to 'Not stated'.

### ABS National Health Survey (NHS), 2017-18

In the NHS, countries were coded according to the Standard Australian Classification of Countries (SACC), 2016 (ABS cat. no. 1269.0).

### Household, Income and Labour Dynamics in Australia (HILDA)

In HILDA, data are collected about a respondent's country of birth. Countries outside Australia can be categorised into 'Main English-speaking' countries or Other. Data are also collected about the country of birth for the respondent's parents. Additional data are collected about year of arrival and languages spoken.

# Technical notes

**On this page:**

- Survey data sources
- Administrative data sets

## Survey data sources

### ABS Census of Population and Housing

**First year:** 1966

**Latest year:** 2016

**Frequency:** Every 5 years

**Year in this publication:** 2006–2016

**Methodology:** National Census

**Geography:** National

#### Description

The Census collects information on a range of welfare-related topics, including housing and income. The 2016 Census counted almost 10 million dwellings, and 23.4 million people, across Australia. Different strategies of data collection were used to include people with disabilities, people experiencing homelessness, people from culturally and linguistically diverse backgrounds, and people from remote Aboriginal and Torres Strait Islander communities.

### ABS General Social Survey (GSS)

**First year:** 2002

**Latest year:** 2019

**Frequency:** Prior to 2019, every 4 years. From 2019, annual

**Year in this publication:** 2019

**Methodology:** National Survey

**Geography:** National

#### Description

The GSS, conducted on Australians aged 15 and over, aims to provide an understanding of the multi-dimensional nature of relative advantage and disadvantage across the population. Only usual residents of private dwellings were included in the GSS, and while urban and rural areas in all states and territories were included, very remote parts of Australia and discrete Indigenous communities were excluded from the survey.

Data was collected from approximately 3,500 households around Australia. The GSS will be enumerated over a four year period from 2019 to 2022. The target sample size is 14,000 fully responding records over this four year period. Previously, the GSS was enumerated once every four years.

One person aged 15 years or over was randomly selected in each household to complete the GSS questionnaire. If the randomly selected person was aged 15–17 years old, parental consent was sought for the interview to proceed. The GSS was collected over a 3 month period from 29th April to 20th July 2019.

### ABS Health Literacy Survey (HLS)

**First year:** 2018

**Latest year:** 2018

**Frequency:** Standalone

**Year in this publication:** 2018

**Methodology:** National Survey

**Geography:** National

## Description

The HLS was conducted by the ABS in 2018. The sample for the HLS was respondents aged 18 years and over who had already participated in the National Health Survey (NHS). These respondents agreed to be contacted for further ABS surveys and had provided their contact details. The HLS was conducted from January 2018 to August 2018 with 5,790 fully responding adults.

The Health Literacy Questionnaire (HLQ) consists of 44 questions (or 'items') which form nine domains of health literacy. Data was collected for each item and domains were based on the level of agreement with a set of health literacy statements ('strongly agree', 'agree', 'disagree' or 'strongly disagree') or the perceived difficulty of a health literacy characteristic ('always easy', 'usually easy', 'sometimes difficult', 'usually difficult' or 'cannot do or always difficult'). The data in the HLS can be analysed along with the data collected in the NHS 2017-18.

## ABS Labour Force Survey (LFS)

**First year**: 1960

**Latest year**: 2021

**Frequency**: Monthly

**Year in this publication**: 2021

**Methodology**: National Survey

**Geography**: National

### Description

The LFS is designed to primarily provide estimates of employment and unemployment for the whole of Australia and, secondarily, for each state and territory. The scope of the LFS is the civilian population aged 15 years and over. The LFS provides insight into the economy and the effects of labour market policy settings, through measures related to the demand for labour (employment, job vacancies); to its supply (unemployment, underemployment, labour force participation); and to its price (labour costs). Education and training statistics could also be included as a part of labour market statistics.

The LFS is based on a multi-stage area sample of private dwellings, discrete Aboriginal and Torres Strait Islander communities; and non-private dwellings (i.e. hotels, motels, hospitals, retirement villages.).

The sample size of the LFS is approximately 26,000 dwellings resulting in a sample of approximately 50,000 people. The sample covers approximately 0.32% of the civilian population aged 15 years and over.

## ABS National Health Survey (NHS)

**First year**: 1989-90

**Latest year**: 2017-18

**Frequency**: Every 3 years

**Year in this publication**: 2017-18

**Methodology**: National Survey

**Geography**: National

### Description

The NHS collects a range of information about the health of Australians in all states and territories across urban, rural and remote areas (excluding very remote areas). Topics include:

- the health status of the population, including long-term health conditions;
- health risk factors such as smoking, Body Mass Index, diet, exercise and alcohol consumption; and
- demographic and socioeconomic characteristics.

The 2017-18 survey included around 21,000 people in over 16,000 private dwellings. An adult was asked to respond on behalf of selected children aged under 15. Dwellings were selected at random using a multistage area sample of private dwellings. The 2017-18 NHS was conducted throughout Australia from July 2017 to June 2018.

## ABS Personal Safety Survey (PSS)

**First year**: 2005

**Latest year**: 2016

**Frequency**: Every 4 years

**Year in this publication**: 2016

**Methodology**: Survey

**Geography:** National

## Description

The PSS collects information from women and men aged 18 and over about the nature and extent of violence experienced since the age of 15. Over 5,000 men and 15,000 women were included in the 2016 survey. The scope of the 2016 survey was persons aged 18 and over in private dwellings across Australia (excluding very remote areas). Interviews were conducted with one randomly selected person aged 18 or over.

## ABS Survey of Disability, Ageing and Carers (SDAC)

**First year:** 1981

**Latest year:** 2018

**Frequency:** Infrequently

**Year in this publication:** 2003, 2009, 2012, 2015, 2018 (limited analysis)

**Methodology:** National Survey

**Geography:** National

## Description

The SDAC is survey designed to measure the prevalence of disability in Australia and the need for support of older people and those with disability. The 2018 SDAC collected information in order to: measure the prevalence of disability in Australia; measure the need for support of older people and those with disability; estimate the number of and provide information about people who provide care to older people and people with disabilities; and provide a demographic and socio-economic profile of people with disabilities, older people, and carers compared with the general population.

The survey was conducted in all states and territories and across urban, rural and remote areas of Australia. The 2018 survey included around 65,800 people from over 21,900 private dwellings and 1,000 establishments. Accommodation within establishments included hospitals, aged care hostels, nursing homes, care components of retirement villages and other homes. The SDAC estimated the number of those who provided care to people with disability and older people based on available information. Carers were people who provided any informal ongoing assistance to people with disability or older people for at least 6 months.

## ABS Survey of Education and Work (SEW)

**First year:** 2001

**Latest year:** 2020

**Frequency:** Yearly

**Year in this publication:** 2004–2020

**Methodology:** National Survey

**Geography:** National

## Description

The SEW is conducted throughout Australia in May as a supplement to the monthly Labour Force Survey (LFS). It provides annual information on a range of key indicators of educational participation and attainment of people aged 15–74 years, along with data on their engagement in education and work. The annual time series allows for ongoing monitoring of the level of education of Australia's population including:

- current and previous study
- type of educational institution attended
- highest year of school completed
- level and field of highest non-school qualification
- engagement in education and work
- selected characteristics of apprentices and trainees.

## ABS Survey of Income and Housing (SIH)

**First year:** 1994–95

**Latest year:** 2017–18

**Frequency:** Every 2 years

**Year in this publication:** 2017–18

**Methodology:** National Survey

**Geography:** National

### Description

The SIH is a household survey that collects information on sources of income, amounts received, household net worth, housing, household characteristics and personal characteristics. The 2017–18 survey collected information from a sample of over 14,000 households through personal interview of usual residents of private dwellings in urban and rural areas of Australia.

## AIC The prevalence of domestic violence among women during the COVID-19 pandemic

**First year**: 2020

**Latest year**: 2020

**Frequency**: One repeat

**Year in this publication**: 2020

**Methodology**: National Survey

**Geography**: National

### Description

The prevalence of domestic violence among women during the COVID-19 pandemic survey asked 15,000 Australian women aged 18 and over about experiences of domestic violence during the initial stages of the COVID-19 pandemic. The survey was conducted between 6 May and 1 June 2020. The survey included questions about sociodemographic and relationship characteristics and women's experiences of physical or sexual violence, and emotionally abusive, harassing and controlling behaviour in the three months prior to the survey.

The survey using a proportional quota sampling (non-probability sampling method). Data was weighted by age and jurisdiction using ABS 2019 estimated resident population data.

## AIFS Life during COVID-19

**First year**: 2020

**Latest year**: 2020

**Frequency**: Standalone (part of Families in Australia Survey series)

**Year in this publication**:2020

**Methodology**: Survey

**Geography**: National

### Description

The Life during COVID-19 survey was conduced by the Australian Institute of Family Studies (AIFS) as part of its Families in Australia Survey. It ran from May 1 to June 9 2020 with 7,306 adults aged 18 and over from around Australia participating. The survey was opt-in and promoted through the media, social media, newsletters, internet advertising and word of mouth.

The aim of the was to understand how Australian families coped with the COVID019 pandemic, particularly how families:

- adjusted to the pandemic, and the restrictions and programs that were put in place
- experienced the social and economic impacts of the pandemic
- supported each other, even when they didn't or couldn't, life together
- protected their physical and mental health.

Six reports from the survey were published by AIFS. For more information, see Families in Australia Survey.

## AIHW National Drug Strategy Household Survey (NDSHS)

**First year**: 1985

**Latest year**: 2019

**Frequency**: Every 2–3 years

**Year in this publication**: 2010, 2013, 2016, 2019

**Methodology**: National Survey

**Geography**: National

### Description

The NDSHS collects information on alcohol and tobacco consumption, and illicit drug use among the general population in Australia. It also surveys people's attitudes and perceptions relating to tobacco, alcohol and other drug use.

The 2019 NDSHS surveyed individuals aged 14 years and older, and was conducted from 8 April to 22 September 2019. Samples for the NDSHS are selected using stratified, multistage random sampling. A total of 22,274 questionnaires were categorised as being complete and useable, a response rate fo 49%.

## AIHW National survey of children in out-of-home care

**First year**: 2015

**Latest year**: 2018

**Frequency**: Biennial

**Year in this publication**: 2018

**Methodology**: National Survey

**Geography**: National and state

### Description

The National survey of children in out-of-home care collects data from the state/territory departments responsible for child protection, as part of local case management processes. The dataset includes children's views on various topics, including feelings of safety, participation in decision-making, community connection and activity, family connection and contact, presence of a significant adult in their life, and leaving care.

The dataset includes children aged 8–17 years residing in out-of-home care (including foster care, relative/kinship care, family group homes, residential care and independent living), whose care arrangements had been ordered by the relevant Children's Court and where the parental responsibility for the child had been transferred to the Minister or Chief Executive, and who had been on a relevant court order for 3 months or more.

The 2018 survey was offered to 4,588 of the 19,217 in-scope children. Data were received for 2,428 in-scope children across the 8 states and territories who completed the survey representing a response rate of 53%. The responding sample covered 13% of the in-scope population of children in care at the time of the survey.

## ANU Centre for Social Research and Methods: COVID-19 Impact Monitoring Survey Program

**First year**: 2020

**Latest year**: 2021

**Frequency**: Irregular

**Year in this publication**: 2020

**Methodology**: Survey

**Geography**: National

### Description

The COVID-19 Impact Monitoring Survey Program is conducted by the ANU Centre for Social Research and Methods (CSRM). Data from the COVID Impact Monitoring Survey Program are available to report on the experiences of Australian adults aged 18 and over since the COVID-19 pandemic began. The survey included a little over 3,000 Australian adults aged 18 and over, of which around 3–4% were aged 18–24.

The survey are undertaken on a representative sample, using the Life in Australia$^{TM}$ Panel managed by the Social Research Centre. The Life in AustraliaTM Panel uses random probability-based sampling methods and covers both online and offline populations (that is, people who do and do not have access to the internet).

For a full list of CSRM publications based on the COVID Impact Monitoring Survey Program, see CSRM's COVID-19 publications.

## AusPlay Survey

**First year**: 2016

**Latest year**: 2020

**Frequency**: Yearly

**Year in this publication**: 2019

**Methodology**: Survey

**Geography**: National

### Description

The AusPlay Survey is a national population tracking survey funded and led by the Australian Sports Commission. Data are collected about participation behaviours and activity. Since October 2015, data have been collected continuously with an annual target sample of 20,000 adults and children aged 15 and over and approximately 3,600 children aged 0-14. Interviews are conducted every week with data aggregated over the year.

From 1 July 2019, the survey uses a random sample of mobile phone numbers only. Weighting is done to reflect the latest ABS estimated resident population projections based on the 2016 Census.

Specific questions relating to COVID-19 were added from April 2020. Data reported in the section COVID-19 and young people in this report is sourced from the report AusPlay Focus: Early impact of COVID-19 on sport and physical activity participation. All AUSPLAY data for that report was collected between January 2019 and September 2020.

## eSafety: COVID-19 impacts on Australian adults' online activities and attitudes

**First year**: 2020

**Latest year**: 2020

**Frequency**: Standalone

**Year in this publication**: 2020

**Methodology**: Survey

**Geography**: National

### Description

The eSafety Commissioner's report COVID-19 impacts on Australian adults' online activities and attitudes is based on questions prepared by the eSafety Commissioner and included in an omnibus survey conducted by Omnipoll from 21 to 25 May 2020 with a total sample of 1,229 online adults aged 18 and over. Respondents were drawn from the online consumer panel managed by Lightspeed Research. Results were weighted to the ABS data on age, highest level of schooling completed, gender and area.

The questions were developed by the eSafety, and aimed to show how Australians have changed their online behaviour since the beginning of the pandemic. The survey also highlights some key challenges relating to online safety and digital competency.

## eSafety: Digital lives of Aussie teens

**First year**: 2020

**Latest year**: 2020

**Frequency**: Standalone

**Year in this publication**: 2020

**Methodology**: Survey

**Geography**: National

### Description

The eSafety Commissioner's report Digital lives of Aussie teens is a survey based on 627 teens aged 12-17 in September 2020. The survey provides a glimpse into the digital lives of teens, how they deal with negative online experiences, the types of information they need to stay safe online and the information sources that they trust. It also looks at the types of positive online behaviours in which they engage.

The data were collected via an omnibus survey undertaken by Omnipoll, using the non-probability-based Lightspeed consumer panel. Data were collected via mobile phone.

## eSafety: Youth Digital Participation Survey

**First year**: 2016

**Latest year**: 2017

**Frequency**: NA

**Year in this publication**: 2017

**Methodology**: Survey

**Geography**: National

### Description

The Office of the eSafety Commissioner's 2017 Youth Digital Participation Survey comprised a random sample of more than 3,000 young Australians aged 8-17, and asked about their experiences and behaviours related to safety online in the 12 months to June 2017. The survey was a nationally representative online survey. The statistical results were weighted based on age, gender and location to be nationally

representative of Australian youth. Questions relating to sexting were only asked of survey participants aged 14–17.

## Household, Income and Labour Dynamics in Australia (HILDA) Survey

**First year**: 2001

**Latest year**: 2019

**Frequency**: Yearly

**Year in this publication**: 2008-2018

**Methodology**: Survey

**Geography**: National

### Description

HILDA is a longitudinal household study that surveys the same cohort of 17,000 Australians yearly on their economic and wellbeing information. The survey comprises of multiple different instruments, including:

- the Household Form
- the Household Questionnaire
- the Person Questionnaire (either a Continuing Person Questionnaire for persons interviewed in the previous waves or a New Person Questionnaire for persons never previously interviewed)
- the Self-Completion Questionnaire.

Data is collected at the household level from a respondent aged 15 or over.

## Longitudinal Study of Australia's Children (LSAC)

**First year**: 2003

**Latest year**: 2019

**Frequency**: 2 yearly

**Year in this publication**: 2018

**Methodology**: Longitudinal survey

**Geography**: National

### Description

The LSAC collects information on physical and mental health, education, and social, cognitive and emotional development of two large cohorts of children (totalling >10,000 children at the outset of the study in 2004). The data is sourced from parents, child carers, pre-school and school teachers and the children themselves. Population estimates from the LSAC represent the population of Australian children born in Australia between March 2003 and February 2004 (B cohort), and those born between March 1999 and February 2000 (K cohort). Data are not representative of children who migrated to Australia. In 2016, the K cohort, reported on this report, were aged 16–17.

## Longitudinal Surveys of Australian Youth (LSAY)

**First year**: 1995

**Latest year**: 2019

**Frequency**: Yearly

**Year in this publication**: 2018

**Methodology**: Survey

**Geography**: National

### Description

The LSAY focus on the progress of young Australians as they move from their mid-teens to their mid-20s. LSAY uses large, nationally representative samples of students at school to collect information about education and training, work, financial matters, health, social activities and related issues. Since 2003, the initial survey wave has been integrated with the OECD Programme for International Student Assessment (PISA). Data are initially collected through a combination of school achievement tests and a questionnaire administered at school. Subsequent data are gathered through annual telephone interviews.

The data are collected for different cohorts, and begin when the respondents are age 15. In this report, data are reported for cohorts Y09 and Y15 in 2018, when the respondents were at age 24 and 18, respectively. More than 10,000 students start out in each cohort.

## Mission Australian Youth Survey

**First year**: 2002

**Latest year**: 2020

**Frequency**: Yearly

**Year in this publication**: 2020

**Methodology**: Survey

**Geography**: National

## Description

The Mission Australia Youth Survey is an opt-in annual survey of young Australians aged 15–19. The Youth Survey aims to identify the values, aspirations and issues of concern to young people. The survey collects data on a broad range of topics, such as:

- education and employment
- factors to securing a job
- participation in community activities
- general wellbeing
- values and concerns
- preferred sources of support
- feelings about the future
- experiences of unfair treatment, financial difficulties and help seeking behaviours.

The Youth Survey was developed by Mission Australia to strengthen Mission Australia's capacity to support and advocate for young Australians in need. For the 2020 reporting period, the Youth Survey was open between April and August 2020. Young people were engaged via schools, community organisations, and through Mission Australia services.

In 2019 and 2020, the sample size was 25,100 and 25,800 respondents, respectively. The majority (98%) completed the survey online.

## National Community Attitudes towards Violence against Women Survey (NCAS)

**First year**: 2009

**Latest year**: 2017

**Frequency**: Every 4 years

**Year in this publication**: 2013, 2017

**Methodology**: Survey

**Geography**: National

## Description

The NCAS is a survey of over 17,500 Australians aged 16 years and over about their:

- knowledge of violence against women;
- attitudes towards gender equality;
- attitudes towards violence against women; and
- intentions should they witness (or be bystanders to)
- abuse or disrespect towards women.

The questionnaire was initially developed on behalf of the Australian Government in 1995. The NCAS has been repeated every four years since 2009. The NCAS sample were randomly selected from across Australia. There were 1,561 people in the age group 16–24. A booster sample of 200 young people were approached through families registered with an existing panel established to engage people in research to create a total sample of 1,761 people aged 16–24.

## National Survey of Secondary Students and Sexual Health

**First year**: 1992

**Latest year**: 2018

**Frequency**: Approximately every 5 years

**Year in this publication**: 2018

**Methodology**: Survey

**Geography**: National

## Description

The sixth National Survey of Secondary Students and Sexual Health was conducted in 2018 and involved 6,327 students enrolled in Years 10, 11 and 12 in the Government, Catholic and Independent school systems, and from every Australian state and territory.

The survey represents one of the few recurring national surveys in the world to regularly examine young peoples' knowledge about HIV, sexually transmissible infections (STIs) and other blood borne viruses (BBVs); sexual health-related behaviours including condom use; and, more recently, 'sexting' and cyberbullying experiences; and educational factors that influence young peoples' sexual knowledge and practices.

The 2018 survey was fully online and anonymous, and included a diverse cross-sectional representation of secondary students in Australia. Sampling quotas were informed by two sets of targets based on the latest (2016) Australian census data:

- school type (Government, Catholic, other non-government), gender (male, female), and year in school (10, 11 and 12).
- location (state and territory) with planned oversampling from lower population states and territories (ACT, NT, TAS).

Minimum quotas were calculated based on the proportion of the total population for each target and the statistical power considerations (i.e., the minimum sample size needed in each sub-group to detect group differences that were at least medium in effect size). Total population proportions were derived from 2016 census data for Year 8 through 10 students as these provided the best estimates of the total population of Year 10 through 12 students in 2018.

## Royal Children's Hospital (RCH) National Child Health Poll

**First year**: 2015

**Latest year**: 2021

**Frequency**: Quarterly

**Year in this publication**: 2020

**Methodology**: Survey

**Geography**: National

### Description

The RCH National Child Health Poll is a quarterly, cross-section survey of a nationally representative sample of 2000 Australian households with children (aged 0–17). It aims to shed new light on the big issues in contemporary child and adolescent health. Each quarter a different topic or theme is the focus of the poll.

The surveys are conducted using rigorous, established web-based survey technology provided by a private vendor, the Online Research Unit (ORU), under contract to the RCH. ORU has an established research panel of over 120,000 members across Australia from which the poll sample is drawn. Panel members are aged 18 and older and are randomly recruited through both online and offline methods.

Each sample is subsequently weighted to reflect the latest Australian population figures from the Australian Bureau of Statistics census data.

The Poll COVID-19 pandemic: effects on the lives of Australian children and families was conducted from 15–23 June 2020.

## Student Experiences Survey (SES)

**First year**: 2015

**Latest year**: 2020

**Frequency**: Yearly

**Year in this publication**: 2019

**Methodology**: Survey

**Geography**: National

### Description

The SES is the only comprehensive survey of current higher education students in Australia. Around 198,000 undergraduate students and 97,000 postgraduate coursework students from Australian universities and non-university higher education institutions (NUHEIs) participated in the 2020 SES. The survey collects information that helps both higher education institutions and the government improve teaching and learning outcomes, and reports on multiple facets of the student experience.

## Student Wellbeing Survey

**First year**: 2019

**Latest year**: 2020

**Frequency**: Yearly

**Year in this publication**: 2019, 2020

**Methodology**: Survey

**Geography**: South Australia

## Description

The Tasmanian Student Wellbeing Survey collects information from students in years 4 to 12 about their social and emotional wellbeing, their engagement at school and their experiences outside of school.

In 2019 Term 3, 16,000 took part in the survey; in 2020 Term 3, 13,200 took part. The collection includes government schools only. In 2020, Tasmania first ran the survey in Term 1 with participation impacted by COVID-19. To support schools, Tasmania provide the opportunity for a further collection in Term 3. As this report only contains the Term 3 collection data, it provides a partial picture of 2020 data for Tasmania.

## UNICEF Australia: Views and experiences of young people living through the pandemic

**First year:** 2020

**Latest year:** 2020

**Frequency:** Three phases

**Year in this publication:** 2020

**Methodology:** Survey

**Geography:** National

### Description

UNICEF Australia conducted nationally representative surveys of young peopled aged 13–17 in Australia to understand how the pandemic has impacted the youngest generation. The survey was the first of a three-phase investigation into the views and experiences of young people in Australia living through the coronavirus pandemic. The first phase, reported in Living in limbo, was conducted between 7 and 16 April 2020 and included 1000 young people. The second phase, Swimming with sandbags was conducted between 9 July and 4 August 2020 included 1,289 young people. At the time of publication, findings from the third phase had not been published.

## Wellbeing and engagement collection (WEC)

**First year:** 2013

**Latest year:** 2020

**Frequency:** Yearly

**Year in this publication:** 2019, 2020

**Methodology:** Survey

**Geography:** South Australia

### Description

The South Australian WEC is a survey that collects information from students in years 4 to 12 about non-academic factors relevant to learning and participation. The WEC gives schools the community and government an insight into what needs to occur to ensure students experience success and are provided with resources and opportunities to reach their full potential. The survey asks young people about how they think and feel about their experiences, both inside and outside of school. The survey includes questions related to areas of development linked to wellbeing, health and academic achievements.

In 2019 Term 1, 56,600 took part in the survey; in 2020 Term 3, 38,400 took part. The collection includes government and some non-government schools.

## Young Minds Matter Survey

**First year:** 2013–14

**Latest year:** 2013–14

**Frequency:** Standalone survey

**Year in this publication:** 2013–14

**Methodology:** Survey

**Geography:** National

### Description

The Young Mind Matters Survey (also known as the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing) covered a range of topics relating to the health and wellbeing of young people (aged 4-17 years) in Australia. Over 6,000 Australian families were randomly selected and interviewed. Parent questionnaires were conducted by trained interviewers and if the survey child was aged between 11 and 17, they were asked to complete a questionnaire on a tablet computer.

## Administrative data sets

### ABS Causes of Death

**First year:** 1993

**Latest year:** 2019

**Frequency:** Yearly

**Year in this publication:** 1999-2019

**Methodology:** Administrative data set

**Geography:** National

#### Description

ABS Causes of Death presents statistics on the number of deaths, for reference year by state or territory of Australia, sex, selected age groups, and cause of death classified to ICD (view Appendix A). To complete a death registration, the death must be certified by a doctor or a coroner specifying cause of death. The registration of deaths is the responsibility of States and Territories, and death data is transferred to the ABS by individual Registrars.

### ABS Recorded Crime—Offenders

**First year:** 2007-08

**Latest year:** 2018-19

**Frequency:** Yearly

**Year in this publication:** 2018-19

**Methodology:** Administrative data set

**Geography:** National, state/territory

#### Description

ABS Recorded Crime—Offenders presents statistics about the characteristics of alleged offenders who were proceeded against by police during a 12-month reference period. The collection provides a profile of alleged offenders, including their age, sex, Indigenous status, principal offence, how often they have been proceeded against by police within the reference period, as well as a count of proceedings that may result in court or non-court actions.

### ABS Recorded Crime—Victims

**First year:** 1993

**Latest year:** 2019

**Frequency:** Yearly

**Year in this publication:** 2010-2019

**Methodology:** Administrative data set

**Geography:** National, state/territory

#### Description

ABS Recorded Crime—Victims presents statistics about victims of selected offences that came to the attention of, and were recorded by police during a 12-month reference period. Selected characteristics about the victim (including sex and age) or incident (including weapon use and location) are also presented, as well as the outcome of the police investigation at 30 days from the time of report. Information about the relationship of the offender to the victim and the Aboriginal and Torres Strait Islander status of the victim is also presented for selected states and territories.

### AIHW Child Protection National Minimum Data Set (CP NMDS)

**First year:** 2012-13

**Latest year:** 2019-20

**Frequency:** Yearly

**Year in this publication:** 2017-18 to 2019-20

**Methodology:** Administrative data set

**Geography:** National

### Description

The CP NMDS contains information on the demographics of children and young people who receive child protection services, including:

- notifications received by child protection departments
- care and protection orders
- out-of-home care placements.

Data for this collection are from the administrative systems of each of the eight state and territory departments responsible for child protection (with aggregate data provided by NSW).

The report Child protection in the time of COVID is a point-in-time report that provides an overview of the impact of the COVID-19 observed in available child protection data for Australia. It covers the period March to September 2020. The data for the report were supplied by states/territories through an accelerated national data sharing approach.

## AIHW National Hospital Morbidity Database (NHMD)

**First year**: 1993-94

**Latest year**: 2018-19

**Frequency**: Yearly

**Year in this publication**: 2007–08 to 2018–19

**Methodology**: Administrative data set

**Geography**: National

### Description

The NHMD is a collection of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. It is a comprehensive data set that has records for all episodes of admitted patient care from essentially all public and private hospitals in Australia.

A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the NHMD.

## AIHW National Mortality Database (NMD)

**First year**: 1964

**Latest year**: 2019

**Frequency**: Yearly

**Year in this publication**: 1999–2019

**Methodology**: Administrative data set

**Geography**: National, state/territory

### Description

The NMD holds records for deaths in Australia from 1964 to 2019, including information about causes of death and characteristics of the person such as sex, age at death, area of usual residence and Indigenous status. Cause of death data is sourced from the Registrars of Births, Deaths and Marriages in each state and territory.

## AIHW National Non-admitted Patient Emergency Department Care Database (NNAPEDCD)

**First year**: 2003-04

**Latest year**: 2019-20

**Frequency**: Yearly

**Year in this publication**: 2016–17 to 2019–20

**Methodology**: Administrative data set

**Geography**: National, state/territory

### Description

Non-admitted Patient Emergency Department Care (NAPEDC) National Minimum Data Set/National Best Endeavours Data Set (NMDS/NBEDS) were used by the AIHW to assemble the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD). The data cover waiting times and other characteristics of presentations to public hospital emergency departments.

The NNAPEDCD provides information on the care provided (including waiting times for care) for non-admitted patients registered for care in public hospital emergency departments that have:

- purposely designed and equipped area with designated assessment, treatment, and resuscitation areas
- the ability to provide resuscitation, stabilisation, and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff 24 hours per day 7 days per week, and a designated emergency department nursing unit manager.

## AIHW Specialist Homelessness Services Collection (SHSC)

**First year**: 2011–12 (annual reporting); July 2017 (monthly reporting)

**Latest year**: 2019–20 (annual reporting); 2020 (monthly reporting)

**Frequency**: annual and quarterly reporting

**Year in this publication**: 2019–20 (annual reporting); 2020 (monthly reporting)

**Methodology**: Administrative data set

**Geography**: National

### Description

The SHSC obtains information about adults and children who seek assistance from specialist homelessness agencies. A person is classified as a 'client' once they receive services, and a 'support period' is the period a client receives assistance from a SHS agency. Data are collected on an ongoing basis and submitted to the AIHW on a monthly basis. Monthly data is publically available for July 2017 onwards.

## Australian Curriculum, Assessment and Reporting Authority (ACARA) Student Attendance Data Collection

**First year**: 2014

**Latest year**: 2019

**Frequency**: Yearly

**Year in this publication**: 2014–2018

**Methodology**: Administrative data set

**Geography**: National

### Description

ACARA collects, manages, evaluates and reports information about educational outcomes. This includes national reports on NAPLAN data, yearly publications on the schools registered in Australia, student attendance and data on student outcomes. ACARA has also released minister approved measurement frameworks, which lists and defines measures for national reporting from the 2015 reporting year.

## Coronavirus (COVID-19) current situation and case numbers

**First year**: 2020

**Latest year**: 2020

**Frequency**: As available

**Year in this publication**: 2020

**Methodology**: Administrative data set

**Geography**: National

### Description

Data on the number of COVID-19 cases, active cases and deaths are published by the Department of Health on their web page Coronavirus (COVID-19) current situation and case numbers. These data show:

- the number of cases locally acquired, overseas acquired and under investigation in the last 24 hours
- current number of active cases, hospitalised cases and tests conducted in the last 24 hours
- total number of cases, deaths and tests.

## DSS Payment Demographic Data

**First year**: 2013

**Latest year**: 2020

**Frequency**: As available

**Year in this publication**: 2010–2020

**Methodology**: Administrative data set

**Geography**: National

### Description

DSS Payment Demographic Data are constructed from Services Australia administrative data. Data are based on counts of recipients on the last Friday of December in the year being reported on (for example, the 25th of December in 2020), unless otherwise specified.

## Kids Helpline

**First year**: Service established in 1991; data published by AIHW from September 2019

**Latest year**: 2020

**Frequency**: Weekly data published at irregular intervals

**Year in this publication**: 2020

**Methodology**: Administrative data set

**Geography**: National

### Description

Kids Helpline provides a free 24/7 Australian telephone and online counselling service for young people aged 5 to 25. It was established in 1991. Data from Kids Helpline can be used to report on answerable contacts attempts (call, webchat and email). AIHW has reported weekly data for the period September 2019 to January 2021.

## Medicare Benefits Schedule (MBS) data collection

**First year**: 1984

**Latest year**: 2020

**Frequency**: Monthly

**Year in this publication**: 2020

**Methodology**: Administrative data set

**Geography**: National

### Description

The MBS data collection contains information on services that qualify for a benefit under the Health Insurance Act 1973 for which a claim has been processed. The database comprises information about MBS claims (including benefits paid), patients and service providers.

## National Ambulance Surveillance System (NASS)

**First year**: 2019

**Latest year**: 2019

**Frequency**: Monthly

**Year in this publication**: 2019

**Methodology**: Administrative data set

**Geography**: Selected states and territories

### Description

The NASS is a world-first public health monitoring system providing timely and comprehensive data on ambulance attendances in Australia. The NASS is a partnership between Turning Point, Monash University and jurisdictional ambulance services across Australia. Through funding by the AIHW as a component of the National Suicide and Self-harm Monitoring Project, the NASS will collate and code monthly ambulance attendances data for participating states and territories for self-harm behaviours (suicidal ideation, suicide attempt, death by suicide, self-injury) and mental health.

In the first release, data for New South Wales (NSW), Victoria, Tasmania and the Australian Capital Territory (ACT) have been reported. Data snapshots of 1 month per quarter for the months of March, June, September and December 2019 for Victoria, Tasmania and the ACT and for June, September and December 2019 for NSW are reported.

## National Apprentices and Trainees Collection

**First year**: 1995

**Latest year:** 2020

**Frequency:** Yearly

**Year in this publication:** 1995–2020

**Methodology:** Administrative data set

**Geography:** National

### Description

The National Apprentice and Trainee Collection holds data on all people employed under a training contract and includes both apprentices and trainees. Hence, the data on apprentices and trainees are more complete than the sample included in the ABS Survey of Education and Work. Data are collected from state training authorities and include demographic information, schooling and prior education, and cultural and language attributes of people participating in an apprenticeship/traineeship training contract.

## National Assessment Program Literacy and Numeracy (NAPLAN)

**First year:** 2008

**Latest year:** 2019

**Frequency:** Yearly

**Year in this publication:** 2009–2019

**Methodology:** National testing

**Geography:** National

### Description

The NAPLAN tests have been conducted annually for all students across Australia in Years 3, 5, 7 and 9 since 2008, and provide nationally comparable data. It tests skills in reading, writing, spelling, grammar and punctuation, and numeracy. National minimum standards have been developed for reading, writing, spelling, language conventions (grammar and punctuation) and numeracy.

## National Homicide Monitoring Program (NHMP)

**First year:** 1989–90

**Latest year:** 2018–19

**Frequency:** Ongoing

**Year in this publication:** 2017–18

**Methodology:** Administrative data

**Geography:** National

### Description

The NHMP collects data on the following:

- all cases resulting in a person or persons being charged with murder or manslaughter. This excludes driving-related fatalities except those that immediately followed a criminal event such as armed robbery or motor vehicle theft, or which resulted in a charge of murder or manslaughter being laid
- all murder-suicides classed as murder by police
- all other deaths classed as homicides by police, including infanticides, whether or not an offender was apprehended.

The NHMP draws on two key sources of data:

- offence records obtained from each Australian state and territory police service and supplemented, where necessary, with information provided directly by investigating police officers and/or associated staff
- state coronial records such as toxicology and post-mortem reports. The National Coronial Information System (NCIS) has allowed coronial findings, including toxicology and autopsy reports, to be accessed online since 1 July 2001. Prior to 2001, the AIC accessed paper-based coroners files for the period 1 July 1996 to 30 June 2001.

## National Notifiable Diseases Surveillance System (NNDSS)

**First year:** 2009

**Latest year:** 2021

**Frequency:** Daily

**Year in this publication:** 2009–2020

**Methodology**: Administrative data set

**Geography**: National

## Description

Data on rates of nationally notifiable diseases come from the NNDSS, which coordinates the national surveillance of more than 50 communicable diseases or disease groups, including COVID-19. Under the NNDSS, doctors, diagnostic laboratories and hospitals are required by law to notify their state or territory health authority when cases of particular communicable diseases are identified. This data is collated, analysed and published on the Internet by the Australian Government Department of Health on a daily basis.

## Programme for International Student Assessment (PISA)

**First year**: 2000

**Latest year**: 2018

**Frequency**: Every 3 years

**Year in this publication**: 2018

**Methodology**: Survey

**Geography**: International

## Description

The PISA examines what students know in reading, mathematics and science, and what they can do with what they know. It provides the most comprehensive and rigorous international assessment of student learning outcomes to date. Results from PISA indicate the quality and equity of learning outcomes attained around the world, and allow educators and policy makers to learn from the policies and practices applied in other countries.

## Progress in International Reading Literacy Study (PIRLS)

**First year**: 2001

**Latest year**: 2016

**Frequency**: Every 5 years

**Year in this publication**: 2011, 2016

**Methodology**: Study

**Geography**: International

## Description

PIRLS is a large-scale assessment of reading literacy for students in Year 4, supported by extensive data about country, school and classroom learning environments. It is a sister projects to TIMSS. Australia participated for the first time in 2011, and again in 2016. Around 50 countries and 11 benchmarking entities participated in PIRLS 2016. In Australia, around 286 schools and more than 6000 students in Year 4 were involved.

## World Health Organization (WHO) COVID-19 Explorer

**First year**: 2020

**Latest year**: 2021

**Frequency**: Daily

**Year in this publication**: 2020

**Methodology**: Administrative data set

**Geography**: International

## Description

The WHO coronavirus disease (COVID-19) explorer aims to provide frequently updated international data visualizations of daily cases and deaths. Caution must be taken when interpreting all data presented, and differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. All counts are subject to variations in case detection, definitions, laboratory testing, and reporting strategies between countries, states and territories.

# Related material

**Resources**

**Related topics**

- [Australia's health 2022](#)
- [Australia's welfare 2023](#)