



**ACT**  
Government

# A PICTURE OF ACT'S CHILDREN AND YOUNG PEOPLE 2016

Health, wellbeing, learning and development  
outcomes for children and young people  
living in the Australian Capital Territory



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## ACKNOWLEDGMENT OF COUNTRY

The ACT Government acknowledges the traditional custodians of the ACT, the Ngunnawal people. The ACT Government acknowledges and respects their continuing culture and the contribution they make to the life of this city and this region.

## ACKNOWLEDGMENTS

The framework contained within *A Picture of ACT's Children and Young People* utilises a number of outcomes and indicators focused on children and young people's health, wellbeing, learning and development. It acknowledges the contribution of the Council of Australian Governments, Australian Institute of Health and Welfare and the Victorian Government in their work in identifying outcomes and reporting on evidence based indicators, which have been used as the basis of this framework. The ACT Children and Young People's Commitment 2015–2025 (the Commitment) released in December 2015 has been considered in the review of the ACT Children and Young People Outcomes Framework to which this publication reports.

Images are reproductions of works produced by children and their families as part of the Create Space program at the National Gallery of Australia. Create Space is a regular program of free drop-in activities inspired by works of art on display for the whole family to enjoy. To find out more visit: [www.nga.gov.au](http://www.nga.gov.au)



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# MESSAGE FROM **THE MINISTER**



*A Picture of ACT's Children and Young People 2016* is the sixth annual report outlining how children and young people in the ACT are tracking against key indicators.

Lifting the wellbeing of Canberra's children and young people remains one of the ACT Government's key priorities. In order to do that effectively, and to know where we are making a difference, we need good data. This highly regarded publication provides important information about children, young people, families and the ACT community. It presents statistics and trends in an accessible format to inform the planning, policy, programs and services that support the community.

It is critical to monitor and report on significant indicators each year so that we know how our children and young people are faring over time. Creating a comprehensive picture supports the early identification of emerging trends and helps government agencies and non-government organisations build an integrated response to the issues facing children and young people across our city.

The inaugural report, released in 2011, found that most children and young people in the ACT were faring well. This trend has continued and remains constant with the current release for 2016. Positive outcomes recorded in the 2016 publication include:

- more children enrolled in a preschool program, up from 5,060 children in 2012 to 6,839 children in 2015;
- an increase in the number of children and young people who have a mental health treatment plan and are receiving treatment and support;
- a continuing reduction in the use of tobacco, alcohol and other drugs by ACT secondary school students; and
- greater use of local parks, with 91 per cent of ACT residents regularly visiting neighbourhood parks in 2015–16.

However, we know that there remains a proportion of children and young people in our community who face significant challenges in their daily lives. The ACT Government has worked hard over recent years to improve outcomes for our most disadvantaged and vulnerable children and young people.

This report indicates that the significant reforms made under the *Blueprint for Youth Justice in the ACT 2012–22* are paying off. It shows a significant decrease in the number of young people charged with a criminal offence, with the rate per 100,000 population in 2014–15 being less than half of that in 2010–11. Over the same period the rate of young people who were under youth justice supervision fell by more than 42 per cent, and the number of young people under community-based supervision dropped from 239 to 139 (including a decrease in the number of Aboriginal and Torres Strait Islander young people in community-based supervision from 60 to 36).

We have seen some success, but there remains work to do if we are to close the gap between those children and young people who are thriving in our community and those who are not doing as well. In many areas, Aboriginal and Torres Strait Islander young people continue to fare worse than their non-Indigenous peers. While we are starting to see improvement, this report is a timely reminder that we must re-double our efforts to pursue the shared vision outlined in the *ACT Aboriginal and Torres Strait Islander Agreement 2015–2018* and to work together to support strong families and an empowered community.

I encourage anyone whose work relates to the ACT community to review *A Picture of ACT's Children and Young People 2016*. It provides an opportunity to reflect on how the community can continue to respond to the priorities and needs of the children and young people of the ACT as we work to make Canberra the world's most liveable city.

**Rachel Stephen-Smith MLA**

Minister for Disability, Children and Youth

December 2016

RIGHT:

An artwork produced as part of the Tuggeranong Messengers Program, an arts-based early intervention for young people. Run in collaboration with Megalo print studios, the program allowed participants to work in a professional print studio, learn screen printing techniques and produce a suite of prints. Find out more, visit [www.tuggeranongarts.com/messengersprogram/](http://www.tuggeranongarts.com/messengersprogram/)





# CONTENTS

Introduction	7
Executive summary	9
Background to the ACT Children and Young People Outcomes Framework	12
About this report	16

## CONTINUING IN SEPARATE VOLUMES:

### PART ONE: CHILDREN AND YOUNG PEOPLE

<b>Outcome 1: Optimal physical health and wellbeing</b>	<b>21</b>	<b>Outcome 3: Educational engagement and success</b>	<b>58</b>
Indicator 1 Smoking during pregnancy	21	Indicator 1 ACT public primary and high school attendance	58
Indicator 2 Low birthweight in newborns	23	Indicator 2 Students achieving at or above the national minimum standard in literacy and numeracy	60
Indicator 3 Infant mortality	25	Indicator 3 Year 10–12 apparent retention	64
Indicator 4 Breastfeeding	26	Indicator 4 Transition from school to further education or work	67
Indicator 5 Fruit and vegetable consumption	29	Indicator 5 Youth unemployment	69
Indicator 6 Participation in physical activity	31	<b>Outcome 4: Adopt healthy and pro-social lifestyles</b>	<b>70</b>
Indicator 7 Children fully immunised	33	Indicator 1 Children and young people who are overweight and obese	70
Indicator 8 Leading causes of hospitalisations	37	Indicator 2 Young people who use drugs	72
Indicator 9 Psychiatric hospitalisation	39	Indicator 3 Young people who have offended	76
Indicator 10 Dental health	40	Indicator 4 Young people under youth justice supervision	77
Indicator 11 Type 1 diabetes	41	Indicator 5 Young people under community-based supervision	81
Indicator 12 Mental health treatment plans	43	Indicator 6 Young people in youth justice facilities	84
Indicator 13 Psychological distress	44	Indicator 7 Sun protection behaviours	87
Indicator 14 Road transport casualties	45		
Indicator 15 Sexually transmissible infections	46		
<b>Outcome 2: Optimal development in the early years</b>	<b>48</b>		
Indicator 1 Children entering school with basic skills for life and learning	48		
Indicator 2 Children enrolled in preschool	56		
Indicator 3 Social and emotional wellbeing of ACT kindergarten aged children	57		

## PART TWO: FAMILIES, KINSHIP AND NETWORKS

<b>Outcome 1: Access to sufficient material wellbeing</b>	<b>89</b>
Indicator 1 Parental unemployment status	89
Indicator 2 Disposable household income	90
Indicator 3 Family income spent on housing	91
Indicator 4 Homelessness	92
Indicator 5 Low income households in rental stress	94
<b>Outcome 2: Free from abuse and neglect</b>	<b>95</b>
Indicator 1 Substantiated child abuse	95
Indicator 2 Children and young people on care and protection orders	98
Indicator 3 Children and young people in out of home care	101
Indicator 4 Exposure to family violence	104
<b>Outcome 3: Individual needs of families are recognised and supported</b>	<b>106</b>
Indicator 1 Teenage fertility rate	106
Indicator 2 ACT children's level of reading, writing and numeracy by parental education	107
Indicator 3 Disability (NDIS eligible)	109
Indicator 4 Children and young people with disability enrolled in the education system	110

## PART THREE: COMMUNITIES, ENVIRONMENTS AND SERVICES

<b>Outcome 1: Local recreation spaces, activities and community facilities</b>	<b>113</b>
Indicator 1 Children and young people living in neighbourhoods with good parks, playground and play spaces	113
Indicator 2 Children registered as library users	114
<b>Outcome 2: Family support services to meet the needs of parents</b>	<b>116</b>
Indicator 1 Families and caregivers receiving support through services provided to children and young people with a developmental delay or disability from Therapy ACT	116
Indicator 2 Families accessing coordinated locally-based services through the Child and Family Centres	119
<b>Outcome 3: Supportive and connected communities</b>	<b>121</b>
Indicator 1 Children's participation rate at cultural activities, venues or events	121
Indicator 2 Families attending at least one cultural venue or event in the preceding year	123
Indicator 3 Young people who volunteer	124
Indicator 4 Government consultation with children and young people	125

<b>Territory and national policies and frameworks influencing children and young people</b>	<b>126</b>
ACT policies and frameworks	126
National policies and frameworks	131
Looking for more data?	132
<b>Figures</b>	<b>134</b>
<b>Tables</b>	<b>136</b>
<b>References</b>	<b>139</b>

# INTRODUCTION

***A Picture of ACT's Children and Young People complements the work being undertaken nationally and within jurisdictions across Australia to measure outcomes for children and young people.***

This report incorporates nationally recognised indicators of children and young people's health, wellbeing, learning and development together with ACT specific indicators.

The outcomes of these indicators are potentially amenable to change over time through the implementation of prevention and early intervention strategies. The aim of reporting, monitoring and utilising this information is to lead to better outcomes for children and young people.

The investment in the collection and analysis of data provides the ACT Government and the community with an opportunity to reflect on the areas where children and young people are doing well and identify areas where we can improve by assisting with the development of responsive policy, programs and services within the ACT.

This is the sixth year the ACT Government has compiled key data on the health, wellbeing, learning and development of ACT's children and young people in one report. There are 51 indicators reported in the 2016 publication, an increase of 14 additional indicators which will assist the ACT Government's ability to measure the health and wellbeing of ACT children and young people.

The human services system is the network of supports that respond to a person's needs. This can include services relating to public/social housing, health and wellbeing, education, disability, care and protection and justice.

The way that human services in the ACT are delivered is changing — for the better — under the *Human Services Blueprint* (the Blueprint). This is a plan, developed by community and government that will guide how services and supports are provided so that people get the best outcomes for their circumstances.

The Blueprint is being rolled out through the Better Services initiatives of Strengthening Families, OneLink and the West Belconnen Local Services Network.

For further information see [www.betterservices.act.gov.au/home](http://www.betterservices.act.gov.au/home)

## INTRODUCTION continued

*A Picture of ACT's Children and Young People* (A Picture) was the reporting mechanism for the *ACT Children's Plan* and the *ACT Young People's Plan* which both ceased in 2014. To reflect the ACT Government's continuing commitment to prioritising the health and wellbeing of our children and young people, the *ACT Children and Young People's Commitment 2015–2025* (the Commitment) was developed and released in December 2015.

The Commitment is a high-level strategic document that sets a vision for a whole-of-government and whole-of-community approach to promote the rights of children and young people (aged 0 to 25 years) in the ACT.

The Commitment identifies six priority areas that provide guidance to the Canberra community on how to assist children and young people to reach their potential, make a contribution and share the benefits of our community. *A Picture of ACT's Children and Young People* will act as the reporting mechanism for the key priority areas which will allow the ACT Government to track the progress of the priority areas and support informed policy and program development. The six priority areas are as follows:

- implement policy that enables the conditions for children and young people to thrive
- provide access to quality healthcare, learning and employment opportunities
- advocate the importance of the rights of children and young people
- keep children and young people safe and protect them from harm
- build strong families and communities that are inclusive and support and nurture children and young people
- include children and young people in decision making, especially in areas that affect them, ensuring they are informed and have a voice.

# EXECUTIVE SUMMARY

**The inaugural report, released in 2011, highlighted that most children and young people in the ACT were faring well. This trend has continued and remains constant with the current release for 2016. The report continues to highlight areas where ACT children and young people are faring well and potential areas where health and wellbeing gains could be made. These are detailed below.**

## Children and Young People

- The proportion of women who smoked during pregnancy has decreased significantly from 15.4 per cent in 2004 to 5.7 per cent in 2013.
- The number of children and young people who were the subject of a mental health treatment plan in the ACT increased from 9,482 in 2014 to 10,423 in 2015. This means more children and young people have a mental health treatment plan and are receiving treatment and support to address their mental health issues.
- The number of children enrolled in a preschool program in the ACT has continued to increase from 5,060 children in 2012 to 6,839 children in 2015.
- The prevalence of tobacco use in secondary students in the ACT has decreased steadily over time. This is most obvious in the 'ever smoked' category, which dropped from 55.7 per cent in 1996, to 18.9 per cent in 2014. During the same period, the proportion of current smokers decreased from 20.4 per cent to 5.2 per cent, and daily smokers from 9.2 per cent to 1.4 per cent.
- Since 1999 there has been a decline in reported alcohol consumption among secondary students. In 1996, 89.7 per cent of students surveyed reported that they had consumed at least a few sips of alcohol in their lifetime, compared to 71.6 per cent in 2014. The number of students who reported drinking in the last week was 29.1 per cent in 1996, compared to 12.1 per cent in 2014. In 1996 the proportion of students who drank at single-occasion risky levels was 8.2 per cent compared to 5.0 per cent in 2014.
- Since 1996, there has been a statistically significant decline in students reporting having used at least one illicit substance in their lifetime. However, between the two most recent reporting periods, this figure rose slightly but statistically significantly, from 12.7 per cent in 2011 to 16.2 per cent in 2014.
- The rate (per 100,000) of young people charged with a criminal offence in the ACT has declined from 2,531 in 2011–12 to 1,328 in 2014–15. The rate in 2014–15 is less than half the rate of 2010–11 (2,738).
- The rate (per 10,000) of young people who were under youth justice supervision during the year for 2014–15 (40.6) continues the decreasing trend since the peak rate in 2010–11 (70.5).



## EXECUTIVE SUMMARY continued

- The number of young people under community-based supervision in the ACT decreased from 239 in 2009–10 to 139 in 2014–15. The number of Aboriginal and Torres Strait Islander young people also continued its decrease from a high of 60 young people in 2011–12 to 36 young people in 2014–15.
- Compared to the national average, the ACT has a lower percentage of children developmentally vulnerable as shown by the Australian Early Development Census (AEDC) in each of the five domains, except physical health and wellbeing.
- From 2012 to 2015, there was a significant increase in the percentage of ACT children developmentally vulnerable on the AEDC in the social competence (8.6 per cent to 9.4 per cent), emotional maturity (7.2 per cent to 8.2 per cent) and language and cognitive skills domains (3.9 per cent to 5.9 per cent).

## Families, Kinship and Networks

- From 2006 to 2011 the proportion of one-parent families not in the labour force has increased by 5 per cent. The proportion of couple families with children with both parents unemployed has increased by 4 per cent.
- The total gross mean household income spent on housing costs in 2013–14 in the ACT was 13 per cent, compared to 14 per cent nationally. This was a one percentage point decrease in the ACT from 2011–12.
- There were 755 children and young people in the *2011 Census of Population and Housing: Estimating homelessness* who were classified as being homeless on Census night (an increase of 400 since 2006).
- In 2011, 21 per cent of all children and young people were living in a low income household in rental stress, an increase from 19 per cent in 2006 and 15 per cent in 2001.
- In 2015, 341 children and young people were reported as being victims of family violence related offences (down from 368 in 2014).
- The number of young people aged 18–24 years who were victims of family violence related offences was down from 228 in 2014 to 168 in 2015.
- The number of students accessing special education programs at either mainstream or specialist schools has increased by 22 per cent from 2,449 in 2012 to 2,981 in 2016. Students with a disability as a proportion of all VET students aged 18–24 years increased from 6.9 per cent in 2011 to 10.3 per cent in 2015.

## Community, Environments and Services

- In 2006, the volunteer rate of young people aged 18–24 years in the ACT was 28.9 per cent. In 2010, this rate had increased to 35.2 per cent and was one of the highest volunteer rates nationally. In 2014, the ACT volunteer rate was 29.6 per cent compared to 26 per cent for Australia.
- The proportion of ACT families who attended a cultural venue or event in the preceding year was higher than the average Australian attendance but lower than the previous (2009–10) results.
- The number of families accessing coordinated, locally-based services by a Child and Family Centre decreased slightly in the most recent reporting period, from 1,863 (in 2013–14) to 1,675 (in 2014–15).
- The 2015–16 Market Attitude Research Services Survey indicated that visits to neighbourhood parks continued the increasing trend of usage from 67 per cent in 2011–12 to 91 per cent in 2015–16.

The regular monitoring and reporting of significant indicators for ACT children and young people is vital to establish baseline data to set targets for improvement and track changes on how children and young people are faring over time. It also assists with the establishment of benchmarks to guide and develop integrated whole-of-government responses to issues for children and young people. This will result in the early identification of emerging needs, trends and indicators of concern.

Ensuring that data evidence and research is used to inform and improve decision making, policy development and service delivery is critical both across government and community in the ACT. This publication can assist in prioritising effort into identified areas requiring improvement.

# BACKGROUND TO THE ACT CHILDREN AND YOUNG PEOPLE OUTCOMES FRAMEWORK

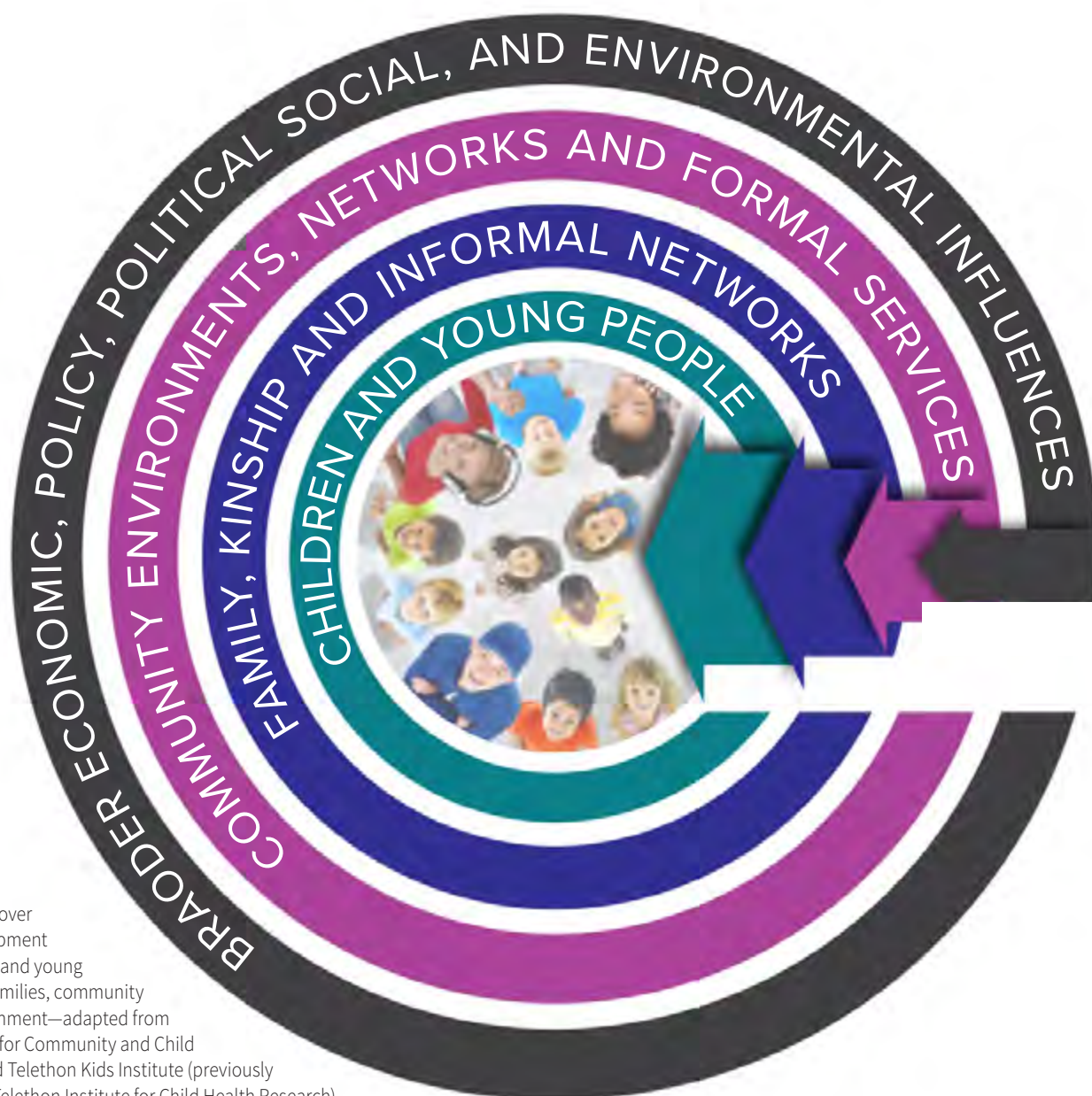
***A Picture of ACT's Children and Young People uses the ACT Children and Young People Outcomes Framework (Outcomes Framework) to measure children and young people's health and wellbeing.***

This Outcomes Framework reflects the ecological perspective of development and highlights the key protective, risk and other known factors that may impact on children and young people's health and wellbeing. The interplay between and accumulation of these protective and risk factors during childhood and adolescence has a significant impact on outcomes, both in the short term and over the course of a lifetime.<sup>1</sup>

The Outcomes Framework focuses primarily on outcomes for children and young people and includes indicators focused upon physical health and mental wellbeing, development in the early years, education and healthy and pro-social behaviours. The achievement of positive health, wellbeing, learning and development outcomes in childhood and adolescence is a rich interplay between the relationships and environments in which children and young people grow up. The most significant influence on children and young people is their family. The communities children, young people and their families live in also have an influence, by providing the resources and environments for families to thrive. In recognition of the importance of families and communities, outcomes for these key areas are also reflected in the Outcomes Framework.

A review of the Outcomes Framework was undertaken to align it with the new *ACT Children and Young People's Commitment 2015–2025* (the Commitment) which was released in December 2015. Fourteen new indicators have been identified to strengthen and broaden the scope of the Outcomes Framework's coverage of development and wellbeing measures for children and young people in the ACT. These indicators were identified as the best available means of measuring the Commitment's priorities.

# THE ACT CHILDREN AND YOUNG PEOPLE OUTCOMES FRAMEWORK



Influences over the development of children and young people—families, community and environment—adapted from the Centre for Community and Child Health, and Telethon Kids Institute (previously known as Telethon Institute for Child Health Research).

# FRAMEWORK OUTCOMES AND INDICATORS

Within each layer of influence around a child or young person we can identify **outcomes** that support positive health, wellbeing, learning and development. Assessing performance against these outcomes is actioned by measuring components—or **indicators**—over time. Performance data can inform future policy, programs and services.

OUTCOMES AT THE CHILDREN AND YOUNG PEOPLE LAYER OF INFLUENCE				
INDICATORS FACTORS WE MEASURE	1 Optimal physical health and wellbeing	2 Optimal development in the early years	3 Educational engagement and success	4 Adopt healthy and pro-social lifestyles
	Smoking during pregnancy <b>21</b>	Children entering school with basic skills for life and learning <b>48</b>	ACT public primary school and high school attendance <b>58</b>	Children and young people who are overweight and obese <b>70</b>
	Low birthweight in newborns <b>23</b>	Children enrolled in preschool <b>56</b>	Students achieving at or above the national minimum standard in literacy and numeracy <b>60</b>	Young people who use drugs <b>72</b>
	Infant mortality <b>25</b>	Social and emotional wellbeing of ACT kindergarten aged children <b>57</b>	Year 10–12 apparent retention <b>64</b>	Young people who have offended <b>76</b>
	Breastfeeding <b>26</b>		Transition from school to further education or work <b>67</b>	Young people under youth justice supervision <b>77</b>
	Fruit and vegetable consumption <b>29</b>		Youth unemployment <b>69</b>	Young people under community-based supervision <b>81</b>
	Participation in physical activity <b>31</b>			Young people in youth justice facilities <b>84</b>
	Children fully immunised <b>33</b>			Sun protection behaviours <b>87</b>
	Leading causes of hospitalisation <b>37</b>			
	Psychiatric hospitalisation <b>39</b>			
	Dental health <b>40</b>			
	Type 1 diabetes <b>41</b>			
	Mental health treatment plans <b>43</b>			
	Psychological distress <b>44</b>			
	Road transport casualties <b>45</b>			
	Sexually transmissible infections <b>46</b>			



OUTCOMES AT THE FAMILY, KINSHIP AND INFORMAL NETWORK LAYER			
INDICATORS	1 Access to sufficient material wellbeing	2 Free from abuse and neglect	3 Individual needs of families are recognised and supported
	Parental unemployment status <b>89</b>	Substantiated child abuse <b>95</b>	Teenage fertility rate <b>106</b>
	Disposable household income <b>90</b>	Children and young people on care and protection orders <b>98</b>	ACT children's level of reading, writing and numeracy by parental education <b>107</b>
	Family income spent on housing <b>91</b>	Children and young people in out of home care <b>101</b>	Disability (NDIS eligible) <b>109</b>
	Homelessness <b>92</b>	Exposure to family violence <b>104</b>	Children and young people with disability enrolled in the education system <b>110</b>
	Low income households in rental stress <b>94</b>		

OUTCOMES AT THE COMMUNITY, ENVIRONMENTS, NETWORKS AND FORMAL SERVICES AND BROADER ECONOMIC, POLICY, POLITICAL, SOCIAL AND ENVIRONMENTAL INFLUENCES LAYER			
INDICATORS	1 Local recreation spaces, activities and community facilities	2 Family support services to meet the needs of parents	3 Supportive and connected communities
	Children and young people living in neighbourhoods with good parks, playgrounds and play spaces <b>113</b>	Families and caregivers receiving support through services provided to children and young people with a developmental delay or disability from Therapy ACT <b>116</b>	Children's participation rate at cultural activities, venues or events <b>121</b>
	Children registered as library users <b>114</b>	Families accessing coordinated locally-based services through the Child and Family Centres <b>119</b>	Families attending at least one cultural venue or event in the preceding year <b>123</b>
			Young people who volunteer <b>124</b>
			Government consultation with children and young people <b>125</b>

**KEY**

The following symbols are used in this report



**Performance improving**



**Performance worsening**



**Performance maintaining**



**No new data available**

## ABOUT THIS REPORT

The *ACT Children and Young People Outcomes Framework* provides a conceptual map of outcomes and indicators relating to the health, wellbeing, learning and development of children and young people.

*A Picture of ACT's Children and Young People 2016* has three parts:

### PART ONE

reports on indicators relating to **children and young people**

### PART TWO

reports on indicators related to **families, kinship and networks**

### PART THREE

reports on indicators relating to **communities, environments and services**.

Most of the indicators contained in the report outline how the ACT is progressing over time. Included for each indicator is a description, rationale for the indicator's inclusion and an evaluation of how the ACT is faring. The symbols shown have been used to represent how the ACT is performing over time.

Data in this report has been sourced from a variety of ACT Government and national datasets. While many of the indicators have new data from 2015, some of the indicators present the same data from previous years as the data is collected periodically rather than annually. For these indicators, new data will be presented when available.

Four of the indicators have no new data for the reporting period as one data source will no longer be ongoing, one is a new indicator with data currently being collated and two other indicators use a data source which is available on a five-yearly basis.

Data has also been disaggregated (where possible) by age (or age cohort), gender, disability status, Aboriginal and Torres Strait Islander background and ACT region to provide a more detailed picture of children and young people.

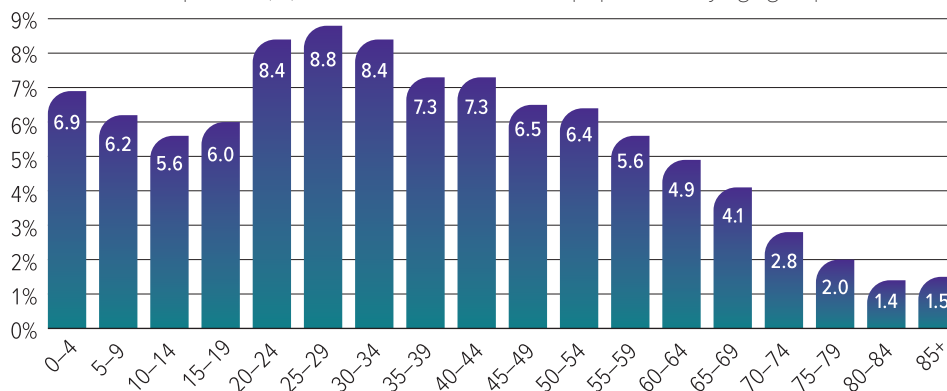
The selection of data on how Aboriginal and Torres Strait Islander children are faring in this report has been prioritised by the targets set in the *Closing the Gap*<sup>2</sup> reform. As the ACT is a small jurisdiction, data cannot be reported for some of the indicators due to the small numbers which could lead to identification.

# AN OVERVIEW OF ACT'S CHILDREN AND YOUNG PEOPLE

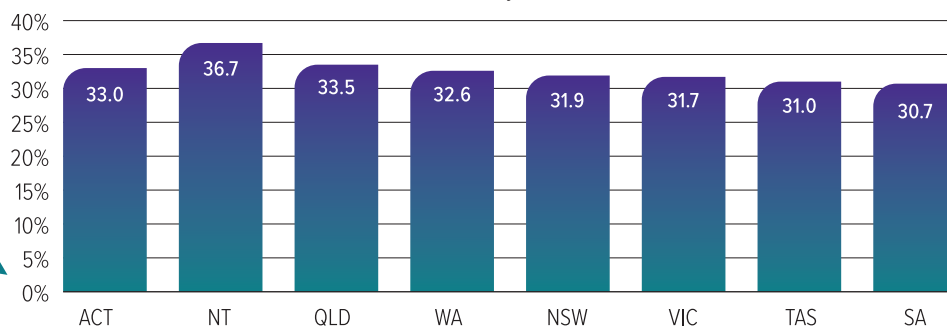
## How many children and young people live in the ACT?

As of June 2015 there were an estimated 385,397 people living in the ACT and 127,149 (33 per cent) were children and young people aged 0 to 24 years.<sup>3</sup> Amongst children and young people aged 0 to 24 years, 2.9 per cent identified as Aboriginal and Torres Strait Islander.<sup>4</sup>

**FIGURE 1:** Proportion (%) of estimated ACT resident population, by age group, June 2015<sup>5</sup>



**FIGURE 2:** Proportion (%) of the estimated resident population who were aged 0–24 years in each Australian state and territory, June 2015

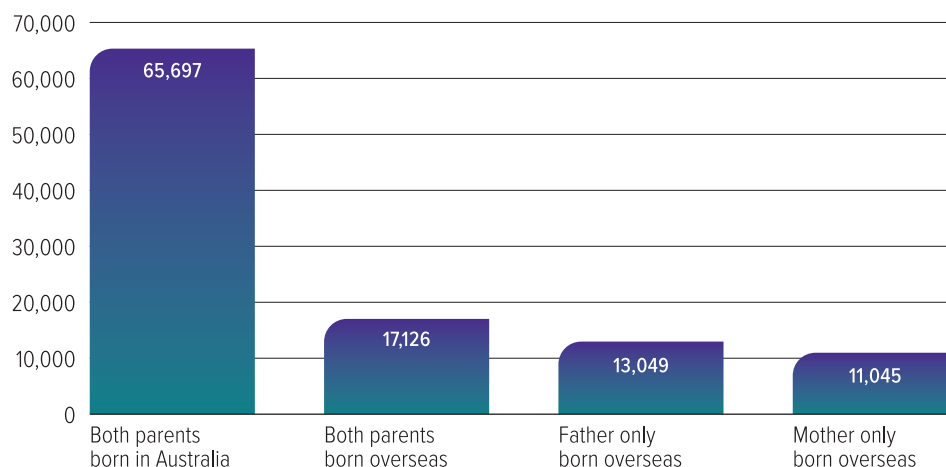


The ACT reported the third highest proportion of estimated total residents aged 0–24 years nationally.

## Where were parents of ACT's children and young people born?

In the ACT, 61 per cent (65,697) of children and young people (aged 0–24 years) were identified as having both parents born in Australia. Sixteen per cent (17,126) of children and young people indicated that both parents were born overseas and 23 per cent (24,094) indicated that one parent was born overseas. Data source: ABS, Census, 2011.

**FIGURE 3:** Ancestry of dependent children aged 0–24 years, ACT 2011



## Where do ACT's children and young people live?

The districts with the highest estimated number of children and young people aged 0–24 years in 2014 were Belconnen (32,243) and Tuggeranong (29,630). The districts with the highest proportion of residents aged 0–24 years were Gungahlin (36.7 per cent), Cotter-Namadgi (34.4 per cent), followed by Tuggeranong (34.1 per cent) and Belconnen (33.3 per cent).

**TABLE 1:** Total number and proportion (%) of estimated district population, by age group in the ACT, June 2014<sup>6</sup>

District	Age group					Proportion aged 0–24
	0–4	5–9	10–14	15–19	20–24	
Belconnen	7,159	5,966	4,944	5,384	8,790	33.3%
Cotter-Namadgi	127	94	85	46	221	34.4%
Fyshwick-Pialligo-Hume	58	30	60	87	108	23.2%
Gungahlin	6,120	4,907	4,059	3,469	4,160	36.7%
North Canberra	2,425	2,148	1,983	3,120	7,848	33.0%
South Canberra	1,257	1,363	1,410	1,402	1,579	26.9%
Tuggeranong	6,081	5,647	5,542	6,186	6,174	34.1%
Weston Creek	1,646	1,600	1,373	1,231	1,114	29.9%
Woden	1,997	2,042	2,013	2,038	2,231	29.7%

## What were the changes to where children and young people live?

The districts with the largest percentage change in the number of 0–24 year olds between 2009 and 2014 were Cotter-Namadgi (227.4 per cent) and Gungahlin (47.7 per cent). These increases relate to land release and development and for the Cotter-Namadgi region, this very large increase in population growth was due to development following the Canberra bushfires in 2003. The largest decline is in Tuggeranong (-12.1 per cent). The percentage changes in the number of females and males were strongest in Cotter-Namadgi (269 per cent and 199 per cent respectively) followed by Gungahlin (46.0 per cent for females and 49.4 per cent for males).

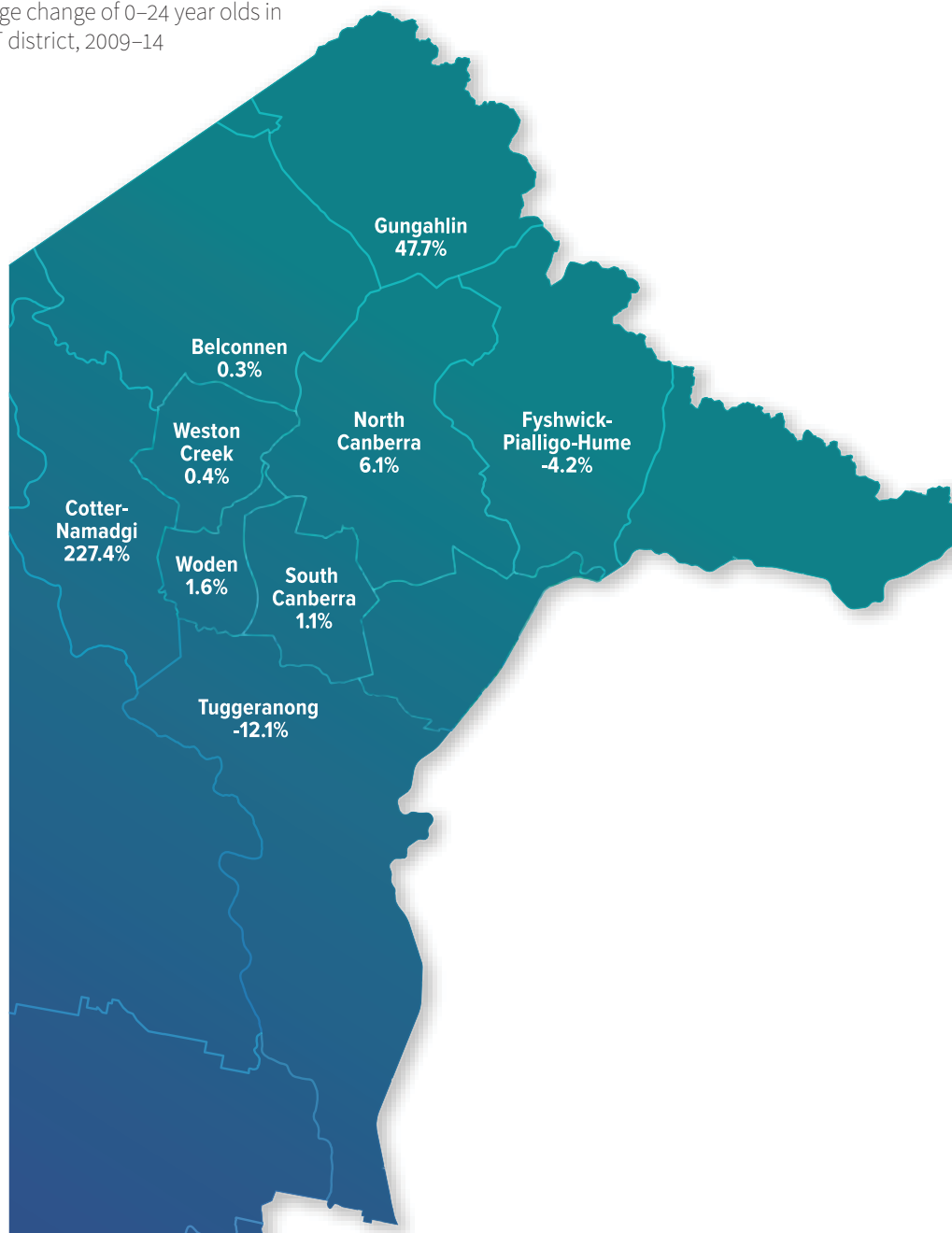
**TABLE 2:** Estimated resident population, ACT, by age and sex, 0–24 years, 2009 and 2014<sup>7</sup>

District	30 June 2009			30 June 2014			Per cent change		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Belconnen	15,671	16,466	32,137	15,846	16,397	32,243	1.1%	-0.4%	0.3%
Cotter-Namadgi	71	104	175	262	311	573	269.0%	199.0%	227.4%
Fyshwick-Pialligo-Hume	131	227	358	140	203	343	6.9%	-10.6%	-4.2%
Gungahlin	7,604	7,771	15,375	11,103	11,612	22,715	46.0%	49.4%	47.7%
North Canberra	7,913	8,608	16,521	8,348	9,176	17,524	5.5%	6.6%	6.1%
South Canberra	3,414	3,524	6,938	3,538	3,473	7,011	3.6%	-1.4%	1.1%
Tuggeranong	16,379	17,329	33,708	14,428	15,202	29,630	-11.9%	-12.3%	-12.1%
Weston Creek	3,312	3,621	6,933	3,240	3,724	6,964	-2.2%	2.8%	0.4%
Woden	4,952	5,203	10,155	5,092	5,229	10,321	2.8%	0.5%	1.6%
<b>Total</b>	<b>59,447</b>	<b>62,853</b>	<b>122,300</b>	<b>61,997</b>	<b>65,327</b>	<b>127,324</b>	<b>4.3%</b>	<b>3.9%</b>	<b>4.1%</b>

Data source: Australian Bureau of Statistics (ABS) 2015, *Population by Age and Sex, Regions of Australia*, Population estimates by age and sex, regions of Australian Capital Territory (ASGS 2011).



**FIGURE 4:** Percentage change of 0–24 year olds in each ACT district, 2009–14



Data source: ABS 2015, *Population by Age and Sex, Regions of Australia*, Population estimates by age and sex, regions of Australian Capital Territory (ASGS 2011).



**ACT**  
Government

# A PICTURE OF ACT'S CHILDREN AND YOUNG PEOPLE 2016

**PART ONE** Children and young people

INDICATORS	OUTCOMES AT THE CHILDREN AND YOUNG PEOPLE LAYER OF INFLUENCE			
	1 Optimal physical health and wellbeing	2 Optimal development in the early years	3 Educational engagement and success	4 Adopt healthy and pro-social lifestyles
	Smoking during pregnancy <b>21</b>	Children entering school with basic skills for life and learning <b>48</b>	ACT public primary school and high school attendance <b>58</b>	Children and young people who are overweight and obese <b>70</b>
	Low birthweight in newborns <b>23</b>		Students achieving at or above the national minimum standard in literacy and numeracy <b>60</b>	Young people who use drugs <b>72</b>
	Infant mortality <b>25</b>	Children enrolled in preschool <b>56</b>		Young people who have offended <b>76</b>
	Breastfeeding <b>26</b>	Social and emotional wellbeing of ACT kindergarten aged children <b>57</b>	Year 10–12 apparent retention <b>64</b>	Young people under youth justice supervision <b>77</b>
	Fruit and vegetable consumption <b>29</b>		Transition from school to further education or work <b>67</b>	Young people under community-based supervision <b>81</b>
	Participation in physical activity <b>31</b>		Youth unemployment <b>69</b>	Young people in youth justice facilities <b>84</b>
	Children fully immunised <b>33</b>			Sun protection behaviours <b>87</b>
	Leading causes of hospitalisation <b>37</b>			
	Psychiatric hospitalisation <b>39</b>			
	Dental health <b>40</b>			
	Type 1 diabetes <b>41</b>			
	Mental health treatment plans <b>43</b>			
	Psychological distress <b>44</b>			
	Road transport casualties <b>45</b>			
	Sexually transmissible infections <b>46</b>			

## KEY

The following symbols are used in this report



**Performance improving**



**Performance worsening**



**Performance maintaining**



**No new data available**

# OUTCOME 1: OPTIMAL PHYSICAL HEALTH AND WELLBEING

## INDICATOR 1 SMOKING DURING PREGNANCY

### Indicator description

The proportion of women who smoked tobacco during pregnancy for ACT resident women.

### What do we measure?

The number of women who report smoking tobacco during pregnancy.

### Why is this important?

Smoking during pregnancy is the most common preventable risk factor for pregnancy complications, and is associated with poorer perinatal outcomes such as low birthweight, preterm birth, small for gestational age babies and perinatal death.<sup>8</sup>

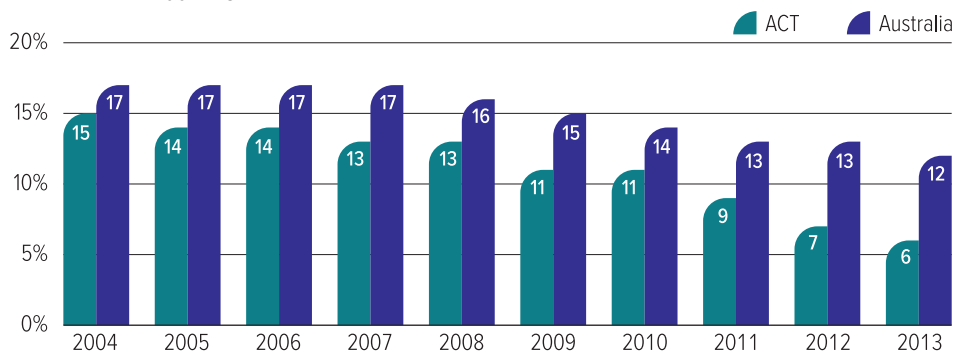
### How is the ACT progressing?

The proportion of women who smoked during pregnancy has decreased significantly from 15.4 per cent in 2004 to 5.7 per cent in 2013 (Figure 5). The proportion of ACT women who smoke during pregnancy is consistently significantly lower than the national rate. In 2013, 11.7 per cent of women nationally smoked during pregnancy.

Teenage women were significantly more likely to smoke during pregnancy. In 2013, 34.9 per cent of women aged less than 20 years at the birth of their baby smoked during pregnancy compared with 5.2 per cent of women 20 years and over.



**FIGURE 5:** Proportion (%) of women who smoked during pregnancy, ACT and Australia, 2004–13



Data source: ACT Health, Epidemiology Section. Maternal and Perinatal Data Collection, unpublished data. AIHW, National Perinatal Data Collection, published data.



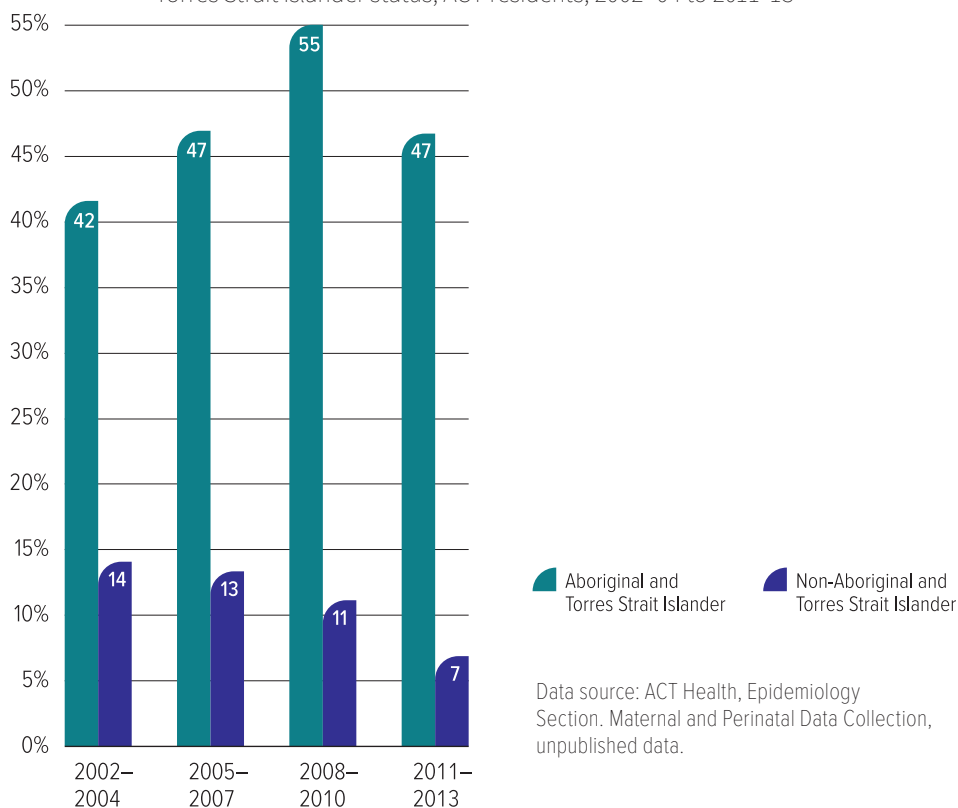
## Smoking during pregnancy for Aboriginal and Torres Strait Islander women

Over the period 2011–13, 46.5 per cent of Aboriginal and Torres Strait Islander women in the ACT reported smoking during pregnancy compared with 6.6 per cent of non-Aboriginal and Torres Strait Islander women.

The proportion of Aboriginal and Torres Strait Islander women who reported smoking during pregnancy over the period 2002–04 to 2011–13 has fluctuated, while the rate for non-Aboriginal and Torres Strait Islander women has decreased (Figure 6).

Nationally, 47 per cent of Aboriginal and Torres Strait Islander women reported smoking during pregnancy in 2013 compared with 13 per cent of non-Aboriginal and Torres Strait Islander women.<sup>9</sup>

**FIGURE 6:** Proportion (%) of women who smoked during pregnancy by Aboriginal and Torres Strait Islander status, ACT residents, 2002–04 to 2011–13



Note: The data for this section has been grouped into three-year periods due to the small number of Aboriginal and Torres Strait Islander women who reside in the ACT and give birth each year.



## INDICATOR 2

## LOW BIRTHWEIGHT IN NEWBORNS

**Indicator description**

The proportion of live born babies with a birthweight less than 2,500 grams for ACT resident women.

**What do we measure?**

The birthweight of all babies born in the ACT.

**Why is this important?**

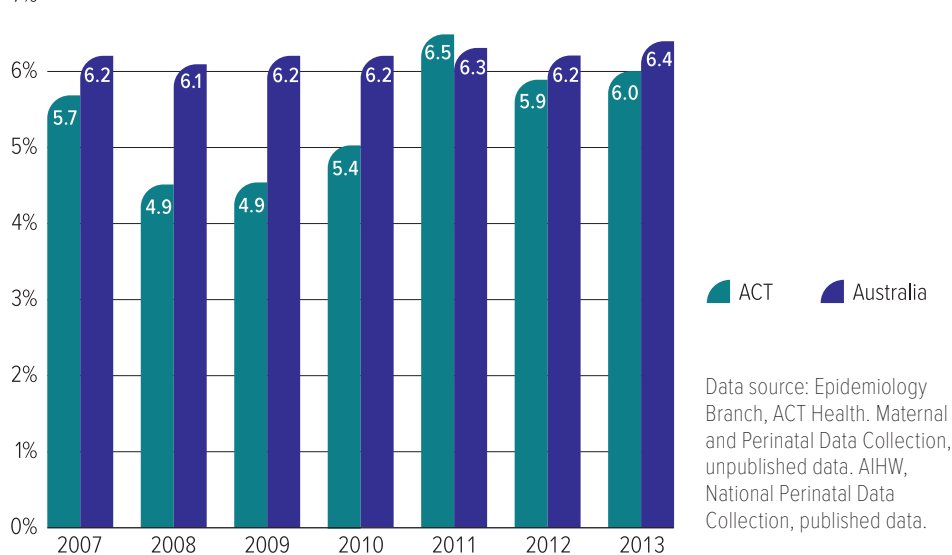
A baby's birthweight is a key indicator of health status.<sup>10</sup> Low birthweight babies have a greater risk of poor health and dying during the first year of life, require a longer period of hospitalisation after birth and are more likely to develop significant disabilities.<sup>11</sup>

**How is the ACT progressing?**

The proportion of low birthweight babies born to ACT residents in the ACT in 2013 was 6.0 per cent, not significantly different to the national rate of 6.4 per cent.

The proportion of live born ACT babies with a low birthweight has fluctuated over the period 2007 to 2013 (Figure 7). Annual fluctuations in the proportion of low birthweight babies occur due to the small numbers of low birth weight babies born in the ACT each year.

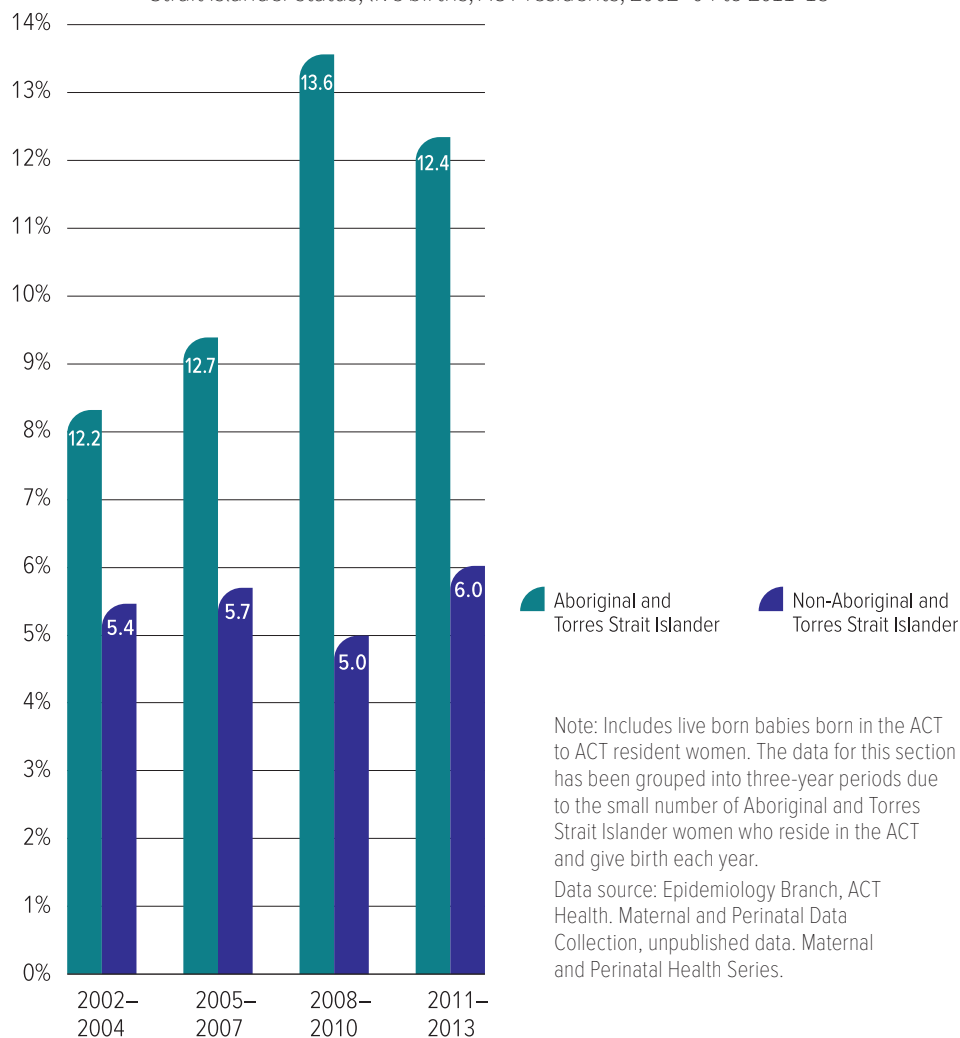
**FIGURE 7:** Proportion (%) of low birthweight babies, live births, ACT and Australia, 2007–13



Note: Includes live born babies born in the ACT to ACT resident women.

The proportion of low birthweight babies born to Aboriginal and Torres Strait Islander women was higher than the proportion of low birthweight babies born to non-Aboriginal and Torres Strait Islander women (Figure 8).

**FIGURE 8:** Proportion (%) of low birthweight babies by maternal Aboriginal and Torres Strait Islander status, live births, ACT residents, 2002–04 to 2011–13



## INDICATOR 3 INFANT MORTALITY

### Indicator description

The number of infant deaths (at less than 1 year of age) per 1,000 live births in the ACT.

### What do we measure?

The number of infant deaths and the number of live births in the ACT.

### Why is this important?

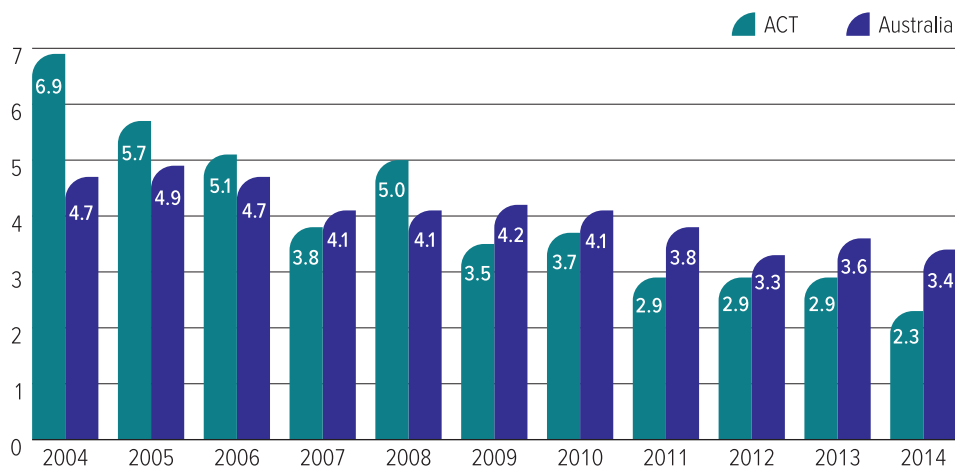
Infant mortality (i.e. deaths under one year of age) is commonly viewed as an important indicator of the general health and wellbeing of a population and has a large influence on life expectancy at birth. A high infant mortality rate lowers life expectancy, while a low infant mortality rate contributes to increased life expectancy.<sup>12</sup>



### How is the ACT progressing?

The infant mortality rate for ACT babies significantly improved over the period 2004–09 and has continued to maintain this earlier decrease (Figure 9).

**FIGURE 9:** Infant mortality rate, ACT and Australia, 2004–14



Data source: ABS 2015, *Deaths, Australia 2014*, cat. no. 3302.0, Canberra.

## INDICATOR 4 BREASTFEEDING

### Indicator description

The proportion of infants being breastfed in the ACT who attend MACH clinics for their immunisations.

### What do we measure?

In 2009, ACT Health implemented a simple data collection for babies presenting for immunisation at Child Health Immunisation Clinics at 2, 4, 6 and 12 months of age. During the immunisation encounter, the carers were asked to indicate whether the infant was still breastfeeding through a simple 'yes' or 'no' response. The purpose of this collection was to create a picture of the proportion of infants being breastfed in the ACT and to identify opportunities to improve the breastfeeding rate among women and infants in the ACT.

Due to the success of this trial, in 2011 the data collection was refined and carers were asked at the Child Health Immunisation Clinics about *exclusive breastfeeding*\*, if the infant was receiving *any* breast milk and introduction of solids to their infant's diet. These questions are in line with nationally agreed indicators to allow better interpretation on how the ACT is tracking.

\* Exclusive breastfeeding definition: Infants receive only breast milk, including expressed breast milk and, where required, medicines, but no infant formula or non-human milk.<sup>13</sup>

### Why is this important?

The National Health and Medical Research Council (NHMRC) recommend 'that infants be exclusively breastfed until around 6 months of age when solid foods are introduced. It is further recommended that breastfeeding be continued until 12 months of age and beyond, for as long as the mother and child desire'.<sup>14</sup>

It is well established that breastfeeding provides significant public health benefits. It provides benefits to infants including reduced risk of infection, asthma and atopic disease and sudden infant death syndrome. Breastfeeding also contributes to infants' improved cognitive development and protects against obesity, high blood pressure and some chronic diseases in later life.<sup>15</sup>

## How is the ACT progressing?

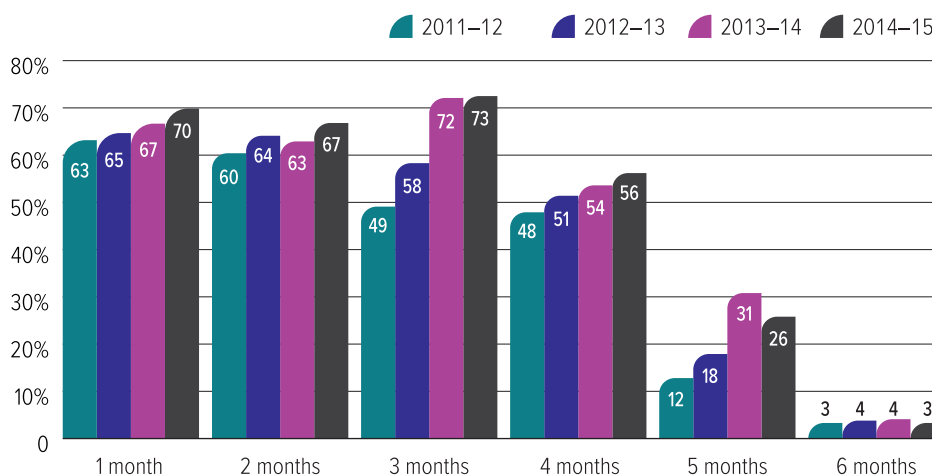


### Exclusive breastfeeding

Figure 10 data shows the proportion of infants accessing ACT Child Health immunisation clinics who were being exclusively breastfed during the period of 1 July 2011 to 30 June 2012 in comparison to the 2014–15 period. Approximately 72.5 per cent of infants were exclusively breastfed to three months of age after which rates of exclusively breastfed infants begin to decline. The drop in exclusive breastfeeding rates at around five months of age coincides with the recommended time for the introduction of solids.

Exclusive breastfeeding rates have remained relatively stable since the collection of the 2012–13 data.

**FIGURE 10:** Exclusive breastfeeding, infants presenting at ACT Maternal and Child Health immunisation clinics, by age (completed calendar months), 2011–12 to 2014–15



Note: The age group of infants is based upon completed calendar months only — any days over the calendar month are rounded down to the nearest completed month (e.g. 2 months and 20+ days is rounded to 2 months). The data for this indicator is obtained only from clients who attend MACH clinics for their immunisations and does not include clients who visit GPs or other health services for immunisations and therefore is only representative of a proportion of ACT infants.

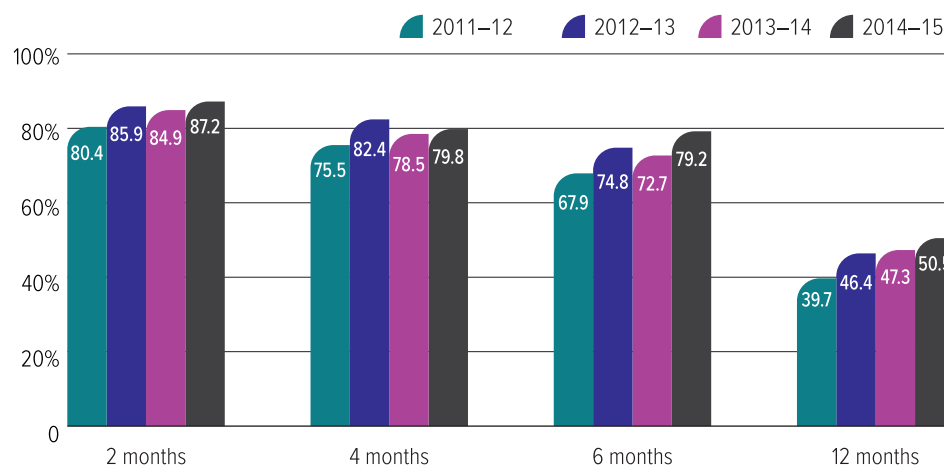
Data source: ACT Health, Maternal and Child Health Program, 2011–12 to 2014–15 unpublished data.

## Any breastfeeding\*

Figure 11 shows the proportion of infants who were receiving *any* breast milk during the period of 1 July 2011 to 30 June 2012 in comparison to the 2014–15 period. This figure shows that 82.1 per cent of infants were receiving breast milk in some capacity up to the age of six months in the 2014–15 period. This is a small increase from 2013–14 which reported a rate of 79.0 per cent for infants aged up to six months receiving any breastfeeding.

\* Any breastfeeding definition: Includes exclusive, predominantly and any breastfeeding. Infants receive any breast milk including colostrum, expressed breast milk, donor milk; allows any other liquid or food.

**FIGURE 11:** Any breastfeeding, infants presenting at ACT Maternal and Child Health immunisation clinics, by age (completed calendar month), 2011–12 to 2014–15



Note: The data for this indicator is obtained only from clients who attend MACH clinics for their immunisations and does not include clients who visit GPs or other health services for immunisations and therefore is only representative of a proportion of ACT infants.

Data source: ACT Health, Maternal and Child Health Program, 2013–14, 2014–15 unpublished data.

## INDICATOR 5 FRUIT AND VEGETABLE CONSUMPTION

### Indicator description

The proportion of ACT children and young people who reported as meeting the National Health and Medical Research Council (NHMRC) *Australian Dietary Guidelines* for fruit and vegetables.<sup>16</sup>

### What do we measure?

Parent-reported fruit and vegetable consumption of children and young people in the ACT aged two to 15 years. Two serves of fruit and five serves of vegetables is used as the measurement as it covers the majority of age groups and parents report full serves, not half serves.

### Why is this important?

Eating fruit and vegetables is essential for a healthy diet. A diet high in these foods provides protection against a range of chronic diseases including cardiovascular disease, some types of cancer and Type 2 diabetes.<sup>17</sup>

Tables 3 and 4 list the recommended serves per day of fruit and vegetables according to age.

**TABLE 3:** Minimum recommended number of serves of fruit per day

	2–3 years	4–8 years	9–11 years	12–13 years	14–18 years
Boys	1	1½	2	2	2
Girls	1	1½	2	2	2

Data source: NHMRC, *The Australian Dietary Guidelines*, Commonwealth of Australia, 2013.

**TABLE 4:** Minimum recommended number of serves of vegetables per day

	2–3 years	4–8 years	9–11 years	12–13 years	14–18 years
Boys	2½	4½	5	5½	5½
Girls	2½	4½	5	5	5

Data source: NHMRC, *The Australian Dietary Guidelines*, Commonwealth of Australia, 2013.



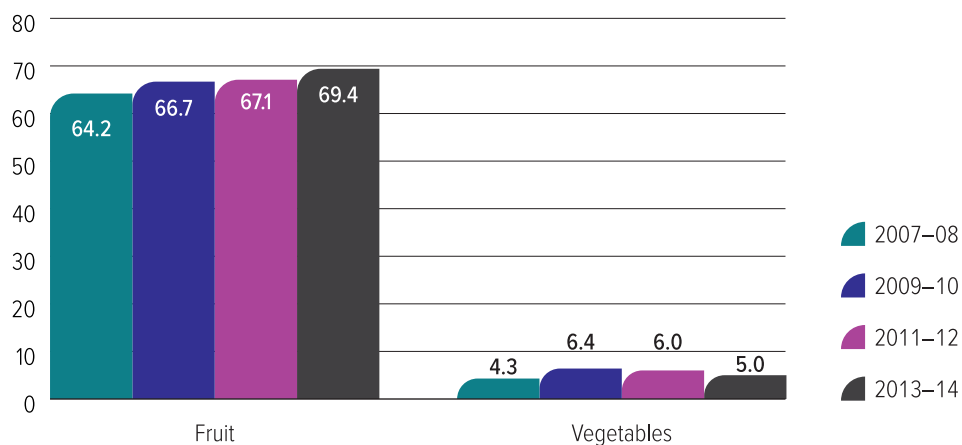
## How is the ACT progressing?

There has been no significant change in the consumption of fruit and vegetables since 2007–08 (Figure 12).

In 2007–08, 64.2 per cent of children were eating two serves of fruit, compared to 69.4 per cent in 2013–14 which is not a significant change.

In 2007–08, 4.3 per cent of children were eating five serves of vegetables, compared to 5.0 per cent in 2013–14 which is not a significant change.

**FIGURE 12:** Percentage of ACT children aged 2–15 years who eat two serves of fruit and five serves of vegetables every day, 2007–08 to 2013–14



Data source: ACT General Health Survey, 2007–14.



## INDICATOR 6

## PARTICIPATION IN PHYSICAL ACTIVITY

**Indicator description**

The proportion of ACT children and young people who are reported as participating in physical activity.

**What do we measure?**

Parent-reported physical activity participation rates of ACT children and young people aged five to 15 years outside of school hours.

**Why is this important?**

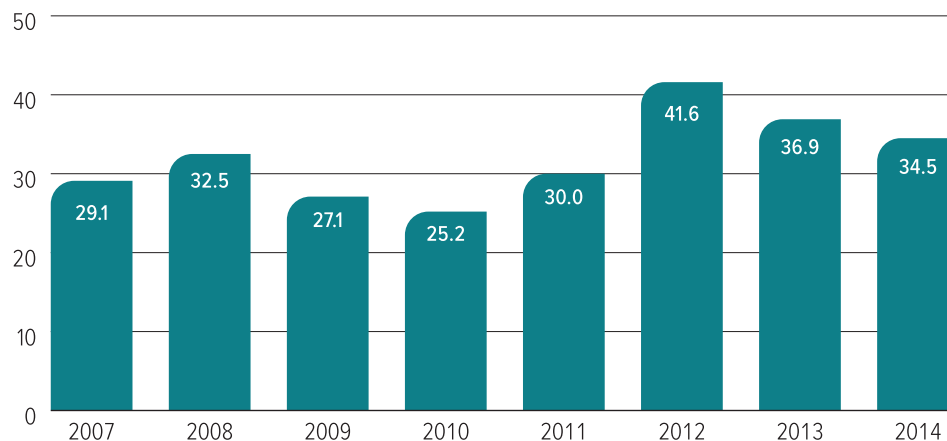
The *National Physical Activity Guidelines* recommend that children and adolescents need at least 60 minutes of moderate (e.g. bike riding, skateboarding, quick walking) to vigorous (e.g. running, ball games) physical activity every day for healthy growth and wellbeing. Children who are sedentary can become overweight or obese and this can affect their health in later life.<sup>18</sup>

**How is the ACT progressing?**

Results from the 2011–14 ACT General Health Survey (ACTGHS) show that 22.1 per cent of ACT children (25.1 per cent of boys and 19.1 per cent of girls) were meeting the *National Physical Activity Guidelines* by doing 60 minutes or more of physical activity a day. This proportion has not changed significantly since 2007–10 when 22.8 per cent were meeting the guidelines (24.4 per cent of boys and 20.9 per cent of girls). Boys were more likely to meet these guidelines than girls.

The 2011–14 ACTGHS results indicate that less than half (47.2 per cent) of ACT parents could accurately respond when asked how many minutes of physical activity it is recommended children do each day. This is a significant increase from 2007–10, where 29.1 per cent responded correctly. More than one-third (35 per cent) of parents believed the recommended amount of physical activity for children was less than 60 minutes a day, while 17.9 per cent did not know what the recommendations were.

Figure 13 shows the number of children aged five to 15 years who reported they usually rode or walked to school.

**FIGURE 13:** Number of ACT children who walk or cycle to school, 2007–14

Data source: ACT General Health Survey, 2007–14.

Almost all (97.1 per cent) ACT children participated in a sport and/or outdoor activity over the past 12 months in 2011–14. These are presented in Table 5.

**TABLE 5:** Sport and outdoor activities played in past 12 months; children aged 5–15 years, ACT, 2011–14

Activity	Proportion	Activity	Proportion
Swimming	49.5%	Martial arts	8.7%
Cycling/mountain bike/bike riding	40.8%	Netball	8.5%
Jogging/athletics/running	39.1%	Rugby league	8.0%
Soccer	36.3%	Skateboarding/roller blading	5.0%
Dancing/ballet	27.1%	Rugby union	4.7%
Basketball	14.2%	Other	14.4%
Cricket	10.1%	Did not play any sport	2.9%

Note: As respondents could answer more than one response, percentages may total more than 100 per cent.

Data source: ACTGHS data collection 2011–14.

## INDICATOR 7

## CHILDREN FULLY IMMUNISED

**Indicator description**

The proportion of ACT children aged 60–63 months of age who are fully immunised.

**What do we measure?**

The proportion of children aged 60–63 months of age who are fully immunised according to the Australian Childhood Immunisation Register (ACIR).

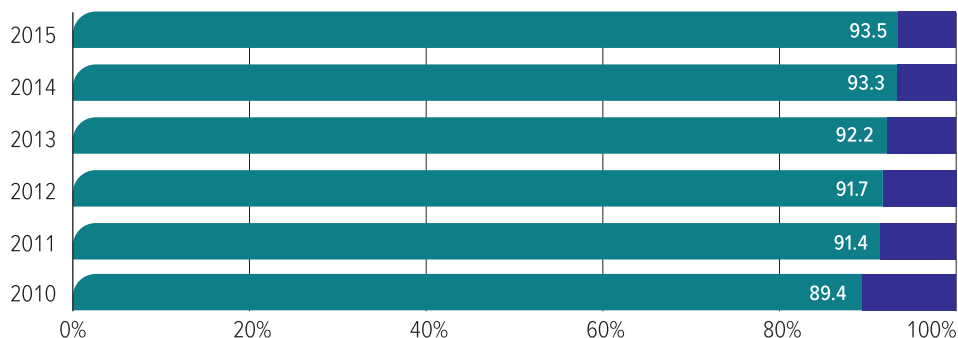
**Why is this important?**

Immunisation protects children, young people and adults against harmful infections before they come into contact with the infections in the community. Immunisation uses the body's natural defence mechanism — the immune response — to build resistance to specific infections. Immunisation helps children stay healthy by building resistance to specific infections.<sup>19</sup>

**How is the ACT progressing?**

The proportion of fully immunised children aged 60–63 months in the ACT has increased over time. In 2010, 89.4 per cent of children were fully immunised, 91.4 per cent in 2011, 91.7 per cent in 2012, 92.2 per cent in 2013, 93.3 per cent in 2014 and 93.5 per cent in 2015 (Figure 14).

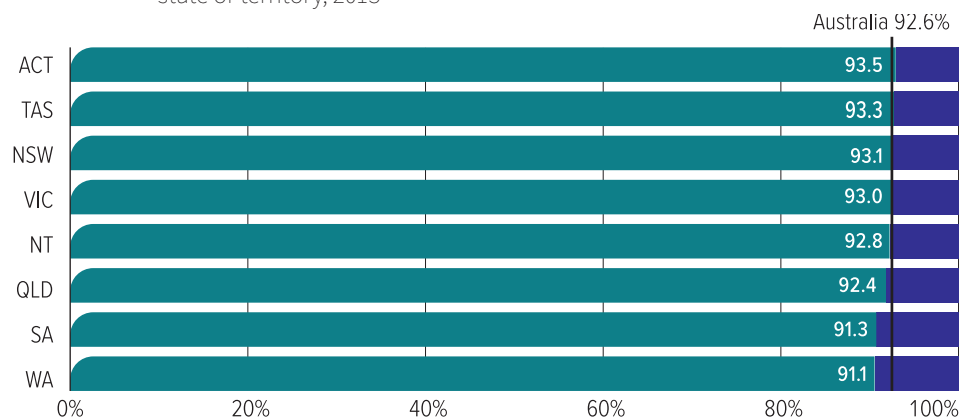
**FIGURE 14:** Proportion (%) of ACT children aged 60–63 months fully immunised, 2010–15



Note: Data for Figures 14–17 is from the Immunise Australia ACIR website where coverage rates are reported by calendar year.

Data source: Immunise Australia ACIR website, [www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/acir-ann-cov-hist-data.htm](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/acir-ann-cov-hist-data.htm).

**FIGURE 15:** Proportion (%) of children aged 60–63 months assessed as fully immunised by state or territory, 2015

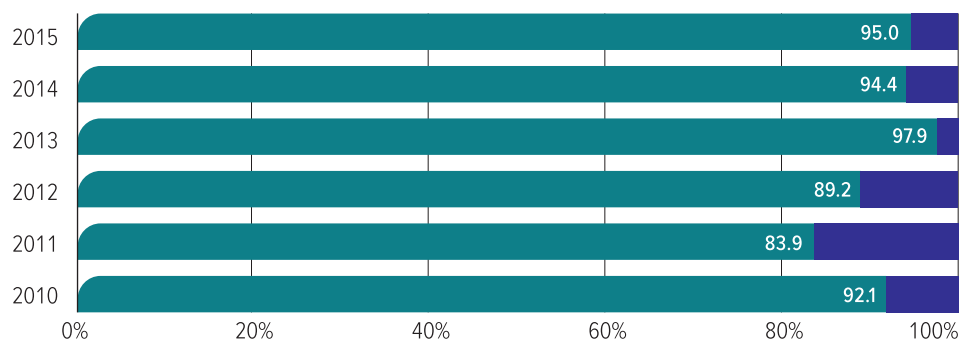


#### Aboriginal and Torres Strait Islander children aged 60–63 months coverage data

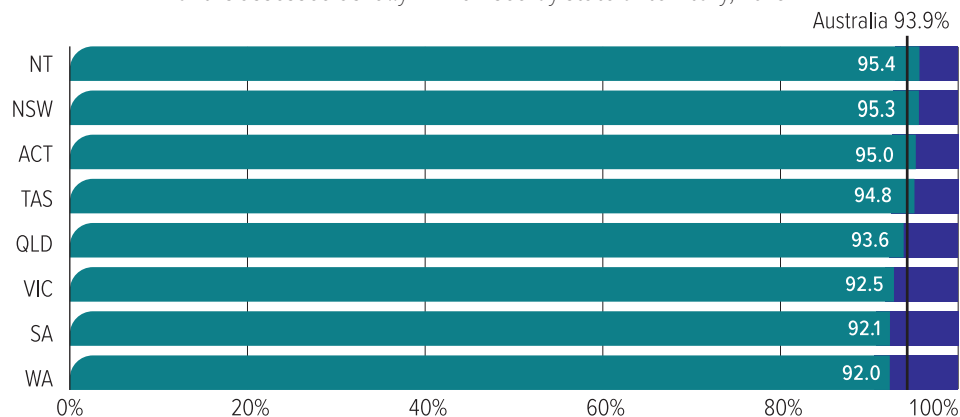
The proportion of Aboriginal and Torres Strait Islander Children fully immunised aged 60–63 months in the ACT has fluctuated over time. The percentage of fully immunised children was 92.1 per cent in 2010, 83.9 per cent in 2011, 89.2 per cent in 2012, 97.92 per cent in 2013, 94.4 per cent in 2014 and 95.0 per cent in 2015 (see Figure 16).

The very low numbers of Aboriginal and Torres Strait Islander children in the ACT means that ACT Aboriginal and Torres Strait Islander coverage data should be read with caution, as the immunisation coverage rates can fluctuate greatly. Coverage rates can vary dramatically between cohorts and between reporting periods.

**FIGURE 16:** Proportion (%) of ACT Aboriginal and Torres Strait Islander children aged 60–63 months fully immunised, 2010–15



**FIGURE 17:** Proportion (%) of Aboriginal and Torres Strait Islander children aged 60–63 months assessed as fully immunised by state or territory, 2015



- a Hepatitis B: vaccine should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours, and must be given within 7 days.
- b Rotavirus vaccine: third dose of vaccine is dependent on vaccine brand used. Contact your state or territory Health Department for details.
- c Varicella vaccine: contact your state or territory Health Department for details on the school grade eligible for vaccination.
- d HPV vaccine: is for all adolescents aged between 12 and 13 years. Contact your state or territory Health Department for details on the school grade eligible for vaccination.

**TABLE 6:** National Immunisation Program Schedule (from 20 April 2015)

CHILD PROGRAMS		
Age	Vaccine	
Birth	<ul style="list-style-type: none"><li>• Hepatitis B (hepB)<sup>a</sup></li></ul>	
2 months	<ul style="list-style-type: none"><li>• Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li></ul>	<ul style="list-style-type: none"><li>• Pneumococcal conjugate (13vPCV)</li><li>• Rotavirus</li></ul>
4 months	<ul style="list-style-type: none"><li>• Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li></ul>	<ul style="list-style-type: none"><li>• Pneumococcal conjugate (13vPCV)</li><li>• Rotavirus</li></ul>
6 months	<ul style="list-style-type: none"><li>• Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li></ul>	<ul style="list-style-type: none"><li>• Pneumococcal conjugate (13vPCV)</li><li>• Rotavirus <sup>b</sup></li></ul>
12 months	<ul style="list-style-type: none"><li>• Haemophilus influenzae type b and meningococcal C (Hib-MenC)</li></ul>	<ul style="list-style-type: none"><li>• Measles, mumps and rubella (MMR)</li></ul>
18 months	<ul style="list-style-type: none"><li>• Diphtheria, tetanus, acellular pertussis (whooping cough)</li></ul>	<ul style="list-style-type: none"><li>• Measles, mumps, rubella and varicella (chickenpox) (MMRV)</li></ul>
4 years	<ul style="list-style-type: none"><li>• Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV)</li></ul>	
SCHOOL PROGRAMS		
Age	Vaccine	
10–15 years*	<ul style="list-style-type: none"><li>• Varicella (chickenpox) <sup>c</sup></li><li>• Human papillomavirus (HPV) <sup>d</sup></li><li>• Diphtheria, tetanus and acellular pertussis (whooping cough) (dTpa)</li></ul>	

Table source: National Immunisation Program (NIP) Schedule, [www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/national-immunisation-program-schedule](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/national-immunisation-program-schedule).

## INDICATOR 8

## LEADING CAUSES OF HOSPITALISATIONS

**Indicator description**

The leading causes of hospitalisation for ACT children.

**What do we measure?**

The top 25 causes of hospitalisation for Canberra residents aged 14 years or less at ACT public hospitals (excluding episodes related to births).

**Why is this important?**

This indicator identifies the leading causes of hospitalisation and enables health planners to ensure that health promotion, early intervention and our public hospital services are able to respond effectively to major changes in the demand for hospital services for children.

**How is the ACT progressing?**

The main causes of hospitalisation for children are injury and infectious diseases.

The top 25 diagnoses for the hospitalisation of children, account for more than half of all hospital episodes for people aged 14 years or less at ACT public hospitals.

In 2014–15, there were 4,124 inpatient hospital episodes recorded at ACT public hospitals for Canberra residents aged 14 years or less. This is consistent with the number of inpatient episodes recorded in previous years: 4,024 in 2013–14; 4,143 in 2012–13; 4,167 in 2011–12 and 4,024 in 2010–11.

The major causes of hospitalisation for children in 2014–15 were other factors influencing health status generally relating to social reasons (308 episodes), followed by bronchitis and asthma (222 episodes) and musculoskeletal injuries (173 episodes). The top two major causes of hospitalisation for ACT children have remained consistent over the past two years.

**TABLE 7:** ACT Public Hospitals, top 25 diagnoses for hospital admission by volume, persons aged 14 years or less, 2014–15

Diagnosis	Separations
Other factors influencing health status	308
Bronchitis and asthma	222
Musculoskeletal injuries, same day	173
Respiratory infection or inflammation	118
Otitis media and URI	110
Reticuloendothelial and immunity disorders without complications or malignancy	109
Tonsillectomy or adenoidectomy	98
Oesophageous or gastro related diagnoses	93
Abdominal pain or mesenteric adenitis	89
Injuries to forearm, wrist, hand or foot	89
Respiratory signs and symptoms	86
Seizure	84
Myringotomy and tube insertion	82
Dental extractions and restorations	77
Other digestive system diagnoses, without complications	75
Red blood cell disorders	71
Poisoning/Toxic Effects of Drugs and other Substances	62
Other Respiratory System OR Procedures	61
Injuries	60
Procedures on the humerus, tibia, fibula or ankle, without complications	59
Testes procedures	59
Oral and Dental Disorders	57
Miscellaneous Metabolic Disorders	56
Viral illness	56
Other digestive system diagnoses	55

Data source: ACT Health, Admitted patient care data set, hospital separations for persons aged 14 years or less 2014–15 (excludes admissions for births, ACT residents only).



## INDICATOR 9

## PSYCHIATRIC HOSPITALISATION

**Indicator description**

The rate of hospitalisation of ACT young people for mental and behavioural disorders.

**What do we measure?**

The rate per 1,000 people aged 14 years or less, who are residents of the ACT and who are admitted to hospital with a mental or behavioural disorder (as per the *International Classification of Diseases, Australian Modification* — ICD10-AM).

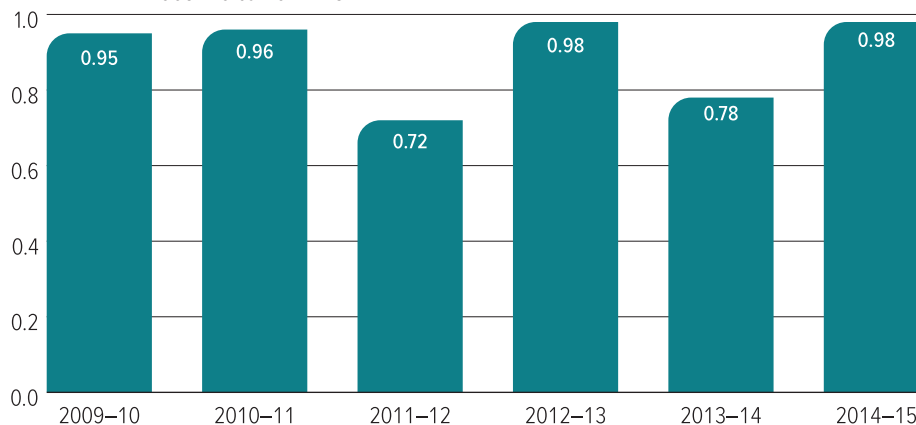
**Why is this important?**

Early intervention and support in the community is essential for the best possible management of mental health and behavioural disorders, and the best possible health and social outcomes. This is particularly important for young people. Positive interventions within the community reduce the likelihood of hospitalisation of children for psychiatric conditions.

**How is the ACT progressing?**

Less than one in a thousand ACT residents aged 14 years or less are hospitalised for mental health or behavioural disorders.

**FIGURE 18:** ACT Public Hospitals — Hospitalisation rate per 1,000 population for mental health and behavioural disorders (persons aged 14 years or less), 2009–10 to 2014–15



Note: The small number of people aged 14 years or younger hospitalised for mental health or behavioural disorders can result in fluctuations between years.

Data source: ABS for Resident ACT population for people aged 14 years and younger by year. ACT Health *Admitted Patient Care* data set.

## INDICATOR 10 DENTAL HEALTH

### Indicator description

The mean number of decayed, missing or filled teeth (DMFT) among primary school children aged 12 years.

### What do we measure?

The number of teeth decayed, missing or extracted of children aged 12 years visiting ACT Health public dental services. The number of decayed, missing or filled teeth is expressed as the DMFT (for permanent teeth).

### Why is this important?

This indicator provides an indication of the effectiveness of prevention, early intervention and treatment services.

### How is the ACT progressing?

The ACT Health mean DMFT figures for 2015 are 0.58 at 12 years. This represents a decrease of 0.01 when compared to 2014.

This figure is representative of ACT Health clients only.

The mean DMFT is lower, when compared to the figures available from the most recent Child Dental Health survey (2007). This survey indicated that the mean DMFT for ACT children aged 12 was 0.80. The mean DMFT for children aged 12 years nationally was 0.95.

Data source: Health Directorate Dental Program client database Titanium. AIHW, *Dental Health of Australia's teenagers and pre-teen children: the Child Dental Health Survey*, Australia 2007.



## INDICATOR 11 TYPE 1 DIABETES

### Indicator description

The number of ACT children and young people diagnosed with type 1 diabetes (Insulin treated).

### What do we measure?

The prevalence and incidence of type 1 diabetes in ACT children and young people. 'Prevalence' refers to the number or proportion of ACT children and young people who have type 1 diabetes at any given time; 'incidence' is the number of new cases of type 1 diabetes diagnosed in ACT children and young people within a specific time period (for this indicator, it is per calendar year).

### Why is this important?

Type 1 diabetes is an autoimmune condition in which the pancreas produces very little, or no, insulin. It is caused by the immune system attacking the insulin-producing beta cells in the pancreas. Although adults can develop type 1 diabetes, onset most commonly occurs in childhood or early adulthood. People with type 1 diabetes require insulin every day (delivered via injections or an insulin pump) to replace the insulin their bodies cannot produce. They must check their blood for glucose (sugar) levels several times each day. This helps them avoid ketoacidosis (very high blood sugar) and hypoglycaemia (low blood sugar) which if left untreated, can become life-threatening.<sup>20</sup>

Type 2 diabetes is the most common form of diabetes (accounting for approximately 87 per cent of cases in Australia),<sup>21</sup> but all forms of the disease impact individual health and wellbeing, and have social and economic ramifications for families and communities. Diabetes can lead to health problems including disability, poor quality of life and premature death.<sup>22</sup>

Many studies around the world have shown an increase in the incidence of diabetes. The rise of type 2 diabetes has received the most attention from health professionals, policy experts and the media, but the evidence also points to a steady increase in type 1 diabetes since the later decades of the 20<sup>th</sup> century. Although the reasons for this have not been clearly identified, environmental factors are likely to play a key role.<sup>23</sup>

The monitoring of incidence and prevalence of type 1 diabetes in children and young people is important to improve capacity to plan treatment services, to target priority population groups, to track the impact of environmental change and to make decisions for cost-effective allocation of resources.<sup>24</sup>



## How is the ACT progressing?

### Type 1 diabetes incidence rate in ACT children and young people

Despite worldwide increases in recent decades, type 1 diabetes remains a relatively rare condition. Over the last ten years (2005–14), the number of new diagnoses (incidence) in ACT residents aged 0–25 years has remained below 40 children/young people per year.<sup>25</sup> This equates to rates ranging from 14.6 to 28 per 100,000 population (see Table 8). Given the low numbers involved, attempts to identify trends over time should be avoided. Australian Institute of Health and Welfare (AIHW) data indicates that between 2000 and 2013, the Australian incidence of type 1 diabetes remained relatively stable.<sup>26</sup>

**TABLE 8:** Age-specific type 1 diabetes incidence rate (per 100,000 population), ACT residents aged 0–25 years, 2005–14

	Year									
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<b>Incidence</b>	19.6	14.6	25.5	16.6	21.7	17.6	28.0	20.3	16.5	19.4

Data sources: AIHW 2014 National (insulin-treated) Diabetes Register and AIHW analysis of the National Diabetes Services Scheme; ABS *Australian Demographic Statistics, September 2015*, cat. no. 3101.0 – 'TABLE 58. Estimated resident population by single year of age, ACT'.



### Type 1 diabetes prevalence rate in ACT children and young people

Table 9 reports the prevalence of type 1 diabetes in ACT children and young people aged 0–25 years in 2014.<sup>27</sup> The prevalence rate is higher for older age groups; AIHW data indicates that nationally, the peak age group during which diagnosis is made is 10–14 years.<sup>28</sup>

**TABLE 9:** Age-specific type 1 diabetes prevalence rate (per 100,000 population), ACT residents aged 0–25 years, 2014

	Age range			Total
	0–12 years	13–18 years	19–25 years	0–25 years
<b>Prevalence</b>	121.5	416.1	412.2	275.5

Data sources: AIHW 2014 National (insulin-treated) Diabetes Register and AIHW analysis of the National Diabetes Services Scheme; ABS *Australian Demographic Statistics, September 2015*, cat. no. 3101.0 – 'Table 58. Estimated resident population by single year of age, ACT', as at 31 December 2014.

## INDICATOR 12 MENTAL HEALTH TREATMENT PLANS

### Indicator description

The number of ACT children and young people who have been issued a mental health treatment plan from a GP (a general health practitioner including those who have or have not undertaken mental health skills training, not including a specialist consultant physician).



### What do we measure?

The number of children and young people who have been issued a mental health treatment plan from a GP as reported by Medicare Benefits Schedule records. This includes four Medicare benefit schedule treatment items — preparation of a mental health treatment plan by a medical practitioner who has not undertaken mental health skills training, including both 20 and 40 minute appointments and preparation of a mental health treatment plan by a medical practitioner who has mental health skills training, including both 20 and 40 minute appointments.

### Why is this important?

Young people who experience mental health problems and/or disorders are at higher risk of poor health and wellbeing outcomes including increased prevalence of substance use disorders e.g. harmful dependence on alcohol or other drugs.

### How is the ACT progressing?

Overall the number of children and young people who were the subject of a mental health treatment plan in the ACT increased from 9,482 in 2014 to 10,423 in 2015. This means more children and young people have a mental health treatment plan and are receiving treatments and supports to address their mental health issues.

**TABLE 10:** Medicare-funded GP mental health treatment plans for ACT children and young people aged 0–24 years, 2014–15

Age range	2014	2015
0–4 years	77	107
5–10 years	1,921	2,080
15–24 years	7,484	8,236
<b>Total</b>	<b>9,482</b>	<b>10,423</b>

Data source: Medicare Benefits Schedule (MBS) online.

## INDICATOR 13 PSYCHOLOGICAL DISTRESS

### Indicator description

The number of young people in the ACT who report experiencing a high or very high level of psychological distress.

### What do we measure?

The number of young people aged 16–25 years in the ACT who self-reported experiencing a high or very high level of psychological distress in accordance with the Kessler 10 scale.

### Why is this important?

Experiences of psychological distress are detrimental to a child or young person's mental health and wellbeing. The Kessler 10 scale measures the self-reported frequency of experienced feelings of anxiety and depressive symptoms in the four weeks prior to the survey.<sup>29</sup> Young people who experience mental health problems are at higher risks of poor health and wellbeing outcomes.<sup>30</sup>

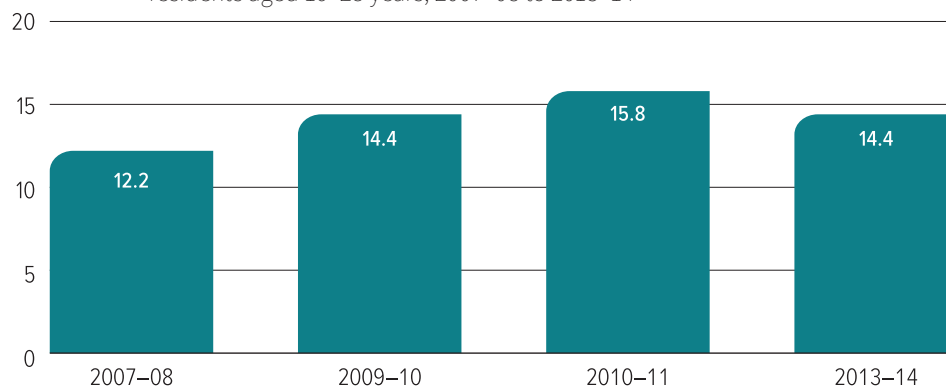
Information from this indicator will inform government policies and programs in relation to initiatives that are effective in promoting resilience and social and emotional wellbeing while improving the mental health and wellbeing of children and young people in the ACT.<sup>31</sup>



### How is the ACT progressing?

There has been a slight, but not significant increase in self-reported high or very high psychological distress, from 2007–08 to 2013–14 (12.2 per cent to 14.4 per cent). For the time period 2007–14 females were significantly more likely to report experiencing a high or very high level of psychological distress in accordance with the Kessler 10 scale (males: 10.9 per cent, females: 17.9 per cent).

**FIGURE 19:** Self reported high or very high psychological distress, percentage of ACT residents aged 16–25 years, 2007–08 to 2013–14



Data source: ACTGHS data collection 2007–14.

## INDICATOR 14 ROAD TRANSPORT CASUALTIES

### Indicator description

The death rate directly attributed to road transport incidents for ACT children and young people aged 0–25 years.

### What do we measure?

The number of children and young people whose underlying cause of death was determined to be the direct result of a road transport incident.

### Why is this important?

Globally, road traffic accidents are the leading cause of death for young persons under the age of 25.<sup>32</sup> This indicator provides a measure of trends in positive road safety behaviours for children and young people.

During adolescence young people face new challenges, learn new skills and lead more independent lives. Risk taking behaviour can be part of this development. Young people are significantly over-represented among those killed in road traffic accidents, with young drivers more likely to engage in risky driving behaviours.<sup>33</sup>

Information from this indicator is valuable for its utility to inform government policies about initiatives that are effective in improving positive road safety behaviours for children and young people.



### How is the ACT progressing?

Between 2007 and 2012 the rate of road transport casualties for ACT residents aged 0–25 years was consistently lower than the national rate. While the national rate shows a downward trend, the ACT rate fluctuates due to the low number of road transport deaths of ACT residents.

**FIGURE 20:** Road transport casualties, rate per 100,000, of ACT and Australian residents aged 0–25 years, 2007–08 to 2011–12



Data source: Underlying cause of death unit record file (CODURF) 2013 version.

## INDICATOR 15 SEXUALLY TRANSMISSIBLE INFECTIONS

### Indicator description

The prevalence of sexually transmitted infections (STIs) among ACT young people.

### What do we measure?

The number of notifications of HIV, Gonorrhoea, Chlamydia and Syphilis reported to the ACT Notifiable Diseases Database attributed to persons under the age of 25 in the ACT.

### Why is this important?

Young people under the age of 30 are disproportionately affected by STIs when compared with other age groups.<sup>34</sup> Chlamydia is the most frequently reported notifiable infection in Australia with 80 per cent of diagnoses in 2012 to 15–29 year olds.<sup>35</sup> Increased notifications of STIs may reflect increased knowledge of disease symptoms and improved testing practices among young people,<sup>36</sup> however research indicates that increased knowledge of STIs does not always translate into safer sexual practices.<sup>37</sup>



### How is the ACT progressing?

The number of notifications of Gonorrhoea, Syphilis, Chlamydia and HIV in people aged less than 25 years have remained relatively stable in the ACT over the last five years. Actual numbers of notifications for some infections, such as Syphilis and HIV, are relatively small and consequently changes in disease incidence are difficult to interpret.

Gonorrhoea notifications for this age group were quite low in 2010. They increased in 2011 but have remained relatively stable since then. This trend has been reflected across all age groups in the ACT over the five-year time period, and is also consistent with trends observed nationally.

Chlamydia was the most commonly notified STI across all age groups annually from 2010 to 2015 in the ACT, which is consistent with trends observed nationally. Although high, notifications have remained stable with proportionately small increases and decreases observed from year-to-year.



**TABLE 11:** Number of notifications of Gonorrhoea, Infectious Syphilis (less than two years duration and more than two years duration), Chlamydia and HIV in people aged less than 25 years in the ACT, 2010–15

Year	Gonorrhoea	Syphilis <2 yrs duration	Syphilis >2 yrs duration	Chlamydia	HIV
2015	45	5	<5	743	<5
2014	34	9	<5	749	<5
2013	49	<5	<5	840	<5
2012	32	<5	<5	843	<5
2011	44	<5	<5	875	<5
2010	20	<5	<5	767	<5

Data source: ACT Notifiable Diseases Database, notifications based on onset date, extracted 17 May 2016.

It is difficult to use notification data as a measure of success of government policies, services and initiatives related to the sexual health of young people in the ACT. Disease notifications can be influenced by a number of factors, predominantly testing practices. A decrease in disease notification numbers may be a reflection of a decrease in testing, and may not necessarily be due to a decrease in disease transmission in the community.

## OUTCOME 2: OPTIMAL DEVELOPMENT IN THE EARLY YEARS

### INDICATOR 1 CHILDREN ENTERING SCHOOL WITH BASIC SKILLS FOR LIFE AND LEARNING

#### Indicator description

The proportion of ACT children who are developmentally vulnerable as shown by the Australian Early Development Census (AEDC).

#### What do we measure?

The proportion of kindergarten children who are developmentally on track, developmentally at risk and developmentally vulnerable across the following five domains of early childhood development:

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

The AEDC was formerly known as the Australian Early Development Index (AEDI). The AEDC is conducted every three years. The 2015 census was the third collection as data was collected in 2009 and 2012. The 2015 AEDC results were released in March 2016 and are available at [www.aedc.gov.au](http://www.aedc.gov.au).

#### Why is this important?

Successful transition to school is greatly shaped by children's attainment of the basic skills for life and learning in the early years.<sup>38</sup> Children's development in the years before school has an impact on both their ability to be ready to learn at school entry and their social and economic outcomes over the course of their lifetime. The quality of the relationships, environments and experiences in the early stages of development is crucial in shaping children's health, wellbeing and development outcomes.

The AEDC plays a vital role in strengthening our early childhood evidence base. Results from the AEDC help communities, governments and policy-makers pinpoint the types of services, resources and supports that young children and their families need to ensure children have the best possible start in life.

## How is the ACT progressing?

One hundred per cent of ACT schools (government, Catholic and independent) and 99.3 per cent of ACT kindergarten students (5,604 students) participated in the 2015 AEDC.

In 2015, 22.5 per cent of children in the ACT were developmentally vulnerable on one or more domain(s). This is very similar to previous results for the ACT in 2009 (22.2 per cent) and 2012 (22.0 per cent) and comparable to the 2015 national result (22.0 per cent). Consistent with previous years, a higher percentage of boys are developmentally vulnerable on one or more domain(s) (29.4 per cent), compared to girls (15.7 per cent).

The percentage of children from language backgrounds other than English developmentally vulnerable on one or more domain(s) has stayed relatively stable since the last collection (28.3 per cent in 2012 and 28.0 per cent in 2015). While Aboriginal and Torres Strait Islander children remain more likely to be developmentally vulnerable than non-Aboriginal and Torres Strait Islander children, there has been a slight decrease (not significant) from 2012 to 2015 in the number of Aboriginal and Torres Strait Islander children developmentally vulnerable on one or more domain(s) (from 45.4 per cent to 41.9 per cent).

**TABLE 12:** Characteristics of children participating in the AEDC, ACT and Australia, 2015

Demographics	ACT	Australia
Total number of children included	5,604	302,003
Schools contributing to the results	107	7,510
Teachers contributing to the results	306	16,968
Mean age of children	5 yrs 7 mths	5 yrs 7mths
Aboriginal and Torres Strait Islander children	152	17,351
Children born in another country	531	22,549
Children with a language background other than English	1,235	64,881
Children with special needs status	246	14,065
Children needing further assessment (eg. medical and physical, behaviour management, emotional and cognitive development)	598	34,793

Note: The 2015 ACT demographic figures refer to children attending school in the ACT regardless of which state or territory they reside in.

Data source: Unpublished data and *Australian Early Development Census National Report 2015*, Department of Education and Training, Canberra.

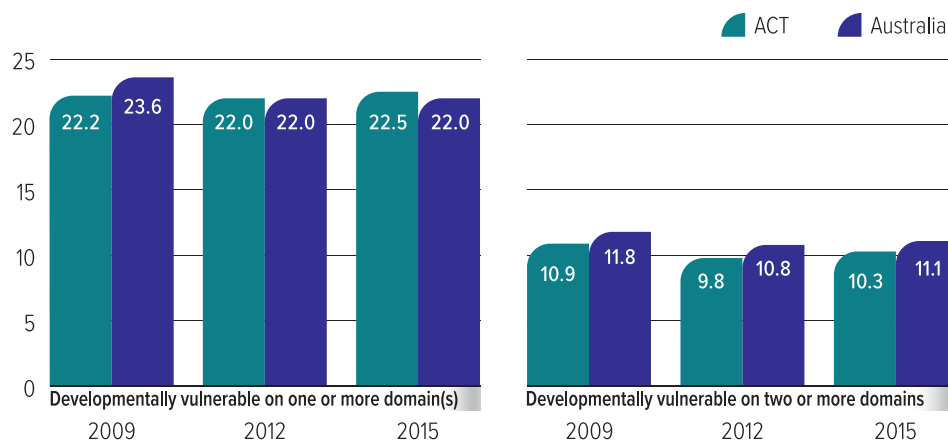
## How is the ACT progressing?

### National and regional comparisons of developmental vulnerability



In 2015, 22.5 per cent of children in the ACT were developmentally vulnerable on one or more domain(s). This is very similar to previous results for the ACT in 2009 (22.2 per cent) and 2012 (22.0 per cent) and comparable to the 2015 national result (22.0 per cent). In 2015, 10.3 per cent of ACT children were developmentally vulnerable on two or more domains, compared to 11.1 per cent nationally.

**FIGURE 21:** The percentage of children developmentally vulnerable on one or more and two or more domains of the AEDC, ACT and Australia, 2009, 2012 and 2015

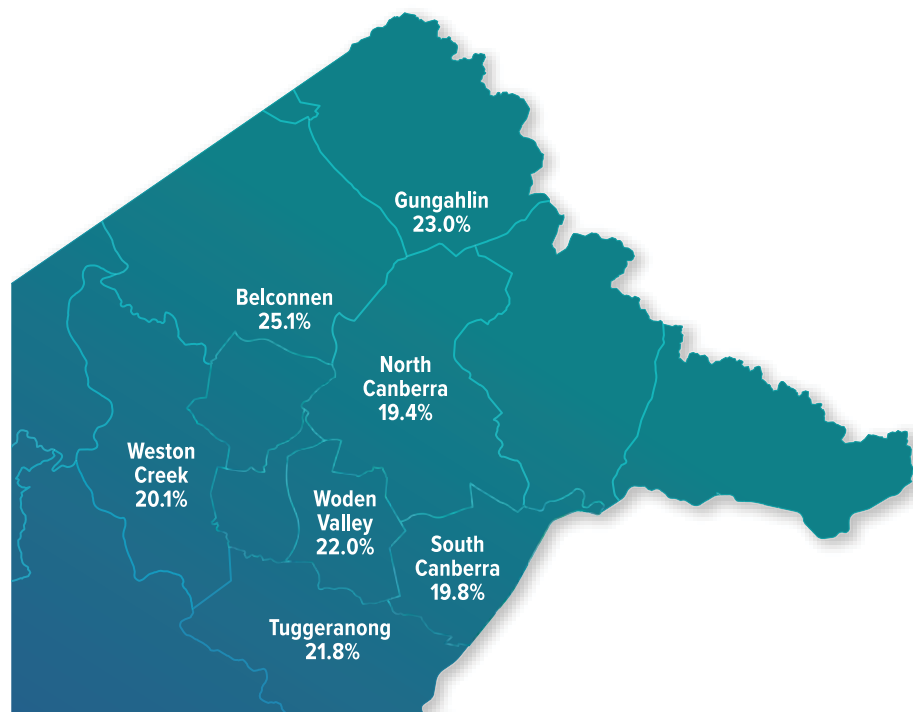


Data source: *Australian Early Development Census National Report 2015*, Department of Education and Training, Canberra.

The proportion of children developmentally vulnerable varies across the ACT communities.

In 2015, localities with the highest proportions of children developmentally vulnerable on one or more domain(s) were Belconnen (25.1 per cent) and Gungahlin (23.0 per cent). Regions with the lowest proportion of children developmentally vulnerable on one or more domain(s) were North Canberra (19.4 per cent), South Canberra (19.8 per cent) and Weston Creek (20.1 per cent).

**FIGURE 22:** The percentage of children developmentally vulnerable on one or more domain(s) of the AEDC, ACT regions, 2015



Data source: [www.aedc.gov.au](http://www.aedc.gov.au)



### Developmental vulnerability by domain

Compared to the national average, the ACT has a lower percentage of children developmentally vulnerable in each of the five domains, except physical health and wellbeing.

From 2012 to 2015, there was a significant increase in the percentage of children developmentally vulnerable in the social competence (8.6 per cent to 9.4 per cent), emotional maturity (7.2 per cent to 8.2 per cent) and language and cognitive skills (school-based) domains (3.9 per cent to 5.9 per cent).



Between 2012 and 2015 there was a slight (not significant) increase in the percentage of children developmentally vulnerable on the physical health and wellbeing domain (10.6 per cent to 10.9 per cent) and a slight (not significant) decrease in the percentage of children developmentally vulnerable on the communication and general knowledge domain (8.1 per cent to 7.7 per cent).

**TABLE 13:** The percentage of children developmentally on track, at risk and vulnerable on each domain of the AEDC, ACT and Australia, 2009, 2012 and 2015

Domain	Developmentally on track (%)		Developmentally at risk (%)		Developmentally vulnerable (%)	
	ACT	Australia	ACT	Australia	ACT	Australia
<b>Physical health and wellbeing</b>						
2015	<b>72.7</b>	77.3	<b>16.4</b>	13.0	<b>10.9</b>	9.7
2012	<b>72.6</b>	77.3	<b>16.9</b>	13.4	<b>10.6</b>	9.3
2009	<b>76.3</b>	77.7	<b>14.3</b>	13.0	<b>9.4</b>	9.3
<b>Social competence</b>						
2015	<b>74.5</b>	75.2	<b>16.2</b>	15.0	<b>9.4</b>	9.9
2012	<b>75.5</b>	76.5	<b>15.9</b>	14.3	<b>8.6</b>	9.3
2009	<b>74.9</b>	75.4	<b>16.3</b>	15.2	<b>8.9</b>	9.5
<b>Emotional maturity</b>						
2015	<b>75.9</b>	76.4	<b>15.9</b>	15.3	<b>8.2</b>	8.4
2012	<b>79.0</b>	78.1	<b>13.8</b>	14.2	<b>7.2</b>	7.6
2009	<b>75.5</b>	75.6	<b>15.6</b>	15.5	<b>9.0</b>	8.9
<b>Language and cognitive skills (school-based)</b>						
2015	<b>83.5</b>	84.6	<b>10.6</b>	8.9	<b>5.9</b>	6.5
2012	<b>86.5</b>	82.6	<b>9.5</b>	10.6	<b>3.9</b>	6.8
2009	<b>83.8</b>	77.1	<b>10.5</b>	14.0	<b>5.7</b>	8.9
<b>Communication skills and general knowledge</b>						
2015	<b>75.5</b>	76.3	<b>16.8</b>	15.1	<b>7.7</b>	8.5
2012	<b>73.4</b>	74.7	<b>18.5</b>	16.3	<b>8.1</b>	9.0
2009	<b>75.2</b>	75.0	<b>15.9</b>	15.8	<b>8.9</b>	9.2

Data source: *Australian Early Development Census National Report 2015*, Department of Education and Training, Canberra.



## Developmental vulnerability for Aboriginal and Torres Strait Islander children

While Aboriginal and Torres Strait Islander children remain more likely to be developmentally vulnerable than non-Aboriginal and Torres Strait Islander children, there has been a slight decrease (not significant) from 2012 to 2015 in the number of Aboriginal and Torres Strait Islander children developmentally vulnerable on one or more domains (from 45.4 per cent to 41.9 per cent). Over this same time, there was a small national decrease (significant) in the proportion of Aboriginal and Torres Strait Islander children developmentally vulnerable in Australia from 43.2 per cent to 42.1 per cent.

**TABLE 14:** The percentage of Aboriginal and Torres Strait Islander children and non-Aboriginal and Torres Strait Islander children developmentally vulnerable on one or more domain(s) of the AEDC, ACT and Australia, 2009, 2012 and 2015

	Aboriginal and Torres Strait Islanders (%)		Non-Aboriginal and Torres Strait Islanders (%)	
	ACT	Australia	ACT	Australia
2015	<b>41.9</b>	42.1	<b>22.0</b>	20.8
2012	<b>45.4</b>	43.2	<b>21.5</b>	20.9
2009	<b>37.0</b>	47.4	<b>21.8</b>	22.4



## Developmental vulnerability for children with a language background other than English

The percentage of children with a language background other than English developmentally vulnerable on one or more domain(s) displayed minimal change between 2012 (28.3 per cent) and 2015 (28.0 per cent). Over this same period there was a small national decrease (significant) in the proportion of children with a language background other than English developmentally vulnerable in Australia from 29.5 per cent in 2012 to 27.8 per cent in 2015.

**TABLE 15:** The percentage of children with a language background other than English and children with an English speaking background developmentally vulnerable on one or more domain(s) of the AEDC, ACT and Australia, 2009, 2012 and 2015

	Language background other than English (%)		English speaking background (%)	
	ACT	Australia	ACT	Australia
2015	<b>28.0</b>	27.8	<b>20.9</b>	20.4
2012	<b>28.3</b>	29.5	<b>20.5</b>	20.2
2009	<b>32.0</b>	32.2	<b>20.2</b>	21.7





## Developmental vulnerability for female and male children

The proportion of male children both in the ACT and nationally who are developmentally vulnerable on one or more domain(s) is higher than their female counterparts. There was a small increase (not significant) in the percentage of ACT males developmentally vulnerable on one or more domain(s) between 2012 (28.1 per cent) and 2015 (29.4 per cent). Nationally, there was minimal change in the percentage of males developmentally vulnerable on one or more domain(s) in the same period (28.2 per cent in 2012 and 28.5 per cent in 2015).

Between 2012 and 2015 there was minimal change in the percentage of ACT females developmentally vulnerable on one or more domain(s) from 15.5 per cent (2012) to 15.7 per cent (2015). At the national level the percentage of females developmentally vulnerable on one or more domain(s) was also fairly stable between 2012 and 2015 (15.7 per cent in 2012 and 15.5 per cent in 2015).

**TABLE 16:** The percentage of male and female children developmentally vulnerable on one or more domain(s) of the AEDC, ACT and Australia, 2009, 2012 and 2015

	Male (%)		Female (%)	
	ACT	Australia	ACT	Australia
2015	<b>29.4</b>	28.5	<b>15.7</b>	15.5
2012	<b>28.1</b>	28.2	<b>15.5</b>	15.7
2009	<b>29.0</b>	30.2	<b>15.0</b>	16.8

Data source for Tables 14–16: Unpublished data and *Australian Early Development Census National Report 2015*, Department of Education and Training, Canberra.

## INDICATOR 2

## CHILDREN ENROLLED IN PRESCHOOL

**Indicator description**

The proportion of children enrolled in a preschool program in the ACT.

**What do we measure?**

The proportion of children, as a percentage of the estimated resident population, enrolled in an early childhood education program in the year before full-time schooling. Also presented is the proportion of Aboriginal and Torres Strait Islander children in the ACT who were enrolled in an early childhood education program in the year before full-time schooling.

**Why is this important?**

Early childhood education is one of the important learning experiences for children. It provides a rich environment to facilitate the development of children's language, social, emotional, motor, cognitive and independence skills. It also assists with children's school readiness and transition to full-time schooling. Early school experiences can have a lasting impact on a person's attitude to education and training and confidence in their learning abilities.

**How is the ACT progressing?**

**TABLE 17:** Children, aged four or five years, enrolled in a preschool program in the ACT, 2012–15

	2012	2013	2014	2015
Total children	5,060	5,765	6,287	6,839
Aboriginal and Torres Strait Islander children	139	142	155	216

Data sources: ABS, *Preschool Education, Australia, 2012, 2013, 2014, 2015*, cat. no. 4240.0; Australian Demographic Statistics, 'Table 58. Estimated resident population by single year of age, Australian Capital Territory' (cat. no. 3101.0) ABS email dated 17/01/2016; and Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001–2026, cat. no. 3238.0.

In August 2015, a total of 6,839 children aged four or five years were enrolled in the year before full-time schooling in at least one quality early childhood education program provided through public schools, Catholic schools, independent schools and long day care centres (LDC), representing 131.6 per cent of the estimated preschool age population.

There were 139.4 per cent of Aboriginal and Torres Strait Islander children enrolled in an early childhood education program in public schools, Catholic schools and independent schools including long day care centres as at August 2015.

These proportions are greater than 100 per cent due to the population of children being an estimate, and also due to enrolments of children living in New South Wales.

Note: Data for preschool programs within independent schools were not available for 2012. Data from 2013–15 includes children in programs provided by public and non-government and preschool programs within a long day care centre.

## INDICATOR 3

## SOCIAL AND EMOTIONAL WELLBEING OF ACT KINDERGARTEN AGED CHILDREN

## Indicator description

The number of ACT kindergarten aged children scoring 'of concern' as measured by the ACT Health's Kindergarten Health Check Strengths and Difficulties Questionnaire.

## What do we measure?

The questionnaire measures the parental perception of their child's social and emotional development. It records the number of kindergarten aged children scoring 'of concern' (at a higher risk of having social and emotional difficulties) on the ACT Health's Strengths and Difficulties Questionnaire. The scoring includes a scoring of 'normal' (at a lower risk of having social and emotional difficulties) and 'borderline' (a likely or possible risk of social and emotional difficulties).

## Why is this important?

Research indicates that children with low levels of social and emotional wellbeing may be at risk of developing behavioural and mental health problems and demonstrating poor school performance.<sup>39</sup>

Social and emotional wellbeing can therefore hinder or assist children in navigating their way through life. This leads to an emphasis on measuring the social and emotional strengths of children. Information from this indicator can inform government policies and programs about early intervention initiatives that are effective in supporting the social and emotional wellbeing of children.



## How is the ACT progressing?

The number of ACT kindergarten aged children scoring 'of concern' was found to be low. Only 4 per cent of kindergarten aged children scored 'of concern' in 2015. This is a small decrease from 2014 where 5 per cent of kindergarten aged children scored 'of concern'. This indicates that a small percentage of kindergarten aged children had a total score 'of concern', indicating a high risk of clinically significant problems.

**TABLE 18:** Total number of ACT kindergarten aged children scoring 'normal', 'borderline' or 'of concern' for social and emotional wellbeing, 2014 and 2015

	Normal		Borderline		Of concern		Total	
	No.	%	No.	%	No.	%	No.	%
2015	<b>4,574</b>	91	<b>252</b>	5	<b>225</b>	4	<b>5,051</b>	100
2014	<b>4,276</b>	90	<b>234</b>	5	<b>215</b>	5	<b>4,725</b>	100

Data source: ACT Kindergarten Health Check- WYCHP & Academic Unit of General Practice.

## OUTCOME 3: EDUCATIONAL ENGAGEMENT AND SUCCESS

### INDICATOR 1 ACT PUBLIC PRIMARY AND HIGH SCHOOL ATTENDANCE

#### Indicator description

Student attendance rate is the number of actual full-time equivalent student days attended by full-time students, as a percentage of the total number of possible student days attended in the first semester of the school year.

#### What do we measure?

Attendance is analysed for the first semester of the school year.

Attendance data are collected through the electronic management system at the school. For primary schools, teachers record student attendance in the morning and afternoon. Absence data are aggregated at the end of each term and entered in the school management system. Terms 1 and 2 data are analysed at the end of the first semester for national and local reporting purposes.

#### Why is this important?

Attendance at school is essential for learning and for enabling students to benefit from the full range of educational programs offered at school. Attendance is an accepted indicator of student engagement.

#### How is the ACT progressing?

Student attendance rates of year 1 to 10 students have been maintained over 2010 to 2015.

In 2015, school attendance in ACT public schools, years 1 to 10 was 92.2 per cent, compared with 91.5 per cent recorded in 2014. Aboriginal and Torres Strait Islander student school attendance in the ACT was 85.2 per cent in 2015, compared with 83.6 per cent in 2014.

In 2015, the attendance rate of male students in the ACT was 92.1 per cent, while the figure for female students was 91.8 per cent.

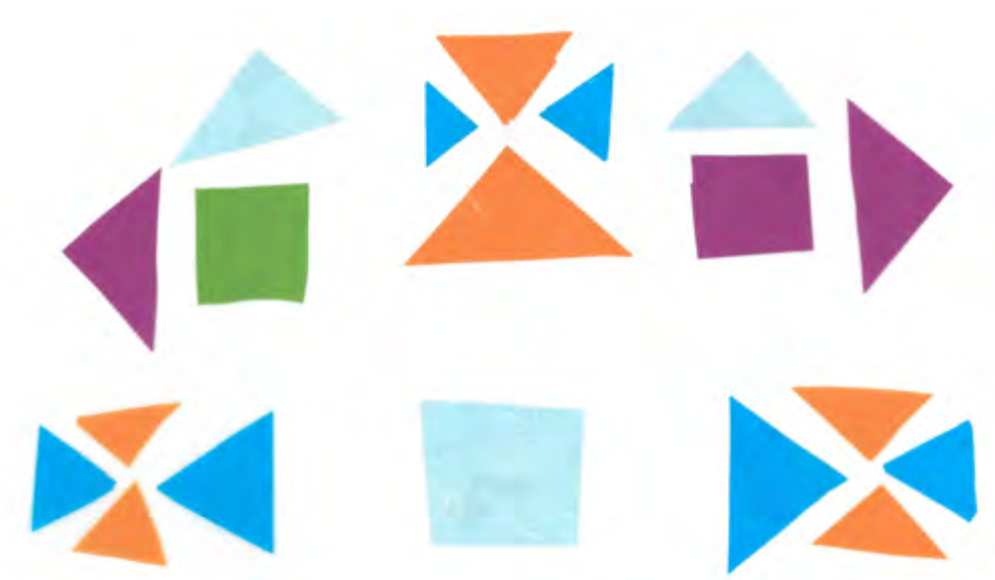
The development and implementation of national standards for student attendance data reporting will enable consistent and comparable reporting of attendance rates for students in years 1 to 10 across jurisdictions and sectors.



**TABLE 19:** Attendance rate (%) at ACT public primary and high schools, by grade year, 2010–15

	Grade year									
	1	2	3	4	5	6	7	8	9	10
<b>2015</b>	93	93	94	94	93	93	92	90	88	88
<b>2014</b>	93	93	94	93	93	93	91	89	87	86
<b>2013</b>	93	94	94	94	94	93	92	90	88	88
<b>2012</b>	93	93	93	93	93	92	92	89	88	87
<b>2011</b>	93	93	94	93	93	93	91	89	87	86
<b>2010</b>	94	94	94	94	94	93	92	89	87	87

Data source: ACT Education and Training Directorate 2015.



## INDICATOR 2

## STUDENTS ACHIEVING AT OR ABOVE THE NATIONAL MINIMUM STANDARD IN LITERACY AND NUMERACY

**Indicator description**

The proportion of ACT students in years 3, 5, 7 and 9 achieving at or above the national minimum standard in literacy (reading and writing) and numeracy.

**What do we measure?**

The results are based on the number of students at each year level who participated in the National Assessment Program: Literacy and Numeracy (NAPLAN) testing each year. The proportion is calculated as the percentage of total participants who achieved at or above the national minimum standard. Also included is the proportion of Aboriginal and Torres Strait Islander students in the ACT achieving at or above the national minimum standard in literacy and numeracy.

**Why is this important?**

Literacy and numeracy skills acquired in the schooling years are the building blocks for further education, social development and employment. The ability to read, write and perform mathematics is essential in day-to-day life and for educational opportunities and employment prospects.

**How is the ACT progressing?**

The ACT has consistently performed better than the national average in all subjects across all school years. ACT mean scores for reading and numeracy were highest or equal highest in the country. Higher percentages of ACT students achieved at or above the national minimum standard for numeracy than most other jurisdictions.

In writing, nationally and in the ACT, a gender gap is pervasive and well established at year 3. By year 9, female students are on average writing to a standard 18 to 24 months ahead of their male peers.

**TABLE 20:** The proportion (%) of year 3, 5, 7 and 9 students at or above the national minimum standard in reading, writing and numeracy in the ACT and Australia in the 2011–15 NAPLAN testing

		ACT					Australia				
		2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
<b>Year 3</b>	Reading	95.6	96.0	96.1	95.4	<b>95.2</b>	93.8	93.6	95.3	93.5	<b>94.6</b>
	Writing	96.2	96.4	95.5	94.9	<b>95.9</b>	95.3	95.3	95.0	93.8	<b>95.5</b>
	Numeracy	96.5	96.5	96.6	96.5	<b>96.0</b>	95.6	93.9	95.7	94.6	<b>94.4</b>
<b>Year 5</b>	Reading	94.5	94.9	97.0	95.6	<b>95.2</b>	91.5	91.6	96.1	92.9	<b>93.3</b>
	Writing	93.7	93.6	94.1	92.8	<b>93.8</b>	92.5	92.1	91.7	90.2	<b>92.3</b>
	Numeracy	95.4	95.8	95.0	95.9	<b>96.5</b>	94.4	93.3	93.4	93.5	<b>95.1</b>
<b>Year 7</b>	Reading	96.8	95.7	95.9	96.5	<b>96.8</b>	94.7	94.1	94.2	94.9	<b>95.4</b>
	Writing	91.8	89.8	90.7	90.7	<b>90.5</b>	91.1	89.9	89.3	88.5	<b>87.3</b>
	Numeracy	95.7	95.0	95.8	96.3	<b>96.7</b>	94.5	93.8	95.0	95.1	<b>95.9</b>
<b>Year 9</b>	Reading	94.4	94.7	96.0	93.9	<b>94.0</b>	92.4	91.4	93.4	92.1	<b>92.3</b>
	Writing	85.5	83.4	86.5	83.8	<b>83.5</b>	84.8	81.7	82.6	81.8	<b>80.5</b>
	Numeracy	94.6	95.5	92.9	94.9	<b>95.2</b>	93.0	93.7	90.6	94.1	<b>95.7</b>

Data source: National Assessment Program, Literacy and Numeracy, *Achievement in Reading, Writing, Language Conventions and Numeracy, National Report 2015*.

ACT females had a higher proportion than males at or above national minimum standards in reading, writing and numeracy in 2015 in all four year levels which reflects the national performance for males and females.

**TABLE 21:** NAPLAN 2015 students at or above national minimum standard (%) by sex, ACT and Australia

		Year 3		Year 5		Year 7		Year 9	
		ACT	Australia	ACT	Australia	ACT	Australia	ACT	Australia
Reading	Male	<b>94.0</b>	93.0	<b>94.5</b>	91.7	<b>95.8</b>	94.2	<b>91.9</b>	90.2
	Female	<b>96.6</b>	96.2	<b>96.1</b>	95.0	<b>97.8</b>	96.7	<b>96.3</b>	94.6
Writing	Male	<b>94.4</b>	93.9	<b>91.5</b>	89.3	<b>86.5</b>	82.5	<b>77.6</b>	74.0
	Female	<b>97.5</b>	97.2	<b>96.3</b>	95.3	<b>94.7</b>	92.4	<b>89.8</b>	87.5
Numeracy	Male	<b>95.6</b>	94.1	<b>96.4</b>	94.5	<b>96.2</b>	95.4	<b>94.7</b>	95.4
	Female	<b>96.4</b>	94.8	<b>96.7</b>	95.7	<b>97.1</b>	96.4	<b>95.8</b>	95.9



## Literacy and numeracy for Aboriginal and Torres Strait Islander students

In 2015, as in previous years, the proportion of Aboriginal and Torres Strait Islander students in the ACT who were achieving at or above the national minimum standard was below the proportion for non-Aboriginal and Torres Strait Islander students in the ACT. This was the case across all jurisdictions.

When considering only Aboriginal and Torres Strait Islander students, the proportion of students in the ACT achieving at or above the national minimum standard in reading, writing and numeracy continued to be higher than students nationally across years 3, 5, 7 and 9.

**TABLE 22:** The proportion (%) of Aboriginal and Torres Strait Islander year 3, 5, 7 and 9 students at or above the national minimum standard in reading, writing and numeracy in the ACT and Australia, 2011–15

		ACT					Australia				
		2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
<b>Year 3</b>	Reading	87	86	88	83	<b>85</b>	76	74	82	75	<b>79</b>
	Writing	91	88	90	87	<b>86</b>	80	78	79	76	<b>81</b>
	Numeracy	89	84	91	88	<b>85</b>	84	73	82	78	<b>78</b>
<b>Year 5</b>	Reading	86	80	94	83	<b>85</b>	66	65	83	70	<b>74</b>
	Writing	87	74	84	74	<b>76</b>	69	66	66	63	<b>68</b>
	Numeracy	86	82	87	84	<b>88</b>	75	69	73	71	<b>79</b>
<b>Year 7</b>	Reading	86	84	91	83	<b>88</b>	77	75	73	77	<b>81</b>
	Writing	69	72	78	67	<b>74</b>	67	64	61	59	<b>56</b>
	Numeracy	80	82	90	85	<b>86</b>	77	74	78	80	<b>83</b>
<b>Year 9</b>	Reading	89	82	81	79	<b>87</b>	72	67	74	71	<b>72</b>
	Writing	63	64	60	58	<b>58</b>	55	49	51	49	<b>46</b>
	Numeracy	83	87	71	83	<b>85</b>	72	74	66	76	<b>83</b>



**TABLE 23:** The proportion (%) of non-Aboriginal and Torres Strait Islander year 3, 5, 7 and 9 students at or above the national minimum standard in reading, writing and numeracy in the ACT and Australia, 2011–15

		ACT					Australia				
		2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
<b>Year 3</b>	Reading	96	96	96	96	<b>96</b>	95	95	96	95	<b>96</b>
	Writing	96	97	96	95	<b>96</b>	96	96	96	95	<b>96</b>
	Numeracy	97	97	97	97	<b>96</b>	96	95	97	96	<b>96</b>
<b>Year 5</b>	Reading	95	95	97	96	<b>96</b>	93	93	97	94	<b>95</b>
	Writing	94	94	94	94	<b>94</b>	94	94	93	92	<b>94</b>
	Numeracy	96	96	95	96	<b>97</b>	96	95	95	95	<b>96</b>
<b>Year 7</b>	Reading	97	96	96	97	<b>97</b>	96	95	95	96	<b>96</b>
	Writing	92	90	91	91	<b>91</b>	93	91	91	90	<b>89</b>
	Numeracy	96	95	96	97	<b>97</b>	96	95	96	96	<b>97</b>
<b>Year 9</b>	Reading	95	95	96	94	<b>94</b>	94	93	95	93	<b>94</b>
	Writing	86	84	87	85	<b>84</b>	86	83	84	84	<b>83</b>
	Numeracy	95	96	94	95	<b>96</b>	94	95	92	95	<b>96</b>

Data source: National Assessment Program, Literacy and Numeracy, *Achievement in Reading, Writing, Language Conventions and Numeracy, National Report* for 2011, 2012, 2013, 2014 and 2015.

## INDICATOR 3

## YEAR 10–12 APPARENT RETENTION

**Indicator description**

The proportion of ACT year 10 students continuing to year 12.

**What do we measure?**

The number of full-time equivalent year 12 students enrolled in a given year as a proportion of students enrolled in year 10 two years earlier. Also measured is the year 10–12 apparent retention rate of full-time Aboriginal and Torres Strait Islander students.

**Why is this important?**

Higher education levels are associated with increased opportunities for employment, improving future income, increased standards of living and access to health care. Completing school provides many opportunities to improve both economic and social wellbeing. As the number of low-skilled jobs in the employment market decreases, the importance of educational qualifications increases.

Other factors being constant, a higher or increasing apparent retention rate suggests that a large number of students are continuing to participate in school education which is likely to result in improved educational and employment outcomes.

**How is the ACT progressing?**

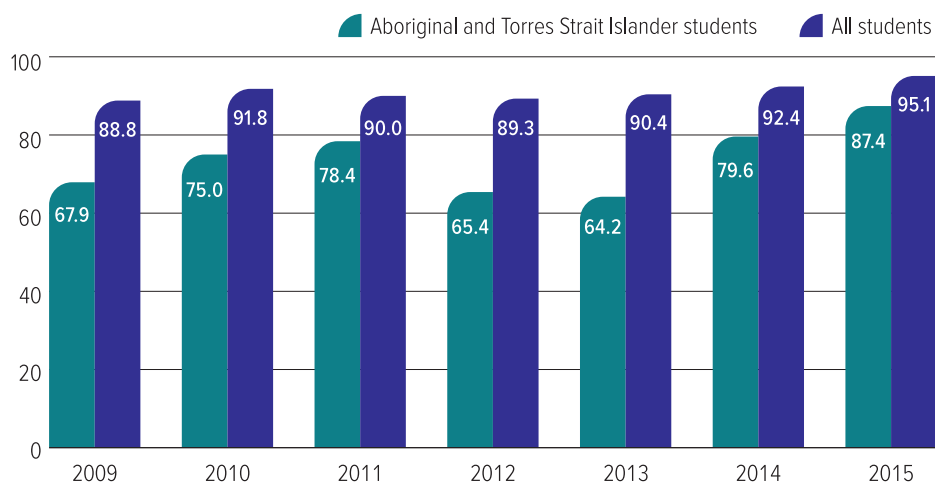
The year 10–12 apparent retention rate for all ACT students increased between 2009 and 2015 and is higher than national results.

From 2009 to 2015, the ACT year 10–12 apparent retention rate continued to be at least 10 percentage points higher than the Australian year 10–12 apparent retention rate.

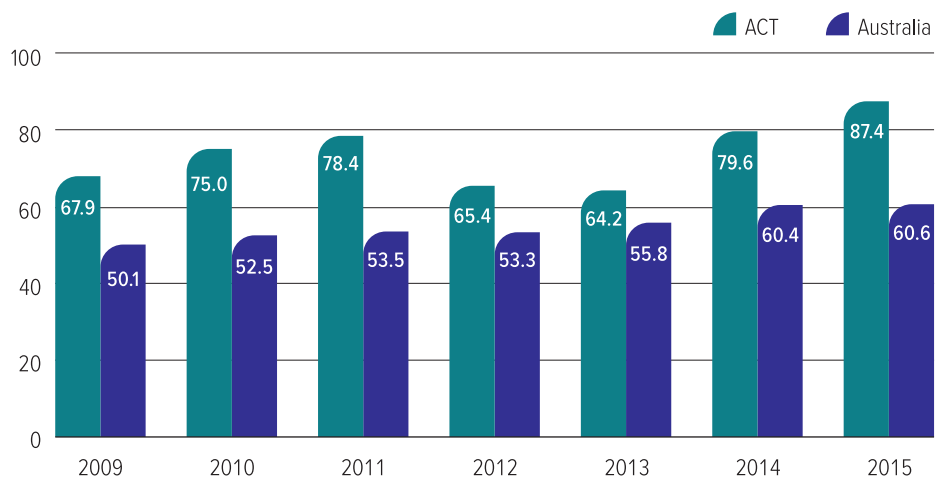
The ACT year 10–12 apparent retention rate of full-time Aboriginal and Torres Strait Islander students increased from 67.9 per cent in 2009 to 87.4 per cent in 2015. This increase is consistent with the national result where the year 10–12 apparent retention rate of full-time Aboriginal and Torres Strait Islander students was 50.1 per cent in 2009, increasing to 60.6 per cent in 2015.

Calculating the retention rate is inherently difficult, as it does not take into account students who repeat, move interstate, and transfer between schools or school sectors, and students who have left school previously but return to continue their school education.

**FIGURE 23:** Apparent retention rates (%) of all ACT students and ACT Aboriginal and Torres Strait Islander students, 2009–15

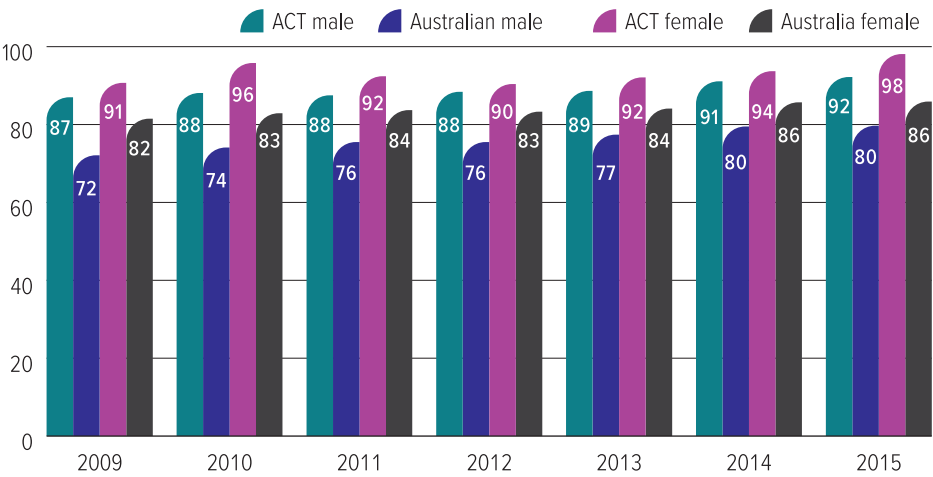


**FIGURE 24:** Apparent retention rates (%) of ACT and Australia Aboriginal and Torres Strait Islander students, 2009–15



Data source: ABS 4221.0 *Schools, Australia 2015*, 'Table 64a — Apparent Retention Rates (ARR) 1999–2015'.

**FIGURE 25:** Apparent retention rates (%) of ACT and Australia students by gender, 2009–15



Data source: ABS 4221.0 *Schools, Australia 2015*, 'Table 64a—Apparent Retention Rates (ARR) 1999–2015'.



## INDICATOR 4

## TRANSITION FROM SCHOOL TO FURTHER EDUCATION OR WORK

**Indicator description**

Proportion of ACT Year 12 graduates employed or studying six months after completing an ACT Year 12 Certificate.

**What do we measure?**

The data for this indicator is obtained from the annual survey of students who completed an ACT Year 12 Certificate in the reference year. The survey excludes full fee paying international students but includes students who were awarded a Year 12 Certificate from the Canberra Institute of Technology (CIT).

The indicator is calculated by dividing the estimated number of graduates who were employed or studying six months after graduation by the total number of graduates in the target population responding in the survey.

Studying includes graduates who were actively undertaking some study in the year following graduation, including those attending university, technical and further education (TAFE), undertaking an apprenticeship or repeating Year 12.

Employed includes graduates who are participating in any type of work including full-time, casual, temporary or part-time work, if it was for one hour or more over a two-week period.

**Why is this important?**

The ACT Education Directorate is committed to providing learning pathways for students which result in an educated and skilled workforce that meets the present and future needs of the ACT and region.

The destination of students after leaving school remains an important piece of information contributing to the ongoing development and provision of appropriate education and training options into the future.

**How is the ACT progressing?**

Of those students who completed Year 12 in the ACT in 2014, 91.9 per cent reported that they were employed or studying in 2015. This was the same as the 91.9 per cent reported for the 2013 graduates.

Data relating to Aboriginal and Torres Strait Islander students is not available for this indicator due to the small number of Aboriginal and Torres Strait Islander students in the survey.

The percentage of ACT Year 12 graduates employed or studying six months after completing an ACT Year 12 Certificate is provided for the last five years in the table below.

For 2014 year 12 graduates, the ACT results for this indicator were similar to the results for other states and territories published in the *Report on Government Services 2016*.

**TABLE 24:** Percentage of ACT Year 12 graduates employed or studying six months after completing an ACT Year 12 Certificate, 2010–14

	2010	2011	2012	2013	2014
Employed or studying	93.9	94.3	93.4	91.9	91.9
Female	94.3	95.5	94.7	93.7	93.1
Male	93.4	93.0	92.1	90.1	90.7
LBOTE	94.0	94.5	94.5	93.0	93.8
Not LBOTE	93.9	94.3	93.2	91.7	91.6

Note: LBOTE refers to Year 12 graduates who speak a language other than English at home.

Data source: Education Directorate, *School Leaver Survey*, 2010–14

## INDICATOR 5 YOUTH UNEMPLOYMENT

### Indicator description

The percentage of young people in the ACT who are unemployed.

### What do we measure?

The percentage of young people aged 15 to 24 years in the ACT who are not attending full-time education and who are unemployed.

### Why is this important?

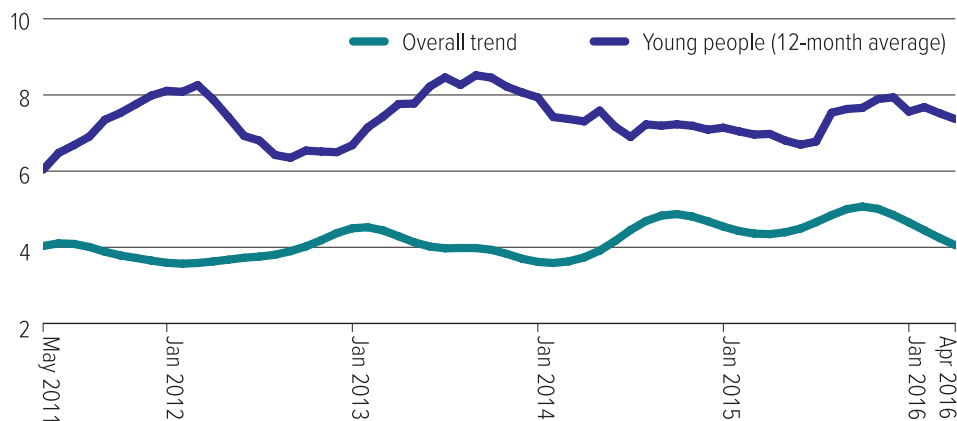
Youth unemployment and underemployment has been recognised as a growing problem for Australia.<sup>40</sup> Research has shown that youth unemployment has a negative impact on an individual's long term welfare<sup>41</sup> and underemployment and unemployment can contribute to the marginalisation of vulnerable young people. Information obtained from this indicator can inform government policies and services to support young people to remain in school or obtain employment.



### How is the ACT progressing?

The unemployment rate for young people was 7.4 per cent in April 2016. It has cycled between 6 per cent and 9 per cent in the five-year period to April 2016. However, the peaks and troughs moderated in the last two years to 7–8 per cent.

**FIGURE 26:** ACT unemployment rate (%) for people aged 15–24 years (12-month average) and 15–64 years (trend), May 2011 to April 2016



Note: The unemployment rate for young people can vary significantly in a short period and is subject to relatively high error as it is derived from a small sample. The data presented here attempts to moderate these influences by averaging the rate over a 12-month period.

Data source: ABS, 2015, *Labour force, Australia*, 'Table 11. Labour force status by Sex, Australian Capital Territory—Trend and Original' and 'Table 16 Labour force status for 15–24 year olds by state, territory and educational attendance (full-time)', time series spreadsheet, cat. no. 6202.0, viewed 25 May 2016, <<http://abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6202.0Apr%202016?OpenDocument>>.

## OUTCOME 4: **ADOPT HEALTHY AND PRO-SOCIAL LIFESTYLES**

### INDICATOR 1 **CHILDREN AND YOUNG PEOPLE WHO ARE OVERWEIGHT AND OBESE**

#### Indicator description

The proportion of ACT children and young people who are overweight or obese.

#### What do we measure?

Measured (not self-reported) height and weight of children and young people in the ACT aged five to 17 years.

#### Why is this important?

Children who are not sufficiently physically active and do not have a balanced, well-proportioned diet are at risk of becoming overweight and obese. Increases in childhood overweight and obesity are now emerging as a serious global public health issue with the World Health Organization (WHO) describing this increase as an epidemic in some countries.<sup>42</sup> In Australia, the National Health and Medical Research Council (NHMRC) estimates that between 20 per cent and 25 per cent of Australian children are now overweight or obese, an increase from 1985, where 10 per cent to 12 per cent were estimated as overweight or obese.<sup>43, 44</sup>



#### How is the ACT progressing?

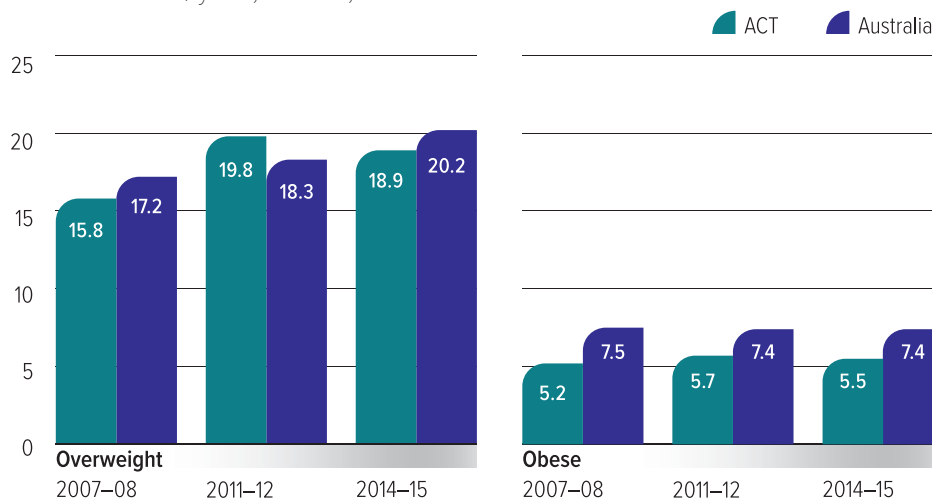
Measured data from the *2007–08 National Health Survey*, *2011–12 Australian Health Survey* and the *2014–15 National Health Survey* show that the proportion of children who are overweight and obese is remaining relatively constant both in the ACT and nationally.

For 2014–15 and 2011–12, one-quarter of ACT children aged five to 17 years were overweight or obese (24.4 per cent and 25.5 per cent respectively). There has been little movement within the categories over the last five years.



The proportion of ACT children who were overweight was 18.9 per cent in 2014–15 and 19.8 per cent in 2011–12, while the proportion of ACT children who were obese was 5.5 per cent and 5.7 per cent over this period.

**FIGURE 27:** Proportion (%) of overweight and obese ACT and Australian children aged 5–17 years, 2007–08, 2011–12 and 2014–15



Data source: ABS, *National Health Survey 2007–08: Summary of Results, ACT, 2007–08* (Reissue), cat. no. 4362.0; *National Health Survey: Summary of results, 2007–08* (Reissue), cat. no. 4364.0; *Australian Health Survey: Updated Results, 2011–12—Australian Capital Territory*, cat. no. 4364.0; *Australian Health Survey: First Results, 2011–12—Australia*, cat. no. 4364.0; *National Health Survey: First Results, 2014–15—Australia*, cat. no. 4364.0; and *National Health Survey: First Results, 2014–15—Australia*, cat. no. 4364.0.

## INDICATOR 2

## YOUNG PEOPLE WHO USE DRUGS

**Indicator description**

The proportion of ACT young people who use alcohol, tobacco or illicit drugs.

**What do we measure?**

The proportion of secondary students (aged 12 to 17 years) who report current use of alcohol, tobacco and illicit drugs. Data for this set of indicators is derived from the *ACT Secondary Students' Alcohol and Drug (ASSAD) Survey*, which is conducted on a three yearly basis. The most recently available survey data is for 2014 with 1,668 students across government, catholic and independent schools.

**Why is this important?**

The harms to individuals, families, communities and Australian society as a whole from alcohol, tobacco and other drugs are well known. Adolescence is a critical age for monitoring the initiation of illicit drug use.

Drinking alcohol in adolescence can be harmful to young people's physical and psychosocial development. Alcohol-related damage to the brain can be responsible for problems with verbal skills and memory, learning difficulties, alcohol dependence and depression.<sup>45</sup>

Young people are more at risk of motor vehicle accidents, injuries, accidental death and suicide while under the influence of alcohol and drugs. They are also highly susceptible to being victims of crime.<sup>46</sup>

Tobacco smoking is one of the top risk factors for chronic disease, including many types of cancer, respiratory disease and heart disease.<sup>47</sup>

**How is the ACT progressing?****Tobacco use**

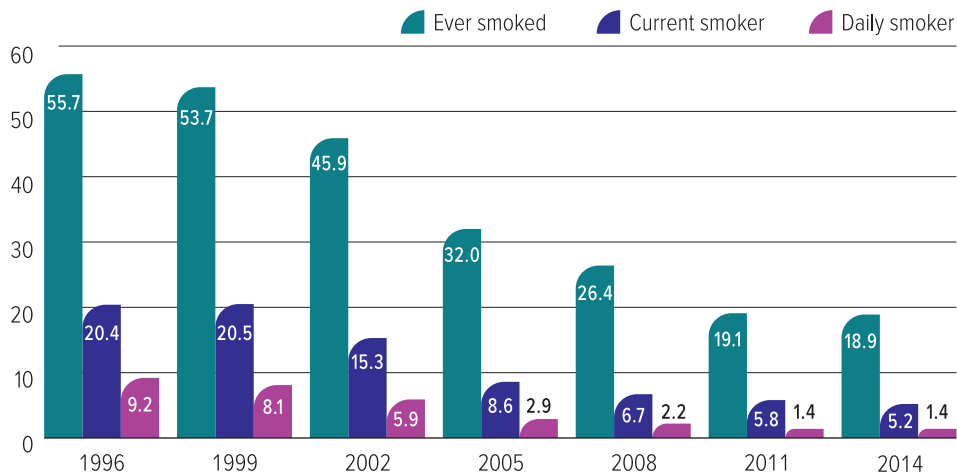
The prevalence of tobacco use in secondary students in the ACT has decreased steadily over time.<sup>48</sup>

In 2014, 18.9 per cent of all students surveyed reported having smoked at least once in their lifetime, 5.2 per cent of students reported smoking cigarettes on at least one day in the seven days before the survey (current smokers), and 1.4 per cent reported smoking cigarettes every day in the last seven days (daily smokers).



Although ACT secondary students' reported tobacco use has remained relatively stable between the 2011 and 2014 survey periods, there have been significant decreases in smoking trends among students over the reporting periods in the graph below (Figure 28). This is most obvious in the 'ever smoked' category, which dropped from 55.7 per cent in 1996 to 18.9 per cent in 2014. During the same period, the proportion of current smokers decreased from 20.4 per cent to 5.2 per cent, and daily smokers from 9.2 per cent to 1.4 per cent.

**FIGURE 28:** Tobacco use, ACT secondary students (%), 1996–2014



Note: Estimates for rates of daily smoking have changed slightly from previous reports due to coding changes. Estimate has a relative standard error between 25 per cent and 50 per cent and should be interpreted with caution in 2014.

Data source: ACT Secondary Students' Alcohol and Drug Survey (ASSAD) data file.

### Aboriginal and Torres Strait Islander students

Students who were of Aboriginal and Torres Strait Islander descent were more likely to have ever smoked (41.7 per cent in 2014) or to be current smokers (15.8 per cent) than non-Aboriginal and Torres Strait Islander students (17.9 per cent and 4.7 per cent respectively in 2014).



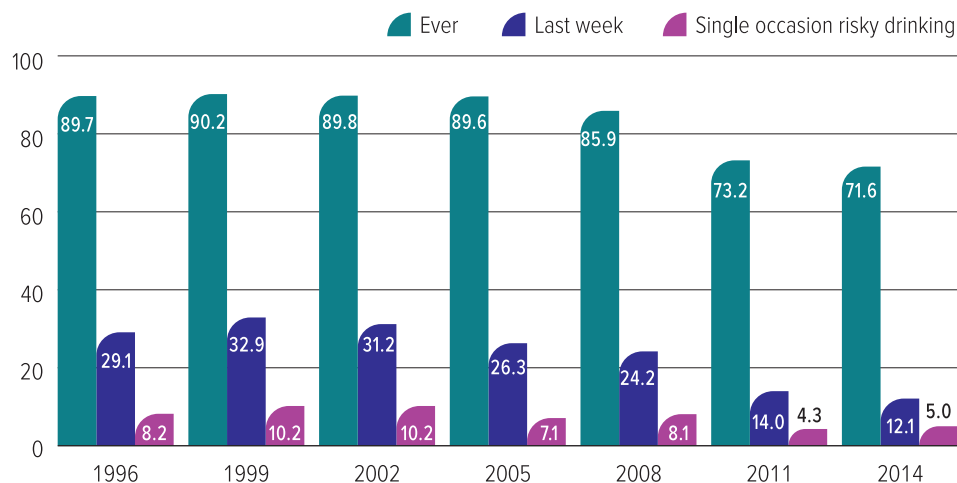
## Alcohol use

Since 1999 there has been a decline in reported alcohol consumption amongst secondary students, most notably between the 2008 and 2011 survey cycles.<sup>49</sup>

However, while over the longer term, alcohol consumption among ACT secondary students has decreased significantly, there were no statistically significant changes between students reporting ever, last week or single occasion risky, drinking between 2011 and 2014.

In 2014, 71.6 per cent of students surveyed reported that they had consumed at least a few sips of alcohol in their lifetime, which was similar to 2011 (73.2 per cent). The number of students who reported drinking in the last week was also similar over the two survey periods (12.1 per cent in 2014; 14.0 per cent in 2011), as was the proportion of students who drank at single-occasion risky levels (5.0 per cent in 2014; 4.3 per cent in 2011).

**FIGURE 29:** Alcohol consumption, ACT secondary students (%), 1996–2014



Note: The estimate for single occasion risky drinking has changed slightly from previous reports (for 1999 only) due to coding changes.

Data source: ACT Secondary Students' Alcohol and Drug Survey (ASSAD) data file.

## Aboriginal and Torres Strait Islander students

The 2014 ASSAD survey indicates that ACT Aboriginal and Torres Strait Islander secondary students were more likely to have consumed alcohol within the last week (20.3 per cent) than students who did not identify as Aboriginal and Torres Strait Islanders (11.7 per cent). However, there was no statistically significant difference in reporting ever consuming alcohol between secondary students who identify as Aboriginal and Torres Strait islander (75.0 per cent) and those that do not (71.5 per cent).



### Illicit substance use

Since 1996, there has been a statistically significant decline in students reporting having used at least one illicit substance in their lifetime.<sup>50</sup> There has also been a consistent and statistically significant decrease in the lifetime use of cannabis since 1996.

However, there have been slight but statistically significant increases between 2011 and 2014 in the proportion of students reporting ever having used some drugs—statistically significant increases have been marked with a hash (#) in the left column of Table 25.

**TABLE 25:** Proportion (%) of ACT secondary students reporting ever having used illicit drugs, 2011 and 2014

	2011	2014
Used at least 1 illicit drug in lifetime <sup>#</sup>	12.7	<b>16.2</b>
Ever used cannabis <sup>#</sup>	11.9	<b>16.7</b>
Ever used ecstasy <sup>#</sup>	1.9	<b>4.7</b>
Ever used heroin (or other opiates)	0.9*	<b>1.3</b>
Ever used LSD (hallucinogens) <sup>#</sup>	2.0	<b>4.8</b>
Ever used speed (amphetamines)	2.5	<b>2.9</b>
Ever used cocaine	1.6	<b>1.9</b>

\* Estimate has a relative standard error between 25 per cent and 50 per cent and should be interpreted with caution.

# Difference between 2011 and 2014 is statistically significant.

## INDICATOR 3

## YOUNG PEOPLE WHO HAVE OFFENDED

**Indicator description**

Young people who have been charged with a criminal offence in the ACT.

**What do we measure?**

The number of young people aged between 10 and 19 years, against whom a charge that must be answered in court has been laid by the police, during the reference period, per 100,000 of the population. A young person will only be counted once.

**Why is this important?**

The proportion of young people in the population that may have committed offences may infer trends in offending by young people, by analysing rates over time.

During adolescence young people face new challenges, learn new skills and lead more independent lives. Risk taking behaviour can be part of this development. While many young people exhibit some risk taking behaviour, only a minority will come into contact with the criminal justice system.<sup>51</sup>

Young people's offending can be a concern to their families, schools and the wider community. Research indicates that young people who come into contact with the criminal justice system are more likely to go on to become adult offenders. The impacts to their lives through disruption to education, relationships with family and friends, employment and the stigmatisation from involvement in the criminal justice system, can lead to a range of poor outcomes. Young people are also more likely to be victims of crime, which can also lead to involvement in offending.

The ACT Government emphasises diversion of young people away from the criminal justice system through the *Blueprint for Youth Justice in the ACT 2012–22*.

Information from this indicator can inform government policies and services about initiatives that are effective in minimising young people's contact with the criminal justice system and reduce reoffending.

**How is the ACT progressing?**

The rate of young people charged with a criminal offence in the ACT has been in decline since 2011–12 and in 2014–15 was less than half the rate of 2010–11.

**TABLE 26:** Young people offending in the ACT (per 100,000 of population), 2008–09 to 2014–15

	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15
Rate of offending	2,950.8	2,571.0	2,738.1	2,531.0	1,938.1	1,754.0	1,328.4

Data source: ABS 2016, *Recorded Crime—Offenders*, 2014–15, 'Table 19. Youth offenders, Principal offence by states and territories—2008–09 to 2014–15', time series spreadsheet, cat. no. 4519.0.

## INDICATOR 4

## YOUNG PEOPLE UNDER YOUTH JUSTICE SUPERVISION

**Indicator description**

Young people for whom the police or ACT courts have made a decision for a period of supervision.

**What do we measure?**

The rate of young people aged 10–17 years per 10,000 of the population under youth justice supervision, both in the community or in detention. A young person will only be counted once.

**Why is this important?**

The proportion of young people in the population that are placed by the ACT courts under supervision (both before and after sentencing for an offence) may infer trends in offending by young people, by analysing rates over time.

The ACT Government has an emphasis on diversion of young people away from the criminal justice system through the *Blueprint for Youth Justice in the ACT 2012–22*.

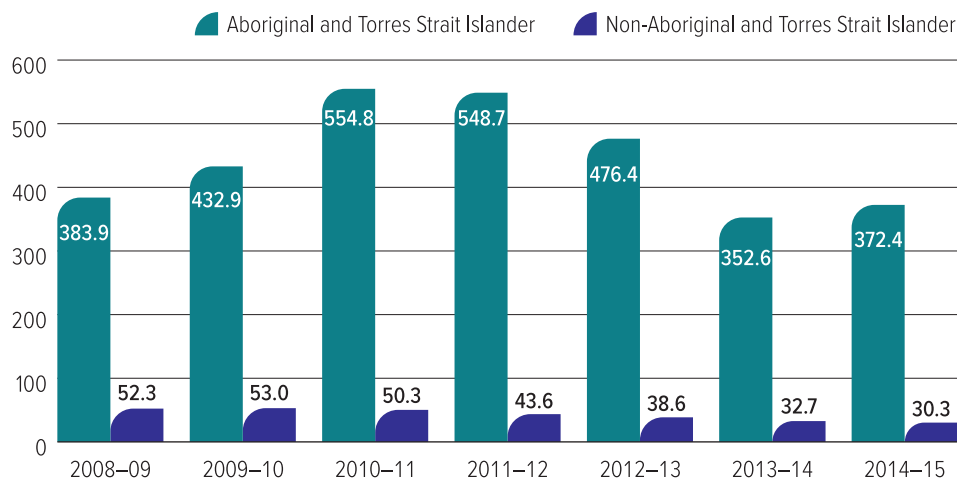
This information can inform government policies and services about initiatives that are effective in minimising young people's contact with the criminal justice system and reduce reoffending.

**How is the ACT progressing?**

The data for 2014–15 (Figure 30) shows the rate of young people who were supervised during the year continues the decreasing trend since the peak rate in 2010–11.

The rate of non-Aboriginal and Torres Strait Islander young people under supervision has continued to decline. However, the rate of Aboriginal and Torres Strait Islander young people under supervision in the ACT in 2014–15 increased slightly over 2013–14 from 352 to 372 young people per 10,000 of the population. The over-representation of Aboriginal and Torres Strait Islander young people continues to be a challenge for the ACT and nationally.

**FIGURE 30:** Young people aged 10–17 in the ACT under supervision by Aboriginal and Torres Strait Islander status, 2008–09 to 2014–15 (rate per 10,000 of population)



Note: Totals include young people who did not provide their Aboriginal and Torres Strait Islander status and young people who are 18 years and over in line with services provided in the ACT.

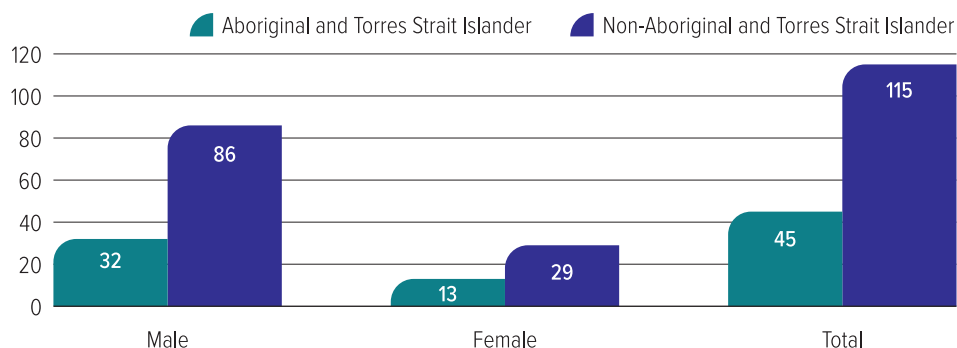
Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2014–15*, table S12b.

There were fewer young women under youth justice supervision than young men (Figure 31). In 2014–15 there was a decrease in the number of young men under supervision in the ACT (130 in 2013–14 compared to 119), while the number of young women was similar (44 young women in 2013–14 compared to 42).

The number of Aboriginal and Torres Strait Islander young people under youth justice supervision remained relatively consistent (43 young people in 2013–14 compared to 45 in 2014–15). The proportion of young women who were Aboriginal and Torres Strait Islander (31 per cent) was higher than for young men (27 per cent) (Figure 31).



**FIGURE 31:** Young people under supervision in the ACT, by sex and Aboriginal and Torres Strait Islander status, 2014–15

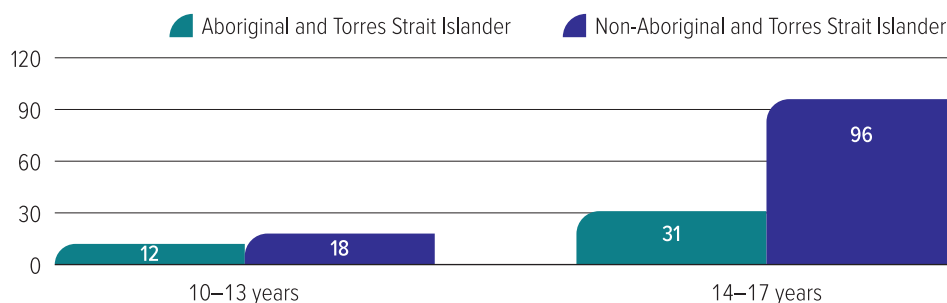


Note: Totals include young people who did not provide their Aboriginal and Torres Strait Islander status and young people who are 18 years and over in line with services provided in the ACT.

Data source: AIHW *Youth Justice in Australia 2014–15*, table S2b.

In the ACT most young people who were supervised during 2014–15 were between 14 and 17 years of age when they were first supervised (Figure 32). However, a higher proportion of Aboriginal and Torres Strait Islander young people were between 10 and 13 years when first supervised than non-Aboriginal and Torres Strait Islander young people (27 per cent compared to 16 per cent in 2014–15).

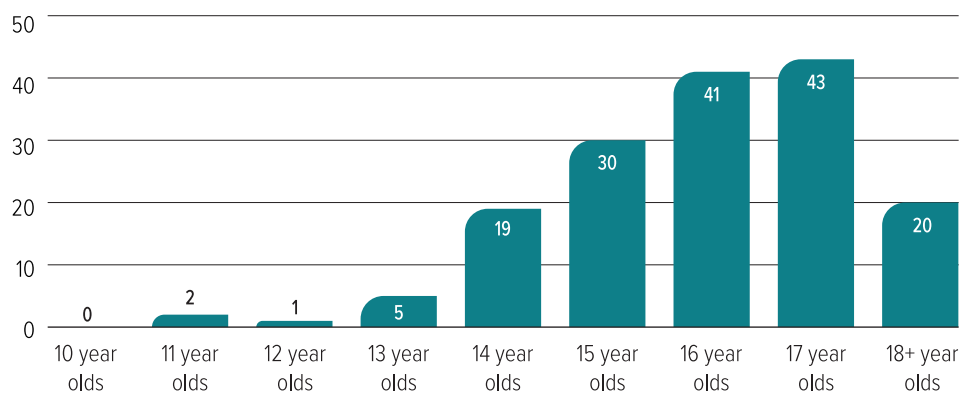
**FIGURE 32:** Young people under supervision in the ACT, by Aboriginal and Torres Strait Islander status and age at first supervision, 2014–15



Data source: AIHW *Youth Justice in Australia 2014–15*, table S19.

Two-thirds (65 per cent) of young people under supervision in the ACT in 2014–15 were aged 16 or over (Figure 33) which was consistent with 2013–14 (66 per cent).

**FIGURE 33:** Young people under supervision in the ACT, by age, 2014–15



Data source: AIHW *Youth Justice in Australia 2014–15*, table S1b.



## INDICATOR 5

## YOUNG PEOPLE UNDER COMMUNITY-BASED SUPERVISION

**Indicator description**

Young people for whom the ACT courts have made a decision for a period of supervision, which is to be served in the community.

**What do we measure?**

The number of young people aged 10–17 years under community-based supervision.

**Why is this important?**

Young people who have been charged or convicted of a criminal offence may be ordered by the court to be supervised in the community. These young people are provided support and supervision with the aim of addressing their risks for reoffending.

The ACT Government provides a range of programs to support and divert young people who are on supervised community-based orders. These programs target young people with drug and alcohol issues, disconnection from education and training, mental health issues and a need for accommodation, family connection and cultural support.

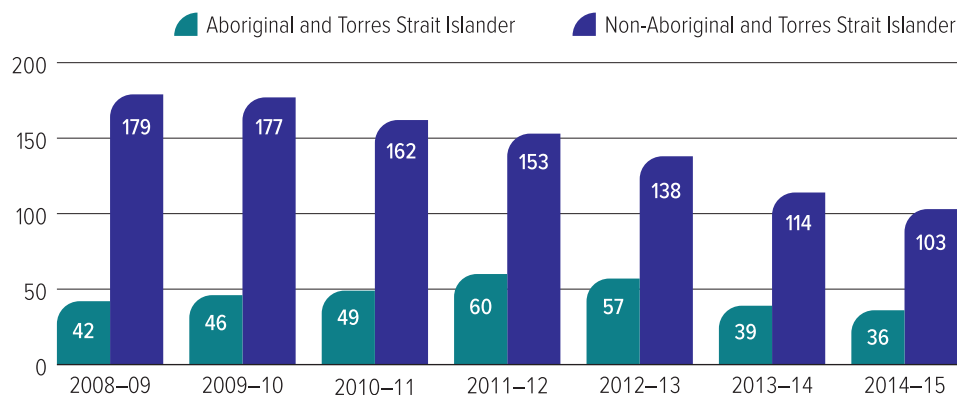
Information from this indicator can inform government policies and services about initiatives that are effective in minimising young people's contact with the criminal justice system and reduce reoffending.

**How is the ACT progressing?**

The number of young people under community-based supervision in the ACT in 2014–15 (139) continued the decrease evident in previous years. The number of Aboriginal and Torres Strait Islander young people also continued its decrease from a high of 60 young people in 2011–12 to 36 young people in 2014–15. However, over-representation of Aboriginal and Torres Strait Islander young people under community-based supervision continues to be a challenge for the ACT and nationally.

Note: Totals include young people who did not provide their Aboriginal and Torres Strait Islander status and young people who are 18 years and over in line with services provided in the ACT.

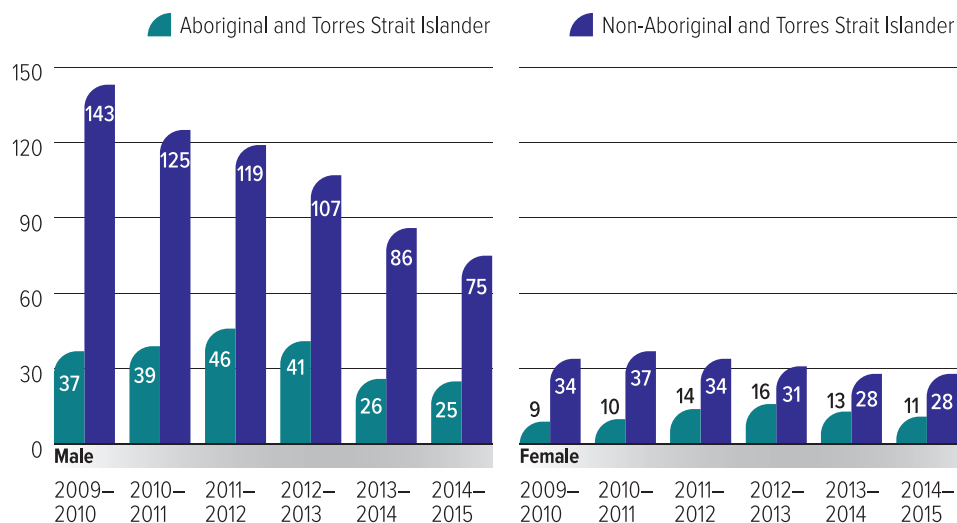
**FIGURE 34:** Young people under community-based supervision in the ACT, by Aboriginal and Torres Strait Islander status, 2008–09 to 2014–15



Data source: AIHW *Youth Justice in Australia 2014–15*, table S46b.

There were more young men than young women experiencing community-based supervision in the ACT (Figure 35) which is consistent with the national situation and also with results in previous years.

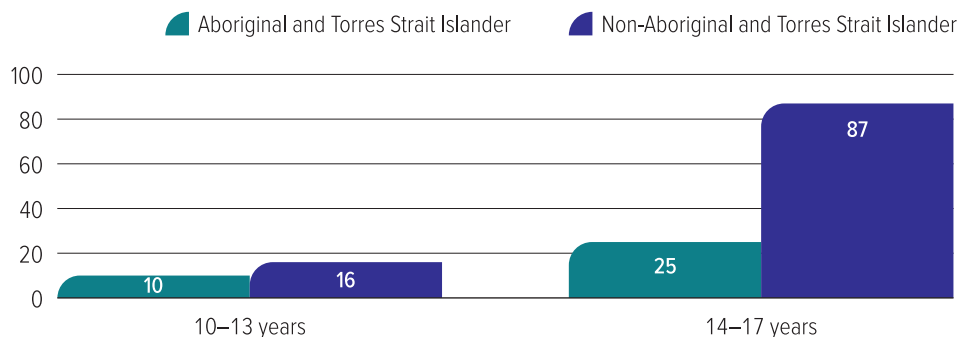
**FIGURE 35:** Young people under community-based supervision in the ACT, by sex and Aboriginal and Torres Strait Islander status, 2009–10 to 2014–15



Data source: AIHW *Youth Justice in Australia 2014–15*, table S52b.

In the ACT most young people who were supervised under community-based supervision in 2014–15 were between 14 and 17 years of age when they were first supervised (Figure 36). A higher proportion of Aboriginal and Torres Strait Islander young people were between 10 and 13 years at their first supervision than non-Aboriginal and Torres Strait Islander young people (28 per cent compared to 16 per cent in 2014–15).

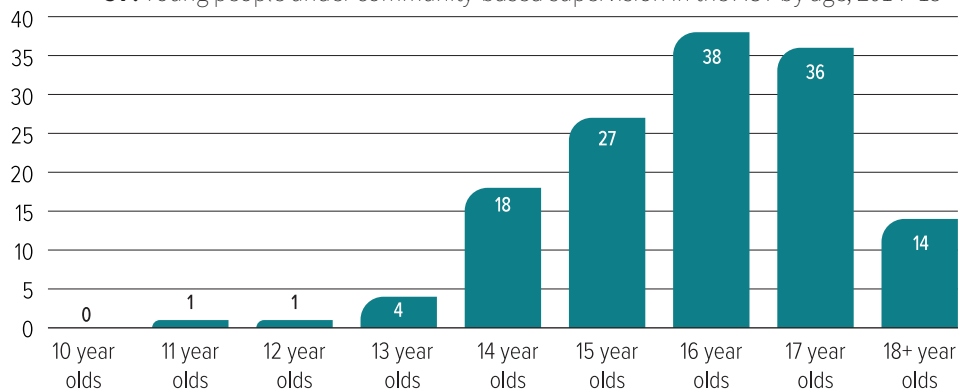
**FIGURE 36:** Young people under community-based supervision in the ACT, by Aboriginal and Torres Strait Islander status and age at first supervision, 2014–15



Data source: AIHW *Youth Justice in Australia 2014–15*, table S57.

Two-thirds (64 per cent) of young people under community-based supervision in the ACT in 2014–15 were aged 16 or over (Figure 37).

**FIGURE 37:** Young people under community-based supervision in the ACT by age, 2014–15



Note: Totals include young people who are 18 years and over in line with services provided in the ACT.

Data source: AIHW *Youth Justice in Australia 2014–15*, table S36b.

## INDICATOR 6

## YOUNG PEOPLE IN YOUTH JUSTICE FACILITIES

**Indicator description**

Young people for whom the police or ACT courts have made a decision for a period of supervision, which is to be served in detention.

**What do we measure?**

The number of young people aged 10–17 years detained at Bimberi Youth Justice Centre.

**Why is this important?**

Young people who have been charged or convicted of a criminal offence may be ordered by the court (or police) to be detained, which provides safe and secure accommodation, facilitates rehabilitation and promotes the reintegration of young people into the community through a range of programs and services.

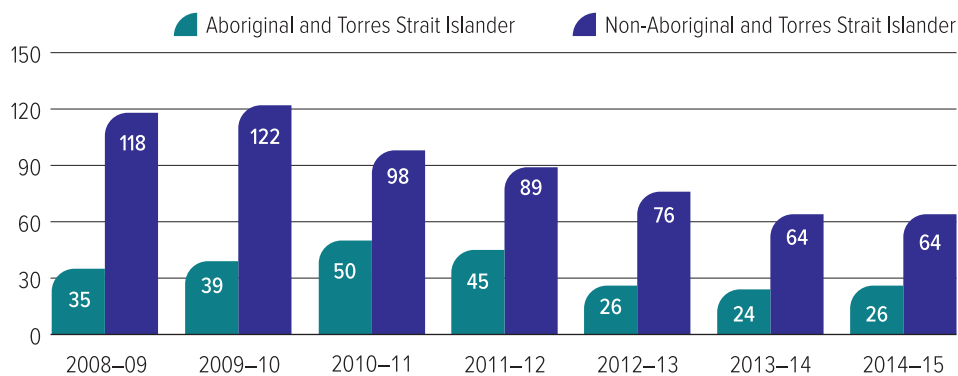
Research shows that any period of detention at a justice facility can have negative implications for the life of a young person in areas such as education, employment and personal relationships.<sup>52</sup> More significantly, a period of detention may draw the young person further into the justice system and develop negative peer relationships and attitudes towards themselves and the community.

This information can inform government policies and services about initiatives that are effective in minimising young people's contact with the criminal justice system and reduce reoffending.

**How is the ACT progressing?**

The number of young people detained in Bimberi in the ACT increased slightly from 88 in 2013–14 to 91 young people in 2014–15, but was still well below the peak of 173 in 2009–10. Proportionally in 2014–15, 29 per cent of detained young people were Aboriginal and Torres Strait Islander, which is much less than the national proportion for detention (50 per cent), but still highlights that the over-representation of Aboriginal and Torres Strait Islander young people continues to be a challenge for the ACT and nationally.

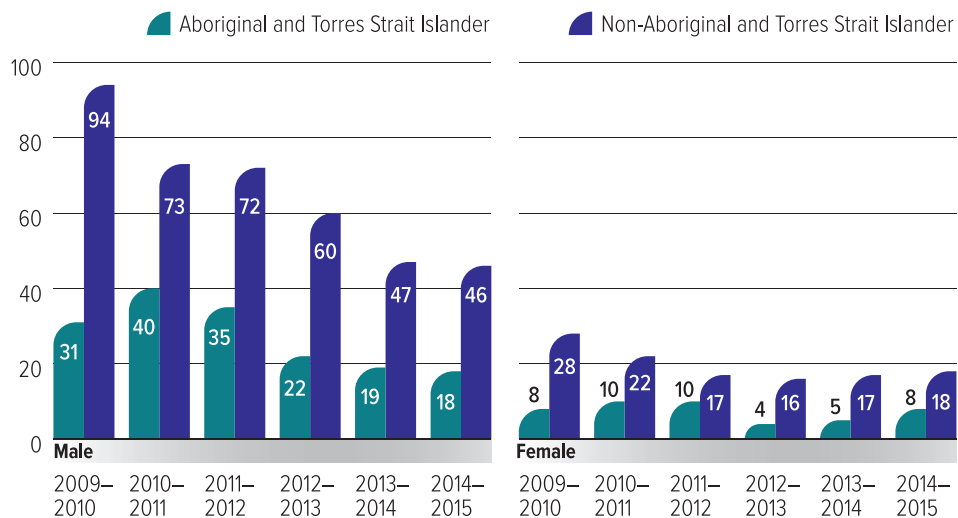
**FIGURE 38:** Young people in detention by Aboriginal and Torres Strait Islander status in the ACT, 2008–09 to 2014–15



Data source: AIHW *Youth Justice in Australia 2014–15*, table S84b.

There were more young men than young women experiencing detention in the ACT (Figure 39) and this is consistent nationally where 83 per cent of detainees are young men.

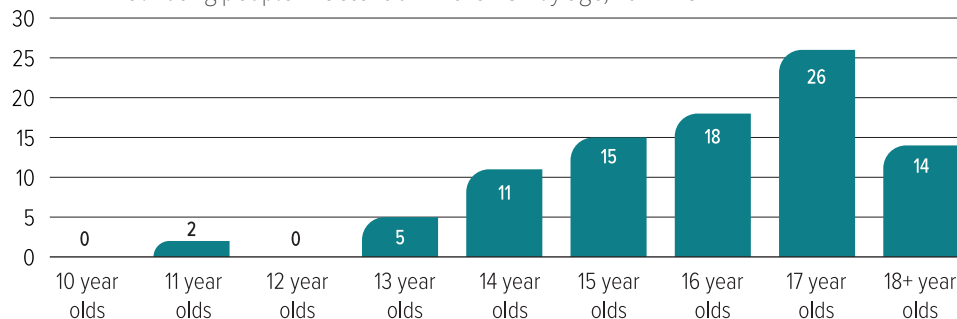
**FIGURE 39:** Young people in detention by sex and Aboriginal and Torres Strait Islander status in the ACT, 2009–10 to 2014–15



Data source: AIHW *Youth Justice in Australia 2014–15*, table S90b.

Almost two-thirds (64 per cent) of young people in detention in 2014–15 were aged at least 16 years old (Figure 40) which was consistent with 2013–14 (66 per cent).

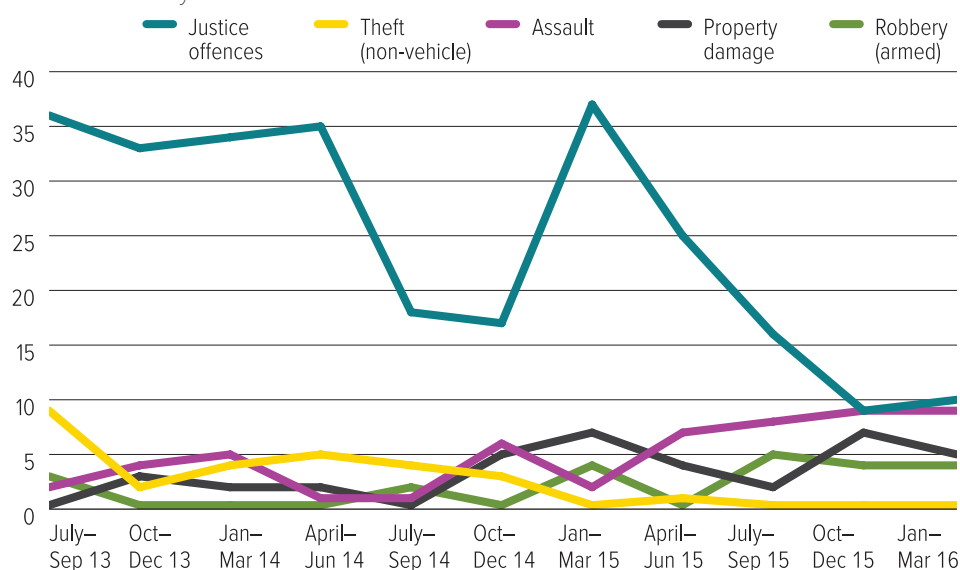
**FIGURE 40:** Young people in detention in the ACT by age, 2014–15



Data source: AIHW *Youth Justice in Australia 2014–15*, Table S74b.

The majority of young people admitted to Bimberi were being held on breaches of an order (justice procedure offences) (Figure 41).

**FIGURE 41:** Most common lead offence for admissions of ACT young people to detention, July 2013 to March 2016



Data source: Justice and Community Safety Directorate *Criminal Justice Statistical Profile, March 2016*, Youth Justice Table 2.



## INDICATOR 7

## SUN PROTECTION BEHAVIOURS

**Indicator description**

The number of young people in the ACT who got sunburnt at least once in the previous summer.

**What do we measure?**

The number of young people aged 12–17 years who burned or tanned in the sun in the summer of the previous year.

**Why is this important?**

During adolescence young people face new challenges, learn new skills and lead more independent lives. Risk taking behaviour can be part of this development. Excessive exposure to the sun has been identified as a risk taking behaviour for adolescents, with over-exposure to the sun and a tendency to burn rather than tan increasing an individual's risk of developing skin cancer in later life.<sup>53</sup> Young people in the ACT have demonstrated a significantly higher preference for a suntan compared to older age groups of the population.<sup>54</sup>

Information from this indicator would be valuable to inform government policies and services about initiatives that are effective in promoting positive sun protection behaviours for children and young people.

**How is the ACT progressing?**

In 2014, 74.1 per cent of students reported getting sunburnt at least once over the previous summer, with females more likely to report this than males (males: 71.5 per cent, females: 76.8 per cent). There has been no significant change from 2008 to 2014.

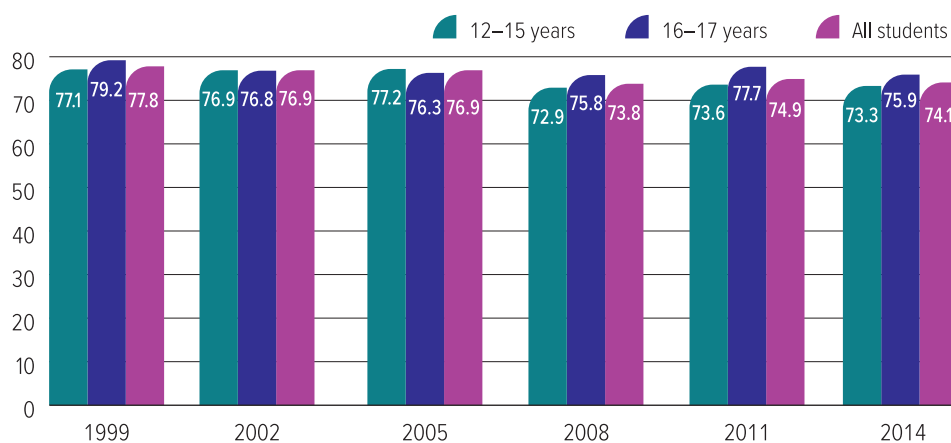
The results for all students have decreased significantly over time from 77.8 per cent in 1999 to 74.1 per cent in 2014 with males significantly decreasing from 77.9 per cent to 71.5 per cent whereas there has not been a significant change for the same timeframe for females. There has been no significant change from 2008 to 2014.

There has been a significant decrease for 12–15 year olds from 77.1 in 1999 to 73.3 in 2014 whereas there has not been a significant change for 16–17 year olds for the same timeframe. Within age groups there has not been a significant change from 2008 to 2014.

**FIGURE 42:** Sunburn last summer, % of ACT students by sex, 1999–2014



**FIGURE 43:** Sunburn last summer, % of ACT students by age group, 1999–2014



Data source for Figures 42–43: ACT Secondary Students' Alcohol and Drug Survey, 2014.



**ACT**  
Government

# A PICTURE OF ACT'S CHILDREN AND YOUNG PEOPLE 2016

**PART TWO** Families, kinship and networks

INDICATORS	OUTCOMES AT THE FAMILY, KINSHIP AND INFORMAL NETWORK LAYER					
	1 Access to sufficient material wellbeing		2 Free from abuse and neglect		3 Individual needs of families are recognised and supported	
	Parental unemployment status	89	Substantiated child abuse	95	Teenage fertility rate	106
	Disposable household income	90	Children and young people on care and protection orders	98	ACT children's level of reading, writing and numeracy by parental education	107
	Family income spent on housing	91	Children and young people in out of home care	101	Disability (NDIS eligible)	109
	Homelessness	92	Exposure to family violence	104	Children and young people with disability enrolled in the education system	110
	Low income households in rental stress	94				

## KEY

The following symbols are used in this report



**Performance improving**



**Performance worsening**



**Performance maintaining**



**No new data available**

# OUTCOME 1: ACCESS TO SUFFICIENT MATERIAL WELLBEING

## INDICATOR 1 PARENTAL UNEMPLOYMENT STATUS

### Indicator description

An indicator of the unemployment status of parents in the ACT, whether they are sole or dual income families.

### What do we measure?

Family composition and labour force status of parents/partners, one parent, or a couple with children.

### Why is this important?

Parental unemployment status is an important indicator to assess the usage of child care, time spent and connection with children and the overall wellbeing of children and parents. Parental unemployment status is an indicator of how well the family is doing in terms of supporting and providing sufficient basic necessities. It is important for government to know for planning and informational purposes.



### How is the ACT progressing?

Census data from 2011 shows that since 2001, the number of one-parent families and couple families with children who are unemployed has decreased, while couple families with no children have increased.



From 2006 to 2011, the proportion of one-parent families unemployed decreased by 10 per cent; however, the proportion of one-parent families not in the labour force has increased by 5 per cent.

The proportion of couple families with children with both parents unemployed has increased by 4 per cent. Couple families with no children with both partners not working increased by 14 per cent.

Data source: ABS, *Census of Population and Housing: Time Series Profile*, 2011, cat. no. 2003.0.

## INDICATOR 2

## DISPOSABLE HOUSEHOLD INCOME

**Indicator description**

The median equivalised disposable household income per week of all households in the ACT. This is an indicator of the economic resources available to each member of a household when surveyed.

**What do we measure?**

Household income consists of all current receipts, whether monetary or in kind, that are received by the household or by individual members of the household, and which are available for, or intended to support current consumption. Equivalised disposable household income scales calculate the relative wellbeing of households of different size and composition, and can be used to compare the situation of individuals as well as households.

**Why is this important?**

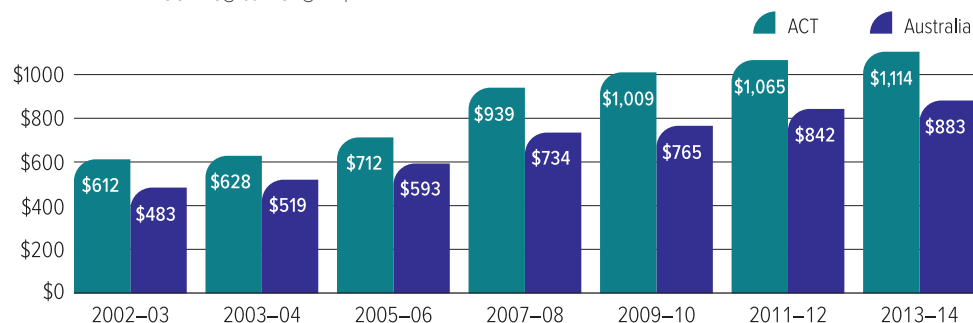
Regular disposable household income is a major determinant of economic wellbeing for most people. Low family disposable income can negatively impact access to appropriate housing, sufficient nutrition and medical care and negatively impact a child's health, education and self-esteem.

**How is the ACT progressing?**

As at 2013–14, the median equivalised disposable household income per week was recorded as \$1,114 in the ACT, in comparison to \$883 as a nationwide average of capital city states and territories. The median equivalised disposable household income per week in the ACT has increased by 82 per cent since 2002–03.

Capital city state and territory comparisons show that the ACT recorded the highest median equivalised household disposable income and is 26 per cent higher than the national average. The rising equivalised household disposable income could be linked to the high level of education in the ACT, and the high proportion of professional employment relative to other Australian capital city states and territories.

**FIGURE 44:** Median equivalised disposable household income in the ACT and Australia, 2002–03 to 2013–14



Data source: ABS, *Household Income and Wealth, 2013–14*, cat. no. 6523.0 collected from the ABS Survey of Income and Housing.

## INDICATOR 3

## FAMILY INCOME SPENT ON HOUSING

**Indicator description**

The proportion of the total gross household income in the ACT that is spent on housing-related costs.

**What do we measure?**

Housing costs reported in Housing Occupancy and Costs (ABS cat. no. 4130.0) cover housing related mortgage payments, rates payments (general and water) and rent payments. The gross household income is then used to derive what proportion of family income is spent on housing costs. The data presented are compiled from the *Survey of Income and Housing* (SIH).

**Why is this important?**

For most families, whether owning or renting, the cost of housing involves a substantial expenditure throughout their lives. As each household goes through its lifecycle, different housing and housing costs are experienced. The proportion of gross income spent on housing is an important indicator of wellbeing, as the income left can be used for other essential items such as food, health services, education and transport costs.

**How is the ACT progressing?**

The *total gross mean household income spent on housing costs* in 2013–14 in the ACT was 13 per cent, compared to 14 per cent nationally. This was a one percentage point decrease in the ACT from 2011–12. National figures have remained unchanged.

In 2013–14, *home owners with a mortgage* spent 16 per cent of their gross income on housing costs in the ACT, on par with national average. This was unchanged for the ACT compared to 2011–12, but decreased by two percentage points nationally.

*Home owners without a mortgage* spent the lowest proportion of their gross income on housing costs, 2 per cent in the ACT and 3 per cent nationally. This was unchanged from 2011–12 for both the ACT and nationally.

*Renters* in the ACT spent 20 per cent of their gross income on housing costs, same as nationally. This is a one percentage point increase in the ACT, but unchanged nationally from the 2011–12 reporting period.

*ACT public housing tenants* reported that 21 per cent of their income was spent on housing costs in 2013–14, an increase of two percentage points from 2011–12. Nationally, public housing tenants also reported 21 per cent of their income was spent on housing costs from 19 per cent reported in 2011–12.

Data source: ABS cat. no. 4130.0.

## INDICATOR 4 HOMELESSNESS

### Indicator description

ACT children and young people who are homeless or engaged with homelessness services.

### What do we measure?

Children and young people aged 0–24 years who were homeless on Census night and children and young people engaged in homelessness services.

### Why is this important?

Access to stable, adequate housing is a recognised human right.<sup>55</sup> Young people are over-represented in the national homelessness population, with nearly half of all homeless Australians recognised as children and young people under the age of 25.<sup>56</sup> Research recognises that obtaining access to adequate standards of housing enables children and young people to engage with the broader community and has been identified as having a major impact on the positive development of health and wellbeing for children and young people.<sup>57</sup>

Information from this indicator can inform government policies and programs about early intervention initiatives that are effective in preventing the causes of youth homelessness, and in doing so, enable the conditions for children and young people to thrive.<sup>58</sup>



### How is the ACT progressing?

There were 755 children and young people in the 2011 Census who were classified as being homeless on Census night (up from 400 in 2006) (Table 27). The number of children and young people spending 2011 Census night in supported accommodation for the homeless was 477 (63 per cent) while 158 (21 per cent) of homeless children and young people were living in 'severely' crowded dwellings.



**TABLE 27:** Number of ACT children and young people aged 0–24 years who were homeless on Census night by operational groups and sex, 2011

	Male	Female	Total
Persons who are in improvised dwellings, tents or sleeping out	3	3	6
Persons in supported accommodation for the homeless	230	247	477
Persons staying temporarily with other households	43	48	91
Persons staying in boarding houses	11	12	23
Persons in other temporary lodging	0	0	0
Persons living in severely crowded dwellings	82	76	158
<b>Total</b>	<b>369</b>	<b>386</b>	<b>755</b>

Data source: ABS, 2049.0 *Census of Population and Housing: Estimating homelessness*, 2011.

Thirty-eight per cent of homeless children and young people in 2011 Census were under 12 years old which is an increase from 36 per cent in 2006 Census (Table 28). There is an increase in the number of homeless children and young people in all age ranges between 2006 and 2011.

Prevalence estimates allow government and the community to judge the scale of homelessness, and can be used to report trends and to target services to prevent or ameliorate the circumstances of homelessness through knowing both the locations of the homeless and their characteristics.<sup>59</sup> Census figures provide point in time data, and as such may not provide a complete picture of ACT children and young people who are homeless or engaged with homelessness services.

**TABLE 28:** Number of ACT children and young people aged 0–24 years who were homeless on Census night by age group, 2006 and 2011

	2006*	2011^
Under 12 years	142	290
12–18 years	112	210
19–24 years	146	255
<b>Total</b>	<b>400</b>	<b>755</b>

Data source: \*ABS, 2049.0 *Census of Population and Housing: Estimating homelessness*, 2011. ^ABS, 2049.0 *Census of Population and Housing: Estimating homelessness*, 2011.

## INDICATOR 5

## LOW INCOME HOUSEHOLDS IN RENTAL STRESS

**Indicator description**

The number and per cent of children and young people in the ACT who live in low income households in rental stress.

**What do we measure?**

The number of children and young people aged 0–24 years in the ACT who live in households in the bottom 40 per cent of the income distribution and where rent is at least 30 per cent of household income.<sup>60</sup>

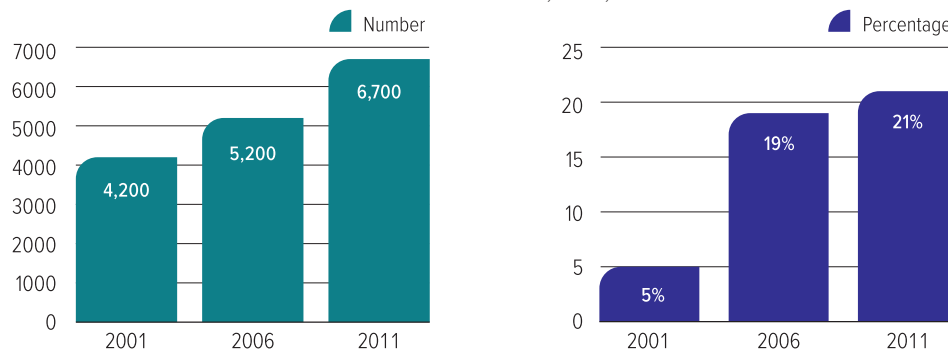
**Why is this important?**

Rental stress is likely to adversely impact on the health and wellbeing of children and young people. Members of households in rental stress may experience various forms of deprivation, such as going without meals, missing out on school activities and enforced household mobility.<sup>61</sup> Frequent moves can result in a lack of social cohesion for children and young people.

**How is the ACT progressing?**

There were about 6,700 children and young people living in low income households in rental stress in 2011. This was 21 per cent of all children and young people living in a rented dwelling. These figures have weakened since previous years when there were about 5,200 children and young people (19 per cent) in 2006 and about 4,200 children and young people (15 per cent) in 2001.

**FIGURE 45:** The number and per cent of children and young people in the ACT who live in low income households in rental stress, 2001, 2006 and 2011



Data source: ABS, 2016, Customised reports from Census 2001, 2006 and 2011.

## OUTCOME 2: FREE FROM ABUSE AND NEGLECT

### INDICATOR 1 SUBSTANTIATED CHILD ABUSE

#### Indicator description

The number of reports received during the year that were subsequently appraised and substantiated within the ACT.

#### What do we measure?

Under section 360 of the *Children and Young People Act 2008* Child and Youth Protection Services may investigate (appraise) a child protection report. An appraised report is substantiated when the matter reported meets the criteria as set out in sections 342 and 343 of the *Children and Young People Act 2008*.

#### Why is this important?

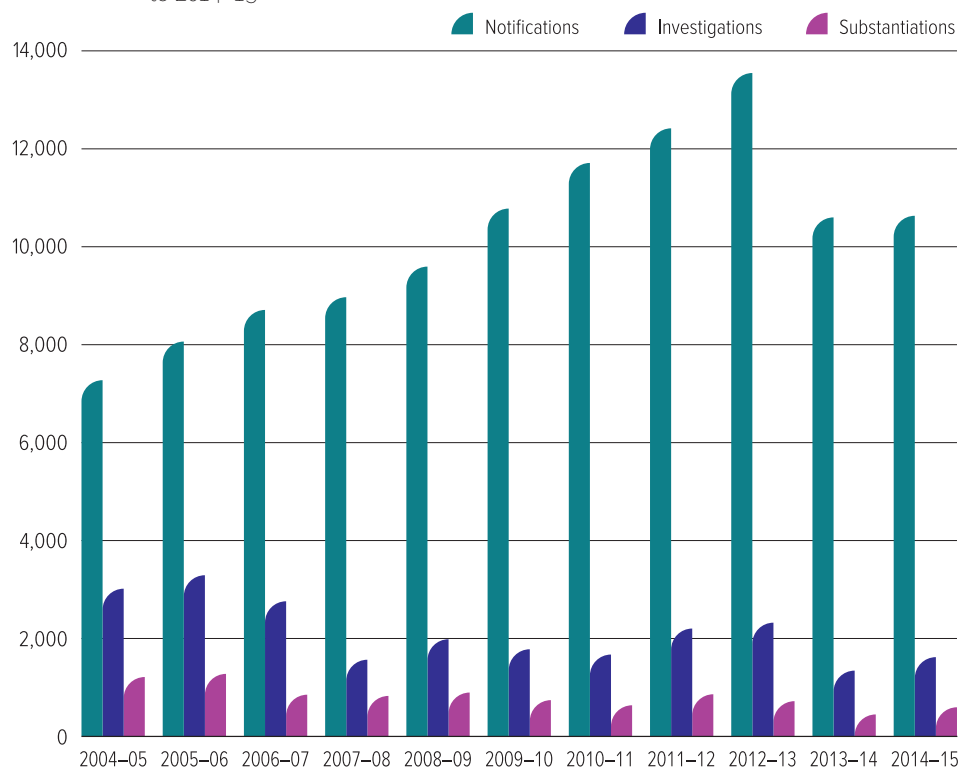
Children are more likely to have enhanced health and wellbeing outcomes when they grow up in nurturing and supportive home environments. Children have a right to live in an abuse-free environment. The immediate and later outcomes for children who have experienced abuse, or neglect are often poor, compared to those of children raised in supportive and secure environments.

In the ACT, Child and Youth Protection Services are responsible for appraising reported abuse or neglect of a child or young person. If the initial assessment of a child protection report suggests further investigation is required to ensure the safety of a child or young person, Child and Youth Protection Services will appraise the matter. On the basis of evidence and professional judgement, the appraisal will establish if a child or young person has been, is being, or is likely to be abused, neglected or otherwise harmed. To ensure the ongoing safety of children and young people, it is crucial that the appraisal process involves working with families to resolve protective concerns for all children. This measure can assist in improving community and Child and Youth Protection Services responses to increased child protection reporting rates.



#### How is the ACT progressing?

During 2014–15 there were 595 child protection reports that were subsequently substantiated. Previous substantiation numbers of child protection reports are: 2013–14 (449), 2012–13 (720), 2011–12 (861), 2010–11 (636), 2009–10 (741), 2008–09 (896).

**FIGURE 46:** ACT child protection notification, investigations and substantiations, 2004–05 to 2014–15**TABLE 29:** ACT children and young people subject of substantiated reports by age group, 2012–13 to 2014–15

	<1* year	1–4 years	5–9 years	10–14 years	15–17 years	Total
2014–15	65	99	104	85	31	386
2013–14	56	94	94	73	21	341
2012–13	71	120	141	119	42	494

Note: The <1 category excludes unborn children. These children are included in the totals. These children were unborn at the time of report, but born by commencement of the investigation.

**TABLE 30:** ACT children and young people subject of substantiated reports by sex, 2012–13 to 2014–15

	Male	Female	Total
2014–15	183	203	<b>386</b>
2013–14	179	162	<b>341</b>
2012–13	234	260	<b>494</b>

**TABLE 31:** ACT children and young people subject of substantiated reports by Aboriginal and Torres Strait Islander status, 2012–13 to 2014–15

	Aboriginal and Torres Strait Islander	Non-Aboriginal and Torres Strait Islander	Unknown	Total
2014–15	98	273	15	<b>386</b>
2013–14	66	275	-	<b>341</b>
2012–13	84	309	101	<b>494</b>

Note: Disaggregates available are for the number of children subject to substantiations in the period rather than the number of substantiations made as measured on previous pages.

Data source for Figure 46 and Tables 29–31: AIHW 2016, *Child Protection Australia: 2014–15* Child Welfare series no. 63 cat. no. CWS 57.



## INDICATOR 2

## CHILDREN AND YOUNG PEOPLE ON CARE AND PROTECTION ORDERS

**Indicator description**

A measure of ACT children and young people aged 0–17 years who are on a Children’s Court order which allocates parental responsibility to the Director-General or a third party other than parents, and/or has a provision requiring supervision by the Director-General, Community Services Directorate as well as children on a Voluntary Care Agreement which shares parental authority between the Director-General and the parent(s).

**What do we measure?**

The number of children and young people on a care and protection order as at 30 June. This measure does not include children and young people on a Children’s Court order with Youth Justice provisions only or whose care and protection order was made interstate and received support in the ACT.

**Why is this important?**

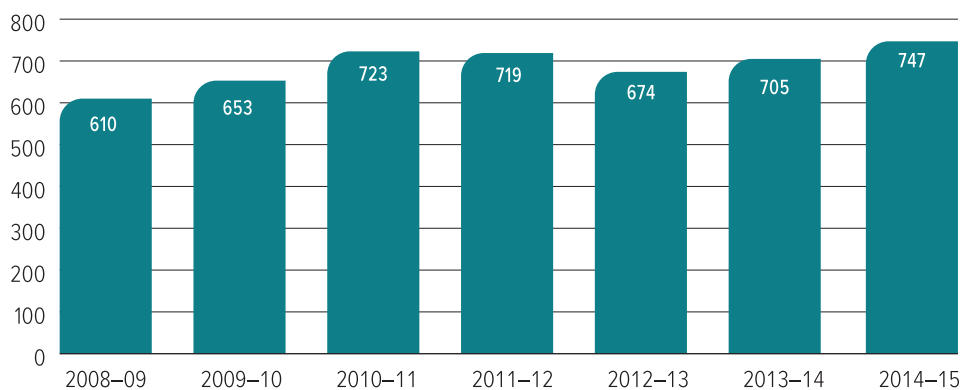
It is recognised that children’s best interests are served by being in the care of their parents/family, if their developmental, emotional and safety needs are being met. However, this may not be the case for some children and young people and it may be deemed necessary for them to enter into the care of the Director-General, Community Services Directorate to ensure their safety and wellbeing. This is only considered after other less intrusive measures have been attempted to support the child and family.

This measure provides an indication as to how many children and young people have been placed in the care, or supervision of the Director-General, Community Services Directorate.

**How is the ACT progressing?**

As of 30 June 2015, 747 children and young people were on a care and protection order. This is a 5.9 per cent increase from June 2014, where 705 children and young people were on a care and protection order. Increasing numbers of children on care and protection orders continues as a national trend, due to the cumulative effect of children entering the care and protection system at a young age and remaining on long-term orders.

**FIGURE 47:** Total number of ACT children and young people on care and protection orders, June 2008–09 to June 2014–15



**TABLE 32:** ACT children and young people on care and protection orders by age group at 30 June 2013, 2014 and 2015

	<1 year	1–4 years	5–9 years	10–14 years	15–17* years	Total
2015	31	169	245	204	98	747
2014	35	155	208	205	102	705
2013	18	141	220	184	111	674

**TABLE 33:** ACT children and young people on care and protection orders by sex at 30 June 2013, 2014 and 2015

	Male	Female	Total
2015	398	349	<b>747</b>
2014	375	330	<b>705</b>
2013	354	320	<b>674</b>

**TABLE 34:** ACT children and young people on care and protection orders by Aboriginal and Torres Strait Islander status at 30 June 2013, 2014 and 2015

	Aboriginal and Torres Strait Islander	Non- Aboriginal and Torres Strait Islander	Total
2015	203	538	<b>747</b>
2014	182	523	<b>705</b>
2013	169	481	<b>674</b>

Note: Total includes children and young people whose Aboriginal and Torres Strait Islander status was unknown.  
Data source for Figure 47 and Tables 32–34: AIHW 2016, *Child Protection Australia: 2014–15 Child Welfare series* no. 63 cat. no. CWS 57.





## INDICATOR 3

CHILDREN AND YOUNG PEOPLE IN  
OUT OF HOME CARE**Indicator description**

A measure of ACT children and young people aged 0–17 years who have been placed in an out of home care placement by Child and Youth Protection Services. Out of home care includes foster care, kinship care and residential placements.

**What do we measure?**

The number of children residing in an out of home care placement at 30 June 2015. This includes children on care and protection orders and those not on care and protection orders where Child and Youth Protection Services makes a payment for their overnight care.

This measure does not include children case managed by Child and Youth Protection Services where the out of home care payment is made by another state or territory. Data on young people who reside independently is also not included.

**Why is this important?**

If a child or young person is placed in the care of the Director-General, Community Services Directorate, all reasonable attempts will be made to support the child being in the care of their extended family. This is important to maintain the child's sense of identity and family connectedness. However it may not always be possible, or appropriate, for a child to be placed in kinship care.

Having assumed parental responsibility, the Director-General needs to ensure that all children and young people are placed in suitable accommodation for their age and circumstances. This may range from foster care to supported independent living. This measure is important in showing the demand for different types of out of home care and is relevant to assist agency planning for resource allocation.

**How is the ACT progressing?**

As of 30 June 2015, there were 671 children living in out of home care. This is an 11 per cent increase on the number of children in out of home care at the same time last year (606) and continues the generally upward trend seen both nationally and in the ACT in recent years.

Of the 671 children and young people in out of home care, 356 were in kinship care (53.1 per cent); 245 were in foster care (36.5 per cent), 33 children were in other home-based care (4.9 per cent) (originally foster carers who were then given full parental responsibility), 35 were in residential care (5.2 per cent) and two in other arrangements.

Nationally the rate of Aboriginal and Torres Strait Islander children in out-of-home care placements was 9.5 times the rate for non-Aboriginal and Torres Strait Islander children. In the ACT the rate of Aboriginal and Torres Strait Islander children in out-of-home care was 13 times the rate than for non-Aboriginal and Torres Strait Islander children. Of all Aboriginal and Torres Strait Islander children in out of home care in the ACT, 54.6 per cent lived with relatives or kin, and a further 1.1 per cent lived in another Aboriginal and Torres Strait Islander care arrangement.

**TABLE 35:** Proportion (%) of ACT children and young people residing in out of home care placements by type as at June 2010 – June 2015

	Type of care										
	Kinship care		Foster care		Residential care		Other home-based care		Other arrangements		
Year	No	%	No.	%	No	%	No	%	No	%	Total
2015	356	53.1	245	36.5	35	5.2	33	4.9	2	0.3	671
2014	318	52.5	213	35.1	38	6.3	36	5.9	1	0.2	606
2013	291	52.2	209	37.5	38	6.8	20	3.6	0	0	558
2012	292	51.6	218	38.5	33	5.8	22	3.9	1	0.2	566
2011	280	51.9	205	38.0	45	8.3	9	1.7	1	0.2	540
2010	266	50.0	219	41.2	47	8.8	n/a	n/a	0	0	532

Note: The total for each year includes a small number of children in other out of home care arrangements such as boarding school or supported independent living.

**TABLE 36:** ACT children and young people in out of home care by age group at 30 June 2013, 2014 and 2015

	<1 year	1–4 years	5–9 years	10–14 years	15–17 years*	Total
2015	27	151	229	183	81	671
2014	30	124	188	181	83	606
2013	15	118	184	155	86	558

\*The age category 15–17 years includes a small number of young people aged 18 years each year.

**TABLE 37:** ACT children and young people in out of home care by sex at 30 June 2013, 2014 and 2015

	Male	Female	Total
2015	370	301	<b>671</b>
2014	330	276	<b>606</b>
2013	301	257	<b>558</b>

**TABLE 38:** ACT children and young people in out of home care by Aboriginal and Torres Strait Islander status at 30 June 2013, 2014 and 2015

	Aboriginal and Torres Strait Islander	Non-Aboriginal and Torres Strait Islander	Total
2015	183	482	<b>671</b>
2014	152	454	<b>606</b>
2013	140	399	<b>558</b>

Note: Total includes children and young people whose Aboriginal and Torres Strait Islander status was unknown.  
Data source Tables 35–38: AIHW 2016, *Child Protection Australia: 2014–15* Child Welfare series no. 63 cat. no. CWS 57.

## INDICATOR 4

## EXPOSURE TO FAMILY VIOLENCE

**Indicator description**

Children and young people who have been exposed to family violence in the ACT.

**What do we measure?**

The number of children and young people aged 24 years or less who have been exposed to family violence in the ACT.

Data reflects the 'family violence'<sup>62</sup> definition used by ACT policing, i.e. family violence occurs when a person is violent or abusive towards someone with whom they have some type of 'family relationship' and is not limited to relationships between husbands, wives and their children. It also includes violence between defacto couples, boyfriends and girlfriends, gay and lesbian couples and the extended family of those couples including stepchildren and adopted children.<sup>63</sup>

Family violence may include, but is not limited to, criminal behaviours (assault, threats to physically harm a person, confining a person against their will, sexual assault, child abuse or neglect, damage to another person's property, stalking, breach of Domestic Violence Order or Protection Order, harm to person's pet or threats to harm) and behaviours which are considered family violence but may not be criminal offence (harassing or intimidating behaviour, verbal or emotional abuse, financial abuse).

**Why is this important?**

Domestic and family violence is a crime as well as a significant public health problem.<sup>64</sup> Over one in ten young women, and nearly one in four young men had experienced some form of violence during 2012 in Australia.<sup>65</sup>

The majority of incidents of domestic, family and sexual violence go unreported, so it is not feasible to describe the true extent of the problem. However, prevalence estimates show that domestic, family and sexual violence in Australia is widespread and that the majority of those who experience these forms of violence are women. Around two thirds of women had children living at home when the violence happened. Nearly 50 per cent of women stated that their children had seen and heard the violence.<sup>66</sup> Children and young people who are exposed to family violence can experience impaired physical, emotional and social development.<sup>67</sup>

Research indicates that children of violent homes are the 'forgotten, unacknowledged and silent victims' of family violence with boys learning to become violent and girls learning to be passive victims.<sup>68</sup> This contributes to the creation of a continuing cycle of violence for the next generation, with international statistics showing that rates of domestic violence are higher in families with husbands who 'were abused or saw their mothers being abused' when they were young children.<sup>69</sup>

The ACT Government provides a range of programs to support children and young people to identify the ‘importance of respectful relationships’ in the home. The information obtained from this indicator can inform the development of initiatives that support children and young people who are living with violence and reinforces the Government’s commitment to ‘the prevention of domestic and family violence in the ACT’.<sup>70</sup>



### How is the ACT progressing?

In 2015, 341 children and young people were reported as being a victim of family violence related offences (down from 368 in 2014). The number of young people aged 18–24 years who were victims of family violence related offences in 2015 was down from 228 in 2014 to 168 in 2015. In 2015, there was an increase in the number of 10–17 year old victims (126 in 2015 compared with 96 in 2014)

**TABLE 39:** Number of ACT 0–24 year old victims of family violence related offences, 2014–15

Victim age (years)	2014	2015
0–9	44	47
10–17	96	126
18–24	228	168
<b>Total</b>	<b>368</b>	<b>341</b>

Data source: ACT PROMIS Data Dashboard (unpublished data), ACT Policing as at 01 June 2016.

## OUTCOME 3: INDIVIDUAL NEEDS OF FAMILIES ARE RECOGNISED AND SUPPORTED

### INDICATOR 1 TEENAGE FERTILITY RATE

#### Indicator description

The annual number of live births to women aged 15–19 years old per 1,000 females in that age group.

#### What do we measure?

The number of live births by age of mother (15–19 years) and the ACT resident female population of that age.

#### Why is this important?

Teenage pregnancy is recognised both in Australia and internationally as an important risk factor for both obstetric and perinatal outcomes and also poor social outcomes for both mother and child.

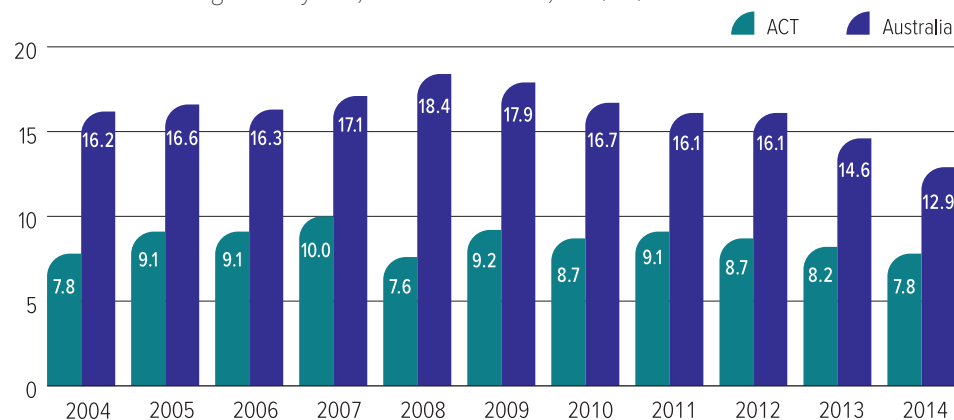


#### How is the ACT progressing?

The ACT has one of the lowest teenage fertility rates in Australia.<sup>71</sup>

The fertility rate for teenage women has been consistently lower in the ACT than nationally. Between 2004 and 2014 the ACT teenage fertility rate remained significantly lower than the national rate. Nationally the teenage fertility rate has been declining steadily since 2008.

**FIGURE 48:** Teenage fertility rate, ACT and Australia, 2004–14



Note: Fertility rate refers to the age specific rate for 15–19 year old females.

Data source: ABS 2015, *Births, Australia, 2014*. cat. no. 3301.0.

## INDICATOR 2

## ACT CHILDREN'S LEVEL OF READING, WRITING AND NUMERACY BY PARENTAL EDUCATION

## Indicator description

The proportion of ACT children at or above the national minimum standards in reading, writing and numeracy, by parental education level.

## What do we measure?

The proportion of ACT children in year 3 achieving at or above the national minimum standards in reading, writing and numeracy by parental education levels. This information is based on the *National Assessment Program Literacy and Numeracy, National Reports* for 2010, 2011, 2012, 2013 2014 and 2015. The highest level of education that either parent has completed is the level of education that is reported.

## Why is this important?

Research has indicated that parental education levels, among other factors including the amount of time parents spend discussing books with their child and the presence of study aids, is an important influence over a child's attainment of literacy and numeracy.<sup>72</sup>

Research has indicated that children whose mothers did not complete secondary school, for example, are at substantially greater risk of having low literacy scores.<sup>73</sup>



## How is the ACT progressing?

In the ACT and for most Australian jurisdictions, a greater percentage of year 3 students whose parents have a bachelor degree or higher achieved at or above the national minimum standard. In the ACT, and across Australia, a higher percentage of students whose parents completed year 12 or higher achieved at or above the national minimum standard, compared to students whose parents had not completed year 12.

**TABLE 40:** Proportion (%) of students in year 3 achieving at or above national minimum standards in reading by parental education within ACT and Australia, 2011–15

	2011		2012		2013		2014		2015	
	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Bachelor	97.3	97.8	97.7	97.8	97.4	98.3	96.9	97.6	97.8	97.9
Diploma	95.5	96.1	94.1	95.9	96.3	96.8	95.6	95.6	95.2	96.2
Certificate	93.0	93.7	94.4	93.5	94.7	95.3	93.0	93.2	92.6	94.2
Year 12	95.4	93.2	94.5	92.8	94.6	94.7	93.3	92.1	92.7	93.2
Year 11	87.0	86.1	87.4	84.9	90.9	88.6	89.1	83.2	84.8	85.5
Not stated	95.6	88.5	96.6	87.7	94.4	89.8	95.4	86.1	91.6	88.2

### Key:

- **Bachelor**  
Bachelor degree or above
- **Diploma**  
Advanced diploma/ diploma
- **Certificate**  
Certificate I to IV
- **Year 12**  
Year 12 or equivalent
- **Year 11**  
Year 11 or equivalent or below
- **Not stated**  
no data was provided for parental education at the time of enrolment

**TABLE 41:** Proportion (%) of students in year 3 achieving at or above national minimum standards in writing by parental education within ACT and Australia, 2011–15

	2011		2012		2013		2014		2015	
	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Bachelor	97.3	98.0	97.8	98.1	96.7	97.8	96.1	97.3	97.5	98.1
Diploma	95.3	97.2	94.8	97.1	95.9	96.6	96.4	95.8	95.1	97.0
Certificate	94.7	95.6	95.5	95.7	93.8	95.1	93.6	93.7	94.6	95.4
Year 12	96.0	95.3	95.5	95.1	95.9	94.6	92.0	92.7	95.1	94.7
Year 11	91.3	90.0	90.5	89.3	87.4	88.5	86.8	85.1	89.2	88.2
Not stated	96.8	90.6	95.8	89.7	93.5	88.0	94.0	86.0	93.4	88.8

**TABLE 42:** Proportion (%) of students in year 3 achieving at or above national minimum standards in numeracy by parental education within ACT and Australia, 2011–15

	2011		2012		2013		2014		2015	
	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Bachelor	97.7	98.3	98.1	98.0	97.7	98.5	97.5	98.1	97.9	98.0
Diploma	96.5	97.2	94.4	96.2	97.0	97.2	97.2	96.5	95.9	96.1
Certificate	93.9	95.8	94.9	93.8	94.8	95.8	95.2	94.6	94.8	94.1
Year 12	96.1	95.2	95.3	93.0	95.2	95.2	94.0	93.4	94.0	92.8
Year 11	91.9	90.1	88.9	85.1	91.9	89.2	90.5	85.7	87.8	84.5
Not stated	96.9	92.0	96.7	87.7	95.5	90.2	96.9	88.1	92.2	88.2

Data source: Australian Curriculum, Assessment and Reporting Authority, *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report* for 2011, 2012, 2013, 2014 and 2015.



## INDICATOR 3

## DISABILITY (NDIS ELIGIBLE)

**Indicator description**

The number of ACT children and young people under 25 years of age who have been assessed as eligible and have a National Disability Insurance Scheme (NDIS) support plan.

**What do we measure?**

The number of children and young people under 25 years of age who have a NDIS support plan.

**Why is this important?**

According to the Australian Productivity Commission, on average, someone in Australia will be diagnosed with a significant disability or developmental delay every 30 minutes.<sup>74</sup> Individuals living with disability can be subject to profound core activity limitations and may experience restrictions on their access to schooling and employment opportunities in later life.<sup>75</sup>

Disability further impacts on the overall wellbeing of the affected child or young person's family and carers, with the potential for significant financial expenses to be incurred through the provision of ongoing support.<sup>76</sup> As 'disability can affect any of us' it therefore 'affects all of us'.<sup>77</sup>

The information from this indicator can inform government policy about the effectiveness of the NDIS rollout for children and young people with a disability.<sup>78</sup>

**How is the ACT progressing?**

As of 30 March 2016, there were a total of 2,444 children and young people aged 0–24 years participating in the NDIS in the ACT, who had an NDIS support plan.

**TABLE 43:** ACT NDIS Participant Numbers aged 0–24 years, 30 March 2016

	0–6 years	7–14 years	15–24 years	Total
ACT	999	888	557	<b>2444</b>

Data source: ACT NDIS Dashboard indicators available at [www.ndis.gov.au/sites/default/files/March%202016%20Participant%20dashboard%20-%20%20ACT.pdf](http://www.ndis.gov.au/sites/default/files/March%202016%20Participant%20dashboard%20-%20%20ACT.pdf).

## INDICATOR 4

CHILDREN AND YOUNG PEOPLE  
WITH DISABILITY ENROLLED IN  
THE EDUCATION SYSTEM**Indicator description**

The number of children and young people with a diagnosed disability (i.e. 12 month or more long-term condition) who are enrolled in the formal education system in the ACT.

**What do we measure?**

The number of children and young people aged five to 24 years living with a diagnosed disability (i.e. 12 month or more long-term condition) who are enrolled in government and non- government formal education system (i.e. attending school — kindergarten to year 12, or CIT or university).

**Why is this important?**

Children and young people living with disabilities may experience difficulties accessing and remaining engaged in the formal education system.<sup>79</sup> As completing school provides many opportunities to improve both economic and social wellbeing, disengagement from the education system may create difficulties for children and young people with disabilities in obtaining and enhancing employment opportunities in later life.<sup>80</sup>

Information from this indicator can inform government policy about the initiatives that are effective in supporting the specific needs of children and young people with disability across the ACT education system.

**How is the ACT progressing?**

There were 2,981 students accessing special education programs at either mainstream or specialist schools, representing 4.1 per cent of the total student population. The number of students accessing special education programs has increased by 22 per cent since 2012. The public sector continued to have the highest proportion of students with special education needs, with 72.1 per cent of total 2016 enrolments of special education needs students.

**TABLE 44:** Number of ACT enrolments of students (K-12) with disability by sector, 2012–16

Sector	2012	2013	2014	2015	2016
Public schools	1,890	2,035	2,180	2,094	2,148
Non-government schools	559	655	754	832	833
Total all schools	2,449	2,690	2,934	2,926	2,981

Data source: Canberra School Census February 2016. (Data limitations: 1. Includes all students flagged as special needs, including those students not formally assessed at the time of the census; and 2. In 2016, public school Early Intervention programs were provided under the National Disability Insurance Scheme and have not been included within the 2016 February Census as in previous years.)

**TABLE 45:** Number and proportion (%) of ACT students aged 18–24 years with a disability (including impairment or long-term condition) enrolled in the Vocational Education and Training (VET) system, 2011 to September 2015

Sector	2011	2012	2013	2014	2015 (Jan–Sept)
VET students with a disability	544	545	619	626	686
All VET students	7,856	8,092	7,745	7,726	6,683
Students with a disability as a proportion of all VET students	6.9%	6.7%	8.0%	8.1%	10.3%

Note: This provides information on government-funded training activity only.

Data source: ACT submission for the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) VET Provider national data collection. (Data limitations: 1. The data is for 'government-funded' students. This includes funded training activity delivered by private Registered Training Organisations (RTOs) and all activity delivered by public TAFEs (Canberra Institute of Technology); 2. Young people in the ACT are identified by a combination of the 'age' field and the 'Statistical Local Area' field, which is derived from the postcode associated with the student's place of residence; 3. The 'Disability flag' in the VET Provider data collection is self-identified. There is no link to any formal diagnosis process; and 4. There is potential for some overlap in the data for young people engaged in VET and young people attending school. This data does not include students studying Higher Education.)





**ACT**  
Government

# A PICTURE OF ACT'S CHILDREN AND YOUNG PEOPLE 2016

**PART THREE** Communities, environment  
and services

OUTCOMES		AT THE COMMUNITY, ENVIRONMENTS, NETWORKS AND FORMAL SERVICES AND BROADER ECONOMIC, POLICY, POLITICAL, SOCIAL AND ENVIRONMENTAL INFLUENCES LAYER	
INDICATORS	1 Local recreation spaces, activities and community facilities	2 Family support services to meet the needs of parents	3 Supportive and connected communities
	Children and young people living in neighbourhoods with good parks, playgrounds and play spaces <b>113</b>	Families and caregivers receiving support through services provided to children and young people with a developmental delay or disability from Therapy ACT <b>116</b>	Children's participation rate at cultural activities, venues or events <b>121</b>
	Children registered as library users <b>114</b>	Families accessing coordinated locally-based services through the Child and Family Centres <b>119</b>	Families attending at least one cultural venue or event in the preceding year <b>123</b>
			Young people who volunteer <b>124</b>
			Government consultation with children and young people <b>125</b>

## KEY

The following symbols are used in this report



**Performance improving**



**Performance worsening**



**Performance maintaining**



**No new data available**

# OUTCOME 1: LOCAL RECREATION SPACES, ACTIVITIES AND COMMUNITY FACILITIES

## INDICATOR 1

## CHILDREN AND YOUNG PEOPLE LIVING IN NEIGHBOURHOODS WITH GOOD PARKS, PLAYGROUND AND PLAY SPACES

### Indicator description

Measure of the levels of usage of neighbourhood parks and play spaces across the ACT.

### What do we measure?

The percentage of urban residents and visitors who used neighbourhood parks or play spaces in the preceding year.

### Why is this important?

Children need access to a variety of quality public play spaces that encourage exploration of the self and the environment. Through creative, physical, social and cognitive play children begin to understand their world and develop skills necessary for adulthood. Through exploration of their environments, children learn about themselves and the complex world in which they live.



### How is the ACT progressing?

These local neighbourhood play spaces provide for a range of users, with the target age group being 0–9 years with a guardian accompanying. Central neighbourhood play spaces cater for a range of users, with the target age group being 10–14 years, sometimes accompanied by a guardian.

The 2015–16 *Market Attitude Research Services Survey* found that approximately 91 per cent of ACT residents regularly visited neighbourhood parks, which is an increase in visitation when compared with 2014–15 (85 per cent), 2013–14 (75 per cent), 2012–13 (64 per cent) and 2011–12 (67 per cent).

The findings of the 2015–16 survey indicated that visits to neighbourhood parks continues the increasing trend of usage of neighbourhood parks from 67 per cent in 2011–12 to 91 per cent in 2015–16.

Data source: 2015–16 *Market Attitude Research Services Summary Report*, Parks and Territory Services, TAMS.



## INDICATOR 2

## CHILDREN REGISTERED AS LIBRARY USERS

**Indicator description**

A measure of the number of children and young people living in the ACT who are registered library users.

**What do we measure?**

The number of children and young people (aged 0–24 years) who are registered members of an ACT Public Library managed by Libraries ACT. Also measured is the number of children and young people who participated in programs run or organised by Libraries ACT.

**Why is this important?**

A child's access to a range of learning opportunities, including language and literacy activities, is integral to their early development. Activities such as shared reading, exposure to print and language activities and games are influential in a child's early literacy development.<sup>81</sup> As children grow, reading remains a crucial factor in their success in education and life.

Public libraries play an important role in the development of early literacy skills through shared book reading and exposing children to various forms of print, encouraging all members of the family to read and exposing children and families to songs and rhymes. They also provide an avenue to access a vast array of books and other resources that encourage a lifelong engagement with reading.

Monitoring the number of children and young people who are registered members of an ACT public library is important information for Libraries ACT in planning programs and services as well as profiling collections aimed at children.

**How is the ACT progressing?**

As of May 2016, there were 63,787 children and young people (aged 0–24 years) who were registered library members of Libraries ACT. This represents 25.5 per cent of the total number of library members.



**TABLE 46:** Number of registered Libraries ACT members by age, 2014, 2015 and 2016 as of May 2016

	0–4 years	5–9 years	10–14 years	15–19 years	20–24 years	Total
2016	1,724	8,183	12,910	18,881	22,089	<b>63,787</b>
2015	2,252	8,642	12,559	18,251	21,903	<b>63,607</b>
2014	2,657	8,909	12,159	17,545	21,060	<b>62,330</b>

Note: 3,257 children and young people are registered with addresses outside of the ACT.

Data source: Libraries ACT Database, May 2016

In addition to library membership, Libraries ACT run a range of successful early childhood programs to promote early literacy. As of June 2016, over 59,136 children and carers participated in early childhood literacy programs ‘Giggle and Wiggle’ and ‘Story Time’. ‘Giggle and Wiggle’ is for children aged from birth to two years and ‘Story Time’ is for children aged three to five years.

**TABLE 47:** ACT participant numbers for Giggle and Wiggle and Story Time, 2012–13 to 2015–16

	2012–13	2013–14	2014–15	2015–16
Giggle and Wiggle	29,464	38,960	38,238	39,016
Story Time	28,043	25,362	24,158	20,120

Data source: Libraries ACT Database, June 2016

Children and young people also engaged in a number of other programs organised by Libraries ACT that promote literacy and reading including school holiday programs, author visits and other programs. As of June 2016, 3,449 children and young people participated in these programs.

## OUTCOME 2: **FAMILY SUPPORT SERVICES TO MEET THE NEEDS OF PARENTS**

### INDICATOR 1

### **FAMILIES AND CAREGIVERS RECEIVING SUPPORT THROUGH SERVICES PROVIDED TO CHILDREN AND YOUNG PEOPLE WITH A DEVELOPMENTAL DELAY OR DISABILITY FROM THERAPY ACT**

#### **Indicator description**

The number of ACT families with a child or young person with a developmental delay or disability who received services from Therapy ACT in a 12-month period.

#### **What do we measure?**

The number of Therapy ACT clients aged 0–25 years that had an open case in a 12-month period.

#### **Why is this important?**

Families with a child with a developmental delay or disability are under significant stress. Therapy services that can assist children and young people to function more independently and assist families with additional strategies and referrals to best support their child.



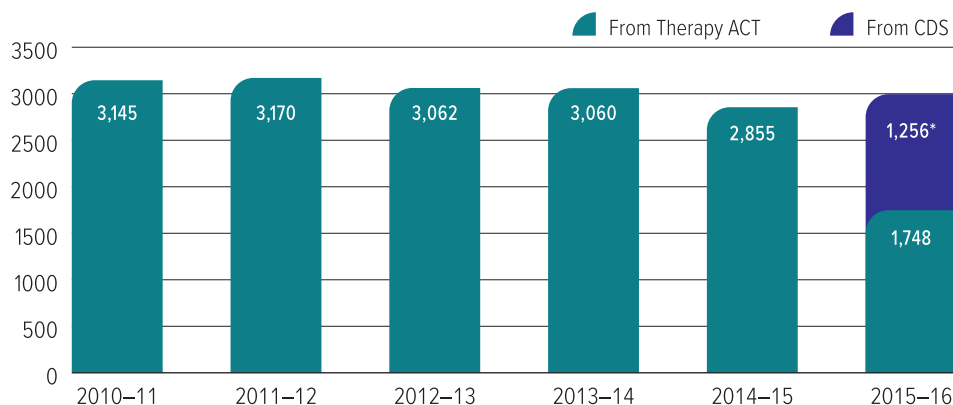
#### **How is the ACT progressing?**

In 2013–14 3,060 children or young people with a disability or developmental delay received therapy services from Therapy ACT. This number is similar to 2012–13 where 3,020 families received support through services provided by Therapy ACT. There is no national comparative data as the service structures and models vary in each jurisdiction.

In July 2014 the National Disability Insurance Scheme (NDIS) commenced in the ACT enabling reasonable and necessary supports to be purchased by people who are ACT residents and meet NDIS eligibility guidelines for disability or early intervention. During 2015 Therapy ACT provided services to families and young people who chose Therapy ACT as a NDIS provider and supported the gradual transition of therapy services to the NDIS for children with a developmental delay or disability. In 2015–16, 1,748 children and young people received services from Therapy ACT. This reduction in services is in line with the transition of services under the NDIS for children and young people with a disability and developmental delay.

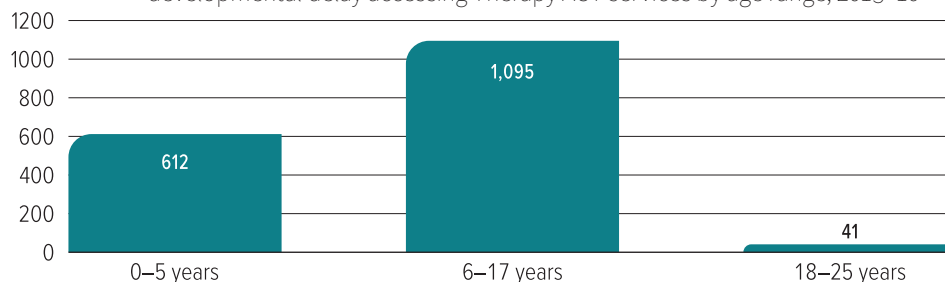
A new ACT Government Child Development Service commenced in January 2016 to support families who have concerns about their child's development. It provides assessment, referral and linkages for children 0–6 years and children 7–8 years with complex needs who have not had a previous assessment by allied health professionals. The service also provides autism assessment for children aged to 12 years. Some initial information and programs are available through the Child Development Service (CDS) for children 0–6 years old who are not eligible for the NDIS. From January to June 2016, 1,256 children and families have received services through the CDS.

**FIGURE 49:** The number of ACT children, young people or adults with a disability or significant developmental delay accessing services, 2009–10 to 2015–16\*

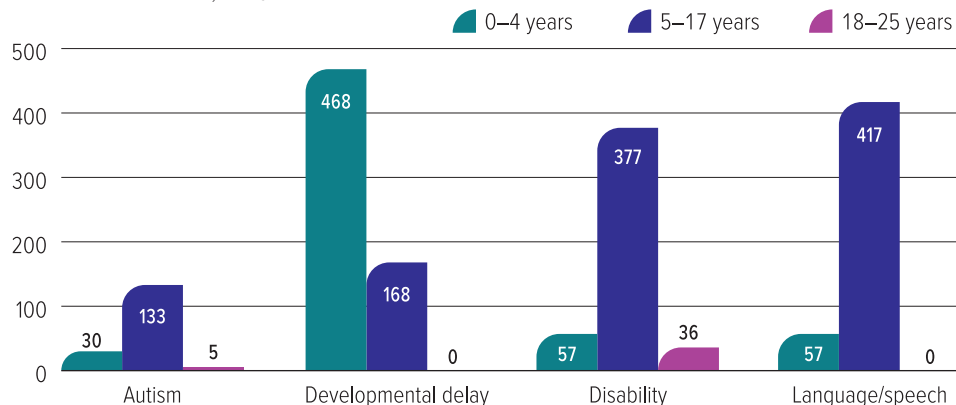


Note: Data for 2015–16 includes number of children, young people or adults with a disability or significant developmental delay accessing services from Therapy ACT and from CDS for the period January to June 2016.

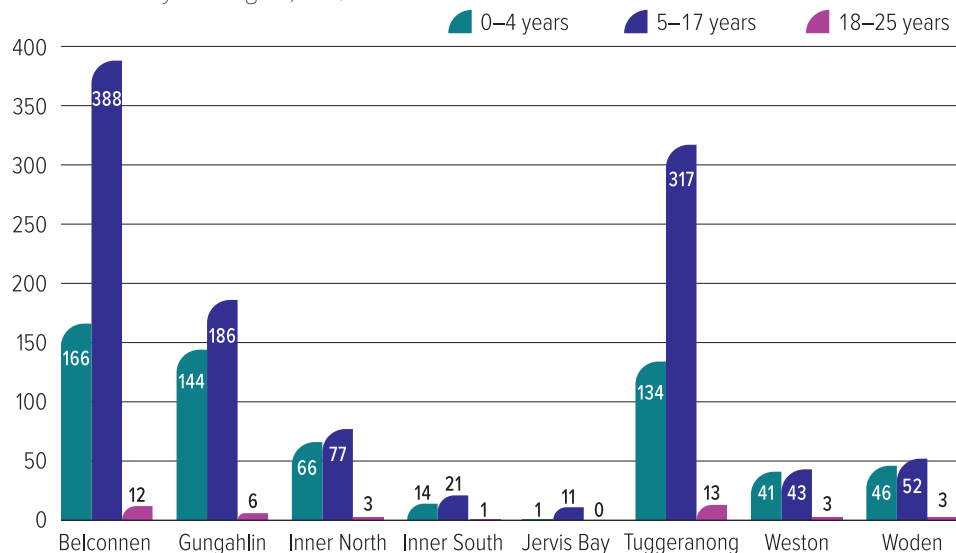
**FIGURE 50:** The number of children, young people or adults with a disability or significant developmental delay accessing Therapy ACT services by age range, 2015–16



**FIGURE 51:** The number of families with a child or young person with a disability or significant developmental delay accessing Therapy ACT services by disability status, 2015–16



**FIGURE 52:** The number of families with a child or young person with a disability or significant developmental delay accessing Therapy ACT services of client age by ACT region, 2015–16



Data source for Figures 49–52: Therapy ACT *Commonwealth State and Territory Disability Agreement (CSTDA)*, data captured by assessment using the *National Minimum Data Set (NMDS)* 1 July 2015 to 30 June 2016; Child Development Service, data captured through client registration through Client Management database, Children and Young Persons System (CHYPS), 4 January 2016 to 30 June 2016.

## INDICATOR 2

FAMILIES ACCESSING COORDINATED  
LOCALLY-BASED SERVICES THROUGH  
THE CHILD AND FAMILY CENTRES**Indicator description**

The number of ACT families accessing coordinated locally based services through the Child and Family Centres.

**What do we measure?**

The number of families accessing a range of early intervention and prevention services offered by the Community Services Directorate's Early Intervention and Prevention Services branch through the Child and Family Centres either at a centre located in Gungahlin, Tuggeranong and West Belconnen or via outreach in homes, schools and the community. This measure includes families accessing community development activities as well as individual case management.

This measure does not include all families accessing the Parents as Teachers programs and does not include data on the total number of families who access services at centres; for example, services offered by other areas of the Community Services Directorate, ACT Health and by community organisations.

**Why is this important?**

All families, during the early years of their child's development require access to a range of services to meet their child's health, wellbeing, learning and development needs. Early intervention and prevention services are provided to ensure that all families are supported to assist their child reach their full potential.

The Child and Family Centres provide integrated service delivery, with child and family support services provided alongside other services including ACT Health's maternal and child health services, midwifery services, nutrition services, Therapy ACT, Housing ACT and Relationships Australia. Together, the services provide support and advice on child health, development and parenting issues, immunisations, growth and care of babies, speech and physiotherapy drop-in services with links to early childhood education and care sector, supportive counselling and case coordination for vulnerable families.



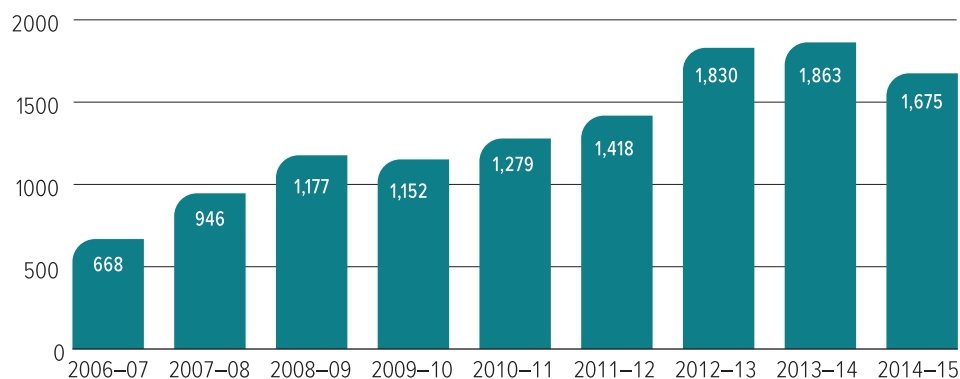
## How is the ACT progressing?

The number of families accessing coordinated locally-based services through the Child and Family Centres decreased slightly in the most recent reporting period from 2013–14 to 2014–15. The Centres work closely with their local communities to respond to the needs of children and families. They are able to provide a differentiated response that ranges from participation in individual and group supports, as well as referral into a range of services provided by government and community organisations.

The Centres have also experienced increased demand for tailored interventions to meet the needs of families experiencing vulnerability and disadvantage that can mean longer periods of support with families. This has been coupled with a strong focus on community development and capacity building to strengthen local supports for children and their families.

The number of families accessing services from the Child and Family Centres (provided by the staff of the Child and Family Centres) increased rapidly from 2006–07 to 2008–09. The number of families accessing services remained relatively stable for the periods 2008–09 and 2009–10 with increases observed each year after the opening of a new centre in West Belconnen in 2010–11.

**FIGURE 53:** Number of ACT families accessing services from the Child and Family Centres (services provided by staff of Child and Family Centres), 2006–07 to 2014–15



Data source: *Community Services Directorate (CSD) Annual Report 2014–15*; Volume Two, F Strategic Objectives and Indicators, Strategic Indicator 3 and previous publications.

## OUTCOME 3: SUPPORTIVE AND CONNECTED COMMUNITIES

### INDICATOR 1

### CHILDREN'S PARTICIPATION RATE AT CULTURAL ACTIVITIES, VENUES OR EVENTS

#### Indicator description

The percentage of children who attended a selected cultural activity, venue or event.

#### What do we measure?

The proportion of ACT's children aged 5–15 years who attended a cultural activity, venue or event in the preceding year.

#### Why is this important?

The arts make a strong contribution to community strength and identity and are recognised for facilitating communication across social, economic, cultural and ethnic groups. Cultural events provide an outlet that increases our wellbeing, education and respect.



#### How is the ACT progressing?

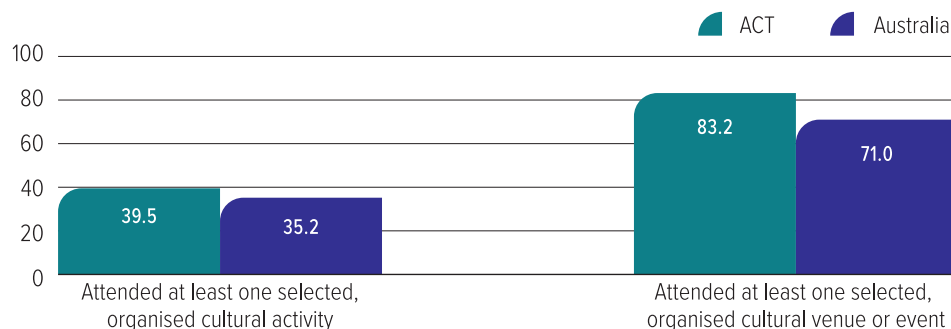
In the ACT, a higher percentage of children and young people aged five to 14 years attended a selected, organised cultural activity and selected venue or event, compared to national percentages.



In the ACT, the activity that attracted the highest percentage of males was playing a musical instrument, and for females it was dance. Attendance at a museum or art gallery was the venue or event with the highest percentage for both males and females in the ACT.

The national data also shows the same trend of a higher percentage of males who play a musical instrument and females who participate in dance; however attendance at a public library, rather than a museum or art gallery recorded the highest percentage of males and females.

**FIGURE 54:** The percentage of children and young people 0–14 years in ACT and Australia, who attended at least one selected cultural activity and cultural venue or event, 2012



**TABLE 48:** ACT children's participation rate (%) in selected organised cultural activities, selected characteristics, 2012

		Playing a musical instrument	Singing	Dancing	Drama	Organised art and craft
Sex	Males	17.2	3.9	5.7	2.8	5.5
	Females	25.6	15.6	27.9	5.1	13.8
Age in years	5–8	13.8	7.9	13.9	3.1	8.0
	9–11	21.2	11.8	18.4	3.8	9.5
	12–14	32.1	10.1	18.7	5.1	11.9

**TABLE 49:** ACT children's participation rate (%) attendance at selected cultural venues and events, selected characteristics, 2012

		Visited public library	Visited museum or art gallery	Attended performing arts event
Sex	Males	54.4	64.4	36.8
	Females	65.0	66.4	55.8
Age in years	5–8	63.3	65.4	44.7
	9–11	55.2	73.4	47.4
	12–14	58.6	57.6	46.9

Data source for Figure 54 and Tables 48–49: ABS, *Children's Participation in Cultural and Leisure Events*, cat. no. 4901.0.



## INDICATOR 2

## FAMILIES ATTENDING AT LEAST ONE CULTURAL VENUE OR EVENT IN THE PRECEDING YEAR

## Indicator description

The proportion of ACT families who attended a cultural venue or event by household composition (couple with no children, couples with dependent children and single parents with dependent children).

## What do we measure?

The estimated proportion of ACT families who attended at least one cultural activity, venue or event in the preceding year, by household composition (couple with no children, couples with dependent children and single parents with dependent children).

## Why is this important?

The arts make a strong contribution to community strength and identity and are recognised for facilitating communication across social, economic, cultural and ethnic groups. Cultural events provide an outlet that increases our wellbeing, knowledge and respect.<sup>82</sup> The proportion of ACT families who attended a cultural venue or event gives us an indication of the contribution that the arts is making to the community.

## How is the ACT progressing?

Couples with at least one dependent child had the highest attendance rate within the ACT, with an estimated 93.4 per cent attending at least one cultural venue or event over 2013–14. This was followed by couples with no children (90.2 per cent attending at least one cultural venue or event) and single parents with at least one dependent child (84.4 per cent attending at least one cultural venue or event). The ACT's attendance rate was higher than the average Australian attendance but lower than the previous (2009–10) results.



**TABLE 50:** Proportion (%) of the ACT and Australian population that attended at least one cultural venue or event, 2009–10 and 2013–14

	2009–10		2013–14	
	ACT	Australia	ACT	Australia
Couple (no children)	<b>94.0</b>	83.5	<b>90.2</b>	83.6
Couple (dependent children)	<b>95.0</b>	91.3	<b>93.4</b>	91.8
Single parent (dependent children)	<b>92.6</b>	90.6	<b>84.4</b>	90.1

Data source: Consultancy work conducted by the ABS *Attendance at Selected Cultural Venues and Events, Australia, 2013–14*.

## INDICATOR 3

## YOUNG PEOPLE WHO VOLUNTEER

**Indicator description**

The proportion of young people who have undertaken voluntary work.

**What do we measure?**

The proportion of young people aged 18–24 years in the ACT who have undertaken voluntary work in the last 12 months. The Australian Bureau of Statistics defines a volunteer as someone who willingly provides unpaid help, in the form of time, service or skills, through an organisation or group. People completing unpaid work under some form of compulsion because of employment (for example, work for the dole) or as part of study commitments are excluded from this measure. Previously the data for this measure was sourced from the ABS publication Volunteering Australia. For 2016 the data was sourced from the General Social Survey.

**Why is this important?**

Participation in voluntary work provides important outcomes for both individuals and the broader community. Volunteer work provides young people with many key skills supporting their transition to adulthood and in becoming active citizens.<sup>83</sup> Research indicates that volunteering enhances social cohesion, strengthens communities and provides benefits to the volunteer themselves, such as physical and psychological wellbeing and skill development.

**How is the ACT progressing?**

In 2006, the volunteer rate of young people aged 18–24 years in the ACT was 28.9 per cent. In 2010, this rate had increased to 35.2 per cent and was one of the highest volunteer rates nationally. In 2014, the ACT volunteer rate was 29.6 per cent compared to 26 per cent for Australia.

**TABLE 51:** Proportion (%) of ACT and Australian young people aged 18–24 years who volunteered, 2006–14

	2006	2010	2014
ACT	28.9	35.2	29.6
Australia	29.6	27.1	26.0

Data source: ABS 4159.0, *General Social Survey: Summary Results, Australia, 2014*.

## INDICATOR 4

## GOVERNMENT CONSULTATION WITH CHILDREN AND YOUNG PEOPLE

**Indicator description**

Government consultations with children and young people in the ACT which have been undertaken by each ACT Government Directorate.

**What do we measure?**

A central register detailing what consultations each ACT Government Directorate has carried out with children and young people throughout the year. This includes a description of the consultation, the age groups consulted, the number of children consulted and the methodology of consultation.

**Why is this important?**

It is a basic human right for children and young people to be informed and have a voice in decisions that affect them. The *ACT Children and Young People's Commitment 2015–2025* priority area 'include children and young people in decision making, especially in areas that affect them, ensuring they are informed and have a voice' will be reported with this indicator. Reporting on this indicator would facilitate evaluation of how well Directorates are utilising the toolkit *Engaging Canberrans — A guide to community engagement 2011* to ensure the voices of children and young people are being heard. It will also assist in identifying areas of government policy, program and service delivery and development which need further work to best engage with children and young people and include them in decisions which affect them.

**How is the ACT progressing?**

Data is being collated from across government directorate consultations with children and young people and is anticipated to be reported in the 2017 publication.

# TERRITORY AND NATIONAL POLICIES AND FRAMEWORKS INFLUENCING CHILDREN AND YOUNG PEOPLE

When reviewing individual, family and community outcomes, it is important to acknowledge the broader policy and social influences. Several Australian Government and Australian Capital Territory policies influence child health, wellbeing, learning and development within the ACT.

## ACT policies and frameworks

**The Human Services Blueprint** was released in 2014 and provides a framework for the delivery of better and sustainable outcomes for our children and young people by ensuring improved access and service integration for human service users.

To learn more visit: [www.betterservices.act.gov.au/human-services-blueprint/human-services-blueprint-final](http://www.betterservices.act.gov.au/human-services-blueprint/human-services-blueprint-final)

**The ACT Children and Young People's Commitment 2015–2025** was released in December 2015 and is a high-level strategic document that sets a vision for a whole-of-government and whole-of-community approach to promote the rights of children and young people (aged 0 to 25 years) in the ACT. It is envisaged that the Commitment will provide guidance to people in the Canberra community on how to assist children and young people to reach their potential, make a contribution, and share the benefits of our community.

To learn more visit: [www.communityservices.act.gov.au/ocyfs/publications/children-and-young-people-committment](http://www.communityservices.act.gov.au/ocyfs/publications/children-and-young-people-committment)

**A Step Up for Our Kids — One Step Can Make a Lifetime of Difference** (Out of Home Care Strategy 2015–2020) was released in January 2015. The Strategy is a cornerstone initiative of the ACT Government's Better Services suite from the Human Services Blueprint. The Strategy will strengthen existing child protection and out of home care services through the introduction of new services and reforms, ensuring children and young people who need protection and care receive the right service, at the right time for the right duration.

To learn more visit: [www.communityservices.act.gov.au/ocyfs/out-of-home-care-strategy-2015-2020](http://www.communityservices.act.gov.au/ocyfs/out-of-home-care-strategy-2015-2020)

**Community Services Directorate Business Plan 2015–16** outlines the Directorate's direction over the financial year, including principles, priorities, strategic initiatives and measures of success.

To learn more visit: [www.communityservices.act.gov.au/home/about\\_us/strategic\\_plan](http://www.communityservices.act.gov.au/home/about_us/strategic_plan)

**Early Years Learning Framework: Belonging, Being and Becoming** describes the principles practices and outcomes that support and enhance young children's learning from birth to five years of age, as well as their transition to school.

To learn more visit: [https://docs.education.gov.au/system/files/doc/other/belonging\\_being\\_and\\_becoming\\_the\\_early\\_years\\_learning\\_framework\\_for\\_australia.pdf](https://docs.education.gov.au/system/files/doc/other/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf)

ACT schools are progressively implementing the **Australian Curriculum for students in Kindergarten to Year 10**. The Australian Curriculum describes what all Australian students should be taught, and the expected quality of their learning. The Australian Curriculum is founded on the principles of quality and equity, and seeks to develop successful learners, confident and creative individuals and active and informed citizens.

To learn more visit: [www.australiancurriculum.edu.au/](http://www.australiancurriculum.edu.au/)

**Education Capital: Leading the Nation — Education and Training Directorate Strategic Plan 2014–17.**

To learn more visit: [www.education.act.gov.au/publications\\_and\\_policies/publications\\_a-z](http://www.education.act.gov.au/publications_and_policies/publications_a-z)

**Skilled Workforce for the ACT: ACT Skills and Training Policy Directions Paper.**

Reforms are underway to ensure a strong ACT training sector provides quality opportunities for people to access flexible training to enhance their career prospects. In a time of limited resources, it is also important for the ACT to continue to find efficiencies in how training can best be supported, to ensure its ongoing sustainability.

To learn more visit: [www.education.act.gov.au/\\_\\_data/assets/pdf\\_file/0005/677165/ACTSkillsAndTrainingPolicyDirectionsPaper\\_v1.0.pdf](http://www.education.act.gov.au/__data/assets/pdf_file/0005/677165/ACTSkillsAndTrainingPolicyDirectionsPaper_v1.0.pdf)

**ACT Aboriginal and Torres Strait Islander Agreement 2015–2018** sets out the commitment of the ACT Government, our service partners, the Aboriginal and Torres Strait Islander Elected Body, and most importantly the community, to work together to recognise and respond to the needs of Aboriginal and Torres Strait Islander people living in the ACT and surrounding region. Together we can bridge the gap and ensure all Canberrans receive the opportunities to achieve equitable outcomes in all aspects of their life.

To learn more visit: [www.communityservices.act.gov.au/atsia/agreement-2015-18](http://www.communityservices.act.gov.au/atsia/agreement-2015-18)

***ACT Aboriginal and Torres Strait Islander Justice Partnership 2015–2018***

provides a higher level of understanding and mutual commitment to addressing the needs of Aboriginal and Torres Strait Islander people in the ACT law and criminal justice system, improving their community safety, and overcoming social inclusion. It is a joint partnership between the ACT Government and the ACT Aboriginal and Torres Strait Islander Elected Body. The partnership is a first for the ACT, involving considerable consultation with the local Aboriginal and Torres Strait Islander community.

To learn more visit: [www.justice.act.gov.au/aboriginal\\_and\\_torres\\_strait\\_islander/aboriginal\\_and\\_torres\\_strait\\_islander\\_justice\\_affairs](http://www.justice.act.gov.au/aboriginal_and_torres_strait_islander/aboriginal_and_torres_strait_islander_justice_affairs)

***The Blueprint for Youth Justice in the ACT 2012–22*** is a ten-year strategy of reform that focuses on early intervention, prevention and diversion of young people from the youth justice system.

To learn more visit: [www.dhcs.act.gov.au/\\_\\_data/assets/pdf\\_file/0009/337590/Blueprint\\_for\\_Youth\\_Justice\\_in\\_the\\_ACT\\_2012-22.pdf](http://www.dhcs.act.gov.au/__data/assets/pdf_file/0009/337590/Blueprint_for_Youth_Justice_in_the_ACT_2012-22.pdf)

***ACT Prevention of Violence Against Women Strategy 2011–17*** targets violence against women and children by promoting holistic and flexible service provision, an anti-violence culture, and accountable perpetrators who are supported to change their behaviour.

To learn more visit: [www.communityservices.act.gov.au/\\_\\_data/assets/pdf\\_file/0014/231341/ACT\\_Prevention\\_of\\_Violence\\_Against\\_Women\\_and\\_Children\\_Strategy\\_2011.pdf](http://www.communityservices.act.gov.au/__data/assets/pdf_file/0014/231341/ACT_Prevention_of_Violence_Against_Women_and_Children_Strategy_2011.pdf)

The ***ACT Women's Plan 2016–26*** sets out key directions and priorities in relation to the ACT Government's work in the area of improving outcomes for women and girls living in the ACT. Work under the Plan will address priority areas of women's health and wellbeing; women's access to stable and affordable housing; women's right to safety at home and in the community; and women's economic security and leadership. The Plan also sets out a course of action to introduce targeted measures to improve outcomes for women who are at heightened risk due to intersecting forms of discrimination as a result of factors such as disability, race, age and socio-economic status.

To learn more visit: [www.communityservices.act.gov.au/women/office\\_for\\_women/womens-plan-2016-26](http://www.communityservices.act.gov.au/women/office_for_women/womens-plan-2016-26)

The ***Involve Canberra Disability Commitment*** is a movement of people with and without disability, community organisations, industry and government acting together to achieve change that empowers people with disability. We will achieve change through community designed social campaigns that focus on practical action in each priority area.

To learn more visit: [www.involvecbr.com.au/](http://www.involvecbr.com.au/)

The ***National Disability Insurance Scheme (NDIS)*** is a new way of funding individualised support for people with disability (including psychosocial disability) that involves more choice and control and a lifetime approach to a person's support needs. The NDIS trial began on 1 July 2014 for people with disability living in the ACT. People have been transitioning over this past two years. Around 5,075 people with disability in the ACT are covered by the scheme as of September 2016.

To learn more visit: [www.ndis.gov.au](http://www.ndis.gov.au), call the NDIA on 1800 800 110 or TTY users phone 1800 555 677 and ask for 1800 800 110

***Renewing Libraries: Libraries, Literacy and Learning Strategy 2015–2019*** aims to deliver and support literacy programs, help create lifelong learners, facilitate information-sharing with the community, and provide access to technology, the internet and inclusive spaces. It also invests in the vision of Canberra as a digital city—digitally literate, connected and engaged.

To learn more visit: [www.library.act.gov.au/\\_\\_\\_data/assets/pdf\\_file/0009/728280/1500147-Libraries-Strategy\\_FA\\_web-FINAL.pdf](http://www.library.act.gov.au/___data/assets/pdf_file/0009/728280/1500147-Libraries-Strategy_FA_web-FINAL.pdf)

***Towards Zero Growth Healthy Weight Action Plan*** is a whole-of-government initiative to address the rising rates of overweight and obesity across the ACT population. This initiative is guided by the Towards Zero Growth Healthy Weight Action Plan which was launched by the ACT Government in 2013. The Action Plan sets a target of 'zero growth' in the rates of overweight and obesity within the ACT across six key themes: schools, workplaces, urban planning, food environment, social inclusion, and information and data.

To learn more visit: [www.act.gov.au/healthyliving](http://www.act.gov.au/healthyliving)

***Active2020: A strategic plan for sport and active recreation in the ACT and Region 2011–2020*** promotes ACT Government and industry partnerships dedicated to encouraging long term investment and planning by sport and recreation associations in the ACT. It aims to improve the health, wellbeing and connectedness of community members, including children and young people.

To learn more visit: [www.sport.act.gov.au/about-us/active-2020](http://www.sport.act.gov.au/about-us/active-2020)

**Nature Play CBR** is about getting more children outdoors more often so they can reap the benefits of unstructured playing, learning and being physically active. Children need nature play for their physical and mental health, for their cognitive and emotional development, and because they have a right to run, climb, build, get dirty, and imagine the world for themselves through play.

To learn more visit: [www.natureplaycbr.org.au](http://www.natureplaycbr.org.au)

**The Canberra Plan: Towards our second century** shapes the ACT Government's vision for the growth and development of Canberra into the future and aims to make Canberra a great place to live for children, young people and other members of the community.

To learn more visit: [www.cmd.act.gov.au/\\_\\_data/assets/pdf\\_file/0013/120217/canberra\\_plan\\_text\\_V5.pdf](http://www.cmd.act.gov.au/__data/assets/pdf_file/0013/120217/canberra_plan_text_V5.pdf)

**Canberra Social Plan 2011** vision is that: Canberra is a place where all people reach their potential, make a contribution and share the benefits of an inclusive community. The Plan 2011 re-affirms the ACT Government's commitment to the people of Canberra. It is based on the themes of connection, belonging and collaboration.

To learn more visit: [www.cmd.act.gov.au/\\_\\_data/assets/pdf\\_file/0010/216559/2011CanberraSocialPlan\\_Print\\_Version.pdf](http://www.cmd.act.gov.au/__data/assets/pdf_file/0010/216559/2011CanberraSocialPlan_Print_Version.pdf)

**The Social Compact 2012** highlights the relationship between the government and community sector and the vital role played by the community sector in contributing to quality community life.

To learn more visit: [www.cmd.act.gov.au/\\_\\_data/assets/pdf\\_file/0008/521486/The-Social-Compact\\_web-version2.pdf](http://www.cmd.act.gov.au/__data/assets/pdf_file/0008/521486/The-Social-Compact_web-version2.pdf)



## National policies and frameworks

The current initiatives within the ACT fit within a broader national policy context focused on monitoring and promoting positive outcomes for children and young people. Current initiatives influencing the development of children and young people nationwide include:

- ***Investing in the Early Years — A National Early Childhood Development Strategy*** (2009) and the ***National Early Childhood Strategic Plan*** (2014–2017) aim to build an effective early childhood development system in Australia that will contribute to the nation's human capital and productivity.
- ***National Quality Framework for Early Childhood Education and Care*** recognises the importance of quality early childhood education and care and aims to implement national quality standards to ensure consistent and high quality practices.
- ***Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020*** aims to build parenting and community capacity to care for children and reduce child abuse and neglect over time. The National Standards for out-of-home care seek to drive improvements in the quality of care so that children and young people in out-of-home care have the same opportunities as other children and young people to reach their potential in life wherever they live in Australia.
- ***Closing the Gap*** is a national integrated strategy to improve the lives of Indigenous Australians, and in particular provide a better future for Indigenous children.
- ***Australian National Breastfeeding Strategy 2010–2015*** aims to contribute to improving the health, nutrition and wellbeing of infants and young children, and the health and wellbeing of mothers, by protecting, promoting, supporting and monitoring breastfeeding.
- ***National Strategy for Young Australians*** describes what it's like to be young in Australia today and highlights eight priority areas for government action now and into the future.
- ***National Disability Strategy 2010–2020*** provides a unified, national approach to improving the lives of people with disability, their families and carers.
- The ***Australian Curriculum*** sets consistent national standards to improve learning outcomes for all young Australians. It sets out, through content descriptions and achievement standards, what students should be taught and achieve, as they progress through school. It is the base for future learning, growth and active participation in the Australian community. ACARA develops the Australian Curriculum through rigorous, consultative national processes.

## Looking for more data?

**ACT Health Epidemiology Branch** provides a range of reports on the health of the ACT population, to assist with the development and evaluation of policies and interventions to improve health. Reports outlining the health status of children and young people in the ACT include: the biennial Chief Health Officer's Report, the *Health Status of Young People in the ACT 2012* report, and maternal and perinatal health publications.

To learn more visit: [www.health.act.gov.au/health-services/population-health/health-improvement/epidemiology-branch/](http://www.health.act.gov.au/health-services/population-health/health-improvement/epidemiology-branch/)

**Australian Bureau of Statistics (ABS) Children and Youth theme page** provides a guide to both ABS and non-ABS data, identifying the wide range of information available on children and youth.

To learn more visit: [www.abs.gov.au](http://www.abs.gov.au)

The **Australian Early Development Census** (AEDC) is a national population measure of children's development at school entry in five domains of physical health and wellbeing; emotional maturity; social competence; language and cognitive skills; and communication and general knowledge. The AEDC website also provides contextual community data from the Australian Census (2006 and 2011) relevant to the development of children.

To learn more visit: [www.aedc.gov.au/](http://www.aedc.gov.au/)

The **Australian Institute of Health and Welfare** (AIHW) is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The National headline indicators for children's health, development and wellbeing, for example, includes a set of 19 children's headline indicators designed to focus policy attention on priorities for children's health, development and wellbeing. Young Australians: their health and wellbeing is a series of reports that provides the latest available information on how Australia's young people aged 12–24 years are faring according to a set of national indicators of health and wellbeing.

To learn more visit: [www.aihw.gov.au](http://www.aihw.gov.au)

The **Australian Research Alliance for Children and Youth** (ARACY) is a national non-profit organisation working to improve the wellbeing of children and young people, by advancing collaboration and evidence-based action.

To learn more visit: [www.aracy.org.au/](http://www.aracy.org.au/)

**Longitudinal Study of Australian Children** (LSAC) investigates the health, education, child and family functioning, child care and socio-demographics of Australian children. Data collection began in 2004 on two cohorts of children, infants and 4–5 year olds. The study will continue to follow these two cohorts of children to the ages of 14–15 years and 18–19 years.

To learn more visit: [www.aifs.gov.au/](http://www.aifs.gov.au/)

**Longitudinal Surveys of Australian Youth** (LSAY) is a research program that tracks young people as they move from school to post-school destinations, such as further study, work and other destinations, and explores social outcomes, such as wellbeing. Information collected as part of LSAY covers a wide range of school and post-school topics, including: student achievement, student aspirations, school retention, social background, attitudes to school, work experiences and what students are doing when they leave school. This includes vocational and higher education, employment, job seeking activity, and satisfaction with various aspects of their lives.

To learn more visit: [www.lsay.edu.au/](http://www.lsay.edu.au/)

Every year, the Australian Government's Productivity Commission releases the **Report on Government Services** (ROGS) to provide information on the effectiveness and efficiency of government services across Australia. Chapters relating to children and young people are included in Part B (early childhood, education and training) and Part F (community services).

To learn more visit: [www.pc.gov.au/gsp/rogs](http://www.pc.gov.au/gsp/rogs)

# FIGURES

Figure 1: Proportion (%) of estimated ACT resident population, by age group, June 2015	17	Figure 14: Proportion (%) of ACT children aged 60–63 months fully immunised, 2010–15	33
Figure 2: Proportion (%) of the estimated resident population who were aged 0–24 years in each Australian state and territory, June 2015	17	Figure 15: Proportion (%) of children aged 60–63 months assessed as fully immunised by state or territory, 2015	34
Figure 3: Ancestry of dependent children aged 0–24 years, ACT 2011	18	Figure 16: Proportion (%) of ACT Aboriginal and Torres Strait Islander children aged 60–63 months fully immunised, 2010–15	35
Figure 4: Percentage change of 0–24 year olds in each ACT district, 2009–14	20	Figure 17: Proportion (%) of Aboriginal and Torres Strait Islander children aged 60–63 months assessed as fully immunised by state or territory, 2015	35
Figure 5: Proportion (%) of women who smoked during pregnancy, ACT and Australia, 2004–13	21	Figure 18: ACT Public Hospitals — Hospitalisation rate per 1,000 population for mental health and behavioural disorders (persons aged 14 years or less), 2009–10 to 2014–15	39
Figure 6: Proportion (%) of women who smoked during pregnancy by Aboriginal and Torres Strait Islander status, ACT residents, 2002–04 to 2011–13	22	Figure 19: Self reported high or very high psychological distress, percentage of ACT residents aged 16–25 years, 2007–08 to 2013–14	44
Figure 7: Proportion (%) of low birthweight babies, live births, ACT and Australia, 2007–13	23	Figure 20: Road transport casualties, rate per 100,000, of ACT and Australian residents aged 0–25 years, 2007–08 to 2011–12	45
Figure 8: Proportion (%) of low birthweight babies by maternal Aboriginal and Torres Strait Islander status, live births, ACT residents, 2002–04 to 2011–13	24	Figure 21: The percentage of children developmentally vulnerable on one or more and two or more domains of the AEDC, ACT and Australia, 2009, 2012 and 2015	50
Figure 9: Infant mortality rate, ACT and Australia, 2004–14	25	Figure 22: The percentage of children developmentally vulnerable on one or more domain(s) of the AEDC, ACT regions, 2015	51
Figure 10: Exclusive breastfeeding, infants presenting at ACT Maternal and Child Health immunisation clinics, by age (completed calendar months), 2011–12 to 2014–15	27	Figure 23: Apparent retention rates (%) of all ACT students and ACT Aboriginal and Torres Strait Islander students, 2009–15	65
Figure 11: Any breastfeeding, infants presenting at ACT Maternal and Child Health immunisation clinics, by age (completed calendar month), 2011–12 to 2014–15	28	Figure 24: Apparent retention rates (%) of ACT and Australia Aboriginal and Torres Strait Islander students, 2009–15	65
Figure 12: Percentage of ACT children aged 2–15 years who eat two serves of fruit and five serves of vegetables every day, 2007–08 to 2013–14	30	Figure 25: Apparent retention rates (%) of ACT and Australia students by gender, 2009–15	66
Figure 13: Number of ACT children who walk or cycle to school, 2007–14	32		

Figure 26: ACT unemployment rate (%) for people aged 15–24 years (12-month average) and 15–64 years (trend), May 2011 to April 2016	69	Figure 38: Young people in detention by Aboriginal and Torres Strait Islander status in the ACT, 2008–09 to 2014–15	85
Figure 27: Proportion (%) of overweight and obese ACT and Australian children aged 5–17 years, 2007–08, 2011–12 and 2014–15	71	Figure 39: Young people in detention by sex and Aboriginal and Torres Strait Islander status in the ACT, 2009–10 to 2014–15	85
Figure 28: Tobacco use, ACT secondary students (%), 1996–2014	73	Figure 40: Young people in detention in the ACT by age, 2014–15	86
Figure 29: Alcohol consumption, ACT secondary students (%), 1996–2014	74	Figure 41: Most common lead offence for admissions of ACT young people to detention, July 2013 to March 2016	86
Figure 30: Young people aged 10–17 in the ACT under supervision by Aboriginal and Torres Strait Islander status, 2008–09 to 2014–15 (rate per 10,000 of population)	78	Figure 42: Sunburn last summer, % of ACT students by sex, 1999–2014	88
Figure 31: Young people under supervision in the ACT, by sex and Aboriginal and Torres Strait Islander status, 2014–15	79	Figure 43: Sunburn last summer, % of ACT students by age group, 1999–2014	88
Figure 32: Young people under supervision in the ACT, by Aboriginal and Torres Strait Islander status and age at first supervision, 2014–15	79	Figure 44: Median equivalised disposable household income in the ACT and Australia, 2002–03 to 2013–14	90
Figure 33: Young people under supervision in the ACT, by age, 2014–15	80	Figure 45: The number and per cent of children and young people in the ACT who live in low income households in rental stress, 2001, 2006 and 2011	94
Figure 34: Young people under community-based supervision in the ACT, by Aboriginal and Torres Strait Islander status, 2008–09 to 2014–15	82	Figure 46: ACT child protection notification, investigations and substantiations, 2004–05 to 2014–15	96
Figure 35: Young people under community-based supervision in the ACT, by sex and Aboriginal and Torres Strait Islander status, 2009–10 to 2014–15	82	Figure 47: Total number of ACT children and young people on care and protection orders, June 2008–09 to June 2014–15	99
Figure 36: Young people under community-based supervision in the ACT, by Aboriginal and Torres Strait Islander status and age at first supervision, 2014–15	83	Figure 48: Teenage fertility rate, ACT and Australia, 2004–14	106
Figure 37: Young people under community-based supervision in the ACT by age, 2014–15	83	Figure 49: The number of ACT children, young people or adults with a disability or significant developmental delay accessing services, 2009–10 to 2015–16	117

## TABLES

Figure 50: The number of children, young people or adults with a disability or significant developmental delay accessing Therapy ACT services by age range, 2015–16	117	Table 1: Total number and proportion (%) of estimated district population, by age group in the ACT, June 2014	18
Figure 51: The number of families with a child or young person with a disability or significant developmental delay accessing Therapy ACT services by disability status, 2015–16	118	Table 2: Estimated resident population, ACT, by age and sex, 0–24 years, 2009 and 2014	19
Figure 52: The number of families with a child or young person with a disability or significant developmental delay accessing Therapy ACT services of client age by ACT region, 2015–16	118	Table 3: Minimum recommended number of serves of fruit per day	29
Figure 53: Number of ACT families accessing services from the Child and Family Centres (services provided by staff of Child and Family Centres), 2006–07 to 2014–15	120	Table 4: Minimum recommended number of serves of vegetables per day	29
Figure 54: The percentage of children and young people 0–14 years in ACT and Australia, who attended at least one selected cultural activity and cultural venue or event, 2012	122	Table 5: Sport and outdoor activities played in past 12 months; children aged 5–15 years, ACT, 2011–14	32
		Table 6: National Immunisation Program Schedule (from 20 April 2015)	36
		Table 7: ACT Public Hospitals, top 25 diagnoses for hospital admission by volume, persons aged 14 years or less, 2014–15	38
		Table 8: Age-specific type 1 diabetes incidence rate (per 100,000 population), ACT residents aged 0–25 years, 2005–14	42
		Table 9: Age-specific type 1 diabetes prevalence rate (per 100,000 population), ACT residents aged 0–25 years, 2014	42
		Table 10: Medicare-funded GP mental health treatment plans for ACT children and young people aged 0–24 years, 2014–15	43
		Table 11: Number of notifications of Gonorrhoea, Infectious Syphilis (less than two years duration and more than two years duration), Chlamydia and HIV in people aged less than 25 years in the ACT, 2010–15	47
		Table 12: Characteristics of children participating in the AEDC, ACT and Australia, 2015	49

Table 13: The percentage of children developmentally on track, at risk and vulnerable on each domain of the AEDC, ACT and Australia, 2009, 2012 and 2015	52	Table 22: The proportion (%) of Aboriginal and Torres Strait Islander year 3, 5, 7 and 9 students at or above the national minimum standard in reading, writing and numeracy in the ACT and Australia, 2011–15	62
Table 14: The percentage of Aboriginal and Torres Strait Islander children and non-Aboriginal and Torres Strait Islander children developmentally vulnerable on one or more domain(s) of the AEDC, ACT and Australia, 2009, 2012 and 2015	53	Table 23: The proportion (%) of non-Aboriginal and Torres Strait Islander year 3, 5, 7 and 9 students at or above the national minimum standard in reading, writing and numeracy in the ACT and Australia, 2011–15	63
Table 15: The percentage of children with a language background other than English and children with an English speaking background developmentally vulnerable on one or more domain(s) of the AEDC, ACT and Australia, 2009, 2012 and 2015	54	Table 24: Percentage of ACT Year 12 graduates employed or studying six months after completing an ACT Year 12 Certificate, 2010–14	68
Table 16: The percentage of male and female children developmentally vulnerable on one or more domain(s) of the AEDC, ACT and Australia, 2009, 2012 and 2015	55	Table 25: Proportion (%) of ACT secondary students reporting ever having used illicit drugs, 2011 and 2014	75
Table 17: Children, aged four or five years, enrolled in a preschool program in the ACT, 2012–15	56	Table 26: Young people offending in the ACT (per 100,000 of population), 2008–09 to 2014–15	76
Table 18: Total number of ACT kindergarten aged children scoring ‘normal’, ‘borderline’ or ‘of concern’ for social and emotional wellbeing, 2014 and 2015	57	Table 27: Number of ACT children and young people aged 0–24 years who were homeless on Census night by operational groups and sex, 2011	93
Table 19: Attendance rate (%) at ACT public primary and high schools, by grade year, 2010–15	59	Table 28: Number of ACT children and young people aged 0–24 years who were homeless on Census night by age group, 2006 and 2011	93
Table 20: The proportion (%) of year 3, 5, 7 and 9 students at or above the national minimum standard in reading, writing and numeracy in the ACT and Australia in the 2011–15 NAPLAN testing	61	Table 29: ACT children and young people subject of substantiated reports by age group, 2012–13 to 2014–15	96
Table 21: NAPLAN 2015 students at or above national minimum standard (%) by sex, ACT and Australia	61	Table 30: ACT children and young people subject of substantiated reports by sex, 2012–13 to 2014–15	97
		Table 31: ACT children and young people subject of substantiated reports by Aboriginal and Torres Strait Islander status, 2012–13 to 2014–15	97

Table 32: ACT children and young people on care and protection orders by age group at 30 June 2013, 2014 and 2015	99	Table 43: ACT NDIS Participant Numbers aged 0–24 years, 30 March 2016	109
Table 33: ACT children and young people on care and protection orders by sex at 30 June 2013, 2014 and 2015	99	Table 44: Number of ACT enrolments of students (K-12) with disability by sector, 2012–16	111
Table 34: ACT children and young people on care and protection orders by Aboriginal and Torres Strait Islander status at 30 June 2013, 2014 and 2015	100	Table 45: Number and proportion (%) of ACT students aged 18–24 years with a disability (including impairment or long-term condition) enrolled in the Vocational Education and Training (VET) system, 2011 to September 2015	111
Table 35: Proportion (%) of ACT children and young people residing in out of home care placements by type as at June 2010 – June 2015	102	Table 46: Number of registered Libraries ACT members by age, 2014, 2015 and 2016 as of May 2016	115
Table 36: ACT children and young people in out of home care by age group at 30 June 2013, 2014 and 2015	103	Table 47: ACT participant numbers for Giggle and Wiggle and Story Time, 2012–13 to 2015–16	115
Table 37: ACT children and young people in out of home care by sex at 30 June 2013, 2014 and 2015	103	Table 48: ACT children's participation rate (%) in selected organised cultural activities, selected characteristics, 2012	122
Table 38: ACT children and young people in out of home care by Aboriginal and Torres Strait Islander status at 30 June 2013, 2014 and 2015	103	Table 49: ACT children's participation rate (%) attendance at selected cultural venues and events, selected characteristics, 2012	122
Table 39: Number of ACT 0–24 year old victims of family violence related offences, 2014–15	105	Table 50: Proportion (%) of the ACT and Australian population that attended at least one cultural venue or event, 2009–10 and 2013–14	123
Table 40: Proportion (%) of students in year 3 achieving at or above national minimum standards in reading by parental education within ACT and Australia, 2011–15	107	Table 51: Proportion (%) of ACT and Australian young people aged 18–24 years who volunteered, 2006–14	124
Table 41: Proportion (%) of students in year 3 achieving at or above national minimum standards in writing by parental education within ACT and Australia, 2011–15	108		
Table 42: Proportion (%) of students in year 3 achieving at or above national minimum standards in numeracy by parental education within ACT and Australia, 2011–15	108		



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