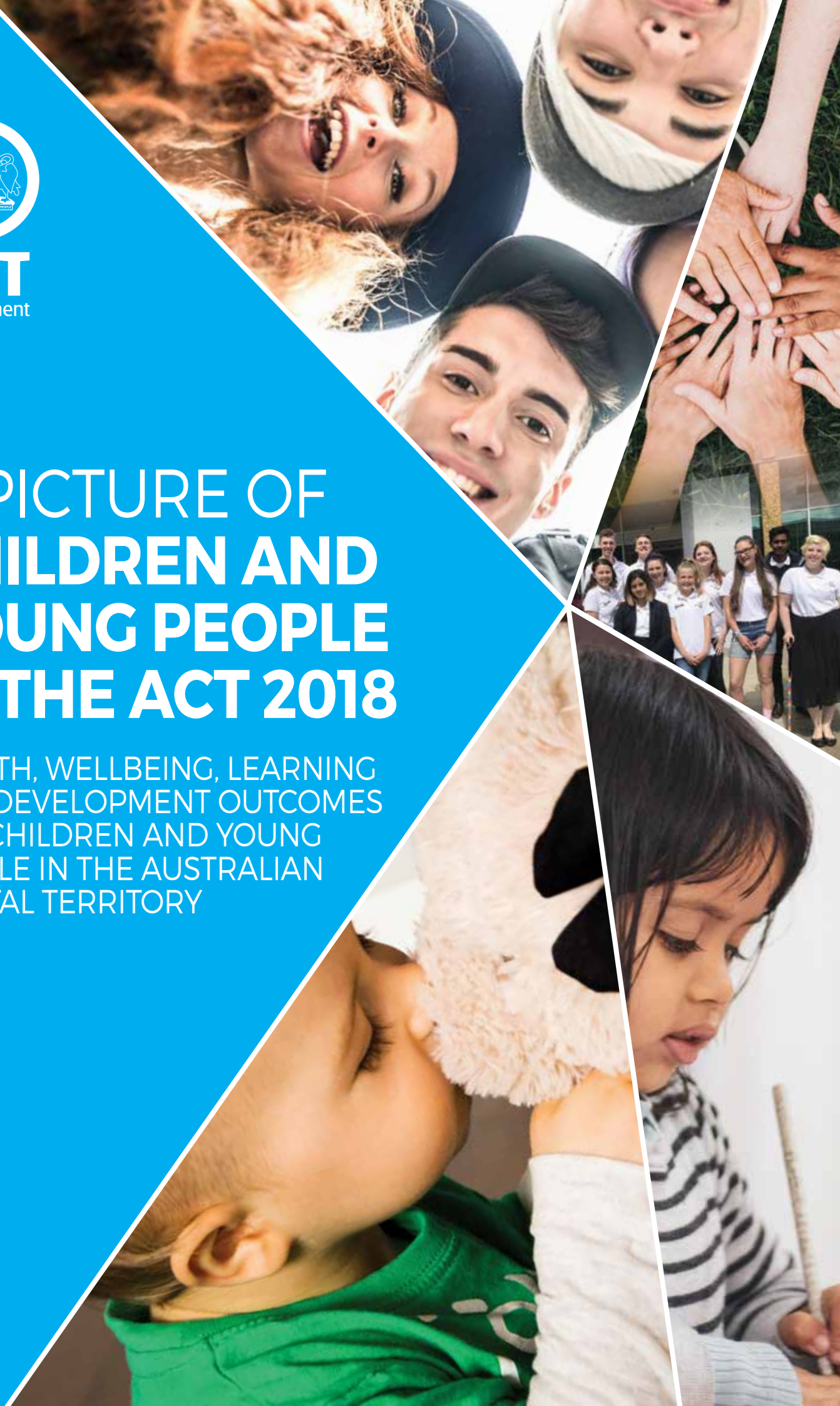




ACT
Government

A PICTURE OF CHILDREN AND YOUNG PEOPLE IN THE ACT 2018

HEALTH, WELLBEING, LEARNING
AND DEVELOPMENT OUTCOMES
FOR CHILDREN AND YOUNG
PEOPLE IN THE AUSTRALIAN
CAPITAL TERRITORY





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.

ACCESSIBILITY

The ACT Government is committed to making its information, services, events and venues accessible to as many people as possible.

- If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format — such as large print or audio — please telephone (02) 6205 2677.
- If English is not your first language and you require translating and interpreting services — please telephone 131 450.
- If you are deaf or hearing impaired and require the National Relay Service please phone 133 677 then ask for 133 427.

DISCLAIMER

Each reader waives and releases the territory, to the full extent permitted by law, from any and all claims relating to the usage of material or information documented in the report. Subject to any terms implied by law which cannot be excluded, in no event shall the territory be liable for any losses or damages, including incidental or consequential damages, resulting from use of the material or reliance on the information.

While care has been taken to ensure that information contained in the territory's publications is true and correct at the time of publication, changes in circumstances after the time of publication may impact on the accuracy of this information. The territory gives no warranty or assurance, and makes no representation as to the accuracy or reliability of any information or advice contained in the report, or that it is suitable for your intended use.

The report contains reference to external documents and internet sites. The external websites are outside the territory's control. It is the responsibility of internet users to make their own decisions about the accuracy, currency, reliability, and correctness of information found. While care is taken to provide links to suitable material, the nature of the internet prevents the territory from guaranteeing the suitability, completeness or accuracy of any material that this report may be linked to.

ISSN 2209-3400 (print)

ISSN 2209-3419 (online)

March 2019. © ACT Government

Enquiries about this publication should be directed to:

Community Services Directorate
GPO Box 158, Canberra ACT 2601
T 133 427 E CSD@act.gov.au

CONTENTS

MINISTER'S MESSAGE	2	Indicator 27 Sun protection behaviours	53
EXECUTIVE SUMMARY	3	Indicator 28 Young people who use drugs	54
A PICTURE OF CHILDREN AND YOUNG PEOPLE IN THE ACT	5	Indicator 29 Young people under community-based supervision	58
OUTCOMES FRAMEWORK	6	Indicator 30 Young people in youth justice facilities	60
STRATEGIC LINKAGES	7	Indicator 31 Young people who have offended	62
OVERVIEW OF CHILDREN AND YOUNG PEOPLE IN THE ACT	8	Indicator 32 Aboriginal and Torres Strait Islander young people in the youth justice system	63
DOMAIN 1 CHILDREN AND YOUNG PEOPLE		DOMAIN 2 FAMILY, KINSHIP AND INFORMAL NETWORKS	
Outcome 1 Children and young people have optimal health and physical wellbeing	11	Outcome 5 Families have access to sufficient material wellbeing	65
Indicator 1 Smoking during pregnancy	11	Indicator 33 Parental unemployment status	65
Indicator 2 Births to teenage mothers	12	Indicator 34 Disposable household income	66
Indicator 3 Low birthweight in newborns	13	Indicator 35 Family income spent on housing	67
Indicator 4 Breastfeeding	14	Indicator 36 Low income households in rental stress	69
Indicator 5 Infant mortality	16	Indicator 37 Homelessness	70
Indicator 6 Fruit and vegetable consumption	17	Outcome 6 Families and children are free from abuse and neglect	72
Indicator 7 Children fully immunised	18	Indicator 38 Substantiated child abuse	72
Indicator 8 Participation in physical activity	20	Indicator 39 Children and young people on care and protection orders	74
Indicator 9 Leading causes of hospitalisations for ACT children	22	Indicator 40 Children and young people in out of home care	76
Indicator 10 Dental health	23	Indicator 41 Child abuse re-substantiation rate within 12 months	79
Indicator 11 Mental Health Treatment Plans	24	Indicator 42 Exposure to family violence	80
Indicator 12 Psychological distress	26	DOMAIN 3 COMMUNITIES, ENVIRONMENTS AND SERVICES	
Indicator 13 Psychiatric hospitalisation	27	Outcome 7 Individual needs of families and children are recognised and supported	83
Indicator 14 Road Transport Casualties	28	Indicator 43 Families accessing services through the child development service	83
Indicator 15 Sexually Transmissible Infections	29	Indicator 44 Families accessing services through the Child and Family Centres	84
Outcome 2 Children and young people have optimal development in the early years	31	Outcome 8 Families have access to local recreation spaces, activities and community facilities	85
Indicator 16 Children enrolled in preschool	31	Indicator 45 Children and young people living in neighbourhoods with good parks, playground and play spaces	85
Indicator 17 Social and emotional wellbeing of ACT kindergarten children	32	Indicator 46 Children and young people who use Libraries ACT services	86
Indicator 18 Children entering school with the basic skills for life and learning	34	Outcome 9 Families live in supportive and connected communities	87
Indicator 19 ACT children's level of reading, writing and numeracy by parental education	39	Indicator 47 Young people who volunteer	87
Outcome 3 Children and young people are successfully engaging in education or employment	41	Indicator 48 Government consultation with children and young people	89
Indicator 20 ACT public primary and high school attendance	41	ABBREVIATIONS AND ACRONYMS	92
Indicator 21 Children and young people with disability enrolled in the education system	42	TABLES	93
Indicator 22 Students achieving mean score in literacy and numeracy	44	FIGURES	95
Indicator 23 Transition from school to further education or work	46		
Indicator 24 Year 10–12 apparent retention	47		
Indicator 25 Youth unemployment and underemployment	49		
Outcome 4 Children and young people are empowered to make positive lifestyle choices	51		
Indicator 26 Children and young people who are overweight or obese	51		

MESSAGE FROM **THE MINISTER**



Rachel Stephen-Smith MLA
Minister for Children, Youth
and Families

***A Picture of Children and Young People in the ACT 2018* is the seventh publication in this series and provides a comprehensive whole-of-government report highlighting the progress of children and young people in the ACT against key indicators.**

To reach their full potential, children and young people require nurturing, support and encouragement as they make their journey into adulthood and independence. As a government and a community, we need good data to understand where we are making a difference, and where we need to improve.

This publication provides important information about the wellbeing of children, young people, families and the ACT community. It presents a robust evidence base and early identification of emerging trends. This information helps to inform planning, policy and integrated service delivery across our human services programs.

It is critical to monitor and analyse comparative data at regular intervals so that we know how our children and young people are progressing over time. This is the first publication of *A Picture* since moving to a biennial cycle. This allows for greater availability of some of the key data sets, more time for review and development during the non-publication year, and interactive enhancements to the online edition. This year's publication also improves useability, by providing a wider policy context and links to other relevant data collections.

Since the inaugural report in 2011, the general trend for the ACT is that overall most children and young people are faring well. This trend has remained largely constant, with the current release for 2018 highlighting that performance was steadily maintained across a number of wellbeing areas, in addition to a number of improvements. Positive outcomes recorded in the 2018 publication include:

- more young children fully immunised, with a significant rise for Aboriginal and Torres Strait Islander children, up from 89.1 per cent in 2016 to 96.8 per cent in 2017
- a greater proportion of Year 12 graduates employed or studying, up from 91.9 per cent in 2014, to 93.4 per cent in 2016
- continuation of a lower teenage birth rate than the national rate.

These are great successes, however, we know that some children and young people in our community remain at risk of disadvantage and continue to face significant challenges in their daily lives. This year's data indicates a slight decrease in performance relating to some measures, and although the numbers and overall sample size are small, these alert us to possible early trends that may require attention. They include:

- a fall in school attendance rates for students in Years 1–10, down from 78.0 per cent in 2015 to 75.0 per cent in 2017
- an increase in the proportion of 16–25 year olds self-reporting high levels of psychological distress
- an upward trend in the proportion of ACT young people aged 18–24 years who are overweight or obese.

The ACT Government is working hard to respond to the ever changing needs of the ACT community. In recent years, there has been a shift to a more evidence-informed approach to human services, with a greater focus on achieving meaningful, whole-of-life outcomes for our children and young people. *A Picture* continues to evolve as a publication, providing us with the important data we need to identify areas of improvement and work smarter, not just harder. It underpins our commitment to continuous improvement and to doing the absolute best we can for our children and young people.

A Picture of Children and Young People in the ACT 2018 provides opportunity to reflect on the roles we can all play to improve the healthy development and life choices of our children and young people.

Rachel Stephen-Smith MLA
Minister for Children, Youth and Families
March 2019

EXECUTIVE SUMMARY

A Picture of Children and Young People in the ACT 2018 provides a comprehensive overview of national and local indicators relating to the health, wellbeing, learning and development of children and young people between the ages 0–25 years in the ACT.

This is the seventh time *A Picture* has been produced, providing policy makers with a robust evidence base for better practice and targeted policies that aim to improve outcomes for children and young people. Ongoing monitoring and analysis of trends helps in identifying areas where children, young people and their families need extra support to ensure holistic development of the younger generation.

Where possible, the report provides breakdowns based on a range of demographic information. This includes comparisons against age, sex, and Aboriginal and Torres Strait Islander status. These breakdowns can further support analysis and contribute towards more targeted interventions or approaches that lead to improved outcomes.

The inaugural report in 2011, highlighted that most children and young people in the ACT were faring well. This trend has remained fairly constant in the 2018 release, with performance steadily maintained across a number of wellbeing areas. The report continues to highlight areas where the ACT is achieving positive wellbeing outcomes and potential areas to target for improvement. These are summarised below under the three outcomes framework domains:

CHILDREN AND YOUNG PEOPLE

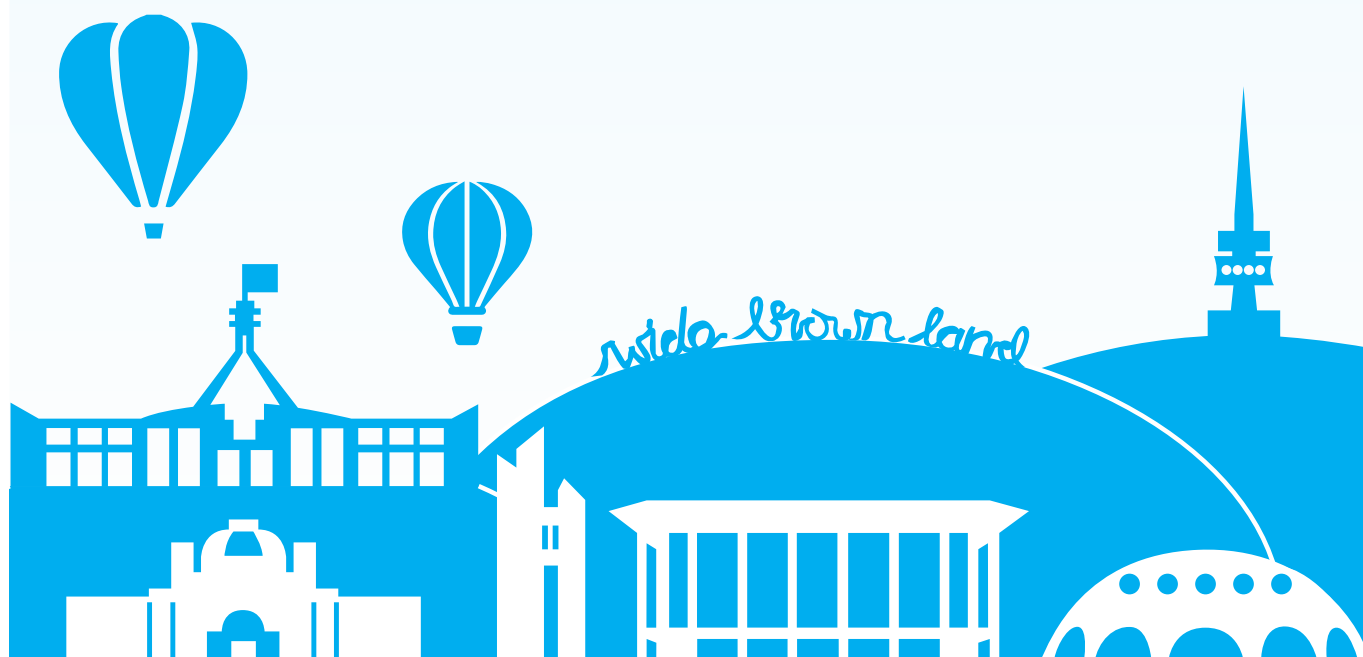
- **Children fully immunised** — The proportion of ACT children fully immunised (60–63 months) increased to 94.47 per cent in 2017, from 89.41 per cent in 2010. For Aboriginal and Torres Strait Islander children the proportion has increased to 96.85 per cent in 2017, compared to 92.11 per cent in 2010.
- **Children enrolled in preschool** — The number of children aged four or five years enrolled in preschool has increased from 5,765 in 2013 to 7,064 in 2017.
- **Year 10–12 apparent retention** — The Year 10–12 apparent retention rate for all ACT students increased between 2011 (90.0%) and 2017 (92.1%) and is approximately 10 percentage points higher than national results.
- **Smoking during pregnancy** — The proportion of ACT resident women who smoked during pregnancy has decreased significantly from 15.4 per cent in 2004 to 6.6 per cent in 2015. The proportion of ACT women who smoke during pregnancy is consistently significantly lower than the national rate of 16.7 per cent in 2004 and 10.4 per cent in 2015.
- **Breastfeeding** — In 2016–17, 47.0 per cent of babies at three months of age were exclusively breastfed in the ACT. This is an increase from 28.0 per cent in 2015–16. However, the any breastfeeding rate for infants between the age of two and 12 months has decreased since 2011–12.
- **Leading causes of hospitalisation** — In 2016–17, there were 5,090 inpatient hospital episodes recorded at ACT public hospitals for children and young people aged 14 years or less in the ACT. The major causes of hospitalisation for children in 2016–17 include social reasons (315 episodes), bronchitis and asthma (228 episodes) and musculoskeletal injuries (196 episodes). The cases of viral illness increased from 56 in 2014–15 to 120 in 2016–17.
- **Psychological distress** — The proportion of ACT young people aged 16–25 years self-reporting high or very high psychological distress increased from 12.2 per cent in 2007–08 to 21.3 per cent in 2015–16. Females (20.0%) are more likely to report a high or very high level of psychological distress than males (11.4%).
- **Children and young people who are overweight and obese** — In 2014–15 in the ACT, 18.9 per cent of children aged 5–17 years were overweight and 5.5 per cent were obese. This is an increase from 2007–08 where 15.8 per cent were overweight and 5.2 per cent were obese. In 2014–15 in the ACT, 27.4 per cent of 18–24 year olds were overweight and 13.7 per cent were obese. This is an increase from 2011–12, where 25.7 per cent were overweight and 10.5 per cent were obese.

FAMILY, KINSHIP AND INFORMAL NETWORKS

- **Births to teenage mothers** — The ACT has one of the lowest teenage birth rates for 15–19 year old females in Australia. The ACT teenage fertility rate remained significantly low between 2004 (7.8%) and 2016 (4.4%) compared to the national rate for the same period between 2004 (16.2%) and 2016 (10.5%).
- **Children and young people with disability enrolled in the education system** — In February 2018, there were 3,311 students (P–12) with disability accessing special education programs, representing 4.3 per cent of the total students enrolled in public and non-government schools (77,142). The public schools consistently have a higher proportion of students with special education needs compared to non-government schools since 2014.
- **Low income households in rental stress** — There were 9,382 children and young people (0–24 years) living in low-income households in rental housing who are in housing stress in 2016. This is approximately 41 per cent out of all children and youth in low income households in the rental market.

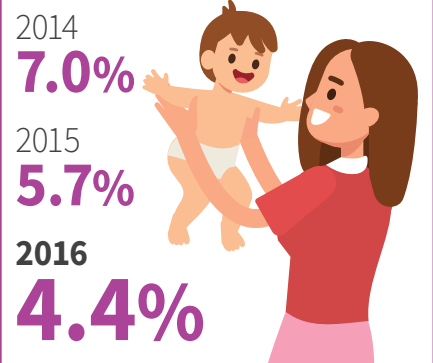
FORMAL NETWORKS AND COMMUNITY SUPPORT

- **Families accessing services through the Child Development Service** — The ACT Government Child Development Service commenced in January 2016 to support families who have concerns about their child's development. The number of ACT children and families accessing the Child Development Service increased from 2,056 in 2016–17 to 2,864 in 2017–18.
- **Government consultation with children and young people** — In 2016, data from the Australian Electoral Commission and Australian Census data from the same year indicated that 27,491 young people aged 20–24 years were enrolled to vote in the ACT. In March 2018, a total of 33,962 young people aged 16–24 years were enrolled to vote in the ACT with 25,870 aged 20–24 years.
In a continuous effort to inform policies and programs based on the needs of children and young people, the ACT Education Directorate engaged more than 6,500 students, from early childhood to college from across the education sector, to hear their voice. The ACT Community Services Directorate also consulted with 269 young people aged 12–25 years from a broad range of cultural groups to discuss issues affecting young people and address their priorities and positive outcomes.

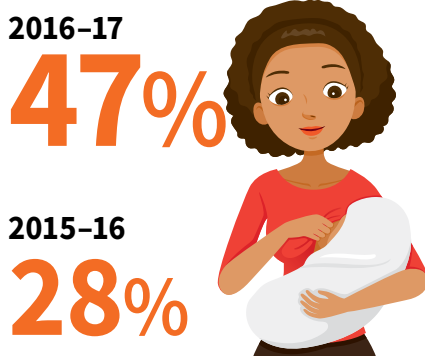


A PICTURE OF CHILDREN AND YOUNG PEOPLE IN THE ACT

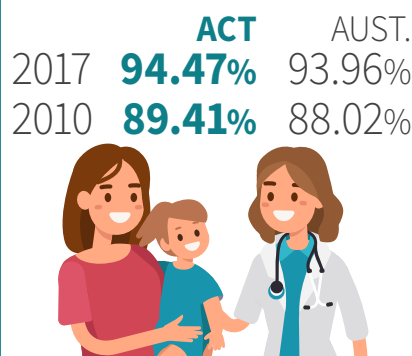
TEENAGE PREGNANCY 15–19 YEARS



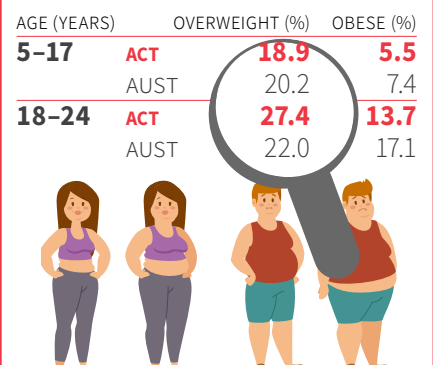
EXCLUSIVE BREASTFEEDING OF 3-MONTH-OLDS IN THE ACT



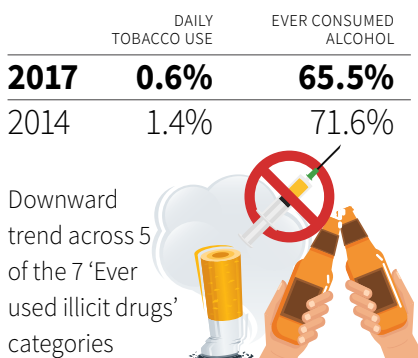
CHILDREN FULLY IMMUNISED (60–63 MONTHS)



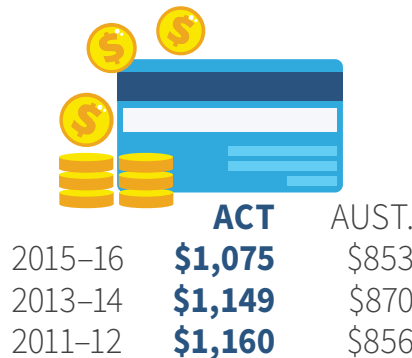
CHILDREN & YOUNG PEOPLE OVERWEIGHT OR OBESE (2014–15)



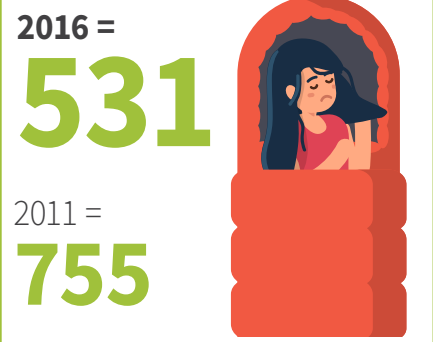
YOUNG PEOPLE WHO USE DRUGS (12–17 YEARS)



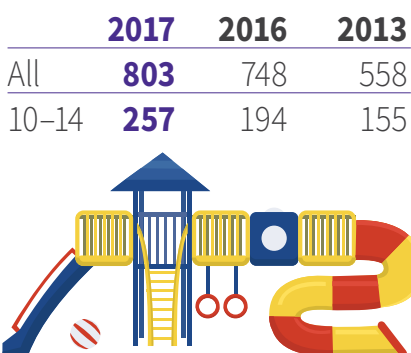
WEEKLY DISPOSABLE HOUSEHOLD INCOME (AVERAGE)



HOMELESSNESS (0–24 YEARS)



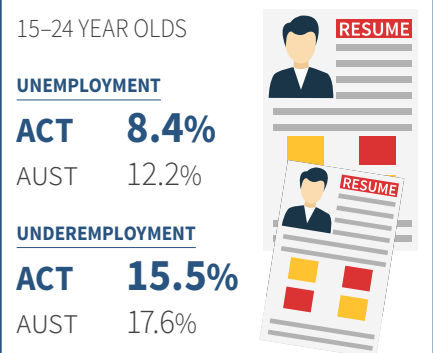
CHILDREN IN OUT OF HOME CARE (0–17 YEARS)



EXPOSURE TO FAMILY VIOLENCE (0–24 YEARS)



YOUTH UNEMPLOYMENT & UNDEREMPLOYMENT (2018)





OUTCOMES FRAMEWORK

DOMAIN 1 CHILDREN AND YOUNG PEOPLE

1 Children and young people have optimal health and physical wellbeing

- Smoking during pregnancy
- Births to teenage mothers
- Low birthweight in newborns
- Breastfeeding
- Infant mortality
- Fruit and vegetable consumption
- Children fully immunised
- Participation in physical activity
- Leading cause of hospitalisation
- Dental health
- Mental health treatment plans
- Psychological distress
- Psychiatric hospitalisation
- Road transport casualties
- Sexually transmissible infections

2 Children and young people have optimal development in the early years

- Children enrolled in preschool
- Social and emotional wellbeing of ACT kindergarten children
- Children entering school with basic skills for life and learning
- ACT children's level of reading, writing and numeracy by parental education

3 Children and young people are successfully engaging in education or employment

- ACT public primary and high school attendance
- Children and young people with disability enrolled in the education system
- Students achieving mean score in literacy and numeracy
- Transition from school to further education or work
- Year 10–12 apparent retention
- Youth unemployment and underemployment

4 Children and young people are empowered to make positive lifestyle choices

- Children and young people who are overweight and obese
- Sun protection behaviours
- Young people who use drugs
- Young people under community-based supervision
- Young people in youth justice facilities
- Young people who have offended
- Aboriginal and Torres Strait Islander young people in the youth justice system

DOMAIN 2 FAMILY, KINSHIP AND INFORMAL NETWORKS

5 Families have access to sufficient material wellbeing

- Parental unemployment status
- Disposable household income
- Family income spent on housing
- Low income households in rental stress
- Homelessness

6 Families are free from abuse and neglect

- Substantiated child abuse
- Children and young people on care and protection orders
- Children and young people in out of home care
- Child abuse re-substantiation rate within 12 months
- Exposure to family violence

DOMAIN 3 COMMUNITIES, ENVIRONMENTS AND SERVICES

7 Individual needs of families and children are recognised and supported

- Families accessing services through the Child Development Service
- Families accessing coordinated locally-based services through ACT Child and Family Centres

8 Families have access to local recreation spaces, activities and community facilities

- Children and young people living in neighbourhoods with good parks and play spaces
- Children and young people who use Libraries ACT services

9 Families live in supportive and connected communities

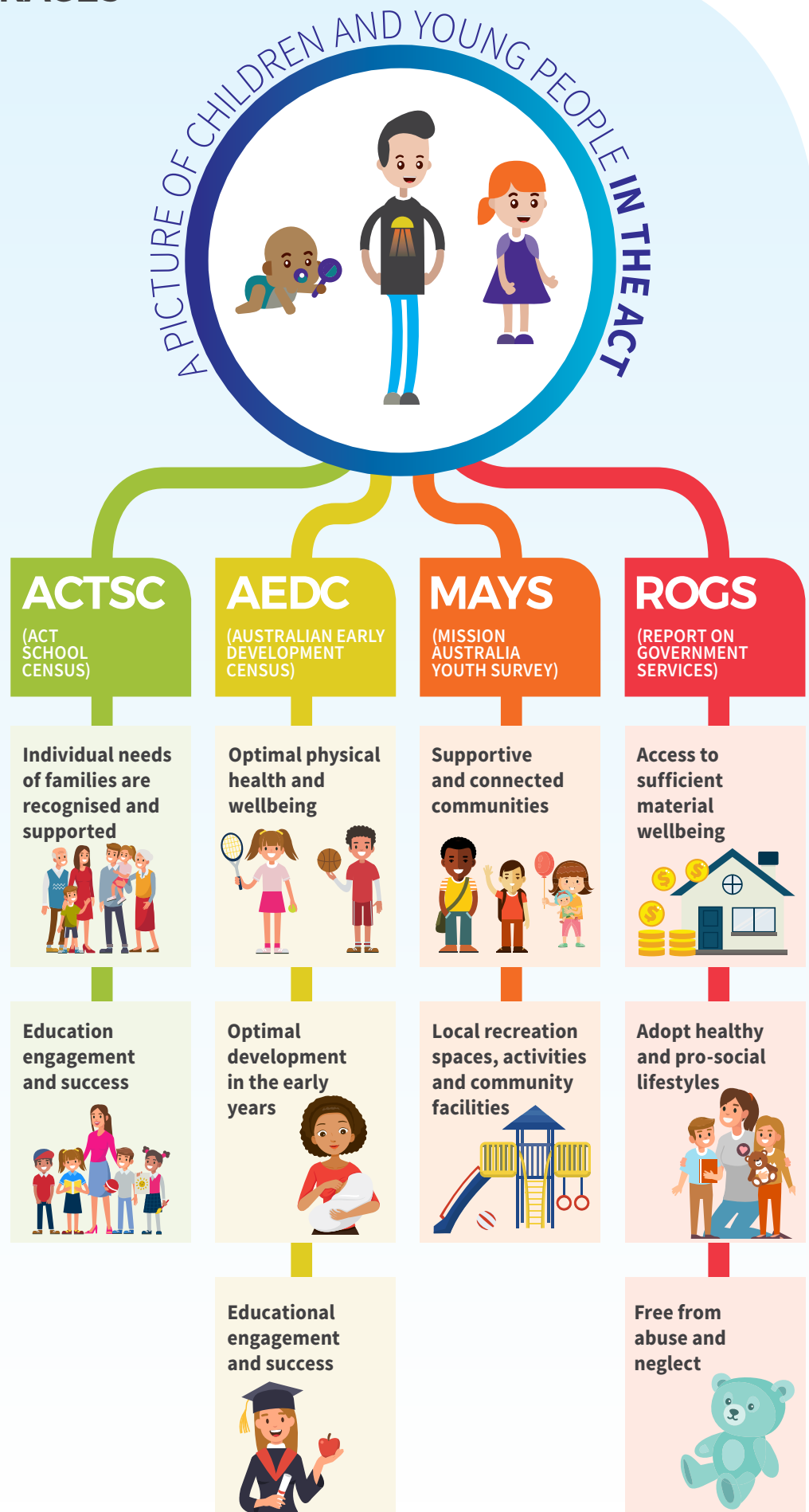
- Young people who volunteer
- Government consultation with children and young people

STRATEGIC LINKAGES

The findings of this report are enhanced further, when considered alongside other major reports on children and young people.

A Picture of Children and Young People in the ACT provides evidence-informed insights into the lives of young Canberrans. Together with other major national, state and territory reports including the Australian Early Development Census (AEDC), Report on Government Services (ROGS), Mission Australia Youth Survey (MAYS) and ACT School Census (ACTSC) this publication will:

- collectively inform families, educators, policy makers and the broader community on evolving needs of children and young people
- highlight the prevalent issues affecting children and young people
- emphasise and identify synergies for achieving key outcome areas for improvement.

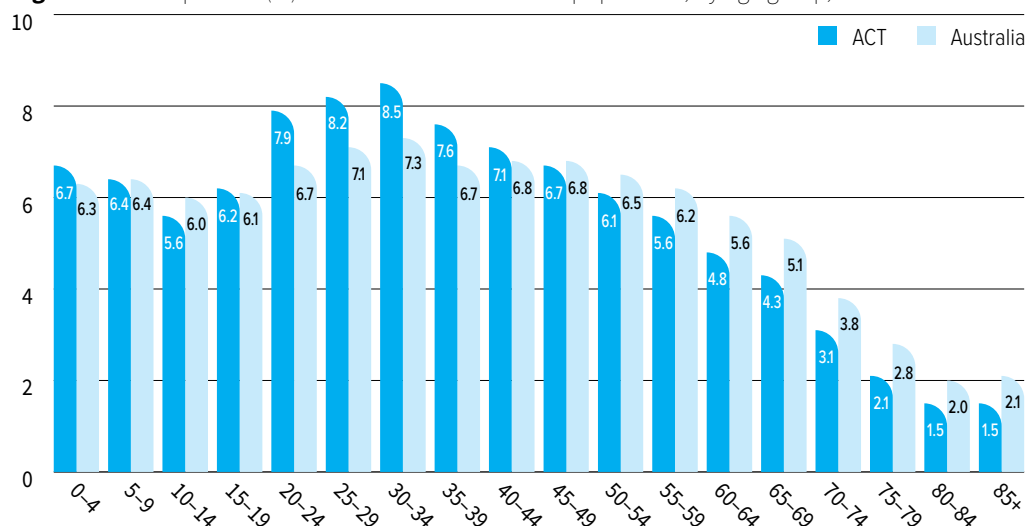


OVERVIEW OF CHILDREN AND YOUNG PEOPLE IN THE ACT

HOW MANY CHILDREN AND YOUNG PEOPLE LIVE IN THE ACT?

According to the Australian Bureau of Statistics (ABS), in June 2016 there were an estimated 403,468¹ people living in the ACT of which 134,492 (33.3%) were children and young people aged 0–24 years.

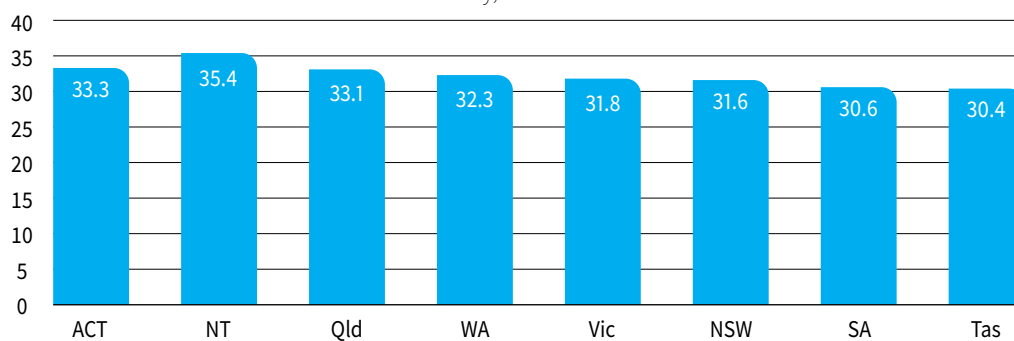
Figure 1: Proportion (%) of estimated ACT resident population, by age group, June 2016



Source: ABS 2016 Census data in pictures for ACT, <[www.censusdata.abs.gov.au/CensusOutput/copsub2016.nsf/All%20docs%20by%20catNo/Data-in-pictures/\\$FILE/canER.html](http://www.censusdata.abs.gov.au/CensusOutput/copsub2016.nsf/All%20docs%20by%20catNo/Data-in-pictures/$FILE/canER.html)>.

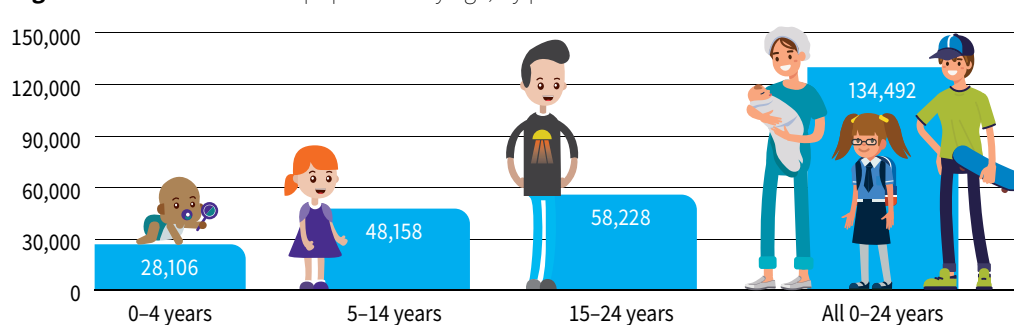
The ACT reported the second highest proportion (33.3%) of estimated total residents aged 0–24 years nationally.

Figure 2: Proportion (%) of the estimated resident population who were aged 0–24 years in each Australian state and territory, as of June 2016



Source: ABS, Population by Age and Sex, Regions of Australia, 2016, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3235.02016?OpenDocument>.

Figure 3: 2016 Census of population by age, by person in the ACT



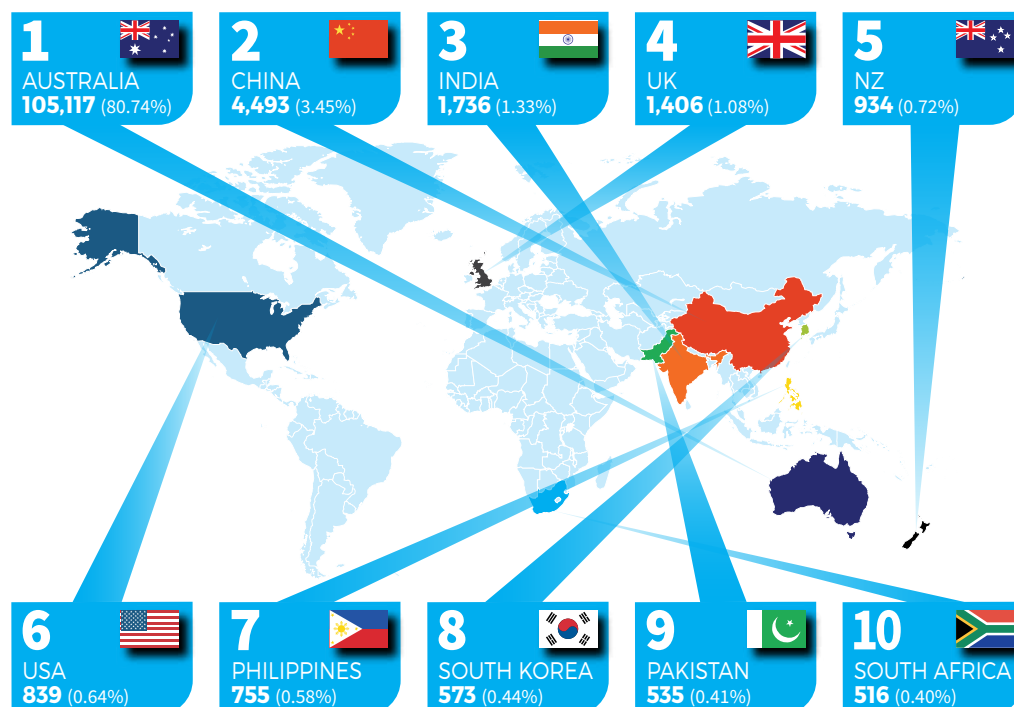
Source: ABS 2016, *Census of Population and Housing, 'General Community Profile'*, cat. no. 2001.0, Sheet G09e-f, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3235.02016?OpenDocument>.

¹ Population by Age and Sex, Regions of Australia, 2016, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3235.02016?OpenDocument>

WHERE WERE CHILDREN AND YOUNG PEOPLE IN THE ACT BORN?

According to the ABS, in 2016, 80.74 per cent (105,177) of children and young people (aged 0–24 years) in the ACT were born in Australia. The top 10 countries where children and young people in the ACT were born is as follows:

Figure 4: Country of birth, number and proportion (%) of population, 0–24 year olds in the ACT



Source: ABS 2016 Census of Population and Housing.

WHERE DO ACT'S CHILDREN AND YOUNG PEOPLE LIVE?

The districts with the highest estimated proportion of children and young people aged 0–24 years in 2016 were Gungahlin (37.78%) , North Canberra (35.04%) and Tuggeranong (33.61%).

Table 1: Number and proportion (%) of estimated district population, by age group in the ACT, June 2016

District	Age group					% of 0–24 year olds	
	0–4	5–9	10–14	15–19	20–24	In region	In ACT
Belconnen	6,985	6,380	5,198	5,597	8,583	33.47%	24.35%
Cotter-Namadgi	521	391	235	210	432	33.28%	1.33%
Fyshwick-Pialligo-Hume	51	19	23	63	136	18.61%	0.22%
Gungahlin	7,046	5,868	4,692	4,380	5,367	37.78%	20.34%
North Canberra	2,445	2,284	1,990	4,129	8,113	35.04%	14.09%
South Canberra	1,345	1,293	1,424	1,482	1,551	25.68%	5.28%
Tuggeranong	6,053	5,727	5,243	5,849	6,024	33.61%	21.49%
Weston Creek	1,622	1,639	1,452	1,235	1,020	30.07%	5.18%
Woden	2,029	2,319	1,981	2,016	2,041	29.36%	7.72%

Source: ABS 2016, *Population by Age and Sex, Regions of Australia*, 'Population Estimates by Age and Sex, Regions of Australian Capital Territory (AGS 2016)', Table 6. Estimated Resident Population by Age, Australian Capital Territory, Persons — 30 June 2016', time series spreadsheet, cat. no. 3235.0, viewed 1 June 2016, <www.abs.gov.au/ausstats/subscriber.nsf/log?openagent&32350ds0008_act_2006_2016.xls&3235.0&Data%20Cubes&DBDCB69A15ACE428CA2581870037A1A4&0&2016&28.08.2017&Latest>.

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 2014 and 2016 were Cotter-Namadgi (212.22%)* and Gungahlin (20.42%), with the largest decline in Fyshwick-Pialligo-Hume (-14.87%). The percentage changes in the number of females and males were strongest in Cotter-Namadgi (234.35% and 193.57% respectively) followed by Gungahlin (20.87% for females and 20.42% for males).

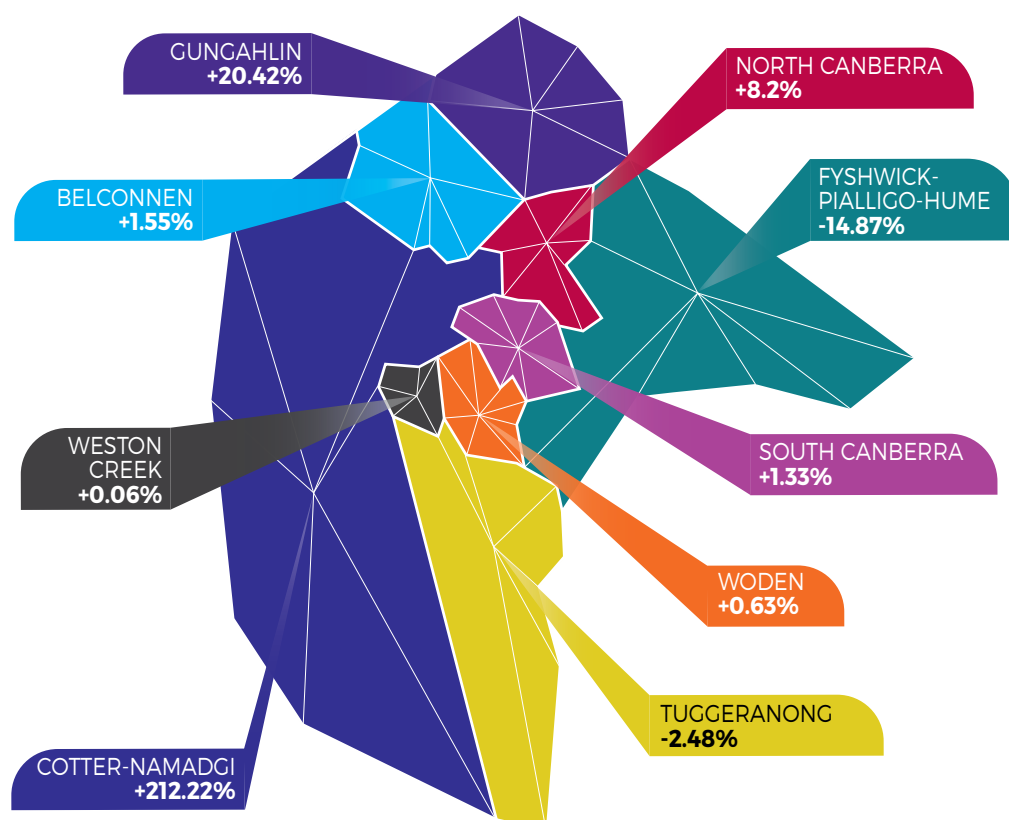
* The difference in population proportion has doubled for Cotter-Namadgi (212.22%) as it is a new suburb experiencing rapid growth.

Table 2: Estimated resident population, ACT, by age and sex, 0–24 years, 30 June 2014 and 2016

District	30 June 2014			30 June 2016			Change (%)		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Belconnen	15,846	16,397	32,243	15,714	17,029	32,743	-0.83%	3.85%	1.55%
Cotter-Namadgi	262	311	573	876	913	1,789	234.35%	193.57%	212.22%
Fyshwick-Pialligo-Hume	140	203	343	101	191	292	-27.86%	-5.91%	-14.87%
Gungahlin	11,103	11,612	22,715	13,420	13,933	27,353	20.87%	20.42%	20.42%
North Canberra	8,348	9,176	17,524	9,383	9,578	18,961	12.40%	4.38%	8.20%
South Canberra	3,538	3,473	7,011	3,472	3,632	7,104	-1.87%	4.58%	1.33%
Tuggeranong	14,428	15,202	29,630	14,027	14,869	28,896	-2.78%	-2.19%	-2.48%
Weston Creek	3,240	3,724	6,964	3,346	3,622	6,968	3.27%	-2.74%	0.06%
Woden	5,092	5,229	10,321	5,005	5,381	10,386	-1.71%	2.91%	0.63%
Total	61,997	65,327	127,324	65,344	69,148	134,492	5.40%	5.85%	5.63%

Source: ABS 2016, *Population by Age and Sex, Regions of Australia*, 'Population Estimates by Age and Sex, Regions of Australian Capital Territory (AGS 2016)', 'Table 4. Estimated Resident Population by Age, Australian Capital Territory, Males — 30 June 2016' and 'Table 5. Estimated Resident Population by Age, Australian Capital Territory, Females — 30 June 2016', time series spreadsheet, cat. no. 3235.0, viewed 1 June 2016, <www.abs.gov.au/ausstats/subscriber.nsf/log?openagent&32350ds0008_act_2006_2016.xls&3235.0&Data%20Cubes&DBDCB69A15ACE428CA2581870037A1A4&0&2016&28.08.2017&Latest>.

Figure 5: Percentage change of 0–24 year olds in each ACT district, 2014–16



CHILDREN AND YOUNG PEOPLE HAVE OPTIMAL HEALTH AND PHYSICAL WELLBEING

INDICATOR 1

SMOKING DURING PREGNANCY

INDICATOR DESCRIPTION

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

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.²

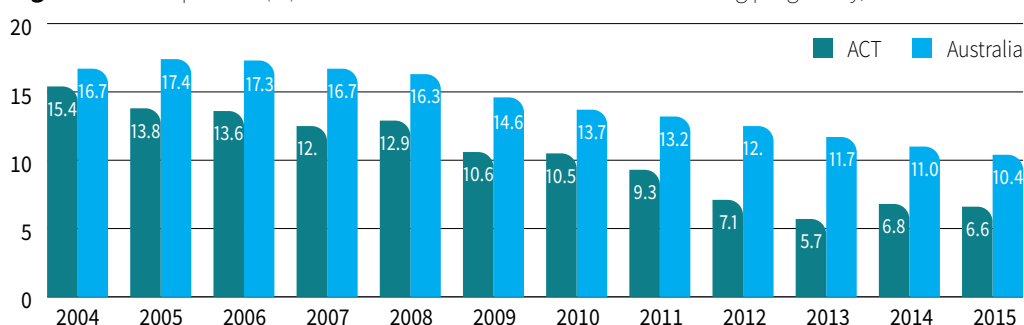
POLICY CONTEXT

ACT Health commenced the Smoking in Pregnancy (SiP) project in 2015 in response to findings reported in the 2014 ACT Chief Health Officer's Report³ that indicated a high prevalence of smoking amongst younger women who were pregnant, as well as amongst Aboriginal and Torres Strait Islander pregnant women generally.

The program aims to reduce smoking in young pregnant women and consists of three elements: behaviour change campaigns; nicotine replacement therapy where clinically indicated for young pregnant smokers, partners, household members and peers; and service sector capacity building (smoking cessation and motivational interviewing training).

HOW IS THE ACT PROGRESSING?

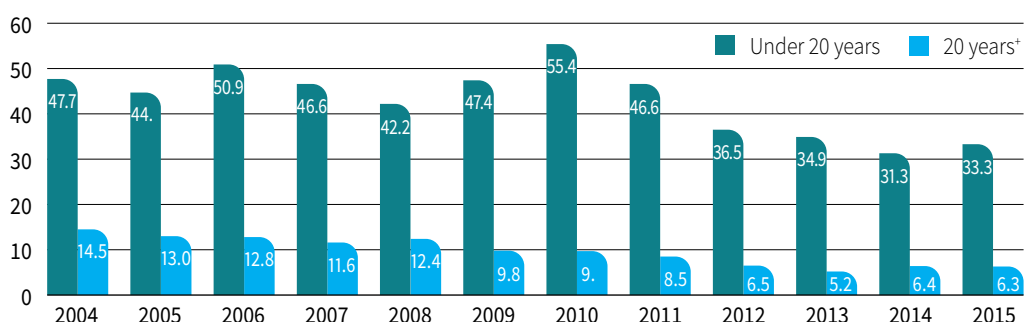
Figure 6: Proportion (%) of ACT resident women who smoked during pregnancy, 2004–15



Source: ACT Health, Epidemiology Section. Maternal Perinatal Data Collection, unpublished data. Australian Institute of Health and Welfare (AIHW), National Perinatal Data Collection, published data.

The proportion of ACT resident women who smoked during pregnancy has decreased significantly from 15.4 per cent in 2004 to 6.6 per cent in 2015 (Figure 6). The proportion of ACT women who smoke during pregnancy is consistently significantly lower than the national rate (Figure 7).

Figure 7: Proportion (%) of ACT resident women who smoked during pregnancy by age, 2004–15



Source: ACT Health, Epidemiology Section. Maternal Perinatal Data Collection, unpublished data. Australian Institute of Health and Welfare (AIHW), National Perinatal Data Collection, published data.

² AIHW 2015, *Australia's mothers and babies 2013—in brief*, Perinatal statistics series no. 31, cat. no. PER 72.

³ ACT Government 2014, *2014 ACT Chief Health Officer's Report*, accessed 23 April 2018 <www.health.act.gov.au/sites/default/files/ACT%20Chief%20Health%20Officers%20Reports%202014.pdf>.

Table 3: Proportion (%) of ACT resident women who smoked during pregnancy by Aboriginal and Torres Strait Islander status, 2004–06 to 2013–15

		2004–06	2007–09	2010–12	2013–15
Aboriginal and Torres Strait Islander	ACT	45.0	52.7	49.8	44.6
	Australia	51.9	50.7	50.0	45.0
Non-Aboriginal and Torres Strait Islander	ACT	13.8	11.4	8.3	5.6
	Australia	15.6	14.0	11.6	12.2

Source: ACT Health, Epidemiology Section. Maternal Perinatal Data Collection, unpublished data. Australian Institute of Health and Welfare (AIHW), National Perinatal Data Collection, published data.

NOTE: The data 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.

These data results demonstrate that whilst the overall proportion of women smoking during pregnancy is low in the ACT compared with the rest of Australia, there is a link between lower maternal age, Indigenous status and smoking during pregnancy.

INDICATOR 2 BIRTHS TO TEENAGE MOTHERS

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 and the ACT resident female population of that age.

WHY IS THIS IMPORTANT?

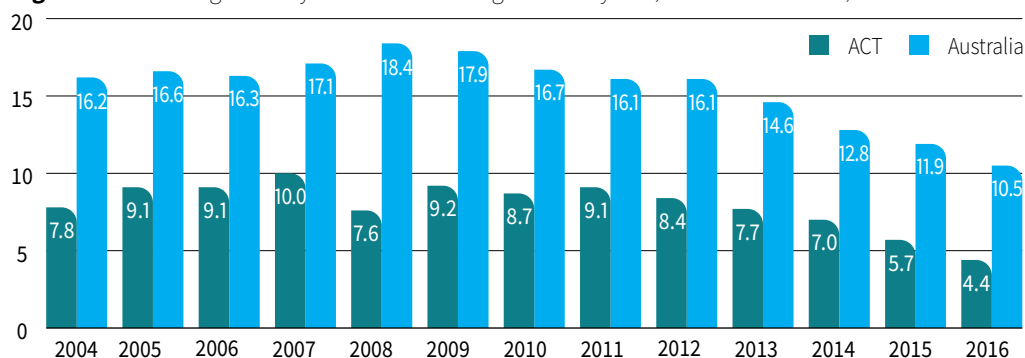
Teenage pregnancy is recognised both in Australia and internationally as an important risk factor for both obstetric and perinatal outcomes and also poor social outcomes for both mother and child.

POLICY CONTEXT

The ACT has one of the highest average ages for women to give birth for the first time in Australia, and one of the lowest rates of teenage mothers. However despite this, there is still a group of young mothers giving birth in the ACT who have a unique set of needs to support successful pregnancy and parenting outcomes. ACT Health provides a targeted service for these young women including the Step Ahead program. This program provides a model of antenatal care which facilitates vulnerable young pregnant women engaging with appropriate support and care.

HOW IS THE ACT PROGRESSING?

Figure 8: Teenage fertility rate for females aged 15–19 years, ACT and Australia, 2004–16



Source: Data extracted on 12 Jun 2018 04:46 UTC (GMT) from ABS.Stat © Commonwealth of Australia. Creative Commons Attribution 2.5 Australia <<https://creativecommons.org/licenses/by/2.5/au>>.

The ACT has one of the lowest teenage fertility rates* in Australia.⁴ The fertility rate for teenage women has been consistently lower in the ACT than nationally. Between 2004 and 2016 the ACT teenage fertility rate remained significantly lower than the national rate.

The ACT fertility rate has significantly decreased in the last five years (2011–16).

* Fertility rate refers to the age specific fertility rate for 15–19-year-old females

⁴ ABS 2015, *Births, Australia, 2014*, cat. no. 3301.0.

INDICATOR 3

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.⁵ 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.⁶

POLICY CONTEXT

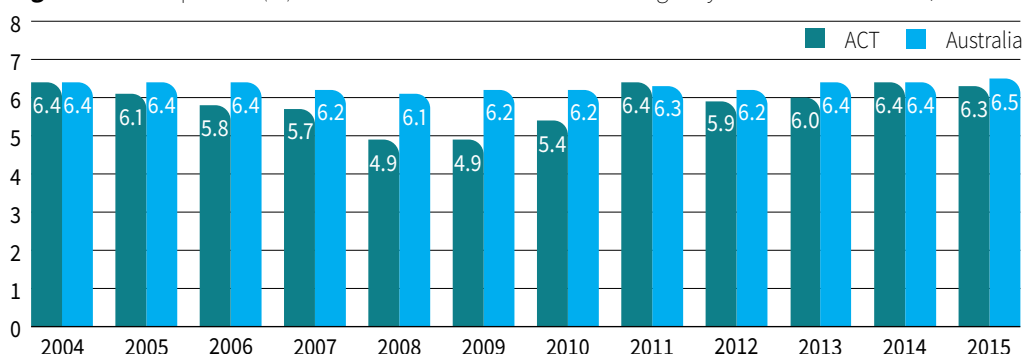
The proportion of low birthweight babies in the ACT is consistent with the national rates between 2011 and 2015. ACT Health refers expectant women considered as high risk to specialised clinics at Canberra's Centenary Hospital for Women and Children — where a multidisciplinary approach is taken to screening for foetal growth, smoking cessation and diet control — to decrease the likelihood of low-birthweight deliveries.

The birthweight for babies of women who smoked during pregnancy is significantly lower than for babies of women who did not smoke and the number of cigarettes smoked per day also negatively impacted on birthweight.⁷

ACT Health continues to strengthen relationships with the Aboriginal Health Service (Winnunga Nimmityjah) to better understand issues associated with Indigenous women accessing good antenatal care.

HOW IS THE ACT PROGRESSING?

Figure 9: Proportion (%) of live born babies with low birthweight by ACT resident women, 2004–15



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

The proportion of low birthweight babies born to ACT resident women in 2015 was 6.3 per cent, not significantly different to the national rate of 6.5 per cent. The proportion of live born ACT babies with a low birthweight has fluctuated over the period 2006 and 2011.

The incidence of low birthweight babies in Aboriginal and Torres Strait Islander women is reported as higher than the national average. Whilst this would represent a low number of infants overall, it assists ACT Health to further investigate the causes of low birthweight within this population.

Table 4: Proportion (%) of live born babies with low birthweight by ACT maternal Aboriginal and Torres Strait Islander status, 2004–06 to 2013–15

		2004–06	2007–09	2010–12	2013–15
Aboriginal and Torres Strait Islander	ACT	14.4	13.0	11.7	14.8
	Australia	12.9	12.3	12.1	12.0
Non-Aboriginal and Torres Strait Islander	ACT	5.9	5.1	5.8	6.1
	Australia	6.1	5.9	6.0	6.2

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

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

⁵ Helder L, Zhichao Z, Parker M, Jahan S and Chambers GM 2014, *Australia's months and babies 2012*, Perinatal statistics series no. 30, cat. no. PER 69, AIHW, Canberra.

⁶ Goldenberg RL and Culhane JF 2007, 'Low birthweight in the United States', *American Journal of Clinical Nutrition*, 85: 584S–90S.

⁷ HealthStats ACT, *Focus on smoking in pregnancy*, <<https://stats.health.act.gov.au/sites/default/files/Focus%20On%20Smoking%20In%20Pregnancy%202018.pdf>>.

INDICATOR DESCRIPTION

The proportion of infants being breastfed in the ACT who attend Maternal and Child Health 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 two, four, six 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 in regards to breastfeeding.

* *Exclusive breastfeeding is defined as infants who receive only breast milk (including expressed breast milk and, where required, medicines), but no infant formula or non-human milk.⁸*

WHY IS THIS IMPORTANT?

The National Health and Medical Research Council (NHMRC) recommends 'that infants be exclusively breastfed until around six months of age when solid foods are introduced. It is further recommended that breastfeeding be continued until twelve months of age and beyond, for as long as the mother and child desire'.⁹

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.¹⁰

POLICY CONTEXT

Maternal and Child Health (MACH) nurses are committed to providing an environment that protects, promotes and supports breastfeeding as the optimal way for a woman to feed her baby. MACH services are offered to 100 per cent of the ACT population and include an intake service and initial home visit following discharge from acute maternity services. A restructure of MACH services in 2017 and the introduction of an electronic referral system saw the universal first home visit prioritised, and women experiencing breast feeding difficulties are provided with early assistance and support from MACH.

The MACH service encourages breastfeeding education beyond the postgraduate qualification in Child and Family Health Nursing. MACH nurses complete an initial breastfeeding eLearning program and many are supported to complete lactation courses, with some nurses becoming International Board Certified Lactation Consultants. This professional development, and the inclusion of Midwives in home visiting and early service provision, has increased and enhanced early breastfeeding support for families in the first six weeks.

The availability of Early Days groups has been increased. These drop-in groups focus on sleeping and feeding concerns for parents with babies up to three months of age. There is capacity for the nurses to follow up individual clients after the group who may require additional one-on-one support.

⁸ AIHW 2011, *National breastfeeding indicators: workshop report*, cat.no. PHE 146, Canberra.

⁹ NHMRC 2012, *Eat for Health: Infant feeding guidelines summary*, <www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/170131_n56_infant_feeding_guidelines_summary.pdf>, Canberra.

¹⁰ NHMRC 2012, *Eat for Health: Infant feeding guidelines summary*, <www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/170131_n56_infant_feeding_guidelines_summary.pdf>, Canberra.

HOW IS THE ACT PROGRESSING?

Table 5: Exclusive breastfeeding (%), infants presenting at ACT MACH immunisation clinics, by age (completed calendar months), 2011–12 to 2016–17

	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17
1 month	65	63	64	65	68	68
2 months	66	64	65	64	66	65
3 months	56	59	52	40	28	47
4 months	51	51	53	52	57	56
5 months	48	41	46	51	59	49
6 months	8	5	5	4	8	8

Source: ACT Health, MACH Program, 2011–12 to 2016–17 unpublished data.

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. two months and 20+ days is rounded to two 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. Trend data may differ from those previously published due to data revisions.

Table 6: Any breastfeeding (%), infants presenting at ACT MACH immunisation clinics, by age (completed calendar month), 2011–12 to 2016–17

	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17
2 months	93	92	91	88	88	86
4 months	92	92	89	86	85	84
6 months	89	88	89	85	81	79
12 months	79	81	72	71	70	65

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

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. Trend data may differ from those previously published due to data revisions.

The exclusive breastfeeding rate in the ACT during 2011–12 is not significantly different to that of the rate in 2016–17. However, any breastfeeding rate for infants between the age of two months and 12 months-old has decreased significantly since 2011–12.



INDICATOR 5

INFANT MORTALITY

INDICATOR DESCRIPTION

The number of infant deaths (at less than one 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?

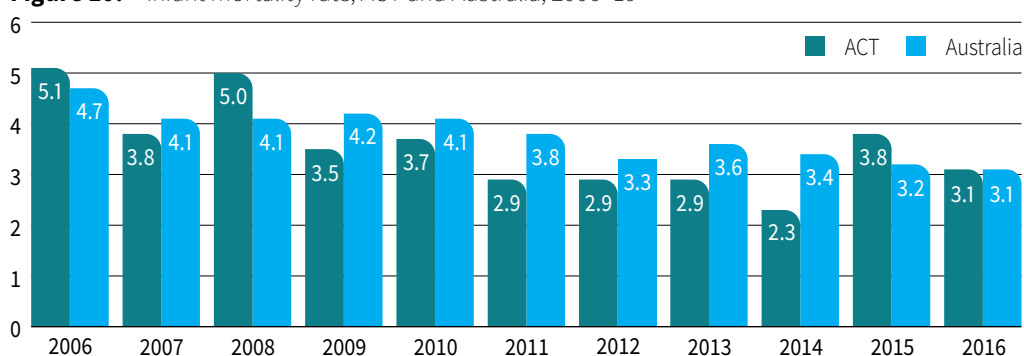
Infant mortality (i.e. deaths under one year of age) is commonly viewed as an important indicator of the general health and wellbeing of a population and has a large influence on life expectancy at birth. A high infant mortality rate lowers life expectancy, while a low infant mortality rate contributes to increased life expectancy.¹¹

POLICY CONTEXT

Each infant death is reviewed by ACT Health and recommendations are made in relation to the findings as required. The Child Death Committee reviews infant deaths while perinatal deaths, including neonatal deaths, are reviewed by the Obstetric and Neonatal Morbidity and Mortality Committees, and by the Perinatal and Maternal Mortality Committee. The Women's, Youth and Children's Quality and Safety Committee and its executive members review recommendations put forward to them for evaluation and continue to seek improvements for the health and wellbeing of infants in the ACT.

HOW IS THE ACT PROGRESSING?

Figure 10: Infant mortality rate, ACT and Australia, 2006–16



Source: ABS.Stat © Commonwealth of Australia, 12 June 2018. Creative Commons Attribution 2.5 Australia <<https://creativecommons.org/licenses/by/2.5/au>>.

NOTE This indicator also represents a small number of infants, most of which would die as a result of complications of prematurity.

The infant mortality rate in the ACT between 2006 and 2016 is not significantly different to that of the Australian rate. The infant mortality rate for ACT babies has also improved by 2.0 per cent from 5.1 per cent in 2006 to 3.1 per cent in 2016.



¹¹ ABS 2010, *Measures of Australia's Progress*, 2010, cat. no. 1370.0, Canberra.

INDICATOR 6

FRUIT AND VEGETABLE CONSUMPTION

INDICATOR DESCRIPTION

The proportion of ACT children (2–15 years) and young people (18–24 years) who reported as meeting the NHMRC Australian Dietary Guidelines for fruit and vegetables.

WHAT DO WE MEASURE?

Fruit and vegetable consumption of ACT children aged between two and 15 years (parent-reported). Two serves of fruit and five serves of vegetables is used as the measurement, as it covers the majority of age groups. Parents report full serves, not half serves.

Self-reported fruit and vegetable consumption of ACT young people aged 18–24 years (two serves of fruit and five serves of vegetable daily as per the Australian Dietary Guidelines).

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.¹²

POLICY CONTEXT

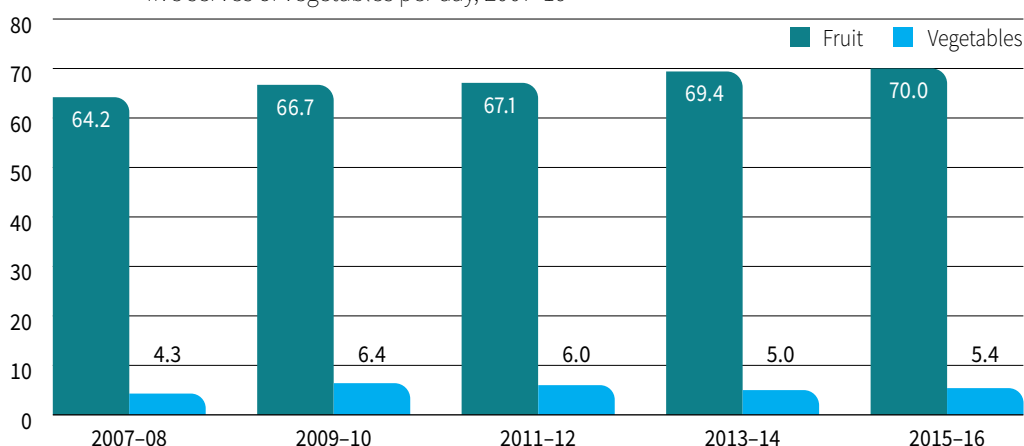
The ACT Government supports healthy eating in schools, including the consumption of fruit and vegetables, through the *ACT Public School Food and Drink Policy*. The policy uses the traffic light system to classify food and drink items as Green (always on the canteen menu), Amber (select carefully) and Red (not recommended on the canteen menu). The policy requires that the majority of food and drink items available in school canteens are Green. No Red items should be available. There are good rates of compliance with the policy. The last round of canteen menu assessments found that healthy (Green) food and drinks represented 50.0 per cent of all food and drinks available for sale across public school canteens. The proportion of unhealthy (Red) food and drinks was approximately 2.0 per cent, with further efforts aimed at reducing this proportion to zero.

The Fresh Tastes program is a free ACT Government service that helps schools make healthy food and drinks a bigger part of everyday life for Canberra's kids. Fresh Tastes schools have access to financial grants, discounted services, professional learning, curriculum resources and incentives from partners to achieve their goals. Schools involved in Fresh Tastes are given resources to help educate students about nutrition and health, such as how to pack a healthy lunchbox or how to grow and cook fresh food. Schools are also supported in creating healthier canteen menus and offering discounts for buying fruit and vegetables to families.

Good Habits for Life is a locally-developed behaviour change campaign that targets families with young children and encourages physical activity and healthy eating. The campaign was launched in 2014 and has been supported by three waves of TV, radio and online advertising.

HOW IS THE ACT PROGRESSING?

Figure 11: Proportion (%) of ACT children aged 2–15 years who eat at least two serves of fruit and five serves of vegetables per day, 2007–16

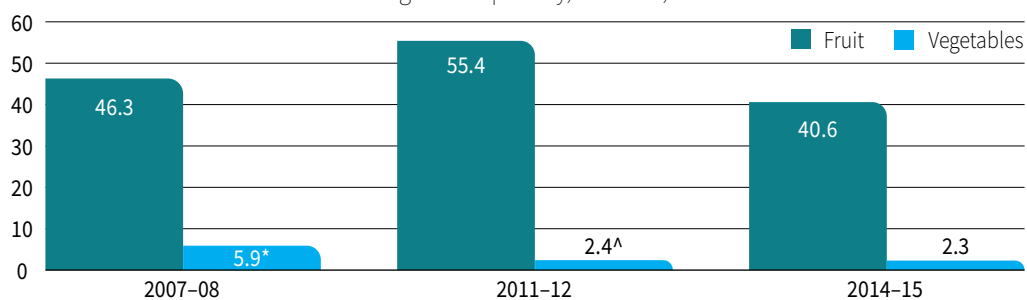


Source: ACT General Health Survey 2007–16.

Between 2007–08 and 2015–16, the proportion of children aged two to 15 years who consumed at least two serves of fruit and five serves of vegetables has remained fairly stable over time. Latest data (2015–16) shows that the vast majority of children aged 2–15 years (70.0%) are eating adequate serves of fruit per day; however, only one in 20 children (5.4%) in this age group have adequate vegetable intake (Figure 11).

¹² NHMRC 2013, *The Australian Dietary Guidelines*, Commonwealth of Australia.

Figure 12: Proportion (%) of ACT young people aged 18–24 years who eat at least two serves of fruit and five serves of vegetables per day, 2007–08, 2011–2012 and 2014–15



Source: ABS National Health Survey, 2007–15.

* Estimate has a relative standard error greater than 50 per cent and is considered unreliable for general use.

^ Estimate has a relative standard error of 25–50 per cent and should be used with caution.

Data from the 2014–15 ABS National Health Survey shows that the proportion of ACT residents aged 18–24 years who eat adequate serves of fruit (40.6%) is comparable with the national proportion (42.8%) (Figure 12); however, vegetable intake is lower (2.3%) when compared with Australian data (6.4%).

NOTE The proportion of ACT young people (18–24 years) meeting the NHMRC Australian Dietary Guidelines for fruit and vegetables is a new indicator for 2018.

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 Immunisation Register (AIR).

WHY IS THIS IMPORTANT?

Immunisation protects children, young people and adults against harmful infections before they come into contact with 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.¹³

POLICY CONTEXT

The data indicates that the ACT continues to have high coverage rates for this cohort.

ACT Health undertakes numerous activities to increase coverage rates including:

- reminder letters sent to the parents of children due for immunisation including Aboriginal and Torres Strait Islander children
- follow-up of all children recorded as overdue for immunisation in the AIR
- ACT Health immunisation webpage
- immunisation newsletter
- provider information packs for the annual influenza vaccination or any new or changed immunisation programs
- promotional materials for parents and immunisation providers
- immunisation enquiry line
- transcribing of overseas immunisation histories.

¹³ Australian Government Department of Health, *Understanding Childhood Immunisation*, Immunise Australia, <https://beta.health.gov.au/health-topics/immunisation?utm_source=immunise_australia_program&utm_medium=redirect&utm_campaign=digital_transformation>.

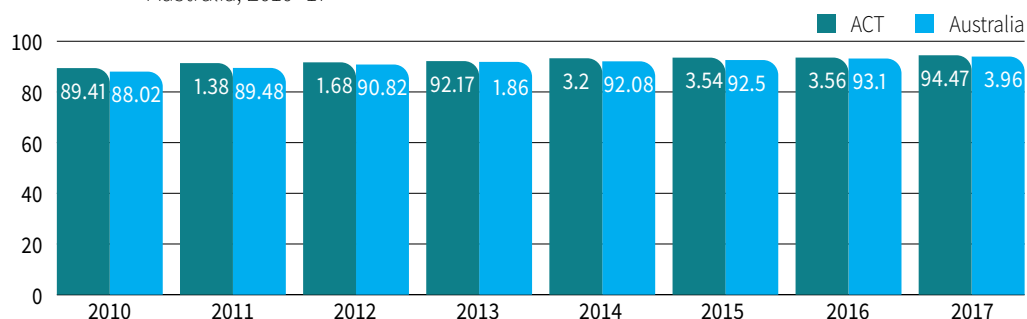
In 2016 there was a significant decrease in the proportion of Aboriginal and Torres Strait Islander children who were fully immunised at 60–63 months. In response, ACT Health took action to increase the immunisation coverage rates for Aboriginal and Torres Strait Islander children through a suite of activities including:

- monthly reminders sent to the parents of all Aboriginal and Torres Strait Islander children
- names of Aboriginal and Torres Strait Islander children overdue sent to Winnunga Nimmityjah Aboriginal Health Service and MACH team
- postcards sent to parents of Aboriginal and Torres Strait Islander children to remind them of immunisations prior to their child turning two, four, six, 12 and 18 months or four years
- intensive investigation of every Aboriginal and Torres Strait Islander child from three months to five years who is recorded as overdue for immunisations. The information from the investigation is used to develop tailored individual follow up
- resources and information developed by the Health Protection Service (HPS) for the Aboriginal and Torres Strait Islander community. This promotional campaign consists of posters, brochures, and an immunisation reminder postcard
- meetings held by HPS staff with Winnunga Nimmityjah Aboriginal Health Service, Health Aboriginal and Torres Strait Islander Health unit and the Capital Health Network Closing the Gap team
- close liaison with with the Commonwealth Department of Health, the AIR and immunisation providers on this issue.

The impact of these actions was positive with a big increase of more than 7.0 per cent of Aboriginal and Torres Strait Islander children being immunised at this age.

HOW IS THE ACT PROGRESSING?

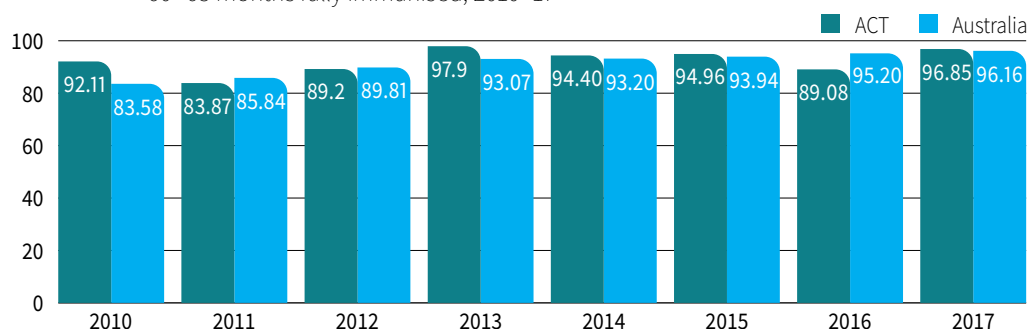
Figure 13: Proportion (%) of ACT children aged 60–63 months fully immunised, ACT and Australia, 2010–17



Source: Australian Government Department of Health historical coverage data tables for all children, 2010–17.

The proportion of Aboriginal and Torres Strait Islander children fully immunised aged 60–63 months in the ACT has fluctuated over time.

Figure 14: Proportion (%) of ACT Aboriginal and Torres Strait Islander children aged 60–63 months fully immunised, 2010–17



Source: Australian Government Department of Health historical coverage data tables for Aboriginal and Torres Strait Islander children.

NOTE 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

INDICATOR 8

PARTICIPATION IN PHYSICAL ACTIVITY

INDICATOR DESCRIPTION

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

WHAT DO WE MEASURE?

The proportion of ACT:

- children (5–15 years) who do 60 minutes or more of physical activity a day (parent/carer-reported)
- secondary students (12–17 years) who participate in physical activity (self-reported)
- parents who knew the recommended amount of physical activity for children (5–15 years) per day (parent/carer-reported)
- children (5–15 years) who usually walk or cycle to school (parent/carer-reported).

WHY IS THIS IMPORTANT?

The *National Physical Activity Guidelines* recommend that children and adolescents do at least 60 minutes of moderate (e.g. bike riding, skateboarding and 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 adversely affect their health in later life.¹⁴

POLICY CONTEXT

Kids at Play Active Play (KAPAP) is a free capacity-building program that offers training for Early Childhood Education and Care (ECEC) services in the ACT. The KAPAP training has been designed to help early childhood educators and health professionals feel confident to promote active play and teach fundamental movement skills to children aged 3–5 years in ECEC services. This training includes practical ‘hands on’ skills sessions to assist educators to apply the learnings in their ECEC setting.

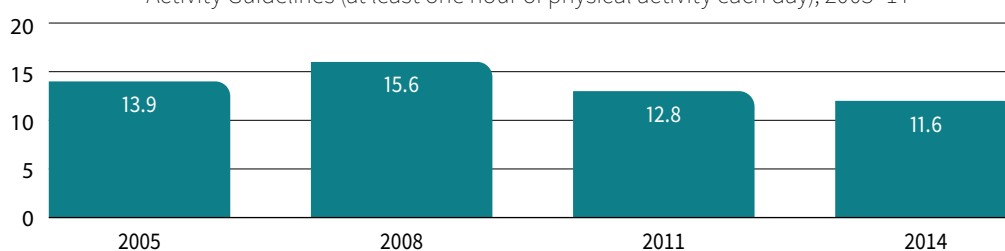
The Ride or Walk to School program aims to increase the use of active travel among primary school students in the ACT. Participating schools receive advice and support from a dedicated Program Manager, as well as access to free teacher training in the curriculum-aligned cycling education program ‘Safe Cycle’; loan bikes and helmets to run Safe Cycle with Year 5 and 6 students; basic bike maintenance classes for students; road safety education; and resources to promote active travel events throughout the year.

Results from the 2007–16 ACT General Health Survey (ACTGHS) show that 21.6 per cent of ACT children aged 5–15 years were meeting the National Physical Activity Guidelines by doing 60 minutes or more of physical activity a day. Boys (24.2%) were more likely to meet these guidelines than girls (19.1%).

Results from the 2005–14 Australian Secondary Students Alcohol and Drug Survey (ASSAD) show that 13.5 per cent of ACT children aged 12–17 years were meeting the National Physical Activity Guidelines by doing 60 minutes or more of physical activity a day (Figure 15). Boys (16.1%) were more likely to meet these guidelines than girls (10.7%).

HOW IS THE ACT PROGRESSING?

Figure 15: Proportion (%) of ACT secondary students (12–17 years) meeting National Physical Activity Guidelines (at least one hour of physical activity each day), 2005–14

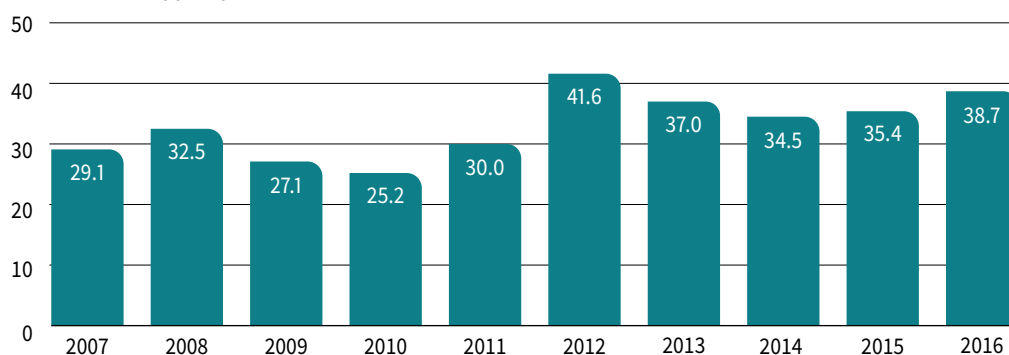


Source: Australian Secondary Students Alcohol and Drug Survey (ASSAD), 2005–14

¹⁴ Australian Government Department of Health and Ageing, *Australia's physical activity recommendations for 5–12 year olds and Australia's physical activity recommendations for 12–18 year olds*.

Findings from the 2015–16 ACT General Health Survey indicate that more than half (51.8%) of ACT parents correctly responded that the recommended amount of physical activity for children aged five to 15 years is at least 60 minutes per day.

Figure 16: Proportion (%) of ACT children aged 5–15 years who usually walk or cycle to school, 2007–16



Source: ACT General Health Survey (ACTGHS), 2007–16

In 2016, more than one third of children (38.7%) in this age group usually cycled or walked to school (Figure 16).

NOTE The proportion of ACT secondary students (12–17 years) who participate in physical activity is a new indicator for this report.



INDICATOR 9

LEADING CAUSES OF HOSPITALISATIONS FOR ACT CHILDREN

INDICATOR DESCRIPTION

The leading causes of hospitalisations for ACT children.

WHAT DO WE MEASURE?

The top 25 diagnosis related groups for ACT resident patients aged 14 years and younger (excluding neonates) who are admitted to hospital.

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.¹⁵

POLICY CONTEXT

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

Vaccination is the best way to protect individuals and the community against a range of communicable diseases. ACT Health actively promotes vaccinations for all children and adolescents in the ACT.

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.

HOW IS THE ACT PROGRESSING?

Table 7: ACT Public Hospitals, top 25 diagnoses for hospital admission by volume, persons aged 14 years or less, 2016–17

Diagnosis	Separations
Other factors influencing health status	315
Bronchitis and asthma	228
Musculoskeletal injuries, same day	196
Respiratory infections and inflammations	176
Abdominal pain and mesenteric adenitis	146
Otitis media and upper respiratory infections	143
Respiratory signs and symptoms	121
Viral illnesses	120
Injuries to forearm, wrist, hand and foot	119
Tonsillectomy and adenoidectomy	116
Inflammatory bowel disease	114
Reticuloendothelial and immunity disorders	106
Seizures	102
Oesophagitis and gastroenteritis	99
Dental extractions and restorations	98
Other digestive system disorders	87
Appendectomy	86
Cellulitis	84
Other male reproductive system disorders	77
Injuries	73
Poisoning/toxic effects of drugs and other substances	72
Myringotomy w tube insertion	67
Humerus, tibia, fibula and ankle procedures	66
Red blood cell disorders	65
Coagulation disorders	65

Source: ACT Health, admitted patient care data set, hospital separations for persons aged 14 years or less 2016–17 (excludes admissions for births, ACT residents only).

¹⁵ ACT Government 2016, *A Picture of Children and Young People in the ACT 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

In 2016–17, there were 5,090 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 the previous year with 4,907 admissions in 2015–16. This is significantly more than previous years which was 4,124 in 2014–15, 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 2016–17 were other factors influencing health status generally relating to social reasons* (315 episodes), followed by bronchitis and asthma (228 episodes) and musculoskeletal injuries (196 episodes). The top two major causes of hospitalisation for ACT children have remained consistent over the past four years.

* Social reasons include diagnosis categories relating to wound and device care, allergy testing, immunisations and screening, and mental health care.

INDICATOR 10 DENTAL HEALTH

INDICATOR DESCRIPTION

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

WHAT DO WE MEASURE?

This index quantifies dental health status based on the number of teeth decayed, missing or extracted of children aged 12 years in the ACT. The number of decayed (D), missing (M) or filled teeth (FT) is expressed as the DMFT (for permanent teeth).

WHY IS THIS IMPORTANT?

Dental Caries (tooth decay) is the most common oral disease and among the most prevalent health conditions in Australian children. The National Child Oral Health Study 2012–14 states that just over 40.0 per cent of children aged 5–10 years in Australia had experienced caries in their primary teeth and one-quarter of children aged 6–14 years had experienced caries in their permanent teeth.

Child oral health remains a significant population health issue in Australia with only 50.0 per cent of children brushing their teeth the recommended twice a day and 57.0 per cent of children seeing a dental professional before the age of five years.

Poor oral health is a significant contributor to the burden of disease in Australia contributing to the rising cost of healthcare. An estimated \$10 billion is spent each year on oral health with many of these costs incurred for treatment of oral disease which is preventable.

POLICY CONTEXT

The ACT Dental Health Program (DHP) offers a range of child and youth dental services to the community to all children under the age of 14 years who live in or attend an ACT school, and young people under the age of 18 with access to a Centrelink issued Pension Concession or Health Care Card.

The ACT DHP strategically identifies and targets access for Priority Population Groups as indicated in Australia's *National Oral Health Plan 2015–2024*.¹⁶ These include people who are socially disadvantaged or on low incomes and people with additional and/or specialised health care needs.

The Child Dental Benefits Schedule (Australian Government initiative) is a program that provides access for eligible children to benefits for basic dental services to children including dental check-ups, x-rays, cleaning, fissure sealing, fillings and extractions. The total benefit entitlement will be capped at \$1,000 per child over a two calendar year period.

HOW IS THE ACT PROGRESSING?

Table 8: Mean DMFT Index rate for ACT children aged at 12 years, 2012–14

	2012–14
ACT rate	0.3
Australian rate	0.9

Source: University of Adelaide 2016, *Oral health of Australian children: The National Child Oral Health Study 2012–14*.

NOTE The University of Adelaide, in collaboration with public dental jurisdictions around Australia, undertakes a national survey representative of all children once every ten years.

¹⁶ COAG Council 2015, *Australia's National Oral Health Plan 2015–2024*, <www.mah.se/PageFiles/1541119092/Australias-National-Oral-Health-Plan-2015-2024_uploaded-170216.pdf>.

INDICATOR DESCRIPTION

The number of appointments with a General Practitioner (GP) for the development, review or consultation of a mental health treatment plan for ACT children and young people.

WHAT DO WE MEASURE?

The number of GP appointments concerning mental health treatment plans is reported in the Medicare Benefits Schedule (MBS) records.

For the purposes of this indicator, six MBS treatment items related to GP Mental Health Treatment Plans were measured. These include the number of appointments, lasting at least 20 minutes or more than 40 minutes, to prepare a GP Mental Health Treatment Plan with medical practitioners. In addition, the number of appointments for treatment consultation under a mental health plan or a review of a mental health plan were also included.

WHY IS THIS IMPORTANT?

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

Mental health treatment plans are an important tool that can help to guide treatment and empower people to take steps to improve their mental health.

POLICY CONTEXT

The data in this indicator shows a year-on-year increase in the number of GP appointments attended by ACT children and young people for mental health treatment plans. This is important because, while the data does not reveal the number of unique mental health treatment plans in the ACT, it does show an increased demand for appointments concerning mental health treatment plans.

ACT Health works closely with the ACT's Primary Health Network and Capital Health Network (CHN) to promote access to appropriate mental health treatment and care for ACT children and adolescents.

ACT Health is working to expand the number of bulk billed health services in the ACT. The Bulk Billing General Practices Grant offers funding to general practitioners, psychologists and other allied health professionals to boost their bulk billing services. The intention is to increase accessibility to health services, especially for families experiencing disadvantage.

As examples of this commitment, ACT Health continues to invest in child and adolescent mental health services and Headspace*, and is also collaborating with the CHN to develop a Regional Mental Health Plan. These initiatives will have a key role in ensuring effective access and integration of mental health services across the system. This integration is an important outcome for ensuring people have access to the right treatment, in the right place and at the right time for them across the mental health system in the ACT. The Office for Mental Health and Wellbeing will play an important role in achieving cross sectoral collaboration and service integration to promote mental health and wellbeing in the ACT.

* The ACT Budget 2018–19, committed an extra \$1.3 million to further fund Headspace over the next three financial years. The funding will increase Headspace's ability to offer additional initial assessments and reduced wait times. Initial assessments are important for the triaging of young people who present to headspace with mental health treatment plans.

HOW IS THE ACT PROGRESSING?

Table 9: Number of ACT GP Mental Health Treatment Plan appointments for ACT children and young people aged 0–24 years, 2014–17

	2014	2015	2016	2017
0–4 years	77	107	82	126
5–14 years	1,921	2,080	2,530	2,700
15–24 years	7,484	8,236	9,047	10,151
Total	9,482	10,423	11,659	12,977

Source: MBS online. Item numbers 2700, 2701, 2712, 2713, 2715 and 2717.

Table 10: Breakdown number of ACT GP Mental Health Treatment Plan appointments for ACT children and young people aged 0–24 years by appointment type, 2016

	Lasting at least 20 mins or more than 40 mins	Treatment consultation under a mental health plan	Appointments for a review of a mental health plan	Total in age group
0–4 years	64	14	4	82
5–14 years	1,707	453	370	2,530
15–24 years	3,990	3,800	1,257	9,047
Total	5,761	4,267	1,631	11,659

Source: MBS online. Item numbers 2700, 2701, 2712, 2713, 2715 and 2717.

NOTE The number of appointments, lasting at least 20 minutes or more than 40 minutes, to prepare a GP Mental Health Treatment Plan with medical practitioners either with mental health skills training (items 2715 and 2717) or without this training (items 2700 and 2701). The number of appointments for treatment consultation under a mental health plan (item 2713) or a review of a mental health plan (item 2712). The breakdown of appointments by item number for only 2016 and 2017 are included in this report as they are new data from the 2016 *A Picture* publication which reported data from 2014 and 2015.

Table 11: Breakdown number of ACT GP Mental Health Treatment Plan appointments for ACT children and young people aged 0–24 years by appointment type, 2017

	Lasting at least 20 mins or more than 40 mins	Treatment consultation under a mental health plan	Appointments for a review of a mental health plan	Total in age group
0–4 years	103	22	1	126
5–14 years	1,825	512	363	2,700
15–24 years	4,265	4,398	1,488	10,151
Total	6,193	4,932	1,852	12,977

Source: MBS online. Item numbers 2700, 2701, 2712, 2713, 2715 and 2717.

NOTE The number of appointments, lasting at least 20 minutes or more than 40 minutes, to prepare a GP Mental Health Treatment Plan with medical practitioners either with mental health skills training (items 2715 and 2717) or without this training (items 2700 and 2701). The number of appointments for treatment consultation under a mental health plan (item 2713) or a review of a mental health plan (item 2712).

Overall, the number of GP appointments concerning the development, management or review of mental health treatment plans for children and young people in the ACT has risen over this reporting period. This is also true of the data in the previous *A Picture of ACT's Children and Young People 2016* report, which saw a total of 9,482 appointments in 2014 and 10,423 appointments in 2015.

However, there is no data available, either from the MBS or from the AIHW, which counts the total number of mental health treatment plans for children and young people in the ACT. Without this information, it is difficult to infer whether an increased number of mental health treatment plans are being developed, following attendance at these appointments, or whether children and young people in the ACT with existing treatment plans are having more GP consultations about their plans than in previous years.

As a result, while the number of GP appointments concerning mental health treatment plans for young people in the ACT is rising, it is difficult to comment on whether performance indicators around mental health treatment plans are improving or not.

INDICATOR DESCRIPTION

The proportion of ACT young people (16–25 years) who report experiencing a high or very high level of psychological distress.

WHAT DO WE MEASURE?

The proportion of ACT young people aged 16–25 years who report experiencing a high or very high level of psychological distress based on 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 self-reported experience of feeling anxiety and depressive symptoms in the four weeks prior to the survey.¹⁷ Young people who experience mental health problems are at higher risk of poor health and wellbeing outcomes.¹⁸

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.¹⁹

POLICY CONTEXT

The Year 7 Health Check is currently under development to examine the prevalence, distribution and patterns of adolescent health and wellbeing across ACT schools. The program will have assessments of healthy weight, emotional wellbeing, along with associated risk factors. Although the program will focus on those aged 12–13 years, it will provide an increasingly comprehensive picture of health challenges facing this age group as they transition to secondary school and progress from early adolescence. The data may be useful in establishing the scale of emotional difficulties in this age group, its trend and, ultimately, help to inform future service design.

HOW IS THE ACT PROGRESSING?

Table 12: Proportion (%) of self-reported high or very high psychological distress, ACT residents aged 16–25 years, 2007–08 to 2015–16

	2007–08	2009–10	2011–12	2013–14	2015–16
16–25 years	12.2	14.4	15.8	14.4	21.3

Source: 2007–16 ACT General Health Survey.

NOTE Although the proportion for 2015–16 looks higher, it is not significantly different from the previous period (2009–14). Due to the small sample size for this age group, multiple survey periods have been combined to calculate proportions. Thus, the results should be interpreted with caution.

Findings from the 2007–16 ACT General Health Survey show that 15.6 per cent of ACT young people aged 16–25 years self-reported high or very high psychological distress. Females (20.0%) appear to be more likely to report experiencing a high or very high level of psychological distress than males (11.4%).

¹⁷ University of Adelaide 2009, *The Relationship between Psychological Distress and Psychological Wellbeing — Kessler 10 and various wellbeing scales*.

¹⁸ ACT Health 2011, *The Health Status of Young People in the ACT*, p.22, Canberra.

¹⁹ ACT Government 2015, *ACT Children and Young People's Commitment 2015–2025*, Priorities 2 and 4.

INDICATOR 13

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 younger, 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.

POLICY CONTEXT

Supporting Young People Through Early Intervention and Prevention Strategies (STEPS)

STEPS is a 24 hour residential facility which is delivered in partnership with CatholicCare. The program supports young people aged 13–17 years experiencing moderate to severe mental health issues as an alternative to a hospital admission. Referrals to this specialist program are facilitated through a person's allocated Clinical Manager within their treating mental health team.

Youth Step up Step Down (YSUSD) Program

The Youth Step up Step down (YSUSD) program provides a residential psychosocial support program for young people aged 18–25 years with a mental illness. This program aims to prevent relapse and assist in a young person's recovery from an acute episode of illness. Young people 'step up' from the community into a highly supportive environment to prevent further illness and 'step down' from the hospital setting to provide a more graduated return to their home. YSUSD is managed in partnership with Wellways. Referrals to this program are made on behalf of people currently registered with mental health services in the ACT by their mental health clinical manager.

Childhood Early Intervention Team

The Childhood Early Intervention Team operates in partnership with ACT Education Directorate. This program focuses on the early identification and treatment of primary school children who are at high risk of developing a mental illness and provides group work interventions.

HOW IS THE ACT PROGRESSING?

Table 13: ACT Public Hospitals, hospitalisation rate per 1,000 population for mental health and behavioural disorders (persons aged 14 years or less), 2009–17

	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17
14 years or less	0.95	0.96	0.72	0.98	0.78	0.98	0.81	0.98

Source: ABS for resident ACT population for people aged 14 years and younger by year, < http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/CED801>. ACT Health admitted patient care data set.

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

Less than one in a thousand ACT children aged 14 years or younger are hospitalised for mental health or behavioural disorder since 2009.

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 by age and road user type, whose underlying cause of death was determined to be the direct result of a road transport incident.

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.

Globally, road traffic accidents are the leading cause of death for young persons under the age of 25.²⁰ This indicator provides a measure of trends in road safety behaviours for children and young people.

POLICY CONTEXT

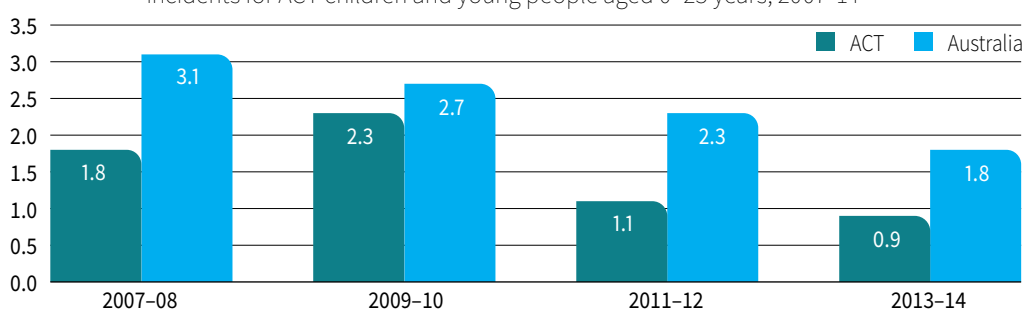
Young people are significantly over-represented among those killed in road traffic accidents, with young drivers more likely to engage in risky driving behaviours.²¹ Information from this indicator is valuable to inform government policies and initiatives to improve road safety behaviours for children and young people. An example is the Prevent Alcohol and Risk-related Trauma in Youth (PARTY) program provided at the Canberra Hospital which is aimed at providing teenagers with information about trauma that will enable them to recognise potential injury-producing situations, make prevention-oriented choices, and adopt behaviours that minimise unnecessary risk. Sixteen programs are run each school year, and 1,377 students have been through this program since 2015. Formal analysis of the program is planned for 2019.

In addition, a *Drug Strategy Action Plan 2018–2021*²² is currently under development by the ACT Government that will include key actions to reduce alcohol and other-drug-related emergency department presentations. This action plan will also include public education on driver impairment and inattention, and the Interlock program which seeks to prevent road transport casualties* caused by drink driving offenders.

* *Transport Casualties have been defined as land transport accidents that were specified as having occurred on a public traffic way.*

HOW IS THE ACT PROGRESSING?

Figure 17: Road transport casualties — death rate directly attributed to road transport (traffic) incidents for ACT children and young people aged 0–25 years, 2007–14



Source: Causes of Death Unit Record File (CODURF) 2015 version.

While the national rate shows a downward trend, a trend in the ACT rate cannot be identified due to the low numbers of road transport deaths of ACT residents. These low numbers also limit the ability to determine if ACT rates are indeed lower than Australian rates using statistical analysis.

²⁰ AIHW 2011, *Young Australians: Their Health and Wellbeing*, cat. no. PHE 140, p.31, Canberra.

²¹ Ibid, p.31.

²² ACT Health Directorate, *ACT Drug Strategy Action Plan 2018–2021*, Draft version as at June 2018, <<http://staging.health.act.gov.au/sites/default/files/ACT%20Drug%20Strategy%20Action%20Plan%202018%20-%202021.pdf>>.

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?

National surveillance data indicates that high levels of STIs continue to occur in Australia and are increasing in many priority populations.²³ Young people are recognised as a priority population across the five National Strategies for blood-borne viruses (BBV) and STIs (the National Strategies), as well as in the Hepatitis B, Hepatitis C, HIV and sexually transmissible infections *ACT Statement of Priorities 2016–2020* (ACT Statement of Priorities).

Young people aged less than 30 are generally disproportionately affected by STIs compared to other age groups.²⁴ Chlamydia remains the most commonly notified STI in Australia, with 75.0 per cent of notifications in 2016 occurring in 15–29 year olds. Similarly, most notifications of gonorrhoea in 2016 were in the 20–24 year age group for both males and females.²⁵

Notification data for STIs must be interpreted with caution. While notification data is useful to monitor trends and provide an indication of transmission in the community, notification data can be largely influenced by access to health care and testing practices and are likely to under-represent the true incidence of disease in the population.

POLICY CONTEXT

Information from this indicator can help to inform the development of government policies about services and initiatives that are effective in promoting a positive and respectful approach to sexual health and wellbeing for young people in the ACT.

Disease notifications data are regularly reviewed to identify any changes in disease patterns or emerging risk factor trends. This information is then used to inform and target specific communication, prevention, and promotional activities. For example, the Chief Health Officer wrote to all ACT GPs in March 2018 advising of an increase in the incidence of gonorrhoea, particularly among young women.

It is, however, 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 not necessarily be due to a decrease in disease transmission in the community.

ACT Health continues to work collaboratively with a number of government and community stakeholders to address issues related to STIs and BBVs in young people, and to assist with achieving the objectives of the ACT Statement of Priorities which includes prevention, testing, and surveillance of STIs and BBVs.

One program that is specifically targeted at young people in the ACT is Sexual Health, Lifestyle and Relationships Program (SHLiRP). SHLiRP is a health promotion collaboration between Canberra Sexual Health Centre and Sexual Health and Family Planning ACT (SHFPACT) that has been operating in ACT Government secondary schools in the ACT since 2002. The program provides accessible sexual health information and screening to students and encourages health-seeking behaviour by students on an ongoing basis. SHFPACT and SHLiRP are funded by ACT Health.

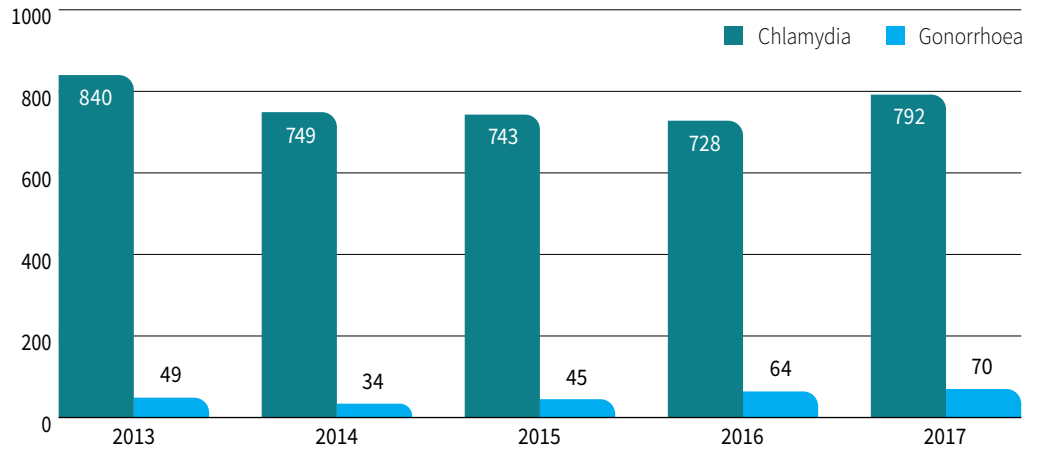
²³ Australian Government Department of Health 2014, *Third National Sexually Transmissible Infections Strategy*, p.3.

²⁴ The Kirby Institute 2014, *HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2014*, p.8 and p.16, University of New South Wales (UNSW), Sydney.

²⁵ The Kirby Institute 2017, *HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2017*, UNSW, Sydney.

HOW IS THE ACT PROGRESSING?

Figure 18: Number of notifiable diseases for ACT residents aged 0–25 years, 2013–17



Source: ACT Notifiable Diseases Database. Data are subject to change.

NOTE: Syphilis and HIV data is not reported due to small numbers.

In the ACT, STI notifications in those aged under 25 years have remained relatively stable. Chlamydia remains the most commonly notified STI in the ACT, with notifications in those aged less than 25 years decreasing slightly between 2014 and 2016.

The number of gonorrhoea notifications in those aged under 25 years increased over the last five years, however this trend is consistent across all age groups and with an overall increasing trend nationally.

INDICATOR 16

CHILDREN ENROLLED IN PRESCHOOL

INDICATOR
DESCRIPTION

The proportion of children who are enrolled in a preschool program in the year before fulltime schooling.

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.²⁶

POLICY CONTEXT

Participation in quality early learning programs has significant benefits for young children because it makes the most of their heightened ability to absorb information and acquire skills.

Children who have accessed quality, structured early learning are more likely to make a successful transition to school, stay longer in school, continue on to further education and fully participate in employment and community life as adults.

The National Early Childhood Education and Care Collection (the Collection) has been established to provide nationally comparable statistics on early childhood education and care (ECEC). The collection also enables improvements in the quality and accessibility of national ECEC data and assists in the progress reporting for the National Partnership Agreement on Universal Access to Early Childhood Education. Under this agreement, the parties committed to maintaining universal access to quality early childhood program for all children in the year before full-time school for 600 hours per year, delivered by a qualified early childhood teacher who met National Quality Framework (NQF) requirements, with a focus on participation by vulnerable and disadvantaged children.

Information concerning the various types of early childhood education and care services available in the ACT can be found on the Education Directorate website:

<www.education.act.gov.au/education-and-care>.

HOW IS THE ACT PROGRESSING?

Table 14: Children aged four or five years, enrolled in a preschool program in the ACT, 2013–17

	2013	2014	2015	2016	2017
All children	5,765	6,287	6,839	6,911	7,064
Aboriginal and Torres Strait Islander children	142	155	216	186	235

Source: ABS, Preschool Education, Australia, 2017, cat. no. 4240.0. Australian Demographic Statistics: Estimated Resident population by single year of age, Australian Capital Territory (cat. no. 3101.0) Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001–26, cat. No. 3238.0.

In August 2017, a total of 7,064 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 124 per cent of the estimated preschool age population.

There were 153 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 LDCs as at August 2017.

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.

²⁶ ACT Government 2016, *A Picture of Children and Young People in the ACT 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

INDICATOR 17

SOCIAL AND EMOTIONAL WELLBEING OF ACT KINDERGARTEN CHILDREN

INDICATOR DESCRIPTION

The number of ACT kindergarten children scoring in the categories of 'High risk', 'Slightly raised' and 'Close to average' as measured by the ACT Health's Kindergarten Health Check Strengths and Difficulties Questionnaire (SDQ).

WHAT DO WE MEASURE?

The SDQs is a brief, easily administered screening tool that describes children's behaviours, emotions and relationships, and is parent rated.

ACT Health's SDQs records the number of kindergarten children scoring 'High risk' (at a higher risk of having social and emotional difficulties). The scoring also includes a scoring of 'Slightly raised' (a likely or possible risk of social and emotional difficulties) and 'Close to average' (at a lower risk of having 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.²⁷ 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.

POLICY CONTEXT

Collaborations and sharing of data between sections of ACT Health, Community Services and Education Directorates aim to gather and analyse data to ascertain what services are currently being provided, and where the gaps are in social and wellbeing services provision to kindergarten children in the ACT.

HOW IS THE ACT PROGRESSING?

Between 2014 and 2017, there has been a small increase overall in the proportion of children whose parents report their child is experiencing raised social and emotional difficulties (Table 15). The data indicates that the proportion of ACT kindergarten boys at relative risk of social and emotional difficulties is increasing, but that of girls is steady (Table 16). Over the same period, the data indicates an increase in the risk for children of Aboriginal and Torres Strait Islander origin, but proportional risk remains steady (Table 17).

Children who are six years of age and older early in the Kindergarten school year, also are at more risk. It should be noted that these children may be repeating Kindergarten, or have not started kindergarten at five years of age due to difficulties being recognised in the previous year.

Table 15: Number and proportion (%) of ACT kindergarten children at relative risk of social and emotional difficulties, 2014–17

	2014		2015		2016		2017	
	No.	%	No.	%	No.	%	No.	%
Close to average	4,276	90.5	4,574	90.6	4,679	90.1	4,658	88.9
Slightly raised	234	5.0	252	5.0	225	4.3	303	5.8
High risk	215	4.6	225	4.5	287	5.5	278	5.3
Total	4,725	100	5,051	100	5,191	100	5,239	100

Source: ACT Kindergarten Health Check program — Women Youth and Children Community Health Programs and Academic Unit of General Practice 2014–17.

²⁷ ANGLICARE NSW South, NSW West and ACT, *Limiting Futures: Youth Unemployment in the ACT*, p.4 via <www.anglicare.com.au/data/Limiting_Futures_Report.pdf>.

Table 16: Number and proportion (%) of ACT kindergarten children at relative risk of social and emotional difficulties, by sex, 2014–17

		2014		2015		2016		2017	
		No.	%	No.	%	No.	%	No.	%
Close to average	Male	2,152	88.2	2,271	88.3	2,384	87.9	2,308	85.9
	Female	2,124	93.0	2,303	92.9	2,295	92.6	2,350	92.1
Slightly raised	Male	145	5.9	152	5.9	137	5.0	190	7.1
	Female	89	3.9	100	4.0	88	3.6	113	4.4
High risk	Male	144	5.9	150	5.8	192	7.1	189	7.0
	Female	71	3.1	75	3.0	95	3.8	89	3.5

Source: ACT Kindergarten Health Check program – Women Youth and Children Community Health Programs and Academic Unit of General Practice 2014–17.

Table 17: Number and proportion (%) of ACT kindergarten children of relative risk of social and emotional difficulties, by Aboriginal and Torres Strait Islander status, 2014–17

		2014		2015		2016		2017	
		No.	%	No.	%	No.	%	No.	%
Close to average	Aboriginal and/or Torres Strait Islander	74	1.6	93	1.8	108	2.1	104	2.0
	Non-Aboriginal and/or Torres Strait Islander	4,188	88.6	4,470	88.5	4,562	87.9	4,541	86.7
Slightly raised	Aboriginal and/or Torres Strait Islander	9	0.2	13	0.3	9	0.2	12	0.2
	Non-Aboriginal and/or Torres Strait Islander	223	4.7	239	4.7	215	4.1	291	5.6
High risk	Aboriginal and/or Torres Strait Islander	9	0.2	15	0.3	18	0.4	17	0.2
	Non-Aboriginal and/or Torres Strait Islander	205	4.3	209	4.1	267	5.1	259	4.9

Source: ACT Kindergarten Health Check program – Women Youth and Children Community Health Programs and Academic Unit of General Practice 2014–17.

Table 18: Number and proportion (%) of ACT kindergarten children of relative risk of social and emotional difficulties, by age group, 2014–17

		2014		2015		2016		2017	
		No.	%	No.	%	No.	%	No.	%
Close to average	Under 5 years	572	12.1	604	12.0	674	13.0	723	13.8
	5–6 years	3,583	75.8	3,857	76.4	3,910	75.3	3,844	73.4
	Over 6 years	121	2.6	113	2.2	95	1.8	91	1.7
Slightly raised	Under 5 years	42	0.9	30	0.6	23	0.4	55	1
	5–6 years	180	3.8	211	4.2	194	3.7	237	4.5
	Over 6 years	12	0.3	11	0.2	8	0.2	11	0.2
High risk	Under 5 years	19	0.4	22	0.4	35	0.7	42	0.8
	5–6 years	182	3.9	194	3.8	231	4.5	22	4.2
	Over 6 years	14	0.3	9	0.2	21	0.4	14	0.3

Source: ACT Kindergarten Health Check program – Women Youth and Children Community Health Programs and Academic Unit of General Practice 2014–17.

**INDICATOR
DESCRIPTION**

The proportion of ACT children who are developmentally on track, developmentally at risk and 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 2018 census was the fourth collection as data was collected in 2009, 2012 and 2015. The 2018 AEDC results will be released in March 2019 and will be available at <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.²⁸ 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.²⁹

In 2009, Australia became the first country in the world to collect national data on the developmental health and wellbeing of all children as they start their first year of full-time school.³⁰ 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.

POLICY CONTEXT

The Community Services Directorate has responsibility for coordinating the ACT's participation in the 2018 AEDC, working closely with the ACT Education Directorate and with ACT Catholic and independent schools. The data collection period was 1 May to 3 August 2018 with the national 2018 AEDC results expected to be available in March 2019. The national report will be published by the Australian Government identifying key results for each state and territory.

A report will also be developed by the Community Services Directorate by the end of 2019, detailing key findings for the ACT. This report will highlight emerging trends and include results disaggregated by demographics and geography. School level results will be provided to individual schools to inform service planning.

The Community Services Directorate will consider ways of communicating and translating results to key stakeholders and will work collaboratively across government and community, to support the translation and utilisation of the 2018 AEDC to improve outcomes for children and families. The AEDC continues to provide the ACT with robust data to inform policy and program decisions that improve outcomes for ACT children.

28 AIHW 2011, *Headline Indicators for Children's Health, Development and Wellbeing*, p.50.

29 ACT Government 2016, *A Picture of ACT's Children and Young People 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

30 2015 AEDC Results for the ACT, <www.children.act.gov.au/__data/assets/pdf_file/0010/1065097/2015-Australian-EarlyDevelopment-Census-Results-for-the-ACT.pdf>.

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. A large proportion of ACT children were developmentally on track however, 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%) and 2012 (22.0%) and comparable to the 2015 national result (22.0%). Consistent with previous years, a higher percentage of boys are developmentally vulnerable on one or more domain(s) (29.4%), compared to girls (15.7%). 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% in 2012 and 28.0% 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% to 41.9%).

HOW IS THE ACT PROGRESSING?

Table 19: 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

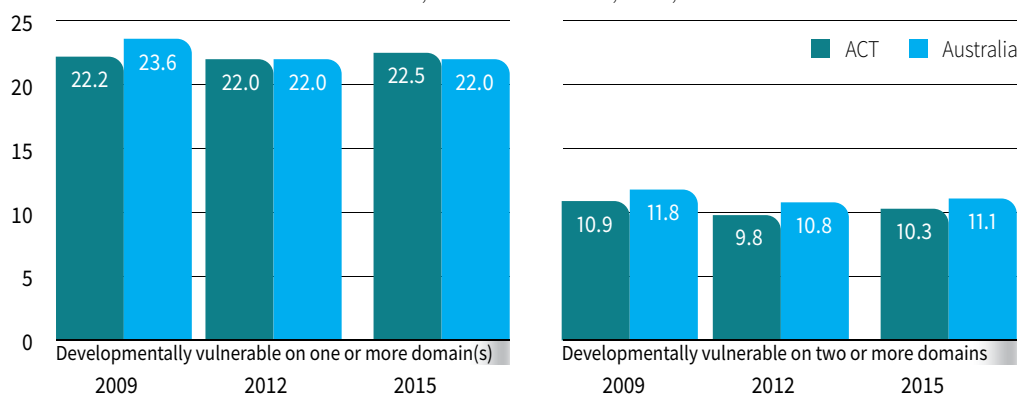
Source: Unpublished data and *AEDC National Report 2015*, Department of Education and Training, Canberra.

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

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%) and 2012 (22.0%) and comparable to the 2015 national result (22.0%). 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 19: Proportion (%) of children developmentally vulnerable on one or more and two or more domains of the AEDC, ACT and Australia, 2009, 2012 and 2015



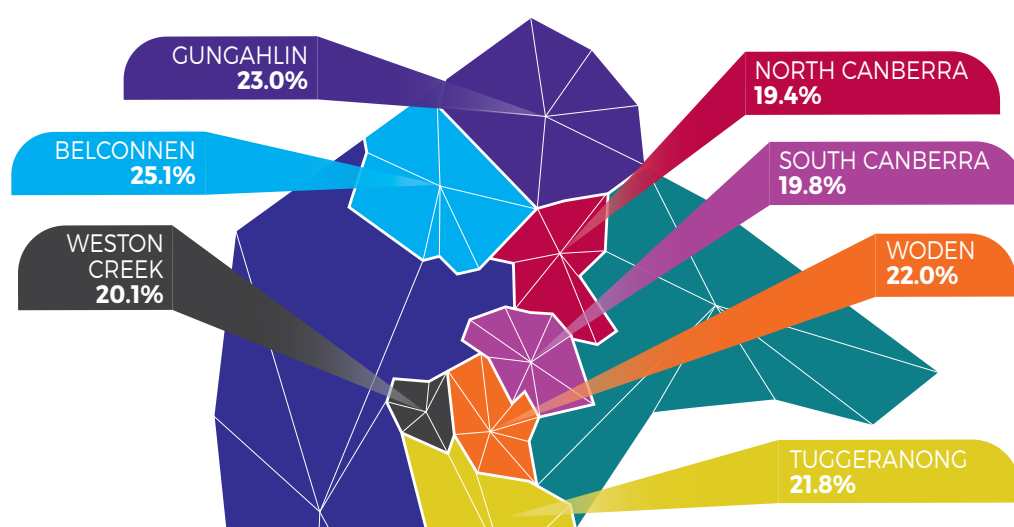
Source: *AEDC National Report 2015*, Department of Education and Training, Canberra.

The proportion of children developmentally vulnerable varies across ACT communities.

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

Over the past three collection cycles, there have been regional shifts in developmental vulnerability across the ACT. In 2009 the region with the highest percentage of children developmentally vulnerable on one or more domain(s) was Weston Creek (27.9%), while in 2012 it was Tuggeranong (24.6%) and in 2015 it was Belconnen (25.1%). Over the three Census cycles, Weston Creek has seen a significant decline in the percentage of children developmentally vulnerable on one or more domain(s). Woden has seen a trend of increasing vulnerability since 2009. The other regions have displayed fluctuations in the percentage of children developmentally vulnerable on one or more domain(s) across the three Census cycles.³¹

Figure 20: Proportion (%) of children developmentally vulnerable on one or more domain(s) of the AEDC, ACT regions, 2015



Source: <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% to 9.4%), emotional maturity (7.2% to 8.2%) and language and cognitive skills (school-based) domains (3.9% to 5.9%).

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% to 10.9%) and a slight (not significant) decrease in the percentage of children developmentally vulnerable on the communication and general knowledge domain (8.1% to 7.7%).

³¹ ACT Government 2016, *A Picture of ACT's Children and Young People 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

Table 20: Proportion (%) of children developmentally on track, at risk and vulnerable on each domain of the AEDC, ACT and Australia, 2009, 2012 and 2015

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

Source: *AEDC 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% to 41.9%). 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 21: Proportion (%) 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

	2009		2012		2015	
	ACT	Australia	ACT	Australia	ACT	Australia
Aboriginal and Torres Strait Islander	37.0	47.4	45.4	43.2	41.9	42.1
Non-Aboriginal and Torres Strait Islander	21.8	22.4	21.5	20.9	22.0	20.8

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

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%) and 2015 (28.0%). 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 22: Proportion (%) 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

	2009		2012		2015	
	ACT	Australia	ACT	Australia	ACT	Australia
Language background other than English	32.0	32.2	28.3	29.5	28.0	27.8
English speaking background	20.2	21.7	20.5	20.2	20.9	20.4

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

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%) and 2015 (29.4%). Nationally, there was minimal change in the percentage of males developmentally vulnerable on one or more domain(s) in the same period (28.2% in 2012 and 28.5% 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 23: Proportion (%) of male and female children developmentally vulnerable on one or more domain(s) of the AEDC, ACT and Australia, 2009, 2012 and 2015

	2009		2012		2015	
	ACT	Australia	ACT	Australia	ACT	Australia
Male	29.4	28.5	28.1	28.2	29.0	30.2
Female	15.7	15.5	15.5	15.7	15.0	16.8

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

INDICATOR 19

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

INDICATOR DESCRIPTION

The mean scale score of ACT students in Years 3, 5, 7 and 9 in National Assessment Program: Literacy and Numeracy (NAPLAN) testing in literacy (reading and writing) and numeracy by parental education level.

WHAT DO WE MEASURE?

The results are based on the performance of students at each year level who participated in the NAPLAN testing each year, by parental education levels. The mean scale score is the sum of students' scores divided by the number of scores in each year level in the NAPLAN testing for a particular year.

This information is sourced from NAPLAN National Reports for 2013, 2014, 2015, 2016 and 2017. Parental education represents the highest level of parental school or non-school education that either parent/guardian has completed.

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.³²

The education level of a parent is a significant predictor of a child's educational achievements and behavioural outcomes. Parents who are educated raise children to have healthy self-perceptions when it comes to their academic abilities, engage them in intellectual activities that help them develop a healthy attitude about learning and generally have children with fewer behavioural problems that may hinder their learning experiences.³³

POLICY CONTEXT

The ACT Government recognises that just because children have the same opportunity to attend school does not imply that they have the same opportunity to learn. Personal circumstances play an important role in shaping children's learning outcomes. The government's objective is to minimise the differences in children's learning outcomes based on parental education so that children have equal opportunities to determine their life outcomes.

HOW IS THE ACT PROGRESSING?

Table 24: Mean score of students in Year 3 in reading by parental education, ACT and Australia, 2013–17

	2013		2014		2015		2016		2017	
	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Bachelor	465	457	463	459	466	466	460	464	465	469
Diploma	424	419	412	419	420	423	430	422	417	425
Certificate	408	401	402	398	402	403	405	403	403	407
Year 12	405	401	408	397	413	403	407	401	421	405
Year 11	381	369	397	359	406	365	364	365	392	369
Not stated	455	394	430	390	430	398	441	399	429	404

Source: NAPLAN, *Achievement in Reading, Writing, Language Conventions and Numeracy, National Report 2017*.

Definition of terms

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.

³² AIHW 2009, *A picture of Australia's children 2009*, cat. no. PHE 112.

³³ Seifert S, Does the Education Level of a Parent Affect a Child's Achievement in School?, How to (Adult)

Table 25: Mean score of students in Year 3 in writing by parental education, ACT and Australia, 2013–17

	2013		2014		2015		2016		2017	
	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Bachelor	437	442	416	429	433	442	430	444	426	438
Diploma	412	420	396	406	409	419	414	421	407	413
Certificate	401	405	382	390	399	403	401	408	390	399
Year 12	403	406	391	391	406	404	396	408	406	399
Year 11	369	376	374	359	400	373	377	380	388	369
Not stated	423	388	400	375	409	390	424	398	409	389

Source: NAPLAN, *Achievement in Reading, Writing, Language Conventions and Numeracy, National Report 2017*.

Table 26: Mean score of students in Year 3 in numeracy by parental education, ACT and Australia, 2013–17

	2013		2014		2015		2016		2017	
	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Bachelor	434	430	434	436	428	432	429	436	436	443
Diploma	399	397	392	401	393	395	396	397	396	404
Certificate	381	381	384	385	381	379	381	381	383	388
Year 12	383	381	388	383	385	378	382	380	403	386
Year 11	363	354	376	353	379	347	354	350	370	355
Not stated	423	375	415	378	401	375	415	380	409	386

Source: NAPLAN, *Achievement in Reading, Writing, Language Conventions and Numeracy, National Report 2017*.

Results within the ACT indicate that students in Year 3 whose parents have a bachelor degree or diploma achieved above the national mean score when compared with students whose parents have a Year 11 equivalent. This reflects the wider trends within Australia.

In the ACT and for most Australian jurisdictions, Year 3 students whose parents have a bachelor degree or higher achieved a higher mean score. In the ACT, and across Australia, students whose parents completed Year 12 or higher achieved a higher mean score, compared to students whose parents had not completed Year 12.



CHILDREN AND YOUNG PEOPLE ARE SUCCESSFULLY ENGAGING IN EDUCATION OR EMPLOYMENT

INDICATOR 20

ACT PUBLIC PRIMARY AND HIGH SCHOOL ATTENDANCE

INDICATOR DESCRIPTION

The proportion of full time students in Years 1–10 whose attendance rate in Semester 1 is equal to or greater than 90 per cent

WHAT DO WE MEASURE?

Attendance is analysed for Semester 1 of the school year.

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

The student attendance level is defined as the proportion of full time students whose attendance rate is greater than or equal to 90 per cent over the period.

WHY IS THIS IMPORTANT?

High levels of attendances at school are essential for learning and to enable students to benefit from the full range of educational programs offered at school. Attendance is a proxy for student engagement with evidence of the relationship between poor attendance and poor student outcomes. Analysis of the attendance level can identify groups of students for whom attendance is generally satisfactory, as well as to highlight groups whose lower levels of attendance may put them at a disadvantage in terms of learning outcomes and educational achievement overall.

POLICY CONTEXT

The *Education Act 2004* requires any child living in the ACT aged 6–17 years to be enrolled with an education provider or registered for home education until they complete Year 10. Where a child is attending a school, the child must attend school on every day the school is open for attendance and all activities that the school requires the child to attend, unless there is a reasonable excuse. Attendance is an indicator of the government objective that school education services promote student participation.

Across 2015–17, between 75 and 78 per cent of ACT students in Years 1–10 attended school at least 90 per cent of school days. Attendance levels were higher in Years 1–6 students (80–82%) compared with levels for Years 7–10 students (67–71%). For the ACT and nationally, a much higher proportion of non-Indigenous students than Aboriginal and Torres Strait Islander students were present at school for at least 90 per cent of school days.

HOW IS THE ACT PROGRESSING?

Table 27: Proportion (%) of student attendance level, ACT schools, Years 1–10, 2015–17

	2015		2016		2017	
	ACT	Australia	ACT	Australia	ACT	Australia
All students	78	78	76	78	75	77
Aboriginal and Torres Strait Islander	55	49	52	49	53	48

Source: ACARA, *National Report on Schooling in Australia* data portal, <www.acara.edu.au/reporting/national-report-on-schooling-in-australia-data-portal/student-attendance>.

NOTE Data on student attendance levels could not be collected for NSW Government schools. The omission of NSW Government school data also affects the national level of attendance for all schools and for the government sector.

**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 5–24 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.³⁴ 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.³⁵

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.

POLICY CONTEXT

The Education Directorate is committed to ensure positive educational outcomes for children and young people with disability in ACT Public schools. All children and young people with disability are able to attend a local school. Schools make reasonable adjustments at the time of enrolment and during the course of a student's education, ensuring they are able to access, engage and participate in education on the same basis as other students. The directorate provides a range of programs and supports for students with disability including supports within their local school, specialist schools, small group programs within schools and Hearing and Vision itinerant supports. The Education Directorate works with school leaders and teaching teams to ensure the range of programs and supports addresses the needs of the schools and their students. For more information refer to the Inclusion and Wellbeing section of the Education Directorate website.³⁶

The ACT Government's goal is to ensure that every Canberran has the opportunity to reach their potential and contribute to the community. Towards achieving this goal, the ACT Government has ensured a diverse range of Vocational Education and Training (VET) opportunities are available for all working age Canberrans, including people with disability.

In designing Skills Canberra VET funding programs to meet the needs of people with a disability the ACT Government has put a great deal of consideration into:

- improving training affordability
- improving training qualification completions
- facilitating pathways into, and removing barriers between, vocational and higher education, and employment.

Skills Canberra recognises that other areas of the government, non-government and community sectors have an interest in maximising the participation in post-school education and employment of people with disability. Critical to achieving this is better integration of services at the local level and more tightly targeted sharing and distribution of information about the services available. Skills Canberra acknowledges that it needs to work with other agencies to achieve these outcomes.

Skills Canberra's Access and Equity agenda going forward will include unilateral activities to refine the programs as well as joint activities that can be undertaken between Skills Canberra and work units in other branches across the ACT Government and other government and non-government agencies.

34 ABS 2014, *Disability, Ageing and Carers, Australia: Summary of Findings 2012*, <www.abs.gov.au/ausstats/abs@.nsf/Lookup/A813E50F4C45A338CA257C21000E4F36?opendocument>.

35 ACT Government 2014, *A Picture of ACT's Children and Young People 2014*, p.47.

36 Inclusion and Wellbeing, Education Directorate <www.education.act.gov.au/inclusion-and-wellbeing/students-and-families/what-is-inclusion-and-wellbeing>.

HOW IS THE ACT PROGRESSING?

Table 28: Number of ACT enrolments of students (P–12) with disability by sector, 2014–18

	2014	2015	2016	2017	2018
Public schools	2,180	2,094	2,148	2,237	2,293
Non-government schools	754	832	833	971	1,018
All schools – total	2,934	2,926	2,981	3,208	3,311

Source: Canberra School Census February 2018.

NOTE Includes students who meet the ACT Student Disability Criteria, including those students not formally assessed at the time of the census. From 2015, the National Disability Agency took carriage of the provision of the Early Intervention Program in the ACT from the Education Directorate.

In February 2018, there were 3,311 students with disability accessing special education programs, representing 4.3 per cent of the total students enrolled in public and non-government schools (77,142). The public sector continued to have the highest proportion of students with special education needs, with 69.2 per cent of total 2018 enrolments of special education needs students.

Table 29: Number and proportion (%) of ACT students aged 18–24 years with a disability (including impairment or long-term condition) enrolled in the VET system, 2013–17

	2013	2014	2015	2016	2017
VET students with disability	607	588	650	622	659
All VET students	6,565	6,065	5,405	5,157	4,949
Students with a disability as a proportion of all VET students	9.2%	9.7%	12.0%	12.1%	13.3%

Source: National Centre for Vocational Education Research VOCSTATS Government-funded students and courses VET students 2003–17.

NOTE This provides information on government funded training activity only.

While the total number of government-funded VET students has decreased each year from 2014 to 2017, the number of students with a disability as a proportion of all VET students has increased each year from 9.2 per cent in 2014 to 13.3 per cent in 2017.

Data limitations

The data is sourced from the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) VET Provider national data collection. The ACT submits this data on a quarterly basis.

The data is for ‘government-funded’ students. This includes funded training activity delivered by private Registered Training Organisations (RTOs) and funded training activity delivered by public TAFEs (Canberra Institute of Technology).

The definition of government-funded activity was revised in 2016. This data now includes only Commonwealth and state/territory government-funded training from training providers. Fee for service training by government providers (TAFE etc) is now excluded. The data series has been updated to reflect this change in scope.

In the ACT, young people between the ages of 18–24 years 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.

The ‘Disability flag’ in the VET Provider data collection is self-identified. There is no link to any formal diagnosis process.

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.

INDICATOR 22

STUDENTS ACHIEVING MEAN SCORE IN LITERACY AND NUMERACY

INDICATOR DESCRIPTION

The mean scale score of ACT students in Years 3, 5, 7 and 9 in National Assessment Program: Literacy and Numeracy (NAPLAN) testing in literacy (reading and writing) and numeracy. Also included is the performance of Aboriginal and Torres Strait Islander students in the ACT.

WHAT DO WE MEASURE?

The results are based on the performance of students at each year level who participated in the NAPLAN testing each year. The mean scale score is the sum of a student scores divided by the number of scores in each year level in the NAPLAN testing for a particular year.

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.³⁷

POLICY CONTEXT

The ACT Government is in the process of asking the community their views on what we could be doing differently in our schools through the Future of Education project.

ACT schools use NAPLAN data to support decision making and determine strategies at the school level to improve student learning outcomes. The Education Directorate is committed to empowering all school leadership teams to make local decisions about the professional development and training opportunities that best meet the needs of their staff and the directorate focus on evidence-driven school improvement and priorities.

Improving student outcomes in literacy and numeracy in ACT public schools is prioritised through the directorate's *Strategic Plan 2018–21: A leading learning organisation*.³⁸

HOW IS THE ACT PROGRESSING?

Table 30: Mean score of Year 3, 5, 7 and 9 students in reading, writing and numeracy in the ACT and Australia, 2013–17

		2013		2014		2015		2016		2017	
		ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Year 3	Reading	442	419	439	418	443	426	441	426	444	431
	Writing	421	416	404	402	420	416	420	421	415	414
	Numeracy	413	397	414	402	410	398	412	402	418	409
Year 5	Reading	519	502	522	501	521	499	514	502	520	506
	Writing	486	478	473	468	486	478	474	476	479	473
	Numeracy	498	486	497	488	502	493	497	493	498	494
Year 7	Reading	561	541	567	546	566	546	558	541	562	545
	Writing	527	517	523	512	522	511	519	515	522	513
	Numeracy	550	542	557	546	549	543	556	550	559	554
Year 9	Reading	600	580	597	580	599	580	601	581	596	581
	Writing	570	554	559	550	559	547	557	549	565	552
	Numeracy	597	584	594	588	600	592	597	589	596	592

Source: NAPLAN, *Achievement in Reading, Writing, Language Conventions and Numeracy, National Report 2017*.

Table 31: NAPLAN mean score of Year 3, 5, 7 and 9 students by sex in the ACT and Australia, 2017

		Year 3		Year 5		Year 7		Year 9	
		ACT	Australia	ACT	Australia	ACT	Australia	ACT	Australia
Reading	Male	435	422	515	500	556	538	590	575
	Female	454	441	526	512	568	552	602	588
Writing	Male	402	401	467	460	505	497	547	534
	Female	429	426	493	485	541	530	583	571
Numeracy	Male	423	413	503	498	563	556	602	596
	Female	413	406	491	490	554	552	590	588

Source: NAPLAN, *Achievement in Reading, Writing, Language Conventions and Numeracy, National Report 2017*.

³⁷ ACT Government 2016, *A Picture of Children and Young People in the ACT 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

³⁸ ACT Government 2018, *Education Directorate Strategic Plan 2018–21: A leading learning organisation*, <www.education.act.gov.au/__data/assets/pdf_file/0008/1225295/Strategic-Plan-2018-21-Interactive-Booklet.pdf>.

Table 32: The mean score of Aboriginal and Torres Strait Islander Year 3, 5, 7 and 9 students in reading, writing and numeracy in the ACT and Australia from 2013–17

		2013		2014		2015		2016		2017	
		ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Year 3	Reading	375	344	359	333	371	343	369	347	377	353
	Writing	370	341	357	328	368	346	369	358	365	348
	Numeracy	363	332	356	332	349	330	348	337	361	342
Year 5	Reading	475	439	461	422	456	425	465	422	465	432
	Writing	444	400	424	392	429	406	435	412	435	407
	Numeracy	447	417	443	418	447	428	444	426	449	431
Year 7	Reading	523	472	516	479	519	484	508	476	505	476
	Writing	479	437	473	431	473	428	472	443	466	435
	Numeracy	502	476	504	479	499	481	500	480	503	485
Year 9	Reading	549	520	540	517	552	518	552	520	545	517
	Writing	512	471	490	466	496	458	506	474	504	465
	Numeracy	526	508	536	523	545	532	551	527	550	534

Source: NAPLAN, *Achievement in Reading, Writing, Language Conventions and Numeracy, National Report 2017*.

Table 33: The mean score of non-Aboriginal and Torres Strait Islander Year 3, 5, 7 and 9 students in reading, writing and numeracy in the ACT and Australia from 2013–17

		2013		2014		2015		2016		2017	
		ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Year 3	Reading	444	423	441	423	445	431	443	431	446	436
	Writing	423	420	405	407	421	421	421	425	416	418
	Numeracy	415	401	415	406	412	402	413	406	420	414
Year 5	Reading	520	506	524	505	522	503	515	506	522	510
	Writing	487	482	475	473	487	483	476	480	481	477
	Numeracy	499	490	499	492	504	497	499	497	499	498
Year 7	Reading	562	544	569	550	567	550	559	545	563	549
	Writing	528	521	525	516	523	516	521	519	524	518
	Numeracy	551	546	558	550	550	546	557	554	560	558
Year 9	Reading	601	584	599	584	600	584	602	584	598	585
	Writing	572	559	561	555	560	552	558	554	566	557
	Numeracy	599	588	596	591	601	595	599	593	597	595

Source: NAPLAN, *Achievement in Reading, Writing, Language Conventions and Numeracy, National Report 2017*.

The ACT has consistently performed above 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.

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 months to 24 months ahead of their male peers.

ACT females had higher mean scores than males for reading, whilst the males had higher mean scores for numeracy across all domains.

In 2017, as in previous years, in the ACT, and across Australia, the mean scores for Aboriginal and Torres Strait Islander students were significantly lower than the mean scores for non-Indigenous students across all year levels and all domains.

INDICATOR DESCRIPTION

Percentage 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 Senior Secondary Certificate in the reference year. The survey excludes full fee paying international students but includes students who were awarded a Senior Secondary 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 for 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 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.³⁹

POLICY CONTEXT

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. Information concerning 'Transition services and programs for schools' is available on the Education Directorate website at <www.education.act.gov.au/school_education/transitions-careers>.

HOW IS THE ACT PROGRESSING?

Table 34: Proportion (%) of ACT Year 12 graduates employed or studying six months after completing an ACT Senior Secondary Certificate, 2012–16

		2012	2013	2014	2015	2016
Employed or studying		93.4	91.9	91.9	92.5	93.4
Gender	Male	92.1	90.1	90.7	90.4	92.0
	Female	94.7	93.7	93.1	94.5	94.8
Language background other than English (LBOTE)	LBOTE	94.5	93.0	93.8	93.4	93.0
	Not LBOTE	93.2	91.7	91.6	92.2	93.5

Source: Education Directorate, ACT Post School Destinations and Pathways Survey.

NOTE 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.

For 2016 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 2018*.⁴⁰

39 ACT Government 2016, *A Picture of Children and Young People in the ACT 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

40 *Report on Government Services 2018*, <www.pc.gov.au/research/ongoing/report-on-government-services/2018>.

INDICATOR DESCRIPTION

The proportion of 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.⁴¹

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.

POLICY CONTEXT

The National Youth Participation Requirement includes the requirement for all young people to participate in schooling until they complete Year 10, and the requirement to participate full time in education, training or employment, or a combination of these activities until the completion of Year 12 or until they reach the age of 17.

Apparent Retention Rate (ARR) provides an indicative measure of the proportion of full-time school students who have stayed at school, for a designated year and grade of education. It is expressed as a percentage of the respective cohort group that those students would be expected to have come from, assuming an expected rate of progression of one grade per year. A higher or increasing rate is desirable as it suggests that a larger proportion of students are continuing in school, which may result in improved educational outcomes.

The increase in retention from Year 10 to Year 12 over the last seven years is in line with the policy intent of the ACT Government in strengthening requirements for 15–17 year olds to participate in full time education and/or training and/or employment.

The Year 10–12 ARR for all ACT students increased between 2011 and 2017 and is higher than national results. From 2011 to 2017, the ACT Year 10–12 ARR continued to be approximately 10 percentage points higher than the Australian Year 10-ARR.

The ACT Year 10–12 apparent retention rate of full-time Aboriginal and Torres Strait Islander students increased from 78.4 per cent in 2011 to 84.6 per cent in 2017, an increase of 6.4 percentage points. This increase is consistent with the national result where the Year 10–12 ARR of full-time Aboriginal and Torres Strait Islander students was 53.5 per cent in 2011, increasing to 63.0 per cent in 2017. For both the ACT and nationally, the period 2011–17, the ARR from Year 10 to Year 12 increased for Aboriginal and Torres Strait Islander students at a greater rate than for non-Indigenous students, albeit off a lower base.

The ARR for Aboriginal and Torres Strait Islander students are influenced by a number of factors including: the relatively small numbers of students identifying as Aboriginal and Torres Strait Islander in each cohort; movement of students into and out of the jurisdiction; and the extent of training and employment programs that provide alternative options to senior secondary schooling.

Calculating the retention rate can be 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.

⁴¹ ACT Government Community Services Directorate 2016, *A Picture of Children and Young People 2016*, <www.children.act.gov.au/_data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

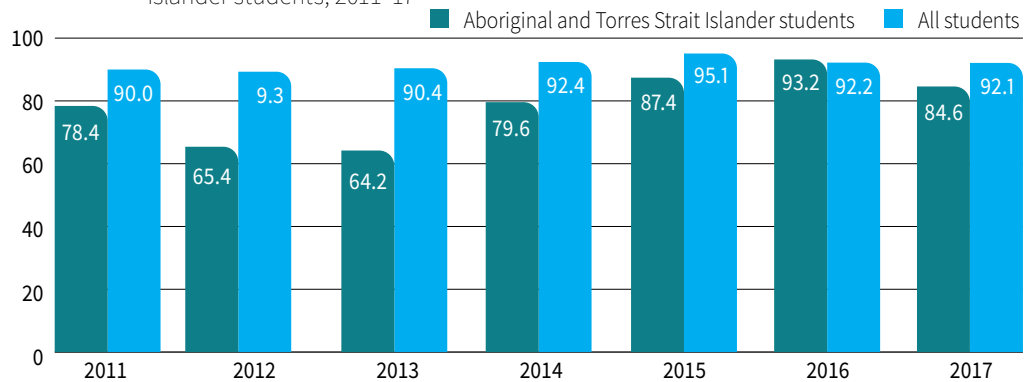
HOW IS THE ACT PROGRESSING?

Table 35: Apparent Retention Rates (%) of all students in the ACT and Australia, 2011–17

		2011	2012	2013	2014	2015	2016	2017
All students	ACT	90.0	89.3	90.4	92.4	95.1	92.2	92.1
	Australia	79.5	79.3	80.7	82.5	82.7	82.9	83.3
Male students	ACT	87.5	88.4	88.7	91.1	92.2	90.3	89.4
	Australia	75.5	75.5	77.4	79.5	79.7	79.7	80.1
Female students	ACT	92.4	90.4	92.1	93.7	98.1	94.3	94.9
	Australia	83.7	83.3	84.1	85.7	85.9	86.1	86.6
Aboriginal and Torres Strait Islander students	ACT	78.4	65.4	64.2	79.6	87.4	93.2	84.6
	Australia	53.5	53.3	55.8	60.4	60.6	60.9	63.0

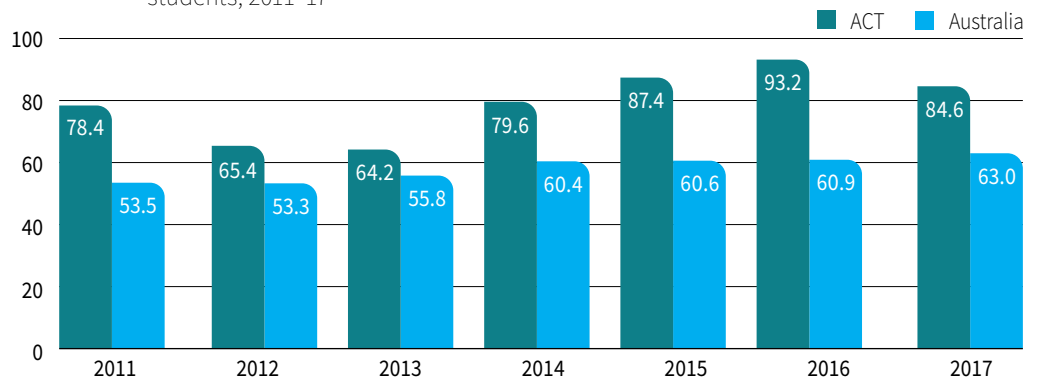
Source: ACT Education Directorate 2018.

Figure 21: Apparent retention rates (%) of all ACT students and ACT Aboriginal and Torres Strait Islander students, 2011–17



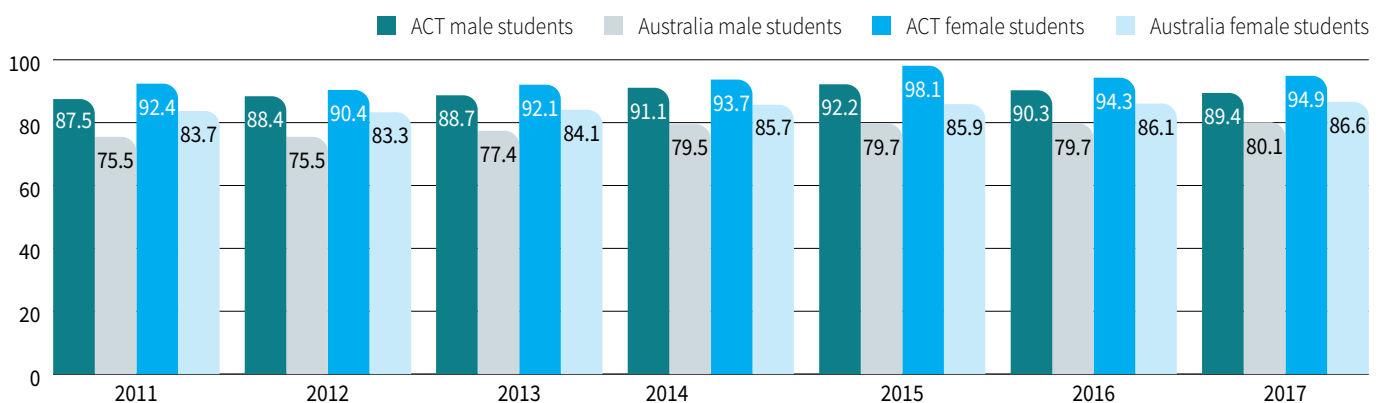
Source: ACT Education Directorate 2018.

Figure 22: Apparent retention rates (%) of ACT and Australia Aboriginal and Torres Strait Islander students, 2011–17



Source: ACT Education Directorate 2018.

Figure 23: Apparent retention rates (%) of ACT and Australia students by gender, 2011–17



Source: ACT Education Directorate 2018.

INDICATOR DESCRIPTION

The rate of young people who are unemployed and underemployed.

WHAT DO WE MEASURE?

Youth unemployment rate in this analysis is the number of unemployed young people aged 15–24 years in the ACT, who were not attending full time education, expressed as a percentage of the youth (aged 15–24 years) labour force.

Youth underemployment rate is the number of young people aged 15–24 years in the ACT, who were underemployed, expressed as a percentage of the youth (aged 15–24 years) labour force.

Underemployed youths are employed young people aged 15–24 years in the ACT who want, and are available for, more hours of work than they currently have.

WHY IS THIS IMPORTANT?

Youth unemployment and underemployment has been recognised as a growing problem for Australia.⁴² Research has shown that youth unemployment has a negative impact on an individual's long term welfare⁴³ and underemployment and unemployment can contribute to the marginalisation of vulnerable young people. Information obtained from these indicators can inform government policies and services to support young people to remain in school or obtain employment.

POLICY CONTEXT

The ACT Government seeks to ensure all Canberrans, including young people, have the opportunity to develop their skills and work to their maximum potential, through a vibrant, accessible and flexible training sector.

A number of government supported training pathways are available to the ACT community, including:

- Australian Apprenticeships — providing training in conjunction with employment
- CIT — offering more than 400 different qualifications to a diverse range of students
- Skilled Capital — providing high quality training and filling critical skills needs areas across a range of industries.

VET qualifications allow for better employment opportunities, higher wages, and the prospects of achieving higher skills and qualifications.

VET programs contribute to many young Canberrans making successful transitions from school to work, further education or training. Young people who are not fully engaged after leaving school — including those who are in part-time work only, or are unemployed or are not in any form of study or the labour market — are at greater risk of an insecure future.

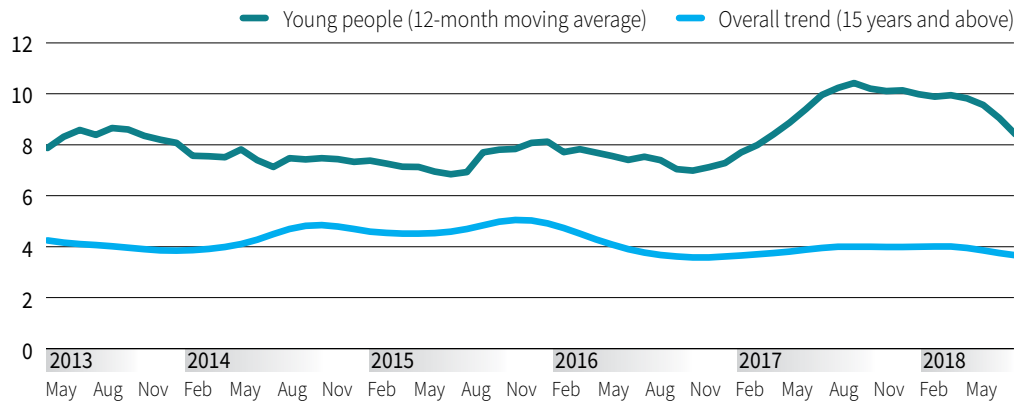
Foundation skills delivered through VET programs allow young people to engage in further education and skills development. Improving overall levels of literacy and numeracy is essential to improving workforce participation and labour productivity, and reducing social exclusion.

⁴² Brotherhood of St Laurence, *On the Treadmill: Young and long-term unemployed in Australia*, p.2.

⁴³ World Health Organization 2005, *Global Strategy on Diet, Physical Activity and Health*, available at <www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf>.

HOW IS THE ACT PROGRESSING?

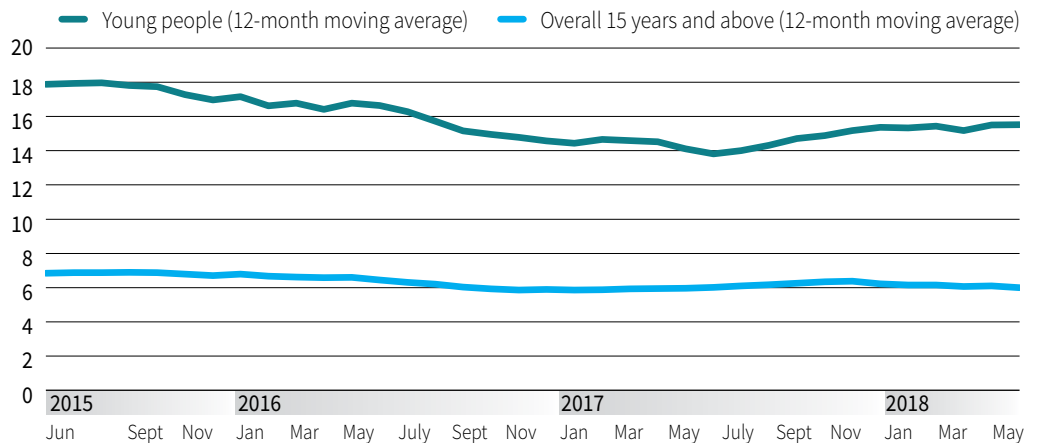
Figure 24: Unemployment rate (%) for ACT young people aged 15–24 years and not attending full-time education (12-month moving average) and for people aged 15 years and above (trend), 2013–18



Source: ABS cat. no. 6202.0; 6291.0.55.001 and ACT Treasury's calculation.

The trend unemployment rate for young people in the ACT, in the 12-month moving average terms, was 8.4 per cent in May 2018, slightly above the five-year average of 8.2 per cent. The trend youth unemployment rate has been above the five-year average since February 2017.

Figure 25: Underemployment rate (%) for ACT young people aged 15–24 years (12-month moving average) and for people aged 15 years and above (12-month moving average), 2015–18



Source: ABS cat. no. 6202.0; 6291.0.55.001 and ACT Treasury's calculation.

NOTE The 12-month moving average data can only be presented from June 2015. This is due to data availability from July 2014 to allow a full financial year moving rate calculation. The ABS publishes estimates of youth unemployment, youth underemployment and overall underemployment in original terms only. Original data is usually highly volatile and should be used with caution. The unemployment rate and underemployment rate for young people as well as overall underemployment can vary significantly in a short period and is subject to relatively high error as it is derived from a small sample. Hence, the data for unemployment rate and underemployment rate for young people as well as overall underemployment are presented in the 12-month moving average terms in order to show the underlying trends of these indicators.

The trend underemployment rate for young people in the ACT, in 12-month moving average terms, was 15.5 per cent in May 2018, below the five-year average of 15.7 per cent. The trend youth underemployment rate has been below the five-year average since September 2016.

CHILDREN AND YOUNG PEOPLE ARE EMPOWERED TO MAKE POSITIVE LIFESTYLE CHOICES

INDICATOR 26

CHILDREN AND YOUNG PEOPLE WHO ARE OVERWEIGHT OR OBESE

INDICATOR DESCRIPTION

The proportion of ACT children and young people (5–24 years) who are overweight or obese.

WHAT DO WE MEASURE?

Measured, not self-reported, height and weight of children and young people (5–24 years) in the ACT.

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 or obese. The rising prevalence of childhood overweight and obesity is now considered a serious global public health issue with the World Health Organization (WHO) describing it as an ‘obesity epidemic’ in some countries.⁴⁴

Prevention of childhood obesity needs high priority because overweight and obese children are likely to stay obese into adulthood and more likely to develop chronic diseases, such as diabetes and cardiovascular diseases, at a younger age.

POLICY CONTEXT

The ACT Government continues to invest in whole-of-government efforts to prevent and reduce overweight and obesity. This has included, most recently, the *Towards Zero Growth: Healthy Weight Action Plan*,⁴⁵ which was launched in 2013. Key results include zero growth in obesity and overweight in kindergarten children, and continued reduction in the regular consumption of sugary drinks by children.

The government has committed to build on this initiative through the development of a preventive health strategy, with a focus on reducing the incidence of heart disease, diabetes, obesity and other preventable health conditions.

The ACT is contributing to the development of national actions to limit the impact of unhealthy food and drinks on children, with a focus on settings (health care, schools and children’s sport and recreation), food promotion and food regulation. The actions are being progressed under the auspice of the Council of Australian Governments (COAG) Health Council.

The ACT was one of the first Australian jurisdictions to introduce kilojoule display laws at standard food outlets. The laws require affected outlets to display the energy content (in kilojoules) of their standard food and drink items. The requirements, which have been in effect since 1 January 2013, aim to support the health of Canberrans by providing information to enable healthier (lower kilojoule) food and drink choices.

Since September 2015, ‘junk’ food marketing has been restricted on Transport Canberra buses. The aim of the policy is to reduce children’s exposure to unhealthy food and drink marketing.

ACT Health — in partnerships with government, community and private sectors — delivers a range of initiatives and campaigns that improve the health and wellbeing of ACT children and young people and contribute towards reducing the rates of overweight and obesity. These initiatives include:

- **Kids at Play Active Play** is a free capacity-building program that offers training for Early Childhood Education and Care (ECEC) services in the ACT. Designed to help early childhood educators feel confident to promote active play and teach fundamental movement skills to children aged 3–5 years in ECEC services, this training includes practical ‘hands-on’ skills sessions to assist educators to apply the learnings in their ECEC setting.
- **Fresh Tastes** supports schools make healthy food and drinks a bigger part of everyday life for Canberra’s children. The service offers teacher professional learning, curriculum resources and services from partners and financial grants. Fresh Tastes supports a whole-school approach to influence food and drink culture.

⁴⁴ WHO 2005, *Global Strategy on Diet, Physical Activity and Health*, <www.who.int/dietphysicalactivity/childhood/en/>.

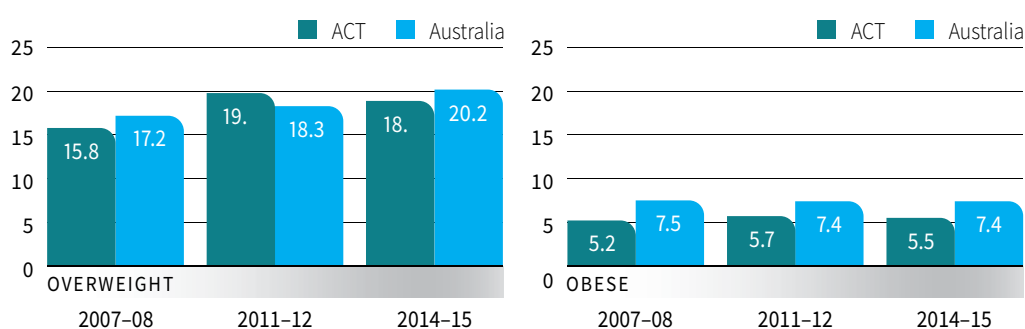
⁴⁵ ACT Government, *Towards Zero Growth: Healthy Weight Action Plan*, <<http://old.health.act.gov.au/sites/default/files//Publications/Towards%20Zero%20Growth%20Healthy%20Weight%20Action%20Plan.pdf>>.

- **Ride or Walk to School** aims to build the capacity of schools to actively support and encourage students to ride or walk to school through teacher professional learning, student learning and supporting provision of infrastructure and resources. An independent evaluation released in 2017 found that the initiative had been successful in increasing the proportion of primary school students participating in the active travel program.
- **Entrepreneurs: It's Your Move (IYM)** focuses on student-led innovation in ACT high schools and encourages students to develop creative solutions to improve health and wellbeing at their school. It uses design thinking and mapping to support design, implementation and evaluation of a health improvement project. Entrepreneurs IYM includes interactive student and teacher toolkits, online teacher professional learning, seed funding to implement their project and inter-school networking opportunities.
- **Good habits for life** is a locally-developed social marketing campaign, targeting families with young children to engage parents in healthy lifestyle behaviours. The campaign was launched in 2014, and has been supported by three waves of TV, radio and online advertising.

One of the ACT Health Promotion Grants Program's funding priorities is to reduce overweight and obesity through improving eating habits and increasing physical activity.

HOW IS THE ACT PROGRESSING?

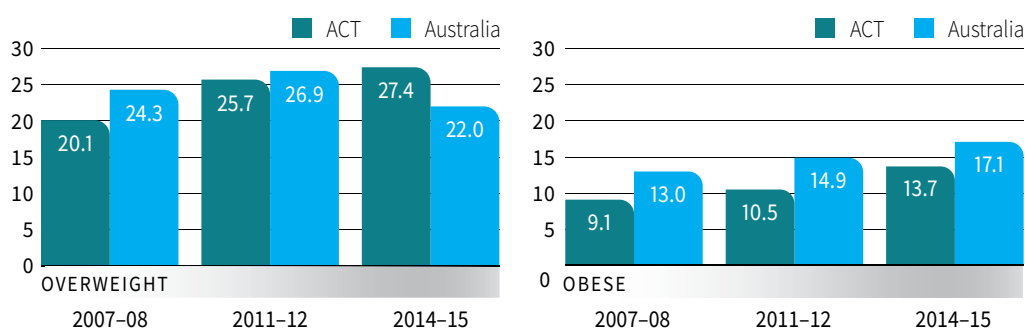
Figure 26: Proportion (%) of overweight or obese children aged 5–17 years, ACT and Australia, 2007–08, 2011–12 and 2014–15



Source: ABS, National Health Survey, 2007–15

Between 2011 and 2015, the proportion of ACT children aged 5–17 years who are overweight or obese has been relatively stable. The ACT data are comparable to national estimates. For example, 20.2 per cent of Australian children aged 5–17 years were overweight and 7.4 per cent were obese in 2014–15 (Figure 26).

Figure 27: Proportion (%) of overweight or obese young people aged 18–24 years, ACT and Australia, 2007–08, 2011–12 and 2014–15



Source: ABS, National Health Survey, 2007–15

In recent years, there has been an upward trend in the proportion of ACT young people aged 18–24 years who are overweight or obese. In 2014–15, 22 per cent of Australians aged 18–24 years were overweight and 17.1 per cent were obese (Figure 27).

NOTE There are no new data for children 5–17 years. The proportion of 18–24 year olds who are overweight or obese is a new indicator for this report.

INDICATOR DESCRIPTION

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

WHAT DO WE MEASURE?

The proportion of ACT secondary school students aged 12–17 years who, in the summer of the previous year, got a sunburn that was sore or tender the next day.

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 overexposure to the sun and a tendency to burn rather than tan increasing an individual's risk of developing skin cancer in later life.⁴⁶

Young people in the ACT have demonstrated a significantly higher preference for a suntan compared to older age groups of the population.⁴⁷

POLICY CONTEXT

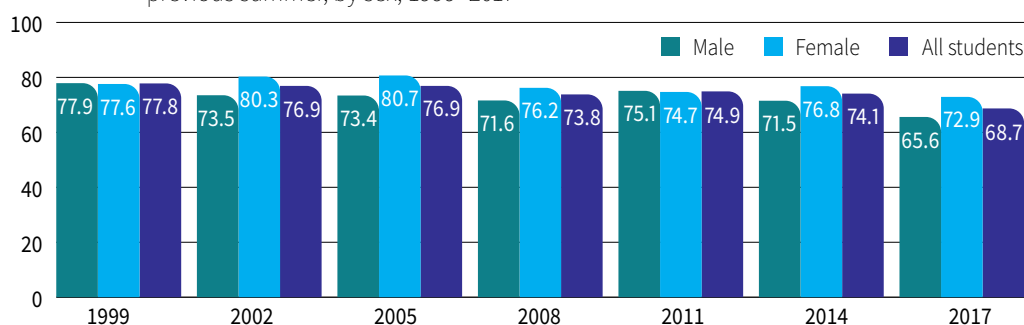
The It's Your Move (IYM) program enables high school students to develop creative solutions to improving school health. Following the design thinking process, students develop and implement a project to suit the individual needs of their school.

As part of IYM in 2015, Campbell High School found that students needed to be encouraged to wear hats at school, even on the hottest days, and while baseball hats were popular with many students they did not meet SunSmart standards. Students created Street Hero, a series of trendy hats for students to wear. They created a design that would appeal to the teenage audience and then had them produced for sale at the school. The project has used the social enterprise model to create a sustainable business that is still operating in their school.

Merici College have also identified the need to promote SunSmart behaviours at their school. They have formed a partnership with the Cancer Council ACT and have produced a range of materials to educate and promote SunSmart behaviours and also dispensed sunscreen in various sizes, as well as wall-mounted pump dispensers.

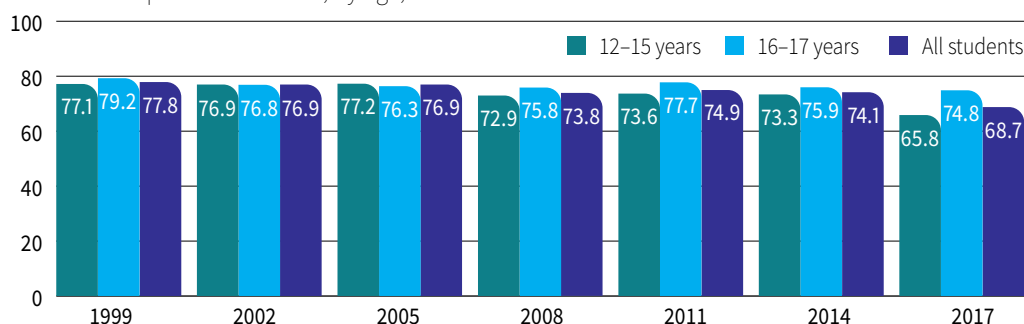
HOW IS THE ACT PROGRESSING?

Figure 28: Proportion (%) of ACT secondary students reporting a sunburn at least once in the previous summer, by sex, 1999–2017



Source: Australian Secondary Students' Alcohol and Drug survey (ASSAD), 1999–2017

Figure 29: Proportion (%) of ACT secondary students reporting a sunburn at least once in the previous summer, by age, 1999–2017



Source: Australian Secondary Students' Alcohol and Drug survey (ASSAD), 1999–2017

⁴⁶ ACT Government 2011, *Health Status of Young People in the ACT*, p.31, and NHMRC 1999, *Clinical Practice Guidelines: The Management of Cutaneous Melanoma*, p. 9

⁴⁷ ACT Government, op cit., p. 31 and 2013 *Results of the 2011 ACT Secondary Student Drug and Alcohol Survey*, p. 37.

In 2017, 68.7 per cent of students reported getting sunburnt at least once over the previous summer, with no significant difference between males (65.6%) and females (72.9%) (Figure 28) and no significant difference between younger students aged between 12 and 15 years (65.8%) and older students aged between 16 and 17 years (74.8%) (Figure 29).

The results for all students has decreased significantly over time from 77.8 per cent in 1999 to 68.7 per cent in 2017, with the proportion of males significantly decreasing from 77.9 per cent to 65.6 per cent, whereas there has not been a significant change for females for the same timeframe (77.6% in 1999; 72.9% in 2017) (Figure 28). There has been a significant decrease for 12–15 year olds from 77.1 per cent in 1999 to 65.8 per cent in 2017, but no significant change for 16–17 year olds (79.2% in 1999 to 74.8% in 2017) over this period (Figure 29).

NOTE Questions about sun protection behaviours were not included in the 1996 ASSAD survey.

INDICATOR 28 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 12–17 years) who report current use of alcohol, tobacco or illicit drugs.

Data for these indicators are derived from the Australian Secondary Students' Alcohol and Drug survey (ASSAD) survey, which has been conducted in the ACT every three years since 1996. The most recent available survey data is for 2017 including 1,491 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 may be responsible for problems with verbal skills and memory, learning difficulties, alcohol dependence and depression.⁴⁸

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.⁴⁸

Tobacco smoking is one of the top risk factors for chronic disease, including many types of cancer, respiratory disease and heart disease.⁴⁸

POLICY CONTEXT

Tobacco

The ACT Government has been working actively over a number of years to prevent the uptake of smoking and reduce the harms to the community from tobacco.

A range of control measures are in place in the ACT. These measures apply to all smoking products including tobacco products, herbal products and personal vaporisers or related products (e-cigarettes).

Under the *Tobacco and other Smoking Products Act 1927* it is prohibited to:

- sell smoking products to under 18 year olds
- purchase smoking products for use by people under 18 years old
- use a vending machine to sell smoking products
- sell food or toys that resemble smoking products
- sell cigarettes in quantities of less than 20.

The Health Minister is also empowered to declare a smoking product as prohibited if it has a distinctive fruity, sweet or confectionary-like character and where the contents or packaging may be attractive to children.

Restrictions also apply to the advertising and promotion of smoking products.

⁴⁸ Ministerial Council on Drug Strategy 2011, *The National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco, and other drugs*, Publications Number: D0224.

Smoke-free areas

Under the *Smoke-Free Public Places Act 2003*, smoking is prohibited in the following areas:

- enclosed public places
- underage functions
- outdoor eating and drinking places
- within 10 metres from play equipment in ACT Government managed play spaces
- within five metres from bus stops, light rail stops and taxi ranks and
- at bus or train stations.

Under the *Smoking in Cars with Children (Prohibition) Act 2011*, smoking is prohibited in cars when children are present.

ACT Government also has smoke-free policies that apply at:

- ACT Health facilities (including hospitals) and
- ACT Government premises.

ACT Government offers schools, businesses, community groups and body corporates free 'No Smoking' signage to help reduce smoking issues around their buildings.

Electronic cigarettes

The ACT was one of the first Australian jurisdictions to regulate electronic cigarettes as a tobacco product.

Alcohol and other drugs

ACT Health funds a range of services for young people in the ACT. This includes residential withdrawal and rehabilitation, structured after/extended care and follow up of all clients following withdrawal and/or rehabilitation, counselling, support and case management and information and education.

ACT Health also funds the ACT Police and Court Diversion Program. Under the Police Early Diversion Program, offenders under the age of 18 found intoxicated or in possession of alcohol in a public place may be referred for an assessment or education session. Twenty-three young people were referred to this program in the 2017–18 financial year.

The ACT Government recently provided a supportive policy environment for the successful trial of a pill testing service at the *Groovin the Moo* music festival in Canberra on 29 April 2018. This is a harm reduction intervention that offers music festival-attendees free analysis of the chemical composition of illicit drugs. It also provides an opportunity to counsel attendees on the dangers of illicit drug taking. Eighty-five samples were submitted for testing, with two potentially deadly agents identified.

Definition of terms

Ever smoked

Students who had smoked at least a few puffs of a cigarette in their lifetime.

Current smokers

Students who had smoked cigarettes on at least one of the seven days preceding the day of the survey.

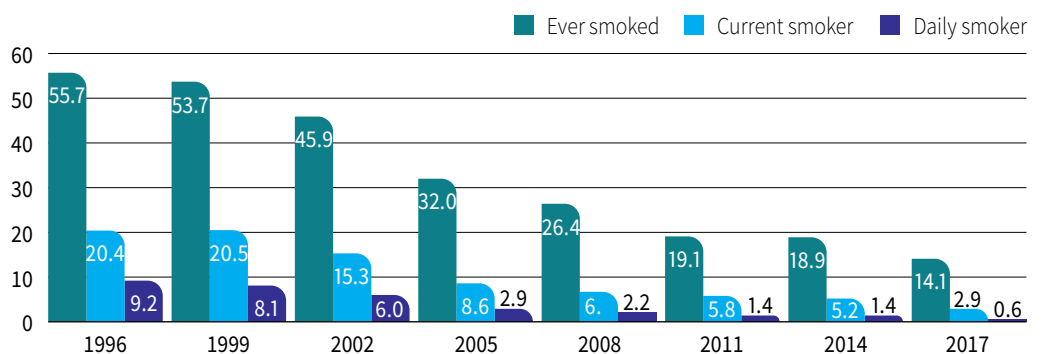
Daily smokers

Students who had smoked on each of the seven days preceding the day of the survey.

HOW IS THE ACT PROGRESSING?

Tobacco

Figure 30: Tobacco use, ACT secondary students (%), 1996–2017



Source: ASSAD, 1996–2017.

The prevalence of tobacco use in secondary students in the ACT has decreased steadily over time (Figure 30).

In 2017, 14.1 per cent of all students surveyed reported having smoked at least once in their lifetime (ever smoked), 2.9 per cent of students reported smoking cigarettes on at least one day in the seven days before the survey (current smokers) and less than 1 per cent (0.6%) reported smoking cigarettes every day on each of the last seven days preceding the survey (daily smokers).

Although ACT secondary students' reported tobacco use remained relatively stable between the 2014 and 2017 survey periods, there have been significant decreases in smoking trends among students over the reporting periods. This is most obvious in the 'ever smoked' category, which dropped from 55.7 per cent in 1996 to 14.1 per cent in 2017. During the same period, the proportion of current smokers decreased from 20.4 per cent to 2.9 per cent, respectively, and daily smokers from 9.2 per cent to 0.6 per cent, respectively.

In 2017, students who were of Aboriginal and Torres Strait Islander descent were more likely to be current smokers (11.6%) than non-Aboriginal and Torres Strait Islander students (2.7%); however, the proportions were not statistically significantly different for students reporting ever (26.4% versus 13.8%, respectively) or daily smoking (3.2% versus 0.5%, respectively).

Definition of terms

Ever

Students who had drunk at least a sip of alcohol in their lifetime.

Last week

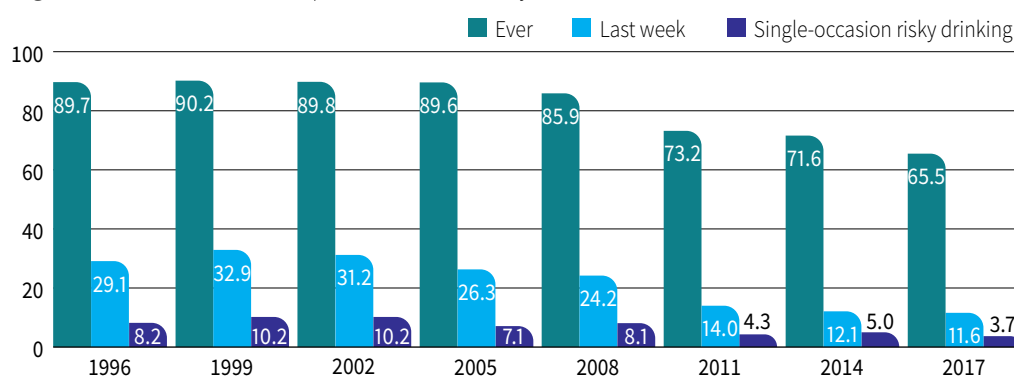
Students who had drunk alcohol on at least one of the seven days preceding the day of the survey.

Single occasion risky drinking

Students who had drunk more than four alcoholic drinks on at least one of the seven days preceding the survey.

Alcohol

Figure 31: Alcohol consumption, ACT secondary students (%), 1996–2017



Source: ASSAD, 1996–2017.

Since 1999, there has been a decline in reported alcohol consumption among secondary students, most notably between the 2008 and 2011 survey cycles (Figure 31).

However, while alcohol consumption among ACT secondary students has decreased significantly over the longer term, there were no statistically significant changes between students reporting ever, last week or single occasion risky drinking between 2014 and 2017.

In 2017, 65.5 per cent of students surveyed reported that they had consumed at least a few sips of alcohol in their lifetime, which was similar to 2014 (71.6%). The number of students who reported drinking in the last week was also similar over the two survey periods (11.6% in 2017; 12.1% in 2014), as was the proportion of students who drank at single-occasion risky levels (3.7% in 2017; 5.0% in 2014).

The 2017 ASSAD survey indicates that there was no statistically significant difference between ACT secondary students who identify as Aboriginal and Torres Strait Islander and those that do not in reporting ever consuming alcohol (76.9% versus 65.3%) or consuming alcohol within the last week (16.1% versus 11.5%).

ILLICIT DRUGS

Table 36: Proportion (%) of ACT secondary students reporting ever having used illicit substances, 2014 and 2017

	2014	2017
Used at least 1 illicit drug in lifetime*	16.2	17.4
Ever used cannabis	16.7	14.9
Ever used ecstasy	4.7	4.2
Ever used heroin (or other opiates)#^	1.3	4.9
Ever used LSD (hallucinogens)#	4.8	1.4
Ever used speed (amphetamines)^	2.9	2.1
Ever used cocaine	1.9	1.6

Source: ASSAD 2014, 2017.

NOTE *At least one illicit drug refers to the use of amphetamines, cocaine, ecstasy, heroin or other opiates, hallucinogens or cannabis. # Difference between 2014 and 2017 is statistically significant. ^ Wording of the question changed in 2017.

Since 1996, there has been a statistically significant decline in students reporting having used at least one illicit substance in their lifetime (37.5% in 1996; 17.4% in 2017). There has also been a statistically significant decrease in the lifetime use of cannabis (36.5% in 1996; 14.9% in 2017) over the same period.

While use of cannabis, ecstasy and cocaine appear to have remained stable in recent years (Table 36) there has been a slight decrease in use of LSD (hallucinogens) between 2014 and 2017; however, further data are required in order to ascertain whether this decline will be sustained.

NOTE As the wording of the question for use of 'heroin and other opiates' and 'amphetamine use' changed in 2017, it is not possible to comment on differences between 2014 and 2017.

INDICATOR 29

YOUNG PEOPLE UNDER COMMUNITY-BASED SUPERVISION

INDICATOR DESCRIPTION

Young people for whom the ACT courts have made a decision for a period of supervision by the Director-General, Community Services Directorate, which is to be served in the community.

WHAT DO WE MEASURE?

The number of young people 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.

POLICY CONTEXT

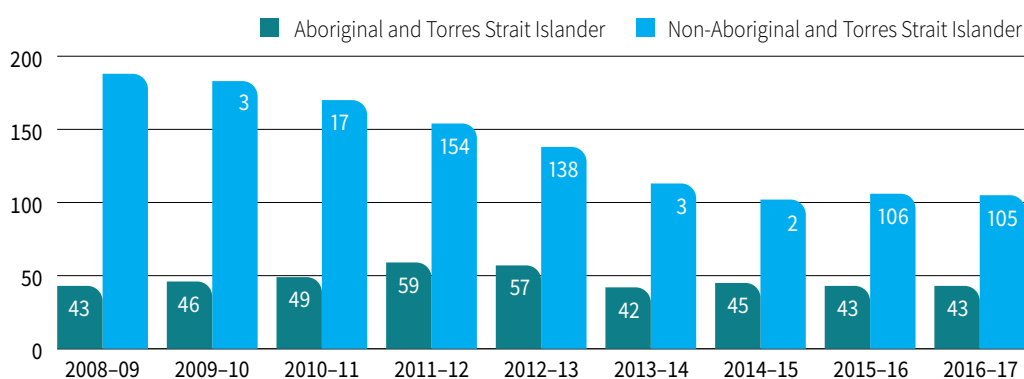
Since the development of the *Blueprint for Youth Justice in the ACT 2012–22* (the Blueprint),⁴⁹ the number of young people under community-based supervision has decreased. This trend shows that fewer young people are entering or coming into contact with the youth justice system.

The ACT Government provides a range of programs to support and divert young people who are on supervised community-based orders. These programs provide support around drug and alcohol issues, re-connecting young people with education and training, supporting the mental health and wellbeing of young people, and supporting them to access accommodation and connect with family and cultural support.

Results from this indicator have remained stable since 2014–15. These results will continue to inform monitoring and evaluation against the Blueprint, with the intention of refining and improving policy and operational processes.

HOW IS THE ACT PROGRESSING?

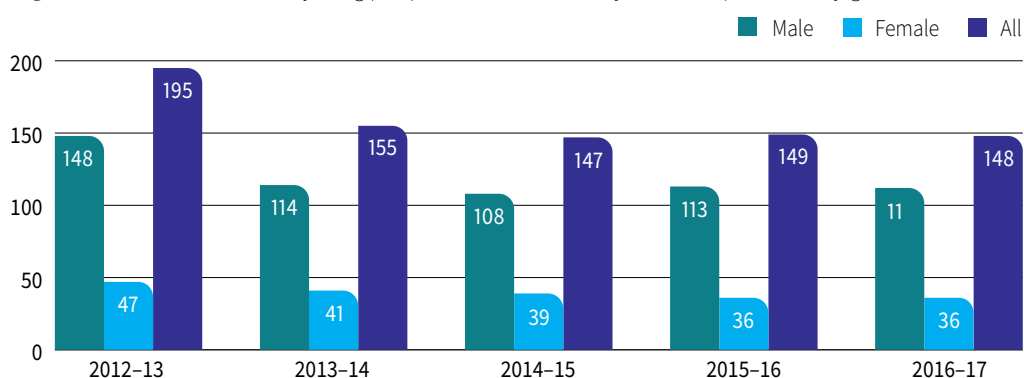
Figure 32: Number of ACT young people under community-based supervision by Aboriginal and Torres Strait Islander status, 2008–17



Source: AIHW 2017, *Youth Justice in Australia, 2016–17*, Table S46b.

NOTE: Trend data may differ from those previously published due to data revisions.

Figure 33: Number of ACT young people under community-based supervision by gender, 2012–17



Source: AIHW 2017, *Youth Justice in Australia, 2016–17*, Table S52b.

NOTE: Trend data may differ from those previously published due to data revisions.

49 ACT Government 2017, *Blueprint for Youth Justice in the ACT 2012–2022 Progress Report 2012–17*, <www.communityservices.act.gov.au/_data/assets/pdf_file/0005/1180742/Blueprint-Progress-Report-2012-17.pdf>.

Table 37: Number of ACT young people under community-based supervision by age, 2013–17

Age	2013–14	2014–15	2015–16	2016–17
10 years	0	0	0	0
11 years	0	1	0	0
12 years	4	1	3	2
13 years	5	4	6	10
14 years	15	18	18	20
15 years	28	27	29	22
16 years	37	38	31	38
17 years	43	36	47	37
18 years+	21	14	14	19
Total	153	139	148	148

Source: AIHW, *Youth Justice in Australia, 2013–14, 2014–15, 2015–16, 2016–17*, Table S36b.

NOTE Trend data may differ from those previously published due to data revisions. In the ACT, children and young people aged 10–17 years can be committed of a youth justice offence. However, youth justice involvement can continue after the age of 18, with the upper age limit for youth justice involvement being 21 years.

Table 38: Number of ACT young people under community-based supervision by Aboriginal and Torres Strait Islander status and age at first supervision, 2014–17

	Age at first supervision	2015–16	2014–15	2016–17
Aboriginal and/or Torres Strait Islander	10–13 years	n.p.	10	8
	14–17 years	30	25	35
	18+ years	n.p. [^]	1	–
	Total	39	36	43
Non-Aboriginal and/or Torres Strait Islander	10–13 years	n.p. [^]	16	17
	14–17 years	93	87	88
	18+ years	n.p. [^]	–	–
	Total	109	103	105

Source: AIHW, *Youth Justice in Australia, 2014–15, 2015–16, 2016–17*, Table S57.

NOTE Trend data may differ from those previously published due to data revisions. [^]n.p. refers to not published due to small numbers, confidentiality, and/or reliability concerns. Legislation requires that the offence giving rise to youth justice involvement be committed while a young person is aged 10–17 years. However, youth justice involvement may continue with these young people after they reach adulthood. In the ACT the upper age limit for youth justice involvement is 21 years.

The number of young people under community-based supervision in the ACT continues to show a downward trend since 2011–12. The number of non-Indigenous young people under community-based supervision had a significant decrease from 188 (2008–09) to 105 (2016–17).

In general, there were more young males than females experiencing community-based supervision in the ACT which is consistent with the national situation and also with results in previous years.

Most young people under community-based supervision were between 15 and 17 years of age.

INDICATOR DESCRIPTION

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

WHAT DO WE MEASURE?

The number of young people who were admitted for at least one period of detention at Bimberi Youth Justice Centre during the financial year.

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.⁵⁰

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.⁵¹ 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.

POLICY CONTEXT

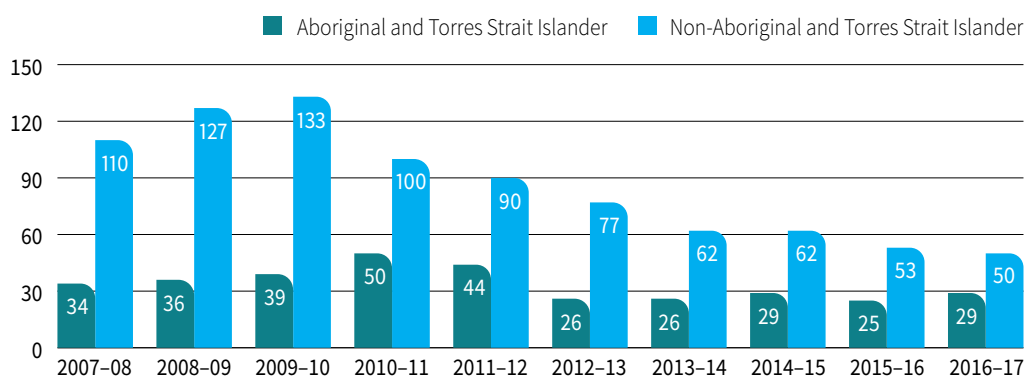
Since the introduction of the Blueprint, there has been a significant decline in the number of young people in detention. This trend shows that fewer young people are entering or coming into contact with the youth justice system.

Since 2011–12, the number of young people in detention at Bimberi has decreased. Between 2015–16 and 2016–17, the number of young people in detention remained consistent. The significant decrease in preceding years demonstrates the ACT Government's commitment to providing early intervention and prevention initiatives for young people, which support the achievement of the Blueprint (i.e. reducing and maintaining the reduction of young people in detention).

Young people in detention at Bimberi are supported to maintain engagement in education, build and maintain family ties and develop the life skills they need to reintegrate successfully in the community.

HOW IS THE ACT PROGRESSING?

Figure 34: Number of ACT young people in detention by Aboriginal and Torres Strait Islander status, 2007–17



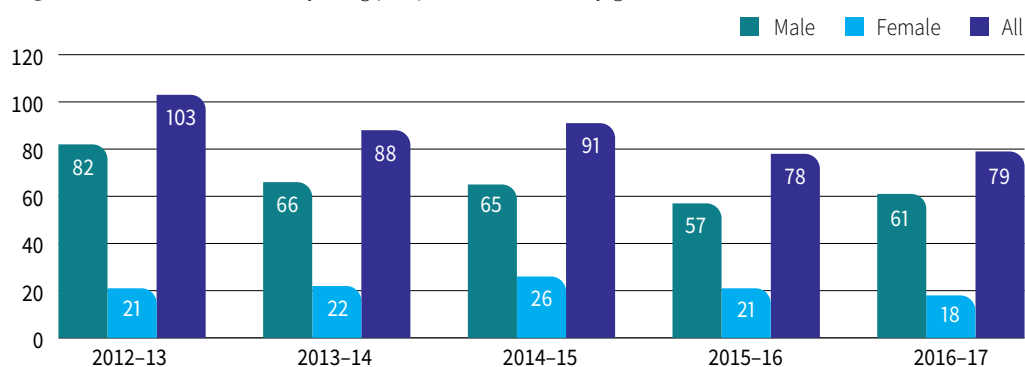
Source: AIHW Youth Justice in Australia, 2016–17, Table S84b.

NOTE: Trend data may differ from those previously published due to data revisions.

The data (in Figure 34) demonstrates a downward trend in the number of young people in detention in the ACT, from 90 non-Aboriginal and 44 Aboriginal and Torres Strait Islander young people in 2011–12. This decreased by more than 55 per cent in 2016–17 to 50 non-Aboriginal and 29 Aboriginal and Torres Strait Islander young people.

⁵⁰ ACT Government 2016, *A Picture of ACT's Children and Young People 2016*, <www.children.act.gov.au/_data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

⁵¹ ACT Government 2012, *Blueprint for Youth Justice in the ACT 2012–22*, p.12.

Figure 35: Number of ACT young people in detention by gender, 2012–17

Source: AIHW 2017, *Youth Justice in Australia, 2016–17*, Table S90b.

NOTE Trend data may differ from those previously published due to data revisions.

There were more young men than young women experiencing detention in the ACT (Figure 35) and this is consistent nationally where approximately 82 per cent of detainees are young men.

Table 39: Number of ACT young people in detention by age, 2013–17

Age	2013–14	2014–15	2015–16	2016–17
10 years	0	0	0	0
11 years	0	2	0	0
12 years	1	0	4	3
13 years	2	5	2	5
14 years	8	11	12	13
15 years	19	15	13	13
16 years	20	18	18	21
17 years	25	26	19	19
18 years+	13	14	10	5
Total 10–17 years	75	77	68	74

Source: AIHW 2017, *Youth Justice in Australia, 2016–17*, Table S74b.

NOTE Trend data may differ from those previously published due to data revisions. Age calculated as at start of financial year if first period of detention in the relevant year began before the start of the financial year, otherwise age calculated as at start of first period of detention in the relevant year. Legislation requires that the offence giving rise to youth justice involvement be committed while a young person is aged between 10–17 years. However, youth justice involvement may continue with these young people after they reach adulthood. In the ACT the upper age limit for youth justice involvement is 21 years.

Table 40: Average number of days young people in the ACT spent in detention by Aboriginal and Torres Strait Islander status, 2012–17

		2012–13	2013–14	2014–15	2015–16	2016–17
Aboriginal and/or Torres Strait Islander	Male	74	80	54	57	18
	Female	26	78	20	20	42
	Total	67	80	41	44	23
Non-Aboriginal and/or Torres Strait Islander	Male	76	79	46	46	54
	Female	19	23	12	16	18
	Total	63	65	38	39	45
All young people	Male	76	80	49	49	40
	Female	20	38	15	18	26
	Total	64	69	39	40	37

Source: AIHW 2017, *Youth Justice in Australia, 2016–17*, table S104.

INDICATOR DESCRIPTION

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

WHAT DO WE MEASURE?

The number of children and young people aged 10–17 years, against whom a charge, laid by the police that must be answered in court, per 100,000 of the population. A young person will only be counted once during the reference period.

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 progress to leading 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.⁵²

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 on 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.⁵³

Young people are also more likely to be victims of crime, which can also lead to involvement in offending.

POLICY CONTEXT

The youth offending rate per 100,000 young people aged 10–17 years in the ACT decreased by 24 per cent between 2015–16 and 2016–17. This rate continues to decrease each year and represents the lowest rate of youth offending nationally.⁵⁴ This trend shows that youth offending has significantly reduced since the introduction of the the Blueprint.⁵⁵

The ACT Government emphasises diversion of young people from the criminal justice system through the Blueprint. Diversion may include restorative justice practices, as well as formal cautioning, protective custody and other diversionary programs, such as drug and alcohol assessment and treatment programs.

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

HOW IS THE ACT PROGRESSING?

Table 41: Number and rate per 100,000 of ACT young people aged 10–17 years who offend, 2008–17

	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17
Number	983	801	870	754	507	449	355	412	319
Rate per 100,000	2,764.2	2,269.4	2,493.6	2,182.9	1,473.4	1,296.4	1,021.7	1,164.2	883.9

Source: 45190D0004201617 Recorded Crime—Offenders, Australia, 2016–17 table 20. Released 8/2/18 ABS.

NOTE Trend data may differ from those previously published due to data revisions. Please see explanatory notes on the ABS website for details about rate calculations and notes on offences that are included for this measure.

The number of ACT children and young people aged 10–17 years who committed offences has reduced significantly over the period of time from 983 in 2008–09 to 319 in 2016–17.

Please see the *Blueprint for Youth Justice in the ACT 2012–2022 Progress Report 2012–17*⁵⁶ for further information.

⁵² Richards K 2011, *What makes juvenile offenders different from adult offenders?* Canberra: Australian Institute of Criminology.

⁵³ ACT Government 2016, *A Picture of ACT's Children and Young People 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>, p.76.

⁵⁴ ABS, *4519.0 Recorded Crime – Offenders, 2016–17*, Table 20.

⁵⁵ ACT Government 2012, *Blueprint for Youth Justice in the ACT 2012–22*, <www.communityservices.act.gov.au/__data/assets/pdf_file/0009/337590/Blueprint_for_Youth_Justice_in_the_ACT_2012-22.pdf>.

⁵⁶ ACT Government 2017, *Blueprint for Youth Justice in the ACT 2012–22 Progress Report 2012–17*, <www.communityservices.act.gov.au/__data/assets/pdf_file/0005/1180742/Blueprint-Progress-Report-2012-17.pdf>.

INDICATOR 32

ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE IN THE YOUTH JUSTICE SYSTEM

INDICATOR DESCRIPTION

Aboriginal and Torres Strait Islander young people for whom the police or ACT courts have made a decision for a period of supervision.

WHAT DO WE MEASURE?

The proportion of Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander young people, by analysing rates over time.

POLICY CONTEXT

The data demonstrates a continued over-representation of Aboriginal and Torres Strait Islander young people in the youth justice system in the ACT. The rate of Aboriginal and Torres Strait Islander young people in youth justice supervision in the ACT on an average day, however, has decreased since 2011–12.

The ACT Government emphasises through the Blueprint for Youth Justice, that for Aboriginal and Torres Strait Islander young people, both universal and targeted early intervention services are key to reducing later involvement in intensive, statutory services, such as youth justice.

This indicator will continue to inform monitoring and evaluation against the Blueprint, with the intention of refining and improving policy and operational processes to improve outcomes for Aboriginal and Torres Strait Islander young people.

HOW IS THE ACT PROGRESSING

Table 42: Number and rate per 10,000 of ACT young people aged 10–17 years under supervision during the year by Aboriginal and Torres Strait Islander status, 2007–17

		2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017
Aboriginal and/or Torres Strait Islander	No.	52	44	49	61	57	49	39	44	42	43
	Rate	459	384	433	555	539	476	382	431	418	432
All young people	No.	248	236	248	246	205	179	147	145	149	141
	Rate	70	66	70	71	59	51	41	41	42	39

Source: AIHW 2017, *Youth Justice in Australia, 2016–17*, table S10b and 12b.

In 2016–17, the number of Aboriginal and Torres Strait Islander young people under supervision (43) was 30 per cent of all ACT young people aged 10–17 years (141). Although these numbers have fluctuated, in general, the numbers show a downward trend.

Table 43: Average number of days young people spent under supervision in the ACT by Aboriginal and Torres Strait Islander status and gender

		2012–13	2013–14	2014–15	2015–16	2016–17
Aboriginal and/or Torres Strait Islander	Male	195	198	207	170	132
	Female	152	193	161	183	233
	Total	184	196	193	174	158
All young people	Male	196	199	194	172	175
	Female	162	195	157	193	196
	Total	188	198	185	177	179

Source: AIHW 2017, *Youth Justice in Australia, 2016–17*, table S30.

In 2016–17, the average number of days Aboriginal and Torres Strait Islander young people in the ACT spent under supervision was 158 days which decreased by 19 per cent since 2013–14.

INDICATOR 33

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 in the ACT.

WHY IS THIS IMPORTANT?

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.⁵⁷

HOW IS THE ACT PROGRESSING?

Table 44: Number and proportion (%) of couple families and one-parent families in family households by labour force status, ACT, 2011 and 2016

		2011	2016
Couple family with children	Unemployed (no.)	53	85
	Proportion of total couple family with children (%)	0.1	0.2
	Not in the labour force (no.)	1,961	2,391
	Proportion of total couple family with children (%)	4.5	5.0
	Total couple family with children (no.)	43,196	48,008
One-parent family	Unemployed (no.)	361	472
	Proportion of total one parent family (%)	2.7	3.3
	Not in the labour force (no.)	3,816	4,295
	Proportion of total one parent family (%)	28.1	30.4
	Total one parent family (no.)	13,601	14,129

Source: ABS 2016 Census of Population and Housing, No 2003.0; Table 30.

NOTE Data retrieved from TableBuilder and may not add due to the ABS random adjustments to avoid the release of confidential data. Includes same-sex couple families.

Census data in 2016 showed that the number of one-parent families and couple families with children who were unemployed in the ACT increased, compared to the 2011 Census results.

From 2011 to 2016, the proportion of one-parent families who were unemployed increased by 0.6 of a percentage point to 3.3 per cent, while the proportion of one-parent families who were not in the labour force increased by 2.3 percentage points to 30.4 per cent.

Over the same period, the proportion of couple families, with children and both parents unemployed, increased by 0.1 of a percentage point to 0.2 per cent.



⁵⁷ ACT Government 2016, *A Picture of Children and Young People in the ACT 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

INDICATOR DESCRIPTION

The median equivalised disposable household income per week of all households in the ACT.

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 is derived using an equivalence scale to standardise households, taking into account the size and composition of the household. This allows direct comparisons between households.

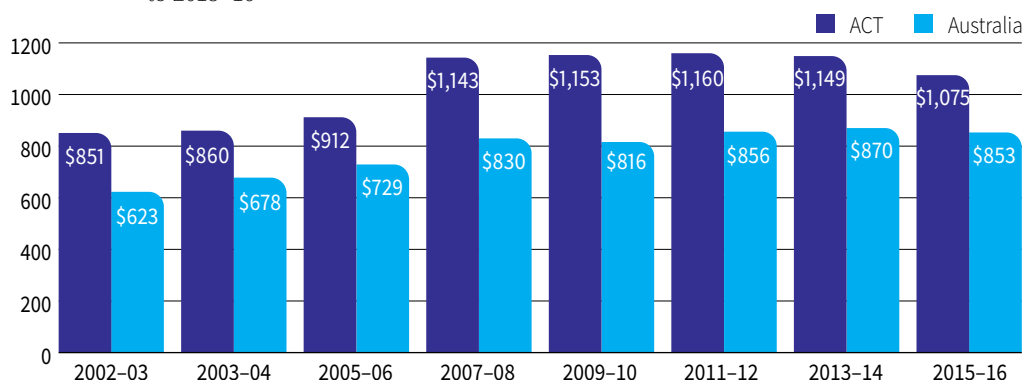
This is an indicator of the economic resources available to each member of a household when surveyed.

WHY IS THIS IMPORTANT?

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

HOW IS THE ACT PROGRESSING?

Figure 36: Median weekly equivalised disposable household income, ACT and Australia, 2002–03 to 2015–16



Source: ABS cat. No. 6523.0; Table 1.1, Table 24.1 and Table 16.1.

As at 2015–16, the median equivalised disposable household income was \$1,075 per week in the ACT, compared to the national average of \$853 per week. The weekly median equivalised disposable household income in the ACT has fallen since 2011–12, down by 0.9 per cent compared to 2013–14 and by a further 6.4 per cent to 2015–16. Nationally, the weekly median equivalised disposable household income fell by 2.0 per cent from 2013–14 to 2015–16.

Greater capital city comparisons show that the ACT recorded the highest median equivalised household disposable income and is 18.8 per cent higher than the national average.

Historical estimates of weekly median equivalised disposable household income have been adjusted to 2015–16 dollars.



INDICATOR DESCRIPTION

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

WHAT DO WE MEASURE?

The proportion of gross household income spent on housing related mortgage payments, rates payments (general and water) and rent payments.

WHY IS THIS IMPORTANT?

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.⁵⁸

POLICY CONTEXT

Over the period from 2003–04 to 2015–16, households in the ACT spent 13.0 per cent of their gross income on housing costs on average per annum, while the national result was 14.0 per cent. For ACT public housing tenants, this was higher at 20.0 per cent on average per annum, compared to the national result of 19.0 per cent.

In the *Housing Assistance Act 2007*,⁵⁹ the ACT Government committed to maximise the opportunities for everyone in the ACT to have access to housing that is affordable, secure and appropriate to their needs and facilitate the provision of housing assistance for those most in need.

Rental bond assistance in the private market

To support people who are experiencing financial difficulties in establishing a residential tenancy in the private market, the ACT Government offers rental bond assistance through the Rental Bond Assistance Program.⁶⁰ The program offers people on low to moderate incomes a low-interest loan to pay for their private rental bonds.

Public Housing Assistance

The ACT Government offers long-term rental accommodation for people on low to moderate incomes. Tenants of Housing ACT pay 25.0 per cent of their income in rent, or the market rent for that particular property, whichever is lower.

The ACT Government also provides financial support to public housing tenants, through the Rental Rebate Policy. Rental rebates are provided to those on low to moderate incomes to ensure households pays no more than 25.0 per cent of combined assessable household income in rent.⁶¹ The rental rebate is the difference between market rent and the maximum rent a tenant is required to pay.

Home ownership for public tenants

The ACT Government's Shared Equity Scheme provides an alternative home ownership opportunity for public housing tenants. The scheme encourages lower to moderate income earning public tenants to consider home purchase. The scheme provides eligible tenants the opportunity to purchase 70.0 per cent of their Housing ACT property, with IMB Bank providing finance. The remaining 30.0 per cent equity of the property remains with Housing ACT. The purchaser agrees to progressively purchase this equity from Housing ACT over a maximum 15-year period.

58 ACT Government 2016, *A Picture of Children and Young People in the ACT 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

59 ACT Legislation Register, *Housing Assistance Act 2007*, <www.legislation.act.gov.au/a/2007-8>.

60 *Housing Assistance Rental Bonds Housing Assistance Program 2017* (No 1) www.legislation.act.gov.au/di/2017-15/

61 Rental Rebate Policy, <www.communityservices.act.gov.au/hcs/policies/rental_rebate_policy>.

HOW IS THE ACT PROGRESSING?

Table 45: Housing costs as a proportion (%) of gross household income by household characteristics, ACT and Australia, 2002–03 to 2015–16

		2002– 2003	2003– 2004	2005– 2006	2007– 2008	2009– 2010	2011– 2012	2013– 2014	2015– 2016
ACT	Owner without a mortgage	2	2	2	2	2	2	2	3
	Owner with a mortgage	15	18	17	18	16	16	16	15
	Renter (state/territory housing authority)	17	24	20	22	18	19	21	19*
	Total renters	18	19	17	16	18	19	20	20
	Total	12	13	13	13	13	14	13	13
Australia	Owner without a mortgage	3	3	3	2	3	3	3	3
	Owner with a mortgage	17	18	19	18	18	18	16	16
	Renter (state/territory housing authority)	18	19	18	19	19	19	21	21
	Total renters	19	18	19	18	20	20	20	20
	Total	13	14	14	13	14	14	14	14

Source: ABS cat. No. 4130.0; Table 1.2, Table 21.2.

NOTE Data have been randomly adjusted (by perturbation) to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals. * The estimate of proportion of spending on housing by renters of public housing in the ACT of 19.0 per cent in 2015–16 has a relative standard error of 25.0 per cent to 50.0 per cent and should be used with caution.

Households in the ACT spent 13.0 per cent of their total gross income on housing costs in 2015–16, unchanged from 2013–14. This is lower than the national average of 14.0 per cent, unchanged from 2009–10.

In 2015–16, home owners with a mortgage spent 15.0 per cent of their gross income on housing costs in the ACT, a one percentage point decrease from 2013–14. This is lower than the national average of 16.0 per cent, unchanged from 2013–14.

Home owners without a mortgage spent the lowest proportion of their gross income on housing costs, at 3.0 per cent in the ACT, a one percentage point increase from 2013–14. Nationally, the proportion was also 3.0 per cent, unchanged from 2009–10.

ACT public housing tenants spent 19.0 per cent of their income on housing costs in 2015–16, a decrease of two percentage points from 2013–14. Nationally, public housing tenants spent 21.0 per cent of their income on housing costs, unchanged from 2013–14.

Renters in the ACT and nationally spent 20.0 per cent of their gross income on housing costs in 2015–16. These proportions have not changed since 2013–14 in the ACT and since 2009–10 nationally.

INDICATOR DESCRIPTION

Children and young people in the ACT who live in low income households in rented dwellings and are in housing stress.

WHAT DO WE MEASURE?

The number of children and young people aged 0–24 years in the ACT in households in the bottom 40 per cent of the equivalised gross income distribution who live in a rental housing and where rent is at least 30 per cent of gross household income.

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. Frequent moves can result in a lack of social cohesion for children and young people.

POLICY CONTEXT

The ACT Government provides a range of affordable housing options for those who cannot afford to rent or buy without some form of assistance.

The Public Housing Program provides long-term affordable accommodation to more than 10,600 households on low income while the Affordable Rental Office manages and rents a number of properties to older people on a low income at a percentage of market rate to ensure affordability. At 30 June 2018 there were 51 tenancies under this program.

The government also provides two public housing schemes to support eligible tenants purchase their own home. The Sale to Tenant Scheme, for those tenants who have the financial means to purchase their home; and the Shared Equity Scheme, which involves purchasing a percentage of the home along with the Commissioner for Social Housing. The remaining percentage can be purchased over time.

The Rental Bonds Loan Scheme provides an option for those on low to moderate incomes to access and begin renting suitable properties in the private sector. The loans remove one of the major financial barriers to accessing the private market by covering up to 90 per cent of a private rental bond for a new tenancy agreement.

HOW IS THE ACT PROGRESSING?

Table 46: Prevalence of children and young people living in low income rental households in rental stress in the ACT, Census 2006, 2011, 2016

		2006	2011	2016
Age range	0–11 years	2,974	3,965	4,313
	12–18 years	1,378	1,612	1,676
	19–24 years	2,302	2,962	3,392
Total	0–24 year olds in rental stress	6,657	8,543	9,382
	0–24 years in low income rental households	18,197	20,080	23,132

Source: Census of Population and Housing, Customised Data Report: 2006, 2011, 2016 Census: Persons aged 0–24 years counted at home on Census night in Rented Dwellings by Age, Housing Cost and Equivalised Household Income, for Australian Capital Territory.

NOTE: Households with nil or negative income are excluded. Household income is not stated for 3,194 children and young people in 2006, 3,352 in 2011 and 3,007 in 2016. Households with income falling into the 3rd percentile have been included, as the current Youth Allowance payment amount falls into this percentile. Households in the third percentile were excluded in the previous reporting of *A Picture* in 2016.

Table 47: Proportion (%) of children and young people living in low income rental households in rental stress in the ACT, Census 2006, 2011, 2016

	2006	2011	2016
0–24 year-olds	37	43	41

Source for Tables 48–49: Census of Population and Housing, Customised Data Report: 2006, 2011, 2016 Census: Persons aged 0–24 years counted at home on Census night in Rented Dwellings by Age, Housing Cost and Equivalised Household Income, for Australian Capital Territory.

NOTE: Households with nil or negative income are excluded. Household income is not stated for 3,194 children and young people in 2006, 3,352 in 2011 and 3,007 in 2016. These exclusions were due to the individuals falling within the third percentile (which is \$480 per fortnight), which was not deemed to be below the equivalised household income threshold.

There were about 9,382 children and young people living in low-income households in rental housing who are in housing stress in 2016. This number accounted for 41.0 per cent out of all children and young people in low income households in the rental market.

Of the children and young people in low income rental households living in rental stress, 4,313 of these were children aged 0–11 years in 2016 which accounted for 46.0 per cent of total children and young people in low income rental households experiencing rental stress.

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.

**WHY IS THIS IMPORTANT?**

Access to stable and adequate housing is a recognised human right under the United Nation's Universal Declaration on Human Rights.⁶²

Children and young people are over-represented in the national homelessness population; just over one third of all homeless Australians are children and young people under the age of 25.⁶³

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 significant impact on the positive development of health and wellbeing for children and young people.⁶⁴

Information from this indicator will continue to 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.⁶⁵

POLICY CONTEXT

The decrease in youth homelessness over time reflects a concerted approach to addressing homelessness, particularly amongst families escaping family and domestic violence. The figures also reflect a maturing of the youth homelessness sub-sector where there has been a diversification of responses to allow for young people to be supported not only in accommodation but for young people to have support before they become homeless.

In the 19–25 year age group, access to the homelessness sector is through the Youth Emergency Accommodation Network (YEAN) for young people up to 21 years of age, the Friendly Landlord Service for up to 23 years and Our Place for young people up to 25 years.

The marginal decrease in numbers for 19–25 year olds and the subsequent increase in young people residing in severely overcrowded settings can be attributed to the lack of affordable rentals meaning that young people are often forced to share in order to be able to afford rent.

HOW IS THE ACT PROGRESSING

Table 48: Prevalence of child and young people homelessness in the ACT, Census of Population and Housing 2006, 2011, 2016

	2006	2011	2016
Under 12 years	142	290	183
12–18 years	112	210	109
19–24 years	146	255	239
Total	400	755	531

Source: Census of Population and Housing: Estimating homelessness, 2016.

NOTE: Census figures provide point in time data (as at Census night).

There were 531 children and young people in the 2016 Census who were classified as being homeless on Census night in the ACT, which was a 30.0 per cent decrease from the 2011 Census (755).⁶⁶

⁶² United Nations 1948, *Universal Declaration of Human Rights* (adopted 10 December 1948), UNGA Res 217 A (III) (UDHR) Article 25.

⁶³ ABS 2012, *Census of Population and Housing: Estimating Homelessness, 2011*, accessed on 14.08.2015 via , and Youth Homelessness Matters Day, Snapshot of Youth Homelessness, accessed on 14.08.2015 via

⁶⁴ AIHW 2011, *Headline Indicators for Children's Health, Development and Wellbeing*, p.90.

⁶⁵ ACT Government, *ACT Children and Young People's Commitment 2015–2025*, priority 1.

⁶⁶ Census of Population and Housing: Estimating homelessness, 2016.

The number of homeless children aged 18 and under decreased substantially between 2011 and 2016. The prevalence of homelessness among young people aged 19–24 years has improved only marginally over the same period (a 6.7 per cent decrease between 2011 and 2016, from 255 to 239).

Table 49: Prevalence of child and young people homelessness services in the ACT by homelessness category and age group, Census of Population and Housing 2016

	Under 12 years	12–18 years	19–24 years	Total
Persons who are in improvised dwellings, tents or sleeping out	4	5	4	13
Persons in supported accommodation for the homeless	121	64	68	253
Persons staying temporarily with other households	18	11	41	70
Persons staying in boarding houses	0	3	36	39
Persons living in severely crowded dwellings	41	27	92	160
Total	183	109	239	531

Source: Census of Population and Housing: Estimating homelessness, 2016. Cat no. 20490DO002_2016.

NOTE: Census figures provide point in time data (as at Census night).

Almost one half of homeless children and young people were being assisted through homelessness supported accommodation; 253 children and young people (48.0 per cent of all homeless children and young people) were in supported accommodation on 2016 Census night.⁶⁷

There were 160 children and young people living in ‘severely’ crowded dwellings (30.0 per cent of all homeless children and young people), and the majority of these were young people aged 19–24 years (92 of those in severely crowded dwellings were aged 19–24 years).

⁶⁷ ABS 2016, Census of Population and Housing: Estimating homelessness, 2016. Cat no. 20490DO002_2016.

INDICATOR 38

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 366 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 have a right to live in an abuse free environment. They are more likely to have enhanced health and wellbeing outcomes when they grow up in nurturing and supportive home environments. 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.⁶⁸

POLICY CONTEXT

Since the previous reporting period, the number of notifications (Child Protection and Child Concern Reports) and investigations (appraisals) have increased. However, the number of substantiations has decreased. These findings demonstrate that there is significant public awareness regarding child abuse and neglect and how to report it within the ACT. Despite increased reporting within the community, the number of children subject to confirmed child abuse or neglect has decreased.

In the ACT, Child and Youth Protection Services have a legislative responsibility under the *Children and Young People Act 2008* to facilitate and coordinate services that protect children and young people believed to be at risk of harm. This involves assessing risk and working with families and other professionals to resolve issues that compromise the safety and wellbeing of children and young people.

The ACT Government has made a significant investment in prevention and early intervention for children and families through *A Step Up for Our Kids — One Step Can Make a Lifetime of Difference* (Out of Home Care Strategy 2015–2020)⁶⁹ reform. *A Step Up for Our Kids* places a strong emphasis on preventing children and young people from entering care, reunifying children with their families where it is safe to do so, and on moving children into permanent family settings as quickly as possible when they cannot return home.

In 2017, the ACT Government announced *Our Booris, Our Way* which is an independent review into the over-representation of Aboriginal and Torres Strait Islander children and young people involved with Child and Youth Protection Services. An Aboriginal and Torres Strait Islander steering committee oversees the review, with an interim report⁷⁰ released in August 2018. The review addresses case planning for Aboriginal and Torres Strait Islander children and young people involved in the child protection system to ensure those children are thriving and supported to maintain connections with their family, culture and community.

In 2018, the ACT Government agreed to a ten-year plan to fundamentally change the DNA of the ACT human services system through the Early Support initiative. This initiative represents a new approach to investing and partnering with the community sector and to achieve purpose-led system transformation. This will shift from crisis-driven responses, where service impacts are less effective in changing life trajectories to earlier support which will improve people's long-term life outcomes and enhance well-being. The reform is a Whole of Government, Whole of Community initiative that will support positive life outcomes for young Canberrans and enable all key priorities of the *ACT Children and Young People's Commitment 2015–2025*.

68 ACT Government 2016, *A Picture of ACT's Children and Young People 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

69 ACT Government 2015, *A Step Up for Our Kids — One Step Can Make a Lifetime of Difference* (Out of Home Care Strategy 2015–2020), <https://www.communityservices.act.gov.au/__data/assets/pdf_file/0009/682623/CSD_OHCS_Strategy_web_FINAL.pdf>.

70 *Our Booris, Our Way Interim Report*, August 2018, <www.strongfamilies.act.gov.au/__data/assets/pdf_file/0003/1240428/Borris-Intrim-Report.pdf>.

HOW IS THE ACT PROGRESSING?

Table 50: Child protection notification, investigations and substantiations, 2007–08 to 2016–17

	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17
Notifications	8,970	9,595	10,780	11,712	12,419	13,549	10,600	10,633	14,859	15,928
Investigations	1,566	1,985	1,780	1,672	2,203	2,323	1,344	1,619	2,843	2,931
Substantiations	827	896	741	636	861	720	449	595	627	554

Source: AIHW 2016, *Child Protection Australia: 2014–15 Child Welfare series no. 63 cat. no. CWS 57*.

NOTE Disaggregates available are for the number of children subject to substantiations in the period.

During 2016–17, the total number of child protection reports that were subsequently substantiated was 554 which was 3.4 per cent of the total number of reports. The data indicates that although the number of substantiations has seen fluctuations over the last ten years, the number had decreased from 896 in 2008–09 to 554 in 2016–17 (Table 50).

Table 51: Number of ACT children and young people subject of substantiated reports by age group 2012–13 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
<1*	71	56	65	115	77
1–4 years	120	94	99	178	116
5–9 years	141	94	104	180	207
10–14 years	119	73	85	121	128
15–17 years*	42	21	31	33	26
Total	494	341	386	627	554

Source: AIHW 2016, *Child Protection Australia: 2014–15 Child Welfare series no. 63 cat. no. CWS 57*.

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

The number of children and young people subject of substantiated reports (Table 51) has fluctuated significantly between 2013–14 and 2015–16, ranging from 341 to 627. In 2016–17 the majority of substantiations were experienced by children between five and nine years.

Table 52: Children and young people subject of substantiated reports by sex 2012–13 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Male	234	179	183	314	283
Female	260	162	203	312	271
Total	494	341	386	627*	554

Source: AIHW 2016, *Child Protection Australia: 2014–15 Child Welfare series no. 63 cat. no. CWS 57*.

* Contains 1 unknown.

Table 53: Children and young people subject of substantiated reports by Aboriginal and Torres Strait Islander status 2012–13 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Aboriginal and Torres Strait Islander	84	66	98	156	175
Non-Aboriginal and Torres Strait Islander	309	275	273	409	379
Unknown	101	–	15	62	–
Total*	494	341	386	627	554

Source: AIHW 2016, *Child Protection Australia: 2014–15 Child Welfare series no. 63 cat. no. CWS 57*.

The number of Aboriginal and Torres Strait Islander children and young people has increased significantly from 84 in 2013 to 175 in 2017 which is a 48.0 per cent increase over the four-year period.

DEFINITIONS

Notification:

Reporting concerns about child safety. Any person who has concerns about harm to a child may make a report — notification — to the state/territory's statutory child protection service.

Investigation:

Determining whether there are grounds for intervention. Child protection staff from the local office conducts the investigations. However, where the concern relates to a police matter — sexual abuse, or very serious physical abuse/neglect — most jurisdictions have arrangements in place for interviews with children and their families to be conducted jointly with police, as well as medical assessments to be conducted when necessary.

Source: <<https://aifs.gov.au/cfca/publications/child-protection-and-family-law%E2%80%A6joining-dots/child-protection-systems-australia>>.

INDICATOR 39

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, Community Services Directorate or a third party other than parents, and/or has a provision requiring supervision by the Director-General, 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 receive support in the ACT.

WHY IS THIS IMPORTANT?

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.

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 to ensure their safety and wellbeing. This is only considered after other less intrusive measures have been attempted to support the child and family.

POLICY CONTEXT

In the ACT, Child and Youth Protection Services have a legislative responsibility under the *Children and Young People Act 2008* to facilitate and coordinate services that protect children and young people believed to be at risk of harm. In circumstances where the safety of children and young people cannot be guaranteed in the care of their parents, it is necessary to seek a care and protection order.

The ACT Government has made a significant investment in prevention and early intervention for children and families through *A Step Up for Our Kids — One Step Can Make a Lifetime of Difference* (Out of Home Care Strategy 2015–2020). Reform under *A Step Up for Our Kids* places a strong emphasis on recognising and addressing experiences of trauma and achieving the best outcomes for children and young people. This includes supporting children to be safely restored to their parents, and where this is not possible to identify permanent care options.

In 2017, the ACT Government announced *Our Booris, Our Way*,⁷¹ an independent review into the over-representation of Aboriginal and Torres Strait Islander children and young people involved with Child and Youth Protection Services. An Aboriginal and Torres Strait Islander steering committee is overseeing the review, with an interim report released in August 2018. The review addresses case planning for Aboriginal and Torres Strait Islander children and young people involved in the child protection system to ensure those children are thriving and supported to maintain connections with their family, culture and community.

HOW IS THE ACT PROGRESSING?

Acronyms used in Table 55

CoD-G	Care of the Director-General of ACT Community Services Directorate
D-G	Director-General of ACT Community Services Directorate
EPR	Enduring Parental Responsibility order
FGC	Family Group Conference Agreement ratified in Children’s Court
FO	Final order
SFO	Supervision final order
UHM	Unaccompanied Humanitarian Minor, Parental Responsibility transferred to D-G
VCA	Voluntary Care Agreement

71 *Our Booris, Our Way* Interim Report, August 2018 www.strongfamilies.act.gov.au/___data/assets/pdf_file/0003/1240428/Borris-Intrim-Report.pdf

Table 54: ACT children and young people in the care of the Director-General by Aboriginal and Torres Strait Islander (ATSI) status and by age, 2013–17

2013	Finalised (CoD-G FOs)	2	1	33	68	47	116	32	106	19	69	133	360	493
	Immigration Orders (UHM)	0	0	0	0	0	1	0	0	0	1	0	2	2
	Interim Orders (CoD-G)	3	7	2	15	0	14	0	3	0	0	5	39	44
	Total Care of the D-G	5	8	35	83	47	131	32	109	19	70	138	401	539
	Finalised (PR remains with parent)	0	0	1	0	0	1	0	0	0	0	1	1	2
	Third Party Parental Responsibility (EPRs & FGCs)	0	0	1	4	2	15	7	18	3	10	13	47	60
	Supervision Orders (SFOs)	0	2	1	13	5	14	5	10	1	4	12	43	55
	Interim Orders (Supervision)	0	0	0	2	0	2	0	2	0	1	0	7	7
	Administrative Orders (VCAs)	1	2	1	0	2	1	1	0	0	3	5	6	11
	TOTAL	6	12	39	102	56	164	45	139	23	88	169	505	674
2014	Finalised (CoD-G FO)	4	12	37	67	50	114	42	113	13	65	146	371	517
	Immigration Orders (UHM)	0	0	0	0	0	1	0	1	0	1	0	3	3
	Interim Orders (CoD-G)	4	13	5	18	0	14	0	14	0	2	9	61	70
	Total Care of the D-G	8	25	42	85	50	129	42	128	13	68	155	435	590
	Finalised (PR remains with parent)	0	0	1	0	0	0	0	0	0	0	1	0	1
	Third Party Parental Responsibility (EPRs & FGCs)	0	0	1	5	3	15	5	22	5	11	14	53	67
	Supervision Orders (SFOs)	0	1	6	13	3	8	2	6	1	2	12	30	42
	Interim Orders (Supervision)	0	0	0	2	0	0	0	0	0	1	0	3	3
	Administrative Orders (VCAs)	0	1	0	0	0	0	0	0	0	1	0	2	2
	TOTAL	8	27	50	105	56	152	49	156	19	83	182	523	705
2015	Finalised (CoD-G FO)	4	5	33	85	53	125	42	114	12	62	144	391	535
	Immigration Orders (UHM)	0	0	0	0	0	1	0	1	0	0	0	2	2
	Interim Orders (CoD-G)	4	16	13	27	9	24	7	8	0	0	33	75	108
	Total Care of the D-G	8	21	46	112	62	150	49	123	12	62	177	468	645
	Third Party Parental Responsibility (EPRs & FGCs)	0	0	2	2	6	18	5	20	5	18	18	58	76
	Supervision Orders (SFOs)	0	1	3	3	3	5	1	4	1	0	8	13	21
	Interim Orders (Supervision)	0	1	0	1	0	1	0	1	0	0	0	4	4
	Administrative Orders (VCAs)	0	0	0	0	0	0	0	1	0	0	0	1	1
	TOTAL	8	23	51	118	71	174	55	149	18	80	203	544	747
2016	Short-term Finalised (CoD-G FO)	4	6	11	13	7	9	5	10	0	3	27	41	68
	Long-term Finalised (CoD-G FO)	0	5	26	80	52	123	38	108	20	65	136	381	517
	Immigration Orders (UHM)	0	0	0	0	0	1	0	1	0	0	0	2	2
	Interim Orders (CoD-G)	6	15	11	35	7	23	2	13	0	2	26	88	114
	Total Care of the D-G	10	26	48	128	66	156	45	132	20	70	189	512	701
	Third Party Parental Responsibility (EPRs & FGCs)	0	0	3	4	10	24	6	25	4	14	23	67	90
	Supervision Orders (SFOs)	1	1	2	6	4	4	2	3	1	0	10	14	24
	Interim Orders (Supervision)	0	0	0	1	0	1	0	1	0	2	0	5	5
	Administrative Orders (VCAs)	0	1	0	0	0	0	0	1	0	1	0	3	3
	TOTAL	11	28	53	139	80	185	53	162	25	87	222	601	823

Year	Order type	<1 yr		1–4 yrs		5–9 yrs		10–14 yrs		15–17 yrs		Total		
		ATSI	Non	ATSI	Non	ATSI	Non	ATSI	Non	ATSI	Non	ATSI	Non	All
2017	Short-term Finalised (CoD-G FO)	2	9	20	42	14	19	2	23	0	4	38	97	135
	Long-term Finalised (CoD-G FO)	2	1	28	83	49	114	51	130	22	67	152	395	547
	Immigration Orders (UHM)	0	0	0	0	0	0	0	2	0	0	0	2	2
	Interim Orders (CoD-G)	4	7	9	8	9	12	6	8	1	2	29	37	66
	Total Care of the D-G	8	17	57	133	72	145	59	163	23	73	219	531	750
	Third Party Parental Responsibility (EPRs & FGCS)	0	0	3	3	10	20	6	33	5	14	24	70	94
	Supervision Orders (SFOs)	0	1	1	9	0	11	3	3	0	2	4	26	30
	Interim Orders (Supervision)	0	0	0	1	0	2	0	0	0	0	0	3	3
	Administrative Orders (VCAs)	0	0	1	1	2	0	2	3	0	3	5	7	12
	TOTAL	8	18	62	147	84	178	70	202	28	92	252	637	889

Source: Non-published administrative data.

NOTE Differentiation between short and long-term orders was introduced to AIHW NMDS in 2015–16.

As at 30 June 2017, a total of 889 children and young people were on a care and protection order. This is an 8.0 per cent increase from June 2016, where 823 children and young people were on a care and protection order. The number of children and young people in the care of the Director-General also increased by 7.0 per cent from 701 in 2016 to 750 in 2017. Although the number of children and young people in the care of the Director-General demonstrates an upward trend since 2013, the difference in proportion between each year shows a steady decrease. Between 2013 and 2014, the difference in proportion was 9.5 per cent and 6.9 per cent between 2016 and 2017.

INDICATOR 40 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 2017. 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 cases 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 in the child's best interests, for them 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 kinship and foster care to supported independent living. This measure is important in showing the placement type for children in out of home care and is relevant to assist agency planning support for the differing types of placements.

POLICY CONTEXT

In 2017, the number of children and young people in kinship care and foster care rose slightly, while the proportion of children and young people in both kinship and foster care has decreased since 2013. Where possible, children are placed in kinship placements as a priority. This approach results in a greater impact on a child's sense of belonging and their overall life outcomes. Since 2010, the number of children and young people placed in residential care has maintained, meaning a greater number of children are being placed in family home environments.

The number of Aboriginal and Torres Strait Islander children and young people in out of home care in 2017, has increased compared with the previous year. This result indicates the need for a continued policy focus on reducing the number of Aboriginal and Torres Strait Islander children and young people in out of home care, and for culturally appropriate responses, consistent with the Aboriginal Placement Principal.

In 2017, the ACT Government announced *Our Booris, Our Way*, an independent review into the over-representation of Aboriginal and Torres Strait Islander children and young people involved with Child and Youth Protection Services. An Aboriginal and Torres Strait Islander steering committee is overseeing the review, with an interim report released in August 2018. The review addresses case planning for Aboriginal and Torres Strait Islander children and young people involved in Child and Youth Protection Services to ensure those children are thriving and supported to maintain connections with their family, culture and community.

The ACT Government has also made a significant investment in prevention and early intervention for children and families through *A Step Up for Our Kids – One Step Can Make a Lifetime of Difference* (Out of Home Care Strategy 2015–2020). Reform under *A Step Up for Our Kids* places a strong emphasis on recognising and addressing experiences of trauma and achieving improved outcomes for children and young people who cannot live at home.

This indicator shows the need for continued monitoring and evaluation of progress against *A Step Up for Our Kids*, with the intention of refining and improving policy and operational processes over time.

HOW IS THE ACT PROGRESSING?

Table 55: Number and proportion (%) of ACT children residing in out of home care placements by type as at 30 June, 2010–17 by Aboriginal and Torres Strait Islander (ATSI) status

Year	Aboriginal and Torres Strait Islander status	Kinship care*		Foster care*		Residential care		Other		Total
		No.	%	No.	%	No.	%	No.	%	
2010	Aboriginal and Torres Strait Islander	62	49.6	52	41.6	11	8.8	0	0.0	125
	Non-Aboriginal and Torres Strait Islander	204	50.1	167	41.0	36	8.8	0	0.0	407
	All	266	50.0	219	41.2	47	8.8	0	0.0	532
2011	Aboriginal and Torres Strait Islander	63	52.9	43	36.1	13	10.9	0	0.0	119
	Non-Aboriginal and Torres Strait Islander	217	51.5	171	40.6	32	7.6	1	0.2	421
	All	280	51.9	214	39.6	45	8.3	1	0.2	540
2012	Aboriginal and Torres Strait Islander	73	54.5	51	38.1	9	6.7	1	0.7	134
	Non-Aboriginal and Torres Strait Islander	219	50.7	189	43.8	24	5.6	0	0.0	432
	All	292	51.6	240	42.4	33	5.8	1	0.2	566
2013	Aboriginal and Torres Strait Islander	78	55.7	53	37.9	9	6.4	0	0.0	140
	Non-Aboriginal and Torres Strait Islander	213	51.0	176	42.1	29	6.9	0	0.0	418
	All	291	52.2	229	41.0	38	6.8	0	0.0	558

Year	Aboriginal and Torres Strait Islander status	Kinship care*		Foster care*		Residential care		Other		Total
		No.	%	No.	%	No.	%	No.	%	
2014	Aboriginal and Torres Strait Islander	81	53.3	63	41.4	7	4.6	1	0.7	152
	Non-Aboriginal and Torres Strait Islander	237	52.2	186	41.0	31	6.8	0	0.0	454
	All	318	52.5	249	41.1	38	6.3	1	0.2	606
2015	Aboriginal and Torres Strait Islander	100	54.6	77	42.1	6	3.3	0	0.0	183
	Non-Aboriginal and Torres Strait Islander	256	52.5	201	41.2	29	5.9	2	0.4	488
	All	356	53.1	278	41.4	35	5.2	2	0.3	671
2016	Aboriginal and Torres Strait Islander	117	59.4	70	35.5	10	5.1	0	0.0	197
	Non-Aboriginal and Torres Strait Islander	281	51.0	235	42.6	32	5.8	3	0.5	551
	All	398	53.2	305	40.8	42	5.6	3	0.4	748
2017	Aboriginal and Torres Strait Islander	132	58.1	87	38.3	8	3.5	0	0.0	227
	Non-Aboriginal and Torres Strait Islander	308	53.5	231	40.1	34	5.9	3	0.5	576
	All	440	54.8	318	39.6	42	5.2	3	0.4	803

Source: Non-published administrative data. * Data reported on children in foster care and kinship care includes children on third party parental care.

NOTE Children with unknown Aboriginal and Torres Strait Islander status have been included in the non-Aboriginal and Torres Strait Islander count to ensure accurate totals for type of care. Other arrangements account for a small number of children in other out of home care arrangements such as boarding school or supported independent living.

As at 30 June 2017, a total of 803 children were reported to be living in out of home care. This is a 7.3 per cent increase from 2016 where the number of children in out of home care was 748. In general, results demonstrate an upward trend since 2010.

Table 56: Number of ACT children and young people in out of home care by age group at 30 June, 2013–17

	2013	2014	2015	2016	2017
<1 year	15	30	27	34	19
1–4 years	118	124	151	173	188
5–9 years	184	188	229	247	237
10–14 years	155	181	183	194	257
15–17 years*	86	83	81	100	102
Total	558	606	671	748	803

Source: AIHW 2018 Child Protection Australia: 2016–17 Child Welfare series no. 63 cat. no. CWS 57 Canberra: AIHW.

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

In 2017, the number of children and young people in out of home care aged one year and younger was 19. This number has decreased by 44.0 per cent since 2016 (34) and shows a downward trend since 2014 (30). The number of children and young people aged between 10 and 14 in out of home care increased by 32.5 per cent compared to 2016.

Table 57: Number of ACT children and young people in out of home care by sex at 30 June, 2013–17

	2013	2014	2015	2016	2017
Male	301	330	370	404	426
Female	257	276	301	344	377
Total	558	606	671	748	803

Source: AIHW 2018, *Child Protection Australia: 2016–17 Child Welfare series no. 63 cat. no. CWS 57 Canberra: AIHW.*

INDICATOR DESCRIPTION

The proportion of children subject of a substantiated Child Protection Report in the previous year to date also the subject of a subsequent substantiated Child Protection Report within 12 months of the first substantiation.

WHAT DO WE MEASURE?

Under section 366 of the *Children and Young People Act 2008*, Child and Youth Protection Services (CYPS) 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 have a right to live in an abuse free environment. They are more likely to have enhanced health and wellbeing outcomes when they grow up in nurturing and supportive home environments. 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.

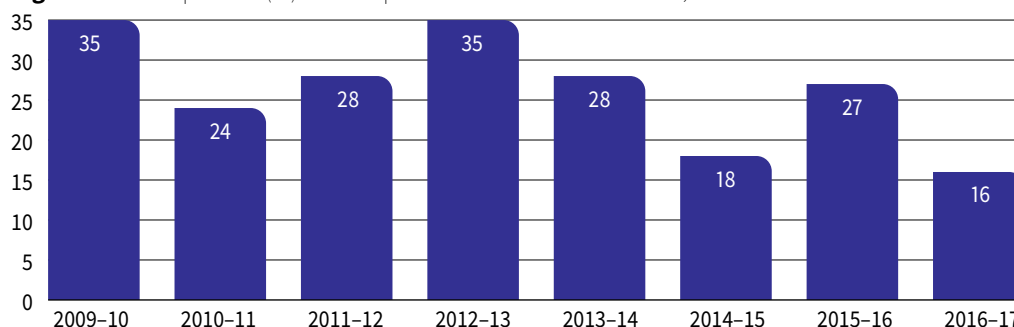
POLICY CONTEXT

In the ACT, Child and Youth Protection Services have a legislative responsibility under the *Children and Young People Act 2008* to facilitate and coordinate services that protect children and young people believed to be at risk of harm. This involves assessing risk and working with families and other professionals to resolve issues that compromise the safety and wellbeing of children and young people.

The ACT Government has made a significant investment in prevention and early intervention for children and families through *A Step Up for Our Kids — One Step Can Make a Lifetime of Difference* (Out of Home Care Strategy 2015–2020).⁷² Services funded under *A Step Up For Our Kids* includes intensive live in and in home support that focuses on preserving children at home, or restoring them safely back to their families.

HOW IS THE ACT PROGRESSING?

Figure 37: Proportion (%) of child protection re-substantiations, 2009–10 to 2016–17



Source: CYPS Child Protection Annual Report Datasets.

The data demonstrates that although the proportion of re-substantiations fluctuated over the last five years, it decreased to 16 per cent in 2016–17 from 27 per cent in 2015–16. The 2016–17 result is the lowest reported result since 2009–10.

⁷² ACT Government 2015, *A Step Up for Our Kids — One Step Can Make a Lifetime of Difference* (Out of Home Care Strategy 2015–2020), <www.communityservices.act.gov.au/___data/assets/pdf_file/0009/682623/CSD_OHCS_Strategy_web_FINAL.pdf>.

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 younger who have been exposed to family violence in the ACT.

WHY IS THIS IMPORTANT?

Domestic and Family Violence (DFV) is a significant and pervasive social, welfare and public health issue⁷³ that has serious, far-reaching and costly impacts for individuals, families, communities and governments.

Research has demonstrated that childhood exposure to DFV or sexual violence can lead to an increased risk of poor developmental outcomes.⁷⁴ Children exposed to family violence are often 'forgotten, unacknowledged and silent victims'.

According to the 2016 Personal Safety Survey, one in eight women witnessed violence towards their mother by a partner before the age of 15 (13% or 1.2 million). These women were more than twice as likely to experience partner violence (after the age of 15) than women who had not witnessed violence towards their mother by a partner (34% compared to 15%).

Around one in three women who experienced abuse before the age of 15 experienced partner violence as an adult (36%). These women were nearly three times more likely to experience partner violence as an adult than women who had not experienced abuse before the age of 15 (36% compared to 13%).⁷⁵

The information obtained from this indicator is important to improve outcomes for the safety and wellbeing of children and young people and to prevent, intervene early and reduce the impact of domestic and family violence in the ACT.⁷⁶

Definition

Family violence: Domestic/family violence (DFV) occurs when a person is violent or abusive towards someone with whom they have some type of 'family relationship'.

It 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 (relatives) of those couples including stepchildren and adopted children.⁷⁷

The types of violence include physical violence or abuse; sexual violence or abuse; emotional or psychological abuse; economic abuse; threatening behaviour; coercion or any other behaviour that controls or dominates and/or causes someone to feel fear for their safety or wellbeing of the family member or another person.⁷⁸



73 John W Fantuzzo and Wanda K Mohr 1999, 'Prevalence and Effects of Child Exposure to Domestic Violence', *The Future of Children* (Winter 1999), Vol. 9, No. 3, p.23. Domestic Violence and Children.

74 Campo M 2015, 'Children's exposure to domestic and family violence: key issues and responses', *Child Family Community Australia* paper no. 36. Melbourne: AIFS, <<https://aifs.gov.au/cfca/publications/childrens-exposure-domestic-and-family-violence>>.

75 Australian Government Department of Social Services 2018, *National Plan to Reduce Violence Against Women and Their Children: Fourth Action Plan (2019–22) Draft Background and Evidence*.

76 ACT Government 2015, *ACT Children and Young People's Commitment 2015–2025*, priority 4.

77 ACT Policing 2013, *Pocketbook guide for victims of crime*, available at <www.police.act.gov.au/sites/default/files/PDF/Victims-of-crime-booklet-September-2013.pdf>.

78 ACT Community Services Common Dataset available at <www.communityservices.act.gov.au/home/publications/common-dataset>.

POLICY CONTEXT

In the 2016–17 and 2017–18 ACT Budgets, the ACT Government committed to a range of investments under the Safer Families Package,⁷⁹ to provide funding for reforms to address family violence, including the establishment of the Office for Coordinator General for Family Safety and the Family Safety Hub, and training on domestic/family violence for front line workers.

Under the *Children and Young People's Commitment 2015–2025*, the ACT Government implemented the *ACT Prevention of Violence against Women and Children Strategy 2011–2017* and continues to maintain focus on the prevention of domestic and family violence in the ACT.

HOW IS THE ACT PROGRESSING?

Table 58: Number of ACT 0–24 year old victims of family violence-related offences, 2014–17 (calendar year)

Victim age	2014	2015	2016	2017
0–4 years	24	20	31	21
5–9 years	20	29	59	70
10–14 years	47	58	85	92
15–19 years	98	115	151	158
20–24 years	179	123	232	213
Total	368	345	558	554

Source: ACT PROMIS Data Dashboard as at 23 August 2018.

NOTE: Age groups may differ from those previously published due to data revisions.

In 2017, the number of ACT children and young people aged 0–24 years who were reported as being a victim of family violence related offences was 554. This was an increase of 50.5 per cent from 2014 (368) and a slight decrease from 2016 (558).

Table 59: Number and proportion (%) of ACT child protection reports, which are appraised and where family domestic violence is present, or the primary cause of harm, 2015–18

	2015–16		2016–17		2017–18	
No. of child protection reports appraised (investigated)	2,785		2,930		2,303	
Appraisals where:	No.	%	No.	%	No.	%
family/domestic violence present*	893	32.1	968	33.0	740	32.1
family/domestic violence primary harm^	620	22.3	689	23.5	558	24.2

Source: Non-published administrative data. * Family/domestic violence present means: family violence was included in the initial report. ^ Family/domestic violence primary harm means: the primary focus of the report was family violence.

⁷⁹ Safer Families package, Chief Minister, Treasury and Economic Development <<https://apps.treasury.act.gov.au/budget/budget-2017-2018/better-support-when-it-matters/safer-families>>.



INDIVIDUAL NEEDS OF FAMILIES AND CHILDREN ARE RECOGNISED AND SUPPORTED

INDICATOR 43

FAMILIES ACCESSING SERVICES THROUGH THE CHILD DEVELOPMENT SERVICE

INDICATOR DESCRIPTION

The number of ACT families with concerns regarding their child's development who received support from the Child Development Service (CDS) in a 12-month period.

WHAT DO WE MEASURE?

The number of individual children and their families who were provided with information, assessment and/or referral and linkages by the CDS.

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 important to ensure that all families are supported to assist their child reach their full potential.

POLICY CONTEXT

The ACT Government CDS 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. The service also provides autism assessment for children aged up to 12 years.

Since its establishment, there has been continued strong demand for the services provided by the CDS, with the number of families accessing information and assessment services increasing each year.

The CDS provides initial information and programs for children who may not be eligible for the supports through the National Disability Insurance Scheme (NDIS) or the NDIS Early Childhood Early Intervention (ECEI) partner, NDIS EACH.

In May 2017, a new service NDIS EACH was established by the National Disability Insurance Agency (NDIA) to deliver the ECEI approach in the ACT. The ECEI approach supports families with children aged 0–6 years that have a developmental delay or disability to develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their life.

The CDS has worked with NDIS EACH to support families whose children have been assessed as having developmental delays or disability to access these ECEI supports.

HOW IS THE ACT PROGRESSING?

Table 60: Number of ACT children and families accessing CDS, 2016–18

	2016	2016–17	2017–18
Total number of children and families	1,256	2,056	2,864

Source: Client registration on Client Management database, (CHYPS), 4 January 2016 to 30 June 2018.

NOTE Data for 2016 covers the period January to June 2016 only as the CDS commenced in January 2016.

The number of ACT children and families accessing the CDS increased by 808 people from 2016–17 to 2017–18. This increase may be attributed to the increase in population residing in the ACT as well as an increase in community awareness of the newly established service.

Table 61: Number of ACT Aboriginal and Torres Strait Islander children and families accessing the CDS, 2016–18

	2016	2016–17	2017–18
Total number of children and families	68	133	166

Source: Client registration on Client Management database, (CHYPS), 4 January 2016 to 30 June 2018.

NOTE Data for 2016 covers the period January to June 2016 only as the CDS commenced in January 2016.

The number of ACT Aboriginal and Torres Strait Islander children and families accessing the CDS increased by 33 people from 2016–17 to 2017–18. This can be attributed to the increased collaboration with Aboriginal and Torres Strait Islander community-operated organisations and with specific targeted ACT Government playgroups.

A breakdown of data by disability status was provided by Therapy ACT in the 2016 edition of *A Picture*. The CDS is an assessment service supporting families who have concerns about their child's development. Most children with a diagnosed disability do not require further developmental assessment by the CDS but rather engage directly with NDIS EACH to access early intervention supports. For this reason, the CDS does not routinely collect data on disability status of clients.

**INDICATOR
DESCRIPTION**

The number of ACT families accessing coordinated locally-based services through the Child and Family Centres (CFC). Families typically access a range of services and supports from the CFCs, one family may access a number of services but for this indicator are only counted once. The number of families counted does not include all families accessing large community events such as the 'Kids and Families' school holiday program, the National Multicultural Festival 'Children's Sanctuary' and large community events that celebrate Aboriginal and Torres Strait Islander culture.

**WHAT DO WE
MEASURE?**

The number of families accessing a range of early intervention and prevention services offered by the CFCs either at Gungahlin, Tuggeranong and West Belconnen or via outreach in homes, schools and the community. This measure includes families accessing a range of parenting assistance groups as well as individual case management.

WHY IS THIS IMPORTANT?

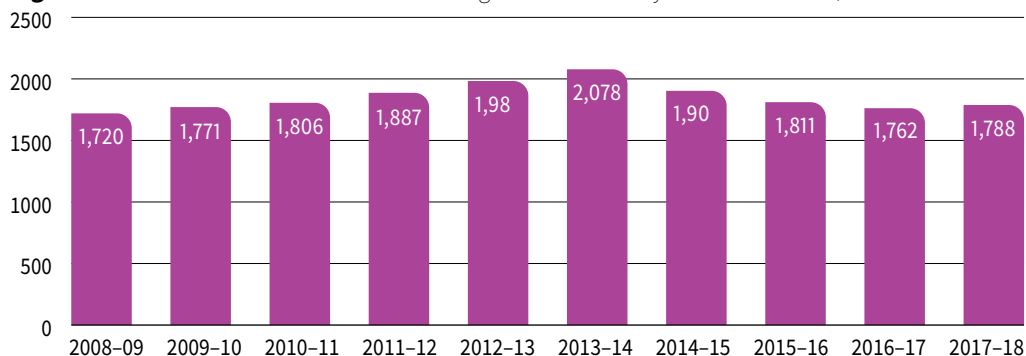
All families, during the early years of their child's development require access to a range of services to meet their child's health, wellbeing, learning and development needs. Early intervention and prevention services are provided to ensure that all families are supported to assist their child reach their full potential. The CFCs 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. The CDS and other child and family support community organisations also provide services out of the centres. 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.

POLICY CONTEXT

The data provided in the publication indicates that service usage across the three CFCs has remained steady over the ten-year period. During this period the centres have strengthened their focus on engaging with more vulnerable and complex families from a targeted early intervention model. This allows the CFCs to vary the intensity of the support to best meet the individual needs of families. Retaining a universal platform means the centres have the capacity and flexibility to transition to more targeted and intensive support of families, where needed. They also have a strengthened focus on working collaboratively with local agencies creating place-based approaches that respond well to local area need. Policy considerations in relation to this indicator confirm the need for a continued focus on early intervention and prevention services. The ongoing engagement with community is vital so that the service offer can be refined to ensure centres have the capacity to respond to local area needs as they emerge.

HOW IS THE ACT PROGRESSING?

Figure 38: Number of ACT families accessing Child and Family Centres services, 2008–18



Source: Non-published administrative data.

NOTE Only families with ACT address are counted. All service activities provided by CFC staff with a start date in the period are extracted and filtered to exclude client satisfaction surveys. The data is sorted by address, by client id, by event start date and a formula applied to count each unique address as one family. A lookup formula is then applied to the address at event start date to confirm if they were an ACT resident at the time of the service.

The data in Figure 38 has been refined to better reflect the comprehensive service offer through the three centres and is therefore not comparable to previous *A Picture of ACT Children and Young People's* publications.

OUTCOME 8

FAMILIES HAVE ACCESS TO LOCAL RECREATION SPACES, ACTIVITIES AND COMMUNITY FACILITIES

INDICATOR 45

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

INDICATOR DESCRIPTION

Measure of the levels of satisfaction with parks and play spaces across the ACT.

WHAT DO WE MEASURE?

Overall satisfaction rate with children's play equipment being well maintained and with the management of town and district parks.

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.⁸⁰

POLICY CONTEXT

Consistent with the *Transport Canberra and City Services (TCCS) Strategic Plan 2017–2020*, TCCS aims to strive for continuous improvement in the provision and maintenance of parks and play spaces and in doing so will collaborate with customers, industry and stakeholders to better understand their needs.

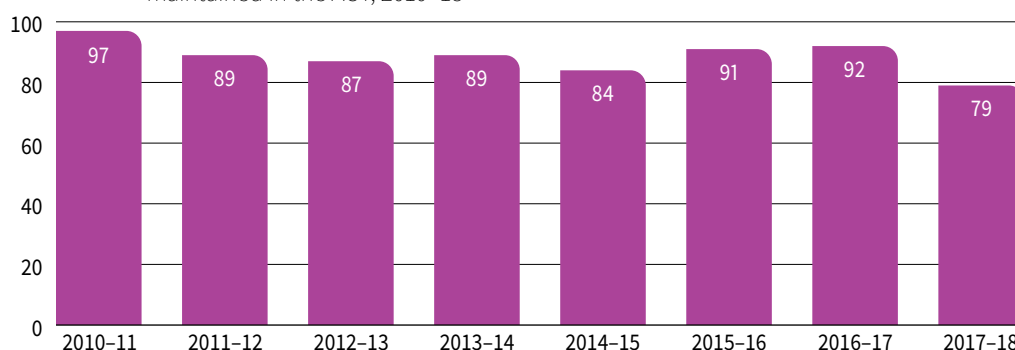
As part of the *Better Suburbs Program*, TCCS deliberates with the ACT community through citizens' forums to develop a deeper understanding of community priorities to inform the future delivery and ongoing maintenance of parks and play spaces.

TCCS's *Better Suburbs Program* was initiated in late 2017 to determine the community's priorities for the future delivery of city infrastructure services, including parks and playgrounds/play spaces. Under the program, TCCS engaged with the community through a series of citizen's forums which were held in July to September 2018. A significant amount of time was dedicated to a discussion about the provision and maintenance of playgrounds/play spaces and the outcomes of this discussion have informed the *Better Suburbs Statement* and TCCS's future works program.

More information about the Better Suburbs Program, including the *Better Suburbs Statement* and how the ACT community rated the provision of infrastructure and services, is available at: <www.yoursay.act.gov.au/BetterSuburbs>.

HOW IS THE ACT PROGRESSING?

Figure 39: Overall customer satisfaction (%) with children's play equipment being well maintained in the ACT, 2010–18



Source: TCCS Market Attitude Research Service Survey 2018.

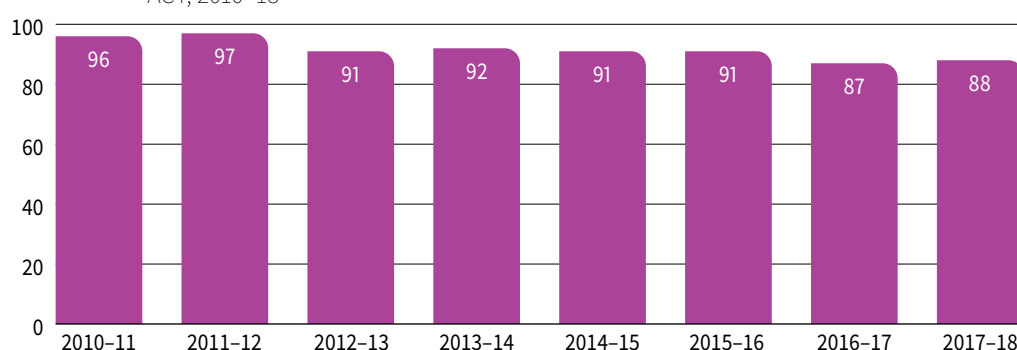
NOTE: Play equipment includes playgrounds and natural play spaces. Survey scores based on responses from adults/carers.

Since 2010, the community survey results have consistently achieved a high relative importance and satisfaction result for the provision and maintenance of playgrounds with satisfaction scores ranging between 79 per cent and 97 per cent.

⁸⁰ ACT Government 2016, *A Picture of ACT's Children and Young People 2016*, <www.children.act.gov.au/_data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

In 2018, the results of a random telephone survey (TCCS Market Attitude Research Service Survey) with a sample size of 1,200 people indicated that the satisfaction rate with children's play equipment being well maintained was 79.0 per cent.

Figure 40: Overall customer satisfaction (%) with management of town and district parks in the ACT, 2010–18



Source: TCCS Market Attitude Research Service Survey 2018.

NOTE: Survey scores were based on responses from adults/carers.

Since 2011, customer satisfaction with the management of town and district parks has scored between 87.0 per cent and 97.0 per cent.

In 2018, the results of a random telephone survey (TCCS Market Attitude Research Service Survey) with a sample size of 1,200 people indicated that the satisfaction rate with town and district parks was 88.0 per cent.

INDICATOR 46

CHILDREN AND YOUNG PEOPLE WHO USE LIBRARIES ACT SERVICES

INDICATOR DESCRIPTION

A measure of the children and young people (0–18 years) living in the ACT who use Libraries ACT services.

WHAT DO WE MEASURE?

Use of library services in the ACT by children and young people aged 0–18 years:

- number of junior and young adult items* borrowed from the library in the last 12 months
- number of children aged 0–15 years who attended learning programs.

* Junior and young adult items refer to materials targeted to children and young people 0–18 years.

WHY IS THIS IMPORTANT?

Public libraries provide children, young people and their families with access to information, knowledge and technology. They support and encourage literacy and language development, lifelong learning, cultural and creative skills and experiences. They are free, accessible and inclusive.

This indicator on the use of the library by children and young people demonstrates a level at which those in the ACT are engaging with these opportunities for recreational and learning purposes.

POLICY CONTEXT

This indicator provides insight which can be used in planning library collections and programs.

HOW IS THE ACT PROGRESSING?

Table 62: Number of ACT children 0–15 years who attended Libraries ACT learning programs

	2013-14	2014-15	2015-16	2016-17	2017-18
Number of children (0–15 year olds)	41,303	37,619	35,126	32,643	34,043

Source: Libraries ACT database 2018.

Between 2014 and 2017, there was a downward trend in the number of ACT children aged 0–15 years who attended learning programs provided by Libraries ACT. However, in 2017–18, the number increased by 1,400 to 34,043 from 32,643 in 2016–17.

The number of junior and young adult items borrowed from the library in the last 12 months was 702,366 (693,300 physical items and 9,066 digital). The number of junior and young adult items borrowed from the library in 2016–17 was 758,435 (746,135 physical items and 12,300 digital).

This is the first year this measure is being provided as previously registered library users and participant numbers for Giggle and Wiggle and Story Time were reported.

INDICATOR 47

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 12–25 years in the ACT who have undertaken voluntary work in the last 12 months. The ABS 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 (e.g. 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 General Social Survey. For 2018, additional data was also sourced from the Mission Australia Youth Survey and Youth Coalition ACT's Rate Canberra.

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.⁸¹ 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.

POLICY CONTEXT

The ACT Government is committed to supporting volunteers and the organisations that engage them. In 2017, the ACT Government refreshed the *ACT Volunteering Statement*,⁸² outlining principles to ensure volunteering is recognised, valuable, diverse and supported. This was further supported through the *ACT Volunteer Statement Action Plan 2018–2021*, a whole-of-government and community approach to supporting and recognising volunteers.

Through the action plan the ACT Government, in partnership with Volunteering and Contact ACT, will support a continuing growth in volunteering and recognition of the contribution volunteers make to our community.

The Youth Advisory Council (YAC) is a leading youth-led committee initiated by the ACT Community Services Directorate. The council provides young people aged 12–25 years with an opportunity to take a leading role in participation and consultation activities. One of the objectives of the YAC is to facilitate interaction between young people, the ACT Government and the wider community. YAC members volunteer their time through a number of means including:

- representing the views of young people sitting on community and government committees
- hosting consultations in the ACT community
- volunteering at events as council representatives
- partaking in forums and roundtables
- attending and participating in community events.

The ACT Government in collaboration with community sector continues its ongoing effort towards creating opportunities for young people to engage in meaningful activities that have positive impact in their lives.

HOW IS THE ACT PROGRESSING?

General Social Survey Summary Results, Australia, 2014

Table 63: Proportion (%) of ACT and Australian young people aged 18–24 years who volunteered, 2006, 2010 and 2014

	2006	2010	2014
ACT	28.9	35.2	29.6
Australia	29.6	27.1	26.0

NOTE: ABS General Social Survey 2014 results reported as 2018 results unpublished at time of publication release.

⁸¹ Moffit L and Volunteering Tasmania 2011, *Engaging Young People in Volunteering: What works in Tasmania?*, Volunteering Tasmania.

⁸² ACT Government 2017, *ACT Volunteering Statement 2017*, <www.communityservices.act.gov.au/__data/assets/pdf_file/0004/105882/Volunteering-Statement.pdf>.

Mission Australia Youth Survey 2017

Table 64: Proportion (%) of ACT young people aged 15–19 years involved in activities, 2015–17

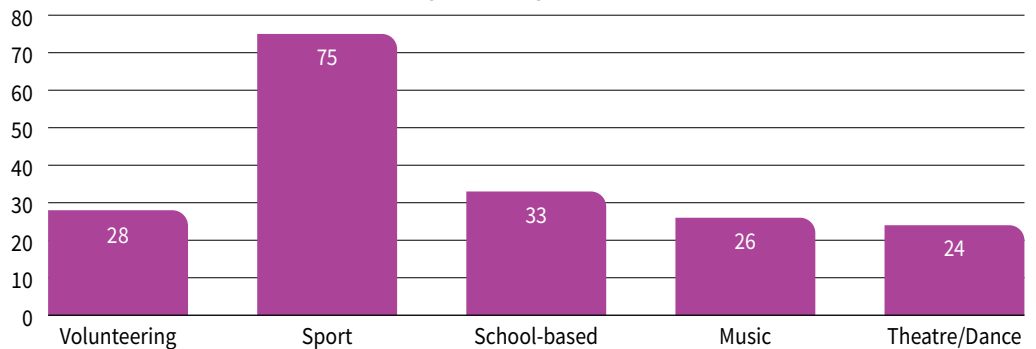
	2015	2016	2017
Volunteer work	37.0	56.8	57.0
Sports (as a participant)	72.0	71.0	77.5
Student leadership activities	42.4	42.1	40.7
Youth groups/clubs	29.8	25.3	25.8
Religious group/activity	26.5	21.7	25.4
Environmental group/activity	26.9	22.3	24.8
Political group/organisations	11.8	11.1	13.2

Source: *Mission Australia Youth Survey 2017*, Table 3.7.

NOTE A total of 24,055 young people aged 15–19 years responded to *Mission Australia's Youth Survey 2017*. A total of 745 (3%) young people from the ACT 15–19 years responded to the survey.

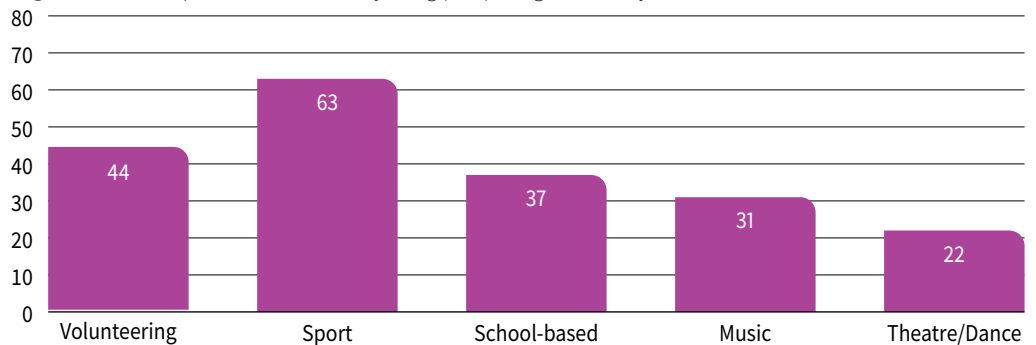
Youth Coalition of the ACT's Rate Canberra Report 2016

Figure 41: Proportion (%) of ACT young people aged 12–15 years involved in activities, 2016



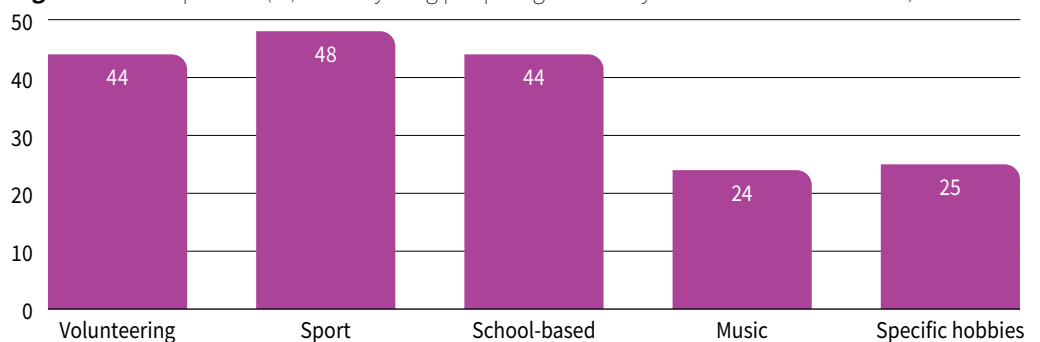
Source: *Youth Coalition of the ACT's Rate Canberra Report 2016*.

Figure 42: Proportion (%) of ACT young people aged 16–17 years involved in activities, 2016



Source: *Youth Coalition of the ACT's Rate Canberra Report 2016*.

Figure 43: Proportion (%) of ACT young people aged 18–21 years involved in activities, 2016

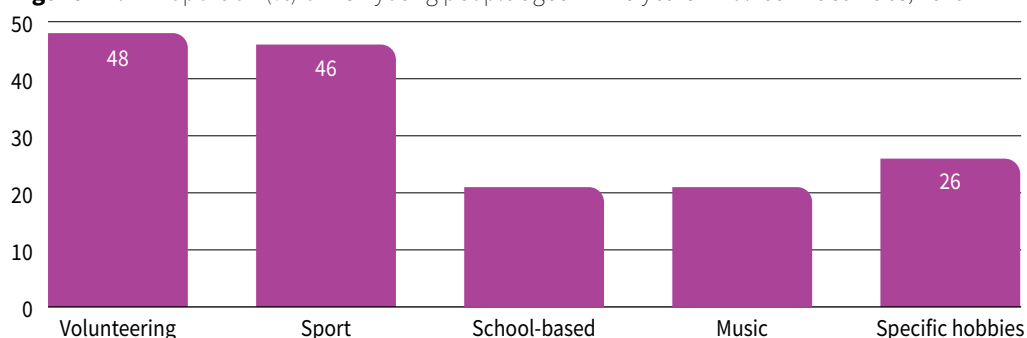


Source: *Youth Coalition of the ACT's Rate Canberra Report 2016*.



NOTE A total of 2,052 young people aged between 12 and 25 years participated in the Youth Coalition Rate Canberra survey in 2016 which equates to approximately 2.6 per cent of the total estimated 78,000 young Canberrans aged 12–25 years.

Figure 44: Proportion (%) of ACT young people aged 22–25 years involved in activities, 2016



Source: *Youth Coalition of the ACT's Rate Canberra Report 2016*. NOTE: A total of 2,052 young people aged between 12 and 25 years participated in the Youth Coalition Rate Canberra survey in 2016 which equates to approximately 2.6 per cent of the total estimated 78,000 young Canberrans aged 12–25 years.

Data from both Mission Australia Youth Survey and Youth Coalition's Rate Canberra Reports indicate volunteering and sports are top activities for young people in the ACT. This suggests that the majority of young people have a positive view of volunteering as an activity to be involved in.

INDICATOR 48

GOVERNMENT CONSULTATION WITH CHILDREN AND YOUNG PEOPLE

INDICATOR DESCRIPTION

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

WHAT DO WE MEASURE?

A compilation of consultations conducted by ACT Government directorates (Community Services and Education) and Electoral Commission with children and young people throughout the year. This includes a description of the consultation, the number of children and young people consulted and their age, and also the approach taken to consult with the young people.

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. 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.⁸³

POLICY CONTEXT

The ACT Government youth participation strategy, Youth InterACT, encourages participation of young people in the community and provides opportunities for young people to contribute to discussions on youth issues. This includes participation in the development and delivery of Government policies and programs, particularly those that impact them.

Under the Youth InterACT strategy, the YAC was initiated by the ACT Government to provide young people aged 12–25 years with an opportunity to take a leading role in participation and consultation activities on issues that affect their lives; raise awareness of the aspirations, needs and concerns of young people within government and the community; and facilitate interaction between young people, the ACT Government and the wider community.

YAC identifies a number of key priorities for their term. In 2018, YAC's work plan focuses on:

- **Youth Employment — rights and opportunities:** to achieve a fair and equitable employment industry for young people in Canberra, and to increase the knowledge young people have regarding their own rights and entitlements while at work. The sub committee worked with a graphic designer to design a postcard which YAC will distribute.
- **Inclusive Sexual Health and Wellbeing:** building a well-informed generation of young people who know their rights regarding their own bodies and how to be safe within all relationships. The sub committee partnered with Sexual Health and Family Planning ACT on this postcard project. It worked with a graphic designer to design a postcard, the final postcard is not yet available.
- **Environment and Planning:** to provide a voice for young people with a focus on safe enjoyable and accessible public spaces, a cleaner Canberra and planning for Canberra's future.

⁸³ ACT Government 2016, *A Picture of ACT's Children and Young People 2016*, <www.children.act.gov.au/__data/assets/pdf_file/0005/1065119/A-Picture-of-ACTs-Children-and-Young-People-2016.pdf>.

YAC will consult with young people across the ACT around what is needed to create a Youth-Friendly City in relation to urban design. The report will be provided to ACT Government directorates to use as a guide for future developments across Canberra.

In partnership with YAC representatives, the ACT Government continues to encourage engagement and participation of young people in the consultation process to address their priorities and deliver positive outcomes.

HOW IS THE ACT PROGRESSING?

In 2016, data from the Australian Electoral Commission and Census data from the same year indicated that 87.5 per cent of Canberra young people aged 20–24 years were enrolled to vote. In March 2018, a total of 33,962 young people aged 16–24 years were enrolled to vote in the ACT. The number of 16–17 year olds who enrolled to vote prior to being of voting age was 767.

These numbers indicate that most young people in the ACT are engaged in the political process, at least to some extent.

Table 65: Electoral count by age groups and gender, 2018

	16–17 years	18–19 years	20–24 years	Total
Female	471	3,782	12,951	17,204
Male	294	3,534	12,907	16,735
Indeterminate*	2	9	12	23
Total	767	7,325	25,870	33,962

Source: ACT Electoral Commission, March 2018. * Indeterminate = 'unspecified' gender.

Table 66: Number and proportion (%) of ACT population aged 20–24 years by electoral enrolment and Census data, December 2016

	Enrolled to vote	Census data	% of total population
20–24 years olds	27,491	31,430	87.5

Source: ACT Electoral Commission, December 2016; ABS, 2016 Census.

The Community Services Directorate consulted with 269 young people aged 12–25 years from a broad range of cultural groups. A variety of methods were used, across five separate consultation processes, including forums, face-to-face consultations, meetings, online submissions and surveys.

Young people were asked to contribute their thoughts and opinions across a number of areas including matters relating to gender equity, youth week, urban development and planning, L and P plater reforms and the new *ACT Carers Strategy*. This enabled children and young people to contribute ideas and solutions on a broad range of issues that directly impact them, and effectively inform and be involved in government policy processes.

In addition, the Education Directorate undertook five separate consultation processes with more than 6,500 early childhood to college age students, from across the ACT education sector.

In February 2017, the ACT Government committed to having a broad conversation across the community to work towards the development of a ten-year education strategy. The commitment included engaging a wide range of people in the consultation and to hearing the voice of students. A diverse range of consultation methods (from video booths to graffiti walls in schools) were used to elicit feedback from students.

Approximately 2,200 ACT students, ranging from early childhood and primary school aged to college aged students, contributed to the consultation and the input drove and informed the development of the *Future of Education Strategy* released in August 2018.

The Schools for All Evaluation team undertook 23 focus groups in nine ACT Government, independent or Catholic schools. During May and June of 2018, 457 students from Years 8, 10 and 12 participated in the focus groups.

Six design workshops explored the conceptual service offering which will be delivered as part of the Continuum of Educational Support Model, Off Campus Flexible Learning Program. The workshops facilitated more than 60 learners in innovative and future-focused learning contexts.

Two Minister's Student Congresses, with two to four representatives from each ACT public school are held each year. They provided student voice directly to the Minister for Education through interactive workshops, interaction with the Minister and a written report.

Approximately 3,600 students, representing ACT public education, Catholic education and independent schools, were involved in the consultation for the development of the Ask Us... Student Voice in the ACT Resource Kit. The kit provides school leadership teams, education providers and teachers with resources to improve how they listen, consider and enact the opinions and recommendations of children and young people.

All ACT secondary school boards include two student representatives that have been elected by their fellow students. This provides another avenue for consultation with young people in the ACT.

ABBREVIATIONS AND ACRONYMS

Acronym	Full term
ABS	Australian Bureau of Statistics
ACTGHS	ACT General Health Survey
ACTSC	ACT School Census
AEDC	Australian Early Development Census
AEDI	Australian Early Development Index
AIHW	Australian Institute of Health and Welfare
AIR	Australian Immunisation Register
ARR	Apparent Retention Rate (Year 10–12)
ASSAD	Australian Secondary STudents Alcohol and Drugs survey
AVETMISS	Australian Vocational Education and Training Management Informaton Statistical Standard
BBV	Blood-borne viruses
CDS	Child Development Service
CFC	ACT Child and Family Centres
CHN	Capital Health Network
CIT	Canberra Institute of Technology
COAG	Council of Australian Governments
CSD	ACT Government Community Services Directorate
DHP	Dental Health Program
ECEC	Early Childhood Education and Care
ED	ACT Government Education Directorate
Entrepreneurs IYM	Entrepreneurs: It's Your Move (student-led innovation initiative)
GP	General Practitioner
HPS	Health Protection Service
IYM	It's your move
LDC	Long day care centres

Acronym	Full term
MACH nurse	Maternal and Child Health nurse
MAYS	Mission Australia Youth Survey
MBS	Medicare Benefits Scheme
NAPLAN	National Assessment Program: Literacy and Numeracy
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS ECEI	National Disability Insurance Scheme Early Childhood Early Intervention
NHMRC	National Health and Medical Research Council
NQF	National Quality Framework
PARTY	Prevent Alcohol and Risk-related Trauma in Youth
ROGS	Report on Government Services
RTOs	Registered Training Organisations
SDQ	ACT Health's Kindergarten Health Check Strengths and Difficulties Questionnaire
SiP	Smoking in pregnancy
SHFPACT	Sexual Health and Family Planning ACT
SHLiRP	Sexual Health, Lifestyle and Relationships Program
STEPS	Supporting Young People Through Early Intervention and Prevention Strategies
STIs	Sexually transmitted infections
TCCS	ACT Government Transport Canberra and City Services Directorate
VET	Vocational Education and Training
YAC	Youth Advisory Council
YEAN	Youth Emergency Accommodation Network
YSUSD	Youth Step Up Step Down program
WHO	World Health Organization

TABLES

Table 1:	Number and proportion (%) of estimated district population, by age group in the ACT, June 2016	9	Table 17:	Number and proportion (%) of ACT kindergarten children of relative risk of social and emotional difficulties, by Aboriginal and Torres Strait Islander status, 2014–17	33
Table 2:	Estimated resident population, ACT, by age and sex, 0–24 years, 30 June 2014 and 2016	10	Table 18:	Number and proportion (%) of ACT kindergarten children of relative risk of social and emotional difficulties, by age group, 2014–17	33
Table 3:	Proportion (%) of ACT resident women who smoked during pregnancy by Aboriginal and Torres Strait Islander status, 2004–06 to 2013–15	12	Table 19:	Characteristics of children participating in the AEDC, ACT and Australia, 2015	35
Table 4:	Proportion (%) of live born babies with low birthweight by ACT maternal Aboriginal and Torres Strait Islander status, 2004–06 to 2013–15	13	Table 20:	Proportion (%) of children developmentally on track, at risk and vulnerable on each domain of the AEDC, ACT and Australia, 2009, 2012 and 2015	37
Table 5:	Exclusive breastfeeding (%), infants presenting at ACT MACH immunisation clinics, by age (completed calendar months), 2011–12 to 2016–17	15	Table 21:	Proportion (%) 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	37
Table 6:	Any breastfeeding (%), infants presenting at ACT MACH immunisation clinics, by age (completed calendar month), 2011–12 to 2016–17	15	Table 22:	Proportion (%) 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	38
Table 7:	ACT Public Hospitals, top 25 diagnoses for hospital admission by volume, persons aged 14 years or less, 2016–17	22	Table 23:	Proportion (%) of male and female children developmentally vulnerable on one or more domain(s) of the AEDC, ACT and Australia, 2009, 2012 and 2015	38
Table 8:	Mean DMFT Index rate for ACT children aged at 12 years, 2012–14	23	Table 24:	Mean score of students in Year 3 in reading by parental education, ACT and Australia, 2013–17	39
Table 9:	Number of ACT GP Mental Health Treatment Plan appointments for ACT children and young people aged 0–24 years, 2014–17	24	Table 25:	Mean score of students in Year 3 in writing by parental education, ACT and Australia, 2013–17	40
Table 10:	Breakdown number of ACT GP Mental Health Treatment Plan appointments for ACT children and young people aged 0–24 years by appointment type, 2016	25	Table 26:	Mean score of students in Year 3 in numeracy by parental education, ACT and Australia, 2013–17	40
Table 11:	Breakdown number of ACT GP Mental Health Treatment Plan appointments for ACT children and young people aged 0–24 years by appointment type, 2017	25	Table 27:	Proportion (%) of student attendance level, ACT schools, Years 1–10, 2015–17	41
Table 12:	Proportion (%) of self-reported high or very high psychological distress, ACT residents aged 16–25 years, 2007–08 to 2015–16	26	Table 28:	Number of ACT enrolments of students (P–12) with disability by sector, 2014–18	43
Table 13:	ACT Public Hospitals, hospitalisation rate per 1,000 population for mental health and behavioural disorders (persons aged 14 years or less), 2009–17	27	Table 29:	Number and proportion (%) of ACT students aged 18–24 years with a disability (including impairment or long-term condition) enrolled in the VET system, 2013–17	43
Table 14:	Children aged four or five years, enrolled in a preschool program in the ACT, 2013–17	31	Table 30:	Mean score of Year 3, 5, 7 and 9 students in reading, writing and numeracy in the ACT and Australia, 2013–17	44
Table 15:	Number and proportion (%) of ACT kindergarten children at relative risk of social and emotional difficulties, 2014–17	32	Table 31:	NAPLAN mean score of Year 3, 5, 7 and 9 students by sex in the ACT and Australia, 2017	44
Table 16:	Number and proportion (%) of ACT kindergarten children at relative risk of social and emotional difficulties, by sex, 2014–17	33	Table 32:	The mean score of Aboriginal and Torres Strait Islander Year 3, 5, 7 and 9 students in reading, writing and numeracy in the ACT and Australia from 2013–17	45

Table 33: The mean score of non-Aboriginal and Torres Strait Islander Year 3, 5, 7 and 9 students in reading, writing and numeracy in the ACT and Australia from 2013–17	45	Table 49: Prevalence of child and young people homelessness services in the ACT by homelessness category and age group, Census of Population and Housing 2016	71
Table 34: Proportion (%) of ACT Year 12 graduates employed or studying six months after completing an ACT Senior Secondary Certificate, 2012–16	46	Table 50: Child protection notification, investigations and substantiations, 2007–08 to 2016–17	73
Table 35: Apparent Retention Rates (%) of all students in the ACT and Australia, 2011–17	48	Table 51: Number of ACT children and young people subject of substantiated reports by age group 2012–13 to 2016–17	73
Table 36: Proportion (%) of ACT secondary students reporting ever having used illicit substances, 2014 and 2017	57	Table 52: Children and young people subject of substantiated reports by sex 2012–13 to 2016–17	73
Table 37: Number of ACT young people under community-based supervision by age, 2013–17	59	Table 53: Children and young people subject of substantiated reports by Aboriginal and Torres Strait Islander status 2012–13 to 2016–17	73
Table 38: Number of ACT young people under community-based supervision by Aboriginal and Torres Strait Islander status and age at first supervision, 2014–17	59	Table 54: ACT children and young people in the care of the Director-General by Aboriginal and Torres Strait Islander (ATSI) status and by age, 2013–17	75
Table 39: Number of ACT young people in detention by age, 2013–17	61	Table 55: Number and proportion (%) of ACT children residing in out of home care placements by type as at 30 June, 2010–17 by Aboriginal and Torres Strait Islander (ATSI) status	77
Table 40: Average number of days young people in the ACT spent in detention by Aboriginal and Torres Strait Islander status, 2012–17	61	Table 56: Number of ACT children and young people in out of home care by age group at 30 June, 2013–17	78
Table 41: Number and rate per 100,000 of ACT young people aged 10–17 years who offend, 2008–17	62	Table 57: Number of ACT children and young people in out of home care by sex at 30 June, 2013–17	78
Table 42: Number and rate per 10,000 of ACT young people aged 10–17 years under supervision during the year by Aboriginal and Torres Strait Islander status, 2007–17	63	Table 58: Number of ACT 0–24 year old victims of family violence-related offences, 2014–17 (calendar year)	81
Table 43: Average number of days young people spent under supervision in the ACT by Aboriginal and Torres Strait Islander status and gender	63	Table 59: Number and proportion (%) of ACT child protection reports, which are appraised and where family domestic violence is present, or the primary cause of harm, 2015–18	81
Table 44: Number and proportion (%) of couple families and one-parent families in family households by labour force status, ACT, 2011 and 2016	65	Table 60: Number of ACT children and families accessing CDS, 2016–18	83
Table 45: Housing costs as a proportion (%) of gross household income by household characteristics, ACT and Australia, 2002–03 to 2015–16	68	Table 61: Number of ACT Aboriginal and Torres Strait Islander children and families accessing the CDS, 2016–18	83
Table 46: Prevalence of children and young people living in low income rental households in rental stress in the ACT, Census 2006, 2011, 2016	69	Table 62: Number of ACT children 0–15 years who attended Libraries ACT learning programs	86
Table 47: Proportion (%) of children and young people living in low income rental households in rental stress in the ACT, Census 2006, 2011, 2016	69	Table 63: Proportion (%) of ACT and Australian young people aged 18–24 years who volunteered, 2006, 2010 and 2014	87
Table 48: Prevalence of child and young people homelessness in the ACT, Census of Population and Housing 2006, 2011, 2016	70	Table 64: Proportion (%) of ACT young people aged 15–19 years involved in activities, 2015–17	88
		Table 65: Electoral count by age groups and gender, 2018	90
		Table 66: Number and proportion (%) of ACT population aged 20–24 years by electoral enrolment and Census data, December 2016	90

FIGURES

Figure 1: Proportion (%) of estimated ACT resident population, by age group, June 2016	8	Figure 19: Proportion (%) of children developmentally vulnerable on one or more and two or more domains of the AEDC, ACT and Australia, 2009, 2012 and 2015	35
Figure 2: Proportion (%) of the estimated resident population who were aged 0–24 years in each Australian state and territory, as of June 2016	8	Figure 20: Proportion (%) of children developmentally vulnerable on one or more domain(s) of the AEDC, ACT regions, 2015	36
Figure 3: 2016 Census of population by age, by person in the ACT	8	Figure 21: Apparent retention rates (%) of all ACT students and ACT Aboriginal and Torres Strait Islander students, 2011–17	48
Figure 4: Country of birth, number and proportion (%) of population, 0–24 year olds in the ACT	9	Figure 22: Apparent retention rates (%) of ACT and Australia Aboriginal and Torres Strait Islander students, 2011–17	48
Figure 5: Percentage change of 0–24 year olds in each ACT district, 2014–16	10	Figure 23: Apparent retention rates (%) of ACT and Australia students by gender, 2011–17	48
Figure 6: Proportion (%) of ACT resident women who smoked during pregnancy, 2004–15	11	Figure 24: Unemployment rate (%) for ACT young people aged 15–24 years and not attending full-time education (12-month moving average) and for people aged 15 years and above (trend), 2013–18	50
Figure 7: Proportion (%) of ACT resident women who smoked during pregnancy by age, 2004–15	11	Figure 25: Underemployment rate (%) for ACT young people aged 15–24 years (12-month moving average) and for people aged 15 years and above (12-month moving average), 2015–18	50
Figure 8: Teenage fertility rate for females aged 15–19 years, ACT and Australia, 2004–16	12	Figure 26: Proportion (%) of overweight or obese children aged 5–17 years, ACT and Australia, 2007–08, 2011–12 and 2014–15	52
Figure 9: Proportion (%) of live born babies with low birthweight by ACT resident women, 2004–15	13	Figure 27: Proportion (%) of overweight or obese young people aged 18–24 years, ACT and Australia, 2007–08, 2011–12 and 2014–15	52
Figure 10: Infant mortality rate, ACT and Australia, 2006–16	16	Figure 28: Proportion (%) of ACT secondary students reporting a sunburn at least once in the previous summer, by sex, 1999–2017	53
Figure 11: Proportion (%) of ACT children aged 2–15 years who eat at least two serves of fruit and five serves of vegetables per day, 2007–16	17	Figure 29: Proportion (%) of ACT secondary students reporting a sunburn at least once in the previous summer, by age, 1999–2017	53
Figure 12: Proportion (%) of ACT young people aged 18–24 years who eat at least two serves of fruit and five serves of vegetables per day, 2007–08, 2011–2012 and 2014–15	18	Figure 30: Tobacco use, ACT secondary students (%), 1996–2017	55
Figure 13: Proportion (%) of ACT children aged 60–63 months fully immunised, ACT and Australia, 2010–17	19	Figure 31: Alcohol consumption, ACT secondary students (%), 1996–2017	56
Figure 14: Proportion (%) of ACT Aboriginal and Torres Strait Islander children aged 60–63 months fully immunised, 2010–17	19	Figure 32: Number of ACT young people under community-based supervision by Aboriginal and Torres Strait Islander status, 2008–17	58
Figure 15: Proportion (%) of ACT secondary students (12–17 years) meeting National Physical Activity Guidelines (at least one hour of physical activity each day), 2005–14	20	Figure 33: Number of ACT young people under community-based supervision by gender, 2012–17	58
Figure 16: Proportion (%) of ACT children aged 5–15 years who usually walk or cycle to school, 2007–16	21	Figure 34: Number of ACT young people in detention by Aboriginal and Torres Strait Islander status, 2007–17	60
Figure 17: Road transport casualties — death rate directly attributed to road transport (traffic) incidents for ACT children and young people aged 0–25 years, 2007–14	28		
Figure 18: Number of notifiable diseases for ACT residents aged 0–25 years, 2013–17	30		

Figure 35: Number of ACT young people in detention by gender, 2012–17	61
Figure 36: Median weekly equivalised disposable household income, ACT and Australia, 2002–03 to 2015–16	66
Figure 37: Proportion (%) of child protection re-substantiations, 2009–10 to 2016–17	79
Figure 38: Number of ACT families accessing Child and Family Centres services, 2008–18	84
Figure 39: Overall customer satisfaction (%) with children's play equipment being well maintained in the ACT, 2010–18	85
Figure 40: Overall customer satisfaction (%) with management of town and district parks in the ACT, 2010–18	86
Figure 41: Proportion (%) of ACT young people aged 12–15 years involved in activities, 2016	88
Figure 42: Proportion (%) of ACT young people aged 16–17 years involved in activities, 2016	88
Figure 43: Proportion (%) of ACT young people aged 18–21 years involved in activities, 2016	88
Figure 44: Proportion (%) of ACT young people aged 22–25 years involved in activities, 2016	89



ACT
Government

www.communityservices.act.gov.au