

A Picture of ACT's Children and Young People

Health, wellbeing, learning and development outcomes for children and young people living 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.

Acknowledgments

The framework contained within *A Picture of ACT's Children and Young People* utilises a number of outcomes and indicators focused on children and young people's health, wellbeing, learning and development. It acknowledges the contribution of the Council of Australian Governments, Australian Institute of Health and Welfare, and the Victorian Government in their work in identifying outcomes and reporting on evidence based indicators, which have been used as the basis of this framework. Images used throughout the document are by local artist M.R. and have been reproduced with permission.

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Message from the Head of the ACT Public Service

This publication of *A Picture of ACT's Children and Young People 2014* is the fourth annual report which provides an overview of the health, wellbeing, learning and development of ACT's children and young people. It provides the government and the community with an opportunity to reflect on the areas where children and young people are doing well, while also focusing attention on where we need to improve.

Some areas of improvement noted in this report include the rate of infant mortality, dental health, as well as a reduction in drug use, including smoking during pregnancy. An area requiring attention continues to be the number of children and young people who are overweight or obese. To this end, the government's Healthy Weight Action Plan has a particular focus on promoting the benefits of good nutritional and exercise habits to children and young people, with a number of programs already underway in schools to increase healthy food and drink choices, and physical activity.

Research continues to support our understanding of the importance of childhood and adolescence and highlights that optimal experience for growth and development is the foundation for a productive and fulfilled life. A strong evidence base, solid public policy, high quality services and monitoring of the collective effort is crucial in maximising outcomes for children and young people.

We are committed to providing integrated and holistic services across government, minimising red tape and ensuring that the services we provide are based on best practice and informed by what the community tells us. We acknowledge that we will need to continue to develop and refine this information, particularly in light of the new ACT commitment to children and young people that is currently being developed. There is always room for improvement and it is our responsibility to continue to work out the best ways to do this.

I commend this exciting contribution to our understanding of children and young people's needs as we move towards a child and youth friendly city. I encourage anyone who has an interest in or whose work is related to children and young people to read *A Picture of ACT's Children and Young People 2014*.

Kathy Leigh

Head of Service

Director-General

Chief Minister, Treasury and Economic Development Directorate

October 2014

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Introduction

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

This report incorporates nationally recognised indicators of children and young people's health, wellbeing, learning and development along with ACT specific indicators. Maximising the use of data to evaluate progress and to identify changing trends is a vital component in building a child and youth friendly city. Investment in the collection and analysis of data is assisting with the development of responsive policy, programs and services within the ACT.

This is the fourth year the ACT Government has compiled key data on the health, wellbeing, learning and development of ACT's children and young people in one report. The inaugural report, released in 2011, highlighted that most children and young people in the ACT were faring well. This trend has continued in the 2012, 2013 and 2014 releases of *A Picture of ACT's Children and Young People*.

Highlights

The 2014 report highlights many positive outcomes for ACT children, young people, their families and communities including:

- the number of families accessing services from the Child and Family Centres has increased
- the percentage of ACT women smoking during pregnancy has decreased significantly between 2002 and 2011, and is significantly lower than the national rate
- an overall decrease in the rate of infant deaths in the past decade
- exclusive breastfeeding is showing an increasing trend over the past two years
- the ACT continues to report low levels of the number of decayed, missing or filled teeth for children aged 12 years
- the rate of young people who have offended continues to decrease, and is at its lowest rate over the preceding four-year period
- the number of young people under supervision or in detention has continued to decrease over the last three years.

The report continues to highlight that improvements could be made in the following areas:

- the trend in children being overweight or obese has remained relatively constant in Australia but in the ACT there has been an increase in the percentage of children who are overweight from 2007–08 to 2011–12
- reducing the vulnerability of ACT children on the Physical health and wellbeing domain as measured by the AEDI in 2012 where the ACT was higher than the national average
- reducing the rate of Aboriginal and Torres Strait Islander children identified as developmentally vulnerable on one or more domains as measured by the AEDI in 2012 where the ACT was higher than the national average
- reducing the proportion of Aboriginal and Torres Strait Islander women who smoke during pregnancy
- reducing the proportion of teenage women who smoke during pregnancy
- reducing the overrepresentation of Aboriginal and Torres Strait Islander young people in the youth justice system.

A Picture of ACT's Children and Young People is a key initiative supporting Canberra as a child and youth friendly city. *The ACT Children's Plan 2010–2014* and *ACT Young People's Plan 2009–2014* are the key policy documents, providing the strategic direction in achieving this goal.

The ACT Children's Plan 2010–2014 aims to make Canberra a great and safe place for children, and to ensure their needs are a priority for government and the community. The plan is informed by UNICEF's child friendly cities initiative and is focused on achieving outcomes in six key building blocks.

The ACT Young People's Plan 2009–2014 acknowledges that young people have many strengths and needs and provides a framework to achieve positive outcomes for young people through collaboration between young people, governments, and the community.

On 1 May 2014, Ms Joy Burch MLA as Minister for Disability, Children and Young People, announced that the ACT Government is developing a commitment for children and young people. The commitment will set a vision for a whole-of-government and whole-of-community approach to promote the rights of children and young people. The commitment will guide activities to improve the wellbeing of children and young people in Canberra. This new children and young people's commitment will provide an opportunity to review how the ACT reports on the wellbeing of children and young people.

Background to the ACT Children and Young People Outcomes Framework

A Picture of ACT's Children and Young People is structured around the *Children and Young People Outcomes Framework*. This framework reflects the ecological perspective of development and highlights the key protective, risk and other known factors that may be impacting on children and young people's health and wellbeing in the ACT. The interplay between and accumulation of these protective and risk factors during childhood and adolescence has a significant impact on outcomes, both in the short term and over the course of a lifetime.¹

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

Figure 1: The ACT Children and Young People Outcomes Framework

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



About this report

Key to symbols used in this report



Performance
improving



Performance
worsening



Performance
maintaining



No new data
available

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

A Picture of ACT's Children and Young People 2014 has three parts. Part one reports on indicators relating to children and young people, part two reports on indicators related to families, and part three reports on indicators relating to communities, environments and services.

The outcomes and indicators included in the report are regularly reviewed to ensure alignment with national and territory priorities. The 2014 report has a new indicator: the number of young people under youth justice supervision.

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

Data in this report has been sourced from a variety of ACT Government and national datasets. While many of the indicators have new data from 2013, some of the indicators present the same data from previous years as the data is collected periodically rather than annually. For these indicators, new data will be presented when available.

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

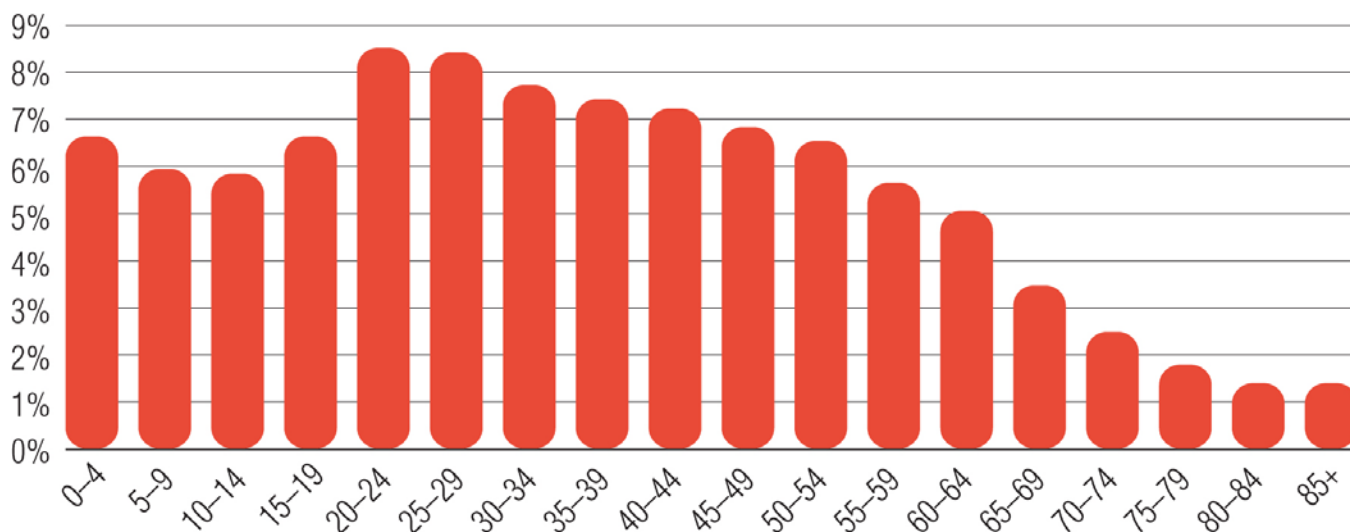
The selection of data on how Aboriginal and Torres Strait Islander children are faring in this report has been prioritised by the targets set in the *Closing the Gap* reform. As the ACT is a small jurisdiction, data cannot be reported for some of the indicators due to the small numbers which could lead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

An overview of ACT's children and young people

How many children and young people live in the ACT?

As of June 2012 there were an estimated 374,912 people living in the ACT and 126,196 of these people were children and young people aged 0 to 24 years². Children and young people aged between 0 to 24 years of age comprised 33.7% of the total population in the ACT. 2.8% of ACT children and young people identified as Aboriginal and Torres Strait Islander³.

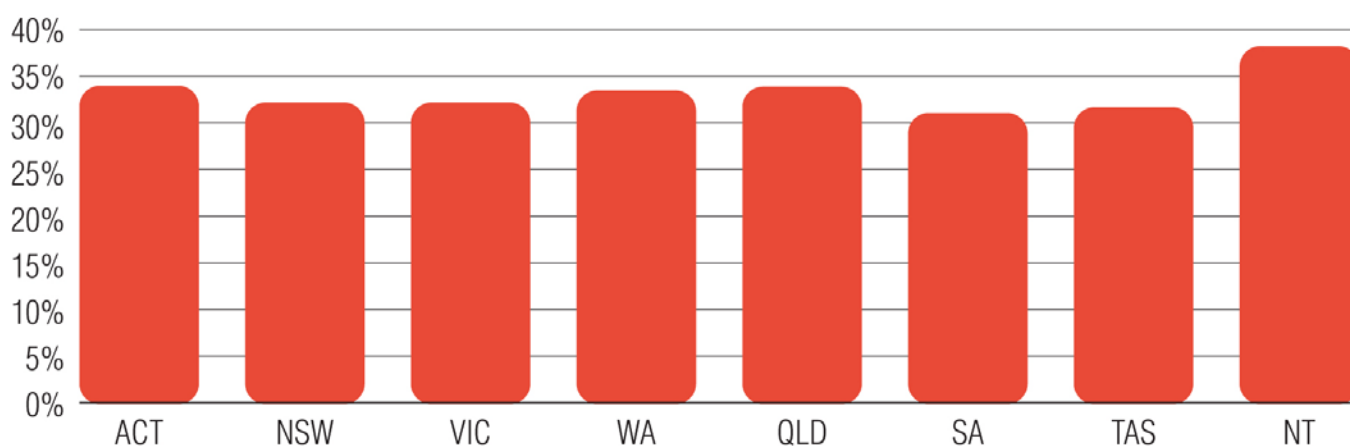
Figure 2: The proportion of ACT residents in each age group, 2011



Data source: Australian Bureau of Statistics (ABS), Census 2011.

The ACT reports the second highest proportion of total residents aged 0–24 years nationally.

Figure 3: The proportion of the total population who are aged 0–24 years in each Australian state and territory, 2011

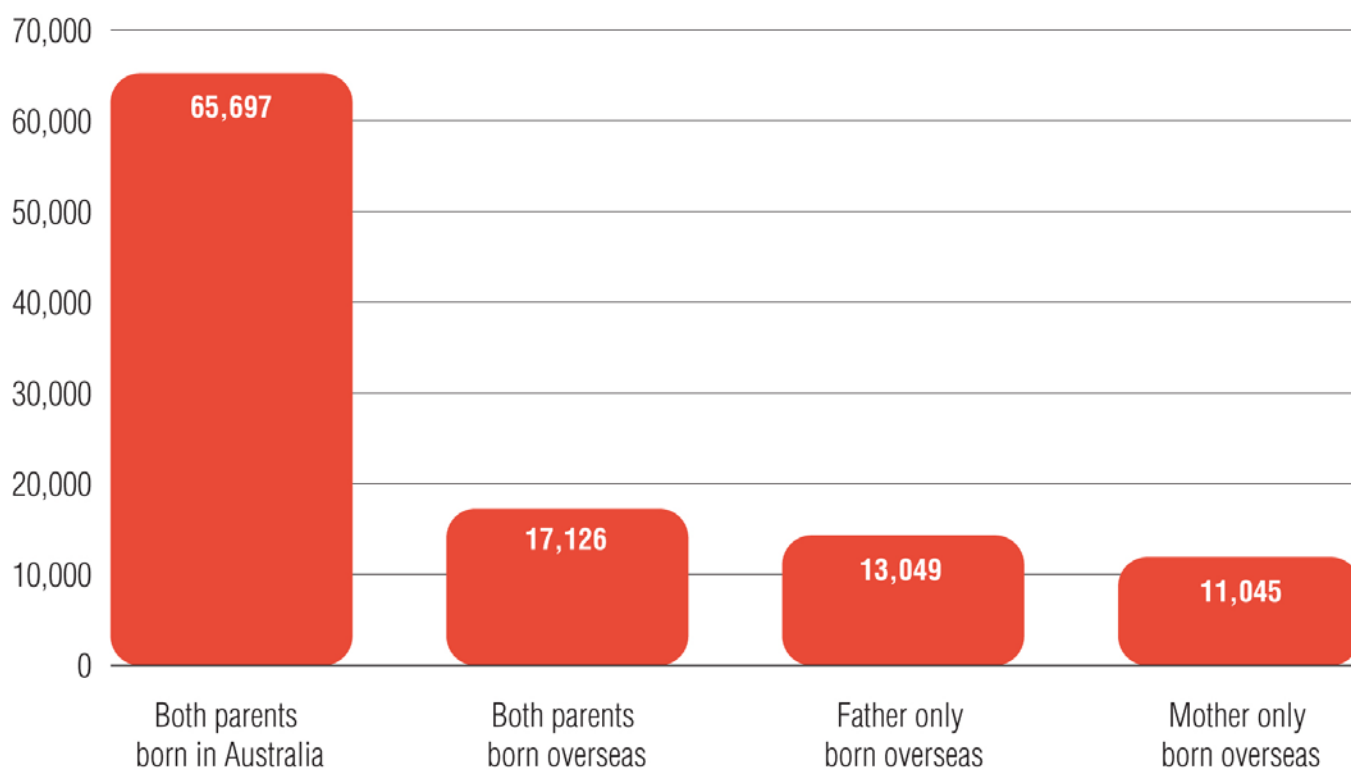


Data source: ABS, Census 2011.

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

In the ACT, 61% (65,697) of children and young people (aged 0–24 years) were identified as having both parents born in Australia. Whereas 16% (17,126) of children and young people indicated that both parents were born overseas and 23% (24,094) indicated that one parent was born overseas.

Figure 4: Ancestry of dependent children aged 0–24 years, ACT 2011



Data source: ABS, Census, 2011.

Where do ACT's children and young people live?

The districts with the highest total number of children and young people aged 0–24 in 2012 were Belconnen (31,841) and Tuggeranong (31,268). The districts with the highest proportion of residents aged 0–24 are Cotter-Namadgi (38.1%), Gungahlin (37.5%) followed by Tuggeranong (35.5%) and Belconnen (34.0%).

Figure 5: Total number and proportion of district population, by age group in the ACT, 2012

District	Age group					Proportion of residents aged 0–24
	0–4	5–9	10–14	15–19	20–24	
Belconnen	6,940	5,749	4,970	5,943	9,239	34.0%
Cotter-Namadgi	37	36	52	40	73	38.1%
Fyshwick-Pialligo-Hume	49	21	77	83	154	25.1%
Gungahlin	5,039	4,209	3,629	3,155	4,006	37.5%
North Canberra	2,314	2,054	1,822	3,208	7,978	33.8%
South Canberra	1,150	1,306	1,332	1,436	1,712	27.0%
Tuggeranong	5,927	5,627	5,916	6,934	6,864	35.5%
Weston Creek	1,659	1,499	1,334	1,264	1,214	29.9%
Woden	1,889	1,942	1,972	2,061	2,281	29.7%

Data source: ABS, Population by Age and Sex, Regions of Australia, 2012, cat. no. 3235.0.

What are the changes to where children and young people live?

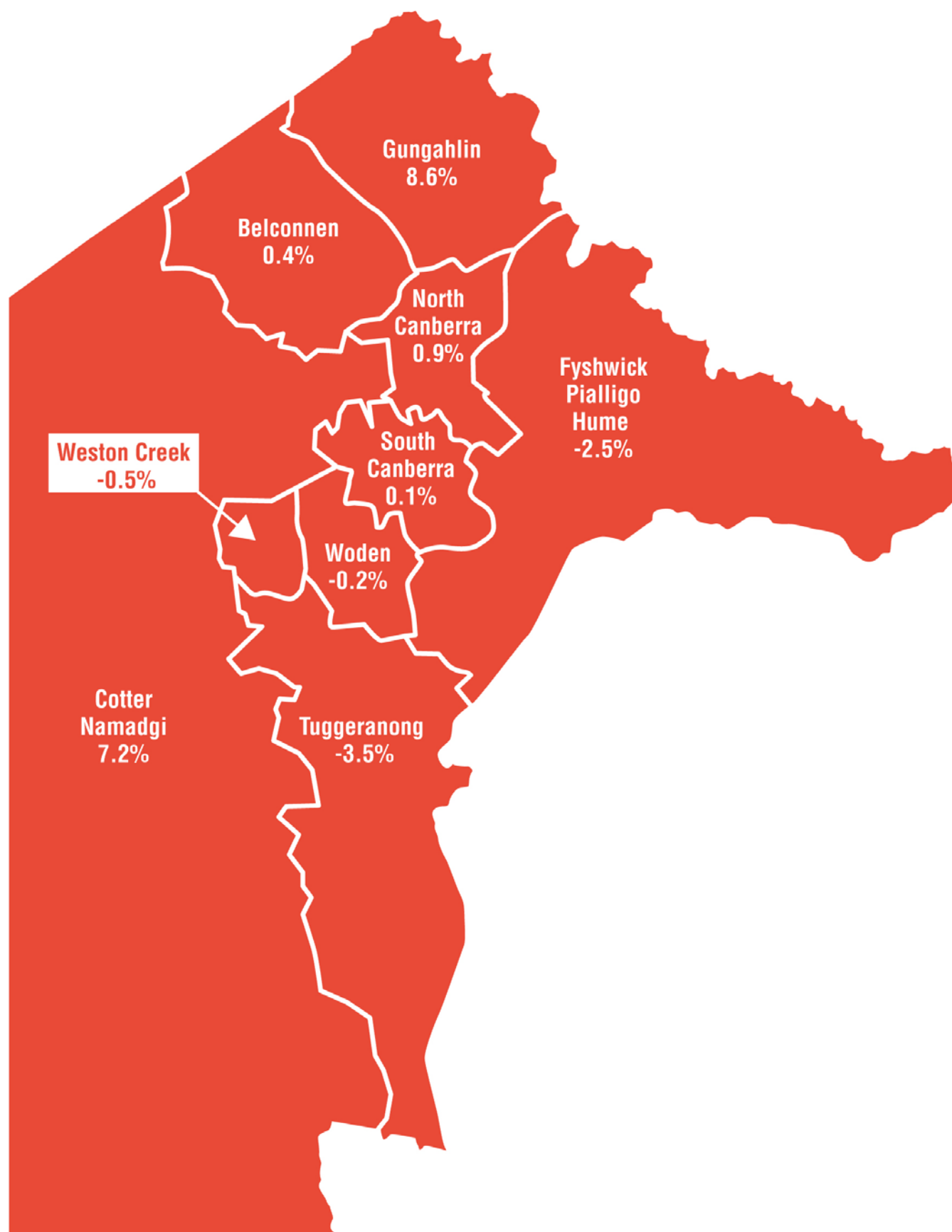
The districts with the biggest percentage change in 0–24 year olds between 2011 and 2012 were Gungahlin (8.59%) and Cotter-Namadgi (7.21%) while the biggest decline was in Tuggeranong (-3.46%). The growth in males was stronger in Cotter-Namadgi compared to females (11.76% and 3.38% respectively) while the biggest change for females was in Gungahlin (9.03%).

Figure 6: Estimated resident population, ACT, by age and sex, 0–24 years for 2011 and 2012

District	30 June 2011		30 June 2012		Per cent change	
	female	male	female	male	female	male
Belconnen	16,726	16,000	16,798	16,043	0.43%	0.27%
Cotter-Namadgi	137	85	143	95	4.38%	11.76%
Fyshwick-Pialligo-Hume	262	132	250	134	-4.58%	1.52%
Gungahlin	9,345	9,108	10,189	9,849	9.03%	8.14%
North Canberra	8,873	8,342	9,033	8,343	1.80%	0.01%
South Canberra	3,503	3,365	3,506	3,430	0.09%	1.93%
Tuggeranong	16,611	15,802	16,013	15,255	-3.60%	-3.46%
Weston Creek	3,683	3,320	3,696	3,274	0.35%	-1.39%
Woden	5,181	4,945	5,195	4,950	0.27%	0.10%
Total	64,321	61,099	64,823	61,373	0.78%	0.45%

Data source: ABS, Population by Age and Sex, Regions of Australia, 2012, cat. no. 3235.0.

Figure 7: Percentage change of 0–24 year olds in each ACT district, 2011–12



Data source: ABS, Population by Age and Sex, Regions of Australia, 2012, cat. no. 3235.0.

Part one: Children and young people

Outcomes	Indicators
Optimal physical health and mental wellbeing	<ul style="list-style-type: none"> ▪ Smoking during pregnancy ▪ Low birthweight in newborns ▪ Infant mortality ▪ Breastfeeding ▪ Fruit and vegetable consumption ▪ Participation in physical activity ▪ Children fully immunised ▪ Leading causes of hospitalisation ▪ Psychiatric hospitalisation ▪ Dental health
Optimal development in the early years	<ul style="list-style-type: none"> ▪ Children entering school with basic skills for life and learning ▪ Children enrolled in preschool
Educational engagement and success	<ul style="list-style-type: none"> ▪ ACT public primary school and high school attendance ▪ Students achieving at or above the national minimum standard in literacy and numeracy ▪ Year 10–12 apparent retention ▪ Transition from school to further education or work
Children and young people adopt healthy and pro-social lifestyles	<ul style="list-style-type: none"> ▪ Children and young people who are overweight and obese ▪ Young people who use drugs ▪ Young people who have offended ▪ Young people under community-based supervision ▪ Young people under youth justice supervision ▪ Young people in youth justice facilities



**Performance
improving**



**Performance
worsening**



**Performance
maintaining**



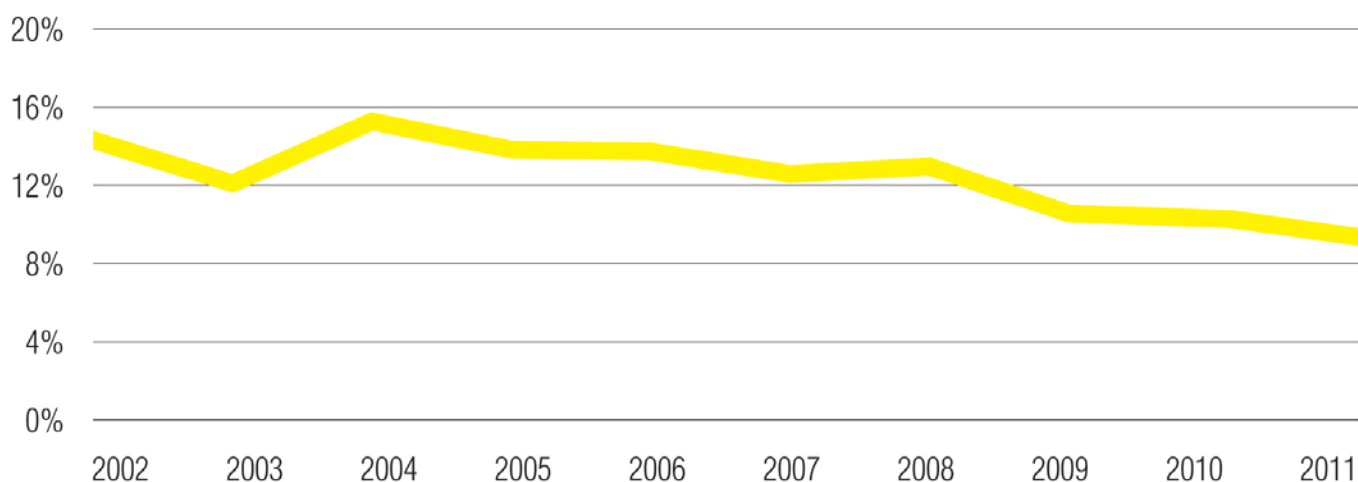
**No new data
available**

Smoking during pregnancy

Indicator description	The percentage of women who smoked tobacco during pregnancy for ACT resident women and by Aboriginal and Torres Strait Islander status.
What do we measure?	The number of women who report smoking tobacco during pregnancy, including women with Aboriginal and Torres Strait Islander identification status.
Why is this important?	<p>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.⁴</p> <p>Nationally, 50% of Aboriginal and Torres Strait Islander women reported smoking during pregnancy compared with 11.7% of non-Aboriginal and Torres Strait islander women.⁵</p>
How is the ACT progressing?	<p>The percentage of women smoking during pregnancy decreased significantly from 14.3% to 9.3% between 2002 and 2011. The percentage of ACT women who smoke during pregnancy is consistently significantly lower than the national rate.⁶</p> <p>Women in younger age groups were significantly more likely to smoke during pregnancy with smoking rates for teenage women (women aged less than 20 years at the birth of their baby) approaching 47%.⁷</p>



Figure 8: Percentage of women who smoked during pregnancy, ACT residents, 2002–11



Data source: ACT Health, Population Health Division. Maternal and Perinatal Data Collection, unpublished data.

Smoking during pregnancy for Aboriginal and Torres Strait Islander women

How is the ACT progressing?

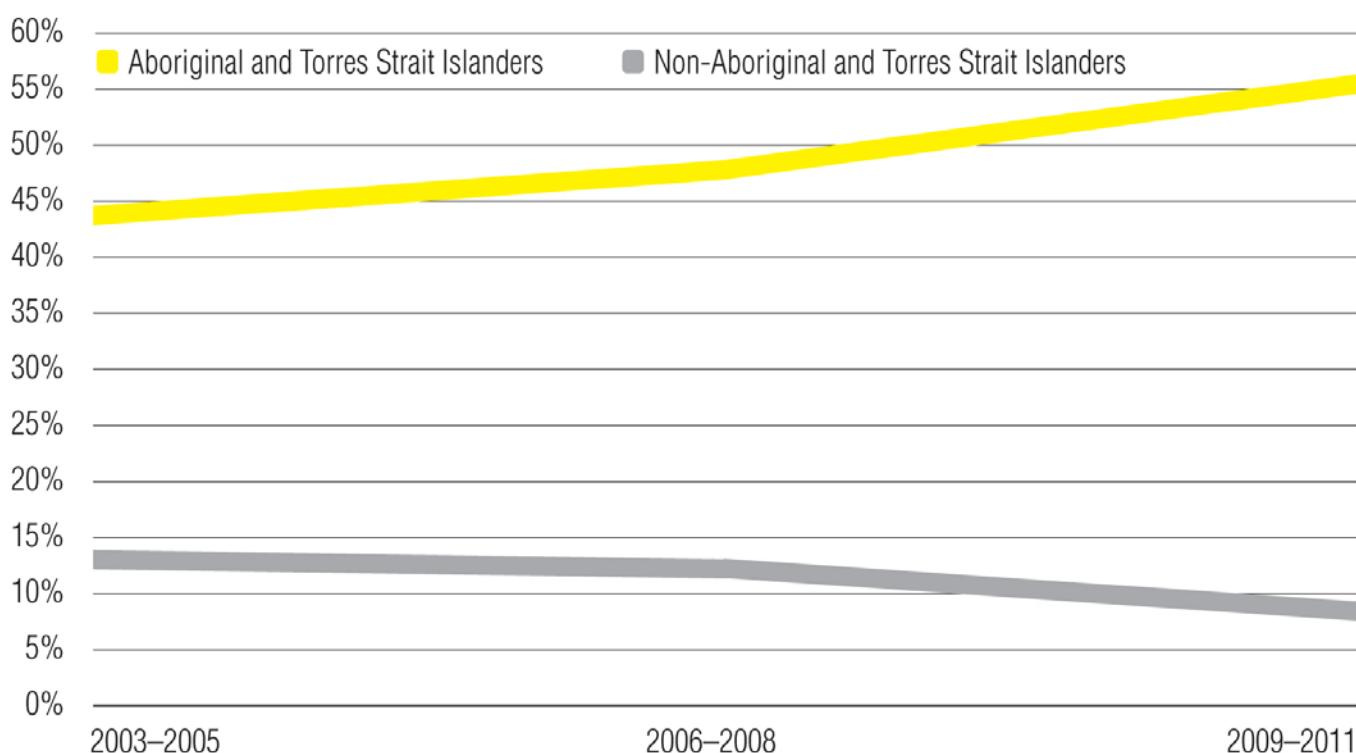
The percentage of Aboriginal and Torres Strait Islander women who reported smoking during pregnancy was near six times higher (55.7%) compared with the percentage of non-Aboriginal and Torres Strait Islander women (9.5%) for the three-year period of 2009 to 2011 and has been significantly higher for each three-year period between 2003 to 2011.



There was a slight increase in the percentage of ACT Aboriginal and Torres Strait Islander women who reported smoking during pregnancy between 2003 to 2011 however this increase was not statistically significant.

In 2011 the average birthweight for babies born to Aboriginal and Torres Strait Islander women who smoked during pregnancy (2,844 grams) was significantly lower than the average birthweight of babies born to Aboriginal and Torres Strait Islander women who did not smoke during pregnancy (3,365 grams).⁸

Figure 9: Percentage of women who smoked during pregnancy by Aboriginal and Torres Strait Islander status, ACT residents, 2003–11



Data source: ACT Health, Population Health Division. Maternal and Perinatal Data Collection, unpublished data.

Low birthweight in newborns

Indicator description	The proportion of live born babies with a birthweight of less than 2500 grams for ACT resident women and by Aboriginal and Torres Strait Islander status.
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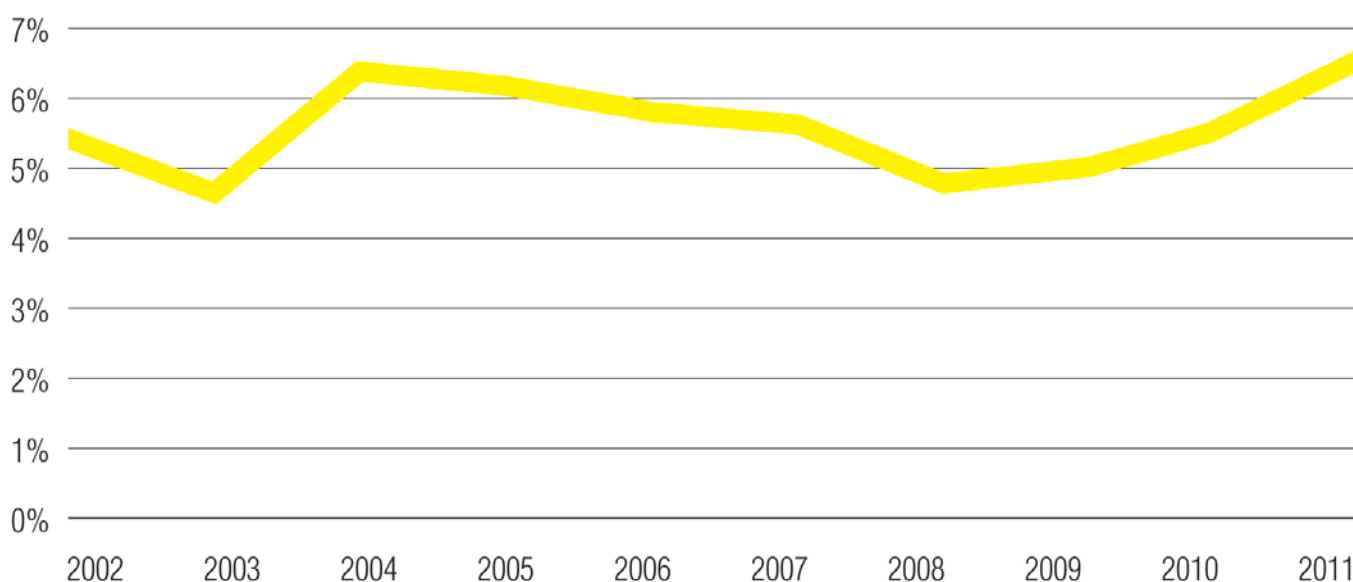
What do we measure?	The birthweight of all babies born in the ACT, including women with Aboriginal and Torres Strait Islander identification status.
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Why is this important?	A baby's birthweight is a key indicator of health status. ⁹ Low birthweight babies have a greater risk of poor health and dying, require a longer period of hospitalisation after birth and are more likely to develop significant disabilities. ¹⁰ The proportion of low birthweight in babies of Aboriginal and Torres Strait Islander mothers was 13.5%, more than twice that of babies of non-Indigenous mothers (6.5%) for the period 2009–11. ¹¹
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How is the ACT progressing?	The proportion of babies with low birthweight has remained relatively stable between 2002 and 2011. The proportion of ACT babies with a birthweight less than 2500 grams is low, fluctuating from 4.7% to 6.5% between 2002 and 2011. Annual fluctuations in the percentage of low birthweight babies occur due to the small number of births in the ACT each year. The proportion of low birthweight babies in the ACT is similar to the national rate (6.3%). ¹²
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Figure 10: Percentage of low birthweight babies, ACT residents, 2002–11



Data source: ACT Health, Population Health Division. Maternal and Perinatal Data Collection, unpublished data. Maternal and Perinatal Health Series.

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

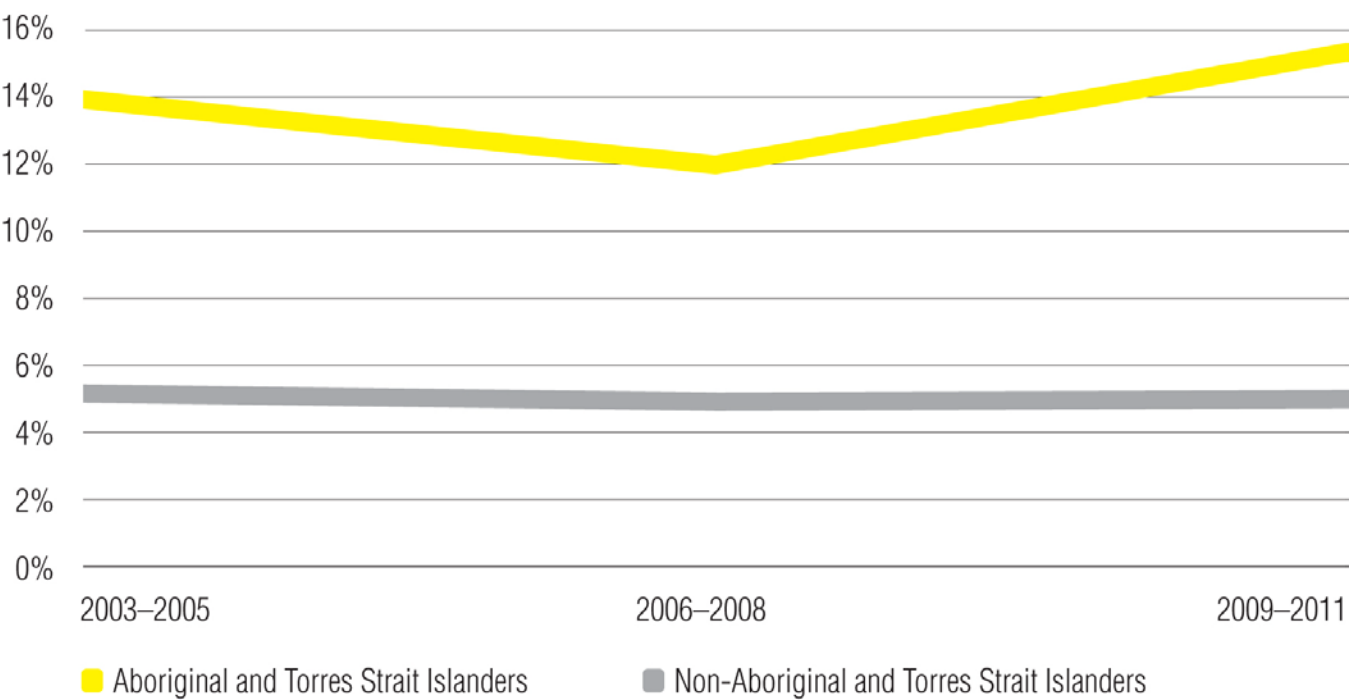
Low birthweight babies born to Aboriginal and Torres Strait Islander women

How is the ACT progressing?

The percentage of babies born to Aboriginal and Torres Strait Islander women who were low birthweight was significantly higher for each three-year period between 2003 and 2011 (Figure 11) when compared with babies born to non-Aboriginal and Torres Strait Islander women. The percentage has remained stable between 12.0% and 14.7% over this time.



Figure 11: Percentage of low birthweight babies by maternal Aboriginal and Torres Strait Islander status, live births, ACT residents, 2003–11



Data source: ACT Health, Population Health Division. Maternal and Perinatal Data Collection, unpublished data. Maternal and Perinatal Health Series.

NOTES: Includes live born babies born in the ACT to Aboriginal and Torres Strait Islander ACT resident women. Due to the small number of Aboriginal and Torres Strait Islander women who give birth in the ACT the data has been combined into three year groups.

Infant mortality

Indicator description The number of infant deaths (at less than 1 year of age) per 1000 live births in the ACT.

What do we measure? The number of infant deaths and the number of live births in the ACT.

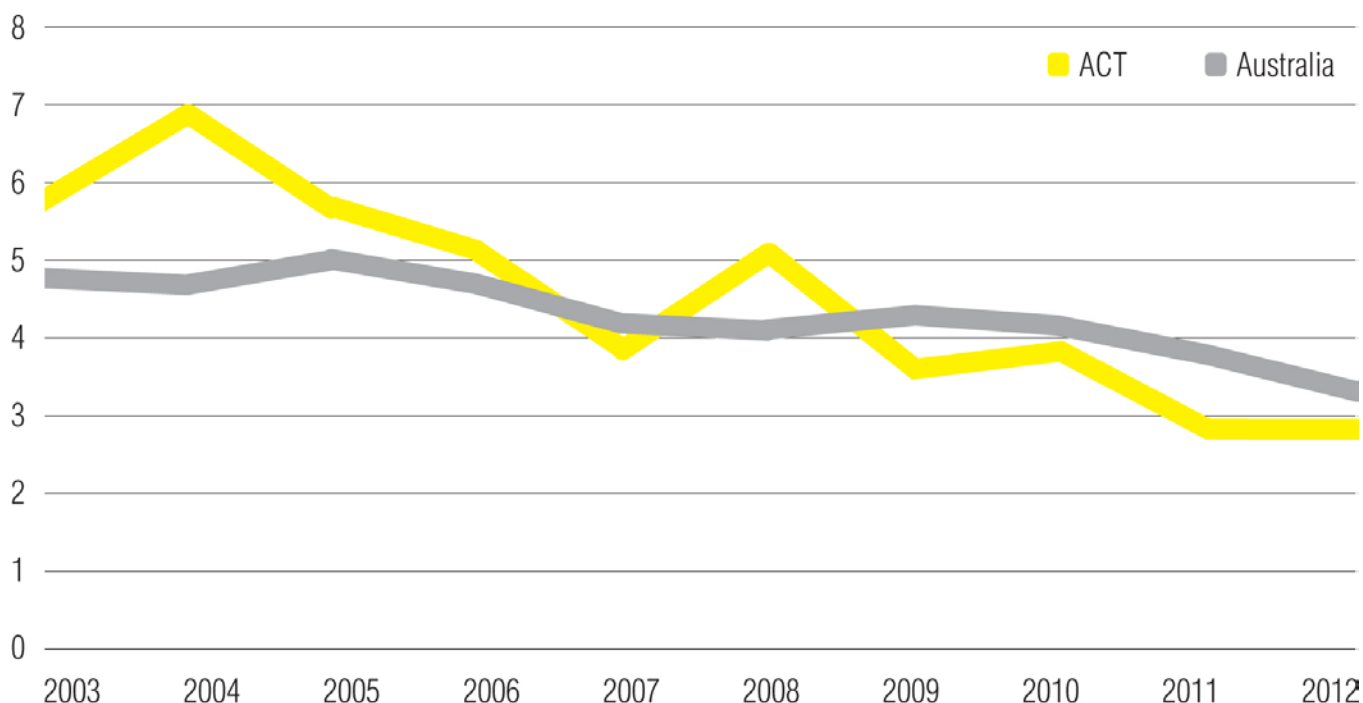
Why is this important? Infant mortality (i.e. deaths under one year of age) is commonly viewed as an important indicator of the general health and wellbeing of a population and has a large influence on life expectancy at birth. A high infant mortality rate lowers life expectancy, while a low infant mortality rate contributes to increased life expectancy.¹³

How is the ACT progressing?

The infant mortality rate for ACT babies fluctuated between 2.9 and 6.9 per 1000 live births between 2003 and 2012 (Figure 12). Fluctuations in the infant mortality rate occur due to the very small number of infant deaths in the ACT each year; however, there was an overall decrease in the rate of infant deaths, this was consistent with Australian rates (Figure 12).



Figure 12: Infant mortality rate, ACT and Australia, 2003–12



Data source: ABS 2013, Deaths, Australia, 2012., cat. no. 3302.0

Breastfeeding

Indicator description	The percentage of infants being breastfed in the ACT.
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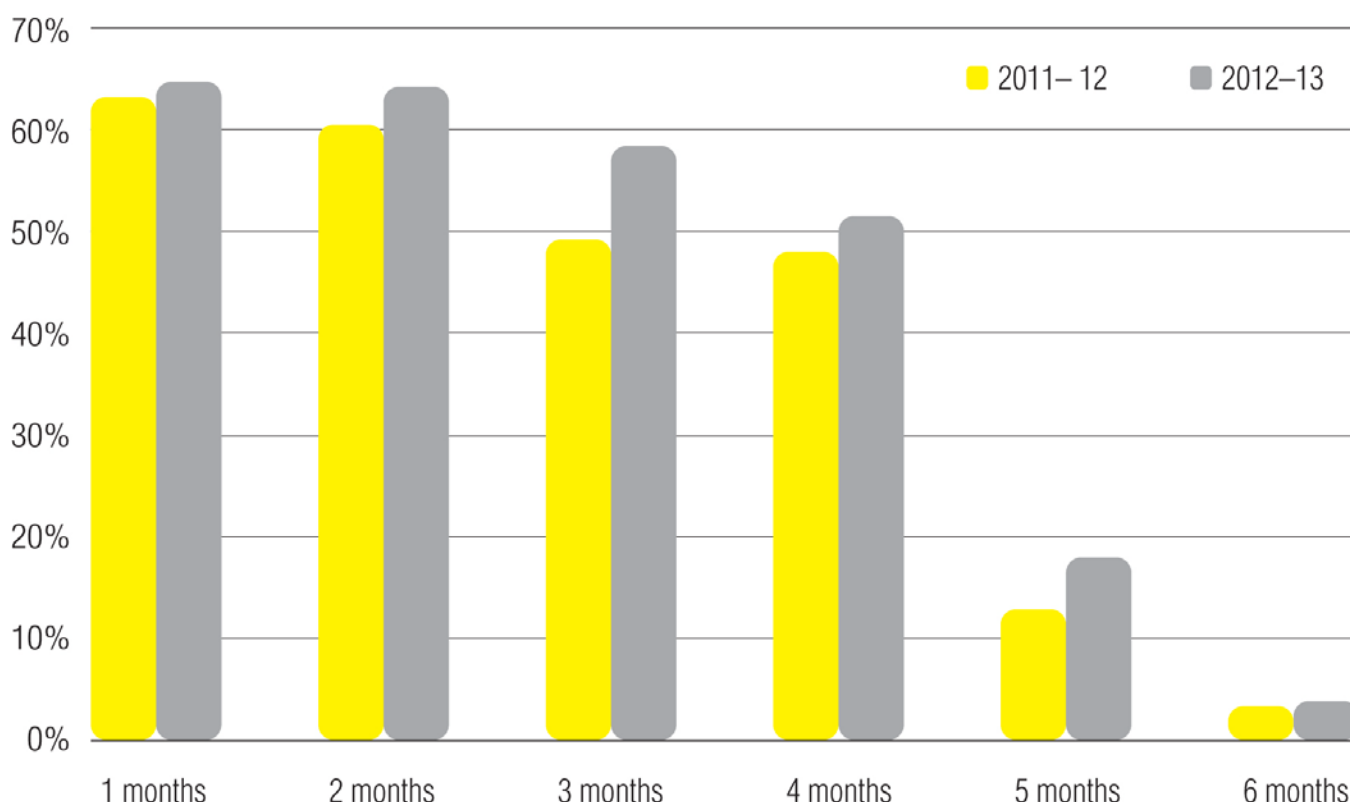
What do we measure?	<p>In 2009, ACT Health implemented a simple data collection for babies presented for immunisation at Child Health Immunisation Clinics at 2, 4, 6 and 12 months of age. During the immunisation encounter, the carers were asked to indicate whether they were still breastfeeding through 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 amongst women and infants in the ACT.</p> <p>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 <i>exclusive breastfeeding</i>*, if the infant was receiving <i>any</i> breast milk and <i>introduction</i> 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.</p> <p>* Exclusive breastfeeding definition: Infants receive only breast milk, including expressed breast milk and, where required, medicines, but no infant formula or non-human milk.¹⁴</p>
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Why is this important?	<p>The National Health and Medical Research Council (NHMRC) recommend 'that infants be exclusively breastfed until around 6 months of age when solid foods are introduced. It is further recommended that breastfeeding be continued until 12 months of age and beyond, for as long as the mother and child desire.'¹⁵</p> <p>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.¹⁶</p>
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How is the ACT progressing?	<p>Figure 13 data shows the proportion of infants who were being exclusively breastfed during the period of 1 July 2012 to 30 June 2013 in comparison to the 2011–12 period. Around 60% of infants were exclusively breastfed to two months of age and then rates of exclusively breastfed infants begin to decline. The sharp decline in exclusive breastfeeding at five months, although less than in the last two years of data collection, does coincide with the recommended time for the introduction of solids.</p> <p>Exclusive breastfeeding is showing an increasing trend over the two years of data collection.</p>
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Figure 13: Exclusive breastfeeding, infants presenting at ACT Child Health immunisation clinics, by age (completed calendar months), 2011–12, 2012–13



Data source: ACT Health, Maternal and Child Health Program, 2011–12, 2012–13 unpublished data.

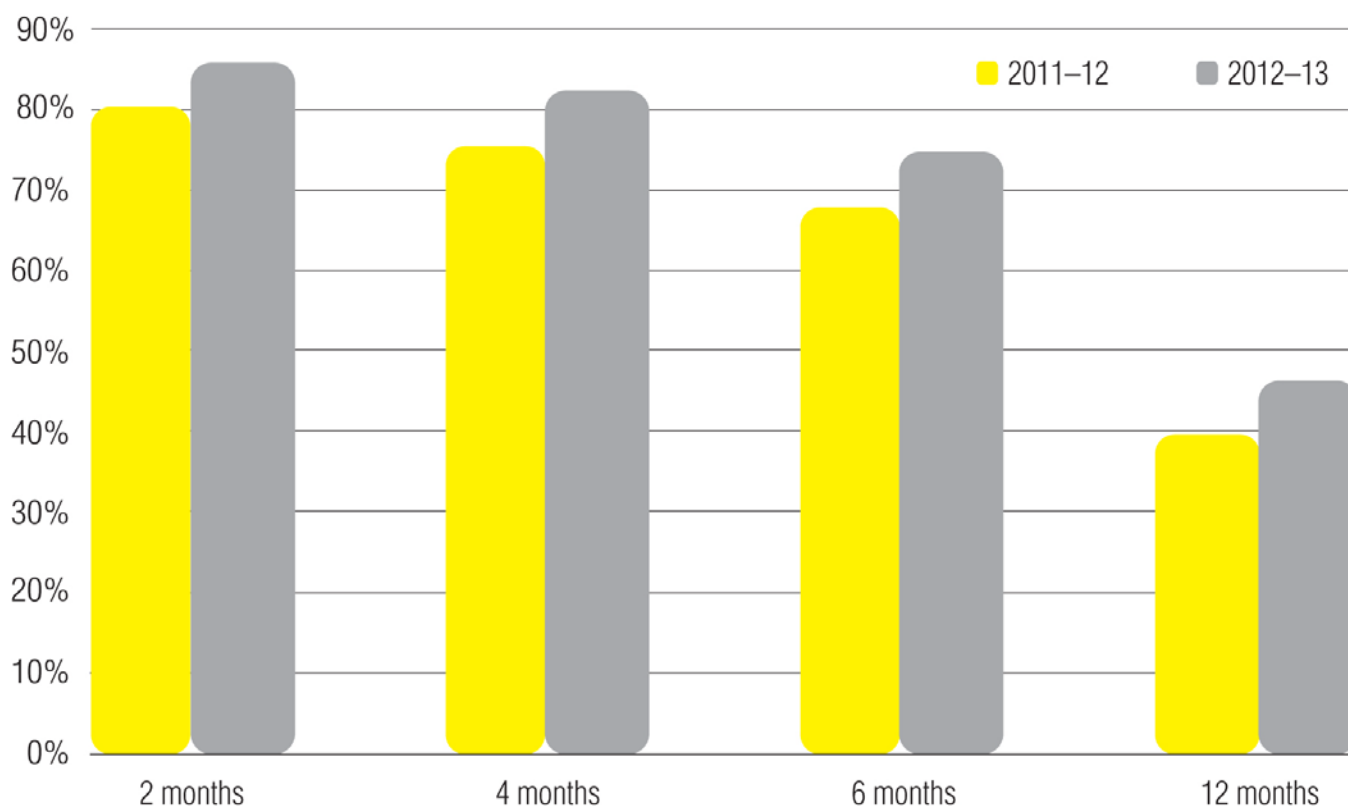
NOTE: The age group of infants is based upon completed calendar months only — any days over the calendar month are rounded down to the nearest completed month (e.g. 2 months and 20+ days is rounded to 2 months).

Any breastfeeding*

Figure 14 shows the proportion of infants who were receiving *any* breast milk during the period of 1 July 2012 to 30 June 2013 in comparison to the 2011–12 period. This figure shows that 74.8% of infants were receiving breast milk in some capacity up to the age of six months in the 2012–13 period.

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

Figure 14: Any breastfeeding, infants presenting at ACT Child Health immunisation clinics, by age (completed calendar month), 2011–12, 2012–13



Data source: ACT Health, Maternal and Child Health Program, 2011–12, 2012–13 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. 2 months and 20+ days is rounded to 2 months).

Fruit and vegetable consumption

Indicator description	The proportion of ACT children and young people who meet the fruit and vegetable NHMRC <i>Dietary guidelines for children and adolescents in Australia</i> .
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What do we measure?	Parent-reported fruit and vegetable consumption of children and young people in the ACT aged 2 to 15 years.
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Why is this important?	<p>Eating fruits and vegetables is essential for a healthy diet. A diet high in these foods provides some protection against a range of chronic diseases, including cardiovascular disease, cancer, stroke, cataracts and Type 2 diabetes.</p> <p>The minimum recommended daily vegetable intake according to the NHMRC <i>Dietary guidelines for children and adolescents in Australia</i> is defined as: two serves a day for children aged 4 to 7 years; three serves a day for children aged 8 to 11 years; and four serves a day for those aged 12 to 18 years, depending on their overall diet. The guide does not provide recommendations for children aged 2 to 3 years and so the recommendations for those aged 4 to 7 years have been applied. The minimum recommended daily consumption of fruit according to the guidelines is one serve for children aged 4 to 11 years and three serves for children aged 12 to 18 years, depending on their overall diet. The guide does not provide recommendations for children aged 2 to 3 years, so the recommendations for children aged 4 to 7 years have been applied.¹⁷</p>
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How is the ACT progressing?	<p>Results from the 2011–12 ACT General Health Survey (ACTGHS) indicate a slight; though not significant increase with 70.5% of 2–15 year olds meeting the minimum dietary requirements of fruit consumption compared to 69.7% from 2007–10.¹⁸ Younger children were significantly more likely ($p < 0.05$) to be meeting the minimum requirements than older children, with 95.8% of younger children (aged 2 to 11 years) eating one or more serves a day (96.5% of males and 95.1% of females) and only 19.3% of children aged 12 to 15 years eating three or more serves a day (23.8% of males and 14.8% of females) (Figure 15).</p>
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Figure 15: Fruit consumption, serves per day, percentage of children 2–15 years, ACT, 2007–12

	2–11 years		12–15 years	
Serves	2007–10	2011–12	2007–10	2011–12
Less than 1 serve	3.5	4.2	15.3	9.8
1–2 serves	65.6 [#]	66.1#	64.7	71.0
3 or more serves	30.9 [#]	29.7#	20.0 [#]	19.3#

Data source: ACTGHS data collection 2007–12.

NOTES:

denotes the percentage meeting the minimum recommended number of serves for this age group. Percentages may not add to 100% due to rounding. One serve of fruit is calculated as a medium piece or two small pieces of fruit.

Results from the 2011–12 ACTGHS indicate a slight, though not significant decrease with 37.0% of ACT children aged 2 to 15 years meeting the minimum recommended dietary guidelines for vegetable consumption compared to 39.7% from 2007–10. Younger children were significantly more likely ($p < 0.05$) to meet the daily requirements than older children with 58.0% of 2 to 7 year olds consuming two or more serves of vegetables (50.3% of males and 65.7% of females); 30.4% of 8 to 11 year olds (28.2% male and 32.7% female) eating three or more serves and 16.0% of 12 to 15 year olds eating four or more serves (14.9% males and 17.0% of females) (figure 16).

Figure 16: Vegetable consumption, serves per day, percentage of children 2–15 years, ACT, 2007–12

	2–7 years		8–11 years		12–15 years	
Serves	2007–10	2011–12	2007–10	2011–12	2007–10	2011–12
Less than 1 serve	8.4	4.0	7.2	5.2	5.9	6.0
1 serve	30.7	38.1	23.9	24.6	25.8	29.1
2 serves	35.0 [#]	31.8#	31.2	39.8	32.1	25.5
3 serves	18.2 [#]	14.7#	22.4 [#]	17.6#	18.9	23.4 [#]
4 or more serves	7.7 [#]	11.5#	15.4 [#]	12.8#	17.4 [#]	16.0 [#]

Data source: ACTGHS data collection 2007–12.

NOTES:

denotes the percentage meeting the minimum recommended number of serves for this age- group. Percentages may not add to 100% due to rounding. One serve of vegetables is calculated as half a cup of cooked vegetables or one cup of salad vegetables.

The previous data has been measured against the NHMRC Dietary guidelines for children and adolescents in Australia (2003) as these were the current guidelines when the data was collected. These guidelines have been revised and replaced with the Australian Dietary Guidelines (2013) and Infant Feeding Guidelines (2012).

Participation in physical activity

Indicator description	The proportion of ACT children and young people reported as participating in physical activity.
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What do we measure?	Parent-reported physical activity participation rates of children and young people in the ACT aged 5 to 15 years.
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Why is this important?	The <i>National physical activity guidelines</i> recommend that children and adolescents need at least 60 minutes of moderate (e.g. bike riding, skateboarding, quick walking) to vigorous (e.g. running, ball games) physical activity every day for healthy growth and wellbeing. Children who are sedentary can become overweight or obese and this can affect their health in later life ¹⁹
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How is the ACT progressing?	<p>The 2011–12 ACT General Health Survey (ACTGHS) results show that 41.4% of ACT parents knew that children needed 60 minutes or more of exercise each day. This is a significant increase from 2007–10 (29.1%). In 2011–12, 18.8% of ACT parents did not know the recommended amount of time compared to 26.6% in 2007–10 which is a significant decrease.</p>
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In 2011–12, 22.8% of ACT children (24.8% males and 20.8% females) did one or more hour of physical activity outside of school per usual day. This has not changed since 2007–10 where 22.8% of ACT children (24.6% males and 21.0% females) did one or more hour of physical activity outside of school per usual day. In addition, the 2011–12 ACTGHS results show that 13.8% of ACT children usually walked to school each day, a slight but not significant decrease from 15.1% in 2007–10.

Sports and outdoor activities that children reported participating in over the previous 12 months are presented in Figure 17. Only 2.9% of ACT children did not participate in any activity²⁰.


Figure 17: Sport and outdoor activities in last 12 months, percentage of children 5–15 years, ACT 2011–12

Activity	ACT
Swimming	47.1%
Cycling/mountain bike/bike riding	40.7%
Jogging/athletics/running	38.1%
Soccer	33.9%
Dancing/ballet	28.1%
Basketball	13.8%
Cricket	10.1%
Netball	9.2%
Rugby league	8.3%
Martial arts	7.6%
Skateboarding/roller blading	6.0%
Rugby union	4.3%
Other ball sports	23.9%
Other	14.7%
Did not play any sport	2.9%

Data source: ACTGHS data collection 2011–12.

Note: Respondents could answer more than one response. Percentages may total more than 100%.

Children fully immunised

Indicator description	The proportion of ACT children aged 60 to 63 months of age who are fully immunised.
What do we measure?	The proportion of children aged 60 to 63 months of age who are fully immunised according to the <i>Australian Childhood Immunisation Register</i> .
Why is this important?	Immunisation protects children (and adults) against harmful infections before they come into contact with the infections in the community. Immunisation uses the body's natural defence mechanism — the immune response — to build resistance to specific infections. Immunisation helps children stay healthy by building resistance to specific infections. ²¹
How is the ACT progressing?	<div>The proportion of fully immunised children aged 60–63 months in the ACT has increased over time. 86% of children were fully immunised in 2008, 85% in 2009, 89% of children were fully immunised in 2010, 91% in 2011, 92% in 2012 and 92% in 2013.</div> 

NOTE: Data has been obtained from the Immunise Australia ACIR data website where coverage rates are reported by calendar year where previous reports were collated by financial year.

Ref Department of Health Immunise Australia Website, ACIR data

www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/acir-ann-cov-hist-data.htm.

Average number of ACT children aged 60–63 months fully immunised, for the period April 2013–March 2014, 91.8%.

Ref Department of Health Immunise Australia website, ACIR data

www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/acir-curr-data.htm.

Figure 18: Proportion of ACT children aged 60–63 months fully immunized

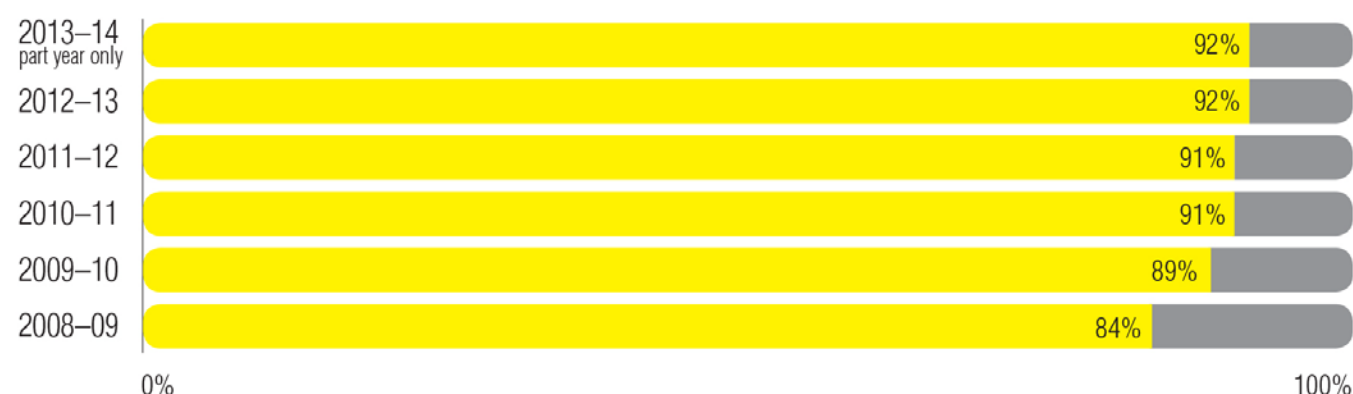


Figure 19: Proportion of children aged 60–63 months assessed as fully immunised by state or territory.
The information below is from one quarterly report (date of processing 31 March 2014)



Ref; Medicare Australia; ACIR statistics

www.medicareaustralia.gov.au/provider/patients/acir/statistics.jsp#N1002D

Please note that there are slight fluctuations in immunisation coverage rates each quarter and therefore there are differences in the rates for April 2013 to March 2014 and the 31 March 2014 quarterly report.

Figure 20: The National Immunisation Program (NIP) — current schedule

Birth	Hepatitis B
2 months	Diphtheria Tetanus Pertussis Polio Hib Hepatitis B Pneumococcal (<i>refer to note 1</i>) Rotavirus (<i>refer to note 5</i>)
4 months	Diphtheria Tetanus Pertussis Polio Hib Hepatitis B Pneumococcal (<i>refer to note 1</i>) Rotavirus (<i>refer to note 5</i>)
6 months	Diphtheria Tetanus Pertussis Polio Hib (<i>refer to note 2</i>) Hepatitis B (or at 12 months) Pneumococcal (<i>refer to note 1</i>) Rotavirus (<i>refer to note 6</i>)
12 months	Measles Mumps Rubella Meningococcal C (<i>refer to note 3</i>) Hib
18 months	Measles Mumps Rubella Varicella (<i>refer to note 4</i>)
4 years	Diphtheria Tetanus Pertussis Polio Measles (<i>refer to note 7</i>) Mumps (<i>refer to note 7</i>) Rubella (<i>refer to note 7</i>)

NOTES:

1 Pneumococcal vaccine is funded under the NIP for children born from 1 January 2005.

2 Four doses of Hib vaccine are due at 2, 4, 6 and 12 months of age when 'PRP-T Hib' containing vaccine is used.

3 Meningococcal C vaccine is funded under the NIP for children born from 1 January 2002.

4 Varicella vaccine is funded under the NIP for children born from 1 May 2004.

5 Rotavirus vaccine is funded under the NIP for children born from 1 May 2007.

6 Three doses of Rotavirus vaccine are due at 2, 4 and 6 months of age when RotaTeq vaccine is used.

7 To be given only if vaccine was not given at 18 months.

Leading causes of hospitalisations

Indicator description	The leading causes of hospitalisation for ACT children.
What do we measure?	The top 25 causes of hospitalisation for Canberra residents aged 14 years or under at ACT public hospitals (excluding episodes related to births).
Why is this important?	This indicator provides an indication of the leading causes of hospitalisation and enables health planners to ensure that health promotion, early intervention and our public hospital services are able to respond effectively to major changes in the demand for hospital services for children.
How is the ACT progressing?	<p>The main causes of hospitalisation for children are injury and infectious diseases.</p> <p>The top 25 diagnoses for the hospitalisation of children, account for more than half of all hospital episodes for people aged 14 years or younger at ACT public hospitals.</p> <p>In 2012–13, there were 4143 inpatient hospital episodes recorded at ACT public hospitals for Canberra residents aged 14 years or younger. This is consistent with the number of inpatient episodes recorded in previous years, with 4167 in 2011–12, and 4024 in 2010–11.</p> <p>In 2012–13, the major cause of hospitalisation for children was other factors influencing health status (with 315 episodes), followed by injury to the forearm, wrist, hand or foot (with 206 episodes). The top two major causes of hospitalisation for ACT children have remained consistent over the past two years.</p>



Figure 21: ACT Public Hospitals, top 25 diagnoses for hospital admission by volume, persons aged 14 years or less, 2012–13

Diagnosis	Separations
Other factors influencing health status	315
Injury to forearm, wrist, hand or foot	206
Bronchitis and asthma	173
Otitis media (middle ear)	135
Abdominal pain	131
Reticuloendothelial and immunity disorders	115

Diagnosis	Separations
Tonsillectomy/adenoidectomy	99
Chemotherapy	96
Seizure	90
Inflammatory bowel disease	83
Gastroenteritis	81
Viral illness	80
Dental extract and restorations	75
Digestive disorder	72
Endocrine disorder	69
Respiratory infection/inflammation	69
Testes procedure	65
Myringotomy and tube insertion	64
Whooping cough and acute bronchiolitis	54
Cellulitis	52
Humerous, tibia, fibia, ankle	51
Inflammatory musculoskeletal disorder	51
Respiratory symptoms	51
Other gastroscopy	50
Hand procedure	47

Data source: ACT Health, Admitted patient care data set, hospital separations for persons aged 14 years or younger 2012–13 (excludes admissions for births, ACT residents only).

Psychiatric hospitalisation


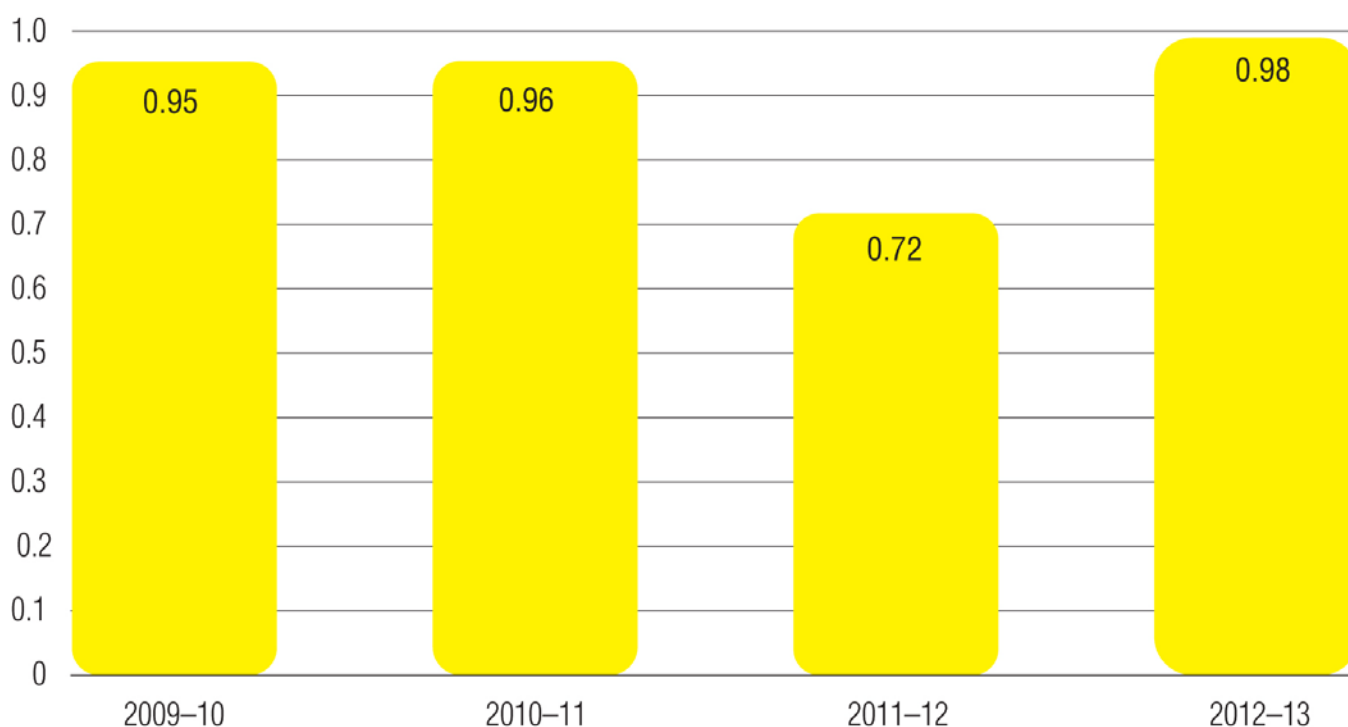
Indicator description	The rate of hospitalisation of ACT young people for mental and behavioural disorders.
What do we measure?	The rate per 1000 people aged 14 years or younger, who are residents of the ACT and who are admitted to hospital with a mental or behavioural disorder (as per the International 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.
How is the ACT progressing?	<div>Less than one in a thousand ACT residents aged 14 years or younger are hospitalised for mental health or behavioural diagnoses. </div> <div>The small number of people aged 14 or younger hospitalised for mental health or behavioural disorders can result in fluctuations between years.</div>

Figure 22: ACT Public Hospitals, Hospitalisation rate per 1000 population for mental health and behavioural disorders (persons aged 14 years or less) from 2009–10 to 2012–13



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

Dental health

Indicator description	The mean number of decayed, missing or filled teeth (DMFT) among primary school children aged 12 years.
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What do we measure?	The number of teeth decayed, missing or extracted of children aged 12 years visiting ACT Health public dental services. The number of decayed, missing or filled teeth is expressed as the DMFT (for permanent teeth).
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Why is this important?	This indicator provides an indication of the effectiveness of dental prevention, early intervention and treatment services.
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How is the ACT progressing?	The ACT Health mean DMFT figure for 2013 is 0.57 at 12 years. This represents a reduction of 0.04 when compared to the figure from 2012 (0.61).
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This figure is representative of ACT Health clients only.

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

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

Children entering school with the basic skills for life and learning

Indicator description The proportion of ACT children who are developmentally vulnerable on one or more domains of the Australian Early Development Index (AEDI).



What do we measure? The proportion of kindergarten children who are developmentally on track, developmentally at risk and developmentally vulnerable across five domains of early childhood development: Physical health and wellbeing; Social competence; Emotional maturity; Language and cognitive skills; and Communication skills and general knowledge.

Data is collected every three years, and was first collected nationally in 2009. From 1 July 2014, the AEDI will be known as the Australian Early Development Census (AEDC) and the 2015 collection of the AEDC will occur nationally starting May 2015.

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.²² 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 are crucial in shaping children's health, wellbeing and development outcomes.

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

How is the ACT progressing? The 2012 AEDI results indicated that overall the majority of children in the ACT are developmentally 'on track' and doing well.



The proportion of male children (28.1%) in the ACT who are developmentally vulnerable on one or more domain was higher than that of females (15.5%). The proportion of ACT children with a language background other than English that are developmentally vulnerable on one or more domain (28.3%) was higher than children with an English speaking background (20.5%).

Figure 23: Characteristics of the children surveyed both in the ACT and Australia, 2012

Selected characteristic	ACT	Australia
Children surveyed living in the ACT	4,898*	289,973
Average age of children	5 years 8 months	5 years 7 months
Teachers involved in completing the checklist	284	16,425
Schools where checklists were completed	106	7,417
Children who are Aboriginal and Torres Strait Islander	117 (2.4%)	15,490 (5.3%)
Children with a language background other than English	962 (19.6%)	55,489 (19.1%)
Children born outside Australia	502	21,698
Children reported as having special needs	238	14,173
Children identified by teachers as requiring further assessment	394	29,628

* This figure represents the proportion of children attending kindergarten and residing in the ACT.

Data source: *2012 Australian Early Development Index Results for the ACT*, ACT Government, Canberra.

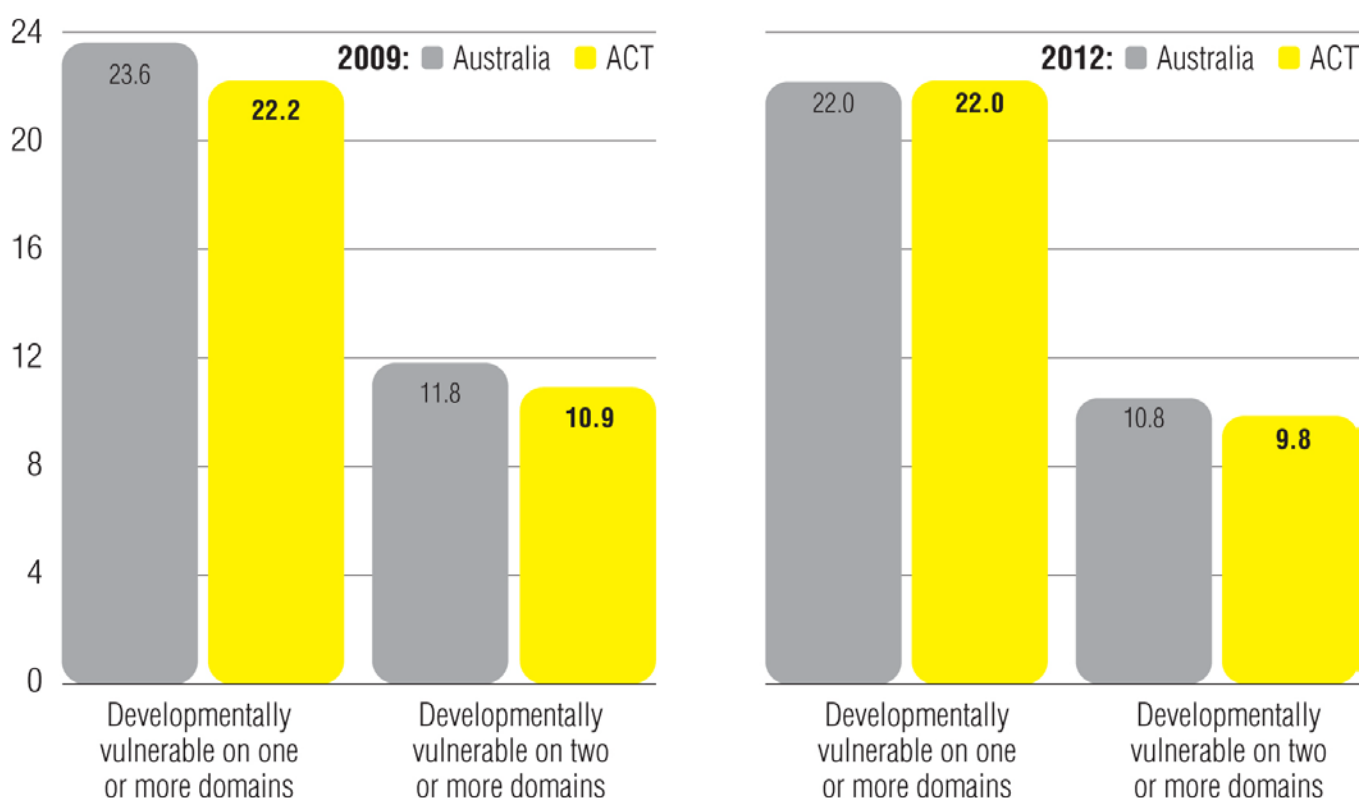
NOTE: Children with special needs are those who have chronic medical, physical or intellectual disabilities that require special assistance. Information about children with special needs is not included in the AEDI results because of the already identified substantial developmental needs of this group.

National and regional comparisons of developmental vulnerability

How is the ACT progressing? The proportion of ACT children developmentally vulnerable on one or more domains was the same as their Australian peers (22.0%), and 9.8% of children were developmentally vulnerable on two or more domains, compared to 10.8% nationally. The proportion of developmental vulnerability in the ACT has slightly decreased between 2009 and 2012.



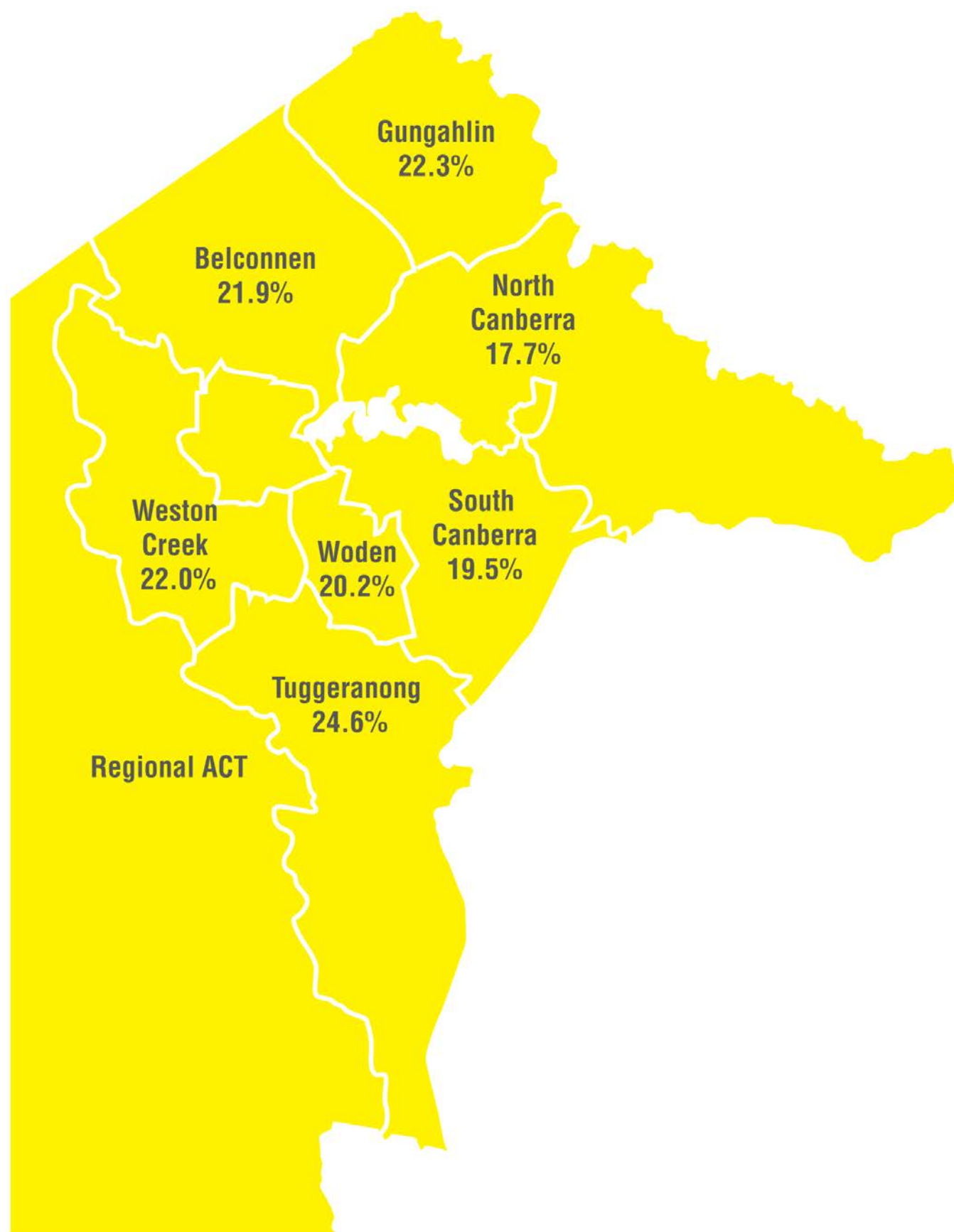
Figure 24: Developmental vulnerability: National and regional comparisons, AEDI, 2009 and 2012



Data source: 2012 Australian Early Development Index Results for the ACT, ACT Government, Canberra.

The proportion of children developmentally vulnerable varied across the ACT communities. Localities with the highest proportions of children developmentally vulnerable on one or more domain were Tuggeranong (24.6%), Gungahlin (22.3%) and Weston Creek (22.0%). Communities with the lowest proportion of children developmentally vulnerable on one or more domain were North Canberra (17.7%) and South Canberra (19.5%).

Figure 25: The proportion of children developmentally vulnerable on one or more domains of the AEDI in each region within the ACT, 2012



Data source: 2012 Australian Early Development Index Results for the ACT, ACT Government, Canberra.

Developmental vulnerability by domain

How is the ACT progressing?

Between 2009 and 2012, the ACT experienced an improvement in four out of the five developmental domains: Social competence; Emotional maturity; Language and cognitive skills; and Communication skills and general knowledge. On each of these four domains, the ACT compared favourably to the rest of Australia. In particular, children in the ACT were least likely to be developmentally vulnerable on the Language and cognitive skills domain (3.9%).



However, on the Physical health and wellbeing domain, 10.6% of children in the ACT were developmentally vulnerable — a slight increase from 2009 (9.4%). The 2012 ACT results were also slightly higher than the national result (9.3%).



Figure 26: The proportion of Australian and ACT children developmentally on track, at risk and vulnerable on each domain of the AEDI, 2012

Domain	Developmentally on track (%)		Developmentally at risk (%)		Developmentally vulnerable (%)	
	Australia	ACT	Australia	ACT	Australia	ACT
Physical health and wellbeing	77.3	72.5	13.4	16.9	9.3	10.6
Social competence	76.5	75.5	14.3	15.9	9.3	8.6
Emotional maturity	78.1	79.0	14.2	13.8	7.6	7.2
Language and cognitive skills	82.6	86.5	10.6	9.5	6.8	3.9
Communication skills and general knowledge	74.7	73.5	16.3	18.5	9.0	8.1

Data source: 2012 Australian Early Development Index Results for the ACT, ACT Government, Canberra.

Developmental vulnerability for Aboriginal and Torres Strait Islander children

How is the ACT progressing? Aboriginal and Torres Strait Islander children in the ACT experienced an increase in developmental vulnerability between 2009 and 2012, from 37.0% in 2009 to 45.4% in 2012. Over this same time, there was a national decrease in the proportion of Aboriginal and Torres Strait Islander children developmentally vulnerable in Australia from 47.4% to 43.2%.




Figure 27: Comparison of Aboriginal and Torres Strait Islander children developmentally vulnerable on one or more domain, 2009–12

	2009		2012	
	ACT	Australia	ACT	Australia
Aboriginal and Torres Strait Islander	37.0%	47.4%	45.4%	43.2%
Non-Aboriginal and Torres Strait Islander	21.8%	22.4%	21.5%	20.9%

Data source: *2012 Australian Early Development Index Results for the ACT*, ACT Government, Canberra.

Children enrolled in preschool

Indicator description	The proportion of children enrolled in a preschool program in the ACT.
What do we measure?	The proportion of children, as a percentage of the estimated resident population, enrolled in a preschool program in the year before attending 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?	Preschool is one of the important early learning experiences for children. It provides a rich environment to facilitate the development of children's language, social, emotional, motor, cognitive and independence skills. It also assists with children's school readiness and transition to full-time schooling. Early school experiences can have a lasting impact on a person's attitude to education and training and confidence in their learning abilities.
How is the ACT progressing?	<div><p>In August 2013, a total of 5425 children aged 4 or 5 years were enrolled in the year before full-time schooling in preschool programs provided through public schools, catholic schools, independent schools and long day care centres (LDC) representing 108.0% of the estimated preschool age population. Year before full-time schooling excludes repeat enrolments of five year old children.</p><p>108.4% of the estimated population of Aboriginal and Torres Strait Islander children were enrolled in a preschool program in public schools, catholic schools and independent schools and LDCs.</p></div> 

NOTE: Data from 2013 is not consistently comparable to previous collection cycles due to changes in collection coverage, data development activities and collection methodologies.

Data sources:

ABS, Preschool Education, Australia 2013, cat. no. 4240.0.

Estimated Resident Population (ERP) by state and age as published on 17 December 2013 in Australian Demographic Statistics, June 2013 (cat. no. 3101.0). The Census base for ERP is 2011 and figures are not comparable to figures based on the 2006 Census.

June 2013 projections by state and age are based on the 2006 Census. They are not directly comparable with published 30 June 2013 ERP figures which are based on the 2011 Census.

ABS Estimated resident population, cat. no. 4240.0.

Total Indigenous estimated residents population by age and state June 2013. Data sourced from ABS unpublished data.

ACT public primary and high school attendance

Indicator description	Student attendance rate is the number of actual full-time equivalent student-days attended by full-time students as a percentage of the total number of possible student-days in the first semester of the school year.
What do we measure?	<p>Attendance is analysed for the first semester of the school year.</p> <p>Attendance data are collected through the electronic school management system at the school. For primary schools, teachers record student attendance in the morning and afternoon. Absence data are aggregated at the end of each term and entered in the school management system. Term 1 and 2 data are analysed at the end of semester 1 for national and local reporting purposes.</p>
Why is this important?	<p>Attendance at school is essential for learning and for enabling students to benefit from the full range of educational programs offered at school. Attendance is an accepted indicator of student engagement.</p>
How is the ACT progressing?	<p>The student attendance rates of year 1–10 students have been maintained over 2009–13.</p> <p>School attendance in ACT public schools for years 1–10 was 92.1% in 2013 as compared with 91.4% in 2012. Aboriginal and Torres Strait Islander school attendance in the ACT was 85.1% in 2013 as compared to 84.0% in 2012. In 2013, the male school attendance rate was 92.3%, while the female school attendance rate was 92.1%.</p> <p>Student attendance data are reported for full-time students in years 1–10, but are not collected uniformly across Australian jurisdictions and schooling sectors and are therefore not comparable.</p>



Figure 28: Attendance rate (%) at ACT public primary and high schools, by grade year, 2009–13

	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Year 6</i>	<i>Year 7</i>	<i>Year 8</i>	<i>Year 9</i>	<i>Year 10</i>
2013	93	94	94	94	94	93	92	90	88	88
2012	93	93	93	93	93	93	92	89	88	87
2011	93	93	94	93	93	93	91	89	87	86
2010	94	94	94	94	94	93	92	89	87	87
2009	94	94	94	94	93	93	91	88	87	87

Data source: ACT Education and Training Directorate through schools management system.

Students achieving at or above the national minimum standard in literacy and numeracy

Indicator description	The proportion of ACT students in years 3, 5, 7, and 9 achieving at or above the national minimum standard in literacy (reading and writing) and numeracy.
What do we measure?	The results are based on the number of students at each year level who participated in the National Assessment Program: Literacy and Numeracy (NAPLAN) testing in each given year. The proportion is calculated as the percentage of total participants who achieved at or above the national minimum standard. Also included is the proportion of Aboriginal and Torres Strait Islander students in the ACT achieving at or above the national minimum standard in literacy and numeracy.
Why is this important?	Literacy and numeracy skills acquired in the schooling years are the building blocks for further education, social development and employment. The ability to read, write and perform mathematics is essential in day-to-day life and for educational opportunities and employment prospects.
How is the ACT progressing?	The ACT has consistently performed better than the national average in all subjects across all school years. ACT mean scores for years 5, 7 and 9 students in writing were equal highest in the country. Higher percentages of ACT students achieved at or above national minimum standard for numeracy than most other jurisdictions.



Figure 29: The proportion of year 3, 5, 7 and 9 students at or above the national minimum standard in reading, writing and numeracy in the ACT and Australia in the 2008–13 NAPLAN testing

		ACT						Australia					
		2008	2009	2010	2011	2012	2013	2008	2009	2010	2011	2012	2013
Year 3	Reading	94.4	94.7	95.7	95.6	96.0	96.1	92.1	93.7	93.9	93.8	93.6	95.3
	Writing*	96.3	95.9	96.6	96.2	96.4	95.5	95.4	95.7	95.5	95.3	95.3	95.0
	Numeracy	96.4	94.8	96.6	96.5	96.5	96.6	95.0	94.0	94.3	95.6	93.9	95.7
Year 5	Reading	94.8	94.0	94.2	94.5	94.9	97.0	91.0	91.7	91.3	91.5	91.6	96.1
	Writing*	94.9	93.9	94.8	93.7	93.6	94.1	92.6	93.0	93.1	92.5	92.1	91.7
	Numeracy	94.9	95.5	95.3	95.4	95.8	95.0	92.7	94.2	93.7	94.4	93.3	93.4
Year 7	Reading	96.3	95.5	96.9	96.8	95.7	95.9	94.2	94.0	94.9	94.7	94.1	94.2
	Writing*	93.4	93.2	94.6	91.8	89.8	90.7	91.8	92.5	92.6	91.1	89.9	89.3
	Numeracy	97.1	95.7	96.8	95.7	95.0	95.8	95.4	94.8	95.1	94.5	93.8	95.0
Year 9	Reading	96.6	94.1	93.7	94.4	94.7	96.0	92.9	92.2	90.8	92.4	91.4	93.4
	Writing*	88.9	89.4	89.0	85.5	83.4	86.5	87.2	87.8	87.2	84.8	81.7	82.6
	Numeracy	96.6	95.4	94.7	94.6	95.5	92.9	93.6	95.0	93.1	93.0	93.7	90.6

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

*A new persuasive writing style was introduced in 2011. The writing results for 2011, 2012 and 2013 should not be directly compared to earlier years.

With the exception of year 9 numeracy, ACT females had a higher proportion than males at or above national minimum standards in reading, writing and numeracy in 2013 in all four year levels which approximates the national performance for males and females.

Figure 30: NAPLAN 2013 students at or above national minimum standard (%) by sex

		Year 3		Year 5		Year 7		Year 9	
		ACT	Australia	ACT	Australia	ACT	Australia	ACT	Australia
Reading	Male	95.0	94.0	96.0	95.0	94.8	92.8	95.2	91.8
	Female	97.4	96.8	98.1	97.3	97.0	95.7	96.8	95.0
Writing	Male	93.7	93.0	91.2	88.3	86.5	84.7	81.7	75.8
	Female	97.3	97.0	97.1	95.3	95.1	94.1	91.3	89.8
Numeracy	Male	96.0	95.0	94.7	93.3	95.2	94.7	93.5	90.9
	Female	97.2	96.5	95.3	93.4	96.5	95.3	92.3	90.1

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

Literacy and numeracy for Aboriginal and Torres Strait Islander students

How is the ACT progressing?

In 2013, as in previous years, the proportion of Aboriginal and Torres Strait Islander students in the ACT who were achieving at or above the national minimum standards was below the proportion of non-Aboriginal and Torres Strait Islander students in the ACT, as was the case across all jurisdictions.

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



Figure 31: The proportion of Aboriginal and Torres Strait Islander (ATSI) and non-Aboriginal and Torres Strait Islander year 3, 5, 7 and 9 students at or above the national minimum standard in reading, writing and numeracy in the ACT and Australia from 2011 to 2013

		ACT						Australia							
		2011		2012		2013		2011		2012		2013			
		ATSI	Non-ATSI	ATSI	Non-ATSI	ATSI	Non-ATSI	ATSI	Non-ATSI	ATSI	Non-ATSI	ATSI	Non-ATSI	ATSI	Non-ATSI
Year 3	Reading	86.8	95.8	85.7	96.3	87.6	96.4	76.3	94.9	74.2	94.7	81.5	96.2		
	Writing	90.5	96.3	88.4	96.6	90.2	95.6	79.9	96.2	78.3	96.4	78.9	96.0		
	Numeracy	88.9	96.6	84.0	96.8	91.4	96.7	83.6	96.4	72.7	95.1	81.6	96.6		
Year 5	Reading	86.0	94.7	80.4	95.3	93.7	97.1	66.4	92.9	64.7	93.1	83.3	96.9		
	Writing	87.0	93.9	74.3	94.1	83.6	94.4	68.9	93.9	66.3	93.6	65.8	93.3		
	Numeracy	86.0	95.6	81.5	96.2	87.1	95.2	75.2	95.5	69.2	94.6	73.0	94.6		
Year 7	Reading	86.1	97.1	84.1	96.0	90.9	96.0	77.1	95.7	75.4	95.1	73.2	95.4		
	Writing	69.3	92.4	71.9	90.2	78.3	91.1	66.9	92.6	63.7	91.4	61.4	90.9		
	Numeracy	79.6	96.1	81.9	95.4	90.0	96.0	76.5	95.5	74.4	94.9	78.1	96.0		
Year 9	Reading	89.0	94.6	82.4	94.9	81.0	96.4	71.9	93.5	67.2	92.7	73.9	94.5		
	Writing	62.7	86.1	63.9	83.8	59.8	87.3	55.0	86.4	48.8	83.4	51.2	84.4		
	Numeracy	83.0	94.9	86.8	95.7	70.9	93.6	72.0	94.1	74.2	94.7	65.7	92.0		

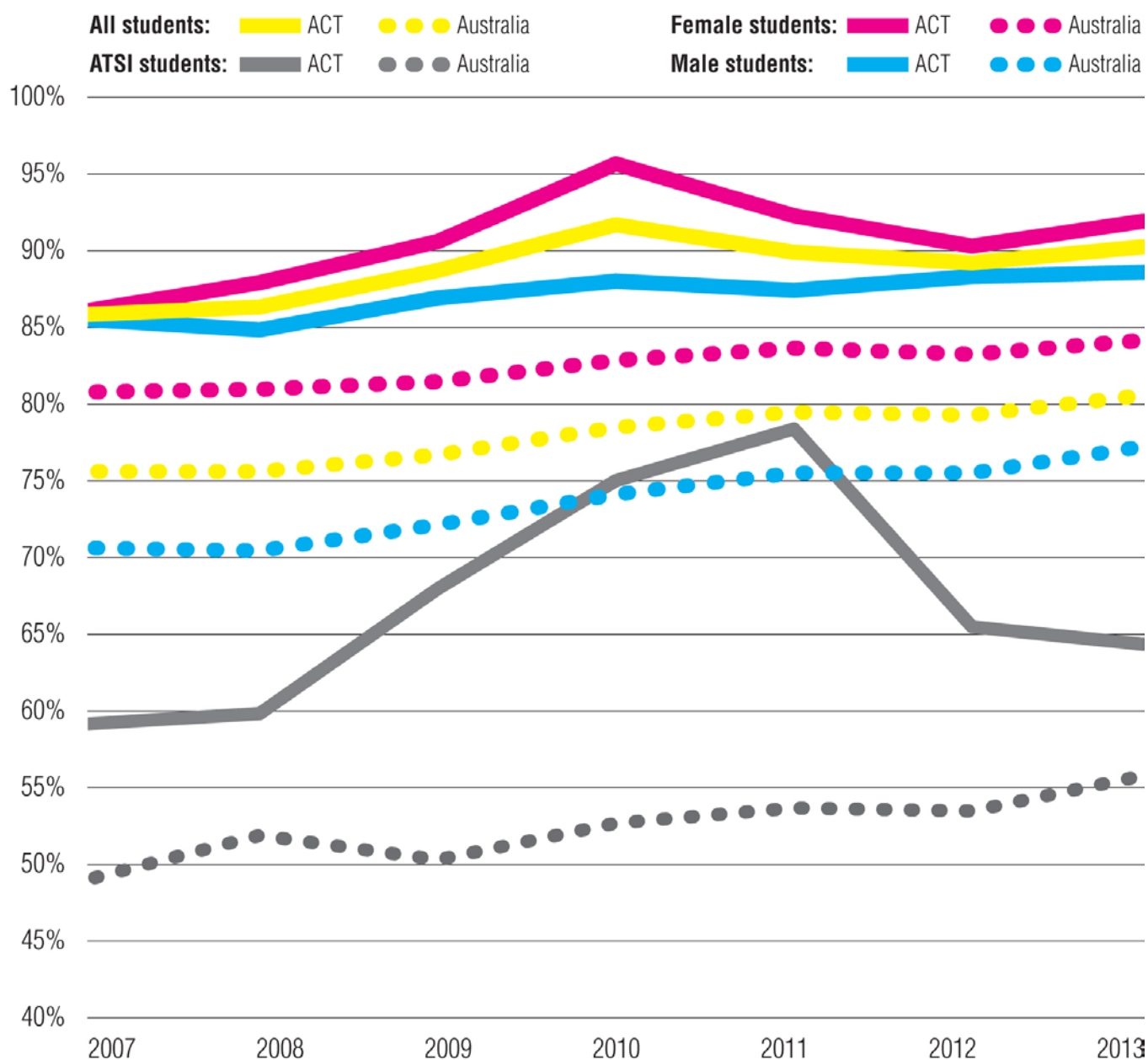
Data Source: National Assessment Program, Literacy and Numeracy, Achievement in Reading, Writing, Language Conventions and Numeracy, National Report for 2011, 2012 and 2013.

Year 10–12 apparent retention

Indicator description	The proportion of ACT year 10 students continuing to year 12.
What do we measure?	The number of full-time equivalent year 12 students enrolled in a given year as a proportion of students enrolled in year 10 two years earlier. Also presented is the year 10–12 apparent retention rate of full-time Aboriginal and Torres Strait Islander students.
Why is this important?	<p>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.</p> <p>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.</p>
How is the ACT progressing?	<p>The year 10–12 apparent retention rate for all ACT students has remained consistent since 2010 and continues to be significantly higher than Australian results.</p> <p>From 2008 to 2013, the ACT year 10–12 apparent retention rate continued to be at least 10 percentage points higher than the Australian year 10–12 apparent retention rate.</p> <p>The ACT year 10–12 apparent retention rate of full-time Aboriginal and Torres Strait Islander students increased from 59.7% in 2008 to 65.4% in 2012 but dropped to 64.2% in 2013. The increase from 2008 to 2012 was consistent in the national result where the year 10–12 apparent retention rate of full-time Aboriginal and Torres Strait Islander students was 51.7% in 2008, increasing to 55.8% in 2013.</p> <p>Determining the retention rate is inherently difficult, as it does not take into account students who repeat, move interstate, and transfer between schools or school sectors, and students who have left school previously but return to continue their school education.</p>



Figure 32: Apparent Retention Rate of all ACT Students, ACT, Aboriginal and Torres Strait Islander students and Australian Averages, 2007–13



Data source: ABS, Schools, Australia 2013, Table 64a – Apparent Retention Rates (ARR) 1999–2013, cat. no. 4221.0.

Transition from school to further education or work

Indicator description	Percentage of ACT year 12 graduates employed or studying six months after completing an ACT Year 12 Certificate.
What do we measure?	<p>The data for this indicator is obtained from the annual survey of students who completed an ACT Year 12 Certificate in Australia in the reference year. The survey excludes full-fee paying international students and includes students who were awarded a Year 12 Certificate from the Canberra Institute of Technology.</p> <p>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.</p> <p>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.</p> <p>Employed includes graduates who were 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.</p>
Why is this important?	<p>The Education and Training 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.</p> <p>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.</p>
How is the ACT progressing?	<p>The percentage of ACT year 12 graduates employed or studying six months after completing an ACT Year 12 Certificate is provided for the last six years in Figure 33.</p> <p>Of those who completed year 12 in the ACT in 2012, 93.4% reported that they were employed or studying in 2013. Although slightly lower, this was not significantly different from the 94.3% reported for the 2011 graduate survey.</p> <p>For 2012 year 12 graduates, the ACT results for this indicator were higher than or similar to the other states and territories (Victoria, Queensland and Western Australia) who published similar data in the <i>Report on Government Services 2014</i>.</p>



Figure 33: Percentage of ACT year 12 graduates employed or studying six months after completing an ACT Year 12 Certificate from 2007–12

	Year of graduation					
	2007	2008	2009	2010	2011	2012
Percentage employed or studying	92.1	91.1	90.1	93.9	94.3	93.4
Female	92.5	91.4	89.7	94.3	95.5	94.7
Male	91.7	90.9	90.5	93.4	93.0	92.1

Data source: Education and Training Directorate publication, *2012 ACT college graduates: Where are they now?* Available at www.det.act.gov.au

NOTE: Data relating to Aboriginal and Torres Strait Islander children and young people is not available for this indicator due to the small number of Aboriginal and Torres Strait Islander students in ACT.

Children and young people who are overweight and obese



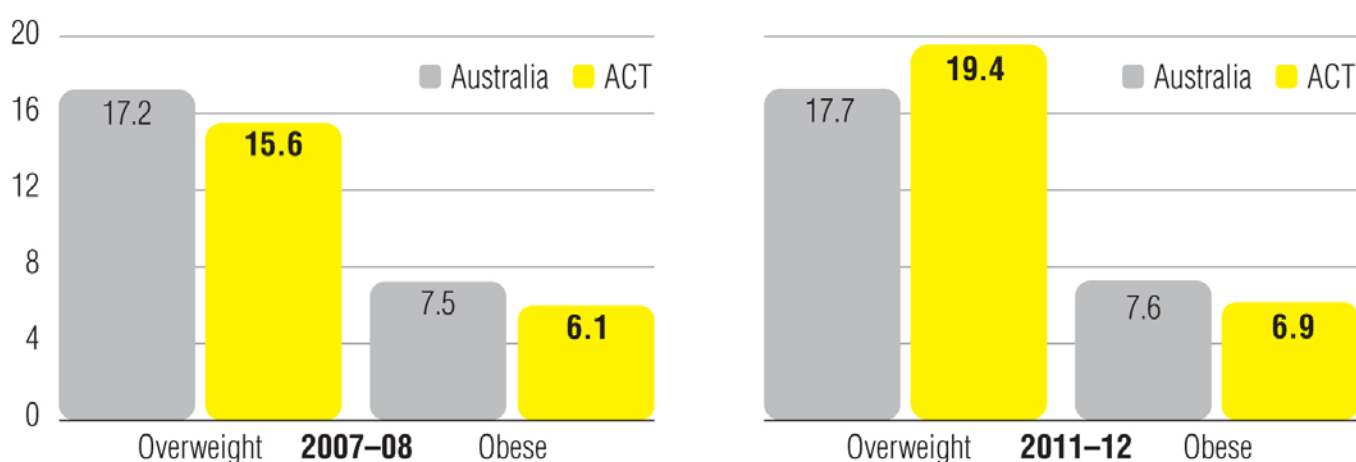
Indicator description	The proportion of ACT children and young people who are overweight or obese.	
What do we measure?	Measured (not self-reported) height and weight of children and young people in the ACT aged 5 to 17 years.	
Why is this important?	Children who are not sufficiently physically active and who do not have a balanced, well-proportioned diet are at risk of becoming overweight and obese. Increases in the number of children who are overweight or obese is now emerging as a serious global public health issue with the World Health Organization describing this increase as an epidemic in some countries. ²³ In Australia, the NHMRC estimates that between 20% and 25% of Australian children are now overweight or obese, an increase from 1985, where 10% to 12% were estimated as overweight or obese. ^{24,25}	
How is the ACT progressing?	<p>The trend in children being overweight or obese has remained relatively constant in Australia between the 2007–08 <i>National Health Survey</i> and the 2011–12 <i>Australian Health Survey</i>, however in the ACT there has been an increase in the percentage of children who are overweight.</p> <p>Overall, 26.3% of ACT children aged 5 to 17 years were overweight or obese in the 2011–12 survey compared to 21.7% in the 2007–08 survey. The percentage of children who were overweight in 2011–12 was 19.4% and 6.9% were obese compared to 15.6% and 6.1% respectively in 2007–08.</p>	

Figure 34: The percentage of ACT and Australian children aged 5 to 17 years who were overweight or obese, 2007–08 and 2011–12



Data sources: ABS, National Health Survey 2007–08: Summary of Results, ACT, 2007–08 cat. no. 4362.0,

National Health Survey: Summary of results, 2007–08 cat. no. 4364.0, Australian Health Survey: First Results, 2011–12 — Australian Capital Territory, cat. no. 4364.0, and Australian Health Survey: First Results, 2011–12 — Australia, cat. no. 4364.0.

Young people who use drugs

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



What do we measure? The proportion of secondary students (aged 12 to 17 years) who report current use of alcohol, tobacco and illicit drugs. The *ACT Secondary Students' Alcohol and Drug Survey* is conducted on a three-yearly basis with the most recently available survey data being for 2011.

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

Drinking alcohol in adolescence can be harmful to young people's physical and psychosocial development. Alcohol-related damage to the brain can be responsible for memory problems, inability to learn, problems with verbal skills, alcohol dependence and depression.²⁶

Young people are more at risk of motor vehicle accidents, injuries, accidental death and suicide whilst under the influence of alcohol and drugs. They are also highly susceptible to being victims of crime.²⁷

Tobacco use

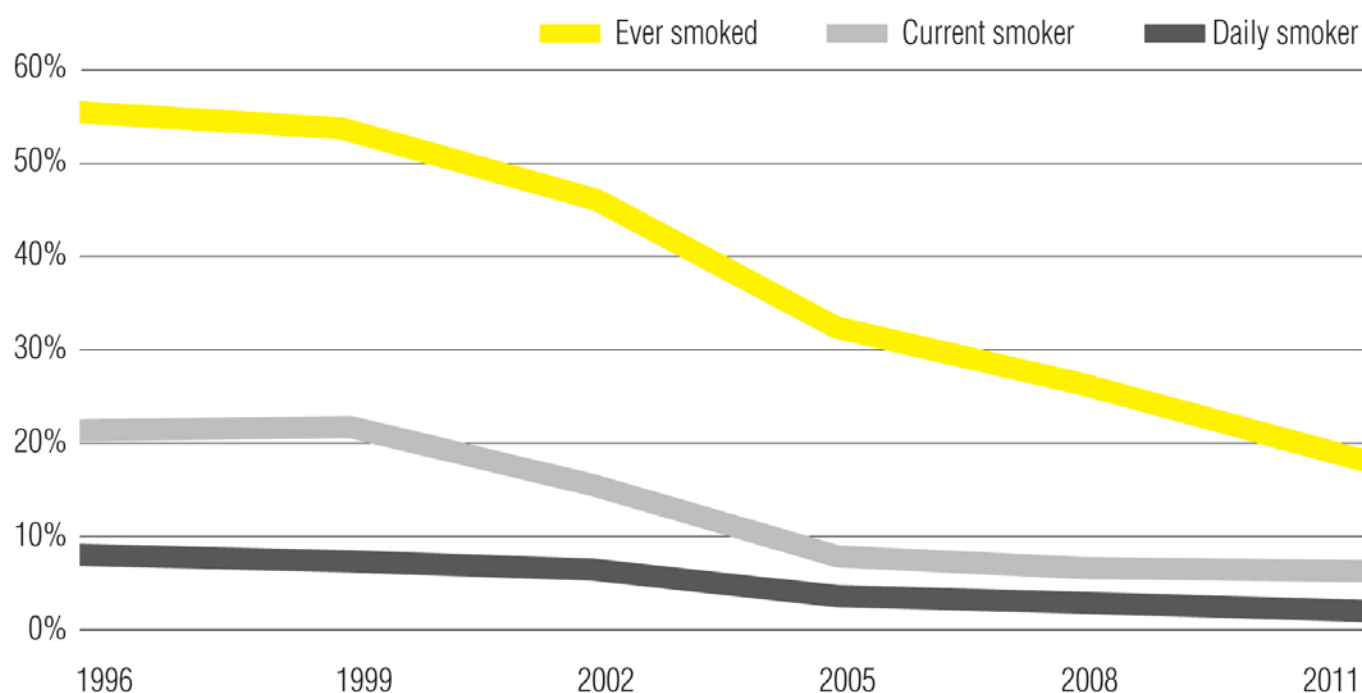
How is the ACT progressing? Tobacco smoking is one of the top risk factors for chronic disease including many types of cancer, respiratory disease and heart disease.²⁸ The prevalence of tobacco use in secondary students in the ACT has decreased steadily over time.²⁹



In 2011, 19.1% of all students surveyed reported having smoked at least once in their lifetime (a statistically significant decrease from 26.4% in 2008), 5.8% of students reported smoking cigarettes on at least one day in the seven days before the survey (current smokers), and 1.4% reported smoking cigarettes every day in the last seven days (daily smokers).

Although there have been continual decreases in current and daily smoking since 1996, the changes from 2008 to 2011 were not statistically significant.

Figure 35: Tobacco use, ACT secondary students (%), 1996–2011



Data source: ACT Health 2013, *Substance use and other health-related behaviours among ACT secondary students: results from the 2011 ACT Secondary Students' Alcohol and Drug Survey*, ACT Government, Canberra.

NOTE: Estimates for rates of daily smoking have changed slightly from previous reports due to coding changes.

Alcohol use

How is the ACT progressing?

Since 1999 there has been a steady decline in reported alcohol consumption amongst secondary students.³⁰

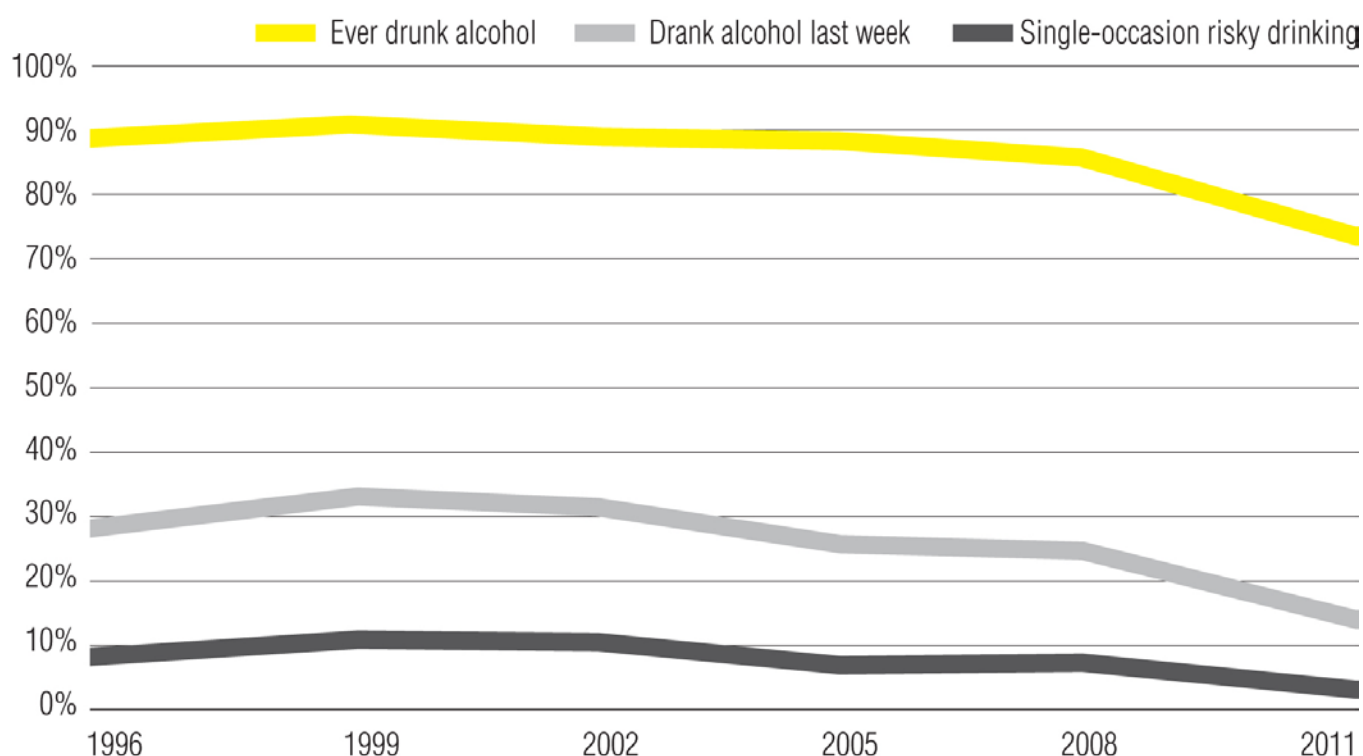


In 2011, 73.2% of students surveyed reported that they had consumed at least a few sips of alcohol in their lifetime. This was a statistically significant reduction from 85.9% in 2008.

There was a statistically significant decrease in the number of students consuming alcohol in the last seven days (current drinkers) from 24.2% in 2008 to 14.0% in 2011.

There was a statistically significant decrease in the number of students reporting single-occasion risky drinking (consuming more than four drinks on any one occasion) in the week preceding the survey from 8.1% in 2008 to 4.3% in 2011.

Figure 36: Alcohol consumption, ACT secondary students (%), 1996–2011



Data source: ACT Health 2013, *Substance use and other health-related behaviours among ACT secondary students: results from the 2011 ACT Secondary Students' Alcohol and Drug Survey*, ACT Government, Canberra.

Illicit substance use

How is the ACT progressing?

There has been a steady and statistically significant decline in students reporting having used at least one illicit substance in their lifetime since 1996.³¹

In 2011, 12.7% of students reported using an illicit drug at least once in their lifetime (a statistically significant decrease from 14.8% in 2008).

There has been a consistent and statistically significant decrease in the lifetime use of cannabis since 1996. In 2011, 11.0% of students reported that they had ever used cannabis (not a statistically significant change from 13.2% in 2008). There were statistically significant decreases in the lifetime use of ecstasy (3.8% in 2008 to 1.9% in 2011) and heroin or other opiates (1.8% in 2008 to 0.9%* in 2011). There were not significant changes in students' lifetime use of hallucinogens, amphetamines or cocaine (2.0%, 2.5% and 1.6% respectively in 2011).



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

Young people who have offended

Indicator description	The number of youth offenders per 100,000 of the ABS Estimated Resident Population in the ACT.
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What do we measure?	The youth offender rate measures the number of young offenders per 100,000 of the population and can be compared to offending rates across states and territories as well as over time. The young offender rate includes offenders aged between 10 and 19 years of age.
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Why is this important?	<p>This indicator is important because it provides an indication of trends in offending by young people. Importantly, it shows the proportion of young people in the population that commit offences, as well as the proportion of young offenders of the total offender population.</p> <p>During adolescence young people face new challenges, learn new skills and lead more independent lives. Risk taking behaviour can be part of this development. While many young people exhibit some risk taking behaviour, only a minority will come into contact with the criminal justice system.</p> <p>Young people's offending can be a concern to their families, schools and the wider community. Research indicates that young people who come into contact with the criminal justice system are more likely to go on to become adult offenders. The impacts to their lives through disruption to education, relationships with family and friends, employment and the stigmatisation from involvement in the criminal justice system, can lead to a range of poor outcomes. Young people are also more likely to be victims of crime, which can also lead to involvement in offending.³²</p> <p>The ACT Government emphasises diversion of young people away from the criminal justice system through the <i>Blueprint for Youth Justice in the ACT 2012–22</i>.</p> <p>Information from this indicator can inform government policies and services about initiatives that are effective in minimising young people's contact with the criminal justice system and reducing reoffending.</p>
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How is the ACT progressing?	The data for 2012–13 shows the rate of young people offending has continued to reduce and is at its lowest over the preceding four-year period.
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Figure 37: Rate of young people offending in the ACT, 2012–13

	2009–10	2010–11	2011–12	2012–13
Rate of young people offending	2,573.2	2,727.3	2,523.1	1,920.0

Data source: ABS, Recorded Crime — Offenders, 2012–13, cat. no. 4519.0. Data for the 2009–10, 2010–11 and 2011–12 reference years have been revised since the previous issue of this publication. The revisions are as a result of an improvement in the methodology used to determine an offender's principal offence. An offender whose principal offence is out of scope may not be included in the count if their secondary offence is in scope. All previous reference periods have been revised to ensure consistency and comparability of data between years.

NOTE: Caution should be exercised when interpreting data for the ACT as it includes data related to Criminal Infringement Notices (CINs). CINs were introduced in 2009 for a range of minor public order offences, including defacing premises, urinating in public, failing to comply with noise abatement direction and consuming liquor in a prescribed public place. CINs are aimed at having an immediate deterrent effect on an offender while providing an alternative to court action. If an offender has committed an offence in addition to a CIN, then that offender may be counted twice.

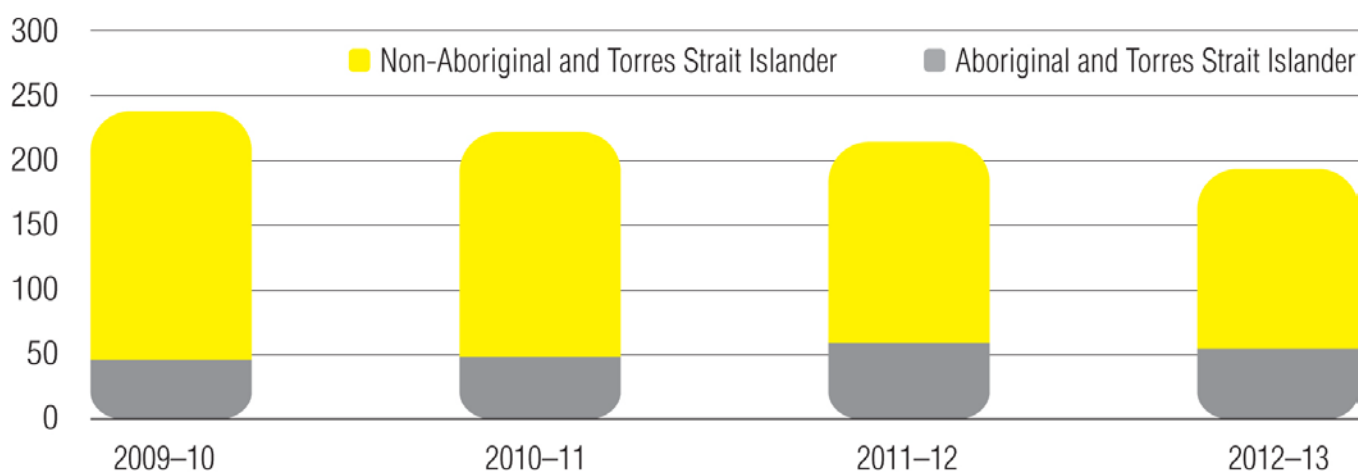
Young people under community-based supervision

Indicator description	A measure of the number of young people under community-based supervision in the ACT.
What do we measure?	The number of young people under community-based supervision in the ACT.
Why is this important?	<p>This indicator is important because it measures how many young people have been charged or convicted of a criminal offence and are ordered by the court to be supervised in the community by the Community Services Directorate. If a young person is under community-based supervision, the Community Services Directorate provides support and supervision for the young person.</p> <p>The ACT Government provides a range of programs to support and divert young people who are on supervised community-based orders. These programs target young people with drug and alcohol issues, disconnection from education and training, mental health issues and a need for accommodation, family connection and cultural support.</p> <p>This information can inform government policies and services about initiatives that are effective in minimising young people's contact with the criminal justice system and reduce reoffending by young people.</p>

How is the ACT progressing?	The number of young people aged 10 to 17 years under community-based supervision in the ACT has decreased to 195 young people in 2012–13. In 2011–12, 216 young people were under community-based supervision and in 2010–11 the number was 224.
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Figure 38: Young people under community-based supervision in the ACT by Aboriginal and Torres Strait Islander status, 2009–10 to 2012–13

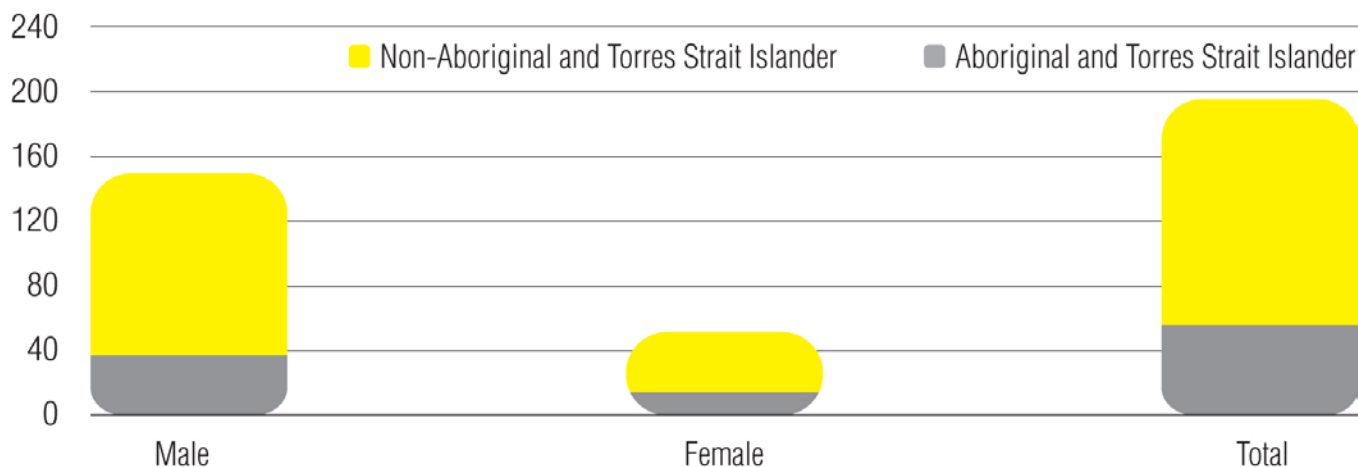


Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2012–13*.

NOTE: Trend data may differ from those published in previous reports due to data revisions.

There are more young men (149) than young women (46) under community-based supervision in the ACT. The proportion of Aboriginal and Torres Strait Islander young people relative to non-Aboriginal and Torres Strait Islander young people under community-based supervision was greater for young women (35%) relative to young men (25%).

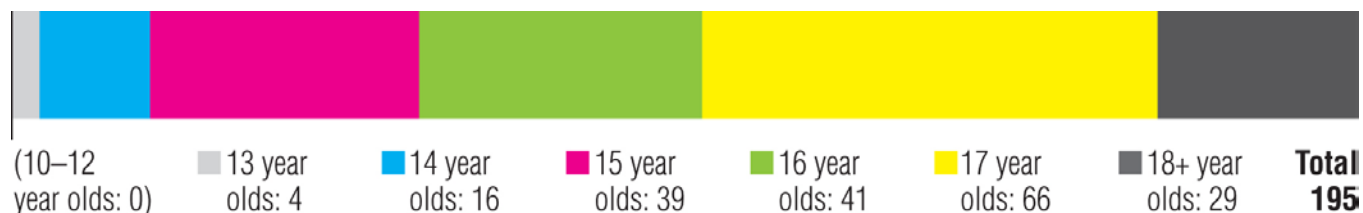
Figure 39: Young people under community-based supervision in the ACT by sex and Aboriginal and Torres Strait Islander status, 2012–13



Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2012–13*.

In the ACT, the average age of first community-based supervision is around 13 years of age, with the majority of young people supervised between 15 and 17 years of age.

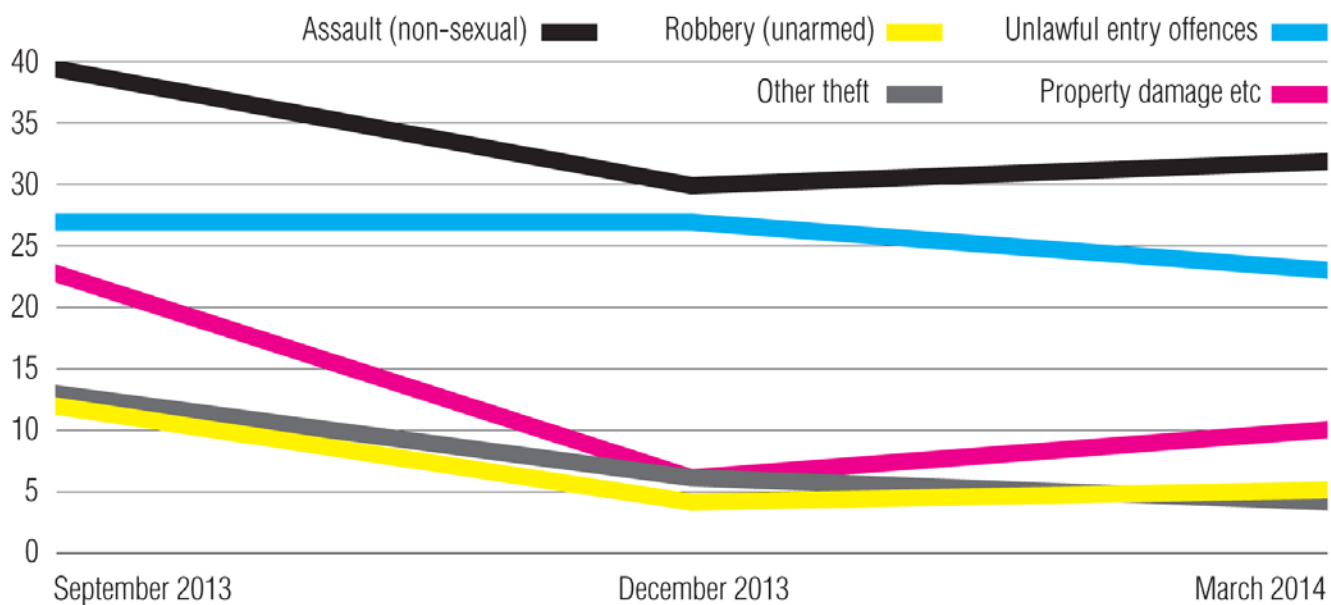
Figure 40: Young people under community-based supervision in the ACT by age, 2012–13



Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2012–13*.

Assault is the most common offence for young people under supervised community-based orders in 2012–13.

Figure 41: Top five most common offences for community-based supervision during the 2013–14 financial year (July 2013 to March 2014 published)



Data source: Criminal Statistical Profile, September 2013, December 2013 and March 2014

Young people under youth justice supervision

Indicator description The rate of young people under youth justice supervision aged 10 to 17 years, per 10,000 of the ABS population projections, ACT.

What do we measure? The number of young people per 10,000 of the population who are under youth justice supervision, both in the community and in detention. The rate can be compared to supervision rates for young people across states and territories, as well as over time. The rate includes young people aged between 10 and 17 years.

Why is this important? This indicator is important because it provides a measure of trends in supervision for young people. Importantly, it shows the proportion of young people in the population that are supervised by youth justice services within the Community Services Directorate.

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

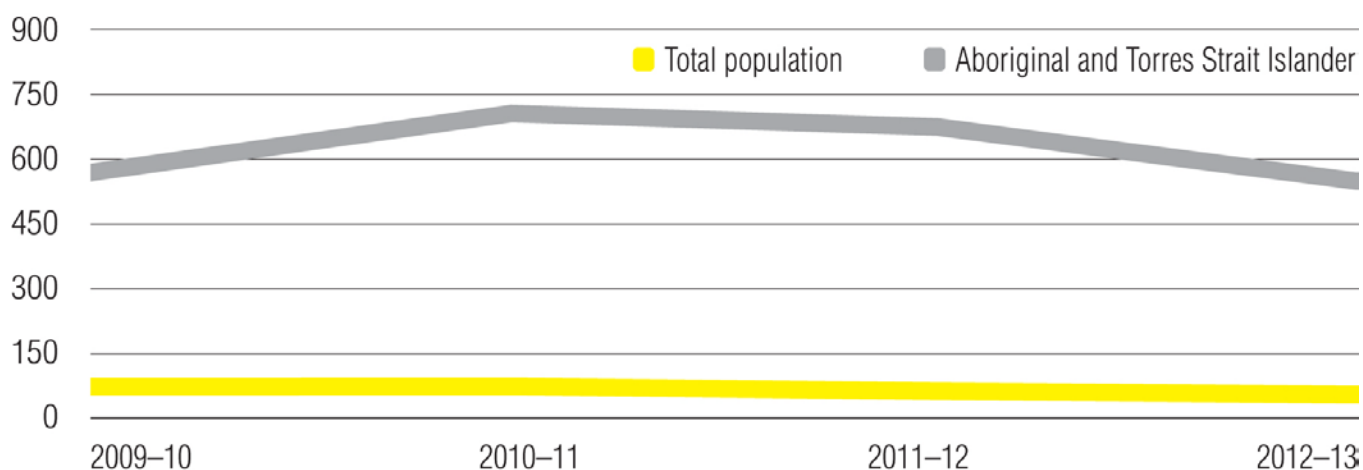
This information can inform government policies and services about initiatives that are effective in minimising young people's contact with the criminal justice system and reduce reoffending.

How is the ACT progressing? The data for 2012–13 shows the rate of young people under supervision has declined to 51.96 per 10,000 per population and is at its lowest rate for the preceding four-year period.

However, the rate of Aboriginal and Torres Strait Islander young people in the ACT under supervision remains the highest nationally, although there has been a decline over the four-year period, from a high in 2010–11 of 712.93 to 551.56 in 2012–13. The over-representation of Aboriginal and Torres Strait Islander young people is an ongoing challenge for the ACT and nationally.



Figure 42: Young people aged 10–17 in the ACT under supervision by Aboriginal and Torres Strait Islander status, 2009–10 to 2012–13 (rate per 10,000 of population)



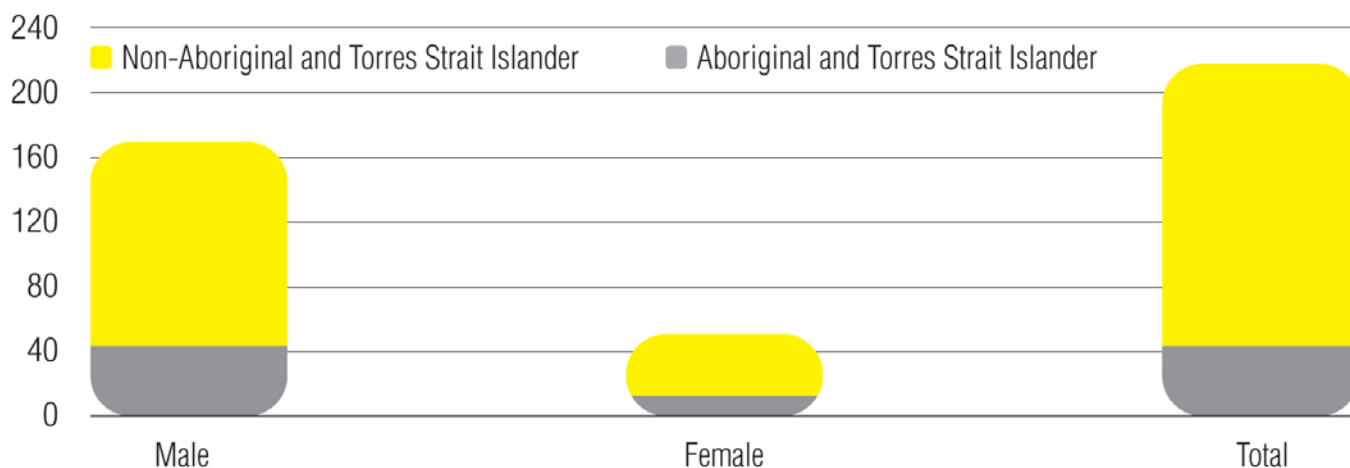
Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2012–13*.

NOTE: Trend data may differ from those published in previous reports due to data revisions.

Traditionally there are fewer young women under youth justice supervision than young men. This is consistent nationally and in the ACT where there has been a small downward trend in the number of young women under youth justice supervision.

There are more young men (168) than young women (50) experiencing youth justice supervision in the ACT and there is a higher proportion of Aboriginal and Torres Strait Islander young women (32%) than young men (26%).

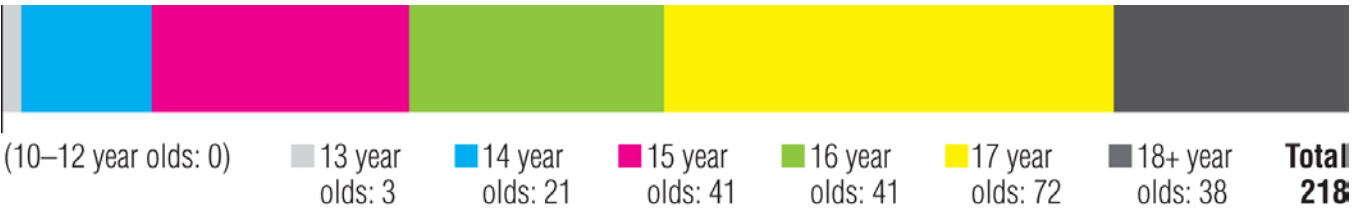
Figure 43: Young people under supervision in the ACT, by sex and Aboriginal and Torres Strait Islander status, 2012–13



Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2012–13*.

In the ACT the average age of first supervision is around 12 years of age, with the majority of young people supervised between 15 and 17 years of age.

Figure 44: Young people under supervision in the ACT by age, 2012–13

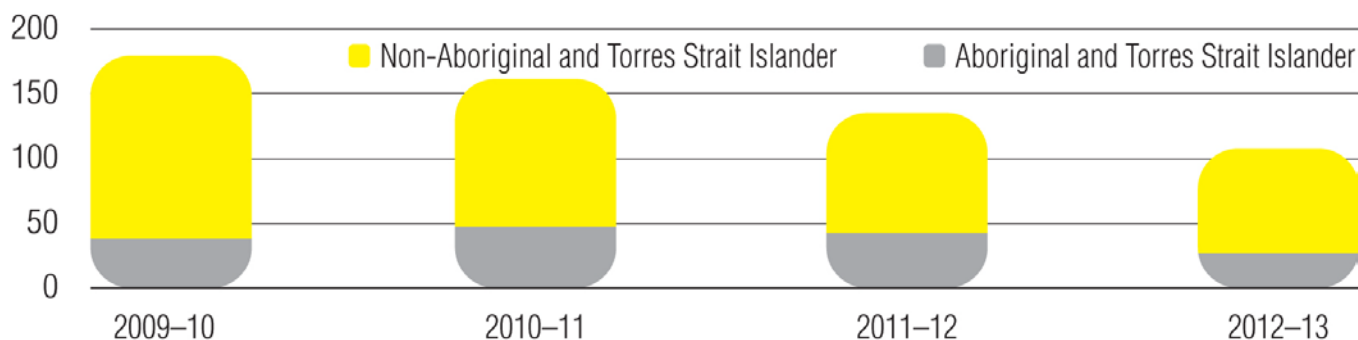


Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2012–13*.

Young people in youth justice facilities

Indicator description	A measure of the number of young people detained in the ACT.
What do we measure?	The number of young people (aged 10 to 17 years) detained at Bimberi Youth Justice Centre.
Why is this important?	<p>This indicator is important because it shows the number of young people who have been charged or convicted of a criminal offence and are ordered by the court (or police) to be detained at Bimberi.</p> <p>If a young person is in detention, the Community Services Directorate provides safe and secure accommodation, facilitates rehabilitation, and promotes the reintegration of young people into the community through a range of programs and services.</p> <p>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.³³ 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.</p> <p>This information can inform government policies and services about initiatives that are effective in minimising young people’s contact with the criminal justice system and reduce reoffending.</p>
How is the ACT progressing?	<div>The number of young people aged 10–17 years detained in Bimberi in the ACT has decreased to 104 young people in 2012–13. In 2011–12, 136 young people were in detention and in 2010–11 the number was 154.</div> <div></div>

Figure 45: Young people in detention in the ACT by Aboriginal and Torres Strait Islander status, 2009–10 to 2012–13

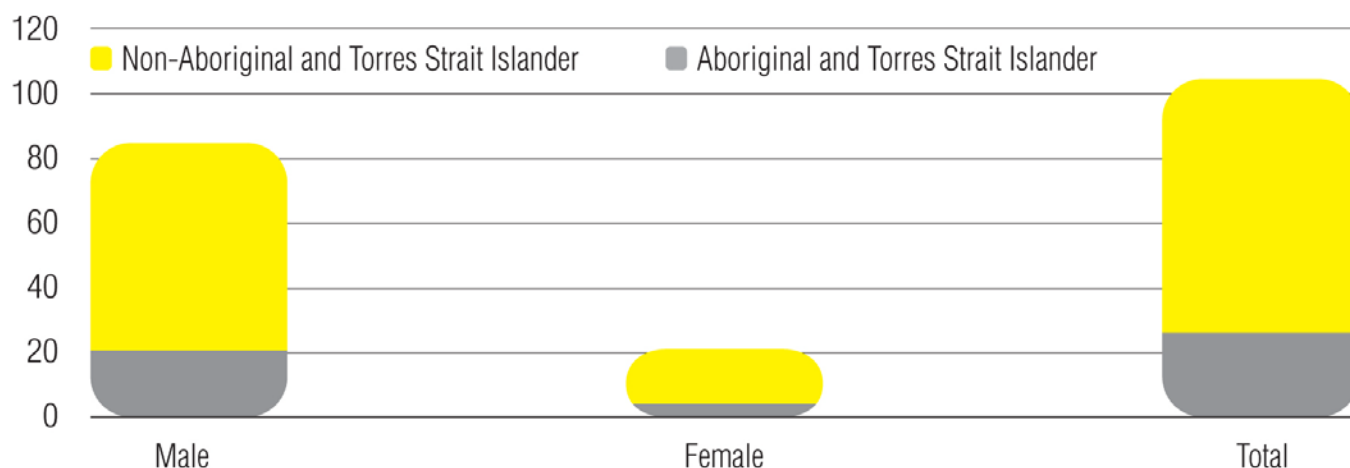


Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2012–13*.

NOTE: Previously the Criminal Statistical Profile was the data source for this indicator. The change in source data will provide consistency across youth justice indicators and allow for comparisons nationally. Trend data may differ from those published in previous reports due to data revisions.

There were more young men (83) than young women (21) experiencing detention in the ACT and there was a higher proportion of Aboriginal and Torres Strait Islander young men (25%) than young women (19%).

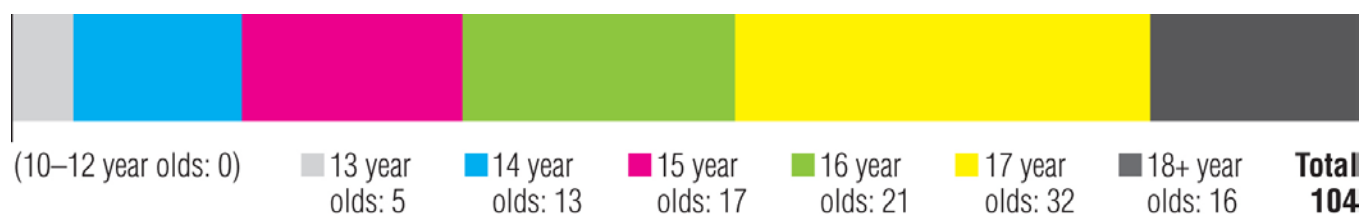
Figure 46: Young people in detention in the ACT by sex and Aboriginal and Torres Strait Islander status, 2012–13



Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2012–13*.

In the ACT, the average age of first detention is around 12 years, with the majority of young people under supervision aged between 15 and 17 years.

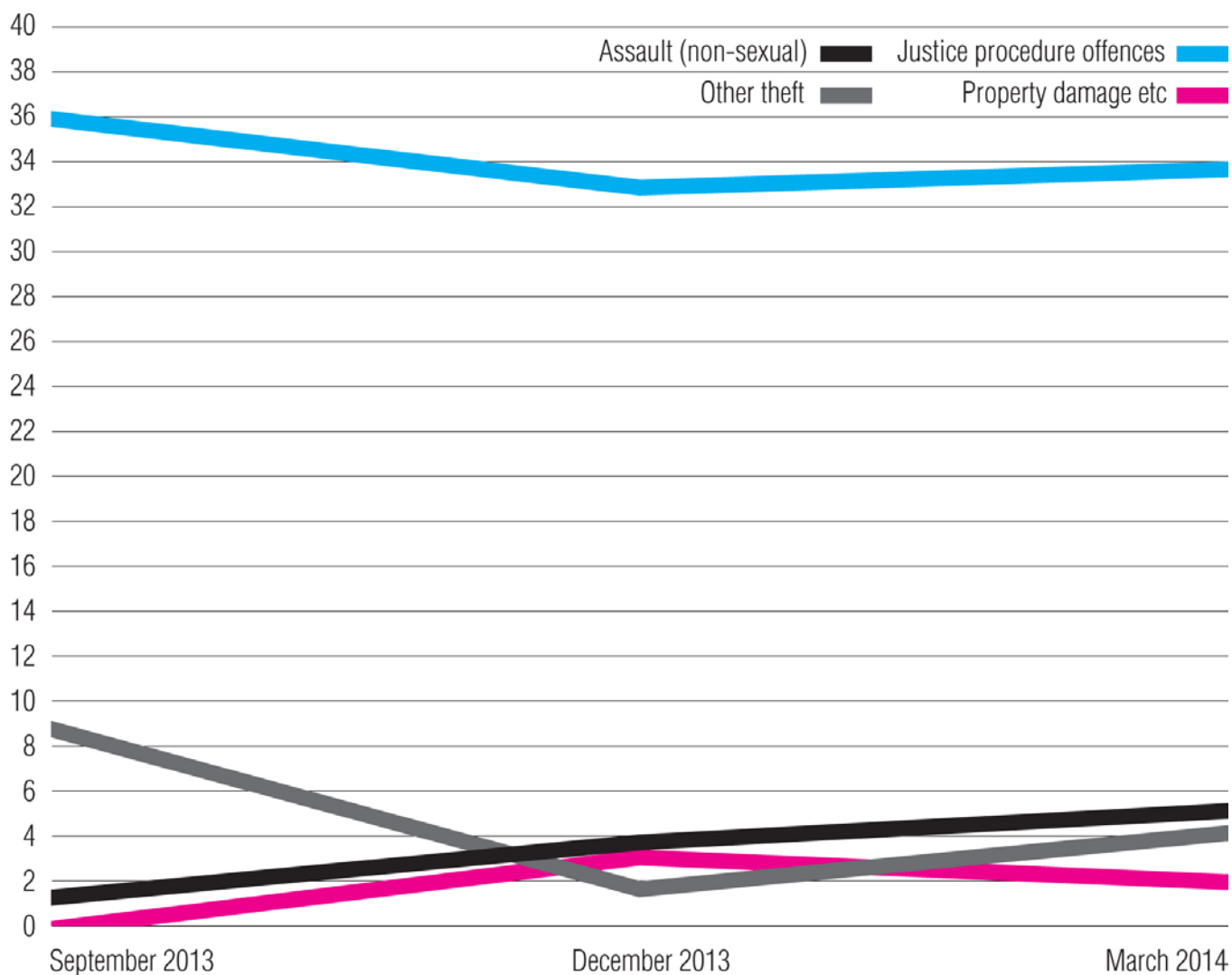
Figure 47: Young people in detention in the ACT by age, 2012–13



Data source: Australian Institute of Health and Welfare *Youth Justice in Australia 2012–13*.

The majority of young people in Bimberi are being held on breaches of an order (justice procedure offences).

Figure 48: Top four most common offences for detention during the 2013–14 financial year (July 2013 to March 2014 published)



Data source: Criminal Statistical Profile, September 2013, December 2013 and March 2014.

Part two: Families

Outcomes	Indicators
Families have access to sufficient material wellbeing	<ul style="list-style-type: none">▪ Parental employment status▪ Disposable household income▪ Family income spent on housing
Families are free from abuse and neglect	<ul style="list-style-type: none">▪ Substantiated child abuse▪ Children and young people on care and protection orders▪ Children and young people in out of home care
The individual needs of families are recognised and supported	<ul style="list-style-type: none">▪ Teenage fertility▪ ACT children's level of reading, writing and numeracy by parental education



**Performance
improving**



**Performance
worsening**





**Performance
maintaining**



**No new data
available**

Parental employment status

Indicator description	An indicator of the employment status of parents in the ACT, whether they are sole or dual income families.	
What do we measure?	Family composition and labour force status of parents/partners, one parent, or a couple with children.	
Why is this important?	Parental employment status is an important indicator to assess the usage of child care, time spent and connection with children and the overall wellbeing of children and parents. It is important for government to know for planning and informational purposes.	
How is the ACT progressing?	<p>2011 Census data shows that since 2001, the number of one-parent families, couple families with no children and couple families with children who are employed has increased.</p> <p>From 2006 to 2011, the proportion of one-parent families employed full-time increased by 11%; however, the proportion of one-parent families employed part-time decreased by 0.5%. The proportion of couples with children who worked full-time increased 12% and increased by 13% for those who worked part-time. Couples with children with one partner working full-time/part-time also increased (up 9%). The number of one-parent families stating they were unemployed reduced by 10%. Couples with children stating they both were not working also reduced by 4%.</p>	

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

Disposable household income

Indicator description

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



What do we measure?

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

Why is this important?

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

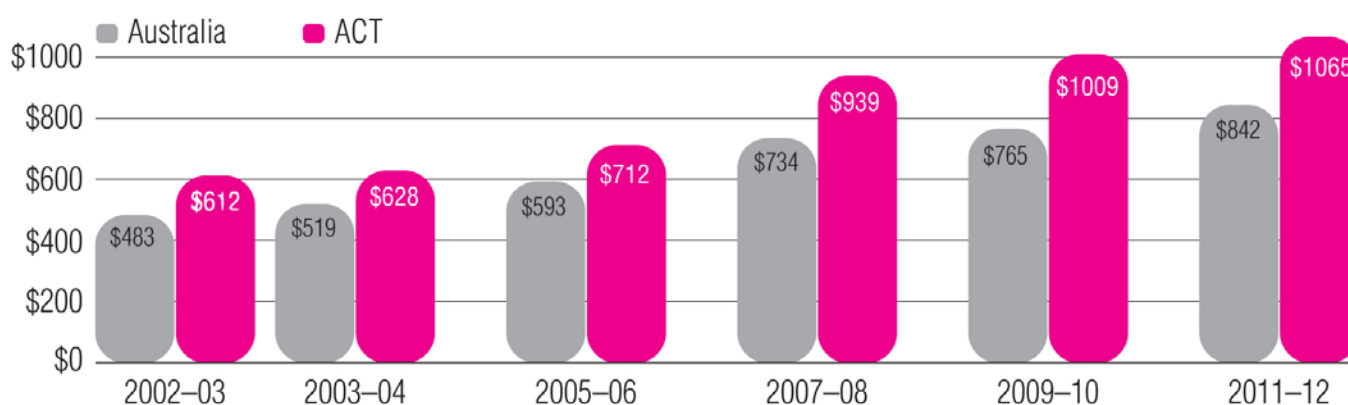
How is the ACT progressing?

As at 2011–12, the median equivalised disposable household income per week was recorded as \$1,065 in the ACT, in comparison to \$842 as a nationwide average of capital city states and territories. The median equivalised disposable household income per week in the ACT has increased by 74% since 2002–03.





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

Figure 49: Median equivalised disposable household income in the ACT and Australia



Data source: ABS, Household Income and Income Distribution, 2012, cat. no. 6523.0 collected from the Survey of Income and Housing.

Family income spent on housing

Indicator description	The percentage of the total gross household income in the ACT that is spent on housing-related costs.		
What do we measure?	Housing costs reported in Housing Occupancy and Costs (ABS cat no. 4130.0) covers housing-related mortgage payments, rates payments (general and water) and rent payments. The gross household income is then used to derive what proportion of family income is spent on housing costs. The data presented are compiled from the Survey of Income and Housing (SIH).		
Why is this important?	For most families, whether owning or renting, the cost of housing involves a substantial expenditure throughout their lives. As each household goes through its life-cycle different housing and housing costs are experienced. The proportion of gross income spent on housing is an important indicator of wellbeing, as the income left can be used for other essential items such as food, health services, education and transport costs.		
How is the ACT progressing?	<p>The total gross mean household income spent on housing costs in 2011–12 in the ACT was 14% which is the same as the national figure. This was a 1% increase in the ACT since 2009–10. National figures remained the same.</p> <p>In 2009–10, 13% of gross household income was spent on housing in the ACT compared to 14% nationally.</p> <p>In 2011–12, home owners with a mortgage spent 16% of their gross income on housing costs in the ACT and 18% nationally, which is the same as the 2009–10 percentages.</p> <p>Home owners without a mortgage spent the lowest proportion of their gross income on housing costs, 2% in the ACT and 3% nationally. The same percentages were reported in 2009–10.</p> <p>Renters in the ACT spent 19% of their gross income on housing costs, compared with 19% nationally. This is a 1% increase in the ACT and a 1% decrease in the national figures from the 2009–10 reporting period.</p> <p>ACT public housing tenants reported in 2011–12, that 19% of their income was spent on housing costs, an increase of 1% from 2009–10. In 2007–08 this percentage was 22%. Nationally public housing tenants reported 19% of their income was spent on housing costs.</p>		

Substantiated child abuse


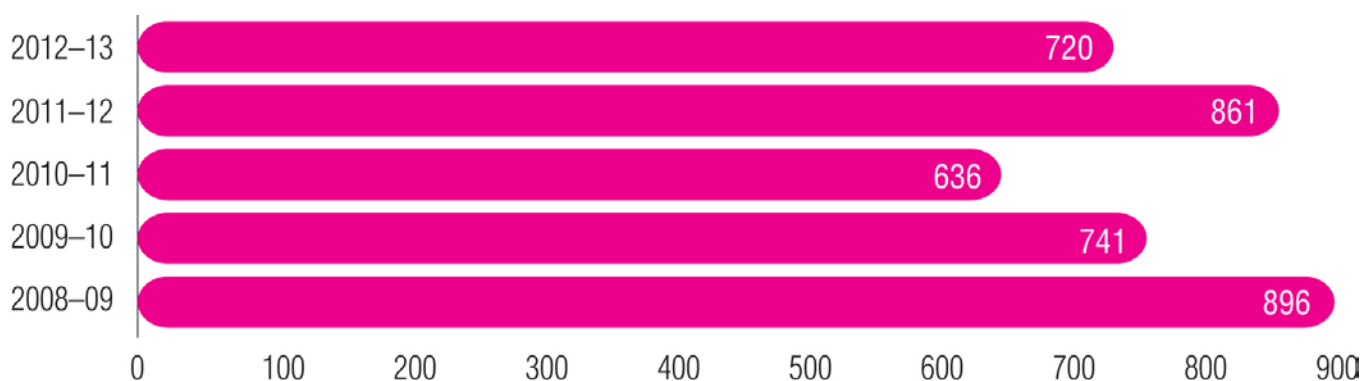
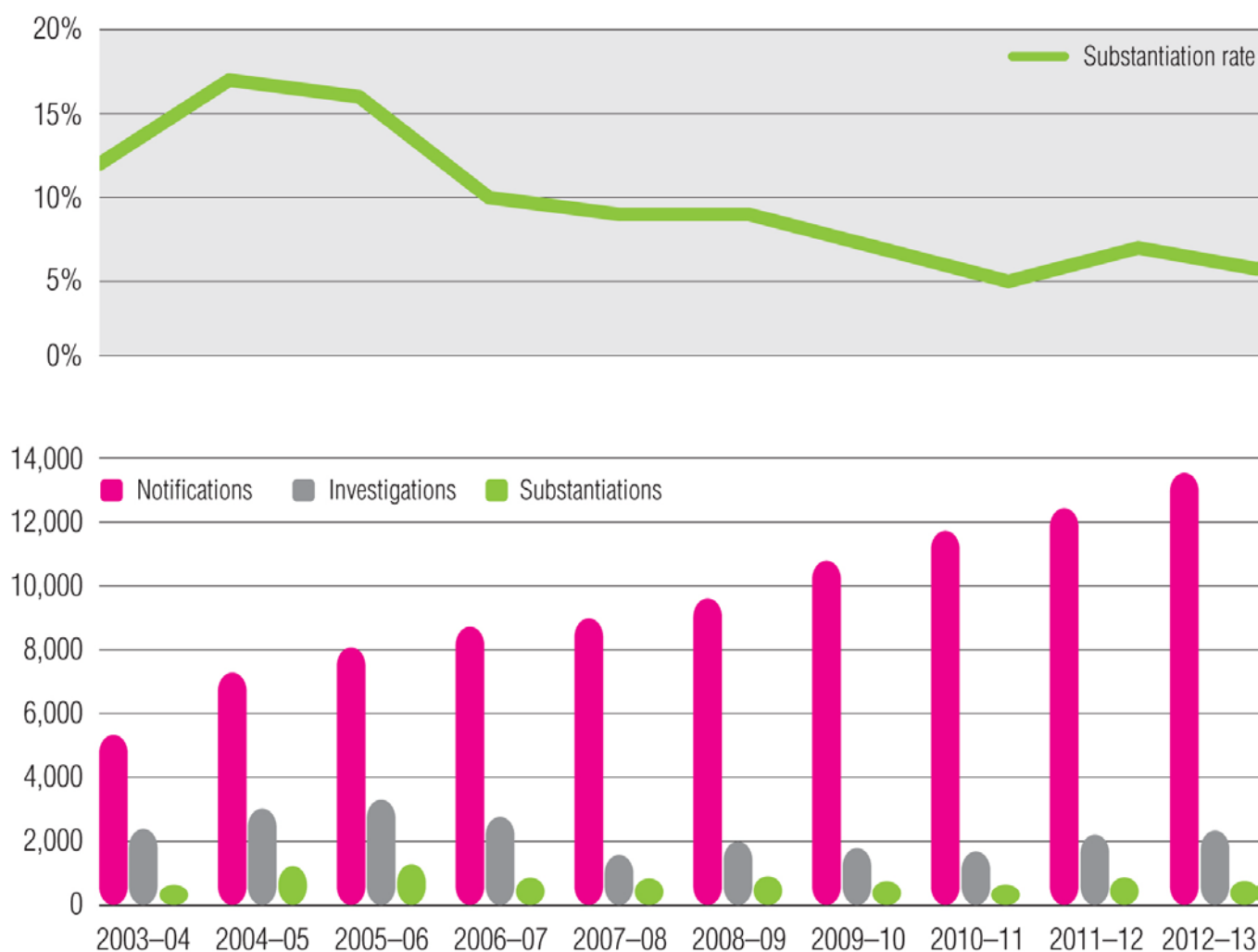
Indicator description	The number of child protection reports received during the year that were subsequently appraised and substantiated within the ACT.
What do we measure?	Under section 360 of the <i>Children and Young People Act 2008</i> , Care and Protection Services will investigate a child protection report. An appraised report is substantiated when the matter reported meets the criteria as set out in sections 342 and 343 of the <i>Children and Young People Act 2008</i> .
Why is this important?	<p>Children are more likely to have enhanced health and wellbeing outcomes when they grow up in nurturing and supportive home environments. The immediate and long-term outcomes for children who have experienced abuse, or neglect are often poor, compared to those of children raised in supportive and secure environments.³⁴</p> <p>In the ACT, Care and Protection Services have a crucial role in ensuring children grow up in nurturing and supportive home environments. Care and Protection Services will investigate a child protection report, and on the basis of evidence and professional judgement, establish if a child or young person has been, is being, or is likely to be abused, neglected or otherwise harmed. To ensure the ongoing safety of children and young people, it is crucial that the appraisal process involves working with families to resolve protective concerns for all children. This measure can assist in improving community and Care and Protection Services response to increased child protection reporting rates.</p>
How is the ACT progressing?	<p>During 2012–13 there were 720 child protection reports that were subsequently substantiated. Previous numbers of substantiated child protection reports are: 861 (2011–12); 636 (2010–11); 741 (2009–10); and 896 (2008–09).</p> 

Figure 50: Investigated and substantiated cases of child abuse 2008–09 to 2012–13



Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

Figure 51: Child protection notification, investigations and substantiations 2002–03 to 2012–13



Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

Figure 52: Substantiated child protection reports by age group, 2012–13

	Years of age					
	<1	1–4	5–9	10–14	15–17	Total
Number	71	120	141	119	42	494

Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

NOTE: The <1 category excludes unborn children (1). These children are included in the totals. This child was unborn at time of report, but born by commencement of the investigation.

Figure 53: Substantiated child protection reports by sex, 2012–13

	Male	Female	Unknown	Total
Number	234	260	-	494

Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

Figure 54: Substantiated child protection reports by Aboriginal and Torres Strait Islander status, 2012–13

	ATSI	Non-ATSI	Unknown %	Total*
Number	84	309	20.4%	494

Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

NOTE: Disaggregates available are for the number of children subject to substantiations in the period rather than the number of substantiations made as measured above.

* 'Total' includes children whose Indigenous status was unknown (101).

Children and young people on care and protection orders

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

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

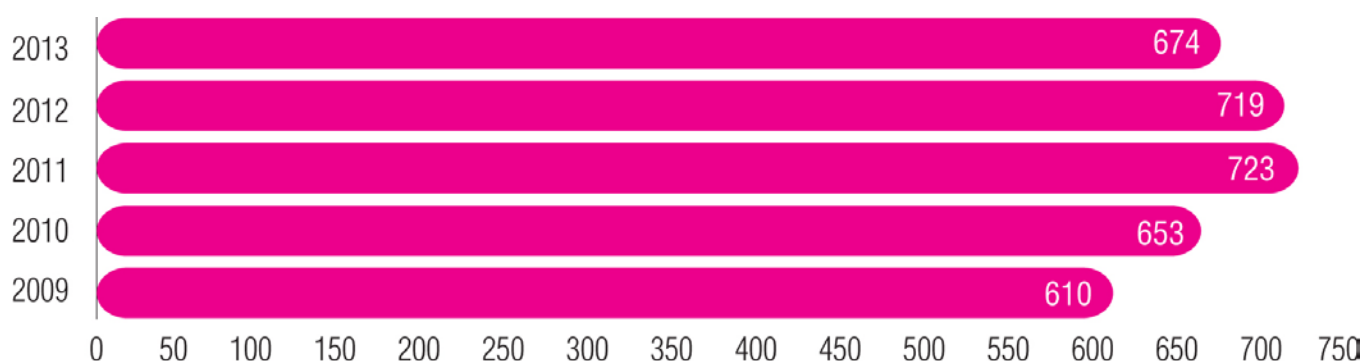
Why is this important? It is recognised that children's best interests are served by being in the care of their parents/family, if their developmental, emotional and safety needs are being met. However, this may not be the case for some children and it may be deemed necessary for them to enter into the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

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

How is the ACT progressing? As of 30 June 2013, 674 children and young people were on a care and protection order. This is a 3% decrease from June 2012, where 719 children and young people were on a care and protection order. Increasing numbers of children on care and protection orders continues as a national trend, due to the cumulative effect of children entering the care and protection system at a young age and remaining on long term orders.



Figure 55: Total number of children and young people on care and protection orders as of June 2009, June 2010, June 2011, June 2012 and June 2013



Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

Figure 56: Children on care and protection orders by age group at 30 June 2013

	Years of age					Total
	<1	1–4	5–9	10–14	15–17	
Number	18	141	220	184	111	674

Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

Figure 57: Children on care and protection orders by sex at 30 June 2013

	Male	Female	Unknown	Total
Number	354	320	-	674

Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

Figure 58: Children on care and protection orders by Aboriginal and Torres Strait Islander status at 30 June 2013

	ATSI	Non-ATSI	Total*
Number	169	481	674

Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

* 'Total' includes children whose Indigenous status was unknown (24).

Children and young people in out of home care

Indicator description	<p>A measure of ACT children and young people (aged 0 to 17 years) who have been placed in an out of home care placement by Care and Protection Services. Out of home care includes foster care, kinship care and residential/refuge placements.</p>
What do we measure?	<p>The number of children residing in an out of home care placement at 30 June 2013. This includes children on care and protection orders and those not on care and protection orders where the Community Services Directorate makes a payment for their overnight care.</p> <p>This measure does not include children case managed by Care and Protection Services where a care and protection order has been issued to another state or territory. Data on young people who reside independently is also not included.</p>
Why is this important?	<p>If a child or young person is placed in the care of the Director-General, Community Services Directorate, all reasonable attempts will be made to support the child being in the care of their extended family. This is important to maintain the child's sense of identity and family connectedness. However, it may not always be possible, or appropriate, for a child to be placed in kinship care.</p> <p>Having assumed parental responsibility, the Director-General needs to ensure that all children and young people are placed in suitable accommodation for their age and circumstances. This may range from foster care to supported independent living. This measure is important in showing the demand for different types of out of home care and is relevant to assist agency planning for resource allocation.</p>
How is the ACT progressing?	<p>Relative to 2012 (566), there was a decrease in the number of children placed in out of home care in 2013 (558). However, the data shows an increase in out of home care placements over the past four reporting periods. When looking at the type of placement over the four reporting periods, kinship care and other home-based care have increased over time, whereas placement in foster care and residential care have decreased.</p> <p>As at 30 June 2013, of the 558 children placed in out of home care, 291 were in kinship care (52.1%); 209 were in foster care (38.5%) and 38 were in residential care (6.8%). Twenty children (3.6%) were identified as being in other home-based care.</p>



Figure 59: Proportion of children residing in out of home care placements by type as at June 2010, June 2011, June 2012, and June 2013

Year	Type out of home care placement									
	Kinship care		Foster care		Residential care		Other home-based care		Total	
	No.	%	No.	%	No.	%	No.	%		
2013	291	52.1	209	38.5	38	6.8	20	3.6		558
2012	292	51.6	218	38.5	33	5.8	22	3.8		566
2011	280	51.9	214	39.6	45	8.3	1	0.2		540
2010	266	50.0	219	41.2	47	8.8	n/a	n/a		532

Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

Nationally, the rate of Aboriginal and Torres Strait Islander children in out of home care placements was ten times the rate for non-Aboriginal and Torres Strait Islander children.

In ACT, the rate of Aboriginal and Torres Strait Islander children in out of home care was 13 times the rate than for non-Aboriginal and Torres Strait Islander children. Of all Aboriginal and Torres Strait Islander children in out of home care in the ACT, 55.7% lived with relatives or kin, and a further 4.3% lived in another Indigenous care arrangement.

Figure 60: Children in out of home care by age group at 30 June 2013

	Years of age					
	<1	1–4	5–9	10–14	15–17*	Total
Number	15	118	184	155	86	558

Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

* The age category 15–17 includes three young people aged 18 years.

Figure 61: Children in out of home care by sex at 30 June 2013

	Male	Female	Unknown	Total
Number	301	257	-	558

Data source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

Figure 62: Children in out of home care by Aboriginal and Torres Strait Islander status at 30 June 2013

	ATSI	Non-ATSI	Total*
Number	140	399	558

Date source: ACT unpublished datasets prepared for the Australian Institute for Health and Welfare to report in *Child Protection Australia 2012–13*.

* 'Total' includes children whose Indigenous status was unknown (19).

Teenage fertility


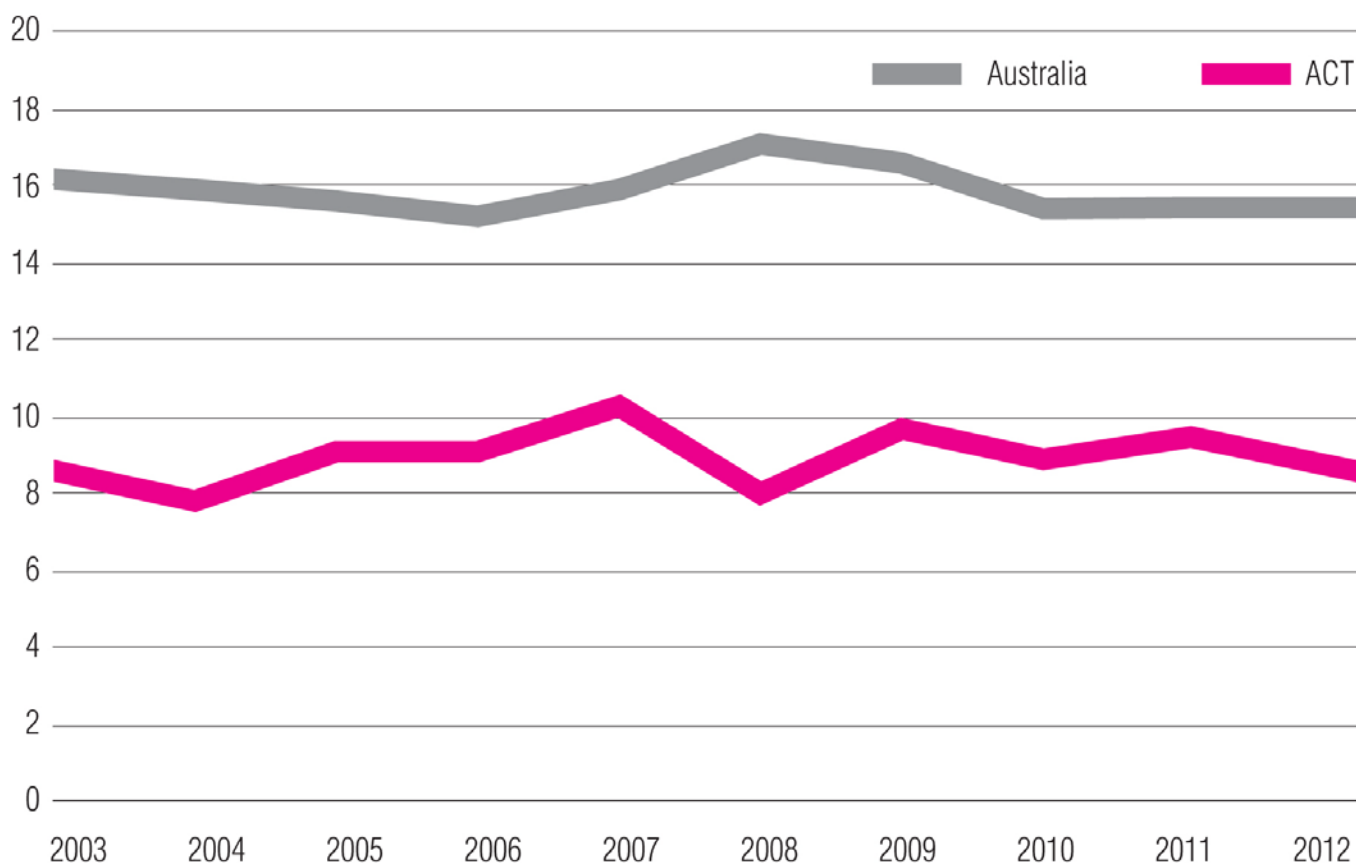
Indicator description	The annual number of live births to women aged 15 to 19 years old per 1000 females in that age group.
What do we measure?	The number of live births by age of mother and the ACT resident female population of that age.
Why is this important?	Teenage pregnancy is recognised both in Australia and internationally as an important risk factor for both obstetric and perinatal outcomes and also poor social outcomes for both mother and child.
How is the ACT progressing?	<p>The ACT has one of the lowest teenage fertility rates in Australia.³⁵</p> <p>The fertility rate for teenage women has been consistently low in the ACT. Between 2003 and 2012, the ACT teenage fertility rate remained significantly lower than the national rate.</p> 

Figure 63: Teenage fertility rate, 2003–12



Data source: ABS 2013. *Births, Australia, 2012*. cat. no. 3301.0.

NOTE: Fertility rate refers to the age specific fertility rate for 15 to 19 year old females.

ACT children's level of reading, writing and numeracy by parental education

Indicator description	The proportion of ACT children at or above national minimum standards in reading, writing and numeracy, by parental education level.
What do we measure?	The proportion of ACT children in year 3 achieving at or above the minimum standards in reading, writing and numeracy by parental education levels. This information is based on the <i>National Assessment Program Literacy and Numeracy, National Report for 2010, 2011 2012 and 2013</i> . The higher level of education that either parent has completed is reported.
Why is this important?	<p>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.³⁶</p> <p>Research has indicated that children whose mothers did not complete secondary school, for example, are at substantially greater risk of having low literacy scores.³⁷</p>
How is the ACT progressing?	<p>Results within the ACT indicate that a higher proportion of students in year 3, whose parents have a bachelor or diploma, are at or above the national minimum standard when compared to the proportion of students whose parents have a year 11 equivalent. This reflects the wider trends within Australia.</p> <p>It is important to note that these results are only indicative since parental education data was not available for a percentage of students: In 2011 parental education data was not available for 15% of ACT students and 11% of year 3 students nationally. In 2012 the percentages were 11% of ACT year 3 students and 9% of year 3 students nationally and in 2013, 8% of ACT year 3 students and 8% of year 3 students nationally.</p>



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

Figure 64: Proportion (%) of students in year 3 achieving at or above national minimum standards in reading by parental education within the ACT and Australia for 2010, 2011, 2012 and 2013

	2010		2011		2012		2013	
Parental education	ACT	Australia	ACT	Australia	ACT	Australia	ACT	Australia
Bachelor	97.7	97.8	97.3	97.8	97.7	97.8	97.4	98.3
Diploma	96.3	96.1	95.5	96.1	94.1	95.9	96.3	96.8
Certificate	93.9	94.1	93.0	93.7	94.4	93.5	94.7	95.3
Year 12	95.2	93.7	95.4	93.2	94.5	92.8	94.6	94.7
Year 11	90.5	86.9	87.0	86.1	87.4	84.9	90.9	88.6
Not stated	95.1	89.4	95.6	88.5	96.6	87.7	94.4	89.8

Figure 65: Proportion (%) of students in year 3 achieving at or above national minimum standards in writing* by parental education within the ACT and Australia for 2010, 2011, 2012 and 2013

	2010		2011		2012		2013	
Parental education	ACT	Australia	ACT	Australia	ACT	Australia	ACT	Australia
Bachelor	97.7	98.0	97.3	98.0	97.8	98.1	96.7	97.8
Diploma	97.0	97.2	95.3	97.2	94.8	97.1	95.9	96.6
Certificate	95.7	96.4	94.7	95.6	95.5	95.7	93.8	95.1
Year 12	97.0	95.8	96.0	95.3	95.5	95.1	95.9	94.6
Year 11	91.2	90.8	91.3	90.0	90.5	89.3	87.4	88.5
Not stated	96.2	91.5	96.8	90.6	95.8	89.7	93.5	88.0

* A new persuasive writing style was introduced in 2011. The writing results for 2011, 2012 and 2013 should not be directly compared to the NAPLAN assessment results of earlier years.

Figure 66: Proportion (%) of students in year 3 achieving at or above national minimum standards in numeracy by parental education within the ACT and Australia for 2010, 2011, 2012 and 2013

	2010		2011		2012		2013	
Parental education	ACT	Australia	ACT	Australia	ACT	Australia	ACT	Australia
Bachelor	98.1	97.9	97.7	98.3	98.1	98.0	97.7	98.5
Diploma	96.9	96.3	96.5	97.2	94.4	96.2	97.0	97.2
Certificate	95.4	94.6	93.9	95.8	94.9	93.8	94.8	95.8
Year 12	96.1	94.1	96.1	95.2	95.3	93.0	95.2	95.2
Year 11	91.1	87.8	91.9	90.1	88.9	85.1	91.9	89.2
Not stated	96.5	90.1	96.9	92.0	96.7	87.7	95.5	90.2

Data Source: Australian Curriculum, Assessment and Reporting Authority, *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010, 2011, 2012 and 2013*, www.acara.edu.au

The higher percentage of missing data, the less informative are the results for other areas.

Part three: Community, environments and services

Outcomes	Indicators
Accessible local recreation spaces, activities and community facilities	<ul style="list-style-type: none">Children and young people living in neighbourhoods with good parks, playgrounds and play spacesChildren registered as library users
Adequate family support services to meet the needs of parents	<ul style="list-style-type: none">Families who care for a child/young person with a disability accessing services through Therapy ACTFamilies accessing coordinated locally-based services through the Child and Family Centres
Supportive and connected communities	<ul style="list-style-type: none">Children’s participation at cultural activities, events or venuesFamilies attending at least one cultural venue or event in the preceding yearYoung people who volunteer



Performance improving



Performance worsening



Performance maintaining



No new data available

Children and young people living in neighbourhoods with good parks, playground and play spaces

Indicator description	Measure of the levels of usage of neighbourhood parks and play spaces across the ACT.
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What do we measure?	The percentage of urban residents and visitors who used neighbourhood parks or play spaces in the preceding year.
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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.
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How is the ACT progressing?	These local neighbourhood play spaces provide for a range of users, with the target age group being 0–9 years with a guardian accompanying. Central neighbourhood play spaces cater for a range of users, with the target age group being 10–14 years, sometimes accompanied by a guardian.
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The 2012–13 Market Attitude Research Services Survey found that approximately 64% of ACT residents regularly visited neighbourhood parks, which is a slight decrease when compared with 2011–12 (67%), but the same as usage measured in 2010–11 (64%).

The findings of the 2013–14 survey indicated that visits to neighbourhood parks increased from 64% to 75% during the year, which is similar to 2009–10 which had a 74% visitation rate.

Data sources: 2012–13 Market Attitude Research Services Briefing Report, Parks and City Services; TAMS and 2013–14 Market Attitude Research Services Summary Report, Parks and City Services; TAMS.

Children registered as library users


Indicator description	A measure of the number of children and young people living in the ACT who are registered library users.
What do we measure?	The number of children and young people (aged 0 to 24 years) who are registered members of an ACT Public Library managed by Libraries ACT. Also measured is the number of children and young people who participated in programs run or organised by Libraries ACT.
Why is this important?	<p>A child's access to a range of learning opportunities, including language and literacy activities, is integral to their early development. Activities such as shared reading, exposure to print and language activities and games are influential in a child's early literacy development.³⁸ As children grow, reading remains a crucial factor in their success in education and life.</p> <p>Public libraries play an important role in the development of early literacy skills through shared book reading and exposing children to various forms of print, encouraging all members of the family to read and exposing children and families to songs and rhymes. They also provide an avenue to access a vast array of books and other resources that encourage a lifelong engagement with reading.</p> <p>Monitoring the number of children and young people who are registered members of an ACT public library is important information for Libraries ACT in planning programs and services as well as profiling collections aimed at children.</p>
How is the ACT progressing?	<p>As of May 2013, there were 62,330 children and young people (aged 0 to 24 years) who were registered library members of Libraries ACT. This represents 28.1% of the total number of library members.</p> 

Figure 67: Number of registered library members by age (July 2013 – May 2014)

	Age range				
	0–4	5–9	10–14	15–19	20–24
Number of members	2,657	8,909	12,159	17,545	21,060

Data source: ACT Government Library Database, May 2014.

NOTE: This is the fourth year Libraries ACT has reported on this indicator but it is the important to note that the age range reported in the figure above has increased to 0–24 years where previously it was 0–15 years. This change means that comparability of data from 2013 and 2014 cannot be made.

In addition to library membership, Libraries ACT run a range of successful early childhood programs to promote early literacy.

As of June 2014, over 70,998 children and carers participated in early childhood literacy programs 'Giggle and Wiggle' and 'Story Time'. 'Giggle & Wiggle' is for children aged from birth to 2 and 'Story Time' is for children aged 3 to 5 years.

Figure 68: Participant numbers for Giggle and Wiggle and Story Time, 2012–13 and 2013–14

	2012–13	2013–14
Giggle and Wiggle	29,464	38,960
Story Time	28,043	25,362

Data source: ACT Government Library Database, June 2014

Children and young people also engaged in a number of other programs organised by Libraries ACT that promote literacy and reading including school holiday programs, author visits and other programs. As of April 2014, 5604 children and young people participated in these programs.

Families who care for a child or young person with a disability accessing services through Therapy ACT

Indicator description The number of ACT families with a child or young person with a developmental delay or disability who receive support from Therapy ACT in a 12-month period.

What do we measure? The number of Therapy ACT clients aged between 0 and 25 years who had an open case in a 12-month period.

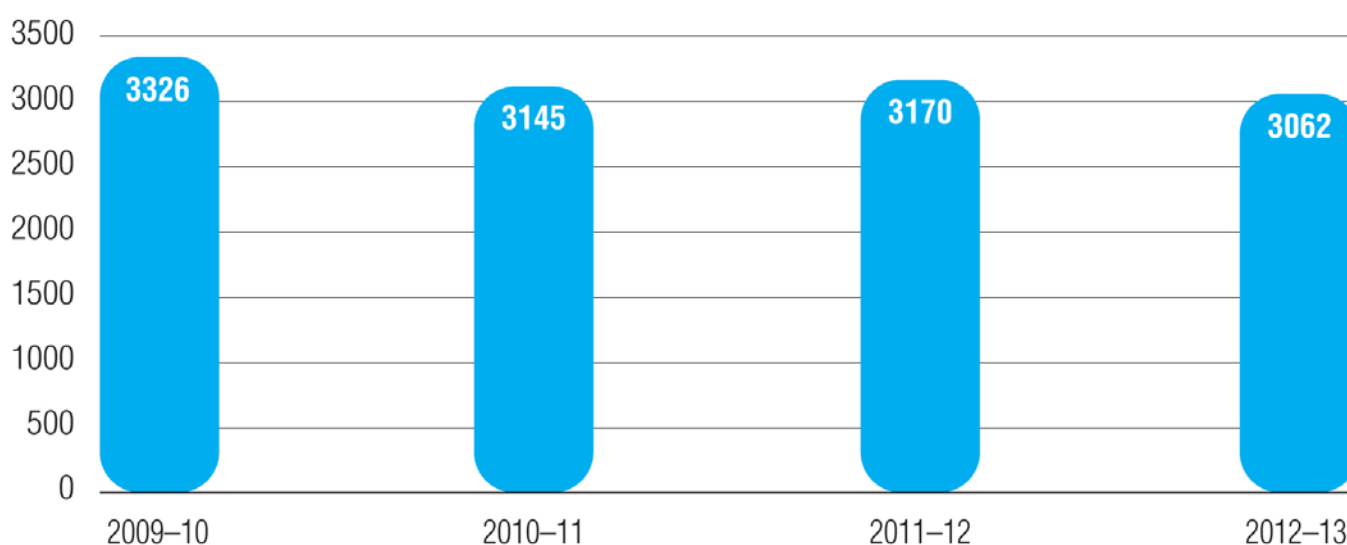
Why is this important? Families with a child with a developmental delay or diagnosed disability are under significant stress. Support from therapists can assist children and young people to function more independently and assist families with additional strategies to best support their child.

How is the ACT progressing? In 2012–13, 3062 families with a child or young person with a disability or significant developmental delay received support from allied health professional staff. The number of families receiving support is lower than in 2011–12 where 3170 families received support. This number is a variance of just over 3% lower than the previous reporting period and thus maintaining the throughput.

There is no national comparative data as the service structures and models vary in each jurisdiction.

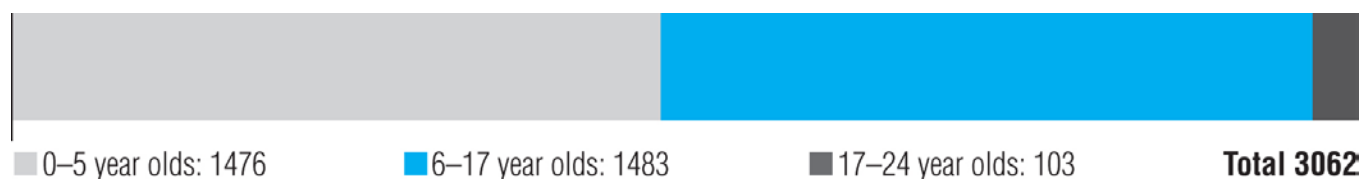


Figure 69: The number of families with a child or young person with a disability or significant developmental delay accessing services from Therapy ACT 2009–10, 2010–11, 2011–12, 2012–13



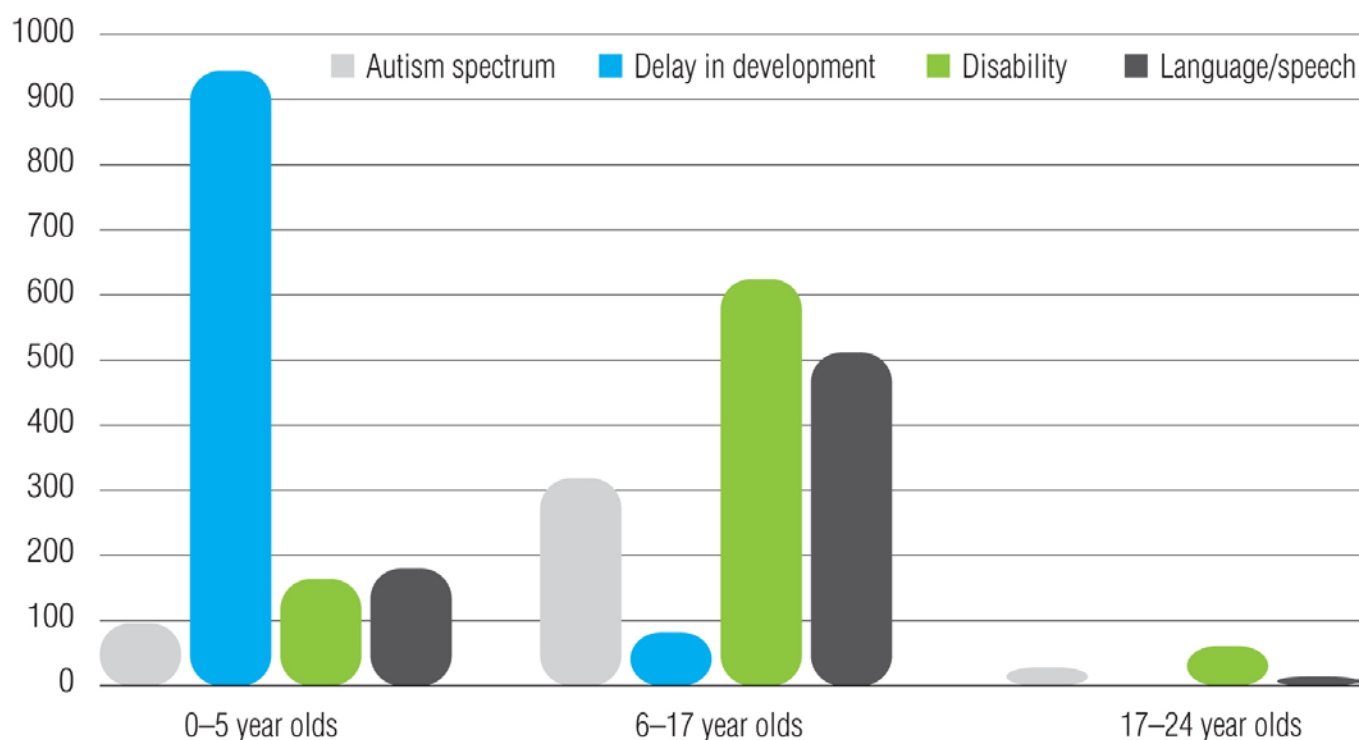
Data source: National Disability Agreement (NDA) *National Minimum Data Set 2012–13* (NMDS).

Figure 70: The number of families with a child or young person with a disability or significant developmental delay accessing Therapy ACT services by age range, 2012–13



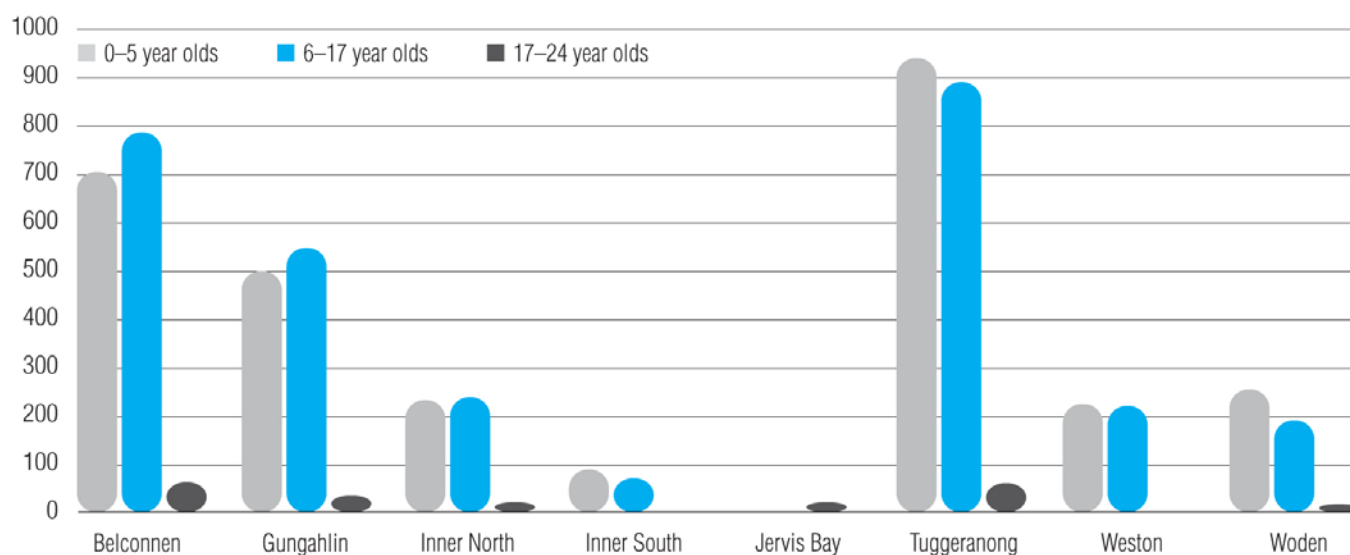
Data source: National Disability Agreement (NDA) *National Minimum Data Set 2012/2013* (NMDS).

Figure 71: The number of families with a child or young person with a disability or significant developmental delay accessing Therapy ACT services by disability status, 2012–13



Data source: National Disability Agreement (NDA) *National Minimum Data Set 2012/2013* (NMDS).

Figure 72: The number of families with a child or young person with a disability or significant developmental delay accessing Therapy ACT services of client age by ACT region, 2012–13



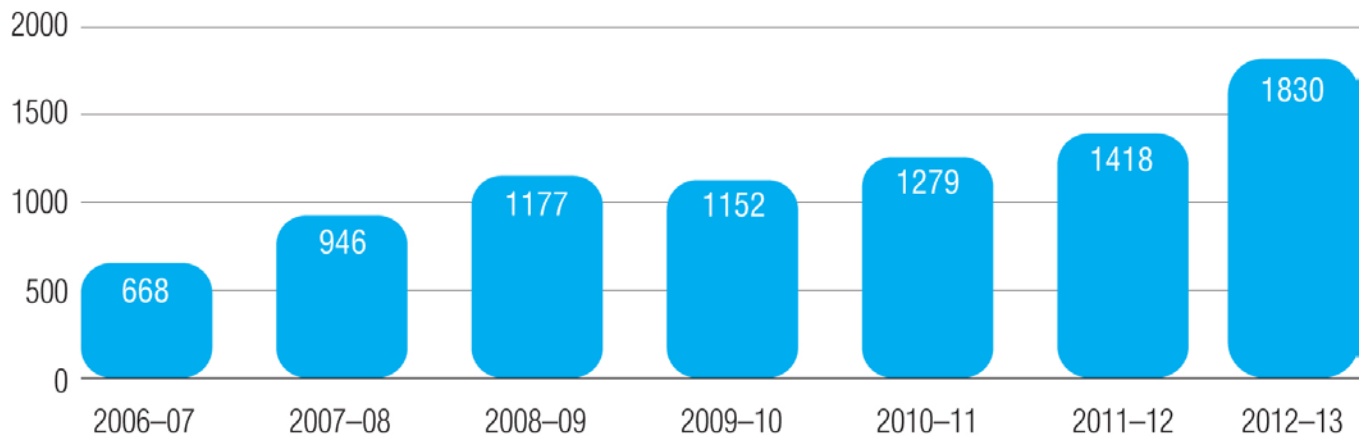
Data source: National Disability Agreement (NDA) *National Minimum Data Set 2012/2013* (NMDS).

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

Indicator description	The number of ACT families accessing coordinated, locally-based services through the Child and Family Centres.
What do we measure?	<p>The number of families accessing a range of early intervention and prevention services offered by the Community Services Directorate's Early Intervention and Prevention Services branch through the Child and Family Centres either at a centre located in Gungahlin, Tuggeranong and West Belconnen or via outreach in homes, schools and the community. This measure includes families accessing community development activities as well as individual case management.</p> <p>This measure does not include all families accessing the Parents as Teachers programs and does not include data on the total number of families who access services at centres for example, services offered at centres that are offered by other areas of the Community Services Directorate, ACT Health and by community organisations.</p>
Why is this important?	<p>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.</p> <p>The Child and Family Centres provide integrated service delivery, with child and family support services provided alongside other services including ACT Health's maternal and child health services, midwifery services, nutrition services, Therapy ACT, Housing ACT and Relationships Australia. Together, the services provide support and advice on child health, development and parenting issues, immunisations, growth and care of babies, speech and physiotherapy drop-in services with links to early childhood education and the care sector, supportive counselling and case coordination for vulnerable families.</p>
How is the ACT progressing?	<p>The number of families accessing coordinated, locally-based services by a Child and Family Centre increased in the most recent reporting period, 1830 (in 2012–13) from 1418 (in 2011–12).</p> <p>The number of families accessing services from the Child and Family Centres (provided by the staff of the Child and Family Centres) increased rapidly from 2006–07 to 2008–09. The number of families accessing services remained relatively stable since the period 2008–09 and 2009–10 and an increase observed over the 2010–11 period, with the opening of a new centre in West Belconnen.</p>



Figure 73: Number of families accessing services from the Child and Family Centres (services provided by staff of Child and Family Centre), 2006–13



Data source: *CSD Annual Report 2012–13*; Volume Two, G Strategic Objectives and Indicators, Strategic Indicator 3.

Children's participation rate at cultural activities, venues or events


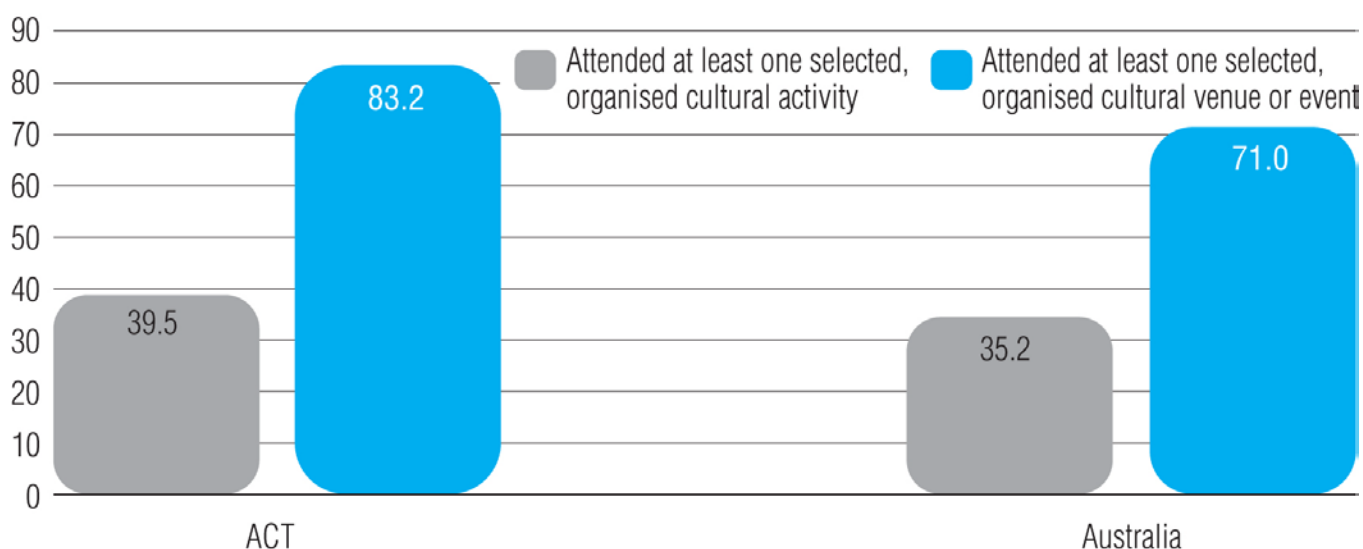
Indicator description	The percentage of children who attended a selected cultural activity, venue or event.	
What do we measure?	The proportion of ACT's children (aged 5 to 15 years) who attended a cultural activity, venue or event in the preceding year.	
Why is this important?	The arts make a strong contribution to community strength and identity and are recognised for facilitating communication across social, economic, cultural and ethnic groups. Cultural events provide an outlet that increases our wellbeing, education and respect.	
How is the ACT progressing?	<p>In the ACT, a higher percentage of children and young people aged 5 to 14 years attended a selected, organised cultural activity and selected venue or event, compared to national percentages.</p> <p>In the ACT, the activity that attracted the highest percentage of males was playing a musical instrument, and for females it was dance. Attendance at a museum or art gallery recorded the highest percentage for both males and females.</p> <p>The national data also shows the same trend of a higher percentage of males who play a musical instrument and females who participate in dance; however attendance at a public library, rather than a museum or art gallery recorded the highest percentage of males and females.</p>	

Figure 74: The percentage of children and young people (0–14) in ACT and Australia, who attended at least one selected cultural activity and cultural venue or event, 2012



Data source: ABS, Children's Participation in Cultural and Leisure Events, cat no 4901.0

Figure 75: Children's participation rate (%) in selected organised cultural activities, selected characteristics, 2012

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

Data source: ABS, Children's Participation in Cultural and Leisure Events, cat no 4901.0

Figure 76: Children's participation rate (%) attendance at selected cultural venues and events, selected characteristics, 2012

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

Data source: ABS, Children's Participation in Cultural and Leisure Events, cat no 4901.0

Families attending at least one cultural venue or event in the preceding year


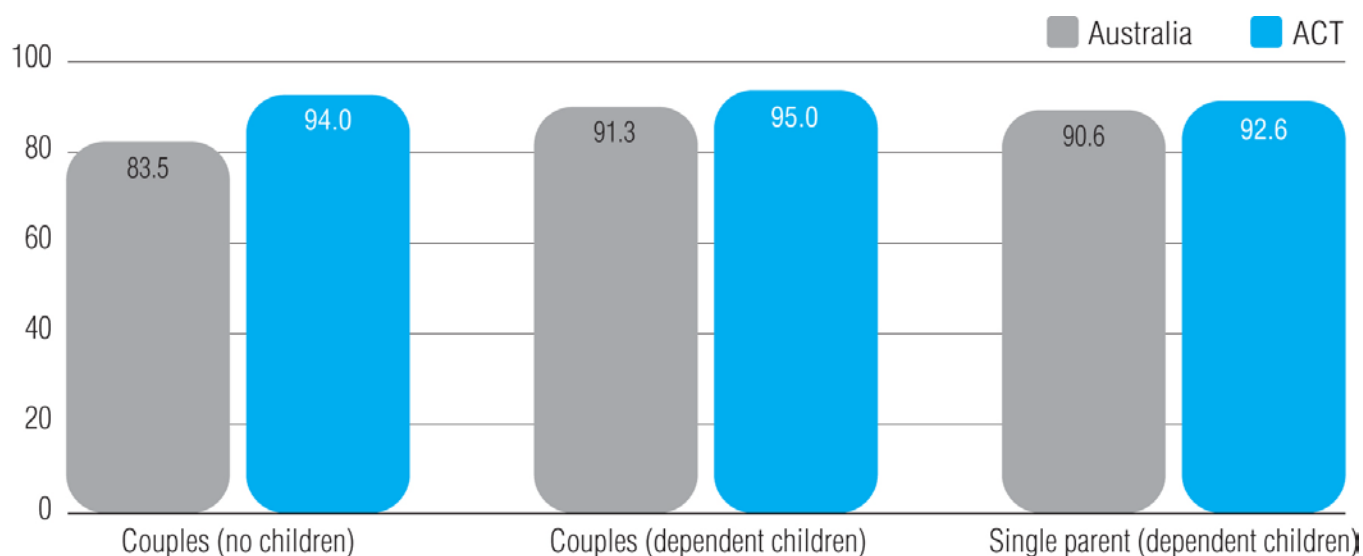
Indicator description	Proportion of ACT families who attended at least one cultural venue or event in the preceding year. 
What do we measure?	The proportion of ACT families who attended a cultural venue or event by household composition (couple with no children, couples with dependent children and single parents with dependent children).
Why is this important?	<p>The arts make a strong contribution to community strength and identity and are recognised for facilitating communication across social, economic, cultural and ethnic groups. Cultural events provide an outlet that increases our wellbeing, education and respect.</p> <p>This indicator measures the accessibility of cultural events in our community and the level of interest in experiencing the benefits in attending these events.</p>
How is the ACT progressing?	Couples with at least one dependent child had the highest attendance rate within the ACT, with 95.0% attending at least one cultural venue or event over 2009–10. This was followed by couples with no children (94.0% attending at least one cultural venue or event) and single parents with at least one dependent child (92.6% attending at least one cultural venue or event). The ACT's attendance rate was higher than the average Australian attendance for all family groups.

Figure 77: Proportion of ACT and Australian families attending at least one cultural event or venue over 2009–10



Data source: ABS, Attendance at Selected Cultural Venues and Events, Australia, 2009–10, cat. no. 4114.0

Young people who volunteer

Indicator description	The proportion of young people who have undertaken voluntary work.	!
What do we measure?	The proportion of young people aged 18 to 24 years in the ACT who have undertaken voluntary work in the last 12 months. The Australian Bureau of Statistics defines a volunteer as someone who willingly provides unpaid help, in the form of time, service or skills, through an organisation or group. People completing unpaid work under some form of compulsion because of employment (for example work for the dole) or as part of study commitments are excluded from this measure.	
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. ³⁹ Research indicates that volunteering enhances social cohesion, strengthens communities and provides benefits to the volunteer themselves. Volunteering can increase social inclusion, physical and psychological wellbeing and career opportunities.	
How is the ACT progressing?	In 2006, the volunteer rate of young people aged 18–24 years in the ACT was 28.9%. In 2010, this rate had increased to 35.2%, and was one of the highest volunteer rates nationally.	↑

Figure 78: Proportion of young people aged 18–24 who have undertaken voluntary work in the last 12 months within the ACT and Australia, 2006 and 2010



Data source: ABS, Voluntary Work, Australia, cat. no. 4441.0

Territory and national policies and frameworks influencing children and young people

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

ACT policies and frameworks

The Canberra Plan: Towards our second century

The Canberra Plan: Towards Our Second Century outlines the ACT Government's vision for Canberra and provides the overarching framework for government strategy and policy. The framework is built around seven strategic themes that are priorities for the ACT Government. Within these priority areas are many strategies that support children, families and the community in achieving the optimal health and wellbeing of children and young people. *The Canberra Plan* includes social priorities for the future and details the ACT Government investment and key actions in areas of quality health care, education and skills development, housing, family support and community safety.

Measuring our Progress is the ACT Government's online report card on life in Canberra, aligned with the seven strategic themes of *The Canberra Plan: Towards Our Second Century*. It provides a snapshot of life in areas including health, safety, sustainability, and education to provide a picture of progress, as a community and as a government, towards a healthy, safer and more prosperous city.

www.cmd.act.gov.au/policystrategic/canberraplan

The Canberra Social Plan 2011

The vision of *The Canberra Social Plan 2011* is that all people reach their potential, make a contribution and share the benefits of an inclusive community. This vision for Canberra is based on the themes of connection, belonging and collaboration. These themes are closely linked to keeping people and communities at the centre of the ACT Government's work.

www.cmd.act.gov.au/policystrategic/socialplan

ACT Children's Plan 2010–2014

The *ACT Children's Plan 2010–2014* is guided by *The Canberra Plan: Towards Our Second Century* and aims to make Canberra a great and safe place for children, and to ensure their needs are a priority for government and the community. The plan outlines six building blocks, informed by UNICEF's child friendly cities building blocks, that are required in order for Canberra to become Australia's most child friendly city.

A Picture of ACT's Children and Young People assists in meeting the goal stated in Building Block four. Through the development of an outcome-based data monitoring system and regular reporting, the state of children's health, wellbeing, learning and development can be assessed. Strategies to target areas of need can then be formulated, with a coordinated response across the whole of the ACT Government and the wider community. www.children.act.gov.au

ACT Young People's Plan 2009–2014

The *ACT Young People's Plan 2009–2014* is closely aligned with the *ACT Children's Plan 2010–2014* and shares in the vision to build Canberra as a child and youth friendly city. The *ACT Young People's Plan 2009–2014* acknowledges while some young Canberrans are well placed to reach their potential and make valuable contributions, others require additional support to deal with the challenges they face.

The plan provides a framework to guide the work of the ACT Government, young people and the community to achieve better outcomes for all young Canberrans.

The *ACT Young People's Plan 2009–2014* is based around five priority areas:

- health, wellbeing and support
- families and communities
- participation and access
- transitions and pathways
- environment and sustainability

The *ACT Young People's Plan* is aimed at ensuring collaboration and coordination between policies and services developed and delivered by government and non-government agencies.

www.youth.act.gov.au

Every Chance to Learn Curriculum Framework for ACT Schools: Preschool to Year 10

The Framework lays the foundation for high-curriculum standards in all ACT schools by outlining essential teaching content and learning expectations for the children and young people of Canberra.

http://activated.act.edu.au/ectl/resources/ECTL_Framework.pdf

The ACT Youth Commitment

The Commitment requires all service agencies working with young people to the age of 17 years to commit to ensuring that no young person is lost from education, training or employment.

www.det.act.gov.au/actyc

ACT Education and Care Workforce Strategy 2012–2014

The Strategy supports the development and retention of a highly skilled and professional education and care workforce that will achieve better education and care outcomes for our children, young people and their families.

www.det.act.gov.au/__data/assets/pdf_file/0007/435175/ACT_Education_and_Care_Workforce_Strategy.pdf

Active2020: A strategic plan for sport and active recreation in the ACT and Region 2011–2020

Active2020 promotes ACT Government and industry partnerships dedicated to encouraging long term investment and planning by sport and recreation associations in the ACT. It aims to improve the health, wellbeing and connectedness of community members, including children and young people.

www.economicdevelopment.act.gov.au/sport_and_recreation/active_2020

Future Directions: Towards Challenge 2014 (Future Directions)

Future Directions drives ACT Government, community and business direction towards improving outcomes, opportunities and community inclusiveness for all people with disability, including our children, young people, their families and carers.

www.communityservices.act.gov.au/__data/assets/pdf_file/0006/79872/final_policy_framework_PUBLISHED.pdf

Building a Strong Foundation: A framework for promoting mental health and wellbeing in the ACT 2009–2014

The Framework guides investment in the development and implementation of activities to promote mental health and wellbeing in the ACT. **health.act.gov.au/c/health?a=dlpubpoldoc&document=1861**

The Blueprint for Youth Justice in the ACT 2012–22

The Youth Justice Blueprint is a ten year strategy of reform that focuses on early intervention,

prevention and diversion of young people from the youth justice system.

www.dhcs.act.gov.au/__data/assets/pdf_file/0009/337590/Blueprint_for_Youth_Justice_in_the_ACT_2012-22.pdf

ACT Prevention of Violence against Women and Children Strategy 2011–2017

The Strategy targets violence against women and children by promoting holistic and flexible service provision, an anti-violence culture, and accountable perpetrators who are supported to change their behaviour.

www.dhcs.act.gov.au/__data/assets/pdf_file/0019/231337/ACT_Prevention_of_Violence_Against_Women_and_Children_Strategy_2011_DV.pdf

National policies and frameworks

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

- *Investing in the Early Years — A National Early Childhood Development Strategy* (2009) aims to build an effective early childhood development system in Australia that will contribute to the nation's human capital and productivity.
- *National Quality Framework for Early Childhood Education and Care* recognises the importance of quality early childhood education and care and aims to implement national quality standards to ensure consistent and high quality practices.
- *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children* aims to build parenting and community capacity to care for children and reduce child abuse and neglect over time.
- *Closing the Gap* is a national integrated strategy to improve the lives of Indigenous Australians, and in particular provide a better future for Indigenous children.
- *Australian National Breastfeeding Strategy 2010–2015* aims to contribute to improving the health, nutrition and wellbeing of infants and young children, and the health and wellbeing of mothers, by protecting, promoting, supporting and monitoring breastfeeding.
- *National Strategy for Young Australians* describes what it's like to be young in Australia today and highlights eight priority areas for government action now and into the future.
- *National Disability Strategy 2010–2020* provides a unified, national approach to improving the lives of people with disability, their families and carers.

Looking for more data?

Measuring our progress

This online report provides a snapshot of life in Canberra against 36 indicators in areas including health, safety, education and local neighbourhoods to provide a picture of progress, as a community and as a government, towards a healthy, safer and more prosperous child-friendly city.

www.measuringourprogress.act.gov.au

ACT Health Epidemiology Branch

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

health publications.

health.act.gov.au/health-services/population-health/health-improvement/epidemiology-branch/

Australian Bureau of Statistics (ABS) Children and Youth theme page

This theme page provides a guide to both ABS and non-ABS data, identifying the wide range of information available on children and youth. www.abs.gov.au

Australian Early Development Census (AEDC)

The *Australian Early Development Census* (AEDC) is a national population measure of children's development at school entry in five domains of physical health and wellbeing; emotional maturity; social competence; language and cognitive skills; and communication and general knowledge.

The AEDC website also provides contextual community data from the Australian Census (2006 and 2011) relevant to the development of children. www.aedc.gov.au/

Australian Institute for Health and Welfare (AIHW)

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

Australian Research Alliance for Children and Youth

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

Longitudinal Study of Australian Children (LSAC)

LSAC investigates the health, education, child and family functioning, child care and socio-demographics of Australian children. Data collection began in 2004 on two cohorts of children, infants and four/five year olds. The study will continue to follow these two cohorts of children to the ages of 14–15 years and 18–19 years. www.aifs.gov.au/

Longitudinal Surveys of Australian Youth (LSAY)

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

Report on Government Services

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

State of Australia's Young People report

This report describes how young people aged 12 to 24 years in Australia are faring and identifies those who may need additional support to do well. www.youth.gov.au

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