



Government of **Western Australia**  
Department of **Health**

# Health and Wellbeing of Children in Western Australia, 2018

## Overview and Trends

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## **Acknowledgements**

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Thanks are extended to the parents and carers of children in Western Australia who participate in the Health and Wellbeing Survey. Appreciation is extended to our colleagues and specialists in the field who reviewed and commented on the report.

## **Suggested citation**

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Patterson C, Landrigan T, and Radomiljac A. 2019. Health and Wellbeing of Children in Western Australia in 2018, Overview and Trends. Department of Health, Western Australia.

## Table of contents

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EXECUTIVE SUMMARY .....	xi
1. INTRODUCTION .....	1
2. METHODOLOGY .....	2
2.1 Mode of administration and sampling.....	2
2.2 Weighting the data .....	2
2.3 Response rates .....	3
3. HOW ESTIMATES ARE REPORTED .....	4
3.1 Percentage and prevalence .....	4
3.2 Confidence intervals.....	4
3.3 Using this report.....	5
4. COMPARISONS OVER TIME .....	6
5. DEMOGRAPHICS .....	7
6. GENERAL HEALTH .....	10
6.1 Self-reported general health.....	10
6.2 Disability.....	12
7. CHRONIC CONDITIONS .....	15
7.1 Attention Deficit Hyperactivity Disorder .....	15
7.2 Developmental problems.....	15
7.3 Type 1 diabetes.....	17
7.4 Asthma.....	17
7.5 Respiratory problem other than asthma .....	21
7.6 Injuries.....	21
8. LIFESTYLE FACTORS.....	25
8.1 Physical activity and sedentary behaviour.....	25
8.2 Body mass index.....	31
8.3 Sun protection .....	34
8.4 Smoking .....	38
8.4.1 Smoking in the home.....	38
8.4.2 Smoking during pregnancy.....	39
8.5 Nutrition.....	40
8.5.1 Fruit and Vegetables .....	40

8.5.2 Milk .....	45
8.5.3 Fast Food .....	47
8.6 Sleep .....	49
9. CHILD DEVELOPMENT .....	51
9.1 Breastfeeding .....	51
9.1.1 Exclusive breastfeeding.....	52
9.1.2 Predominant breastfeeding.....	53
9.2 Speech .....	54
10. PSYCHOSOCIAL AND MENTAL HEALTH .....	55
10.1 Emotional problems .....	55
10.2 Social support .....	60
10.3 Bullying.....	62
11. HEALTH SERVICE UTILISATION.....	64
12. SCHOOL CONNECTEDNESS .....	69
13. FAMILY FUNCTIONING.....	73
14. RESPONDENT FOR CHILD.....	81
14.1 General health.....	81
14.2 Mental health.....	82
14.3 Lack of control.....	82
15. PARTNER OF RESPONDENT FOR CHILD.....	86
16. REFERENCES .....	87

## List of tables

---

Table 1: Response rates for 2018, by month.....	3
Table 2: Demographic characteristics of the child, HWSS 2018.....	7
Table 3: Characteristics of the household where the child lives, HWSS 2018.....	8
Table 4: Demographic characteristics of respondent for child, HWSS 2018.....	9
Table 5: Prevalence of children by parent/carer-reported child health status, 0 to 15 years, HWSS 2018 .....	10
Table 6: Prevalence of children by parent/carer-reported child health status, 0 to 15 years, HWSS 2004–18 .....	11
Table 7: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, 0 to 15 years, HWSS 2018.....	12
Table 8: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, 0 to 15 years, HWSS 2002–18.....	13
Table 9: Prevalence of children by the extent of burden their disability, long-term illness or pain puts on the family, 0 to 15 years, HWSS 2002–18 .....	14
Table 10: Prevalence of children with a developmental problem, 0 to 15 years, HWSS 2018.....	15
Table 11: Prevalence of children with developmental problems, 0 to 15 years, HWSS 2002–18.....	17
Table 12: Prevalence of children with asthma, 0 to 15 years, HWSS 2018 .....	18
Table 13: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–18.....	20
Table 14: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2018 .....	21
Table 15: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–18 .....	22
Table 16: Mean number of injuries requiring treatment from a health professional, 0 to 15 years, HWSS 2018 .....	23
Table 17: Mean number of injuries, 0 to 15 years, HWSS 2007–18 .....	24
Table 18: Prevalence of children by parent/carer-rated physical activity level, 5 to 15 years, HWSS 2018 .....	25
Table 19: Prevalence of children by parent/carer rated physical activity level, 5 to 15 years, HWSS 2005–18 .....	26

Table 20: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2018.....	27
Table 21: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2006–18.....	27
Table 22: Mean time (minutes) spent in physical activity per week, 5 to 15 years, HWSS 2006–18.....	28
Table 23: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2018 .....	29
Table 24: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–18 .....	30
Table 25: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2018.....	31
Table 26: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–18.....	32
Table 27: Prevalence of children by parent/carer-perceived body weight, by Body Mass Index classification, 5 to 15 years, HWSS 2018.....	33
Table 28: Prevalence of children by parent/carer intentions regarding the child's weight, by Body Mass Index classification, 5 to 15 years, HWSS 2018.....	34
Table 29: Mean times sunburnt in past 12 months, 0 to 15 years, HWSS 2018.....	34
Table 30: Mean times sunburnt in the past 12 months, 0 to 15 years, HWSS 2002–18 .....	35
Table 31: Prevalence of children by how often parent/carer checks they are adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2018 .	36
Table 32: Prevalence of children by how often parent/carer checks they are adequately protected before going into the sunlight, 0 to 15 years, HWSS 2002–18 .	37
Table 33: Prevalence of children by exposure to smoke within the home, 0 to 15 years, HWSS 2002–18 .....	38
Table 34: Prevalence of children by parent/carer smoking status during pregnancy, 0 to 4 years, HWSS 2005–18 .....	39
Table 35: NHMRC 2013 Australian Dietary Guidelines for fruit and vegetable daily consumption and HWSS reporting definitions, children 2 to 15 years .....	40
Table 36: Prevalence of children by number of serves of fruit consumed daily, 2 to 15 years, HWSS 2018 .....	41

Table 37: Prevalence of children by number of serves of vegetables consumed daily, 2 to 15 years, HWSS 2018 .....	42
Table 38: Prevalence of children eating sufficient serves of fruit and/or vegetables, 2 to 15 years, HWSS 2018 .....	43
Table 39: Mean daily fruit and vegetable serves, 2 to 15 years, HWSS 2002–18 .....	45
Table 40: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2018.....	46
Table 41: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2002–18 .....	47
Table 42: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2018 .....	48
Table 43: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2002–18 .....	49
Table 44: Mean hours spent sleeping on a usual night, 0 to 15 years, HWSS 2018 ..	50
Table 45: Proportion of children exclusively breastfed to each month of age, 0 to 4 years, HWSS 2018 .....	52
Table 46: Proportion of children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2018 .....	53
Table 47: Proportion of children late talking and needing professional help with speech, by gender, 5 to 15 years, HWSS 2018.....	54
Table 48: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2018.....	55
Table 49: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2002–18.....	56
Table 50: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1 to 15 years, HWSS 2018.....	57
Table 51: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1 to 15 years, HWSS 2002–18 .....	58
Table 52: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2018 .....	59
Table 53: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2002–18 .....	59



Table 54: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2018 .....	60
Table 55: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2002–18 .....	61
Table 56: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2018.....	62
Table 57: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2002–18.....	63
Table 58: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2018 .....	65
Table 59: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2005–18 .....	66
Table 60: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2018 .....	67
Table 61: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2005–18 .....	68
Table 62: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2018.....	69
Table 63: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2002–18.....	70
Table 64: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2018 .....	70
Table 65: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2002–18 .....	71
Table 66: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2018.....	72
Table 67: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2002–18.....	72
Table 68: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2018 .....	73
Table 69: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2002–18 .....	74
Table 70: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2018 .....	75

Table 71: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2002–18 .....	75
Table 72: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2018 .....	76
Table 73: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2002–18 .....	77
Table 74: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2018 .....	78
Table 75: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2002–18.....	78
Table 76: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2018.....	79
Table 77: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2002–18.....	80
Table 78: General health status of respondent, HWSS 2018 .....	81
Table 79: Mental health of respondent, HWSS 2018.....	82
Table 80: Lack of control over life in general during past four weeks, respondent, HWSS 2018.....	84
Table 81: Lack of control over personal life during past four weeks, respondent, HWSS 2018.....	84
Table 82: Lack of control over health during past four weeks, respondent, HWSS 2018 .....	85
Table 83: Demographics of respondent’s partner, HWSS 2018 .....	86

## List of figures

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Figure 1: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, by geographic area in WA, 0 to 15 years, HWSS 2018.....	12
Figure 2: Prevalence of children with developmental problems, by geographic area, 0 to 15 years, HWSS 2018 .....	16
Figure 3: Prevalence of children with asthma, by geographic area, 0 to 15 years, HWSS 2018.....	19
Figure 4: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–18.....	20
Figure 5: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, by geographic area, 0 to 15 years, HWSS 2018.....	22
Figure 6: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–18 .....	23
Figure 7: Prevalence of children completing sufficient weekly physical activity, 5 to 15 years, HWSS 2006–18 .....	28
Figure 8: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–18 .....	30
Figure 9: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–18.....	32
Figure 10: Prevalence of children who are always checked to be adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2002–18 .....	37
Figure 11: Prevalence of children eating sufficient serves of fruit and vegetables, 2013 Australian Dietary Guidelines for fruit and vegetable consumption, 2 to 15 years, HWSS 2002–18.....	44
Figure 12: Proportion of children exclusively breastfed to each month of age, 0 to 4 years, HWSS 2018 .....	52
Figure 13: Proportion of children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2018 .....	53
Figure 14: Prevalence of children with poor family functioning, by geographic area, 0 to 15 years, HWSS 2018 .....	79

## EXECUTIVE SUMMARY

The Health and Wellbeing Surveillance System is a continuous data collection that was initiated in 2002 to monitor the health status of the general population. In 2018, 599 parents/carers of children aged 0 to 15 years were randomly sampled and completed a computer assisted telephone interview between January and December, with an average participation rate of just over 90 per cent. The sample was then weighted to reflect the Western Australian child population.

This report describes the findings from the 2018 Health and Wellbeing Surveillance System and provides the health sector and general public with important information about various aspects of the health and wellbeing of the Western Australian child population.

Some key findings from the 2018 report include:

### **General health:**

- Very good or excellent health was reported for 86.8 per cent of children aged 0 to 15 years by their parents/carers.

### **Chronic health conditions:**

- It is estimated that 123,000 children (23.1%) experienced an injury in the past 12 months that required treatment from a health professional.

### **Lifestyle and physiological risk factors:**

- Approximately two in five (40.1%) children aged 5 to 15 years were completing sufficient levels of physical activity for good health.
- Children aged 5 to 15 years and children less than 2 years of age were more likely to meet daily leisure time screen usage guidelines compared with children aged 2 to less than 5 years (80.7% and 62.9% compared with 25.8%).
- Children aged 10 to 15 years were significantly less likely to always be checked by a parent/carer that they are adequately protected before going out into the sunlight compared with children aged 0 to 4 years (46.4% compared with 83.0%).
- The prevalence of children living in a smoke free home has increased significantly from 2002 (90.5%) to 2018 (99.7%).
- The prevalence of children with neither parent smoking during pregnancy has increased significantly from 2005 (66.1%) to 2018 (97.4%).

- It is estimated that just over half (57.0%) of children aged 2 to 15 years usually consumed full fat or whole milk.
- The prevalence of children who never eat meals from fast food restaurants has increased significantly from 2002 (16.2%) to 2018 (27.8%).

#### **Child development:**

- It is estimated that almost all children aged 0 to 4 years (93.6%) have received some breast-milk in their lifetime.

#### **Emotional health and wellbeing:**

- The prevalence of children ever treated for an emotional or mental health problem in 2018 (10.8%) was significantly higher than in 2002 (3.0%).
- Approximately one-third (33.5%) of children were bullied in the past 12 months.
- The prevalence of children aged 5 to 15 years reported by a parent/carer to have bullied another child in the past 12 months decreased significantly from 2002 (13.1%) to 2018 (4.9%).

#### **Health service utilisation:**

- In the past 12 months, approximately 84.8 per cent of children aged 0 to 15 years had used a primary health service, 61.3 percent a dental health service, 32.3 per cent an allied health service, and 27.9 per cent a hospital-based service.

#### **School connectedness:**

- The prevalence of children reported by their parent/carer to be doing very well in their overall school performance has decreased significantly between 2002 (52.7%) and 2018 (39.7%).

## 1. INTRODUCTION

The WA Health and Wellbeing Surveillance System (HWSS) is a continuous data collection system developed to monitor the health and wellbeing of Western Australians. On average, 550 people throughout Western Australia (WA) are interviewed each month. The HWSS began in March 2002 and as at December 2018; almost 17,000 interviews have been conducted with parents/carers of children under the age of 16 years. This report presents the information collected on children during 2018 as well as trends over time.

Parents/carers are asked questions on a range of indicators related to their child's health and wellbeing. Topics include chronic health conditions, lifestyle risk factors, school and friendships, protective factors and socio-demographics. Questions about health and wellbeing are also asked of the respondent for the child and about the respondent's partner.

The questions included in the HWSS for children are selected to provide information about state or national indicators of health and wellbeing, or to provide information about areas of health, lifestyle and demography that are not available elsewhere and are necessary to understand the dynamics of healthy behaviours and outcomes. The development of these questions was guided by the Telethon Kids Institute (formerly known as The Telethon Institute of Child Health Research). A current copy of the questionnaire is available on the WA Department of Health website:

<https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys>

Information from the survey is used to monitor the health status of children in WA, to inform health education programs, to evaluate interventions, to inform health policy development, to identify and monitor emerging trends and to evaluate new public health initiatives.

Another feature of a surveillance system is that it is population based. That is, it is designed to examine trends at the population level and although major socio-demographic group estimates are possible, it is not the purpose of the system. Therefore, the information provided in this report is representative of WA children as a whole, but it is unlikely to be representative of minority groups within the population such as Aboriginal children and children living in homes without telephones. For information on Aboriginal child health, refer to the 2014-15 National Aboriginal and Torres Strait Islander Social Survey.<sup>1</sup>

## **2. METHODOLOGY**

### **2.1 Mode of administration and sampling**

The HWSS is conducted as a Computer Assisted Telephone Interview (CATI). Households are selected from the 2013 White Pages<sup>®</sup> by a stratified random process. Rural and remote areas of WA are over-sampled relative to their populations within WA to provide enough interviews to enable reliable and robust estimates to be made for these areas.

An approach letter is sent to selected households informing them that their household has been selected to participate. The approach letter explains the purpose of the survey, gives the time within which they can expect to be contacted by the data collection agency and explains that one person from the household will be selected to participate. A specially prepared brochure is included with the letter, which explains more about the HWSS and provides contact numbers for people to call for further information.

All information provided in this report is based on self-reported data collected from the child's parent/carer. Testing has shown that the responses to the questions in the survey are reliable but in a very few cases, may not be completely accurate. For example, parents/carers are unlikely to know the exact amount of physical exercise their child does, but test-retest information shows that the estimates given are consistent over time. This means that although the estimates of things like physical activity and weight will vary from the 'true' estimate, changes in estimates over time are meaningful and reliable. The identification of patterns over time is the basis of a monitoring and surveillance system.

### **2.2 Weighting the data**

One of the most important features of a report describing the health and wellbeing of any population is the ability to make comparisons. In order to do this, data must be weighted to the population that is being described, which in this case is the population of WA children under the age of 16 years.

The HWSS data are weighted to compensate for the over-sampling in the rural and remote areas of WA and then also weighted to the most recent Estimated Resident Population (ERP) for the year of the survey. For 2018, this was the 2017 ERP released by the Australian Bureau of Statistics (ABS) in September 2018.<sup>2</sup> While the information collected on children has been weighted to the age by sex distribution of the Western Australian child population, data relating to the parent/carer and partner has not been weighted.

## 2.3 Response rates

A very important part of any survey is the response rate attained because low response rates may produce estimates that are unreliable, biased or not representative of the population. Each year since the HWSS began, adjusted response rates of above 80 per cent have been attained. The response rate for each month of 2018 is shown in Table 1.

The numbers refer to the entire HWSS sample given this information is not collected for adults and children separately. However, the consistency of the response rates over the year provides an excellent basis for assuming a high response rate across age groups.

**Table 1: Response rates for 2018, by month**

Month	Sample Frame	Out of Scope (a)	Eligible Sample	No answer after 10 attempts	Eligible Contacts (b)	Refusals	Interviews	Raw Response Rate	Adjusted Response Rate (c)	Participation Rate (d)
Jan	1750	870	880	253	627	42	560	63.6	89.3	93.0
Feb	1503	695	808	216	592	47	518	64.1	87.5	91.7
Mar	1828	877	951	259	692	50	609	64.0	88.0	92.4
Apr	1948	973	975	289	686	36	625	64.1	91.1	94.6
May	2101	1030	1071	297	774	59	690	64.4	89.1	92.1
Jun	1845	976	869	220	649	59	564	64.9	86.9	90.5
Jul	1602	815	787	218	569	66	486	61.8	85.4	96.6
Aug	1602	837	765	248	517	36	465	60.8	89.9	92.8
Sep	1549	765	784	229	555	58	478	61.0	86.1	89.2
Oct	1603	823	780	244	536	38	482	61.8	89.9	92.7
Nov	2004	1050	954	292	662	54	594	62.3	89.7	91.7
Dec	1002	555	447	138	309	20	279	62.4	90.3	93.3
<b>Total</b>	<b>20337</b>	<b>10266</b>	<b>10071</b>	<b>2903</b>	<b>7168</b>	<b>565</b>	<b>6350</b>	<b>63.1</b>	<b>88.6</b>	<b>91.8</b>

a) Non-operational, business or dedicated fax numbers. All other numbers were considered to be part of the eligible sample, which forms the denominator for the raw response rate.

b) If the telephone is answered, the number is part of the eligible contacts. This forms the denominator of the adjusted response rate.

c) The adjusted response rate is the number of people interviewed divided by the number of eligible contacts

d) The participation rate is the number of people interviewed divided by the number of people interviewed plus the number of refusals.

A full explanation of the methodology can be found in the paper titled, 'WA Health and Wellbeing Surveillance System, Technical Paper Series No 1: Design and methodology, 2018'. This paper is available on the WA Department of Health website:

<https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys>



## **3. HOW ESTIMATES ARE REPORTED**

### **3.1 Percentage and prevalence**

The information in this report is presented either as a percentage of the child population who have a particular risk factor/demographic characteristic or as the prevalence of a particular health condition within the child population. Prevalence is the description of the number or proportion of children in a community with a given condition or characteristic, and is usually expressed as a percentage. Prevalence is distinct from incidence, which is a measure of the number of new cases of a condition or characteristic. Prevalence is concerned with all individuals with a given condition or characteristic regardless of when it began. Incidence on the other hand refers only to new cases of a condition or characteristic during a specified time interval. Surveys generally do not collect information on incidence of disease.

There are three main types of prevalence that are typically reported. Lifetime prevalence represents the proportion of the population that have ever had a condition, period prevalence represents the proportion of the population who have a condition within a specified period of time (e.g. twelve months), and point prevalence represents the proportion of the population who have a condition at the time of the survey. In this report, most of the prevalence estimates presented are period prevalence. In some cases, such as with asthma, both lifetime and period prevalence are reported. This is because a person may have had asthma at some point in their life but not have experienced it recently.

### **3.2 Confidence intervals**

Survey results are estimates of population values and will always contain some error because they are based on samples and not the entire population. Therefore, each table presents the best estimate of the prevalence of a condition or the estimate of the proportion of the population with a particular characteristic along with the 95 per cent confidence interval around that estimate. The 95 per cent confidence interval is the range of likely values within which the true estimate would lie 95 out of 100 times. The wider the confidence interval is around an estimate, the less precise the estimate is and the more caution that should be applied with using it.

One way to compare two prevalence estimates is to assess whether the difference between them is statistically significant. Statistical significance is a statement about the

likelihood of findings being due to chance. Confidence intervals can be used to determine statistical significance. Overlapping confidence intervals indicate that there is probably no meaningful difference in the estimates being compared. If the confidence intervals do not overlap, then the estimates are considered to be significantly different.

Further information on how to determine whether or not a difference is statistically significant can be found on the WA Department of Health website:

<http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys>

The level of stability around an estimate can also be guided by the relative standard error (RSE). The RSE is a measure of the extent to which the survey estimate is likely to be different from the actual population result. Estimates with RSEs above 25 per cent are considered unreliable for general use. Therefore, throughout this report, estimates with RSEs between 25 per cent and 50 per cent have been annotated by an asterisk and should be used with caution. Estimates with RSEs above 50 per cent have been withheld.

In this report wide confidence intervals and high RSEs can be present for variables with multiple response categories, and for variables with few respondents, such as the prevalence of children with one or both parents/carers who smoked during pregnancy.

### **3.3 Using this report**

This report has been generated to be a reference document and therefore contains little interpretative text. The confidence intervals should be used to determine statistical significance if no text has been provided. If more detailed information is required or interpretation needed, please contact the Health Survey Unit, Epidemiology Branch, WA Department of Health at [epi@health.wa.gov.au](mailto:epi@health.wa.gov.au).

## 4. COMPARISONS OVER TIME

One of the strengths of the HWSS is its ability to show changes over time. Therefore, trends for selected major health conditions and risk factors have been provided. The prevalence or proportion of children who reported a selected condition/risk factor of interest has been derived for each year from 2002 to 2018, where available.

To ensure that any changes over time in prevalence estimates were not the result of changes in the age and sex distribution of the population, all years were standardised by weighting them to the 2011 ERP. Trend data is weighted to the 2011 ERP because it represents an approximate mid-point of the years for which estimates are presented. Given trend data are weighted to the 2011 ERP, and 2018 data are weighted to the 2017 ERP, some estimates for 2018 may differ slightly between tables due to standardising to different populations.

Small changes in estimates from those presented in previous reports may also occur due to the standardisation of the estimates using updated ERP estimates.

## 5. DEMOGRAPHICS

In 2018, data were collected for 599 Western Australian children aged 0 to 15 years. Of this sample, 20 children were identified as Aboriginal or Torres Strait Islander. The demographic characteristics of the child sample who participated in the HWSS in 2018 are shown in Table 2. The table shows the unweighted number in the sample for each group and the weighted prevalence expressed as a percentage.

**Table 2: Demographic characteristics of the child, HWSS 2018**

Characteristic	Unweighted Sample (n)	Estimated Per Cent (%)
<b>Age</b>		
0 to 4 years	78	32.6
5 to 9 years	196	32.1
10 to 15 years	325	35.3
<b>Gender</b>		
Boys	306	51.2
Girls	293	48.8
<b>Australian born</b>		
Yes	565	94.8
No	34	5.2
<b>Aboriginal or Torres Strait Islander</b>		
Yes	20	4.9 *
No	578	95.1
<b>Relationship of respondent to child</b>		
Mother	407	65.9
Father	166	28.7
Other	26	5.4 *

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The characteristics of the household where the child lives and the weighted estimated per cent of the population are shown in Table 3.

**Table 3: Characteristics of the household where the child lives, HWSS 2018**

	Unweighted Sample (n)	Estimated Per Cent (%)
<b>Current living arrangement</b>		
Family with a child or children living with biological or adoptive parents	522	90.0
Step or blended family	23	2.7 *
Sole parent family	37	3.9
Other family structure	17	3.4 *
<b>Household income</b>		
Under \$20,000	10	0.8 *
\$20,000 to \$40,000	25	7.1 *
\$40,000 to \$60,000	47	7.4
\$60,000 to \$80,000	49	9.3
\$80,000 to \$100,000	82	13.9
\$100,000 to \$120,000	55	9.3
\$120,000 to \$140,000	53	10.0
More than \$140,000	54	10.8
<b>Household spending</b>		
Spend more money than earn/get	15	3.3 *
Have just enough money to get by	84	15.6
Spend left over money	20	3.2 *
Save a bit every now and then	192	33.0
Save some regularly	208	35.6
Save a lot	57	9.2
<b>Area of residence</b>		
Metropolitan	240	78.2
Rural	126	8.4
Remote	233	13.5
<b>Accessibility/Remoteness Index of Australia</b>		
Inner Regional	127	12.2
Major Cities	218	71.9
Outer Regional	141	8.8
Remote	71	4.0
Very Remote	42	3.0
<b>Have private health insurance</b>		
Yes	449	77.3
No	143	22.7

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The demographic characteristics of the respondent for the child, with unweighted percentages, are shown in Table 4. Of the respondent sample, 11 parents/carers identified as Aboriginal or Torres Strait Islander.

**Table 4: Demographic characteristics of respondent for child, HWSS 2018**

Characteristic	Unweighted Sample (n)	Unweighted Per Cent (%)
<b>Australian born</b>		
Yes	448	74.8
No	151	25.2
<b>Highest level of education</b>		
Less than Year 10	8	1.3
Year 10 or Year 11	61	10.2
Year 12	47	7.9
TAFE/ Trade Qualification	265	44.3
Tertiary degree or equivalent	217	36.3
<b>Employment status</b>		
Employed	612	78.7
Unemployed	14	1.8
Home duties	126	16.2
Retired	11	1.4
Unable to work	7	0.9
Student	7	0.9
Other	1	0.1
<b>Possess a government health care card</b>		
Yes	86	14.5
No	509	85.6
<b>Share home with a partner</b>		
Yes	529	88.6
No	68	11.4

## 6. GENERAL HEALTH

### 6.1 Self-reported general health

Self-ratings of health are used internationally, with poor health ratings associated with increased mortality and psychological distress, and lower physical functioning.<sup>3</sup>

Parents/carers were asked to rate their child's general health. The population prevalence of parent/carer-reported child health status is shown in Table 5. The majority of children aged 0 to 15 years were reported to be in excellent or very good health. Parent/carer-reported general health was similar among children from different age groups and among boys and girls.

**Table 5: Prevalence of children by parent/carer-reported child health status, 0 to 15 years, HWSS 2018**

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
0 to 4 yrs	70.7	( 57.3 - 84.0 )	16.0	( 5.7 - 26.4 )	8.3	* ( 1.2 - 15.4 )	N/A	( N/A - N/A )
5 to 9 yrs	60.2	( 50.8 - 69.6 )	29.2	( 20.5 - 37.9 )	9.2	* ( 4.4 - 14.0 )	1.4	( 0.0 - 3.8 )
10 to 15 yrs	54.5	( 47.1 - 61.9 )	29.9	( 23.2 - 36.7 )	12.5	( 7.4 - 17.7 )	3.0	* ( 0.6 - 5.5 )
<b>Gender</b>								
Boys	60.2	( 51.4 - 68.9 )	28.9	( 21.0 - 36.8 )	9.6	( 5.6 - 13.5 )	1.4	( 0.0 - 2.8 )
Girls	63.1	( 54.5 - 71.8 )	21.2	( 14.6 - 27.9 )	10.6	* ( 5.2 - 16.1 )	N/A	( N/A - N/A )
<b>Children</b>	<b>61.6</b>	<b>( 55.5 - 67.7 )</b>	<b>25.2</b>	<b>( 20.0 - 30.3 )</b>	<b>10.1</b>	<b>( 6.7 - 13.4 )</b>	<b>3.1</b>	<b>* ( 0.7 - 5.5 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence estimates of health status since 2004 are shown in Table 6. This question was not asked prior to 2004. Estimates for 2018 were similar to those for 2004.

**Table 6: Prevalence of children by parent/carer-reported child health status, 0 to 15 years, HWSS 2004–18**

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2004</b>	54.9	( 49.6 - 60.3 )	30.2	( 25.3 - 35.1 )	11.7	( 8.1 - 15.2 )	3.2 *	( 1.1 - 5.3 )
<b>2005</b>	55.7	( 51.9 - 59.4 )	32.5	( 28.9 - 36.0 )	8.9	( 6.9 - 10.9 )	3.0	( 1.6 - 4.4 )
<b>2006</b>	60.7	( 57.3 - 64.2 )	28.5	( 25.4 - 31.6 )	8.2	( 6.2 - 10.2 )	2.6	( 1.3 - 3.8 )
<b>2007</b>	58.3	( 53.3 - 63.2 )	30.1	( 25.5 - 34.7 )	10.1	( 7.2 - 13.1 )	1.5 *	( 0.4 - 2.6 )
<b>2008</b>	60.3	( 55.8 - 64.9 )	26.7	( 22.6 - 30.8 )	10.6	( 7.8 - 13.3 )	2.4 *	( 1.0 - 3.8 )
<b>2009</b>	57.6	( 54.6 - 60.6 )	29.4	( 26.7 - 32.1 )	11.2	( 9.1 - 13.2 )	1.8	( 1.2 - 2.4 )
<b>2010</b>	58.5	( 54.3 - 62.7 )	29.9	( 26.0 - 33.8 )	9.6	( 7.1 - 12.1 )	2.0 *	( 1.0 - 3.0 )
<b>2011</b>	60.4	( 55.6 - 65.2 )	25.3	( 21.0 - 29.6 )	10.5	( 7.4 - 13.6 )	3.8 *	( 1.7 - 5.9 )
<b>2012</b>	58.5	( 54.2 - 62.8 )	26.7	( 22.9 - 30.5 )	12.0	( 9.1 - 14.9 )	2.7	( 1.4 - 4.1 )
<b>2013</b>	57.5	( 52.5 - 62.5 )	29.7	( 25.1 - 34.3 )	10.8	( 7.8 - 13.8 )	2.0 *	( 0.9 - 3.2 )
<b>2014</b>	58.2	( 52.9 - 63.4 )	30.4	( 25.4 - 35.4 )	8.3	( 5.5 - 11.1 )	3.2 *	( 1.3 - 5.0 )
<b>2015</b>	58.4	( 53.6 - 63.1 )	28.9	( 24.6 - 33.2 )	10.3	( 7.2 - 13.3 )	2.5 *	( 1.3 - 3.7 )
<b>2016</b>	59.2	( 54.5 - 63.8 )	28.4	( 24.1 - 32.7 )	9.3	( 6.5 - 12.1 )	3.1 *	( 1.5 - 4.8 )
<b>2017</b>	58.1	( 52.8 - 63.4 )	26.8	( 22.2 - 31.4 )	11.9	( 7.9 - 15.8 )	3.2 *	( 1.6 - 4.8 )
<b>2018</b>	61.3	( 55.3 - 67.3 )	25.3	( 20.2 - 30.3 )	10.2	( 6.9 - 13.5 )	3.2 *	( 0.8 - 5.6 )
<b>Average</b>	58.2	( 57.1 - 59.3 )	29.1	( 28.1 - 30.1 )	10.1	( 9.5 - 10.8 )	2.6	( 2.3 - 3.0 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.



## 6.2 Disability

Disability may be experienced in terms of impairments of body functions and structures, activity limitations or participation restrictions.<sup>4</sup>

Parents/carers were asked whether their child has a disability, long-term illness or pain that puts a burden on the family. The population prevalence of children with a disability, long-term illness or pain that puts a burden on the family was similar among children aged 5 to 9 years and 10 to 15 years, and among boys and girls (Table 7).

**Table 7: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, 0 to 15 years, HWSS 2018**

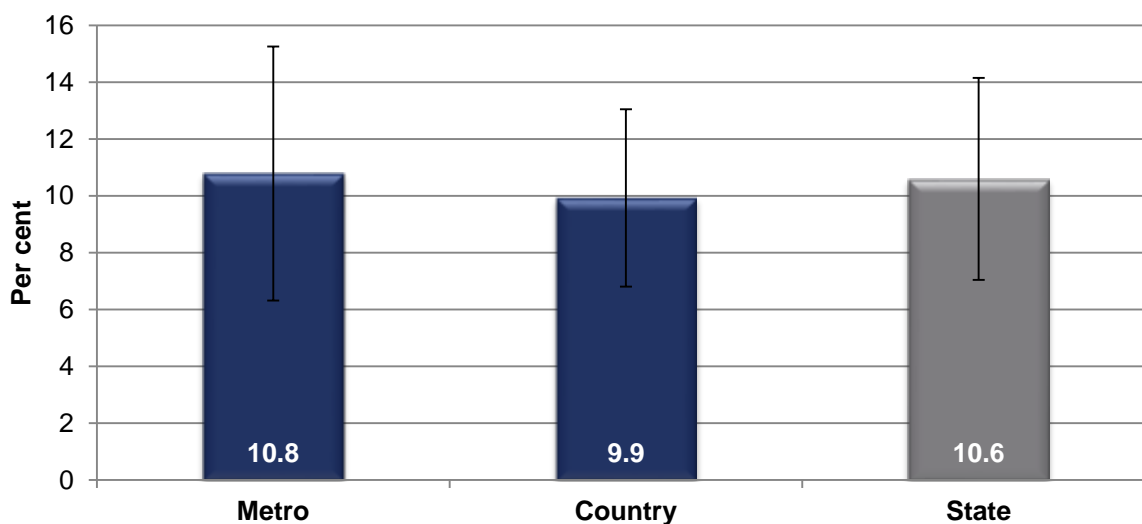
	%	95% CI
<b>Age Group</b>		
0 to 4 yrs	N/A	( N/A - N/A )
5 to 9 yrs	12.3 *	( 5.8 - 18.7 )
10 to 15 yrs	15.8	( 10.3 - 21.2 )
<b>Gender</b>		
Boys	9.3	( 5.4 - 13.3 )
Girls	11.9 *	( 6.0 - 17.8 )
<b>Children</b>	<b>10.6</b>	<b>( 7.0 - 14.2 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 1 shows the prevalence of disability among children by geographic area of residence. The prevalence of disability, long-term illness or pain that puts a burden on the family was similar among children living in metro and country areas.

**Figure 1: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, by geographic area in WA, 0 to 15 years, HWSS 2018**



The annual prevalence estimates of disability are shown in Table 8. The estimate for 2018 was similar to that for 2002.

**Table 8: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, 0 to 15 years, HWSS 2002–18**

	<b>%</b>	<b>95% CI</b>
<b>2002</b>	9.4	( 7.3 - 11.5 )
<b>2003</b>	10.0	( 8.0 - 12.1 )
<b>2004</b>	13.0	( 9.5 - 16.6 )
<b>2005</b>	9.2	( 7.0 - 11.4 )
<b>2006</b>	8.9	( 6.8 - 11.0 )
<b>2007</b>	7.8	( 5.3 - 10.4 )
<b>2008</b>	7.0	( 4.7 - 9.3 )
<b>2009</b>	6.6	( 5.4 - 7.8 )
<b>2010</b>	8.1	( 5.8 - 10.3 )
<b>2011</b>	8.4	( 5.5 - 11.4 )
<b>2012</b>	8.9	( 6.6 - 11.2 )
<b>2013</b>	10.0	( 7.0 - 13.0 )
<b>2014</b>	8.0	( 5.2 - 10.9 )
<b>2015</b>	8.4	( 5.9 - 10.9 )
<b>2016</b>	9.1	( 6.4 - 11.7 )
<b>2017</b>	10.2	( 7.4 - 13.0 )
<b>2018</b>	10.7	( 7.2 - 14.1 )
<b>Average</b>	8.8	( 8.2 - 9.3 )

Parents/carers were asked who the principal carer of the child with the disability, long-term illness or pain was. In 2018, the majority of children with a disability, long term illness or pain were cared for by their mother (88.0%).

Parents/carers who reported that their child had a disability, long-term illness or pain that puts a burden on the family were asked to rate the extent of the burden. The annual estimates over time are shown in Table 9. Estimates for 2018 were similar to those for 2002.

**Table 9: Prevalence of children by the extent of burden their disability, long-term illness or pain puts on the family, 0 to 15 years, HWSS 2002–18**

	Not much		A little		Fairly big		Big		Very big	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	23.3	( 14.0 - 32.6 )	30.5	( 19.9 - 41.1 )	30.5	( 18.4 - 42.5 )	9.4 *	( 1.7 - 17.1 )	6.3 *	( 1.5 - 11.1 )
<b>2003</b>	17.9	( 9.5 - 26.3 )	39.9	( 29.3 - 50.6 )	33.1	( 22.7 - 43.5 )	6.1 *	( 1.1 - 11.2 )	N/A	( N/A - N/A )
<b>2004</b>	11.1 *	( 3.6 - 18.6 )	34.7	( 20.4 - 49.0 )	29.7	( 16.4 - 42.9 )	12.4 *	( 1.6 - 23.1 )	12.2 *	( 1.6 - 22.8 )
<b>2005</b>	22.7	( 12.1 - 33.4 )	34.6	( 22.8 - 46.4 )	20.9	( 10.7 - 31.2 )	18.7 *	( 8.3 - 29.1 )	3.0 *	( 0.7 - 5.3 )
<b>2006</b>	26.1	( 13.8 - 38.4 )	31.2	( 18.6 - 43.8 )	25.0 *	( 12.4 - 37.5 )	8.0 *	( 2.4 - 13.5 )	9.8 *	( 1.2 - 18.4 )
<b>2007</b>	7.8 *	( 0.7 - 14.8 )	34.5	( 18.7 - 50.3 )	26.5 *	( 11.5 - 41.6 )	28.4 *	( 10.4 - 46.4 )	2.8 *	( 0.3 - 5.3 )
<b>2008</b>	28.8 *	( 11.2 - 46.3 )	24.6 *	( 10.3 - 38.9 )	34.5	( 17.9 - 51.1 )	7.9 *	( 0.6 - 15.1 )	4.2 *	( 0.4 - 7.9 )
<b>2009</b>	18.5 *	( 8.9 - 28.1 )	50.9	( 41.3 - 60.4 )	19.6	( 13.2 - 26.1 )	3.6 *	( 1.0 - 6.3 )	7.4 *	( 3.2 - 11.5 )
<b>2010</b>	14.3 *	( 5.6 - 23.0 )	51.8	( 37.0 - 66.6 )	25.1 *	( 12.3 - 37.9 )	3.8 *	( 0.2 - 7.3 )	N/A	( N/A - N/A )
<b>2011</b>	16.5 *	( 3.6 - 29.5 )	24.4 *	( 7.9 - 40.9 )	21.7 *	( 6.0 - 37.5 )	21.4 *	( 4.9 - 37.9 )	15.9 *	( 0.8 - 31.0 )
<b>2012</b>	14.4 *	( 5.3 - 23.6 )	43.2	( 30.0 - 56.4 )	27.5	( 14.3 - 40.6 )	9.3 *	( 2.2 - 16.3 )	N/A	( N/A - N/A )
<b>2013</b>	9.3 *	( 2.7 - 16.0 )	44.7	( 28.4 - 60.9 )	25.3 *	( 8.0 - 42.6 )	11.2 *	( 2.7 - 19.8 )	9.5 *	( 1.5 - 17.5 )
<b>2014</b>	17.1 *	( 3.2 - 30.9 )	38.4	( 19.8 - 57.0 )	26.4 *	( 9.8 - 43.0 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
<b>2015</b>	13.9 *	( 2.7 - 25.1 )	38.0	( 22.8 - 53.1 )	12.7 *	( 3.3 - 22.0 )	25.3 *	( 8.8 - 41.8 )	10.2 *	( 2.0 - 18.3 )
<b>2016</b>	10.7 *	( 3.1 - 18.4 )	38.3	( 23.2 - 53.4 )	36.2	( 20.9 - 51.5 )	N/A	( N/A - N/A )	8.9 *	( 0.4 - 17.5 )
<b>2017</b>	20.9 *	( 8.5 - 33.3 )	34.8	( 21.4 - 48.2 )	30.7	( 16.7 - 44.8 )	8.4 *	( 1.9 - 14.9 )	N/A	( N/A - N/A )
<b>2018</b>	9.9 *	( 1.5 - 18.4 )	23.0 *	( 9.3 - 36.6 )	28.6 *	( 14.1 - 43.1 )	25.2 *	( 6.6 - 43.7 )	13.3 *	( 3.9 - 22.8 )
<b>Average</b>	17.2	( 14.7 - 19.7 )	38.2	( 35.0 - 41.4 )	26.0	( 23.0 - 28.9 )	11.3	( 9.1 - 13.5 )	7.3	( 5.7 - 9.0 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

## 7. CHRONIC CONDITIONS

Chronic health conditions refer to long-term conditions (lasting more than six months) that can have a significant impact on a person's life. The chronic conditions collected by the HWSS were chosen due to their health impact both personally and on families and the potential to reduce their burden.<sup>5, 6</sup> In the HWSS, chronic conditions were determined by asking parents/carers whether or not a doctor had ever diagnosed their child with a number of common health conditions.

### 7.1 Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) is a behavioural disorder that affects young children. Children with ADHD have three main problems: inattention, impulsivity and overactivity.<sup>7, 8</sup> In 2018, 3.8 per cent of children aged two years and over had been diagnosed with ADHD.

### 7.2 Developmental problems

Parents/carers were asked whether or not a doctor had ever diagnosed their child with a problem with coordination, clumsiness, deformity, stiffness or developmental delay. The prevalence of developmental problems is shown in Table 10. In 2018, an estimated 5.0% of children aged 0 to 15 years had been diagnosed with a developmental problem. The prevalence of developmental problems was similar among children from different age groups as well as among boys and girls.

**Table 10: Prevalence of children with a developmental problem, 0 to 15 years, HWSS 2018**

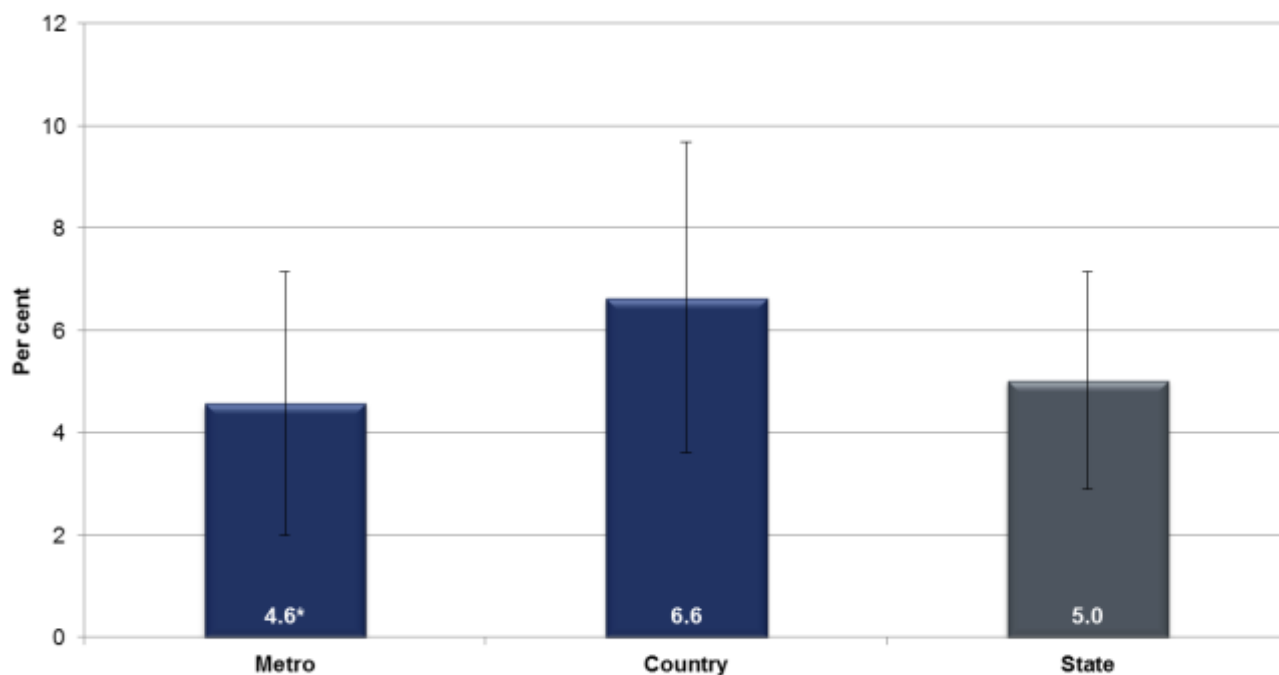
	%	95% CI
<b>Age Group</b>		
0 to 4 yrs	N/A	( N/A - N/A )
5 to 9 yrs	5.7	* ( 1.5 - 9.8 )
10 to 15 yrs	8.0	* ( 3.8 - 12.3 )
<b>Gender</b>		
Boys	6.6	* ( 3.1 - 10.1 )
Girls	3.4	* ( 1.0 - 5.8 )
<b>Children</b>	5.0	( 2.9 - 7.2 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 2 shows the prevalence of developmental problems among children by geographic area of residence. The prevalence of developmental problems was similar among children living in metro and country areas.

**Figure 2: Prevalence of children with developmental problems, by geographic area, 0 to 15 years, HWSS 2018**



\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence estimates of developmental problems are shown in Table 11. The estimate for 2018 was similar to that for 2002.

**Table 11: Prevalence of children with developmental problems, 0 to 15 years, HWSS 2002–18**

	%	95% CI
<b>2002</b>	7.4	( 5.6 - 9.2 )
<b>2003</b>	8.3	( 6.5 - 10.1 )
<b>2004</b>	8.6	( 5.7 - 11.5 )
<b>2005</b>	6.7	( 4.7 - 8.7 )
<b>2006</b>	6.2	( 4.5 - 8.0 )
<b>2007</b>	6.3	( 3.9 - 8.7 )
<b>2008</b>	7.0	( 4.6 - 9.4 )
<b>2009</b>	5.9	( 4.7 - 7.1 )
<b>2010</b>	5.8	( 3.7 - 7.8 )
<b>2011</b>	6.1	( 3.7 - 8.4 )
<b>2012</b>	7.5	( 5.1 - 9.9 )
<b>2013</b>	8.7	( 5.7 - 11.7 )
<b>2014</b>	6.3	( 3.9 - 8.7 )
<b>2015</b>	7.0	( 4.6 - 9.3 )
<b>2016</b>	5.6	( 3.4 - 7.8 )
<b>2017</b>	6.8	( 4.0 - 9.6 )
<b>2018</b>	5.1	( 3.0 - 7.2 )
<b>Average</b>	6.7	( 6.2 - 7.2 )

### 7.3 Type 1 diabetes

Diabetes is a condition where the body is unable to maintain normal blood glucose levels. Diabetes contributes significantly to ill health, disability and premature death in Australia, though death is extremely rare among children.<sup>9</sup>

Parents/carers have been asked each year since 2002 whether their child has been diagnosed with Type 1 diabetes. In 2018, too few respondents indicated that their child had been diagnosed with Type 1 diabetes to calculate reliable population estimates.

Low prevalence rates of Type 1 diabetes have also been reported by the ABS, with 0.2 per cent of 0 to 14 year olds in Australia reported as having Type 1 diabetes in the 2017-18 National Health Survey.<sup>10</sup>

### 7.4 Asthma

Asthma is one of the most common chronic conditions among children, affecting approximately 10 per cent of the Australian child population (0 to 14 years) based on the 2017-18 National Health Survey.<sup>10</sup> Asthma is a reversible narrowing of the airways in the lungs, with symptoms that include wheezing, coughing, tightness of the chest, breathing difficulty and shortness of breath.<sup>11</sup>

Parents/carers were asked whether a doctor had ever told them that their child had asthma (lifetime prevalence) and whether their child had symptoms or had taken treatment for asthma during the past 12 months. The WA prevalence of childhood asthma is shown in Table 12. Estimates for the lifetime prevalence and 12-month period prevalence of asthma were similar among children aged 5 to 9 years and 10 to 15 years, and among boys and girls.

**Table 12: Prevalence of children with asthma, 0 to 15 years, HWSS 2018**

	Lifetime (a)		Period (b)	
	%	95% CI	%	95% CI
<b>Age Group</b>				
0 to 4 yrs	5.3 *	( 0.3 - 10.4 )	N/A	( N/A - N/A )
5 to 9 yrs	12.3 *	( 6.2 - 18.5 )	9.6 *	( 4.1 - 15.1 )
10 to 15 yrs	17.2	( 11.5 - 23.0 )	10.9	( 5.8 - 16.0 )
<b>Gender</b>				
Boys	12.7	( 7.9 - 17.6 )	9.1	( 4.8 - 13.5 )
Girls	10.8	( 6.0 - 15.6 )	7.5 *	( 3.4 - 11.6 )
<b>Children</b>	<b>11.8</b>	<b>( 8.4 - 15.2 )</b>	<b>8.3</b>	<b>( 5.3 - 11.3 )</b>

(a) Children whose parent/carer reported they had been told by a doctor or nurse that the child had asthma (ever).

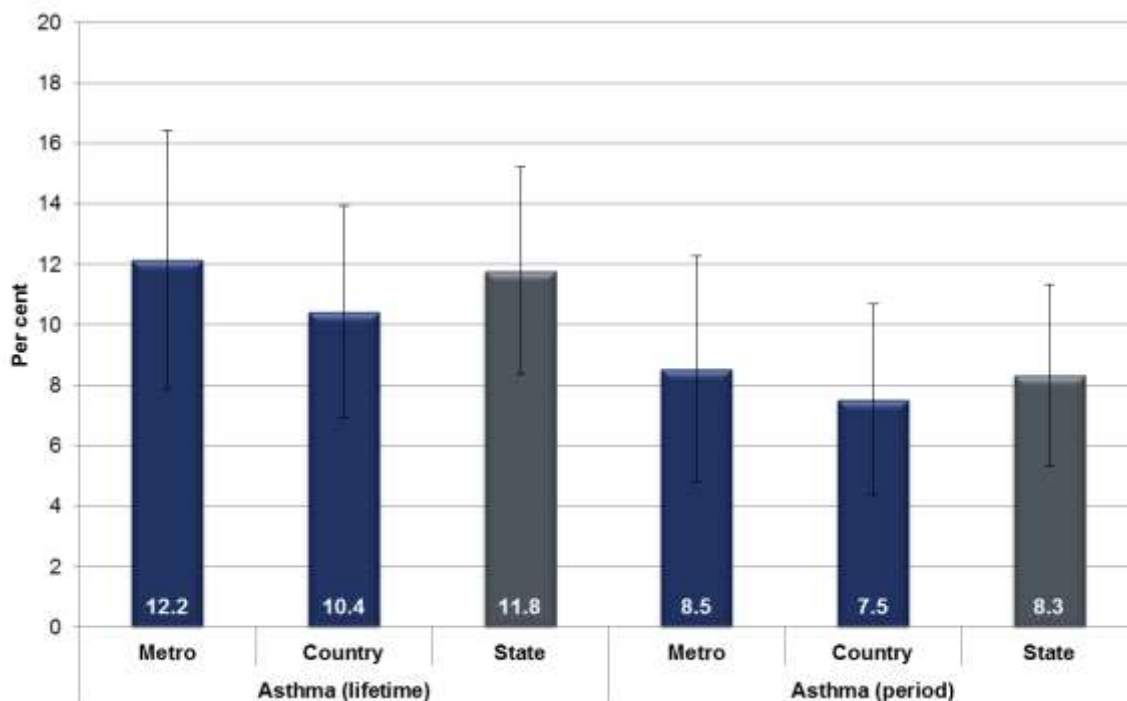
(b) Children whose parent/carer reported the child has had symptoms of, or treatment for, asthma in the last 12 months.

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 3 shows the prevalence of asthma among children by geographic area of residence. Estimates for the lifetime prevalence and 12-month period prevalence of asthma were similar for WA children living in metro and country areas.

**Figure 3: Prevalence of children with asthma, by geographic area, 0 to 15 years, HWSS 2018**



The annual prevalence estimates of childhood asthma are shown in Table 13 and Figure 4. The lifetime prevalence and 12-month period prevalence of asthma estimates for 2018 were similar to those for 2005.

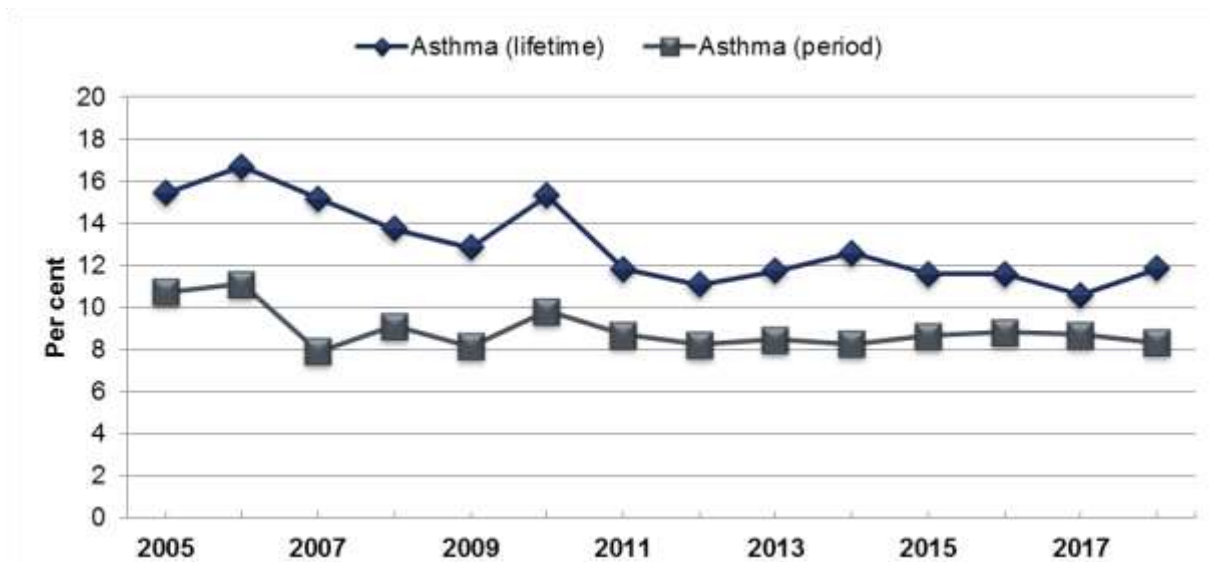


**Table 13: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–18**

	Lifetime (a)		Period (b)	
	%	95% CI	%	95% CI
2005	15.4	( 12.7 - 18.2 )	10.7	( 8.4 - 13.1 )
2006	16.7	( 14.1 - 19.3 )	11.1	( 8.9 - 13.4 )
2007	15.2	( 11.7 - 18.7 )	7.9	( 5.5 - 10.4 )
2008	13.7	( 10.5 - 17.0 )	9.1	( 6.3 - 12.0 )
2009	12.8	( 11.1 - 14.6 )	8.1	( 6.6 - 9.6 )
2010	15.3	( 12.3 - 18.3 )	9.8	( 7.3 - 12.3 )
2011	11.8	( 8.7 - 14.9 )	8.7	( 5.9 - 11.5 )
2012	11.1	( 8.5 - 13.7 )	8.2	( 5.9 - 10.6 )
2013	11.7	( 8.9 - 14.5 )	8.5	( 6.1 - 10.9 )
2014	12.6	( 9.4 - 15.8 )	8.3	( 5.6 - 10.9 )
2015	11.6	( 8.6 - 14.5 )	8.7	( 6.1 - 11.3 )
2016	11.6	( 8.5 - 14.7 )	8.8	( 6.0 - 11.7 )
2017	10.6	( 7.9 - 13.3 )	8.7	( 6.2 - 11.3 )
2018	11.8	( 8.5 - 15.2 )	8.3	( 5.4 - 11.3 )
<b>Average</b>	<b>13.2</b>	<b>( 12.5 - 13.9 )</b>	<b>9.0</b>	<b>( 8.3 - 9.6 )</b>

(a) Children whose parent/carer reported they had been told by a doctor or nurse that the child had asthma (ever).

(b) Children whose parent/carer reported the child has had symptoms of, or treatment for, asthma in the last 12 months.

**Figure 4: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–18**

## 7.5 Respiratory problem other than asthma

Parents/carers have been asked each year since 2007 whether a doctor had told them that their child had a respiratory problem other than asthma, such as chronic bronchitis, that lasted six months or more. In 2018, an estimated 0.7 per cent of children aged 0 to 15 years had ever been diagnosed with a respiratory problem other than asthma.

## 7.6 Injuries

Injury is a leading and often preventable cause of hospitalisation and death in Australia.<sup>6</sup>

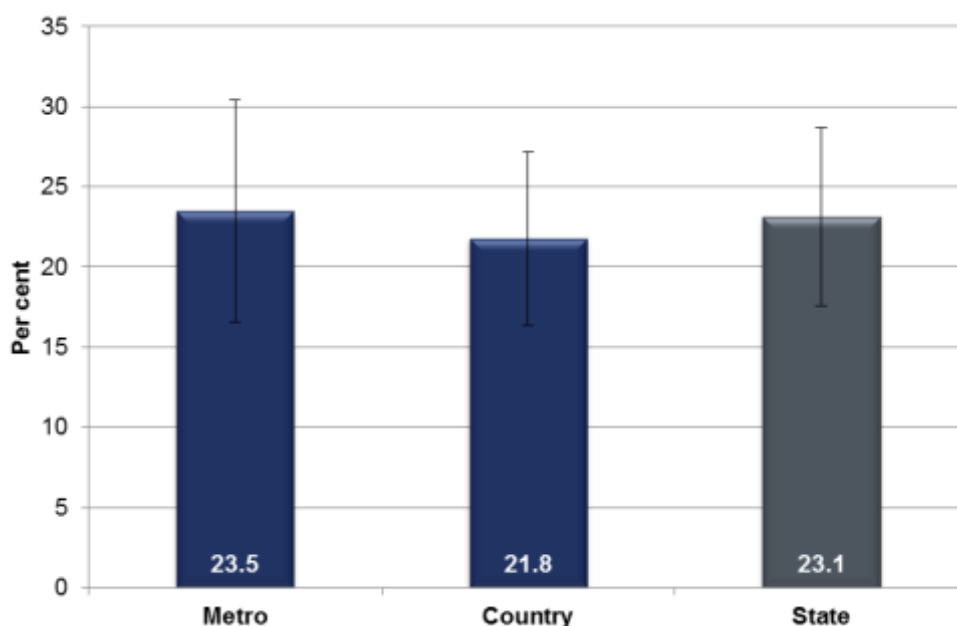
Parents/carers were asked whether their child had an injury in the past 12 months that required treatment from a health professional (Table 14). Approximately one in five (23.1%) children aged 0 to 15 years had sustained an injury in the past 12 months that required treatment from a health professional. There was no significant difference in the proportion of children injured in the past 12 months that required treatment from a health professional when comparing age groups and boys and girls.

**Table 14: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2018**

	%	95% CI
<b>Age Group</b>		
0 to 4 yrs	16.9 *	( 4.0 - 29.8 )
5 to 9 yrs	21.5	( 13.3 - 29.7 )
10 to 15 yrs	30.3	( 23.4 - 37.1 )
<b>Gender</b>		
Boys	26.1	( 17.4 - 34.7 )
Girls	20.0	( 13.4 - 26.7 )
<b>Children</b>	<b>23.1</b>	<b>( 17.6 - 28.7 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

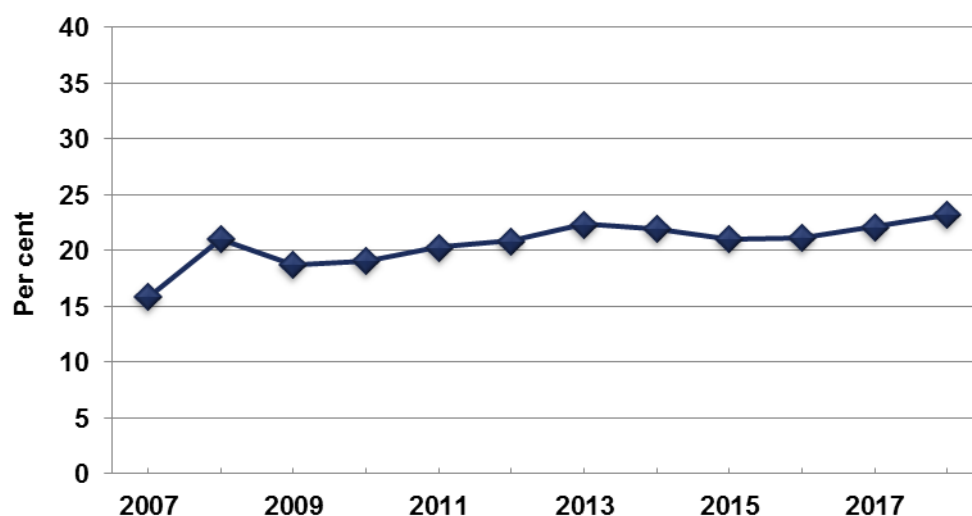
Figure 5 shows the proportion of children who had an injury in the past 12 months that required treatment by a health professional, by geographic area of residence. The proportion of children injured in the past 12 months that required treatment from a health professional was similar in metro and country areas.

**Figure 5: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, by geographic area, 0 to 15 years, HWSS 2018**

The annual prevalence estimates for WA children aged 0 to 15 years sustaining injuries requiring treatment from a health professional in the past 12 months are shown in Table 15 and Figure 6. In 2018, the proportion of children aged 0 to 15 years who sustained an injury in the past 12 months was similar to 2007.

**Table 15: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–18**

	%	95% CI
<b>2007</b>	15.9	( 11.3 - 20.4 )
<b>2008</b>	21.1	( 17.1 - 25.0 )
<b>2009</b>	18.7	( 16.5 - 20.9 )
<b>2010</b>	19.1	( 15.6 - 22.6 )
<b>2011</b>	20.3	( 16.5 - 24.1 )
<b>2012</b>	20.9	( 17.3 - 24.4 )
<b>2013</b>	22.4	( 18.2 - 26.5 )
<b>2014</b>	22.0	( 17.7 - 26.2 )
<b>2015</b>	21.1	( 17.3 - 24.8 )
<b>2016</b>	21.2	( 17.4 - 24.9 )
<b>2017</b>	22.1	( 17.7 - 26.5 )
<b>2018</b>	23.2	( 17.8 - 28.6 )
<b>Average</b>	20.6	( 19.6 - 21.7 )

**Figure 6: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–18**

The mean number of injuries that required treatment from a health professional in the past 12 months is shown in Table 16 and is reported to two decimal places given their small size. The mean number of injuries that required treatment from a health professional in the past 12 months was similar among age groups and among boys and girls.

It is possible to have a mean number of injuries that is less than one as the majority of children do not experience any injury in the previous year. It is estimated that 123,000 injuries in 2018 required treatment by a health care professional.

**Table 16: Mean number of injuries requiring treatment from a health professional, 0 to 15 years, HWSS 2018**

	mean	95% CI
<b>Age Group</b>		
0 to 4 yrs	0.21 *	( 0.06 - 0.36 )
5 to 9 yrs	0.29	( 0.17 - 0.41 )
10 to 15 yrs	0.44	( 0.32 - 0.55 )
<b>Gender</b>		
Boys	0.36	( 0.24 - 0.47 )
Girls	0.27	( 0.17 - 0.36 )
<b>Children</b>	0.31	( 0.24 - 0.39 )

\* Mean estimate has a RSE between 25%-50% and should be used with caution.

The mean number of injuries that required treatment from a health professional in the past 12 months since 2007 is shown in Table 17. The mean number of injuries for children aged 0 to 15 years that required treatment from a health professional was similar in 2018 and 2007.

**Table 17: Mean number of injuries, 0 to 15 years, HWSS 2007–18**

	mean	95% CI
<b>2007</b>	0.24	( 0.18 - 0.29 )
<b>2008</b>	0.30	( 0.23 - 0.37 )
<b>2009</b>	0.25	( 0.22 - 0.29 )
<b>2010</b>	0.28	( 0.21 - 0.34 )
<b>2011</b>	0.34	( 0.26 - 0.42 )
<b>2012</b>	0.34	( 0.26 - 0.42 )
<b>2013</b>	0.34	( 0.26 - 0.42 )
<b>2014</b>	0.40	( 0.23 - 0.57 )
<b>2015</b>	0.33	( 0.25 - 0.41 )
<b>2016</b>	0.31	( 0.25 - 0.38 )
<b>2017</b>	0.32	( 0.25 - 0.39 )
<b>2018</b>	0.32	( 0.24 - 0.39 )
<b>Average</b>	0.30	( 0.28 - 0.32 )

## 8. LIFESTYLE FACTORS

There are many factors that influence a person's health, including genetics, lifestyle and environmental (including social) factors. These factors may have a positive effect on health, such as a high consumption of fruit and vegetables, or a negative effect, such as physical inactivity.<sup>6</sup> These modifiable lifestyle behaviours are also associated with the onset of some physiological risk factors, such as obesity.

### 8.1 Physical activity and sedentary behaviour

It is well accepted that physical activity is beneficial to children's health through influencing growth and development, improving mental health as well as reducing the risk of overweight and obesity and developing chronic health conditions later in life.<sup>12-14</sup>

Parents/carers were asked to rate their child's physical activity level, as shown in Table 18. Approximately half (49.6%) of children aged 5 to 15 years were reported to be very active. It is estimated that fewer than one in twenty (4.3%) children were not very active/not at all active.

**Table 18: Prevalence of children by parent/carer-rated physical activity level, 5 to 15 years, HWSS 2018**

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
5 to 9 yrs	57.3	( 47.6 - 67.0 )	26.3	( 17.7 - 34.9 )	14.3 *	( 7.2 - 21.4 )	N/A	( N/A - N/A )
10 to 15 yrs	42.5	( 35.2 - 49.9 )	30.2	( 23.1 - 37.4 )	20.9	( 15.1 - 26.8 )	6.3 *	( 2.8 - 9.8 )
<b>Gender</b>								
Boys	55.3	( 47.2 - 63.5 )	23.1	( 16.4 - 29.7 )	14.6	( 9.3 - 19.9 )	7.0 *	( 3.0 - 10.9 )
Girls	43.6	( 34.8 - 52.3 )	33.9	( 25.2 - 42.6 )	21.1	( 13.7 - 28.5 )	1.5 *	( 0.3 - 2.6 )
<b>Children</b>	<b>49.6</b>	<b>( 43.5 - 55.7 )</b>	<b>28.4</b>	<b>( 22.8 - 33.9 )</b>	<b>17.8</b>	<b>( 13.2 - 22.3 )</b>	<b>4.3 *</b>	<b>( 2.2 - 6.4 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Estimates for parent/carer-rated physical activity levels for 2018 were similar to 2005 (Table 19).

**Table 19: Prevalence of children by parent/carer rated physical activity level, 5 to 15 years, HWSS 2005–18**

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2005</b>	48.8	( 44.2 - 53.3 )	28.9	( 24.8 - 32.9 )	17.1	( 13.5 - 20.6 )	5.3	( 3.3 - 7.3 )
<b>2006</b>	50.3	( 46.1 - 54.5 )	28.9	( 25.2 - 32.6 )	18.4	( 15.3 - 21.5 )	2.4	( 1.3 - 3.5 )
<b>2007</b>	51.4	( 45.6 - 57.3 )	26.1	( 21.1 - 31.1 )	19.2	( 14.6 - 23.7 )	3.3	* ( 1.3 - 5.4 )
<b>2008</b>	53.3	( 47.9 - 58.8 )	26.9	( 22.1 - 31.7 )	14.6	( 10.8 - 18.3 )	5.2	( 3.0 - 7.4 )
<b>2009</b>	47.8	( 45.3 - 50.3 )	32.9	( 30.6 - 35.3 )	15.3	( 13.5 - 17.1 )	4.0	( 3.1 - 4.9 )
<b>2010</b>	51.7	( 46.7 - 56.7 )	29.3	( 24.7 - 33.8 )	13.9	( 10.5 - 17.2 )	5.1	( 2.9 - 7.4 )
<b>2011</b>	52.1	( 46.5 - 57.8 )	28.5	( 23.3 - 33.7 )	17.2	( 12.9 - 21.5 )	2.2	* ( 0.7 - 3.6 )
<b>2012</b>	49.6	( 44.6 - 54.7 )	30.2	( 25.6 - 34.8 )	14.7	( 11.1 - 18.2 )	5.5	( 3.2 - 7.8 )
<b>2013</b>	46.1	( 40.9 - 51.4 )	30.5	( 25.5 - 35.5 )	20.0	( 15.8 - 24.3 )	3.3	* ( 1.5 - 5.2 )
<b>2014</b>	47.8	( 42.0 - 53.6 )	28.8	( 23.6 - 34.0 )	17.5	( 12.7 - 22.2 )	5.9	( 3.3 - 8.5 )
<b>2015</b>	50.4	( 45.0 - 55.8 )	27.3	( 22.4 - 32.2 )	17.3	( 13.4 - 21.2 )	5.0	* ( 2.4 - 7.6 )
<b>2016</b>	53.1	( 47.9 - 58.3 )	26.3	( 21.8 - 30.9 )	16.7	( 13.0 - 20.3 )	3.9	( 2.0 - 5.8 )
<b>2017</b>	55.0	( 50.0 - 60.0 )	22.1	( 18.1 - 26.1 )	16.5	( 12.9 - 20.2 )	6.4	( 4.0 - 8.7 )
<b>2018</b>	49.2	( 43.3 - 55.2 )	28.5	( 23.0 - 33.9 )	17.9	( 13.5 - 22.4 )	4.4	( 2.3 - 6.5 )
<b>Average</b>	50.0	( 48.7 - 51.2 )	29.3	( 28.2 - 30.4 )	16.4	( 15.5 - 17.3 )	4.3	( 3.9 - 4.8 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Based on the 2019 Australian 24-Hour Movement Guidelines for Children and Young People, children aged between 5 and 15 years are required to complete at least 60 minutes of moderate to vigorous physical activity each day to achieve good health.<sup>13</sup>

The HWSS reports against physical activity levels using a two-step question that asks parents/carers to report separately on the amount of vigorous and moderate activity that the child completed in the past week. Completing sufficient levels of physical activity is then defined as being physically active for seven or more sessions a week where each session lasted 60 minutes or more.

The estimates of weekly physical activity for children 5 to 15 years are shown in Table 20. Overall, 40.1 per cent of children aged 5 to 15 years completed sufficient amounts of physical activity. Estimates for the prevalence of children who are sufficiently active were similar among age groups and among boys and girls.

**Table 20: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2018**

	No sessions of physical activity per week		Physically active 1 to 6 sessions per week		Physically active 7 or more sessions per week but less than 60 mins a session		Physically active 7 or more sessions per week and at least 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
5 to 9 yrs	8.4	*( 2.4 - 14.4 )	23.0	( 14.9 - 31.1 )	22.3	( 14.3 - 30.3 )	46.3	( 36.3 - 56.4 )
10 to 15 yrs	11.2	( 6.4 - 16.0 )	38.9	( 31.7 - 46.2 )	15.3	( 9.8 - 20.9 )	34.5	( 27.3 - 41.8 )
<b>Gender</b>								
Boys	8.0	*( 3.5 - 12.6 )	28.8	( 21.7 - 35.9 )	17.7	( 11.5 - 24.0 )	45.4	( 36.8 - 54.0 )
Girls	11.8	*( 5.7 - 17.9 )	34.1	( 25.8 - 42.5 )	19.5	( 12.3 - 26.8 )	34.5	( 26.0 - 43.1 )
<b>Children</b>	9.9	( 6.1 - 13.7 )	31.4	( 25.9 - 36.9 )	18.6	( 13.8 - 23.4 )	40.1	( 33.9 - 46.3 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

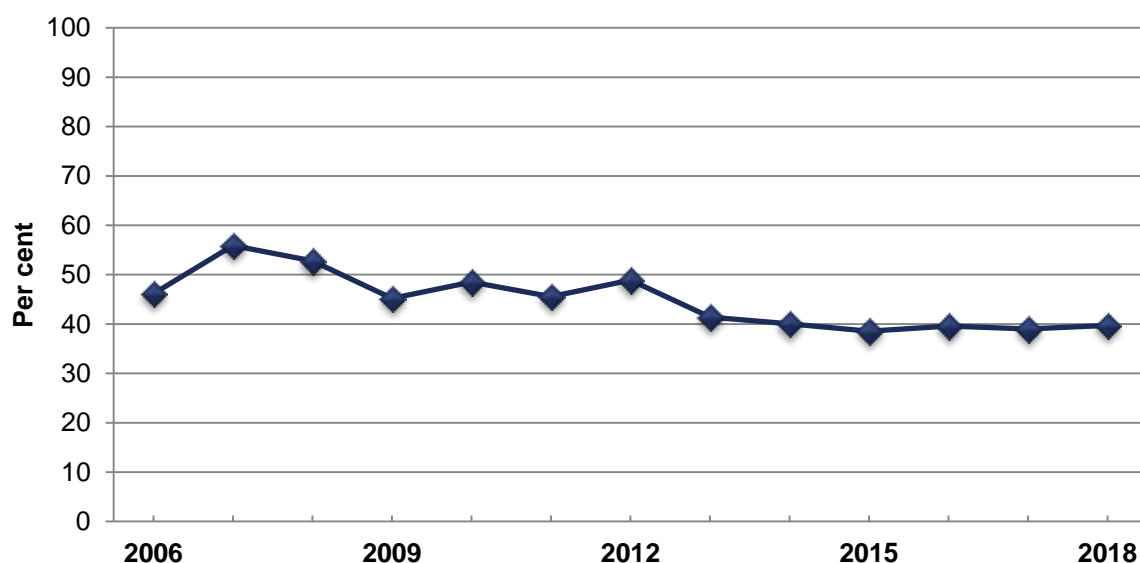
The annual prevalence estimates of weekly physical activity are shown in Table 21 and Figure 7. The proportion of children completing sufficient levels of physical activity in 2018 (39.7%) was significantly lower compared with 2007 (55.9%) and 2008 (52.8%).

**Table 21: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2006–18**

	No sessions of physical activity per week		Physically active 1 to 6 sessions per week		Physically active 7 or more sessions per week but less than 60 mins a session		Physically active 7 or more sessions per week and at least 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2006</b>	2.2	( 1.2 - 3.2 )	31.1	( 27.2 - 35.0 )	20.5	( 17.1 - 24.0 )	46.1	( 41.9 - 50.4 )
<b>2007</b>	2.6	*( 1.0 - 4.3 )	26.5	( 21.4 - 31.7 )	14.9	( 10.9 - 18.9 )	55.9	( 50.0 - 61.8 )
<b>2008</b>	3.3	*( 1.4 - 5.2 )	28.6	( 23.4 - 33.8 )	15.3	( 11.4 - 19.2 )	52.8	( 47.1 - 58.5 )
<b>2009</b>	4.0	( 3.0 - 4.9 )	36.4	( 34.0 - 38.8 )	14.4	( 12.7 - 16.2 )	45.2	( 42.7 - 47.7 )
<b>2010</b>	3.3	( 1.8 - 4.9 )	32.5	( 27.8 - 37.3 )	15.6	( 12.0 - 19.2 )	48.5	( 43.4 - 53.6 )
<b>2011</b>	4.1	*( 1.2 - 6.9 )	32.0	( 26.7 - 37.4 )	18.4	( 14.0 - 22.7 )	45.5	( 39.9 - 51.2 )
<b>2012</b>	4.6	( 2.4 - 6.9 )	31.9	( 27.3 - 36.5 )	14.5	( 10.9 - 18.2 )	48.9	( 43.8 - 54.0 )
<b>2013</b>	6.2	( 3.4 - 8.9 )	34.8	( 29.8 - 39.9 )	17.6	( 13.4 - 21.8 )	41.4	( 36.1 - 46.7 )
<b>2014</b>	5.6	*( 2.7 - 8.5 )	35.9	( 30.3 - 41.4 )	18.5	( 14.0 - 23.0 )	40.0	( 34.3 - 45.8 )
<b>2015</b>	3.6	( 1.9 - 5.3 )	35.5	( 30.2 - 40.8 )	22.4	( 17.6 - 27.1 )	38.5	( 33.2 - 43.9 )
<b>2016</b>	3.8	( 2.0 - 5.7 )	35.7	( 30.6 - 40.8 )	20.9	( 16.6 - 25.3 )	39.6	( 34.4 - 44.8 )
<b>2017</b>	4.3	( 2.4 - 6.2 )	41.6	( 36.6 - 46.7 )	15.1	( 11.5 - 18.6 )	39.0	( 34.0 - 44.0 )
<b>2018</b>	9.8	( 6.2 - 13.5 )	31.9	( 26.5 - 37.3 )	18.5	( 13.9 - 23.2 )	39.7	( 33.7 - 45.7 )
<b>Average</b>	4.2	( 3.7 - 4.7 )	34.0	( 32.8 - 35.2 )	17.0	( 16.0 - 18.0 )	44.8	( 43.5 - 46.1 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.



**Figure 7: Prevalence of children completing sufficient weekly physical activity, 5 to 15 years, HWSS 2006–18**

The annual estimates for mean minutes spent in physical activity per week, for children 5 to 15 years, are shown in Table 22.

**Table 22: Mean time (minutes) spent in physical activity per week, 5 to 15 years, HWSS 2006–18**

	mean	95% CI
<b>2006</b>	501.8	( 466.4 - 537.2 )
<b>2007</b>	595.0	( 535.5 - 654.5 )
<b>2008</b>	584.5	( 528.7 - 640.3 )
<b>2009</b>	558.8	( 536.2 - 581.4 )
<b>2010</b>	520.4	( 475.7 - 565.2 )
<b>2011</b>	532.9	( 484.3 - 581.5 )
<b>2012</b>	565.8	( 514.2 - 617.5 )
<b>2013</b>	514.5	( 472.3 - 556.7 )
<b>2014</b>	496.1	( 441.1 - 551.2 )
<b>2015</b>	477.0	( 430.1 - 523.9 )
<b>2016</b>	463.1	( 428.4 - 497.8 )
<b>2017</b>	474.4	( 432.5 - 516.3 )
<b>2018</b>	502.9	( 447.9 - 557.8 )
<b>Average</b>	528.4	( 517.0 - 539.9 )

The Australian 24-Hour Movement Guidelines for Children and Young People make recommendations about the maximum amount of time children aged 0 to 17 years should spend using electronic media (for example television, seated electronic games and computer use) during leisure time.<sup>13</sup> The guidelines recommend no use of electronic media for children less than 2 years of age, less than one hour of use daily for children 2 years to

less than 5 years of age and no more than 2 hours of use daily for children 5 to 17 years of age.

The proportion of children aged 0 to 15 years who met the guidelines for their specific age group is shown in Table 23. Children aged 5 to 15 years and children less than 2 years of age were more likely to meet daily leisure time screen usage guidelines compared with children aged 2 to less than 5 years (80.7% and 62.9% compared with 25.8%). The proportion of children who met the guidelines was similar among boys and girls.

**Table 23: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2018**

	Does not meet guidelines for electronic media use		Meets guidelines for electronic media use	
	%	95% CI	%	95% CI
<b>Age Group</b>				
0 to < 2 yrs	37.1 *	( 7.7 - 66.4 )	62.9	( 33.6 - 92.3 )
2 to <5 yrs	74.2	( 59.4 - 89.1 )	25.8 *	( 10.9 - 40.6 )
5 to 15 yrs	19.3	( 14.5 - 24.2 )	80.7	( 75.8 - 85.5 )
<b>Gender</b>				
Boys	42.3	( 32.3 - 52.3 )	57.7	( 47.7 - 67.7 )
Girls	32.3	( 22.6 - 42.0 )	67.7	( 58.0 - 77.4 )
<b>Children</b>	<b>37.4</b>	<b>( 30.4 - 44.4 )</b>	<b>62.6</b>	<b>( 55.6 - 69.6 )</b>

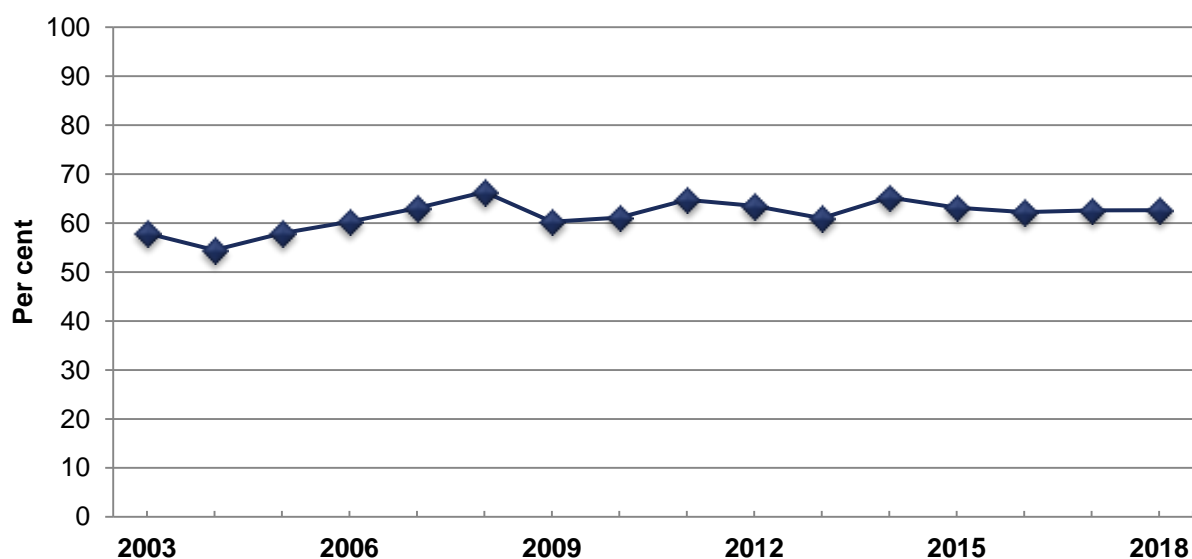
\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual estimates of the proportion of children meeting the Australian sedentary behaviour guidelines for use of electronic media during leisure time are shown in Table 24 and Figure 8. The proportion of children meeting the Australian sedentary behaviour guidelines for use of electronic media during leisure time was similar in 2018 and 2003.

**Table 24: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–18**

	Meets guidelines for electronic media use		Does not meet guidelines for electronic media use	
	%	95% CI	%	95% CI
2003	57.9	( 54.5 - 61.4 )	42.1	( 38.6 - 45.5 )
2004	54.5	( 49.1 - 59.9 )	45.5	( 40.1 - 50.9 )
2005	57.9	( 54.2 - 61.7 )	42.1	( 38.3 - 45.8 )
2006	60.3	( 56.8 - 63.7 )	39.7	( 36.3 - 43.2 )
2007	63.1	( 58.1 - 68.0 )	36.9	( 32.0 - 41.9 )
2008	66.4	( 61.8 - 70.9 )	33.6	( 29.1 - 38.2 )
2009	60.3	( 57.1 - 63.4 )	39.7	( 36.6 - 42.9 )
2010	61.1	( 56.9 - 65.3 )	38.9	( 34.7 - 43.1 )
2011	64.8	( 59.9 - 69.6 )	35.2	( 30.4 - 40.1 )
2012	63.5	( 59.2 - 67.8 )	36.5	( 32.2 - 40.8 )
2013	61.0	( 56.0 - 66.0 )	39.0	( 34.0 - 44.0 )
2014	65.2	( 60.1 - 70.4 )	34.8	( 29.6 - 39.9 )
2015	63.2	( 58.5 - 67.8 )	36.8	( 32.2 - 41.5 )
2016	62.2	( 57.5 - 67.0 )	37.8	( 33.0 - 42.5 )
2017	62.6	( 57.2 - 68.0 )	37.4	( 32.0 - 42.8 )
2018	62.6	( 55.8 - 69.4 )	37.4	( 30.6 - 44.2 )
<b>Average</b>	61.1	( 60.1 - 62.2 )	38.9	( 37.8 - 39.9 )

**Figure 8: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–18**



## 8.2 Body mass index

Parents/carers were asked to provide their child's height without shoes and weight without clothes or shoes. A Body Mass Index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared.

Age and sex specific BMI categories were then used to classify children into not overweight or obese, overweight, and obese,<sup>15</sup> as shown in Table 25. Outliers and biologically implausible values were removed in the derivation of these categories.<sup>16</sup>

In 2018, it is estimated that approximately one in four (24.3%) children aged 5 to 15 years were either overweight or obese. The prevalence of overweight and obesity were similar among children from different age groups and among boys and girls.

**Table 25: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2018**

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
5 to 9 yrs	73.6	( 64.6 - 82.5 )	17.9	( 10.2 - 25.7 )	8.5 *	( 3.1 - 13.9 )
10 to 15 yrs	77.5	( 71.7 - 83.4 )	17.2	( 11.9 - 22.5 )	5.2 *	( 2.2 - 8.2 )
<b>Gender</b>						
Boys	81.5	( 75.6 - 87.4 )	12.1	( 7.2 - 17.0 )	6.4 *	( 3.0 - 9.8 )
Girls	69.8	( 61.3 - 78.2 )	23.2	( 15.5 - 30.8 )	7.1 *	( 2.2 - 12.0 )
<b>Children</b>	<b>75.7</b>	<b>( 70.5 - 80.9 )</b>	<b>17.6</b>	<b>( 13.0 - 22.2 )</b>	<b>6.7</b>	<b>( 3.7 - 9.7 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

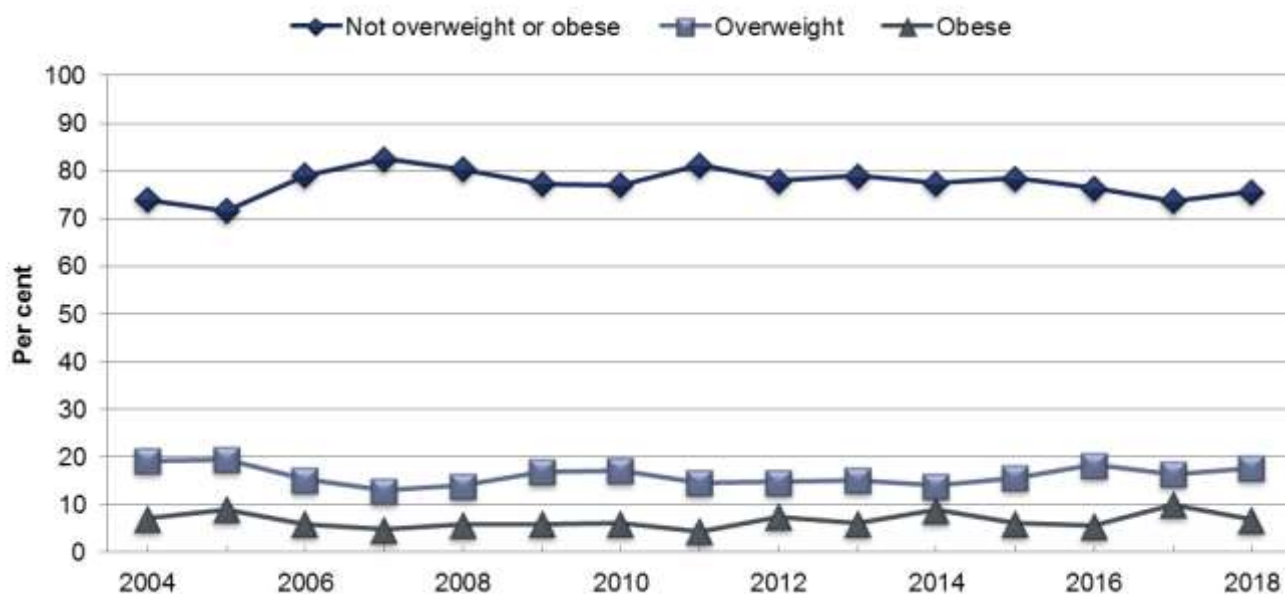
The annual prevalence estimates for body mass index categories is shown in Table 26 and Figure 9. Estimates in 2018 were similar to those in 2004.

**Table 26: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–18**

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
2004	73.9	( 66.9 - 80.9 )	19.1	( 12.9 - 25.4 )	7.0 *	( 2.9 - 11.0 )
2005	71.7	( 66.4 - 77.0 )	19.5	( 14.9 - 24.0 )	8.9	( 5.3 - 12.4 )
2006	79.0	( 74.9 - 83.2 )	15.1	( 11.4 - 18.8 )	5.8	( 3.5 - 8.1 )
2007	82.5	( 77.2 - 87.8 )	12.9	( 8.2 - 17.6 )	4.6 *	( 1.8 - 7.4 )
2008	80.3	( 75.5 - 85.2 )	14.0	( 9.7 - 18.2 )	5.7	( 3.0 - 8.4 )
2009	77.3	( 75.1 - 79.5 )	16.9	( 14.9 - 18.8 )	5.8	( 4.6 - 7.0 )
2010	77.0	( 72.5 - 81.5 )	17.0	( 13.0 - 21.1 )	6.0	( 3.6 - 8.3 )
2011	81.2	( 76.8 - 85.7 )	14.5	( 10.6 - 18.4 )	4.2 *	( 1.8 - 6.7 )
2012	77.9	( 73.6 - 82.2 )	14.7	( 11.2 - 18.2 )	7.4	( 4.5 - 10.3 )
2013	78.9	( 74.4 - 83.5 )	15.1	( 11.1 - 19.1 )	6.0	( 3.4 - 8.5 )
2014	77.4	( 72.4 - 82.3 )	13.9	( 9.9 - 17.9 )	8.7	( 5.3 - 12.2 )
2015	78.4	( 73.8 - 82.9 )	15.6	( 11.5 - 19.8 )	6.0	( 3.7 - 8.4 )
2016	76.3	( 71.8 - 80.9 )	18.2	( 14.1 - 22.4 )	5.4	( 3.3 - 7.6 )
2017	73.7	( 69.0 - 78.5 )	16.4	( 12.3 - 20.4 )	9.9	( 6.6 - 13.2 )
2018	75.7	( 70.6 - 80.7 )	17.6	( 13.2 - 22.1 )	6.7	( 3.9 - 9.6 )
<b>Average</b>	<b>77.2</b>	<b>( 76.1 - 78.4 )</b>	<b>16.3</b>	<b>( 15.3 - 17.3 )</b>	<b>6.5</b>	<b>( 5.8 - 7.1 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

**Figure 9: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–18**



Parents/carers were also asked for their perceptions of their child's weight (Table 27). Perceptions of weight have been reported against BMI-based weight categories derived from parent/carer-reported height and weight for the children.<sup>15</sup> For children aged 5 to 15 years with a BMI that classified them as overweight or obese, the majority (72.3%) had parents/carers who perceived their child's weight to be normal.

**Table 27: Prevalence of children by parent/carer-perceived body weight, by Body Mass Index classification, 5 to 15 years, HWSS 2018**

Body mass index classification	Parent / carer perception of child's body weight					
	Underweight		Normal weight		Overweight or very overweight	
	%	95% CI	%	95% CI	%	95% CI
Underweight	N/A	( N/A - N/A )	80.0	( 58.6 - 100.0 )	N/A	( N/A - N/A )
Normal weight	9.9	( 5.5 - 14.3 )	87.4	( 82.7 - 92.2 )	2.7 *	( 0.7 - 4.7 )
Overweight or obese	N/A	( N/A - N/A )	72.3	( 62.1 - 82.5 )	26.6	( 16.5 - 36.7 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Parents/carers were then asked what they were trying to do about their child's weight (Table 28). Intentions to change weight have been reported against BMI calculations based on parent/carer-reported height and weight for the child. Around one in eight (12.9%) children classified as overweight or obese based on BMI had parents/carers who were intending to help them lose weight. The majority of children classified as overweight or obese based on BMI had parents/carers who were not intending to do anything about their child's weight (63.0%).

**Table 28: Prevalence of children by parent/carer intentions regarding the child's weight, by Body Mass Index classification, 5 to 15 years, HWSS 2018**

Body mass index classification	Parent / carer Intentions around child's body weight							
	Lose weight		Gain weight		Stay the same weight		I am not trying to do anything about my child's weight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Underweight	N/A	( N/A - N/A )	N/A	( N/A - N/A )	N/A	( N/A - N/A )	56.0 *	( 23.6 - 88.5 )
Normal weight	N/A	( N/A - N/A )	4.0 *	( 1.7 - 6.3 )	11.2	( 6.5 - 15.9 )	82.9	( 77.6 - 88.3 )
Overweight or obese	12.9 *	( 6.0 - 19.8 )	N/A	( N/A - N/A )	22.7 *	( 11.4 - 34.0 )	63.0	( 51.1 - 74.9 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

### 8.3 Sun protection

Almost all skin cancers are preventable if people protect themselves from the sun.

Childhood sun exposure is particularly important in determining melanoma risk.<sup>17</sup> Table 29 shows the mean number of times children were sunburnt in the past 12 months. The mean number of times children were sunburnt in the past 12 months increased significantly with age.

**Table 29: Mean times sunburnt in past 12 months, 0 to 15 years, HWSS 2018**

	mean	95% CI
<b>Age Group</b>		
0 to 4 yrs	0.5	( 0.3 - 0.7 )
5 to 9 yrs	1.3	( 0.9 - 1.7 )
10 to 15 yrs	2.3	( 1.9 - 2.7 )
<b>Gender</b>		
Boys	1.5	( 1.1 - 1.8 )
Girls	1.3	( 1.0 - 1.6 )
<b>Children</b>	1.4	( 1.1 - 1.6 )

Annual estimates for the mean number of times sunburnt in the past 12 months are shown in Table 30. Estimates were similar in 2018 and 2002.

**Table 30: Mean times sunburnt in the past 12 months, 0 to 15 years, HWSS 2002–18**

	mean	95% CI
<b>2002</b>	1.6	( 1.3 - 1.9 )
<b>2003</b>	1.4	( 1.3 - 1.6 )
<b>2004</b>	1.6	( 1.4 - 1.9 )
<b>2005</b>	1.3	( 1.1 - 1.4 )
<b>2006</b>	1.6	( 1.3 - 1.7 )
<b>2007</b>	1.5	( 1.3 - 1.7 )
<b>2008</b>	1.3	( 1.2 - 1.5 )
<b>2009</b>	1.1	( 1.0 - 1.2 )
<b>2010</b>	1.4	( 1.2 - 1.5 )
<b>2011</b>	1.5	( 1.3 - 1.7 )
<b>2012</b>	1.2	( 1.1 - 1.3 )
<b>2013</b>	1.5	( 1.3 - 1.6 )
<b>2014</b>	1.5	( 1.3 - 1.7 )
<b>2015</b>	1.5	( 1.2 - 1.7 )
<b>2016</b>	1.5	( 1.2 - 1.8 )
<b>2017</b>	1.7	( 1.4 - 1.9 )
<b>2018</b>	1.4	( 1.2 - 1.6 )
<b>Average</b>	1.4	( 1.4 - 1.4 )

Table 31 shows the prevalence of children by how often parents/carers checked to see whether their child was adequately protected before going out into the sunlight (i.e. wearing a hat, using sunscreen and keeping covered).

In 2018, children aged 10 to 15 years were significantly less likely to always be checked by a parent/carer if they were adequately protected before going out into the sunlight compared with children aged 0 to 4 years (46.4% compared with 83.0%).



**Table 31: Prevalence of children by how often parent/carer checks they are adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2018**

	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
0 to 4 yrs	83.0	( 73.3 - 92.7 )	13.8 *	( 5.2 - 22.4 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
5 to 9 yrs	56.3	( 46.5 - 66.1 )	35.8	( 26.2 - 45.4 )	4.7 *	( 0.6 - 8.8 )	N/A	( N/A - N/A )
10 to 15 yrs	46.4	( 38.9 - 53.9 )	39.4	( 32.1 - 46.6 )	12.3	( 7.2 - 17.5 )	N/A	( N/A - N/A )
<b>Gender</b>								
Boys	63.4	( 55.2 - 71.7 )	29.9	( 22.3 - 37.4 )	5.9 *	( 2.6 - 9.3 )	N/A	( N/A - N/A )
Girls	59.4	( 50.7 - 68.2 )	29.9	( 22.1 - 37.8 )	7.9 *	( 3.4 - 12.4 )	2.7 *	( 0.1 - 5.4 )
<b>Children</b>	<b>61.5</b>	<b>( 55.4 - 67.5 )</b>	<b>29.9</b>	<b>( 24.5 - 35.3 )</b>	<b>6.9</b>	<b>( 4.1 - 9.7 )</b>	<b>1.7 *</b>	<b>( 0.3 - 3.1 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

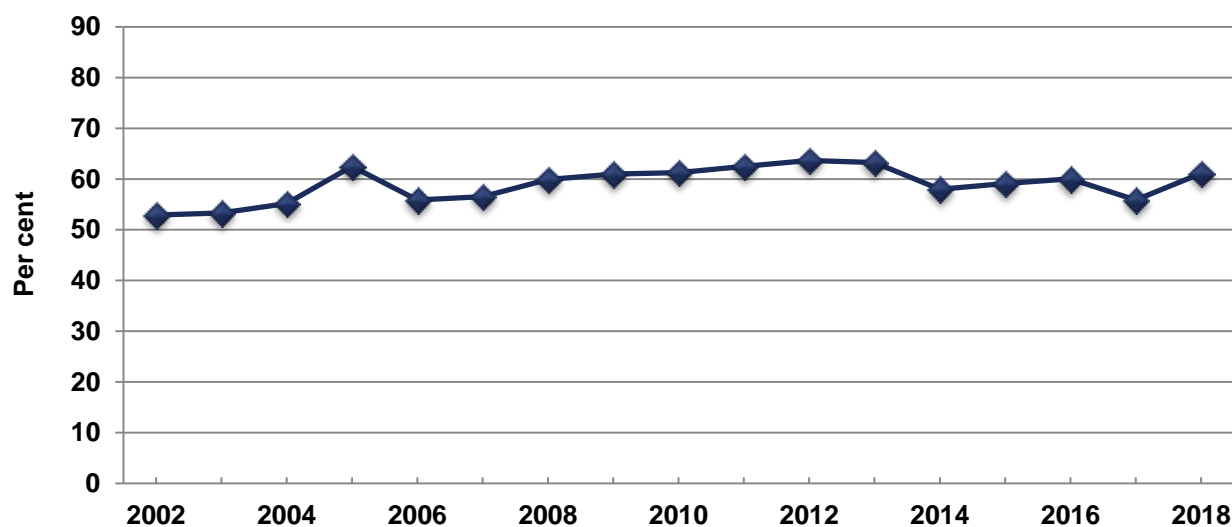
Annual prevalence estimates for children checked by parents/carers to ensure they are adequately protected before going out into the sun are shown in Table 32 and Figure 10. Estimates in 2018 were similar to those in 2002.

**Table 32: Prevalence of children by how often parent/carer checks they are adequately protected before going into the sunlight, 0 to 15 years, HWSS 2002–18**

	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	52.9	( 49.1 - 56.7 )	41.8	( 38.1 - 45.6 )	4.2	( 2.8 - 5.5 )	1.1 *	( 0.4 - 1.8 )
2003	53.3	( 49.9 - 56.8 )	40.8	( 37.3 - 44.2 )	4.4	( 3.2 - 5.6 )	1.5 *	( 0.6 - 2.4 )
2004	55.2	( 49.8 - 60.5 )	38.0	( 32.7 - 43.2 )	6.1	( 3.4 - 8.7 )	N/A	( N/A - N/A )
2005	62.5	( 58.8 - 66.1 )	30.9	( 27.4 - 34.3 )	5.6	( 3.8 - 7.3 )	1.1 *	( 0.4 - 1.7 )
2006	55.9	( 52.3 - 59.4 )	36.8	( 33.4 - 40.2 )	5.5	( 3.8 - 7.2 )	1.9 *	( 0.8 - 2.9 )
2007	56.5	( 51.5 - 61.6 )	35.0	( 30.1 - 39.9 )	7.0	( 4.3 - 9.6 )	1.5 *	( 0.5 - 2.5 )
2008	59.9	( 55.3 - 64.6 )	32.2	( 27.8 - 36.7 )	6.3	( 4.2 - 8.5 )	1.5 *	( 0.4 - 2.6 )
2009	61.0	( 58.1 - 63.9 )	31.8	( 29.1 - 34.5 )	5.0	( 3.6 - 6.5 )	2.1	( 1.3 - 3.0 )
2010	61.3	( 57.1 - 65.4 )	31.9	( 27.9 - 35.8 )	5.3	( 3.4 - 7.2 )	1.5 *	( 0.6 - 2.5 )
2011	62.5	( 57.8 - 67.2 )	32.0	( 27.4 - 36.6 )	4.5	( 2.6 - 6.4 )	1.0 *	( 0.2 - 1.8 )
2012	63.7	( 59.5 - 67.9 )	28.6	( 24.7 - 32.5 )	5.4	( 3.6 - 7.2 )	2.3 *	( 0.9 - 3.7 )
2013	63.2	( 58.6 - 67.9 )	31.9	( 27.4 - 36.4 )	3.6	( 2.1 - 5.2 )	1.2 *	( 0.1 - 2.3 )
2014	58.0	( 52.8 - 63.2 )	36.1	( 31.0 - 41.2 )	4.8	( 2.8 - 6.7 )	1.2 *	( 0.1 - 2.2 )
2015	59.1	( 54.4 - 63.9 )	35.0	( 30.5 - 39.6 )	4.2	( 2.6 - 5.8 )	1.6 *	( 0.1 - 3.1 )
2016	60.0	( 55.5 - 64.6 )	35.3	( 30.9 - 39.7 )	4.0	( 2.3 - 5.6 )	0.7 *	( 0.2 - 1.1 )
2017	55.9	( 50.6 - 61.1 )	37.3	( 32.2 - 42.3 )	5.6 *	( 2.6 - 8.6 )	1.3 *	( 0.3 - 2.2 )
2018	61.1	( 55.2 - 67.0 )	30.2	( 24.9 - 35.5 )	7.0 *	( 4.3 - 9.8 )	1.7 *	( 0.4 - 3.0 )
<b>Average</b>	<b>59.0</b>	<b>( 58.0 - 60.0 )</b>	<b>34.5</b>	<b>( 33.6 - 35.5 )</b>	<b>5.0</b>	<b>( 4.6 - 5.4 )</b>	<b>1.5</b>	<b>( 1.3 - 1.8 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

**Figure 10: Prevalence of children who are always checked to be adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2002–18**

## 8.4 Smoking

### 8.4.1 Smoking in the home

The negative health effects of passive smoking on children are well documented. Passive smoking is associated with numerous health conditions, such as respiratory infections, middle ear infections, more frequent colds and onset and severity of asthma. In addition, children in households with a smoker are more likely to smoke themselves in the future.<sup>9</sup>

The annual estimates of smoking within the home are shown in Table 33. The prevalence of children living in a smoke-free home has increased significantly from 2002 (90.5%) to 2018 (99.7%).

**Table 33: Prevalence of children by exposure to smoke within the home, 0 to 15 years, HWSS 2002–18**

	The home is smoke free		People occasionally or frequently smoke in the house	
	%	95% CI	%	95% CI
<b>2002</b>	90.5	( 88.5 - 92.4 )	9.5	( 7.6 - 11.5 )
<b>2003</b>	93.7	( 92.2 - 95.1 )	6.3	( 4.9 - 7.8 )
<b>2004</b>	91.2	( 88.5 - 93.9 )	8.8	( 6.1 - 11.5 )
<b>2005</b>	93.6	( 91.8 - 95.4 )	6.4	( 4.6 - 8.2 )
<b>2006</b>	96.5	( 95.3 - 97.7 )	3.5	( 2.3 - 4.7 )
<b>2007</b>	95.7	( 93.9 - 97.5 )	4.3	( 2.5 - 6.1 )
<b>2008</b>	96.5	( 94.8 - 98.1 )	3.5	( 1.9 - 5.2 )
<b>2009</b>	98.1	( 97.5 - 98.6 )	1.9	( 1.4 - 2.5 )
<b>2010</b>	98.2	( 97.2 - 99.3 )	1.8	* ( 0.7 - 2.8 )
<b>2011</b>	97.7	( 96.2 - 99.1 )	2.3	* ( 0.9 - 3.8 )
<b>2012</b>	97.8	( 96.3 - 99.4 )	2.2	* ( 0.6 - 3.7 )
<b>2013</b>	98.1	( 96.7 - 99.4 )	1.9	* ( 0.6 - 3.3 )
<b>2014</b>	98.9	( 98.1 - 99.7 )	1.1	* ( 0.3 - 1.9 )
<b>2015</b>	99.1	( 98.3 - 99.9 )	0.9	* ( 0.1 - 1.7 )
<b>2016</b>	99.5	( 99.0 - 100.0 )	N/A	( N/A - N/A )
<b>2017</b>	99.3	( 98.7 - 99.9 )	0.7	* ( 0.1 - 1.3 )
<b>2018</b>	99.7	( 99.3 - 100.0 )	0.3	* ( 0.0 - 0.7 )
<b>Average</b>	96.5	( 96.1 - 96.8 )	3.5	( 3.2 - 3.9 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

### 8.4.2 Smoking during pregnancy

Smoking during pregnancy reduces the amount of oxygen available to the baby through the umbilical cord. Smokers have a greater risk of having a premature baby and are more likely to have a low birth weight baby.<sup>18</sup>

The annual estimates for smoking during pregnancy are shown in Table 34. Due to the increased risk of recall bias for parents/carers answering questions on early childhood events on behalf of older children, only children aged 0 to 4 years at the time of the interview were included in the reporting of smoking status during pregnancy.

The prevalence of neither parents/carers smoking during pregnancy has increased significantly from 2005 (66.1%) to 2018 (97.4%).

**Table 34: Prevalence of children by parent/carer smoking status during pregnancy, 0 to 4 years, HWSS 2005–18**

	Neither		Mother only		Father only		Both parents	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2005</b>	66.1	( 59.6 - 72.6 )	5.9 *	( 2.7 - 9.1 )	20.1	( 14.7 - 25.6 )	7.9	( 4.3 - 11.4 )
<b>2006</b>	70.8	( 64.9 - 76.7 )	3.8 *	( 1.3 - 6.2 )	16.7	( 11.9 - 21.4 )	8.8	( 5.1 - 12.5 )
<b>2007</b>	76.1	( 68.2 - 83.9 )	2.6 *	( 0.6 - 4.7 )	13.6	( 7.3 - 19.9 )	7.7 *	( 2.7 - 12.7 )
<b>2008</b>	71.3	( 62.8 - 79.9 )	1.9 *	( 0.1 - 3.7 )	18.9	( 11.4 - 26.4 )	7.9 *	( 2.7 - 13.1 )
<b>2009</b>	78.1	( 71.9 - 84.4 )	4.6 *	( 1.9 - 7.3 )	12.9	( 7.7 - 18.0 )	4.4 *	( 1.4 - 7.4 )
<b>2010</b>	80.5	( 73.4 - 87.6 )	N/A	( N/A - N/A )	14.0	( 7.7 - 20.2 )	N/A	( N/A - N/A )
<b>2011</b>	76.5	( 68.9 - 84.0 )	1.9 *	( 0.4 - 3.4 )	16.8	( 10.2 - 23.4 )	4.8 *	( 0.7 - 9.0 )
<b>2012</b>	74.0	( 66.7 - 81.3 )	2.1 *	( 0.2 - 3.9 )	18.8	( 12.2 - 25.4 )	5.2 *	( 1.7 - 8.6 )
<b>2013</b>	86.1	( 79.1 - 93.1 )	N/A	( N/A - N/A )	10.1 *	( 3.8 - 16.4 )	N/A	( N/A - N/A )
<b>2014</b>	90.3	( 86.1 - 94.5 )	N/A	( N/A - N/A )	6.0 *	( 2.8 - 9.3 )	2.3 *	( 0.1 - 4.5 )
<b>2015</b>	88.5	( 82.2 - 94.9 )	N/A	( N/A - N/A )	9.2 *	( 3.1 - 15.3 )	N/A	( N/A - N/A )
<b>2016</b>	82.6	( 75.5 - 89.7 )	N/A	( N/A - N/A )	12.0 *	( 5.7 - 18.4 )	3.2 *	( 0.4 - 6.0 )
<b>2017</b>	89.5	( 82.0 - 97.0 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
<b>2018</b>	97.4	( 95.0 - 99.9 )	N/A	( N/A - N/A )	2.6 *	( 0.1 - 5.0 )	N/A	( N/A - N/A )
<b>Average</b>	77.7	( 75.8 - 79.7 )	3.0	( 2.2 - 3.7 )	14.2	( 12.5 - 15.8 )	5.1	( 4.1 - 6.1 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

## 8.5 Nutrition

### 8.5.1 Fruit and Vegetables

Diet has an important effect on health and can influence children's growth, weight and development. Unhealthy eating in childhood can also increase the risk of developing chronic diseases in later life, including coronary heart disease, type 2 diabetes, stroke, and some cancers.<sup>6</sup> The 2013 Australian Dietary Guidelines by the National Health and Medical Research Council are presented in Table 35.<sup>19</sup>

Parents/carers were asked to report how many serves of fruit their child usually eats each day, where a serve of fruit is equal to one medium piece, two small pieces or a cup of diced fruit. They were also asked to report how many serves of vegetables their child usually eats each day, where a serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad. As the consumption of half serves is not captured in the questions currently asked in the HWSS, for the purposes of reporting, the recommended number of serves are rounded down to the nearest whole number.

**Table 35: NHMRC 2013 Australian Dietary Guidelines for fruit and vegetable daily consumption and HWSS reporting definitions, children 2 to 15 years**

	Minimum recommended serves of fruit per day	Minimum recommended serves of vegetables per day		Minimum serves of fruit and vegetables per day for HWSS reporting	
	Children	Girls	Boys	Fruit	Vegetables
2 to 3 years	1	2.5	2.5	1	2
4 to 8 years	1.5	4.5	4.5	1	4
9 to 11 years	2	5	5	2	5
12 to 15 years	2	5	5.5	2	5

Table 36 shows the prevalence of children aged 2 to 15 years, by the number of serves of fruit they usually eat daily. In 2018, approximately three-quarters of children aged 2 to 15 years (71.4%) were eating two or more serves of fruit daily. The prevalence of eating two or more serves of fruit daily was similar among age groups and among boys and girls.

**Table 36: Prevalence of children by number of serves of fruit consumed daily, 2 to 15 years, HWSS 2018**

	Doesn't eat fruit / eats less than one serve of fruit daily		Eats one serve of fruit daily		Eats two or more serves of fruit daily	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
2 to 3 yrs	N/A	( N/A - N/A )	N/A	( N/A - N/A )	85.6	( 71.6 - 99.6 )
4 to 8 yrs	N/A	( N/A - N/A )	24.8	( 15.5 - 34.1 )	71.5	( 61.7 - 81.2 )
9 to 15 yrs	5.1 *	( 2.5 - 7.7 )	29.5	( 23.2 - 35.8 )	65.4	( 58.8 - 72.0 )
<b>Gender</b>						
Boys	6.2 *	( 2.8 - 9.6 )	21.7	( 15.3 - 28.1 )	72.1	( 64.9 - 79.4 )
Girls	1.9 *	( 0.0 - 3.8 )	27.5	( 19.3 - 35.6 )	70.6	( 62.3 - 78.9 )
<b>Children</b>	4.1	( 2.1 - 6.0 )	24.5	( 19.3 - 29.8 )	71.4	( 65.9 - 76.9 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Table 37 shows the prevalence of children 2 to 15 years, by the number of serves of vegetables they usually eat daily. In 2018, 27.4 per cent of children aged 2 to 15 years were eating one serve of vegetables daily and 36.3 per cent were eating two serves of vegetables daily. The prevalence of daily number of serves of vegetables consumed was similar among age groups and among boys and girls.

Table 37: Prevalence of children by number of serves of vegetables consumed daily, 2 to 15 years, HWSS 2018

	Doesn't eat vegetables / eats less than one serve of vegetables daily		Eats one serve of vegetables daily		Eats two serves of vegetables daily		Eats three serves of vegetables daily		Eats four or more serves of vegetables daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>										
2 to 3 yrs	N/A	( N/A - N/A )	29.4 *	( 7.2 - 51.6 )	50.1	( 26.9 - 73.4 )	9.7 *	( 0.3 - 19.2 )	N/A	( N/A - N/A )
4 to 8 yrs	N/A	( N/A - N/A )	27.5	( 17.3 - 37.6 )	38.3	( 27.0 - 49.5 )	17.0	( 9.6 - 24.4 )	17.1	( 9.1 - 25.1 )
9 to 15 yrs	4.0 *	( 0.9 - 7.1 )	26.5	( 19.7 - 33.3 )	29.1	( 22.7 - 35.5 )	22.4	( 16.8 - 28.1 )	18.0	( 12.6 - 23.4 )
<b>Gender</b>										
Boys	3.1 *	( 0.4 - 5.8 )	25.5	( 17.5 - 33.5 )	41.9	( 31.6 - 52.1 )	15.5	( 10.1 - 20.8 )	14.0	( 8.8 - 19.3 )
Girls	2.5 *	( 0.2 - 4.8 )	29.4	( 19.6 - 39.1 )	30.6	( 22.1 - 39.2 )	20.8	( 14.3 - 27.4 )	16.7	( 10.2 - 23.1 )
<b>Children</b>	2.8 *	( 1.1 - 4.6 )	27.4	( 21.0 - 33.8 )	36.3	( 29.4 - 43.2 )	18.1	( 13.9 - 22.3 )	15.3	( 11.2 - 19.5 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The prevalence of children aged 2 to 15 years meeting the 2013 guidelines for fruit and vegetable consumption is shown in Table 38. For children aged 2 to 15 years, 82.2 per cent ate sufficient daily serves of fruit, and 21.4 per cent ate sufficient daily serves of vegetables, for their age and gender.

Children aged 9 to 15 years were significantly less likely to eat sufficient daily serves of fruit than children aged 2 to 3 years and 4 to 8 years (65.4% compared with 97.7% and 96.3%). The proportion of children eating sufficient serves of vegetables was significantly higher for children aged 2 to 3 years compared with children aged 4 to 8 years and 9 to 15 years (65.8% compared with 17.1% and 6.2%).

**Table 38: Prevalence of children eating sufficient serves of fruit and/or vegetables, 2 to 15 years, HWSS 2018**

	Eats sufficient daily serves of fruit for age and gender <sup>^</sup>		Eats sufficient daily serves of vegetables for age and gender <sup>^</sup>	
	%	95% CI	%	95% CI
<b>Age Group</b>				
2 to 3 yrs	97.7	( 93.8 - 100.0 )	65.8	( 43.5 - 88.0 )
4 to 8 yrs	96.3	( 92.4 - 100.0 )	17.1	( 9.1 - 25.1 )
9 to 15 yrs	65.4	( 58.8 - 72.0 )	6.2 *	( 2.9 - 9.5 )
<b>Gender</b>				
Boys	80.0	( 74.1 - 85.9 )	23.0	( 12.4 - 33.6 )
Girls	84.5	( 79.2 - 89.8 )	19.8	( 11.8 - 27.8 )
<b>Children</b>	<b>82.2</b>	<b>( 78.3 - 86.2 )</b>	<b>21.4</b>	<b>( 14.7 - 28.1 )</b>

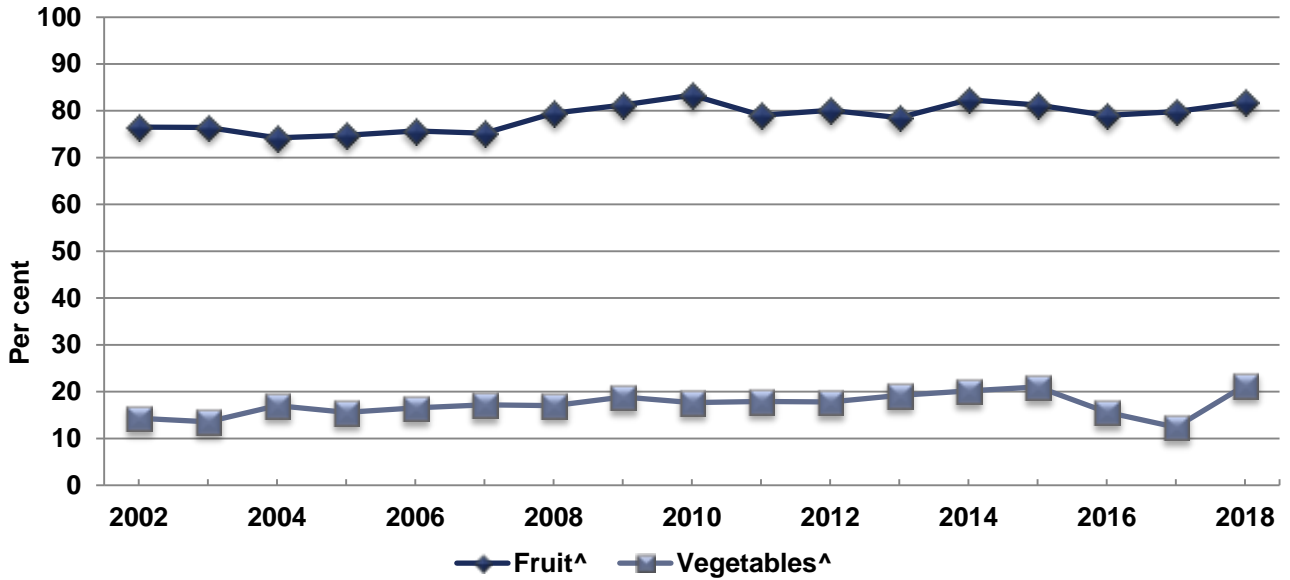
<sup>^</sup> For reporting purposes guidelines that include half serves have been rounded down to the nearest whole number.

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.



The annual prevalence of children aged 2 to 15 years consuming sufficient daily serves of fruit and vegetables based on the 2013 guidelines is shown in Figure 11.

**Figure 11: Prevalence of children eating sufficient serves of fruit and vegetables, 2013 Australian Dietary Guidelines for fruit and vegetable consumption, 2 to 15 years, HWSS 2002–18**



^ For reporting purposes, guidelines that include half serves have been rounded down to the nearest whole number.

The annual mean serves of fruit and vegetables eaten daily by children aged 2 to 15 years is shown in Table 39 and are reported to two decimal places given their small size. The mean number of serves of fruit and vegetables consumed daily by children aged 2 to 15 years is similar in 2018 compared with 2002.

**Table 39: Mean daily fruit and vegetable serves, 2 to 15 years, HWSS 2002–18**

	Fruit		Vegetables	
	mean	95% CI	mean	95% CI
<b>2002</b>	1.98	( 1.88 - 2.07 )	2.10	( 1.98 - 2.21 )
<b>2003</b>	1.99	( 1.90 - 2.07 )	2.02	( 1.93 - 2.11 )
<b>2004</b>	1.88	( 1.75 - 2.00 )	2.12	( 1.97 - 2.26 )
<b>2005</b>	1.91	( 1.82 - 2.00 )	2.31	( 2.21 - 2.41 )
<b>2006</b>	1.95	( 1.85 - 2.04 )	2.17	( 2.07 - 2.27 )
<b>2007</b>	1.99	( 1.86 - 2.12 )	2.22	( 2.09 - 2.36 )
<b>2008</b>	2.02	( 1.92 - 2.12 )	2.21	( 2.09 - 2.34 )
<b>2009</b>	2.11	( 2.04 - 2.17 )	2.35	( 2.27 - 2.42 )
<b>2010</b>	2.10	( 2.00 - 2.19 )	2.30	( 2.19 - 2.41 )
<b>2011</b>	1.94	( 1.84 - 2.04 )	2.39	( 2.25 - 2.53 )
<b>2012</b>	2.02	( 1.92 - 2.12 )	2.25	( 2.14 - 2.35 )
<b>2013</b>	1.98	( 1.87 - 2.09 )	2.24	( 2.12 - 2.37 )
<b>2014</b>	2.06	( 1.94 - 2.18 )	2.29	( 2.16 - 2.42 )
<b>2015</b>	2.08	( 1.97 - 2.19 )	2.38	( 2.24 - 2.52 )
<b>2016</b>	2.00	( 1.90 - 2.11 )	2.19	( 2.06 - 2.31 )
<b>2017</b>	1.94	( 1.83 - 2.04 )	2.07	( 1.96 - 2.18 )
<b>2018</b>	2.03	( 1.91 - 2.14 )	2.23	( 2.09 - 2.38 )
<b>Average</b>	2.01	( 1.98 - 2.03 )	2.23	( 2.20 - 2.25 )

### 8.5.2 Milk

Milk is one of the most complete foods as it contains nearly all the constituents of nutritional importance to humans. As milk provides around one-third of the saturated fat in the diet of children and adolescents, reduced-fat varieties are recommended for children aged 2 years and over.<sup>20</sup>

Parents/carers were asked what type of milk their child usually consumes. In 2018, just over half (57.0%) of children aged 2 to 15 years usually consumed full fat or whole milk. Estimates for the type of milk usually consumed by children were similar among age groups and among boys and girls (Table 40).

**Table 40: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2018**

	Full fat/whole milk		Low/reduced fat/skim milk		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
2 to 4 yrs	66.8	( 48.9 - 84.7 )	21.3 *	( 4.1 - 38.5 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
5 to 9 yrs	59.7	( 50.0 - 69.4 )	33.1	( 23.8 - 42.4 )	5.2 *	( 0.4 - 10.0 )	N/A	( N/A - N/A )
10 to 15 yrs	47.4	( 40.1 - 54.8 )	41.3	( 33.8 - 48.7 )	3.8 *	( 1.3 - 6.2 )	7.5 *	( 3.2 - 11.9 )
<b>Gender</b>								
Boys	55.9	( 46.1 - 65.6 )	34.8	( 25.1 - 44.5 )	5.4 *	( 1.5 - 9.2 )	4.0 *	( 1.1 - 6.9 )
Girls	58.2	( 49.2 - 67.2 )	31.1	( 22.9 - 39.2 )	3.3 *	( 0.7 - 5.8 )	7.5 *	( 2.6 - 12.5 )
<b>Children</b>	<b>57.0</b>	<b>( 50.4 - 63.7 )</b>	<b>33.0</b>	<b>( 26.6 - 39.3 )</b>	<b>4.3 *</b>	<b>( 2.0 - 6.6 )</b>	<b>5.7 *</b>	<b>( 2.9 - 8.6 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Annual prevalence estimates for the type of milk usually consumed are shown in Table 41. The proportion of children aged 2 to 15 years consuming full fat/whole milk has decreased significantly from 69.7 per cent in 2002 to 57.2 per cent in 2018.

**Table 41: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2002–18**

	Full fat/whole milk		Low/reduced fat/skim milk		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	69.7	( 66.1 - 73.2 )	28.7	( 25.2 - 32.1 )	N/A	( N/A - N/A )	1.5 *	( 0.6 - 2.3 )
<b>2003</b>	69.6	( 66.3 - 72.9 )	29.8	( 26.5 - 33.1 )	0.4 *	( 0.0 - 0.8 )	0.2 *	( 0.0 - 0.5 )
<b>2004</b>	72.9	( 68.1 - 77.7 )	22.5	( 18.1 - 27.0 )	1.9 *	( 0.5 - 3.4 )	2.7 *	( 0.9 - 4.4 )
<b>2005</b>	62.9	( 59.0 - 66.7 )	33.7	( 30.0 - 37.5 )	1.1 *	( 0.3 - 2.0 )	2.2 *	( 1.1 - 3.3 )
<b>2006</b>	60.6	( 56.4 - 64.9 )	36.3	( 32.1 - 40.4 )	1.2 *	( 0.4 - 2.1 )	1.9 *	( 0.6 - 3.2 )
<b>2007</b>	64.1	( 59.1 - 69.0 )	33.1	( 28.3 - 37.9 )	1.4 *	( 0.1 - 2.8 )	1.4 *	( 0.5 - 2.3 )
<b>2008</b>	65.1	( 60.5 - 69.8 )	31.7	( 27.2 - 36.1 )	1.3 *	( 0.0 - 2.5 )	1.9 *	( 0.3 - 3.5 )
<b>2009</b>	60.1	( 57.1 - 63.0 )	35.7	( 32.9 - 38.5 )	2.2	( 1.2 - 3.3 )	2.0	( 1.4 - 2.6 )
<b>2010</b>	56.8	( 52.3 - 61.3 )	39.1	( 34.7 - 43.4 )	1.6 *	( 0.4 - 2.8 )	2.5 *	( 1.1 - 3.9 )
<b>2011</b>	56.9	( 51.9 - 62.0 )	37.5	( 32.6 - 42.4 )	3.6 *	( 1.4 - 5.9 )	1.9 *	( 0.5 - 3.3 )
<b>2012</b>	55.5	( 51.0 - 60.1 )	39.1	( 34.7 - 43.5 )	2.1 *	( 0.9 - 3.3 )	3.2 *	( 1.5 - 4.9 )
<b>2013</b>	57.7	( 52.7 - 62.7 )	37.3	( 32.5 - 42.1 )	1.4 *	( 0.2 - 2.7 )	3.6 *	( 1.7 - 5.5 )
<b>2014</b>	52.8	( 47.4 - 58.2 )	40.2	( 34.9 - 45.5 )	4.3 *	( 1.9 - 6.6 )	2.7 *	( 1.0 - 4.3 )
<b>2015</b>	56.3	( 51.3 - 61.3 )	36.0	( 31.2 - 40.9 )	4.3	( 2.2 - 6.3 )	3.4 *	( 1.6 - 5.2 )
<b>2016</b>	62.4	( 57.6 - 67.1 )	31.4	( 26.9 - 35.8 )	3.6 *	( 1.6 - 5.6 )	2.6 *	( 1.0 - 4.2 )
<b>2017</b>	66.7	( 61.9 - 71.4 )	27.0	( 22.6 - 31.4 )	3.4 *	( 1.7 - 5.2 )	3.0 *	( 1.2 - 4.7 )
<b>2018</b>	57.2	( 50.7 - 63.7 )	32.7	( 26.5 - 38.9 )	4.3 *	( 2.0 - 6.5 )	5.8	( 3.0 - 8.6 )
<b>Average</b>	62.1	( 61.1 - 63.2 )	33.6	( 32.6 - 34.6 )	2.0	( 1.7 - 2.3 )	2.3	( 2.0 - 2.6 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

### 8.5.3 Fast Food

Parents/carers were asked how many times a week on average their child eats fast food meals, such as burgers, pizza, chicken or chips from fast food outlets. The prevalence of children by how frequently they eat fast food meals per week is shown in Table 42.

In 2018, it was estimated that approximately one quarter of children aged 1 to 15 years (27.7%) never consumed meals from fast food outlets. School aged children aged 5 to 9 and 10 to 15 years were significantly more likely to consume fast food one or twice a week than children aged 1 to 4 years (48.9% and 46.2% compared with 14.2%). The estimated prevalence of fast food consumption was similar among boys and girls.

**Table 42: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2018**

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
1 to 4 yrs	39.6	( 22.0 - 57.2 )	42.6	( 25.5 - 59.7 )	14.2 *	( 5.1 - 23.3 )	N/A	( N/A - N/A )
5 to 9 yrs	24.1	( 16.0 - 32.2 )	26.0	( 17.8 - 34.2 )	48.9	( 39.1 - 58.7 )	N/A	( N/A - N/A )
10 to 15 yrs	21.3	( 15.2 - 27.5 )	31.9	( 24.9 - 38.9 )	46.2	( 38.7 - 53.6 )	N/A	( N/A - N/A )
<b>Gender</b>								
Boys	29.9	( 20.4 - 39.4 )	30.3	( 21.1 - 39.6 )	37.3	( 28.8 - 45.7 )	N/A	( N/A - N/A )
Girls	25.4	( 16.1 - 34.7 )	36.1	( 27.2 - 45.1 )	37.8	( 29.1 - 46.5 )	N/A	( N/A - N/A )
<b>Children</b>	<b>27.7</b>	<b>( 21.1 - 34.4 )</b>	<b>33.1</b>	<b>( 26.7 - 39.6 )</b>	<b>37.5</b>	<b>( 31.5 - 43.6 )</b>	<b>N/A</b>	<b>( N/A - N/A )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence estimates for the number of times children consume fast food per week for 2002 to 2018 are shown in Table 43. The proportion of children who never consume meals from fast food restaurants increased significantly from 2002 to 2018 (16.2% to 28.5%).

**Table 43: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2002–18**

	Never		Less than once a week		Once or twice a week		Three or more times per week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	16.2	( 12.8 - 19.6 )	36.8	( 32.4 - 41.1 )	44.9	( 40.5 - 49.3 )	2.1 *	( 0.9 - 3.2 )
<b>2003</b>	10.1	( 8.0 - 12.2 )	42.3	( 38.9 - 45.8 )	45.8	( 42.2 - 49.3 )	1.8 *	( 0.9 - 2.7 )
<b>2004</b>	11.9	( 8.4 - 15.3 )	45.2	( 39.8 - 50.6 )	42.2	( 36.8 - 47.6 )	0.7 *	( 0.2 - 1.2 )
<b>2005</b>	12.0	( 9.4 - 14.6 )	44.7	( 40.9 - 48.6 )	41.4	( 37.6 - 45.2 )	1.9 *	( 0.9 - 2.8 )
<b>2006</b>	12.5	( 9.6 - 15.3 )	44.6	( 40.5 - 48.8 )	40.8	( 36.7 - 44.9 )	2.1 *	( 1.0 - 3.2 )
<b>2007</b>	17.7	( 13.9 - 21.5 )	38.7	( 33.6 - 43.8 )	40.3	( 35.3 - 45.3 )	3.3 *	( 1.2 - 5.5 )
<b>2008</b>	11.6	( 8.6 - 14.5 )	42.6	( 37.7 - 47.5 )	44.1	( 39.2 - 48.9 )	1.8 *	( 0.7 - 2.9 )
<b>2009</b>	21.2	( 18.3 - 24.0 )	36.1	( 33.1 - 39.1 )	40.8	( 37.9 - 43.7 )	2.0 *	( 1.0 - 3.0 )
<b>2010</b>	18.4	( 15.1 - 21.6 )	40.7	( 36.3 - 45.0 )	38.3	( 34.0 - 42.5 )	2.7	( 1.4 - 4.0 )
<b>2011</b>	23.5	( 19.1 - 28.0 )	35.9	( 31.1 - 40.7 )	38.6	( 33.8 - 43.4 )	2.0 *	( 0.5 - 3.5 )
<b>2012</b>	23.1	( 19.3 - 26.9 )	36.7	( 32.5 - 41.0 )	37.9	( 33.5 - 42.3 )	2.3 *	( 0.9 - 3.6 )
<b>2013</b>	23.6	( 18.8 - 28.4 )	32.8	( 28.2 - 37.4 )	40.8	( 35.8 - 45.8 )	2.8 *	( 0.9 - 4.8 )
<b>2014</b>	25.0	( 20.5 - 29.5 )	43.5	( 38.1 - 48.9 )	30.0	( 25.2 - 34.7 )	1.5 *	( 0.3 - 2.7 )
<b>2015</b>	24.5	( 20.3 - 28.7 )	41.4	( 36.4 - 46.3 )	33.1	( 28.6 - 37.7 )	1.0 *	( 0.3 - 1.6 )
<b>2016</b>	29.5	( 25.0 - 34.0 )	36.0	( 31.3 - 40.7 )	33.0	( 28.5 - 37.5 )	1.4 *	( 0.3 - 2.5 )
<b>2017</b>	28.5	( 23.8 - 33.3 )	34.7	( 29.5 - 40.0 )	33.8	( 29.1 - 38.5 )	2.9 *	( 0.9 - 5.0 )
<b>2018</b>	27.8	( 21.3 - 34.2 )	33.2	( 26.9 - 39.4 )	37.5	( 31.6 - 43.3 )	N/A	( N/A - N/A )
<b>Average</b>	18.7	( 17.8 - 19.5 )	39.0	( 38.0 - 40.1 )	40.4	( 39.3 - 41.4 )	1.9	( 1.6 - 2.2 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

## 8.6 Sleep

Sleep is one of the most important requirements in early childhood development stimulating growth, proper brain development, memory, alertness and strengthening the immune system. The amount of sleep required for children varies from 8 to 17 hours depending on age and individual requirements.<sup>21</sup> In general, children sleep less as they get older. The mean number of hours of sleep reported for children is shown in Table 44.

In 2018, children aged 0 to 15 years slept an average of 10 hours. Children aged 10 to 15 years slept for a significantly shorter mean duration than children aged 0 to 4 years and 5 to 9 years (9.0 hours compared with 11.2 and 9.9 hours). The mean number of hours of sleep was similar among boys and girls.

**Table 44: Mean hours spent sleeping on a usual night, 0 to 15 years, HWSS 2018**

	Mean	95% CI
<b>Age Group</b>		
0 to 4 yrs	11.2	( 10.6 - 11.7 )
5 to 9 yrs	9.9	( 9.7 - 10.1 )
10 to 15 yrs	9.0	( 8.8 - 9.2 )
<b>Gender</b>		
Boys	10.1	( 9.7 - 10.5 )
Girls	9.9	( 9.6 - 10.2 )
<b>Children</b>	10.0	( 9.7 - 10.3 )

## 9. CHILD DEVELOPMENT

The early years are very important for laying the foundations for children's physical wellbeing and later competence. There are many important influences on children during this period of rapid change, including biological, social, community and family.<sup>9</sup>

### 9.1 Breastfeeding

Breastfeeding is an important contributor to infant health, as it promotes the survival, growth, development and health of infants and young children. It helps protect against many conditions, including diarrhoea, respiratory and ear infections as well as obesity and chronic diseases later in life. Australia's national infant feeding guidelines recommend exclusive breastfeeding for infants until six months with the introduction of solid food at around six months and continued breastfeeding until at least twelve months.<sup>20</sup>

In 2011, national breastfeeding indicators were developed to assist with the reporting of breastfeeding prevalence in Australia and meeting the national infant feeding recommendation around exclusive breastfeeding.<sup>22</sup> A total of six indicators were agreed upon, three of which are reported on in this report. Reporting of the selected indicators uses the same age breakdowns as those used in the AIHW national infant feeding survey, where possible.<sup>23</sup>

Parents/carers are asked if their child was breastfed, and if so, how long their child received breast milk for, as well as at what age they introduced water, infant formula, liquids other than water and formula, and foods other than liquids. Due to the increased risk of recall bias for parents/carers answering questions on early childhood events on behalf of older children, questions were only asked of parents/carers with children aged less than 5 years at the time of the interview in 2018. When calculating the proportion of children meeting each indicator, children that were not old enough at the time of interview to have reached the milestone were excluded. For example, if the duration of breastfeeding was less than 3 months, then a child must be aged at least 2 months old to be included in the analysis.

At the time of interview in 2018, 93.6 per cent of children aged 0 to 4 years had received some breast-milk in their lifetime.



### 9.1.1 Exclusive breastfeeding

Table 45 and Figure 12 show the proportion of children exclusively breastfed to each month of age, from 0 to 6 months. Exclusive breastfeeding refers to children who received breast milk in the designated period and did not receive water, infant formula, other liquids or solid foods.

**Table 45: Proportion of children exclusively breastfed to each month of age, 0 to 4 years, HWSS 2018**

To month <sup>(a)</sup>	Duration exclusively breastfed for	Proportion of children exclusively breastfed <sup>(b)</sup>	
		%	95% CI
0	Less than 1 month	79.0	( 63.4 - 94.7 )
1	Less than 2 months	65.8	( 48.6 - 83.0 )
2	Less than 3 months	61.8	( 44.3 - 79.2 )
3	Less than 4 months	56.9	( 39.0 - 74.8 )
4	Less than 5 months	36.9	( 19.1 - 54.6 )
5	Less than 6 months	24.8 *	( 9.8 - 39.7 )
6	Less than 7 months	N/A	( N/A - N/A )

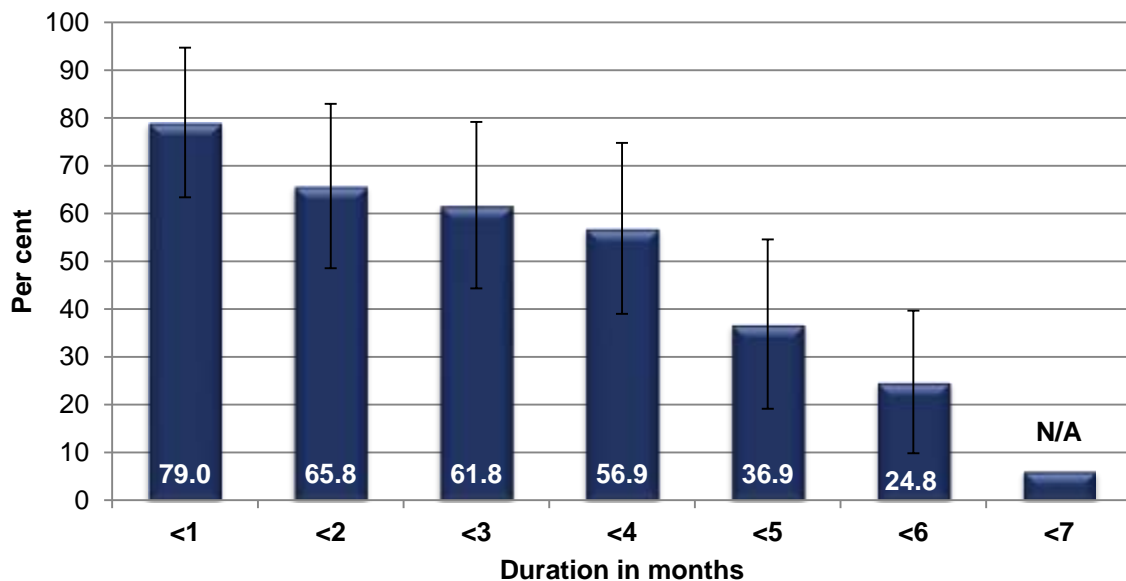
\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) 'To' indicates an infant's age the month before a fluid other than breast milk was introduced. This is effectively the month before another fluid was introduced. For example a child who was introduced to water when they were aged 4 months (in their fifth month of life) was exclusively breastfed to 4 months of age (that is, they had 4 completed months of exclusive breastfeeding).

(b) There were only five respondents who reported that their child was exclusively breastfed to 6 months (less than 7 months) of age, resulting in a high RSE for this prevalence estimate.

**Figure 12: Proportion of children exclusively breastfed to each month of age, 0 to 4 years, HWSS 2018**



\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

### 9.1.2 Predominant breastfeeding

Table 46 and Figure 13 show the proportion of children predominantly breastfed to each month of age, from 0 to 6 months. Predominant breastfeeding refers to children who received breast milk as the predominant source of nourishment in the designated period. In order to be considered predominately breastfed, children are allowed to have received liquids but not infant formula or solid foods.

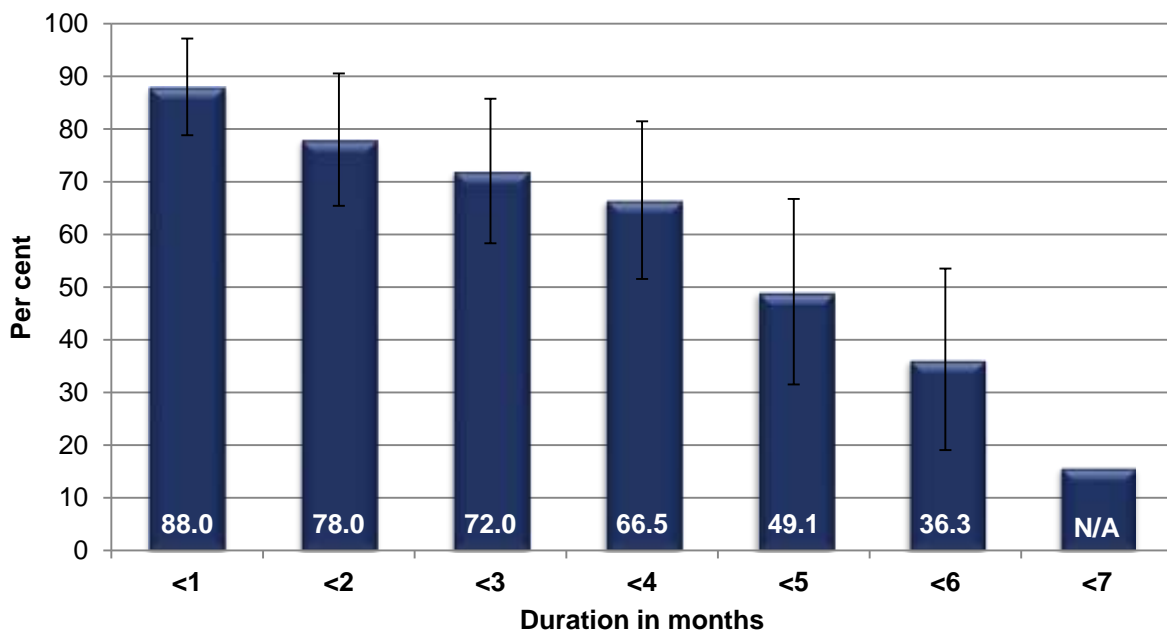
**Table 46: Proportion of children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2018**

To month <sup>(a)</sup>	Duration predominately breastfed for	Proportion of children predominately breastfed	
		%	95% CI
0	Less than 1 month	88.0	( 78.8 - 97.2 )
1	Less than 2 months	78.0	( 65.4 - 90.6 )
2	Less than 3 months	72.0	( 58.3 - 85.8 )
3	Less than 4 months	66.5	( 51.5 - 81.5 )
4	Less than 5 months	49.1	( 31.5 - 66.7 )
5	Less than 6 months	36.3	( 19.1 - 53.5 )
6	Less than 7 months	N/A	( N/A - N/A )

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) 'To' indicates an infant's age the month before the event occurred. For example, a child who was introduced to infant formula when they were aged 4 months (in their fifth month of life) was predominately breastfed to 4 months of age (that is, they had 4 completed months of predominant breastfeeding).

**Figure 13: Proportion of children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2018**



N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

## 9.2 Speech

From a very young age children begin to develop language. There are two distinctions in difficulties developing speech. A speech disorder refers to when children have difficulty pronouncing the sounds in words, even if other language skills (e.g. understanding words and sentences) follow a typical developmental pattern. A language delay is when children miss language development milestones by a long way.<sup>24</sup>

Table 47 presents the proportion of children who were perceived to be late in starting to talk, the proportion of children perceived to need professional help, and the proportion who did receive professional help (speech therapy). Estimates are provided for children aged 5 to 15 years at the time of the interview to ensure the child has reached an age where a number of language developmental milestones could have been assessed and professional help could have been sought.

In 2018, approximately one in five (20.0%) children aged 5 to 15 years was perceived to have started talking late. Approximately one in four (24.7%) children was perceived as needing professional help with their speech. Of children who were perceived to have started talking late, an estimated 93.9 per cent received professional help with their speech.

**Table 47: Proportion of children late talking and needing professional help with speech, by gender, 5 to 15 years, HWSS 2018**

	Parents thought child was late talking		Parents thought child needed professional help with speech		Child received professional help with speech (a)	
	%	95% CI	%	95% CI	%	95% CI
<b>Gender</b>						
Boys	25.5	( 17.6 - 33.4 )	28.2	( 20.9 - 35.4 )	93.2	( 86.3 - 100.0 )
Girls	14.0	( 8.1 - 19.9 )	21.0	( 13.5 - 28.5 )	94.8	( 87.4 - 100.0 )
<b>Children</b>	20.0	( 14.9 - 25.0 )	24.7	( 19.5 - 29.9 )	93.9	( 88.8 - 99.0 )

(a) The proportion of children who received professional help with speech is based only on the children who were identified as late talking.

## 10. PSYCHOSOCIAL AND MENTAL HEALTH

Mental health involves the capacity to interact with people and the environment and refers to the ability to negotiate the social interactions and challenges of life without experiencing undue emotional or behavioural incapacity.<sup>6, 25</sup> Mental health is also referred to as psychosocial health as it involves aspects of both social and psychological behaviour.

### 10.1 Emotional problems

Emotional and behavioural problems are terms commonly used to describe changes in thinking, mood or behaviour that are associated with distress or impaired functioning in children.<sup>9</sup>

Parents/carers were asked whether their child has trouble with emotions, concentration, behaviour or getting on with people (Table 48). Children aged 1 to 4 years were significantly more likely than children aged 5 to 9 to experience no trouble (82.6% compared with 59.7%).

**Table 48: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2018**

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
1 to 4 yrs	82.6	( 70.3 - 94.9 )	16.4 *	( 4.1 - 28.6 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
5 to 9 yrs	59.7	( 49.9 - 69.4 )	27.1	( 18.4 - 35.8 )	11.5 *	( 4.2 - 18.9 )	N/A	( N/A - N/A )
10 to 15 yrs	66.7	( 59.9 - 73.5 )	21.2	( 15.5 - 26.8 )	6.7 *	( 3.1 - 10.4 )	5.4 *	( 2.1 - 8.6 )
<b>Gender</b>								
Boys	65.4	( 56.7 - 74.1 )	22.5	( 14.9 - 30.1 )	9.3 *	( 4.2 - 14.3 )	2.8 *	( 0.8 - 4.9 )
Girls	73.1	( 65.6 - 80.6 )	20.9	( 14.0 - 27.8 )	3.8 *	( 1.1 - 6.5 )	2.2 *	( 0.3 - 4.1 )
<b>Children</b>	69.1	( 63.3 - 74.9 )	21.7	( 16.5 - 26.9 )	6.6	( 3.7 - 9.6 )	2.5 *	( 1.1 - 3.9 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence estimates for children aged 1 to 15 years who have trouble with emotions, concentration, behaviour or getting on with people are shown in Table 49

Estimates for 2018 were similar to estimates for 2002.

**Table 49: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2002–18**

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	71.3	( 67.9 - 74.7 )	23.0	( 19.9 - 26.1 )	5.0	( 3.3 - 6.7 )	0.8 *	( 0.3 - 1.3 )
<b>2003</b>	68.3	( 65.0 - 71.5 )	24.7	( 21.6 - 27.7 )	5.7	( 4.2 - 7.3 )	1.3 *	( 0.6 - 2.0 )
<b>2004</b>	62.1	( 56.8 - 67.4 )	28.1	( 23.2 - 32.9 )	7.9	( 5.0 - 10.9 )	1.9 *	( 0.3 - 3.5 )
<b>2005</b>	66.0	( 62.4 - 69.7 )	26.8	( 23.4 - 30.3 )	6.4	( 4.5 - 8.3 )	0.7 *	( 0.1 - 1.3 )
<b>2006</b>	69.1	( 65.8 - 72.5 )	23.6	( 20.6 - 26.6 )	5.9	( 4.2 - 7.7 )	1.3 *	( 0.5 - 2.2 )
<b>2007</b>	71.8	( 67.3 - 76.2 )	22.3	( 18.1 - 26.4 )	4.8	( 2.9 - 6.6 )	1.2 *	( 0.3 - 2.0 )
<b>2008</b>	68.1	( 63.6 - 72.6 )	24.4	( 20.2 - 28.6 )	6.1	( 4.0 - 8.2 )	1.5 *	( 0.4 - 2.5 )
<b>2009</b>	74.0	( 71.6 - 76.5 )	20.2	( 17.9 - 22.4 )	4.3	( 3.4 - 5.1 )	1.5	( 0.9 - 2.2 )
<b>2010</b>	71.6	( 67.7 - 75.5 )	22.5	( 18.9 - 26.2 )	5.1	( 3.2 - 7.0 )	0.8 *	( 0.2 - 1.3 )
<b>2011</b>	71.8	( 67.3 - 76.4 )	23.0	( 18.9 - 27.2 )	4.4 *	( 2.0 - 6.7 )	N/A	( N/A - N/A )
<b>2012</b>	68.9	( 64.7 - 73.0 )	25.0	( 21.1 - 28.8 )	5.3	( 3.3 - 7.3 )	0.9 *	( 0.1 - 1.6 )
<b>2013</b>	72.4	( 68.0 - 76.9 )	18.8	( 15.1 - 22.6 )	7.5	( 4.6 - 10.4 )	1.3 *	( 0.3 - 2.2 )
<b>2014</b>	65.5	( 60.4 - 70.7 )	25.7	( 21.0 - 30.5 )	7.4	( 4.5 - 10.3 )	1.4 *	( 0.3 - 2.4 )
<b>2015</b>	70.2	( 65.7 - 74.8 )	23.1	( 18.9 - 27.3 )	4.1	( 2.4 - 5.8 )	2.6 *	( 0.8 - 4.4 )
<b>2016</b>	69.3	( 64.9 - 73.8 )	22.5	( 18.5 - 26.6 )	6.0	( 3.7 - 8.2 )	2.2 *	( 0.9 - 3.5 )
<b>2017</b>	71.9	( 67.4 - 76.3 )	20.5	( 16.8 - 24.2 )	6.7	( 3.9 - 9.6 )	0.9 *	( 0.2 - 1.7 )
<b>2018</b>	69.1	( 63.5 - 74.7 )	21.7	( 16.7 - 26.7 )	6.5	( 3.8 - 9.3 )	2.6 *	( 1.2 - 4.0 )
<b>Average</b>	69.8	( 68.8 - 70.7 )	23.3	( 22.4 - 24.1 )	5.6	( 5.1 - 6.1 )	1.4	( 1.2 - 1.6 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Parents/carers who reported that their child has any trouble with emotions, concentration, behaviour or getting on with people were then asked whether they thought their child needs special help for these troubles (Table 50). Approximately one third (36.9%) of children aged 1 to 15 years were estimated to be in need of special help for difficulties relating to emotions, concentration, behaviour or getting on with other people. The estimated proportion of children in need of special help for difficulties relating to emotions, concentration, behaviour or getting on with other people was similar among those aged 5 to 9 years and 10 to 15 years, and among boys and girls.

**Table 50: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1 to 15 years, HWSS 2018**

	%	95% CI
<b>Age Group</b>		
1 to 4 yrs	N/A	( N/A - N/A )
5 to 9 yrs	33.7	( 17.2 - 50.3 )
10 to 15 yrs	55.0	( 42.9 - 67.2 )
<b>Gender</b>		
Boys	43.3	( 28.5 - 58.0 )
Girls	28.0	( 15.8 - 40.3 )
<b>Children</b>	36.9	( 26.8 - 47.1 )

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence of children estimated to need special help for emotional problems, concentration, behaviour or getting on with other people is shown in Table 51. The prevalence of children regarded by their parent/carer as needing special help in 2018 was similar to 2002.

**Table 51: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1 to 15 years, HWSS 2002–18**

	<b>%</b>	<b>95% CI</b>
<b>2002</b>	20.6	( 14.5 - 26.7 )
<b>2003</b>	20.3	( 15.5 - 25.1 )
<b>2004</b>	23.3	( 15.9 - 30.8 )
<b>2005</b>	21.0	( 15.5 - 26.5 )
<b>2006</b>	26.2	( 20.4 - 32.0 )
<b>2007</b>	26.4	( 18.3 - 34.5 )
<b>2008</b>	26.0	( 19.0 - 33.0 )
<b>2009</b>	25.7	( 21.5 - 29.9 )
<b>2010</b>	23.2	( 16.3 - 30.1 )
<b>2011</b>	21.4	( 13.0 - 29.9 )
<b>2012</b>	25.2	( 18.1 - 32.2 )
<b>2013</b>	34.2	( 24.8 - 43.7 )
<b>2014</b>	32.8	( 23.7 - 41.9 )
<b>2015</b>	28.0	( 19.9 - 36.1 )
<b>2016</b>	35.2	( 26.9 - 43.5 )
<b>2017</b>	32.8	( 24.3 - 41.2 )
<b>2018</b>	37.3	( 27.4 - 47.1 )
<b>Average</b>	26.1	( 24.5 - 27.7 )

Table 52 shows the prevalence of children who have ever been treated for an emotional or mental health problem, as reported by a parent/carer. Approximately one in ten (10.9%) children aged 1 to 15 years received treatment for an emotional or mental health problem. The prevalence of treatment for an emotional or mental health problem was similar among those aged 5 to 9 years and 10 to 15 years, and among boys and girls.

**Table 52: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2018**

	<b>%</b>	<b>95% CI</b>
<b>Age Group</b>		
1 to 4 yrs	N/A	( N/A - N/A )
5 to 9 yrs	15.0 *	( 6.9 - 23.2 )
10 to 15 yrs	16.0	( 10.4 - 21.6 )
<b>Gender</b>		
Boys	12.1	( 6.5 - 17.7 )
Girls	9.5	( 4.9 - 14.1 )
<b>Children</b>	<b>10.9</b>	<b>( 7.2 - 14.5 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence of children ever treated for an emotional or mental health problem is shown in Table 53. The prevalence of children ever treated for an emotional or mental health problem in 2018 was significantly higher than in 2002 (10.8% compared with 3.0%).

**Table 53: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2002–18**

	<b>%</b>	<b>95% CI</b>
<b>2002</b>	3.0	( 1.9 - 4.1 )
<b>2003</b>	4.5	( 2.8 - 6.3 )
<b>2004</b>	5.3 *	( 1.3 - 9.3 )
<b>2005</b>	5.3	( 3.7 - 6.9 )
<b>2006</b>	6.5	( 4.9 - 8.2 )
<b>2007</b>	5.0	( 2.8 - 7.3 )
<b>2008</b>	5.8	( 3.8 - 7.7 )
<b>2009</b>	4.9	( 4.0 - 5.8 )
<b>2010</b>	4.5	( 3.0 - 6.1 )
<b>2011</b>	4.1	( 2.3 - 5.9 )
<b>2012</b>	6.0	( 4.0 - 7.9 )
<b>2013</b>	7.9	( 5.4 - 10.5 )
<b>2014</b>	6.0	( 3.7 - 8.3 )
<b>2015</b>	7.0	( 4.6 - 9.4 )
<b>2016</b>	8.1	( 5.8 - 10.5 )
<b>2017</b>	8.3	( 6.0 - 10.5 )
<b>2018</b>	10.8	( 7.3 - 14.3 )
<b>Average</b>	<b>5.9</b>	<b>( 5.4 - 6.3 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.



## 10.2 Social support

Social support relates to the resources available within communities and is believed to have a positive influence on health status.<sup>26</sup> Measures of social support for children include the child's level of social integration, their friendship group, whether they get assurance of worth from others and the extent to which the child can depend on family to receive support when needed.<sup>27, 28</sup> The HWSS measures social support via participation within the community, including whether or not the child has a close mate and whether or not the child has a group of friends.

The prevalence of children who have a close mate and/or group of friends is shown in Table 54. Approximately four out of five (80.9%) children aged 5 to 15 years were estimated to have a special friend or close mate, and nine out of ten (92.7%) to have a group of friends. The prevalence of children with a close mate and the prevalence of children with a group of friends were similar among different age groups and among boys and girls.

**Table 54: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2018**

	Special friend or really close mate		Group of friends to play with or hang around with	
	%	95% CI	%	95% CI
<b>Age Group</b>				
5 to 9 yrs	83.0	( 75.5 - 90.5 )	90.8	( 85.4 - 96.2 )
10 to 15 yrs	78.9	( 72.7 - 85.1 )	94.5	( 91.6 - 97.4 )
<b>Gender</b>				
Boys	81.2	( 74.8 - 87.5 )	94.6	( 91.3 - 97.8 )
Girls	80.6	( 73.2 - 87.9 )	90.8	( 85.8 - 95.8 )
<b>Children</b>	80.9	( 76.0 - 85.7 )	92.7	( 89.8 - 95.7 )

The annual prevalence of children who have a close mate and/or a group of friends is shown in Table 55. The prevalence of children who have a close mate and/or a group of friends was similar in 2018 compared with 2002.

**Table 55: Prevalence of children who have a close mate and/or group of friends, 5 to 15 years, HWSS 2002–18**

	Special friend or really close mate		Group of friends to play with or hang around with	
	%	95% CI	%	95% CI
<b>2002</b>	82.9	( 79.6 - 86.2 )	93.6	( 91.6 - 95.5 )
<b>2003</b>	80.4	( 77.1 - 83.6 )	94.9	( 93.3 - 96.5 )
<b>2004</b>	81.5	( 76.6 - 86.4 )	92.5	( 89.0 - 96.0 )
<b>2005</b>	81.8	( 78.3 - 85.2 )	93.8	( 91.8 - 95.9 )
<b>2006</b>	78.2	( 74.7 - 81.7 )	93.4	( 91.4 - 95.5 )
<b>2007</b>	80.2	( 75.6 - 84.7 )	92.9	( 90.0 - 95.7 )
<b>2008</b>	77.7	( 73.0 - 82.5 )	93.1	( 90.6 - 95.7 )
<b>2009</b>	81.7	( 79.8 - 83.7 )	94.3	( 93.1 - 95.5 )
<b>2010</b>	86.2	( 82.9 - 89.6 )	94.1	( 91.9 - 96.3 )
<b>2011</b>	82.2	( 77.8 - 86.6 )	93.9	( 91.2 - 96.6 )
<b>2012</b>	79.4	( 75.4 - 83.4 )	95.4	( 93.3 - 97.4 )
<b>2013</b>	80.5	( 76.2 - 84.9 )	91.8	( 88.9 - 94.7 )
<b>2014</b>	81.6	( 76.9 - 86.3 )	95.2	( 92.7 - 97.8 )
<b>2015</b>	75.7	( 71.0 - 80.4 )	95.9	( 94.0 - 97.8 )
<b>2016</b>	79.4	( 74.8 - 84.0 )	94.2	( 91.4 - 97.1 )
<b>2017</b>	82.0	( 78.1 - 85.9 )	92.8	( 89.9 - 95.6 )
<b>2018</b>	80.8	( 76.1 - 85.5 )	92.8	( 90.0 - 95.7 )
<b>Average</b>	81.0	( 80.1 - 81.9 )	94.0	( 93.5 - 94.5 )

### 10.3 Bullying

Bullying can have serious consequences for both children who are repeatedly bullied and for those bullying others. Children who have been the victim of bullying can experience problems with their physical and psychological health, education and social development and may suffer from loss of self-esteem, depression or absenteeism.<sup>29</sup> It may also affect the family. In the HWSS, bullying is defined as ‘when someone is picked on, hit, kicked, threatened or ignored by other children’.

Parents/carers were asked whether their child had been bullied in the past 12 months and whether their child had bullied other children in the past 12 months. As shown in Table 56, approximately one-third (33.5%) of children had been bullied in the past 12 months and approximately one in twenty (4.8%) were estimated to have bullied. The prevalence of children who had been bullied, and the prevalence of children who have bullied, were similar among age groups and among boys and girls.

**Table 56: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2018**

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
5 to 9 yrs	34.1	( 24.5 - 43.7 )	5.1 *	( 1.1 - 9.0 )	3.5 *	( 0.4 - 6.7 )
10 to 15 yrs	33.0	( 26.1 - 39.9 )	4.5 *	( 1.9 - 7.1 )	4.2 *	( 1.6 - 6.7 )
<b>Gender</b>						
Boys	40.0	( 31.5 - 48.4 )	6.4 *	( 2.7 - 10.1 )	6.3 *	( 2.5 - 10.1 )
Girls	27.0	( 19.3 - 34.6 )	3.1 *	( 0.4 - 5.9 )	1.4 *	( 0.2 - 2.7 )
<b>Children</b>	<b>33.5</b>	<b>( 27.7 - 39.3 )</b>	<b>4.8</b>	<b>( 2.4 - 7.1 )</b>	<b>3.9 *</b>	<b>( 1.9 - 5.9 )</b>

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence of bullying is shown in Table 57. The prevalence of being bullied in the past 12 months in 2018 is similar to 2002. However, the prevalence of children bullying others in the past 12 months was significantly lower in 2018 compared with 2002 (4.9% compared with 13.1%).

**Table 57: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2002–18**

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	39.9	( 35.6 - 44.1 )	13.1	( 10.1 - 16.0 )	8.8	( 6.4 - 11.2 )
<b>2003</b>	35.4	( 31.5 - 39.2 )	12.7	( 10.0 - 15.5 )	10.0	( 7.4 - 12.5 )
<b>2004</b>	38.3	( 32.4 - 44.2 )	17.4	( 12.5 - 22.4 )	13.4	( 9.1 - 17.8 )
<b>2005</b>	36.9	( 32.6 - 41.2 )	10.5	( 7.8 - 13.2 )	8.5	( 6.0 - 11.0 )
<b>2006</b>	35.9	( 32.0 - 39.9 )	12.1	( 9.4 - 14.7 )	8.8	( 6.5 - 11.0 )
<b>2007</b>	38.0	( 32.4 - 43.7 )	13.7	( 9.8 - 17.6 )	9.4	( 6.3 - 12.6 )
<b>2008</b>	37.3	( 32.1 - 42.5 )	13.8	( 10.3 - 17.3 )	10.6	( 7.5 - 13.7 )
<b>2009</b>	33.6	( 31.2 - 35.9 )	10.0	( 8.4 - 11.6 )	6.8	( 5.4 - 8.1 )
<b>2010</b>	34.7	( 30.1 - 39.3 )	10.7	( 7.8 - 13.5 )	8.6	( 6.0 - 11.2 )
<b>2011</b>	31.1	( 25.8 - 36.3 )	8.6	( 5.2 - 12.0 )	7.7	( 4.4 - 11.0 )
<b>2012</b>	35.6	( 30.8 - 40.5 )	8.8	( 6.0 - 11.5 )	6.8	( 4.3 - 9.2 )
<b>2013</b>	36.1	( 30.9 - 41.2 )	7.1	( 4.7 - 9.5 )	5.6	( 3.5 - 7.8 )
<b>2014</b>	33.8	( 28.3 - 39.3 )	5.9	( 3.3 - 8.4 )	5.1 *	( 2.6 - 7.6 )
<b>2015</b>	29.0	( 24.2 - 33.9 )	8.0	( 5.0 - 11.0 )	6.1	( 3.4 - 8.9 )
<b>2016</b>	31.9	( 26.9 - 36.8 )	5.4	( 3.1 - 7.8 )	4.1 *	( 2.0 - 6.2 )
<b>2017</b>	35.8	( 30.9 - 40.8 )	6.8	( 4.3 - 9.2 )	5.6	( 3.2 - 7.9 )
<b>2018</b>	33.5	( 27.9 - 39.2 )	4.9	( 2.6 - 7.1 )	4.0 *	( 2.0 - 6.0 )
<b>Average</b>	35.2	( 34.1 - 36.2 )	10.3	( 9.6 - 10.9 )	7.7	( 7.1 - 8.3 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

## 11. HEALTH SERVICE UTILISATION

Health services provide care to patients and the general population and are delivered in many different forms, including GP, dental, mental and alternative health services.<sup>6</sup>

Parents/carers were asked whether their child had used a number of common health services within the past 12 months, shown in Table 58.

Health service usage varied depending on the type of health service. Most children (84.8%) aged 0 to 15 years had used a primary health service, and approximately 61.3 per cent had used a dental health service within the past 12 months. Approximately one third or 27.9% had used a hospital-based health service and a similar amount (32.3%) had used an allied health service. It is estimated that less than one in ten (8.4%) had used a mental health service and fewer than one in twenty (2.8%) had used an alternative health service.

As seen in Table 58, children aged 5 to 9 years and 10 to 15 years were significantly more likely than children aged 0 to 4 years to use dental health services (82.1% and 84.4% compared with 16.0%). Children aged 10 to 15 years were significantly more likely to use allied health services than children aged 0 to 4 years and 5 to 9 years (54.0% compared with 13.4% and 27.3% respectively).

Primary health care and hospital-based health service usage were similar among age groups. Health service usage was similar among boys and girls across all types of health services included in the survey.

The annual prevalence estimates for health service usage are displayed in Table 59. For allied and mental health service usage, the prevalence in 2018 was higher than 2002. Health service usage in 2018 was similar to 2005 across all other types of health services included in the survey.

The mean number of visits to each health service is shown in Table 60. Children aged 10 to 15 had a significantly higher mean number of allied health visits compared with children aged 0 to 4 (2.2 compared with 0.5 visits per year). Children aged 5 to 9 and 10 to 15 had a significantly higher mean number of dental visits compared with children aged 0 to 4 (1.2 and 1.8 compared with 0.2 visits per year).

The annual mean numbers of visits to each health service are shown in Table 61. The mean number of health service visits in 2018 was similar to 2005 across all types of health services included in the survey

**Table 58: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2018**

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>												
0 to 4 yrs	93.0	( 85.6 - 100.0 )	31.4	( 16.4 - 46.5 )	13.4 *	( 4.0 - 22.8 )	16.0 *	( 5.6 - 26.3 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
5 to 9 yrs	79.9	( 71.6 - 88.3 )	27.1	( 18.4 - 35.8 )	27.3	( 18.6 - 36.1 )	82.1	( 74.7 - 89.5 )	10.4 *	( 3.1 - 17.8 )	2.9 *	( 0.7 - 5.1 )
10 to 15 yrs	81.4	( 75.4 - 87.5 )	25.4	( 19.1 - 31.7 )	54.0	( 46.6 - 61.4 )	84.4	( 79.0 - 89.8 )	14.2	( 9.1 - 19.3 )	3.5 *	( 1.5 - 5.6 )
<b>Gender</b>												
Boys	82.4	( 75.7 - 89.2 )	29.9	( 20.8 - 39.1 )	27.9	( 20.9 - 34.9 )	60.7	( 50.3 - 71.2 )	10.0 *	( 5.0 - 14.9 )	2.8 *	( 1.0 - 4.5 )
Girls	87.2	( 81.8 - 92.5 )	25.8	( 17.9 - 33.7 )	37.0	( 28.4 - 45.6 )	61.9	( 52.2 - 71.6 )	6.7 *	( 3.1 - 10.3 )	2.9 *	( 1.0 - 4.9 )
<b>Children</b>	84.8	( 80.4 - 89.1 )	27.9	( 21.8 - 34.0 )	32.3	( 26.7 - 37.9 )	61.3	( 54.1 - 68.4 )	8.4	( 5.3 - 11.5 )	2.8	( 1.5 - 4.2 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

**Table 59: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2005–18**

	Primary (a)		Hospital Based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2005</b>	82.4	( 79.5 - 85.3 )	24.4	( 21.2 - 27.5 )	22.2	( 19.1 - 25.4 )	59.3	( 55.6 - 63.1 )	3.5	( 2.1 - 4.8 )	3.6	( 2.3 - 4.9 )
<b>2006</b>	79.6	( 76.4 - 82.8 )	23.9	( 20.5 - 27.3 )	24.8	( 21.4 - 28.2 )	57.9	( 53.8 - 61.9 )	2.6	( 1.6 - 3.7 )	3.0	( 1.8 - 4.2 )
<b>2007</b>	82.6	( 79.0 - 86.2 )	25.2	( 20.9 - 29.6 )	24.6	( 20.4 - 28.8 )	55.5	( 50.4 - 61.9 )	3.6	( 2.0 - 5.2 )	4.5	( 2.7 - 6.3 )
<b>2008</b>	80.4	( 76.7 - 84.1 )	23.2	( 19.2 - 27.2 )	23.4	( 19.5 - 27.4 )	57.4	( 52.6 - 62.2 )	3.4	( 1.9 - 5.0 )	3.4	( 1.8 - 5.0 )
<b>2009</b>	79.0	( 76.7 - 81.3 )	27.0	( 24.2 - 29.9 )	23.4	( 21.0 - 25.8 )	58.1	( 54.8 - 61.4 )	3.3	( 2.6 - 4.1 )	3.4	( 2.6 - 4.2 )
<b>2010</b>	84.5	( 81.4 - 87.5 )	27.3	( 23.4 - 31.2 )	25.2	( 21.6 - 28.9 )	58.0	( 53.8 - 62.3 )	2.8	( 1.7 - 3.9 )	3.7	( 2.2 - 5.3 )
<b>2011</b>	82.8	( 79.4 - 86.2 )	23.6	( 19.5 - 27.6 )	24.4	( 20.4 - 28.5 )	58.4	( 53.5 - 63.3 )	2.0	*( 0.8 - 3.3 )	3.7	*( 1.8 - 5.5 )
<b>2012</b>	81.6	( 78.2 - 85.0 )	25.0	( 21.2 - 28.8 )	30.4	( 26.4 - 34.4 )	58.4	( 54.0 - 62.9 )	3.9	( 2.4 - 5.5 )	3.5	( 2.1 - 4.9 )
<b>2013</b>	78.5	( 74.5 - 82.4 )	25.1	( 20.8 - 29.3 )	26.9	( 22.6 - 31.2 )	60.3	( 55.0 - 65.5 )	4.3	( 2.5 - 6.1 )	2.6	( 1.4 - 3.8 )
<b>2014</b>	82.6	( 78.8 - 86.4 )	20.2	( 16.1 - 24.3 )	30.1	( 25.4 - 34.8 )	59.9	( 54.5 - 65.2 )	6.5	( 4.0 - 9.0 )	4.4	( 2.3 - 6.5 )
<b>2015</b>	83.3	( 79.9 - 86.6 )	27.9	( 23.6 - 32.2 )	32.1	( 27.6 - 36.5 )	63.3	( 58.5 - 68.1 )	6.1	( 3.8 - 8.4 )	5.6	( 3.2 - 8.0 )
<b>2016</b>	84.1	( 80.7 - 87.5 )	27.0	( 22.7 - 31.2 )	32.5	( 28.2 - 36.8 )	64.3	( 59.5 - 69.1 )	6.3	( 4.1 - 8.6 )	3.0	( 1.6 - 4.5 )
<b>2017</b>	85.1	( 81.9 - 88.2 )	26.3	( 21.5 - 31.1 )	27.2	( 23.0 - 31.4 )	64.2	( 58.6 - 69.7 )	5.5	( 3.8 - 7.3 )	3.0	*( 1.5 - 4.5 )
<b>2018</b>	84.7	( 80.5 - 88.9 )	27.8	( 21.9 - 33.7 )	32.9	( 27.3 - 38.4 )	61.4	( 54.4 - 68.3 )	8.4	( 5.4 - 11.4 )	3.0	( 1.6 - 4.3 )
<b>Average</b>	81.8	( 80.9 - 82.6 )	25.6	( 24.6 - 26.6 )	26.3	( 25.3 - 27.3 )	59.4	( 58.2 - 60.6 )	4.2	( 3.8 - 4.6 )	3.7	( 3.3 - 4.0 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

**Table 60: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2018**

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
<b>Age Group</b>												
0 to 4 yrs	3.6	( 2.3 - 4.9 )	0.6 *	( 0.2 - 1.0 )	0.5 *	( 0.1 - 0.9 )	0.2 *	( 0.0 - 0.4 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
5 to 9 yrs	2.9	( 2.1 - 3.7 )	0.4	( 0.3 - 0.6 )	2.1 *	( 0.7 - 3.5 )	1.2	( 1.0 - 1.4 )	0.6 *	( 0.1 - 1.0 )	N/A	( N/A - N/A )
10 to 15 yrs	3.1	( 2.5 - 3.7 )	0.4 *	( 0.3 - 0.6 )	2.2	( 1.7 - 2.8 )	1.8	( 1.5 - 2.1 )	1.3 *	( 0.4 - 2.2 )	0.1 *	( 0.0 - 0.2 )
<b>Gender</b>												
Boys	2.9	( 2.4 - 3.4 )	0.5	( 0.3 - 0.6 )	1.7 *	( 0.9 - 2.6 )	1.0	( 0.8 - 1.2 )	0.7 *	( 0.2 - 1.1 )	0.1 *	( 0.0 - 0.2 )
Girls	3.4	( 2.5 - 4.4 )	0.5 *	( 0.2 - 0.7 )	1.5	( 0.9 - 2.1 )	1.2	( 0.9 - 1.4 )	N/A	( N/A - N/A )	0.1 *	( 0.0 - 0.1 )
<b>Children</b>	<b>3.2</b>	<b>( 2.6 - 3.7 )</b>	<b>0.5</b>	<b>( 0.3 - 0.6 )</b>	<b>1.6</b>	<b>( 1.1 - 2.2 )</b>	<b>1.1</b>	<b>( 0.9 - 1.3 )</b>	<b>0.6 *</b>	<b>( 0.3 - 1.0 )</b>	<b>0.1 *</b>	<b>( 0.0 - 0.1 )</b>

\* Mean estimate has a RSE between 25%-50% and should be used with caution.

N/A Mean estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.



**Table 61: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2005–18**

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
<b>2005</b>	3.3	( 2.9 - 3.7 )	0.4	( 0.4 - 0.5 )	1.1	( 0.8 - 1.4 )	1.2	( 1.0 - 1.3 )	0.2	* ( 0.1 - 0.4 )	0.1	( 0.1 - 0.1 )
<b>2006</b>	3.4	( 3.0 - 3.9 )	0.4	( 0.3 - 0.5 )	1.4	( 1.0 - 1.7 )	1.1	( 1.0 - 1.3 )	0.2	* ( 0.0 - 0.3 )	0.1	* ( 0.0 - 0.1 )
<b>2007</b>	3.0	( 2.6 - 3.3 )	0.4	( 0.3 - 0.5 )	1.6	* ( 0.8 - 2.4 )	1.1	( 0.9 - 1.2 )	0.2	* ( 0.1 - 0.3 )	0.3	* ( 0.0 - 0.6 )
<b>2008</b>	3.1	( 2.7 - 3.4 )	0.4	( 0.3 - 0.5 )	0.9	( 0.7 - 1.2 )	1.0	( 0.9 - 1.1 )	0.4	* ( 0.0 - 0.8 )	0.1	* ( 0.0 - 0.2 )
<b>2009</b>	2.9	( 2.7 - 3.1 )	0.5	( 0.4 - 0.5 )	0.9	( 0.8 - 1.1 )	1.1	( 1.0 - 1.2 )	0.2	( 0.1 - 0.2 )	0.1	( 0.1 - 0.1 )
<b>2010</b>	3.3	( 3.0 - 3.6 )	0.4	( 0.4 - 0.5 )	1.3	( 0.8 - 1.7 )	1.1	( 1.0 - 1.2 )	0.2	* ( 0.1 - 0.3 )	0.1	* ( 0.0 - 0.2 )
<b>2011</b>	3.1	( 2.8 - 3.5 )	0.5	( 0.3 - 0.7 )	1.5	( 0.9 - 2.2 )	1.1	( 0.9 - 1.2 )	0.1	* ( 0.0 - 0.1 )	0.1	* ( 0.1 - 0.2 )
<b>2012</b>	3.3	( 2.9 - 3.7 )	0.4	( 0.3 - 0.5 )	1.5	( 1.1 - 1.9 )	1.1	( 1.0 - 1.2 )	0.3	* ( 0.1 - 0.4 )	0.1	( 0.1 - 0.1 )
<b>2013</b>	3.2	( 2.7 - 3.6 )	0.4	( 0.3 - 0.5 )	1.5	( 0.8 - 2.1 )	1.2	( 1.0 - 1.3 )	0.3	( 0.1 - 0.4 )	0.1	* ( 0.0 - 0.1 )
<b>2014</b>	3.0	( 2.6 - 3.4 )	0.4	( 0.3 - 0.5 )	1.7	( 1.0 - 2.4 )	1.2	( 1.0 - 1.4 )	0.3	* ( 0.2 - 0.5 )	N/A	( N/A - N/A )
<b>2015</b>	3.8	( 3.2 - 4.4 )	0.6	( 0.4 - 0.7 )	2.3	( 1.3 - 3.4 )	1.2	( 1.0 - 1.4 )	0.5	* ( 0.2 - 0.8 )	N/A	( N/A - N/A )
<b>2016</b>	3.8	( 3.3 - 4.3 )	0.6	( 0.3 - 0.8 )	1.7	( 0.9 - 2.5 )	1.2	( 1.1 - 1.4 )	0.4	* ( 0.2 - 0.7 )	0.1	* ( 0.0 - 0.2 )
<b>2017</b>	3.8	( 3.1 - 4.4 )	0.6	( 0.4 - 0.8 )	1.8	* ( 0.7 - 3.0 )	1.2	( 1.1 - 1.4 )	0.5	* ( 0.2 - 0.8 )	0.2	* ( 0.0 - 0.3 )
<b>2018</b>	3.2	( 2.7 - 3.7 )	0.5	( 0.3 - 0.6 )	1.6	* ( 1.1 - 2.1 )	1.1	( 0.9 - 1.3 )	0.7	* ( 0.3 - 1.0 )	0.1	* ( 0.0 - 0.1 )
<b>Average</b>	3.3	( 3.2 - 3.4 )	0.5	( 0.4 - 0.5 )	1.4	( 1.2 - 1.5 )	1.1	( 1.1 - 1.2 )	0.3	( 0.2 - 0.3 )	0.1	( 0.1 - 0.2 )

\* Mean estimate has a RSE between 25%-50% and should be used with caution.

N/A Mean estimate has a RSE greater than 50% and is considered too unreliable for general use.

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, accident and emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

## 12. SCHOOL CONNECTEDNESS

A positive school environment can act as a protective factor that reduces the likelihood of mental health problems and can mitigate the potentially negative effects of risk factors.<sup>25</sup>

Parents/carers were asked how many days, not counting official school holidays, that their child was away from school, for any reason, in the past 12 months. The days absent from school were classified into the number of weeks, as shown in Table 62. Approximately half (49.6%) of children aged 5 to 15 years were absent for one or more days but less than one week of school over the past 12 months. Estimates relating to absenteeism were similar among different age groups and among boys and girls.

**Table 62: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2018**

	Zero		Less than a week		One to two weeks		Two to three weeks		Three weeks or more	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>										
5 to 9 yrs	8.5 *	( 3.5 - 13.4 )	46.4	( 36.4 - 56.4 )	30.1	( 20.9 - 39.3 )	5.6 *	( 1.4 - 9.8 )	9.4 *	( 2.2 - 16.6 )
10 to 15 yrs	11.1	( 6.4 - 15.9 )	52.3	( 44.8 - 59.8 )	20.5	( 14.7 - 26.3 )	8.6 *	( 4.1 - 13.0 )	7.5	( 4.0 - 11.0 )
<b>Gender</b>										
Boys	11.4	( 6.1 - 16.7 )	50.0	( 41.6 - 58.5 )	21.2	( 14.8 - 27.7 )	8.5 *	( 3.7 - 13.3 )	8.9 *	( 2.6 - 15.1 )
Girls	8.4 *	( 4.0 - 12.8 )	49.1	( 40.1 - 58.1 )	28.7	( 20.3 - 37.1 )	5.9 *	( 2.0 - 9.7 )	7.9 *	( 3.3 - 12.5 )
<b>Children</b>	9.9	( 6.5 - 13.3 )	49.6	( 43.4 - 55.7 )	25.0	( 19.6 - 30.3 )	7.2	( 4.1 - 10.3 )	8.4	( 4.5 - 12.3 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence of weeks absent from school is shown in Table 63. The estimates of children who were absent for less than one week has significantly decreased from 2002 to 2018 (from 60.8% to 49.7%).

**Table 63: Prevalence of children by weeks absent from school, 5 to 15 years, HWSS 2002–18**

	Zero		Less than a week		One to two weeks		Two to three weeks		Three weeks or more	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	10.2	( 7.5 - 12.9 )	60.8	( 56.6 - 65.0 )	17.5	( 14.5 - 20.6 )	6.9	( 4.6 - 9.1 )	4.6	( 3.2 - 6.1 )
<b>2003</b>	9.5	( 6.8 - 12.2 )	57.2	( 53.1 - 61.2 )	21.5	( 18.1 - 24.9 )	6.5	( 4.7 - 8.3 )	5.4	( 3.9 - 6.9 )
<b>2004</b>	9.0	( 5.3 - 12.7 )	53.4	( 47.3 - 59.6 )	22.8	( 17.5 - 28.1 )	7.8	( 4.9 - 10.7 )	7.0	( 3.9 - 10.1 )
<b>2005</b>	9.6	( 6.7 - 12.5 )	55.5	( 50.9 - 60.0 )	22.0	( 18.3 - 25.8 )	5.7	( 3.7 - 7.7 )	7.2	( 4.9 - 9.5 )
<b>2006</b>	7.9	( 5.5 - 10.3 )	50.8	( 46.6 - 55.0 )	23.0	( 19.6 - 26.4 )	9.9	( 7.2 - 12.5 )	8.4	( 6.2 - 10.6 )
<b>2007</b>	8.3	( 5.0 - 11.5 )	54.6	( 48.7 - 60.5 )	21.5	( 16.5 - 26.4 )	7.7	( 4.5 - 10.9 )	7.9	( 5.1 - 10.8 )
<b>2008</b>	7.1	( 3.9 - 10.3 )	54.2	( 48.6 - 59.8 )	20.9	( 16.3 - 25.5 )	9.1	( 6.1 - 12.1 )	8.7	( 5.6 - 11.8 )
<b>2009</b>	7.8	( 6.5 - 9.2 )	48.3	( 45.8 - 50.8 )	22.9	( 20.8 - 25.0 )	10.1	( 8.6 - 11.6 )	10.9	( 9.3 - 12.4 )
<b>2010</b>	8.2	( 5.3 - 11.2 )	50.8	( 45.8 - 55.9 )	23.0	( 18.7 - 27.2 )	10.1	( 7.3 - 13.0 )	7.9	( 5.2 - 10.5 )
<b>2011</b>	8.7	( 5.3 - 12.1 )	49.0	( 43.3 - 54.7 )	20.5	( 16.1 - 24.9 )	11.1	( 7.6 - 14.6 )	10.7	( 7.0 - 14.4 )
<b>2012</b>	6.3	( 4.0 - 8.6 )	50.8	( 45.8 - 55.9 )	26.6	( 22.1 - 31.2 )	8.5	( 5.9 - 11.1 )	7.7	( 5.2 - 10.3 )
<b>2013</b>	9.8	( 6.4 - 13.1 )	58.3	( 53.1 - 63.5 )	15.8	( 12.0 - 19.5 )	8.0	( 5.2 - 10.7 )	8.2	( 5.8 - 10.6 )
<b>2014</b>	6.0	( 3.6 - 8.5 )	60.4	( 54.8 - 66.0 )	19.1	( 14.7 - 23.5 )	7.6	( 4.6 - 10.7 )	6.8	( 4.1 - 9.5 )
<b>2015</b>	8.8	( 5.6 - 12.0 )	54.6	( 49.2 - 60.0 )	21.6	( 17.3 - 25.9 )	5.3	( 3.4 - 7.3 )	9.7	( 6.5 - 13.0 )
<b>2016</b>	11.2	( 7.6 - 14.9 )	52.2	( 46.9 - 57.5 )	21.1	( 17.0 - 25.2 )	8.3	( 5.4 - 11.2 )	7.1	( 4.1 - 10.2 )
<b>2017</b>	8.6	( 5.7 - 11.4 )	57.3	( 52.2 - 62.3 )	20.7	( 16.6 - 24.8 )	7.7	( 4.7 - 10.7 )	5.8	( 3.7 - 7.8 )
<b>2018</b>	10.0	( 6.6 - 13.4 )	49.7	( 43.7 - 55.7 )	24.7	( 19.5 - 29.8 )	7.3	( 4.2 - 10.3 )	8.3	( 4.6 - 12.0 )
<b>Average</b>	8.6	( 7.9 - 9.3 )	53.3	( 52.2 - 54.5 )	21.6	( 20.7 - 22.5 )	8.3	( 7.7 - 9.0 )	8.1	( 7.5 - 8.7 )

Parents/carers were asked to rate how well their child was doing in school overall, based on their school work and school reports. It is estimated that 39.5 per cent of children were doing very well at school and approximately one third (28.9%) were doing well (Table 64). Estimates relating to school performance were similar among boys and girls.

**Table 64: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2018**

	Very well		Well		Average		Poor or very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
5 to 9 yrs	34.8	( 25.6 - 44.1 )	32.8	( 23.6 - 41.9 )	30.3	( 20.5 - 40.0 )	2.1 *	( 0.7 - 3.5 )
10 to 15 yrs	43.5	( 36.1 - 51.0 )	25.5	( 19.1 - 31.9 )	25.2	( 18.6 - 31.7 )	5.8 *	( 2.8 - 8.8 )
<b>Gender</b>								
Boys	38.4	( 30.3 - 46.4 )	25.7	( 18.6 - 32.8 )	30.7	( 22.5 - 38.9 )	5.2 *	( 2.6 - 7.8 )
Girls	40.6	( 31.9 - 49.2 )	32.1	( 23.8 - 40.4 )	24.4	( 16.3 - 32.5 )	2.9 *	( 0.6 - 5.2 )
<b>Children</b>	39.5	( 33.6 - 45.4 )	28.9	( 23.4 - 34.4 )	27.6	( 21.8 - 33.3 )	4.1	( 2.3 - 5.8 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence estimates of how well children were doing in school, as perceived by their parents/carers, are shown in Table 65. The prevalence of children whose parent/carer reported their overall school performance as very well, has decreased significantly between 2002 and 2018 (52.7% compared with 39.7%).

**Table 65: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2002–18**

	Very well		Well		Average		Poor or very Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	52.7	( 48.4 - 57.1 )	22.4	( 18.8 - 26.0 )	22.1	( 18.5 - 25.6 )	2.8	( 1.6 - 4.0 )
<b>2003</b>	49.0	( 44.9 - 53.0 )	25.6	( 21.9 - 29.3 )	21.7	( 18.5 - 25.0 )	3.7	( 2.2 - 5.3 )
<b>2004</b>	45.7	( 39.5 - 51.9 )	27.5	( 22.0 - 33.1 )	21.3	( 16.3 - 26.3 )	5.4 *	( 2.3 - 8.5 )
<b>2005</b>	47.3	( 42.8 - 51.9 )	24.4	( 20.6 - 28.2 )	24.9	( 21.0 - 28.8 )	3.4	( 1.8 - 5.1 )
<b>2006</b>	46.0	( 41.8 - 50.2 )	25.9	( 22.3 - 29.6 )	22.8	( 19.2 - 26.4 )	5.3	( 3.5 - 7.1 )
<b>2007</b>	50.3	( 44.4 - 56.1 )	23.1	( 18.0 - 28.2 )	20.8	( 16.1 - 25.6 )	5.8	( 3.2 - 8.3 )
<b>2008</b>	42.2	( 36.7 - 47.7 )	28.6	( 23.6 - 33.6 )	25.9	( 21.3 - 30.5 )	3.4 *	( 1.5 - 5.2 )
<b>2009</b>	42.1	( 39.6 - 44.6 )	28.1	( 25.9 - 30.4 )	25.0	( 22.9 - 27.2 )	4.7	( 3.7 - 5.8 )
<b>2010</b>	45.9	( 40.8 - 50.9 )	29.0	( 24.4 - 33.5 )	20.9	( 16.9 - 24.8 )	4.3	( 2.5 - 6.2 )
<b>2011</b>	43.8	( 38.2 - 49.5 )	28.5	( 23.4 - 33.7 )	22.8	( 18.2 - 27.3 )	4.9 *	( 2.3 - 7.5 )
<b>2012</b>	42.9	( 37.9 - 47.9 )	25.8	( 21.4 - 30.1 )	24.9	( 20.4 - 29.3 )	6.5	( 4.0 - 8.9 )
<b>2013</b>	45.5	( 40.2 - 50.8 )	25.6	( 21.0 - 30.3 )	24.7	( 20.1 - 29.3 )	4.2 *	( 2.1 - 6.2 )
<b>2014</b>	46.6	( 40.7 - 52.4 )	24.5	( 19.6 - 29.4 )	24.9	( 19.9 - 29.9 )	4.0 *	( 2.0 - 6.1 )
<b>2015</b>	47.5	( 42.0 - 52.9 )	25.4	( 20.8 - 29.9 )	21.8	( 17.5 - 26.2 )	5.3	( 2.8 - 7.8 )
<b>2016</b>	42.1	( 36.9 - 47.3 )	27.9	( 23.2 - 32.6 )	26.0	( 21.2 - 30.7 )	4.0	( 2.2 - 5.9 )
<b>2017</b>	42.3	( 37.2 - 47.4 )	27.4	( 22.9 - 31.9 )	25.8	( 21.3 - 30.3 )	4.5 *	( 2.3 - 6.7 )
<b>2018</b>	39.7	( 33.9 - 45.4 )	28.6	( 23.3 - 33.9 )	27.4 *	( 21.9 - 33.0 )	4.3	( 2.5 - 6.1 )
<b>Average</b>	45.2	( 44.1 - 46.4 )	26.4	( 25.4 - 27.4 )	23.9	( 22.9 - 24.8 )	4.5	( 4.0 - 4.9 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Parents/carers were asked to rate how often their child looks forward to going to school each day (Table 66). Approximately two thirds of children (63.1%) almost always looked forward to going to school each day. Estimates relating to how frequently children look forward to school were similar among the different age groups and similar between boys and girls. The annual prevalence estimates of how frequently children look forward to going to school are shown in Table 67. In 2018, children were significantly less likely to almost always look forward to going to school when compared with 2002 (72.7% compared with 62.9%).

**Table 66: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2018**

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
5 to 9 yrs	N/A	( N/A - N/A )	8.8 *	( 3.7 - 14.0 )	21.8	( 13.0 - 30.7 )	65.8	( 56.2 - 75.5 )
10 to 15 yrs	9.0	( 4.9 - 13.2 )	10.2	( 6.4 - 14.0 )	20.2	( 13.7 - 26.6 )	60.6	( 53.3 - 68.0 )
<b>Gender</b>								
Boys	9.6 *	( 4.8 - 14.4 )	12.3	( 7.2 - 17.5 )	22.1	( 14.6 - 29.5 )	56.0	( 47.6 - 64.4 )
Girls	3.3 *	( 0.4 - 6.2 )	6.7 *	( 3.2 - 10.2 )	19.8	( 12.1 - 27.6 )	70.2	( 61.9 - 78.4 )
<b>Children</b>	6.5	( 3.6 - 9.3 )	9.5	( 6.4 - 12.7 )	21.0	( 15.6 - 26.3 )	63.1	( 57.1 - 69.0 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Mean estimate has a RSE greater than 50% and is considered too unreliable for general use.

**Table 67: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2002–18**

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	3.6	( 2.0 - 5.1 )	9.9	( 7.2 - 12.5 )	13.8	( 10.9 - 16.7 )	72.7	( 68.9 - 76.6 )
<b>2003</b>	5.4	( 3.6 - 7.2 )	9.1	( 6.9 - 11.3 )	15.5	( 12.5 - 18.5 )	70.0	( 66.3 - 73.7 )
<b>2004</b>	2.4 *	( 0.8 - 4.0 )	11.5	( 7.3 - 15.7 )	13.5	( 9.5 - 17.6 )	72.5	( 67.0 - 78.0 )
<b>2005</b>	2.0 *	( 0.9 - 3.1 )	10.2	( 7.1 - 13.4 )	16.3	( 13.1 - 19.5 )	71.5	( 67.3 - 75.6 )
<b>2006</b>	5.8	( 3.9 - 7.8 )	7.9	( 5.7 - 10.1 )	16.1	( 13.0 - 19.2 )	70.2	( 66.4 - 74.1 )
<b>2007</b>	4.2 *	( 2.0 - 6.4 )	6.5	( 3.6 - 9.4 )	16.1	( 12.0 - 20.3 )	73.2	( 68.1 - 78.2 )
<b>2008</b>	5.5	( 3.4 - 7.6 )	11.0	( 7.5 - 14.5 )	13.6	( 9.9 - 17.3 )	69.9	( 64.9 - 74.8 )
<b>2009</b>	5.4	( 4.3 - 6.6 )	8.4	( 7.1 - 9.8 )	19.1	( 17.2 - 21.1 )	67.0	( 64.6 - 69.3 )
<b>2010</b>	3.6 *	( 1.8 - 5.5 )	10.5	( 7.4 - 13.6 )	16.3	( 12.8 - 19.8 )	69.6	( 65.1 - 74.1 )
<b>2011</b>	3.3 *	( 1.6 - 5.1 )	10.4	( 7.3 - 13.6 )	19.7	( 15.1 - 24.4 )	66.5	( 61.2 - 71.8 )
<b>2012</b>	6.1	( 3.9 - 8.2 )	7.8	( 5.2 - 10.3 )	16.6	( 12.7 - 20.6 )	69.5	( 64.9 - 74.2 )
<b>2013</b>	6.7	( 4.2 - 9.1 )	9.2	( 6.0 - 12.3 )	18.1	( 14.0 - 22.2 )	66.0	( 61.0 - 71.1 )
<b>2014</b>	2.5 *	( 1.0 - 4.1 )	8.5	( 5.5 - 11.5 )	14.6	( 10.8 - 18.5 )	74.3	( 69.5 - 79.2 )
<b>2015</b>	5.2	( 2.9 - 7.5 )	7.6	( 4.8 - 10.4 )	20.6	( 16.1 - 25.1 )	66.6	( 61.4 - 71.7 )
<b>2016</b>	3.3 *	( 1.6 - 5.1 )	10.7	( 7.1 - 14.3 )	13.1	( 9.9 - 16.3 )	72.8	( 68.2 - 77.5 )
<b>2017</b>	3.5	( 1.8 - 5.2 )	10.9	( 7.8 - 14.0 )	17.6	( 13.8 - 21.4 )	68.0	( 63.3 - 72.7 )
<b>2018</b>	6.6	( 3.8 - 9.4 )	9.6	( 6.6 - 12.7 )	20.9	( 15.7 - 26.1 )	62.9	( 57.1 - 68.7 )
<b>Average</b>	4.6	( 4.2 - 5.1 )	9.1	( 8.5 - 9.7 )	16.8	( 16.0 - 17.7 )	69.4	( 68.4 - 70.4 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

### 13. FAMILY FUNCTIONING

How well a family functions affects the health and wellbeing of children within the family. Family functioning affects many aspects of family life, including the degree of agreement on decisions, acceptance of individuals, the ability to solve day-to-day problems and communication.<sup>30</sup>

The questions used in the HWSS are taken from the McMaster Family Functioning Scale of 12 questions.<sup>31</sup> Four questions were identified as sufficient to assess family functioning within a population.<sup>a</sup> The questions are stated in the negative and reverse scored to assess overall family functioning. The first question is about the family not usually getting along (Table 68). Approximately two in three (68.8%) children were estimated to live in a family where it was strongly disagreed that the family does not usually get on well together. The estimates of whether the family does not usually get on well together were similar among age groups and among boys and girls.

**Table 68: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2018**

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
0 to 4 yrs	N/A	( N/A - N/A )	26.4 *	( 11.4 - 41.5 )	73.6	( 58.5 - 88.6 )
5 to 9 yrs	N/A	( N/A - N/A )	38.4	( 28.5 - 48.4 )	61.3	( 51.4 - 71.2 )
10 to 15 yrs	4.1	*( 0.7 - 7.5 )	24.7	( 18.5 - 31.0 )	71.1	( 64.4 - 77.9 )
<b>Gender</b>						
Boys	N/A	( N/A - N/A )	27.3	( 19.1 - 35.6 )	71.5	( 63.2 - 79.9 )
Girls	N/A	( N/A - N/A )	32.1	( 22.7 - 41.6 )	65.9	( 56.5 - 75.3 )
<b>Children</b>	1.5	*( 0.3 - 2.8 )	29.7	( 23.4 - 36.0 )	68.8	( 62.4 - 75.1 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence estimates of family not usually getting along are shown in Table 69. Estimates relating to the family not getting on well together were similar in 2018 compared with 2002.

<sup>a</sup> The analysis of the McMaster instrument was undertaken by Professor Stephen Zubrick of the Telethon Kids Institute, whom the authors gratefully acknowledge

**Table 69: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2002–18**

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	3.2	( 1.9 - 4.6 )	30.2	( 26.8 - 33.6 )	66.6	( 63.1 - 70.1 )
<b>2003</b>	2.2	( 1.4 - 3.1 )	35.4	( 32.1 - 38.7 )	62.4	( 59.0 - 65.7 )
<b>2004</b>	4.2 *	( 2.1 - 6.3 )	35.5	( 30.4 - 40.7 )	60.3	( 55.0 - 65.5 )
<b>2005</b>	1.6 *	( 0.6 - 2.6 )	33.6	( 30.1 - 37.2 )	64.8	( 61.1 - 68.4 )
<b>2006</b>	2.1	( 1.1 - 3.1 )	35.8	( 32.4 - 39.2 )	62.1	( 58.7 - 65.6 )
<b>2007</b>	3.5	( 1.9 - 5.1 )	28.2	( 23.6 - 32.8 )	68.3	( 63.6 - 73.0 )
<b>2008</b>	3.1 *	( 1.4 - 4.7 )	34.6	( 30.1 - 39.1 )	62.3	( 57.7 - 66.9 )
<b>2009</b>	2.8	( 1.9 - 3.8 )	30.9	( 28.3 - 33.5 )	66.3	( 63.6 - 69.0 )
<b>2010</b>	3.1	( 1.8 - 4.5 )	26.7	( 22.9 - 30.5 )	70.2	( 66.3 - 74.0 )
<b>2011</b>	4.2 *	( 2.0 - 6.4 )	31.7	( 27.1 - 36.3 )	64.1	( 59.3 - 68.9 )
<b>2012</b>	3.4	( 1.8 - 5.0 )	33.1	( 28.9 - 37.3 )	63.5	( 59.2 - 67.8 )
<b>2013</b>	3.8	( 2.0 - 5.5 )	30.3	( 25.7 - 34.8 )	66.0	( 61.3 - 70.7 )
<b>2014</b>	3.3 *	( 1.2 - 5.3 )	28.1	( 23.2 - 33.0 )	68.6	( 63.6 - 73.7 )
<b>2015</b>	2.6 *	( 1.3 - 4.0 )	22.1	( 18.0 - 26.3 )	75.2	( 71.0 - 79.5 )
<b>2016</b>	2.6 *	( 0.8 - 4.3 )	24.9	( 20.8 - 29.0 )	72.6	( 68.3 - 76.8 )
<b>2017</b>	2.6 *	( 1.3 - 4.0 )	29.1	( 24.2 - 34.0 )	68.2	( 63.3 - 73.2 )
<b>2018</b>	1.6 *	( 0.3 - 2.9 )	29.4	( 23.2 - 35.5 )	69.0	( 62.9 - 75.2 )
<b>Average</b>	2.9	( 2.5 - 3.2 )	31.3	( 30.4 - 32.3 )	65.8	( 64.8 - 66.8 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The second question asked parents/carers whether planning family activities is usually difficult (Table 70). Approximately one in five (17.4%) children was estimated to live in a family where it was strongly agreed or agreed that planning family activities was usually difficult. The estimates of whether planning family activities was usually difficult were similar among age groups and among boys and girls.

**Table 70: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2018**

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
0 to 4 yrs	9.9 *	( 2.3 - 17.5 )	33.9	( 18.9 - 48.9 )	56.2	( 40.5 - 71.9 )
5 to 9 yrs	17.0	( 9.3 - 24.7 )	36.2	( 26.6 - 45.8 )	46.8	( 37.0 - 56.5 )
10 to 15 yrs	24.7	( 18.1 - 31.4 )	35.5	( 28.4 - 42.5 )	39.8	( 32.5 - 47.1 )
<b>Gender</b>						
Boys	20.7	( 14.2 - 27.2 )	29.9	( 22.0 - 37.7 )	49.5	( 39.9 - 59.0 )
Girls	14.0	( 8.1 - 20.0 )	40.8	( 31.3 - 50.2 )	45.2	( 36.1 - 54.3 )
<b>Children</b>	17.4	( 13.0 - 21.8 )	35.2	( 28.9 - 41.5 )	47.4	( 40.7 - 54.1 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence estimates of whether planning family activities is usually difficult is shown in Table 71. Estimates relating to whether planning family activities is usually difficult were similar in 2018 compared with 2002.

**Table 71: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2002–18**

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	19.4	( 16.7 - 22.5 )	40.6	( 37.0 - 44.3 )	39.9	( 36.2 - 43.6 )
<b>2003</b>	19.5	( 16.7 - 22.2 )	45.3	( 41.8 - 48.8 )	35.3	( 31.9 - 38.6 )
<b>2004</b>	21.6	( 17.1 - 26.0 )	44.0	( 38.7 - 49.3 )	34.5	( 29.4 - 39.6 )
<b>2005</b>	16.3	( 13.5 - 19.1 )	46.4	( 42.7 - 50.2 )	37.3	( 33.6 - 40.9 )
<b>2006</b>	19.9	( 17.1 - 22.6 )	45.3	( 41.7 - 48.8 )	34.9	( 31.5 - 38.3 )
<b>2007</b>	16.9	( 13.2 - 20.6 )	41.4	( 36.4 - 46.3 )	41.7	( 36.7 - 46.8 )
<b>2008</b>	22.1	( 18.1 - 26.0 )	43.8	( 39.0 - 48.5 )	34.1	( 29.6 - 38.7 )
<b>2009</b>	14.9	( 12.8 - 17.0 )	43.1	( 40.1 - 46.1 )	42.0	( 38.9 - 45.1 )
<b>2010</b>	16.2	( 13.1 - 19.4 )	40.0	( 35.8 - 44.2 )	43.8	( 39.5 - 48.0 )
<b>2011</b>	16.1	( 12.4 - 19.8 )	40.5	( 35.7 - 45.2 )	43.4	( 38.6 - 48.2 )
<b>2012</b>	19.7	( 16.0 - 23.3 )	40.0	( 35.7 - 44.3 )	40.4	( 36.1 - 44.7 )
<b>2013</b>	17.8	( 13.9 - 21.7 )	35.4	( 30.7 - 40.2 )	46.7	( 41.6 - 51.9 )
<b>2014</b>	12.0	( 8.7 - 15.4 )	39.4	( 34.2 - 44.7 )	48.5	( 43.2 - 53.8 )
<b>2015</b>	13.2	( 9.9 - 16.6 )	38.0	( 33.3 - 42.7 )	48.8	( 43.9 - 53.7 )
<b>2016</b>	15.3	( 12.0 - 18.7 )	41.6	( 36.9 - 46.3 )	43.1	( 38.4 - 47.8 )
<b>2017</b>	20.2	( 15.9 - 24.6 )	38.7	( 33.4 - 44.0 )	41.1	( 35.9 - 46.2 )
<b>2018</b>	17.5	( 13.2 - 21.8 )	35.3	( 29.2 - 41.4 )	47.2	( 40.7 - 53.7 )
<b>Average</b>	17.5	( 16.8 - 18.3 )	42.0	( 41.0 - 43.0 )	40.5	( 39.5 - 41.5 )



The third question asked parents/carers whether their family usually avoid discussing their fears and concerns openly with each other (Table 72). One in twenty (5.0%) children was estimated to live in a family where the family usually avoided discussing fears and concerns openly with each other. Estimates relating to whether the family usually avoided discussing their fears and concerns openly with each other were similar among age groups and among boys and girls.

**Table 72: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2018**

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
0 to 4 yrs	N/A	( N/A - N/A )	30.0	( 17.1 - 42.9 )	64.8	( 50.6 - 78.9 )
5 to 9 yrs	4.2 *	( 1.0 - 7.5 )	42.7	( 32.9 - 52.5 )	53.1	( 43.2 - 62.9 )
10 to 15 yrs	5.3 *	( 1.9 - 8.7 )	43.5	( 36.1 - 51.0 )	51.1	( 43.7 - 58.6 )
<b>Gender</b>						
Boys	6.0 *	( 1.6 - 10.4 )	37.7	( 29.1 - 46.2 )	56.4	( 47.2 - 65.5 )
Girls	3.9 *	( 0.4 - 7.4 )	40.1	( 31.3 - 48.9 )	56.0	( 47.0 - 65.1 )
<b>Children</b>	5.0 *	( 2.1 - 7.8 )	38.9	( 32.7 - 45.0 )	56.2	( 49.8 - 62.6 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual estimates of whether families avoid discussing fears and concerns openly with each other are shown in Table 73. The estimate relating to whether families avoided discussing fears and concerns openly with each other was significantly lower in 2018 when compared with 2002 (10.3% compared with 4.9%).

**Table 73: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2002–18**

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	10.3	( 8.1 - 12.5 )	43.5	( 39.7 - 47.3 )	46.3	( 42.5 - 50.0 )
<b>2003</b>	9.3	( 7.2 - 11.5 )	45.0	( 41.5 - 48.5 )	45.7	( 42.2 - 49.2 )
<b>2004</b>	11.3	( 7.7 - 14.8 )	50.9	( 45.5 - 56.2 )	37.9	( 32.7 - 43.1 )
<b>2005</b>	6.3	( 4.6 - 8.0 )	47.6	( 43.8 - 51.4 )	46.1	( 42.3 - 49.9 )
<b>2006</b>	5.8	( 4.3 - 7.4 )	51.0	( 47.5 - 54.5 )	43.2	( 39.6 - 46.7 )
<b>2007</b>	9.9	( 6.7 - 13.1 )	36.8	( 32.0 - 41.6 )	53.3	( 48.3 - 58.3 )
<b>2008</b>	9.4	( 6.6 - 12.2 )	45.3	( 40.5 - 50.1 )	45.3	( 40.5 - 50.0 )
<b>2009</b>	6.7	( 5.3 - 8.2 )	47.8	( 44.7 - 50.9 )	45.5	( 42.4 - 48.5 )
<b>2010</b>	6.7	( 4.5 - 8.8 )	43.0	( 38.7 - 47.2 )	50.4	( 46.1 - 54.7 )
<b>2011</b>	6.0	( 3.8 - 8.2 )	42.5	( 37.8 - 47.3 )	51.4	( 46.6 - 56.3 )
<b>2012</b>	7.6	( 5.0 - 10.3 )	42.2	( 37.9 - 46.6 )	50.1	( 45.7 - 54.5 )
<b>2013</b>	11.0	( 7.9 - 14.0 )	39.5	( 34.6 - 44.3 )	49.6	( 44.7 - 54.5 )
<b>2014</b>	5.2	( 2.9 - 7.4 )	42.8	( 37.5 - 48.1 )	52.1	( 46.7 - 57.4 )
<b>2015</b>	5.7	( 3.7 - 7.7 )	37.4	( 32.7 - 42.1 )	56.9	( 52.1 - 61.7 )
<b>2016</b>	6.2	( 3.8 - 8.7 )	44.7	( 40.0 - 49.4 )	49.1	( 44.4 - 53.8 )
<b>2017</b>	8.1	( 4.5 - 11.7 )	39.3	( 34.1 - 44.5 )	52.6	( 47.2 - 57.9 )
<b>2018</b>	4.9 *	( 2.2 - 7.7 )	39.0	( 33.0 - 45.0 )	56.1	( 49.8 - 62.3 )
<b>Average</b>	7.4	( 6.8 - 8.0 )	44.5	( 43.5 - 45.6 )	48.1	( 47.0 - 49.1 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other (Table 74). One in twenty (5.4%) children was estimated to live in a family where making decisions within the family is usually a problem because they misunderstand each other. Those aged 0 to 4 years were significantly more likely to live in a family where the parent/carer 'strongly disagreed' that making decisions within the family is usually a problem due to misunderstandings when compared with those aged 5 to 9 years and 10 to 15 years.

**Table 74: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2018**

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
0 to 4 yrs	N/A	(N/A - N/A)	28.5	( 15.9 - 41.2 )	70.7	( 58.0 - 83.4 )
5 to 9 yrs	6.4	* ( 2.1 - 10.6 )	45.9	( 36.1 - 55.8 )	47.7	( 37.9 - 57.5 )
10 to 15 yrs	8.7	( 4.7 - 12.8 )	47.1	( 39.6 - 54.6 )	44.2	( 36.8 - 51.6 )
<b>Gender</b>						
Boys	6.1	* ( 2.8 - 9.4 )	41.4	( 32.5 - 50.3 )	52.5	( 43.2 - 61.8 )
Girls	4.6	* ( 2.0 - 7.1 )	39.9	( 31.1 - 48.7 )	55.5	( 46.5 - 64.5 )
<b>Children</b>	5.4	( 3.3 - 7.4 )	40.7	( 34.4 - 46.9 )	54.0	( 47.5 - 60.5 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual estimates of whether making decisions is usually a problem is shown in Table 75. The estimate relating to whether making decisions within families is usually a problem due to misunderstanding was significantly lower in 2018 when compared with 2002 (10.0% compared with 5.4%).

**Table 75: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2002–18**

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>2002</b>	10.0	( 7.6 - 12.4 )	45.5	( 41.7 - 49.2 )	44.5	( 40.8 - 48.3 )
<b>2003</b>	9.5	( 7.5 - 11.5 )	50.4	( 46.9 - 53.9 )	40.2	( 36.7 - 43.6 )
<b>2004</b>	12.0	( 8.4 - 15.5 )	54.6	( 49.2 - 59.9 )	33.5	( 28.5 - 38.5 )
<b>2005</b>	9.1	( 7.1 - 11.2 )	52.1	( 48.4 - 55.9 )	38.7	( 35.1 - 42.4 )
<b>2006</b>	10.2	( 8.1 - 12.2 )	51.9	( 48.4 - 55.4 )	37.9	( 34.5 - 41.4 )
<b>2007</b>	8.9	( 6.3 - 11.5 )	46.3	( 41.2 - 51.3 )	44.9	( 39.8 - 50.0 )
<b>2008</b>	10.1	( 7.3 - 12.8 )	51.4	( 46.7 - 56.2 )	38.5	( 33.9 - 43.1 )
<b>2009</b>	7.5	( 6.1 - 8.9 )	49.1	( 46.0 - 52.1 )	43.4	( 40.3 - 46.5 )
<b>2010</b>	7.1	( 5.0 - 9.3 )	47.0	( 42.7 - 51.2 )	45.9	( 41.6 - 50.2 )
<b>2011</b>	6.5	( 4.1 - 8.9 )	45.3	( 40.4 - 50.1 )	48.2	( 43.3 - 53.1 )
<b>2012</b>	8.4	( 6.0 - 10.8 )	45.5	( 41.1 - 49.8 )	46.1	( 41.8 - 50.5 )
<b>2013</b>	8.2	( 5.5 - 11.0 )	46.9	( 42.0 - 51.9 )	44.8	( 40.0 - 49.7 )
<b>2014</b>	6.3	( 3.6 - 9.0 )	44.8	( 39.4 - 50.1 )	48.9	( 43.6 - 54.3 )
<b>2015</b>	6.2	( 4.2 - 8.3 )	43.8	( 39.0 - 48.7 )	50.0	( 45.1 - 54.8 )
<b>2016</b>	7.9	( 5.2 - 10.7 )	48.4	( 43.6 - 53.1 )	43.7	( 39.0 - 48.4 )
<b>2017</b>	6.5	( 4.1 - 8.9 )	44.9	( 39.5 - 50.2 )	48.6	( 43.3 - 53.9 )
<b>2018</b>	5.4	( 3.4 - 7.5 )	40.8	( 34.7 - 46.9 )	40.8	( 34.7 - 46.9 )
<b>Average</b>	7.6	( 7.1 - 8.2 )	44.4	( 43.4 - 45.4 )	48.0	( 47.0 - 49.0 )

The four questions were reverse-scored and added together to get an indication of the level of functioning within families. A total score of 2.25 or less is defined as poor family functioning. The cut-off score was provided by Professor Zubrick of the Telethon Kids Institute, as part of his work on reducing the McMaster Family Functioning Scale for use in a population-based child health survey. The results are shown in Table 76. The estimated prevalence of poor family functioning was similar among age groups and between boys and girls.

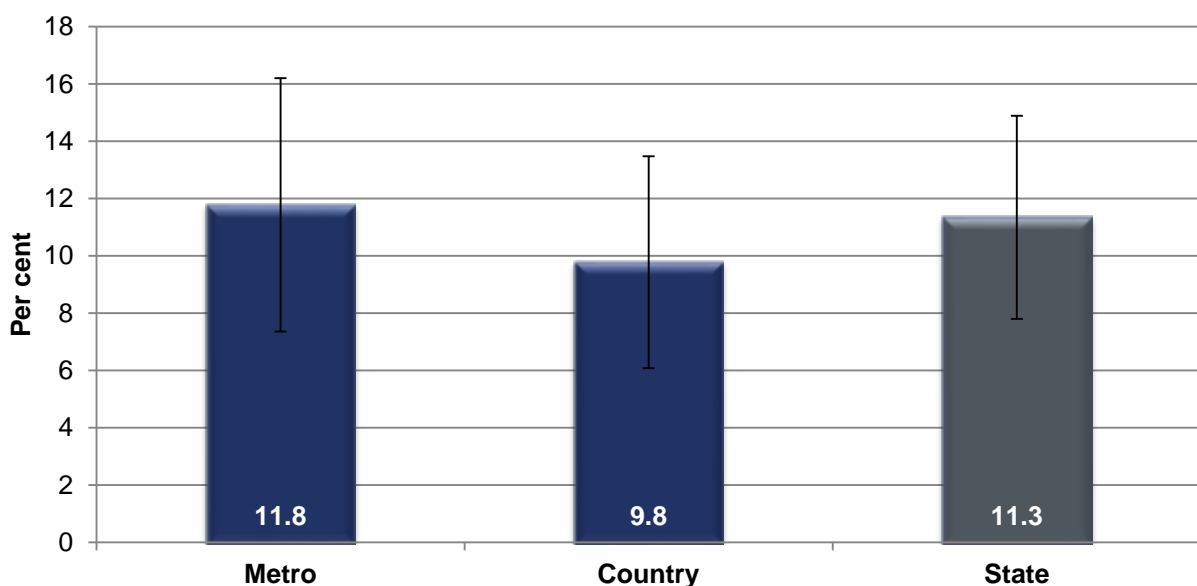
**Table 76: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2018**

	<b>%</b>	<b>95% CI</b>
<b>Age Group</b>		
0 to 4 yrs	N/A	( N/A - N/A )
5 to 9 yrs	15.8	( 8.3 - 23.4 )
10 to 15 yrs	14.6	( 9.4 - 19.8 )
<b>Gender</b>		
Boys	11.8	( 7.0 - 16.6 )
Girls	10.9	( 5.7 - 16.1 )
<b>Children</b>	<b>11.3</b>	<b>( 7.8 - 14.9 )</b>

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 14 shows the prevalence of children with poor family functioning scores by geographic area of residence. Estimates were similar among metro and country areas.

**Figure 14: Prevalence of children with poor family functioning, by geographic area, 0 to 15 years, HWSS 2018**



The annual prevalence estimates of poor family functioning are shown in Table 77. The prevalence of children in households considered to have poor family functioning in 2018 was similar to 2002.

**Table 77: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2002–18**

	<b>%</b>	<b>95% CI</b>
<b>2002</b>	15.3	( 12.6 - 17.9 )
<b>2003</b>	14.4	( 11.9 - 16.8 )
<b>2004</b>	19.6	( 15.2 - 24.0 )
<b>2005</b>	12.5	( 10.2 - 14.8 )
<b>2006</b>	15.6	( 13.1 - 18.1 )
<b>2007</b>	14.5	( 10.9 - 18.1 )
<b>2008</b>	15.7	( 12.4 - 19.1 )
<b>2009</b>	11.4	( 9.7 - 13.1 )
<b>2010</b>	11.2	( 8.6 - 13.9 )
<b>2011</b>	11.3	( 8.2 - 14.5 )
<b>2012</b>	13.9	( 10.6 - 17.2 )
<b>2013</b>	15.9	( 12.4 - 19.5 )
<b>2014</b>	8.2	( 5.4 - 11.1 )
<b>2015</b>	8.7	( 6.0 - 11.3 )
<b>2016</b>	11.3	( 8.2 - 14.4 )
<b>2017</b>	14.9	( 10.8 - 19.0 )
<b>2018</b>	11.3	( 7.9 - 14.7 )
<b>Average</b>	13.3	( 12.6 - 14.0 )

## 14. RESPONDENT FOR CHILD

As well as information regarding the child; demographic, social and psychosocial information about the parent/carer responding on behalf of the child is also collected. The information relating to the children has been weighted to the age and sex distribution of Western Australia's child population. However, data relating to the respondent for the child has not been weighted given these estimates are not meant to be reflective of the child population. The demographic characteristics of respondents are presented in Table 4.

### 14.1 General health

Self-ratings of health are used internationally, with poor health ratings associated with increased mortality, high levels of psychological distress and lower physical functioning, compared with excellent or very good ratings.<sup>3</sup>

Table 78 shows the respondents' self-reported general health status. Self-reported general health status was similar among parents/carers of children of different age groups and similar among parents/carers of boy and girls.

**Table 78: General health status of respondent, HWSS 2018**

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Child's age group</b>								
0 to 4 yrs	21.8	( 12.6 - 31.0 )	35.9	( 25.2 - 46.6 )	35.9	( 25.2 - 46.6 )	6.4 *	( 1.0 - 11.9 )
5 to 9 yrs	19.4	( 13.8 - 24.9 )	35.7	( 29.0 - 42.4 )	31.1	( 24.6 - 37.6 )	13.8	( 8.9 - 18.6 )
10 to 15 yrs	19.7	( 15.4 - 24.0 )	36.3	( 31.1 - 41.6 )	34.5	( 29.3 - 39.6 )	9.5	( 6.3 - 12.7 )
<b>Child's gender</b>								
Boys	21.2	( 16.6 - 25.8 )	35.9	( 30.6 - 41.3 )	31.0	( 25.8 - 36.2 )	11.8	( 8.1 - 15.4 )
Girls	18.4	( 14.0 - 22.9 )	36.2	( 30.7 - 41.7 )	36.2	( 30.7 - 41.7 )	9.2	( 5.9 - 12.5 )
<b>Persons</b>	19.9	( 16.7 - 23.1 )	36.1	( 32.2 - 39.9 )	33.6	( 29.8 - 37.3 )	10.5	( 8.1 - 13.0 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

## 14.2 Mental health

Mental health problems encompass a wide range of conditions that vary widely in severity and duration. Mental health problems are associated with higher rates of death, poorer physical health and increased exposure to health risk factors.<sup>6</sup>

Respondents were asked whether or not a doctor had diagnosed them with depression, anxiety, stress or any other mental health problem during the past 12 months and whether they were currently receiving treatment for such a problem. The prevalence of mental health problems is shown in Table 79.

**Table 79: Mental health of respondent, HWSS 2018**

	Mental health condition in the past 12 months (a)		Currently receiving treatment (b)	
	%	95% CI	%	95% CI
<b>Child's age group</b>				
0 to 4 yrs	19.2	( 10.5 - 28.0 )	12.8 *	( 5.4 - 20.3 )
5 to 9 yrs	20.1	( 14.4 - 25.8 )	15.4	( 10.3 - 20.5 )
10 to 15 yrs	17.2	( 13.1 - 21.3 )	15.4	( 11.5 - 19.3 )
<b>Child's gender</b>				
Boys	20.4	( 15.9 - 24.9 )	16.4	( 12.2 - 20.6 )
Girls	16.4	( 12.1 - 20.6 )	13.7	( 9.7 - 17.6 )
<b>Persons</b>	18.4	( 15.3 - 21.5 )	15.1	( 12.2 - 17.9 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

(a) In the past 12 months told by a doctor they had depression, anxiety, stress or any other mental health problem.

(b) Currently receiving treatment for a mental health problem ever diagnosed.

Approximately one in five (18.4%) respondents reported having been diagnosed with depression, anxiety, stress or another mental health problem in the past 12 months. Approximately one in seven (15.1%) respondents was currently receiving treatment. The prevalence of respondents receiving treatment was similar among age groups and between parents/carers of boys and girls.

## 14.3 Lack of control

Perceptions of control relates to an individual's belief as to whether outcomes are determined by external events outside their control or by their own actions.<sup>32</sup> Feelings of lack of control are associated with poorer health outcomes and an increased risk of mortality.<sup>33</sup>

Respondents were asked to rate how often during the past four weeks they felt a lack of control over their life in general (Table 80), their personal life (Table 81) and their health (Table 82)

People who often or always report feeling a lack of control over aspects of life are also those who report poorer mental and physical health. Just over half (51.4%) of respondents reported never feeling lack of control over life in general, while one quarter (25.0%) felt a lack of control over life in general rarely and approximately one in twenty (17.9%) felt a lack of control over life in general sometimes. Over half of respondents reported never feeling a lack of control over personal life or their health (57.2% and 59.0%, respectively)

Estimates for lack of control over life in general, lack of control over personal life, and lack of control over health were similar among respondents who were parents/carers of children of different age groups and who were parents/carers of boys and girls.



**Table 80: Lack of control over life in general during past four weeks, respondent, HWSS 2018**

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Child's age group</b>										
0 to 4 yrs	48.7	( 37.6 - 59.8 )	29.5	( 19.3 - 39.6 )	17.9	( 9.4 - 26.5 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
5 to 9 yrs	51.3	( 44.2 - 58.3 )	24.1	( 18.1 - 30.1 )	20.5	( 14.8 - 26.2 )	3.6 *	( 1.0 - 6.2 )	N/A	( N/A - N/A )
10 to 15 yrs	52.2	( 46.7 - 57.6 )	24.4	( 19.7 - 29.1 )	16.4	( 12.3 - 20.4 )	6.5	( 3.8 - 9.2 )	N/A	( N/A - N/A )
<b>Child's gender</b>										
Boys	50.0	( 44.4 - 55.6 )	24.7	( 19.8 - 29.5 )	19.4	( 14.9 - 23.9 )	5.3	( 2.7 - 7.8 )	N/A	( N/A - N/A )
Girls	52.9	( 47.2 - 58.6 )	25.3	( 20.3 - 30.2 )	16.4	( 12.1 - 20.6 )	5.1 *	( 2.6 - 7.7 )	N/A	( N/A - N/A )
<b>Persons</b>	51.4	( 47.4 - 55.4 )	25.0	( 21.5 - 28.4 )	17.9	( 14.8 - 21.0 )	5.2	( 3.4 - 7.0 )	N/A	( N/A - N/A )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.  
 N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

**Table 81: Lack of control over personal life during past four weeks, respondent, HWSS 2018**

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Child's age group</b>										
0 to 4 yrs	57.7	( 46.7 - 68.7 )	30.8	( 20.5 - 41.0 )	10.3 *	( 3.5 - 17.0 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
5 to 9 yrs	55.9	( 48.9 - 62.9 )	20.0	( 14.4 - 25.6 )	20.0	( 14.4 - 25.6 )	3.6 *	( 1.0 - 6.2 )	N/A	( N/A - N/A )
10 to 15 yrs	57.9	( 52.5 - 63.3 )	22.3	( 17.7 - 26.8 )	14.2	( 10.4 - 18.1 )	4.6 *	( 2.3 - 6.9 )	N/A	( N/A - N/A )
<b>Child's gender</b>										
Boys	54.3	( 48.7 - 59.9 )	23.4	( 18.6 - 28.1 )	17.4	( 13.2 - 21.7 )	3.9	( 1.8 - 6.1 )	N/A	( N/A - N/A )
Girls	60.3	( 54.6 - 65.9 )	21.9	( 17.2 - 26.7 )	13.7	( 9.7 - 17.7 )	3.8 *	( 1.6 - 6.0 )	N/A	( N/A - N/A )
<b>Persons</b>	57.2	( 53.2 - 61.2 )	22.7	( 19.3 - 26.0 )	15.6	( 12.7 - 18.5 )	3.9	( 2.3 - 5.4 )	0.7 *	( 0.0 - 1.3 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.  
 N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

**Table 82: Lack of control over health during past four weeks, respondent, HWSS 2018**

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Child's age group</b>										
0 to 4 yrs	57.7	( 46.7 - 68.7 )	20.5	( 11.5 - 29.5 )	16.7 *	( 8.4 - 25.0 )	5.1 *	( 0.2 - 10.0 )	N/A	( N/A - N/A )
5 to 9 yrs	57.1	( 50.2 - 64.1 )	19.4	( 13.8 - 24.9 )	18.4	( 12.9 - 23.8 )	3.6 *	( 1.0 - 6.2 )	N/A	( N/A - N/A )
10 to 15 yrs	60.5	( 55.2 - 65.8 )	18.8	( 14.6 - 23.1 )	13.6	( 9.8 - 17.3 )	4.3 *	( 2.1 - 6.5 )	2.8 *	( 1.0 - 4.6 )
<b>Child's gender</b>										
Boys	59.2	( 53.6 - 64.7 )	17.0	( 12.8 - 21.2 )	17.6	( 13.4 - 21.9 )	3.6 *	( 1.5 - 5.7 )	2.6 *	( 0.8 - 4.4 )
Girls	58.9	( 53.2 - 64.6 )	21.6	( 16.8 - 26.3 )	13.4	( 9.4 - 17.3 )	4.8 *	( 2.3 - 7.3 )	1.4 *	( 0.0 - 2.7 )
<b>Persons</b>	59.0	( 55.1 - 63.0 )	19.2	( 16.1 - 22.4 )	15.6	( 12.6 - 18.5 )	4.2	( 2.6 - 5.8 )	2.0 *	( 0.9 - 3.1 )

\* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

## 15. PARTNER OF RESPONDENT FOR CHILD

The demographic characteristics of the child respondent's partner and unweighted proportions are shown below in Table 83. Of this sample, 11 respondents identified their partner as Aboriginal or Torres Strait Islander.

**Table 83: Demographics of respondent's partner, HWSS 2018**

Characteristic	Unweighted Sample (n)	Unweighted Per Cent (%)
<b>Australian born</b>		
Yes	396	74.9
No	133	25.1
<b>Highest level of education</b>		
Less than Year 10	9	1.7
Year 10 or Year 11	45	8.6
Year 12	74	14.1
TAFE/ Trade Qualification	238	45.4
Tertiary degree or equivalent	158	30.2
<b>Employment status</b>		
Employed	472	89.2
Unemployed	6	1.1
Home duties	37	7.0
Retired	7	1.3
Unable to work	7	1.3
Student	0	0.0
Other	0	0.0

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