



Health and Wellbeing of Tasmania's Children, Young People and their Families Report

Part One: Early Childhood and the Transition to School

Part Two: Middle Childhood and Adolescence

Part Three: Parents, Families and Communities

Data Current as at July 2017





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The Commissioner for Children and Young People takes responsibility for any errors or discrepancies between the data sources and the data presented in this report. Should you have any concerns regarding the data presented, please contact the Commissioner for Children and Young People.

The Commissioner for Children and Young People would like to acknowledge the staff of the Australian Bureau of Statistics and Tasmanian Government Departments for their support, guidance and assistance in the production of this report.

Foreword



Welcome to the Commissioner for Children and Young People's report on the health and wellbeing of Tasmanian children: *Health and Wellbeing of Tasmania's Children, Young People and their Families*. This document includes Parts 1, 2 and 3, which expands the latest version of the report to include families and parents, and supports and services for vulnerable children.

I believe we will be able to improve outcomes for our children and young people by having better access to quality data.

To paraphrase a public health professor I once worked alongside, who compared lack of data to a room without a light; "once the light is switched on, everything looks different."

There is always a need to gain a much better understanding of how well, or not, our children and young people are doing across a range of important health and wellbeing indicators.

Data on the health and wellbeing of Tasmanian children which is freely available and easily accessible will also improve accountability, and further assist collaborative effort to improve outcomes for our children and young people. It will allow us to identify significant gaps and assist us to understand and respond adequately to issues that affect children and young people here in Tasmania.

Access to quality health and wellbeing data is important; we need to know how to define and measure young Tasmanians' wellbeing, and how to identify those children and young people who most need support and services.

Important insights into the needs of young Tasmanians, and our ability to measure the effectiveness of our work, will also be improved. The network of services that support all young Tasmanians will benefit from having an easily accessed data source.

We need quality data in order to better plan services and measure their effectiveness. The availability of data also strengthens accountability.

By gathering data into one cohesive report we gain a deeper understanding and appreciation of how services can work together to tackle deeply entrenched issues. Because of the inter-relationship of wellbeing factors, it can be difficult to substantiate with any certainty the cause and effect of new policies, programs and initiatives, without adequate data collection and analysis. Establishing measurable wellbeing indicators and population level data collection is a crucial factor in ensuring a brighter, happier and healthier future for young Tasmanians.

This report is produced to assist in shedding more light on how well young Tasmanians are doing.

This report brings together into one publication a range of publicly available data on areas relevant to Tasmanian children's health and wellbeing.

This is a freely available resource and is available to all who have an interest in the health and wellbeing of Tasmanian children and young people. Regular updates and additions will be made to ensure information is current.

I hope you find this resource a useful addition to the data sources you currently access.

Mark Morrissey
Commissioner for Children and Young People



Introduction

The *Health and Wellbeing of Tasmania's Children, Young People and their Families* report provides an overview of some of the issues facing children, young people, and parents in Tasmania by presenting a set of baseline indicators which measure the status and wellbeing of children and young people. It provides a point-in-time snapshot of the health and wellbeing of Tasmania's children and young people, which can be viewed alone or as a way to track and measure the progress of actions over time.

It will assist policy makers, government agencies, and service providers to better identify and pinpoint areas in need of improvement, in order to strengthen outcomes for Tasmania's children and young people.

The report has three parts. The first part covers the demographics of Tasmania's children and young people, and key indicators related to early childhood and the transition to school. The second part focuses on middle childhood and adolescence, and the third part focuses on parents, families and communities (see framework on page 4). An updated version will be released annually, updating the existing indicators in this report and adding additional data to provide a fuller picture of the situation of Tasmania's children and young people.

The data collected in this report shows that the majority of Tasmanian children are healthy and that their material and physical needs are well met, with Tasmania leading Australia and other states on a range of child wellbeing indicators.

However this, and future editions of the report, will also highlight some of the areas in need of improvement, particularly the areas where children are struggling and need extra support and allocation of resources.

In addition this report will highlight areas where improved data collection systems could be introduced or strengthened to ensure that there is easily available information for policy makers, service delivery organisations and the general public.

DATA COLLECTION AND REPORTING

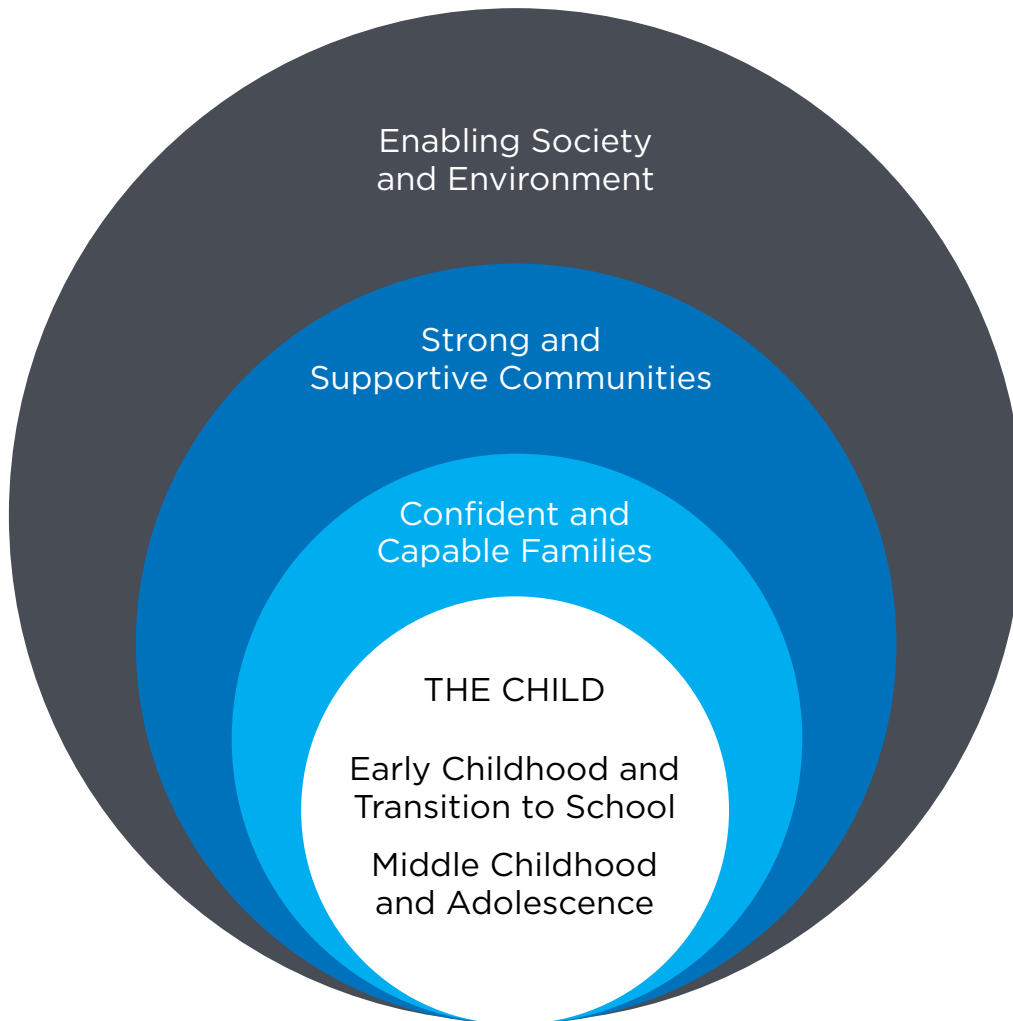
Data was collected from a wide range of reports from Federal, State and local government agencies, and independent authorities. All data is publicly available, no additional information was sought from sources of data, nor were any primary data collections undertaken. The majority of the data sources were only available at state level, so comparisons between local government areas (LGA) were difficult. Where possible, multiple years of data were sourced, to ensure adequate comparison across time; national and state comparative data was also obtained where possible. If appropriate national data was not available, no comparison is provided. Data was entered into an Excel database, and tables and graphs were generated.

THE ECOLOGY OF CHILDHOOD

The report uses an ecological framework for human development which places the child at the centre, whilst acknowledging the important role of parents and caregivers, communities and society on the outcomes for children and young people.

This means that the data reported here will include information on the way in which children and families use the services that are provided in Tasmania to help them grow and develop.

The framework recognises that different risk and protective factors are most influential at different stages in a child's life and so different indicators are used to describe the course of development.¹



FRAMEWORK FOR TASMANIA'S CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

Early Childhood and the Transition to School

- Optimal Antenatal Care and Infant Development
- Adequate Nutrition
- Free from Preventable Disease
- Optimal Social and Emotional Development
- Optimal Physical Health
- Optimal Language and Cognitive Development
- Successful in Literacy and Numeracy
- Safe from Injury and Harm

Middle Childhood and Adolescence

- Optimal Exercise and Physical Activity
- Optimal Nutrition
- Positive Child Behaviour and Mental Health
- Optimal Language and Cognitive Development
- Prosocial Young People's Lifestyle and Law-abiding Behaviour
- Healthy Young People's Lifestyle
- Young People Complete Secondary Education

Parents, Families and Communities

- Healthy Parental Lifestyle
- Free from Abuse and Neglect
- Free from Child Exposure to Conflict/Family Violence
- Competent and Capable Parents
- Ability to Pay for Essentials
- Adequate Family Housing
- Early Identification of and Attention to Children's Needs
- Adequate Supports that Meet the Needs of Children

USING AND INTERPRETING THE DATA IN THIS REPORT

When reviewing and using the data in this report it is important to consider the following:

- When examining population data, some of the information is based on 2016 Census data, and some is based on older population data collections and estimations by the Australian Bureau of Statistics. Where possible, the most recent data has been used, however for some of the maps and graphs this was not available at the time of publication. Check the source information for details of the data collection used.
- Rates per 1,000 or 100,000 have been included rather than percentages for indicators which have low numbers and/or to align with international standards or other comparative data.
- Where figures have been rounded in this report, discrepancies may occur between sums of the component items and reported totals. Net percentages are calculated prior to rounding of the figures and therefore some discrepancies may exist between these percentages and those that could be calculated from the rounded figures.
- Data has been checked by the Commissioner for Children and Young People, however if errors are found, data will be corrected and republished in future releases.
- Data, as far as practicable, is presented for children and young people between the ages of 0 and 17,² however some data extends beyond 17 due to age ranges used by different data sets.

LIMITATIONS AND GAPS

There are a number of areas where there are limitations and gaps in data for Tasmanian children and young people. As this report seeks to provide information which is exclusively publicly available it may be that this data exists but is not publicly accessible. Alternatively it could be publicly available but difficult to locate. The purpose of releasing data in subsequent annual editions is to incrementally improve the amount and range of data that exists on Tasmania's children and young people. If readers of this report are able to highlight the location of publicly available data on the following areas, please contact the Commissioner for Children and Young People so that data can be considered for inclusion in subsequent releases.

The key areas where additional data is needed are:

Mental health

Limited information is available on access to mental health services for children and young people under the age of 18, including hospital admissions for intentional self-harm, emergency treatment and hospitalisation for psychosocial reasons. In addition information on parental mental health issues or psychological distress is difficult to source, despite it being a risk factor for children and young people developing psychological disorders or mental illness.

Disability

Only basic information about children and young people with disabilities is collected by the Australian Bureau of Statistics and it does not include information related to children with disabilities accessing services or, for example, their experiences at school.

Health

Certain health indicators are either difficult to locate or information is out of date – for example data on type 1 diabetes and asthma hospitalisations. Attendance data on the eight-week Child Health Assessment is the only publicly available data on these important child health milestone checks. There is no state level data available on sexual health/behaviours of adolescents for Year 10 and Year 12 students (national data is available). No data is available on children aged between 12 and 15 years.

Family Violence

A number of indicators are routinely collected by police however they do not adequately measure the effect and impact of family and domestic violence on children and young people. This issue is not only an issue for Tasmania but for other states and territories. However with the launch of the *Safe Homes: Safe Families: Tasmania's Family Violence Action Plan 2015-2020*, it is hoped that data collection and reporting will improve.

Education

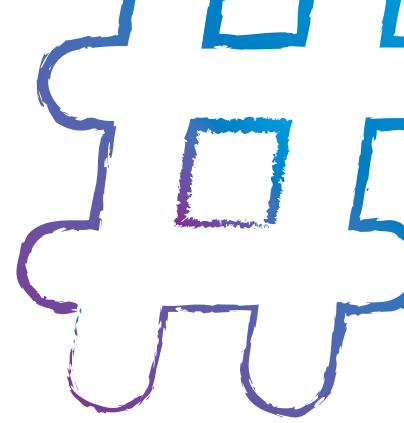
Despite excellent data recorded on attendance and enrolments in education and school satisfaction,³ there is a lack of publicly available information regarding how safe children feel at school, on important issues such as their perceptions of safety and bullying, along with limited information on suspensions.

For suspension data and other forms of exclusions, comparable data is not publicly available for non-government schools, and there is no data on the number of times students are suspended or excluded (rather than percentage of students suspended). Demographic information for suspended students is also not available to compare the experiences of children and young people living in out-of-home care, or from particular cultural/ethnic groups.

Experiences of children and young people

Most government data collections do not tend to evaluate or take into account the views and experiences of children and young people. This is usually because it would require the implementation of a large scale survey of children and young people. A population level survey targeted at children and young people's experience of their own health and wellbeing would provide a wealth of information for policy makers, decision makers, service providers and the public. Some of the areas which may be explored include children and young people's perception of bullying, family violence, parental behaviour and the adequacy of services and supports.





Demographics

Overview

Tasmania is home to 112,884 children and young people aged between 0 and 17.⁴ Tasmania's population of children has declined by 3.7 per cent between 2005 and 2016, which is also reflected in the declining number of births (16.1 per cent decline since 2008). Geographically, children and young people aged 0 to 19 are distributed across Tasmania, with the state roughly divided into four quarters with 22 per cent in the south-east, 29 per cent in the south-west, 27 per cent in the north, and 22 per cent in the north-west. Tasmania has the oldest population of all of the states, and the projected population of children is expected to increase and level out at around 2023 and then decline.

The majority (around 70 per cent) of children in school in Tasmania are educated through government schools. Children in Tasmania grow up in a range of family situations, with the percentage of children in single parent families and blended families higher than the national average.

Tasmanian families also have higher levels of socio-economic disadvantage than the national average, with Tasmania the second most socio-economically disadvantaged state in Australia. Approximately 8 per cent of Tasmania's children aged between 0 and 19 identify as Aboriginal or Torres Strait Islander, with the overall population identifying as Aboriginal or Torres Strait Islander in Tasmania at around 5 per cent. Tasmania has higher numbers of children and young people with disabilities than the national average, including those with a profound or severe core activity limitation.



Demographics

The Data

This section provides an overview of the number, growth, distribution, composition, locality and diversity of Tasmania's children and young people aged 17 and under. It also provides a picture of their families' structure, and parental background, employment and education.

Tasmania is home to 112,884 children and young people.

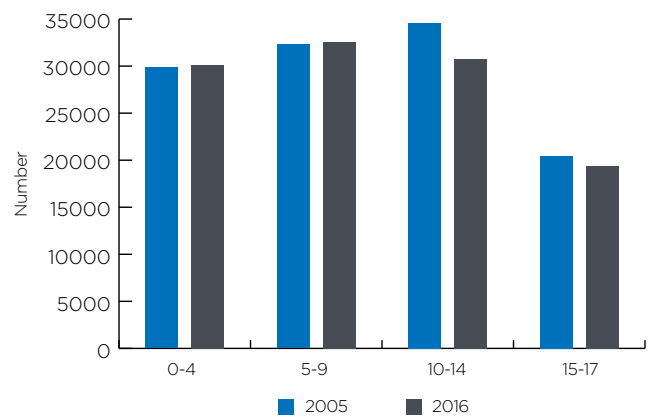
At 31 December 2016, there were 112,884 children living in Tasmania between 0 and 17 years of age. This represents 2.1 per cent of Australia's population of 0 to 17 year olds.⁵ The population of children and young people in Tasmania at December 2016 had declined by 3.7 per cent compared to September 2005.

Table 1: Children and young people aged 0 to 17 years (Estimated resident population):⁶ number and per cent, by age group, Tasmania, 2005 and 2016.

Age Group	2005		2016		Change from 2005 to 2016	
	Number	%	Number	%	Number	%
0-4	29,840	26.7	30,123	26.7	283	0.9
5-9	32,296	28.9	32,580	28.9	284	0.9
10-14	34,620	27.2	30,760	27.2	-3,860	-11.1
15-17	20,410	17.2	19,421	17.2	-989	-4.8
Total	117,166	100.0	112,884	100.0	-4,282	-3.7

Source: Australian Bureau of Statistics, *Australian Demographic Statistics* - December 2016 ⁷

Figure 1: Population of children and young people aged 0 to 17 years, number, by age groups, Tasmania, 2005 and 2016.



Source: Australian Bureau of Statistics, *Australian Demographic Statistics*, December 2016 ⁸

The gender distribution for children and young people in Tasmania is 51.5 per cent male and 48.5 per cent female, which is consistent with the national distribution (51.3 per cent male, 48.7 per cent female).⁹

Tasmania's children and young people are distributed across the state.

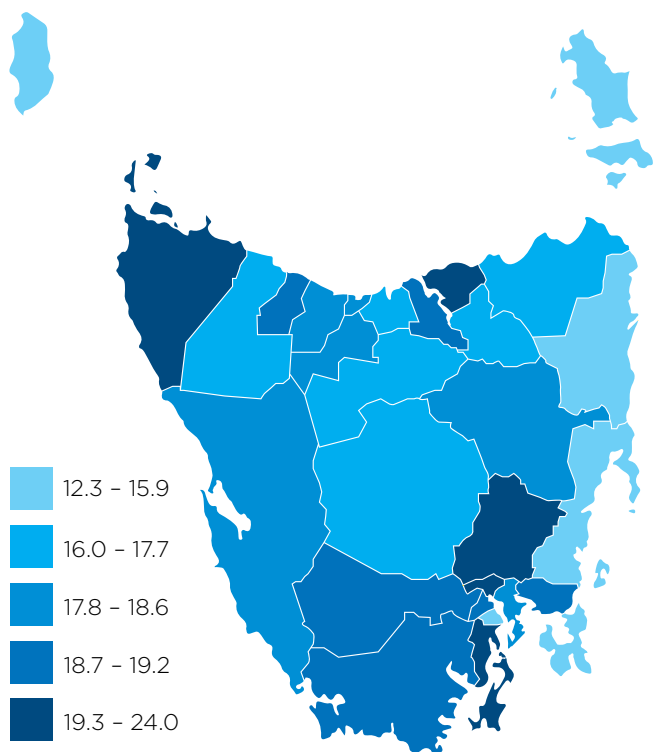
Geographically, children and young people aged 0 to 19 are distributed across Tasmania, with the state roughly divided into four quarters with 22 per cent in the south-east, 28 per cent in the south-west, 28 per cent in the north, and 22 per cent in the north-west.¹⁰

Table 2: Geographical distribution of children aged 0 to 19 years by LGA: number, Tasmania 2016.

LGA	0-4 yrs Number	5-9 yrs Number	10-14 yrs Number	15-19 yrs Number	Total 0-19 yrs Number
South East					
Brighton	1,323	1,361	1,206	1,159	5,049
Southern Midlands	306	398	427	399	1,532
Derwent Valley	553	692	632	612	2,484
Sorell	911	896	877	848	3,528
Clarence	3,197	3,519	3,139	3,164	13,014
Central Highlands	95	131	114	91	437
Tasman	83	109	131	74	397
Glamorgan/Spring Bay	155	186	198	143	678
Total	6,623	7,292	6,724	6,490	27,119
North West					
Circular Head	493	597	526	491	2,117
Kentish	275	370	377	391	1,413
West Coast	260	273	234	183	945
Burnie	1,126	1,155	1,170	1,380	4,832
Waratah/Wynyard	727	835	782	790	3,131
Devonport	1,406	1,606	1,477	1,568	6,055
Central Coast	1,081	1,230	1,311	1,301	4,925
Latrobe	534	646	609	536	2,330
King Island	83	88	74	56	303
Total	5,985	6,800	6,560	6,696	26,051
North					
George Town	363	426	462	373	1,627
Northern Midlands	714	744	747	729	2,935
Meander Valley	1,009	1,156	1,168	1,228	4,557
West Tamar	1,198	1,346	1,443	1,500	5,488
Dorset	314	430	391	340	1,478
Launceston	3,773	4,095	3,694	4,312	15,878
Break O'Day	262	321	285	285	1,148
Flinders	56	46	32	27	154
Total	7,689	8,564	8,222	8,794	33,265
South West					
Huon Valley	872	994	1,044	936	3,845
Kingborough	2,182	2,446	2,506	2,152	9,284
Glenorchy	2,829	2,894	2,700	2,925	11,348
Hobart	2,268	2,519	2,442	3,008	10,236
Total	8,151	8,853	8,692	9,021	34,713
Total	28,448	31,509	30,198	31,001	121,156

Source: Australian Bureau of Statistics, *Census of Population and Housing, 2016* ¹¹

Figure 2: Percentage of total population who are children and young people aged 0-14 years by LGA (Estimated Resident Population, 2015).



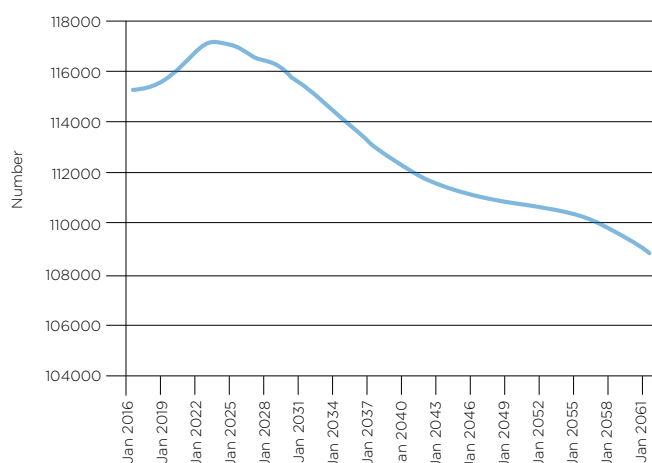
Source: Australian Bureau of Statistics, *Estimated Resident Population*, 30 June 2015 ¹²

Tasmania has the oldest population of all of the states and territories.

The Australian Bureau of Statistics (Series B) projects that Tasmania's population will increase slowly before levelling out by around 2046 and then decrease marginally from 2047 onwards (565,700 people in 2061).¹³ The population of children and young people is expected to decrease between 2024 and 2061.

At 30 June 2012 Tasmania had the oldest population of the states and territories, with a median age of 42 years (compared to 38 years for Australia).¹⁴ This is projected to increase to between 46.4 years and 51.1 years in 2061.¹⁵ Instead of ABS data, the Tasmanian Government uses Treasury projections of population to plan for services. These can be found at www.treasury.tas.gov.au

Figure 3: Projected population of children and young people in Tasmania, 2016 - 2061.



Source: Australian Bureau of Statistics, *Population Projections*, Australia, 2012 ¹⁶

Around 70 per cent of Tasmanian students are educated by government schools.

Government schools are the largest provider of school education in Tasmania, with more than twice as many students enrolled in government schools than in non-government schools.

Table 3: Number of full-time school students: Tasmania, 2016.

	Total (Tasmania)	Total (Tasmania)	Total (Australia)
	Number	%	%
Government	56,071	70.0	65.4
Non-Government	24,199	30.0	34.6
Total	80,270	100.0	100.0

Source: Australian Bureau of Statistics 2016, *Schools Australia*, 2016 ¹⁷

Tasmanian children grow up in a range of family situations.

One parent families and step and blended families in Tasmania are higher than the national average.

Table 4: Composition of families with children aged 0 to 17 years: number and per cent, Tasmania and Australia, 2012-13.

	Tasmania		Australia	
	Number	%	Number	%
Children aged 0-17 years				
In intact families	75,000	64.1	3,815,000	73.6
In step and blended families	11,000	9.4	401,000	7.7
Other families	2,000	1.7	32,000	0.6
In one parent families	29,000	24.8	935,000	18.1
Total children aged 0-17 years	117,000	100	5,183,000	100

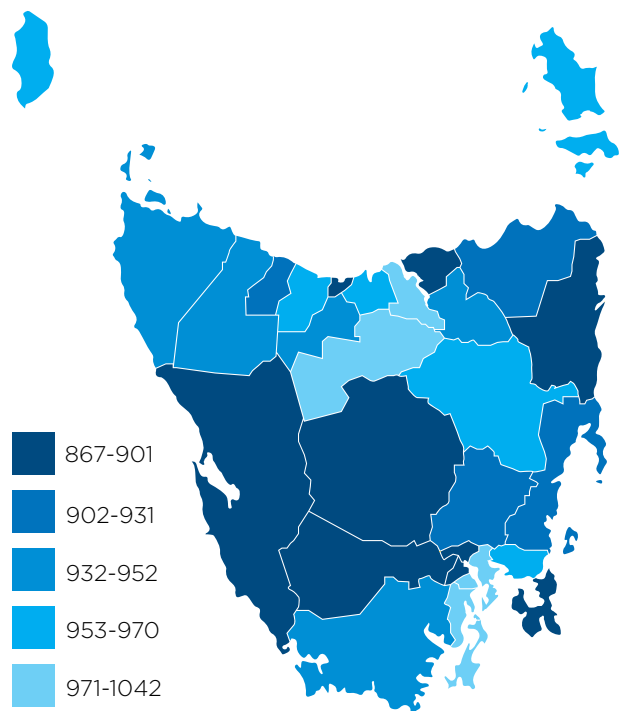
Source: Australian Bureau of Statistics, *Family Characteristics and Transitions*, 2012-3 ¹⁸

Overall disadvantage is higher in Tasmania than the rest of Australia.

Socio-economic Indexes for Areas (SEIFA) are a number of measures developed to assist in assessing the welfare of Australian communities. The index of advantage/ disadvantage is a continuum of advantage to disadvantage and is available for both urban and rural areas. Low values indicate areas of disadvantage, and high values indicate areas of advantage.

It takes into account variables such as the proportion of families with high incomes, people with a tertiary education, and employees in skilled occupations.¹⁹ As low values indicate higher disadvantage, the overall disadvantage in Tasmania (961) is higher than Australia overall (1,000), and is the second highest of all of the states and territories.

Figure 4: Index of relative socio-economic disadvantage by LGA, Tasmania, 2011.



Source: Australian Bureau of Statistics Census 2011 data sourced from *Public Health Information Development Unit, Social Health Atlas of Australia*, 2015 ²⁰

Eight per cent of children and young people aged 0 to 19 in Tasmania identify as Aboriginal or Torres Strait Islander.

According to the 2016 Census, 8.4 per cent of children and young people aged 0 to 19 identify as Aboriginal or Torres Strait Islander in Tasmania. The overall population of Tasmanians who identify as Aboriginal or Torres Strait Islander is 4.6 per cent.

Table 5: Children and young people aged 0 to 19 years who identify as Aboriginal or Torres Strait Islander: number and in per cent, Tasmania, 2016.²¹

Age Group	2016		
	Aboriginal/ Torres Strait Islander Children	Total Children	Aboriginal/ Torres Strait Islander children in total population
	Number	Number	Percentage
0-4	2,439	28,469	8.6
5-9	2,788	31,514	8.9
10-14	2,566	30,219	8.5
15-19	2,381	31,078	7.7
Total	10,174	121,280	8.4

Source: Australian Bureau of Statistics, *Census of Population and Housing*, 2016 ²²

Rates of children with disabilities are higher than nationally.

Based on the results of the most recent survey of Disability, Aging and Carers completed by the Australian Bureau of Statistics, 7.6 per cent of children between the ages of 0 and 4, and 12.1 per cent of children between the ages of 5 and 14 have a reported disability.²³

These rates are higher than those for Australia for the same age ranges. In addition, 6.2 per cent of children aged 0 to 14 have a profound or severe core activity limitation.

Table 6: Children and young people aged 0 – 24 with a disability, 2015.

Age Group	Tasmania		Australia	
	% with reported disability	Profound or Severe core activity limitation	% with reported disability	Profound or Severe core activity limitation
0-4	7.6*	3.5*	3.4	2.0
5-14	12.1	6.9	9.5	5.0
15-24	13.6	4.1*	8.2	2.6

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

Source: Australian Bureau of Statistics, *Disability, Aging and Carers*, Tasmania and Australia 2015 ²⁴



The majority of the Tasmanian population were born in Australia.

In Tasmania, 80.7 per cent of people were born in Australia. The next most common countries of birth were England (3.7 per cent), New Zealand (1.0 per cent), and China (0.6 per cent).

Table 7: Selected countries of birth for Tasmanian population, number and per cent, Tasmania, 2016.²⁵

	Males	Females	Total	% of Total Population
Australia	201,535	209,956	411,492	80.7
Canada	390	429	822	0.2
China (excl. SARs and Taiwan)	1,347	1,688	3,036	0.6
England	9,435	9,341	18,776	3.7
Germany	998	1,114	2,108	0.4
India	1,052	926	1,980	0.4
Italy	478	374	847	0.2
Malaysia	636	773	1,409	0.3
Netherlands	1,103	1,092	2,193	0.4
New Zealand	2,469	2,508	4,977	1.0
Philippines	355	1,263	1,616	0.3
Scotland	1,163	1,124	2,283	0.4
South Africa	733	795	1,524	0.3
United States of America	814	818	1,630	0.3
Born elsewhere	8,696	9,321	18,038	3.5
Country of birth not stated	18,274	18,960	37,234	7.3
Total	249,478	260,482	509,965	100

Source: Australian Bureau of Statistics, *Census of Population and Housing, 2016* ²⁶

English was the main language spoken at home in Tasmania.

In Tasmania 88.3 per cent of people only spoke English at home. Other selected languages spoken at home included Mandarin (0.8 per cent), Nepali (0.3 per cent), German (0.3 per cent), Italian (0.2 per cent), and Greek (0.2 per cent).

Table 8: Selected languages (top responses other than English) spoken at home for Tasmanian population, number and per cent, Tasmania 2016.

Language	Tasmania		Australia	
	Number	%	Number	%
Mandarin	3,971	0.8	596,711	2.5
Nepali	1,647	0.3	62,005	0.3
German	1,576	0.3	79,353	0.3
Greek	1,191	0.2	237,588	1.0
Italian	1,096	0.2	271,597	1.2
English only spoken at home	450,411	88.3	17,020,417	72.7

Please note this table only represents the top responses, therefore totals will not add to 100 per cent.
Source: Australian Bureau of Statistics, *Census of Population and Housing Quick Stats, 2016* ²⁷

In Tasmania, the most common responses for religion were No Religion (37.8 per cent), Anglican (20.4 per cent), Catholic (15.6 per cent), and Uniting Church (3.8 per cent).

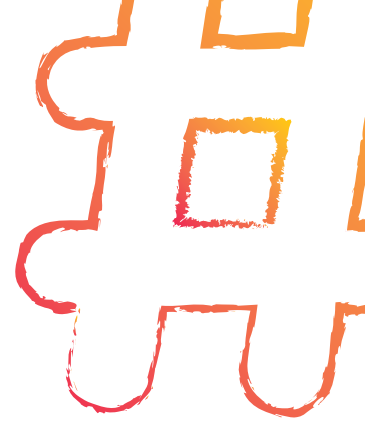
Table 9: Religious affiliation: number and per cent, Tasmania and Australia, 2016.

Religion	Tasmania		Australia	
	Number	%	Number	%
No Religion	192,515	37.8	6,933,708	29.6
Christianity	253,506	49.7	12,201,600	52.1
Buddhism	4,049	0.79	563,674	2.4
Islam	2,498	0.49	604,240	2.6
Hinduism	2,554	0.50	440,300	1.9
Judaism	248	0.05	91,022	0.4
Other Religious Affiliation	2,381	0.47	221,590	0.9
Religion Not Stated	49,690	9.74	2,238,735	9.6

Source: Australian Bureau of Statistics, *Census of Population and Housing 2016 Basic Community Profile*, 2016 ²⁸

Early Childhood and the Transition to School

Overview



The data contained in this section tells a story of the development of young children in Tasmania from birth to the time they enter school. It shows that the mothers of children born in Tasmania are slightly younger than the national average and face significantly higher levels of disadvantage than in other parts of Australia.

At the same time the data overwhelmingly shows that Tasmanian children are healthy, that their parents are making effective use of the public health and education systems that are there to support them, and that public health messages such as those aimed at the reduction of smoking during pregnancy are having an impact. Perhaps, as a result, the measures of children's development and wellbeing which are available when children enter school show Tasmanian children are doing well, relative to their national peers.

The early years of a child's life lay the foundation for future health, development, learning and wellbeing, so early childhood development indicators can provide vital information about how children are tracking.

Early childhood health indicators provide a picture of the status of children's health, which affects a child's quality of life, as it can influence participation in a range of areas, such as schooling and recreation. The Australian Institute of Health and Welfare measures key indicators of children's health, development and wellbeing with their Children's Headline Indicators; further information can be accessed at www.aihw.gov.au/chi

For Tasmania, the majority of babies born were of optimal birth weight, with 8.2 per cent weighing less than 2,500g and 1.8 per cent weighing less than 1,500g. The infant mortality rate in 2015 was 3.7 per 1,000 live births, which is higher than the Australian rate for the same period (3.2 per 1,000 live births). The trend nationally has been that the infant mortality rate has been steadily decreasing, however in Tasmania, the rate seems to vary more widely year to year.²⁹

In Tasmania the percentage of pregnant women attending antenatal visits before 14 weeks has risen to 88 per cent – the highest in Australia. The percentage of parents attending the eight-week Child Health Assessment has remained stable over the past five years.

Tasmania has a higher percentage of children who have ever been breastfed than the national percentage. A concerning trend however is that breastfeeding rates at maternal discharge in Tasmania are slowly declining and that rates of breastfeeding for women who gave birth in a public hospital are substantially lower than those who gave birth in a private hospital.

Immunisation rates for Tasmania are consistent with the national percentages however rates vary across the state with some LGAs below the required level for herd immunity.

More positively, important public health messages seem to be having an impact and the percentage of women smoking during pregnancy in Tasmania has reduced significantly to around 15 per cent.

Dental health for children in Tasmania has improved significantly in recent years, with all of the age ranges having either lower or equal rates of decayed, missing or filled teeth (DMFT) to national means.

Early childhood education and care (ECEC) is also an important part of the service system which some parents rely on. Over half of Tasmanian children aged under four participate in formal childcare. The average number of hours is 12 hours per week; and the main reason that parents use this important service is to enable them to participate in the workforce. However as we know, children from disadvantaged areas do not attend childcare in the same numbers as children from other areas.

The Australian Early Development Census (AEDC) is endorsed by the Council of Australian Governments (COAG) as a national process measure of early childhood development in Australia.³⁰ The AEDC is a population-based measure of how children are developing by the time they start their first year of full-time school (www.aedc.gov.au).³¹ The measure is completed by teachers and measures progress in five key areas: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge. These areas closely relate to the predictors of adult health, education and social outcomes, and as we know, social and emotional learning in particular are paramount in the early years.

Results from the AEDC categorise children as either 'developmentally on track', 'developmentally at risk' or 'developmentally vulnerable'.

Tasmania has a lower percentage of at risk children in the domains of physical health, social competence and communication skills than nationally.

Compared to national percentages, Tasmania has a lower percentage of at risk children in the domains of physical health, social competence and communication skills, but had a higher percentage of at risk children in emotional maturity and language and cognitive skills. Again these results vary across the state with particular vulnerabilities arising in areas of socio-economic disadvantage. Eleven per cent of Tasmanian children are developmentally vulnerable on two or more domains of the AEDC and 68 per cent of children developmentally vulnerable on one or more domains are not read to at home.

Early childhood development is subsequently measured during kindergarten and prep in Tasmania through the Kindergarten Development Check (KDC) and Performance Indicators in Primary Schools (PIPS), to identify and support at risk children. The Launching into Learning (LiL) program is continuing to improve educational outcomes for children across all performance measures, and children participating in LiL have higher results on both the KDC and PIPS than non-LiL students. For example in 2015-2016, average NAPLAN scores in Years 3 and 5 were 18-28 points higher for those students who had participated in LiL.³²

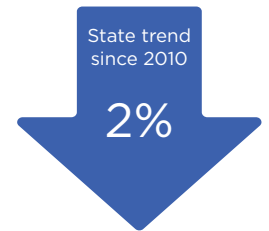


BIRTHS AND MOTHERS

Maternal Age

% of mothers under 30

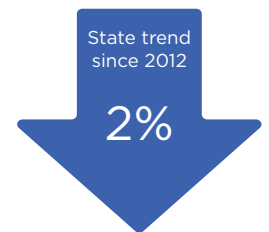
For further information see Figure 6



Maternal Disadvantage

% of mothers in the lowest SES areas

For further information see Figure 7

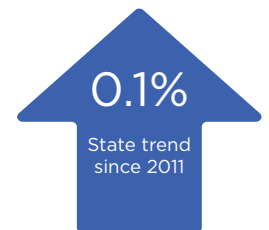


CHILD HEALTH AND NUTRITION

Low birth weight

% of live born babies with low birthweight

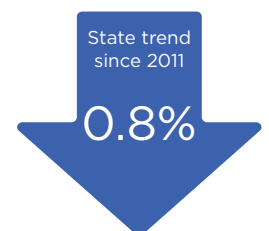
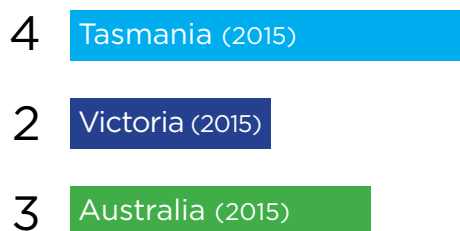
For further information see Table 10



Infant mortality

Infant mortality rate (per 1,000 live births)

For further information see Table 11



Breastfeeding

% of mothers breastfeeding at birth

For further information see page 24

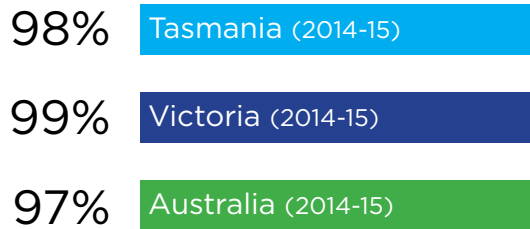


CHILD HEALTH AND NUTRITION (CONT)

Fruit Consumption

% of children aged 2-3 meeting recommended daily fruit intake

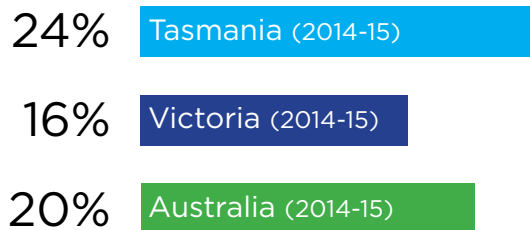
For further information see Table 13



Vegetable Consumption

% of children aged 2-3 meeting recommended daily vegetable intake

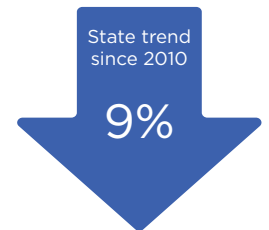
For further information see Table 13



Smoking during Pregnancy

% of mothers smoking during pregnancy

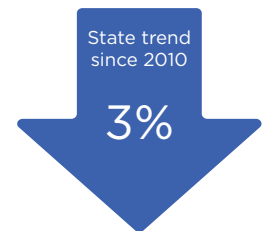
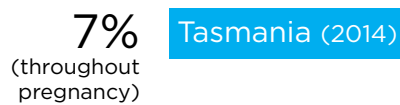
For further information see Figure 9



Alcohol during Pregnancy

% of mothers consuming alcohol during pregnancy

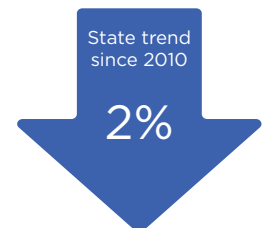
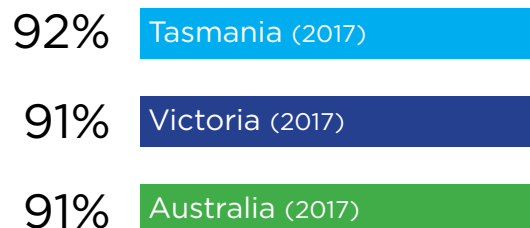
For further information see Figure 10



Immunisation

% of children at 2 years fully immunised

For further information see Table 14

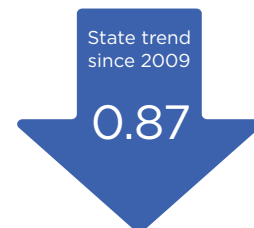
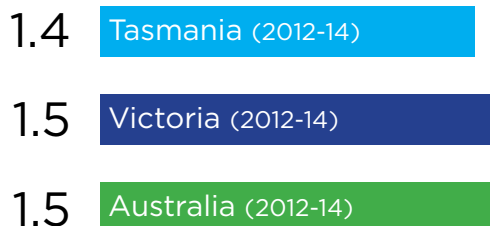


CHILD HEALTH AND NUTRITION (CONT)

Dental Health – Primary Teeth

Average number of decayed, missing or filled deciduous teeth (DMFT) in primary teeth

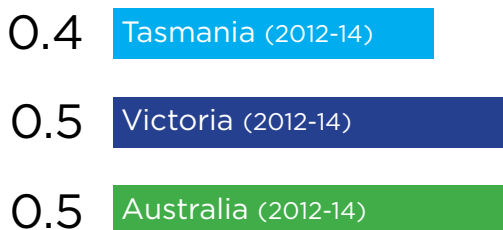
For further information see Tables 15 & 16



Dental Health – Permanent Teeth

Average number of decayed, missing or filled deciduous teeth (DMFT) in permanent teeth

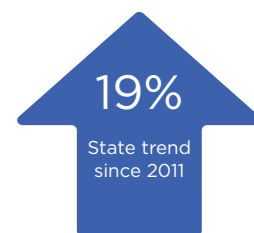
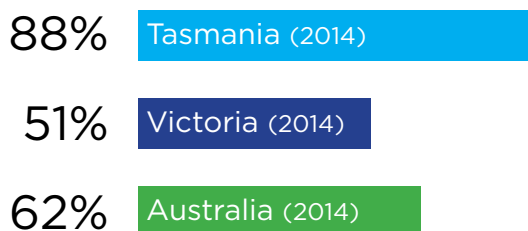
For further information see Tables 15 & 16



Antenatal Visits

% of women attending first antenatal visit in the first 14 weeks

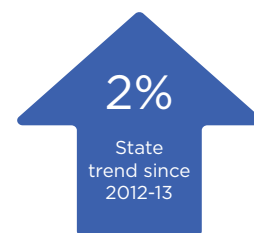
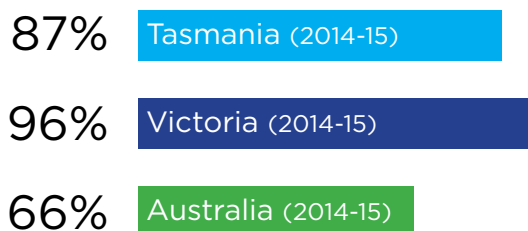
For further information see Figure 14



Child Health Assessments – Eight weeks

% of parents attending Child Health Assessments (with CHaPs) at eight weeks

For further information see Table 18



EARLY LEARNING AND DEVELOPMENT

Early childhood education participation

% of enrolled children aged 4 and 5 years attending a preschool program in the year before full time schooling

For further information see page 28

98% Tasmania (2015)

94% Victoria (2015)

96% Australia (2015)

State trend since 2013

0%

Children developmentally vulnerable

% of children developmentally vulnerable on two or more domains (AEDC)

For further information see page 29

11% Tasmania (2015)

10% Victoria (2015)

11% Australia (2015)

State trend since 2009

0%

Children developmentally vulnerable

% of children developmentally vulnerable on one or more domains (AEDC) who are not read to at home

For further information see page 29

68% Tasmania (2015)

70% Australia (2015)

State trend since 2013

2%

Kindergarten Development Checks

% of children achieving all 21 indicators of the Kindergarten Development Check

For further information see Table 21

73% Tasmania (2015)

State trend since 2013

2%

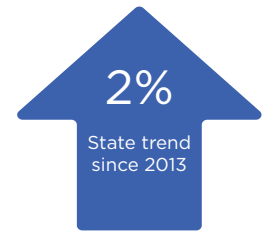
EARLY LEARNING AND DEVELOPMENT (CONT)

Literacy

87% Tasmania (2015)

% of children reaching the expected standard for literacy (Performance Indicators for Primary Schools)

For further information see Table 22

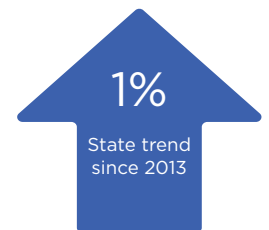


Numeracy

87% Tasmania (2015)

% of children reaching the expected standard for numeracy (Performance Indicators for Primary Schools)

For further information see Table 22





Early Childhood and the Transition to School

The Data

MOTHERS AND BIRTHS IN TASMANIA

The number of births in Tasmania has declined since 2008.

There were 5,680 registered births in Tasmania in 2015.³³ The number of births has declined since 2008, with the 5,680 births registered in 2015 representing a 16.1 per cent decrease since 2008 (6,775). The median age of all mothers was 29.6 years, and the median age of fathers was 31.7 years.³⁴

There were 551 births registered in Tasmania where at least one parent identified themselves as being Aboriginal or Torres Strait Islander.³⁵

Figure 5: Number of births: Tasmania, 2004 to 2015.

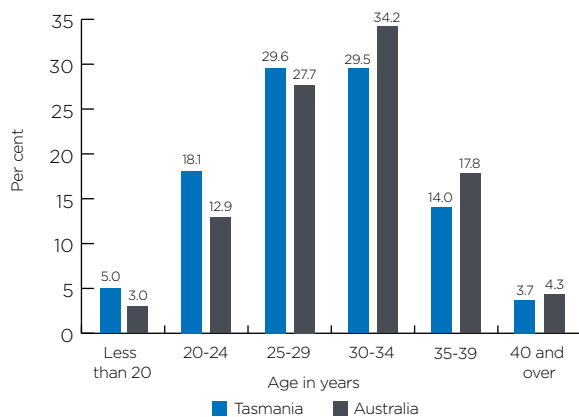


Source: Australian Bureau of Statistics, *Births, Australia*, 2015 ³⁶

Mothers giving birth in Tasmania are slightly younger than the national average.

In 2014, 52.7 per cent of mothers were under 30 years of age compared to the national figure of 43.7 per cent.³⁷

Figure 6: Age of woman at birth, Tasmania and Australia 2014.

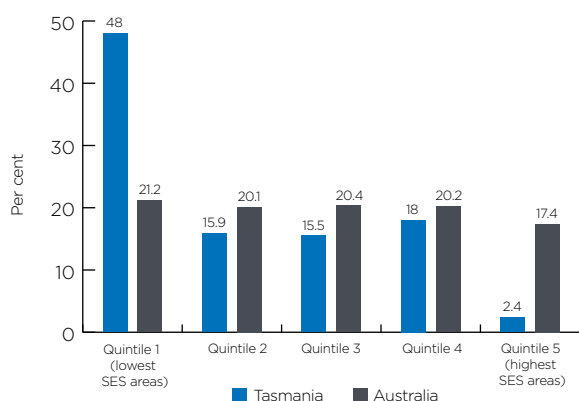


Source: Australian Institute of Health and Welfare, *National Perinatal Data Collection*, 2014 ³⁸

A higher proportion of mothers in Tasmania are from areas of low socio-economic status.

In 2014, 48.0 per cent of mothers were in the lowest SES areas, compared to 21.2 per cent nationally. Please note however that as Tasmania has higher overall levels of disadvantage than the rest of Australia, there are more Tasmanians in the lower quintiles than nationally across all demographic variables.

Figure 7: Children born by family disadvantage, Tasmania and Australia 2014.



Source: Australian Institute of Health and Welfare, *National Perinatal Data Collection*, 2014 ³⁹

CHILD HEALTH AND NUTRITION

The percentage of children of low birth weight is higher in Tasmania than nationally.

Low birth weight is an important predictor of newborn health and survival, and is associated with a higher risk of infant and childhood mortality. It is also associated with the development of chronic diseases later in life, such as heart disease, stroke and diabetes. Factors linked to low birth weight include preterm births, poor maternal health and lifestyle, substance use whilst pregnant, stress and anxiety in pregnancy, economic circumstances and multiple births.⁴⁰

Low birth weight is defined as a live born infant of less than 2,500g regardless of gestational age. Very low birth weight is defined as a live born infant of less than 1,500g. For Tasmania, the majority of babies born were of optimal birth weight, with 8.2 per cent weighing less than 2,500g and 1.8 per cent weighing less than 1,500g. Low birth weight figures for Tasmania are higher than the national average of 6.4 per cent, and have gradually risen since the low of 6.3 per cent in 2006.⁴¹ This may be, in part, due to improving survival rates for premature babies.⁴²

Please note that data for low and very low birth weight are presented regardless of gestational age.

Table 10: Low and very low birth weight of children born in Tasmania, 2010 - 2014.

Year	Very low birthweight (< 1 500 grams)		Low birthweight* (< 2 500 grams)	
	Number	% of total births	Number	% of total births
2010	115	1.9	487	7.9
2011	111	1.8	512	8.1
2012	110	1.9	462	7.8
2013	109	1.8	456	7.6
2014	105	1.8	483	8.2

*Note that number - low birthweight (< 2 500 grams) figures also includes very low birthweight babies; total births include stillbirths. Source: Council of Obstetric & Paediatric Mortality & Morbidity, *Annual Report 2014*⁴³

In 2014, low birth weights were higher amongst female babies (8.2 per cent) than male babies (7.1 per cent), and the percentage of low weight babies was higher for babies who were identified as Aboriginal or Torres Strait Islander (12.4 per cent) than non-Aboriginal/Torres Strait Islander babies (7.5 per cent).⁴⁴

The percentage of low weight babies was also higher in the lowest socio-economic areas (8.6 per cent) than in the highest socio-economic areas (6.5 per cent).⁴⁵

Babies that are born early are more likely to be of low birth weight, and can have the same risk factors and outcomes as mentioned above. In 2014, 89.4 per cent of babies in Tasmania were born full term (37 weeks plus) which is slightly lower than 91.4 per cent nationally (in 2013).⁴⁶

Infant mortality in Tasmania is similar to the national rate.

Infant mortality is the death of a child less than one year of age. It is measured as the infant mortality rate, which is the number of deaths of children under one year of age per 1,000 live births.

The Tasmanian infant mortality rate varies from year to year, but the annual variations are small and statistically insignificant, as the number of infants included in the rate is very small. Tasmania's infant mortality rate of 3.7 deaths per 1,000 live births in 2015 is higher than the Australian rate of 3.2 deaths per 1,000 live births, but this is not statistically significant.⁴⁷

Table 11: Infant mortality rate, 2011 to 2015.

Year	Tasmania	Australia
	per 1,000 live births	per 1,000 live births
2011	4.5	3.8
2012	3.6	3.3
2013	3.6	3.6
2014	5.2	3.4
2015	3.7	3.2

Source: Australian Bureau of Statistics, *Deaths, Australia - Tasmania, 2015*⁴⁸

Figure 8: Infant mortality rate (Tasmania and Australia) 2007 to 2015.



Source: Australian Bureau of Statistics, *Deaths, Australia - Tasmania, 2015*⁴⁹

Breastfeeding rates at maternal discharge are declining.

The positive impact of breastfeeding has been well documented. It has shown that breastfeeding helps to protect infants against a number of conditions including diarrhoea, respiratory and ear infections, and obesity and chronic diseases in later life. For mothers, it provides many positive health effects, such as reducing the risk of some cancers and type 2 diabetes, as well as supporting bonding between mother and child.

Australia's dietary guidelines recommend exclusive breastfeeding of infants until around 6 months of age, with the introduction of solid foods at around 6 months and continued breastfeeding until the age of 12 months – and beyond if both mother and child wish.

In Tasmania, 96.1 per cent of children were ever breastfed, compared to 95.9 per cent nationally.⁵⁰ Please note that data from the Australian National Infant Feeding Survey has a response bias towards higher socio-economic participants meaning breastfeeding rates may be overestimated for Tasmania.

The Baby Friendly Health Initiative data collection suggests as many as 90 per cent of babies begin life being breastfed.⁵¹ The Tasmanian perinatal data suggests only 74.3 per cent are breastfed on discharge from maternity services with rates gradually declining since 2009 (see table 12).⁵² It is of major concern that one in four infants are discharged from maternity services not being breastfed. By four months of age only 40 per cent of Tasmanian babies are exclusively breastfed (fed only breast milk).⁵³

In 2014, the percentage of public hospital patients breastfeeding at discharge was significantly lower ($p < 0.001$) than the percentage reported for private hospital patients.⁵⁴ This most likely reflects the lower rates of breastfeeding that have been observed among women of lower socioeconomic status.⁵⁵

Table 12: Percentage of women breastfeeding at maternal discharge, Tasmania 2009 – 2014.

Year	Public	Private	Overall
	%	%	%
2009	79.5	80.2	79.8
2010	76.3	81.7	78.2
2011	70.3	84.3	75.0
2012	69.4	83.5	74.3
2013	68.9	85.5	74.5
2014	68.1	85.2	75.4

Source: Council of Obstetric & Paediatric Mortality & Morbidity, *Annual Report, 2014*

The majority of Tasmanian children aged between 2 and 3 are getting their recommended daily intake of fruit but not of vegetables.

The Australian National Health and Medical Research Council (NHMRC) has released guidelines on the recommended minimum daily serves of fruit and vegetables for children of different ages. For children aged 2 to 3 the guidelines recommend 2.5 serves of vegetables and 1 serve of fruit per day. For Tasmanian children aged between 2 and 3 years old, 98.3 per cent had one or more serves of fruit a day and 24.1 per cent had 2.5 or more serves of vegetables a day. Both of these proportions reflect the national percentages of 97.3 per cent for fruit and 20.0 per cent for vegetables.

Table 13: Usual daily serves of fruit and vegetables, proportion of children aged 2 to 3, Tasmania 2014-15.

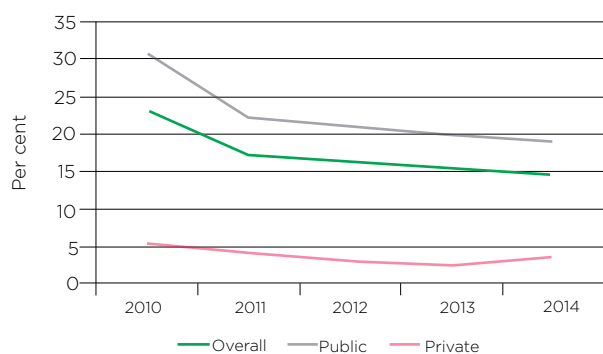
Usual daily intake of fruit/vegetables	Fruit	Vegetables
	%	%
Does not eat fruit/vegetables Less than 1 serve	0.0	10.7
1 serve	30.2	29.2
2 serves	47.7	29.1
3 serves	16.6	8.2
4 serves	3.8	11.6
5 or more serves	0.0	0.0

Source: Australian Bureau of Statistics, *National Health Survey, 2014-15*⁵⁶

Smoking during pregnancy in Tasmania has decreased since 2010.

The percentage of women who smoked during pregnancy who gave birth in public hospitals was higher than those giving birth in private hospitals, which most likely reflects the higher rates of smoking during pregnancy that have been observed among women of lower socioeconomic status.

Figure 9: Percentage of mothers smoking during pregnancy, Tasmania, 2010 to 2014.

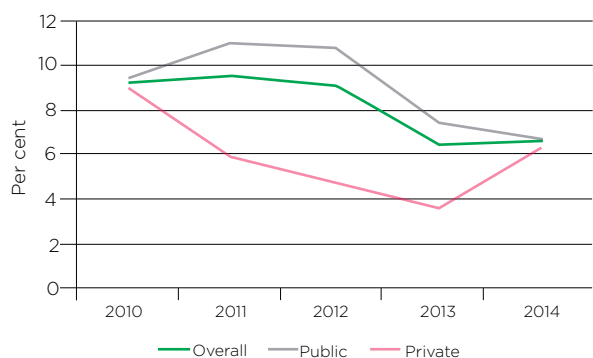


Source: Council of Obstetric & Paediatric Mortality & Morbidity, *Annual Report, 2014*⁵⁷

Alcohol consumption during pregnancy in Tasmania has declined since 2012.

The percentage of women who report that they drank alcohol during pregnancy has declined since 2012 after remaining steady from 2010 to 2012. Within the overall percentage of women who drank alcohol, 5.7 per cent reported to have consumed one or fewer standard alcoholic drinks per day and 0.7 per cent reported to have consumed more than one alcoholic drink per day.

Figure 10: Percentage of mothers consuming alcohol during pregnancy, Tasmania, 2010 to 2014.



Source: Council of Obstetric & Paediatric Mortality & Morbidity, *Annual Report, 2014* ⁵⁸

Immunisation rates in Tasmania vary across the state.

Immunisation is a simple, safe and effective way of protecting children against harmful diseases that can cause serious health problems and sometimes death. Immunisation has greatly reduced infections and death from diseases such as diphtheria, whooping cough, tetanus, polio and measles in Australia. However, vaccine preventable diseases can re-emerge if vaccine coverage (the proportion of the population who have received a particular vaccination) falls below the level required for 'herd immunity'. Depending on both the vaccine and the particular disease, between 75 per cent and 94 per cent of a population may need to be vaccinated to stop diseases circulating and to protect people such as newborns and those with suppressed immune systems.

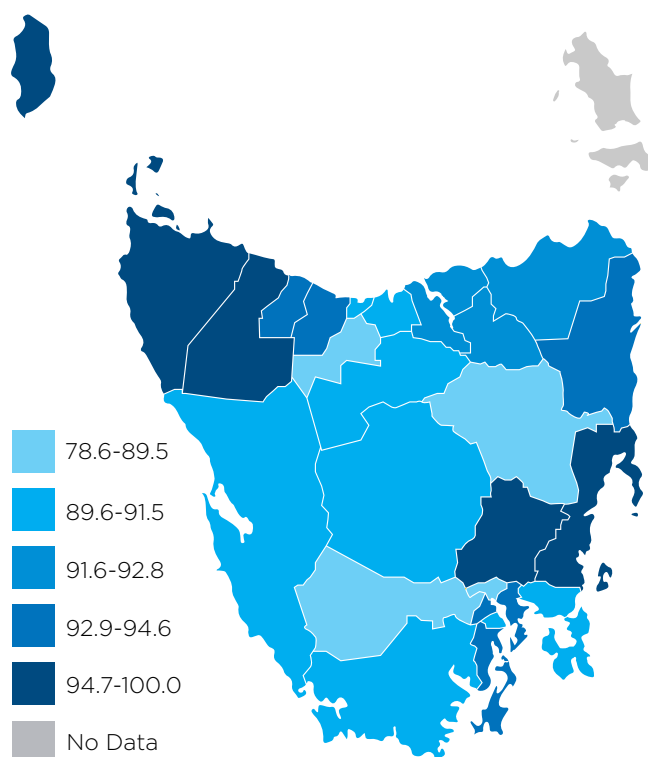
Tasmania's immunisation rates as at March 2017, were 94 per cent for children aged 12 to 15 months, 92 per cent for children aged 24 to 27 months and 94 per cent for children aged 60 to 63 months.⁵⁹

Table 14: Immunisation rates: Tasmania and Australia, 2017.

Age	Tasmania	Australia
	%	%
Aged 12 to 15 months	93.76	93.63
Aged 24 to 27 months	92.03	91.06
Aged 60 to 63 months	94.06	93.32

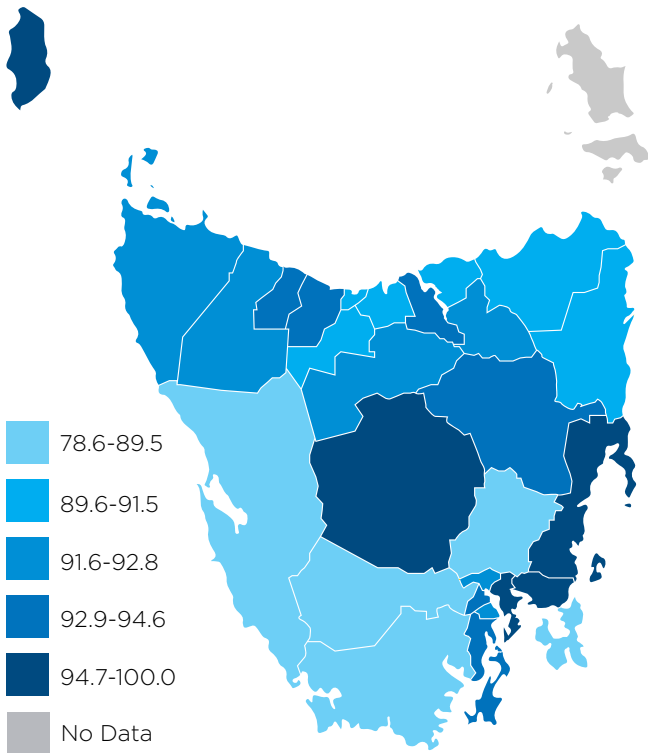
Source: Australian Immunisation Register, March 2017 ⁶⁰

Figure 11: Percentage of children fully immunised at one year, June 2015.



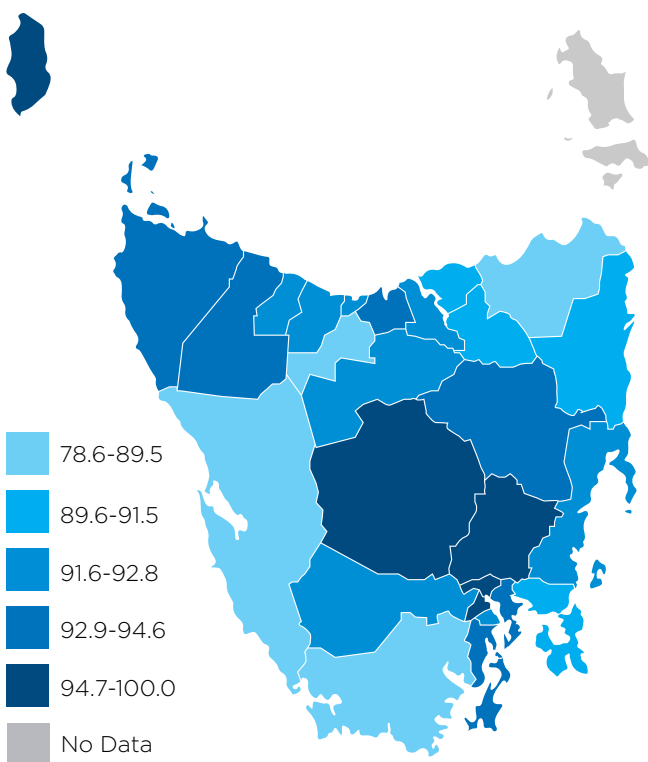
Source: Public Health Information Development Unit, *Social Health Atlas of Australia, 2017* ⁶¹

Figure 12: Percentage of children fully immunised at two years, June 2015.



Source: Public Health Information Development Unit, *Social Health Atlas of Australia*, 2017 ⁶²

Figure 13: Percentage of children fully immunised at five years, June 2015.



Source: Public Health Information Development Unit, *Social Health Atlas of Australia*, 2017 ⁶³

Tasmanian children have lower numbers of decayed, missing or filled teeth than the national mean.

Dental health can be measured by the mean number of decayed, missing or filled deciduous teeth (DMFT) in children, both for primary (baby teeth) and permanent sets of teeth. Overall dental health amongst children in Tasmania has substantially improved in recent years. All of the age ranges for Tasmania have either lower or equal rates of DMFT to national means.

Table 15 and 16: Average number of decayed, missing or filled deciduous teeth (DMFT) in primary and permanent teeth for children aged 5 to 14, Tasmania and Australia, 2012-14.

Age	Primary Set of Teeth		Age	Permanent Set of Teeth	
	Tasmania	Australia		Tasmania	Australia
5-6	1.0	1.3	6-8	0.1	0.1
7-8	1.6	1.7	9-11	0.3	0.4
9-10	1.5	1.5	12-14	0.7	0.9
Total	1.4	1.5	Total	0.4	0.5

Source: University of Adelaide, *The National Child Oral Health Study 2012-14* ⁶⁴

Young children lack the dexterity to brush their teeth effectively on their own. Of all households with children up to five years of age, 77.9 per cent of adults always brush their children's teeth.⁶⁵

Table 17: Frequency of adults brushing teeth of children aged 5 years and under, Tasmania 2016.

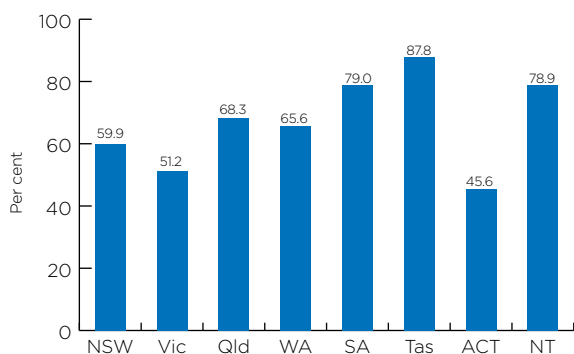
Frequency	North	North-West	South	Total
	%	%	%	%
Always	72.5	71.2	82.8	77.9
Sometimes	13.4*	15.0*	4.9*	9.0
Never	10.9*	13.2*	10.5*	11.1

*Relative standard errors > 25% - < 50% so use with caution. Source: *Tasmanian Population Health Survey 2016*

Tasmanian mothers are more likely to have their first antenatal visit before 14 weeks than any other state or territory.

This rate of attendance has risen from 69 per cent in 2011 to 88 per cent in 2014.

Figure 14: Percentage of women attending first antenatal visit less than 14 weeks, 2014.



Source: Australian Institute of Health and Welfare, *National Perinatal Data Collection, 2014* ⁶⁶

87 per cent of families with a newborn infant are engaged with Child Health and Parenting Services for an eight week assessment of growth and development.

Child Health and Parenting Service (CHaPS) nursing staff offer routine screening assessments based on national recommendations for health surveillance and screening related to infant growth and development. In addition to comprehensive growth and development checks, parents are able to access information relating to breastfeeding, expected infant growth and development, and how to support and promote their child's optimum development in a range of domains including physical growth, fine and gross motor skills, speech and language, and social and emotional development. Nurses also support parents in their transition to the role of parents, monitor risk of postnatal depression and provide advice on normal, expected behaviour related to feeding and sleeping. They offer referral onto secondary services where indicated, in collaboration with families.

Although Tasmanian data is only available on attendance at eight week Child Health Assessments, based on the experience of other jurisdictions, rates of attendance at later checks (particularly beyond six months) decline significantly. This decrease in attendance beyond six months may be attributable to parents returning to work, feeling more confident in their parenting role, service accessibility, and taking their children to their family GP for ongoing checks. There is no national data available for comparison of population level attendance at universal child health checks.

This is an important indicator to publicly report against to determine the appropriateness and quality of this critical service for all Tasmanian children, and I encourage the publication of attendance rates at all Child Health Assessments by the Tasmanian Government in the future. Publicly available data is an important driver for change.

Table 18: Percentage of parents attending Child Health Assessments, 2012 to 2016.

Assessment	2012-13	2013-14	2014-15	2015-16
	%	%	%	%
8 weeks	85.0	87.6	86.9	86.7

Source: Department of Health and Human Services Annual Report, 2015-2016 ⁶⁷

Table 19: Level of service satisfaction with services provided by CHaPS by region, Tasmania 2016

Satisfaction with Service	North	North-West	South	Total
	%	%	%	%
Very satisfied/satisfied	91.6	85.1	85.1	86.7
Neither satisfied nor dissatisfied	n/a	3.8*	5.4*	3.7*
Very dissatisfied/dissatisfied	n/a	3.7*	5.4*	4.1*

*Relative standard errors > 25% - < 50% so use with caution. Source: *Tasmanian Population Health Survey, 2016*

EARLY LEARNING AND DEVELOPMENT

Around half of Tasmanian children under five attend some type of childcare.

About half (54.2 per cent) of Tasmanian children aged less than four years and 50.8 per cent of children aged four to five years attend some type of care.⁶⁸ Childcare arrangements are less common for children aged between 6 and 12 years (43.3 per cent).

Table 20: Type of care attended by children aged 0 to 12 years; number and per cent, Tasmania 2014.

	Under 4 years	4 to 5 years	6 to 12 years	Total
	%	%	%	%
Usual childcare arrangement	54	51	43	48
No usual childcare arrangement	46	49	57	52
Total	100	100	100	100

Source: Australian Bureau of Statistics, *Childhood Education and Care*, 2014.⁶⁹

The main reason children attended childcare was work-related (66.0 per cent) followed by personal (19.1 per cent) and beneficial for the child (17.1 per cent).⁷⁰ The mean number of hours that a child in Tasmania is spending in formal childcare is 12.0 hours per week, and 13.6 hours per week in informal childcare.⁷¹

In 2015, the proportion of enrolled children aged 4 and 5 years attending a preschool program in the year before formal schooling was 98.1 per cent for Tasmania.⁷²

Approximately 80 per cent of Tasmania's children are developmentally on track.

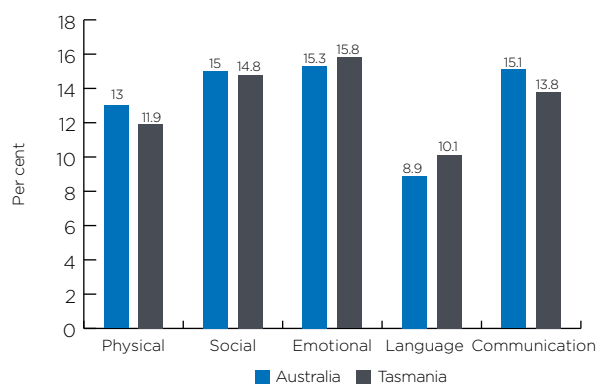
The Australian Early Development Census (AEDC) provides an excellent picture of early childhood development indicators for all states and territories in Australia, through national data collection undertaken in 2009, 2012 and 2015. The census provides information on children's development as they start their first year of full-time school.⁷³ As they enter school a 'snapshot' of a child's development is taken when a school teacher completes the Early Development Instrument. This measures five different areas of early childhood development:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills (school-based)
- Communication skills and general knowledge.

Results of the assessment then categorise children as either 'developmentally on track', 'developmentally at risk' or 'developmentally vulnerable'. From 2009 to 2015 the percentage of at risk children has decreased in all areas except for emotional maturity which has risen from 15.6 per cent in 2009 to 15.8 per cent in 2015.

Compared to national data for 2015, Tasmania had a lower percentage of at risk children in the domains of physical health, social competence and communication skills, but had a higher percentage in emotional maturity and language and cognitive skills.

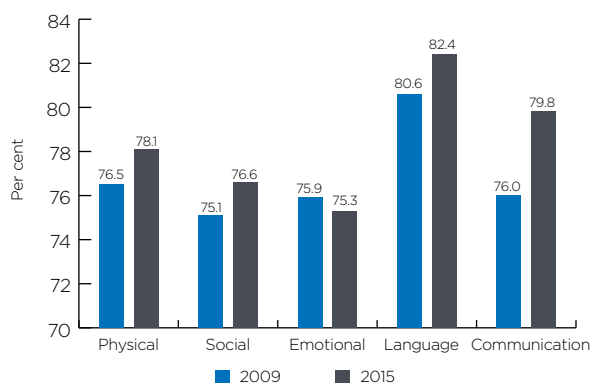
Figure 15: Percentage of children at risk (Australian Early Development Census) Tasmania and Australia, 2015.



Source: Australian Early Development Census, 2015.⁷⁴

Between 2009 and 2015 the percentage of Tasmanian children developmentally 'on track' in the Australian Early Development Census has increased in each of the domains apart from the emotional domain where there was a very slight decrease.

Figure 16: Percentage of children on track, Tasmania, 2009 to 2015.

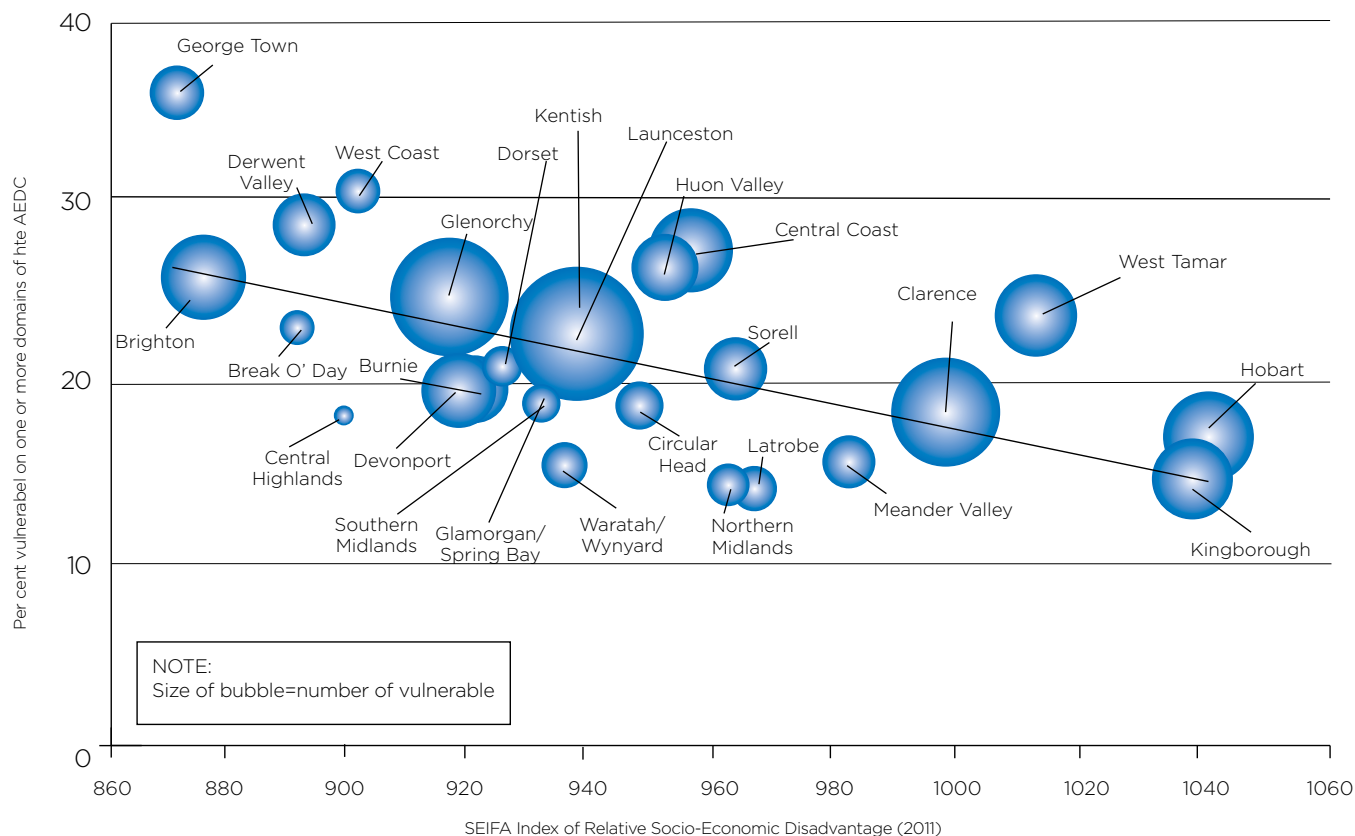


Source: Australian Early Development Census, 2009, 2015 ⁷⁵

Eleven per cent of Tasmanian children are developmentally vulnerable on two or more domains of the AEDC and 68 per cent of children developmentally vulnerable on one or more domains are not read to at home.

It is important to be aware of the number of children who are vulnerable because most of the vulnerable children are generally not in communities with the highest percentage of developmentally vulnerable children. There are children in all communities across Australia who are developmentally vulnerable on the AEDC, not just in the socio-economically disadvantaged communities. Targeting programs, services and supports at communities with the highest level of socio-economic disadvantage will miss the vast majority of children who are developmentally vulnerable on the AEDC.

Figure 17: Percentage vulnerable on one or more domains of the 2015 AEDC, by number of children and SEIFA, 2015.



Source: Department of Education, 2016

In Figure 17, the horizontal axis shows the SEIFA score for each community, representing the level of socio-economic disadvantage. Communities with a lower SEIFA score are more disadvantaged. The vertical axis shows the percentage of children who are developmentally vulnerable on one or

more domains of the AEDC in each community. The higher the number, the higher levels of developmental vulnerability on the AEDC. The size of the bubble shows the number of children who are developmentally vulnerable on one or more domains of the AEDC in each community.

SCHOOL READINESS AND TRANSITION TO PRIMARY SCHOOL

Three-quarters of children in Government schools are achieving all development markers in Kindergarten.

The KDC is an assessment administered on two occasions (Term 1 and Term 4) carried out by teachers in Tasmania for the early identification of students at risk of not achieving expected developmental outcomes. This measure is the percentage of Kindergarten students in Tasmanian Government schools achieving all 21 markers of the KDC by the end of the school year.⁷⁶

The percentage of children achieving all 21 indicators of the KDC in Tasmania has decreased slightly from 74.1 per cent in 2014 to 72.6 per cent in 2015.

Table 21: Percentage of children achieving all 21 indicators of the KDC, 2013-2015.

2013	2014	2015
%	%	%
74.5	74.1	72.6

Source: Department of Education, *Annual Report 2015-2016*

Literacy and numeracy are slowly increasing in Tasmanian Prep students.

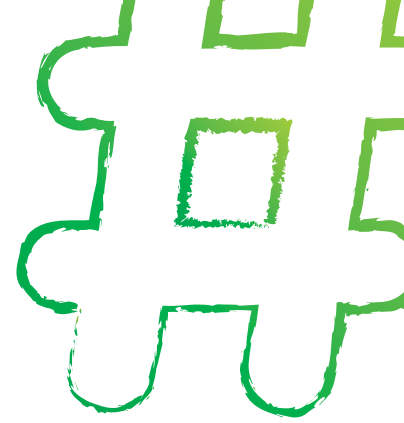
PIPS is an assessment of early literacy and numeracy for Prep students in Tasmanian Government schools and is administered in two assessments (Term 1 and Term 4) for each Prep student. Literacy and numeracy have slowly increased since 2012 for Tasmanian Prep students.

Table 22: Percentage of children reaching the expected standard for literacy and numeracy on PIPS, 2013-2015.

Performance Indicators for Primary Schools (PIPS) ⁷⁷	2013	2014	2015
	%	%	%
Literacy	85.4	85.9	86.8
Numeracy	85.5	87.0	87.0

Source: Department of Education, *Annual Report 2015-2016*

Middle Childhood and Adolescence Overview



The data in this section of the report focuses on children and young people in middle childhood and adolescence, from the time of entering primary school to turning 18 and moving on to further education and employment. These years are a time of significant transition and disruption, particularly as it is the time when children and young people develop their own sense of identity, experience puberty (including emotional and physical changes), become more responsible for their own decision-making, and begin to lay the foundations for their lives as adults.

During this important developmental period there are changes in a young person's social environment, with children and young people exposed to new activities and experiences which will shape their identity and future. Social status and acceptance by their peers is important during this time, and this plays an important role in the way they see themselves, where they belong, and how they treat others. Protective factors for children and young people at this stage of their lives include social connectedness to peers, family, trusted adults and places (such as schools).

HEALTH BEHAVIOURS

During this period, children and young people begin to take more responsibility for their own health related behaviours, and the choices that they make during this stage of their lives can have a significant impact on their health and habits in the future. These choices may be limited by the social, physical and cultural environment the young person grows up in.

The proportion of children and young people in Tasmania and nationally who are reaching the recommended daily serves of vegetables is very low (less than 10 per cent of children and young people are eating the recommended serves of vegetables a day), and fruit consumption declines with age.

In relation to physical activity, Tasmanian children and young people are above the national average, however only around 30 per cent of children and young people in Tasmania are reaching the recommended physical activity requirements per day. A third of Tasmanian children are exceeding the recommended number of hours for watching television, playing computer games and surfing the internet.

In adolescence and early adulthood young people are most vulnerable to influences of peer pressure and are more likely to experiment, push boundaries and take risks. Drinking alcohol, smoking and experimenting with drugs at any early age can be a risk factor for short and long term health outcomes, and may increase the likelihood of other risky behaviours such as unsafe sex. Overall rates of children and young people aged between 12 and 17 smoking, drinking alcohol, and using illicit substances have declined substantially in Tasmania over the past couple of decades. However in all of these areas, the proportion of Tasmanian children and young people engaging in these behaviours is higher than the national percentage.

Nationally, teenage fertility has dropped to its lowest rate on record. In 2015, births to mothers aged 19 years and under continue to decline. Tasmania's age specific fertility rate for women aged between 15 and 19 years (including births to mothers aged less than 15) is substantially higher (16.1 per 1,000 women) than the national rate (11.9 per 1,000 women). The highest rates of teenage fertility occur in the most disadvantaged areas. For some teenagers having a child can change their lives in a positive way and give them a reason to plan for the future. For others, teenage pregnancy and parenthood is associated with risk for both parents and their children including socioeconomic disadvantage, isolation from peers, depression, difficulties in developing parenting skills, a high risk of repeat pregnancies and abortion, greater obstetrical risks, substance misuse and child neglect and abuse.⁷⁸

Mental health is a particular area of vulnerability during this period of childhood and adolescence. It is closely linked to social and emotional wellbeing, and can affect children and young people's engagement in all aspects of their lives. In 2015, Tasmania's rate of child deaths (aged 5 to 17 years) due to suicide was the second highest rate for all of the states and territories (3.1 per 100,000), and was higher than the national rate for the same age group (2.2 per 100,000). The proportion of Tasmanian children and young people contacting the Kids Helpline with concerns related to suicide-related concerns was also higher than the national proportion.

PARTICIPATION AND PERFORMANCE IN EDUCATION AND TRAINING

Engagement with learning during this period influences future education choices and employment potential and aspirations, and strong engagement throughout this period is an important protective factor for the future. Attendance and engagement with school during this period is essential to achieving good educational outcomes as well as social and emotional development.

Attendance rates at Tasmanian government schools are static around 90 per cent, with 4.9 per cent of students suspended in 2015. However it is difficult to locate detailed data around suspensions and exclusions, particularly for students who are in out of home care. The absence of such publicly available data is an impediment to the development of ways to better support and improve outcomes for these students.

The percentage of Tasmanian students attaining a Tasmanian Certificate of Education (TCE) in 2016 was substantially lower (56 per cent) than the equivalent national percentage (75 per cent in 2015), with lower rates for Tasmanian males (52 per cent) than Tasmanian females (61 per cent), and those from lower socio-economic deciles. Sixty-one per cent of young people aged between 15 and 24 in Tasmania are fully participating in education and/or training, or employment, which is just below the national percentage of 73 per cent.

Tasmanian students in 2016 performed at a level close to or not statistically different to Australia in reading and writing at all year levels. In numeracy, spelling, and grammar and punctuation, Tasmanian students in 2016 were significantly below Australia for selected measures or year levels, and not statistically different to Australia for other measures or year levels.

YOUNG PEOPLE AND THE LAW

Criminal behaviour during this period of childhood and adolescence is both an outcome of concern and a risk factor for vulnerable young people. There are a range of risk and protective factors which may influence the likelihood of young people becoming involved in the youth justice system. Risk factors may include low levels of parental involvement, low educational aspirations, antisocial peer groups, socio-economic disadvantage and experiencing abuse and neglect as a child. Protective factors could be good social and emotional development, engagement in education and learning, and supportive parents and communities.

The overall number of youth offenders in Tasmania (aged 10 to 14 and 15 to 19) has declined between 2008 and 2016, as well as the number of matters lodged at the Magistrates Court Youth Justice Division between 2011 and 2016. Sixty-three per cent of youth offenders were diverted from the courts in 2015-16.

The average number of young people in youth justice detention in Tasmania has been steadily declining since 2011, with the average number of young people in detention for 2015-2016 at 9.2. The rate of young people aged 10 to 17 in juvenile justice detention for Tasmania is the lowest in Australia and is well below the national average of 3.4 per 10,000.⁷⁹ The rate of overall supervision and community supervision are both lower for Tasmania than nationally.⁸⁰

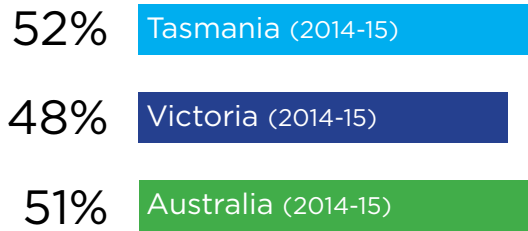
Children and young people are also a sizable proportion of victims of crime, particularly for sexual assault, with nearly 50 per cent of victims of sexual assault being children and young people between the ages of 0 and 19.

HEALTH BEHAVIOURS

Fruit Consumption

% of children aged 14-18 meeting recommended daily fruit intake

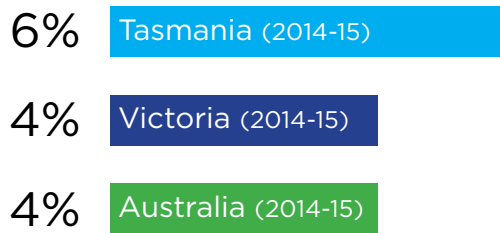
For further information see Table 26



Vegetable Consumption

% of children aged 14-18 meeting recommended daily vegetable intake

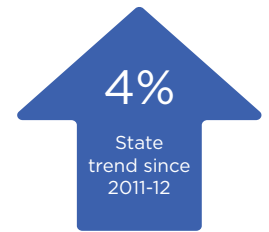
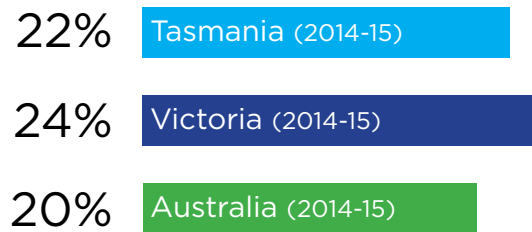
For further information see Table 27



Body Mass Index - Overweight

% of children aged 5-17 years overweight

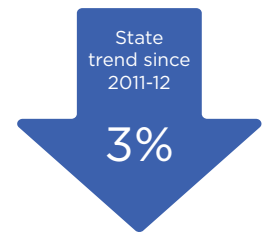
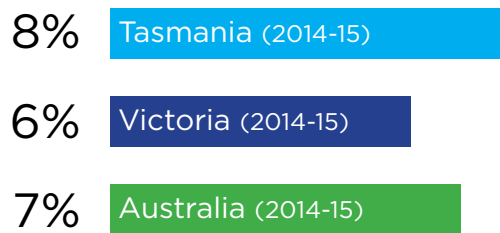
For further information see page 39



Body Mass Index - Obese

% of children aged 5-17 years obese

For further information see page 39



Diabetes

Prevalence of Type 1 diabetes in children aged 0-14 years (per 100,000)

For further information see Table 29



HEALTH BEHAVIOURS (CONT)

Physical Activity

% of children aged 2-17 meeting physical activity recommendations

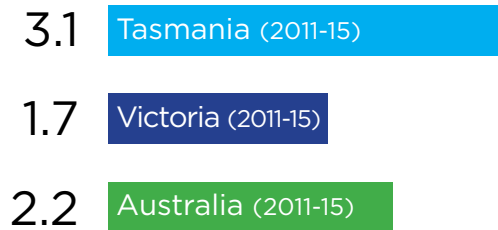
For further information see Table 31



Deaths due to Intentional Self-Harm

Death rate (deaths per 100,000) for intentional self-harm in young people aged 5-17

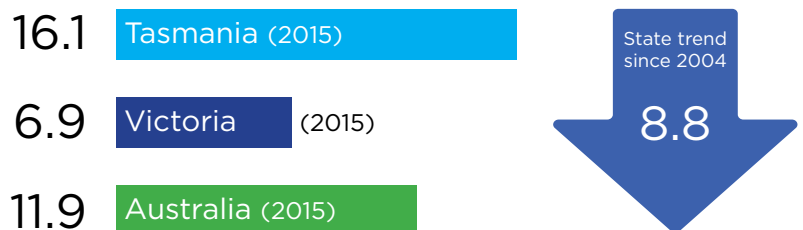
For further information see Table 33



Fertility

Age-specific fertility rate for 15-19 year-old-women (per 1,000 women)

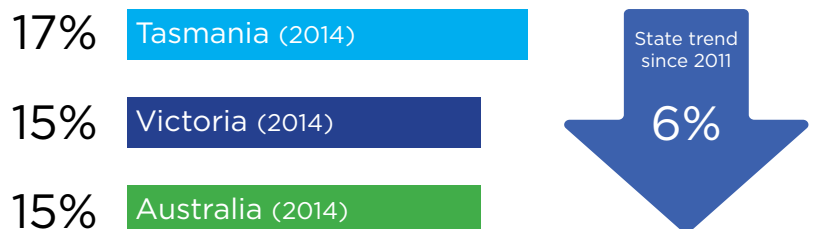
For further information see Table 34



Alcohol Consumption

% of young people aged 12-17 who are current drinkers

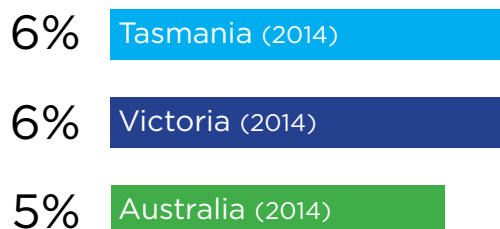
For further information see page 42



Smoking

% of young people aged 12-17 who smoke

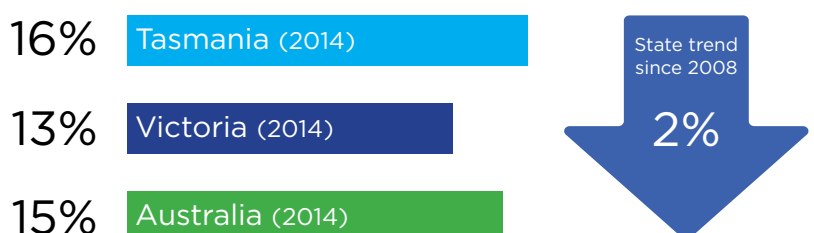
For further information see Table 35



Illicit drugs

% of young people aged 12-17 who had used any illicit drugs (at any time)

For further information see Figure 21

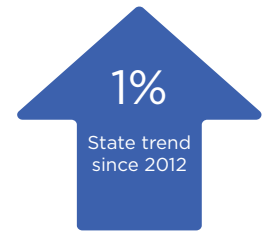


PARTICIPATION IN EDUCATION AND TRAINING

Reading - Year 3

% of Year 3 students at or above the national minimum standard for reading

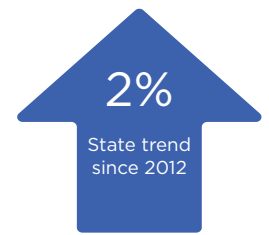
For further information see Figure 22



Numeracy - Year 3

% of Year 3 students at or above the national minimum standard for numeracy

For further information see Figure 23



Reading - Year 5

% of Year 5 students at or above the national minimum standard for reading

For further information see Figure 22



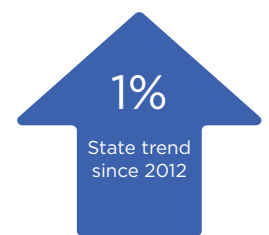
State trend since 2012

0%

Numeracy - Year 5

% of Year 5 students at or above the national minimum standard for numeracy

For further information see Figure 23



Reading - Year 7

% of Year 7 students at or above the national minimum standard for reading

For further information see Figure 22



State trend since 2012

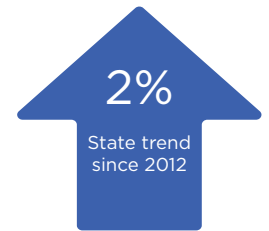
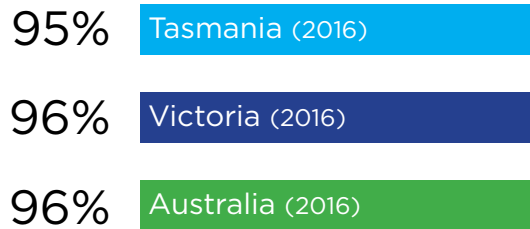
0%

PARTICIPATION IN EDUCATION AND TRAINING (CONT)

Numeracy - Year 7

% of Year 7 students at or above the national minimum standard for numeracy

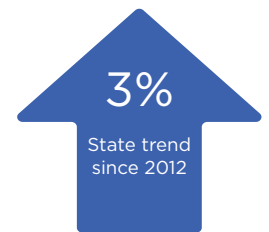
For further information see Figure 23



Reading - Year 9

% of Year 9 students at or above the national minimum standard for reading

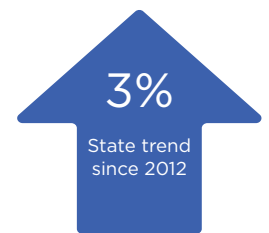
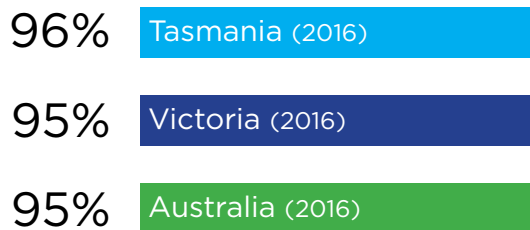
For further information see Figure 22



Numeracy - Year 9

% of Year 9 students at or above the national minimum standard for numeracy

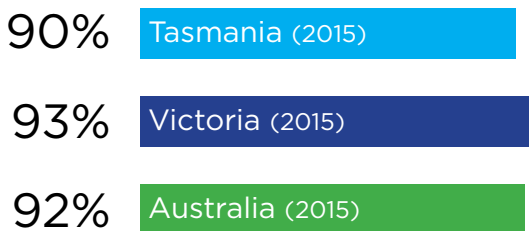
For further information see Figure 23



Attendance

Annual average daily attendance rate (Government schools, Year 1 to Year 10)

For further information see Table 36



State trend since 2012

0%

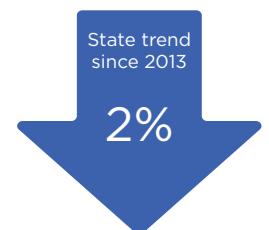
Suspensions

% of students suspended

For further information see Table 37



State trend since 2013



PARTICIPATION IN EDUCATION AND TRAINING (CONT)

School Leavers

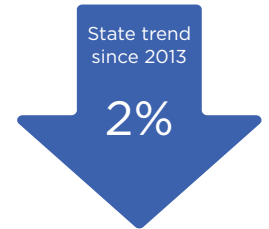
% of 15-24 year old school leavers fully participating in education and/or training, or employment

For further information see Table 38

61% Tasmania (2015)

75% Victoria (2015)

73% Australia (2015)



TCE Attainment

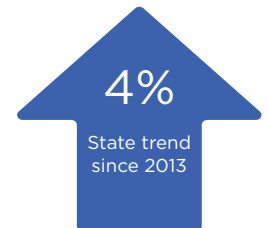
% of students attaining the TCE

For further information see Table 39

56% Tasmania (2016)

82% Victoria (2015)

75% Australia (2015)



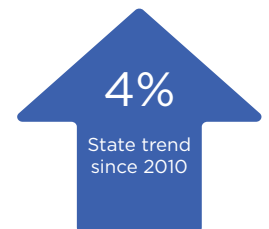
YOUNG PEOPLE AND THE LAW

Youth Offender Diversions

% of youth offenders who were diverted from the court system

For further information see Table 44

63% Tasmania (2015-16)



Youth Detention

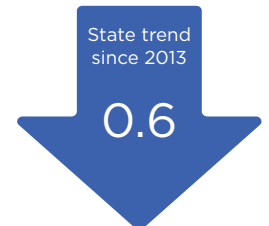
Rate of young people aged 10-17 in juvenile justice detention (per 10,000 people)

For further information see Table 46

1.5 Tasmania (2015-16)

1.5 Victoria (2015-16)

3.4 Australia (2016)



Middle Childhood and Adolescence

The Data



HEALTH BEHAVIOURS

As Tasmanian children get older, the percentage of those who meet the recommended daily number of serves of fruit and vegetables decreases.

The Australian National Health and Medical Research Council (NHMRC) release guidelines on the recommended daily number of serves of fruit and vegetables for children of different ages. The 2013 Guidelines recommend the following minimum daily serves of fruit and vegetables for children between the ages of 4 and 18.

Table 23: Recommended daily serves of fruit and vegetables/legumes by age.

Age	Fruit		Vegetables and Legumes	
	Boys	Girls	Boys	Girls
4-8 years	1.5	1.5	4.5	4.5
9-11 years	2	2	5	5
12-13 years	2	2	5.5	5
14-18 years	2	2	5.5	5

Source: Australian National Health and Medical Research Council, *Australian Dietary Guidelines*, 2013 ⁸¹

The two tables below show the percentage of Tasmanian children consuming fruit and vegetables and the number of serves.

Table 24: Usual daily serves of fruit, proportion of children aged 4 to 18, Tasmania, 2014-15.

Usual daily intake of fruit	Age Group (Years)			
	4-8	9-11	12-13	14-18
	%	%	%	%
Does not eat fruit/ Less than 1 serve	3.2	5.0	15.8	23.6
1 serve	21.4	26.8	26.3	25.5
2 serves	42.6	48.8	38.8	28.2
3 serves	24.0	20.6	13.3	13.1
4 serves	5.2	3.4	0.0	8.6
5 or more serves	5.1	0.0	0.0	0.0

Source: Australian Bureau of Statistics, *National Health Survey*, 2014-15 ⁸²

Table 25: Usual daily serves of vegetables, proportion of children aged 4 to 18, Tasmania, 2014-15.

Usual daily intake of vegetables/legumes	Age Group (Years)			
	4-8	9-11	12-13	14-18
	%	%	%	%
Does not eat vegetables/ Less than 1 serve	5.7	6.5	0.0	7.7
1 serve	17.4	13.5	19.8	27.5
2 serves	33.4	29.7	33.5	21.1
3 serves	27.3	37.6	29.5	20.5
4 serves	9.0	15.0	16.6	18.2
5 or more serves	2.2	6.6	3.1	7.1

Source: Australian Bureau of Statistics, *National Health Survey*, 2014-15 ⁸³

Fruit and vegetable consumption in Tasmania reflect national data where younger children are more likely to meet recommended daily serves of fruit than older children, and vegetable consumption is poor across all age ranges.

Table 26: Percentage of children aged 4 to 18 meeting recommended guidelines for their daily serves of fruit, Tasmania and Australia, 2014-15.

Usual daily serves of fruit	Tasmania	Australia
	%	%
Aged 4 to 8	74.7	73.1
Aged 9 to 11	63.1	69.9
Aged 12 to 13	60.3	68.0
Aged 14 to 18	52.1	50.7

Source: Australian Bureau of Statistics, *National Health Survey*, 2014-15 ⁸⁴

Table 27: Percentage of children aged 4 to 18 meeting recommended guidelines for their daily serves of vegetables, Tasmania and Australia, 2014-15.

Usual daily serves of vegetables	Tasmania	Australia
	%	%
Aged 4 to 8	2.2	3.3
Aged 9 to 11	6.6	3.8
Aged 12 to 13	0.0	1.4
Aged 14 to 18	5.7	3.7

Source: Australian Bureau of Statistics, *National Health Survey*, 2014-15 ⁸⁵

Approximately 30 per cent of Tasmanian children aged between 12 and 15 are overweight, and nearly 10 per cent of this age cohort are obese.

Body Mass Index (BMI) is a useful tool, at a population level, for measuring trends in body weight and helping to define population groups who are at higher risk of developing long-term medical conditions associated with a high BMI, for example Type 2 diabetes and cardiovascular disease. The World Health Organisation classifies BMI into the categories of underweight, normal, overweight and obese.

Around 22 per cent of children and young people aged between 5 and 17 years are overweight and 8 per cent are classified as obese. The percentage of Tasmanian children who are overweight or obese is higher in the 12 to 15 year old age range than the national percentage of children in the same age range, however rates in the 16 to 17 year old age range are higher at the national level.

Table 28: Percentage of children aged 5-17 years with a BMI score above the international cut-off points for 'overweight' and 'obese' for their age and sex, Tasmania and Australia, 2014-2015.

Age Group	Overweight		Obese	
	Tasmania	Australia	Tasmania	Australia
	%	%	%	%
5-7	18.6*	14.6	6.9	10.0
8-11	14.1*	21.0	7.0	6.0
12-15	31.6*	21.2	9.7	6.9
16-17	17.5*	24.7	7.3*	7.9

* Proportion has a margin of error >10 percentage points which should be considered when using this information.

Source: Australian Bureau of Statistics, *National Health Survey*, 2014-15 ⁸⁶

Estimated type 1 diabetes rates are higher in Tasmania than nationally.

Type 1 diabetes is a non-preventable lifelong autoimmune disease, which is most commonly diagnosed in children. It is a difficult condition to manage, and if left untreated or improperly managed, can lead to many health complications or death.⁸⁷

The prevalence rate in Tasmania for type 1 diabetes in children aged between 0 and 14 was higher than that in all jurisdictions and the national average, however it should be noted that due to the small number of cases, estimates for Tasmania, the Australian Capital Territory and the Northern Territory had very wide confidence intervals and therefore should be interpreted with caution.⁸⁸

Table 29: Prevalence of Type 1 diabetes in children aged 0-14 years, Tasmania and Australia, 2013.

Tasmania	Australia
Rate per 100,000	Rate per 100,000
166.1	139.4

Source: Australian Institute of Health and Welfare, 2013 ⁸⁹

The percentage of children and young people with asthma is higher in Tasmania than nationally.

Asthma is a chronic inflammatory condition of the airways associated with episodes of wheezing, breathlessness and chest tightness. Asthma remains a significant health problem in Australia, with prevalence rates that are high by international comparison.

The percentage of children and young people aged 0 to 24 with asthma in Tasmania is higher than the national average (for ages 0-17).

Table 30: Percentage of children and young people aged 0 to 24 with asthma, Tasmania and Australia, 2014-2015.

Tasmania (0-24)	Australia (0-17)
%	%
12.2	11.0

Source: Australian Bureau of Statistics, *National Health Survey*, 2014-15 ⁹⁰

Only one third of Tasmanian children are meeting daily physical activity recommendations.

Australia's Physical Activity and Sedentary Behaviour Guidelines released in 2014 recommend that children and adolescents do at least 60 minutes of moderate to vigorous physical activity every day (for children 5 to 17 years) and 180 minutes or more per day (for children 2 to 4 years).⁹¹ For Tasmanian children aged between 2 and 17 years old, the percentage achieving the physical activity recommendation on all seven days (prior to interview) was higher than the national average, however only a third met the requirement.

Table 31: Percentage of children aged 2 to 17 years meeting physical activity recommendations, Tasmania and Australia, 2011-12.

Tasmania		Australia	
Age Group	%	Age Group	%
2-17	33.5	2-17	29.7

Source: Australian Bureau of Statistics, *Australian Health Survey, 2011-12* ⁹²

Around a third of young Tasmanians are exceeding the recommended number of hours using electronic media.

Australia's Physical Activity and Sedentary Behaviour Guidelines also recommend that children between the ages of 13 and 17 spend no more than 2 hours per day using electronic media for entertainment purposes. In Tasmania in 2011, 26 per cent of 12 to 15 year olds and 30 per cent of 16 to 17 year olds watched television for three or more hours per day, exceeding the recommended daily maximum by one hour or more.⁹³ In 2011, 28 per cent of 12 to 15 year olds and 35 per cent of 16 to 17 year olds exceeded this recommended daily maximum by one hour or more by using the internet/computer games for three or more hours per day.⁹⁴ Twenty-five per cent of 12 to 15 year olds and 35 per cent of 16 to 17 year olds also exceeded this recommended daily maximum by one hour or more by using chat/social networking sites for three or more hours per day.⁹⁵

Further, students who exceeded the recommended level of daily television and internet/computer game use by over one hour were more likely than those not exceeding the recommended daily use to report no days of moderate or vigorous physical activity of at least 60 minutes duration in the past week.⁹⁶

Table 32: Percentage of children aged 12-17 who exceed 3 hours of watching television/videos/DVDs and use the internet/play games, Tasmania, 2005, 2008 and 2011.

	12-15 years			16-17 years		
	2005	2008	2011	2005	2008	2011
	%	%	%	%	%	%
3 hours or more watching television/videos/DVDs						
Males	39	28	26	34	34	33
Females	35	30	25	39	31	27
Total	37	29	26	37	33	30
3 hours or more using the internet/playing computer games						
Males	25	31	35	27	31	47
Females	15	24	21	12	21	23
Total	20	28	28	19	26	35

Source: Cancer Council of Tasmania, 2013 ⁹⁷

Deaths of children and young people due to intentional self-harm are higher in Tasmania than nationally.

The Australian Bureau of Statistics collects data relating to deaths caused by intentional self-harm registered in Australia. While intentional self-harm accounts for a relatively small proportion (1.9 per cent) of all deaths in Australia, it accounts for a greater proportion of deaths within specific age groups. For example nationally in 2015, suicide accounted for 33.9 per cent of deaths among people aged between 15-24 and over a quarter of deaths (27.7 per cent) among those 25-34 years of age.⁹⁸

Nationally, for the period 2011 to 2015 (inclusive), suicide was the leading cause of death of children between 5 and 17 years of age.⁹⁹ For the period 2011 to 2015, Tasmania's rate of child deaths due to suicide was the second highest rate for all of the states and territories (3.1 per 100,000), and was higher than the national rate for the same age group (2.2 per 100,000).¹⁰⁰ Data for the five year period from 2011 to 2015 (inclusive) was released in September 2016, however in contrast to previous releases, data for Tasmania was not reported for the age ranges five to 14, and 15-17.

Table 33: Age Specific Death Rate (deaths per 100,000) for intentional self-harm for young people aged 5-17, 2010-2014, and 2011-2015 (inclusive).¹⁰¹

Age Group	2010-2014			2011-2015		
	Tasmania	Tasmania	Australia	Tasmania	Tasmania	Australia
	Number	Deaths per 100,000	Deaths per 100,000	Number	Deaths per 100,000	Deaths per 100,000
5-14	6	1.9	0.6	np	np	0.6
15-17	9	8.8	7.4	np	np	7.5
Total 5-17	15	3.6	2.2	13	3.1	2.2

np not available for publication but included in totals where applicable, unless otherwise indicated.
Source: Australian Bureau of Statistics, *Causes of Death*, 2010 to 2014, 2011-2015¹⁰²

The majority of Kids Help Line calls for Tasmania were related to mental health and emotional wellbeing.

For 2016, 59.2 per cent of contacts made to the Kids Help Line from Tasmania were regarding mental health and emotional wellbeing.¹⁰³ This category of concerns includes mental health concerns, emotional wellbeing, suicide-related concerns, self-injury/self-harm concerns, and loss and grief.¹⁰⁴ However in general, contacts made to the Kids Help Line regarding mental health concerns have been declining since 2013.¹⁰⁵ Compared to the rest of Australia (13 per cent), Tasmania had a higher number of concerns raised to the Kids Help Line regarding suicide (19 per cent), but a lower number of concerns related to mental health (23 per cent for Tasmania, 24 per cent for Australia).¹⁰⁶ The majority of children and young people who contacted the Kids Help Line in Tasmania were female (71 per cent for 2016) and were aged between 13 and 18 (55 per cent).¹⁰⁷

Age-specific fertility rates of young Tasmanian women have declined in the last five years.

Young maternal age is usually associated with adverse outcomes for both mother and child. Young mothers frequently are unable to complete their education, and are more likely to be unemployed or on a low income, both of which can have an effect on the child's health and wellbeing.¹⁰⁸

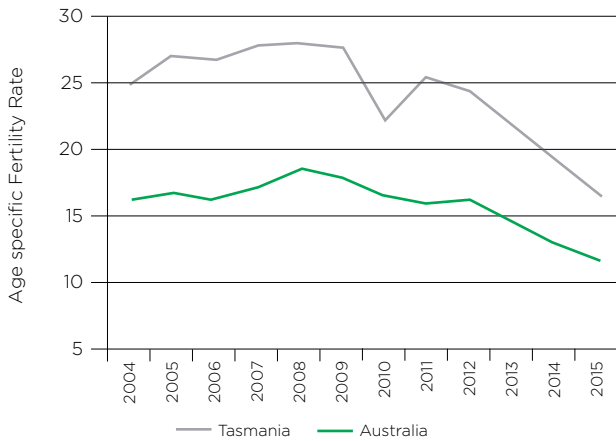
Tasmania's teenage pregnancy rate for 2015 was 16.1 per 1,000 women aged 19 and under, which is substantially higher than the national average.¹⁰⁹ The age-specific fertility rate in Tasmania has slowly declined in Tasmania since 2009, and the rate in 2015 is the lowest it has been in ten years.¹¹⁰

Table 34: Age-specific fertility rate for 15-19 year-old-women (including births to mothers aged less than 15), Tasmania and Australia, 2015.

Tasmania (per 1,000 women)	Australia (per 1,000 women)
16.1	11.9

Source: Australian Bureau of Statistics, *Births Australia*, 2015¹¹¹

Figure 18: Age-specific fertility rate for 15-19 year-old-women (including births to mothers aged less than 15), Tasmania and Australia, 2004 - 2015.



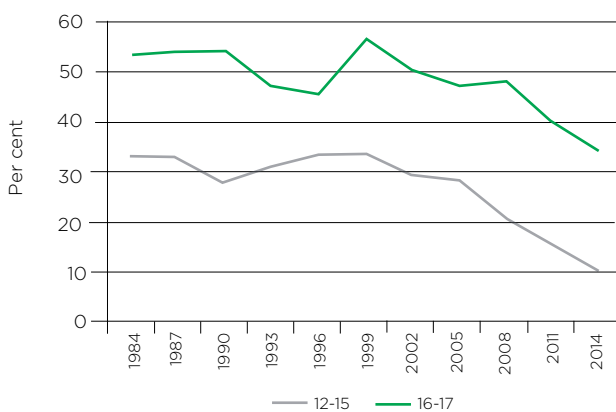
Source: Australian Bureau of Statistics, *Births Australia*, 2015 ¹¹²

Alcohol consumption of Tasmanian children and young people is decreasing.

Alcohol consumption in young people has decreased in Tasmania with 23 per cent of children between 12 and 17 classified as current drinkers (had a drink in the last week) in 2011, compared to 17 per cent of children in 2014.¹¹³ Rates of drinking have been declining for both age groups (12-15 and 16-17) since the early 2000s.

The Australian Secondary Students' Alcohol and Drug Survey (ASSAD) found that five per cent of all 12- to 17-year-olds had consumed alcohol at levels risking short-term harm in the past seven days before the survey. Drinking at risk among all students increased significantly with age from two per cent of 12- to 15-year olds to 13 per cent among 16- and 17-year-olds.¹¹⁴ Risky drinking was defined in the study as students who consumed five or more drinks on one day in accordance with the adult guidelines for drinking, as specified in the Australian guidelines to reduce health risks from drinking alcohol.¹¹⁵

Figure 19: Percentage of Tasmanian young people 12-17 who are current drinkers (drank in past week), 1984 to 2014.



Source: Cancer Council of Tasmania, 2013, 2016 ¹¹⁶

The percentage of Tasmanian children and young people smoking is decreasing.

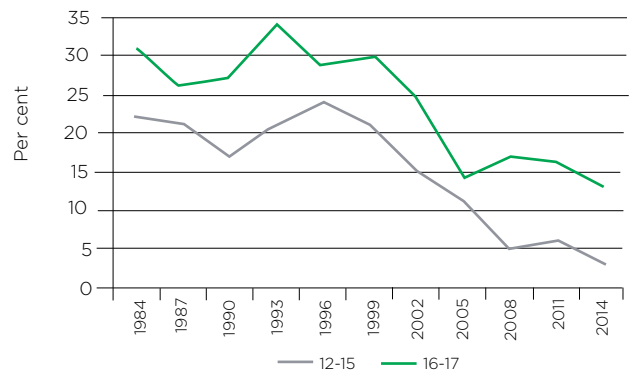
The majority of students surveyed in the ASSAD classified themselves as non-smokers, with six per cent of children between the ages of 12 and 17 classified as a current smoker (smoked in the past week).¹¹⁷ This is slightly higher than the national average of five per cent.¹¹⁸ Rates of smoking in 12 to 17 year olds have been steadily declining since the mid-1990s in Tasmania.

Table 35: Percentage of young people aged 12-17 who smoke (current smokers), Tasmania and Australia, 2014.

Tasmania	Australia
%	%
6.0	5.1

Source: Cancer Council of Tasmania, 2016; Cancer Council Victoria, 2015 ¹¹⁹

Figure 20: Percentage of Tasmanian young people 12-17 who are current smokers, 1984 to 2014 (noting that a current smoker is defined as a person who has smoked in the seven days prior to the survey).

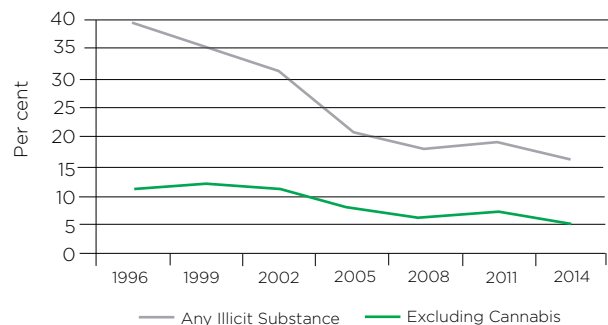


Source: Cancer Council of Tasmania, 2013, 2016 ¹²⁰

The percentage of Tasmanian children and young people using illicit drugs has declined.

The data below includes any illicit drug use over the child's lifetime. Illicit drug use in Tasmania has also been declining since the mid-1990s.

Figure 21: Percentage of Tasmanian young people 12-17 who had used illicit drugs (at any time), 1996 to 2014.



Source: Cancer Council of Tasmania, 2013, 2016 ¹²¹

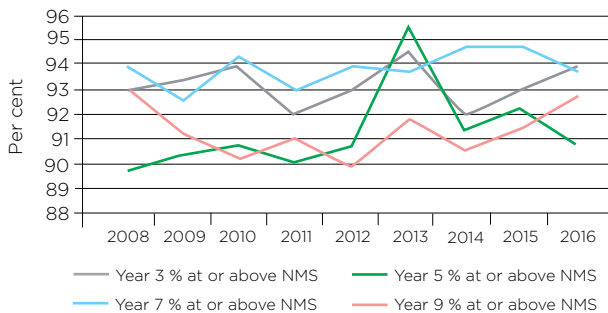
PARTICIPATION AND PERFORMANCE IN EDUCATION AND TRAINING

Tasmanian students are at a comparable standard for reading and writing to their national counterparts.

Tasmanian students in 2016 performed at a level close to or not statistically different to Australia in reading and writing at all year levels. In numeracy, spelling, and grammar and punctuation, Tasmanian students in 2016 were significantly below Australia for selected measures or year levels, and not statistically different to Australia for other measures or year levels.

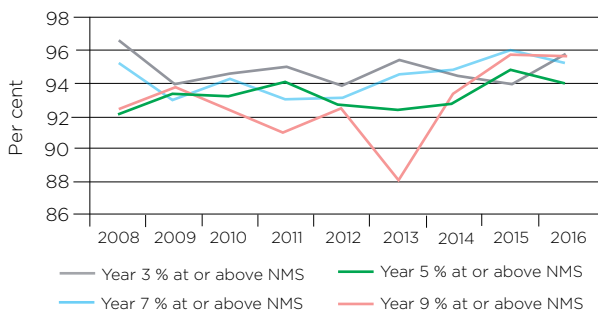
Tasmanian students in 2016 performed at a statistically comparable level to 2015, and results show that progress has been made and consolidated since 2011.¹²² Due to the number of different measures assessed for the NAPLAN, only some are contained within this report. For more information see the *National Assessment Program Literacy and Numeracy: National Report for 2016*¹²³ or view national results available at <http://reports.acara.edu.au/>

Figure 22: Percentage of students at or above the National Minimum Standards (NMS) for Reading, Tasmania, 2008-2016.



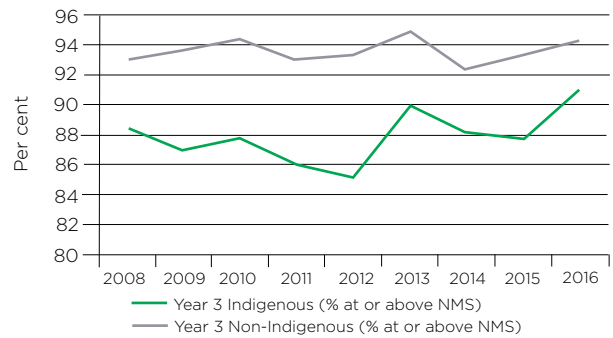
Source: Australian Curriculum Assessment and Reporting Authority, 2016 ¹²⁴

Figure 23: Percentage of students at or above the NMS for Numeracy, Tasmania, 2008-2016.



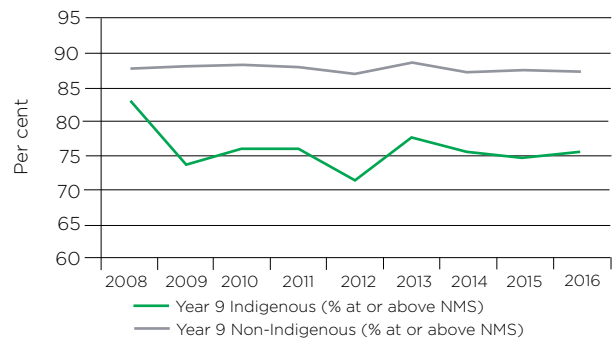
Source: Australian Curriculum Assessment and Reporting Authority, 2016 ¹²⁵

Figure 24: Percentage of Year 3 students at or above the NMS for Reading by Indigenous status, Tasmania, 2008-2016.



Source: Australian Curriculum Assessment and Reporting Authority, 2016 ¹²⁶

Figure 25: Percentage of Year 9 students at or above the NMS for Spelling by Indigenous status, Tasmania, 2008-2016.



Source: Australian Curriculum Assessment and Reporting Authority, 2016 ¹²⁷

90 per cent of Tasmanian students are attending school daily throughout the year.

The annual average daily attendance rate has remained static at around 90 per cent since 2012 in Tasmania. Rates are based on the number of actual student days attended during the period as a percentage of the number of possible student days attended during the period. Data for the year pertains to students in Prep to Year 10.¹²⁸

Table 36: Annual average daily attendance rate, Tasmania, 2012-2015.

2012	2013	2014	2015
%	%	%	%
90.2	90.7	90.3	89.9

Source: Department of Education, 2016 ¹²⁹

The Nationally Consistent Collection of Data on School Students with Disability collects information on the number of students who are receiving an adjustment to participate in education because of disability. In Tasmania, 12.3 per cent of all school students are receiving an adjustment compared to 18.1 per cent nationally. The majority of these students are receiving adjustments for cognitive disabilities (7.0 per cent). For more information on this data collection see www.educationcouncil.edu.au

Just under five per cent of students were suspended from government schools in 2015.

For suspension data, comparable data is not publicly available for non-Government schools, and there is no data on the number of incidents of suspensions/exclusions (rather than percentage of students suspended). Demographic information for suspended students is also not available to compare the experiences of children and young people living in out-of-home care, or from particular cultural/ethnic groups.

Table 37: Percentage of students suspended from government schools, Tasmania, 2013, 2014, 2015.

2013	2014 ¹³⁰	2015
%	%	%
4.9	4.6	4.9

Source: Department of Education, 2016¹³¹

Around 60 per cent of school leavers are fully participating in education, training and/or employment.

Close to 60 per cent of school leavers between the ages of 15 and 24 are fully participating in education and/or training, or employment in Tasmania which is below the national percentage of 73 per cent.

Table 38: Percentage of 15-24 year old school leavers fully participating in education and/or training, or employment, Tasmania and Australia, 2015.

Tasmania	Australia
%	%
60.9 ± 9.3	72.7 ± 1.3

Source: Report on Government Services, 2017¹³²

The proportion of students attaining the TCE in Tasmania is the second lowest compared to Year 12 attainment rates of all other states and territories.¹³³

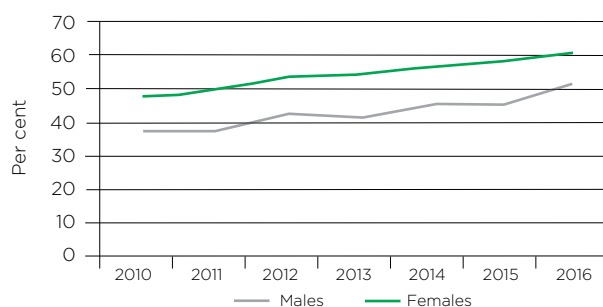
Tasmania has the second lowest percentage of students attaining the TCE, compared to Year 12 attainment rates nationally.¹³⁴ The percentage of female students (61 per cent) attaining the TCE is higher than for males (52 per cent) in 2016.¹³⁵

Table 39: Percentage of students attaining the TCE, Tasmania and Australia, 2016.

Tasmania (2016)	Australia (2015)
%	%
56	75

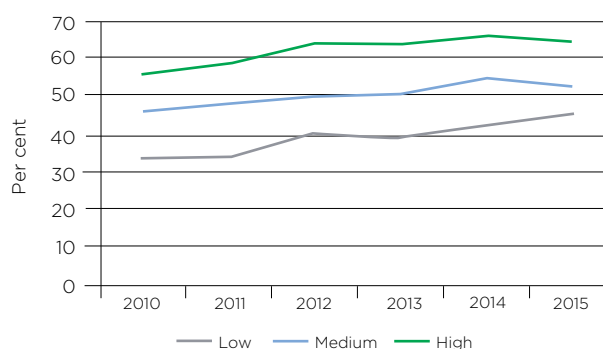
Source: Office of Tasmanian Assessment, Standards and Certification¹³⁶

Figure 26: Percentage of students (males and females) attaining the TCE, Tasmania, 2010 to 2016.



Source: Office of Tasmanian Assessment, Standards and Certification¹³⁷

Figure 27: Percentage of students attaining the TCE by socioeconomic deciles,¹³⁸ Tasmania, 2010 to 2015.



Source: Report on Government Services, 2017¹³⁹

YOUNG PEOPLE AND THE LAW

Young people make up a substantial proportion of victims of crime.

Twenty-four per cent of all victims of robbery were children and young people aged 0-19 in Tasmania in 2016, which is the same as the national percentage.

Table 40: Victims of robbery who are children and young people aged 0-19, Tasmania and Australia, 2016.

	Tasmania	Australia
%	24	24
Number	14	1,881

Source: Australian Bureau of Statistics, *Recorded Crime - Victims*, 2016¹⁴⁰

Close to 50 per cent of all victims of sexual assault in Tasmania were children and young people aged between 0 and 19, which is slightly below the national percentage of 56 per cent.

Table 41: Victims of sexual assault who are children and young people aged 0-19, Tasmania and Australia, 2016.

	Tasmania	Australia
%	48	56
Number	103	12,956

Source: Australian Bureau of Statistics, *Recorded Crime - Victims*, 2016¹⁴¹

Fifteen per cent of all victims of family violence in Tasmania were children and young people aged between 0 and 19. No national data was available on this measure as not all states and territories report on this indicator. Please note that the definition of family violence and relationship categories used by the ABS may not align with state and territory legislation and should be interpreted with caution. Additional data on family violence is provided in Part 3: Parents, Families and Communities.

Table 42: Victims of family violence who are children and young people aged 0-19, Tasmania and Australia, 2016.

	Tasmania	Australia
%	15	N/A
Number	200	N/A

Source: Australian Bureau of Statistics, *Recorded Crime - Victims*, 2016¹⁴²

The number of youth offenders is declining in Tasmania.

The number of youth offenders aged 10 to 14 years and 15 to 19 years has declined since 2009-10 in Tasmania.

Figure 28: Number of youth offenders (aged 10-14, 15-19), Tasmania, 2008-09 to 2015-16.



Source: Australian Bureau of Statistics, *Recorded Crime - Offenders*, 2008-09 to 2015-16¹⁴³

The number of matters lodged at the Magistrates Court Youth Justice Division is decreasing.

The table below shows the number and type of criminal matters dealt with by the Youth Justice Division. This Division has the jurisdiction to hear and determine offences alleged to have been committed by a person under the age of 18 at the time of the offence.¹⁴⁴

Table 43: Criminal (Youth Justice) - Matters Lodged 2012-2016.

Principal Offence	2012-2013	2013-2014	2014-2015	2015-2016
Homicide and related offences	0	2	0	1
Acts Intended To Cause Injury	227	226	199	193
Sexual Assault And Related Offences	13	15	7	14
Dangerous Or Negligent Acts Endangering Persons	65	46	45	47
Abduction, Harassment And Other Offences Against The Person	1	1	0	0
Robbery, Extortion And Related Offences	45	13	24	16
Unlawful Entry With Intent/Burglary, Break And Enter	197	174	165	122
Theft And Related Offences	390	326	280	275
Fraud, Deception And Related Offences	25	21	17	11
Illicit Drug Offences	31	28	31	43
Prohibited And Regulated Weapons And Explosives Offences	15	8	18	13
Property Damage And Environmental Pollution	144	74	98	74
Public Order Offences	116	89	85	73
Traffic And Vehicle Regulatory Offences	227	212	202	175
Offences Against Justice Procedures, Government Security And Government	90	65	46	45
Miscellaneous Offences	16	7	16	7
Breaches of bail, suspended sentences, community service orders, probation	661	476	231	222
Total	2,263	1,783	1,464	1,331

Source: Magistrates Court of Tasmania, *Annual Report, 2015-2016* ¹⁴⁵

Over 60 per cent of youth offenders are diverted from the court system.

In Tasmania as a whole, pre-court diversions for youth offenders have remained stable at around 60 per cent, however this has decreased from around 70 per cent over the last decade. Pre-court diversions include informal cautions, formal cautions and community conferences recorded under the *Youth Justice Act 1997*.

Table 44: Youth offender diversions as a proportion of youth offenders, Tasmania, 2010-11 to 2015-16.

Year	Tasmania
	Per Cent
2010-11	59
2011-12	61
2012-13	60
2013-14	58
2014-15	61
2015-16	63

Source: Tasmania Police, *Annual Corporate Performance Reports*, 2010-11 to 2015-16.

Numbers of young people in detention is declining in Tasmania.

The average number of young people in youth justice detention in Tasmania has been steadily declining since 2011, with the average number of young people in detention for 2015-2016 at 9.2 per day. The number of young people under youth justice supervision on an average day halved and the rate fell from 38 to 19 per 10,000 between 2011-12 and 2015-16.¹⁴⁶

Table 45: Average daily number of young people in youth justice detention, Tasmania, 2012 to 2016.

2012-13	2013-14	2014-15	2015-16
18.4	11.6	10.3	9.2

Source: Department of Health and Human Services, *Annual Report*, 2015-2016¹⁴⁷

The rate of young people aged 10 to 17 in juvenile justice detention for Tasmania is the lowest in Australia and is well below the national average of 3.4 per 10,000.¹⁴⁸ The rate of overall supervision and community supervision are both lower for Tasmania than nationally.¹⁴⁹

When all periods of supervision are considered (including periods that are ongoing, that is, not yet completed), young people in Tasmania spent 219 days (31 weeks), on average, under supervision during the year, 5 weeks longer than the national average of 182 days.¹⁵⁰

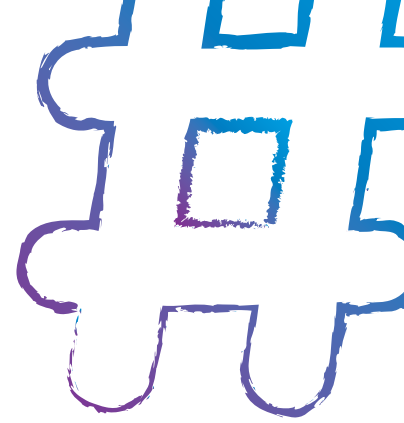
Table 46: Rate of young people aged 10-17 in juvenile justice (average day), Tasmania and Australia, 2013-14 to 2015-16.

	Tasmania			Australia		
	2013/14 Per 10,000	2014/15 Per 10,000	2015/16 Per 10,000	2013/14 Per 10,000	2014/15 Per 10,000	2015/16 Per 10,000
Rate of young people aged 10-17 in juvenile justice supervision	27.2	20.6	18.6	23.1	21.5	21.0
Rate of young people aged 10-17 in juvenile justice community based supervision	24.8	18.7	17.2	19.7	18.2	17.6
Rate of young people aged 10-17 in juvenile justice detention	2.1	1.8	1.5	3.5	3.3	3.4

Source: Australian Institute of Health and Welfare, *Youth Justice in Australia*, 2013-14 and 2015-16¹⁵¹

In Tasmania, Indigenous young people make up around 9 per cent of the population aged 10-17 and about 25 per cent of those aged 10-17 under supervision on an average day in 2015-16. This was substantially lower than the national average – nationally, 48 per cent of young people aged 10-17 under supervision were Indigenous.¹⁵²

Parents, Families and Communities Overview



Parents, families and communities have a vital influence on the health, wellbeing, learning, development and safety of children and young people. Family and community often play a role in determining risk and protective factors for children and young people, and in turn influence their resilience and vulnerability throughout their lives. Protective factors for children and young people include good parenting and family functioning, social support and inclusion, as well as economic security. The risks on the other hand are stressors on families such as a family history of risk, poor parental behaviours, parental health and mental health, and family violence.

While the majority of Tasmania's children are doing well, some children are more vulnerable due to a range of risk factors such as family economic stress, drug and alcohol abuse, family violence, poverty and lack of social support. These children may be at a higher risk of abuse or neglect and require extra support to protect them. Ensuring that the needs of these children are met and making sure they grow up in a safe, family environment is a shared responsibility between individuals, the family, the community and government.

CHILD PROTECTION

Funding for child protection in Tasmania has been declining both in overall terms and in real expenditure per child since 2011/12, despite the numbers of children being reported to child protection increasing substantially over the same period. Funding for out-of-home care has increased over the same period, which is consistent with the increase in children entering care. In 2011 there were 966 children and young people in care increasing to 1,150 children and young people in 2016.

The majority of child protection notifications relate to emotional abuse (including family violence), followed by neglect. Child protection substantiation rates are highest for children under one year with rates generally decreasing with age. The percentage of children who were the subject of a decision not to substantiate during the previous year who were also the subject of a subsequent substantiation within 12 months was 24.5 per cent for 2014-15 which was the highest of all of the states and territories.

There have been significant declines in the effectiveness of the child protection and out-of-home care systems in Tasmania particularly regarding time to complete investigations, the number of children in out-of-home with documented and approved case plans, and the number of placements. For example for the first time since 2010-11 the majority of child protection investigations were not finalised within 62 days of initiation in Tasmania (46.3 per cent), which is substantially lower than the national percentage (67.1 per cent). In addition only 55.4 per cent of children in out-of-home care have documented and approved case plans. The majority of children who left out-of-home care during 2015-16 in Tasmania only had one or two placements (53 per cent) however this was lower than the national percentage.

FAMILY VIOLENCE (FV)

Overall there has been an increase in reported family violence incidents in Tasmania from 2,532 incidents reported in 2011-12 compared to 3,182 in 2015-16. Children and young people were present at over half of the family violence incidents attended by Tasmania Police in 2015-2016. The demand for children's FV counselling has historically outstripped service capacity and long waiting lists for children and young people accessing the Government's FV counselling program have been reported. The Department of Health and Human Services (DHHS) Annual Report 2015-16 indicated that 59 children were on the waiting list for FV counselling in 2015-16, compared with 112 in 2013-14 and 69 in 2012-13.

FAMILY RISK FACTORS

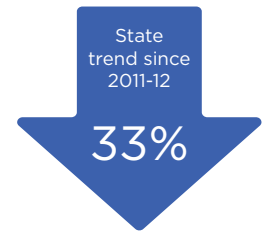
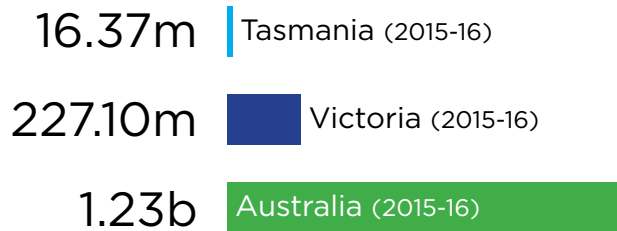
The ability of parents to pay for essentials can have a significant effect on the health and wellbeing of their children. Nearly 18 per cent of people in Tasmania would not be able to raise \$2,000 in an emergency within 2 days and the percentage of total persons who ran out of food and couldn't afford to buy more was higher in Tasmania than nationally. The percentage of households where the primary source of income was government pensions is also higher in Tasmania compared to nationally. The highest levels of poverty in Australia are in Tasmania with 15.1 per cent of persons living in poverty in 2011-12 which is significantly higher than the national average of 11.8 per cent. Tasmania's child poverty rates are also higher than national averages with 15.8 per cent of children under 15 and 14.7 per cent of children and young people under 25 living in poverty.

CHILD PROTECTION

Expenditure on Child Protection

\$ of government real recurrent expenditure on child protection

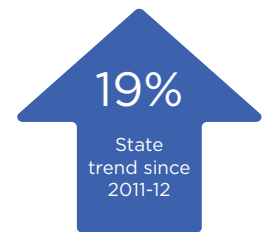
For further information see Table 47



Expenditure on Out-of-Home Care

\$ of government real recurrent expenditure on out-of-home care

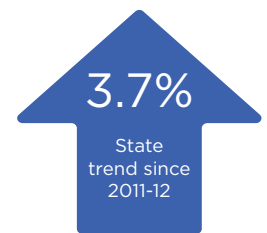
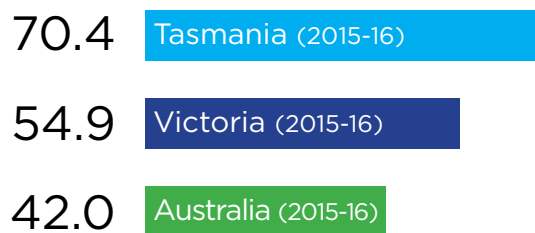
For further information see Table 47



Rate of children in notifications

Children aged 0-17 years in notifications (per 1,000)

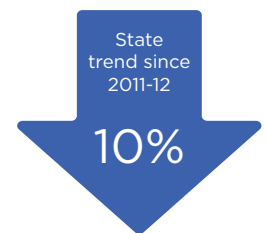
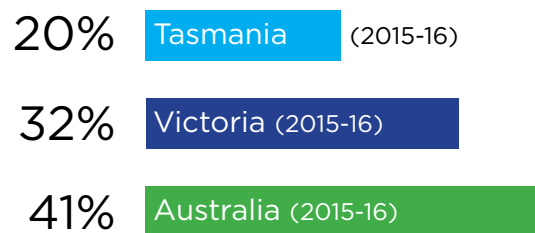
For further information see Table 49



Investigations completed

% of investigations completed in 28 days or less

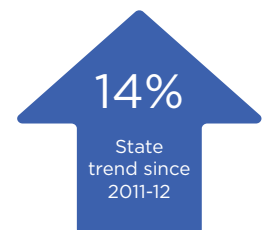
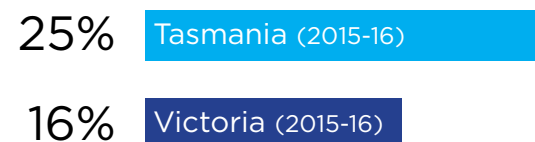
For further information see Figure 30



Substantiations

% of children who were the subject of a decision not to substantiate during the year and who were also the subject of a subsequent substantiation within 12 months

For further information see Table 52

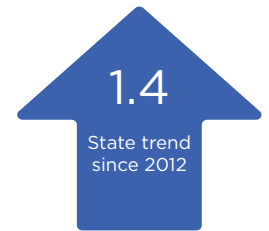
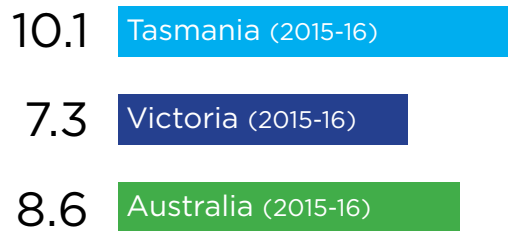


CHILD PROTECTION (CONT)

Out-of-Home Care

Rate of children in out of home care per 1,000 children aged 0-17 years

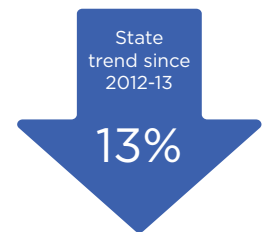
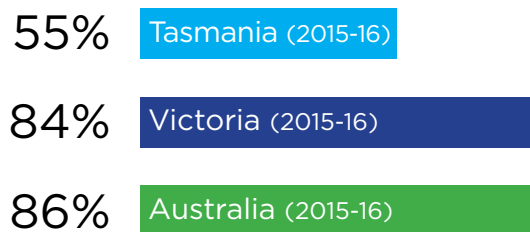
For further information see Table 54



Case Plans

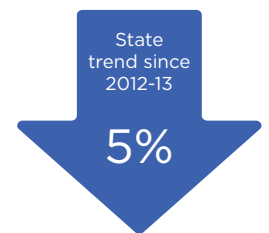
% of children in OOHC with a current documented and approved case plan

For further information see Table 55



Placement Stability

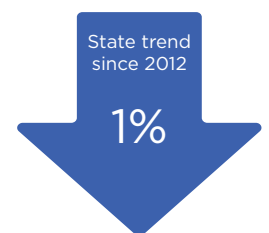
% of children on a care and protection order and exiting care after 12 months or more, with 1-2 placements



Relatives and Kin

% of children in OOHC placed with relatives/kin

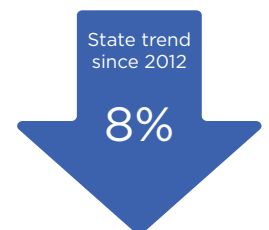
For further information see Table 58



Aboriginal Placement Principle

% of Aboriginal children in OOHC placed according to the Aboriginal Placement Principle

For further information see Table 59



FAMILY VIOLENCE

Family Violence incidents

Number of family violence incidents under the *Family Violence Act 2004*

For further information see Table 60

3,182

Tasmania (2015-16)

20%

State trend since 2011-12

Children present at Family Violence incidents

Number of family violence incidents where children were recorded as present

For further information see Table 61

1,757

Tasmania (2016)

29%

State trend since 2014

FAMILY RISK FACTORS

Income source

% of households where the primary source of income is government pensions and allowances

For further information see Table 64

39%

Tasmania (2015-16)

34%

Victoria (2015-16)

33%

Australia (2015-16)

Disposable Household Income

Mean equivalised disposable household income for low-income households with dependent children aged 0-12 (\$)

For further information see Table 65

507

Tasmania (2015-16)

515

Victoria (2015-16)

518

Australia (2015-16)

State trend since 2011-12

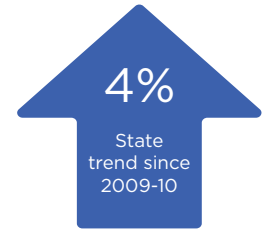
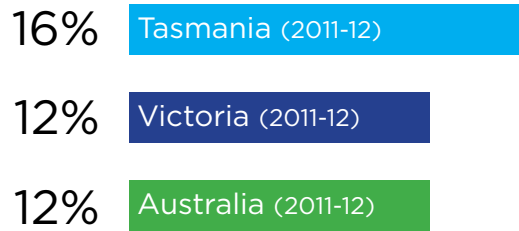
0.4%

FAMILY RISK FACTORS (CONT)

Child Poverty Rate

% of children under 15 living in poverty

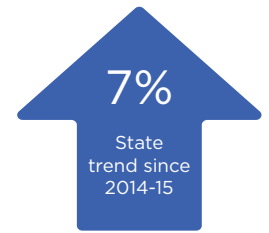
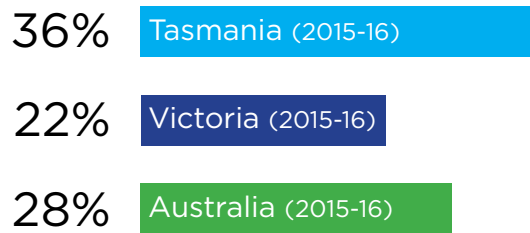
For further information see Table 66



Specialist Homelessness Services

% of clients of Specialist Homelessness Services who are children aged 0 to 17

For further information see Table 67



Parents, Families and Communities

The Data



CHILD PROTECTION

The role of the Child Safety Service is to protect children and young people who are at risk of abuse or neglect.

The Child Safety Service (CSS) in Tasmania works with children and young people who are at risk of harm or living in families who are unable or unwilling to protect them. In Tasmania, the protection of children and young people is governed by the *Children, Young Persons and Their Families Act 1997*. The statutory CSS within the DHHS receives and responds to reports from professionals and members of the public where they have significant concern for a child's wellbeing, including an unborn child, or where they believe a child is in need of protection. In 2016, the Tasmanian Government released the findings of an independent review of Tasmania's child protection system, *Redesign of Child Protection Services Tasmania – 'Strong Families – Safe Kids'*, which included 29 recommendations to build a new model of child protection in Tasmania.

Funding for child protection in Tasmania has decreased since 2011.

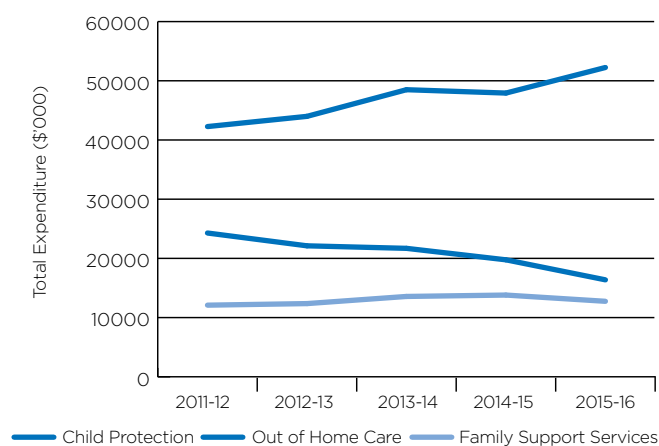
Funding for child protection services has decreased both in overall terms and in real expenditure per child since 2011/12, however recurrent funding for out of home care has increased in the same period. Funding for family support services has been increasing since 2011/12 however has decreased in the most recent reported year (2015/16).

Table 47: Government real recurrent expenditure on child protection, out-of-home care, and family support services (2015-16 dollars), Tasmania, 2011-2016.

		Unit	2011-12	2012-13	2013-14	2014-15	2015-16
Total Expenditure	Child Protection	\$'000	24,284	22,121	21,696	19,757	16,376
	Out of Home Care	\$'000	42,265	43,991	48,924	47,925	52,246
	Family Support Services	\$'000	12,096	12,632	13,569	13,804	12,750
	Total	\$'000	78,645	78,744	84,189	81,486	81,372
Real Expenditure per Child							
	Child Protection	\$	209.11	191.76	188.94	173.02	144.04
	Out of Home Care	\$	363.94	381.35	426.07	419.69	459.53
	Family Support Services	\$	104.15	109.51	118.17	120.89	112.15
	Total	\$	677.2	682.62	733.18	713.6	715.72

Source: Report on Government Services, 2017 ¹⁵³

Figure 29: Government real recurrent expenditure on child protection, out-of-home care, and family support services (2015-16 dollars), Tasmania, 2011-2016.



Source: Report on Government Services, 2017 ¹⁵⁴

Table 48: Number and rates of children reported to child protection, children aged 0-17 years, Tasmania, 2010-11 to 2015-16.

	2011-12	2012-13	2013-14	2014-15	2015-16
Number of all children	7,752	8,006	8,309	8,804	8,004
Number of Aboriginal children	751	726	718	753	815
Rate per 1,000 for all children	66.7	69.5	72.4	77.0	70.4
Rate per 1,000 for Aboriginal children	72.4	69.4	68.0	70.5	75.4

Source: Report on Government Services, 2017 ¹⁵⁵

Table 49: Children aged 0-17 years in notifications (rate per 1,000), 2015-16.

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
46.5	54.9	17.6	25.4	37.5	70.4	79.8	170.9	42.0

Source: Report on Government Services, 2017 ¹⁵⁶

Rates of children reported to CSS have increased.

The overall number of children reported to CSS in Tasmania has increased substantially over the past five years from 7,487 in 2010-11 to 8,004 in 2015-16. The increase in the number of children reported to CSS is not unique to Tasmania, and like systems internationally and nationally, the increased level of reporting is creating an additional burden on an already overwhelmed system.

The rate of children in notifications in Tasmania (70.4 per 1,000) is the third highest of all of the states and territories, and is substantially higher than the national rate (42 per 1,000).

Thirteen per cent of notifications are investigated in Tasmania.

If it is assessed that a child is in need of protection, the CSS will proceed to investigate the matter. The reporter may be provided with advice, and/or the child and family may be offered additional assistance and support by the relevant community based organisations, for example, family support, mental health or drug and alcohol services. If however it is determined by the CSS that there is a significant risk of harm to the child and that a parent has not been able to protect the child from this harm, they will proceed with a direct investigation.

An investigation is concluded when the CSS makes a decision on whether the report was substantiated and makes an assessment of the level of current and future risk to the child.

Of the 11,514 reports received by CSS in Tasmania in 2015-16, 1,509 were formally investigated and 10,005 were dealt with by other means such as a referral, no action required, or some other form of non-statutory intervention.

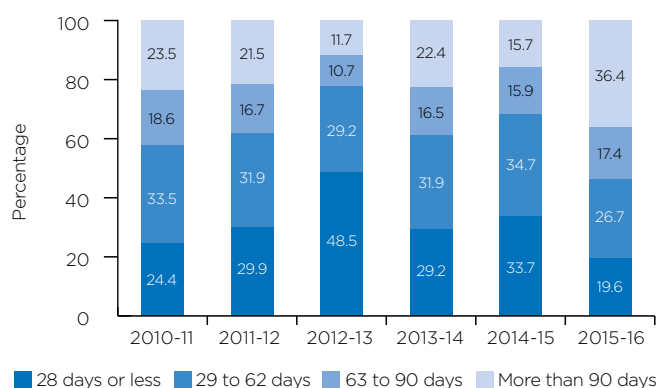
Table 50: Number of reports by investigation status and Aboriginal status, Tasmania, 2015-16.

	Aboriginal	Non-Aboriginal	Unknown Aboriginal Status	Total	Per Cent
Total Investigations	268	988	253	1,509	13.1
Dealt with by other means	1,045	6,477	2,483	10,005	86.9
Total reports	1,313	7,465	2,736	11,514	100.00

Source: Report on Government Services, 2017 ¹⁵⁷

Completing investigations in a timely manner is important as it ensures early and effective responses, which can be initiated to protect children at risk. The proportion of investigations completed in 28 days or less has decreased since 2010-11, with only 19.6 per cent of investigations finalised in 28 days or less. For the first time since 2010-11 the majority of child protection investigations were not finalised within 62 days of initiation in Tasmania (46.3 per cent), which is substantially lower than the national percentage (67.1 per cent). There has also been a large increase in the proportion of investigations that are completed in more than 90 days (from 15.7 per cent in 2014-15 to 36.4 per cent in 2015-16).

Figure 30: Proportion of investigations finalised, by time taken to complete investigation, 2010-2016.



Source: Report on Government Services, 2017 ¹⁵⁸

Rates of substantiation are higher in Tasmanian than nationally.

'Substantiation rate' is defined as the proportion of finalised investigations where abuse or neglect or risk of abuse or neglect was confirmed. The substantiation rate provides an indication of the extent to which government avoided the human and financial costs of an investigation where no abuse or neglect had occurred or was at risk of occurring. Neither a very high nor very low substantiation rate is desirable. A very low substantiation rate might indicate that notifications and investigations are not accurately targeted to appropriate cases, with the undesirable consequence of distress to families and undermining the likelihood that families will voluntarily seek support. A very high substantiation rate might indicate that the criteria for substantiation are unnecessarily bringing 'lower risk' families into the statutory system.¹⁵⁹

The proportion of finalised child protection investigations that were substantiated was substantially higher in Tasmania (72 per cent) than the national percentage (40 per cent). This means that of the cases that reach the point of investigation in Tasmania, the majority of those will go on to be substantiated.¹⁶⁰ There are many causes for low or high substantiation rates. These can include that the reports coming through regarding harm to a child are/are not factual, that families are receiving support from other agencies, or that risk thresholds differ between states and territories. This data should therefore be interpreted with caution.

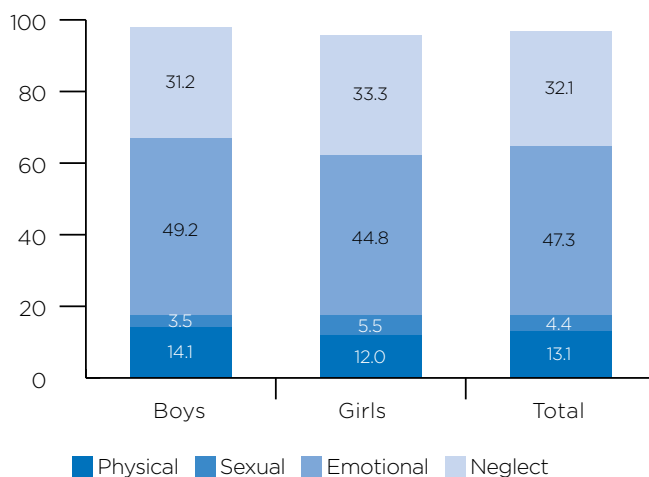
Table 51: Proportions of investigations substantiated, 2012-2016.

	2012-13	2013-14	2014-15	2015-16
Tasmania	58.2	60.9	69.4	71.9
Australia	47.3	42.7	40.1	40.3

Source: Report on Government Services, 2017 ¹⁶¹

The majority of child protection substantiations are related to emotional abuse, followed by neglect.

Figure 31: Children who were the subjects of substantiations or notifications received during 2015-2016, by type of abuse or neglect and sex, Tasmania, 2015-16.*



Source: Australian Institute of Health and Welfare, *Child Protection Australia 2015-16*

*The abuse type for some substantiations was recorded as 'not stated' and could not be mapped to physical, sexual, emotional or neglect. These substantiations are included in the totals: as such, totals may not equal the sum of categories.

The percentage of children who were the subject of a decision not to substantiate during the previous year who were also the subject of a subsequent substantiation within 12 months was 24.5 per cent for 2014-15 which was the highest of all of the states and territories.

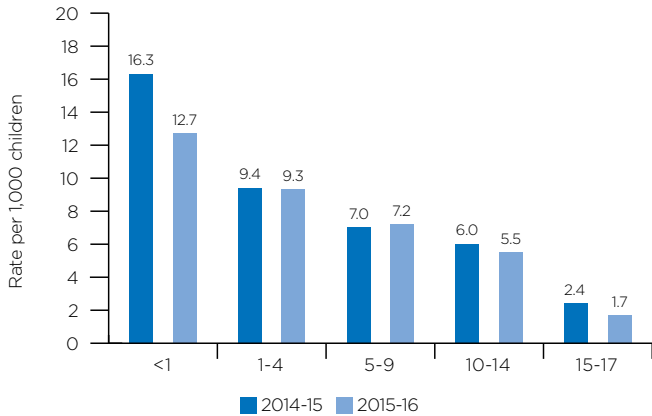
Table 52: Children who were the subject of a decision not to substantiate during the year and who were also the subject of a subsequent substantiation within 3 and/or 12 months, Tasmania 2011-2015.

	2011-12	2012-13	2013-14	2014-15
	%	%	%	%
3 Months	4.1	4.2	4.1	9.3
12 Months	10.8	13.7	16.6	24.5

Source: Report on Government Services, 2017 ¹⁶²

Child protection substantiation rates are highest for children under one year. Rates generally decrease with age. The rate of substantiations for children under one decreased from 16.3 per 1,000 in 2014-15 to 12.7 per 1,000 in 2015-16.

Figure 32: Child protection substantiation rates per 1,000, by age, Tasmania, 2014-15 and 2015-16.



Source: Australian Institute of Health and Welfare, *Child Protection Australia 2014-15, 2015-16* ¹⁶³

The number of children in out of home care is increasing.

Tasmania's out of home care system provides foster care, kinship care and residential care for children and young people who are unable to live at home. In Tasmania, 1,150 children and young people were in out of home care as at 30 June 2016, a number which has slowly increased over the past five years.¹⁶⁴

Table 53: Children aged 0-17 in out-of-home care, Tasmania, 30 June 2011 to 30 June 2016.

2011	2012	2013	2014	2015	2016
966	1,009	1,067	1,054	1,061	1,150

Source: Australian Institute of Health and Welfare, *Child Protection Australia 2015-16* ¹⁶⁵

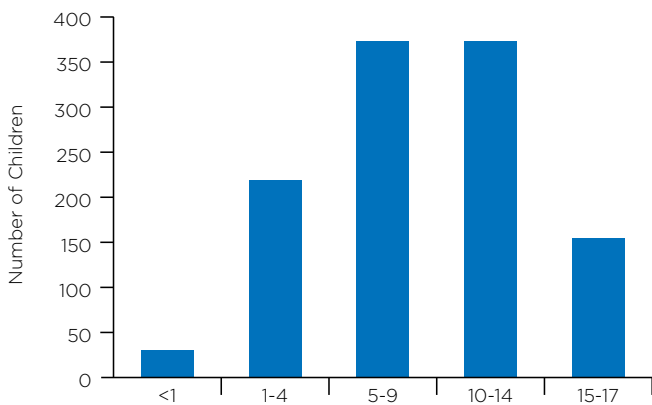
The rate of children (per 1,000 aged 0 - 17) in out-of-home care for Tasmania is above the national rate, and is the third highest rate across the states and territories.

Table 54: Children in out of home care as at 30 June 2016, rate per 1000 children aged 0-17 years in population, all states and territories, 2015-16.

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
10.4	7.3	7.6	6.9	9.0	10.1	8.4	16.2	8.6

Source: Australian Institute of Health and Welfare, *Child Protection Australia 2015-16* ¹⁶⁶

Figure 33: Number of children in out-of-home care aged 0 to 17, Tasmania, as at 30 June 2016.



Source: Australian Institute of Health and Welfare, *Child Protection Australia 2015-16* ¹⁶⁷

Just over 50 per cent of children in care have a documented and approved case plan.

'Children with current documented case plans' is defined as the number of children who have a current documented and approved case plan as a proportion of all children who are required to have a current documented and approved case plan.¹⁶⁸ A case plan is an individualised, dynamic written plan (or support agreement) that includes information on a child in need of protection, including his or her needs, risks, health, education, living and family arrangements, goals for ongoing intervention and actions required to achieve identified goals.¹⁶⁹

The number of children with a current documented and approved case plan has decreased substantially in 2015-2016 with only 55 per cent of children having a current documented and approved plan. This is significantly lower than the national percentage of 86 per cent and is the lowest of all of the states and territories (noting that Northern Territory and South Australia did not report against this indicator in 2015/16).

Table 55: Proportion of children with a current documented and approved case plan, Tasmania and Australia, 2012-13 to 2015-16.

Tasmania				Australia
2012/13	2013/14	2014/15	2015/16	2015/16
%	%	%	%	%
68.6	71.2	68.2	55.4	86.3

Source: Report on Government Services, 2017 ¹⁷⁰

The majority of children leaving care had one or two placements.

A low number of child placements (one or two) per period of care is desirable, but must be balanced against other placement quality indicators, such as placements in compliance with the Aboriginal Child Placement Principle, local placements and placements with siblings.¹⁷¹ For children exiting care in 2016, the majority of children had one or two placements (53 per cent) however this was lower than the national percentage. The number of children leaving care after one placement has decreased and the number in multiple placements has increased compared to percentages from 2014-15.

Table 56: Children on a care and protection order and exiting out-of-home care during the year by number of placements, Tasmania and Australia, 2015-16.

Number of placements	Tasmania	Australia
	%	%
1 placement	31.8	40.3
2 placements	21.2	22.3
3 placements	17.4	12.8
4-5 placements	15.1	11.8
6-10 placements	11.4	9.4
11 or more placements	3.0	3.3

Source: Report on Government Services, 2017 ¹⁷²

Table 58: Proportion of children in out-of-home care placed with relatives/kin as a proportion of all children in out-of-home care, all states and territories, 2015-16.

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
50.9	56.4	44.3	49.1	45.3	29.0	53.2	4.9	48.7

Source: Report on Government Services, 2017 ¹⁷⁴

Tasmania has the third highest percentage of foster carers with five or more foster children in their care (5.0 per cent compared to 3.9 per cent nationally). However there has been a substantial reduction in the number of foster carers with five or more foster children since 2012 in Tasmania.

Table 57: Percentage of foster care households with five or more foster children, Tasmania 2012-13 to 2015-16.

2012-13	2013-14	2014-15	2015-16
%	%	%	%
7.6	5.1	5.5	5.0

Source: Department of Health and Human Services, *Annual Report 2015-2016*

About one-third of children in out of home care are placed with relatives/kin

Placing children with their relatives or kin is generally the preferred out-of-home care placement option. This option is generally associated with better long-term outcomes due to increased continuity, familiarity and stability for the child. Relatives are more likely to have or to form long-term emotional bonds with the child. Placement with familiar people can help to overcome the loss of attachment and belonging that can occur when children are placed in out-of-home care.¹⁷³ The proportion of children in out-of-home care placed with relatives/kin is substantially lower in Tasmania (29.0 per cent) than nationally (48.7 per cent).

The percentage of Aboriginal children who are placed according to the Aboriginal Placement Principle in Tasmania is substantially lower than the national average.

The objectives of the Aboriginal Child Placement Principle are to ensure that recognition is given to an Aboriginal child's right to be raised in his/her own culture and to the importance and value of family, extended family, kinship networks, culture and community in raising Aboriginal children.

The Aboriginal Placement Principle outlines the hierarchy of preference when there is a need to place a child outside of his/her family. This order of priority should then be with:

1. A member of the child's extended family or relatives;
2. If this is not feasible or possible after consultation with an Aboriginal child/welfare organisation, the child may be placed with:
 - An Aboriginal family from the local community and within close geographical proximity to the child's natural family;
 - As a last resort, the child may be placed, with a non-Aboriginal family living in close proximity to the child's natural family;

The percentage of Aboriginal children who are placed according to the Aboriginal Placement Principle in Tasmania is substantially lower than the national average.

Table 59: Percentage of indigenous children in out-of-home care placed according to the Aboriginal Placement Principle, all states and territories, 2015-16.

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
81.0	74.8	56.6	62.6	62.9	38.2	60.4	36.2	67.9

Source: Report on Government Services, 2017 ¹⁷⁵

FAMILY VIOLENCE

There has been an increase in reported family violence incidents in Tasmania.

Data from the Department of Police and Emergency Management's 2015-16 annual report indicate that:

- Police attended 3,182 FV incidents under the *Family Violence Act 2004*. This represents a substantial increase which has been sustained over the past four to five years.
- Police attended 1,958 family arguments (these are events which are not classified as "family violence")¹⁷⁶

Table 60: Number of family violence incidents under the *Family Violence Act 2004*, Tasmania 2011-2016.

2011-12	2012-13	2013-14	2014-15	2015-16
2,532	2,283	2,414	2,615	3,182

Source: Department of Police and Emergency Management, *Annual Report*, 2015-16

Children were present at over half of the family violence incidents attended by Tasmania Police.

The internal Tasmania Police Corporate Performance Report for the same period indicates that children were recorded as being present at 1,757 FV incidents (approximately 55 per cent of total incidents).¹⁷⁷

Table 61: Children present at family violence incidents, Tasmania 2014-2016.¹⁷⁸

Police District	2014	2015	2016
South	556	660	845
North	370	416	459
West	330	345	453
Tasmania	1,256	1,421	1,757

Sources: Tasmania Police, Corporate Performance Reports - June 2014, ¹⁷⁹ June 2015, ¹⁸⁰ June 2016 ¹⁸¹

The Safe at Home Annual Report 2014-15 reported that a total of 231 children, young persons and families were engaged in therapeutic counselling and support through the Children and Young Persons Program (CHYPP) within the Family Violence Counselling and Support Service (FVCSS) in that year.¹⁸²

Table 62: FVCSS CHYPP Number of children, young persons and families engaged in therapeutic counselling and support, 2014-15.

Region	2012-2013	2013-2014	2014-2015
South	85	113	95
North	88	88	79
North-West	71	54	57
Total	244	255	231

Source: Tasmanian Government, Safe at Home, *Annual Report*, 2014-15

The demand for children’s FV counselling has historically outstripped service capacity and long waiting lists for children and young people accessing the CHYPP program have been reported.¹⁸³ The DHHS Annual Report 2015-16 indicated that 59 children were being actively managed by CHYPP while waiting for FV counselling in 2015-16, compared with 112 in 2013-14 and 69 in 2012-13.¹⁸⁴

FAMILY RISK FACTORS

The ability of parents to afford essentials for their children including food, adequate shelter and healthcare has a significant effect on their children’s health and wellbeing. Nearly 18 per cent of people in Tasmania would not be able to raise \$2,000 in an emergency within 2 days and the percentage of total persons who ran out of food and couldn’t afford to buy more was higher in Tasmania (7.3) than nationally (4.0 per cent in 2011/12).¹⁸⁵

Table 63: Financial Stress and Food Insecurity, 18 years and over, Tasmania, 2016.

Region	Unable to raise \$2,000 in an emergency within 2 days	Ran out of food and couldn’t afford to buy more within last 12 months
	%	%
North	18.9	7.4
North-West	17.6	6.4
South	17.6	7.7
Total	17.9	7.3

Source: *Tasmanian Population Health Survey*, 2016.

The percentage of households where the primary source of income was government pensions is higher in Tasmania compared to nationally.

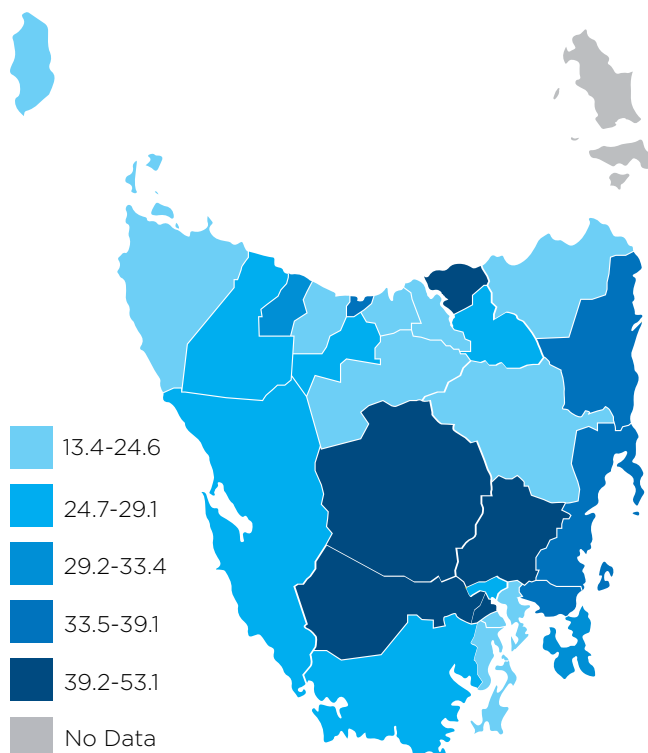
Table 64: Percentage of households where the main source of income is government pensions and allowances, 2013-14.

Tasmania	Australia
%	%
38.7	32.5

Source: Australian Bureau of Statistics, *Household Income and Wealth*, 2013-14¹⁸⁶

The figure below shows the percentage of children in low income, welfare dependent families. For 2014, a) families included are those with children under 16 years; or b) children under 16 years in families – with incomes under \$36,276 p.a. in receipt of the Family Tax Benefit (A) (whether receiving income support payments or not). These families would all receive the Family Tax Benefit (A) at the maximum level.¹⁸⁷

Figure 34: Percentage of children in low income, welfare dependent families, 2014.



Source: Compiled by Public Health Information Development Unit based on data from the Department of Social Services, June 2014.

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

The mean equivalised disposable income for low income households with dependent children aged 0-12 is approximately the same for Tasmania and nationally.

Table 65: Mean equivalised disposable household income for low-income households with dependent children aged 0-12 in the second and third income deciles (\$ per week), Tasmania and Australia, 2013-14.

Tasmania	Australia
\$ per week	\$ per week
507.00	518.00

Source: Australian Institute of Health and Welfare, *Children's Headline Indicators*, 2013-14

The highest levels of poverty in Australia are in Tasmania with 15.1 per cent of persons living in poverty in 2011-12 which is significantly higher than the national average of 11.8 per cent. Tasmania's child poverty rates are also higher than national averages.

Table 66: Percentage of people living in poverty, Tasmania and Australia, 2011-2012.

	Household	Person	Child under 15	Child under 25
	%	%	%	%
Tasmania	17.7	15.1	15.8	14.7
Australia	14.2	11.8	11.8	11.5

Source: UnitingCare, *Poverty, Social Exclusion and Disadvantage in Australia*, 2013¹⁸⁸

The proportion of young people assisted by Homelessness Services is higher in Tasmania than nationally.

The proportion of clients assisted by Specialist Homelessness Services (SHS) in Tasmania who are under 15 is 28.1 per cent, and 7.9 per cent are young people between the ages of 15 and 17. Both of these proportions are above the national rates for the same age ranges.

Table 67: Percentage of clients of Specialist Homelessness Services who are children, Tasmania and Australia, 2015-16.

Age	Tasmania	Australia
	%	%
0-9	20.6	16.4
10-14	7.5	6.0
15-17	7.9	5.8

Source: Australian Institute of Health and Welfare, *Specialist Homelessness Services 2015-16*

Rental affordability in Hobart is the second worst after Sydney

It is generally accepted that if housing costs exceed 30 per cent of a low income household's gross income (households with the lowest 40 per cent of income), then that household is experiencing housing stress (30/40 rule). In the Rental Affordability Index (RAI), households who are paying 30 per cent of income on rent have a score of 100, indicating that these households are at the critical threshold for housing stress. Scores of 100 and less indicate that households spend 30 per cent or more of their income on rent. At this level, rents are of such a level that they negatively impact on a household's ability to pay for other primary needs such as food, medical requirements and education.¹⁸⁹

The RAI for Greater Hobart is 111 where the average household seeking to rent in Greater Hobart would need to expend around 27 per cent of its total income on rent. Greater Hobart has the second worst rental affordability situation after Greater Sydney. However rental affordability for very low income (Quintile 1 - Q1) family and non-family households in Greater Hobart is 54 and 33 respectively, with the latter group facing critically low levels of affordability.

For the rest of Tasmania, for Q1 family households, the RAI was 45, while for non-family households it was 43 for this income group. This means that the lowest income households would face extremely unaffordable rents in order to access rental dwellings, even when the rent is set at a discounted rate of 75 per cent of the market value. While all lower income groups face unaffordable rents, the situation is most dire for Q1 households, which register RAIs lower than 50.¹⁹⁰

Table 68: Rental Affordability Index, overall and for quintile 1 households, Tasmania, 2016.

	Rental Affordability Index	Rental Affordability Index (for Q1 households)
Greater Hobart	111	54
Rest of Tasmania	119	45

Source: National Shelter, Community Sector Banking, SGS Economics and Planning, 2016.

Young people between the ages of 18 and 24 have the highest rate of psychological distress in Tasmania.

Compared to the total population, significantly more psychological distress was reported by young people aged 18 to 24 years and significantly less psychological distress was reported by Tasmanians aged 65 years and over.¹⁹¹ Only general data of psychological distress are available for adults in Tasmania, however as many of these adults are parents, it is likely that in some circumstances this psychological distress may impact on their children. For example parents with a mental illness may find it difficult to maintain a consistent and structured approach to family life. They may also face a range of other challenging factors such as poverty, homelessness, lack of access to education and employment, an increased risk of family violence, and a lack of personal and social supports.

Table 69: High/very high level of psychological distress by age, Tasmania 2009 to 2016

Age	2009	2013	2016
	%	%	%
18-24	11.3	16.6	22.4
25-34	11.6	10.8	15.4
35-44	12.1	12.4	13.7
45-54	11.0	12.9	15.4
55-64	10.6	10.9	12.1
65+	8.8	7.2	8.4
Total	10.9	11.4	13.7

Source: *Tasmanian Population Health Survey, 2016.*



Conclusion



Overall this snapshot of the health and wellbeing of Tasmania's children and young people tells us that we have improved markedly in relation to a number of key indicators. In particular, indicators during the early years are showing improvements, with Tasmania having high rates of immunisation at one, two and five years, breastfeeding, ante- and post-natal health checks and decreases in mothers smoking and drinking alcohol during pregnancy. Outcome indicators for children entering formal schooling also show the majority of children are developmentally on track, and are participating in early childhood education.

As children progress through the primary years and into adolescence however there are a number of areas where improvements are needed. Tasmania has a higher rate of children aged 0-14 with Type 1 diabetes than nationally and has the second highest rate for all of the states and territories of child deaths (aged five to 17 years) due to suicide.

Despite improving NAPLAN results, around five per cent of Tasmanian Government school students have been subject to a suspension from school, and only 56 per cent of Tasmanian young people attained the TCE in 2016. However the majority of young people (63 per cent) who came into contact with the law were diverted from the court system, and rates of children and young people in youth justice detention are steadily declining.

While the majority of Tasmania's children are doing well, some children are more vulnerable due to a range of risk factors such as family economic stress, drug and alcohol abuse, family violence, poverty and lack of social support. Increasing numbers of children and young people are reported to child protection and taken into out-of-home care in Tasmania, with an overstretched system trying to accommodate their significant needs.

In addition, there still remain a number of data gaps where there is either a lack of data specific to Tasmania and/or specific to children and young people, or a lack of recent data. Many national reports are available which are relevant to the health and wellbeing of children and young people however there is no way to extract data related to Tasmania. The main gaps are shown in the table on page 65.

This report provides an opportunity to reflect, reassess and refocus efforts on the areas where children and young people need the most support to live, thrive and have successful futures.

This report will be updated on an annual basis to track and monitor progress to ensure Tasmanian children and young people grow up happy, healthy and safe.

Indicator	Data Limitation or Gap
Mental Health	The Young Minds Matter survey has a wealth of information on the mental health of Australian children and adolescents, however data disaggregated by state is not available.
Disability	Data does not go beyond basic demographics, and does not provide information on children with disabilities accessing services and participation in education. Recent data is available by state, however only basic information collected.
Education	Data on suspensions is not publicly available for non-government schools, and there is no data on the number of incidents of suspensions/exclusions (rather than percentage of students suspended) for government schools. Demographic information for suspended students is also not available to compare the experiences of children and young people living in out-of-home care, or from particular cultural/ethnic groups. Education outcome data (i.e. NAPLAN) is not disaggregated, so children in out of home care, for example, cannot be tracked.
Voices of Children and Young People	Most government data collections do not tend to evaluate or take into account the views and experiences of children and young people. Some of the areas which may be explored include children and young people's perception of bullying, family violence, parental behaviour and the adequacy of services and supports.
Sexual and reproductive health	There is no state level data available on sexual behaviour among adolescents for Year 10 and Year 12 students (national data is available). No data is available on children aged between 12 and 15 years.
School Relationships and Bullying	No defined measure or data is available on the prevalence of bullying.

Appendices

APPENDIX 1 - ACRONYMS

ABS	Australian Bureau of Statistics
AEDC	Australian Early Development Census
ASSAD	Australian Secondary Students' Alcohol and Drug Survey
BMI	Body Mass Index
COAG	Council of Australian Governments
CSS	Child Safety Service
DHHS	Department of Health and Human Services
ECEC	Early Childhood Education and Care
KDC	Kindergarten Development Check
LGA	Local Government Area
LiL	Launching into Learning
NAPLAN	National Assessment Program - Literacy and Numeracy
NHMRC	National Health and Medical Research Council
NMS	National Minimum Standard
PIPs	Performance Indicators in Primary Schools
RAI	Rental Affordability Index
SEIFA	Socio-Economic Indexes for Areas
SHS	Specialist Homelessness Service
TCE	Tasmanian Certificate of Education

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THE CHILD		
EARLY CHILDHOOD AND THE TRANSITION TO SCHOOL		
Mothers and Births		Year
1	Number of births.	2004-2015
2	Age of woman at birth.	2014
3	Children born by family disadvantage.	2014
4	Number and percentage of low and very low birth weight of children born.	2010-2014
5	Infant mortality rate.	2007-2015
6	Percentage of women breastfeeding at maternal discharge.	2009-2014
7	Usual daily serves of fruit and vegetables, proportion of children aged 2 to 3.	2014-2015
8	Percentage of mothers smoking during pregnancy.	2010-2014
9	Percentage of mothers consuming alcohol during pregnancy.	2010-2014
10	Percentage of children fully immunised.	2017
11	Percentage of children fully immunised at one year.	2015
12	Percentage of children fully immunised at two years.	2015
13	Percentage of children fully immunised at five years.	2015
14	Average number of decayed, missing or filled deciduous teeth (DMFT) in primary and permanent teeth for children aged 5 to 14.	2012-2014
15	Frequency of adults brushing teeth of children aged 5 years and under.	2016
16	Percentage of women attending first antenatal visit; less than 14 weeks.	2014
17	Percentage of parents attending Child Health Assessments.	2012-2016
18	Level of service satisfaction with services provided by CHaPS by region.	2016
Early Learning and Development		Year
1	Type of care attended by children aged 0 to 12 years; number and per cent.	2014
2	Percentage of children at risk (Australian Early Development Census).	2015
3	Percentage of children on track (Australian Early Development Census).	2009-2015
4	Percentage vulnerable on one or more domains of the Australian Early Development Census	2015
5	Percentage of children achieving all 21 indicators of the KDC.	2013-2015
6	Percentage of children reaching the expected standard for literacy and numeracy on PIPS.	2013-2015

THE CHILD

MIDDLE CHILDHOOD AND ADOLESCENCE

Health Behaviours		Year
1	Usual daily serves of fruit, proportion of children aged 4 to 18.	2014-2015
2	Usual daily serves of vegetables, proportion of children aged 4 to 18.	2014-2015
3	Percentage of children aged 4 to 18 meeting recommended guidelines for their daily serves of fruit, Tasmania and Australia.	2014-2015
4	Percentage of children aged 4 to 18 meeting recommended guidelines for their daily serves of vegetables, Tasmania and Australia.	2014-2015
5	Percentage of children aged 5-17 years with a BMI score above the international cut-off points for 'overweight' and 'obese' for their age and sex.	2014-2015
6	Prevalence of Type 1 diabetes in children aged 0-14 years.	2013
7	Percentage of children and young people aged 0 to 24 with asthma.	2014-2015
8	Percentage of children aged 2 to 17 years meeting physical activity recommendations, Tasmania and Australia.	2011-2012
9	Percentage of children aged 12-17 who exceed 3 hours of watching television/videos/DVDs and use the internet/play games.	2005-2011
10	Age Specific Death Rate (deaths per 100,000) for intentional self-harm for young people aged 5-17.	2011-2015
11	Age-specific fertility rate for 15-19 year-old-women (including births to mothers aged less than 15).	2004-2015
12	Percentage of Tasmanian young people 12-17 who are current drinkers (drank in past week).	1984-2014
13	Percentage of Tasmanian young people 12-17 who are current smokers.	1984 to 2014
14	Percentage of Tasmanian young people 12-17 who had used illicit drugs (at any time).	1996 to 2014
Participation and Performance in Education and Training		Year
1	Percentage of students at or above the National Minimum Standards (NMS) for Reading.	2008-2016
2	Percentage of students at or above the NMS for Numeracy.	2008-2016
3	Percentage of Year 3 students at or above the NMS for Reading by Indigenous status.	2008-2016
4	Percentage of Year 9 students at or above the NMS for Spelling by Indigenous status.	2008-2016
5	Annual average daily attendance rate.	2012-2016
6	Percentage of students suspended from government schools.	2013-2016
7	Percentage of 15-24 year old school leavers fully participating in education and/or training, or employment.	2015
8	Percentage of students attaining a Year 12 certificate.	2015
9	Percentage of students (males and females) attaining a Year 12 certificate.	2010-2015
10	Percentage of students attaining a Year 12 certificate by socioeconomic deciles.	2010-2015
Young People and the Law		Year
1	Victims of robbery who are children and young people aged 0-19.	2015
2	Victims of sexual assault who are children and young people aged 0-19.	2015
3	Number of youth offenders (aged 10-14, 15-19).	2015-16
4	Number of criminal (Youth Justice) - Matters Lodged.	2012-2016
5	Youth offender diversions as a proportion of youth offenders.	2006-2015
6	Average daily number of young people in youth justice detention.	2012-2016
7	Rate of young people aged 10-17 in juvenile justice (average day).	2013-2015

PARENTS, FAMILIES AND COMMUNITIES

Child Protection		Year
1	Government real recurrent expenditure on child protection, out-of-home care, and family support services	2011-2016
2	Number and rates of children reported to child protection, children aged 0-17 years	2010-2016
3	Children aged 0-17 in notifications	2015-2016
4	Number of reports by investigation status and Aboriginal status	2015-2016
5	Proportion of investigations finalised, by time taken to complete the investigation	2010-2016
6	Proportion of investigations substantiated	2012-2016
7	Children who were the subjects of substantiations or notifications received during 2015-2016, by type of abuse or neglect and sex	2015-2016
8	Children who were the subject of a decision not to substantiate during the year and who were also the subject of a subsequent substantiation within 3 and/or 12 months	2011-2015
9	Child protection substantiation rates per 1,000, by age	2014-15, 2015-16
10	Children aged 0-17 in out-of-home care	2011-2016
11	Children aged 0-17 in out-of-home care, rate per 1,000 children in population	2015-2016
12	Number of children in out-of-home care, aged 0 to 17	2016
13	Proportion of children with a current documented and approved case plan	2012-13 to 2015-16
14	Children on a care and protection order and exiting out-of-home care during the year by number of placements	2015-16
15	Percentage of foster care households with five or more foster children	2012-13 to 2015-16
16	Proportion of children in out-of-home care placed with relatives/kin as a proportion of all children in out-of-home care	2015-16
17	Percentage of indigenous children in out-of-home care placed according to the Aboriginal Placement Principle	2015-16
Family Violence		Year
1	Number of family violence incidents under the <i>Family Violence Act 2004</i>	2011-16
2	Children present at family violence incidents	2014-2016
3	TFVCSS CHYPP number of children, young persons and families engaged in therapeutic counselling and support	2014-15
Family Risk Factors		Year
1	Financial Stress and Food Insecurity, 18 years and over	2016
2	Percentage of households where the main source of income is government pensions and allowances	2013-2014
3	Percentage of children in low income, welfare dependent families	2014
4	Mean equivalised disposable household income for low-income households with dependent children aged 0-12 in the second and third income deciles (\$ per week)	2013-2014
5	Percentage of people living in poverty	2011-2012
6	Percentage of clients of Specialist Homelessness Services who are children	2015-2016
7	Rental Affordability Index	2016
8	High/very high level of psychological distress by age	2009-2016



Endnotes

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Commissioner for Children and Young People (Tas)
1/119 Macquarie Street Hobart TAS 7000
GPO Box 708 Hobart TAS 7001
(03) 6166 1366
www.childcomm.tas.gov.au

