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

Health and Wellbeing of Children in Western Australia, 2019

Overview and Trends

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Table of contents

List of tables

List of figures

EXECUTIVE SUMMARY

The Health and Wellbeing Surveillance System is a continuous data collection that was initiated in 2002 to monitor the health status of the general population. In 2019, a total of 546 parents/carers of children aged 0 to 15 years were randomly sampled and completed a computer assisted telephone interview between January and December, with an average participation rate of over 90 per cent. The sample was then weighted to reflect the Western Australian child population.

This report describes the findings from the 2019 Health and Wellbeing Surveillance System and provides the health sector and general public with important information about various aspects of the health and wellbeing of Western Australian children at the population level. Some key findings from the 2019 report include:

General health:

- Very good or excellent health was reported for 83.3 per cent of children aged 0 to 15 years by their parents/carers.

Chronic health conditions:

- Approximately one in seven children have had asthma at some point in their lifetime (15.3%)
- It is estimated that 113 376 children (21.1%) experienced an injury in the past 12 months that required treatment from a health professional.

Lifestyle and physiological risk factors:

- It is estimated that 85.8% of WA children aged 0 to 4 years have received some breast-milk in their lifetime.
- Children aged 9 to 15 years were significantly less likely to eat sufficient daily serves of fruit than children aged 2 to 3 years and 4 to 8 years (61.3% compared with 96.0% and 95.8%).
- The proportion of children eating sufficient serves of vegetables was significantly higher for children aged 2 to 3 years compared with children aged 4 to 8 years and 9 to 15 years (60.7% compared with 7.8% and 7.6%).
- The amount of fruit and vegetables reported to be consumed by children has remained stable at 2 serves between 2002 and 2019.
- It is estimated that nearly three quarters (73.0%) of children aged 2 to 15 years usually consumed full fat or whole milk.
- The prevalence of children who never eat meals from fast food restaurants has increased significantly from 2002 (16.2%) to 2019 (36.1%).

- Approximately two in five (38.8%) children aged 5 to 15 years were completing sufficient levels of physical activity for good health.
- Children aged 5 to 15 years were more likely to meet daily leisure time screen usage guidelines compared with children aged 2 to less than 5 years (78.6% compared with 31.9%).
- It is estimated that nearly one in four (22.8%) children aged 5 to 15 years were either overweight or obese.
- The prevalence of overweight and obesity as measured by Body Mass Index has remained relatively stable between 2004 (26.1%) and 2019 (22.8%).
- The prevalence of children living in a smoke free home has increased significantly from 2002 (90.5%) to 2019 (99.6%).
- Children aged 10 to 15 years were less likely to always be checked by a parent/carer that they are adequately protected before going out into the sunlight compared with children aged 0 to 4 years (47.0% compared with 61.3%).

Emotional health and wellbeing:

- The prevalence of children ever treated for an emotional or mental health problem in 2019 (12.6%) was significantly higher than in 2002 (3.0%).
- Approximately one-third (31.4%) of children were bullied in the past 12 months.
- The prevalence of children aged 5 to 15 years reported by a parent/carer to have bullied another child in the past 12 months decreased between 2002 (13.1%) and 2019 (7.6%).

Health service utilisation:

- In the past 12 months, approximately 87.5 per cent of children aged 0 to 15 years had used a primary health service, 70.0 per cent a dental health service, 33.9 per cent an allied health service, and 27.4 per cent a hospital-based service.

School connectedness:

- The prevalence of children reported by their parent/carer to be doing very well in their overall school performance has decreased significantly between 2002 (52.7%) and 2019 (41.1%).

Family functioning:

- Approximately one in seven children lived in a family with poor family functioning (14.6%).

1. INTRODUCTION

The WA Health and Wellbeing Surveillance System (HWSS) is a continuous data collection system developed to monitor the health and wellbeing of Western Australians. The HWSS began in March 2002 and is run on a continual basis, where around 6,000 people throughout Western Australia (WA) are interviewed each year . As at December 2019 over 17,500 interviews have been conducted with parents/carers of children under the age of 16 years. This report presents the information collected for 546 children during 2019, as well as trends over time.

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

The questions included in the HWSS for children are selected to provide information about state or national indicators of health and wellbeing, or to provide information about areas of health, lifestyle and demography that are not available elsewhere and are necessary to understand the dynamics of healthy behaviours and outcomes. The development of these questions was guided by the Telethon Kids Institute (formerly known as The Telethon Institute of Child Health Research). A current copy of the questionnaire is available on the WA Department of Health website:
https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys

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

Another feature of a surveillance system is that it is population based, meaning that it is designed to examine trends at the population level. Although major socio-demographic group estimates are possible, it is not the purpose of the system to investigate smaller subgroups. Therefore, the information provided in this report is representative of WA children by age and sex, but it is unlikely to be representative of minority groups within the population such as Aboriginal children and children living in homes without telephones. For information on Aboriginal child health, refer to the 2018-19 National Aboriginal and Torres Strait Islander Health Survey.[1]

2. METHODOLOGY

2.1 Mode of administration and sampling

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

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

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

2.2 Weighting the data

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

The HWSS data are weighted to compensate for the over-sampling in the rural and remote areas of WA and then also weighted to the most recent Estimated Resident Population (ERP) for the year of the survey. For 2019, this was the 2018 ERP released by the Australian Bureau of Statistics (ABS) in August 2019,[2] where the total child population aged 0 to 15 years in WA for was 538,211. While the information collected on children has been weighted to the age by sex distribution of the Western Australian child population, data relating to the parent/carer and partner has not been weighted.

2.3 Review of survey collection methodology

As part of continuous improvement, a review of the HWSS sample frame and mode of collection is currently underway. The review is investigating the following potential changes to future surveys:

- an update of the existing electronic White Pages sample frame
- trialling new sample frame data sources that include mobile phone numbers and email addresses
- providing respondents with options to complete the survey in multiple modes, including via CATI or online
- updates to the weighting methodology to ensure the estimates are still representative of the WA population, regardless of the collection mode.

Details of any methodological updates will be noted in subsequent reports and technical papers.

2.4 Response rates

A very important part of any survey is the response rate attained as low response rates may produce estimates that are unreliable, biased or not representative of the population. Each year since the HWSS began, adjusted response rates of above 80 per cent have been attained. The response rate for each month of 2019 is shown in Table 1.

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

Table 1: Response rates for 2019, by month

Month	Sample Frame	Out of Scope (a)	Eligible Sample	No answer after 10 attempts	Eligible Contacts (b)	Refusals	Interviews	Raw Response Rate	Adjusted Response Rate (c)	Participation Rate (d)
Jan	1901	1056	845	265	580	55	511	60.5	88.1	90.3
Feb	2005	1109	896	282	614	59	538	60.0	87.6	90.1
Mar	2006	1097	909	293	616	43	554	60.9	89.9	92.8
Apr	2835	1509	1326	430	896	67	801	60.4	89.4	92.3
May	3012	1646	1366	470	896	33	822	60.2	91.7	96.1
Jun	2621	1515	1106	366	740	52	666	60.2	90.0	92.8
Jul	2201	1301	900	283	617	42	542	60.2	87.8	94.3
Aug	2400	1374	1026	333	693	54	616	60.0	88.9	91.9
Sep	2457	1480	977	345	632	55	548	56.1	86.7	90.9
Oct	2002	1143	859	275	584	56	517	60.2	88.5	90.2
Nov	1988	1125	863	275	588	50	525	60.8	89.3	91.3
Dec	1104	665	439	140	299	26	267	60.8	89.3	91.1
Total	**26532**	**15020**	**11512**	**3757**	**7755**	**592**	**6907**	**60.0**	**89.1**	**92.1**

a) Non-operational, business or dedicated fax numbers. All other numbers were considered to be part of the eligible sample, which forms the denominator for the raw response rate.
b) If the telephone is answered, the number is part of the eligible contacts. This forms the denominator of the adjusted response rate.
c) The adjusted response rate is the number of people interviewed divided by the number of eligible contacts
d) The participation rate is the number of people interviewed divided by the number of people interviewed plus the number of refusals.

A full explanation of the methodology can be found in the paper titled, 'WA Health and Wellbeing Surveillance System, Technical Paper Series No 1: Design and methodology, 2018'. This paper is available on the WA Department of Health website: http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys.

3. HOW ESTIMATES ARE REPORTED

3.1 Percentage and prevalence

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

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

3.2 Confidence intervals

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

One way to compare two prevalence estimates is to assess whether the difference between them is statistically significant. Statistical significance is a statement about the likelihood of findings being due to chance. Confidence intervals can be used to determine statistical significance. Overlapping confidence intervals indicate that there is probably no meaningful difference in the estimates being compared. If the confidence intervals do not overlap, then the estimates are considered to be significantly different.

Further information on how to determine whether a difference is statistically significant can be found on the WA Department of Health website:
http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys

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

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

3.3 Using this report

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

4. COMPARISONS OVER TIME

One of the strengths of the HWSS is its ability to show changes over time. Therefore, the trends over time for selected major health conditions and risk factors have been provided. The prevalence or proportion of children who reported a selected condition/risk factor of interest has been derived for each year from 2002 to 2019, where available.

To ensure that any changes over time in prevalence estimates were not the result of changes in the age and sex distribution of the population, all years were standardised by weighting them to the 2011 ERP. The data used for comparisons over time is weighted to the 2011 ERP because it represents an approximate mid-point of the years for which estimates are provided. Given that the comparison over time data are weighted to the 2011 ERP, while the 2019 data are weighted to the 2018 ERP, some estimates for 2019 may differ slightly from the comparison over time tables due to standardisation to different populations.

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

5. DEMOGRAPHICS

In 2019, health and wellbeing data were collected for 546 Western Australian children aged 0 to 15 years. Of this sample, 16 children were identified as Aboriginal or Torres Strait Islander. The demographic characteristics of the child sample who participated in the HWSS in 2019 are shown in Table 2. The table shows the unweighted number in the sample for each group and the weighted prevalence expressed as a percentage.

Table 2: Demographic characteristics of the child, HWSS 2019

Characteristic	Unweighted Sample (n)	Estimated Per Cent (%)
Age		
0 to 4 years	66	32.2
5 to 9 years	151	31.9
10 to 15 years	329	35.9
Gender		
Boys	303	51.3
Girls	243	48.7
Australian born		
Yes	520	96.9
No	26	3.1 *
Relationship of respondent to child		
Mother	383	66.5
Father	140	28.4
Other	23	5.1 *

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

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

Table 3: Characteristics of the household where the child lives, HWSS 2019

	Unweighted Sample (n)	Estimated Per Cent (%)
Current living arrangement		
Family with a child or children living with biological or adoptive parents	463	88.7
Step or blended family	26	3.4 *
Sole parent family	37	3.4
Other family structure	NA	NA #
Household income		
Under $20,000	NA	NA #
$20,000 to $40,000	20	2.4 *
$40,000 to $60,000	27	5.9
$60,000 to $80,000	48	12.1
$80,000 to $100,000	67	17.0
$100,000 to $120,000	76	15.4
$120,000 to $140,000	56	7.3
$140,000 to $160,000	47	8.4
More than $160,000	112	31.1
Household spending		
Spend more money than earn/get	15	4.2 *
Have just enough money to get by	74	11.0
Spend left over money	21	3.6 *
Save a bit every now and then	149	32.8
Save some regularly	218	38.6
Save a lot	61	9.8
Area of residence		
Metropolitan	240	78.5
Rural	105	7.1
Remote	201	14.4
Accessibility/Remoteness Index of Australia		
Inner Regional	95	8.5
Major Cities	229	75.4
Outer Regional	111	7.6
Remote	72	5.5
Very Remote	39	2.9
Have private health insurance		
Yes	406	79.8
No	128	20.2

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

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

Table 4: Demographic characteristics of respondent for child, HWSS 2019

Characteristic	Unweighted Sample (n)	Unweighted Per Cent (%)
Australian born		
Yes	419	76.9
No	126	23.1
Highest level of education		
Less than Year 10	4	0.7
Year 10 or Year 11	38	7.0
Year 12	61	11.2
TAFE/ Trade Qualification	241	44.3
Tertiary degree or equivalent	200	36.8
Employment status		
Employed	442	81.3
Unemployed	7	1.3
Home duties	79	14.5
Retired	3	0.6
Unable to work	5	0.9
Student	5	0.9
Other	3	0.6
Possess a government health care card		
Yes	73	13.4
No	470	86.6
Share home with a partner		
Yes	491	90.3
No	53	9.7

6. GENERAL HEALTH

6.1 Self-reported general health

Self-ratings of health are used internationally, with poor health ratings associated with increased mortality and psychological distress, and lower physical functioning.[3] Parents/carers were asked to rate their child's general health. The population prevalence of parent/carer-reported child health status is shown in Table 5. Most children aged 0 to 15 years were reported to be in excellent or very good health. Parent/carer-reported general health was similar among children from different age groups and among boys and girls.

Table 5: Prevalence of children by parent/carer-reported child health status, 0 to 15 years, HWSS 2019

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	65.5	(48.3 - 82.6)	9.7	(2.7 - 16.6)	24.9	* (7.9 - 41.8)	N/A	(N/A - N/A)
5 to 9 yrs	59.3	(48.5 - 70.0)	29.7	(19.7 - 39.7)	8.7	* (3.1 - 14.2)	N/A	(N/A - N/A)
10 to 15 yrs	51.5	(44.2 - 58.7)	34.0	(27.1 - 41.0)	11.2	(6.8 - 15.6)	3.3	* (0.8 - 5.8)
Gender								
Boys	56.8	(48.0 - 65.5)	26.2	(19.5 - 32.9)	15.2	* (7.3 - 23.2)	N/A	(N/A - N/A)
Girls	60.3	(49.2 - 71.3)	23.3	(15.3 - 31.3)	14.3	* (4.6 - 24.0)	2.1	* (0.2 - 4.0)
Children	58.5	(51.4 - 65.5)	24.8	(19.6 - 30.0)	14.8	(8.5 - 21.0)	1.9	* (0.6 - 3.3)

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

The annual prevalence estimates of health status since 2004 are shown in Table 6. This question was not asked prior to 2004. Estimates for 2019 were similar to those for 2004.

Table 6: Prevalence of children by parent/carer-reported child health status, 0 to 15 years, HWSS 2004–19

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2004	54.9	(49.6 - 60.3)	30.2	(25.3 - 35.1)	11.7	(8.1 - 15.2)	3.2 *	(1.1 - 5.3)
2005	55.7	(51.9 - 59.4)	32.5	(28.9 - 36.0)	8.9	(6.9 - 10.9)	3.0	(1.6 - 4.4)
2006	60.7	(57.3 - 64.2)	28.5	(25.4 - 31.6)	8.2	(6.2 - 10.2)	2.6	(1.3 - 3.8)
2007	58.3	(53.3 - 63.2)	30.1	(25.5 - 34.7)	10.1	(7.2 - 13.1)	1.5 *	(0.4 - 2.6)
2008	60.3	(55.8 - 64.9)	26.7	(22.6 - 30.8)	10.6	(7.8 - 13.3)	2.4 *	(1.0 - 3.8)
2009	57.6	(54.6 - 60.6)	29.4	(26.7 - 32.1)	11.2	(9.1 - 13.2)	1.8	(1.2 - 2.4)
2010	58.5	(54.3 - 62.7)	29.9	(26.0 - 33.8)	9.6	(7.1 - 12.1)	2.0 *	(1.0 - 3.0)
2011	60.4	(55.6 - 65.2)	25.3	(21.0 - 29.6)	10.5	(7.4 - 13.6)	3.8 *	(1.7 - 5.9)
2012	58.5	(54.2 - 62.8)	26.7	(22.9 - 30.5)	12.0	(9.1 - 14.9)	2.7	(1.4 - 4.1)
2013	57.5	(52.5 - 62.5)	29.7	(25.1 - 34.3)	10.8	(7.8 - 13.8)	2.0 *	(0.9 - 3.2)
2014	58.2	(52.9 - 63.4)	30.4	(25.4 - 35.4)	8.3	(5.5 - 11.1)	3.2 *	(1.3 - 5.0)
2015	58.4	(53.6 - 63.1)	28.9	(24.6 - 33.2)	10.3	(7.2 - 13.3)	2.5 *	(1.3 - 3.7)
2016	59.2	(54.5 - 63.8)	28.4	(24.1 - 32.7)	9.3	(6.5 - 12.1)	3.1 *	(1.5 - 4.8)
2017	58.1	(52.8 - 63.4)	26.8	(22.2 - 31.4)	11.9	(7.9 - 15.8)	3.2 *	(1.6 - 4.8)
2018	61.3	(55.3 - 67.3)	25.3	(20.2 - 30.3)	10.2	(6.9 - 13.5)	3.2 *	(0.8 - 5.6)
2019	58.4	(51.5 - 65.2)	24.9	(19.8 - 30.0)	14.8	(8.7 - 20.9)	1.9 *	(0.6 - 3.2)

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

6.2 Disability

Disability may be experienced in terms of impairments of body functions and structures, activity limitations or participation restrictions.[4]

Parents/carers were asked whether their child has a disability that impacts the family. The population prevalence of children with a disability that impacts the family was similar among children aged 5 to 9 years and 10 to 15 years, and among boys and girls (Table 7).

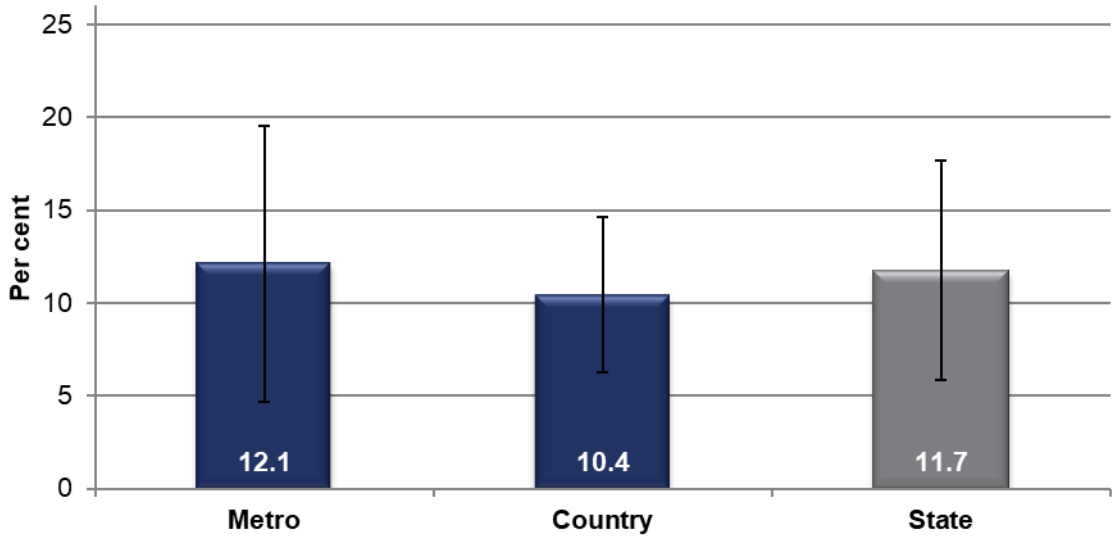
Table 7: Prevalence of children with a disability that impacts the family, 0 to 15 years, HWSS 2019

	%	95% CI
Age Group		
0 to 4 yrs	N/A	(N/A - N/A)
5 to 9 yrs	10.7 *	(2.2 - 19.2)
10 to 15 yrs	10.8	(6.4 - 15.1)
Gender		
Boys	13.5 *	(6.4 - 20.6)
Girls	9.9 *	(0.3 - 19.5)
Children	11.7 *	(5.8 - 17.7)

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

Figure 1 shows the prevalence of disability among children by geographic area of residence. The prevalence of disability that impacts the family was similar among children living in metro and country areas.

Figure 1: Prevalence of children with a disability that impacts the family, by geographic area in WA, 0 to 15 years, HWSS 2019



The annual prevalence estimates of disability are shown in Table 8. The estimate for 2019 was similar to that for 2002.

Table 8: Prevalence of children with a disability that impacts the family, 0 to 15 years, HWSS 2002–19

	%	95% CI
2002	9.4	(7.3 - 11.5)
2003	10.0	(8.0 - 12.1)
2004	13.0	(9.5 - 16.6)
2005	9.2	(7.0 - 11.4)
2006	8.9	(6.8 - 11.0)
2007	7.8	(5.3 - 10.4)
2008	7.0	(4.7 - 9.3)
2009	6.6	(5.4 - 7.8)
2010	8.1	(5.8 - 10.3)
2011	8.4	(5.5 - 11.4)
2012	8.9	(6.6 - 11.2)
2013	10.0	(7.0 - 13.0)
2014	8.0	(5.2 - 10.9)
2015	8.4	(5.9 - 10.9)
2016	9.1	(6.4 - 11.7)
2017	10.2	(7.4 - 13.0)
2018	10.7	(7.2 - 14.1)
2019	11.7 *	(5.9 - 17.4)

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

Parents/carers were asked who the principal carer of the child with the disability was. In 2019, most children with a disability were cared for by their mother (58.9%).

Parents/carers who reported that their child had a disability that impacts the family were asked to rate the extent of the impact. The annual estimates over time are shown in Table 9. Estimates for 2019 were similar to those for 2002.

Table 9: Prevalence of children by the extent of the impact their disability puts on the family, 0 to 15 years, HWSS 2002–19

	Not much		A little		Fairly big		Big		Very big	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	23.3	(14.0 - 32.6)	30.5	(19.9 - 41.1)	30.5	(18.4 - 42.5)	9.4 *	(1.7 - 17.1)	6.3 *	(1.5 - 11.1)
2003	17.9	(9.5 - 26.3)	39.9	(29.3 - 50.6)	33.1	(22.7 - 43.5)	6.1 *	(1.1 - 11.2)	N/A	(N/A - N/A)
2004	11.1 *	(3.6 - 18.6)	34.7	(20.4 - 49.0)	29.7	(16.4 - 42.9)	12.4 *	(1.6 - 23.1)	12.2 *	(1.6 - 22.8)
2005	22.7	(12.1 - 33.4)	34.6	(22.8 - 46.4)	20.9	(10.7 - 31.2)	18.7 *	(8.3 - 29.1)	3.0 *	(0.7 - 5.3)
2006	26.1	(13.8 - 38.4)	31.2	(18.6 - 43.8)	25.0 *	(12.4 - 37.5)	8.0 *	(2.4 - 13.5)	9.8 *	(1.2 - 18.4)
2007	7.8 *	(0.7 - 14.8)	34.5	(18.7 - 50.3)	26.5 *	(11.5 - 41.6)	28.4 *	(10.4 - 46.4)	2.8 *	(0.3 - 5.3)
2008	28.8 *	(11.2 - 46.3)	24.6 *	(10.3 - 38.9)	34.5	(17.9 - 51.1)	7.9 *	(0.6 - 15.1)	4.2 *	(0.4 - 7.9)
2009	18.5 *	(8.9 - 28.1)	50.9	(41.3 - 60.4)	19.6	(13.2 - 26.1)	3.6 *	(1.0 - 6.3)	7.4 *	(3.2 - 11.5)
2010	14.3 *	(5.6 - 23.0)	51.8	(37.0 - 66.6)	25.1 *	(12.3 - 37.9)	3.8 *	(0.2 - 7.3)	N/A	(N/A - N/A)
2011	16.5 *	(3.6 - 29.5)	24.4 *	(7.9 - 40.9)	21.7 *	(6.0 - 37.5)	21.4 *	(4.9 - 37.9)	15.9 *	(0.8 - 31.0)
2012	14.4 *	(5.3 - 23.6)	43.2	(30.0 - 56.4)	27.5	(14.3 - 40.6)	9.3 *	(2.2 - 16.3)	N/A	(N/A - N/A)
2013	9.3 *	(2.7 - 16.0)	44.7	(28.4 - 60.9)	25.3 *	(8.0 - 42.6)	11.2 *	(2.7 - 19.8)	9.5 *	(1.5 - 17.5)
2014	17.1 *	(3.2 - 30.9)	38.4	(19.8 - 57.0)	26.4 *	(9.8 - 43.0)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
2015	13.9 *	(2.7 - 25.1)	38.0	(22.8 - 53.1)	12.7 *	(3.3 - 22.0)	25.3 *	(8.8 - 41.8)	10.2 *	(2.0 - 18.3)
2016	10.7 *	(3.1 - 18.4)	38.3	(23.2 - 53.4)	36.2	(20.9 - 51.5)	N/A	(N/A - N/A)	8.9 *	(0.4 - 17.5)
2017	20.9 *	(8.5 - 33.3)	34.8	(21.4 - 48.2)	30.7	(16.7 - 44.8)	8.4 *	(1.9 - 14.9)	N/A	(N/A - N/A)
2018	9.9 *	(1.5 - 18.4)	23.0 *	(9.3 - 36.6)	28.6 *	(14.1 - 43.1)	25.2 *	(6.6 - 43.7)	13.3 *	(3.9 - 22.8)
2019	N/A	(N/A - N/A)	34.0 *	(9.7 - 58.3)	10.6 *	(2.0 - 19.2)	N/A	(N/A - N/A)	N/A	(N/A - N/A)

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

7. CHRONIC CONDITIONS

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

7.1 Type 1 diabetes

Diabetes is a condition where the body is unable to maintain normal blood glucose levels. Diabetes contributes significantly to ill health, disability and premature death in Australia, though death is extremely rare among children.[7]

Parents/carers have been asked each year since 2002 whether their child has been diagnosed with Type 1 diabetes. In 2019, too few respondents indicated that their child had been diagnosed with Type 1 diabetes to calculate reliable population estimates.

Low prevalence rates of Type 1 diabetes have also been reported by the National Diabetes Services Scheme (NDSS), with 0.2 per cent of 0 to 19 year olds in Western Australia recorded as having Type 1 diabetes in the NDSS Registration Database in January 2019.[8]

7.2 Asthma

Asthma is one of the most common chronic conditions among children, affecting approximately 10 per cent of the Australian child population (0 to 14 years) based on the 2017-18 National Health Survey.[6] Asthma is a reversible narrowing of the airways in the lungs, with symptoms that include wheezing, coughing, tightness of the chest, breathing difficulty and shortness of breath.[9]

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

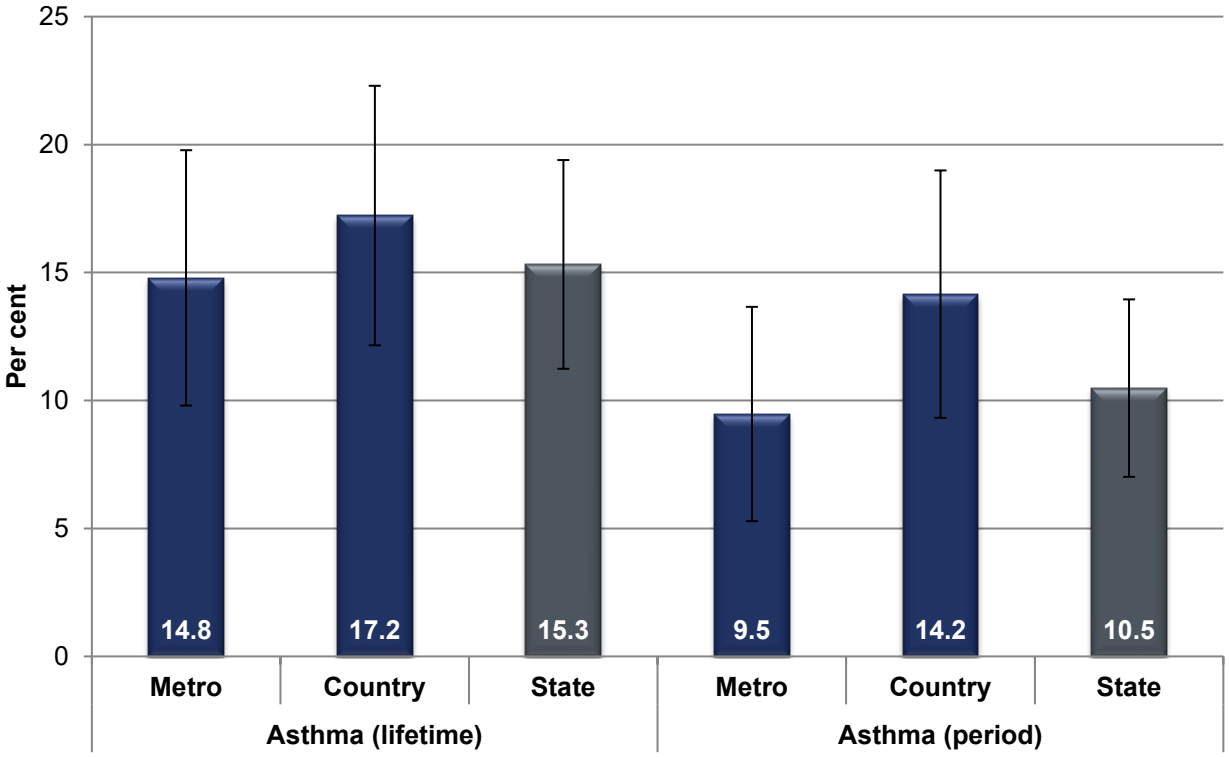
Table 10: Prevalence of children with asthma, 0 to 15 years, HWSS 2019

	Lifetime (a)		Period (b)	
	%	95% CI	%	95% CI
Age Group				
0 to 4 yrs	7.6	(0.0 - 15.2)	N/A	(N/A - N/A)
5 to 9 yrs	10.7 *	(4.8 - 16.5)	7.5 *	(2.7 - 12.3)
10 to 15 yrs	26.5	(20.1 - 32.8)	15.8	(10.8 - 20.8)
Gender				
Boys	18.6	(12.4 - 24.8)	14.5	(8.7 - 20.4)
Girls	11.8	(6.9 - 16.8)	6.2 *	(3.0 - 9.5)
Children	15.3	(11.2 - 19.4)	10.5	(7.0 - 14.0)

(a) Children whose parent/carer reported they had been told by a doctor or nurse that the child had asthma (ever).
(b) Children whose parent/carer reported the child has had symptoms of, or treatment for, asthma in the last 12 months.
* Prevalence estimate has an RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

Figure 2 shows the prevalence of asthma among children by geographic area of residence. Estimates for the lifetime prevalence and 12-month period prevalence of asthma were similar for WA children living in metro and country areas.

Figure 2: Prevalence of children with asthma, by geographic area, 0 to 15 years, HWSS 2019



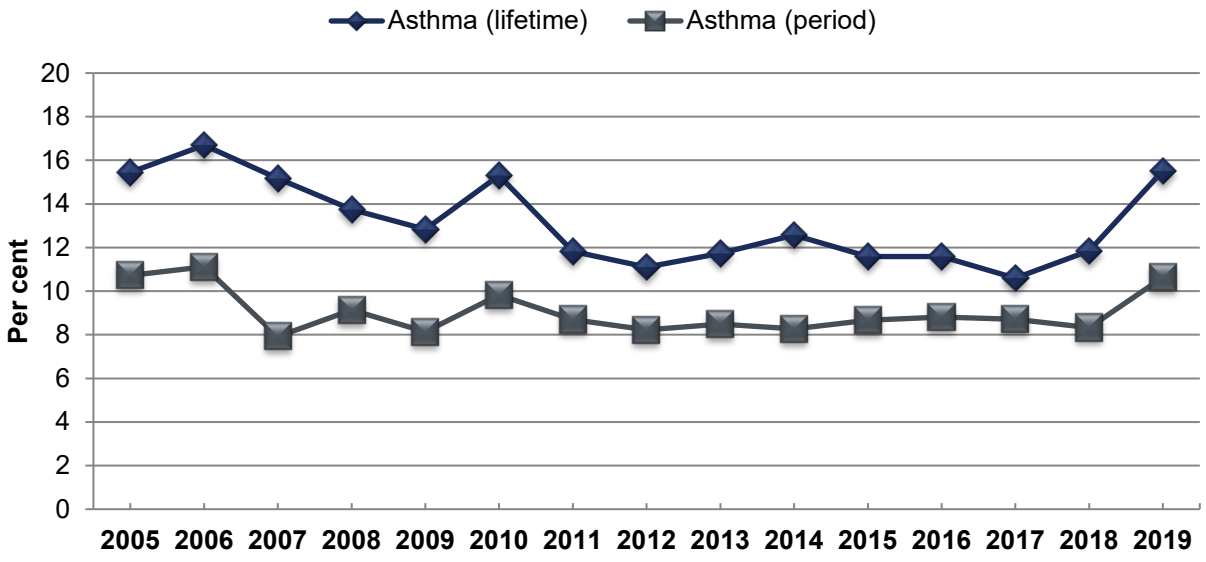
The annual prevalence estimates of childhood asthma are shown in Table 11 and Figure 3. The lifetime prevalence and 12-month period prevalence of asthma estimates for 2019 were similar to those for 2005.

Table 11: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–19

	Lifetime (a)		Period (b)	
	%	95% CI	%	95% CI
2005	15.4	(12.7 - 18.2)	10.7	(8.4 - 13.1)
2006	16.7	(14.1 - 19.3)	11.1	(8.9 - 13.4)
2007	15.2	(11.7 - 18.7)	7.9	(5.5 - 10.4)
2008	13.7	(10.5 - 17.0)	9.1	(6.3 - 12.0)
2009	12.8	(11.1 - 14.6)	8.1	(6.6 - 9.6)
2010	15.3	(12.3 - 18.3)	9.8	(7.3 - 12.3)
2011	11.8	(8.7 - 14.9)	8.7	(5.9 - 11.5)
2012	11.1	(8.5 - 13.7)	8.2	(5.9 - 10.6)
2013	11.7	(8.9 - 14.5)	8.5	(6.1 - 10.9)
2014	12.6	(9.4 - 15.8)	8.3	(5.6 - 10.9)
2015	11.6	(8.6 - 14.5)	8.7	(6.1 - 11.3)
2016	11.6	(8.5 - 14.7)	8.8	(6.0 - 11.7)
2017	10.6	(7.9 - 13.3)	8.7	(6.2 - 11.3)
2018	11.8	(8.5 - 15.2)	8.3	(5.4 - 11.3)
2019	15.5	(11.5 - 19.5)	10.6	(7.2 - 14.1)

(a) Children whose parent/carer reported they had been told by a doctor or nurse that the child had asthma (ever).
(b) Children whose parent/carer reported the child has had symptoms of, or treatment for, asthma in the last 12 months.

Figure 3: Prevalence of children with asthma, 0 to 15 years, HWSS 2005–19



7.3 Injuries

Injury is a leading and often preventable cause of hospitalisation and death in Australia.[10] Parents/carers were asked whether their child had an injury in the past 12 months that required treatment from a health professional (Table 12). It is estimated that 113,376 children aged 0 to 15 years (21.1%) had sustained an injury in the past 12 months that required treatment from a health professional.

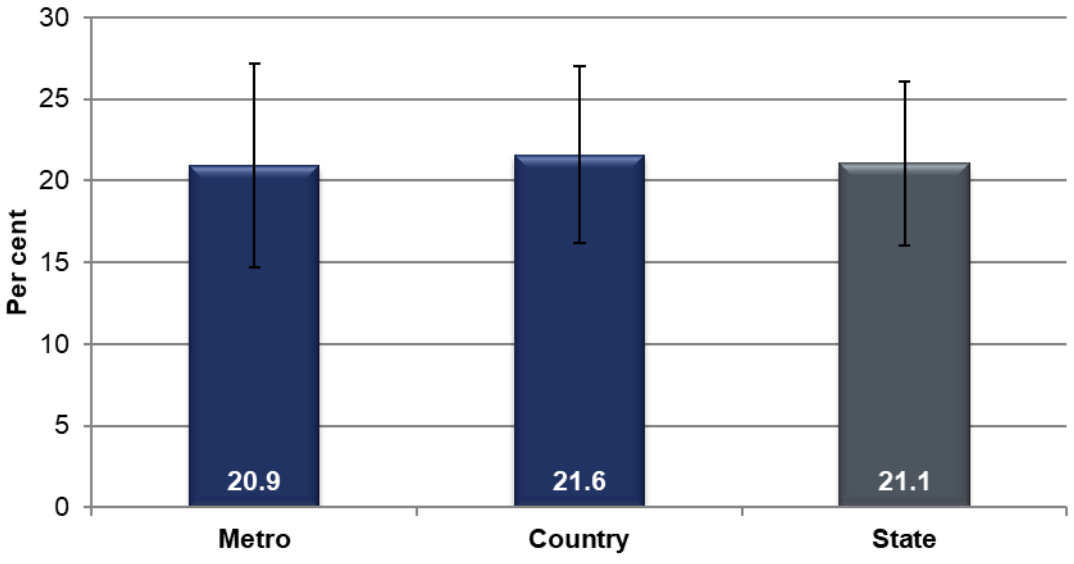
Table 12: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2019

	%	95% CI
Age Group		
0 to 4 yrs	14.0 *	(3.2 - 24.8)
5 to 9 yrs	15.6	(8.8 - 22.5)
10 to 15 yrs	32.2	(25.4 - 39.1)
Gender		
Boys	26.7	(19.1 - 34.3)
Girls	15.1	(9.3 - 21.0)
Children	21.1	(16.0 - 26.1)

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

Figure 4 shows the proportion of children who had an injury in the past 12 months that required treatment by a health professional, by geographic area of residence. The proportion of children injured in the past 12 months that required treatment from a health professional was similar in metro and country areas.

Figure 4: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, by geographic area, 0 to 15 years, HWSS 2019

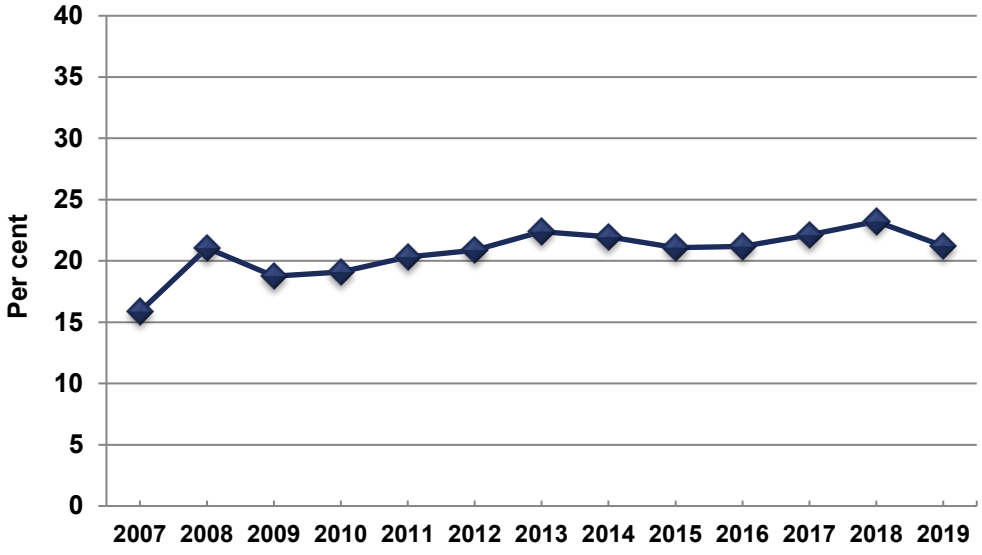


The annual prevalence estimates for WA children aged 0 to 15 years sustaining injuries requiring treatment from a health professional in the past 12 months are shown in Table 13 and Figure 5. In 2019, the proportion of children aged 0 to 15 years who sustained an injury in the past 12 months was similar to 2007.

Table 13: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–19

	%	95% CI
2007	15.9	(11.3 - 20.4)
2008	21.1	(17.1 - 25.0)
2009	18.8	(16.5 - 21.0)
2010	19.1	(15.6 - 22.6)
2011	20.3	(16.5 - 24.1)
2012	20.9	(17.3 - 24.4)
2013	22.4	(18.2 - 26.5)
2014	22.0	(17.7 - 26.2)
2015	21.1	(17.3 - 24.8)
2016	21.2	(17.4 - 24.9)
2017	22.1	(17.7 - 26.5)
2018	23.2	(17.8 - 28.6)
2019	21.2	(16.3 - 26.1)

Figure 5: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2007–19



The mean number of injuries that required treatment from a health professional in the past 12 months is shown in Table 14 and is reported to two decimal places given their small size. It is possible to have a mean number of injuries that is less than one as the majority of children do not experience any injury in the previous year. The mean number of injuries for children aged 0 to 15 years in 2019 was 0.33.

The mean number of injuries that required treatment from a health professional in the past 12 months was similar among age groups and among boys and girls.

Table 14: Mean number of injuries requiring treatment from a health professional, 0 to 15 years, HWSS 2019

	mean	95% CI
Age Group		
0 to 4 yrs	0.23 *	(0.03 - 0.43)
5 to 9 yrs	0.24	(0.13 - 0.35)
10 to 15 yrs	0.49	(0.37 - 0.62)
Gender		
Boys	0.41	(0.27 - 0.55)
Girls	0.24	(0.14 - 0.34)
Children	0.33	(0.24 - 0.42)

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

The mean number of injuries that required treatment from a health professional in the past 12 months since 2007 is shown in Table 15. The mean number of injuries for children aged 0 to 15 years that required treatment from a health professional his increased from 0.24 in 2007 to 0.33 in 2019.

Table 15: Mean number of injuries, 0 to 15 years, HWSS 2007–19

	mean	95% CI
2007	0.24	(0.18 - 0.29)
2008	0.30	(0.23 - 0.37)
2009	0.25	(0.22 - 0.29)
2010	0.28	(0.21 - 0.34)
2011	0.34	(0.26 - 0.42)
2012	0.34	(0.26 - 0.42)
2013	0.34	(0.26 - 0.42)
2014	0.40	(0.23 - 0.57)
2015	0.33	(0.25 - 0.41)
2016	0.31	(0.25 - 0.38)
2017	0.32	(0.25 - 0.39)
2018	0.32	(0.24 - 0.39)
2019	0.33	(0.24 - 0.42)

8. LIFESTYLE BEHAVIOURS

There are many important influences including biological, social, community and family factors that can impact upon childhood development and behaviours into adulthood.[7] These factors may have a positive effect on health (such as being breastfed or having a high consumption of fruit and vegetables), or a negative effect (such as physical inactivity, being exposed to cigarette smoke or unprotected exposure to the sun).[11] These modifiable lifestyle behaviours are also associated with the onset of some physiological risk factors such as overweight and obesity, or chronic conditions such as asthma or some cancers.

8.1 Breastfeeding

Breastfeeding is an important contributor to infant health, as it promotes the survival, growth, development and health of infants and young children. It helps protect against many conditions, including diarrhoea, respiratory and ear infections as well as obesity and chronic diseases later in life. Australia's national infant feeding guidelines recommend exclusive breastfeeding for infants until six months with the introduction of solid food at around six months and continued breastfeeding until at least twelve months.[12]

In 2011, national breastfeeding indicators were developed to assist with the reporting of breastfeeding prevalence in Australia and meeting the national infant feeding recommendation around exclusive breastfeeding.[13] A total of six indicators were agreed upon, three of which are reported on in this report. Reporting of the selected indicators uses the same age breakdowns as those used in the AIHW national infant feeding survey, where possible.[14]

Parents/carers are asked if their child was breastfed, and if so, how long their child received breast milk for, as well as at what age they introduced water, infant formula, liquids other than water and formula, and foods other than liquids. Due to the increased risk of recall bias for parents/carers answering questions on early childhood events on behalf of older children, questions were only asked of parents/carers with children aged less than 5 years at the time of the interview in 2019. When calculating the proportion of children meeting each indicator, children that were not old enough at the time of interview to have reached the milestone were excluded. For example, if the duration of breastfeeding was less than 3 months, then a child must be aged at least 2 months old to be included in the analysis.

At the time of interview in 2019, 85.8 per cent of children aged 0 to 4 years had received some breast-milk in their lifetime.

8.1.1 Exclusive breastfeeding

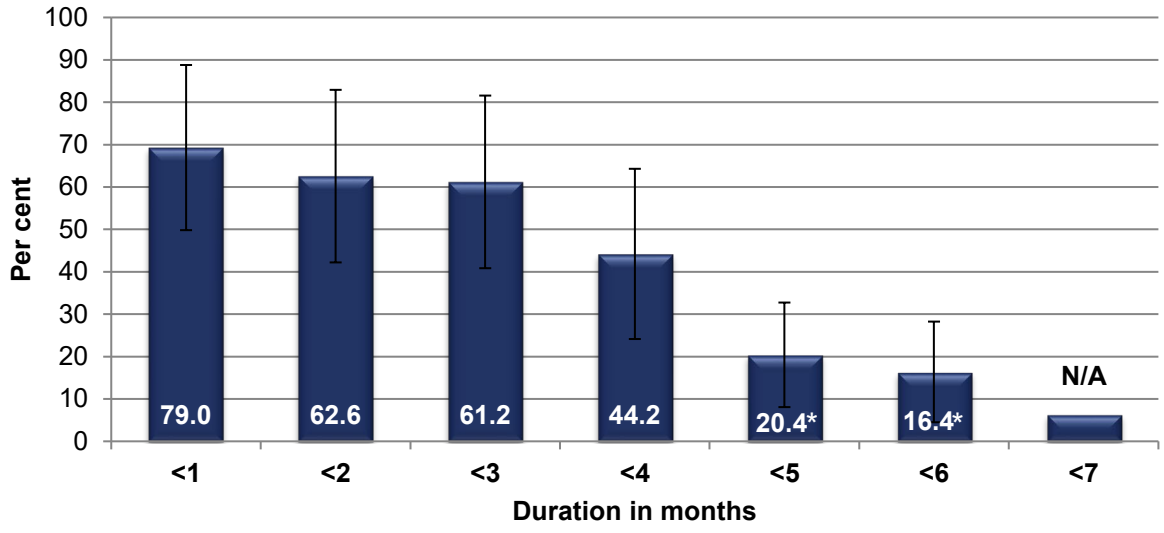
Table 16 and Figure 6 show the proportion of children exclusively breastfed to each month of age, from 0 to 6 months. Exclusive breastfeeding refers to children who received breast milk in the designated period and did not receive water, infant formula, other liquids or solid foods.

Table 16: Proportion of children exclusively breastfed to each month of age, 0 to 4 years, HWSS 2019

To month[(a)]	Duration exclusively breastfed for	Proportion of children exclusively breastfed [(b)]	
		%	95% CI
0	Less than 1 month	69.3	(49.8 - 88.8)
1	Less than 2 months	62.6	(42.2 - 82.9)
2	Less than 3 months	61.2	(40.8 - 81.6)
3	Less than 4 months	44.2	(24.1 - 64.3)
4	Less than 5 months	20.4 *	(8.1 - 32.7)
5	Less than 6 months	16.4 *	(4.5 - 28.2)
6	Less than 7 months	N/A	(N/A - N/A)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.
(a) 'To' indicates an infant's age the month before a fluid other than breast milk was introduced. This is effectively the month before another fluid was introduced. For example, a child who was introduced to water when they were aged 4 months (in their fifth month of life) was exclusively breastfed to 4 months of age (that is, they had 4 completed months of exclusive breastfeeding).
(b) There were only five respondents who reported that their child was exclusively breastfed to 6 months (less than 7 months) of age, resulting in a high RSE for this prevalence estimate.

Figure 6: Proportion of children exclusively breastfed to each month of age, 0 to 4 years, HWSS 2019



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

8.1.2 Predominant breastfeeding

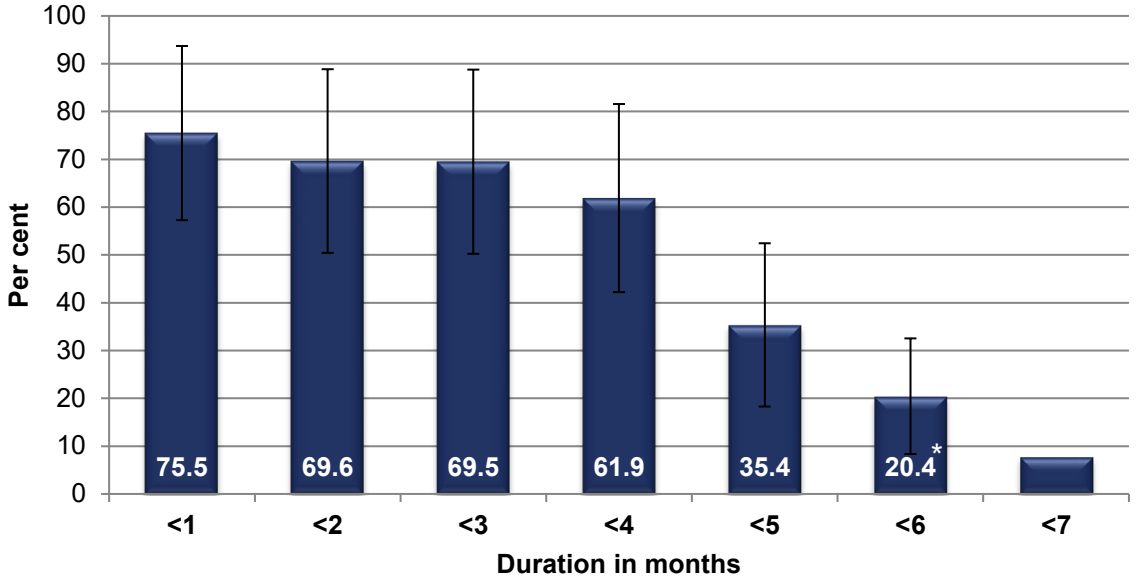
Table 17 and Figure 7 show the proportion of children predominantly breastfed to each month of age, from 0 to 6 months. Predominant breastfeeding refers to children who received breast milk as the predominant source of nourishment in the designated period. In order to be considered predominately breastfed, children are allowed to have received liquids but not infant formula or solid foods.

Table 17: Proportion of children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2019

To month[(a)]	Duration predominately breastfed for	Proportion of chlidren predominantly breastfed	
		%	95% CI
0	Less than 1 month	75.5	(57.3 - 93.7)
1	Less than 2 months	69.6	(50.4 - 88.9)
2	Less than 3 months	69.5	(50.2 - 88.8)
3	Less than 4 months	61.9	(42.2 - 81.6)
4	Less than 5 months	35.4	(18.3 - 52.4)
5	Less than 6 months	20.4 *	(8.4 - 32.5)
6	Less than 7 months	N/A	(N/A - N/A)

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.
(a) 'To' indicates an infant's age the month before the event occurred. For example, a child who was introduced to infant formula when they were aged 4 months (in their fifth month of life) was predominately breastfed to 4 months of age (that is, they had 4 completed months of predominant breastfeeding).

Figure 7: Proportion of children predominantly breastfed to each month of age, 0 to 4 years, HWSS 2019



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

8.2 Nutrition

8.2.1 Fruit and Vegetables

Healthy eating in childhood is critical for children's physical and mental development, it prevents overweight and obesity, promotes quality of life and can also prevent against infection.[6] Choosing healthy foods for infants and young children is important, because food preferences are established early in life. Unhealthy eating in childhood can increase the risk of developing chronic diseases in later life, including coronary heart disease, type 2 diabetes, musculoskeletal disorders, stroke, and some cancers[15] as well as protecting against premature death in adulthood.[6]

The National Health and Medical Research Council 2013 Australian Dietary Guidelines are presented in Table 18.[16] Parents/carers were asked to report how many serves of fruit their child usually eats each day, where a serve of fruit is equal to one medium piece, two small pieces or a cup of diced fruit. They were also asked to report how many serves of vegetables their child usually eats each day, where a serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad. As the consumption of half serves is not captured in the questions currently asked in the HWSS, for the purposes of reporting, the recommended number of serves are rounded down to the nearest whole number. The values reported by parents/carers on their child's usual fruit and vegetable consumption were then compared against the NHMRC Guidelines.

Table 18: NHMRC 2013 Australian Dietary Guidelines for fruit and vegetable daily consumption and HWSS reporting definitions, children 2 to 15 years

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

Table 19 shows the prevalence of children aged 2 to 15 years, by the number of serves of fruit they usually eat daily. In 2019, just over two-thirds of children aged 2 to 15 years (68.4%) were eating two or more serves of fruit daily. The prevalence of eating two or more serves of fruit daily was similar among age groups and among boys and girls.

Table 19: Prevalence of children by number of serves of fruit consumed daily, 2 to 15 years, HWSS 2019

	Doesn't eat fruit / eats less than one serve of fruit daily		Eats one serve of fruit daily		Eats two or more serves of fruit daily	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
2 to 3 yrs	N/A	(N/A - N/A)	N/A	(N/A - N/A)	87.9	(75.2 - 100.0)
4 to 8 yrs	N/A	(N/A - N/A)	27.0	(15.6 - 38.4)	69.0	(56.8 - 81.3)
9 to 15 yrs	9.7 *	(5.4 - 13.9)	29.1	(22.6 - 35.6)	61.3	(54.2 - 68.3)
Gender						
Boys	8.5 *	(2.4 - 14.5)	29.0	(21.5 - 36.5)	62.6	(54.0 - 71.2)
Girls	4.8 *	(1.4 - 8.2)	20.6	(12.1 - 29.2)	74.5	(65.4 - 83.7)
Children	6.7	(3.1 - 10.2)	24.9	(19.2 - 30.6)	68.4	(62.1 - 74.8)

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

Table 20 shows the prevalence of children 2 to 15 years, by the reported number of serves of vegetables they usually eat daily. In 2019, 30.3 per cent of children aged 2 to 15 years were eating one serve of vegetables daily and 31.4 per cent were eating two serves of vegetables daily. The prevalence of daily number of serves of vegetables consumed was similar among age groups and among boys and girls.

Table 20: Prevalence of children by number of serves of vegetables consumed daily, 2 to 15 years, HWSS 2019

	Doesn't eat vegetables / eats less than one serve of vegetables daily		Eats one serve of vegetables daily		Eats two serves of vegetables daily		Eats three serves of vegetables daily		Eats four or more serves of vegetables daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
2 to 3 yrs	N/A	(N/A - N/A)	37.6 *	(12.6 - 62.6)	31.9 *	(3.7 - 60.1)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
4 to 8 yrs	N/A	(N/A - N/A)	30.0	(18.4 - 41.6)	34.7	(23.1 - 46.3)	20.8 *	(8.4 - 33.2)	7.8 *	(3.2 - 12.4)
9 to 15 yrs	3.2 *	(1.1 - 5.3)	28.0	(20.5 - 35.4)	28.6	(22.2 - 35.0)	19.0	(13.9 - 24.0)	21.2	(15.2 - 27.3)
Gender										
Boys	7.5 *	(1.9 - 13.1)	36.1	(26.9 - 45.2)	29.6	(21.3 - 37.8)	13.9	(8.5 - 19.3)	12.9	(8.4 - 17.5)
Girls	N/A	(N/A - N/A)	24.2	(14.7 - 33.8)	33.2	(22.1 - 44.4)	26.1	(15.1 - 37.2)	15.5	(8.8 - 22.1)
Children	4.3 *	(1.3 - 7.3)	30.3	(23.5 - 37.0)	31.4	(24.5 - 38.3)	19.9	(13.6 - 26.2)	14.2	(10.2 - 18.2)

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

The prevalence of children aged 2 to 15 years meeting the 2013 guidelines for fruit and vegetable consumption is shown in Table 21. For children aged 2 to 15 years, 79.7 per cent ate sufficient daily serves of fruit, while only 16.2 per cent ate sufficient daily serves of vegetables, for their age and gender.

Children aged 9 to 15 years were significantly less likely to eat sufficient daily serves of fruit than children aged 2 to 3 years and 4 to 8 years (61.3% compared with 95.8% and 96.0%). The proportion of children eating sufficient serves of vegetables was significantly higher for children aged 2 to 3 years compared with children aged 4 to 8 years and 9 to 15 years (60.7% compared with 7.8% and 7.6%).

Table 21: Prevalence of children eating sufficient serves of fruit and/or vegetables, 2 to 15 years, HWSS 2019

	Eats sufficent daily serves of fruit for age and gender^		Eats sufficent daily serves of vegetables for age and gender^	
	%	95% CI	%	95% CI
Age Group				
2 to 3 yrs	95.8	(87.5 - 100.0)	60.7	(35.5 - 85.9)
4 to 8 yrs	96.0	(89.0 - 100.0)	7.8	(3.2 - 12.4)
9 to 15 yrs	61.3	(54.2 - 68.3)	7.6 *	(4.2 - 10.9)
Gender				
Boys	76.5	(69.3 - 83.8)	14.5	(7.4 - 21.7)
Girls	83.0	(76.7 - 89.2)	17.9	(6.3 - 29.5)
Children	79.7	(74.8 - 84.6)	16.2	(9.4 - 23.0)

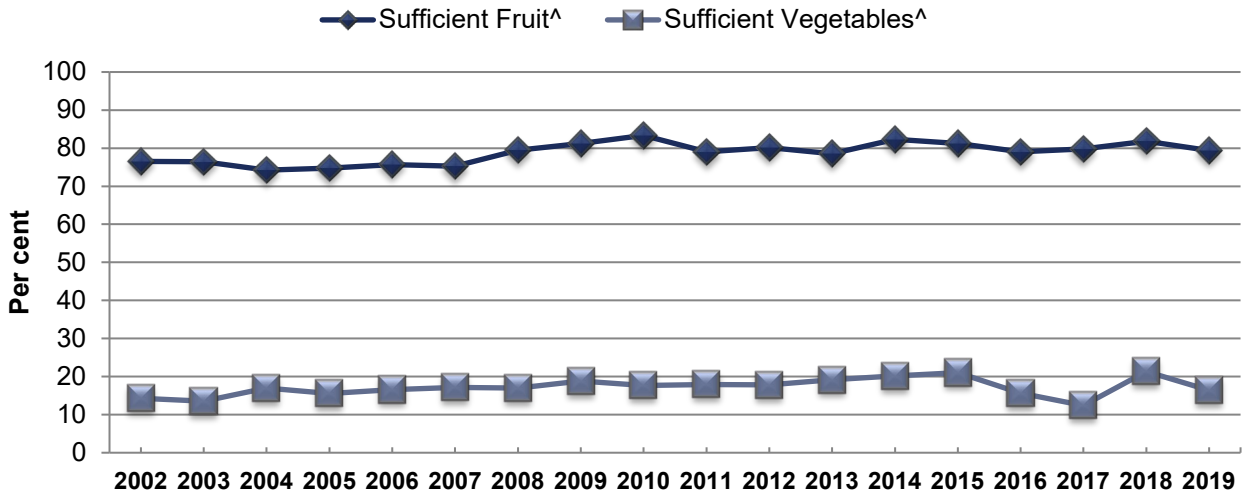
^ For reporting purposes guidelines that include half serves have been rounded down to the nearest whole number.
* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The annual prevalence of children aged 2 to 15 years consuming sufficient daily serves of fruit and vegetables based on the 2013 Australian Dietary Guidelines are shown in Table 22 and Figure 8.

Table 22: Prevalence of children eating sufficient serves of fruit and/or vegetables, 2 to 15 years, HWSS 2019

	Eats sufficent daily serves of fruit for age and gender^		Eats sufficent daily serves of vegetables for age and gender^	
	%	95% CI	%	95% CI
2002	76.5	(73.4 - 79.6)	14.3	(11.5 - 17.2)
2003	76.4	(73.5 - 79.4)	13.6	(11.1 - 16.0)
2004	74.2	(69.4 - 79.1)	17.0	(12.4 - 21.7)
2005	74.8	(71.2 - 78.3)	15.6	(12.8 - 18.4)
2006	75.7	(72.7 - 78.7)	16.5	(13.6 - 19.5)
2007	75.2	(70.7 - 79.7)	17.2	(13.2 - 21.2)
2008	79.5	(75.9 - 83.1)	17.0	(12.9 - 21.2)
2009	81.2	(79.2 - 83.2)	18.9	(16.1 - 21.6)
2010	83.3	(80.4 - 86.3)	17.7	(14.2 - 21.1)
2011	79.0	(75.1 - 83.0)	17.9	(14.0 - 21.8)
2012	80.1	(76.6 - 83.6)	17.8	(14.0 - 21.6)
2013	78.5	(74.7 - 82.4)	19.2	(14.8 - 23.6)
2014	82.4	(78.7 - 86.0)	20.2	(15.5 - 24.9)
2015	81.2	(77.6 - 84.9)	21.0	(16.5 - 25.6)
2016	79.0	(75.1 - 82.9)	15.6	(11.9 - 19.4)
2017	79.8	(76.2 - 83.5)	12.4	(8.8 - 16.0)
2018	81.8	(77.9 - 85.7)	21.3	(14.8 - 27.8)
2019	79.4	(74.5 - 84.2)	16.4	(9.7 - 23.1)

Figure 8: Prevalence of children eating sufficient serves of fruit and vegetables, 2013 Australian Dietary Guidelines for fruit and vegetable consumption, 2 to 15 years, HWSS 2002–19



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

The annual mean serves of fruit and vegetables eaten daily by children aged 2 to 15 years is shown in Table 23 and are reported to two decimal places given their small size. The mean number of serves of fruit and vegetables consumed daily by children aged 2 to 15 years is similar in 2019 compared with 2002.

Table 23: Mean daily fruit and vegetable serves, 2 to 15 years, HWSS 2002–19

	Fruit		Vegetables	
	mean	95% CI	mean	95% CI
2002	1.98	(1.88 - 2.07)	2.10	(1.98 - 2.21)
2003	1.99	(1.90 - 2.07)	2.02	(1.93 - 2.11)
2004	1.88	(1.75 - 2.00)	2.12	(1.97 - 2.26)
2005	1.91	(1.82 - 2.00)	2.31	(2.21 - 2.41)
2006	1.95	(1.85 - 2.04)	2.17	(2.07 - 2.27)
2007	1.99	(1.86 - 2.12)	2.22	(2.09 - 2.36)
2008	2.02	(1.92 - 2.12)	2.21	(2.09 - 2.34)
2009	2.11	(2.04 - 2.17)	2.35	(2.27 - 2.42)
2010	2.10	(2.00 - 2.19)	2.30	(2.19 - 2.41)
2011	1.94	(1.84 - 2.04)	2.39	(2.25 - 2.53)
2012	2.02	(1.92 - 2.12)	2.25	(2.14 - 2.35)
2013	1.98	(1.87 - 2.09)	2.24	(2.12 - 2.37)
2014	2.06	(1.94 - 2.18)	2.29	(2.16 - 2.42)
2015	2.08	(1.97 - 2.19)	2.38	(2.24 - 2.52)
2016	2.00	(1.90 - 2.11)	2.19	(2.06 - 2.31)
2017	1.94	(1.83 - 2.04)	2.07	(1.96 - 2.18)
2018	2.03	(1.91 - 2.14)	2.23	(2.09 - 2.38)
2019	2.00	(1.82 - 2.17)	2.18	(2.02 - 2.33)

8.2.2 Milk

Milk is one of the most complete foods as it contains nearly all the constituents of nutritional importance to humans. As milk provides around one-third of the saturated fat in the diet of children and adolescents, reduced-fat varieties are recommended for children aged 2 years and over.[12]

Parents/carers were asked what type of milk their child usually consumes. In 2019, almost three quarters (73.0%) of children aged 2 to 15 years usually consumed full fat or whole milk. Estimates for the type of milk usually consumed by children were similar among boys and girls, while the proportion of full fat milk consumed by children aged 10 to 15 years was significantly lower compared with children aged 2 to 4 years (62.6% compared with 85.9%) (Table 24).

Table 24: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2019

	Full fat/whole milk		Low/reduced fat/skim milk		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
2 to 4 yrs	85.9	(73.1 - 98.6)	N/A	(N/A - N/A)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	74.0	(64.7 - 83.4)	17.2	(9.3 - 25.2)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
10 to 15 yrs	62.6	(55.7 - 69.6)	30.3	(23.8 - 36.9)	2.7 *	(0.4 - 5.0)	4.3 *	(1.4 - 7.3)
Gender								
Boys	71.2	(62.9 - 79.4)	18.3	(12.6 - 24.0)	N/A	(N/A - N/A)	8.5 *	(1.6 - 15.4)
Girls	74.8	(67.0 - 82.6)	16.6	(10.4 - 22.7)	2.2 *	(0.3 - 4.0)	6.5 *	(2.5 - 10.4)

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

Annual prevalence estimates for the type of milk usually consumed are shown in Table 25. The proportion of children aged 2 to 15 years consuming full fat/whole milk is similar in 2002 compared with 2019.

Table 25: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2002–19

	Full fat/whole milk		Low/reduced fat/skim milk		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	69.7	(66.1 - 73.2)	28.7	(25.2 - 32.1)	N/A	(N/A - N/A)	1.5 *	(0.6 - 2.3)
2003	69.6	(66.3 - 72.9)	29.8	(26.5 - 33.1)	0.4 *	(0.0 - 0.8)	0.2 *	(0.0 - 0.5)
2004	72.9	(68.1 - 77.7)	22.5	(18.1 - 27.0)	1.9 *	(0.5 - 3.4)	2.7 *	(0.9 - 4.4)
2005	62.9	(59.0 - 66.7)	33.7	(30.0 - 37.5)	1.1 *	(0.3 - 2.0)	2.2 *	(1.1 - 3.3)
2006	60.6	(56.4 - 64.9)	36.3	(32.1 - 40.4)	1.2 *	(0.4 - 2.1)	1.9 *	(0.6 - 3.2)
2007	64.1	(59.1 - 69.0)	33.1	(28.3 - 37.9)	1.4 *	(0.1 - 2.8)	1.4 *	(0.5 - 2.3)
2008	65.1	(60.5 - 69.8)	31.7	(27.2 - 36.1)	1.3 *	(0.0 - 2.5)	1.9 *	(0.3 - 3.5)
2009	60.1	(57.1 - 63.0)	35.7	(32.9 - 38.5)	2.2	(1.2 - 3.3)	2.0	(1.4 - 2.6)
2010	56.8	(52.3 - 61.3)	39.1	(34.7 - 43.4)	1.6 *	(0.4 - 2.8)	2.5 *	(1.1 - 3.9)
2011	56.9	(51.9 - 62.0)	37.5	(32.6 - 42.4)	3.6 *	(1.4 - 5.9)	1.9 *	(0.5 - 3.3)
2012	55.5	(51.0 - 60.1)	39.1	(34.7 - 43.5)	2.1 *	(0.9 - 3.3)	3.2 *	(1.5 - 4.9)
2013	57.7	(52.7 - 62.7)	37.3	(32.5 - 42.1)	1.4 *	(0.2 - 2.7)	3.6 *	(1.7 - 5.5)
2014	52.8	(47.4 - 58.2)	40.2	(34.9 - 45.5)	4.3 *	(1.9 - 6.6)	2.7 *	(1.0 - 4.3)
2015	56.3	(51.3 - 61.3)	36.0	(31.2 - 40.9)	4.3	(2.2 - 6.3)	3.4 *	(1.6 - 5.2)
2016	62.4	(57.6 - 67.1)	31.4	(26.9 - 35.8)	3.6 *	(1.6 - 5.6)	2.6 *	(1.0 - 4.2)
2017	66.7	(61.9 - 71.4)	27.0	(22.6 - 31.4)	3.4 *	(1.7 - 5.2)	3.0 *	(1.2 - 4.7)
2018	57.2	(50.7 - 63.7)	32.7	(26.5 - 38.9)	4.3 *	(2.0 - 6.5)	5.8	(3.0 - 8.6)
2019	72.9	(67.3 - 78.5)	17.6	(13.4 - 21.7)	2.1 *	(0.5 - 3.7)	7.4 *	(3.5 - 11.3)

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

8.2.3 Fast Food

Parents/carers were asked how many times a week on average their child eats fast food meals, such as burgers, pizza, chicken or chips from fast food outlets. The prevalence of children by how frequently they eat fast food meals per week is shown in Table 26.

In 2019, it was estimated that just over one third of children aged 1 to 15 years (35.9%) never consumed meals from fast food outlets. School aged children aged 5 to 9 and 10 to 15 years were significantly more likely to consume fast food one or twice a week than children aged 1 to 4 years (48.9% and 46.2% compared with 14.2%). The estimated prevalence of fast food consumption was similar among boys and girls.

Table 26: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2019

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
1 to 4 yrs	41.6	(22.7 - 60.5)	38.9	(20.4 - 57.3)	19.5 *	(6.3 - 32.8)	N/A	(N/A - N/A)
5 to 9 yrs	30.3	(20.4 - 40.2)	29.7	(20.2 - 39.3)	39.2	(27.9 - 50.6)	N/A	(N/A - N/A)
10 to 15 yrs	36.1	(29.2 - 42.9)	24.3	(18.0 - 30.7)	38.1	(31.1 - 45.1)	N/A	(N/A - N/A)
Gender								
Boys	30.6	(22.8 - 38.4)	26.3	(18.3 - 34.2)	42.9	(34.0 - 51.9)	N/A	(N/A - N/A)
Girls	41.2	(29.5 - 53.0)	34.9	(23.6 - 46.2)	22.4	(14.5 - 30.3)	N/A	(N/A - N/A)
Children	35.9	(28.7 - 43.0)	30.5	(23.6 - 37.5)	32.8	(26.3 - 39.3)	N/A	(N/A - N/A)

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

The annual prevalence estimates for the number of times children consume fast food per week for 2002 to 2019 are shown in Table 27. The proportion of children who never consume meals from fast food restaurants increased significantly from 2002 to 2019 (16.2% to 36.1%).

Table 27: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2002–19

	Never		Less than once a week		Once or twice a week		Three or more times per week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	16.2	(12.8 - 19.6)	36.8	(32.4 - 41.1)	44.9	(40.5 - 49.3)	2.1 *	(0.9 - 3.2)
2003	10.1	(8.0 - 12.2)	42.3	(38.9 - 45.8)	45.8	(42.2 - 49.3)	1.8 *	(0.9 - 2.7)
2004	11.9	(8.4 - 15.3)	45.2	(39.8 - 50.6)	42.2	(36.8 - 47.6)	0.7 *	(0.2 - 1.2)
2005	12.0	(9.4 - 14.6)	44.7	(40.9 - 48.6)	41.4	(37.6 - 45.2)	1.9 *	(0.9 - 2.8)
2006	12.5	(9.6 - 15.3)	44.6	(40.5 - 48.8)	40.8	(36.7 - 44.9)	2.1 *	(1.0 - 3.2)
2007	17.7	(13.9 - 21.5)	38.7	(33.6 - 43.8)	40.3	(35.3 - 45.3)	3.3 *	(1.2 - 5.5)
2008	11.6	(8.6 - 14.5)	42.6	(37.7 - 47.5)	44.1	(39.2 - 48.9)	1.8 *	(0.7 - 2.9)
2009	21.2	(18.3 - 24.0)	36.1	(33.1 - 39.1)	40.8	(37.9 - 43.7)	2.0 *	(1.0 - 3.0)
2010	18.4	(15.1 - 21.6)	40.7	(36.3 - 45.0)	38.3	(34.0 - 42.5)	2.7	(1.4 - 4.0)
2011	23.5	(19.1 - 28.0)	35.9	(31.1 - 40.7)	38.6	(33.8 - 43.4)	2.0 *	(0.5 - 3.5)
2012	23.1	(19.3 - 26.9)	36.7	(32.5 - 41.0)	37.9	(33.5 - 42.3)	2.3 *	(0.9 - 3.6)
2013	23.6	(18.8 - 28.4)	32.8	(28.2 - 37.4)	40.8	(35.8 - 45.8)	2.8 *	(0.9 - 4.8)
2014	25.0	(20.5 - 29.5)	43.5	(38.1 - 48.9)	30.0	(25.2 - 34.7)	1.5 *	(0.3 - 2.7)
2015	24.5	(20.3 - 28.7)	41.4	(36.4 - 46.3)	33.1	(28.6 - 37.7)	1.0 *	(0.3 - 1.6)
2016	29.5	(25.0 - 34.0)	36.0	(31.3 - 40.7)	33.0	(28.5 - 37.5)	1.4 *	(0.3 - 2.5)
2017	28.5	(23.8 - 33.3)	34.7	(29.5 - 40.0)	33.8	(29.1 - 38.5)	2.9 *	(0.9 - 5.0)
2018	27.8	(21.3 - 34.2)	33.2	(26.9 - 39.4)	37.5	(31.6 - 43.3)	N/A	(N/A - N/A)
2019	36.1	(29.1 - 43.1)	30.5	(23.7 - 37.3)	32.6	(26.4 - 38.9)	N/A	(N/A - N/A)

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

8.3 Physical activity and sedentary behaviour

Physical activity is important for children's health as it influences growth and development, improves mental health and reduces the risk of overweight and obesity and developing chronic health conditions later in life.[17-19]

8.3.1 Physical activity

Parents/carers were asked to rate their child's physical activity level, as shown in Table 28. Approximately half (53.0%) of children aged 5 to 15 years were reported to be very active. It is estimated that almost one in thirty (3.4%) children were not very active/not at all active.

Table 28: Prevalence of children by parent/carer-rated physical activity level, 5 to 15 years, HWSS 2019

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	64.7	(54.3 - 75.2)	21.6	(13.4 - 29.7)	13.3 *	(4.9 - 21.6)	N/A	(N/A - N/A)
10 to 15 yrs	42.6	(35.4 - 49.8)	34.1	(27.0 - 41.2)	17.2	(12.0 - 22.4)	6.1	(3.2 - 9.1)
Gender								
Boys	55.1	(46.4 - 63.7)	22.8	(16.5 - 29.1)	17.8	(9.9 - 25.7)	4.4 *	(2.1 - 6.7)
Girls	50.9	(41.2 - 60.5)	33.9	(24.9 - 42.9)	12.8	(8.0 - 17.6)	2.5 *	(0.1 - 4.8)
Children	53.0	(46.6 - 59.5)	28.2	(22.6 - 33.7)	15.3	(10.6 - 20.1)	3.4	(1.8 - 5.1)

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

Estimates for parent/carer-rated physical activity levels for 2019 were similar to 2005 (Table 28).

Table 29: Prevalence of children by parent/carer rated physical activity level, 5 to 15 years, HWSS 2005–19

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	48.8	(44.2 - 53.3)	28.9	(24.8 - 32.9)	17.1	(13.5 - 20.6)	5.3	(3.3 - 7.3)
2006	50.3	(46.1 - 54.5)	28.9	(25.2 - 32.6)	18.4	(15.3 - 21.5)	2.4	(1.3 - 3.5)
2007	51.4	(45.6 - 57.3)	26.1	(21.1 - 31.1)	19.2	(14.6 - 23.7)	3.3	* (1.3 - 5.4)
2008	53.3	(47.9 58.8)	26.9	(22.1 - 31.7)	14.6	(10.8 - 18.3)	5.2	(3.0 - 7.4)
2009	47.7	(45.2 - 50.2)	33.0	(30.6 - 35.4)	15.3	(13.5 - 17.1)	4.0	(3.1 - 4.9)
2010	51.7	(46.7 - 56.7)	29.3	(24.7 - 33.8)	13.9	(10.5 - 17.2)	5.1	(2.9 - 7.4)
2011	52.1	(46.5 - 57.8)	28.5	(23.3 - 33.7)	17.2	(12.9 - 21.5)	2.2	* (0.7 - 3.6)
2012	49.6	(44.6 - 54.7)	30.2	(25.6 - 34.8)	14.7	(11.1 - 18.2)	5.5	(3.2 - 7.8)
2013	46.1	(40.9 - 51.4)	30.5	(25.5 - 35.5)	20.0	(15.8 - 24.3)	3.3	* (1.5 - 5.2)
2014	47.8	(42.0 - 53.6)	28.8	(23.6 - 34.0)	17.5	(12.7 - 22.2)	5.9	(3.3 - 8.5)
2015	50.4	(45.0 - 55.8)	27.3	(22.4 - 32.2)	17.3	(13.4 - 21.2)	5.0	* (2.4 - 7.6)
2016	53.1	(47.9 - 58.3)	26.3	(21.8 - 30.9)	16.7	(13.0 - 20.3)	3.9	(2.0 - 5.8)
2017	55.0	(50.0 - 60.0)	22.1	(18.1 - 26.1)	16.5	(12.9 - 20.2)	6.4	(4.0 - 8.7)
2018	49.2	(43.3 - 55.2)	28.5	(23.0 - 33.9)	17.9	(13.5 - 22.4)	4.4	(2.3 - 6.5)
2019	52.3	(46.1 - 58.5)	28.6	(23.2 - 34.0)	15.5	(10.9 - 20.1)	3.6	(1.9 - 5.2)

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

Children aged between 5 and 15 years are required to complete at least 60 minutes of moderate to vigorous physical activity each day to achieve good health, based on the 2019 Australian 24-Hour Movement Guidelines for Children and Young People.[18]

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

The estimates of weekly physical activity for children 5 to 15 years are shown in Table 29. Overall, 38.8 per cent of children aged 5 to 15 years completed sufficient amounts of physical activity. Estimates for the prevalence of children who are sufficiently active were similar among age groups and among boys and girls.

Table 30: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2019

	No sessions of physical activity per week		Physically active 1 to 6 sessions per week		Physically active 7 or more sessions per week but less than 60 mins a session		Physically active 7 or more sessions per week and at least 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	3.6 *	(0.1 - 7.1)	29.3	(18.9 - 39.7)	19.1	(10.2 - 28.1)	48.0	(36.6 - 59.4)
10 to 15 yrs	9.9	(5.3 - 14.6)	37.6	(30.6 - 44.6)	21.8	(15.5 - 28.1)	30.7	(23.9 - 37.5)
Gender								
Boys	5.5 *	(2.2 - 8.8)	30.3	(22.7 - 38.0)	18.9	(12.4 - 25.5)	45.2	(36.2 - 54.3)
Girls	8.4 *	(3.4 - 13.5)	37.1	(27.6 - 46.6)	22.1	(13.6 - 30.6)	32.3	(23.3 - 41.3)
Children	7.0	(4.0 - 10.0)	33.7	(27.6 - 39.8)	20.5	(15.2 - 25.9)	38.8	(32.2 - 45.4)

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

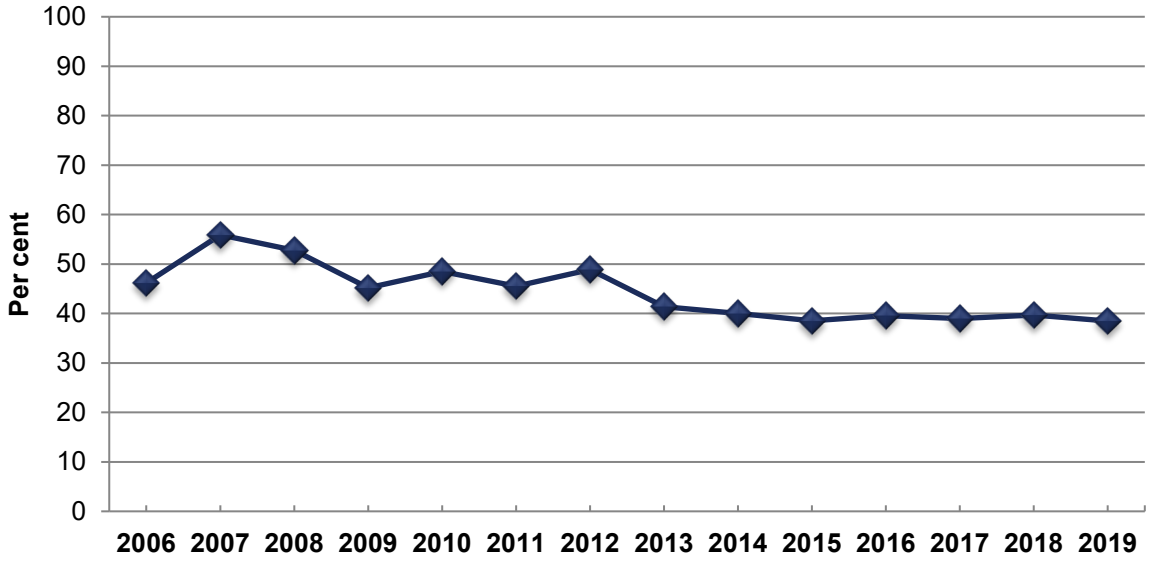
The annual prevalence estimates of weekly physical activity are shown in Table 30 and Figure 9. The proportion of children completing sufficient levels of physical activity in 2019 (38.5%) was lower compared with 2007 (55.9%) and 2008 (52.8%).

Table 31: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2006–19

	No sessions of physical activity per week		Physically active 1 to 6 sessions per week		Physically active 7 or more sessions per week but less than 60 mins a session		Physically active 7 or more sessions per week and at least 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2006	2.2	(1.2 - 3.2)	31.1	(27.2 - 35.0)	20.5	(17.1 - 24.0)	46.1	(41.9 - 50.4)
2007	2.6 *	(1.0 - 4.3)	26.5	(21.4 - 31.7)	14.9	(10.9 - 18.9)	55.9	(50.0 - 61.8)
2008	3.3 *	(1.4 - 5.2)	28.6	(23.4 - 33.8)	15.3	(11.4 - 19.2)	52.8	(47.1 - 58.5)
2009	4.0	(3.0 - 4.9)	36.4	(34.0 - 38.8)	14.4	(12.6 - 16.2)	45.2	(42.7 - 47.7)
2010	3.3	(1.8 - 4.9)	32.5	(27.8 - 37.3)	15.6	(12.0 - 19.2)	48.5	(43.4 - 53.6)
2011	4.1 *	(1.2 - 6.9)	32.0	(26.7 - 37.4)	18.4	(14.0 - 22.7)	45.5	(39.9 - 51.2)
2012	4.6	(2.4 - 6.9)	31.9	(27.3 - 36.5)	14.5	(10.9 - 18.2)	48.9	(43.8 - 54.0)
2013	6.2	(3.4 - 8.9)	34.8	(29.8 - 39.9)	17.6	(13.4 - 21.8)	41.4	(36.1 - 46.7)
2014	5.6 *	(2.7 - 8.5)	35.9	(30.3 - 41.4)	18.5	(14.0 - 23.0)	40.0	(34.3 - 45.8)
2015	3.6	(1.9 - 5.3)	35.5	(30.2 - 40.8)	22.4	(17.6 - 27.1)	38.5	(33.2 - 43.9)
2016	3.8	(2.0 - 5.7)	35.7	(30.6 - 40.8)	20.9	(16.6 - 25.3)	39.6	(34.4 - 44.8)
2017	4.3	(2.4 - 6.2)	41.6	(36.6 - 46.7)	15.1	(11.5 - 18.6)	39.0	(34.0 - 44.0)
2018	9.8	(6.2 - 13.5)	31.9	(26.5 - 37.3)	18.5	(13.9 - 23.2)	39.7	(33.7 - 45.7)
2019	7.1	(4.1 - 10.1)	34.0	(28.0 - 39.9)	20.5	(15.3 - 25.7)	38.5	(32.2 - 44.8)

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

Figure 9: Prevalence of children completing sufficient weekly physical activity, 5 to 15 years, HWSS 2006–19



The annual estimates for mean minutes spent in physical activity per week, for children 5 to 15 years, are shown in Table 31.

Table 32: Mean time (minutes) spent in physical activity per week, 5 to 15 years, HWSS 2006–19

	mean	95% CI
2006	501.8	(466.4 - 537.2)
2007	595.0	(535.5 - 654.5)
2008	584.5	(528.7 - 640.3)
2009	558.7	(536.2 - 581.3)
2010	520.4	(475.7 - 565.2)
2011	532.9	(484.3 - 581.5)
2012	565.8	(514.2 - 617.5)
2013	514.5	(472.3 - 556.7)
2014	496.1	(441.1 - 551.2)
2015	477.0	(430.1 - 523.9)
2016	463.1	(428.4 - 497.8)
2017	474.4	(432.5 - 516.3)
2018	502.9	(447.9 - 557.8)
2019	485.2	(432.4 - 538.0)

8.3.2 Sedentary recreational screen time

The Australian 24-Hour Movement Guidelines for Children and Young People make recommendations about the maximum amount of time children aged 0 to 17 years should spend in sedentary recreational screen time (for example television, seated electronic games and computer use).[18] The guidelines recommend no use of electronic media for children less than 2 years of age, less than one hour of use daily for children 2 years to under 5 years of age and no more than 2 hours of use daily for children 5 to 17 years of age.

The proportion of children aged 0 to 15 years who met the guidelines for their specific age group is shown in Table 32. Children aged 5 to 15 years were significantly more likely to meet daily recreational time screen usage guidelines compared with children aged 2 to under 5 years (78.6% compared with 31.9%). While the proportion of girls who met the guidelines was higher when compared with boys, this difference was not statistically significant.

Table 33: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2019

	Does not meet guidelines for electronic media use		Meets guidelines for electronic media use	
	%	95% CI	%	95% CI
Age Group				
0 to < 2 yrs	N/A	(N/A - N/A)	N/A	(N/A - N/A)
2 to <5 yrs	68.1	(47.5 - 88.8)	31.9 *	(11.2 - 52.5)
5 to 15 yrs	21.4	(15.5 - 27.2)	78.6	(72.8 - 84.5)
Gender				
Boys	41.8	(32.7 - 50.9)	58.2	(49.1 - 67.3)
Girls	27.3	(16.3 - 38.2)	72.7	(61.8 - 83.7)
Children	34.7	(27.5 - 41.8)	65.3	(58.2 - 72.5)

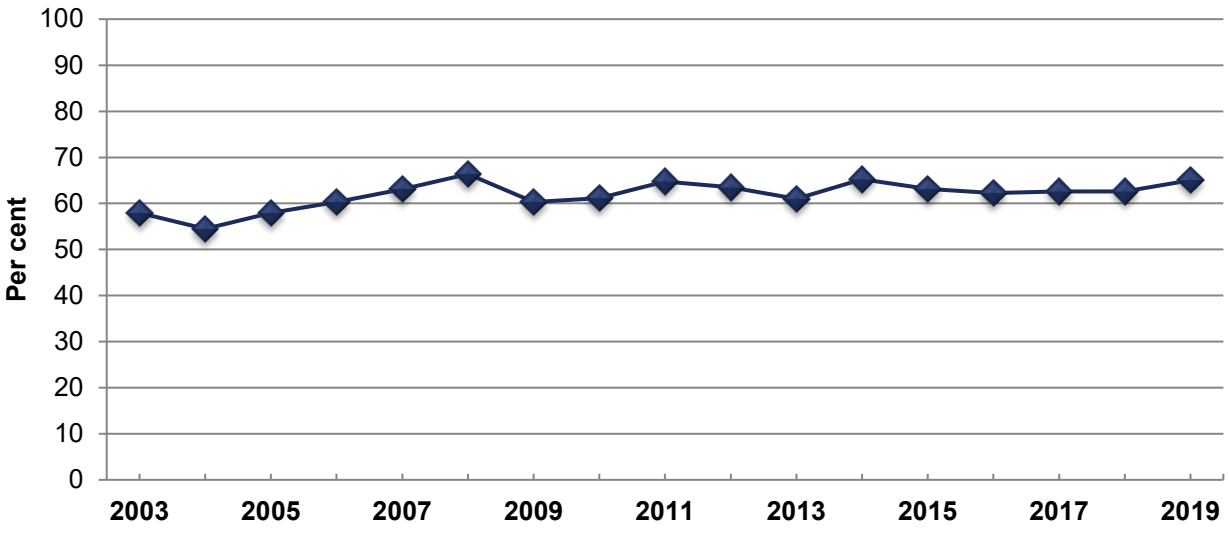
* Prevalence estimate has an RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

The annual estimates of the proportion of children meeting the Australian sedentary behaviour guidelines for sedentary recreational screen time are shown in Table 33 and Figure 10. The proportion of children meeting the Australian sedentary behaviour guidelines for sedentary recreational screen time was similar in 2019 and 2003.

Table 34: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–19

	Meets guidelines for electronic media use		Does not meet guidelines for electronic media use	
	%	95% CI	%	95% CI
2003	57.9	(54.5 - 61.4)	42.1	(38.6 - 45.5)
2004	54.5	(49.1 - 59.9)	45.5	(40.1 - 50.9)
2005	57.9	(54.2 - 61.7)	42.1	(38.3 - 45.8)
2006	60.3	(56.8 - 63.7)	39.7	(36.3 - 43.2)
2007	63.1	(58.1 - 68.0)	36.9	(32.0 - 41.9)
2008	66.4	(61.8 - 70.9)	33.6	(29.1 - 38.2)
2009	60.3	(57.1 - 63.4)	39.7	(36.6 - 42.9)
2010	61.1	(56.9 - 65.3)	38.9	(34.7 - 43.1)
2011	64.8	(59.9 - 69.6)	35.2	(30.4 - 40.1)
2012	63.5	(59.2 - 67.8)	36.5	(32.2 - 40.8)
2013	61.0	(56.0 - 66.0)	39.0	(34.0 - 44.0)
2014	65.2	(60.1 - 70.4)	34.8	(29.6 - 39.9)
2015	63.2	(58.5 - 67.8)	36.8	(32.2 - 41.5)
2016	62.2	(57.5 - 67.0)	37.8	(33.0 - 42.5)
2017	62.6	(57.2 - 68.0)	37.4	(32.0 - 42.8)
2018	62.6	(55.8 - 69.4)	37.4	(30.6 - 44.2)
2019	65.0	(58.1 - 72.0)	35.0	(28.0 - 41.9)

Figure 10: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2003–19



8.4 Body mass index

Children who are obese are likely to continue to be obese into and during adulthood and are more likely to develop cardiovascular disease, insulin resistance and Type 2 diabetes, osteoarthritis and some cancers.[20] Childhood overweight and obesity are of public health concern as they are largely preventable through healthy food choices, regular physical activity and supportive environments.[20]

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

Age and sex specific BMI categories were then used to classify children into not overweight or obese, overweight, and obese,[21] as shown in Table 34. Outliers and biologically implausible values were removed in the derivation of these categories.[22]

In 2019, it is estimated that nearly one in four (22.8%) children aged 5 to 15 years were either overweight or obese. The prevalence of overweight was similar among ages and among boys and girls. The prevalence of obesity in children aged 5 to 9 years was significantly higher than children aged 10 to 15 years (13.6% compared with 3.7%) but was similar between boys and girls.

Table 35: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2019

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
5 to 9 yrs	73.4	(63.6 - 83.1)	13.1	(5.9 - 20.2)	13.6 *	(5.9 - 21.2)
10 to 15 yrs	80.4	(75.1 - 85.7)	16.0	(11.0 - 20.9)	3.7 *	(1.6 - 5.7)
Gender						
Boys	75.0	(67.9 - 82.2)	15.9	(10.3 - 21.6)	9.0 *	(4.1 - 14.0)
Girls	79.5	(71.6 - 87.4)	13.3	(7.0 - 19.6)	7.2 *	(1.6 - 12.8)
Children	77.2	(71.9 - 82.5)	14.6	(10.4 - 18.9)	8.2	(4.4 - 11.9)

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

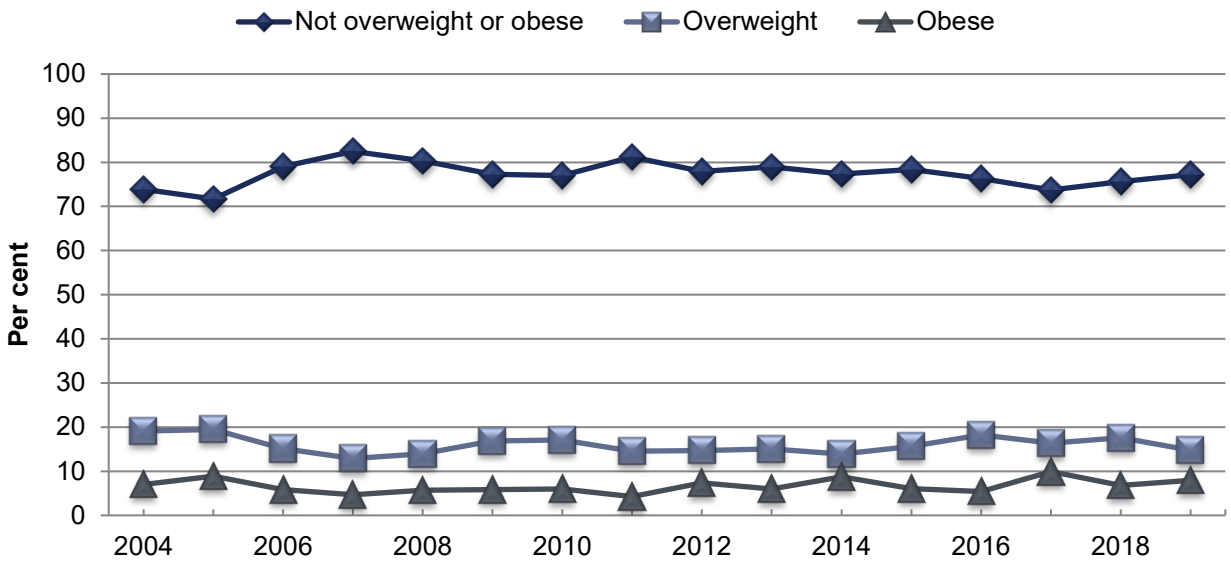
The annual prevalence estimates for body mass index categories is shown in Table 35 and Figure 11. Estimates in 2019 were similar to those in 2004.

Table 36: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–19

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
2004	73.9	(66.9 - 80.9)	19.1	(12.9 - 25.4)	7.0 *	(2.9 - 11.0)
2005	71.7	(66.4 - 77.0)	19.5	(14.9 - 24.0)	8.9	(5.3 - 12.4)
2006	79.0	(74.9 - 83.2)	15.1	(11.4 - 18.8)	5.8	(3.5 - 8.1)
2007	82.5	(77.2 - 87.8)	12.9	(8.2 - 17.6)	4.6 *	(1.8 - 7.4)
2008	80.3	(75.5 - 85.2)	14.0	(9.7 - 18.2)	5.7	(3.0 - 8.4)
2009	77.3	(75.1 - 79.5)	16.9	(14.9 - 18.8)	5.8	(4.6 - 7.0)
2010	77.0	(72.5 - 81.5)	17.0	(13.0 - 21.1)	6.0	(3.6 - 8.3)
2011	81.2	(76.8 - 85.7)	14.5	(10.6 - 18.4)	4.2 *	(1.8 - 6.7)
2012	77.9	(73.6 - 82.2)	14.7	(11.2 - 18.2)	7.4	(4.5 - 10.3)
2013	78.9	(74.4 - 83.5)	15.1	(11.1 - 19.1)	6.0	(3.4 - 8.5)
2014	77.4	(72.4 - 82.3)	13.9	(9.9 - 17.9)	8.7	(5.3 - 12.2)
2015	78.4	(73.8 - 82.9)	15.6	(11.5 - 19.8)	6.0	(3.7 - 8.4)
2016	76.3	(71.8 - 80.9)	18.2	(14.1 - 22.4)	5.4	(3.3 - 7.6)
2017	73.7	(69.0 - 78.5)	16.4	(12.3 - 20.4)	9.9	(6.6 - 13.2)
2018	75.7	(70.6 - 80.7)	17.6	(13.2 - 22.1)	6.7	(3.9 - 9.6)
2019	77.2	(72.1 - 82.3)	14.8	(10.7 - 18.9)	8.0	(4.5 - 11.5)

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

Figure 11: Prevalence of children by body mass index categories, 5 to 15 years, HWSS 2004–19



Parents/carers were asked for their perceptions of their child's weight (Table 36). Perceptions of weight have been reported against BMI-based weight categories derived from parent/carer-reported height and weight for the children.[21] For children aged 5 to 15 years with a BMI that classified them as overweight or obese, the majority (72.9%) had parents/carers who perceived their child's weight to be normal.

Table 37: Prevalence of children by parent/carer-perceived body weight, by Body Mass Index classification, 5 to 15 years, HWSS 2019

Body mass index classification	Parent / carer perception of child's body weight					
	Underweight		Normal weight		Overweight or very overweight	
	%	95% CI	%	95% CI	%	95% CI
Underweight	N/A	(N/A - N/A)	82.4	(60.3 - 100.0)	N/A	(N/A - N/A)
Normal weight	4.7	(1.9 - 7.6)	93.6	(90.6 - 96.7)	1.6 *	(0.3 - 2.9)
Overweight or obese	N/A	(N/A - N/A)	72.9	(62.4 - 83.5)	24.5	(14.7 - 34.3)

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

Parents/carers were then asked about their intentions to change their child's weight (Table 37). Intentions to change weight have been reported against BMI calculations based on parent/carer-reported height and weight for the child. Less than one in seven (15.5%) children classified as overweight or obese based on BMI had parents/carers who were intending to help them lose weight. Just over half of children classified as overweight or obese based on BMI had parents/carers who did not intend to change their child's weight (52.5%).

Table 38: Prevalence of children by parent/carer intentions regarding the child's weight, by Body Mass Index classification, 5 to 15 years, HWSS 2019

Body mass index classification	Parent / carer Intentions around child's body weight							
	Lose weight		Gain weight		Stay the same weight		I am not trying to do anything about my child's weight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Underweight	N/A	(N/A - N/A)	N/A	(N/A - N/A)	N/A	(N/A - N/A)	70.4 *	(44.5 - 96.2)
Normal weight	3.1 *	(0.5 - 5.8)	6.7 *	(2.9 - 10.4)	17.2	(11.6 - 22.8)	73.0	(66.3 - 79.8)
Overweight or obese	15.5	(7.9 - 23.0)	7.2 *	(0.1 - 14.3)	24.9 *	(11.8 - 37.9)	52.5	(39.2 - 65.7)

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

8.5 Smoking in the home

The negative health effects of second hand smoke on children are well documented. Second hand smoke is associated with numerous health conditions, such as respiratory infections, middle ear infections, more frequent colds and onset and severity of asthma. In addition, children in households with a smoker are more likely to smoke themselves in the future.[7]

The annual estimates of smoking within the home are shown in Table 38. The prevalence of children living in a smoke-free home has increased significantly from 2002 (90.5%) to 2019 (99.6%).

Table 39: Prevalence of children by exposure to smoke within the home, 0 to 15 years, HWSS 2002–19

	The home is smoke free		People occasionally or frequently smoke in the house	
	%	95% CI	%	95% CI
2002	90.5	(88.5 - 92.4)	9.5	(7.6 - 11.5)
2003	93.7	(92.2 - 95.1)	6.3	(4.9 - 7.8)
2004	91.2	(88.5 - 93.9)	8.8	(6.1 - 11.5)
2005	93.6	(91.8 - 95.4)	6.4	(4.6 - 8.2)
2006	96.5	(95.3 - 97.7)	3.5	(2.3 - 4.7)
2007	95.7	(93.9 - 97.5)	4.3	(2.5 - 6.1)
2008	96.5	(94.8 - 98.1)	3.5	(1.9 - 5.2)
2009	98.1	(97.5 - 98.6)	1.9	(1.4 - 2.5)
2010	98.2	(97.2 - 99.3)	1.8 *	(0.7 - 2.8)
2011	97.7	(96.2 - 99.1)	2.3 *	(0.9 - 3.8)
2012	97.8	(96.3 - 99.4)	2.2 *	(0.6 - 3.7)
2013	98.1	(96.7 - 99.4)	1.9 *	(0.6 - 3.3)
2014	98.9	(98.1 - 99.7)	1.1 *	(0.3 - 1.9)
2015	99.1	(98.3 - 99.9)	0.9 *	(0.1 - 1.7)
2016	99.5	(99.0 - 100.0)	N/A	(N/A - N/A)
2017	99.3	(98.7 - 99.9)	0.7 *	(0.1 - 1.3)
2018	99.7	(99.3 - 100.0)	0.3 *	(0.0 - 0.7)
2019	99.6	(99.1 - 100.0)	N/A	(N/A - N/A)

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

8.6 Sun protection

Almost all skin cancers are preventable if people protect themselves from the sun. Childhood sun exposure is particularly important in determining melanoma risk.[23] Table 39 shows the mean number of times children were sunburnt in the past 12 months increased significantly with age.

Table 40: Mean number of times sunburnt in past 12 months, 0 to 15 years, HWSS 2019

	mean	95% CI
Age Group		
0 to 4 yrs	0.4 *	(0.2 - 0.7)
5 to 9 yrs	1.3	(0.9 - 1.7)
10 to 15 yrs	2.4	(2.0 - 2.8)
Gender		
Boys	1.4	(1.1 - 1.7)
Girls	1.4	(1.1 - 1.8)
Children	1.4	(1.2 - 1.7)

* Estimate has an RSE between 25%-50% and should be used with caution.

Annual estimates for the mean number of times sunburnt in the past 12 months are shown in Table 40. Estimates were similar between 2019 and 2002.

Table 41: Mean times sunburnt in the past 12 months, 0 to 15 years, HWSS 2002–19

	mean	95% CI
2002	1.6	(1.3 - 1.9)
2003	1.4	(1.3 - 1.6)
2004	1.6	(1.4 - 1.9)
2005	1.3	(1.1 - 1.4)
2006	1.6	(1.3 - 1.7)
2007	1.5	(1.3 - 1.7)
2008	1.3	(1.2 - 1.5)
2009	1.1	(1.0 - 1.2)
2010	1.4	(1.2 - 1.5)
2011	1.5	(1.3 - 1.7)
2012	1.2	(1.1 - 1.3)
2013	1.5	(1.3 - 1.6)
2014	1.5	(1.3 - 1.7)
2015	1.5	(1.2 - 1.7)
2016	1.5	(1.2 - 1.8)
2017	1.7	(1.4 - 1.9)
2018	1.4	(1.2 - 1.6)
2019	1.5	(1.2 - 1.7)

Table 41 shows the prevalence of children by how often parents/carers checked to see whether their child was adequately protected before going out into the sunlight (i.e. wearing a hat, using sunscreen and keeping covered).

In 2019, children aged 10 to 15 years were less likely to always be checked by a parent/carer if they were adequately protected before going out into the sunlight compared with children aged 0 to 4 years (47.0% compared with 61.3%).

Table 42: Prevalence of children by how often parent/carer checks they are adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2019

	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	61.3	(43.8 - 78.9)	37.6	(20.1 - 55.1)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	64.6	(53.9 - 75.3)	29.4	(20.0 - 38.9)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
10 to 15 yrs	47.0	(39.8 - 54.3)	45.8	(38.5 - 53.0)	5.9 *	(2.7 - 9.1)	N/A	(N/A - N/A)
Gender								
Boys	56.8	(47.9 - 65.7)	37.3	(28.7 - 45.9)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
Girls	57.8	(46.6 - 68.9)	38.5	(27.4 - 49.6)	2.3 *	(0.6 - 4.0)	1.4 *	(0.0 - 2.7)
Children	57.2	(50.1 - 64.4)	37.9	(30.9 - 44.9)	3.9 *	(1.1 - 6.6)	1.0 *	(0.2 - 1.7)

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

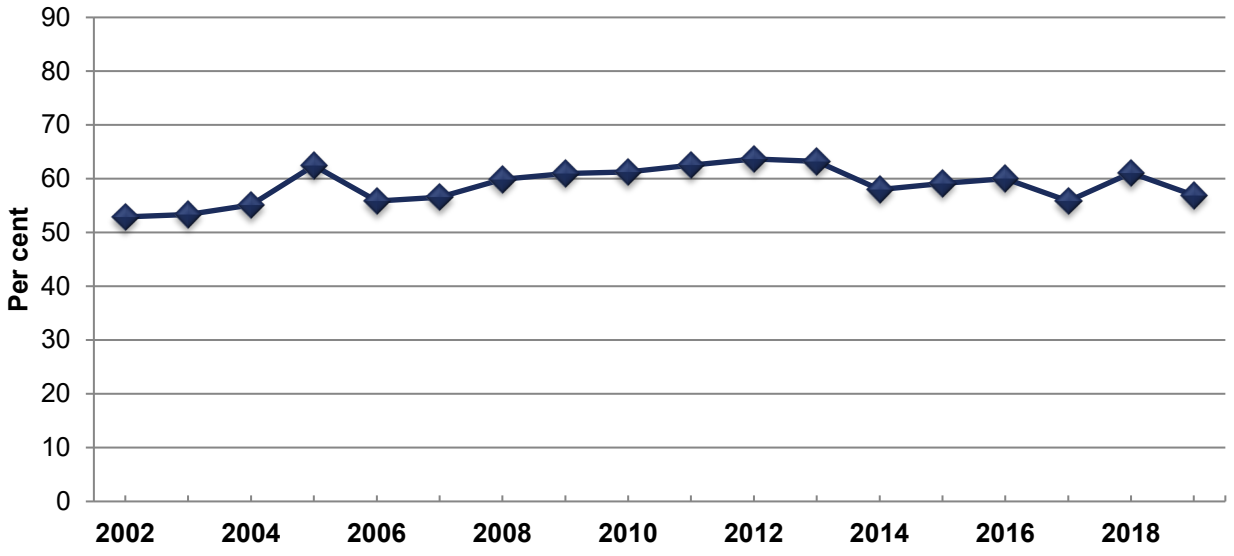
Annual prevalence estimates for children checked by parents/carers to ensure they are adequately protected before going out into the sun are shown in Table 42 and Figure 12. Estimates in 2019 were similar to those in 2002.

Table 43: Prevalence of children by how often parent/carer checks they are adequately protected before going into the sunlight, 0 to 15 years, HWSS 2002–19

	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	52.9	(49.1 - 56.7)	41.8	(38.1 - 45.6)	4.2	(2.8 - 5.5)	1.1 *	(0.4 - 1.8)
2003	53.3	(49.9 - 56.8)	40.8	(37.3 - 44.2)	4.4	(3.2 - 5.6)	1.5 *	(0.6 - 2.4)
2004	55.2	(49.8 - 60.5)	38.0	(32.7 - 43.2)	6.1	(3.4 - 8.7)	N/A	(N/A - N/A)
2005	62.5	(58.8 - 66.1)	30.9	(27.4 - 34.3)	5.6	(3.8 - 7.3)	1.1 *	(0.4 - 1.7)
2006	55.9	(52.3 - 59.4)	36.8	(33.4 - 40.2)	5.5	(3.8 - 7.2)	1.9 *	(0.8 - 2.9)
2007	56.5	(51.5 - 61.6)	35.0	(30.1 - 39.9)	7.0	(4.3 - 9.6)	1.5 *	(0.5 - 2.5)
2008	59.9	(55.3 - 64.6)	32.2	(27.8 - 36.7)	6.3	(4.2 - 8.5)	1.5 *	(0.4 - 2.6)
2009	61.0	(58.1 - 63.9)	31.8	(29.1 - 34.5)	5.0	(3.6 - 6.5)	2.1	(1.3 - 3.0)
2010	61.3	(57.1 - 65.4)	31.9	(27.9 - 35.8)	5.3	(3.4 - 7.2)	1.5 *	(0.6 - 2.5)
2011	62.5	(57.8 - 67.2)	32.0	(27.4 - 36.6)	4.5	(2.6 - 6.4)	1.0 *	(0.2 - 1.8)
2012	63.7	(59.5 - 67.9)	28.6	(24.7 - 32.5)	5.4	(3.6 - 7.2)	2.3 *	(0.9 - 3.7)
2013	63.2	(58.6 - 67.9)	31.9	(27.4 - 36.4)	3.6	(2.1 - 5.2)	1.2 *	(0.1 - 2.3)
2014	58.0	(52.8 - 63.2)	36.1	(31.0 - 41.2)	4.8	(2.8 - 6.7)	1.2 *	(0.1 - 2.2)
2015	59.1	(54.4 - 63.9)	35.0	(30.5 - 39.6)	4.2	(2.6 - 5.8)	1.6 *	(0.1 - 3.1)
2016	60.0	(55.5 - 64.6)	35.3	(30.9 - 39.7)	4.0	(2.3 - 5.6)	0.7 *	(0.2 - 1.1)
2017	55.9	(50.6 - 61.1)	37.3	(32.2 - 42.3)	5.6 *	(2.6 - 8.6)	1.3 *	(0.3 - 2.2)
2018	61.1	(55.2 - 67.0)	30.2	(24.9 - 35.5)	7.0 *	(4.3 - 9.8)	1.7 *	(0.4 - 3.0)
2019	56.9	(50.0 - 63.9)	38.2	(31.4 - 45.0)	3.9 *	(1.3 - 6.5)	1.0 *	(0.2 - 1.8)

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

Figure 12: Prevalence of children who are always checked to be adequately protected before going out into the sunlight, 0 to 15 years, HWSS 2002–19



8.7 Sleep

Sleep is one of the most important requirements in early childhood development stimulating growth, proper brain development, memory, alertness and strengthening the immune system. The amount of sleep required for children varies from 8 to 17 hours depending on age and individual requirements.[24] In general, children sleep most as infants and sleep less as they get older. See Table 44 for the recommended sleep duration for children 0-17 years by age as per the US based National Sleep Foundation.[24]

Table 44: Recommended sleep duration by age for children

	Recommended Sleep Duration
<1 year	14 to 17 hours
1-2 years	11 to 14 hours
3-5 years	10 to 13 hours
6-13 years	9 to 11 hours
14-17 years	8 to 10 hours

The mean number of hours of sleep reported for children is shown in Table 45. In 2019, children aged 0 to 15 years slept an average of 9.7 hours. Children aged 10 to 15 years slept for a shorter mean duration than children aged 5 to 9 years (9.1 hours compared with 10.0 hours). The mean number of hours of sleep was similar among boys and girls.

Table 45: Mean hours spent sleeping on a usual night, 0 to 15 years, HWSS 2019

	Mean	95% CI
Age Group		
0 to 4 yrs	9.9	(9.1 - 10.8)
5 to 9 yrs	10.0	(9.8 - 10.2)
10 to 15 yrs	9.1	(9.0 - 9.3)
Gender		
Boys	9.8	(9.6 - 10.1)
Girls	9.5	(9.0 - 10.0)
Children	9.7	(9.4 - 10.0)

9. HEALTH SERVICE UTILISATION

Health services provide care to patients and the general population and are delivered in many different forms, including GP, dental, mental and alternative health services.[15] Parents/carers were asked whether their child had used a number of common health services within the past 12 months, shown in Table 46.

Health service usage varied depending on the type of health service. Most children (87.5%) aged 0 to 15 years had used a primary health service, and approximately 70 per cent had used a dental health service within the past 12 months. Approximately one third or 27.4% had used a hospital-based health service and a similar amount (33.9%) had used an allied health service. It is estimated that less than one in ten (12.2%) had used a mental health service and fewer than one in twenty (3.5%) had used an alternative health service.

As seen in Table 46, children aged 5 to 9 years and 10 to 15 years were significantly more likely than children aged 0 to 4 years to use dental health services (83.7% and 87.1% compared with 37.4%). Children aged 10 to 15 years were significantly more likely to use allied health services than children aged 0 to 4 years and 5 to 9 years (47.9% compared with 20.7% and 29.9% respectively).

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

The annual prevalence estimates for health service usage are displayed in Table 47. For allied and mental health service usage, the prevalence in 2019 was higher than 2005. Health service usage in 2019 was similar to 2005 across all other types of health services included in the survey.

The mean number of visits to each health service is shown in Table 48. Children aged 5 to 9 and 10 to 15 had a significantly higher mean number of dental visits compared with children aged 0 to 4 (1.5 and 1.7 compared with 0.5 visits per year).

The annual mean numbers of visits to each health service are shown in Table 49. The mean number of health service visits in 2019 was similar to 2005 across all types of health services included in the survey

Table 46: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2019

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group												
0 to 4 yrs	96.3	(91.1 - 100.0)	35.6	(18.5 - 52.7)	20.7	(6.4 - 35.1)	37.4	(19.0 - 55.7)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	85.4	(78.8 - 92.1)	20.6	(13.4 - 27.8)	29.9	(19.5 - 40.3)	83.7	(76.8 - 90.6)	8.6 *	(2.4 - 14.9)	N/A	(N/A - N/A)
10 to 15 yrs	81.6	(75.8 - 87.4)	26.1	(19.8 - 32.4)	47.9	(40.7 - 55.1)	87.1	(82.3 - 91.9)	12.7	(7.6 - 17.7)	5.4 *	(2.2 - 8.6)
Gender												
Boys	87.7	(83.1 - 92.4)	33.4	(24.9 - 42.0)	31.8	(22.5 - 41.2)	67.3	(58.5 - 76.0)	9.7 *	(4.0 - 15.4)	4.9 *	(1.4 - 8.4)
Girls	87.3	(81.8 - 92.9)	21.1	(11.3 - 30.9)	35.8	(27.4 - 44.1)	72.9	(62.0 - 83.8)	14.8 *	(4.6 - 25.1)	N/A	(N/A - N/A)
Children	87.5	(83.9 - 91.1)	27.4	(20.9 - 34.0)	33.9	(27.7 - 40.2)	70.0	(63.1 - 77.0)	12.2	(6.3 - 18.1)	3.5 *	(1.4 - 5.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.
# Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.
(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.
(b) e.g. overnight stay, emergency department or outpatients.
(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.
(d) e.g. psychiatrist, psychologist or counsellor.
(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Table 47: Proportion of children utilising health services in the past 12 months, 0 to 15 years, HWSS 2005–19

	Primary (a)		Hospital Based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	82.4	(79.5 - 85.3)	24.4	(21.2 - 27.5)	22.2	(19.1 - 25.4)	59.3	(55.6 - 63.1)	3.5	(2.1 - 4.8)	3.6	(2.3 - 4.9)
2006	79.6	(76.4 - 82.8)	23.9	(20.5 - 27.3)	24.8	(21.4 - 28.2)	57.9	(53.8 - 61.9)	2.6	(1.6 - 3.7)	3.0	(1.8 - 4.2)
2007	82.6	(79.0 - 86.2)	25.2	(20.9 - 29.6)	24.6	(20.4 - 28.8)	55.5	(50.4 - 61.9)	3.6	(2.0 - 5.2)	4.5	(2.7 - 6.3)
2008	80.4	(76.7 - 84.1)	23.2	(19.2 - 27.2)	23.4	(19.5 - 27.4)	57.4	(52.6 - 62.2)	3.4	(1.9 - 5.0)	3.4	(1.8 - 5.0)
2009	79.0	(76.7 - 81.3)	27.0	(24.2 - 29.9)	23.4	(21.0 - 25.8)	58.1	(54.8 - 61.4)	3.3	(2.6 - 4.1)	3.4	(2.6 - 4.2)
2010	84.5	(81.4 - 87.5)	27.3	(23.4 - 31.2)	25.2	(21.6 - 28.9)	58.0	(53.8 - 62.3)	2.8	(1.7 - 3.9)	3.7	(2.2 - 5.3)
2011	82.8	(79.4 - 86.2)	23.6	(19.5 - 27.6)	24.4	(20.4 - 28.5)	58.4	(53.5 - 63.3)	2.0	* (0.8 - 3.3)	3.7	* (1.8 - 5.5)
2012	81.6	(78.2 - 85.0)	25.0	(21.2 - 28.8)	30.4	(26.4 - 34.4)	58.4	(54.0 - 62.9)	3.9	(2.4 - 5.5)	3.5	(2.1 - 4.9)
2013	78.5	(74.5 - 82.4)	25.1	(20.8 - 29.3)	26.9	(22.6 - 31.2)	60.3	(55.0 - 65.5)	4.3	(2.5 - 6.1)	2.6	(1.4 - 3.8)
2014	82.6	(78.8 - 86.4)	20.2	(16.1 - 24.3)	30.1	(25.4 - 34.8)	59.9	(54.5 - 65.2)	6.5	(4.0 - 9.0)	4.4	(2.3 - 6.5)
2015	83.3	(79.9 - 86.6)	27.9	(23.6 - 32.2)	32.1	(27.6 - 36.5)	63.3	(58.5 - 68.1)	6.1	(3.8 - 8.4)	5.6	(3.2 - 8.0)
2016	84.1	(80.7 - 87.5)	27.0	(22.7 - 31.2)	32.5	(28.2 - 36.8)	64.3	(59.5 - 69.1)	6.3	(4.1 - 8.6)	3.0	(1.6 - 4.5)
2017	85.1	(81.9 - 88.2)	26.3	(21.5 - 31.1)	27.2	(23.0 - 31.4)	64.2	(58.6 - 69.7)	5.5	(3.8 - 7.3)	3.0	* (1.5 - 4.5)
2018	84.7	(80.5 - 88.9)	27.8	(21.9 - 33.7)	32.9	(27.3 - 38.4)	61.4	(54.4 - 68.3)	8.4	(5.4 - 11.4)	3.0	(1.6 - 4.3)
2019	87.5	(83.9 - 91.1)	27.4	(20.9 - 34.0)	33.9	(27.7 - 40.2)	70.0	(63.1 - 77.0)	12.2	(6.3 - 18.1)	3.5	(1.4 - 5.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.
(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.
(b) e.g. overnight stay, emergency department or outpatients.
(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.
(d) e.g. psychiatrist, psychologist or counsellor.
(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Table 48: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2019

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
Age Group												
0 to 4 yrs	4.8	(3.6 - 6.0)	0.6 *	(0.3 - 0.9)	1.5 *	(0.2 - 2.9)	0.5 *	(0.2 - 0.8)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	2.7	(2.2 - 3.2)	0.3	(0.2 - 0.5)	N/A	(N/A - N/A)	1.5	(1.2 - 1.8)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
10 to 15 yrs	3.0	(2.5 - 3.6)	0.4	(0.3 - 0.5)	1.9	(1.4 - 2.4)	1.7	(1.5 - 2.0)	0.7 *	(0.4 - 1.0)	0.2 *	(0.1 - 0.3)
Gender												
Boys	3.6	(2.9 - 4.3)	0.6	(0.4 - 0.8)	3.9 *	(0.6 - 7.2)	1.3	(1.1 - 1.6)	0.7 *	(0.2 - 1.1)	0.1 *	(0.0 - 0.3)
Girls	3.4	(2.7 - 4.2)	0.3	(0.2 - 0.4)	1.0	(0.6 - 1.4)	1.2	(1.0 - 1.5)	0.5 *	(0.2 - 0.8)	0.1 *	(0.0 - 0.1)
Children	3.5	(3.0 - 4.0)	0.4	(0.3 - 0.6)	2.6	(0.8 - 4.4)	1.3	(1.1 - 1.4)	0.6	(0.3 - 0.8)	0.1 *	(0.0 - 0.2)

* Mean estimate has an RSE between 25%-50% and should be used with caution.
N/A Mean estimate has an RSE greater than 50% and is considered too unreliable for general use.
(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.
(b) e.g. overnight stay, emergency department or outpatients.
(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.
(d) e.g. psychiatrist, psychologist or counsellor.
(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Table 49: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2005–19

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
2005	3.3	(2.9 - 3.7)	0.4	(0.4 - 0.5)	1.1	(0.8 - 1.4)	1.2	(1.0 - 1.3)	0.2	* (0.1 - 0.4)	0.1	(0.1 - 0.1)
2006	3.4	(3.0 - 3.9)	0.4	(0.3 - 0.5)	1.4	(1.0 - 1.7)	1.1	(1.0 - 1.3)	0.2	* (0.0 - 0.3)	0.1	* (0.0 - 0.1)
2007	3.0	(2.6 - 3.3)	0.4	(0.3 - 0.5)	1.6	* (0.8 - 2.4)	1.1	(0.9 - 1.2)	0.2	* (0.1 - 0.3)	0.3	* (0.0 - 0.6)
2008	3.1	(2.7 - 3.4)	0.4	(0.3 - 0.5)	0.9	(0.7 - 1.2)	1.0	(0.9 - 1.1)	0.4	* (0.0 - 0.8)	0.1	* (0.0 - 0.2)
2009	2.9	(2.7 - 3.1)	0.5	(0.4 - 0.5)	0.9	(0.8 - 1.1)	1.1	(1.0 - 1.2)	0.2	(0.1 - 0.2)	0.1	(0.1 - 0.1)
2010	3.3	(3.0 - 3.6)	0.4	(0.4 - 0.5)	1.3	(0.8 - 1.7)	1.1	(1.0 - 1.2)	0.2	* (0.1 - 0.3)	0.1	* (0.0 - 0.2)
2011	3.1	(2.8 - 3.5)	0.5	(0.3 - 0.7)	1.5	(0.9 - 2.2)	1.1	(0.9 - 1.2)	0.1	* (0.0 - 0.1)	0.1	* (0.1 - 0.2)
2012	3.3	(2.9 - 3.7)	0.4	(0.3 - 0.5)	1.5	(1.1 - 1.9)	1.1	(1.0 - 1.2)	0.3	* (0.1 - 0.4)	0.1	(0.1 - 0.1)
2013	3.2	(2.7 - 3.6)	0.4	(0.3 - 0.5)	1.5	(0.8 - 2.1)	1.2	(1.0 - 1.3)	0.3	(0.1 - 0.4)	0.1	* (0.0 - 0.1)
2014	3.0	(2.6 - 3.4)	0.4	(0.3 - 0.5)	1.7	(1.0 - 2.4)	1.2	(1.0 - 1.4)	0.3	* (0.2 - 0.5)	N/A	(N/A - N/A)
2015	3.8	(3.2 - 4.4)	0.6	(0.4 - 0.7)	2.3	(1.3 - 3.4)	1.2	(1.0 - 1.4)	0.5	* (0.2 - 0.8)	N/A	(N/A - N/A)
2016	3.8	(3.3 - 4.3)	0.6	(0.3 - 0.8)	1.7	(0.9 - 2.5)	1.2	(1.1 - 1.4)	0.4	* (0.2 - 0.7)	0.1	* (0.0 - 0.2)
2017	3.8	(3.1 - 4.4)	0.6	(0.4 - 0.8)	1.8	* (0.7 - 3.0)	1.2	(1.1 - 1.4)	0.5	* (0.2 - 0.8)	0.2	* (0.0 - 0.3)
2018	3.2	(2.7 - 3.7)	0.5	(0.3 - 0.6)	1.6	* (1.1 - 2.1)	1.1	(0.9 - 1.3)	0.7	* (0.3 - 1.0)	0.1	* (0.0 - 0.1)
2019	3.5	(3.0 - 4.0)	0.4	(0.3 - 0.6)	2.5	* (0.8 - 4.1)	1.3	(1.1 - 1.4)	0.6	(0.3 - 0.8)	0.1	* (0.0 - 0.2)
Average	3.3	(3.2 - 3.4)	0.5	(0.4 - 0.5)	1.3	(1.2 - 1.5)	1.1	(1.1 - 1.2)	0.3	(0.2 - 0.3)	0.1	(0.1 - 0.2)

* Mean estimate has an RSE between 25%-50% and should be used with caution.
N/A Mean estimate has an RSE greater than 50% and is considered too unreliable for general use.
(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.
(b) e.g. overnight stay, accident and emergency department or outpatients.
(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.
(d) e.g. psychiatrist, psychologist or counsellor.
(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

10. PSYCHOSOCIAL AND MENTAL HEALTH

Mental health involves the capacity to interact with people and the environment and refers to the ability to negotiate the social interactions and challenges of life without experiencing undue emotional or behavioural incapacity.[15, 25] Mental health is also referred to as psychosocial health as it involves aspects of both social and psychological behaviour.

10.1 Emotional problems

Emotional and behavioural problems are terms commonly used to describe changes in thinking, mood or behaviour that are associated with distress or impaired functioning in children.[7] Parents/carers were asked whether their child has trouble with emotions, concentration, behaviour or getting on with people (Table 50).

The estimated proportion of children who experienced a little trouble with emotions, concentration, behaviour or getting on with people was similar among age groups and among girls and boys.

Table 50: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2019

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
1 to 4 yrs	67.0	(48.8 - 85.2)	18.5 *	(6.0 - 31.0)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	66.6	(56.6 - 76.5)	20.5	(12.2 - 28.8)	10.0 *	(3.8 - 16.2)	N/A	(N/A - N/A)
10 to 15 yrs	64.2	(57.3 - 71.1)	26.5	(20.1 - 32.9)	7.5 *	(3.8 - 11.3)	1.8 *	(0.4 - 3.1)
Gender								
Boys	63.2	(54.5 - 71.9)	24.4	(16.6 - 32.1)	6.2 *	(3.1 - 9.2)	6.2 *	(0.7 - 11.7)
Girls	68.6	(57.8 - 79.3)	19.7	(12.7 - 26.7)	11.5 *	(1.6 - 21.5)	N/A	(N/A - N/A)
Children	65.9	(58.9 - 72.8)	22.1	(16.8 - 27.4)	8.8 *	(3.5 - 14.1)	3.3 *	(0.4 - 6.1)

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

The annual prevalence estimates for children aged 1 to 15 years who have trouble with emotions, concentration, behaviour or getting on with people are shown in Table 51. The estimates for 2019 were similar to the estimates for 2002.

Table 51: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2002–19

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	71.3	(67.9 - 74.7)	23.0	(19.9 - 26.1)	5.0	(3.3 - 6.7)	0.8 *	(0.3 - 1.3)
2003	68.3	(65.0 - 71.5)	24.7	(21.6 - 27.7)	5.7	(4.2 - 7.3)	1.3 *	(0.6 - 2.0)
2004	62.1	(56.8 - 67.4)	28.1	(23.2 - 32.9)	7.9	(5.0 - 10.9)	1.9 *	(0.3 - 3.5)
2005	66.0	(62.4 - 69.7)	26.8	(23.4 - 30.3)	6.4	(4.5 - 8.3)	0.7 *	(0.1 - 1.3)
2006	69.1	(65.8 - 72.5)	23.6	(20.6 - 26.6)	5.9	(4.2 - 7.7)	1.3 *	(0.5 - 2.2)
2007	71.8	(67.3 - 76.2)	22.3	(18.1 - 26.4)	4.8	(2.9 - 6.6)	1.2 *	(0.3 - 2.0)
2008	68.1	(63.6 - 72.6)	24.4	(20.2 - 28.6)	6.1	(4.0 - 8.2)	1.5 *	(0.4 - 2.5)
2009	74.0	(71.6 - 76.5)	20.2	(17.9 - 22.4)	4.3	(3.4 - 5.1)	1.5	(0.9 - 2.2)
2010	71.6	(67.7 - 75.5)	22.5	(18.9 - 26.2)	5.1	(3.2 - 7.0)	0.8 *	(0.2 - 1.3)
2011	71.8	(67.3 - 76.4)	23.0	(18.9 - 27.2)	4.4 *	(2.0 - 6.7)	N/A	(N/A - N/A)
2012	68.9	(64.7 - 73.0)	25.0	(21.1 - 28.8)	5.3	(3.3 - 7.3)	0.9 *	(0.1 - 1.6)
2013	72.4	(68.0 - 76.9)	18.8	(15.1 - 22.6)	7.5	(4.6 - 10.4)	1.3 *	(0.3 - 2.2)
2014	65.5	(60.4 - 70.7)	25.7	(21.0 - 30.5)	7.4	(4.5 - 10.3)	1.4 *	(0.3 - 2.4)
2015	70.2	(65.7 - 74.8)	23.1	(18.9 - 27.3)	4.1	(2.4 - 5.8)	2.6 *	(0.8 - 4.4)
2016	69.3	(64.9 - 73.8)	22.5	(18.5 - 26.6)	6.0	(3.7 - 8.2)	2.2 *	(0.9 - 3.5)
2017	71.9	(67.4 - 76.3)	20.5	(16.8 - 24.2)	6.7	(3.9 - 9.6)	0.9 *	(0.2 - 1.7)
2018	69.1	(63.5 - 74.7)	21.7	(16.7 - 26.7)	6.5	(3.8 - 9.3)	2.6 *	(1.2 - 4.0)
2019	65.8	(59.1 - 72.6)	22.3	(17.1 - 27.5)	8.7	(3.6 - 13.9)	3.2 *	(0.4 - 5.9)

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

Parents/carers who reported that their child has any trouble with emotions, concentration, behaviour or getting on with people were then asked whether they thought their child needs special help for these troubles (Table 52). It is estimated that 44.7% of children aged 1 to 15 years were estimated to need special help for difficulties relating to emotions, concentration, behaviour or getting on with other people. The estimated proportion of children in need of special help for difficulties relating to emotions, concentration, behaviour or getting on with other people was similar among those aged 5 to 9 years and 10 to 15 years, and among boys and girls.

Table 52: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1 to 15 years, HWSS 2019

	%		95% CI
Age Group			
1 to 4 yrs	41.7	*	(4.6 - 78.8)
5 to 9 yrs	51.7		(33.5 - 70.0)
10 to 15 yrs	41.5		(29.6 - 53.5)
Gender			
Boys	40.3		(25.3 - 55.4)
Girls	49.9		(28.7 - 71.2)
Children	44.7		(31.5 - 57.9)

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

The annual prevalence of children estimated to need special help for emotional problems, concentration, behaviour or getting on with other people is shown in Table 53. The prevalence of children regarded by their parent/carer as needing special help was significantly higher in 2019 (44.0%) when compared with 2002 (20.6%).

Table 53: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1 to 15 years, HWSS 2002–19

	%	95% CI
2002	20.6	(14.5 - 26.7)
2003	20.3	(15.5 - 25.1)
2004	23.3	(15.9 - 30.8)
2005	21.0	(15.5 - 26.5)
2006	26.2	(20.4 - 32.0)
2007	26.4	(18.3 - 34.5)
2008	26.0	(19.0 - 33.0)
2009	25.7	(21.5 - 29.9)
2010	23.2	(16.3 - 30.1)
2011	21.4	(13.0 - 29.9)
2012	25.2	(18.1 - 32.2)
2013	34.2	(24.8 - 43.7)
2014	32.8	(23.7 - 41.9)
2015	28.0	(19.9 - 36.1)
2016	35.2	(26.9 - 43.5)
2017	32.8	(24.3 - 41.2)
2018	37.3	(27.4 - 47.1)
2019	44.0	(31.0 - 56.9)

Table 54 shows the prevalence of children who have ever been treated for an emotional or mental health problem, as reported by a parent/carer. Approximately one in ten (10.9%) children aged 1 to 15 years received treatment for an emotional or mental health problem. The prevalence of treatment for an emotional or mental health problem was similar among those aged 5 to 9 years and 10 to 15 years, and among boys and girls.

Table 54: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2019

	%		95% CI
Age Group			
1 to 4 yrs	N/A		(N/A - N/A)
5 to 9 yrs	12.7	*	(5.5 - 19.9)
10 to 15 yrs	14.4		(9.3 - 19.5)
Gender			
Boys	14.5		(8.2 - 20.8)
Girls	10.8	*	(4.6 - 16.9)
Children	12.7		(8.3 - 17.1)

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

The annual prevalence of children ever treated for an emotional or mental health problem is shown in Table 55. The prevalence of children ever treated for an emotional or mental health problem in 2019 was significantly higher than in 2002 (12.6% compared with 3.0%).

Table 55: Prevalence of children ever treated for an emotional or mental health problem, 1 to 15 years, HWSS 2002–19

	%		95% CI
2002	3.0		(1.9 - 4.1)
2003	4.5		(2.8 - 6.3)
2004	5.3	*	(1.3 - 9.3)
2005	5.3		(3.7 - 6.9)
2006	6.5		(4.9 - 8.2)
2007	5.0		(2.8 - 7.3)
2008	5.8		(3.8 - 7.7)
2009	4.9		(4.0 - 5.8)
2010	4.5		(3.0 - 6.1)
2011	4.1		(2.3 - 5.9)
2012	6.0		(4.0 - 7.9)
2013	7.9		(5.4 - 10.5)
2014	6.0		(3.7 - 8.3)
2015	7.0		(4.6 - 9.4)
2016	8.1		(5.8 - 10.5)
2017	8.3		(6.0 - 10.5)
2018	10.8		(7.3 - 14.3)
2019	12.6		(8.3 - 16.9)

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

10.2 Bullying

Bullying can have serious consequences for both children who are repeatedly bullied and for those bullying others. Children who have been the victim of bullying can experience problems with their physical and psychological health, education and social development and may suffer from loss of self-esteem, depression or absenteeism.[26] It may also affect the family. In the HWSS, bullying is defined as '*when someone is picked on, hit, kicked, threatened or ignored by other children*'.

Parents/carers were asked whether their child had been bullied in the past 12 months and whether their child had bullied other children in the past 12 months. As shown in Table 56, nearly one-third (31.4%) of children had been bullied in the past 12 months and 7.6% were estimated to have bullied. The prevalence of children who had been bullied, and the prevalence of children who have bullied, were similar among age groups and among boys and girls.

Table 56: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2019

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
5 to 9 yrs	30.8	(21.2 - 40.3)	7.6 *	(2.4 - 12.7)	5.8 *	(1.5 - 10.0)
10 to 15 yrs	31.9	(25.1 - 38.7)	7.6 *	(3.7 - 11.6)	5.6 *	(2.1 - 9.0)
Gender						
Boys	28.6	(21.3 - 35.9)	7.6 *	(3.2 - 12.1)	6.1 *	(2.0 - 10.2)
Girls	34.3	(25.3 - 43.3)	7.6 *	(3.0 - 12.2)	5.2 *	(1.7 - 8.7)
Children	31.4	(25.6 - 37.1)	7.6	(4.4 - 10.8)	5.7	(2.9 - 8.4)

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

The annual prevalence of bullying is shown in Table 57. The prevalence of being bullied or bullying others in the past 12 months in 2019 is similar to 2002.

Table 57: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5 to 15 years, HWSS 2002–19

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
2002	39.9	(35.6 - 44.1)	13.1	(10.1 - 16.0)	8.8	(6.4 - 11.2)
2003	35.4	(31.5 - 39.2)	12.7	(10.0 - 15.5)	10.0	(7.4 - 12.5)
2004	38.3	(32.4 - 44.2)	17.4	(12.5 - 22.4)	13.4	(9.1 - 17.8)
2005	36.9	(32.6 - 41.2)	10.5	(7.8 - 13.2)	8.5	(6.0 - 11.0)
2006	35.9	(32.0 - 39.9)	12.1	(9.4 - 14.7)	8.8	(6.5 - 11.0)
2007	38.0	(32.4 - 43.7)	13.7	(9.8 - 17.6)	9.4	(6.3 - 12.6)
2008	37.3	(32.1 - 42.5)	13.8	(10.3 - 17.3)	10.6	(7.5 - 13.7)
2009	33.6	(31.2 - 35.9)	10.0	(8.4 - 11.6)	6.8	(5.4 - 8.1)
2010	34.7	(30.1 - 39.3)	10.7	(7.8 - 13.5)	8.6	(6.0 - 11.2)
2011	31.1	(25.8 - 36.3)	8.6	(5.2 - 12.0)	7.7	(4.4 - 11.0)
2012	35.6	(30.8 - 40.5)	8.8	(6.0 - 11.5)	6.8	(4.3 - 9.2)
2013	36.1	(30.9 - 41.2)	7.1	(4.7 - 9.5)	5.6	(3.5 - 7.8)
2014	33.8	(28.3 - 39.3)	5.9	(3.3 - 8.4)	5.1 *	(2.6 - 7.6)
2015	29.0	(24.2 - 33.9)	8.0	(5.0 - 11.0)	6.1	(3.4 - 8.9)
2016	31.9	(26.9 - 36.8)	5.4	(3.1 - 7.8)	4.1 *	(2.0 - 6.2)
2017	35.8	(30.9 - 40.8)	6.8	(4.3 - 9.2)	5.6	(3.2 - 7.9)
2018	33.5	(27.9 - 39.2)	4.9	(2.6 - 7.1)	4.0 *	(2.0 - 6.0)
2019	31.6	(26.0 - 37.2)	7.6	(4.5 - 10.7)	5.6 *	(3.0 - 8.3)

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

11. SCHOOL CONNECTEDNESS

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

Parents/carers were asked to rate how well their child was doing in school overall, based on their school work and school reports. It is estimated that 41.5 per cent of children were doing very well at school and nearly one third (29.5%) were doing well (Table 58). Estimates relating to school performance were similar among ages and among boys and girls.

Table 58: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2019

	Very well		Well		Average		Poor or very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	44.8	(33.7 - 55.9)	32.0	(21.7 - 42.3)	18.0 *	(8.8 - 27.2)	5.2 *	(0.6 - 9.7)
10 to 15 yrs	38.6	(31.4 - 45.7)	27.4	(20.9 - 33.9)	27.1	(20.8 - 33.4)	7.0 *	(3.5 - 10.4)
Gender								
Boys	34.6	(26.4 - 42.8)	27.6	(20.2 - 34.9)	30.0	(21.4 - 38.6)	7.9 *	(3.8 - 11.9)
Girls	48.7	(39.0 - 58.4)	31.6	(22.3 - 40.9)	15.4	(9.7 - 21.1)	4.3 *	(0.3 - 8.3)
Children	41.5	(35.1 - 47.9)	29.5	(23.6 - 35.5)	22.9	(17.4 - 28.3)	6.1	(3.3 - 8.9)

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

The annual prevalence estimates of how well children were doing in school, as perceived by their parents/carers, are shown in Table 59. The prevalence of children whose parent/carer reported their overall school performance as very well, has decreased significantly between 2002 and 2019 (52.7% compared with 41.1%).

Table 59: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2002–19

	Very well		Well		Average		Poor or very Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	52.7	(48.4 - 57.1)	22.4	(18.8 - 26.0)	22.1	(18.5 - 25.6)	2.8	(1.6 - 4.0)
2003	49.0	(44.9 - 53.0)	25.6	(21.9 - 29.3)	21.7	(18.5 - 25.0)	3.7	(2.2 - 5.3)
2004	45.7	(39.5 - 51.9)	27.5	(22.0 - 33.1)	21.3	(16.3 - 26.3)	5.4 *	(2.3 - 8.5)
2005	47.3	(42.8 - 51.9)	24.4	(20.6 - 28.2)	24.9	(21.0 - 28.8)	3.4	(1.8 - 5.1)
2006	46.0	(41.8 - 50.2)	25.9	(22.3 - 29.6)	22.8	(19.2 - 26.4)	5.3	(3.5 - 7.1)
2007	50.3	(44.4 - 56.1)	23.1	(18.0 - 28.2)	20.8	(16.1 - 25.6)	5.8	(3.2 - 8.3)
2008	42.2	(36.7 - 47.7)	28.6	(23.6 - 33.6)	25.9	(21.3 - 30.5)	3.4 *	(1.5 - 5.2)
2009	42.1	(39.6 - 44.6)	28.1	(25.9 - 30.4)	25.0	(22.9 - 27.2)	4.7	(3.7 - 5.8)
2010	45.9	(40.8 - 50.9)	29.0	(24.4 - 33.5)	20.9	(16.9 - 24.8)	4.3	(2.5 - 6.2)
2011	43.8	(38.2 - 49.5)	28.5	(23.4 - 33.7)	22.8	(18.2 - 27.3)	4.9 *	(2.3 - 7.5)
2012	42.9	(37.9 - 47.9)	25.8	(21.4 - 30.1)	24.9	(20.4 - 29.3)	6.5	(4.0 - 8.9)
2013	45.5	(40.2 - 50.8)	25.6	(21.0 - 30.3)	24.7	(20.1 - 29.3)	4.2 *	(2.1 - 6.2)
2014	46.6	(40.7 - 52.4)	24.5	(19.6 - 29.4)	24.9	(19.9 - 29.9)	4.0 *	(2.0 - 6.1)
2015	47.5	(42.0 - 52.9)	25.4	(20.8 - 29.9)	21.8	(17.5 - 26.2)	5.3	(2.8 - 7.8)
2016	42.1	(36.9 - 47.3)	27.9	(23.2 - 32.6)	26.0	(21.2 - 30.7)	4.0	(2.2 - 5.9)
2017	42.3	(37.2 - 47.4)	27.4	(22.9 - 31.9)	25.8	(21.3 - 30.3)	4.5 *	(2.3 - 6.7)
2018	39.7	(33.9 - 45.4)	28.6	(23.3 - 33.9)	27.4 *	(21.9 - 33.0)	4.3	(2.5 - 6.1)
2019	41.1	(34.9 - 47.4)	29.6	(23.9 - 35.4)	23.1	(17.8 - 28.4)	6.1	(3.4 - 8.9)

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

Parents/carers were asked to rate how often their child looks forward to going to school each day (Table 60). Two thirds of children (66.4%) almost always looked forward to going to school each day. Estimates relating to how frequently children look forward to school were similar among the different age groups and similar between boys and girls. The annual prevalence estimates of how frequently children look forward to going to school are shown in Table 61. In 2019, children were less likely to almost always look forward to going to school when compared with 2002 (72.7% compared with 66.0%).

Table 60: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2019

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	N/A	(N/A - N/A)	8.7 *	(3.0 - 14.5)	16.6	(8.6 - 24.6)	74.2	(64.8 - 83.5)
10 to 15 yrs	8.6 *	(4.1 - 13.1)	9.1	(5.7 - 12.5)	22.9	(17.1 - 28.7)	59.4	(52.4 - 66.4)
Gender								
Boys	5.7 *	(2.1 - 9.2)	9.1	(5.2 - 13.0)	25.4	(17.8 - 32.9)	59.9	(51.5 - 68.2)
Girls	3.9 *	(0.4 - 7.4)	8.7 *	(3.5 - 13.9)	14.3	(8.5 - 20.2)	73.0	(65.0 - 81.0)
Children	4.8 *	(2.3 - 7.3)	8.9	(5.7 - 12.1)	19.9	(15.1 - 24.8)	66.4	(60.5 - 72.2)

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

Table 61: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2002–19

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	3.6	(2.0 - 5.1)	9.9	(7.2 - 12.5)	13.8	(10.9 - 16.7)	72.7	(68.9 - 76.6)
2003	5.4	(3.6 - 7.2)	9.1	(6.9 - 11.3)	15.5	(12.5 - 18.5)	70.0	(66.3 - 73.7)
2004	2.4 *	(0.8 - 4.0)	11.5	(7.3 - 15.7)	13.5	(9.5 - 17.6)	72.5	(67.0 - 78.0)
2005	2.0 *	(0.9 - 3.1)	10.2	(7.1 - 13.4)	16.3	(13.1 - 19.5)	71.5	(67.3 - 75.6)
2006	5.8	(3.9 - 7.8)	7.9	(5.7 - 10.1)	16.1	(13.0 - 19.2)	70.2	(66.4 - 74.1)
2007	4.2 *	(2.0 - 6.4)	6.5	(3.6 - 9.4)	16.1	(12.0 - 20.3)	73.2	(68.1 - 78.2)
2008	5.5	(3.4 - 7.6)	11.0	(7.5 - 14.5)	13.6	(9.9 - 17.3)	69.9	(64.9 - 74.8)
2009	5.4	(4.3 - 6.6)	8.4	(7.1 - 9.8)	19.1	(17.2 - 21.1)	67.0	(64.6 - 69.3)
2010	3.6 *	(1.8 - 5.5)	10.5	(7.4 - 13.6)	16.3	(12.8 - 19.8)	69.6	(65.1 - 74.1)
2011	3.3 *	(1.6 - 5.1)	10.4	(7.3 - 13.6)	19.7	(15.1 - 24.4)	66.5	(61.2 - 71.8)
2012	6.1	(3.9 - 8.2)	7.8	(5.2 - 10.3)	16.6	(12.7 - 20.6)	69.5	(64.9 - 74.2)
2013	6.7	(4.2 - 9.1)	9.2	(6.0 - 12.3)	18.1	(14.0 - 22.2)	66.0	(61.0 - 71.1)
2014	2.5 *	(1.0 - 4.1)	8.5	(5.5 - 11.5)	14.6	(10.8 - 18.5)	74.3	(69.5 - 79.2)
2015	5.2	(2.9 - 7.5)	7.6	(4.8 - 10.4)	20.6	(16.1 - 25.1)	66.6	(61.4 - 71.7)
2016	3.3 *	(1.6 - 5.1)	10.7	(7.1 - 14.3)	13.1	(9.9 - 16.3)	72.8	(68.2 - 77.5)
2017	3.5	(1.8 - 5.2)	10.9	(7.8 - 14.0)	17.6	(13.8 - 21.4)	68.0	(63.3 - 72.7)
2018	6.6	(3.8 - 9.4)	9.6	(6.6 - 12.7)	20.9	(15.7 - 26.1)	62.9	(57.1 - 68.7)
2019	5.0	(2.4 - 7.5)	9.0	(5.9 - 12.1)	20.0	(15.3 - 24.7)	66.0	(60.3 - 71.7)

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

12. FAMILY FUNCTIONING

How well a family functions affects the health and wellbeing of children within the family. Family functioning affects many aspects of family life, including the degree of agreement on decisions, acceptance of individuals, the ability to solve day-to-day problems and communication.[27]

The questions used in the HWSS are taken from the McMaster Family Functioning Scale of 12 questions.[28] Four questions were identified as sufficient to assess family functioning within a population.[a] The questions are stated in the negative and reverse scored to assess overall family functioning. The first question is about the family not usually getting along (Table 62). Approximately two in three (70.4%) children were estimated to live in a family where it was strongly disagreed that the family does not usually get on well together. The estimates of whether the family does not usually get on well together were similar among age groups and among boys and girls.

Table 62: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2019

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	N/A	(N/A - N/A)	18.4 *	(4.8 - 32.0)	74.5	(58.7 - 90.3)
5 to 9 yrs	N/A	(N/A - N/A)	28.4	(18.2 - 38.6)	69.6	(59.3 - 79.9)
10 to 15 yrs	5.7 *	(2.0 - 9.3)	26.8	(20.4 - 33.1)	67.6	(60.8 - 74.3)
Gender						
Boys	4.7 *	(1.3 - 8.2)	27.2	(19.3 - 35.1)	68.1	(59.8 - 76.3)
Girls	N/A	(N/A - N/A)	21.8	(12.9 - 30.7)	72.9	(62.7 - 83.2)
Children	5.0 *	(1.3 - 8.7)	24.6	(18.6 - 30.6)	70.4	(63.9 - 77.0)

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

The annual prevalence estimates of family not usually getting along are shown in Table 62. Estimates relating to the family not getting on well together were similar in 2019 compared with 2002.

[a] The analysis of the McMaster instrument was undertaken by Professor Stephen Zubrick of the Telethon Kids Institute, whom the authors gratefully acknowledge

Table 63: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2002–19

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	3.2	(1.9 - 4.6)	30.2	(26.8 - 33.6)	66.6	(63.1 - 70.1)
2003	2.2	(1.4 - 3.1)	35.4	(32.1 - 38.7)	62.4	(59.0 - 65.7)
2004	4.2	* (2.1 - 6.3)	35.5	(30.4 - 40.7)	60.3	(55.0 - 65.5)
2005	1.6	* (0.6 - 2.6)	33.6	(30.1 - 37.2)	64.8	(61.1 - 68.4)
2006	2.1	(1.1 - 3.1)	35.8	(32.4 - 39.2)	62.1	(58.7 - 65.6)
2007	3.5	(1.9 - 5.1)	28.2	(23.6 - 32.8)	68.3	(63.6 - 73.0)
2008	3.1	* (1.4 - 4.7)	34.6	(30.1 - 39.1)	62.3	(57.7 - 66.9)
2009	2.8	(1.9 - 3.8)	30.9	(28.3 - 33.5)	66.3	(63.6 - 69.0)
2010	3.1	(1.8 - 4.5)	26.7	(22.9 - 30.5)	70.2	(66.3 - 74.0)
2011	4.2	* (2.0 - 6.4)	31.7	(27.1 - 36.3)	64.1	(59.3 - 68.9)
2012	3.4	(1.8 - 5.0)	33.1	(28.9 - 37.3)	63.5	(59.2 - 67.8)
2013	3.8	(2.0 - 5.5)	30.3	(25.7 - 34.8)	66.0	(61.3 - 70.7)
2014	3.3	* (1.2 - 5.3)	28.1	(23.2 - 33.0)	68.6	(63.6 - 73.7)
2015	2.6	* (1.3 - 4.0)	22.1	(18.0 - 26.3)	75.2	(71.0 - 79.5)
2016	2.6	* (0.8 - 4.3)	24.9	(20.8 - 29.0)	72.6	(68.3 - 76.8)
2017	2.6	* (1.3 - 4.0)	29.1	(24.2 - 34.0)	68.2	(63.3 - 73.2)
2018	1.6	* (0.3 - 2.9)	29.4	(23.2 - 35.5)	69.0	(62.9 - 75.2)
2019	4.9	* (1.3 - 8.5)	24.4	(18.6 - 30.1)	70.7	(64.4 - 77.1)

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

The second question asked parents/carers whether planning family activities is usually difficult (Table 63). Approximately one in five (19.8%) children was estimated to live in a family where it was strongly agreed or agreed that planning family activities was usually difficult. The estimates of whether planning family activities was usually difficult were similar among age groups and among boys and girls.

Table 64: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2019

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	27.0 *	(10.3 - 43.8)	26.2 *	(10.4 - 42.0)	46.8	(29.2 - 64.4)
5 to 9 yrs	13.1	(4.6 - 21.6)	30.8	(20.8 - 40.9)	56.1	(45.0 - 67.1)
10 to 15 yrs	19.2	(13.5 - 24.8)	39.0	(32.0 - 46.0)	41.8	(34.6 - 49.0)
Gender						
Boys	23.1	(14.1 - 32.1)	34.3	(26.4 - 42.2)	42.6	(33.9 - 51.2)
Girls	16.2 *	(7.0 - 25.4)	30.1	(19.5 - 40.7)	53.7	(42.2 - 65.2)
Children	19.8	(13.3 - 26.3)	32.3	(25.7 - 38.8)	48.0	(40.8 - 55.2)

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

The annual prevalence estimates of whether planning family activities is usually difficult is shown in Table 65. Estimates relating to whether planning family activities is usually difficult were similar in 2019 compared with 2002.

Table 65: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2002–19

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	19.4	(16.7 - 22.5)	40.6	(37.0 - 44.3)	39.9	(36.2 - 43.6)
2003	19.5	(16.7 - 22.2)	45.3	(41.8 - 48.8)	35.3	(31.9 - 38.6)
2004	21.6	(17.1 - 26.0)	44.0	(38.7 - 49.3)	34.5	(29.4 - 39.6)
2005	16.3	(13.5 - 19.1)	46.4	(42.7 - 50.2)	37.3	(33.6 - 40.9)
2006	19.9	(17.1 - 22.6)	45.3	(41.7 - 48.8)	34.9	(31.5 - 38.3)
2007	16.9	(13.2 - 20.6)	41.4	(36.4 - 46.3)	41.7	(36.7 - 46.8)
2008	22.1	(18.1 - 26.0)	43.8	(39.0 - 48.5)	34.1	(29.6 - 38.7)
2009	14.9	(12.8 - 17.0)	43.1	(40.1 - 46.1)	42.0	(38.9 - 45.1)
2010	16.2	(13.1 - 19.4)	40.0	(35.8 - 44.2)	43.8	(39.5 - 48.0)
2011	16.1	(12.4 - 19.8)	40.5	(35.7 - 45.2)	43.4	(38.6 - 48.2)
2012	19.7	(16.0 - 23.3)	40.0	(35.7 - 44.3)	40.4	(36.1 - 44.7)
2013	17.8	(13.9 - 21.7)	35.4	(30.7 - 40.2)	46.7	(41.6 - 51.9)
2014	12.0	(8.7 - 15.4)	39.4	(34.2 - 44.7)	48.5	(43.2 - 53.8)
2015	13.2	(9.9 - 16.6)	38.0	(33.3 - 42.7)	48.8	(43.9 - 53.7)
2016	15.3	(12.0 - 18.7)	41.6	(36.9 - 46.3)	43.1	(38.4 - 47.8)
2017	20.2	(15.9 - 24.6)	38.7	(33.4 - 44.0)	41.1	(35.9 - 46.2)
2018	17.5	(13.2 - 21.8)	35.3	(29.2 - 41.4)	47.2	(40.7 - 53.7)
2019	19.6	(13.3 - 26.0)	32.6	(26.2 - 39.0)	47.8	(40.8 - 54.8)

The third question asked parents/carers whether their family usually avoid discussing their fears and concerns openly with each other (Table 66). One in ten (9.7%) children was estimated to live in a family where the family usually avoided discussing fears and concerns openly with each other. Estimates relating to whether the family usually avoided discussing their fears and concerns openly with each other were similar among age groups and among boys and girls.

Table 66: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2019

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	N/A	(N/A - N/A)	40.9	(23.3 - 58.5)	47.0	(29.4 - 64.7)
5 to 9 yrs	9.9 *	(1.1 - 18.7)	36.7	(26.1 - 47.3)	53.4	(42.2 - 64.6)
10 to 15 yrs	7.3 *	(3.7 - 11.0)	38.7	(31.8 - 45.7)	53.9	(46.7 - 61.1)
Gender						
Boys	9.7 *	(2.8 - 16.5)	42.4	(33.5 - 51.2)	48.0	(39.1 - 56.8)
Girls	9.7 *	(2.0 - 17.4)	35.0	(23.9 - 46.1)	55.3	(43.7 - 66.8)
Children	9.7 *	(4.5 - 14.8)	38.8	(31.7 - 45.9)	51.5	(44.3 - 58.8)

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

The annual estimates of whether families avoid discussing fears and concerns openly with each other are shown in Table 67. The estimate relating to whether families avoided discussing fears and concerns openly with each other were similar in 2019 compared with 2002.

Table 67: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2002–19

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	10.3	(8.1 - 12.5)	43.5	(39.7 - 11.5)	46.3	(42.5 - 50.0)
2003	9.3	(7.2 - 11.5)	45.0	(41.5 - 47.2)	45.7	(42.2 - 49.2)
2004	11.3	(7.7 - 14.8)	50.9	(45.5 - 56.2)	37.9	(32.7 - 43.1)
2005	6.3	(4.6 - 8.0)	47.6	(43.8 - 51.4)	46.1	(42.3 - 49.9)
2006	5.8	(4.3 - 7.4)	51.0	(47.5 - 54.5)	43.2	(39.6 - 46.7)
2007	9.9	(6.7 - 13.1)	36.8	(32.0 - 41.6)	53.3	(48.3 - 58.3)
2008	9.4	(6.6 - 12.2)	45.3	(40.5 - 50.1)	45.3	(40.5 - 50.0)
2009	6.7	(5.3 - 8.2)	47.8	(44.7 - 50.9)	45.5	(42.4 - 48.5)
2010	6.7	(4.5 - 8.8)	43.0	(38.7 - 47.2)	50.4	(46.1 - 54.7)
2011	6.0	(3.8 - 8.2)	42.5	(37.8 - 47.3)	51.4	(46.6 - 56.3)
2012	7.6	(5.0 - 10.3)	42.2	(37.9 - 46.6)	50.1	(45.7 - 54.5)
2013	11.0	(7.9 - 14.0)	39.5	(34.6 - 44.3)	49.6	(44.7 - 54.5)
2014	5.2	(2.9 - 7.4)	42.8	(37.5 - 48.1)	52.1	(46.7 - 57.4)
2015	5.7	(3.7 - 7.7)	37.4	(32.7 - 42.1)	56.9	(52.1 - 61.7)
2016	6.2	(3.8 - 8.7)	44.7	(40.0 - 49.4)	49.1	(44.4 - 53.8)
2017	8.1	(4.5 - 11.7)	39.3	(34.1 - 44.5)	52.6	(47.2 - 57.9)
2018	4.9 *	(2.2 - 7.7)	39.0	(33.0 - 45.0)	56.1	(49.8 - 62.3)
2019	9.5 *	(4.5 - 14.4)	38.8	(31.9 - 45.7)	51.8	(44.7 - 58.8)

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

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other (Table 68). One in twenty (9.1%) children was estimated to live in a family where making decisions within the family is usually a problem because they misunderstand each other.

Table 68: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2019

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	13.2 *	(0.4 - 26.0)	51.1	(33.3 - 68.8)	35.7	(19.1 - 52.3)
5 to 9 yrs	4.1 *	(1.4 - 6.9)	50.0	(38.9 - 61.1)	45.9	(34.9 - 56.8)
10 to 15 yrs	9.8	(5.6 - 13.9)	45.7	(38.5 - 52.9)	44.5	(37.3 - 51.7)
Gender						
Boys	7.7 *	(2.5 - 13.0)	52.1	(43.3 - 61.0)	40.1	(31.7 - 48.6)
Girls	10.5 *	(3.0 - 17.9)	45.3	(33.8 - 56.9)	44.2	(33.0 - 55.4)
Children	9.1 *	(4.5 - 13.6)	48.8	(41.6 - 56.0)	42.1	(35.2 - 49.1)

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

The annual estimates of whether making decisions is usually a problem is shown in Table 69. The estimate relating to whether making decisions within families is usually a problem due to misunderstanding in 2019 was similar when compared with 2002.

Table 69: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2002–19

	Strongly agree or agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	10.0	(7.6 - 12.4)	45.5	(41.7 - 49.2)	44.5	(40.8 - 48.3)
2003	9.5	(7.5 - 11.5)	50.4	(46.9 - 53.9)	40.2	(36.7 - 43.6)
2004	12.0	(8.4 - 15.5)	54.6	(49.2 - 59.9)	33.5	(28.5 - 38.5)
2005	9.1	(7.1 - 11.2)	52.1	(48.4 - 55.9)	38.7	(35.1 - 42.4)
2006	10.2	(8.1 - 12.2)	51.9	(48.4 - 55.4)	37.9	(34.5 - 41.4)
2007	8.9	(6.3 - 11.5)	46.3	(41.2 - 51.3)	44.9	(39.8 - 50.0)
2008	10.1	(7.3 - 12.8)	51.4	(46.7 - 56.2)	38.5	(33.9 - 43.1)
2009	7.5	(6.1 - 8.9)	49.1	(46.0 - 52.1)	43.4	(40.3 - 46.5)
2010	7.1	(5.0 - 9.3)	47.0	(42.7 - 51.2)	45.9	(41.6 - 50.2)
2011	6.5	(4.1 - 8.9)	45.3	(40.4 - 50.1)	48.2	(43.3 - 53.1)
2012	8.4	(6.0 - 10.8)	45.5	(41.1 - 49.8)	46.1	(41.8 - 50.5)
2013	8.2	(5.5 - 11.0)	46.9	(42.0 - 51.9)	44.8	(40.0 - 49.7)
2014	6.3	(3.6 - 9.0)	44.8	(39.4 - 50.1)	48.9	(43.6 - 54.3)
2015	6.2	(4.2 - 8.3)	43.8	(39.0 - 48.7)	50.0	(45.1 - 54.8)
2016	7.9	(5.2 - 10.7)	48.4	(43.6 - 53.1)	43.7	(39.0 - 48.4)
2017	6.5	(4.1 - 8.9)	44.9	(39.5 - 50.2)	48.6	(43.3 - 53.9)
2018	5.4	(3.4 - 7.5)	40.8	(34.7 - 46.9)	40.8	(34.7 - 46.9)
2019	9.1	(4.7 - 13.6)	48.5	(41.4 - 55.5)	42.4	(35.6 - 49.2)

The four questions were reverse-scored and added together to get an indication of the level of functioning within families. A total score of 2.25 or less is defined as poor family functioning. The cut-off score was provided by Professor Zubrick of the Telethon Kids Institute, as part of his work on reducing the McMaster Family Functioning Scale for use in a population-based child health survey. The results are shown in Table 70. The estimated prevalence of poor family functioning was similar among age groups and between boys and girls.

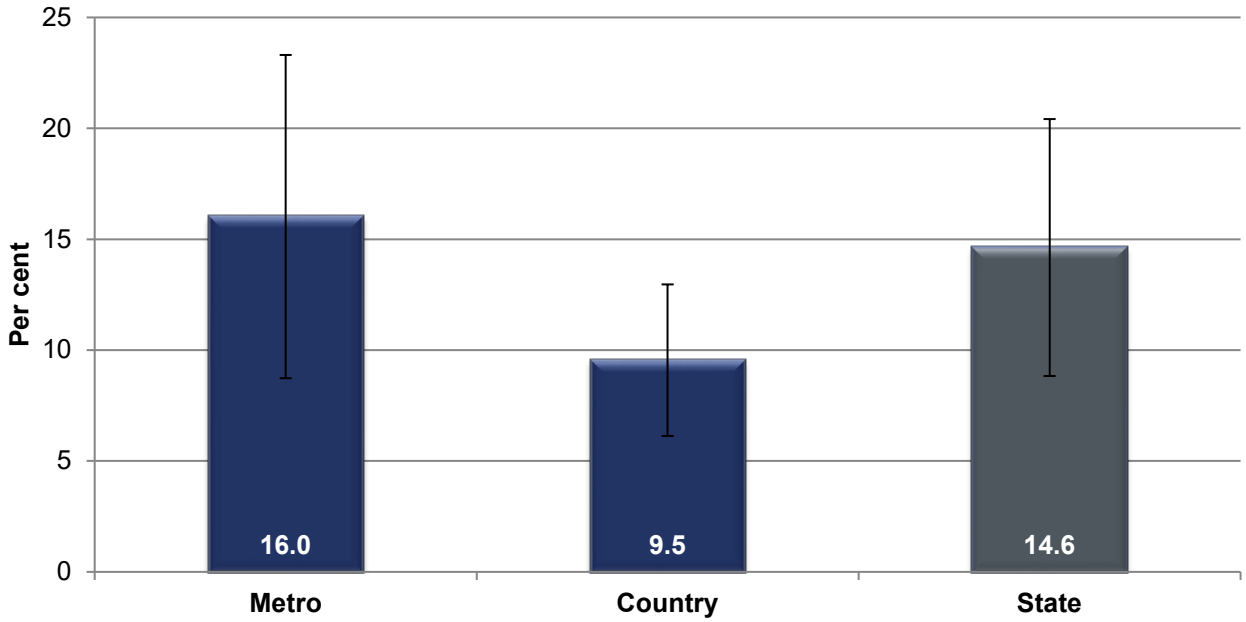
Table 70: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2019

	%	95% CI
Age Group		
0 to 4 yrs	17.0	* (2.1 - 31.9)
5 to 9 yrs	11.3	* (3.1 - 19.4)
10 to 15 yrs	15.5	(10.3 - 20.7)
Gender		
Boys	15.4	(8.1 - 22.8)
Girls	13.8	* (4.8 - 22.8)
Children	14.6	(8.8 - 20.4)

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

Figure 13 shows the prevalence of children with poor family functioning scores by geographic area of residence. Estimates were similar among metro and country areas.

Figure 13: Prevalence of children with poor family functioning, by geographic area, 0 to 15 years, HWSS 2019



The annual prevalence estimates of poor family functioning are shown in Table 71. The prevalence of children in households considered to have poor family functioning in 2019 was similar to 2002.

Table 71: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2002–19

	%	95% CI
2002	15.3	(12.6 - 17.9)
2003	14.4	(11.9 - 16.8)
2004	19.6	(15.2 - 24.0)
2005	12.5	(10.2 - 14.8)
2006	15.6	(13.1 - 18.1)
2007	14.5	(10.9 - 18.1)
2008	15.7	(12.4 - 19.1)
2009	11.4	(9.7 - 13.1)
2010	11.2	(8.6 - 13.9)
2011	11.3	(8.2 - 14.5)
2012	13.9	(10.6 - 17.2)
2013	15.9	(12.4 - 19.5)
2014	8.2	(5.4 - 11.1)
2015	8.7	(6.0 - 11.3)
2016	11.3	(8.2 - 14.4)
2017	14.9	(10.8 - 19.0)
2018	11.3	(7.9 - 14.7)
2019	14.5	(8.9 - 20.1)

13. RESPONDENT FOR CHILD

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

13.1 General health

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

Table 72 shows the respondents' self-reported general health status. Self-reported general health status was similar among parents/carers of children of different age groups and similar among parents/carers of boy and girls.

Table 72: General health status of respondent, HWSS 2019

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group								
0 to 4 yrs	24.2	(13.9 - 34.6)	40.9	(29.0 - 52.8)	25.8	(15.2 - 36.3)	9.1 *	(2.1 - 16.0)
5 to 9 yrs	20.5	(14.1 - 27.0)	39.7	(31.9 - 47.6)	30.5	(23.1 - 37.8)	9.3	(4.6 - 13.9)
10 to 15 yrs	21.6	(17.2 - 26.1)	33.5	(28.4 - 38.7)	29.9	(24.9 - 34.8)	14.9	(11.1 - 18.8)
Child's gender								
Boys	25.2	(20.3 - 30.1)	34.1	(28.7 - 39.5)	29.5	(24.3 - 34.6)	11.3	(7.7 - 14.8)
Girls	17.3	(12.5 - 22.1)	38.7	(32.5 - 44.8)	29.6	(23.9 - 35.4)	14.4	(10.0 - 18.8)
Persons	21.7	(18.2 - 25.1)	36.1	(32.1 - 40.2)	29.5	(25.7 - 33.4)	12.7	(9.9 - 15.5)

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

13.2 Mental health

Mental health problems encompass a wide range of conditions that vary widely in severity and duration. Mental health problems are associated with higher rates of death, poorer physical health and increased exposure to health risk factors.[15]

Respondents were asked whether or not a doctor had diagnosed them with depression, anxiety, stress or any other mental health problem during the past 12 months and whether they were currently receiving treatment for such a problem. The prevalence of mental health problems is shown in Table 73.

Table 73: Mental health of respondent, HWSS 2019

	Respondent mental health condition in the past 12 months (a)		Respondent currently receiving treatment (b)	
	%	95% CI	%	95% CI
Child's age group				
0 to 4 yrs	24.2	(13.9 - 34.6)	21.2	(11.3 - 31.1)
5 to 9 yrs	20.5	(14.1 - 27.0)	15.9	(10.0 - 21.7)
10 to 15 yrs	18.5	(14.3 - 22.8)	14.9	(11.1 - 18.8)
Child's gender				
Boys	19.8	(15.3 - 24.3)	15.2	(11.2 - 19.3)
Girls	19.8	(14.7 - 24.8)	16.9	(12.1 - 21.6)
Persons	19.8	(16.4 - 23.1)	16.0	(12.9 - 19.0)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.
(a) In the past 12 months told by a doctor they had depression, anxiety, stress or any other mental health problem.
(b) Currently receiving treatment for a mental health problem ever diagnosed.

Approximately one in five (19.8%) respondents reported being diagnosed with depression, anxiety, stress or another mental health problem in the past 12 months. Approximately one in five (21.2%) respondents were currently receiving treatment. The prevalence of respondents receiving treatment was similar among age groups and between parents/carers of boys and girls.

13.3 Lack of control

Perceptions of control relates to an individual's belief as to whether outcomes are determined by external events outside their control or by their own actions.[29] Feelings of lack of control are associated with poorer health outcomes and an increased risk of mortality.[30]

Respondents were asked to rate how often during the past four weeks they felt a lack of control over their life in general (Table 74), their personal life (Table 75) and their health (Table 76)

People who often or always report feeling a lack of control over aspects of life are also those who report poorer mental and physical health. Just over half (50.4%) of respondents reported never feeling lack of control over life in general, while one quarter (24. 5%) felt a lack of control over life in general rarely and approximately one in twenty (19.4 %) felt a lack of control over life in general sometimes. Over half of respondents reported never feeling a lack of control over personal life or their health (56.7% and 57.8%, respectively)

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

Table 74: Lack of control over life in general during past four weeks, respondent, HWSS 2019

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	60.6	(48.8 - 72.4)	19.7	(10.1 - 29.3)	12.1	(4.2 - 20.0)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	47.7	(39.7 - 55.7)	27.2	(20.0 - 34.3)	19.2	(12.9 - 25.5)	4.6 *	(1.3 - 8.0)	N/A	(N/A - N/A)
10 to 15 yrs	49.5	(44.1 - 55.0)	24.3	(19.7 - 29.0)	21.0	(16.6 - 25.4)	3.6	(1.6 - 5.7)	N/A	(N/A - N/A)
Child's gender										
Boys	53.8	(48.2 - 59.4)	20.5	(15.9 - 25.0)	21.1	(16.5 - 25.7)	3.3	(1.3 - 5.3)	N/A	(N/A - N/A)
Girls	46.1	(39.8 - 52.4)	29.6	(23.9 - 35.4)	17.3	(12.5 - 22.1)	5.3 *	(2.5 - 8.2)	N/A	(N/A - N/A)
Persons	50.4	(46.2 - 54.6)	24.5	(20.9 - 28.2)	19.4	(16.1 - 22.7)	4.2	(2.5 - 5.9)	N/A	(N/A - N/A)

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

Table 75: Lack of control over personal life during past four weeks, respondent, HWSS 2019

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	60.6	(48.8 - 72.4)	19.7	(10.1 - 29.3)	13.6 *	(5.3 - 21.9)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	58.0	(50.1 - 65.9)	23.3	(16.5 - 30.1)	16.0	(10.1 - 21.9)	1.3 *	(0.0 - 3.2)	N/A	(N/A - N/A)
10 to 15 yrs	55.3	(49.9 - 60.7)	21.0	(16.6 - 25.4)	19.1	(14.9 - 23.4)	3.3 *	(1.4 - 5.3)	N/A	(N/A - N/A)
Child's gender										
Boys	58.4	(52.8 - 64.0)	19.8	(15.3 - 24.3)	17.8	(13.5 - 22.1)	2.6	(0.8 - 4.5)	N/A	(N/A - N/A)
Girls	54.5	(48.3 - 60.8)	23.6	(18.2 - 28.9)	17.4	(12.6 - 22.1)	3.3 *	(1.0 - 5.6)	N/A	(N/A - N/A)
Persons	56.7	(52.5 - 60.9)	21.5	(18.0 - 24.9)	17.6	(14.4 - 20.8)	2.9	(1.5 - 4.4)	1.3 *	(0.3 - 2.2)

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

Table 76: Lack of control over health during past four weeks, respondent, HWSS 2019

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	62.1	(50.4 - 73.9)	21.2	(11.3 - 31.1)	10.6 *	(3.2 - 18.1)	3.0 *	(0.0 - 7.2)	N/A	(N/A - N/A)
5 to 9 yrs	59.3	(51.4 - 67.2)	21.3	(14.8 - 27.9)	14.0	(8.4 - 19.6)	4.7 *	(1.3 - 8.1)	N/A	(N/A - N/A)
10 to 15 yrs	56.2	(50.9 - 61.6)	18.2	(14.1 - 22.4)	17.0	(12.9 - 21.1)	5.5 *	(3.0 - 7.9)	3.0 *	(1.2 - 4.9)
Child's gender										
Boys	59.1	(53.5 - 64.6)	18.5	(14.1 - 22.9)	15.2	(11.1 - 19.2)	4.6 *	(2.2 - 7.0)	2.6 *	(0.8 - 4.5)
Girls	56.2	(49.9 - 62.5)	20.7	(15.5 - 25.8)	15.7	(11.1 - 20.3)	5.4 *	(2.5 - 8.2)	2.1 *	(0.3 - 3.9)
Persons	57.8	(53.6 - 62.0)	19.4	(16.1 - 22.8)	15.4	(12.4 - 18.5)	5.0	(3.1 - 6.8)	2.4 *	(1.1 - 3.7)

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

14. PARTNER OF RESPONDENT FOR CHILD

The demographic characteristics of the child respondent's partner and unweighted proportions are shown below in Table 77. Of this sample, fewer than 5 respondents identified their partner as Aboriginal or Torres Strait Islander.

Table 77: Demographics of respondent's partner, HWSS 2019

Characteristic	Unweighted Sample (n)	Unweighted Per Cent (%)
Australian born		
Yes	419	76.9
No	126	23.1
Highest level of education		
Less than Year 10	4	0.7
Year 10 or Year 11	38	7.0
Year 12	61	11.2
TAFE/ Trade Qualification	241	44.3
Tertiary degree or equivalent	200	36.8
Employment status		
Employed	442	81.3
Unemployed	7	1.3
Home duties	79	14.5
Retired	3	0.6
Unable to work	5	0.9
Student	5	0.9
Other	3	0.6
Possess a government health care card		
Yes	73	13.4
No	470	86.6
Share home with a partner		
Yes	491	90.3
No	53	9.7

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