

Part I

BACKGROUND

1 Introduction

The health and wellbeing of Australia's children is at the centre of policy making in Australia today, in recognition that children are the key to Australia's future. Ensuring children get the best possible start in life is central to the health, social inclusion and productivity agendas of the Australian Government, with policy initiatives in these areas drawing on the principles of early intervention and prevention. Meeting this goal will involve reforms in the areas of education, early childhood development, preventive health care and housing, as well as strategies to address economic and social disadvantage (see Box 1 for government reforms relating to children). As the family is the environment in which children grow up, investing in families is essential for improving outcomes for children.

Childhood, defined in this report as 0–14 years, spans a number of major developmental phases in life—infancy, early childhood, 'school age' childhood and early adolescence.

In recent years, the focus on early childhood development has extended to the prenatal period, in recognition that high-quality antenatal care, education and support during pregnancy are essential in ensuring a healthy start to life for infants, resulting in improved health and developmental outcomes. Infancy and very early childhood are crucial periods in life—child development and experiences early in life determine the biological pathways that affect cognition, behaviour, capacity to learn, memory, and physical and mental health throughout life (Mustard 2006). It follows, then, that the early years of life (including the antenatal period) are important in setting the foundation of adult linguistic and social competence, coping skills, intelligence, and physical and mental health. A safe and nurturing family environment is particularly important for healthy child development during this time.

Early childhood is a period when many children will face their first major transition in life from the family home into other environments, such as child care, early education and full-time schooling. Transition times provide both opportunities and potential risks. This is a crucial time for learning, social and emotional development, social participation, and the acquisition of literacy and numeracy skills. It is also an important time for establishing good health. Both the behaviour and the physical and social environments of children during this time increase the risk of injuries, mental health and behavioural problems, and the development of risk factors and long-term health conditions that persist throughout life.

Early adolescence is a period of rapid emotional, physical and intellectual change, as children begin the transition from childhood to adolescence. Increasing independence during this time brings both challenges and risks. Early adolescence is an important time for the reinforcement of positive health and social behaviours, as behaviours at this age are strong predictors of future behaviour.

Due to the importance of promoting the physical, social, emotional and cognitive development of Australia's children at each of these developmental phases, childhood is a matter of national priority. The benefits of investing in children and families flow through to the entire population, with outcomes as diverse as greater productivity, lower burden of disease, stronger families, and safer and more connected communities.

Timely, accurate and comprehensive information on children's health, development and wellbeing is essential for monitoring the progress of Australia's children, and is critical for the development of evidence-based policy. Over the last decade, the Australian Institute of Health and Welfare (AIHW) has produced three comprehensive national statistical reports on

the health, development and wellbeing of Australia's children (in 1998, 2002 and 2005), as well as a summary, indicator-based report on measures of progress for children and youth, *Making progress* (AIHW 2008).

This report, *A picture of Australia's children 2009*, the fourth in the series, builds on work previously undertaken by the AIHW on the development and reporting of key national indicators of children's health, development and wellbeing. It presents information for children aged 0–14 years on a broad range of indicators in the areas of health status, risk and protective factors influencing health and wellbeing, early learning and education, family and community environments, safety and security, and system performance. The indicator framework has been broadened to include a new section on system performance and additional indicators in the following areas: alcohol use during pregnancy; teenage births; congenital anomalies; neonatal hearing screening; quality child care; transition to, and attendance at, primary school; school relationships and bullying; physical activity; and child protection resubstantiations. Included as a subset of these indicators are the ministerially endorsed Children's Headline Indicators, which are reported for the first time in this report.

Box 1: Government policy priorities and reforms relating to children

At the national level, the most important policies for early childhood and family support in the past few years have been the development of the National Agenda for Early Childhood, the National Reform Agenda on Human Capital of the Council of Australian Governments (COAG), and the Stronger Families and Communities Strategy (2004–2009).

The Australian Government has embarked on a number of new initiatives relating to children. The current policy environment has a strong focus on early childhood development and care, education and child protection. The Social Inclusion Agenda and the Australian Government's Closing the Gap on Indigenous Disadvantage initiative cut across a number of these areas. Many of these reforms are being progressed through the COAG process. Key priorities and objectives in relation to children include:

Early childhood

- *improving access to, and quality of, early childhood education and care through improving the affordability of child care by increasing the child care rebate; establishing new early learning and care centres; universal access to early childhood education programs to all 4 year olds for 15 hours per week, for a minimum of 40 weeks per year, by 2013; a strong national quality standard and quality rating system; and developing a National Early Years Learning Framework*
- *national rollout of the Australian Early Development Index*
- *Healthy Kids Check for 4 year olds*

Education

- *developing and implementing a national curriculum in key learning areas by 2011*

Child protection

- *developing a National framework for protecting Australia's children that aims to increase coordination between governments and non-government organisations, with a focus on improving child protection through prevention, early intervention and best practice strategies*

Closing the gap on Indigenous disadvantage initiative

- *halving the gap in reading, writing and numeracy achievements for children within a decade*
- *halving the gap in mortality rates for children under 5 years within a decade*
- *ensuring access to early childhood education for all Indigenous 4 year olds in remote communities within 5 years*

Social Inclusion Agenda

- *ensuring that all Australians are able to play a full role in all aspects of Australian life. Priorities of particular relevance to children include addressing the incidence and needs of jobless and homeless families with children, delivering effective support to children at greatest risk of long-term disadvantage and closing the gap in disadvantage for Indigenous children.*

KEY NATIONAL INDICATORS AND FRAMEWORK

This report is based on the key national indicators of children's health, development and wellbeing developed by the AIHW in consultation with the National Child Information Advisory Group. The key national indicators included in this report build upon extensive indicator development work in the areas of child health, development and wellbeing that was undertaken for the 2005 report *A picture of Australia's children* (AIHW 2005b). At that time, the reporting framework was broadened to include individual, family and societal factors that influence the health, development and wellbeing of children. This report continues to use this broadened indicator framework, with some modifications and refinements to the indicators and the inclusion of additional indicators (see Box 2). A detailed description of the process for developing the set of indicators for *A picture of Australia's children 2009* is provided in the bulletin *Key national indicators of children's health, development and wellbeing* (AIHW 2008j).

The key national indicators in this report overlap with the Council of Australia Governments' (COAG) performance indicators in the areas of healthcare, disability, education, affordable housing, and Indigenous reform. Of the 56 key national indicators, more than one-quarter are the same or are similar to COAG performance indicators. Four COAG performance indicators with specific relevance to children are not included in the key national indicators in this report. These are 4th year developmental health checks, under 5 hospitalisation rates by cause, and two indicators on antenatal care. These indicators will be included in future AIHW reports.

Headline Indicators for children's health, development and wellbeing

The key national indicators presented in this report include a subset of ministerially endorsed Headline Indicators for children's health, development and wellbeing (Children's Headline Indicators). In 2006, 19 priority areas for children's health, development and wellbeing were endorsed by the Australian Health Ministers' Conference (AHMC), the Community and Disability Services Ministers' Conference (CDSMC) and the Australian Education Systems Officials Committee

(AESOC). These Headline Indicators are designed to focus government policy attention on identified priorities for children's health, development and wellbeing. This will be facilitated by the comparison of state and territory data, and data from subpopulations of children, including Aboriginal and Torres Strait Islander children, children living in remote and disadvantaged areas, and children from culturally and linguistically diverse backgrounds.

The establishment of the Headline Indicator reporting complements the national reporting previously undertaken by the AIHW, by presenting jurisdictional and subpopulation data on a selected set of identified priority indicators.

Sixteen priority areas that currently have defined Headline Indicators are discussed at the national level throughout the report, with *Part X* of the report presenting jurisdictional data for 11 of the priority areas where data are currently available. Further information on the background and implementation of the Headline Indicators can be found in *Part X*.

Report structure

The key national indicators, including the Children's Headline Indicators, have been organised into a framework around questions considered vital to assessing the health and wellbeing of Australian children (Box 2). These questions form the basis of the structure of this report.

The key questions are:

- How healthy are Australia's children?
- How well are we promoting healthy child development?
- How well are Australia's children learning and developing?
- What factors can affect children adversely?
- What kind of families and communities do Australia's children live in?
- How safe and secure are Australia's children?
- How well is the system performing in delivering quality health, development and wellbeing actions to Australia's children?

Information on demographic and family characteristics is presented first, to provide the context for the information that follows. In order to highlight the disparities in health, development and wellbeing experienced among

child subpopulations in Australia, this report includes information on Aboriginal and Torres Strait Islander children, and children from regional, remote and socioeconomically disadvantaged areas (where robust data are available). In particular, the report includes a feature chapter on Aboriginal and Torres Strait Islander children

(Part IX), which explores the issues affecting the health, development and wellbeing of this population group.

Information on data gaps and data development activities relating to children are also discussed in the report (Part XI).

Box 2: Indicator framework for *A picture of Australia's children 2009*

How healthy are Australia's children?							
Mortality ^(a) <i>Age-specific and condition-specific death rates</i>	Morbidity <i>Hospitalisations and chronic conditions</i>	Disability <i>Profound or severe core activity limitations</i>	Congenital anomalies <i>Selected congenital anomalies among infants at birth</i>		Mental health <i>Mental health problems</i>		
How well are we promoting healthy child development?							
Breastfeeding ^(a) <i>Exclusive breastfeeding of infants</i>	Dental health ^(a) <i>Children with decayed, missing or filled teeth</i>		Physical activity <i>Children meeting the National Physical Activity Guidelines</i>		Early learning <i>Children who are read to by an adult</i>		
How well are Australia's children learning and developing?							
Attending early childhood education programs ^(a) <i>Children attending early childhood education programs</i>	Transition to primary school ^(a) <i>Children entering school with skills for life and learning</i>		Attendance at primary school ^(a) <i>Children attending primary school each day</i>		Literacy and numeracy ^(a) <i>Children meeting reading and numeracy national minimum standards</i>		Social and emotional development <i>Under development</i>
What factors can affect children adversely?							
Teenage births ^(a) <i>Age-specific birth rate for females aged 15–19 years</i>	Smoking during pregnancy ^(a) <i>Mother's tobacco smoking during pregnancy</i>	Alcohol use during pregnancy <i>Mother's alcohol consumption during pregnancy</i>	Low birthweight ^(a) <i>Babies < 2,500 grams at birth</i>	Overweight and obesity ^(a) <i>Children with acceptable/unacceptable BMI scores</i>	Environmental tobacco smoke in the home <i>Children in households where adults smoke inside</i>	Tobacco use <i>Current smokers</i>	Alcohol misuse <i>Children engaging in high-risk drinking</i>
What kind of families and communities do Australia's children live in?							
Family functioning <i>Under development</i>	Family economic situation ^(a) <i>Average real equivalised disposable household income in the 2nd and 3rd deciles</i>	Children in non-parental care <i>Children in out-of-home care and other non-parental care</i>	Parental health status <i>Parents with fair or poor health, disabilities, mental health problems</i>	Neighbourhood safety <i>Proportion who perceive their neighbourhood as unsafe</i>	Social capital <i>Children in households that are able to get support in a time of crisis</i>		
How safe and secure are Australia's children?							
Injuries ^(a) <i>Injury mortality and hospitalisations</i>	School relationships and bullying <i>Under development</i>	Child abuse and neglect ^(a) <i>Child protection substantiations, children on care and protection orders</i>	Children as victims of violence <i>Physical and sexual assault</i>	Homelessness <i>Accompanying children in SAAP</i>	Children and crime <i>Children under juvenile justice supervision</i>		
How well is the system performing in delivering quality health, development and wellbeing actions to Australia's children?							
Neonatal screening (hearing) <i>Children fitted with hearing aids at 6 and/or 12 months</i>	Childhood immunisation ^(a) <i>Children who are fully vaccinated</i>	Survival for leukaemia <i>Five-year relative survival for leukaemia</i>	Quality child care <i>Under development</i>	Child protection resubstantiations <i>Resubstantiated claims of child abuse and neglect</i>			

(a) Children's Headline Indicators exist in these areas.

2 Children in Australia: demographic overview

This chapter describes Australia's child population in terms of size, composition and growth as well as regional distribution and cultural diversity. It provides a context for exploring many issues influencing children's health, development and wellbeing. The size and composition of the child population, including changing demographic trends, is important for policy development and planning for the provision, delivery and accessibility of the range of services required by children, including child care, schools, and health and welfare services.

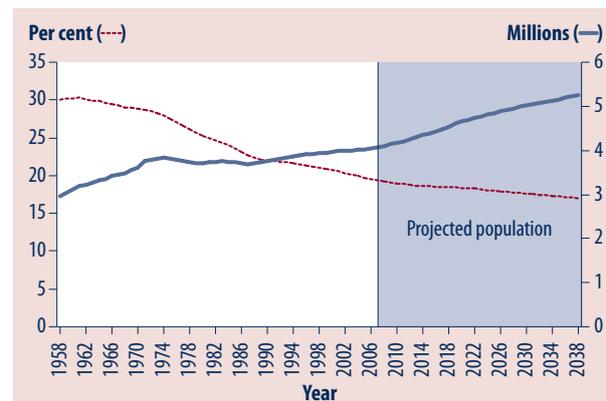
There are a number of ways to define children, depending on particular data collections or legal requirements. In this report children are defined as aged 0–14 years.

CHARACTERISTICS OF CHILDREN IN AUSTRALIA

At 30 June 2007, there were an estimated 4.1 million children aged 0–14 years in Australia (2.1 million boys and 2.0 million girls), representing almost one-fifth of the total Australian population (Table 2.1). Boys made up a slightly higher proportion of the child population than girls (51% compared with 49%). Children aged 5–9 and 10–14 years each accounted for around one-third of the total child population; infants and 1–4 year olds accounted for 7% and one-quarter, respectively.

Although the number of Australian children has been increasing over the last four decades, the child population as a proportion of the total population has been steadily declining due to sustained low fertility and

increased life expectancy. As a result, the proportion of children in the population has fallen from 30% in 1958 to 19% in 2007, and is projected to fall even further to 17% by 2038 (Figure 2.1). Despite this, the number of children in Australia is projected to continue to grow, from 4.1 million in 2007 to 5.2 million in 2038.



Note: Population projections (2008 onwards) are based on ABS Projection Series B. See ABS 2008I for the assumptions on which Projection Series B is based.

Sources: ABS 2008b, 2008I.

Figure 2.1: Number of children and children as a proportion of the total Australian population, 1958–2038

Aboriginal and Torres Strait Islander children

There were an estimated 194,200 Aboriginal and Torres Strait Islander children in Australia in 2006, comprising 4.8% of the total child population in Australia (Table 2.2). The gender distribution of Indigenous children was the same as for all Australian children (51% boys).

Table 2.1: Children in Australia, June 2007

Age group	Boys		Girls		Children	
	Number	Per cent	Number	Per cent	Number	Per cent
< 1 year	142,137	1.4	134,332	1.3	276,469	1.3
1–4 years	544,932	5.2	516,621	4.9	1,061,553	5.0
5–9 years	688,481	6.6	655,049	6.2	1,343,530	6.4
10–14 years	719,701	6.9	682,335	6.4	1,402,036	6.7
0–14 years	2,095,251	20.0	1,988,337	18.8	4,083,588	19.4

Note: Per cent refers to per cent of the total population.

Source: ABS 2008a.

Table 2.2: Indigenous children aged 0–14 years, June 2006

Age group	Boys		Girls		Children	
	Number	Per cent	Number	Per cent	Number	Per cent
0–4 years	32,753	4.9	31,673	5.0	64,426	4.9
5–9 years	33,335	4.9	31,801	4.9	65,136	4.9
10–14 years	33,254	4.6	31,433	4.6	64,687	4.6
0–14 years	99,342	4.8	94,907	4.8	194,249	4.8

Note: Per cent refers to per cent of all Australian children of that sex and age.
Source: ABS 2008g.

In contrast to the non-Indigenous population, the Indigenous population has a much younger age structure (Figure 2.2). This reflects the higher birth rate among Indigenous women compared with all women (2.1 births compared with 1.8 in 2006), as well as the shorter life expectancy among Indigenous Australians. Although Indigenous children comprise a relatively small proportion of the total Australian child population, they represent more than one-third of the Indigenous population (38%)—twice that of children in the non-Indigenous Australian population (19%).

Geographical distribution of children

Almost one-third of Australian children aged 0–14 years lived in New South Wales in 2007; a further one-quarter and one-fifth lived in Victoria and Queensland, respectively (Table 2.3). This is similar to the population

distribution for all Australians across the states and territories.

Children made up the greatest proportion of the population in the Northern Territory, accounting for around one-quarter of the total population. This is largely due to the high proportion of Indigenous Australians living in the Northern Territory, and the younger age structure of this population group.

Two-thirds of Australian children aged 0–14 years lived in *Major cities* in 2006, and a further one-fifth lived in *Inner regional* areas (Table 2.4). Three per cent of children lived in *Remote and very remote* areas.

Although the majority of Indigenous children lived in *Major cities* and *Inner and Outer regional* areas (77%, or 149,400 children in 2006), they were 8 times as likely to live in *Remote and very remote* areas

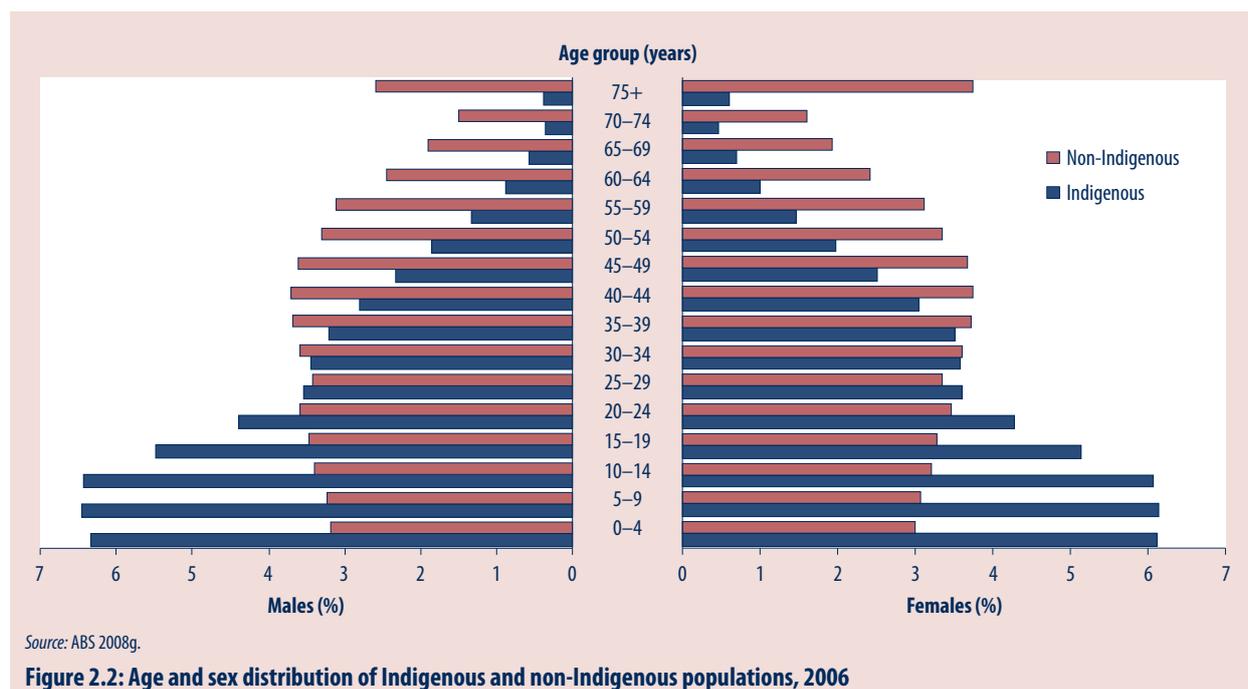


Table 2.3: Distribution of children across the states and territories, June 2007

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(a)
Per cent of state/territory population^(b)									
0–4 years	6.4	6.2	6.6	6.4	5.8	6.3	6.4	8.3	6.3
5–9 years	6.4	6.2	6.7	6.5	6.0	6.4	6.0	8.1	6.4
10–14 years	6.6	6.5	7.0	6.8	6.4	6.9	6.3	7.8	6.7
0–14 years	19.3	18.8	20.2	19.8	18.2	19.6	18.6	24.1	19.4
Per cent of Australian population 0–14 years^(c)									
0–14 years	32.6	24.1	20.8	10.2	7.1	2.4	1.6	1.3	100.0

(a) Includes other Territories comprising Jervis Bay Territory, Christmas Island and the Cocos (Keeling) Islands.

(b) The denominator is the relevant total state/territory population.

(c) The denominator is the total Australian population aged 0–14 years.

Source: ABS 2008a.

as all Australian children (Table 2.4). Indigenous children accounted for 38% of all children in *Remote and very remote* areas, despite accounting for less than 5% of all children in Australia in 2006.

Table 2.4: Distribution of Indigenous children and all children aged 0–14 years, by remoteness, 2006

	Indigenous children		All Australian children	
	Number	Per cent	Number	Per cent
Major cities	61,486	31.7	2,673,650	66.0
Inner regional	44,125	22.7	842,279	20.8
Outer regional	43,782	22.5	417,259	10.3
Remote	17,280	8.9	73,066	1.8
Very remote	27,576	14.2	44,191	1.1
Australia^(a)	194,249	100.0	4,050,445	100.0

(a) Includes migratory and other Territories.

Source: ABS 2008g.

CULTURAL AND LINGUISTIC DIVERSITY

With around one-quarter of the Australian population in 2007 born overseas, Australia is one of the most culturally diverse countries in the world. However, the proportion of children aged 0–14 years born overseas is considerably lower than for the general population—7.2% or 295,000 children in 2007 (ABS 2008j). More than half of these children were born in mainly non-English-speaking countries (56%).

Of children born in mainly non-English speaking countries, the largest groups were from India (9.4%), the Philippines (6.6%), China (excluding Special Administrative Regions and Taiwan Province) (6.3%), Republic of South Korea (5.1%), Singapore (3.7%) and Sudan (3.7%).

Of children born in mainly-English speaking countries, the largest proportions were from New Zealand and the United Kingdom (38% and 37%, respectively).

Refugee children

At 30 June 2008, there were 31,200 children aged 0–14 years living in Australia who had arrived under the Humanitarian Program for refugees and others in refugee-like situations, accounting for almost 1% of all children. Around one-quarter of these children were Sudanese, and considerable proportions of children were African (not further defined) (12%), Iraqi (9%) and Afghani (8%) (Table 2.5).

In 2007–08, around 3,800 children aged 0–14 arrived under the Humanitarian Program, similar to the number in 1998–99 (3,900), although numbers varied considerably between these years, peaking at between 5,000 and 5,500 during 2004–05 to 2006–07.

Table 2.5: Refugee children aged 0–14 years in Australia, by ethnicity, as at 30 June 2008

Ethnicity	Number	Per cent
Sudanese	7,608	24.4
African (not further defined)	3,681	11.8
Iraqi	2,938	9.4
Afghani	2,628	8.4
Burman	1,218	3.9
Bosnian/Bosniac	1,016	3.3
Serbian/Serb	945	3.0
Other	9,112	29.2
Unknown	2,044	6.6
Total	31,190	100.0

Note: Sudanese includes Agaar, Bor, Dinka and Nuer/Neveer; Afghani includes Hazara and Pashtun; Burman includes Karen, Chin and Rohingya; Other includes other specified ethnicity, stateless, no specific ethnicity and none; Unknown includes inadequately described and not stated/refused.

Source: Australian Government Department of Immigration and Citizenship, unpublished data.

3 Australian families

Families play a crucial role in the lives of Australian children, as they provide the environment in which children are cared for. Research has shown that children brought up in stimulating and nurturing environments have better outcomes throughout life (McCain & Mustard 2002; Zubrick et al. 2000).

Governments also have a role in providing a supportive environment in which families can take responsibility for ensuring the wellbeing of family members. This includes providing support for the development of effective parenting and relationship skills, early intervention and prevention for at-risk families, and support for balancing work and family responsibilities, as well as enhancing the economic wellbeing of vulnerable families.

Many of the social, economic and technological changes occurring in society have direct effects on families, and Australian families have changed markedly over the last 30 years as a result. Changing social attitudes towards marriage and fertility have resulted in the increased prevalence of cohabitation, higher rates of partnership dissolution and re-partnership, and a trend towards parents delaying childbirth until later in life and having fewer children (Qu & Weston 2008).

As a result of these trends, the structure and composition of Australian families has become increasingly less static, and many families now experience a number of changes, such as family breakdown, re-partnership to form a step-family and, if children are born to the new couple, a blended family. Some children may therefore experience a number of family transitions before they reach adolescence, and these changes can have significant effects on children.

With family dissolution or the re-partnering of parents, children are faced with adjusting to new parent–child and sibling relationships, and consequent changes in parenting styles and discipline and disruption to family cohesion that may lead to increased stress (Deater-Deckard & Dunn 1999 cited in Wise 2003). Research suggests that children undergoing these transitions in family structure can encounter difficulties making these adjustments and are at an increased risk of poor mental health and overall wellbeing (Sawyer et al. 2000; Silburn et al. 1996; Vimpani et al. 2002). Children from

non-intact families, particularly one-parent families, may also experience adverse developmental outcomes such as low educational attainment, increased likelihood of engaging in antisocial behaviour, and substance use in adulthood (de Vaus & Gray 2003; DeLeire & Kalil 2002).

Changes in family structures do not always have negative outcomes for children. There are many intervening factors such as the quality of parent–child relationships, parenting style and supervision, parental care and levels of family discord that affect children’s vulnerability or resilience to the effects of change. Children who have been in a family environment of conflict or abuse may even experience positive outcomes following the transition.

This chapter describes the characteristics of Australian families in terms of family formation and dissolution, and family structure.

FAMILY FORMATION AND DISSOLUTION

The profile of Australian families has changed considerably with regard to marriage and long-term relationships since the 1970s. Fewer Australians are entering a registered marriage, and those who do tend to marry at an older age—the crude marriage rate has fallen from 7.1 to 5.5 per 1,000 population between 1988 and 2007 and the median age at first marriage has increased by almost 4 years over this period (ABS 2008i). These lower rates of marriage are associated with an increase in de facto relationships, with rates more than doubling over the last two decades (from 6% to 15% between 1986 and 2006), although it is recognised that in many cases these couples will eventually marry (DPMC 2008). Relationship breakdown is also more common today, partly due to the increase in de facto relationships and the higher rate of relationship breakdown associated with these (Qu & Weston 2008). In terms of marriage breakdown, the divorce rate has fallen since 2000 to 2.3 per 1,000 people—after peaking at 4.5 per 1,000 people in 1976, following the implementation of the *Family Law Act 1975* (DPMC 2008).

FAMILY STRUCTURE

In line with these trends in family formation and dissolution, there have been corresponding changes over the past decade in the types of families in Australia. Between 1976 and 2006, the proportion of couple families with dependent children has declined, while the proportions of one-parent families and couples without children (including couples who have no children and those whose children have left home) have increased (Figure 3.1).

Conversely, the types of families that children are living in have changed little over the decade 1997 to 2007. Most children aged 0–14 years lived in couple families (83% in 2007) and, of these children, the vast majority lived in intact families (90%), with small proportions living in blended families and stepfamilies (6% and 3%, respectively). Less than 1% of children in couple families lived in other arrangements, such as grandparent families or in families with foster children. Around one in six children lived in one-parent families (17%)—most (87%) of whom lived with their mother (Table 3.1; ABS unpublished data).

A higher proportion of infants and young children (1–4 years) lived in couple families in 2007 (88%)

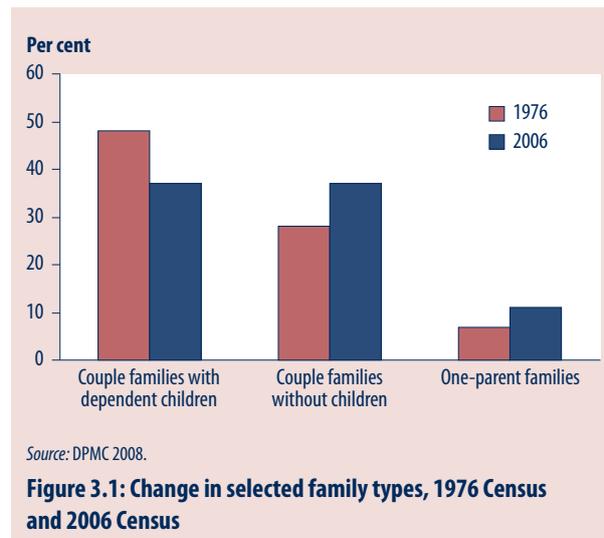


Figure 3.1: Change in selected family types, 1976 Census and 2006 Census

compared with 5–9 and 10–14 year olds (82% and 79%, respectively). Conversely, in one-parent families a considerably higher proportion of children were aged 10–14 years than 0–4 years (21% and 12% respectively).

A small number of children live in adoptive families. In 2007–08, there were 407 adoptions of children aged 0–14 years in Australia (includes both local and intercountry adoptions) (AIHW 2009b).

Table 3.1: Children aged 0–14 years by family structure, 1997, 2003 and 2007

	1997		2003		2007	
	Number ('000)	Per cent	Number ('000)	Per cent	Number ('000)	Per cent
Couple families						
0–4 years	1,088	84.2	1,043	84.0	1,133	88.3
5–9 years	1,055	80.4	1,048	80.1	1,061	81.9
10–14 years	1,055	81.1	1,047	78.2	1,079	78.8
Total	3,198	81.9	3,138	80.7	3,273	82.9
One-parent families						
0–4 years	204	15.8	199	16.0	150	11.7
5–9 years	258	19.6	261	19.9	235	18.1
10–14 years	246	18.9	292	21.8	290	21.2
Total	708	18.1	752	19.3	675	17.1
<i>Lone mother families</i>						
0–4 years	196	15.2	183	14.7	139	10.8
5–9 years	232	17.7	234	17.9	200	15.4
10–14 years	201	15.4	146	10.9	248	18.1
Total	629	16.1	563	14.5	587	14.9
<i>Lone father families</i>						
0–4 years	8	0.6	16	1.3	*11	0.9
5–9 years	25	1.9	27	2.1	35	2.7
10–14 years	45	3.5	46	3.4	42	3.1
Total	78	2.0	89	2.3	88	2.2
All children	3,906	..	3,890	..	3,948	..

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

Notes

1. Denominator for all percentages is all children in the relevant age group in each survey year.
2. Children in couple families include children of same-sex couples.

Source: ABS 2008h.

