



The Health and Wellbeing of Tasmania's Children and Young People Report 2018

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THE HEALTH AND WELLBEING OF TASMANIA'S CHILDREN AND YOUNG PEOPLE REPORT 2018

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The Health and Wellbeing of Tasmania's Children and Young People Report 2018 represents the fourth release of this report. Parts 1 and 2 were released separately in 2016 and 2017. Parts 1, 2 and 3 were released in an updated version in September 2017. The Report provides a range of publicly available data on the health and wellbeing of Tasmania's children.

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

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

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Foreword



There are a myriad of factors that can impact on the health and wellbeing of children and young people. Access to information on how Tasmania's children and young people are faring at a population level can assist us to better plan and deliver policy and programmatic responses aimed at promoting their wellbeing. Accurate data contribute to informed decision-making and allow us to consider how different services can work together to improve outcomes for children and young people across a range of areas.

The Health and Wellbeing of Tasmania's Children and Young People Report 2018 contributes to this process by collating a range of publicly available data that provide insights into the health and wellbeing of Tasmania's children and young people.

This report represents an update of the report released by former Commissioner Morrissey in September 2017, providing updated data where more recently released data are available and including some additional data.

This edition of the Report presents the data sets and allows them to speak for themselves. Readers will quickly come to appreciate that Tasmania continues to perform well in some areas, but not so well in others. This recognition will support the focussing of our collective efforts on particular areas requiring attention and improvement.

The release of the Tasmanian Government's *Tasmanian Child and Youth Wellbeing Framework* on 6 June 2018, and the intention for that Framework to promote a contemporary understanding of child and youth wellbeing across Tasmanian Government agencies, the non-government sector and our broader community, is welcomed. Initial progress has

commenced with the release of the Department of Education's 2018-2021 *Child and Student Wellbeing Strategy*. The Framework also provides the basis for a more detailed approach to measuring, monitoring and promoting children and young people's wellbeing across all areas of the service system, and I look forward to the release of an outcomes framework later this year.

I invite Tasmania's government and non-government organisations, communities and individuals, and, importantly, Tasmania's children and young people, to access, consider and use this resource to contribute to our efforts to provide opportunities for all children and young people in Tasmania to thrive and reach their potential.

I am also publishing a companion document, developed particularly for readers who are children and young people, to assist them to engage with the story that the data in this report tell.

I commend the 2018 Report to you.

David Clements
Interim Commissioner for
Children and Young People

Introduction



***The Health and Wellbeing of Tasmania's Children and Young People 2018 Report* provides snapshot and time-series data relevant to the health and wellbeing of children and young people in Tasmania. It brings together publicly available data from credible sources, with the intention of providing an easy to use resource for government and non-government organisations, professionals and individuals.**

The Report has four parts. The first part covers the demographics of Tasmania's children and young people, providing a range of data at a population level, relying on major data sets, such as the Australian Bureau of Statistic's *Census of Population and Housing*. The second part provides key data related to early childhood and the transition to school. The third part focuses on middle childhood and adolescence. The final part focuses on the services and systems that are in place to support children and young people.

In 2018, the Report focuses on updating the existing data included in previous versions of this report, as new data have, in some cases, become available, and includes additional data to provide a fuller picture of the situation of Tasmania's children and young people.

The Commissioner's Mandate

The Commissioner for Children and Young People (the Commissioner) is an independent statutory officer established by the *Commissioner for Children and Young People Act 2016*. The Commissioner's functions are highly relevant to the monitoring and reporting of data relating to the health and wellbeing of children and young people in Tasmania, as they include:

- » advocating for all children and young people in the State generally;
- » researching, investigating and influencing policy development into matters relating to children and young people generally;
- » promoting, monitoring and reviewing the wellbeing of children and young people generally; and
- » assisting in ensuring that the State satisfies its national and international obligations in respect of children and young people generally.

In seeking to achieve these aims, the legislation requires that the Commissioner's work is done in accordance with the principle that 'the wellbeing and best interests of children and young people are paramount', and that she or he 'observe any relevant provisions of the United Nations *Convention of the Right of the Child*'. Significantly, the Act provides that 'the interests and needs of children and young people who are disadvantaged for any reason or vulnerable should be given serious consideration and taken into account'.

The Ecology of Childhood

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

This means that the data reported here will include information on the way in which children and families use the services that are provided in Tasmania to help them grow and develop. The Tasmanian Government's *Tasmanian Child and Youth Wellbeing Framework*, released on 6 June 2018, also adopts the ecological framework for human development.

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



Data Collection and Reporting

Data were collected from a wide range of reports from Commonwealth and State government agencies, and independent authorities. All data are publicly available; no additional information was sought from sources of data, nor were any primary data collections undertaken. The majority of the data sources were only available at state level.

Where possible, multiple years of data were sourced, to ensure adequate comparison across time; national and state comparative data were also obtained where possible. If appropriate national data were not available, no comparison is provided.

Using and Interpreting the Data in this Report

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

- » The data were current as at 23 April 2018, meaning that any data newly released or updated after this date are not included in this release, but will be considered for future releases. Four exceptions exist. *Youth Justice in Australia 2016-17* was released by the AIHW on 25 May 2018, and updated data from this release have been included. Data from the May 2018 release of the *Rental Affordability Index: Key findings* have been included due to the findings released with this report. Data on universal access to preschool released by the Productivity Commission on 21 June 2018 were included. Data on student suspensions released by the Department of Education in June 2018 were included.
 - » Significant effort has been invested in delineating the sources of the data collected here, and interested parties should, in all cases, be able to easily locate referenced data through the usual methods.
 - » Information on caveats has been included for specific data sets throughout the Report, to guide readers where particular data issues impact on the reading of data. For comprehensive commentary regarding caveats that apply to referenced data, readers are invited to review the source material.
 - » Some data presented in this report are acknowledged to be dated. Where data are not recent, they have been included as they represent the most recent public data on this aspect of children and young people's health and wellbeing in Tasmania.
- » Where figures have been rounded in this report, discrepancies may occur between sums of the component items and reported totals. Net percentages are calculated prior to rounding of the figures and therefore some discrepancies may exist between these percentages and those that could be calculated from the rounded figures.
 - » In some cases, data agencies, such as the Australian Bureau of Statistics make random adjustments to data items to protect confidentiality – a practice called 'perturbation'. In some cases, this has a notable impact on data figures, and this is noted where applicable.
 - » Data have been checked by the Commissioner for Children and Young People; however if errors are found, data will be corrected and republished in future releases.
 - » Data, as far as practicable, are presented for children and young people between the ages of 0 and 17 (which includes all children and young people up to their eighteenth birthday); however some data sets extend beyond the age of 17 due to age ranges used by organisations in the publication of data.

Limitations and Gaps

Generally speaking, the purpose of releasing data in annual editions is to incrementally improve the amount and range of data that exist on the health and wellbeing of Tasmania's children and young people, and to present sets of longitudinal data. The release of annual editions also contributes to a greater appreciation of trends over time to better inform advice to government regarding emerging issues and recommendations that will lead to improved outcomes.

However, a number of limitations and gaps in data relating to Tasmanian children and young people exist. As this report seeks to provide information which is exclusively publicly available it may be that these data exist but are not publicly accessible. Alternatively it could be publicly available but difficult to locate.

When considering the limitations of, and gaps in, data collection relating to Tasmanian and Australian children and young people, it is important to note that the United Nations Committee on the Rights of the Child has made a range of recommendations to improve the collection of data, particularly in the area relating to the special protection of children and vulnerable groups of children.

- » In 2005, the Committee on the Rights of the Child noted that the Australian Bureau of Statistics was reviewing the available information on children and youth, in order to improve the scope and quality of data, and recommended that Australia strengthen its existing mechanism of data collection to ensure that data were collected on all areas of the *Convention on the Rights of the Child* in a way that allowed for disaggregation, particularly for those groups of children in need of special protection.²
- » In 2012, the Committee on the Rights of the Child noted concern that, regardless of the 2005 recommendation, data were not disaggregated nor analysed regarding important areas of the Convention and were sparse or not available on topics such as ethnic, refugee, migrant and internally displaced children, child abuse and neglect, and children who were victims of sexual exploitation. The Committee reiterated its 2005 recommendation, and specifically recommended that data cover all children below the age of 18 years, and pay particular attention to ethnicity, sex, disability, socio-economic status and geographic location.³

If readers of this report can highlight the location of publicly available data on the following areas, please contact the Commissioner for Children and Young People so that data can be considered for inclusion in subsequent releases.

Key areas where additional data are needed include:

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

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

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

Family violence: A number of data items are routinely collected by police however they do not adequately measure the effect and impact of family violence on children and young people. This issue is not only an issue for Tasmania but one for other states and territories.

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

For exclusions data, including expulsion and suspensions, comparable data are not publicly available for non-government schools, and there are no data on the number of times students are excluded. Demographic information for excluded students is also not available to compare the experiences of children and young people living in out-of-home care, or from particular cultural/ethnic groups.

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

ⁱ See the School Satisfaction ratings for the period 2014 to 2016 in the Department of Education's *Key Data 2017* available at <https://data.gov.au/dataset/key-data-march-2017-department-of-education-tasmania>

...a number of limitations and gaps in data relating to Tasmanian children and young people exist. As this report seeks to provide information which is exclusively publicly available it may be that these data exist but are not publicly accessible. Alternatively it could be publicly available but difficult to locate.



Demographics



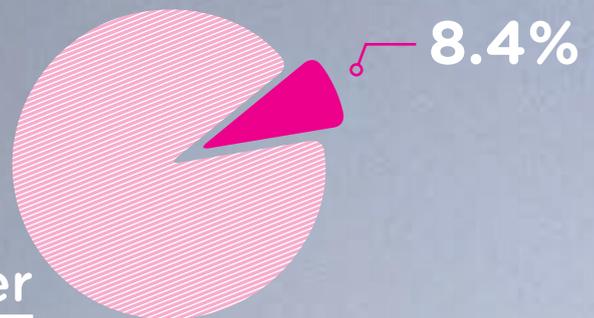
Almost a quarter of Tasmanians are under 18 years of age

At 30 June 2017, the estimated resident population of children and young people aged 0 to 17 years in Tasmania was 112,646.

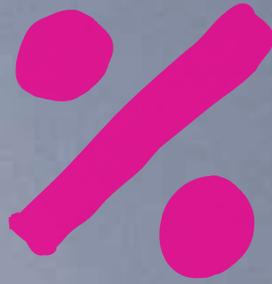
8.4 per cent

of children and young people in Tasmania aged 0 to 19 identify as

Aboriginal and/or Torres Strait Islander



Tassie children and young people grow up in a range of family situations



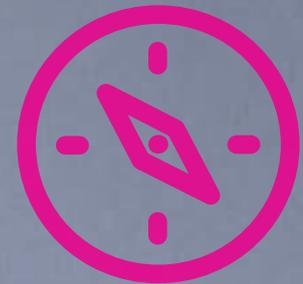
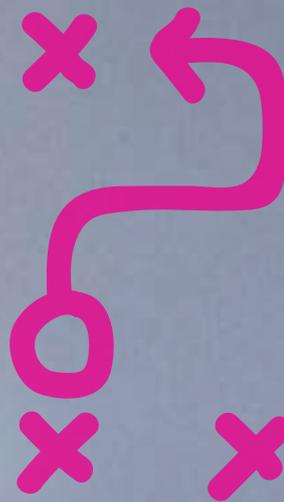
More boys than girls - but only just :)

48.5 per cent of Tasmania's children and young people are female, and 51.5 per cent are male.



Some kids are doing it tough in Tassie

Tasmania has the highest proportion of people living in the most disadvantaged areas of any state and territory: Tasmania 32.8%, Northern Territory 25.0%, South Australia 24.5%, New South Wales 20.9%, Queensland 20.2%, Victoria 16.5%, Australian Capital Territory 1.6%.



Equally spread across the island

Tasmania's population of children and young people is roughly divided into four quarters, with 22.2 per cent in the South East, 28.6 per cent in the South West, 27.6 per cent in the North, and 21.7 per cent in the North West.



Overview

Tasmania is home to 112,646 children and young people aged between 0 and 17 years. Tasmania's population of children has declined by 3.9 per cent between June 2005 and June 2017, which is also reflected in the declining number of births (11.9 per cent decline since 2008). Geographically, children and young people aged 0 to 19 years are distributed across Tasmania in four rough quarters – 22.2 per cent in the South East, 28.6 per cent in the South West, 27.6 per cent in the North, and 21.7 per cent in the North West.

Tasmania has the oldest population of all of the states, and has experienced the largest increase in median age over the last 20 years, from 35 years in 1997 to 42 years in 2017. Tasmania's population of children and young people is projected to decrease from 2023.

Tasmania's population of children and young people is centralised, with almost half of Tasmania's children located in five local government areas. Relative disadvantage is higher in Tasmania than in Australia overall, with over two-thirds of Tasmania's children living in areas of relative disadvantage.

Of all Australian states and territories, Tasmania has the second highest proportion of children and

young people aged up to 19 years who identify as Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander. The rates of one parent and step and blended families in Tasmania are higher than the national rate. While English is the main language spoken at home for the majority of Tasmanians, a broad range of other languages are spoken.

The Data

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

Tasmania is home to 112,646 children and young people.

At 30 June 2017, the estimated resident population of children aged 0 to 17 years in Tasmania was 112,646. This represents 2.0 per cent of Australia's population of 0 to 17 year olds. The population of children and young people in Tasmania at June 2017 had declined by 3.9 per cent compared to June 2005.⁴

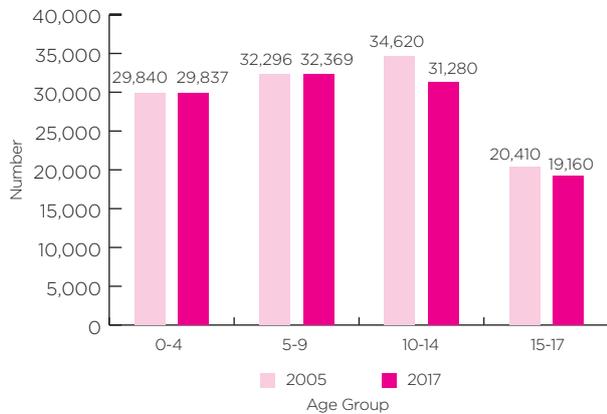
Table 1: Children and young people aged 0 to 17 years (Estimated resident populationⁱⁱ): number and per cent, by age group, Tasmania, 30 June 2005 and 30 June 2017.

Age Group	2005		2017		Change 2005 to 2017	
	No.	%	No.	%	No.	%
0-4	29,840	25.5	29,837	26.5	-3	0.0
5-9	32,296	27.6	32,369	28.7	73	0.2
10-14	34,620	29.5	31,280	27.8	-3,340	-9.6
15-17	20,410	17.4	19,160	17.0	-1,250	-6.1
Total	117,166	100.0	112,646	100.0	-4,520	-3.9

Source: Australian Bureau of Statistics, ABS publication 3101.0 – *Australian Demographic Statistics, June 2017*⁵

ii Estimated resident population (ERP) is the official estimate of the Australian population, which links people to a place of usual residence within Australia. Usual residence within Australia refers to that address at which the person has lived or intends to live for six months or more in a given reference year.

Figure 1: Population of children and young people aged 0 to 17 years, number, by age group, Tasmania, 30 June 2005 and 30 June 2017.



Source: Australian Bureau of Statistics, ABS publication 3101.0 - *Australian Demographic Statistics, June 2017*⁶

Figure 1 demonstrates that the reduction in Tasmania’s population between 2005 and 2017 primarily relates to decreasing numbers of 10-14 and 15-17 year olds. The number of 5-9 year olds has now exceeded the number of 10-14 year olds as the largest population group among Tasmanian children.

The gender distribution of children and young people in Tasmania is 51.5 per cent male and 48.5 per cent female, which is consistent with the national distribution (51.3 per cent male, 48.7 per cent female).⁷

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

Geographically, the usual residence of children and young people aged 0 to 19 years can be divided roughly into four quarters with 22.2 per cent in the South East, 28.6 per cent in the South West, 27.6 per cent in the North and 21.7 per cent in the North West.⁸

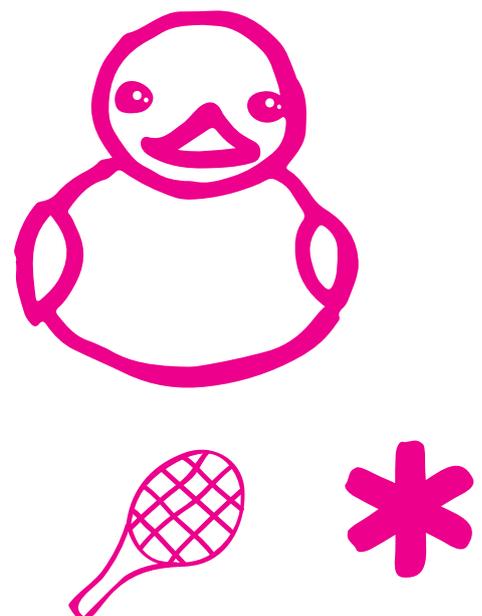


Table 2: Geographical distribution of children aged 0 to 19 years by LGA, number, Tasmania, 2016.

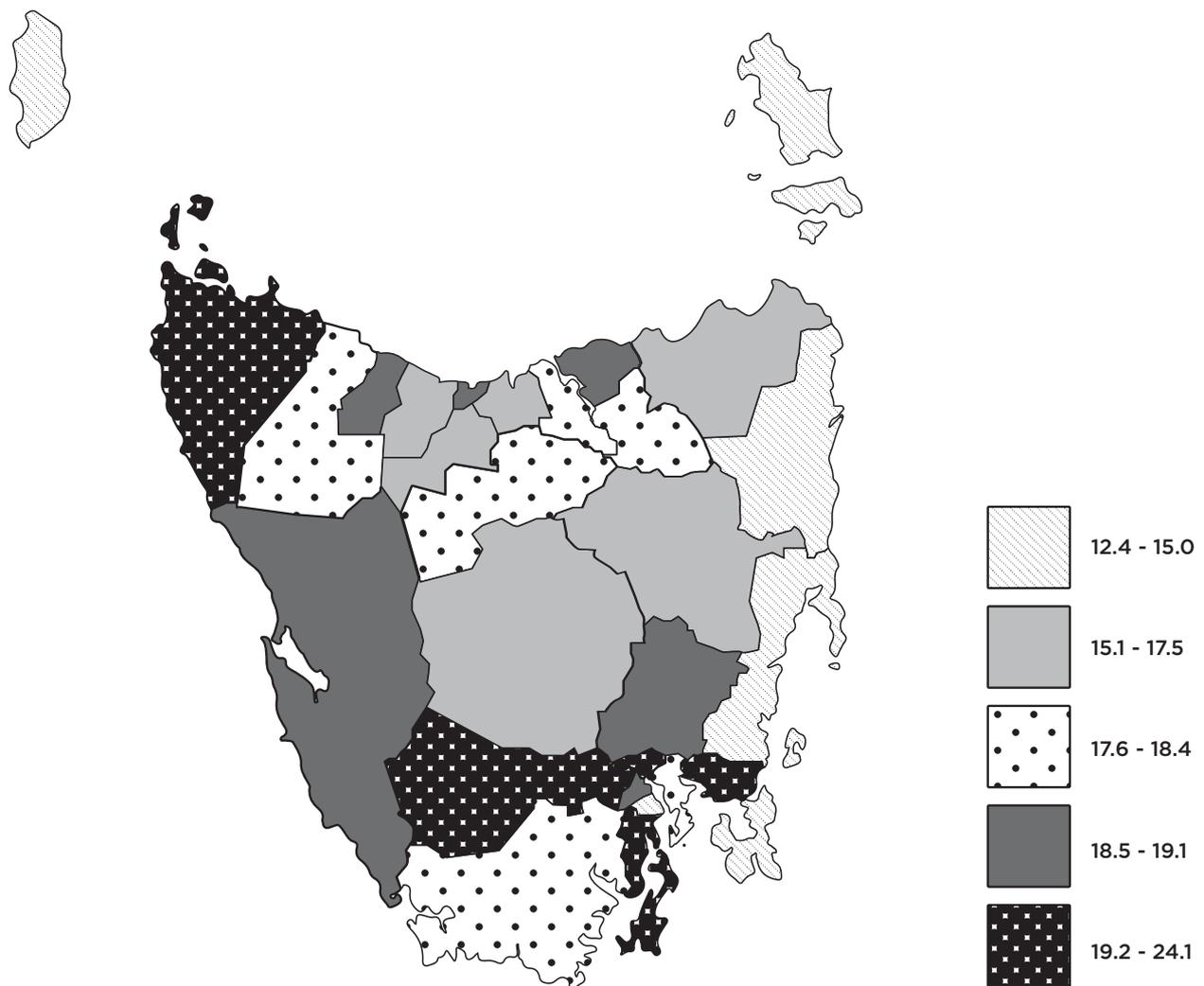
LGA	0-4 years Number	5-9 years Number	10-14 years Number	15-19 years Number	Total Number
South East					
Brighton	1,388	1,400	1,208	1,183	5,179
Central Highlands	106	139	118	91	454
Clarence	3,314	3,630	3,176	3,239	13,359
Derwent Valley	593	710	632	623	2,558
Glamorgan/ Spring Bay	166	194	202	150	712
Sorell	975	911	871	838	3,595
Southern Midlands	329	409	436	411	1,585
Tasman	88	110	128	75	401
Total	6,959	7,503	6,771	6,610	27,843
North West					
Burnie	1,206	1,211	1,211	1,438	5,066
Central Coast	1,144	1,290	1,340	1,354	5,128
Circular Head	536	639	543	516	2,234
Devonport	1,502	1,667	1,544	1,619	6,332
Kentish	299	380	390	405	1,474
King Island	82	85	76	63	306
Latrobe	571	669	624	554	2,418
Waratah/Wynyard	766	868	809	818	3,261
West Coast	270	288	242	186	986
Total	6,376	7,097	6,779	6,953	27,205
North					
Break O'Day	282	322	292	294	1,190
Dorset	336	439	407	355	1,537
Flinders	64	43	27	25	159
George Town	386	442	476	389	1,693
Launceston	3,994	4,271	3,755	4,522	16,542
Meander Valley	1,072	1,205	1,197	1,243	4,717
Northern Midlands	752	764	765	752	3,033
West Tamar	1,290	1,393	1,479	1,553	5,715
Total	8,176	8,879	8,398	9,133	34,586
South West					
Glenorchy	2,946	2,942	2,730	2,979	11,597
Hobart	2,399	2,585	2,481	3,143	10,608
Huon Valley	954	1,047	1,068	1,002	4,071
Kingborough	2,313	2,527	2,533	2,192	9,565
Total	8,612	9,101	8,812	9,316	35,841
Total	30,123	32,580	30,760	32,012	125,475

Source: Australian Bureau of Statistics, ABS publication 3235.0 - *Population by Age and Sex, Regions of Australia, 2016*⁹

It is important to note, however, that almost half of Tasmania's children and young people (61,671 or 49.2 per cent) reside in five local government areas (LGAs) – Launceston, Clarence, Glenorchy, Hobart and Kingborough – indicating that the population of children and young people is centralised.

Figure 2 shows the percentage of the total population who are children and young people aged 0-14 years by LGA. The highest proportion of the population who are children aged 0-14 years occurs in the LGAs Brighton, Circular Head, Kingborough, Derwent Valley and Sorell.

Figure 2: Percentage of total population who are children and young people aged 0-14 years by LGA.



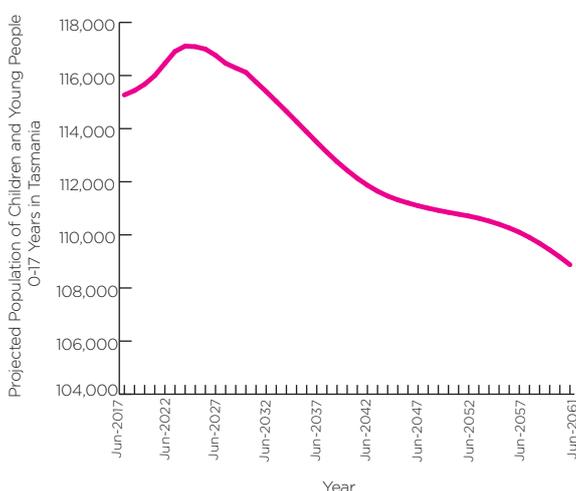
Source: Public Health Information Development Unit (PHIDU), *Social Health Atlas of Australia: Tasmania Local Government Areas (2016 ASGS), Published 2018*⁹

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

At 30 June 2017, Tasmania had the oldest population of the states and territories, with a median age of 42 years (compared to 37 years for Australia).¹¹ This is projected to increase to between 46.4 years and 51.1 years in 2061.¹²

ABS projects in its Series B population projections that Tasmania's population will increase slowly before levelling out by around 2046 and then decrease marginally from 2047 onwards (565,710 people in 2061). The population of children and young people is expected to decrease between 2023 and 2061.¹³

Figure 3: Projected population of children and young people aged 0-17 years in Tasmania, 2017 to 2061.



Source: Australian Bureau of Statistics, ABS publication 3222.0 – Population Projections, Australia, 2012 (base) to 2101¹⁴

Overall disadvantage is higher in Tasmania than Australia overall.

Socio-Economic Indexes for Areas (SEIFA) are a number of measures developed to assist in assessing the welfare of Australian communities. One of these measures is the Index of Relative Social Disadvantage (IRSD), which provides for each statistical area a score summarising attributes of the population that relate to disadvantage. It takes into account attributes such as low income, low educational attainment and high unemployment. Scores below 1,000 indicate relatively greater disadvantage, and scores above 1,000 indicate relative lack of disadvantage.

According to the 2016 Census, Tasmania had the lowest proportion of people living in the most advantaged areas (Quintile 5 – 7.6 per cent) of all the states and territories, and the highest proportion of people living in the most disadvantaged areas (Quintile 1 – 32.8 per cent). Table 3 demonstrates

Tasmania's profile in comparison to the other states and territories.

Table 3: Proportion of persons by IRSD quintiles, by state of usual residence, 2016.

Quintile	NSW %	Vic %	Qld %	SA %	WA %	Tas %	NT %	ACT %
1	20.9	16.5	20.2	24.5	13.6	32.8	25.0	1.6
2	19.9	18.1	21.5	24.2	18.5	24.9	14.2	5.7
3	17.8	21.1	21.2	20.7	22.8	22.1	19.9	14.2
4	17.7	23.3	21.3	19.0	24.0	12.5	21.4	28.0
5	23.8	21.0	15.8	11.7	21.0	7.6	19.5	50.4
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Australian Bureau of Statistics, ABS publication 2033.0.55.001 – Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016¹⁵

In Tasmania, 68.7 per cent of the estimated resident population of children and young people aged 0-19 years are located in Local Government Areas (LGA) whose IRSD score is below 1,000. Fifty per cent of children and young people, half of Tasmania's population aged 0-19 years, are located in LGAs with IRSD scores below 950.

Table 4: Number of Children and Young People aged 0-19 years, 30 June 2016, by Index of Relative Socio-Economic Disadvantage of LGA of usual residence, Tasmania.

IRSD	Number of Children 0-19	Proportion of Population %
850-899	12,060	9.6
900-949	50,741	40.4
950-999	23,427	18.7
1000 or Greater	39,247	31.3
Total	125,475	100.0

Source: Australian Bureau of Statistics, ABS publication 3235.0 – Population by Age and Sex, Regions of Australia, 2016¹⁶, & ABS publication 2033.0.55.001 – Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016¹⁷

Of the 50 per cent of children and young people located in LGAs with an IRSD score below 950, almost two-thirds of these children are located in the North and North West of Tasmania.

Table 5: Number of Children and Young People aged 0-19 years by LGA, Tasmania, 30 June 2016, with the Index of Relative Socio-Economic Disadvantage by LGA, Tasmania, 2016.

	0-19 Children	Index of Relative Socio-Economic Disadvantage (IRSD)
LGA		
South East		
Brighton	5,179	871
Central Highlands	454	891
Clarence	13,359	1002
Derwent Valley	2,558	893
Glamorgan/Spring Bay	712	939
Sorell	3,595	965
Southern Midlands	1,585	934
Tasman	401	917
Total	27,843	
North West		
Burnie	5,066	915
Central Coast	5,128	952
Circular Head	2,234	940
Devonport	6,332	902
Kentish	1,474	939
King Island	306	988
Latrobe	2,418	970
Waratah/Wynyard	3,261	925
West Coast	986	869
Total	27,205	
North		
Break O'Day	1,190	894
Dorset	1,537	918
Flinders	159	967
George Town	1,693	857
Launceston	16,542	936
Meander Valley	4,717	976
Northern Midlands	3,033	959
West Tamar	5,715	1000
Total	34,586	
South West		
Glenorchy	11,597	906
Hobart	10,608	1043
Huon Valley	4,071	962
Kingborough	9,565	1038
Total	35,841	
Total	125,475	

Source: Australian Bureau of Statistics, ABS publication 3235.0 – *Population by Age and Sex, Regions of Australia, 2016*¹⁸, & ABS publication 2033.0.55.001 – *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016*¹⁹

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

According to the 2016 Census, 8.4 per cent of children and young people aged 0 to 19 years in Tasmania identify as Aboriginal, Torres Strait Islander, or Aboriginal and Torres Strait Islander. The overall population of Tasmanians who identify as Aboriginal, Torres Strait Islander, or Aboriginal and Torres Strait Islander is 4.6 per cent, indicating that a higher proportion of Tasmanian children and young people identify as Indigenous than the broader population across all age groups.

Table 6: Children and young people aged 0 to 19 years who identify as Aboriginal or Torres Strait Islander: number and per cent, Tasmania, 2016.

Age Group	2016		
	Aboriginal/ Torres Strait Islander Children	Total Children	Aboriginal/ Torres Strait Islander children as a proportion of the total age group 0-19 Years
	No.	No.	%
0-4	2,441	28,475	8.6
5-9	2,781	31,517	8.8
10-14	2,560	30,221	8.5
15-19	2,381	31,079	7.7
Total	10,163	121,292	8.4

Source: Australian Bureau of Statistics, ABS publication 2071.0 – *Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016 – Cultural Diversity*²⁰

Of all Australian states and territories, Tasmania has the second highest proportion of children and young people who identify as Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander, following the Northern Territory, where 36.4 per cent of children and young people identify as Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander.

Table 7: Children and young people aged 0 to 19 years who identify as Aboriginal or Torres Strait Islander: as a proportion of the total population of children and young people aged 0 to 19 years, states and territories, 2016.

NSW %	5.3
Vic %	1.4
Qld %	7.1
SA %	3.8
WA %	5.2
Tas %	8.4
NT %	36.4
ACT %	2.7
Other Territories %	8.2
Total %	5.0

Source: Australian Bureau of Statistics, ABS publication 2071.0 – *Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016 – Cultural Diversity*²¹

Tasmanian children grow up in a range of family situations.

The proportions of one parent families and step and blended families in Tasmania are higher than the national average.

Table 8: Number of children by family composition, Tasmania and Australia, 2012-13.ⁱⁱⁱ

	Tasmania		Australia	
	Estimate ('000)	Per cent	Estimate ('000)	Per cent
In intact families	75	64	3,815	74
In step and blended families	11	9	401	8
In one parent families	29	25	935	18
Total children aged 0-17 years	117	100	5,183	100

Source: Australian Bureau of Statistics, ABS publication 4442.0 – *Family Characteristics and Transitions, Australia, 2012-13*²²

iii This table directly reproduces the ABS data. Some cells may be randomly adjusted by the ABS to minimise the risk of identifying individuals in aggregated statistics. 'Total children aged 0-17 years' includes children in 'other' couple families which are not classified as intact, step or blended, for example, grandparent families or families with only foster children present.

iv The next update to this ABS data set will likely occur in 2019.

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

In Tasmania, for 35.8 per cent of households, government pensions or allowances are the main source of income. The rate varies between the greater capital city area at 28.7 per cent and the rest of Tasmania at 41 per cent. These rates are above the national rate of 24.2 per cent.

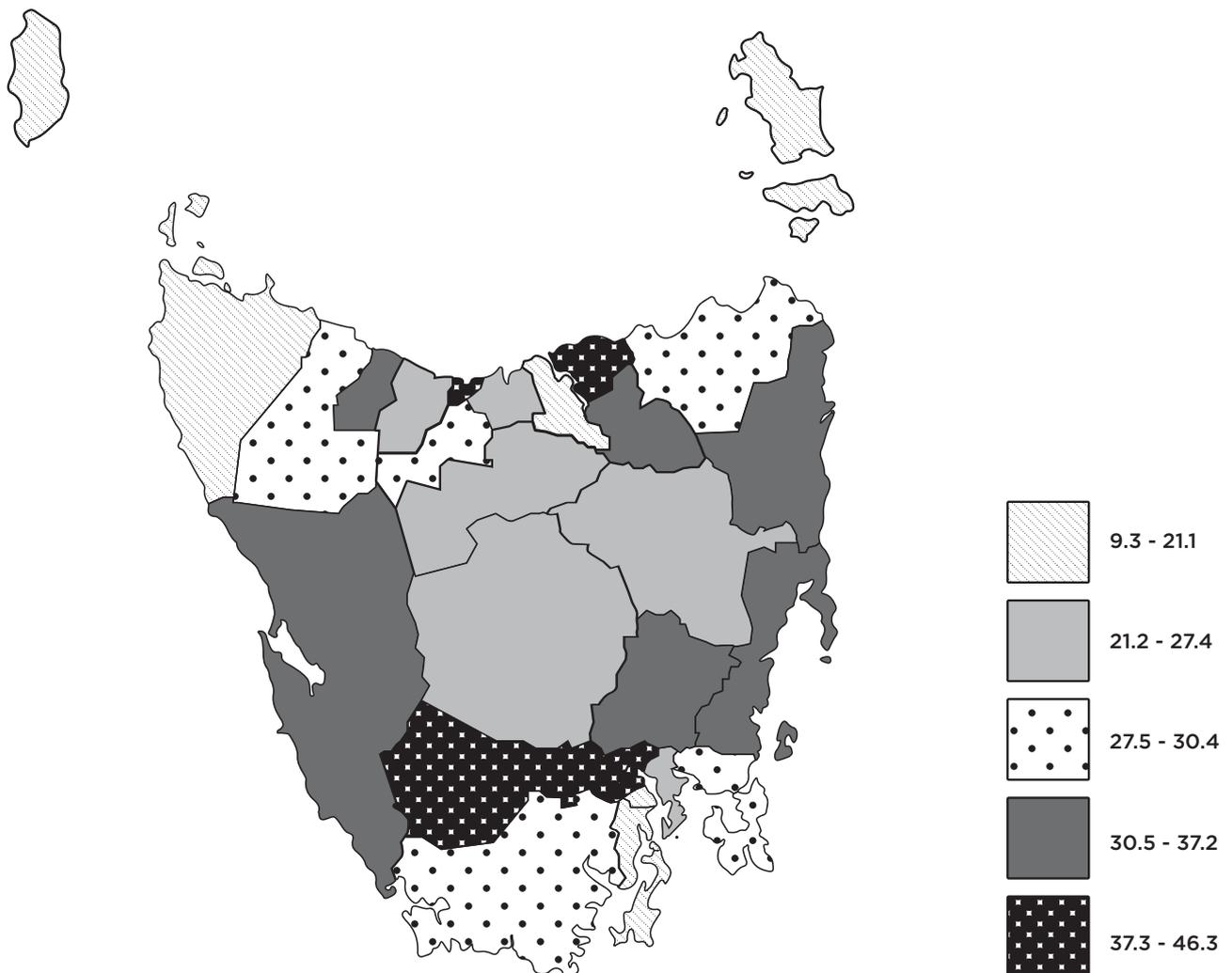
Table 9: Percentage of households where the main source of income is government pensions and allowances, 2015-16.

Greater Capital City Area		Rest of State		Total	
Tas %	Australia %	Tas %	Australia %	Tas %	Australia %
28.7	20.4	41.0	31.3	35.8	24.2

Source: Australian Bureau of Statistics, ABS Publication 6523.0 - Household Income and Wealth, Australia: Summary of Results, 2015-16²³

The figure below shows the percentage of children in 2016 in low income, welfare dependent families. This is represented by children under 16 years of age who live in families with incomes under \$37,378 per annum and are in receipt of the Family Tax Benefit A, regardless of whether the families are receiving income payments or not.

Figure 4: Percentage of children in low income, welfare dependent families, 2016.



Source: Public Health Information Development Unit (PHIDU), *Social Health Atlas of Australia: Tasmanian Local Government Area (2016 ASGS)*, Published 2018²⁴

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

Table 10: Average real equivalised disposable household income for low-income households with children aged 0-12 in the second and third income deciles, Tasmania and Australia, 2013-14.

Tasmania	Australia
\$ per week	\$ per week
506.60	517.9

Source: Australian Institute of Health and Welfare, *Children's Headline Indicators: Data Visualisations*^{v, 25}

Nearly 18 per cent of Tasmanians would not be able to raise \$2,000 in an emergency within 2 days. 7.3 per cent of Tasmanians ran out of food and could not afford to buy more within the last 12 months.

Table 11: Ability to raise funds and food insecurity, 18 years and over, Tasmania, 2016.

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

Source: Department of Health and Human Services, *Tasmanian Population Health Survey 2016*²⁶

English is the main language spoken at home in Tasmanian households.

In Tasmania, 88.3 per cent of people only spoke English at home in 2016. Other selected languages spoken at home included Mandarin (0.8 per cent), Nepali (0.3 per cent), German (0.3 per cent), Italian (0.2 per cent), and Greek (0.2 per cent).

Table 12: Selected languages spoken at home for Tasmanian population, number and per cent, Tasmania and Australia, 2016.

Language	Tasmania		Australia	
	No.	%	No.	%
English only spoken at home	450,411	88.3	17,020,417	72.7
Mandarin	3,971	0.8	596,711	2.5
Nepali	1,647	0.3	62,005	0.3
German	1,576	0.3	79,353	0.3
Greek	1,191	0.2	237,588	1.0
Italian	1,096	0.2	271,597	1.2
Cantonese	972	0.2	280,943	1.2
Arabic	829	0.2	321,728	1.4
Polish	685	0.1	48,083	0.2
Hindi	639	0.1	159,652	0.7
Other	14,686	2.9	2,813,986	12.0
Not Stated	32,262	6.3	1,509,829	6.5
Total	509,965	100.0	23,401,892	100.0

Source: Australian Bureau of Statistics, ABS publication 2071.0 - *Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016*²⁷

v 2013-14 represents the most recent public data sourced.

The profile of religious affiliation in Tasmania differs from the national profile.

In Tasmania, the most common religious affiliation is Christianity at 49.7 per cent and No Religion at 37.8 per cent.

Table 13: Religious affiliation, number and per cent, Tasmania and Australia, 2016.

Religion	Tasmania		Australia	
	No.	%	No.	%
No Religion	192,515	37.8	6,933,708	29.6
Christianity	253,503	49.7	12,201,602	52.1
Buddhism	4,049	0.8	563,674	2.4
Islam	2,498	0.5	604,240	2.6
Hinduism	2,554	0.5	440,300	1.9
Judaism	248	0.0	91,022	0.4
Other	7,461	1.5	435,179	1.9
Religion Not Stated	47,137	9.2	2,132,167	9.1
Total	509,965	100.0	23,401,892	100.0

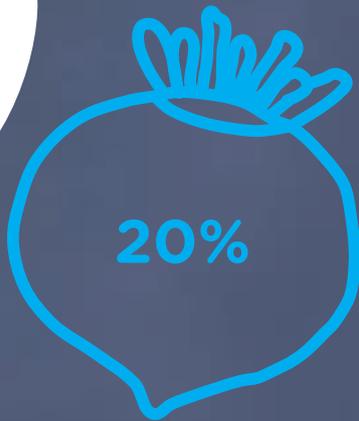
Source: Australian Bureau of Statistics, ABS publication 2071.0 – *Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016*²⁸

Early Childhood and the Transition to School



100%

Kids are good at eating their fruit, but not their vegies!



20%

All children and young people in Tasmania aged 2 to 3 are meeting the recommended guidelines for their daily fruit intake, but not the guidelines for their vegetable intake.



5,968

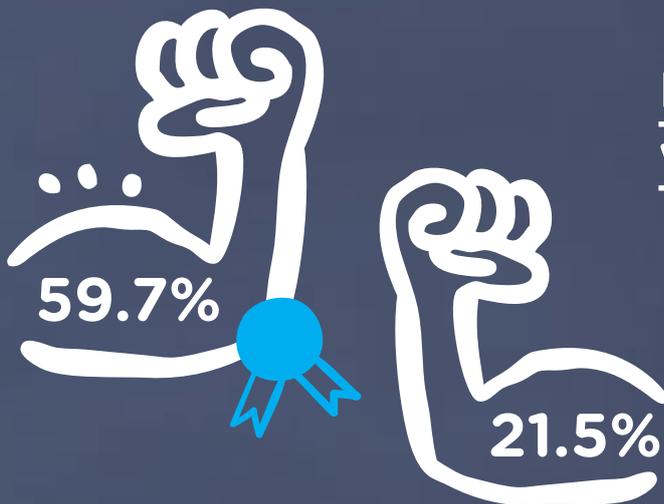


5,968 births were registered in Tasmania in 2016.



Immunisation rates in Tassie are high overall

The rates of immunisation of Tasmania's children are consistent with those of other children across Australia.



Kids start school in Tassie with lots of strengths

According to the AEDC Multiple Strengths Indicator, 59.7 per cent of children have highly developed strengths at the point at which they commence school, and a further 21.5 per cent have well developed strengths.



Almost all babies see a CHaPS nurse

Ninety per cent of families with a newborn infant are engaged with Child Health and Parenting Service (CHaPS) for an eight week assessment of growth and development



Overview

The data contained in this section tells a story of the development of young children in Tasmania from birth to the time they enter school. Mothers giving birth in Tasmania are slightly younger than the national median, and a higher proportion of Tasmanian mothers are from lower socio-economic areas.

While the rate of women smoking during pregnancy is decreasing, the rate of women consuming alcohol during pregnancy has increased recently, after a period of decreasing trend. This change in trend relates primarily to private patients, rather than public patients.

Tasmanian mothers are more likely to have their first antenatal visit before 14 weeks than in any other state or territory, and a high and increasing proportion of families with new born infants remain engaged with Tasmania's Child Health and Parenting Service (CHaPS).

The percentage of low weight babies in Tasmania is higher for babies identified as Aboriginal or Torres Strait Islander at 12.4 per cent than for non-Indigenous babies at 7.5 per cent.

The percentage of women breastfeeding at hospital discharge has increased in recent years. Women discharged from private hospitals breastfeed at a greater rate than women discharged from public hospitals.

Tasmania's immunisation rates exceed the national rate for all age groups, although there are variations in immunisation rates at a local level.

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

Snapshot data relating to children's development as they enter school indicate that Tasmania performs above the national rate in some areas, such as physical, social and communicational development, while performing below the national rate for emotional and language development.

There is a degree of correlation between children's vulnerability in each of these five domains and the relative disadvantage of the area where they live. There is, however, a proportion of children living in areas of relatively low disadvantage who are vulnerable on one or more of these domains.

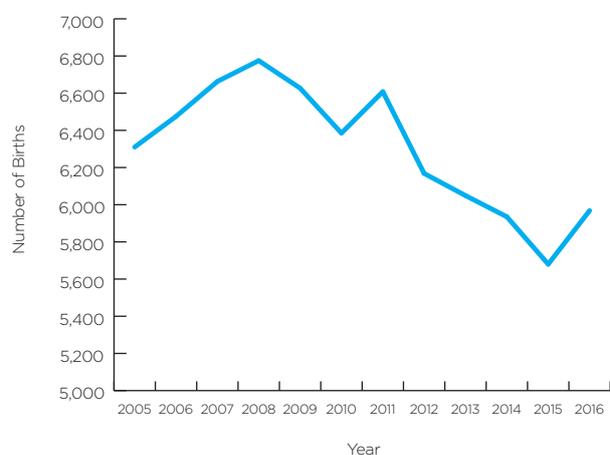
The Data

Mothers and Births in Tasmania

The number of births every year in Tasmania is generally decreasing.

5,968 births were registered in Tasmania in 2016. The number of births has declined since 2008, with the 5,968 births registered in 2016 representing an 11.9 per cent decrease since the 6,775 births registered in 2008. In 2016, 585 births were registered in Tasmania where at least one parent identified as being Aboriginal or Torres Strait Islander.²⁹

Figure 5: Number of births, Tasmania, 2005 to 2016.



Source: Australian Bureau of Statistics, ABS publication 3301.0 - *Births, Australia* ³⁰

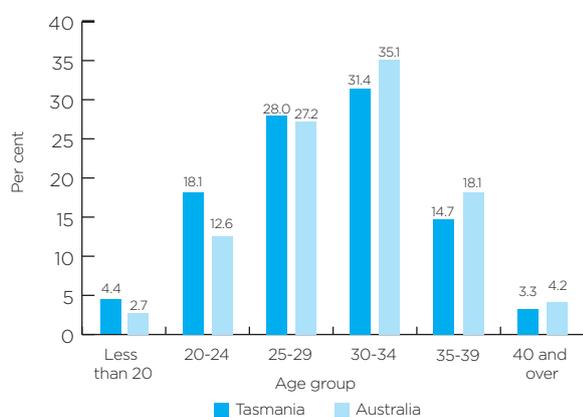
For the first time since 2011, in 2016, the number of births in Tasmania increased from the prior year.

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

The median age of all mothers in Tasmania in 2016 was 30 years, and the median age of fathers was 32.1 years. In Tasmania and nationally, the median age of mothers has increased by approximately 7 months over the five years between 2011 and 2016.³¹

In 2014, 52.8 per cent of Tasmanian mothers were under 30 years of age compared to the national figure of 43.7 per cent.³² In 2015, these percentages have decreased, with 50.6 per cent of mothers under 30 years of age in Tasmania, and 42.6 per cent nationally.³³

Figure 6: Age of woman at birth, Tasmania and Australia, 2015.



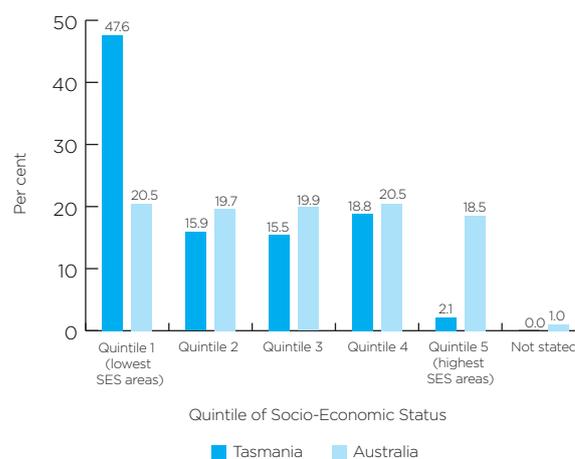
Source: Australian Institute of Health and Welfare, *Data source tables for Perinatal dynamic data display - 2015*³⁴

Together, these data indicate that the age of mothers is increasing, both in Tasmania and nationally; however, in Tasmania the age distribution of mothers is different to the Australian experience, with Tasmanian mothers still tending to be younger than nationally.

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

In 2015, 47.6 per cent of mothers were from the lowest SES areas, compared to 20.5 per cent nationally.³⁵ As noted in *Demographics - The Data*, Tasmania has a greater level of relative disadvantage than Australia as a whole.

Figure 7: Children born by family disadvantage, Tasmania and Australia, 2015.



Source: Australian Institute of Health and Welfare, *Data source tables for Perinatal dynamic data display - 2015*³⁶

As can be observed, in Australia generally, the spread of mothers across the five quintiles is relatively even, while in Tasmania there is a heavy weighting towards the bottom quintile.

vi With respect to data in this section, AIHW advises that: socio-economic status breakdowns are by state or territory of mother's usual residence, not state or territory of birth; and socio-economic status is based on the ABS 2011 SEIFA Index of Relative Socio-Economic Disadvantage.

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

In Tasmania in 2015, 88 per cent of women who gave birth attended their first antenatal visit at less than 14 weeks. This is the highest rate of any state or territory, with the next highest rate of 80 per cent occurring in the Northern Territory.³⁷ AIHW reports that while across the years 2013 to 2015 Tasmania was the Primary Health Network (PHN) with the highest rate of the first antenatal visit occurring in the first trimester (87.2 per cent), the percentage of low birth weight babies and the infant mortality rate were both above values for all the PHNs.³⁸

Figure 8: Percentage of women attending first antenatal visit when the duration of pregnancy is less than 14 weeks, 2015.^{vii}

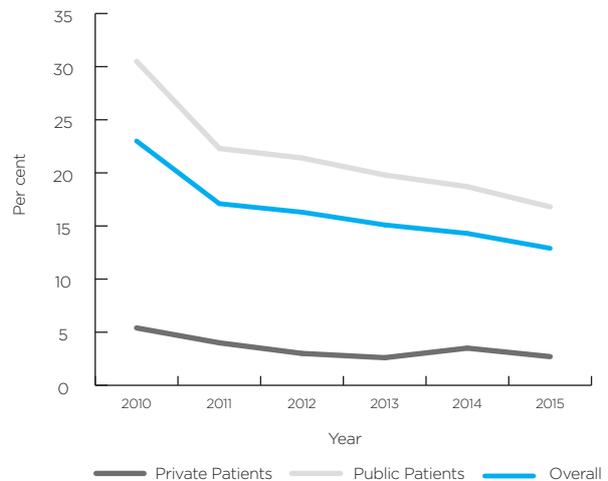


Source: Australian Institute of Health and Welfare, *Data source tables for Perinatal dynamic data display - 2015*³⁹

Smoking during pregnancy in Tasmania has decreased since 2010.

The percentage of women who smoked during pregnancy and were public patients was higher than the percentage of those who smoked and were private patients.⁴⁰

Figure 9: Percentage of mothers smoking during pregnancy, Tasmania, 2010 to 2015.



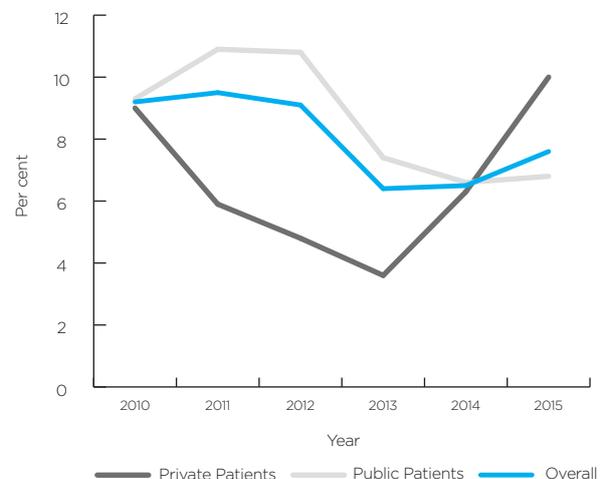
Source: Council of Obstetric & Paediatric Mortality & Morbidity, *Annual Report 2014 and Annual Report 2015*⁴¹

The above graph shows that there has been a sustained decreasing trend in the rates of women smoking during pregnancy.

Alcohol consumption during pregnancy in Tasmania has started to increase.

The percentage of women who report that they drank alcohol during pregnancy declined considerably over 2012 and 2013 after remaining steady from 2010 to 2012. However, in 2014 and 2015, an increase in the percentage of mothers consuming alcohol during pregnancy among private patients can be observed.⁴²

Figure 10: Percentage of mothers consuming alcohol during pregnancy, Tasmania, 2010 to 2015.



Source: Council of Obstetric & Paediatric Mortality & Morbidity, *Annual Report 2014 and Annual Report 2015*⁴³

vii The following caveats apply to these data: (1) the first antenatal visit outside a hospital is not recorded for all jurisdictions; and (2) caution should be taken in comparing the results of jurisdictions due to differences in definitions and methods used for data collection.

Child Health and Nutrition

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

Low birth weight can be a risk factor for the health development of infants and children, with extremely low birth weight being linked to neonatal complications and the development of chronic disease later in life.⁴⁴ Factors linked to low birth weight include poor maternal nutrition, physical and mental health including obesity, alcohol and drug use including smoking, inadequate antenatal care, and maternal experience of illness, trauma or injury during pregnancy.⁴⁵

Low birth weight is defined as a live born infant of less than 2,500g and includes babies that are small for their gestational age, as well as those who are premature. Very low birth weight is defined as a live born infant of less than 1,500g. For Tasmania, the majority of babies born were of optimal birth weight, with 8.3 per cent weighing less than 2,500g and 1.7 per cent weighing less than 1,500g. Low birth weight figures for Tasmania are higher than the national average of 6.9 per cent.⁴⁶

Table 14: Low and very low birth weight of children born in Tasmania, 2011 to 2015.

Year	Very low birthweight (< 1,500 grams)		Low birthweight* (< 2,500 grams)	
	Number	Per cent of total births	Number	Per cent of total births
2011	111	1.8	512	8.1
2012	110	1.9	462	7.8
2013	109	1.8	456	7.6
2014	105	1.8	483	8.2
2015	90	1.7	472	8.3

*Note that number - low birthweight (<2,500 grams) figures also includes very low birthweight babies.

Source: Council of Obstetric & Paediatric Mortality & Morbidity, *Annual Report 2015*⁴⁷

In 2014, Tasmania had a higher rate of low birthweights than all the states and territories except the Northern Territory. In that year, the percentage of low weight babies in Tasmania was higher for babies who were identified as Aboriginal or Torres Strait Islander at 12.4 per cent than for non-Indigenous babies at 7.5 per cent. The percentage of low weight babies was also higher in the lowest socio-economic areas (8.6 per cent) than in the highest socio-economic areas (6.5 per cent).^{viii, ix, 48}

Infant mortality in Australia has trended downwards in recent years, while Tasmania's rates have been variable over time.

Infant mortality is the death of a child less than one year of age. It is measured as the infant mortality rate, which is the number of deaths of children under one year of age per 1,000 live births.⁴⁹ Tasmania's infant mortality rate of 4.5 deaths per 1,000 live births in 2016 is higher than the Australian rate of 3.1 deaths per 1,000 live births.^{x, 50}

Table 15: Infant mortality rate, 2011 to 2016.

Year	Tasmania	Australia
	per 1,000 live births	per 1,000 live births
2011	4.5	3.8
2012	3.6	3.3
2013	3.6	3.6
2014	5.2	3.4
2015	3.7	3.2
2016	4.5	3.1

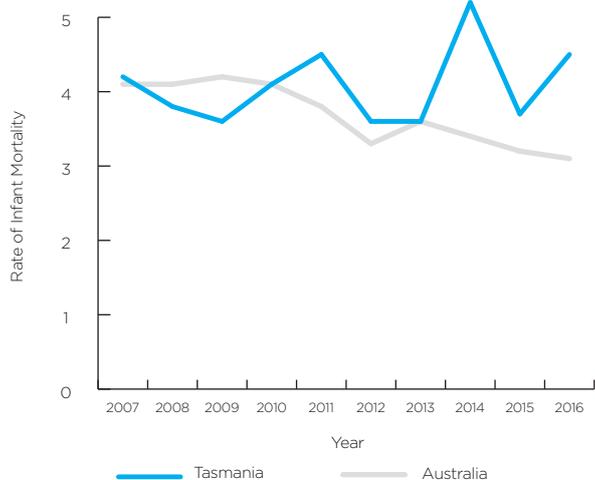
Source: Australian Bureau of Statistics, ABS publication 3302.0 - *Deaths, Australia*⁵¹

viii Data reported from the Council of Paediatric Mortality and Morbidity (COPMM) and the AIHW are prepared on slightly different bases, with COPMM reporting on the basis of total births and the AIHW reporting on the basis of live births. As such, the data are not directly comparable.

ix Socio-economic status is based on the ABS 2011 Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD).

x Note: the number of infant deaths on which the rate for Tasmania is calculated is small, and may contribute to the variation observed in the rate values across the years presented.

Figure 11: Infant mortality rate, Tasmania and Australia, 2007 to 2016.



Source: Australian Bureau of Statistics, ABS publication 3302.0 – Deaths, Australia⁵²

As the above chart shows, the Australian rate has displayed a noticeable downward trend over the years shown, while the Tasmanian rate has continued to oscillate. This is likely to relate to the effect of the small numbers of infant deaths in Tasmania.

Breastfeeding rates at maternal discharge have increased over recent years.

The positive impact of breastfeeding has been well documented. It has been shown that breastfeeding helps to protect infants against a number of conditions including diarrhoea, respiratory and ear infections, and obesity and chronic diseases in later life. For mothers, it provides many positive health effects, such as reducing the risk of some cancers and type 2 diabetes, as well as supporting bonding between mother and child.⁵³

Australia’s dietary guidelines recommend exclusive breastfeeding of infants until around 6 months of age, with the introduction of solid foods at around 6 months and continued breastfeeding until the age of 12 months – and beyond if both mother and child wish.⁵⁴

In Tasmania, 96.1 per cent of children were ever breastfed, compared to 95.9 per cent nationally.⁵⁵ The Baby Friendly Health Initiative data collection suggests as many as 90 per cent of Tasmanian babies begin life being breastfed.⁵⁶ The Council of Obstetric & Paediatric Mortality & Morbidity report 84.3 per cent are breastfed on discharge from maternity services, and that rates generally increased

between the years of 2010 and 2016.⁵⁷ By four months of age only 40 per cent of Tasmanian babies are exclusively breastfed (fed only breast milk).⁵⁸

In 2015, the percentage of public hospital patients breastfeeding at discharge was lower than the percentage reported for private hospital patients.⁵⁹

Table 16: Percentage of women breastfeeding at maternal discharge, Tasmania, 2010 to 2016.^{xi}

Year	Public %	Private %	Overall %
2010	79.2	84.2	81.0
2011	80.8	88.2	83.4
2012	79.9	87.5	82.5
2013	80.6	89.6	83.7
2014	80.7	89.5	83.9
2015	82.3	89.2	84.6
2016	81.3	90.1	84.3

Source: Council of Obstetric & Paediatric Mortality & Morbidity, unpublished data⁶⁰

Ninety per cent of families with a newborn infant are engaged with child health and parenting services for an eight week assessment of growth and development.

Child Health and Parenting Service (CHaPS) nursing staff offer routine screening assessments based on national recommendations for health surveillance and screening related to infant growth and development. In addition to comprehensive growth and development checks, parents are able to access information relating to breastfeeding, expected infant growth and development, and how to support and promote their child’s optimum development in a range of domains including physical growth, fine and gross motor skills, speech and language, and social and emotional development. Nurses also support parents in their transition to the role of parents, monitor risk of postnatal depression and provide advice on normal, expected behaviour related to feeding and sleeping. They offer referral onto secondary services where indicated, in collaboration with families.⁶¹

xi Note: the public and private data on women breastfeeding at maternal discharge do not generally include women who gave birth at home or the Launceston Birth Centre; these are included in the overall data. Women giving birth at the Launceston Birth Centre are, however, included in the public data prior to 2014.

Table 17: Percentage of parents attending Child Health Assessments, 2012-13 to 2016-17.

Assessment	2012-13 %	2013-14 %	2014-15 %	2015-16 %	2016-17 %
8 weeks	85.0	87.6	86.9	86.8	89.8

Source: Department of Health and Human Services, *Annual Report 2016-17 and Annual Report 2015-16*⁶²

All Tasmanian children aged between 2 and 3 years are getting their recommended daily serves of fruit, but not of vegetables.

The Australian National Health and Medical Research Council (NHMRC) has released guidelines on the recommended minimum daily serves of fruit and vegetables for children of different ages. For children aged 2 to 3 years, the guidelines recommend 2.5 serves of vegetables and 1 serve of fruit per day.⁶³ For Tasmanian children aged between 2 and 3 years old, all children had one or more serves of fruit per day, but only 19.8 per cent had more than two serves of vegetables a day.⁶⁴ Both of these proportions reflect the national percentages of 98.1 per cent for fruit and 20.4 per cent for vegetables.^{xii, 65}

Table 18: Usual daily serves of fruit and vegetables, proportion of children aged 2 to 3, Tasmania, 2014-15.

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

Source: Australian Bureau of Statistics, ABS publication 4364.0.55.001 – *National Health Survey: First Results, 2014-15*⁶⁶

xii Figures of 98.1 per cent and 20.4 per cent are based on randomised data items.

These data demonstrate that, while all Tasmanian children are receiving the minimum daily recommended serves of fruit, only a small proportion of children are getting the minimum daily recommended serves of vegetables. The NHMRC guidelines detail a range of positive benefits that result from the intake of vegetables, including reduced incidence of cardiovascular disease, type 2 diabetes and cancer, and a reduced risk of weight gain.

Immunisation rates in Tasmania are high overall, but vary across areas.

Immunisation is a simple, safe and effective way of protecting children against harmful diseases that can cause serious health problems and sometimes death. Immunisation has greatly reduced infections and death from diseases such as diphtheria, whooping cough, tetanus, polio and measles in Australia. However, vaccine preventable diseases can re-emerge if vaccine coverage (the proportion of the population who have received a particular vaccination) falls below the level required for 'herd immunity'. Depending on both the vaccine and the particular disease, between 75 per cent and 94 per cent of a population may need to be vaccinated to stop diseases circulating and to protect people such as newborns and those with suppressed immune systems.⁶⁷

Tasmania's immunisation rates as at December 2017, were 94.3 per cent for children aged 12 to 15 months, 91.1 per cent for children aged 24 to 27 months and 94.6 per cent for children aged 60 to 63 months.⁶⁸

Table 19: Immunisation Rates, Tasmania and Australia, 1 January to 31 December 2017.

Age	Tasmania %	Australia %
Aged 12 to 15 months	94.3	94.0
Aged 24 to 27 months	91.1	90.5
Aged 60 to 63 months	94.6	94.0

Source: Department of Health, *Current Coverage Data Tables for All Children (1 January to 31 December 2017)*⁶⁹

There is, however, variation in immunisation rates across the areas of Tasmania. The table below provides an illustration of this variance, highlighting each area that is at or above the median value (i.e. the value in the middle of the sample) for the proportion of children fully immunised, across the three age groups. Only Brighton, Burnie – Ulverstone, Hobart – South and West, Sorell – Dodges Ferry are above the median across the three age groups.

Table 20: Immunisation Rates by statistical area 3 (SA3), Tasmania, 1 January to 31 December 2017.

	Aged 12 to 15 months	Aged 24 to 27 months	Aged 60 to 63 months
	Per cent	Per cent	Per cent
Brighton	95.9	92.5	95.0
Burnie – Ulverstone	94.7	91.7	97.1
Central Highlands (Tas.)	93.0	95.7	94.4
Devonport	92.3	90.2	93.2
Hobart – North East	96.6	90.9	96.3
Hobart – North West	95.3	90.5	95.0
Hobart – South and West	95.0	92.4	95.1
Hobart Inner	95.2	93.3	93.3
Huon – Bruny Island	88.3	88.8	92.9
Launceston	94.3	90.5	93.9
Meander Valley – West Tamar	91.2	85.6	90.7
North East	91.7	91.2	96.4
Sorell – Dodges Ferry	95.7	93.7	95.1
South East Coast	87.8	87.8	91.1
West Coast	94.1	92.3	94.6

At or Above the Median	
Below the Median	

Source: Department of Health, *Tasmania childhood immunisation coverage data by SA3 (1 January to 31 December 2017)*⁷⁰

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

Dental health can be measured by the mean number of decayed, missing or filled teeth (DMFT) in children, both for primary (baby teeth) and permanent sets of teeth. All of the age ranges of Tasmanian children have either lower or equal rates of DMFT to national means.

Tables 21 and 22: Average number of decayed, missing or filled teeth (DMFT) in primary and permanent teeth for children aged 5 to 14, Tasmania and Australia, 2012-14.

Age	Primary Set of Teeth	
	Tasmania	Australia
5-6	1.0	1.3
7-8	1.6	1.7
9-10	1.5	1.5
Total	1.4	1.5

Age	Permanent Set of Teeth	
	Tasmania	Australia
6-8	0.1	0.1
9-11	0.3	0.4
12-14	0.7	0.9
Total	0.4	0.5

Source: University of Adelaide, *Oral health of Australian children: The National Child Oral Health Study 2012-14*⁷¹

Young children lack the dexterity to brush their teeth effectively on their own. Of households with children up to five years of age surveyed in the Tasmanian Population Health Survey, 77.9 per cent of adults always brush their children's teeth.

Table 23: Frequency of adults brushing teeth of children aged 5 years and under, Tasmania, 2016.

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

*Relative standard errors > 25% - < 50% so use with caution.

Source: Department of Health and Human Services, *Tasmanian Population Health Survey 2016*⁷²

Early Learning and Development

More than half of Tasmanian children under five years of age usually attend some type of childcare.

More than half (55.3 per cent) of Tasmanian children aged less than four years and 59.7 per cent of children aged four to five years usually attend some type of care.⁷³ This includes formal care, such as before and after school care and long day care; and informal care, such as care provided by relatives or siblings.⁷⁴ Childcare arrangements are less common for children aged between 6 and 12 years at 46.5 per cent.⁷⁵

Table 24: Type of care usually attended by children aged 0 to 12 years, per cent, Tasmania, June 2017.^{xiii}

	Under 4 yrs %	4 to 5 yrs %	6 to 12 yrs %	Total %
Usually attended care	55.3	59.7	46.5	51.8
Did not usually attend care	42.2	34.3	54.4	49.6
Total	100	100	100	100

Source: Australian Bureau of Statistics, ABS publication 4402.0 - *Childhood Education and Care, Australia, June 2017*⁷⁶

xiii Items in this table may not add to 100 per cent due to random adjustments made by the ABS to avoid the release of confidential data.

xiv This estimate has a relative standard error of between 25 and 50 per cent and should be used with caution.

The main reason children attended formal childcare was work-related (76.0 per cent) followed by beneficial for the child (22.5 per cent) and personal^{xiv} (4.5 per cent).⁷⁷ The mean number of hours that a child in Tasmania is spending in formal childcare is 12.2 hours per week, and 18.0 hours per week in informal childcare.⁷⁸ In 2017, the proportion of children enrolled in a quality preschool program in the year before formal schooling was 100 per cent for Tasmania.⁷⁹

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

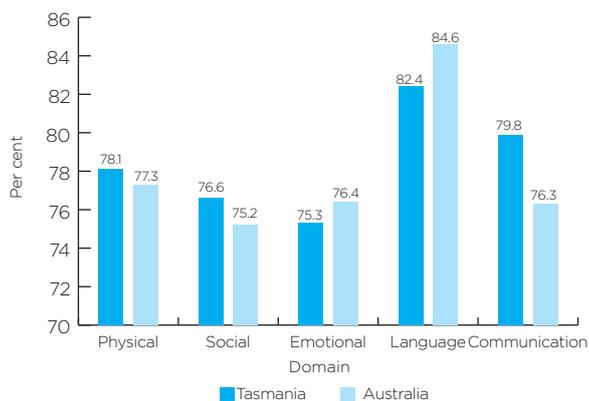
The Australian Early Development Census (AEDC) provides data for early childhood development indicators for Australian states and territories, through national data collection undertaken in 2009, 2012 and 2015. The census provides information on children's development as they start their first year of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

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

Results of the assessment then categorise children as either 'developmentally on track', 'developmentally at risk' or 'developmentally vulnerable'.⁸⁰

Between 2009 and 2015 the percentage of Tasmanian children developmentally 'on track' in the Australian Early Development Census has increased in each of the domains apart from the emotional domain where there was a very slight decrease. Compared to national data for 2015, Tasmania had a higher percentage of 'on track' children in the domains of physical health, social competence and communication skills, but had a lower percentage in emotional maturity and language and cognitive skills.

Figure 12: Percentage of children on track by development area, Tasmania and Australia, 2015.



Source: Australian Early Development Census, *Australian Early Development Census 2015*⁸¹

From 2009 to 2015 the percentage of developmentally ‘at risk’ children decreased in all areas except for emotional maturity, which rose from 15.6 per cent in 2009 to 15.8 per cent in 2015. In 2015, eleven per cent of Tasmanian children were ‘developmentally vulnerable’ on two or more AEDC domains.⁸²

A high proportion of Tasmanian children have ‘highly-developed’ strengths.

The AEDC Multiple Strengths Indicator (MSI) is an indicator of the multiple strengths that children have developed in social and emotional development, including pro-social skills, respectful behaviour towards peers, teachers and property, and curiosity about the world, at the point at which they start school.

Tasmania has a higher proportion of children with highly-developed strengths than nationally.

Table 25: Proportion of children by MSI category, Tasmania and Australia, 2015.

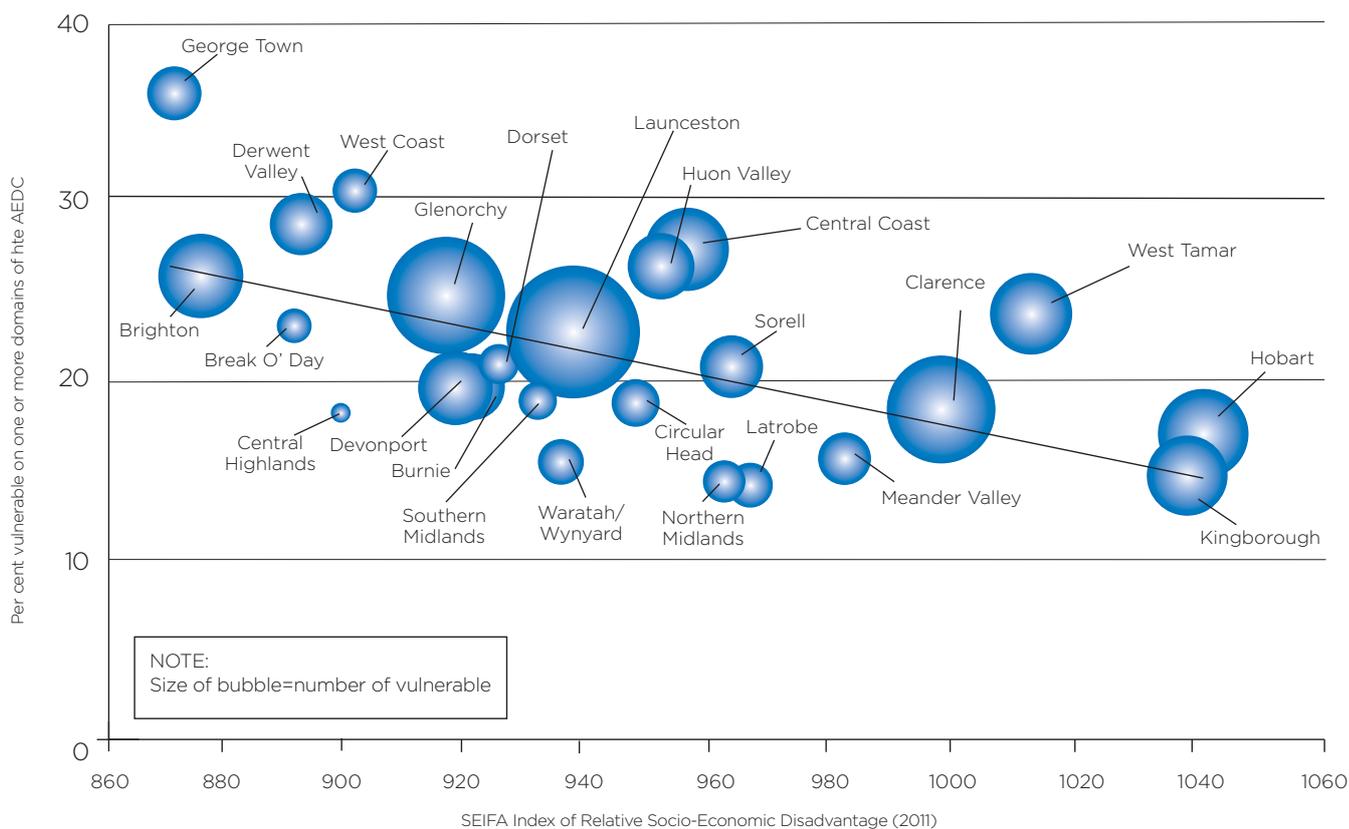
	Highly Developed		Well Developed		Emerging Strengths		Total	
	No.	%	No.	%	No.	%	No.	%
Tasmania	3,678	59.7	1,326	21.5	1,155	18.8	6,159	100.0
National	159,942	55.8	64,639	22.5	62,195	21.7	286,776	100.0

Source: Australian Early Development Census 2015, *Multiple Strengths Indicator 2015, Community Summary for Launceston TAS*⁸³

There are key communities with a high proportion of children who are developmentally vulnerable on one or more AEDC domains.

There are children in all communities across Tasmania who are developmentally vulnerable on the AEDC, not just in socio-economically disadvantaged communities.

Figure 13: Percentage vulnerable on one or more domains of the 2015 AEDC, by number of children and SEIFA, 2015.



Source: Department of Education⁸⁴

In Figure 13, the horizontal axis shows the SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) score^{xv} for each community, representing the level of socio-economic disadvantage. Communities with a lower SEIFA score are more disadvantaged. The vertical axis shows the percentage of children who are developmentally vulnerable on one or more domains of the AEDC in each community. The higher the number, the higher the level of developmental vulnerability that exists on the AEDC domains. The size of the bubble shows the number of children who are developmentally vulnerable on one or more domains of the AEDC in each community.

Figure 13 demonstrates that locations exist that have a high level of vulnerability on the AEDC domains, but have a relatively high IRSD (that is, they are less disadvantaged).

xv It is noted that 2011 SEIFA data are used, and therefore may differ from those 2016 data presented in other sections.

School Readiness and Transition to Primary School

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

The Kindergarten Development Check (KDC) is an assessment administered on two occasions (Term 1 and Term 4), and is carried out by teachers in Tasmania for the early identification of students at risk of not achieving expected developmental outcomes. This measure is the percentage of Kindergarten students in Tasmanian Government schools achieving all 21 markers of the KDC by the end of the school year.⁸⁵

The percentage of children achieving all 21 indicators of the KDC in Tasmania has decreased from 74.5 per cent in 2013 to 71.4 per cent in 2016.

Table 26: Percentage of children achieving all 21 indicators of the KDC, 2013 to 2016.

2013 %	2014 %	2015 %	2016 %
74.5	74.1	72.6	71.4

Source: Department of Education, *Annual Report 2016-17* and *Annual Report 2015-16*⁸⁶

Literacy and numeracy skills in Tasmanian Prep students have remained largely stable since the last Health and Wellbeing Report.

Performance Indicators in Primary Schools (PIPS) is an assessment of early literacy and numeracy for Prep students in Tasmanian Government schools, which is administered in two assessments (Term 1 and Term 4) for each Prep student. Data from the second assessments conducted in Term 4 of sequential years demonstrate that literacy slowly increased since 2013 for Tasmanian Prep students, but while numeracy increased in 2014, it experienced a slight decrease in 2016.

Table 27: Percentage of children reaching the expected standard for literacy and numeracy on PIPS, 2013 to 2016.

Performance Indicators for Primary Schools (PIPS)	2013 %	2014 %	2015 %	2016 %
Literacy	85.4	85.9	86.8	86.8
Numeracy	85.5	87.0	87.0	86.5

Source: Department of Education, *Annual Report 2016-17* and *Annual Report 2015-16*⁸⁷

The Closing the Gap Prime Minister's Report 2018 indicates that Tasmania exceeded the target for enrolments of Aboriginal and Torres Strait Islander children in early childhood education.

The *Closing the Gap Targets: 2017 analysis of progress and key drivers of change* report indicates that early childhood education (ECE) programs 'promote school readiness and are associated with better outcomes at school, in employment and beyond'.⁸⁸ *Closing the Gap Prime Minister's Report 2018* reports that, in 2016, Tasmania's enrolment rate for Indigenous children in ECE was 100 per cent, greater than the national target of 95 per cent.⁸⁹

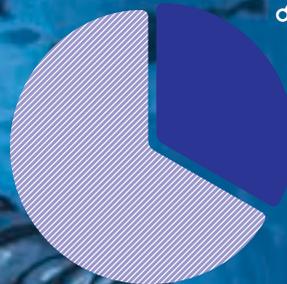


Middle Childhood and Adolescence

Get active, kids!

Only 33.5 per cent of Tasmania's children and young people aged 2-17 are meeting the recommended physical activity guidelines.

♂ 33.5%



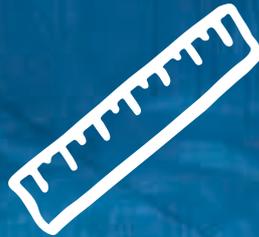
There are fewer young offenders

The number of youth offenders in Tasmania has declined from above 2,500 in 2008-09 to approximately 1,000 in 2016-17.



We love going to school!

Student attendance rates in Tasmania are comparable with the National rate. The rate at which Tasmania's Aboriginal and Torres Strait Islander children and young people attend school is higher in Tasmania than nationally.



The percentage of Tasmania's children and young people who smoke, consume alcohol and use illicit drugs is decreasing.

We're cleaning up our act



Overview

The data in this section of the Report focuses on children and young people in middle childhood and adolescence. The data presented in this section demonstrate that the proportion of children and young people in Tasmania and nationally who are reaching the recommended daily serves of vegetables is very low, and that fruit consumption, while appropriate for most children and young people, declines with age. Only a third of Tasmanian children and young people reach the recommended physical activity requirements per day. The rates of disability are higher in Tasmania than for Australia as a whole.

Overall rates of children and young people aged between 12 and 17 smoking, drinking alcohol, and using illicit substances have declined substantially in Tasmania over the past couple of decades. However, with respect to smoking and drinking alcohol, the proportion of Tasmanian children and young people engaging in these behaviours is higher than the national percentage.

Tasmania's age specific fertility rate for women aged between 15 and 19 years is higher (16.2 per 1,000 women) than the national rate (10.5 per 1,000 women), but has been declining over recent years. The fertility rate for women aged 15-19 in Tasmania who identify as Aboriginal and Torres Strait Islander is higher than for all Tasmanian women in this age group at 27.5 per 1,000.

Over the period 2012 to 2016, Tasmania's rate of deaths due to intentional self-harm (aged 5 to 17 years) was the equal second highest rate for all of the states and territories (3.1 per 100,000), and was higher than the national rate for the same age group (2.3 per 100,000).

Attendance rates at Tasmanian Government schools are static at around 92 per cent, consistent with the national rate. NAPLAN data demonstrate that Tasmanian students are currently at a comparable standard for reading and writing to their national counterparts, but a trend of relative lower achievement is noted among older students.

Tasmania has the second lowest rate of retention of students from year 10 to year 12 of all Australian states and territories. The retention rates of Aboriginal and Torres Strait Islander children and young people in Tasmanian schools are trending upwards. The proportion of students attaining the TCE in Tasmania is the second lowest compared to Year 12 attainment rates of all other Australian states and territories.

The number of youth offenders in Tasmania has declined between 2008-09 and 2016-17. Matters lodged at the Magistrates Court Youth Justice Division in 2016-17 increased on the number in 2015-16. A reduction in the proportion of youth offenders diverted by police from the courts occurred in 2016-17.

The average daily number of young people in youth justice detention in Tasmania has decreased since 2012-13, with the average daily number of young people in detention for 2016-17 at 10.7. The rate of young people aged 10 to 17 in juvenile justice detention for Tasmania is the lowest in Australia at 2.0 per 10,000 and is below the national rate of 3.4 per 10,000.

The Data

Physical and Mental Health

Younger children in Tasmania are more likely to meet recommended daily serves of fruit than older children, but vegetable consumption is poor across all age ranges.

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

Table 28: Recommended daily serves of fruit and vegetables/legumes by age.

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

Source: Australian National Health and Medical Research Council, *Australian Dietary Guidelines*⁹⁰

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

Table 29: Percentage of children aged 4 to 18 meeting recommended guidelines for their daily fruit intake, Tasmania and Australia, 2014-15.

Age Group (Years)	Tasmania %	Australia %
Aged 4 to 8	74.7	73.1
Aged 9 to 11	63.1	69.9
Aged 12 to 13	60.3	68.0
Aged 14 to 18	52.1	50.7

Source: Australian Bureau of Statistics, ABS publication 4364.0.55.001 - *National Health Survey: First Results, 2014-15*⁹¹

Table 30: Percentage of children aged 4 to 18 meeting recommended guidelines for their daily vegetable intake, Tasmania and Australia, 2014-15.

Age Group (Years)	Tasmania %	Australia %
Aged 4 to 8	2.2	3.3
Aged 9 to 11	6.6	3.8
Aged 12 to 13	0.0	1.4
Aged 14 to 18	5.7	3.7

Source: Australian Bureau of Statistics, ABS publication 4364.0.55.001 - *National Health Survey: First Results, 2014-15*⁹²

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

Australia's Physical Activity and Sedentary Behaviour Guidelines recommend that children and adolescents aged 5 to 17 should accumulate at least 60 minutes of moderate to vigorous physical activity every day and children aged 3 to 5 years should spend at least 180 minutes a day in a variety of physical activities, of which 60 minutes is energetic play.⁹³

For Tasmanian children aged between 2 and 17 years, the proportion achieving the physical activity recommendation on all seven days (prior to interview) was higher than the national proportion, however only 33.5 per cent met the requirement.

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

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

Source: Australian Bureau of Statistics, ABS publication 4364.0.55.004 - *Australian Health Survey: Physical Activity, 2011-12*^{xvi,94}

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

Australia's Physical Activity and Sedentary Behaviour Guidelines also recommend that children between the ages of 13 and 17 limit electronic media for entertainment to no more than two hours per day.⁹⁵ In Tasmania in 2011, 26 per cent of 12 to 15 year olds and 30 per cent of 16 to 17 year olds watched television for three or more hours per day, exceeding the recommend daily maximum by one hour or more.⁹⁶ In 2011, 28 per cent of 12 to 15 year olds and 35 per cent of 16 to 17 year olds exceeded this recommended daily maximum of electronic media entertainment by one hour or more by using the internet/computer games for three or more hours per day.⁹⁷ Twenty-five per cent of 12 to 15 year olds and 35 per cent of 16 to 17 year olds exceeded the recommended daily maximum by one hour or more by using chat and social networking sites for three or more hours per day.⁹⁸

Further, students who exceeded the recommended level of daily television and internet/computer game use by over one hour were more likely to report no days of moderate or vigorous physical activity of at least 60 minutes duration in the week prior to surveying.⁹⁹

xvi ABS will publish updated data for the Australian Health Survey in December of 2018.

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

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

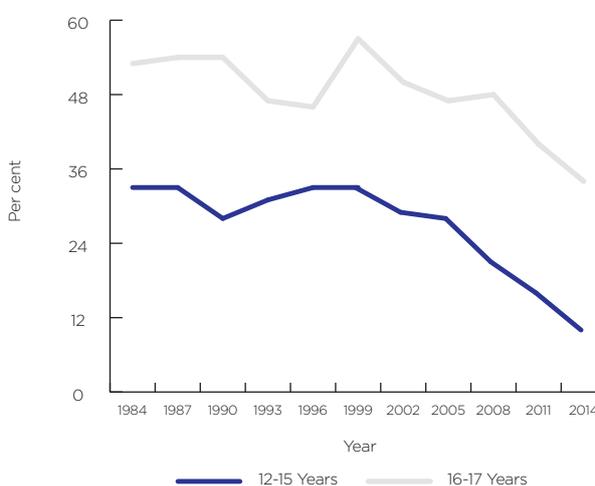
Source: Centre for Behavioural Research in Cancer, *Prevalence of diet, physical activity and sedentary behaviours, among Tasmanian secondary school students in 2011 and trends over time*^{xvii,100}

Alcohol consumption of Tasmanian children and young people is decreasing.

Alcohol consumption in young people has decreased in Tasmania with 23 per cent of children between 12 and 17 classified as current drinkers (had a drink in the last week) in 2011¹⁰¹, compared to 17 per cent of children in 2014¹⁰². Rates of ‘current drinkers’ have been declining for the age groups 12-15 and 16-17 since the early 2000s.¹⁰³

The Australian Secondary Students’ Alcohol and Drug Survey (ASSAD), conducted in 2014, found that five per cent of Tasmanian 12 to 17 year olds included in the study had consumed alcohol at levels risking short-term harm in the seven days prior to surveying. Drinking at risk among all students increased with age, with two per cent of 12 to 15 year olds and 13 per cent of 16 and 17 year olds drinking at risk of short-term harm. Risky drinking was defined in the study as students who consumed five or more drinks on one day in accordance with the National Health and Medical Research Council (NHMRC) guidelines on alcohol consumption for adults.¹⁰⁴

Figure 14: Percentage of Tasmanian young people 12-17 who are current drinkers (drank in past week), 1984 to 2014.



Source: Centre for Behavioural Research in Cancer, *The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2014 and trends over time* and *The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2011 and trends over time*.¹⁰⁵

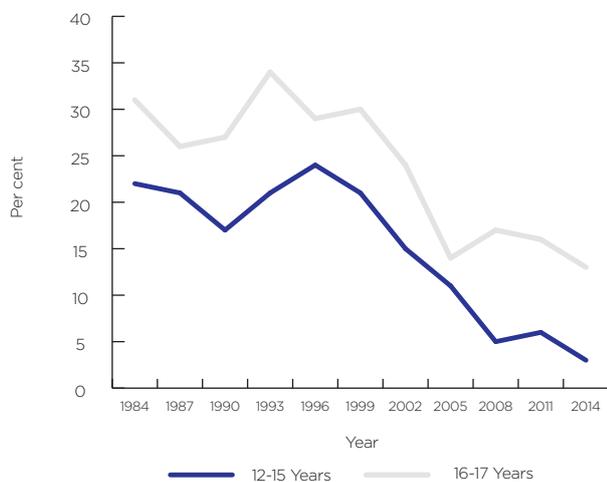
ABS data from 2014-15 indicate that 21.4 per cent of Tasmanian young people aged 15-17 had consumed alcohol at a ‘risky’ or ‘high risk’ level in the previous 12 months¹⁰⁶, more than twice the national rate of 9 per cent¹⁰⁷.

xvii These data represent the most recent source of data publicly available.

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

The large majority of students surveyed in the ASSAD in 2014 had never smoked even a part of a cigarette (77 per cent), while six per cent of children between the ages of 12 and 17 were classified as a current smoker (i.e. they had smoked at least one cigarette in the past week).¹⁰⁸ This proportion is slightly higher than the national average of 5.1 per cent.¹⁰⁹ Rates of smoking in 12 to 17 year olds have been steadily declining since the mid-1990s in Tasmania.

Figure 15: Percentage of Tasmanian young people 12-17 who are current smokers, 1984 to 2014 (smoked in the seven days prior to the survey).

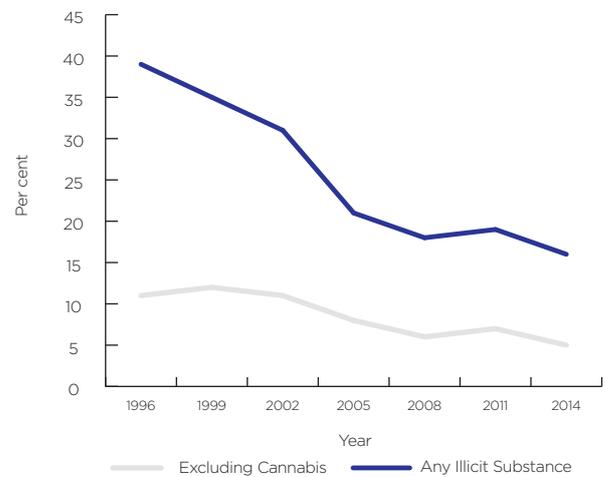


Source: Centre for Behavioural Research in Cancer, *The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2014 and trends over time* and *The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2011 and trends over time*.¹¹⁰

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

The data below include any illicit drug use over the child's lifetime. Illicit drug use by children and young people in Tasmania has also been declining since the mid-1990s.

Figure 16: Percentage of Tasmanian young people 12-17 who had used illicit drugs (at any time), 1996 to 2014.



Source: Centre for Behavioural Research in Cancer, *The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2014 and trends over time* and *The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2011 and trends over time*.¹¹¹

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

Body Mass Index (BMI) is a useful tool, at a population level, for measuring trends in body weight and helping to define population groups who are at higher risk of developing long-term medical conditions associated with a high BMI, for example type 2 diabetes and cardiovascular disease. The World Health Organisation (WHO) classifies BMI into the categories of underweight, normal, overweight and obese.¹¹²

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

^{xviii} This proportion has a margin of error >10 percentage points, which should be considered when using this information.

Table 33: Percentage of children aged 5-17 years with a BMI score for 'overweight' and 'obese'^{xix} for their age and sex, Tasmania and Australia, 2014-15.

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

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

Source: Australian Bureau of Statistics, ABS publication 4364.0.55.001 – *National Health Survey: First Results, 2014-15*¹³

WHO cite childhood obesity as one of the most serious public health challenges of the 21st Century; its prevalence has increased at a significant rate. Overweight and obesity is a continuing problem, with children likely to stay obese into adulthood and more likely to develop weight-related diseases like diabetes and cardiovascular diseases at a younger age. To counter this, WHO consider overweight and obesity, and their related diseases, to be preventable, making it a high-priority target for prevention programs and services.¹⁴

The rate of Disability-Adjusted Life Years (DALYs) among Tasmania's children and young people varies greatly across disease groups.

Disability-adjusted life years or DALYs are a measure in years of healthy life lost, either through premature death, defined as dying before the expected life span at the age of death (YLL) or, equivalently, through living with ill health due to illness or injury (YLD).¹⁵

The AIHW's *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011* provides data on the rate of DALY per 1,000 population for children and young people across a range of disease groups. The table below demonstrates that the rate of DALY per 1,000 population varies, with Tasmania performing both above and below the Australian rate across age groups and disease groups.

xix For definition of 'overweight' and 'obese', refer to Australian Bureau of Statistics, 2015, *National Health Survey: First Results, 2014-15 - Glossary*, cat. no. 4363.0.55.001, viewed 8 March 2018, www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0.55.001Main+Features12014-15?OpenDocument

Table 34: Rate of DALY (per 1,000) by age, sex and disease group, Tasmania and Australia, 2011.

Disease group	Tasmania			Australia		
	Under 5	5-14	15-24	Under 5	5-14	15-24
Males						
Blood & metabolic disorders	7.3	0.3	0.2	2.0	0.5	0.9
Cancer & other neoplasms	0.1	0.5	2.0	2.6	2.0	2.4
Cardiovascular diseases	5.4	0.2	0.1	1.8	0.5	1.6
Infant & congenital conditions	79.7	3.4	0.9	68.7	1.7	2.4
Injuries	1.4	4.0	27.4	7.3	4.3	29.6
Mental & substance use disorders	5.0	15.5	25.9	5.6	17.7	30.2
Neurological conditions	7.8	1.4	4.7	3.5	1.9	3.7
Females						
Blood & metabolic disorders	2.3	0.5	0.9	2.5	0.8	1.7
Cancer & other neoplasms	0.1	2.8	0.2	2.8	1.7	2.0
Cardiovascular diseases	1.9	0.2	0.2	1.7	0.4	1.3
Infant & congenital conditions	48.5	2.3	4.8	54.4	1.7	1.8
Injuries	8.0	0.7	19.3	6.0	3.0	11.2
Mental & substance use disorders	5.0	11.1	23.8	6.1	13.3	30.9
Neurological conditions	24.1	1.4	3.2	5.2	2.0	4.3

At or Above Australian Rate	
Below Australian Rate	

Source: Australian Institute of Health and Welfare, *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011*¹⁶

12.2 per cent of Tasmania’s children and young people have asthma.

Asthma is a chronic inflammatory condition of the airways associated with episodes of wheezing, breathlessness and chest tightness. Asthma is an important health problem for Tasmania’s children and young people, with 12.2 per cent of Tasmanian’s aged 0 to 24 years having this long-term health condition.¹¹⁷

The rate of type 1 diabetes in Tasmania is the highest in the nation.

Type 1 diabetes is a non-preventable lifelong autoimmune disease, which is most commonly diagnosed in children. It is a difficult condition to manage, and if left untreated or improperly managed, can lead to many health complications or death.¹¹⁸

The prevalence rate in Tasmania for type 1 diabetes in children aged between 0 and 14 was higher than that in all jurisdictions.¹¹⁹

Table 35: Prevalence of type 1 diabetes in children aged 0-14 years, Tasmania and Australia, 2013.^{xx}

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

Source: Australian Institute of Health and Welfare, *Prevalence of Type 1 Diabetes among Children Aged 0-14 in Australia 2013*¹²⁰

Type 1 diabetes is uncommon in Aboriginal and Torres Strait Islander populations.¹²¹

Mental health issues are prevalent among Tasmania’s young people.

The ABS reports that 4.8 per cent of Tasmania’s young people aged 0 to 24 years have mood (affective) problems and 11.9 per cent have anxiety related problems.¹²²

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

In 2017, Kids Helpline received a total of 3,815 contacts from children and young people in Tasmania aged under 26 years. 65.3 per cent of contacts made to the Kids Helpline from Tasmania were regarding mental health and emotional wellbeing, which represents an increase from 59.2 per cent in 2016. This category of concern includes mental health concerns, emotional wellbeing, suicide-related concerns, self-injury and self-harm concerns, and loss and grief.¹²³ Compared to the rest of Australia (16 per cent), Tasmania had a higher number of concerns raised with the Kids Helpline regarding suicide (19.9 per cent). 19.9 per cent represents an increase from the 2016 reported figure of 19 per cent. Tasmania also has a higher rate of mental health concerns in comparison with Australia (32.5 per cent for Tasmania, 26 per cent for Australia). The 2017 figure of 32.5 per cent for Tasmania represents an increase from the 2016 figure of 23.5 per cent.¹²⁴

The majority of children and young people who contacted the Kids Helpline in Tasmania were female (78 per cent for 2017) and were aged between 13 and 18 (48 per cent).¹²⁵

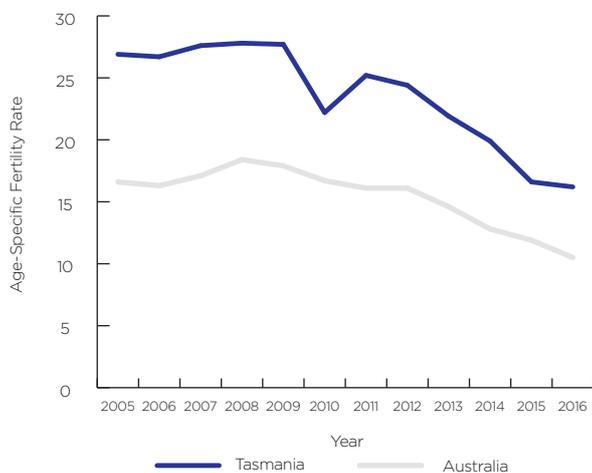
xx These AIHW data are the most recently published data sourced.

Age-specific fertility rates of young Tasmanian women have declined in the last five years, but are still above the national rate.

Tasmania's teenage pregnancy rate for 2016 was 16.2 per 1,000 women aged 15 to 19 years^{xxi}, which is substantially higher than the national rate of 10.5 per 1,000. The age-specific fertility rate in Tasmania has slowly declined in recent years, from 27.8 per 1,000 women in 2008.¹²⁶

Young maternal age is associated with adverse outcomes for both mother and child. Young mothers frequently are unable to complete their education, and are more likely to be unemployed or on a low income, both of which can have an effect on the child's health and wellbeing.¹²⁷ Despite these reported adverse consequences, early pregnancy can lead to positive outcomes for both mother and child in the presence of the right protective factors (e.g. good quality support from family and community, positive relationships with their partner and meaningful employment) and adaptation strategies.¹²⁸

Figure 17: Age-specific fertility rate for 15-19 year old women (including births to mothers aged less than 15¹²⁹), Tasmania and Australia, 2005 to 2016.



Source: Australian Bureau of Statistics, ABS publication 3301.0 - *Births, Australia*¹³⁰

The fertility rate for women aged 15-19 in Tasmania who identify as Aboriginal and Torres Strait Islander was, in 2016, higher than for all Tasmanian women in this age group at 27.5 per 1,000. While this is below the national rate of 48.3 per 1,000 Aboriginal and Torres Strait Islander women aged 15-19 years in 2016, there is considerable variation in the Tasmanian rate, from 25 per 1,000 in 2007 to 43.3 per 1,000 in 2012, due to variation in a relatively small number of births (i.e. 30 births in 2007 and 59 births in 2012).¹³¹

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

The Australian Bureau of Statistics collects data relating to deaths caused by intentional self-harm registered in Australia. While intentional self-harm accounts for a relatively small proportion (1.8 per cent) of all deaths in Australia, it accounts for a greater proportion of deaths among younger people. For example, nationally in 2016, suicide accounted for 35.4 per cent of deaths among people aged between 15-24, and over a quarter of deaths (28.6 per cent) among those 25-34 years of age. In 2016, suicide was the leading cause of death of children between 5 and 17 years of age, nationally.¹³²

For the period 2012 to 2016, Tasmania's rate of child deaths due to suicide was the equal second highest rate for all of the states and territories at 3.1 per 100,000. Tasmania's rate was higher than the national rate for the same age group (2.3 per 100,000).¹³³

Table 36: Intentional self-harm, number of deaths in children aged 5-17 years, by state and territory of usual residence, 2012-2016.

	Number	Deaths per 100,000
NSW	110	1.8
Vic	79	1.7
Qld	110	2.8
SA	24	1.9
WA	63	3.1
Tas	13	3.1
NT	30	13.9
ACT	6	2.0
Australia	435	2.3

Source: Australian Bureau of Statistics, ABS publication 3303.0 - *Causes of Death, Australia, 2016*¹³⁴

xxi The age-specific fertility rate (ASFR) is the number of live births (registered) during the calendar year, according to the age of the mother, per 1,000 of the female estimated resident population of the same age at 30 June. For calculating these rates, ABS includes births to mothers under 15 years in the 15-19 years age group.

While Australian Bureau of Statistics data are not available on the number and rate of intentional self-harm among Aboriginal and Torres Strait Islander children aged 5-17 years in Tasmania, the ABS reports a rate for a collection of jurisdictions (New South Wales, Queensland, South Australia, Western Australia and Northern Territory) which is 9.8 deaths per 100,000 across the years 2012-2016.¹³⁵

Disability

Rates of children with disabilities are higher than nationally.

Based on the results of the most recent ABS survey – Disability, Aging and Carers, Australia – 7.6 per cent of Tasmanian children between the ages of 0 and 4, 12.1 per cent of Tasmanian children between the ages of 5 and 14, and 13.6 per cent of Tasmanian young people between the ages of 15 and 24 have a reported disability. Tasmania's rates are higher than those for Australia as a whole for each of these age ranges.

Table 37: Children and young people aged 0-24 with a disability, 2015.

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

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

Source: Australian Bureau of Statistics, ABS publication 4430.0 – Disability, Aging and Carers, Australia: Summary of Findings, 2015¹³⁶

1,412 Tasmanian children and young people have transitioned to NDIS at 31 December 2017.

The National Disability Insurance Scheme (NDIS) is a major initiative of the Australian and Tasmanian Governments, and provides support, including individualised funding, to eligible people with disability. The NDIS focuses on early intervention and investment. On 11 December 2015, the Tasmanian and Australian Governments signed a Bilateral Agreement committing to rolling out the NDIS to full Scheme between 2016-17 and 2018-19. This Agreement projects that 3,854 Tasmanian children and young people aged 0-17 with disability will transition to the NDIS between 1 July 2016 and 30 June 2019.¹³⁷

At December 2017, 3,519 Tasmanians had entered the Scheme, with 1,162 entering during Trial (from 1 July 2013 to 30 June 2016), 1,085 entering in 2016-17, and 1,272 entering in 2017-18 to 31 December 2017. Of the 2,941 active participants with approved plans, 1,412 are below 19 years of age.^{xxii, 138}

Participation and Performance in Education and Training

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

In Tasmania, more than twice as many students were enrolled in government schools than in non-government schools in 2017.

Table 38: Number of Full Time Students, Tasmania, 2017.

	Total (Tasmania) No.	Total (Tasmania) %	Total (Australia) %
Government	56,174	69.8	65.5
Non-Government	24,283	30.2	34.5
Total	80,457	100.0	100.0

Source: Australian Bureau of Statistics, ABS publication 4221.0 – Schools, Australia, 2017¹³⁹

xxii The NDIS Quarterly Report for the period 31 December 2017 to 31 March 2018 was released on 29 May 2018. Data from this and further releases will be included in future updates this report.

Tasmanian students are currently performing at a level comparable to their national counterparts for reading and writing, but a trend of relative lower achievement is noted among older students.

In 2017, Tasmanian students performed at a level close to or not statistically different from Australia in reading and writing at all year levels. In spelling, Tasmanian students were below Australia for all year levels. For grammar and punctuation, Tasmania was below and statistically significantly different from Australia at the Year 9 level. For numeracy, Tasmania was below and statistically significantly different from Australia at the Year 7 and Year 9 levels.¹⁴⁰

Not all of Tasmania’s variances from the national percentage of students at or above the National Minimum Standards (NMS) were statistically different and significant from performance across Australia, as is determined by Australian Curriculum Assessment and Reporting Authority (ACARA). However, the table below demonstrates that there is a distinct trend of relative lower achievement against the NMS among older students, some of which ACARA determine to be statistically different and significant.

Table 39: Tasmania’s variance from the national percentage of students at or above the National Minimum Standards (NMS) by Achievement Area, 2017.

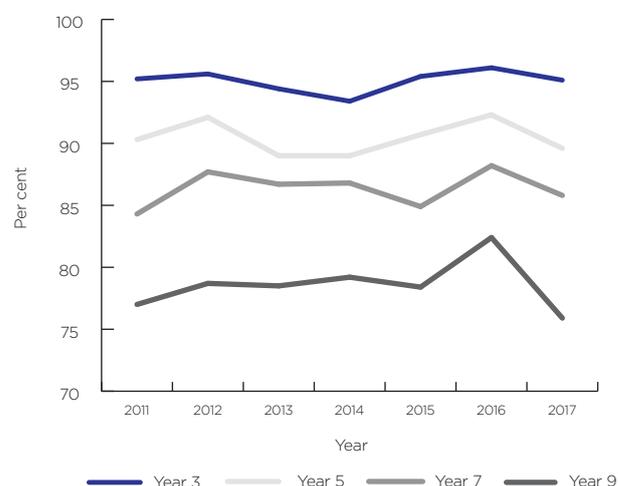
	Year 3	Is achievement below and statistically significantly different from Australia, as determined by ACARA?	Year 5	Is achievement below and statistically significantly different from Australia, as determined by ACARA?	Year 7	Is achievement below and statistically significantly different from Australia, as determined by ACARA?	Year 9	Is achievement below and statistically significantly different from Australia, as determined by ACARA?
Reading %	-0.5	No	-1.6	No	-0.9	No	-3.0	No
Writing %	-0.4	No	-2.1	No	-2.1	No	-5.7	No
Spelling %	-2.8	Yes	-3.4	Yes	-2.1	Yes	-5.4	Yes
Grammar and Punctuation %	-1.0	No	-1.8	No	-1.5	No	-4.3	Yes
Numeracy %	0.8	No	-0.4	No	-0.5	Yes	-0.4	Yes

Source: Australian Curriculum Assessment and Reporting Authority (ACARA), *NAPLAN Results*¹⁴¹

Time series NAPLAN data support a trend of poorer achievement among older students.

ACARA also provides time series NAPLAN data, and Figures 18 to 22 show the percentage of students at or above the National Minimum Standards for each of the achievement areas.

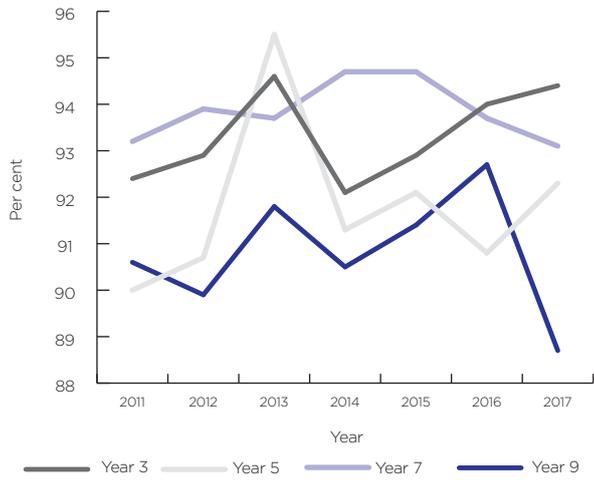
Figure 18: Percentage of students at or above the NMS for Writing, Tasmania, 2011 to 2017.



Source: ACARA, *NAPLAN Results*¹⁴²

The data for writing show definite stratification of students by age, with lower levels at the NMS as students progress through the year levels. Performance across the years, however, remains relatively consistent.

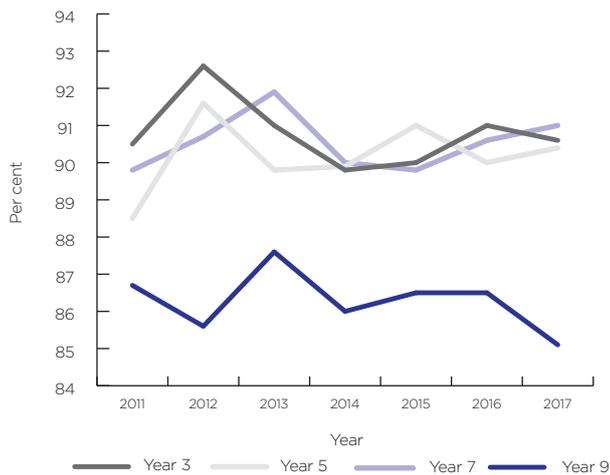
Figure 19: Percentage of students at or above the NMS for Reading, Tasmania, 2011 to 2017.



Source: ACARA, NAPLAN Results¹⁴³

Students at the Year 9 level are below the other year levels with respect to reading.

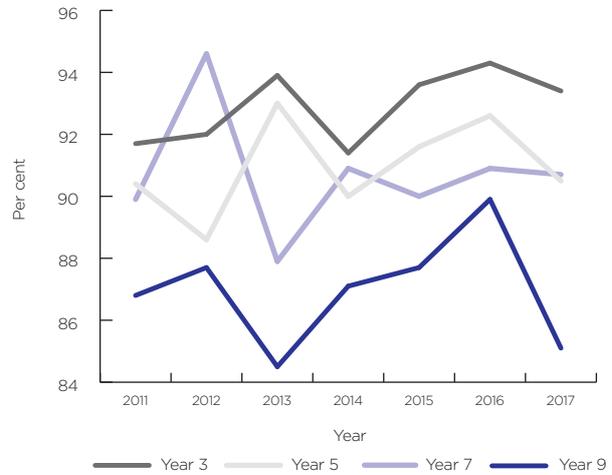
Figure 20: Percentage of students at or above the NMS for Spelling, Tasmania, 2011 to 2017.



Source: ACARA, NAPLAN Results¹⁴⁴

Students at the Year 9 level are below the other year levels for spelling.

Figure 21: Percentage of students at or above the NMS for Grammar and Punctuation, Tasmania, 2011 to 2017.

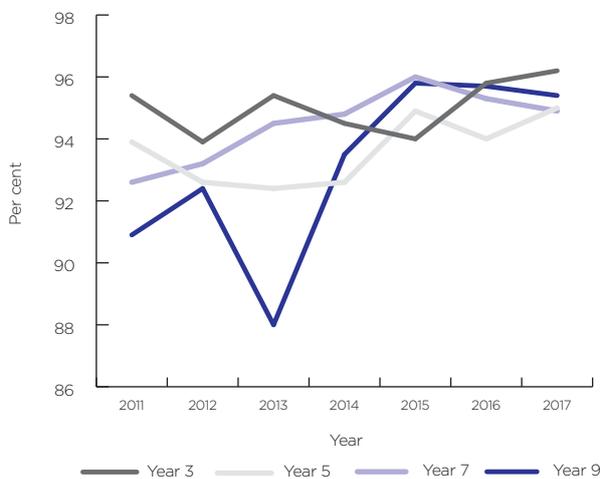


Source: ACARA, NAPLAN Results¹⁴⁵

Students at the Year 9 level are below the other year levels with respect to grammar and punctuation.

With respect to numeracy, improvement in the Year 9 cohort has occurred over the years 2011 to 2017.

Figure 22: Percentage of students at or above the NMS for Numeracy, Tasmania, 2011 to 2017.

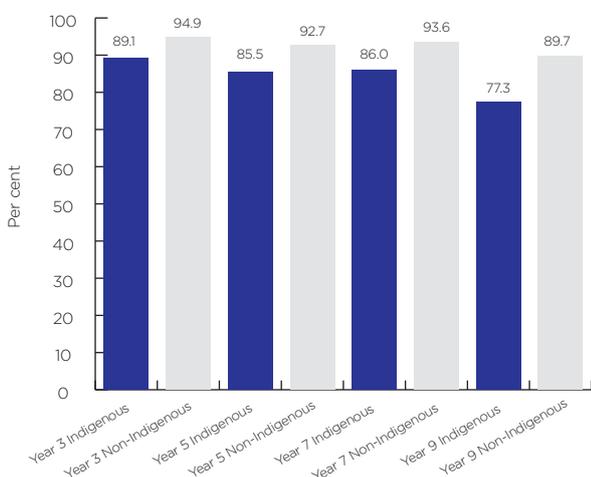


Source: ACARA, NAPLAN Results¹⁴⁶

NAPLAN data for 2017 demonstrate a gap between the performance of Tasmania's Indigenous and non-Indigenous students, and that this gap gets larger as students move through the year levels.

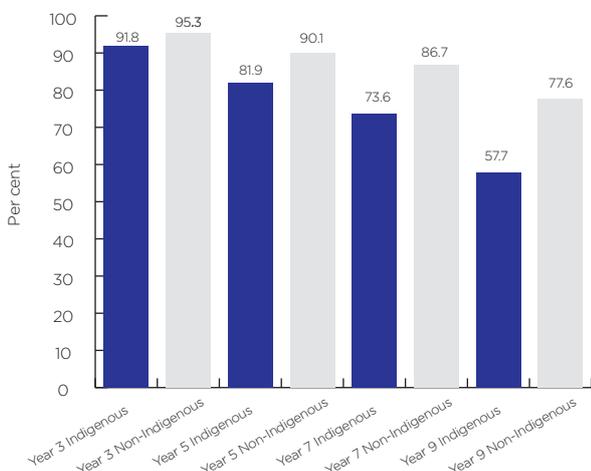
NAPLAN data demonstrate that a lower proportion of Tasmania's Aboriginal and Torres Strait Islander students perform at or above the NMS across each of the achievement areas than Tasmania's non-Indigenous students. Data are particularly relevant for reading and writing, and demonstrate the increasing size of the gap as students move through the year groups.

Figure 23: Percentage of students at or above the NMS for Reading by Indigenous status by Year Group, Tasmania, 2017.



Source: ACARA, *NAPLAN Results*¹⁴⁷

Figure 24: Percentage of students at or above the NMS for Writing by Indigenous status by Year Group, Tasmania, 2017.



Source: ACARA, *NAPLAN Results*¹⁴⁸

Attendance at school throughout the year is consistent with the national rate, and the attendance of Tasmania's Indigenous children is above the national rate.

ROGS reports that Tasmania's student attendance rates for all schools and years 1 to 10 remain high at approximately 92 per cent, which is consistent with the national rate.

Table 40: Student attendance rates, Tasmania and Australia, 2014 to 2017.

	Tasmania %	Australia %
2014	92.1	92.7
2015	91.8	92.6
2016	91.8	92.5
2017	91.8	92.4

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*¹⁴⁹

While the school attendance rate of Aboriginal and Torres Strait Islander children is below that of non-Indigenous children it is above the national rate for Indigenous children.

Table 41: Student attendance rates, by Indigenous status, Tasmania and Australia, 2017.

	Tasmania %	Australia %
Aboriginal and Torres Strait Islander students	88.3	83.2
Non-Indigenous students	92.2	93.0
All students	91.8	92.4

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*¹⁵⁰

Tasmania has the second lowest rate of retention of students from year 10 to year 12 of all Australian states and territories.

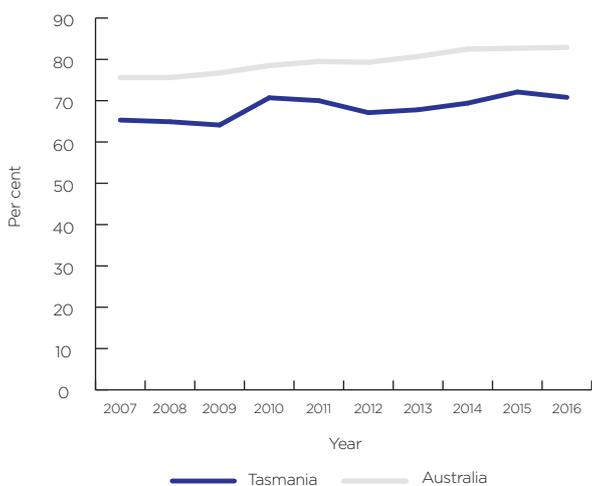
ROGS defines 'retention' (i.e. the apparent retention rate) as the number of full time school students in Year 10 that continue to Year 12. The term 'apparent' is used because the measures are derived from total numbers of students in each of Year 10 and Year 12, not by tracking the retention of individual students. Care needs to be taken in interpreting the measures as they do not take account of factors such as:

- » students repeating a year of education or returning to education after a period of absence;
- » movement or migration of students between school sectors, between states/territories and between countries; and
- » the impact of full fee paying overseas students.¹⁵¹

In 2016, the apparent retention rate of full time students from Year 10 to Year 12 in Tasmania was 70.8 per cent, the second lowest of all Australian states and territories, after the Northern Territory. The Australian apparent retention rate was 82.9 per cent, indicating that Tasmania is below the national rate.¹⁵²

Figure 25 demonstrates that, while increases in Tasmania's retention rate have broadly matched increases in the national rate, Tasmania still trails Australia as a whole.

Figure 25: Apparent retention rates of full time Year 10 to Year 12 students, all schools, Tasmania and Australia, 2007 to 2016.



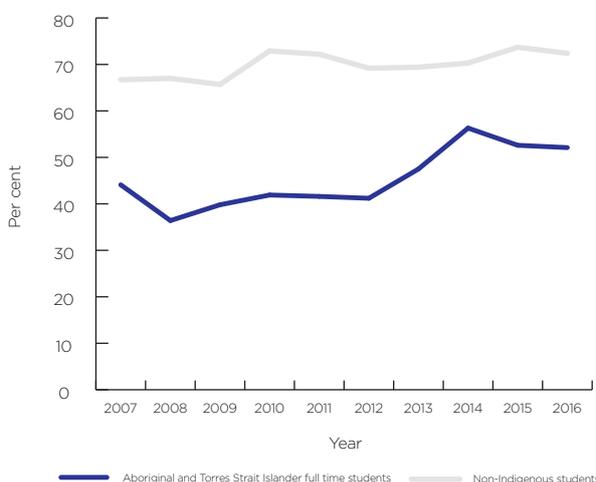
Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*¹⁵³

xxiii This indicator should be interpreted with caution as assessment, reporting and criteria for obtaining a Year 12 or equivalent certificate varies across jurisdictions (refer to Productivity Commission 2018, *Report on Government Services – School Education*, 4.28).

Aboriginal and Torres Strait Islander students are less likely to remain in schooling from Year 10 to Year 12 compared to non-Indigenous students.

In Tasmania in 2016, 52.1 per cent of Aboriginal and Torres Strait Islander children remained in school through Year 10 to Year 12, while 72.4 per cent of non-Indigenous children progressed through these years. Across Australia, 60.9 per cent of Indigenous students remained throughout Year 10 to Year 12. The figure below shows the improvement that has occurred in the apparent retention rate for Indigenous children in Tasmania in recent years.

Figure 26: Apparent retention rates of full time Year 10 to Year 12 students, all schools, by Indigenous status, Tasmania, 2007 to 2016.



Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*¹⁵⁴

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

Tasmania has the second lowest percentage of students attaining the TCE, compared to Year 12 attainment rates nationally, with the Northern Territory being the only jurisdiction with a lower year 12 attainment rate.¹⁵⁵

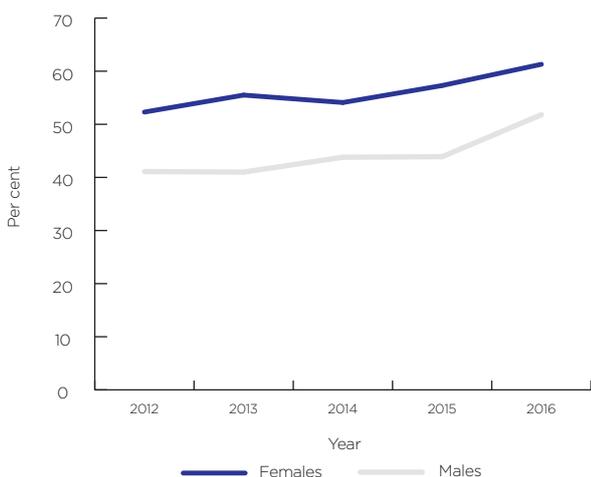
Table 42: Proportion of students attaining a Year 12 certificate or equivalent, Tasmania and Australia, 2016.

Tasmania %	Australia %
60	76

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*¹⁵⁶

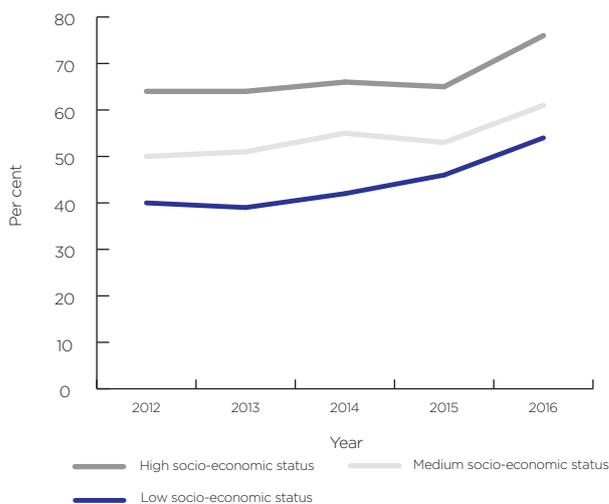
Based on data from the Office of Tasmanian Assessment, Standards and Certification, which reports data differently to the Report on Government Services 2018, TCE attainment in Tasmania is trending upwards, although the percentage of female students attaining the TCE is higher than for males, and has been historically.¹⁵⁷

Figure 27: Percentage of students (females and males) attaining the TCE, Tasmania, 2012 to 2016.



Source: Office of Tasmanian Assessment, *Tasmanian Certificate of Education (TCE) Rates of Attainment 2012-2016*¹⁵⁸

Figure 28: Attainment rates, Year 12, by socio-economic status,^{xxiv} Tasmania, 2012 to 2016.



Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*¹⁵⁹

The Australian Bureau of Statistics reports 2016 Census data indicating that 44.2 per cent of Aboriginal and Torres Strait Islanders aged 20 to 24 had completed Year 12 or an equivalent in Tasmania, which varies significantly from the rate for non-Indigenous people of 65.4 per cent. The national rate is 46.9 per cent for Aboriginal and Torres Strait Islanders, and across other states and territories, this indicator varied significantly from 65.5 per cent in the ACT to 24.6 per cent in the Northern Territory.¹⁶⁰

Five per cent of students were suspended from Government schools in 2017.

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

Table 43: Percentage of students suspended from government schools, Tasmania, 2014 to 2017.^{xxv}

2014 %	2015 %	2016 %	2017 %
4.6	4.9	4.9	5.0

Source: Department of Education, *Key Data March 2018* and *Key Data March 2017*¹⁶¹

xxiv The ABS Postal Area Index of Relative Socio-Economic Disadvantage has been used to calculate socio-economic status on the basis of postcode of students' home addresses. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011 data have been used.

xxv Student suspensions represents the proportion of students, and includes all students enrolled in Kindergarten to Year 12, with the exception of students enrolled in the Ashley School.

Children and Young People and the Law

Children and young people make up a substantial proportion of victims of crime.

In Tasmania in 2016, 25 per cent of all victims of robbery^{xxvi} were children and young people aged 0-19, which is close to the national percentage.

Table 44: Victims of robbery who are children and young people aged 0-19, Tasmania and Australia, 2016.

	Tasmania	Australia
%	24.6	23.9
No.	14	1,881

Source: Australian Bureau of Statistics, ABS publication 4510.0 - Recorded Crime - Victims, Australia, 2016⁶²

In Tasmania in 2016, nearly 50 per cent of all victims of sexual assault in Tasmania were children and young people aged between 0 and 19^{xxvii}, which is slightly below the national percentage of 56 per cent.

Table 45: Victims of sexual assault who are children and young people aged 0-19, Tasmania and Australia, 2016.

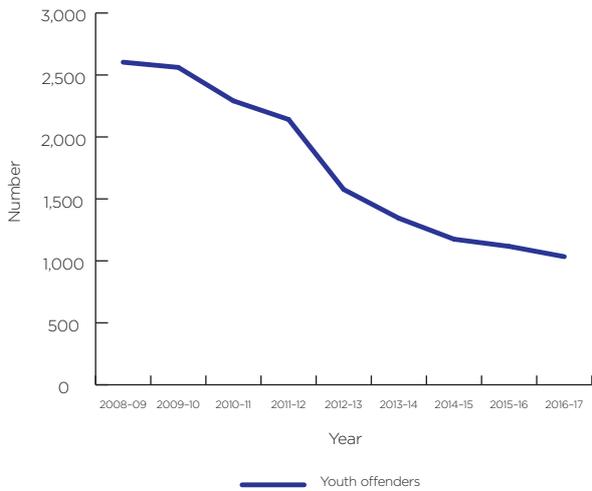
	Tasmania	Australia
%	48.4	56.2
No.	103	12,956

Source: Australian Bureau of Statistics, ABS publication 4510.0 - Recorded Crime - Victims, Australia, 2016⁶³

The number of youth offenders is declining in Tasmania.

The number of youth offenders^{xxviii} aged 10 to 17 years has declined since 2008-09 in Tasmania.

Figure 29: Number of youth offenders, Tasmania, 2008-09 to 2016-17.



Source: Australian Bureau of Statistics, ABS publication 4519.0 - Recorded Crime - Offenders, Australia, 2016-17⁶⁴

The number of matters lodged at the Magistrates Court Youth Justice Division has increased in 2016-17.

Table 46 shows the number and type of criminal matters dealt with by the Youth Justice Division of the Magistrates Court of Tasmania. This Division has the jurisdiction to hear and determine offences alleged to have been committed by a person under the age of 18 at the time of the offence.¹⁶⁵

xxvi The robbery statistics presented relate only to robberies where the property targeted belongs to a person and not a business. Therefore, these data represent a subset of total robberies.

xxvii These data represent the victims' ages at the date at which the offence was reported to police, not at the date of the offence.

xxviii These youth offender data refer to the number of unique youth offenders proceeded against by police.

Table 46: Criminal (Youth Justice) - Matters Lodged, 2013-14 to 2016-17.

Principal Offence	2013-14	2014-15	2015-16	2016-17
Homicide and related offences	2	0	1	0
Acts Intended To Cause Injury	226	199	193	190
Sexual Assault And Related Offences	15	7	14	15
Dangerous Or Negligent Acts Endangering Persons	46	45	47	68
Abduction, Harassment And Other Offences Against The Person	1	0	0	2
Robbery, Extortion And Related Offences	13	24	16	26
Unlawful Entry With Intent/Burglary, Break And Enter	174	165	122	190
Theft And Related Offences	326	280	275	321
Fraud, Deception And Related Offences	21	17	11	17
Illicit Drug Offences	28	31	43	51
Prohibited And Regulated Weapons And Explosives Offences	8	18	13	11
Property Damage And Environmental Pollution	74	98	74	73
Public Order Offences	89	85	73	80
Traffic And Vehicle Regulatory Offences	212	202	175	159
Offences Against Justice Procedures, Government Security And Government	65	46	45	68
Miscellaneous Offences	7	16	7	12
Breaches of bail, suspended sentences, community service orders, probation	476	231	222	250
Total	1,783	1,464	1,331	1,533

Source: Magistrates Court of Tasmania, *Annual Report 2016-17*⁶⁶

A decrease in youth offenders diverted from the court system occurred in 2016-17.

In Tasmania as a whole, the rate of youth offender diversions (i.e. pre-court diversions) as a proportion of youth offenders remained stable at around 60 per cent across the years 2010-11 to 2015-16. Pre-court diversions include informal cautions, formal cautions and community conferences recorded under the *Youth Justice Act 1997*.

Table 47: Youth offender diversions as a proportion of youth offenders, Tasmania, 2010-11 to 2016-17.

Year	Tasmania %
2010-11	59
2011-12	61
2012-13	60
2013-14	58
2014-15	61
2015-16	63
2016-17	51

Source: Tasmania Police, *Annual Corporate Performance Reports, 2010-11 to 2016-17*¹⁶⁷

Tasmania Police report that collation of this measure changed on 1 July 2016 and that data reported prior to this point cannot be compared with data reported after this point. However, to provide some comparison, Tasmania Police recalculated the 2015-16 value at 57.7 per cent, indicating that the rate of youth offender diversion has decreased in 2016-17 compared with 2015-16.¹⁶⁸

Numbers of young people in detention is declining in Tasmania.

The average number of young people in youth justice detention in Tasmania has declined over recent years, with the average number of young people in detention for 2016-17 at 10.7 per day.¹⁶⁹ It is noted that this is an increase on the 2015-16 figure, but considerably below the 2012-13 figure of 18.4 per day.

Table 48: Average daily number of young people in youth justice detention, Tasmania, 2012-13 to 2016-17.

2012-13	2013-14	2014-15	2015-16	2016-17
18.4	11.6	10.3	9.2	10.7

Source: Department of Health and Human Services, *Annual Report 2016-17* and *Annual Report 2015-16*^{xxix,170}

The rate of young people aged 10 to 17 in juvenile justice detention for Tasmania is 2.0 per 10,000, which is the lowest in Australia and well below the national rate of 3.4 per 10,000.¹⁷¹ The rate of community supervision of young people aged 10-17 is 18.1 per 10,000, above the national rate of 16.9 per 10,000.¹⁷²

xxix Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

Table 49: Rate of young people aged 10-17 in juvenile justice (average day), Tasmania and Australia, 2013-14 to 2016-17.

	Tasmania				Australia			
	2013-14	2014-15	2015-16	2016-17	2013-14	2014-15	2015-16	2016-17
	Per 10,000							
Rate of young people aged 10-17 in juvenile justice supervision	27.2	20.6	18.6	20.3	23.1	21.5	21.0	20.3
Rate of young people aged 10-17 in juvenile justice community based supervision	24.8	18.7	17.2	18.1	19.7	18.2	17.6	16.9
Rate of young people aged 10-17 in juvenile justice detention	2.1	1.8	1.5	2.0	3.5	3.3	3.4	3.4

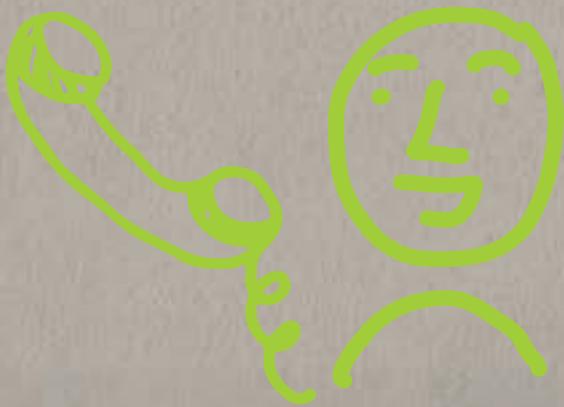
Source: Australian Institute of Health and Welfare, *Youth Justice in Australia 2013-14*, *Youth Justice in Australia 2014-15*, *Youth Justice in Australia 2015-16* and *Youth Justice in Australia 2016-17*^{xxx,173}

The number of young people under youth justice supervision in Tasmania on an average day decreased considerably from 257 in 2012-13 to 124 in 2016-17, and the rate declined from 36 per 10,000 to 20 per 10,000 over the same period.¹⁷⁴ When all periods of supervision are considered, young people in Tasmania spent 202 days (29 weeks), on average, under supervision in 2016-17¹⁷⁵, 17 days longer than the national average of 185 days¹⁷⁶.

In Tasmania, Indigenous young people make up around 9 per cent of the population aged 10-17 and about 26 per cent of those aged 10-17 under supervision on an average day in 2016-17.¹⁷⁷ This was substantially lower than the national rate of 50 per cent.¹⁷⁸

xxx Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

Targeted Supports for Children and Young People



55/1,000 children and young people were notified to child protection

Approximately 55 children and young people out of every 1,000 are the subject of child protection notifications in Tasmania.

The number of Tassie kids in out-of-home care is growing

As at 30 June 2017, 1,205 children were in out-of-home care in Tasmania.

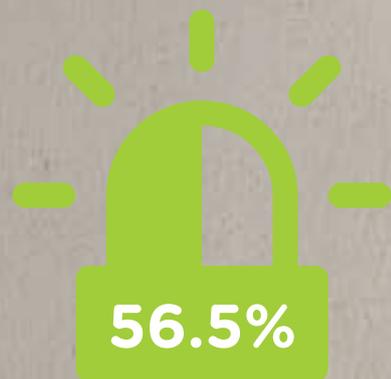


Aboriginal kids in Tassie are over-represented in child protection

The rate per 1,000 at which children are reported to child protection is higher for Indigenous children, with 69.3 per 1,000 Indigenous children reported to child protection in 2016-17, compared to 54.5 per 1,000 of all children.

There are children in Tasmania who need specialist homelessness care

34.9 per cent of clients of Tasmania's specialist homelessness services were children and young people aged 0-17 years. There are occasions when specialist homelessness services are unable to provide accommodation and support upon request. In Tasmania in 2016-17, 47.9 per cent of unassisted requests related to children and young people aged 0 to 17 years.



Family violence affects kids

Children were present at 56.5 per cent of family violence incidents attended by Tasmania Police in 2016-17.



Overview

In Tasmania, a range of targeted supports exist for children and young people to support their safety and wellbeing. These include Child Safety Services (CSS), Youth Justice and Tasmania's specialist homelessness service system. This section presents data relating specifically to CSS, family violence and the specialist homelessness services system.

In 2016-17, government expenditure on child protection services in Tasmania increased in real terms. The majority of additional expenditure was incurred with respect to out-of-home care.

The number of children about whom notifications were made to CSS has changed over the past 6 years. However, Report on Government Services reports that, in 2015-16, the method of reporting notifications changed and data from before and after this point are not comparable.

The number of investigations of notifications has decreased from a peak of 2,019 in 2012-13 to 1,390 in 2016-17. This is a reduction of 31.2 per cent over four years. In Tasmania, 22.7 per cent of notifications regarding Aboriginal and Torres Strait Islander children were investigated in 2016-17, compared to 16.3 per cent relating to non-Indigenous children.

In 2016-17, 51 per cent of investigations were completed in more than 90 days. This rate has trended upwards from 11.7 per cent in 2012-13.

The proportion of finalised child protection investigations that were substantiated was higher in Tasmania (74.1 per cent) than the national percentage (41.6 per cent), and the highest of all Australian jurisdictions. The majority of substantiated child protection notifications relate to emotional abuse, followed by neglect, physical abuse and sexual abuse.

The percentage of children who were the subject of a substantiation during the year and who were then the subject of a subsequent substantiation within 3 months and 12 months is a measure used to determine the effectiveness of the work of child protection services. In 2015-16, Tasmania's rate for within 3 months was 8.1 per cent and for within 12 months was 23.5 per cent.

The number of children in out-of-home care is increasing; 1,205 children and young people were in out-of-home care at 30 June 2017. Just over 60 per cent of children in out-of-home care have a documented and approved case plan.

In 2016-17, 41.3 per cent of Aboriginal and Torres Strait Islander children in out-of-home care in Tasmania were placed according to the Aboriginal Placement Principle. This is 26.3 per cent lower than the national percentage of 67.6 per cent.

Over recent years, there has been an increase in reported family violence incidents in Tasmania from 2,283 in 2012-13 to 3,098 in 2016-17. Children and young people were present at over half of the family violence incidents attended by Tasmania Police in 2016-17.

The proportion of children and young people assisted by specialist homelessness services is higher in Tasmania than nationally. The rate of young people aged 15-24 years presenting alone is also higher than the national rate. Almost half of unmet need for homelessness responses by specialist homelessness services in Tasmania relates to children and young people aged 0-17 years.

The Data

Child Protection

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

The Child Safety Service (CSS) in Tasmania works with children and young people who are at risk of harm or living in families who are unable or unwilling to protect them. In Tasmania, the protection of children and young people is governed by the *Children, Young Persons and Their Families Act 1997*. The CSS receives and responds to reports from professionals and members of the public where they have concerns for a child's wellbeing, including an unborn child, or where they believe a child is in need of protection.

In 2016, the Tasmanian Government released the findings of an independent review of Tasmania's child protection system, *Redesign of Child Protection Services Tasmania - 'Strong Families - Safe Kids'*, which included 29 recommendations to build a new model of child protection in Tasmania. The 2016-17 Budget included an allocation of \$20 million over four years to support the implementation of actions under five strategies identified in the *Strong Families, Safe Kids Implementation Plan*.

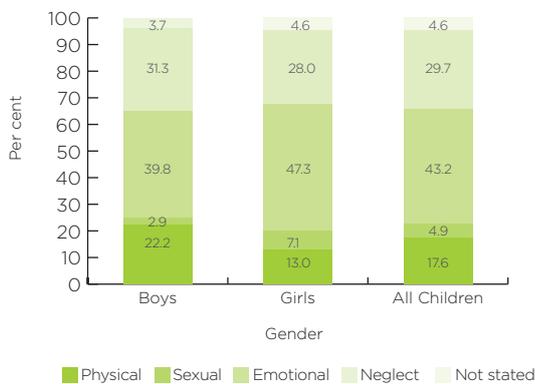
The 2017-18 Budget included funding of \$27.5 million over four years to support the needs of children in

out-of-home care in Tasmania and ensure that, when children enter care, their individual needs can be met and supported with appropriate and tailored therapeutic supports. A component of this funding was directed to address the recommendations of former Commissioner Morrissey's *Children and Young People in Out-of-Home Care in Tasmania January 2017* report. This investment of \$27.5 million was tied to the ongoing implementation of the Strong Families, Safe Kids initiatives.

The majority of child care and protection issues in Tasmania relate to the emotional abuse and neglect of younger children.

Figure 30 shows that the most common form of abuse substantiated in Tasmania is emotional abuse, followed by neglect, physical abuse and then sexual abuse.

Figure 30: Children who were the subjects of substantiations or notifications received during 2016-17, by type of abuse or neglect and sex, Tasmania, 2016-17.



Source: Australian Institute of Health and Welfare, *Child Protection Australia 2016-17*^{xxxii,179}

In Tasmania, children who were the subjects of substantiations of sexual abuse notifications as a proportion of all substantiated notifications, is below the national rate.

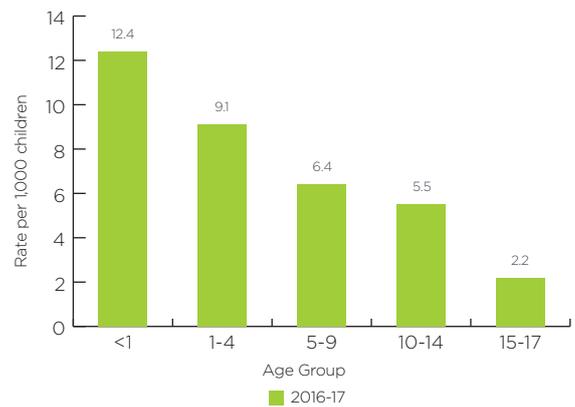
Table 50: Children who were the subjects of substantiations of notifications, for sexual abuse as a proportion of all substantiated notifications, received during 2016-17, states and territories.

NSW %	Vic %	Qld %	WA %	SA %	Tas %	ACT %	NT %	Total %
16.7	10.4	4.6	13.4	8.1	4.9	3.8	1.3	11.9

Source: Australian Institute of Health and Welfare, *Child Protection Australia 2016-17*^{xxxii,180}

In Tasmania, child protection substantiation rates are highest for children under one year, and rates of substantiation decrease with age.

Figure 31: Rates per 1,000 of children aged 0-17 who were the subjects of substantiations of notifications received in Tasmania during 2016-17.



Source: Australian Institute of Health and Welfare, *Child Protection Australia 2016-17*¹⁸¹

xxxii Data presented in this Figure are subject to caveats, which can be reviewed in the source material.

xxxiii Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

Expenditure on child protection services in Tasmania increased significantly in 2016-17.

Expenditure on child protection services in Tasmania has changed significantly over the last six years. In real terms, expenditure increased in 2013-14 to \$85.9 million, but then decreased to approximately \$83 million in 2014-15 and 2015-16. In 2016-17, however, expenditure increased to \$96.4 million, which State Budget Papers report is predominantly related to the provision of additional funding for the Strong Families, Safe Kids initiative and additional funding provided under the Family Violence Action Plan.¹⁸²

Table 51: Government real recurrent expenditure on child protection, out-of-home care, intensive family support and family support services (2016-17 dollars), Tasmania, 2011-12 to 2016-17.

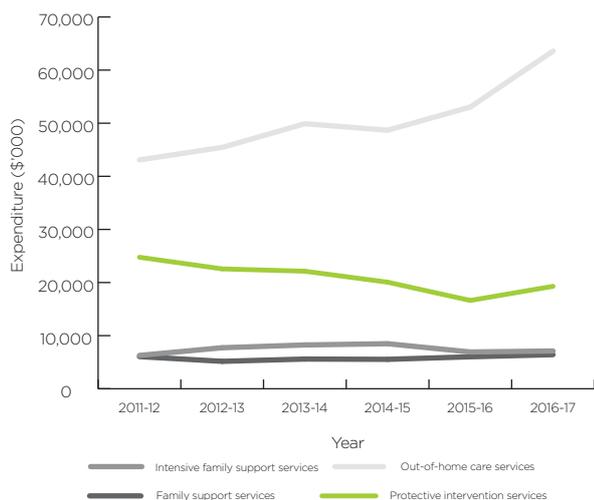
		Unit	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Total Expenditure	Protective Intervention Services	\$'000	24,759	22,570	22,131	20,066	16,625	19,289
	Out-of-home Care	\$'000	43,091	45,442	49,906	48,673	53,042	63,573
	Intensive Family Support Services	\$'000	6,279	7,724	8,248	8,481	6,924	7,117
	Family Support Services	\$'000	6,053	5,165	5,593	5,539	6,020	6,418
	Total	\$'000	80,182	80,901	85,879	82,760	82,612	96,397
Real Expenditure per Child	Child Protection	\$	213.07	195.87	192.71	175.56	146.26	171.04
	Out-of-home Care	\$	370.83	394.35	434.56	425.86	466.62	563.7
	Intensive Family Support Services	\$	54.04	67.03	71.82	74.20	60.91	63.11
	Family Support Services	\$	52.09	44.82	48.71	48.46	52.96	56.91
	Total	\$	690.03	702.07	747.80	724.09	726.75	854.75

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xxxiii,183}

xxxiii Data presented in this Table, Figure 32 below, and related material, are subject to caveats, which can be reviewed in the source material.

Table 51 and Figure 32 show that the majority of this additional expenditure was incurred with respect to out-of-home care, while expenditure on protective intervention, intensive family support services and family support services has remained largely uniform.

Figure 32: Government real recurrent expenditure on child protection, out-of-home care, intensive family support and family support services (2016-17 dollars), Tasmania, 2011-12 to 2016-17.



Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*¹⁸⁴

Rates of children reported to CSS have decreased.

The overall number of children reported to CSS in Tasmania has changed over the past 6 years, with an increasing trend from 7,752 in 2011-12 to 8,804 in 2014-15, and decreases to 8,004 in 2015-16 and 6,149 in 2016-17. Across this period, the number of Aboriginal and Torres Strait Islander children reported has remained relatively constant at around 800 each year.

Table 52: Number and rates of children reported to child protection, children aged 0-17 years, Tasmania, 2011-12 to 2016-17.

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Number of all children	7,752	8,006	8,309	8,804	8,004	6,149
Number of Aboriginal children	751	726	718	753	815	764
Rate per 1,000 for all children	66.7	69.5	72.4	77.0	70.4	54.5
Rate per 1,000 for Indigenous children	72.4	69.4	68.0	70.5	75.4	69.3

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xxxiv185}

xxxiv Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

With respect to data in Table 52, and other Report on Government Services data relating to notifications, the following caveat applies: 'Due to changes in the way notifications have been defined in Tasmania, the number of notifications reported for 2015-16 onwards is not comparable with data for earlier years. Tasmania has moved from a caller to an agency defined approach to counting notifications so that reporting is now more consistent with the majority of jurisdictions. Thus, information related to notifications reported nationally may be lower compared to that reported previously and it may differ from that published in state-based publications such as the Annual Report and Budget Papers. The proportions of notifications, finalised investigations and substantiations for children of unknown Indigenous status impact the reliability of these data. As such, any comparisons of the Indigenous status breakdown between years should be made with caution.'¹⁸⁶

For 2016-17, the rate of children in notifications in Tasmania (54.5 per 1,000) is the third highest of all of the states and territories, and is higher than the national rate (42.6 per 1,000).

Table 53: Children aged 0-17 years in notifications (rate per 1,000), 2016-17.

NSW Per 1,000	Vic Per 1,000	Qld Per 1,000	WA Per 1,000	SA Per 1,000	Tas Per 1,000	ACT Per 1,000	NT Per 1,000	Australia Per 1,000
49.7	53.3	17.5	26.3	37.6	54.5	81.5	178.9	42.6

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xxxv}¹⁸⁷

xxxv Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

The number of investigations conducted has decreased over recent years.

If CSS believes or suspects on reasonable grounds, as advised by the notifier, that a child is at risk, the CSS will investigate the matter. The notifier may be provided with advice, and/or the child and family may be offered additional assistance and support by relevant community based organisations, for example, family support, mental health or drug and alcohol services. If, however, it is determined by the CSS that the child is at risk, they will proceed with a direct investigation.

An investigation is concluded when the CSS makes a decision on whether the report was substantiated or not substantiated, and makes an assessment of the level of current and future risk to the child. Of the 8,050 notifications received by CSS in Tasmania in 2016-17, 1,390 were formally investigated and 6,660 were dealt with by other means such as a referral, no action required, or some other form of non-statutory intervention.¹⁸⁸

Figure 33: Number of child protection notifications and investigations, Tasmania, 2011-12 to 2016-17.



Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xxxvi,189}

The above chart demonstrates the changes that have occurred in notification practice. It is also important to note that the actual number of investigations has reduced from a peak of 2,019 in 2012-13 to 1,390 in 2016-17. This represents a reduction of 31.2 per cent between 2012-13 and 2016-17.

xxxvi Data presented in this Figure and related material are subject to caveats, which can be reviewed in the source material. See also the text on page 66 regarding changes to reporting practices.

Notifications relating to Aboriginal and Torres Strait Islander children are investigated at a higher rate than notifications relating to non-Indigenous children.

In Tasmania, 22.7 per cent of notifications regarding Indigenous children were investigated in 2016-17, while for the same period 16.3 per cent of notifications regarding non-Indigenous children were investigated.

Table 54: Number of reports by investigation status and Aboriginal status, Tasmania, 2016-17.

	Aboriginal and Torres Strait Islander	Non-Indigenous	Unknown Aboriginal or Torres Strait Islander Status	Total	%
Total Investigations	241	796	353	1,390	17.3
Dealt with by other means	819	4,100	1,741	6,660	82.7
Total notifications	1,060	4,896	2,094	8,050	100

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xxxvii,190}

In comparing data relating to the investigation of notifications regarding Indigenous and non-Indigenous children, it can be noted that the rate of investigation of notifications relating to children of unknown Indigenous status is 16.9 per cent, close to the rate for non-Indigenous children.

The completion of investigations is taking considerably longer.

In 2016-17, more than half of investigations (51 per cent) were completed in more than 90 days, an increase from 11.7 per cent in 2012-13. The proportion of investigations completed within 28 days is the lowest it has been across the last five years at 17 per cent.

Figure 34: Proportion of investigations finalised, by time taken to complete investigation, Tasmania, 2012-13 to 2016-17.



Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xxxviii,191}

xxxvii Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

xxxviii Data presented in this Figure and related material are subject to caveats, which can be reviewed in the source material.

Rates of substantiation are higher in Tasmanian than nationally.

'Substantiation rate' is defined as the proportion of finalised investigations where abuse or neglect or risk of abuse or neglect was confirmed. The Report on Government Services 2018 reports that the substantiation rate provides an indication of the extent to which government avoided the human and financial costs of an investigation where no abuse or neglect had occurred or was at risk of occurring. Neither a very high nor very low substantiation rate is desirable. A very low substantiation rate might indicate that notifications and investigations are not accurately targeted to appropriate cases, with the undesirable consequence of distress to families and undermining the likelihood that families will voluntarily seek support. A very high substantiation rate might indicate that the criteria for substantiation are unnecessarily bringing 'lower risk' families into the statutory system.¹⁹²

The proportion of finalised child protection investigations that were substantiated was substantially higher in Tasmania (74.1 per cent) than the national percentage (41.6 per cent) and the highest of all Australian jurisdictions.^{xxxix}

Although Indigenous children make up 8 per cent of the population, they make up 18 per cent of substantiated notifications.

In Tasmania, although Indigenous children make up only 8.4 per cent of the population, they are the subject of 17.7 per cent of substantiated notifications.

Table 55: Investigations substantiated by Indigenous status, Proportion, Tasmania and Australia, 2016-17.

	Tasmania %	Australia %
Indigenous Children	17.7	27.9
Non-Indigenous Children	58.7	70.8
Unknown Indigenous Status	23.6	1.3
Total	100.0	100.0

Source: Australian Institute of Health and Welfare, *Child Protection Australia 2016-17*^{xi,193}

Subsequent substantiations have increased in recent years.

The percentage of children who were the subject of a substantiation during the year and who were then the subject of a subsequent substantiation within 3 months and 12 months is a measure used to determine the effectiveness of the work of child protection services. Report on Government Services 2018 states:

'This indicator partly reveals the extent to which an investigation has not succeeded in identifying the risk of abuse or neglect to a child who is subsequently the subject of a substantiation. It also provides a measure of the adequacy of interventions offered to children to protect them from further abuse or neglect.'¹⁹⁴

Table 56: Children who were the subject of a substantiation during the year and who were also the subject of a subsequent substantiation within 3 and/or 12 months, Tasmania, 2011-12 to 2015-16.

	2011-12 %	2012-13 %	2013-14 %	2014-15 %	2015-16 %
3 Months	5.5	7.2	5.1	4.8	8.1
12 Months	17.7	21.6	18.5	24.2	23.5

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xii,195}

xxxix Data presented here are subject to caveats, which can be reviewed in the source material.

xi Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

xii Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

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

Tasmania's out-of-home care system provides foster care, kinship care and residential care for children and young people who are unable to live at home. In Tasmania, 1,205 children and young people were in out-of-home care as at 30 June 2017, a number which has slowly increased over recent years.

Table 57: Children in out-of-home care, Tasmania, 30 June 2011 to 30 June 2017.

2011	2012	2013	2014	2015	2016	2017
966	1,009	1,067	1,054	1,061	1,150	1,205

Source: Australian Institute of Health and Welfare, *Child Protection Australia 2016-17*, *Child Protection Australia 2015-16* and *Child Protection Australia 2014-15*^{xlii,196}

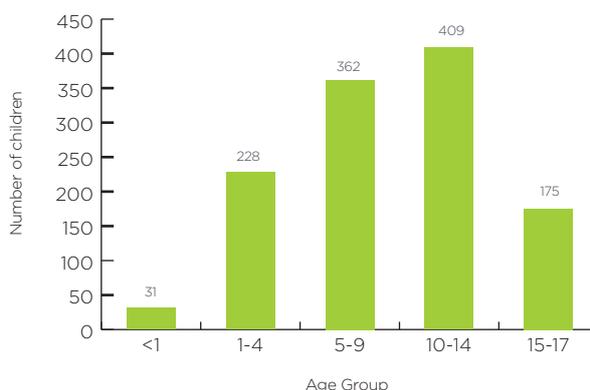
The rate of children (per 1,000 aged 0-17) in out-of-home care for Tasmania is above the national rate, and is the second highest rate across the Australian states and territories.

Table 58: Children in out-of-home care as at 30 June 2017, number per 1,000 children in population, all states and territories.

NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
10.3	7.5	7.8	7.1	9.5	10.7	8.8	16.8	8.7

Source: Australian Institute of Health and Welfare, *Child Protection Australia 2016-17*¹⁹⁷

Figure 35: Number of children in out-of-home care, by age, Tasmania, as at 30 June 2017.



Source: Australian Institute of Health and Welfare, *Child Protection Australia 2016-17*¹⁹⁸

Just over 60 per cent of children in care have a documented and approved case plan.

'Children with current documented case plans' is defined as the number of children who have a current documented and approved case plan as a proportion of all children who are required to have a current documented and approved case plan. A case plan is an individualised, dynamic written plan (or support agreement) that includes information on a child in need of protection, including his or her needs, risks, health, education, living and family arrangements, goals for ongoing intervention and actions required to achieve identified goals.¹⁹⁹

The number of children with a current documented and approved case plan has decreased in recent years with 60.2 per cent of children having a current documented and approved plan at 30 June 2017.

Table 59: Proportion of children with a documented case plan, at 30 June, Tasmania, 2013 to 2017.

Tasmania				
2013 %	2014 %	2015 %	2016 %	2017 %
68.6	71.2	68.2	55.4	60.2

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xliii,200}

xlii Data presented in this section regarding children and young people in out-of-home care are subject to caveats, which can be reviewed in the source material.

xliii Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

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

A low number of child placements (one or two) per period of care is desirable, but must be balanced against other placement quality indicators, such as placements in compliance with the Aboriginal Child Placement Principle, local placements and placements with siblings.²⁰¹ For children exiting care in 2016-17 in Tasmania, the majority of children had had one or two placements. The number of children leaving care who had had one or two placements increased in 2016-17 and the number with three or more placements decreased in 2016-17 in comparison with data from 2015-16.²⁰²

Table 60: Children on a care and protection order and exiting out-of-home care during the year, by number of placements, Tasmania, 2016-17.

Number of placements	Tasmania %
1 placement	41.6
2 placements	24.1
3 placements	10.9
4-5 placements	16.1
6-10 placements	5.8
11 or more placements	1.5

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xliv,203}

Tasmania has the highest percentage of foster carers with five or more foster children in their care. This is above the national rate of 3.7 per cent.²⁰⁴ While reductions in this percentage occurred over the years 2013-14 to 2015-16, it increased considerably in 2016-17.

Table 61: Percentage of foster care households with five or more foster children, Tasmania, 2012-13 to 2016-17.

2012-13 Per cent	2013-14 Per cent	2014-15 Per cent	2015-16 Per cent	2016-17 Per cent
7.6	5.1	5.2	5.0	6.9

Source: Department of Health and Human Services, *Annual Report 2016-17* and *Annual Report 2015-16*^{xlv,205}

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

Placing children with their relatives or kin is generally the preferred out-of-home care placement option. It is generally associated with better long-term outcomes due to increased continuity, familiarity and stability for the child. Relatives are more likely to have or to form long-term emotional bonds with the child. Placement with familiar people can help to overcome the loss of attachment and belonging that can occur when children are placed in out-of-home care.²⁰⁶ The proportion of children in out-of-home care placed with relatives/kin is lower in Tasmania (37.0 per cent) than nationally (49.5 per cent), although this increased to 37 per cent in 2016-17 from 29 per cent in 2015-16.²⁰⁷

Table 62: Proportion of children in out-of-home care placed with relatives/kin as a proportion of all children in out-of-home care, all states and territories, at 30 June 2017.

NSW %	Vic %	Qld %	WA %	SA %	Tas %	ACT %	NT %	Aust %
51.4	58.0	44.6	48.7	44.9	37.0	54.4	5.3	49.5

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xlvi,208}

The Table below shows the care arrangements that were in place for the 1,205 children in out-of-home care in Tasmania at 30 June 2017.

xliv Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

xlv Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

xlvi Data presented in this Table and related material are subject to caveats, which can be reviewed in the source material.

Table 63: Children in out-of-home care by placement type, number and per cent, Tasmania, 30 June 2017.

	No.	%
Residential care	61	5.1
Family group homes ^{xlvii}	10	0.8
Foster care	561	46.6
Relative/kinship care	338	28.0 ^{xlviii}
Other home based care	228	18.9
Independent living (incl. private board)	5	0.4
Other (incl. unknown)	2	0.2
Total children	1,205	100.0

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*²⁰⁹

The percentage of Aboriginal children who are placed according to the Aboriginal and Torres Strait Islander Placement Principle in Tasmania is substantially lower than the national proportion.

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

The Aboriginal and Torres Strait Islander Child Placement Principle outlines the hierarchy of preference when there is a need to place an Aboriginal or Torres Strait Islander child in out-of-home care. This order of priority should be with:

1. A member of the child's extended family or relatives;
2. If this is not feasible or possible after consultation with an Aboriginal child/welfare organisation, the child may be placed with:
 - » An Aboriginal or Torres Strait Islander family from the local community and within close geographical proximity to the child's natural family; and
 - » As a last resort, the child may be placed, with a non-Aboriginal or Torres Strait Islander family living in close proximity to the child's natural family.²¹⁰

In 2016-17, 41.3 per cent of Aboriginal and Torres Strait Islander children in out-of-home care in Tasmania were placed according to the Aboriginal Placement Principle. This is 26.3 per cent lower than the national percentage of 67.6 per cent. The Tasmanian percentage has increased to 41.3 per cent at 30 June 2017 from 38.2 per cent at 30 June 2016.

Table 64: Percentage of Aboriginal and Torres Strait Islander children in out-of-home care placed in accordance with the Aboriginal Placement Principle, all states and territories, 30 June 2017.

NSW %	Vic %	Qld %	WA %	SA %	Tas %	ACT %	NT %	Aust %
80.9	77.9	57.0	60.2	62.5	41.3	60.1	32.3	67.6

Source: Steering Committee for the Review of Government Service Provision, *Report on Government Services 2018*^{xlix,211}

xlvii 'Family group homes' is a residual reference in the data to a historic out-of-home care model.

xlviii This figure does not align with the figure in the previous table due to a difference in calculation method used by the Productivity Commission, which includes some care arrangements counted in this table under 'Other home-based care' in the calculation of 'Children in out-of-home care placed with relatives/kin' in the previous table.

xlix Data in this Table and related material are subject to caveats, which can be reviewed in the source material.

Family Violence in Tasmania

Family violence incidents continue to be significant in Tasmania.

In 2016-17, Tasmania Police recorded 3,098 incidents of family violence, under the *Family Violence Act 2004*.

Table 65: Reported incidents of family violence under the *Family Violence Act 2004*, 2012-13 to 2016-17.

2012-13	2013-14	2014-15	2015-16	2016-17
2,283	2,414	2,673	3,223	3,098

Source: Department of Police, Fire and Emergency Management, *Annual Report 2016-17*²¹²

Children were present at over half of the family violence incidents attended by Tasmania Police.¹

The Tasmania Police Corporate Performance Report June 2017 records that children were present at 1,749 family violence incidents (56.5 per cent of the 3,098 incidents).²¹³ This is consistent with data from the prior year.

Table 66: Children present at family violence incidents, Tasmania, 2015-16 and 2016-17.

Police District	2015-16	2016-17
South	856	867
North	466	474
West	460	408
Tasmania	1,782	1,749

Source: Tasmania Police, *Annual Corporate Performance Report, 2016-2017*²¹⁴

15 per cent of all victims of family and domestic violence related assault in Tasmania were children and young people.

ABS reports that fifteen per cent of all victims of family and domestic violence related assault in Tasmania were children and young people aged between 0 and 19 years in 2016. No national data were available on this measure as not all states and territories report on this indicator.

Table 67: Victims of family and domestic violence related assault who are children and young people aged 0-19, Tasmania, 2014 to 2016.

	2014	2015	2016
%	13.2	14.1	15.0
No.	149	167	200

Source: Australian Bureau of Statistics, ABS publication 4510.0 - *Recorded Crime - Victims, Australia, 2016*²¹⁵

ABS provides data on the Indigenous status of victims of crime for some Australian jurisdictions. These data do not include data for Tasmania or for some other states and territories, with the ABS reporting that 'Indigenous Status data for other states and territories are not of sufficient quality and/or do not meet ABS standards for national reporting in 2016'.²¹⁶

Within the context of national *Recorded Crime - Victims* statistics reported by ABS, a family and domestic violence related offence is defined as 'an offence involving at least two persons who were in a specified family or domestic relationship at the time of the offence; or where the offence was determined by a police officer to be family and/or domestic violence related as part of their investigation'. For ABS, a specified family or domestic relationship includes:

- » partner (spouse, husband, wife, boyfriend, and girlfriend);
- » ex-partner (ex-spouse, ex-husband, ex-wife, ex-boyfriend, ex-girlfriend);
- » parent (including step-parent);
- » other family member (including, but not limited to, child, sibling, grandparent, aunt, uncle, cousin, niece, nephew); and
- » other non-family member (carer, guardian, kinship relationships).²¹⁷

This definition differs from that provided by section 7 of Tasmania's *Family Violence Act 2004*.

¹ The Tasmania Police Corporate Performance Report June 2017 states: '[T]he Corporate Performance Report is produced for internal purposes to measure the performance of our people, resources and systems, and to assist with the management of our business. The Report is made available to external stakeholders as the figures contained may be of public interest.' (p(i)).

The number of children actively managed while waiting for therapeutic family violence counselling services has been decreasing since 2013-14.

The *Safe At Home Annual Report 2014-15*^{li} reported that a total of 231 children, young persons and families were engaged in therapeutic counselling and support through the Children and Young Persons Program (CHYPP) within the Family Violence Counselling and Support Service (FVCSS) in that year.²¹⁸

Child and Youth Services (CYS) delivers the FVCSS, providing centre-based counselling and support services to children, young people and adults who have experienced family violence. The demand for family violence counselling and support for children has historically outstripped service capacity, and long waiting lists for children and young people accessing the CHYPP program have been reported.²¹⁹

The Department reports that the number of children actively managed while waiting for therapeutic family violence counselling services has been decreasing since 2013-14.

Table 68: Number of children actively managed while waiting for therapeutic family violence counselling services, 2013-14 to 2016-17.

	2013-14	2014-15	2015-16	2016-17
Children actively managed while waiting for therapeutic family violence counselling services	112	90	59	33 ^{lii}

Source: Department of Health and Human Services, *Annual Report 2016-17*²²⁰

li 2014-15 is the most recent annual report.

lii During 2016-17, DHHS reports that the indicator was revised to reflect a change in business process for managing new referrals to CHYPP. Further information on this change can be reviewed in the source document.

Homelessness and Housing

For the purposes of the collection of homelessness data through the Census, ABS defines homelessness as a lack of one or more of the elements that represent 'home'. That is, when a person does not have suitable accommodation alternatives, they are considered homeless if their current living arrangement:

- » is in a dwelling that is inadequate; or
- » has no tenure, or if their initial tenure is short and not extendable; or
- » does not allow them to have control of, and access to space for social relations.²²¹

Census data provide a snapshot of the number of homeless people by local government area (LGA).

Data demonstrate that in Tasmania those who were homeless on Census night in both 2011 and 2016 were in the larger population centres, particularly Launceston and Hobart. There have, however, been some changes between the 2011 and 2016 Censuses.

Table 69: Homeless people, by place of enumeration (local government area), Tasmania, 2011 and 2016.

LGA	Homeless People	Homeless People
	2016 Census	2011 Census
Break O'Day	20	22
Brighton	29	44
Burnie	92	128
Central Coast	59	52
Central Highlands	6	4
Circular Head	25	13
Clarence	174	158
Derwent Valley	9	30
Devonport	86	88
Dorset	3	13
Flinders	0	0
George Town	13	13
Glamorgan/Spring Bay	3	9
Glenorchy	192	168
Hobart	309	267
Huon Valley	31	19
Kentish	9	18
King Island	0	0
Kingborough	116	58
Latrobe	24	3
Launceston	236	245
Meander Valley	25	17
Northern Midlands	44	31
Sorell	33	19
Southern Midlands	15	30
Tasman	3	6
Waratah/Wynyard	21	29
West Coast	9	9
West Tamar	36	23
Tasmania	1,615^{lviii}	1,532

Source: Australian Bureau of Statistics, ABS publication 2049.0 – *Census of Population and Housing: Estimating homelessness, 2016*^{liv,222}

lviii Of the 1,615 people who were homeless on Census night, 574 were people in supported accommodation for the homeless.

liv This table may not add due to the random adjustments made by the ABS to avoid the release of confidential data.

Of the people who were homeless on Census night, 212 were under 12 years of age and 162 were aged between 12 and 18 years.²²³

More than a third of people accessing specialist homelessness services in Tasmania are children and young people.

In 2016-17, of the 7,789 clients accessing specialist homelessness services in Tasmania, 34.9 per cent were aged between 0 and 17 years. These children and young people accessed services both with adults and guardians, as well as alone. The number of boys and girls was approximately the same, although girls tended to be older than boys.

Table 70: Clients of specialist homelessness services, by age and sex, Tasmania, 2016-17.

Age	Males	Females	No.	%
0-9	799	778	1,577	20.2
10-14	296	290	586	7.5
15-17	231	323	553	7.1
Total	1,325	1,391	2,716	34.9

Source: Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2016-17*²²⁴

The proportion of children and young people assisted by specialist homelessness services is higher in Tasmania than nationally.

The proportion of clients assisted by Specialist Homelessness Services (SHS) in Tasmania who are under 15 years is 27.7 per cent, and 7.1 per cent are young people between the ages of 15 and 17 years. Both of these proportions are above the national rates for the same age ranges.

Table 71: Percentage of clients of Specialist Homelessness Services who are children, Tasmania and Australia, 2016-17.

Age	Tasmania %	Australia %
0-9	20.2	16.4
10-14	7.5	6.2
15-17	7.1	5.7

Source: Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2016-17*²²⁵

People accessing specialist homelessness services have a range of living arrangements. In Tasmania, 43 per cent of clients accessing services usual living arrangements were single parents with children or couples with children.

Table 72: Clients of Specialist Homelessness Services, by living arrangement, number and per cent, Tasmania, 2016-17.

Living Arrangement	No.	%
Lone person	2,499	32.3
One parent with child/ren	2,510	32.4
Couple with child/ren	819	10.6
Couple without child/ren	298	3.9
Other family	1,029	13.3
Group	581	7.5
Not stated	52	...
Total	7,789	100.0

Source: Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2016-17*²²⁶

Children and young people with a care and protection order are accessing specialist homelessness services in Tasmania.

In Tasmania in 2016-17, 156 children and young people with a care and protection order under the *Children, Young People and Their Families Act 1997*, were clients of a specialist homelessness service in Tasmania.

Table 73: Number of children and young people with a care and protection order who are clients of a specialist homelessness service, Tasmania, 2016-17.

	Tasmania
Male	80
Female	76
All clients	156

Source: Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2016-17*²²⁷

The rate of young people presenting alone in Tasmania is higher than the national rate.

In Tasmania in 2016-17, 1,183 young people aged 15-24 attended specialist homelessness services alone, which equates to 22.9 per 10,000. This is above the national rate.

Table 74: Young people presenting alone, number and per 10,000 ERP, Tasmania and Australia, 2016-17.

	Tasmania	Australia
Number	1,183	42,131
Per 10,000 Estimated Resident Population	22.9	17.4

Source: Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2016-17*²²⁸

Almost half of unmet need in Tasmania relates to children and young people.

There are occasions when specialist homelessness services are unable to provide accommodation and support upon request. In Tasmania in 2016-17, 47.9 per cent of unassisted requests related to children and young people aged 0 to 17 years.

Table 75: Unassisted requests, by age, number and per cent, Tasmania, 2016-17.

	No.	%
Children and young people aged 0-17	3,844	47.9
All other people	4,173	52.1
Total	8,017	100.0

Source: Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2016-17*²²⁹

This is different to the national experience with only 30.8 per cent of unassisted requests relating to children and young people aged 0 to 17 years in 2016-17.²³⁰

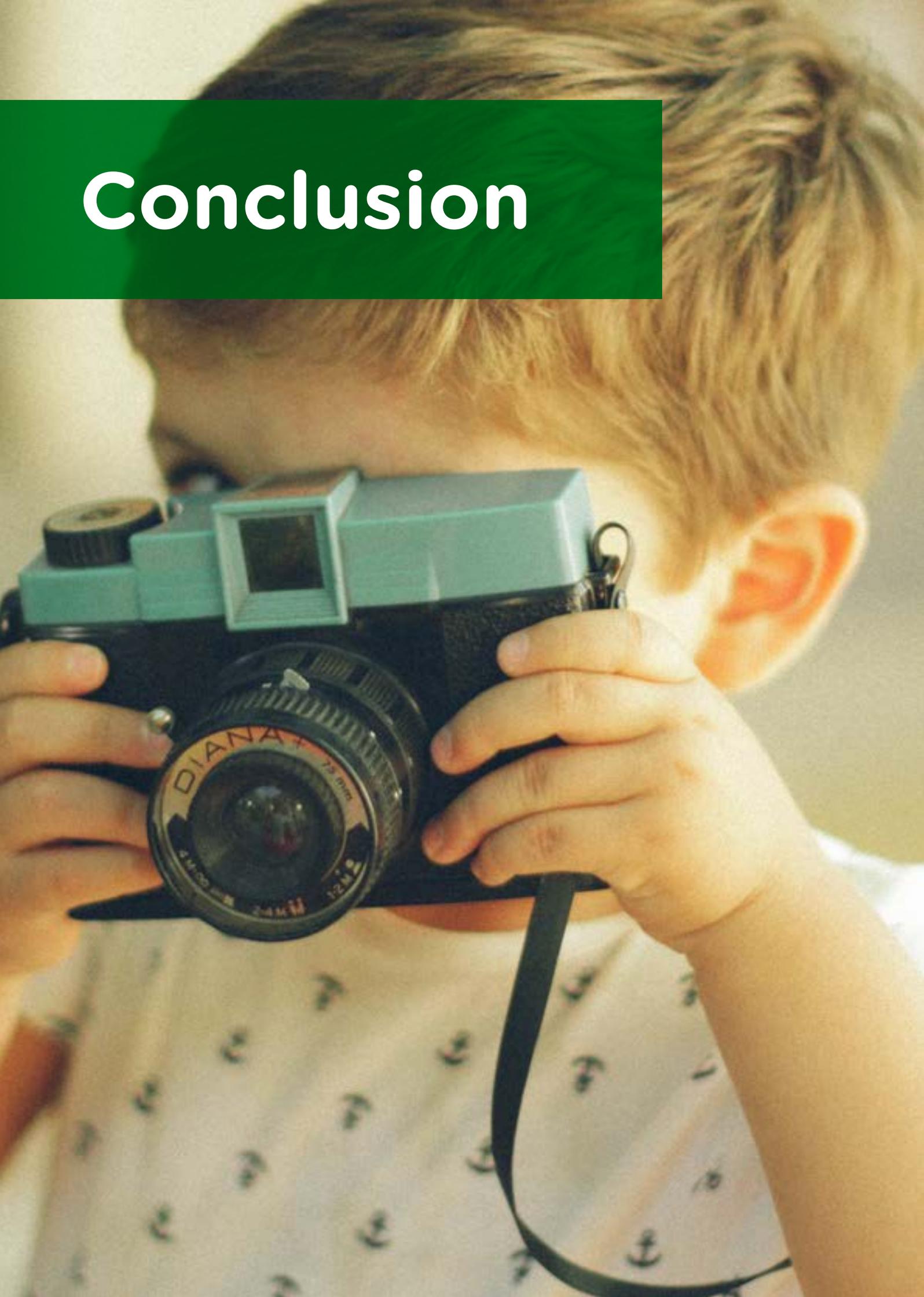
Under the Rental Affordability Index measure, Hobart is now the least affordable of Australia's capital cities.

As a measure of housing affordability, 'housing affordability stress' can be defined as the circumstance where households have an income in the bottom 40 per cent of Australia's income distribution and are paying more than 30 per cent of their income on housing costs.²³¹

The Rental Affordability Index (RAI) uses this framework to assign a measure of housing stress, with households paying 30 per cent of income on rent assigned a score of 100. This shows that these households represent a critical threshold for housing stress. Scores of 100 and less indicate that households spend 30 per cent or more of their income on rent. At this level, rents are of such a level that they are likely to negatively impact on a household's ability to pay for other primary needs, including food, medical bills and education.²³²

The RAI for Greater Hobart is 102 in the December quarter of 2017, indicating that the average household seeking to rent in Greater Hobart would need to expend around 29 per cent of its total income on rent. In 2017-18, Hobart has overtaken Sydney as the least affordable capital city in Australia, with Sydney's RAI at 113 in the September quarter of 2017. Regional Tasmania has an RAI of 122, indicating that an average household would expend approximately 25 per cent of its income in rent.²³³

Conclusion



I hope that the data presented in the 2018 Report provide individuals, community members, professionals and children and young people with a picture of the health and wellbeing of Tasmania's children and young people.

In the early years, Tasmania data indicate that the health and wellbeing of Tasmania's children is being influenced positively by a range of factors. The rate of women smoking during pregnancy is decreasing. Tasmanian mothers are more likely to have their first antenatal visit before 14 weeks than in any other state or territory, and a high and increasing proportion of new born infants remain engaged with Tasmania's Child Health and Parenting Service (CHaPS). The percentage of women breastfeeding at hospital discharge has increased in recent years. Tasmania's immunisation rates exceed the national rate for all age groups. Snapshot data relating to children's development as they enter school indicate that Tasmania performs above the national rate in some areas, such as physical, social and communicational development, while performing below the national rate for emotional and language development.

As Tasmania's children get older, however, a number of areas for improvement emerge. Only a third of Tasmanian children and young people reach the recommended physical activity requirements per day. A third of Tasmanian children are exceeding the recommended number of hours for watching television, playing computer games and using the internet. Overall rates of children and young people aged between 12 and 17 smoking, drinking alcohol, and using illicit substances have declined substantially in Tasmania over the past couple of decades. However, with respect to smoking and drinking alcohol, the proportion of Tasmanian children and young people engaging in these behaviours is higher than the national percentage. NAPLAN data demonstrate that Tasmanian students

are currently at a comparable standard for reading and writing to their national counterparts, but a trend of relative lower achievement is noted among older students. Over the period 2012 to 2016, Tasmania's rate of deaths due to intentional self-harm (aged 5 to 17 years) was the equal second highest rate for all of the states and territories. Tasmania has the second lowest rate of retention of students from Year 10 to Year 12 of all Australian states and territories.

Targeted supports for Tasmania's children and young people are available; however, within Tasmanian communities, there is a high level of need. The number of children in out-of-home care is increasing, with 1,205 children and young people in out-of-home care as at 30 June 2017. Over recent years, there has been an increase in reported family violence incidents in Tasmania; although there was a reduction in 2016-17. The proportion of children and young people assisted by specialist homelessness services is higher in Tasmania than nationally.

In addition, there remain a number of gaps that require new sources of data, so that policy makers can fully respond to the needs of Tasmania's children and young people. Of particular importance is the lack of a population level survey that seeks to capture information from children and young people about their own perceptions of their health and wellbeing.

I trust that, in publishing this report, I am contributing to the collective work necessary to improve the health and wellbeing of Tasmania's children and young people. I encourage all Tasmanians to join me in this important effort.

Appendix 1 – Acronyms

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

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

