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Tasmanian Child Health and Wellbeing Survey

Report of Survey Findings

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Executive Summary

Introduction and Survey Background

The *Kids Come First Blueprint* is a major Tasmanian government initiative to develop an outcomes-based framework for children. It uses key indicators of health, wellbeing, safety, development and learning that reflect the influences of child, family, community and service systems. It is designed to provide the Government with comprehensive monitoring of Tasmania's children and young people (from birth to 17 years) and more accurate identification of areas where additional action and support is needed.

The approved Project Plan for the *Kids Come First Blueprint* recognises that a number of relevant data indicators are neither presently collected nor available through existing data sources. This survey, the Tasmanian Child Health and Wellbeing Survey (TasCHWS), was commissioned by the Department of Health and Human Services to collect the data required to fill a number of these information gaps.

A telephone survey of 1,228 Tasmanian adults, who were also the primary carers of one or more children under 13 years of age, provided the data for this 2009 TasCHWS report. The survey covered the entire state of Tasmania with interviewing occurring between March 10 and April 5, 2009. An overall response rate of 74.2% was achieved, suggesting those contacted appreciated the importance of the survey in Government planning and in the benefits ultimately offered to their children.

The questionnaire was developed by the Department and refined and tested in consultation with the Social Research Centre. On average, the final version of this questionnaire took 16.6 minutes to administer.

This report presents key findings from that survey. It should be noted that the survey data have been weighted to ensure they represent, as well possible, the health status and behaviours of all Tasmanian children under the age of 13 years.

Key Findings

The situation of Tasmanian children under 13 years of age, as reported from the 2009 TasCHWS, are discussed under four broad headings: the nature of the households in which Tasmanian children under 13 years of age are living; aspects of their physical and mental health status; aspects of behaviour relevant to their health; and various social factors (including parents' and carers' access to support services) with the potential to influence their health and development.

Households

Household structure

Most Tasmanian children under 13 years of age (85%) live in a home comprising a couple and one or more dependent children while 15% live in a sole parent household. In addition, most under 13's (86%) are sharing their home with at least one other child under 18 years of age. Just 14% are the only child under 18 living in their home.

Household finances

Most children live in a household where one (35%) or two (54%) parents are in paid employment although 11% are in 'jobless' households where no adult is working in a paid job. As a result there is considerable variation in household income - 30% of children live in households earning gross annual incomes of \$80,000 or more while 7% live in households with total incomes below \$20,000. Associated with this, 27% live in households where some degree of financial stress is evident. For 20% this mainly involves difficulty in meeting household bills. However, for 6% financial stress is manifest through instances of food insecurity and restricted or non-participation in school events and activities.

Family functioning

The great majority of Tasmanian children (88%) live in households which exhibit healthy family functioning as measured on the general functioning scale of the McMaster Family Assessment Device although 12% show some degree of impairment on this measure.

Health status of Tasmanian children under 13 years of age

General health

The general health of most children under 13 years (89%) is reported by their parents or carers as being 'excellent' (64%) or 'very good' (25%). For 8% health is described as 'good' and for 3% either 'fair' (2%) or 'poor' (1%). However, certain groups of children are more likely to have their health described as 'fair' or 'poor'. These include children with an Indigenous parent or carer (11%), children living in a 'jobless' household (11%) and children from a sole parent household (8%).

Asthma

Of all children aged from one to 12 years, 18% have been diagnosed with asthma. Indigenous children (37%), children living in 'jobless' households (34%) and children living in sole parent households (31%) were more likely to have been diagnosed with this condition.

Oral health

Sixty-three percent of children aged six months to 12 years had visited a dental professional in the previous 12 months while 24% of children in this age range had never visited a dental professional. The child's age appeared to be the key factor in incidence of dental visits – 63% of children aged under five years had never visited a dental professional compared with just five percent of five to 12 year olds. Amongst those who had not seen a dentist in the last 12 months, access (mentioned by 4%) and cost (by 2%) did not appear to be key barriers.

Mental health

According to the Strengths and Difficulty Questionnaire (SDQ), 7% of children aged 5 to 12 years had behaviour problems that were of concern on the total difficulties scale. While this is relatively few, it is noteworthy that these children were in poorer health (15% 'fair' or 'poor'; 41% asthmatic) and that their parents/carers used support services to help them care for the child at about twice the rate of those whose children scored in the 'normal' range (47% versus 19%).

Health behaviours of Tasmanian children under 13 years of age

Nutrition

Of all four to 12 year old children, 86% consume at least the recommended minimum amount of fruit and 37% at least the recommended minimum amount of vegetables each day. Consumption levels are low for older children – amongst 12 year olds only 18% are eating at least the recommended daily minimum of fruit and 12% the recommended daily minimum of vegetables.

Physical activity

Sixty-two percent of children aged five to 12 years meet the recommended minimum of 60 minutes of physical activity each day while 37% do not. In addition, 41% of children this age typically travel to and from school by car and 15% do so using public transport – that is, by modes of travel that appear to require little physical exertion.

Forty-eight percent of children aged one to 12 years spend more than the recommended two hours per day engaged in sedentary activities such as watching television, videos or DVD's and in using a computer for things like games, e-mail, chatting and surfing the internet.

Access to local recreation spaces was generally good with 90% of children under 13 easily able to be taken to parks, playgrounds or other play spaces all or most of the time.

Passive smoking

Four percent of children aged under 13 lived in a home where smoking was at least occasionally allowed inside and were thus at risk of health problems arising from exposure to second-hand smoke in their own home.

Social determinants of the health of Tasmanian children under 13 years of age

Developmental activities

Most (79%) children aged six months to five years had been read to by a family member on six or seven days during the last week and only 2% had not been read to it at all during that time. Children aged two to five years were slightly more likely to have been read to on six or seven days (82%). Nevertheless, the majority of children had been read to with this frequency before reaching their first birthday (72% of those aged 6 months to less than 12 months).

During the last six months, two thirds (68%) of children aged zero to four years had regularly attended a kindergarten, pre-school or activity group. Attendance was strongly influenced by the child's age with the figure for regular attendance rising from 33% amongst children aged less than 12 months to 96% for four year olds.

Most families (69%) take a holiday of a week or more away from home each year although 17% of children were unable to do so because their family could not afford it.

Parental support

Twenty-three percent of parents and carers of under 13's felt they had needed support services such as parenting centres, family support services, counselling services or Neighbourhood Houses to help them care for their child. Twenty-two percent (that is, virtually all of those who felt they had needed one of these services) had used a service of this type.

The majority of parents and carers of children under 13 were able to get to a doctor or receive medical treatment for themselves or their child either all (57%) or most (30%) of the time.

Almost all parents and carers (97%) who had needed informal emergency support from family, friends or neighbours had been able to obtain this.

Following the birth of their last child, most parents of zero to five year olds (93%) had been able to obtain support from their family either often (75%) or sometimes (18%). Similarly, most of these parents (92%) had been able to obtain support from friends either often (59%) or sometimes (33%) after the birth of their last child.

Section 1 Introduction

1.1 Background

The *Kids Come First Blueprint* project is a major Tasmanian whole of government initiative which commenced in April, 2008. The aim of the project is to develop an outcomes-based framework for children using key indicators of health, wellbeing, safety, development and learning that reflect the influences of child, family, community and service systems.

The *Kids Come First Blueprint* project is designed to provide the Government with comprehensive monitoring of Tasmania's children and young people (from birth to 17 years) and more accurate identification of areas where additional action and support is needed.

The approved Project Plan for the project recognises that a number of relevant data indicators are not presently collected or available through existing data sources and therefore provides for a survey to be conducted to obtain this information.

This survey, the Tasmanian Child Health and Wellbeing Survey (TasCHWS) was commissioned by the Department of Health and Human Services in early 2009 with data collection, by means of a telephone survey, taking place during March/April 2009. This report presents the key findings from that survey.

1.2 About this report

This report presents information on selected data items from the 2009 TasCHWS survey. Specifically this includes coverage of the following topic areas relevant to the health of Tasmanian children under 13 years of age:

- The nature of the households in which they live;
- Their health status (including general health, asthma, oral and mental health);
- Health behaviours (including nutrition, levels of activity and exposure to smoking in the home); and
- Social determinants of health including opportunities for educational development and the extent to which their parents and carers have access to formal and informal support.

Graphs and tables are used to present the survey results. They are accompanied by commentary which summarises the key findings and also discusses the subgroups which are more, or less, likely to exhibit the health behaviours and characteristics investigated in this research. Where appropriate, data from other sources are referenced to provide additional context for the survey results.

Measurement precision

All results reported in this document are based on a random sample, rather than a census, of Tasmanian parents and carers of children under the age of 13 years. Consequently, the estimates provided may vary from the "true" population figures. The extent of this variation is determined by the size of the sample. For the total target population estimates, the sample sizes are such that reported results are likely (at the 95% level of statistical significance) to be within $\pm 1\%$ to $\pm 3\%$ of the "true" results that would be obtained from a census of all Tasmanian parents of children in this age group. Subgroup results are only reported as "different" if a statistically significant difference exists at the 95% level of confidence.

Effects of rounding

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.

Section 2 Research Methodology

This section summarises key elements of the research methodology including the approach to data collection, the survey implementation, the final sample structure, the data weighting procedures and a respondent profile. A more detailed discussion of the methodology is provided in the Technical Report which forms part of the supporting documentation for the 2009 TasCHWS.

2.1 Overview of the methodology

The results reported in this document are drawn from the 2009 TasCHWS and are based on 1,228 interviews across Tasmania with adults¹ who are the primary carers for children aged zero to 12 years. Within qualifying households the parent or carer who knew most about the health of the selected child completed the interview.

Data collection methodology

Interviews were conducted by telephone using Computer Assisted Telephone Interviewing (CATI) technology. The “known block” method of Random Digit Dialling (RDD) was used as the sampling frame for the survey in order to obtain the most representative coverage of the target population.

Sample structure

A geographically-based disproportionate quota structure was employed to ensure that at least 300 interviews were obtained from each of the Department’s regions North, North West, South East and South West. As a result of applying these quotas, the final sample achieved, by age of child and geographic location, was as shown in Table 2.1a.

Table 2.1a: Final sample structure

Interviews with primary carers	North	North West	South East	South West	Total
Age of Child					
Under 2 years of age	51	49	44	39	183
2 to 4 years of age	62	63	76	74	275
5 to 12 years of age	193	198	180	199	770
Total interviews	306	310	300	312	1,228

Questionnaire design

A draft questionnaire was developed by the Department, drawing on questions used in other similar surveys.

The questionnaire was refined in consultation with the Social Research Centre, initially through an item-by-item review with representatives from the Department, and subsequently through a pilot testing program.

Survey implementation

An initial pilot test of 12 interviews was conducted on February 24 and 25, 2009. Following debriefing of the pilot test interviewing team, minor changes to question wording and introductory statements were made to the questionnaire. A re-test of eight interviews was conducted on March 3, 2009.

Interviewing for the main survey of 1,228 interviews took place between March 10 and April 5, 2009. For the main survey the overall response rate was 74.2% and, on average, the final survey questionnaire took 16.6 minutes to administer. A copy of the final questionnaire is attached as Appendix 1 of this report.

¹ That is, people aged 18 years or over.

Respondent Selection

Survey participants were defined as adults who were also the primary carers of children aged under 13 years. Within those households where there was more than one eligible adult, the parent/carer who knew most about the health of the selected child completed the interview.

All questions about child health and activities were asked specifically about a single resident child aged from zero to 12 years – referred to as the ‘reference child’. Where more than one child aged under 13 years lived in the household, a random selection procedure was used to choose the reference child for the survey.

Interviewing in languages other than English

All interviews were conducted in English. A small group of respondents ($n=58$) spoke another language at home, however their proficiency in English was judged to be sufficient to undertake the interview in that language.

Data weighting

A two stage weighting procedure was used to ensure the survey data was representative of the population of Tasmanian children under the age of 13 years.

Stage one involved an adjustment to account for each reference child’s ‘probability of selection’. This adjustment was based on the number of phone lines for residential use and on the number of children under the age of 13 years resident in each household.

The second stage was used to align the survey data with Australian Bureau of Statistics 2006 Census counts of the sex, age and geographic² distribution of the Tasmanian population of children under 13 years of age.

2.2 Sample profile

The unweighted age and gender profile of the sample is presented in Table 2.2a. Comparisons are made in this table with the Australian Bureau of Statistics 2006 Census counts for the Tasmanian population of children aged under 13 years.

It is evident that male children were slightly over-represented in the TasCHWS, making up 54% of the survey sample compared with 51% of the overall residential population of children under 13. Conversely, female children were slightly under-represented, making up 46% of the survey sample, compared with 49% of the Tasmanian population of children under 13.

The sample also showed a slight over-representation of children aged from one to four years (31% of the sample versus 28% of the population) and a slight under-representation of children aged nine to 12 years (31% of the sample versus 33% of the total population). Overall however, the age/gender distribution of the unweighted sample was a satisfactory match with that of the population of Tasmanian children under 13 years of age.

Table 2.2a: Sample age and sex profile compared with ABS population data.

	Survey Sample (unweighted)						Tasmanian Population (ABS)					
	Males		Females		Persons		Males		Females		Persons	
	n	%	n	%	n	%	n	%	n	%	n	%
Age of Child												
Under 1 year of age	36	3	46	4	82	7	3005	4	2821	4	5826	7
1 to 4 years of age	200	16	176	14	376	31	11623	14	11043	14	22666	28
5 to 8 years of age	209	17	175	14	381	31	12961	16	12125	15	25086	31
9 to 12 years of age	212	17	174	14	386	31	13856	17	13105	16	26961	33
Total.....	657	54	571	46	1228	100	41445	51	39094	49	80539	100

² That is, by the Department’s four health regions.

Section 3 Household characteristics

This section describes the households in which Tasmanian children under 13 years of age live. In particular, consideration is given to the type and size of these households, their financial situation including resident adults' participation in the workforce and the extent to which each household is considered to function as a cohesive family unit.

3.1 Results

3.1.1 Household type and size

It is evident from Table 3.1.1 that:

- The great majority (85%) of Tasmanian children under the age of 13 years live in a household comprising a couple and one or more dependent children. Only 15% live in a household situation described as "a one parent family with dependent children".
- As a result, household sizes were relatively large - 41% had four residents, 24% had five and 16% had six or more adults and children living in the household. On average 4.5 persons lived in the households which participated in this survey, well above the average of 2.4 persons recorded for all Tasmanian households³ in 2006.
- As suggested by the household size, most under 13's are sharing their home with other children under 18 years of age. As shown, only 14% live in a household where they are the only child under 18. Forty-four percent have one other child under 18 years living in the same household, 27% have two others and 15% live in a household where there are three or more other children in this age range.

Table 3.1.1 Type and size of households with at least one child under 13 years of age.

<i>Base: Total Sample</i>	Total Sample (n=1,228) %
Type of household	
Couple with dependent children	85
One parent family with dependent children.....	15
Number of people living in household	
Two.....	3
Three	15
Four	41
Five.....	24
Six or more	16
Unclassified	<1
<i>Mean number of people per household</i>	4.5
Number of children under 18 years of age	
One.....	14
Two.....	44
Three	27
Four or more.....	15

³ Australian Bureau of Statistics, 2006 Census Community Profile Series, Cat No 2001.0.

Of particular interest in the above results are the 15% of children living in sole parent households, typically with their mother (81% of such households) although the resident parent was the father in 16% of sole parent households. Certain characteristics of these households suggest that the children living in them may experience some degree of disadvantage relative to their peers in two parent households.

In particular (see Table 3.1.2), sole parent households exhibit a significant degree of financial disadvantage with 68% reporting gross household incomes below \$40,000 (versus just 13% of two parent households) and 46% experiencing some degree of financial hardship (versus 23% of two parent households) such as difficulty in paying bills (32%) and problems in meeting food and educational expenses (14%). Associated with this apparent financial disadvantage is the fact that 44% of these single parents are not in paid employment while only 20% are working full-time.

These findings suggest that whether children live in a one or two parent household has the potential to be an important factor when children's health status is examined later in this report.

3.1.2 Workforce participation and household finances

Table 3.1.2 provides an overview of key measures relevant to each household's financial situation. As shown:

- Just on one in ten (11%) households with at least one resident child under 13 is a jobless household although, as discussed above, this proportion is much higher for sole parent households (44%).
- Approximately one in three (35%) households has one working parent (including 32% of two parent households) while 54% have two working parents (that is, at 63%, the majority of two parent households).
- Of all households with a resident child under 13 years, approximately one in two (51%) report an annual income of \$60,000 or more. However, there are marked differences in the incomes of sole and two parent households with only 9% of sole parent households earning \$60,000 or more per annum versus 59% of those households with two resident parents.
- Further to these differences in income, only about one in four two parent households experience some degree of financial hardship (23%) and impairment of financial resilience (23%), compared with corresponding figures of 46% and 60% respectively amongst sole parent households.

Table 3.1.2 Financial situation in households with at least one child under 13 years of age.

	Total Sample (n=1,228) %	Household Type	
		Couple (n=1,022) %	Sole Parent (n=206) %
Base: Total Sample			
Workforce participation			
Jobless households / No-one in paid work.....	11	5 [#]	44
One working parent	35	32 [#]	56
Two working parents.....	54	63 [#]	-
Gross annual household income			
Less than \$20,000	7	3 [#]	33
\$20,000 to less than \$40,000.....	15	11 [#]	38
\$40,000 to less than \$60,000.....	21	23 [#]	10
\$60,000 to less than \$80,000.....	21	24 [#]	5
\$80,000 to less than \$100,000.....	14	16 [#]	3
\$100,000 or more	16	19 [#]	1
Don't know/Refused.....	5	5 [#]	10
<i>Average household income (\$'000s)</i>	<i>\$65.5k</i>	<i>\$71.2k</i>	<i>\$32.2k</i>
Financial hardship			
Little/No financial hardship.....	73	77 [#]	54
Difficulty paying bills	20	18 [#]	32
Difficulties with food security and education expenses	6	5 [#]	14
Financial resilience			
High – have access to savings/emergency funds	71	77 [#]	40
Moderate – some access to savings/emergency funds	14	12 [#]	22
Low – little or no access to savings/emergency funds	15	11 [#]	38

[#] Denotes a result that differs from that obtained for sole parent households at the 0.05 level of statistical significance

3.1.3 Family functioning

The ability of a family to function well affects the health and wellbeing of children and many aspects of family life including: acceptance of individuals, consensus on decisions, communication, and the ability to solve day-to-day problems.

To provide an objective assessment of family functioning, the general functioning scale of the McMaster Family Assessment Device⁴ was used. This scale describes the "structural and organizational properties of the family group" and "patterns of transactions among family members". The scale generates a score between 1 and 4, with 1 reflecting healthy and 4 reflecting unhealthy family functioning. Unhealthy family function relates to avoiding discussing concerns or fears, having lots of bad feelings within the family, not being able to turn to each other for support or to confide in each other, not being able to talk about sadness or express feelings to each other, difficulty in making decisions, not accepting family members as they are, and difficulty planning family activities.

Table 3.1.3a provides an overview of the scores on this general functioning scale. As shown:

- The great majority of children (88%) live in households with a score of less than two on the general scale of the McMaster Family Assessment Device. As a result of this score they are considered to be living in households with healthy family functioning.
- Five percent of children live in households which received a score of two; and
- Seven percent live in households scoring more than two. Scores of two or more are regarded as indicative of some impairment in the level of family functioning.
- This total of 12% living in a household with a McMaster score of two or more compares with the corresponding Victorian⁵ figure of 15.5%.

Table 3.1.3a Family functioning of households with at least one child under 13 years of age.

<i>Base: Total Sample</i>	Total Sample (n=1,228) %
Score on McMaster general functioning scale (1 to 4)	
One.....	17
Between one and two	71
Two.....	5
Between two and three	7
Three	<1
Between three and four	<1
Four	-
<i>Mean Score on McMaster general functioning scale</i>	<i>1.44</i>

⁴ Epstein, N., Baldwin, L., & Bishop, D. (1983). The McMaster family assessment device. *Journal of Marital and Family Therapy*. (see Appendix 2 for further reference information)

⁵ The State of Victoria's children report 2006 p111 (see Appendix 2 for detailed reference information).

Tables 3.1.3b and 3.1.3c show the distribution of McMaster scores of two or more amongst subgroups defined by selected characteristics of the child, the child's primary carer and of the household in which they live.

- McMaster scores of two or more were found most often where the child's primary carer spoke a language other than English at home (25% versus 12% of the total sample), had an Indigenous background (29%), had left school before completing their secondary education (20%) or was not in paid employment (16%).
- Scores of two or more were also found more often in single parent households (18%), households with annual incomes in the range \$20,000 to less than \$40,000 (21%) and those households which had experienced difficulties with food security and education expenses (23%).

Table 3.1.3b Family functioning by selected characteristics of reference child and primary carer.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	McMaster Score ≥ 2.0 %
All children under 13 years	1,190	12
<u>Characteristics of child</u>		
<i>Gender</i>		
Male.....	636	10
Female.....	554	14
<i>Age</i>		
Less than 5 years of age.....	442	12
5 to 12 years of age.....	748	12
<u>Characteristics of primary carer</u>		
<i>Relationship to child</i>		
Mother.....	903	12
Father	258	12
Other.....	29	24
<i>Indigenous background</i>		
Yes	46	29 [#]
No	1,144	11
<i>Paid employment status</i>		
Full-time paid employment.....	365	11
Part-time paid employment.....	472	10
Not in paid employment.....	340	16 [#]
<i>Country of birth</i>		
Australia.....	1,023	12
Other.....	138	14
<i>Main language spoken at home</i>		
English.....	1,141	12
Other.....	47	25 [#]
<i>Highest level of educational attainment⁶</i>		
Secondary education incomplete	287	20 [#]
Secondary education completed	143	11
Completed post-secondary – not university	402	13
Completed university education	347	4 [#]

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

⁶ Those who left school before completing Year 12 are classified as "Secondary education incomplete". Those who completed Year 12 but who had not completed any post-secondary education are classified as "Secondary education completed". This variable and country of birth are only measured for the child's mother/father.

Table 3.1.3c Family functioning by selected household characteristics.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	McMaster Score ≥ 2.0 %
All children under 13 years	1,190	12
<u>Household characteristics</u>		
<i>Type of household</i>		
Couple with dependent children.....	999	11
Single parent with dependent children	191	18 [#]
<i>Number of children under 18 years</i>		
One	294	12
Two	556	11
Three or more	339	13
<i>Household income</i>		
Less than \$20,000	89	14
\$20,000 to less than \$40,000.....	170	21 [#]
\$40,000 to less than \$80,000.....	480	12
\$80,000 or more	386	6 [#]
<i>Financial hardship</i>		
No / little financial difficulty.....	890	11
Difficulty paying bills	240	14
Difficulties with food security and education expenses	60	23 [#]
<i>Household workforce participation</i>		
Non-working household	188	19
Single parent household - parent working	114	20 [#]
Two parent household – one parent working.....	292	15
Two parent household – both parents working	665	8 [#]
<i>Region</i>		
North.....	299	15
North West.....	301	11
South East	293	9
South West	297	12

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Section 4 Health Status of Children Under 13 years of Age

This section describes the perceptions held by parents and carers of the general health, incidence of asthma, use of dental services and emotional health of their children aged under 13 years.

4.1 Results

4.1.1 Parent-report of children's general health

All parents and carers were asked to rate their child's general health as either 'excellent', 'very good', 'good', 'fair' or 'poor'. Results are shown in Table 4.1.1a where it is evident that:

- The great majority of parents and carers (89%) report their child's health as being 'excellent' (64%) or 'very good' (25%).
- However, eight percent described their child's health as 'good' and three percent described it as 'fair' (2%) or 'poor' (1%).

These figures are closely aligned with results obtained in Victoria⁷ in 2006 where 89% of parents (of children aged from zero to 12 years) rated their child's health as 'excellent' or 'very good', nine percent rated it as 'good' and two percent rated it as 'fair' or 'poor'.

Table 4.1.1a Parental rating of child's general health.

<i>Base: All children under 13 years</i>	Total Sample (n=1,228) %
Rating of child's general health	
Excellent.....	64
Very good.....	25
Nett: Excellent / Very good	89
Good.....	8
Fair.....	2
Poor.....	1
Nett: Fair / Poor	3

Tables 4.1.1b and 4.1.1c show parent-reported health ratings amongst key population subgroups based on selected characteristics of the child, of the child's primary carer and of the household in which the child lives. From Table 4.1.1b it is evident that:

- There are no significant differences between the ratings of the health of boys and girls. However, the health of children aged less than 5 years is slightly more likely to be rated as 'excellent' or 'very good' (93% versus 87% for the health of children aged 5 to 12 years).
- The health of children from an Indigenous background is more likely to be rated as 'fair' or 'poor' (11% versus 3% for children who are not from an Indigenous background) and is less likely to be rated as 'excellent' or 'very good' (77% versus 90% for children from a non-Indigenous background).

Other significant differences included the following:

- Only one percent of children whose parents or carers worked full-time were given a health rating of 'fair' or 'poor'; while
- The proportion of children given a health rating of 'excellent' or 'very good' was comparatively low (86%) amongst parents who did not complete their secondary education.

⁷ The state of Victoria's children report 2006 p41.

As shown in Table 4.1.1c:

- Children were more likely to have their health rated as 'fair' or 'poor' if they were living in a sole parent household (8%) or in a non-working household (11%).
- By contrast, children were more likely to have their health rated as 'excellent' or 'very good' if they lived in a smaller household with just one child under the age of 18 (94%), if they lived in a household with two working parents (92%) or if the annual income of the household in which they lived was \$80,000 or more (94%).

Table 4.1.1b Parental rating of child's general health by selected characteristics of reference child and primary carer.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Health Rating	
		Excellent/ Very Good %	Fair/ Poor %
All children under 13 years	1,228	89	3
<u>Characteristics of child</u>			
<i>Gender</i>			
Male	657	88	4
Female	571	90	3
<i>Age</i>			
Less than 5 years of age	458	93 [#]	2
5 to 12 years of age	770	87	4
<u>Characteristics of primary carer</u>			
<i>Relationship to child</i>			
Mother	929	89	4
Father	269	89	2
Other	30	87	8
<i>Indigenous background</i>			
Yes	47	77 [#]	11 [#]
No	1,181	90	3
<i>Paid employment status</i>			
Full-time paid employment	371	91	1 [#]
Part-time paid employment	483	90	3
Not in paid employment	361	86	5
<i>Country of birth</i>			
Australia	1,050	89	3
Other	148	91	2
<i>Main language spoken at home</i>			
English	1,168	89	3
Other	58	89	-
<i>Highest level of educational attainment</i>			
Secondary education incomplete	287	86 [#]	5
Secondary education completed	143	92	1
Completed post-secondary – not university	402	88	4
Completed university education	347	92	2

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Table 4.1.1c Parental rating of child's general health by selected household characteristics.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Health Rating	
		Excellent/ Very Good %	Fair/ Poor %
All children under 13 years	1,228	89	3
Household characteristics			
<i>Type of household</i>			
Couple with dependent children.....	1,022	90	3
Single parent with dependent children	206	85	8 [#]
<i>Number of children under 18 years</i>			
One	306	94 [#]	2
Two	573	90	3
Three or more	348	86	5
<i>Household income</i>			
Less than \$20,000	97	85	6
\$20,000 to less than \$40,000.....	179	83 [#]	6
\$40,000 to less than \$80,000.....	490	89	2
\$80,000 or more	393	94 [#]	2
<i>Financial hardship</i>			
No / little financial difficulty.....	912	90	3
Difficulty paying bills	249	87	3
Difficulties with food security and education expenses	67	85	3
<i>Household workforce participation</i>			
Non-working household	128	79 [#]	11 [#]
Single parent household - parent working	119	89	4
Two parent household – one parent working	306	88	3
Two parent household – both parents working	674	92 [#]	2
<i>Region</i>			
North.....	306	90	3
North West.....	310	90	4
South East	300	89	2
South West	312	89	4
<i>Family functioning</i>			
Score on McMaster general scale of less than 2.0	1,086	90	3
Score on McMaster general functioning scale of 2.0 or more...	142	84	6

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

4.1.2 Asthma

All parents and carers of children aged from one to 12 years were asked if a doctor had ever told them their child has asthma. Overall:

- Eighteen percent of children aged from one to 12 years had been diagnosed with asthma while the great majority (82%) had not.
- These figures compare with a Victorian⁸ prevalence estimate of 13% for children aged one to 12 years who had been diagnosed with asthma by a doctor and who had suffered symptoms and/or taken asthma medication in the last 12 months – that is, a slightly more stringent definition than that used in the TasCHWS. The corresponding NSW⁹ figure for a slightly older group of children (aged 2 to 15 years) who had ever been diagnosed with asthma by a doctor was 23%.

Subgroup differences in asthma prevalence are presented in Tables 4.1.2a and 4.1.2b. From Table 4.1.2a it can be seen that:

- Children aged one to four years were less likely to have been diagnosed with asthma than were those aged five to 12 years (11% and 20% respectively).

While the subject of further discussion later in this report, it is interesting to note that asthma prevalence was disproportionately high amongst those children aged five to 12 years whose 'total difficulties' score on the SDQ Goodman scale of psychological and emotional functioning was of concern (ie: whose total difficulties score was in the range 17 to 40). Forty-one percent of children scoring in this range had been diagnosed with asthma compared with 19% of those scoring at a normal level (that is, a score of 0 to 13) on this instrument.

- Children from an Indigenous background were also more likely to have been diagnosed with asthma (37% versus 17% of those from a non-Indigenous background).

Key differences evident in Table 4.1.2b include the following.

- Children were more likely to have been diagnosed with asthma if they lived in:
 - Sole parent households (31% versus 15% in two parent households);
 - Low income households (33% prevalence amongst children living in households with annual incomes of less than \$20,000); or
 - Jobless households (34%).
- By contrast, diagnosis of asthma was disproportionately low (12%) amongst children living in two parent households where only one parent was in paid employment. In relation to this finding it should be noted that parents living in households of this type are more likely to be reporting on a younger child – 42% reported the asthma status of a child aged from one to four years compared with 30% of all parents and carers of one to twelve year olds. As noted above, children aged one to four years are significantly less likely to have been diagnosed with asthma.

Children living in homes where smoking was at least occasionally allowed were no more likely to have been diagnosed with asthma than were those living in smoke-free homes (19% versus 16% of those living in smoke-free homes). However, it should be noted that the household smoking status may have changed (possibly on medical advice) during the time between the child being diagnosed with asthma and the survey. Change in household smoking status was not measured in this survey so this remains a matter of conjecture.¹⁰

⁸ The state of Victoria's children report 2006 p43.

⁹ New South Wales Population Health Survey 2005-2006 Report on child health p95 (see Appendix 2 for details).

¹⁰ These results are not shown in Tables 4.1.2a or 4.1.2b.

Table 4.1.2a Asthma prevalence by selected characteristics of reference child and primary carer.

<i>Base: Children aged 1-12 years from each subgroup</i>	Sample Size (n)	Diagnosed with Asthma %
All children aged 1 to 12 years	1,146	18
<u>Characteristics of child</u>		
<i>Gender</i>		
Male	621	19
Female.....	525	16
<i>Age</i>		
1 to 4 years of age	376	11 [#]
5 to 12 years of age	770	20 [#]
<u>Characteristics of primary carer</u>		
<i>Relationship to child</i>		
Mother	858	17
Father	258	17
Other	30	41
<i>Indigenous background</i>		
Yes	46	37 [#]
No.....	1,100	17
<i>Paid employment status</i>		
Full-time paid employment.....	346	15
Part-time paid employment.....	456	18
Not in paid employment.....	333	19
<i>Country of birth</i>		
Australia.....	979	18
Other.....	137	12
<i>Main language spoken at home</i>		
English.....	1,090	18
Other.....	54	13
<i>Highest level of educational attainment</i>		
Secondary education incomplete	274	22
Secondary education completed	133	15
Completed post-secondary – not university	380	16
Completed university education	310	14

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Table 4.1.2b Asthma prevalence by selected household characteristics.

<i>Base: Children aged 1-12 years from each subgroup</i>	Sample Size (n)	Diagnosed with Asthma %
All children aged 1 to 12 years	1,146	18
<u>Household characteristics</u>		
<i>Type of household</i>		
Couple with dependent children.....	946	15
Single parent with dependent children.....	200	31 [#]
<i>Number of children under 18 years</i>		
One.....	270	18
Two.....	541	19
Three or more	334	16
<i>Household income</i>		
Less than \$20,000	93	33 [#]
\$20,000 to less than \$40,000.....	165	18
\$40,000 to less than \$80,000.....	455	18
\$80,000 or more	365	14
<i>Financial hardship</i>		
No / little financial difficulty.....	854	16
Difficulty paying bills	229	23
Difficulties with food security and education expenses.....	63	17
<i>Household workforce participation</i>		
Non-working household	122	34 [#]
Single parent household - parent working	117	26 [#]
Two parent household – one parent working.....	278	12 [#]
Two parent household – both parents working.....	628	16
<i>Region</i>		
North.....	288	17
North West.....	275	18
South East.....	277	16
South West.....	296	19
<i>Family functioning</i>		
Score on McMaster general scale of less than 2.0.....	1,017	17
Score on McMaster general functioning scale of 2.0 or more...	129	22

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

4.1.3 Oral health

All parents and carers of children aged six months to 12 years were asked how long it had been since the child had last seen a dental professional. Those who had done so within the last 12 months were also asked why the most recent visit had been made. Those who had not seen a dental professional in the last 12 months were asked why this was the case.

Of all children aged six months to 12 years:

- The majority (63%) had visited a dental professional within the last 12 months;
- Thirteen percent had been to a dental professional but not within the last 12 months; and
- Twenty-four percent had never visited a dental professional at all. This figure was slightly lower than in Victoria where 30% of children aged from six months to 12 years had never seen a dentist¹¹.

As shown in Table 4.1.3a recent visits to the dentist were much less likely to have been made by children aged from six months to four years (30% had visited their dentist within the last 12 months versus 79% of children aged 5 to 12 years). This difference is so marked, and the age of the child potentially such an important confounding variable, that it was considered desirable to report separately the results for children aged six months to four years and those aged five to 12 years. When this is done, subgroup differences remaining in Tables 4.1.3a and 4.1.3b are as follows.

- Five to 12 year olds whose parents had completed a university education were more likely to have visited a dental professional in the last 12 months (86% versus 79% overall) while children whose parents had left school before completing Year 12 were less likely to have done so (70%).
- Five to 12 year olds from households with annual incomes of \$80,000 or more were more likely to have visited a dentist in the last 12 months (84%) while those from households with incomes below \$40,000 were less likely to have done so (70%). In-line with this, five to 12 year olds from households experiencing little or no financial difficulty were also more likely than average to have visited a dentist within the last 12 months (82%).
- Smaller households with only one child under 18 years of age were less likely than average to have visited a dentist within the last 12 months (22% of 6 months to 4 year olds and 71% of 5 to 12 year olds had visited a dental professional in the last 12 months).

¹¹ The state of Victoria's children report 2006 p40.

Table 4.1.3a Visited dentist within the last 12 months by selected characteristics of reference child and primary carer.

	Visited Dentist in last 12 months			
	Sample Size (6m-12 yrs) (n)	All 6m to 12 years %	Children Aged ...	
			6m to 4 years %	5 to 12 years %
Base: Children in each age group from each subgroup (ie: 6m-12 years; 6m-4 years; 5 to 12 years)				
All children in each age group.....	1,202	63	30	79
<u>Characteristics of child</u>				
<i>Gender</i>				
Male	645	61	29	78
Female.....	557	64	32	80
<u>Characteristics of primary carer</u>				
<i>Relationship to child</i>				
Mother.....	906	61	30	79
Father	266	67	34	81
Other.....	30	60	26	67
<i>Indigenous background</i>				
Yes.....	46	65	30	74
No	1,156	62	30	79
<i>Paid employment status</i>				
Full-time paid employment.....	363	70 [#]	35	83
Part-time paid employment	475	61	25	76
Not in paid employment	351	58	33	78
<i>Country of birth</i>				
Australia.....	1,027	62	31	79
Other.....	145	64	27	81
<i>Main language spoken at home</i>				
English.....	1,144	62	31	79
Other.....	56	63	27	83
<i>Highest level of educational attainment</i>				
Secondary education incomplete	283	60	30	70 [#]
Secondary education completed	138	64	39	84
Completed post-secondary – not university	395	66	31	79
Completed university education	337	59	27	86 [#]

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Note: for ease of presentation subgroup sample bases are not shown for children aged 6m-4 years or for those aged 5-12 years.

Table 4.1.3b Visited dentist within the last 12 months by selected household characteristics.

	Visited Dentist in last 12 months			
	Sample Size (6m-12 yrs) (n)	All 6m to 12 years %	6m to 4 years %	Children Aged ... 5 to 12 years %
Base: Children in each age group from each subgroup (ie: 6m-12 years; 6m-4 years; 5 to 12 years)				
All children in each age group	1,202	63	30	79
<u>Household characteristics</u>				
<u>Type of household</u>				
Couple with dependent children.....	998	62	31	80
Single parent with dependent children	204	63	26	73
<u>Number of children under 18 years</u>				
One	294	44 [#]	22 [#]	71 [#]
Two	565	64	29	80
Three or more	342	67 [#]	37	79
<u>Household income</u>				
Less than \$20,000	96	59	32	70
\$20,000 to less than \$40,000	175	54 [#]	29	70 [#]
\$40,000 to less than \$80,000	477	62	33	79
\$80,000 or more	385	65	26	84 [#]
<u>Financial hardship</u>				
No / little financial difficulty	895	65 [#]	33	82 [#]
Difficulty paying bills.....	240	55 [#]	27	73
Difficulties with food security and education expenses	67	52	10	67
<u>Household workforce participation</u>				
Non-working household	126	61	31	78
Single parent household - parent working.....	118	65	26	70 [#]
Two parent household – one parent working	296	57	32	78
Two parent household – both parents working	661	65	29	81
<u>Region</u>				
North	297	59	27	74
North West.....	303	65	37	79
South East	294	65	35	81
South West	308	61	25	82
<u>Family functioning</u>				
Score on McMaster general scale of less than 2.0	1,065	63	31	80
Score on McMaster general functioning scale of 2.0 or more...	137	58	26	72

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Note: for ease of presentation subgroup sample bases are not shown for children aged 6m-4 years or for those aged 5-12 years.

Amongst those children who had visited a dental professional in the last 12 months, most had done so for reasons to do with maintenance of their dental health – 78% for a dental check-up. At 18%, the proportion who had visited a dental professional for clinical treatment such as a filling (7%) or for braces or other orthodontic work (5%) was much lower (see Table 4.1.3c for details).

Table 4.1.3c Main reason for last visit to dentist.

<i>Base: Children aged 6m to 12 years, Visited dentist within the last 12 months</i>	Seen Dentist in last 12m <i>(n=738)</i> %
Nett: Maintenance	79
Dental check –up	78
Scale and clean	1
Nett: Clinical/Treatment	18
Fillings.....	7
Braces / orthodontic work	5
Extraction	2
Injury to mouth or teeth	2
Tooth-ache / sore mouth	1
All other reasons	4

Table 4.1.3d shows the main reasons why children had not seen a dental professional in the last 12 months. These were:

- The parent or carer feeling there was no specific reason (that is, the child experiencing problems with teeth or mouth) to do so. For this group, preventative dental maintenance does not appear to be a reason for making such a visit.
- The other frequently mentioned reason was the parent or carer feeling the child was too young to need dental services. This applied to 30% of children aged six months to 12 years who had not seen a dentist in the last 12 months (48% of these children aged under 5 years).

Table 4.1.3d Main reason child has not seen a dentist in the last 12 months.

<i>Base: Children aged 6m to 12 years, Not visited a dentist within the last 12 months</i>	Not Seen Dentist in last 12m <i>(n=458)</i> %
No reason to visit (no problems with teeth or mouth)	45
Child is too young to need dental services	30
Too busy / Haven't got round to it.....	9
Difficulty in getting access to a dentist	4
Child's anxiety	3
Cost	2
Waiting times	1
All other reasons	4
Unsure / Can't recall	1

4.1.4 Mental health

The 2009 TasCHWS collected information from parents and carers of five to 12 year olds about their child's current mental health and behaviour. This was done through use of the Strengths and Difficulties Questionnaire (SDQ)¹².

This instrument has been widely used in Australia and has been shown to have good reliability and validity. It measures 25 attributes which are divided into 5 subscales: emotional symptoms, conduct problems, hyperactivity or inattention, peer relationship problems, and prosocial behaviour. Each subscale scores between 0 and 10 with scores of concern on each subscale being: 5-10 for emotional symptoms, 4-10 for conduct problems, 7-10 for hyperactivity or inattention, 4-10 for peer relationship problems, and 0-4 for prosocial behaviour. The emotional symptoms, conduct problems, hyperactivity or inattention, and peer relationship problems scores are combined to calculate a total difficulties score between 0 and 40. A total difficulties score of 17 or above is considered to be of concern while a score from 14 to 16 is considered to be borderline. As shown in Table 4.1.4a:

- Scores of concern on the SDQ subscales were evident for 11% of Tasmanian children aged five to 12 years on hyperactivity problems, for ten percent on emotional symptoms and on peer relationship problems, for eight percent on conduct problems and for one percent on prosocial behaviour.

The corresponding figures for NSW children aged 4 to 15 years were hyperactivity problems (5%), emotional symptoms (12%), peer relationship problems (1%), conduct problems (7%) and prosocial behaviour (0.3%)¹³.

- Overall seven percent of Tasmanian children aged five to 12 years had a total difficulties score that was of concern (that is, had a score of 17 or above). This compares with a figure of eight percent of NSW children aged four to 15 years who fell into this category.

Table 4.1.4a SDQ subscale and total difficulties scores.

	All 5-12 year olds (n=769) %	Gender of child	
		Male (n=420) %	Female (n=349) %
Base: Children aged 5 to 12 years (n=769)¹⁴			
Total Difficulties			
Of concern (score of 17 - 40)	7	8	6
Normal (score of 0 - 16)	93	92	94
SDQ Subscales			
<i>Hyperactivity/Inattention</i>			
Of concern (score of 7-10)	11	16 [#]	6
Normal (score of 0-6)	89	84 [#]	94
<i>Emotional symptoms</i>			
Of concern (score of 5-10)	10	11	8
Normal (score of 0-4)	90	89	92
<i>Peer relationship problems</i>			
Of concern (score of 4-10)	10	11	8
Normal (score of 0-3)	90	89	92
<i>Conduct problems</i>			
Of concern (score of 4-10)	8	8	8
Normal (score of 0-3)	92	92	92
<i>Prosocial behaviour</i>			
Of concern (score of 0-4)	1	1	1
Normal (score of 5-10)	99	99	99

[#] Denotes a result that differs from that obtained for females at the 0.05 level of statistical significance.

¹² Goodman, R, Meltzer, H., & Bailey, V. (2003) – see Appendix 2 for further reference information.

¹³ NSW Population Health Survey 2006-2006 Report on child health p109.

¹⁴ One respondent did not provide sufficient responses for their child to be classified.

Analysis of the total difficulties scores that were of concern showed no statistically significant differences between any of the subgroups defined by characteristics of the child or parent/carer (see Tables 4.4.1a and 4.4.1b). However, more males than females had scores of concern in relation to hyperactivity/inattention problems (16% of males versus 6% of females).

Analysis of total difficulties scores by household characteristics (see Table 4.1.4c) showed:

- A higher proportion of children with scores of concern living in households where difficulties had been experienced in the last 12 months with food security and education expenses (17%), households with indications of impaired family functioning (17% amongst households with a score of 2.0 or more on the McMaster general functioning scale) and households where the child of concern was the only resident child under 18 years of age (13%).
- There was a disproportionately low incidence of children whose total difficulties score was of concern in households with pre-tax incomes of \$80,000 or more per year (4%).

Table 4.1.4b SDQ total difficulties score by selected characteristics of reference child and primary carer.

<i>Base: Children aged 5-12 years from each subgroup</i>	Sample Size (n)	Total Difficulties Score 'Of Concern' %
All children aged 5 to 12 years	769	7
<u>Characteristics of child</u>		
<i>Gender</i>		
Male	420	8
Female	349	6
<i>Age</i>		
5 to 10 years of age	561	7
11 to 12 years of age	208	7
<u>Characteristics of primary carer</u>		
<i>Relationship to child</i>		
Mother	559	6
Father	184	8
Other	26	**
<i>Indigenous background</i>		
Yes	34	11
No	735	7
<i>Paid employment status</i>		
Full-time paid employment	256	7
Part-time paid employment	318	6
Not in paid employment	186	10
<i>Country of birth</i>		
Australia	652	7
Other	91	5
<i>Main language spoken at home</i>		
English	736	7
Other	31	9
<i>Highest level of educational attainment</i>		
Secondary education incomplete	209	9
Secondary education completed	74	2
Completed post-secondary – not university	272	7
Completed university education	172	5

Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

** Small sample – results not sufficiently reliable to be reported.

Table 4.1.4c SDQ total difficulties score by selected household characteristics.

<i>Base: Children aged 5-12 years from each subgroup</i>	Sample Size (n)	Total Difficulties Score 'Of Concern' %
All children aged 5 to 12 years	769	7
<u>Household characteristics</u>		
<i>Type of household</i>		
Couple with dependent children.....	614	7
Single parent with dependent children.....	155	10
<i>Number of children under 18 years</i>		
One.....	136	13 [#]
Two.....	385	7
Three or more	247	6
<i>Household income</i>		
Less than \$20,000	68	10
\$20,000 to less than \$40,000.....	110	12
\$40,000 to less than \$80,000.....	293	8
\$80,000 or more	243	4 [#]
<i>Financial hardship</i>		
No / little financial difficulty.....	568	6
Difficulty paying bills	150	10
Difficulties with food security and education expenses	51	17 [#]
<i>Household workforce participation</i>		
Non-working household	79	14
Single parent household - parent working	101	7
Two parent household – one parent working.....	152	8
Two parent household – both parents working.....	436	6
<i>Region</i>		
North.....	193	8
North West.....	198	4
South East	180	8
South West	198	8
<i>Family functioning</i>		
Score on McMaster general scale of less than 2.0	678	6
Score on McMaster general functioning scale of 2.0 or more...	91	17 [#]

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Children of concern

When consideration is given to those children whose total difficulties score was of concern (ie: was 17 or more), the following were noteworthy:

- The general health of such children was less likely to be classified as 'very good' or 'excellent' (66% versus 90% of those children with total difficulties scores in the 'normal' range of 0 to 13) and more likely to be classified as 'fair' or 'poor' (15% versus 3% of children scoring in the 'normal' range);
- They were more likely to have been diagnosed with asthma (41% versus 19% of children scoring in the 'normal' range); and
- They spent more time engaged in sedentary leisure time activity such as watching television, videos, DVD's and using a computer (average of 3.0 hours per day versus 2.5 hours per day for those children with total difficulties scores in the 'normal' range).
- In addition, it is interesting to note that 47% of the parents and carers of children with total difficulties scores of 17 or more had used support services to assist in caring for the child (versus 19% of those with children scoring in the 'normal' range). Non-use of these services was almost entirely a result of these parents and carers feeling they did not need them (51% of the parents/carers of all children with scores of concern said they had 'never' needed to use such services). Just one percent of these parents and carers said they had not used support services because they were not available in their neighbourhood.

Section 5 Health Behaviours - Children Under 13 years of Age

This section of the report describes the nutrition and levels of physical activity reported by parents and carers for children under 13 years of age. It also looks at the smoking status of households in which children of this age live.

5.1 Results

5.1.1 Nutrition

Consumption of fruit

All parents and carers of children aged four to 12 years were asked to estimate how many serves of fruit their child usually eats each day.

A serve of fruit was described as one medium piece or two small pieces of fruit, one cup of diced pieces or one tablespoon of dried fruit. The recommended minimum daily intake of fruit is one such serve for children aged four to 11 years, and three serves for children aged 12 to 18 years¹⁵.

As shown in Table 5.1.1a:

- The majority of four to 12 year olds (86%) are consuming at least the NHMRC recommended amount of fruit per day (ie: 1 or more serves/day for 4 to 11 year olds and 3 or more serves/day for 12 year olds).
- However, this situation does not apply for children 12 years of age. Only 18% of children this age are reported as usually consuming the recommended minimum of three or more serves per day. In addition, 12 year olds are slightly more likely than four to seven year olds to be consuming less than one serve per day (8% of 12 year olds don't eat fruit or eat less than one serve per day compared with just 3% of children aged 4 to 7 years).

Table 5.1.1a Daily fruit consumption by children aged 4 to 12 years.

	Children Aged ...			
	All 4-12 year olds (n=847) %	4-7 years (n=333) %	8-11 years (n=403) %	12 years (n=111) %
<i>Base: Children aged 4 to 12 years</i>				
<u>Daily consumption of fruit (number of serves)</u>				
Child doesn't eat fruit	2	2	3	2
Less than one serve per day	2	1	2	6 [#]
One to less than two serves per day	24	21	26	29
Two to less than three serves per day	43	42	43	45
Three to less than four serves per day	17	19	17	11
Four or more serves per day	11	15	10	7
<i>Mean number of serves per day</i>	<i>2.2</i>	<i>2.4</i>	<i>2.1</i>	<i>1.9</i>
<hr/>				
<i>Percent consuming at least the recommended amount each day (1+ serves for 4-11 year olds; 3+ for 12 year olds)</i>	86	97 [#]	95 [#]	18 [#]

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.
Note: Due to rounding, totals may not appear to be the exact sum of the component categories.

¹⁵ Dietary Guidelines for Children and Adolescents in Australia NHMRC April 2003, p69.

Consumption of vegetables

Parents and carers of children aged from four to 12 years were also asked to estimate how many serves of vegetables their child usually eats each day.

A serve of vegetables was described as half a cup of cooked vegetables or one cup of salad vegetables. The recommended minimum daily consumption of vegetables is two serves for children aged four to seven years, three serves for children aged eight to 11 years and four serves for children aged 12 to 18 years¹⁶.

As shown in Table 5.1.1b:

- The majority of four to 12 year olds consume less than the minimum recommended amount of vegetables per day (ie: 2 or more serves for 4-7 year olds, 3 or more serves for 8-11 year olds and 4 or more serves for 12 year olds). Only 37% are consuming at least the recommended daily minimum for their age group.
- Children aged four to seven years are the most likely to be consuming the recommended daily minimum (53% are consuming at least 2 serves per day) while 12 year olds are the least likely to be doing so with only 12% of children this age consuming four or more serves of vegetables per day.

Table 5.1.1b Daily consumption of vegetables.

	Children Aged ...			
	All 4-12 year olds (n=847) %	4-7 years (n=333) %	8-11 years (n=403) %	12 years (n=111) %
<i>Base: Children aged 4 to 12 years</i>				
Daily consumption of vegetables (number of serves)				
Child doesn't eat vegetables	1	2	1	1
Less than one serve per day	4	5	4	3
One to less than two serves per day	37	41	35	32
Two to less than three serves per day	29	27	29	30
Three to less than four serves per day	18	16	18	22
Four or more serves per day	11	9	13	12
<i>Mean number of serves per day</i>	<i>2.0</i>	<i>1.9</i>	<i>2.1</i>	<i>2.2</i>
<hr/>				
<i>Percent consuming at least the recommended amount each day (2+ for 4-7 year olds; 3+ for 8-11 year olds; 4+ for 12 year olds)</i>	<i>37</i>	<i>53[#]</i>	<i>30[#]</i>	<i>12[#]</i>

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Note: Due to rounding, totals may not appear to be the exact sum of the component categories.

¹⁶ Dietary Guidelines for Children and Adolescents in Australia NHMRC April 2003, p69.

As shown in Table 5.1.1c:

- Consumption of both fruit and vegetables at recommended minimum levels is below average for children aged 12 years – only 18% are eating at least the minimum amount of fruit and even fewer (12%) the minimum amount of vegetables recommended for children their age each day.
- With specific reference to vegetables, mothers are more likely than fathers to report their child is eating the recommended minimum (41% of mothers versus 25% of fathers) as are parents/carers in part-time employment (41% versus 37% overall).

Table 5.1.1d shows few statistically significant differences between household types in terms of children meeting the minimum recommended intake for fruit or vegetables apart from a slightly lower proportion of children in the South West region (29%) consuming the recommended daily minimum for vegetables.

Table 5.1.1c Daily fruit and vegetable consumption by selected characteristics of reference child and primary carer.

<i>Base: Children aged 4-12 years from each subgroup</i>	Sample Size (n)	Consumes recommended daily minimum or more of ...	
		Fruit %	Vegetables %
All children aged 4 to 12 years	847	86	37
<u>Characteristics of child</u>			
<i>Gender</i>			
Male	464	87	37
Female.....	383	85	36
<i>Age</i>			
4 to 7 years of age	333	97 [#]	53 [#]
8 to 11 years of age	403	95 [#]	30
12 years of age	111	18 [#]	12 [#]
<u>Characteristics of primary carer</u>			
<i>Relationship to child</i>			
Mother.....	624	87	41 [#]
Father	196	84	25 [#]
Other.....	27	**	**
<i>Indigenous background</i>			
Yes	35	83	45
No	812	86	36
<i>Paid employment status</i>			
Full-time paid employment.....	276	82	29
Part-time paid employment.....	353	88	41 [#]
Not in paid employment	209	87	37
<i>Country of birth</i>			
Australia.....	717	86	38
Other.....	103	89	30
<i>Main language spoken at home</i>			
English.....	809	86	37
Other.....	36	93	34
<i>Highest level of educational attainment</i>			
Secondary education incomplete	216	83	31
Secondary education completed	92	86	36
Completed post-secondary – not university	301	86	38
Completed university education	195	90	42

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

** Small sample – results not sufficiently reliable to be reported.

Table 5.1.1d Daily fruit and vegetable consumption by selected household characteristics.

<i>Base: Children aged 4-12 years from each subgroup</i>	Sample Size (n)	Consumes recommended daily minimum or more of ...	
		Fruit %	Vegetables %
All children aged 4 to 12 years	847	86	37
<u>Household characteristics</u>			
<i>Type of household</i>			
Couple with dependent children.....	682	86	37
Single parent with dependent children.....	165	86	36
<i>Number of children under 18 years</i>			
One.....	158	84	31
Two.....	423	86	38
Three or more	265	86	37
<i>Household income</i>			
Less than \$20,000	72	79	43
\$20,000 to less than \$40,000.....	118	87	31
\$40,000 to less than \$80,000.....	331	86	36
\$80,000 or more	267	87	38
<i>Financial hardship</i>			
No / little financial difficulty.....	625	85	38
Difficulty paying bills	167	88	34
Difficulties with food security and education expenses	55	87	31
<i>Household workforce participation</i>			
Non-working household	86	86	39
Single parent household - parent working	107	86	33
Two parent household – one parent working.....	173	84	36
Two parent household – both parents working	480	87	37
<i>Region</i>			
North.....	211	88	37
North West.....	215	82	40
South East	204	89	42
South West	217	85	29 [#]
<i>Family functioning</i>			
Score on McMaster general scale of less than 2.0	748	86	38
Score on McMaster general functioning scale of 2.0 or more...	99	86	28

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Food insecurity

All parents and carers were asked if there had been any occasion in the last 12 months when their household had run out of food and could not afford to buy more. Four percent of children lived in households where this had happened. This figure corresponds quite closely to the six percent of zero to 15 year olds in NSW¹⁷ who lived in households which had experienced food insecurity during the previous 12 months.

¹⁷ NSW Population Health Survey 2005-2006 Report on child health p56.

Tasmanian households where food insecurity was more likely to have occurred included sole parent households (9%), those with annual incomes below \$40,000 (18% of those earning less than \$20,000; 14% of those earning from \$20,000 to less than \$40,000) and those located in the North region (10%).

In addition, households with a child whose score on the SDQ total difficulties scale was of concern, were also more likely than average to have experienced food insecurity in the last 12 months (13%).

Table 5.1.1e Experience of food insecurity by selected characteristics of reference child and primary carer.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Had food insecurity in last 12m %
All children under 13 years	1,228	4
Household characteristics		
<i>Type of household</i>		
Couple with dependent children.....	1,022	4 [#]
Single parent with dependent children.....	206	9 [#]
<i>Number of children under 18 years</i>		
One	306	3
Two	573	3
Three or more	348	7
<i>Household income</i>		
Less than \$20,000	97	18 [#]
\$20,000 to less than \$40,000.....	179	14 [#]
\$40,000 to less than \$80,000.....	490	2 [#]
\$80,000 or more	393	1 [#]
<i>Household workforce participation</i>		
Non-working household	128	10 [#]
Single parent household - parent working	119	9 [#]
Two parent household – one parent working.....	306	6
Two parent household – both parents working.....	674	2 [#]
<i>Region</i>		
North.....	306	10 [#]
North West.....	310	2 [#]
South East	300	2 [#]
South West	312	3
<i>Family functioning</i>		
Score on McMaster general scale of less than 2.0	1,086	4
Score on McMaster general functioning scale of 2.0 or more...	142	7

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

For those who had experienced food insecurity during the last 12 months, Table 5.1.1f summarises the impact on household members and the sources from which assistance had been sought when this happened.

As shown, (and bearing in mind the small sample size of $n=45$ which suggests these results should only be treated as broadly indicative), the food intake of children was reduced in only about one in four (24%) of the households where food insecurity occurred and in only three percent did the children miss meals or eat less while the parents or carers did not.

Around two out of three of these households had sought assistance with relatives (33%) and welfare agencies (31%) the potential sources of help approached most often.

Table 5.1.1f Impact of food insecurity on household and sources of assistance.

<i>Base: Have experienced food insecurity in last 12m (n=45)**</i>	%
<u>Impact</u>	
No-one missed meals or ate less	46
Only parent/carer missed meals or ate less	30
Net: Child/Children missed meals or ate less	24
<i>Both parent/carer and child/children missed meals or ate less</i>	21
<i>Only child/children missed meals or ate less.....</i>	3
<u>Sources of assistance</u>	
None/ Did not seek help from others	37
<u>Sought help from ...</u>	
Relatives.....	33
Welfare agency	31
Government organisation/social security.....	10
Friends	8

** Caution small sample. Results should be treated as indicative only.

5.1.2 Physical activity and sedentary behaviour

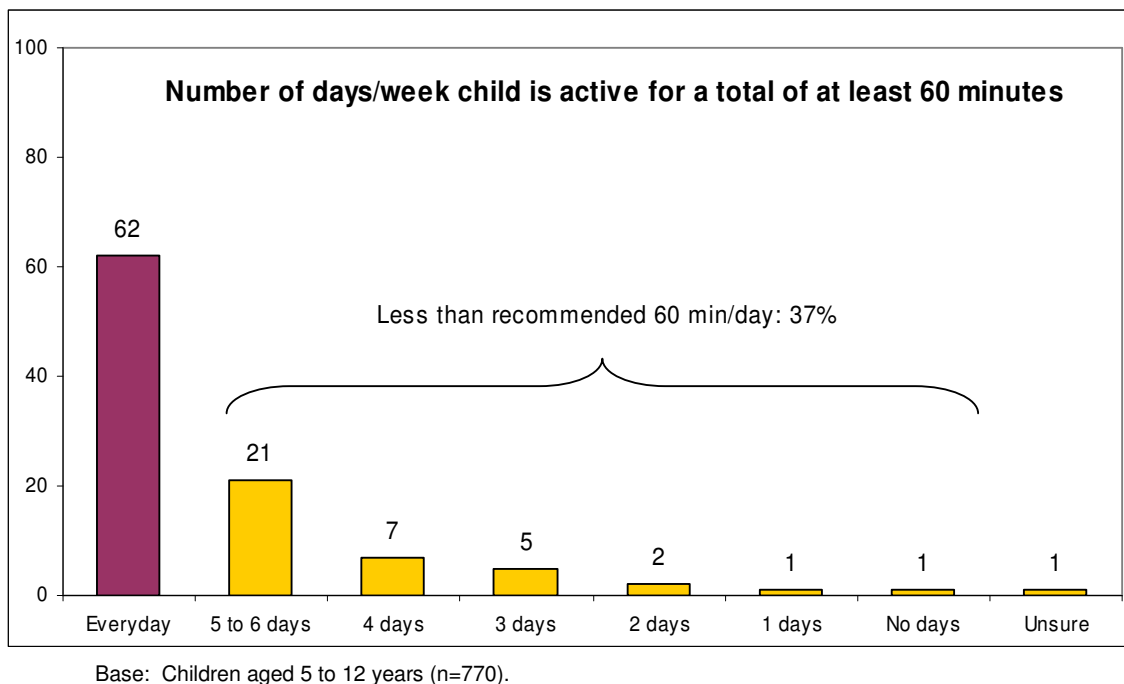
Adequate physical activity

Parents and carers of children aged five to 12 years were asked to estimate on how many days over a typical week their child was physically active for at least 60 minutes. The recommended level of physical activity for children is a minimum of at least one hour per day¹⁸.

As shown in Figure 5.1.2a:

- 62% of Tasmanian children aged five to 12 years are physically active for at least 60 minutes each day and thus are meeting this criterion. A further 21% achieved this level of physical activity on 5 or 6 days per week.
- This result is slightly below the comparable figure of 71% of Victorian children aged five to 12 years who were meeting the recommended physical activity level of 60 minutes per day¹⁹.

Figure 5.1.2a Physical activity of children aged 5-12 years.



¹⁸ Department of Health and Ageing (2004) *Australia's Physical Activity Recommendations for 5-12 year olds*.

¹⁹ The state of Victoria's children report 2006, p49.

As shown in Table 5.1.2a, a higher proportion of girls were failing to meet the recommended 60 minutes of physical activity per day (42% versus 32% of boys). Older children aged 11 or 12 years were also less likely to be meeting the recommended activity level (49% of children aged 11 or 12 years undertook less than one hour’s physical activity per day compared with 33% of children aged 5 to 10 years).

Few differences were evident in terms of household characteristics apart from (see Table 5.1.2b):

- A slightly higher proportion of children from households with annual incomes of \$80,000 or more failing to undertake one hour’s physical activity per day (45%). In considering this result it is interesting to note that children from these households were significantly more likely to have access to a computer at home than were children from households with annual incomes under \$40,000 (95% versus 82%).

Table 5.1.2a Physical activity by selected characteristics of reference child and primary carer.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Less than 1 hr physical activity per day %
All children aged 5 to 12 years	770	37
<u>Characteristics of child</u>		
<i>Gender</i>		
Male	421	32 [#]
Female	349	42 [#]
<i>Age</i>		
5 to 10 years of age	562	33 [#]
11 to 12 years of age	208	49 [#]
<u>Characteristics of primary carer</u>		
<i>Relationship to child</i>		
Mother	559	35
Father	185	40
Other	26	**
<i>Indigenous background</i>		
Yes	34	23
No	736	38
<i>Paid employment status</i>		
Full-time paid employment	257	43 [#]
Part-time paid employment	318	37
Not in paid employment	186	29 [#]
<i>Country of birth</i>		
Australia	653	37
Other	91	36
<i>Main language spoken at home</i>		
English	737	38
Other	31	21
<i>Highest level of educational attainment</i>		
Secondary education incomplete	209	33
Secondary education completed	75	40
Completed post-secondary – not university	272	35
Completed university education	172	43

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

** Small sample – results not sufficiently reliable to be reported.

Table 5.1.2b Physical activity by selected household characteristics.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Less than 1 hr physical activity per day %
All children aged 5 to 12 years	770	37
<u>Household characteristics</u>		
<i>Type of household</i>		
Couple with dependent children.....	615	37
Single parent with dependent children.....	155	35
<i>Number of children under 18 years</i>		
One.....	136	34
Two.....	385	35
Three or more	248	40
<i>Household income</i>		
Less than \$20,000	68	26
\$20,000 to less than \$40,000.....	110	33
\$40,000 to less than \$80,000.....	293	33
\$80,000 or more	244	45 [#]
<i>Financial hardship</i>		
No / little financial difficulty.....	569	38
Difficulty paying bills	150	31
Difficulties with food security and education expenses.....	51	42
<i>Household workforce participation</i>		
Non-working household	79	27
Single parent household - parent working	101	37
Two parent household – one parent working.....	153	35
Two parent household – both parents working.....	436	40
<i>Region</i>		
North.....	193	39
North West.....	198	34
South East	180	31
South West	199	43
<i>Family functioning</i>		
Score on McMaster general scale of less than 2.0	679	38
Score on McMaster general functioning scale of 2.0 or more...	91	31

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Sedentary behaviour

Parents and carers of children aged from one to 12 years were asked about their child's leisure time television viewing (including their watching of videos and DVD's) and their use of computers. It is recommended that, during leisure time, children and adolescents should not spend more than two hours a day using electronic media for entertainment (for example, computer games, television, or the internet), particularly during daylight hours²⁰.

The results are summarized in Table 5.1.2c. They show that:

- Forty-eight percent of children aged from one to 12 years spend more than the recommended two hours of leisure time per day watching television and/or using a computer for other than educational purposes.

This exceeding of recommended levels arises mostly from watching television – 31% of children in this age range watch more than two hours of television per day while only three percent average more than two hours a day on non-educational computer use.

- Engagement in sedentary activity of this type is more common amongst older children. Of those aged one to four years, only 23% average more than two hours a day on sedentary activities. By contrast, 59% of children aged five to 12 years (and 77% of 12 year olds) spend an average of more than two hours per day watching television and/or using a computer.

Interestingly, despite being more likely to engage in at least one hour's physical activity per day, a slightly higher proportion of boys than girls spent more than two hours per day watching television and/or using a computer (52% of boys versus 44% of girls). The only other significant subgroup differences related to the educational attainment of the child's mother or father (fewer children of those with a university education engaged in sedentary activity for more than two hours per day - 32%) and the child's attainment of a score that was of concern on the SDQ total difficulties scale (65% of this group spend more than 2 hours/day watching television compared with 58% of those children scoring in the normal range on the total difficulties scale).

Table 5.1.2c Sedentary behaviour during leisure time of children aged 1 to 12 years.

	All 1-12 year olds (n=1,146) %	Age of Child	
		1-4 years (n=376) %	5-12 years (n=770) %
Base: Children aged 1 to 12 years			
<u>Watching television (including videos and DVD's)</u>			
No more than 2 hours/day	69	82 [#]	63 [#]
More than 2 hours/day	31	17 [#]	37 [#]
Unknown.....	<1	1	<1
Mean hours per day.....	1.7	1.4	1.9
<u>Using a computer for things other than homework</u>			
No more than 2 hours/day	97	100 [#]	95
More than 2 hours/day	3	-	4
Unknown.....	<1	<1	<1
Mean hours per day.....	0.5	0.1	0.7
<u>Sedentary activity (watching TV or using a computer)</u>			
No more than 2 hours/day	51	75 [#]	41 [#]
More than 2 hours/day	48	23 [#]	59 [#]
Unknown.....	1	2	1
Mean hours per day.....	2.2	1.5	2.6

[#] Denotes a result that differs from that obtained for the total sample of 1-12 year olds at the 0.05 level of statistical significance.

²⁰ Australian Government Department of Health and Ageing. *Australia's physical activity recommendations for 5-12 year olds.*

Mode of travel to and from school

In terms of travel to and from school, in a typical week only 12% of children aged five to 12 years made all trips by a mode requiring significant physical exertion (that is walking – 11% or cycling – 1%). Against this, 56% of five to 12 year olds made all their trips to and from school by a travel mode which required little or no physical exertion (that is by car – 41% or public transport – 15%).

Travel by car was more prevalent amongst younger children – 53% of those aged five to seven years typically made all of their trips to and from school by car compared with 23% of 12 year olds. However, 12 year olds appear to have switched to bus or other public transport (28% always travel to and from school this way) rather than to cycling or walking.

Table 5.1.2d Usual mode of travel for trips to and from school.

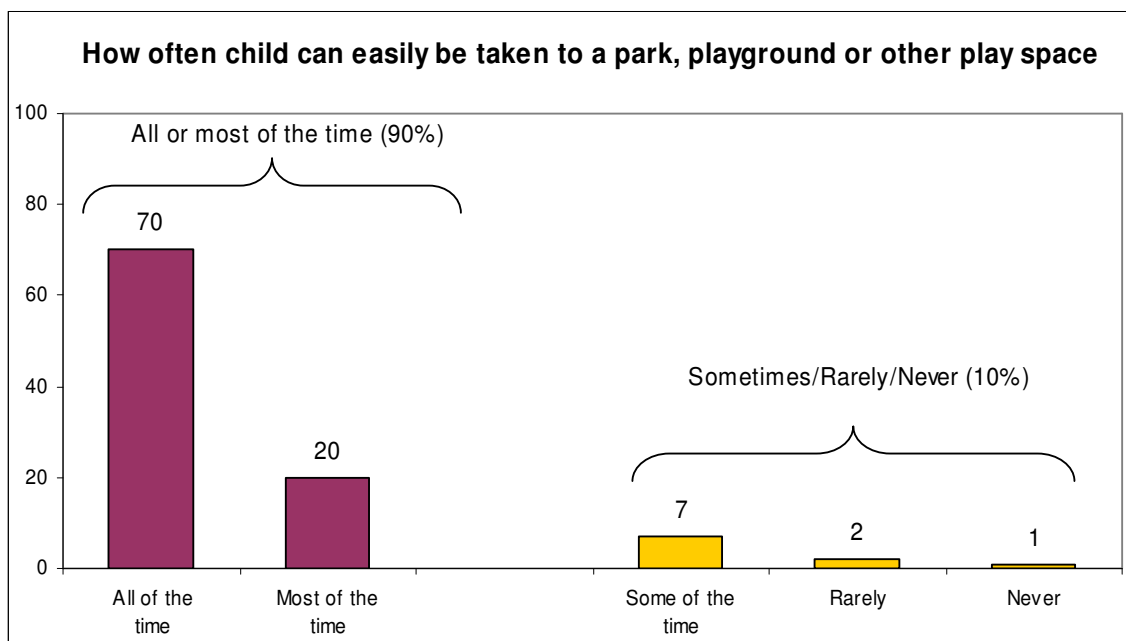
	All 5-12 year olds (n=770) %	Age of Child		
		5-7 years (n=256) %	8-11 years (n=403) %	12 years (n=111) %
Base: Children aged 5 to 12 years				
Travel modes requiring significant physical exertion	12	9	14	12
Always walk to and from school	11	8	12	10
Always ride a bike to and from school	1	<1	2	1
Travel modes requiring relatively low physical exertion	56	63[#]	53	50
Always travel to and from school by car	41	53 [#]	39	23 [#]
Always travel to and from school by bus/public transport	15	10 [#]	15	28 [#]

[#] Denotes a result that differs from that obtained for the total sample of 5-12 year olds at the 0.05 level of statistical significance.

Access to local recreation spaces

All parents and carers were asked how easily their child could often be taken to a park, playground or other play space. As shown in Figure 5.1.2b, most (90%) children under 13 years could easily be taken to one of these places all or most of the time. Only one in 10 appeared to be experiencing some difficulty – seven percent were only able to do this easily ‘some of the time’, two percent ‘rarely’ and one percent could ‘never’ easily be taken to a park, playground or other play space.

Figure 5.1.2b Ease of access to parks, playgrounds or other play spaces.



Base: Children aged 0 to 12 years (n=1,228).

Further analysis showed no significant differences between subgroups based on the characteristics of the parent/carer or of the child. However, as shown in Table 5.1.2e, children from certain types of households were more likely to be sometimes, rarely or never taken to an activity area without difficulty.

Such children were most often from non-working households (18%), sole parent households (15%), households with lower annual incomes (14% from households earning \$20,000 to less than \$40,000 per annum felt this way compared with just 5% from households with annual incomes of \$80,000 or more). In line with this, those from households experiencing difficulty in paying bills (15%) were also more likely to have some difficulty in being taken to an activity area.

Children from households with some degree of impaired family functioning were more likely to be having difficulty than were those from more cohesive families (16% of those with a McMaster general functioning score of 2.0 or more reported difficulty compared with 9% of those from households with a McMaster score of less than 2.0).

Table 5.1.2e Difficulty in accessing activity areas by selected household characteristics.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Have difficulty accessing activity areas %
All children aged 0 to 12 years	1,228	10
<u>Household characteristics</u>		
<i>Type of household</i>		
Couple with dependent children.....	1,022	9
Single parent with dependent children.....	206	15 [#]
<i>Number of children under 18 years</i>		
One.....	306	8
Two.....	573	9
Three or more	348	12
<i>Household income</i>		
Less than \$20,000	97	13
\$20,000 to less than \$40,000.....	179	14 [#]
\$40,000 to less than \$80,000.....	490	9
\$80,000 or more	393	5 [#]
<i>Financial hardship</i>		
No / little financial difficulty.....	912	8 [#]
Difficulty paying bills	249	15 [#]
Difficulties with food security and education expenses	67	15
<i>Household workforce participation</i>		
Non-working household	128	18 [#]
Single parent household - parent working	119	11
Two parent household – one parent working.....	306	11
Two parent household – both parents working.....	674	7 [#]
<i>Region</i>		
North.....	306	8
North West.....	310	11
South East	300	10
South West	312	10
<i>Family functioning</i>		
Score on McMaster general scale of less than 2.0	1,086	9
Score on McMaster general functioning scale of 2.0 or more...	142	16 [#]

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

5.1.3 Smoke-free households

All parents and carers were asked about the smoking status of their home – that is, whether smoking was not allowed at all or allowed outside only or whether it occurred inside the home on an occasional (one or twice a week) or frequent (at least once a day) basis.

Responses to this question (see Table 5.1.3a) show that almost all (96%) children under the age of 13 years are living in circumstances where smoking is not allowed inside the home. Only one percent of children of this age live in a home where people smoke inside on a daily basis.

This compares with a 2005 NSW figure of 91%²¹ of children aged under 16 years living in smoke-free homes and an identical 2005 Victorian figure of 91%²² for children aged under 18 years living in smoke-free homes.

Table 5.1.3a Smoking status of households containing children aged under 13 years.

<i>Base: Children aged under 13 years (n=1,228)</i>	<i>%</i>
<u>Smoking status of household</u>	
Smoke-free or smoking only allowed outside	96
<i>People occasionally (once/twice a week) smoke inside.....</i>	3
<i>People frequently (at least daily) smoke inside</i>	1
Net: Any smoking allowed inside home	4

²¹ NSW Population Health Survey 2005-2006 report on child health p85.

²² Victorian Population Health Survey 2005 pp107-108.

As shown in Table 5.1.3b, children under five years of age (2%) and those with a university educated mother or father (1%) are less likely to be living in a home where smoking is allowed inside.

Those living in sole parent households (10%), jobless households (11%) and households with an annual income of \$20,000 to less than \$40,000 (10%) are more likely to be in a situation where people are allowed to smoke inside the home.

Table 5.1.3b Smoking status of household by selected characteristics of reference child and primary carer.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Smoking Ever Allowed Inside the Home %
All children aged 0 to 12 years	1,228	4
<u>Characteristics of child</u>		
<i>Gender</i>		
Male	657	4
Female	571	3
<i>Age</i>		
Less than 5 years of age	458	2 [#]
5 to 12 years of age	770	5
<u>Characteristics of primary carer</u>		
<i>Relationship to child</i>		
Mother	929	4
Father	269	4
Other	30	5
<i>Indigenous background</i>		
Yes	47	8
No	1,181	4
<i>Paid employment status</i>		
Full-time paid employment	371	2
Part-time paid employment	483	3
Not in paid employment	361	7 [#]
<i>Country of birth</i>		
Australia	1,050	4
Other	148	4
<i>Main language spoken at home</i>		
English	1,168	4
Other	58	<1
<i>Highest level of educational attainment</i>		
Secondary education incomplete	287	4
Secondary education completed	143	3
Completed post-secondary – not university	402	6 [#]
Completed university education	347	1 [#]

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Table 5.1.3c Smoking status of household by selected household characteristics.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Smoking Ever Allowed Inside the Home %
All children aged 0 to 12 years	1,228	4
<u>Household characteristics</u>		
<i>Type of household</i>		
Couple with dependent children.....	1,022	3
Single parent with dependent children.....	206	10 [#]
<i>Number of children under 18 years</i>		
One.....	306	3
Two.....	573	3
Three or more	348	5
<i>Household income</i>		
Less than \$20,000	97	7
\$20,000 to less than \$40,000.....	179	10 [#]
\$40,000 to less than \$80,000.....	490	3
\$80,000 or more	393	1 [#]
<i>Financial hardship</i>		
No / little financial difficulty.....	912	3
Difficulty paying bills	249	5
Difficulties with food security and education expenses.....	67	9
<i>Household workforce participation</i>		
Non-working household	128	11 [#]
Single parent household - parent working	119	7
Two parent household – one parent working.....	306	5
Two parent household – both parents working.....	674	1 [#]
<i>Region</i>		
North.....	306	4
North West.....	310	5
South East	300	5
South West	312	2
<i>Family functioning</i>		
Score on McMaster general scale of less than 2.0	1,086	4
Score on McMaster general functioning scale of 2.0 or more...	142	6

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Section 6 Social Determinants of Health, Wellbeing and Learning

This section examines participation in child developmental activities and the need for, and use of, family support services including health services.

6.1 Results

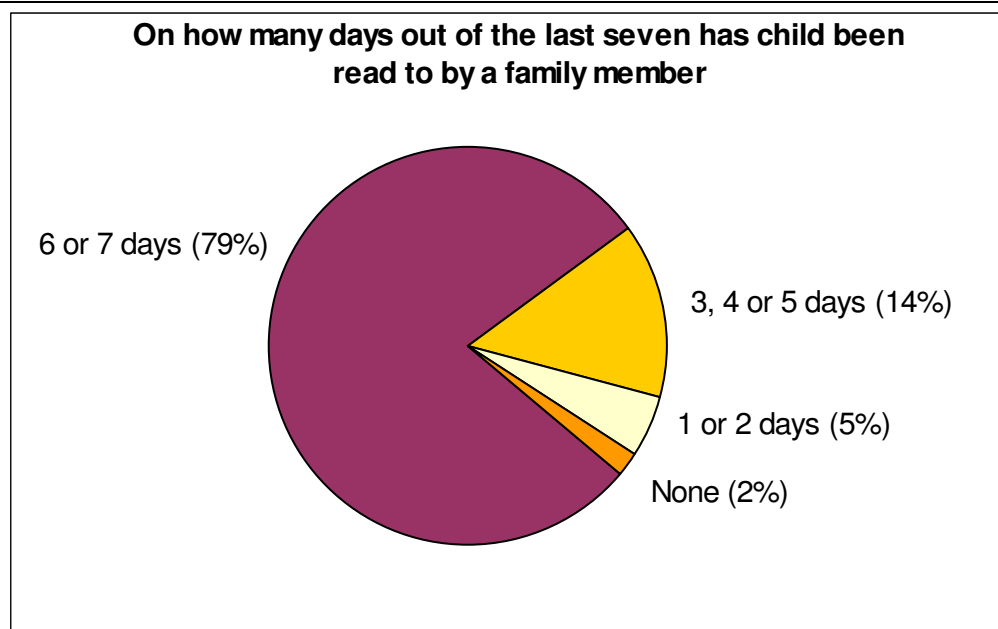
6.1.1 Educational development

Reading to children aged 6 months to 5 years by family members

All parents and carers of children aged from six months to five years were asked on how many days out of the last seven their child had been read to by a family member.

As shown in Figure 6.1.1a, the majority of children in this age group (79%) had been read to on six or seven of these days with just two percent not read to at all during this time.

Figure 6.1.1a Frequency with which child is read to by family members.

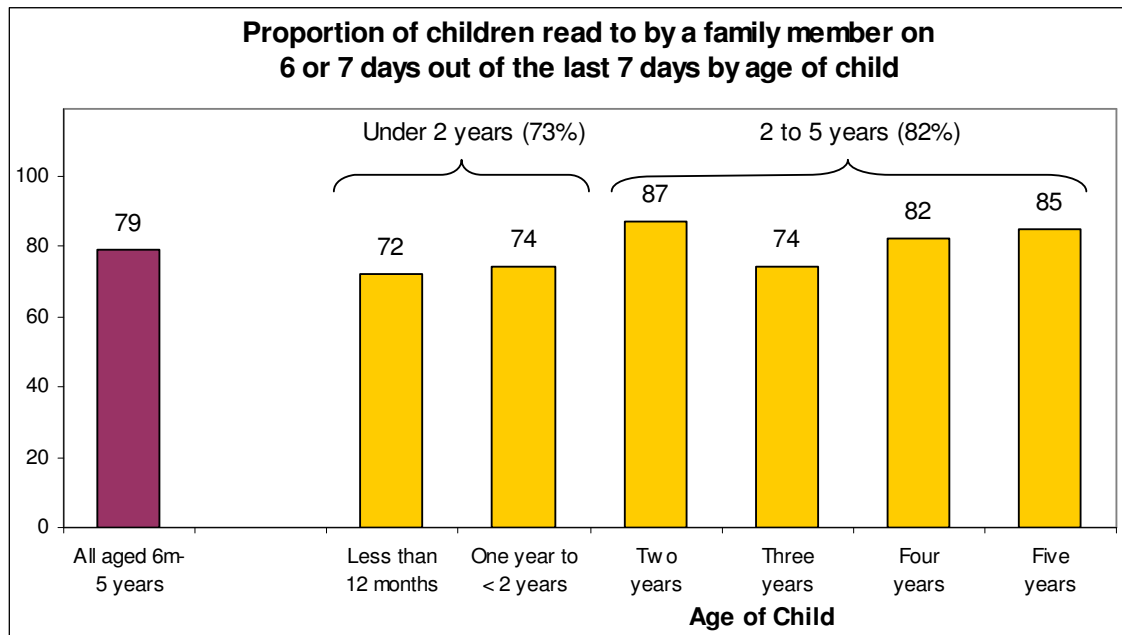


Base: Children aged 6m to 5 years (n=519).

Detailed subgroup analysis is limited for this question due to the relatively small total sample size (n=519) of parents and carers of children aged 6 months to 5 years.

However, there were indications that reading to a child by other family members was, to some degree, dependent on the age of the child. As shown in Figure 6.1.1b, children under two years of age were slightly less likely to have been read to on each of the last six or seven days than were children aged two to five years (73% of children under 2 years versus 82% of those aged 2 to 5 years). At the same time, this relationship did not appear especially strong and the majority of children were being read to on most days, even before their first birthday (72% of those aged from 6 months to less than 12 months had been read to by a family member on 6 or 7 out of the last 7 days).

Figure 6.1.1b Proportion of children read to by a family member on 6 or 7 of the last 7 days by age of child.



Base: Children aged 6m to 5 years (n=519).

Apart from the age of the child, there were indications that children whose mother or father had completed a university education were more likely to have been read to by family members (86% on the last 6 or 7 days versus 75% of those whose mother/father did not complete a university education).

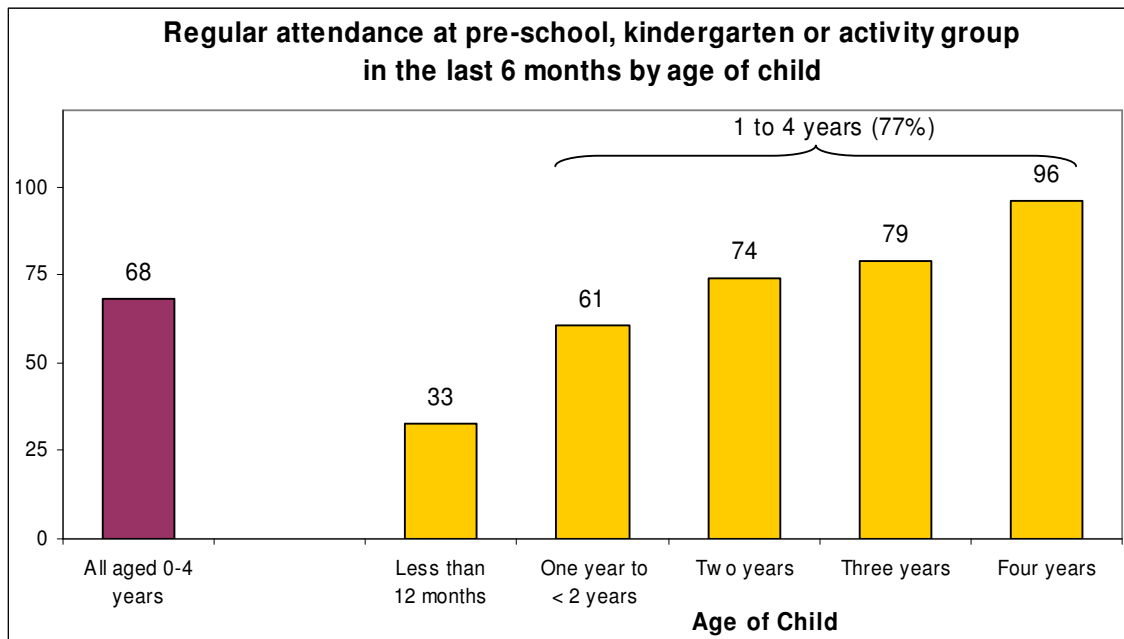
Children also appeared to have been read to more often if they lived in a household which was not experiencing financial hardship (83% on the last 6 or 7 days versus 68% of those living in households where some degree of financial hardship was present).

Attendance at pre-school, kindergarten or activity group by children aged 0 to 4 years

Parents and carers of children aged from zero to four years were asked if their child had attended a pre-school, kindergarten or activity group on a regular basis during the last six months. Two out of three (68%) children in this age group had regularly been involved in structured educational activity of this type during the last six months while 32% had not.

Not unexpectedly, there was a strong relationship between participation in these activities and the age of the child (see Figure 6.1.1c). Just on one in three (33%) children less than 12 months old regularly attended this type of activity. However, attendance increased rapidly once children reached 12 months of age with 77% of one to four year olds participating on a regular basis and more or less universal (96%) attendance evident by the time children were four years old.

Figure 6.1.1c Attendance at pre-school, kindergarten or activity group by age of child.



Base: Children aged 0 to 4 years (n=458).

The only other subgroup difference noted was amongst zero to four year old children of those mothers or fathers who had completed a university education - 75% of these children regularly attended a pre-school, kindergarten or activity group compared with 56% of children whose mother or father did not complete their secondary education.

Table 6.1.1 summarises the reasons parents and carers of zero to four year olds gave for the non-attendance of their child at pre-school, kindergarten or activity group (32% of parents and carers of 0 to 4 year olds, $n=133$).

It is evident that the most frequently mentioned reasons were to do with perceptions of the child's readiness to participate in structured educational activities of this type - 70% felt their child was not ready (85% of children less than 12 months old), three percent were concerned about their child's health, three percent felt their child was too anxious about attending and, for one percent, the child was currently in childcare.

Other reasons mentioned included difficulties with access (6%) and parents' time-poor status (3%), and the lack of any perceived need for the child to attend such activities (5% 'stay-at-home parents', 3% 'no need').

Table 6.1.1 Reasons child has not attended pre-school, kindergarten or activity group on a regular basis in the last 6 months.

<i>Base: Child does not regularly attend pre-school, kindergarten or activity group (n=133)</i>		%
Reasons		
<i>Child's readiness</i>		
Child is not considered to be ready		70
Child is unwell/chronically ill		3
Child's anxiety about attending		3
Child is still in childcare		1
<i>Lack of any perceived need</i>		
Stay-at-home parents		5
Child doesn't need kindergarten, etc		3
<i>Access/Time problems</i>		
Location is difficult to get to		6
Too busy / working		3
<i>Parental concerns</i>		
Concerned that activity will not meet child's needs		3
Concerned about child's safety		1
Cost / too expensive		<1
All other reasons		1
Unsure		2

*Financial limitations on educational experiences**Participation in school activities*

Parents and carers of children aged from five to 12 years were asked if, during the last 12 months, their financial situation had prevented their child's participation in school activities like excursions, visiting performances or team sports.

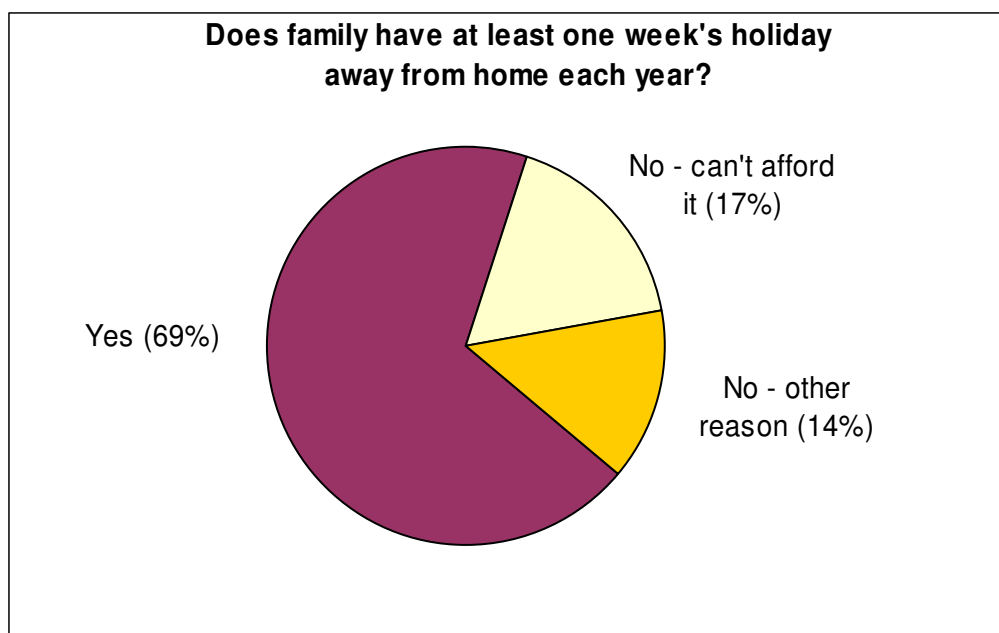
This had happened at least once for four percent of children during that time (for 2% this had happened on more than one or two occasions). Those more likely to have found themselves in this situation included children from sole parent households (12% versus 3% of those from two parent households) and those from households with annual incomes of less than \$20,000 (22%).

Holidays away from home

Holidays away from home typically offer children additional developmental experiences and, as shown in Figure 6.1.1d, most (69%) families do take at least one week's holiday away from home each year. However, there is a group of 17% who do not go away for at least a week because they cannot afford to do so.

Those more likely to be in this situation included children from an Indigenous background (29%), those with younger parents and carers (21% of those with a parent/carer aged 18 to 34 years) and those whose mother or father did not complete their secondary education (23%). In addition, the proportion who could not afford a holiday away from home was disproportionately high amongst those from sole parent households (33%), those from households earning less than \$40,000 per annum (36%) and those from households experiencing some degree of financial hardship (43%).

Figure 6.1.1d Taking of holidays away from home.



Base: Children less than 13 years of age (n=1,228).

6.1.2 Parental support

Use of formal support services

All parents and carers of children under 13 years were asked if they had ever needed any type of support services²³ to assist in caring for their child or for dealing with problems experienced with the child. Those who said they had needed such services were then asked if they had ever used them.

Overall the results showed that:

- Most parents and carers (77%) had never needed services of this type;
- That 23% had needed such services and that 22% had actually used them. Just one percent of parents and carers said they had needed to access support services but had not done so.

These findings compare quite closely with the NSW figure of 25%²⁴ of parents and carers of children aged one to 15 years who were reported as ever having felt the need for parental support services.

Table 6.1.2a shows few differences in the use of parent support services between subgroups based on the characteristics of the child or of the child's parent or carer. The only statistically significant difference was in the lower use of parent support services by those parents and carers born in a country other than Australia – only 13% of this group had used support services compared with 23% of the Australian born.

It should also be noted, as discussed earlier in this report (see Section 4.1.4), that parents and carers of children whose total difficulties score on the SDQ was of concern were significantly more likely to have used parental support services (47% of these parents and carers had done so).

As shown in Table 6.1.2b, use of parental support services was disproportionately high amongst the following types of household - sole parents (34% versus 20% of two parent households), smaller households with just one child under 18 years of age (30%) and households located in the South West region (31%).

²³ Support services were defined as including parenting centres, family support services, counselling services and Neighbourhood Houses.

²⁴ New South Wales Population Health Survey 2005-2006 Report on child health p190.

Table 6.1.2a Use of parent support service by selected characteristics of reference child and primary carer.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Have Ever Used Support Service %
Parent/carers of children aged 0 to 12 years	1,228	22
<u>Characteristics of child</u>		
<i>Gender</i>		
Male	657	21
Female.....	571	23
<i>Age</i>		
Less than 5 years of age.....	458	21
5 to 12 years of age	770	22
<u>Characteristics of primary carer</u>		
<i>Relationship to child</i>		
Mother.....	929	23
Father	269	20
Other.....	30	34
<i>Indigenous background</i>		
Yes	47	25
No	1,181	22
<i>Paid employment status</i>		
Full-time paid employment.....	371	23
Part-time paid employment.....	483	22
Not in paid employment.....	361	23
<i>Country of birth</i>		
Australia.....	1,050	23
Other.....	148	13 [#]
<i>Main language spoken at home</i>		
English.....	1,168	22
Other.....	58	23
<i>Highest level of educational attainment</i>		
Secondary education incomplete	287	21
Secondary education completed	143	19
Completed post-secondary – not university.....	402	21
Completed university education	347	25

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Table 6.1.2b Use of parent support services by selected household characteristics.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Have Ever Used Support Service %
Parents/carers of children aged 0 to 12 years.....	1,228	22
<u>Household characteristics</u>		
<i>Type of household</i>		
Couple with dependent children.....	1,022	20
Single parent with dependent children.....	206	34 [#]
<i>Number of children under 18 years</i>		
One.....	306	30 [#]
Two.....	573	22
Three or more.....	348	20
<i>Household income</i>		
Less than \$20,000.....	97	31
\$20,000 to less than \$40,000.....	179	26
\$40,000 to less than \$80,000.....	490	20
\$80,000 or more.....	393	20
<i>Financial hardship</i>		
No / little financial difficulty.....	912	21
Difficulty paying bills.....	249	25
Difficulties with food security and education expenses.....	67	30
<i>Household workforce participation</i>		
Non-working household.....	128	28
Single parent household - parent working.....	119	30
Two parent household – one parent working.....	306	22
Two parent household – both parents working.....	674	20
<i>Region</i>		
North.....	306	18
North West.....	310	17 [#]
South East.....	300	22
South West.....	312	31 [#]
<i>Family functioning</i>		
Score on McMaster general scale of less than 2.0.....	1,086	22
Score on McMaster general functioning scale of 2.0 or more...	142	25

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Use of informal support

As well as being asked about their need for and use of formal parental support services, all parents and carers were asked if they had been able to get support from family, friends or neighbours living outside their household in an emergency or time of crisis during the past 12 months.

Nine percent of respondents said they had not needed any such support and this group ($n=123$) has been excluded from further analysis of these questions. Of those who felt they had needed informal support from family, friends or neighbours, almost all (97%) had been able to obtain it while just three percent had been unable to do so.

For the most part, the same low level of failure to obtain support applied across subgroups. However, inability to obtain informal support was disproportionately high amongst those using a language other than English at home (13%), those experiencing financial difficulties with food security and education expenses in the last 12 months (10%) and those whose child had a score that was of concern on the SDQ total difficulties scale (9%).

Support from family following the birth of last child

Mother and fathers of children aged from zero to five years were asked to rate²⁵ the level of support they were able to obtain from their family when their last child was born.

Only seven percent of these parents had been unable to obtain any family support at that time. Most (75%) had been able to do so 'often' while 18% ('sometimes') fell somewhere between these two categories (see Table 6.1.2c).

Those most likely to have experienced difficulty in obtaining such support (ie: who gave a rating of 'sometimes' or 'not at all') were parents with a university education (31%).

Support from friends following the birth of last child

The same group of parents of zero to five year olds were also asked to rate the level of support they received from friends following the birth of their last child.

While the proportion unable to obtain any support from friends (8%) was not significantly different from the proportion unable to obtain family support (7%), there were indications that frequent support from family was more likely to be available than frequent support from friends. Thus, 59% reported 'often' obtaining support from their friends compared with the 75% who said they 'often' obtained support from their family (see Table 6.1.2c).

Those most likely to report they only obtained support from friends 'sometimes' or 'not at all' were from households with normal household functioning (42% of households with a McMaster score less than 2.0 versus 28% of those scoring 2.0 or more).

Table 6.1.2c Frequency of obtaining support from family and friends when last child was born.

	Obtained Support from	
	Family ($n=541$) %	Friends ($n=541$) %
Base: Parents of child aged 0-5 years		
<u>Frequency of obtaining support after birth of last child</u>		
Often	75	59
Nett: Sometimes/Not at all.....	25	40
<i>Sometimes</i>	18	33
<i>Not at all</i>	7	8
Don't know	<1	<1

²⁵ On a scale of 'often', 'sometimes' or 'not at all'.

Table 6.1.2d shows the relationship between parents' ability to obtain support from family and their ability to obtain support from friends.

It shows that 51% of all parents of children aged zero to five years were often able to obtain support from both family and friends when their last child was born. Against this, just one percent did not obtain any support at all from either family or friends following the birth of their last child.

This table also shows that, of those who only received family support 'sometimes' or 'not at all', 33% were 'often' able to obtain support from friends and thus, to some extent, potentially offset the limited support available from their own family.

Table 6.1.2d Relationship between obtaining support from friends and obtaining support from family when last child was born.

	Total (n=541) %	Frequency of obtaining help from family			
		Often (n=404) %	Nett: Sometimes / Not at all (n=136) %	Some- times (n=102) %	Not at all (n=34) %
Base: Parents of child aged 0-5 years					
Frequency of obtaining support from friends					
Often	59	68 (51)	33 (8)	30 (5)	43 (3)
Nett: Sometimes/Not at all	40	32 (24)	67 (17)	70 (13)	57 (4)
<i>Sometimes</i>	33	27 (20)	51 (13)	54 (10)	43 (3)
<i>Not at all</i>	8	5 (4)	16 (4)	17 (3)	14 (1)

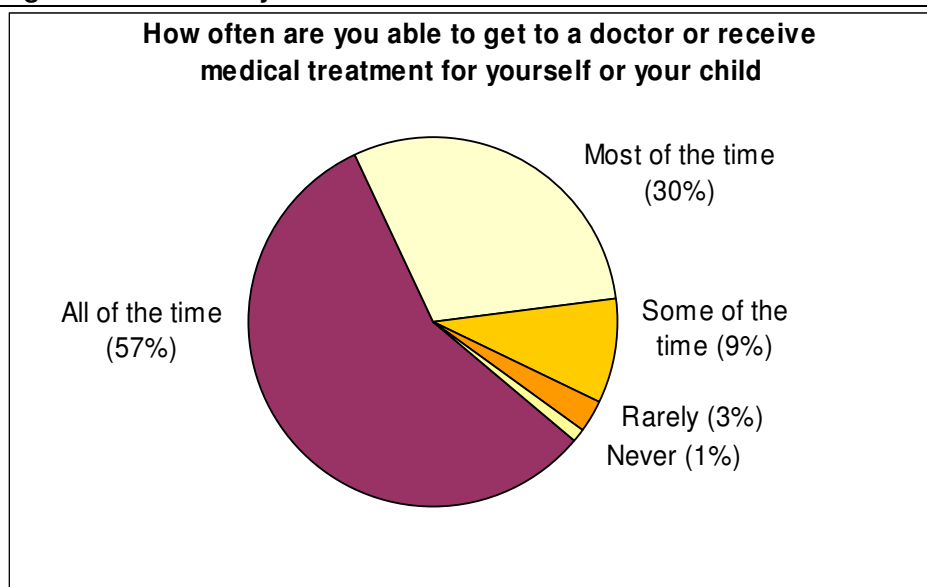
() Numbers in brackets are percentages based to the total sample of parents of 0-5 year olds

6.1.3 Access to health services

All parents and carers were asked how often they were able to get to a doctor or receive medical treatment for themselves or their children when necessary. Figure 6.1.3 summarises responses to this question.

It is evident that most parents and carers of children under 13 years of age (86%²⁶) are able to access medical care when they need it either 'all of the time' (57%) or 'most of the time' (30%). Nine percent report being able to do this 'some of the time' while four percent feel they are 'rarely' (3%) or 'never' (1%) able to gain access to medical treatment when they need it.

Figure 6.1.3 Ability to obtain medical treatment for self or child.



Base: Parents/carers of children aged under 13 years (n=1,228).

As shown in Table 6.1.3a, difficulties in accessing medical care were mostly to do with insufficient local resources – 67% felt it takes too long to get an appointment, 17% could not get accepted as a patient at all and 12% had no alternative practice or treatment available in their neighbourhood.

Table 6.1.3a Nature of problems experienced in obtaining medical treatment.

<i>Base: Sometimes, rarely, never able to get medical treatment when needed (n=159)</i>	%
Problems	
<i>Lack of local medical resources</i>	
Takes too long to get an appointment with a doctor	67
Cannot get accepted as a patient	17
No other treatment/practice available in my neighbourhood....	12
Live in remote area/doctor is too far away	1
<i>Access problems</i>	
No suitable or convenient transport available	6
Not open weekends or at convenient times	1
Don't feel safe/confident about going to doctor's surgery	1
Costs too much/Treatment is too expensive	9
Can't get anyone to care for other children	3
All other problems mentioned	3
Unsure	1

²⁶ Due to rounding this net figure appears to sum to less than its component elements.

There were no significant differences in the proportion of parents and carers experiencing difficulty accessing medical care amongst the subgroups shown in Table 6.1.3b.

However, as shown in Table 6.1.3c, households more likely to be having difficulty in accessing medical care included 'jobless' households (21%), those with three or more children less than 18 years of age (18%), those with annual incomes in the range \$20,000 to less than \$40,000 (21%), those experiencing financial hardship (22% amongst those having difficulty paying bills; 27% amongst those experiencing difficulty with food security or education expenses) and those located in the South East region (18%).

Table 6.1.3b Access to medical treatment by selected characteristics of reference child and primary carer.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Sometimes/ Rarely/ Never %
Parents/carers of children aged 0 to 12 years	1,228	14
<u>Characteristics of child</u>		
<i>Gender</i>		
Male.....	657	13
Female.....	571	14
<i>Age</i>		
Less than 5 years of age.....	458	13
5 to 12 years of age.....	770	14
<u>Characteristics of primary carer</u>		
<i>Relationship to child</i>		
Mother.....	929	14
Father.....	269	10
Other.....	30	16
<i>Indigenous background</i>		
Yes.....	47	20
No.....	1,181	13
<i>Paid employment status</i>		
Full-time paid employment.....	371	11
Part-time paid employment.....	483	14
Not in paid employment.....	361	16
<i>Country of birth</i>		
Australia.....	1,050	14
Other.....	148	10
<i>Main language spoken at home</i>		
English.....	1,168	14
Other.....	58	9
<i>Highest level of educational attainment</i>		
Secondary education incomplete	287	15
Secondary education completed	143	15
Completed post-secondary – not university.....	402	14
Completed university education	347	11

Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Table 6.1.3c Access to medical treatment by selected household characteristics.

<i>Base: Total respondents from each subgroup</i>	Sample Size (n)	Sometimes/ Rarely/ Never %
Parents/carers of children aged 0 to 12 years	1,228	14
<u>Household characteristics</u>		
<i>Type of household</i>		
Couple with dependent children.....	1,022	13
Single parent with dependent children.....	206	15
<i>Number of children under 18 years</i>		
One.....	306	12
Two.....	573	10 [#]
Three or more	348	18 [#]
<i>Household income</i>		
Less than \$20,000	97	14
\$20,000 to less than \$40,000.....	179	21 [#]
\$40,000 to less than \$80,000.....	490	11
\$80,000 or more	393	11
<i>Financial hardship</i>		
No / little financial difficulty.....	912	10 [#]
Difficulty paying bills	249	22 [#]
Difficulties with food security and education expenses.....	67	27 [#]
<i>Household workforce participation</i>		
Non-working household	128	21 [#]
Single parent household - parent working	119	17
Two parent household – one parent working.....	306	13
Two parent household – both parents working.....	674	11
<i>Region</i>		
North.....	306	13
North West.....	310	13
South East	300	18 [#]
South West	312	11
<i>Family functioning</i>		
Score on McMaster general scale of less than 2.0	1,086	130
Score on McMaster general functioning scale of 2.0 or more...	142	16

[#] Denotes a result that differs from that obtained for the total sample at the 0.05 level of statistical significance.

Section 7 Status of Vulnerable Groups

This section draws a number of the subgroup differences discussed earlier in this report into a consolidated overview. The focus is on four key subgroups which are considered to be especially vulnerable to sub-optimal health outcomes. These are:

- Children resident in sole parent households;
- Children from an Indigenous background;
- Children living in jobless households; and
- Children living in households where there is evidence of impaired family functioning.

There is also a brief discussion (see section 7.1.6) of the survey results as they pertain to the Department's four health regions (ie: North, North West, South East and South West).

7.1 Results

7.1.1 Children living in sole parent households

Characteristics of sole parent households

Fifteen percent of children under 13 years of age lived in a sole parent household. The characteristics of these households were considered earlier in the report (Section 3.1.1) when attention was drawn to the fact that they were more likely to have low incomes, to have no-one in paid employment and to be experiencing some level of financial hardship.

In addition to financial difficulties, sole parent households are also more likely to have a degree of impaired family functioning (17% scored 2.0 or above on the McMaster family functioning scale versus 11% of two parent households). They also tend to have slightly fewer children than two parent households (24% have only one child under 18 versus 12% of two parent households) and to have slightly older children (77% are aged 5 to 12 years versus 62% of children in two parent households).

Sole parents are more likely to have left school before completing their secondary education (33% versus 23% of those from two parent households) and to be from an Indigenous background (8% versus 3%).

Health status

Compared to children living in two parent households, the health of children living in sole parent households was slightly worse. Their general health was more likely to be classified as 'fair' or 'poor' (8% versus 3%) and they were also more likely to have been diagnosed with asthma (31% versus 15%).

Health behaviours

Children from sole parent households were more likely to have experienced food insecurity at least once in the last 12 months (9% versus 4% of those from two parent households) and to live in a home where people are allowed to at least occasionally smoke inside (10% versus 3%). On a more positive note, they were more likely to walk to and from school every day (17% versus 9%) while children from two parent households were more likely to have travelled by car (43% versus 32% of those from a sole parent household).

Social determinants of health

Children from sole parent households were more likely than those from two parent households to have had their participation in school activities curtailed by their family's financial situation during the last 12 months (12% versus 3%). They were also much less likely to have had a holiday of a week or more away from home during that time because they could not afford it (33% did not take annual holidays of this type because they couldn't afford it compared with 14% of children from two parent homes).

Sole parents made greater use of formal parental support services – 34% had, at some time, used a support service like a parenting centre, family support service, counseling service or Neighbourhood House compared with 20% of those from two parent households.

7.1.2 Children from an Indigenous background

The sample size for children from an Indigenous background was limited ($n=47$) which has in turn restricted the extent to which detailed analysis of this group can be carried out. Nevertheless, given the acknowledged inequalities of health outcomes often encountered by Indigenous children, the following analysis is considered worth undertaking even though the results are only broadly indicative and should be treated with caution.

Household characteristics

Firstly, Indigenous households are more likely than non-Indigenous households to be sole parent households (31% versus 15%), to have a McMaster family functioning score of 2.0 or more (28% versus 11%) and to have no-one in paid employment (24% versus 10%).

Further, compared to their non-Indigenous counterparts, parents and carers from an Indigenous background are younger (59% are under 35 years versus 36% of non-Indigenous parents and carers) and are more likely to have left school before completing their secondary education (40% versus 24%).

Health outcomes

Insofar as health outcomes are concerned, Indigenous children were less likely than non-Indigenous children to have their general health rated as 'excellent' or 'very good' (77% versus 90%) and more likely to have it rated as 'fair' or 'poor' (11% versus 3%). In addition, a relatively high proportion of Indigenous children had been diagnosed with asthma (37% versus 17% of non-Indigenous children).

From a mental health perspective, Indigenous children were more likely than those from a non-Indigenous background to have a score that was of concern on the conduct problems subscale of the SDQ (23% of concern versus 7% of non-Indigenous children).

The only other difference of note was the limited access Indigenous children appeared to have to holidays away from home. Because they could not afford it, 29% of the families of Indigenous children did not usually take annual holidays of a week or more away from home compared with 16% of children from non-Indigenous families.

7.1.3 Children from jobless households

Eleven percent of children lived in a jobless household where no parent or carer was engaged in paid employment.

Household characteristics

Compared to all other households, jobless households were more likely to be sole parent households (62% versus 10%), to have low annual incomes (38% less than \$20,000 versus 4% of other households; 73% less than \$40,000 versus 16% of other households) and, as a result, to have a high incidence of financial hardship (49% of jobless households had some degree of financial hardship versus 24% of all other households).

Parents and carers in jobless households were relatively young (51% aged under 35 years compared with 35% in other households). They were also more likely to have left school before completing their secondary education (40% versus 22%) and were slightly more likely than those from other households to have an Indigenous background (9% versus 3%).

Health outcomes

Children from jobless households were more likely than others to have their general health rated as 'fair' or 'poor' (11% versus 2%) and less likely to have it rated as 'excellent' or 'very good' (79% versus 90%). They were also more likely to have been diagnosed with asthma (34% versus 15%).

Mental health outcomes saw a higher proportion of children from jobless households with scores of 17 or more on the SDQ total difficulties scale (14% versus 6% of children from all other households). In addition, more children from jobless households received scores that were of concern on all of the SDQ subscales except for conduct problems. That is, they were more likely to have scores of concern on the subscales for emotional symptoms (17% versus 9%), hyperactivity (19% versus 10%), peer problems (20% versus 9%) and prosocial behaviour (6% versus 1%).

These children were also more likely to be at risk from passive smoking as a result of living in a home where smoking was at least occasionally allowed inside (11% versus 3% of children from other households).

Reflecting household financial difficulties, children from jobless households were more likely than others to have suffered from food insecurity on at least one occasion in the last 12 months (10% versus 4%), to have been unable to afford a family holiday of a week or more away from home (37% versus 14%) and to have been unable to participate in school activities for financial reasons (10% versus 4%).

These households also appeared to suffer from some degree of difficulty in accessing some facilities and services. Specifically, parents and carers from jobless households were more likely to have difficulty taking their child to a park, playground or other play space (18% could do so easily only some of the time, rarely or not at all versus 9% of other households) as well as difficulty in accessing medical treatment (21% could only do this some of the time, rarely or never versus 13% of other households).

7.1.4 Children living in households with impaired family functioning

Around one in 10 children (12%) live in households which show some degree of impaired family functioning when assessed on the general functioning scale of the McMaster Family Assessment Device (ie: the 12% of households with a score of 2.0 or more on the general functioning scale). The following provides a brief overview of the health and wellbeing outcomes for children who live in households of this type.

Household characteristics

As discussed earlier in the report (see section 3.1.3), McMaster general functioning scores of two or more were found most often in households where the child's parent or primary carer spoke a language other than English at home, had an Indigenous background, had left school before completing Year 12 or was not in paid employment.

Impaired family functioning was also more common if the child was from a sole parent household, from a household with relatively low income or from one which had experienced difficulties with food security and education expenses in the last 12 months.

Health outcomes

Slightly fewer children from households with a general functioning score of two or more had their general health rated as 'excellent' or 'very good' (84% versus 90% of those living in households with a general functioning score below 2.0).

Children from these households were also more likely to have scores of concern on the SDQ scales for total difficulties (17% of concern versus 6% of those from households with healthy family functioning), emotional symptoms (20% versus 8%) and conduct problems (20% versus 6%).

From a developmental perspective, these children were less likely to participate in annual holidays of a week or more away from home (59% usually took holidays of this type versus 70% of children from homes with general functioning scores below 2.0) and were also slightly less likely to have access to a home computer (82% had access to a computer at home versus 92% of children from households with a general functioning score below 2.0).

7.1.5 Children living with people other than their mother or father

The great majority of children for whom information was collected, were living with their mother or father. However, there was a small group (2%, $n=30$) where the child's principal carer was someone other than this. That is, their carer was someone like a grandmother, step-mother or step-father, legal guardian or foster parent. Because of the small sample size, this subgroup was not subject to detailed analysis. Nevertheless there were possible indications of poorer health outcomes for children living in this situation. For example, of the 30 children whose principal carer was someone other than their mother or father, 15 had been diagnosed with asthma and eight had a total difficulties score of 17 or more on the SDQ.

While the sample size is too small to generalize further from any of these results, they do suggest there may be value in undertaking additional research into the health status of children who are not living with their mother or father.

7.1.6 Results by health region

Few differences in health outcomes were identified between the four health regions, North, North West, South East and South West. The relatively small sample sizes²⁷ for each region are a possible factor in this outcome due to the limit they place on the precision with which regional differences can be measured. Despite this however, several differences were identified in the socio-demographics and in the health outcomes within these regions.

Socio-demographic differences

Children in the South West region were more likely to have parents who had completed a university degree (39% versus 28% of the total sample) while those from the North West region were less likely to do so (only 17% had a resident parent with a university degree).

In addition, children in the South West region were more likely to live in households with slightly above average incomes (mean annual income of \$69,100 versus \$65,500 overall) while those in the North region were more likely to live in households with slightly below average incomes (mean annual income of \$61,800).

Health outcomes

Children in the North region were slightly more likely to be of concern on the SDQ Peer Problems subscale (14% had a score on this subscale that was of concern versus 10% overall), were slightly more likely to spend more than two hours per day on non-educational computer use (6% versus 3% overall) and were more likely to live in a household which had experienced food insecurity in the last 12 months (10% versus 4% overall). Children living in this region were also more likely to always use public transport to travel to and from school (21% versus 15% overall).

Children in the South West region were more likely to have parents or carers who had used formal support services to help care for them (31% had used such services versus 22% overall).

Children living in the South East region were slightly more likely to always travel to and from school by car (48% versus 41% overall) and were also more likely to have parents or carers who had some difficulty obtaining medical treatment when needed (18% reported they could easily access medical care 'sometimes', 'rarely' or 'never' compared with 14% of all parents and carers).

²⁷ These ranged from n=300 in the South East region to n=312 in the South West region.

Appendix 1 Questionnaire

Tasmanian Child Health and Wellbeing Survey

Introduction

Good morning/afternoon/ evening, I'm calling on behalf of the Tasmanian Government Department of Health and Human Services from the Social Research Centre. We are conducting an important study in Tasmania about the health and wellbeing of children aged under 13, so that services can be improved in your community.

Is there at least one child aged 12 years or less living in this household?

S1 to S11: Questions used for screening, explanation of survey and selection of reference child in households with more than one child aged 0-12 years.

*(ALL)

S12. Firstly, a couple of quick questions about you ...
RECORD GENDER (automatically)

1. Male
2. Female

*(ALL)

S13. What is your age?

1. Age given 18 or older (RECORD AGE IN YEARS (RANGE 18 TO 99))
2. Age given (17 or younger) (GO TO TERMINATION SCRIPT 4)
3. Refused

*(ALL)

S14. Are you (child)'s (mother/father) or other relation?

READ OUT IF NEEDED

1. Mother
2. Father
3. Stepmother
4. Stepfather
5. Grandmother
6. Grandfather
7. Legal guardian or foster parent
8. Other (Specify)
9. (Refused)

*(ALL)

S15. Which of the following best describes your household?

READ OUT

1. Couple with dependent children, or
2. One parent family with dependent children
3. (Refused)

PARENT-REPORTED HEALTH STATUS OF CHILD

*(ALL)

A1. Now I will ask you some questions about (child)'s health. In general would you say (child)'s health is...
READ OUT

1. Excellent
2. Very good
3. Good
4. Fair, or
5. Poor
6. (Don't know)
7. (Refused)

FOOD INTAKE

PREC1 IF AGED 0-11 MONTHS GO TO PREC1, ELSE CONTINUE.

*(CHILD 1–12 YEARS)

- B1. Now some questions about fruit and vegetables.
This includes fresh, frozen and tinned fruit and vegetables.
1. Continue

PREC1A IF CHILD AGED 1-2 YEARS GO TO B1c, ELSE CONTINUE

*(CHILD 3-12 YEARS)

- B1a. How many serves of fruit does (child) usually eat each day? A serve is one medium piece or two small pieces of fruit, or one cup of diced pieces. This also includes dried fruit - equivalent to a tablespoon.

1. Serves per day (record number) (ALLOWABLE RANGE 1.0-20.0) (ALLOW DECIMAL)
2. Serves per week (record number) (ALLOWABLE RANGE 1.0-20.0) (ALLOW DECIMAL)
3. Doesn't eat fruit
4. Don't know
5. Refused

*(CHILD 3-12 YEARS)

- B1b. How many serves of vegetables does (child) usually eat each day? A serve is half a cup of cooked vegetables or one cup of salad vegetables.

1. Serves per day (record number) (ALLOWABLE RANGE 1.0-20.0) (ALLOW DECIMAL) (GO TO PREC1)
2. Serves per week (record number) (ALLOWABLE RANGE 1.0-20.0) (ALLOW DECIMAL) (GO TO PREC1)
3. Doesn't eat vegetables (GO TO PREC1)
4. Don't know (GO TO PREC1)
5. Refused (GO TO PREC1)

*(CHILD 1–2 YEARS)

- B1c. How many serves of fruit does (child) usually eat each day? A serve is one small piece of fruit or half a cup of diced pieces. This also includes dried fruit - equivalent to half a tablespoon.

1. Serves per day (record number) (ALLOWABLE RANGE 1.0-20.0) (ALLOW DECIMAL)
2. Serves per week (record number) (ALLOWABLE RANGE 1.0-20.0) (ALLOW DECIMAL)
3. Doesn't eat fruit
4. Don't know
5. Refused

*(CHILD 1–2 YEARS)

- B1d. How many serves of vegetables does (child) usually eat each day? A serve is a quarter of a cup of cooked vegetables or half a cup of salad vegetables.

1. Serves per day (record number) (ALLOWABLE RANGE 1.0-20.0) (ALLOW DECIMAL)
2. Serves per week (record number) (ALLOWABLE RANGE 1.0-20.0) (ALLOW DECIMAL)
3. Doesn't eat vegetables
4. Don't know
5. Refused

DENTAL

PREC1 IF CHILD AGED 6 MONTHS - 12 YEARS CONTINUE, ELSE GO TO PRED1

*(CHILD 6 MONTHS–12 YEARS)

- C1. The next question is about dental health..

1. Continue

*(CHILD 6 MONTHS – 12 YEARS)

- C1A. How long ago did (child) last see a dental professional about (his/her) teeth or gums?

1. Less than 12 months ago
2. One to less than two years ago (GO TO C1C)
3. Two to less than four years ago (GO TO C1C)
4. Child has never been to the dentist (GO TO C1C)
5. Don't know (GO TO PRED1)
6. Refused (GO TO PRED1)

*(CHILD 6 MONTHS – 12 YEARS, SEEN A DENTAL PROFESSIONAL)

- C1B. What was the MAIN REASON for (child's) last dental visit?

1. Check up
2. Scale and clean
3. Fillings (does not include sealants)
4. Fluoride treatment
5. Tooth removed
6. Braces/orthodontics
7. Injury to mouth/teeth
8. Toothache or a sore mouth
9. Any other reason (Specify)
10. Don't know
11. Refused

PREC1C IF C1A=1 (SEEN A DENTIST IN THE LAST 12 MONTHS GO TO PRED1, ELSE CONTINUE

*(CHILD 6 MONTHS – 12 YEARS, NOT SEEN A DENTAL PROFESSIONAL IN THE LAST 12 MONTHS)

C1C. What is the MAIN REASON that (child) has not seen a dental professional in the last 12 months?

1. No reason to visit (e.g. healthy teeth and gums)
2. Child's anxiety
3. Parent's/carer's anxiety
4. Cost
5. Waiting times
6. Access – either difficult to get to (for example time), or service not admitting any more patients, or service not open at convenient hours
7. Child is considered too young to need dental services
8. Any other reason (Specify)
9. Don't know
10. Refused

ASTHMA

PRED1 IF CHILD 1-12 YEARS CONTINUE, ELSE GO TO PREE1

*(CHILD 1-12 YEARS)

D1. The next question is about asthma. Have you ever been told by a doctor that (child) has asthma?

1. Yes
2. No
3. Don't know
4. Refused

PHYSICAL ACTIVITY/USE OF ELECTRONIC MEDIA FOR ENTERTAINMENT

PREE1 IF AGED 0-11 MONTHS GO TO PREE6, ELSE CONTINUE.

*(CHILD 1-12 YEARS)

E1. The next few questions are about some of (child)'s activities.

1. Continue

PREE2 IF AGED 0-4 YEARS GO TO PREE3A, ELSE CONTINUE

*(CHILD 5–12 YEARS)

E2. Over a typical week, on how many days is (child) physically active for a total of at least 60 minutes per day. Would you say.....

INTERVIEWER NOTE: Does not need to be continuous, can be made up of shorter bursts of activity

READ OUT

1. Everyday
2. 5 to 6 days
3. 4 days
4. 3 days
5. 2 days
6. 1 day, or
7. No days
8. (Don't know)
9. (Refused)

PREE3A IF CHILD AGED 5-12 GO TO INTRO A, ELSE GO TO INTRO B

*(CHILD 1–12 YEARS)

E3a. **INTRO A** Over a typical week, about how many hours per day does (child) usually watch television (including videos and DVD's) in their free time but NOT for homework? We ask you to choose one answer for Monday to Friday and one answer for during the weekend.

For Monday to Friday usually how many hours a day? (does (child) usually watch television (including videos and DVD's) in their free time but NOT for homework)

INTRO B Over a typical week, about how many hours per day does (child) usually watch television (including videos and DVD's)? We ask you to choose one answer for Monday to Friday and one answer for during the weekend.

For Monday to Friday usually how many hours a day? (does (child) usually watch television (including videos and DVD's)

1. None at all
2. Less than an hour a day
3. About 1 hour a day
4. About 2 hours a day
5. About 3 hours a day
6. About 4-5 hours a day
7. About 6-7 hours a day
8. More than 7 hours a day
9. (Don't know)
10. (Refused)

PREE3B IF CHILD AGED 5-12 GO TO INTRO A, ELSE GO TO INTRO B

*(CHILD 1–12 YEARS)

E3b. INTRO A During the weekend, that is Saturday and Sunday, usually how many hours a day? (does (child) usually watch television (including videos and DVD's) in their free time but NOT for homework)

INTRO B During the weekend, that is Saturday and Sunday, usually how many hours a day? (does (child) usually watch television (including videos and DVD's)?)

1. None at all
2. Less than an hour a day
3. About 1 hour a day
4. About 2 hours a day
5. About 3 hours a day
6. About 4-5 hours a day
7. About 6-7 hours a day
8. More than 7 hours a day
9. (Don't know)
10. (Refused)

PREE4A IF CHILD AGED 5-12 GO TO INTRO A, ELSE GO TO INTRO B

*(CHILD 1–12 YEARS)

E4a. INTRO A Over a typical week, about how many hours a day does (child) usually use a computer (for playing games, emailing, chatting or surfing the internet but NOT including homework)? We ask you to choose one answer for Monday to Friday and one answer for during the weekend.

For Monday to Friday usually how many hours a day does (child) usually use a computer? (for playing games, emailing, chatting or surfing the internet but NOT including homework)

INTRO B Over a typical week, about how many hours a day does (child) usually use a computer? We ask you to choose one answer for Monday to Friday and one answer for during the weekend.

For Monday to Friday usually how many hours a day does (child) usually use a computer?

1. None at all
2. Less than an hour a day
3. About 1 hour a day
4. About 2 hours a day
5. About 3 hours a day
6. About 4-5 hours a day
7. About 6-7 hours a day
8. More than 7 hours a day
9. (Don't know)
10. (Refused)

PREE4B IF CHILD AGED 5-12 GO TO INTRO A, ELSE GO TO INTRO B

*(CHILD 1–12 YEARS)

E4b. INTRO A During the weekend, that is Saturday and Sunday, usually how many hours a day? (does (child) usually use a computer (for playing games, emailing, chatting or surfing the internet but NOT including homework)

INTRO B During the weekend, that is Saturday and Sunday, usually how many hours a day does (child) usually use a computer?

1. None at all
2. Less than an hour a day
3. About 1 hour a day
4. About 2 hours a day
5. About 3 hours a day
6. About 4-5 hours a day
7. About 6-7 hours a day
8. More than 7 hours a day
9. (Don't know)
10. (Refused)

PREE5 IF CHILD AGED 5-12 YEARS CONTINUE, ELSE GO TO PREE6

*(CHILD AGED 5-12 YEARS)

E5. During the current school term, in a typical week, where there are 10 trips to and from school, how many trips would (child) usually make....

IF CURRENT SCHOOL TERM HASN'T YET STARTED OR ROUTINE HASN'T YET SETTLED IN, SAY: What do you expect will happen when your routine settles in?

INTERVIEWER NOTE: Please count each trip separately. If child uses more than one form of transport on each journey, the main form of transport is the form that takes the child the furthest.

- a. By car (record number between 0-10) (IF 10 GO TO PREE6)
- b. By walking (record number between 0-10) (IF 10 GO TO PREE6)
- c. By bus or public transport (record number between 0-10) (IF 10 GO TO PREE6)
- d. By cycling (record number between 0-10) (IF 10 GO TO PREE6)
- e. Some other way (Specify) (record number between 0-10)

EDUCATIONAL EXPERIENCES

PREE6 IF CHILD AGED 6 MONTHS - 5 YEARS CONTINUE, ELSE GO TO PREE7.

*(CHILD 6 MONTHS –5 YEARS)

E6. Now thinking about reading, how often was (child) read to by a family member during the last seven days?

1. On six or seven days
2. On three, four or five days
3. On one or two days
4. Not at all
5. (Don't know)
6. (Refused)

PREE7 IF CHILD AGED 0-4 YEARS CONTINUE, ELSE GO TO PREF_1

*(CHILD 0-4 YEARS)

E7. Has (child) attended kindergarten, pre-school or activity group on a regular basis at any time in the past 6 months?

INTERVIEWER NOTE: Activity groups can include informal groups that are held regularly for children to play/socialise.

INTERVIEWER NOTE: This includes kindergarten programs in child care centres.

1. Yes (GO TO PREF_1)
2. No
3. (Don't know) (GO TO PREF_1)
4. (Refused) (GO TO PREF_1)

*(CHILD NOT ATTENDED KINDERGARTEN, PRE-SCHOOL OR ACTIVITY GROUP IN PAST 6 MONTHS)

E8. What is the main reason that (child) has not been (to kindergarten, pre-school or activity group) MULTIPLE RESPONSES ALLOWED

1. Child's anxiety about the unknown (scared of kinder, pre-school or activity group)
2. Parent's/carer's concern about child's safety
3. Parent's carer's concern about kinder, pre-school or activity group meeting the child's needs
4. Cost associated with attending kinder, pre-school or activity group
5. Cost of transport
6. Access – difficult to get to
7. Child has been unwell/ chronically ill
8. Child is considered not ready
9. Family away on holiday
10. Other (Specify)
11. Don't know
12. Refused

EMOTIONAL STATE / BEHAVIOUR: SDQ - GOODMAN

PREF_1 IF CHILD AGED 5-12 YEARS CONTINUE, ELSE GO TO PREG1.

*(CHILD 5–12 YEARS)

F_1. The next section is about (child's) behaviour in the past 6 months. For each of the following statements please say if the statement is 'not true', 'somewhat true' or 'certainly true' of (child's) behaviour in the past six months.

1. Continue

*(CHILD 5–12 YEARS)

F1. For each statement, please say if it is "not true", "somewhat true" or "certainly true" of (child's) behaviour over the last six months:

(Child) is considerate of other people's feelings. Is that...
READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F2. (Child) is restless, overactive, cannot stay still for long. Is that...
READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F3. (Child) often complains of headaches, stomach aches or sickness. Is that...
READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

PREF4 IF CHILD AGED 5-10 YEARS GO TO F4 INTRO A, IF AGED 11-12 YEARS GO TO F4 INTRO B

*(CHILD 5–12 YEARS)

F4. A. (Child) shares readily with other children, for example toys, treats and pencils. Is that...
B. (Child) shares readily with other young people, for example CDs, games and food. Is that...
READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F5. (Child) often loses his/her temper. Is that...
READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

PREF6 IF CHILD AGED 5-10 YEARS GO TO F6 INTRO A, IF AGED 11-12 YEARS GO TO F6 INTRO B

*(CHILD 5–12 YEARS)

F6. A. (Child) is rather solitary or prefers to play alone. Is that...
B. (Child) would rather be alone than with other young people. Is that...
READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F7. (Child) is generally well-behaved and usually does what adults request. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F8. (Child) has many worries or often seems worried. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F9. (Child) is helpful if someone is hurt, upset or feeling ill. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F10. (Child) is constantly fidgeting or squirming. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F11. (Child) has at least one good friend. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

PREF12 IF CHILD AGED 5-10 YEARS GO TO F12 INTRO A, IF AGED 11-12 YEARS GO TO F12 INTRO B

*(CHILD 5–12 YEARS)

F12. A. (Child) often fights with or bullies other children. Is that...

F12. B. (Child) often fights with or bullies other young people. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F13. (Child) is often unhappy, down-hearted or tearful. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

PREF14 IF CHILD AGED 5-10 YEARS GO TO F14 INTRO A, IF AGED 11-12 YEARS GO TO F14 INTRO B

*(CHILD 5–12 YEARS)

- F14. A. (Child) is generally liked by other children. Is that...
F14. B. (Child) is generally liked by other young people. Is that...
READ OUT
1. Not true
 2. Somewhat true, or
 3. Certainly true
 4. (Don't know)
 5. (Refused)

*(CHILD 5–12 YEARS)

- F15. (Child) is easily distracted or his/her concentration wanders. Is that...
READ OUT
1. Not true
 2. Somewhat true, or
 3. Certainly true
 4. (Don't know)
 5. (Refused)

*(CHILD 5–12 YEARS)

- F16. (Child) is nervous or clingy in new situations or easily loses confidence. Is that...
READ OUT
1. Not true
 2. Somewhat true, or
 3. Certainly true
 4. (Don't know)
 5. (Refused)

*(CHILD 5–12 YEARS)

- F17. (Child) is kind to younger children. Is that...
READ OUT
1. Not true
 2. Somewhat true, or
 3. Certainly true
 4. (Don't know)
 5. (Refused)

*(CHILD 5–12 YEARS)

- F18. (Child) often lies or cheats. Is that...
READ OUT
1. Not true
 2. Somewhat true, or
 3. Certainly true
 4. (Don't know)
 5. (Refused)

PREF19 IF CHILD AGED 5-10 YEARS GO TO F19 INTRO A, IF AGED 11-12 YEARS GO TO F19 INTRO B

*(CHILD 5–12 YEARS)

- F19. A. (child) is picked on or bullied by other children. Is that...
F19. B. (child) is picked on or bullied by other young people. Is that...
READ OUT
1. Not true
 2. Somewhat true, or
 3. Certainly true
 4. (Don't know)
 5. (Refused)

*(CHILD 5–12 YEARS)

- F20. (child) often volunteers to help others such as parents, teachers, or children. Is that...
READ OUT
1. Not true
 2. Somewhat true, or
 3. Certainly true
 4. (Don't know)
 5. (Refused)

*(CHILD 5–12 YEARS)

F21. (Child) thinks things out before acting. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F22. (Child) steals from home, school or elsewhere. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

PREF23 IF CHILD AGED 5-10 YEARS GO TO F23 INTRO A, IF AGED 11-12 YEARS GO TO F23 INTRO B

*(CHILD 5–12 YEARS)

F23. A. (child) gets along better with adults than with other children. Is that...

F23. B. (child) gets along better with adults than with other young people. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F24. (child) has many fears or is easily scared. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

*(CHILD 5–12 YEARS)

F25. (Child) has a good attention span and sees chores or homework through to the end. Is that...

READ OUT

1. Not true
2. Somewhat true, or
3. Certainly true
4. (Don't know)
5. (Refused)

FINANCIAL SITUATION

*(ALL)

H_1. Now we've got some different questions about other situations or circumstances which may affect family life.

1. Continue

*(ALL)

H1. During the last 12 months, was there any time when your household ran out of food, and could not afford to buy more?

2. Yes
3. No (GO TO H2a)
4. Don't know (GO TO H2a)
5. Refused (GO TO H2a)

*(RAN OUT OF FOOD AND COULD NOT AFFORD TO BUY MORE)

H1a. When this happened did members of your household miss meals or eat less?

(MULTIPLES ACCEPTED)

IF YES: Who missed meals or ate less?

1. No, no-one missed meals or ate less
2. Yes, parent/stepparent/carer missed meals or ate less
3. Yes, child/children missed meals or ate less
4. Other (specify)
5. Don't know

*(RAN OUT OF FOOD AND COULD NOT AFFORD TO BUY MORE)

H1b. When you ran out of food and could not afford to buy more, did you seek help from others?

(MULTIPLES ACCEPTED)

IF YES: Who did you seek help from?

1. No, did not seek help from others
2. Yes, sought help from relatives
3. Yes, sought help from friends
4. Yes, sought help from government or social security
5. Yes, sought help from welfare agencies
6. Other (specify)
7. Don't know
8. Refused

*(ALL)

H2a. During the last 12 months, has the family experienced difficulty paying bills?

EXPLANATION OF 'DIFFICULTY PAYING BILLS' IS BEING UNABLE TO PAY FOR A BILL BY THE DUE DATE (FOR EXAMPLE - NO SAVINGS ARE AVAILABLE).

1. Yes
2. No (GO TO PREH3a)
3. Don't know (GO TO PREH3a)
4. Refused (GO TO PREH3a)

*(EXPERIENCED DIFFICULTY PAYING BILLS)

H2b. How often in the last 12 months has the family experienced difficulty in paying bills?

1. More than six times
2. Three to six times
3. Once or twice
4. (Don't know)
5. (Refused)

PREH3A IF CHILD AGED 5-12 YEARS CONTINUE, ELSE GO TO H4.

*(CHILD AGED 5-12 YEARS)

H3a. During the last 12 months, has your financial situation prevented (child) from participating in any school activities for example, excursions, visiting performances, team sports?

1. Yes
2. No (GO TO H4)
3. Don't know (GO TO H4)
4. Refused (GO TO H4)

*(FINANCIAL SITUATION PREVENTED CHILD FROM PARTICIPATING IN ACTIVITIES)

H3b. How often in the last twelve months has your financial situation prevented (child) from participating in these activities?

1. More than six times
2. Three to six times
3. Once or twice
4. (Don't know)
5. (Refused)

*(ALL)

H4. Do you have \$500 in savings that you could use in the case of an emergency?

1. Yes
2. No
3. Don't know
4. Refused

*(ALL)

H5. Could you raise \$2000 within 2 days in an emergency? This includes accessing 'own' savings, borrowing money, or using credit card.

1. Yes
2. No
3. Don't know
4. Refused

*(ALL)

H6a. Does your family usually have at least one week's holiday away from home each year?

1. Yes (GO TO I1)
2. No
3. Don't know (GO TO I1)
4. Refused (GO TO I1)

*(FAMILY DOES NOT HAVE AT LEAST ONE WEEK'S HOLIDAY EACH YEAR)

H6b. Is this because you can not afford it?

5. Yes
6. No
7. Don't know
8. Refused

FAMILY FUNCTIONING AND SUPPORT (MCMASTER)

*(ALL)

I1. The next group of questions is about how your family gets along together and the support you can get with caring for your family.

For each statement, please choose whether you "strongly agree", "agree", "disagree" or "strongly disagree".

(INTERVIEWER NOTE: Family refers to the respondent's definition of family)

1. Continue

*(ALL)

I1a. We are able to make decisions about how to solve problems. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1b. In times of crisis we can turn to each other for support. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1c. Individuals, in the family, are accepted for what they are. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1d. We AVOID discussing our fears and concerns. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1e. We express our feelings to each other. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1f. There are lots of bad feelings in our family. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1g. We feel accepted for what we are. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1h. Making decisions is a problem for our family. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1i. We don't get along well together. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1j. We cannot talk to each other about the sadness that we feel. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1k. Planning family activities is difficult because we misunderstand each other. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I1l. We confide in each other. Do you....

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
5. (Don't know) (GO TO I2)
6. (Refused) (GO TO I2)

*(ALL)

I2. On how many days in a usual week would the family eat the main meal together?

1. No days
2. Record number of days (Specify) [ALLOWABLE RANGE 1-7]
3. Don't know
4. Refused

*(ALL)

I2x. Does (child) have access to a computer at home?

1. Yes
2. No
3. Can't say
4. Refused

*(ALL)

I2_1. The following questions are asked of all people and are not related to any previous answers you may have given.

1. Continue

*(ALL)

I2a. Have you ever needed any type of support services to assist in caring for (child) or for dealing with problems you have experienced with (child)? PROMPT: Support services include: parenting centres, family support services, counselling services, Neighbourhood Houses.

2. Yes
3. Never (GO TO I2d)
4. Don't know (GO TO I2d)
5. Refused (GO TO I2d)

*(NEEDED SERVICES)

I2b. Did you use any of these services?

1. Yes (GO TO I2d)
2. No
3. (Don't know) (GO TO I2d)
4. (Refused) (GO TO I2d)

*(DID NOT USE SERVICES)

I2c. What was the MAIN reason you did not use any of these services?

1. Didn't know these services were available to help
2. Didn't know how to access
3. Not available in my neighbourhood
4. The waiting list was too long
5. Don't trust them
6. Available services did not provide the type of support required
7. Other (Specify)
8. Don't know
9. Refused

*(ALL)

I2d. In an emergency or a time of crisis during the past 12 months have you been able to get support from family, friends or neighbours living outside your household, when you've needed it?

1. Yes
2. No
3. Not needed

PREI3a IF CHILD AGED 0-5 YEARS AND RESPONDENT IS MOTHER OR FATHER (S14=1 OR 2) CONTINUE, ELSE GO TO I4

*(CHILD 0-5 YEARS, RESPONDENT IS MOTHER OR FATHER)

I3a The next couple of questions are about when your last child was born. When your last child was born, were you able to get support from your family? Would you say....

READ OUT

1. Often
2. Sometimes, or
3. Not at all
4. (Don't know)
5. (Refused)

*(CHILD 0-5 YEARS)

I3b When your last child was born, were you able to get support from your friends? Would you say....

READ OUT

1. Often
2. Sometimes, or
3. Not at all
4. (Don't know)
5. (Refused)

NEIGHBOURHOOD

*(ALL)

14. The next few questions are about your neighbourhood services, that is, doctors and medical services, and play spaces.

1. Continue

*(ALL)

14b. How often are you able to get to the doctor or receive medical treatment for yourself or your (child/children) when you need to? Would you say....

READ OUT

1. All of the time (GO TO 14d)
2. Most of the time (GO TO 14d)
3. Some of the time
4. Rarely, or
5. Never
6. (Don't know)
7. (Refused) (GO TO 14d)

*(SOME, RARELY, NEVER, DON'T KNOW ABLE TO GET MEDICAL TREATMENT WHEN NEEDED)

14c. What problems do you have in getting to the doctor or receiving medical treatment?

1. Cost - having enough money to pay for treatment
2. Transport - too expensive, inconvenient, difficult to use or unsuitable for my needs
3. No other medical treatment available in my neighbourhood
4. I don't feel safe or confident about taking myself or a child to the doctor or to medical treatment
5. I cannot get accepted as a patient in a doctor's practice
6. It takes too long to get an appointment with a doctor
7. I can't get anyone to care for my children so I can take a child to the doctor or to get medical treatment
8. I don't know where I can find a doctor or where I can seek medical treatment
9. Other (Specify)
10. Don't know
11. Refused

*(ALL)

14d. How often are you easily able to take your (child/children) to a park, playground or other play space? Would you say....

READ OUT

1. All of the time (GO TO 15)
2. Most of the time (GO TO 15)
3. Some of the time
4. Rarely, or
5. Never
6. (Don't know)
7. (Refused) (GO TO 15)

*(SOME, RARELY, NEVER, DON'T KNOW ABLE TO GET TO PARK/PLAYGROUND)

14e. What problems do you have in getting your (child/children) to a park, playground or other play space?

1. Transport - can only go with my children to a play space if someone else takes me
2. Security - don't feel safe or confident about taking my children to a playground/play space
3. Awareness - don't know where I can find a playground/play space for my children
4. Cost - cannot afford to take my children to a playground/play space
5. Safety - play space is unsafe (e.g., broken glass, vandalism)
6. Other (Specify)
7. Don't know
8. Refused

*(ALL)

15. Thinking about time of the day when high numbers of children watch television... by time of day we mean 7am - 9am and 4pm - 9pm.

Do you think that junk food advertising on television ...by junk food we mean foods such as potato crisps, confectionary, soft drinks, pizza, burgers, fries etc....

READ OUT

1. Should be allowed to continue at the current level
2. Should be reduced
3. Should be banned
4. (Don't know)
5. (Refused)

*(ALL)

I6. Which of the following best describes your home situation?

1. My home is smoke free or smoking allowed outside only
2. People occasionally smoke in the house, for example, once or twice a week
3. People frequently smoke in the house, for example, at least once a day
4. (Don't know)
5. (Refused)

EMPLOYMENT STATUS

*(ALL)

J1d. Now for some questions about work (PAUSE). Last week did you do any work at all at a job, business or farm?

1. Yes (GO TO J1f)
2. No
3. Permanently unable to work (GO TO PREJ1j)
4. Don't know
5. Refused

*(DID NOT WORK LAST WEEK)

J1e. Last week, did you have a job, business or farm that you were away from because of holidays, sickness or any other reason?

INTERVIEWER NOTE: This includes maternity/paternity leave

1. Yes
2. No (GO TO J1h)
3. Don't know (GO TO J1h)
4. Refused (GO TO J1h)

*(HAVE A JOB)

J1f. Are you employed...
READ OUT

1. In a permanent or ongoing position
2. On a fixed term contract, or
3. On a casual basis
4. (Don't know)
5. (Refused)

*(HAVE A JOB)

J1g. Including any paid or unpaid overtime, how many hours do you USUALLY work each WEEK?

INT NOTE: INCLUDES ALL JOBS

1. Less than 1 hour
2. Irregular hours (SPECIFY AVERAGE NUMBER OF HOURS)
3. 1 hour or more (SPECIFY NUMBER OF HOURS – ALLOWABLE RANGE 1-150)
4. Don't know
5. Refused

*(ALL EXCEPT THOSE PERMANENTLY UNABLE TO WORK J1d=3)

J1h. Which of these best describes your CURRENT employment status? Are you:
READ OUT

1. Self employed (ONLY DISPLAY IF CODE 1 ON JID OR CODE 1 ON JIE)
2. Employed for wages, salary or payment in kind (ONLY DISPLAY IF CODE 1 ON JID OR CODE 1 ON JIE)
3. Unemployed (ONLY DISPLAY IF NOT CODE 1 ON JID AND NOT CODE 1 ON JIE)
4. Engaged in home duties
5. A student
6. Retired, or
7. Unable to work (includes people on maternity leave)
8. Other (Specify _____)
9. (Don't know)
10. (Refused)

PREJ1j IF S15=1 (COUPLE WITH DEPENDENT CHILDREN) CONTINUE, ELSE GO TO K1

*(ALL WITH PARTNER)

J1j. Last week did your partner, do any work at all at a job, business or farm?

1. Yes (GO TO J1i)
2. No
3. Permanently unable to work (GO TO K1)
4. Don't know
5. Refused

*(PARTNER DID NOT WORK LAST WEEK)

J1k. Last week, did your partner have a job business or farm that they were away from because of holidays, sickness or any other reason?

INTERVIEWER NOTE: This includes maternity/paternity leave

1. Yes
2. No (GO TO J1n)
3. Don't know (GO TO J1n)
4. Refused (GO TO J1n)

*(PARTNER HAS A JOB J1j=1 OR J1k=1)

J1l. Is your partner employed

READ OUT

1. In a permanent or ongoing position
2. On a fixed term contract, or
3. On a casual basis
4. (Don't know)
5. (Refused)

*(PARTNER HAS A JOB)

J1m. Including any paid or unpaid overtime, how many hours does your partner USUALLY work each week?

INT NOTE: INCLUDES ALL JOBS

1. Less than 1 hour
2. Irregular hours (SPECIFY AVERAGE NUMBER OF HOURS)
3. 1 hour or more (RECORD NUMBER OF HOURS – ALLOWABLE RANGE 1-150)
4. Don't know
5. Refused

*(ALL WITH PARTNER EXCEPT PARTNER PERMANENTLY UNABLE TO WORK J1j=3)

J1n. Which of the following best describes your partner's CURRENT employment status?

1. Self employed (ONLY DISPLAY IF CODE 1 ON JIJ OR CODE 1 ON JIK)
2. Employed for wages, salary or payment in kind (ONLY DISPLAY IF CODE 1 ON JIJ OR CODE 1 ON JIK)
3. Unemployed (ONLY DISPLAY IF NOT CODE 1 ON JIJ AND NOT CODE 1 ON JIK)
4. Engaged in home duties
5. A student
6. Retired
7. Unable to work
8. Other (specify)
9. Don't know
10. Refused

DEMOGRAPHICS

*(ALL)

K1. Thank you very much. Finally, these next few questions are to help us analyse the results of the survey.

1. Continue

*(ALL)

K2a. Including yourself, how many adults, aged 18 years and over live in your household?

1. Record number (specify)
2. Refused

*(ALL)

K2c. In total, how many children under the age of 18 live in your household?

1. Record number (specify)
2. Refused

*(ALL)

K3. Do you identify yourself as Aboriginal or Torres Strait Islander?

1. Yes
2. No
3. Can't say
4. Refused

PREK4a IF S14=1 (CHILD'S MOTHER) GO TO INTROA, ELSE GO TO INTROB

*(ALL)

K4a. INTROA. What is the highest level of SCHOOL EDUCATION you have completed?
INTROB. What is the highest level of SCHOOL EDUCATION (child)'s mother has completed?
(PROMPT ONLY IF NECESSARY)

1. Year 12 or equivalent
2. Year 11 or equivalent
3. Year 10 or equivalent
4. Year 9 or equivalent
5. Year 8 or below
6. Never attended school
7. Don't know
8. Refused

PREK4b IF S14=1 (CHILD'S MOTHER) GO TO INTROA, ELSE GO TO INTROB

*(ALL)

K4b. INTROA. Have you completed a trade certificate, diploma, degree or any other educational qualification?
INTROB. Has (child)'s mother completed a trade certificate, diploma, degree or any other educational qualification?

1. Yes
2. No (GO TO K5)
3. Don't know (GO TO K5)
4. Refused (GO TO K5)

PREK4c IF S14=1 (CHILD'S MOTHER) GO TO INTROA, ELSE GO TO INTROB

*(ALL)

K4c. INTROA. What is the level of the HIGHEST QUALIFICATION that you have completed?
INTROB. What is the level of the HIGHEST QUALIFICATION (child)'s mother has completed?

1. Postgraduate degree
2. Graduate Diploma and Graduate Certificate
3. Bachelor Degree
4. Advanced Diploma and Diploma
5. Certificate
6. Don't know
7. Refused

PREK5 IF S14=1 (CHILD'S MOTHER) GO TO INTROA, ELSE GO TO INTROB

*(ALL)

K5. INTROA. In what country were you born?
INTROB. In what country was (child)'s mother born?

1. Australia
2. England
3. New Zealand
4. Italy
5. Vietnam
6. Scotland
7. Greece
8. Germany
9. Philippines
10. India
11. Other (Specify)
12. Don't know
13. Refused

PREK6a IF S14=2 (CHILD'S FATHER) GO TO INTROA, ELSE GO TO INTROB

*(ALL)

K6a. INTROA. What is the highest level of SCHOOL EDUCATION you have completed?
INTROB. What is the highest level of SCHOOL EDUCATION (child)'s father has completed?
(PROMPT ONLY IF NECESSARY)

1. Year 12 or equivalent
2. Year 11 or equivalent
3. Year 10 or equivalent
4. Year 9 or equivalent
5. Year 8 or below
6. Never attended school
7. Don't know
8. Refused

PREK6b IF S14=2 (CHILD'S FATHER) GO TO INTROA, ELSE GO TO INTROB

*(ALL)

K6b. INTROA. Have you completed a trade certificate, diploma, degree or any other educational qualification?
INTROB. Has (child)'s father completed a trade certificate, diploma, degree or any other educational qualification?

1. Yes
2. No (GO TO K7)
3. Don't know (GO TO K7)
4. Refused (GO TO K7)

PREK6c IF S14=2 (CHILD'S FATHER) GO TO INTROA, ELSE GO TO INTROB

*(ALL)

K6c. INTROA. What is the level of the HIGHEST QUALIFICATION that you have completed?
INTROB. What is the level of the HIGHEST QUALIFICATION (child)'s father has completed?

1. Postgraduate degree
2. Graduate Diploma and Graduate Certificate
3. Bachelor Degree
4. Advanced Diploma and Diploma
5. Certificate
6. Don't know
7. Refused

PREK7 IF S14=2 (CHILD'S FATHER) GO TO INTROA, ELSE GO TO INTROB

*(ALL)

K7. INTROA. In what country were you born?
INTROB. In what country was (child)'s father born?

1. Australia
2. England
3. New Zealand
4. Italy
5. Vietnam
6. Scotland
7. Greece
8. Germany
9. Philippines
10. India
11. Other (Specify)
12. Don't know
13. Refused

*(ALL)

K8. Do you speak a language other than English at home?

1. Yes
2. No (GO TO K10)
3. (Don't know) (GO TO K10)
4. (Refused) (GO TO K10)

*(SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME)

K9. What other language do you speak at home?
(MULTIPLES ACCEPTED)

1. Italian
2. Greek
3. Cantonese
4. Mandarin
5. Arabic
6. Vietnamese
7. German
8. Spanish
9. Tagalog (Filipino)
10. Swahili
11. An indigenous language
12. Other (Specify)
13. Don't know
14. Refused

*(ALL)

K10. I would now like to ask you about your household's income. Before tax is taken out, which of the following ranges best describes your household's approximate income, from all sources, over the last 12 months?

READ OUT

1. Less than \$10,000
2. \$10,000 – less than \$20,000
3. \$20,000 – less than \$40,000
4. \$40,000 – less than \$60,000
5. \$60,000 – less than \$80,000
6. \$80,000 – less than \$100,000
7. \$100,000 – less than \$120,000
8. \$120,000 and over
9. (Don't know)
10. (Refused)

*(ALL)

K11. Excluding mobile phone numbers, dedicated faxes, modems or business phone numbers, how many phone numbers do you have in your household?

(NOTE: Only include mobile phones if they are connected to the household telephone number.)

1. Number of lines given (Specify) (RECORD NUMBER (ALLOWABLE RANGE 1-20))
2. Don't know
3. Refused

*(ALL)

K12. Just in case my supervisor needs to check the validity of this interview, can I have your first name?

1. Given - Record first name
2. Refused

PREK13 IF H1=1 AND H1b=NOT 4 OR 5 (TIMES WHEN RAN OUT OF FOOD AND HASN'T SOUGHT HELP FROM GOV / SS OR WELFARE AGENCY) CONTINUE, ELSE GO TO K15

*(TIMES WHEN RAN OUT OF FOOD AND HASN'T SOUGHT HELP FROM GOV / SS OR WELFARE AGENCY)

K13 Offer of telephone numbers, for food insecure families: (There are a number of agencies that can help with making sure that your family has enough food. Would you like a contact number?)

1. Yes
2. No (GO TO K15)
3. (Did not offer number to respondent) (GO TO K15)

*(WOULD LIKE A CONTACT NUMBER)

K14 The telephone number for the Family Support Services Association that can help with making sure your family has enough food is 03 6231 0542.

1. Continue

*(ALL)

K15. It's possible that the Department of Health and Human Services will be undertaking further health surveys. Given the importance of this research would you be willing to be asked whether you would like to participate in future studies of this nature?

1. Yes
2. No

*(ALL)

END. Thank you for taking the time to answer these questions. If you missed it, my name is (SAY NAME) from The Social Research Centre. The information you provided will most useful in helping the Tasmanian Government improve services for children in your community and throughout Tasmania.

TERMINATION SCRIPT 1 As you don't have any children under 13 the questions asked in this study don't apply to your household, but thanks for your time. IF NECESSARY: If you would like more information on this study, you may wish to call the Department's helpline number on 1800 137 025.

TERMINATION SCRIPT 2 Thanks for being prepared to help out, but for this survey we need to talk to Tasmanian residents. IF NECESSARY: If you would like more information on this study, you may wish to call the Department's helpline number on 1800 137 025.

TERMINATION SCRIPT 3 To be able to randomly select a child to ask you about, we need to record the age in years of all children under 13 who usually live in the household. Thanks anyway. IF NECESSARY: If you would like more information on this study, you may wish to call the Department's helpline number on 1800 137 025.

TERMINATION SCRIPT 4 Thanks for being prepared to help out, but for this survey we need to speak to parents or carers who are aged 18 years or older. Thanks anyway. IF NECESSARY: If you would like more information on this study, you may wish to call the Department's helpline number on 1800 137 025.

Appendix 2 References

1. Source of population data is the Australian Bureau of Statistics:
Australian Bureau of Statistics 2006, 2006 Census Community Profile Series, Basic Community Profile Catalogue No. 2001.0, Table B02.
Population figures for children aged 0 to 13 years in each Health Region were supplied courtesy of the Department of Health and Human Services.

2. References on the general functioning scale of the McMaster Family Assessment Device include:
Epstein, N., Baldwin, L., & Bishop, D. (1983). The McMaster family assessment device. *Journal of Marital and Family Therapy*.
Tiffin, P. A., Pearce, M. S., Kaplan, C., Fundudis, T., & Parker, L. (2007). Recollections of parental style and perceptions of current family functioning at age 50. *Journal of Family Therapy* 29, 169-182.

3. Comparative Victorian data were drawn from:
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