The Brotherhood's Social Barometer

Monitoring children's chances

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1 Introduction

There is nothing that any society values more highly than its children. As parents and family members, we dedicate huge amounts of time, money, worry and love to caring for our children and providing environments in which they can develop and flourish. As communities, we expect our governments to ensure that the next generation enjoys better living conditions and more opportunities than ours.

Yet far too many children find themselves in circumstances that fall far short of our lofty aspirations. In Australia and overseas, a significant proportion of children endure severe disadvantages that infringe on their happiness and restrict their future opportunities.

The last fourteen years have been particularly good to most Australians. Sustained economic growth has delivered more jobs and larger salaries. Many young people study longer before gaining employment that utilises their skills. Families have higher incomes and enjoy the use of new technologies. Homeowners have seen the value of their properties skyrocket. Meanwhile, governments collect more taxation revenue than ever before. Unquestionably, we are a richer nation.

However, it is clear that many Australian children are not benefiting from this progress. Stanley, Prior and Richardson (2005) tell us that increasing inequality in our society is having a particularly detrimental effect on our children. Children from disadvantaged backgrounds are much more prone to physical and mental health problems. The Australian Health and Welfare Institute's report, *A picture of Australia's children*, also signals that on a range of indicators there remains a disparity in the opportunities of children in this country. A recent study by the Centre for Community Child Health and the Telethon Institute for Child Health found that, of 16,000 children studied in their first year at school, 22 per cent were 'developmentally at risk' in areas such as physical health, social competence, emotional maturity and communication skills (CCCH & TICHR 2005).

What these studies highlight is that despite the economic resources available to us, there remain severe inequalities in health, development and well-being. While the majority continue to move ahead, too many children—especially Indigenous children and those from low-income families—are being left behind.

In this first issue of the Social Barometer series, the Brotherhood of St Laurence (BSL) seeks to add to this literature highlighting the disadvantages facing Australia's children. Whereas the European Union and countries such as Canada have made the elimination of child poverty an explicit goal, there is no similar commitment from Australian governments. Child poverty has slipped off the agenda and no alternative measures of disadvantage have emerged to take its place. This makes it difficult to track developments over time. With indicators of our prosperity gaining regular attention, it becomes easy to forget how many children's futures are being compromised.

2 The Brotherhood's Social Barometer

This is, of course not the first set of evidence that all is not well with Australia's children. In 2003, for example, Anglicare Australia initiated its Break the Cycle campaign to halve the numbers of children living in jobless households. The Professor of Child Health and 2003 Australian of the Year, Fiona Stanley, has worked tirelessly to raise public awareness on the issue and this year, with colleagues from the Australian Research Alliance for Children and Youth published the important book, *Children of the lucky country? How Australian society has turned its back on children and why children matter* (Stanley, Prior & Richardson 2005). One reason for the Brotherhood of St Laurence to support this effort is that the apathy in Australia surrounding child poverty appears to be linked to a wider problem of not recognising the poverty in our midst. We are particularly concerned that the nation today lacks an agreed standard for action on social problems. Former standards like the unemployment rate and then the poverty line no longer galvanise the population to act. For this reason, we are establishing the BSL Social Barometer. It will be a regular report and deal with the key phases in people's life cycle: the early years, the transition from school to work, periods in and out of work and finally, ageing and retirement. It will show the nation just how well equipped its citizens are (or are not) to negotiate each phase with the satisfaction to which we believe all Australians are entitled.

We recognise that today's society needs a different measure of what is fair and reasonable. At the end of the Second World War, Australians adopted one measure, namely full employment. For the next three decades, if the unemployment meter ticked over 2 per cent, governments faced the sack. Times changed and in the 1970s a new yardstick of well-being was taken up: the Henderson Poverty Line, named after Professor Ronald Henderson, himself a great supporter of the work of the Brotherhood of St Laurence. This measure took full employment for granted and focused more on people such as the aged who relied on social welfare rather than wages for their well-being. If these groups fell below the 'poverty line', Australians could be persuaded that increases in pensions and benefits were clearly in order. This approach reached its zenith with Prime Minister Hawke's 1987 promise to end child poverty by 1990. The limited success of the policies which followed—together with the key advocacy role of then Bishop Peter Hollingworth of the BSL—has now passed into political folklore but, as Saunders (2005) has recently written, the events proved a watershed in poverty research and advocacy. The income poverty line as a yardstick of social policy success or failure became compromised, opening the way for a period of 'sterile debate' about where to draw the income poverty line, which reached its nadir with the public scuffling between the Smith Family, NATSEM and the Centre for Independent Studies in 2001–02 (see Saunders 2005, p.6). Today Australia needs to agree on a new yardstick of the 'fair go'.

Around the time of the controversy over the Hawke child poverty pledge, the Brotherhood was intensely involved in reconsidering poverty measurement. This is evident from Jenny Trethewey's book *Aussie Battlers* (Trethewey 1989), Jan Carter's editing of six booklets in a series known as Child Poverty Review (1989–1991) and, a little later, the launch of Janet Taylor's ongoing qualitative, longitudinal study of families in poverty, Life Chances. Some of the key concerns expressed then about the poverty line are only now becoming open to resolution. Carter's (1991) summary of these concerns highlighted, first, the way aspects of poverty other than income were ignored and, second, the problem of maintaining a relative measure of poverty in an increasingly affluent society. But what has really spurred our endeavour to construct a new measure is our changing sense of the purposes of social welfare in the 21st century. Welfare can no longer be seen as a provision of income for those unable to make a decent living through paid work. With the transition to a more knowledge-based economy, a radically deregulated labour market and the eclipse of the male breadwinner family model, welfare now has to perform a range of other functions. Increasingly its purpose is expressed less in terms of maintaining a subsistence consumption—as important as that remains—and more in terms of investing in people's capacity to negotiate the varied challenges of the typical life course.

The opportunity to construct a Social Barometer along these lines has been created first by recent international developments on poverty definition and measurement associated with the adoption of the social inclusion approach in British and European social policy and of the Sen 'capabilities' framework in the development literature. Both open the way to multidimensional measures of disadvantage and interestingly deliver similar sets of social indicators. The opportunity also arises from a resolution of the conflict over the measurement of 'relative poverty' in affluent societies. As Lister (2004) writes in her recent magisterial overview, we have moved 'beyond absolute and relative definitions of poverty'. Today, she indicates, whether we think in terms of Doyal and Gough's theory of human needs or Sen's understanding of the capabilities necessary for the exercise of freedom, we ought to assume that while there are certain things which we all need absolutely (e.g. health, autonomy), these will be realised differently in different societies. While we can provide considerable data on relevant social indicators, what is deemed as disadvantage by a particular society will remain a matter of ethical judgement (Bessant et al. 2005). Sen, for example, suggests that this is best 'determined by a democratic, participatory process'.

This first issue of the BSL Social Barometer of children's chances is not proposed as a final word. We release it in the spirit of contributing to a growing national deliberation on the 'fair go' for children in Australia today. This year the BSL has been a part of a national research project with the Melbourne Institute and others, exploring Sen's work as a basis for a new national measure of disadvantage. We are heartened by Headey's work (2005) operationalising Sen's framework and by the Cape York Institute's (2005) adaptation of the framework to the very different circumstances of Indigenous people in that part of Queensland. Ours is the first application of the framework specifically to children. The BSL is also engaged in an Australian Research Council project with the University of New South Wales Social Policy Research Centre, the Australian Council of Social Service, Mission Australia and Anglicare (Sydney) looking at the alternative social exclusion approach. While this is quite different from the Sen framework, the actual empirical work on the domains of social exclusion are not expected to differ radically from the evidence collected here in relation to the key capabilities derived from Sen.

Our Social Barometer presents indicators of children's capabilities covering six key dimensions of life, presented in thematic chapters. Concluding comments are made in chapter 9.

A capabilities approach

The capability approach provides a clearer lens for viewing questions of poverty and disadvantage than the older income poverty line. Sen argues that a person's quality of life is determined not by the resources they hold, but by the various things they are able to be and do. The term 'capability' refers to a person's freedom to achieve valuable 'beings' and 'doings'. Capability is thus a kind of freedom to achieve well-being.

Examining capabilities of children is a particularly useful means of identifying restrictions on their opportunities. The approach recognises that children have rights and are beings now, as children, and not solely as future adults. All children should be able to attain basic levels of good health and education and be safe from abuse. Without these basic capabilities, they risk losing choices about their life course.

There is potentially an infinite number of capabilities. Some are valuable and relate to crucial aspects of life, while others are trivial and have little impact on the well-being of most people. Sen recognises this, and argues that what really matters is some kind of equality of basic capabilities. Basic capabilities involve things that are important and valuable for all people to be free to do to an adequate level.

Because Sen seeks to specify capabilities common to all peoples, his list is necessarily quite abstract. Nussbaum (2000) has gone the furthest in attempts to make them more concrete. It is impossible to do this without introducing some ethical dimensions and assumptions about what is

important in determining people's life chances. Headey's (2005) and the Cape York Institute's (2005) lists, for example, include 'welfare reliance' as a negative capability. At the Brotherhood of St Laurence, however, we see a continuing role for income support as a positive capability—and not only for those traditionally outside the wage system such as the aged, people with a disability, those engaged in parenting and caring. With the present thoroughgoing removal of welfare from our wage fixing arrangements and the proliferation of precarious employment as a result of deregulation, more and more people find themselves needing a mix of wages and welfare to survive with decency.

While such disagreements are unavoidable in any attempt to forge a new consensus, we have endeavoured to minimise ethical and social judgment and to highlight evidence regarding factors likely to influence children's life chances.

The Social Barometer presents indicators of children's capabilities and childhood disadvantage (see Figure 2.1). Each of the six dimensions reflects basic capabilities that every child should be free to develop, including the ability to have good health, to read and write, to control one's thoughts and emotions, to be free from violence and abuse, and to have access to some minimum level of economic resources. Children's ability for recreation and play are also essential to development, but it was not possible to collect a reliable indicator of this ability.

As it is often difficult to measure freedoms, the Social Barometer uses the best available indicators, which measure children's achieved outcomes (which Sen calls 'functionings'), rather than their capabilities per se.

Figure 2.1 Indicators of childhood disadvantage

Physical health	Mental health	Housing	Education and learning	Physical safety	Economic resources
Infant mortality Low birth weight Chronic diseases Child immunisation	Mental health Youth suicide	Homelessness	Participation in pre-school Literacy and numeracy Youth unemployment	Child protection substantiations Victims of assault or sexual assault	Child income poverty Jobless households Persistence of low resources over time

Case studies

Stories of children are also woven throughout the report. Pseudonyms are used to protect privacy. These stories highlight the multiple dimensions and complexities of a life of poverty and disadvantage and the direct effects on children and their families. We begin on the following page with the story of Jane, who has been part of a longitudinal study since she was an infant. Jane grew up in a low-income family and was exposed to health and housing problems early in her life.

Jane's story

When we first met Jane, she was six months old. She was the child of a young single mother in poor health. The family were living in a high-rise flat in inner Melbourne on a sole parent pension. As a baby, Jane had health problems (asthma and bowel problems) and had spent ten days in hospital with bronchitis. At that time her mother described herself as very happy and managing quite well; however she herself suffered from asthma and had been in hospital with pneumonia since Jane's birth. Jane went into residential care at that time. Her mother had limited education, some literacy problems and little work experience. She was getting some support from a family support worker and a social worker. She wanted to move closer to her own mother in outer Melbourne but there was a two-year waiting list for public housing there.

By three years of age, Jane had moved five times since her birth. She had had considerable health problems and had been on medication for hyperactivity. She had been in respite care and foster care because of her mother's poor health and unstable housing. Her mother would have liked to use child-care but could not afford it.

When she was in primary school, Jane's mother died suddenly. At twelve, Jane was living with her father and his parents in a small house in a housing commission area. She shared a room with her grandmother. Her father had been on a sole parent pension for a while, but was now working part-time on night shift. He was keen to be working but found shift work difficult as a sole parent and saw little of Jane. Financially things had been 'tight'. Her father said she was very quiet and shy when she first came to him: 'I couldn't get a word out of her … but she's a completely different kid now'. She continued to have health problems and had to miss a school camp due to an ear infection.

By year 6, Jane was at her fourth school. She participated in no organised activities out of school, but she saw friends frequently. Her father commented: 'At the moment everything is going really nice as it is … I'm very lucky, I've got my parents helping me and I've only got one child'. He saw his financial situation as better than that of the sole parents with three or four children who were his neighbours, but he worried about what high school would bring for Jane.

3 Physical health

Melissa's story

Melissa lived with her parents and two siblings on a public housing estate. Because her father had osteoarthritis, he was unable to work and relied on the government pension. Melissa had a hole in her ear drum that exposed her to frequent ear infections. She therefore relied quite heavily on public health services, but there could be a long wait to see a specialist. Unable to afford to run a car, the family had to use public transport, which added to travel time to various doctors.

At primary school, Melissa had special needs due to her health: background noise could be overwhelming and she often needed extra individual attention from her teachers.

Having to get by on a low income put a strain on Melissa's parents and their relationship. They struggled to cover education expenses for their children such as fees, uniforms and books. At times they relied on the help of welfare organisations to get them through.

Melissa's parents recognised the importance of letting their children play outdoors, but worried about their children's safety in the community gardens of the estate. If Melissa had the money, she said that all she would buy was a house with a garden for her parents.

According to the World Health Organization, 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition' (World Health Organization 1946). Having the ability to attain good physical health at the earliest stage of life is essential to this goal, as children with health problems early in life can face developmental problems, both physically and psychologically (UNICEF 2005).

Children from all backgrounds should have the social and economic basis for good physical health.

In this section, indicators of children's physical health are therefore examined. These include infant mortality, low birth weight, child immunisation rates and chronic conditions.

Key findings are that:

- Children's health outcomes are unequal.
- The proportion of low-birthweight babies has been increasing.
- Indigenous children are particularly disadvantaged. Compared with all Australian children, they are more than twice as likely to be born with low birth weight and more than twice as likely to die before their first birthday.
- Immunisation rates of 6-year-old children remain much lower than those for younger children.
- Asthma in Australian children remains a significant public health concern.
- Other chronic diseases such as diabetes and cancer in children are becoming more prevalent.

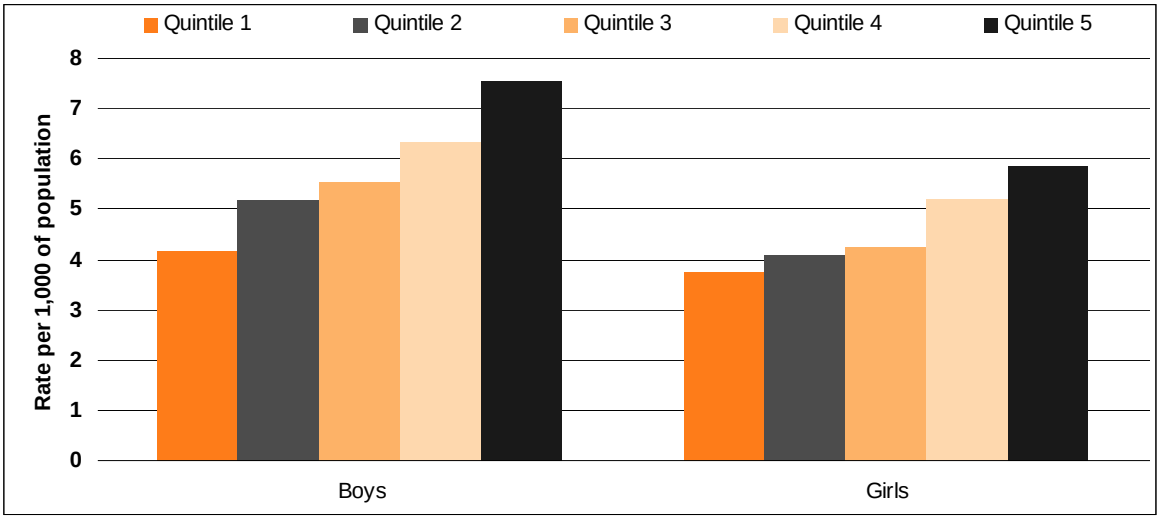
Infant mortality

Infant mortality is a key indicator of human development. The infant mortality rate includes neo-natal and post neo-natal deaths of infants less than 12 months of age. Infant mortality is associated with a variety of factors, such as maternal health, access to medical care, socioeconomic conditions and public health practices (Kleinman & Kiely 1991).

With increased living standards and medical advances, infant deaths in developed countries fell dramatically over the last century. The most recent Australian data indicates that in 2003 there were 4.8 infant deaths per 1,000 live births (ABS 2004a).

While infant mortality has generally been improving in Australia, children born in disadvantaged areas are at a much higher risk of death than children in less disadvantaged areas (Figure 3.1). This is particularly evident for boys, with a 78 per cent difference between the most and least disadvantaged areas, while for girls this difference was 62 per cent. Children from disadvantaged areas also experienced higher mortality from avoidable causes, and substantially higher death rates from accidents and injury (Draper, Turrell & Oldenburg 2004).

Figure 3.1 Infant mortality rates[a] by IRSD quintile[b] and gender, 1998-2000



[a] Deaths per 1,000 persons.
[b] Based on ABS Index of Relative Socio-economic Disadvantage where quintile 1 = least disadvantaged, quintile 5 = most disadvantaged.
Source: Draper, Turrell & Oldenburg 2004, Table 5.1.2 using ABS mortality data

In particular, Indigenous children are at a much higher risk. While data on infant mortality within Indigenous communities can be difficult to obtain and needs to be interpreted with caution, the evidence shows that infant mortality rates are more than twice those of the total population (see Table 3.1). These infant mortality rates compare to those of the general Australian population in the 1970s.

Table 3.1 Infant mortality rate (deaths per 1,000 live births), by Indigenous status, 1998–2000, 2001–03

	1998–2000		2001–03	
State or territory	**Indigenous**	**Total population**	**Indigenous**	**Total population**
New South Wales	11.8	5.1	8.6	4.8
Queensland	12.5	6.1	11.2	5.5
Western Australia	16.9	4.7	15.9	4.5
South Australia	7.8	4.3	9.1	4.5
Northern Territory	21.5	11.9	14.8	10.1

Note: Data need to be interpreted with caution as the rates are derived from a relatively small number of deaths and because of incomplete coverage of Indigenous deaths across jurisdictions. Data for Victoria, Tasmania and the ACT were not available.
Source: SCRGSP (Steering Committee for the Review of Government Service Provision) 2005, Table 5.2.1 using data from Australian Bureau of Statistics (2004a).

Low birth weight

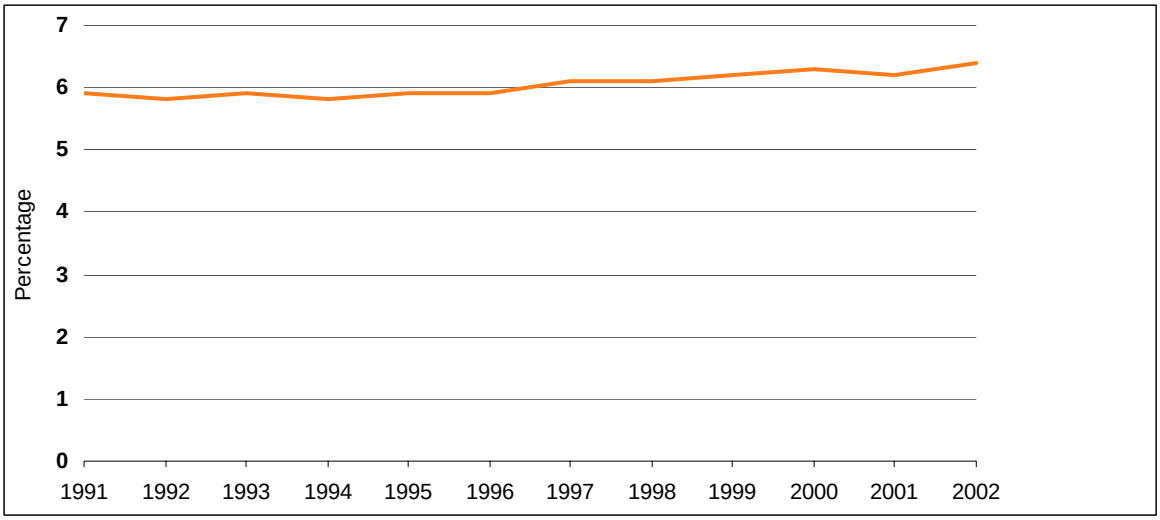
Low-birthweight babies are more at risk of death or poor health as infants and more at risk of developing health problems later in life (Mick et al. (2002); Leeson et al. (2001)). The rate of low-birthweight babies is therefore usually presented alongside information on infant mortality as a key indicator of children's health and development.

The World Health Organization defines low birth weight as less than 2,500 grams (5 pounds, 8 ounces) at birth.

There are two categories of low-birthweight babies: babies that are born premature and babies that are born full-term but are underweight. Babies are born preterm and/or underweight for a variety of reasons: smoking, alcohol and other substance abuse and socioeconomic factors contribute, alongside the mother's age, health and medical and genetic history (Horter et al. 1997; Kramer 1998; Bonellie et al. 2001; Brooke et al. 1989). In addition, multiple births are often underweight (AIHW 2003).

The trend in the rate of low-birthweight babies from live births over the last decade or so is shown in Figure 3.2. A slight upward trend is apparent, with an increase of 8 per cent in the rate of low-birthweight babies from 5.9 per cent of live births in 1991 to 6.4 per cent in 2002.

Figure 3.2 Low-birthweight babies as a percentage of live births, 1991–2002



Source: AIHW, *Australia's mothers and babies*, various issues

Some of the trend is attributable to an increased number of multiple births related to an increased reliance on fertility enhancing drugs. However, even among single births, there is evidence of a

slight recent increase. This may be due to developments in health care which allow successful early intervention when there are problems during a pregnancy. Children born into advantaged families with a low birth weight do relatively well, but those born into disadvantaged families tend to develop more problems (Stanley, Prior & Richardson 2005).

Indigenous children are particularly at risk of being born underweight. Although the data needs to be interpreted with caution, 12.6 per cent of live births to Indigenous mothers over the period 1999–2001 were under 2500g. This is more than twice the rate for births to non-Indigenous mothers, with 6 per cent of babies born underweight (SCRGSP (Steering Committee for the Review of Government Service Provision) 2005).

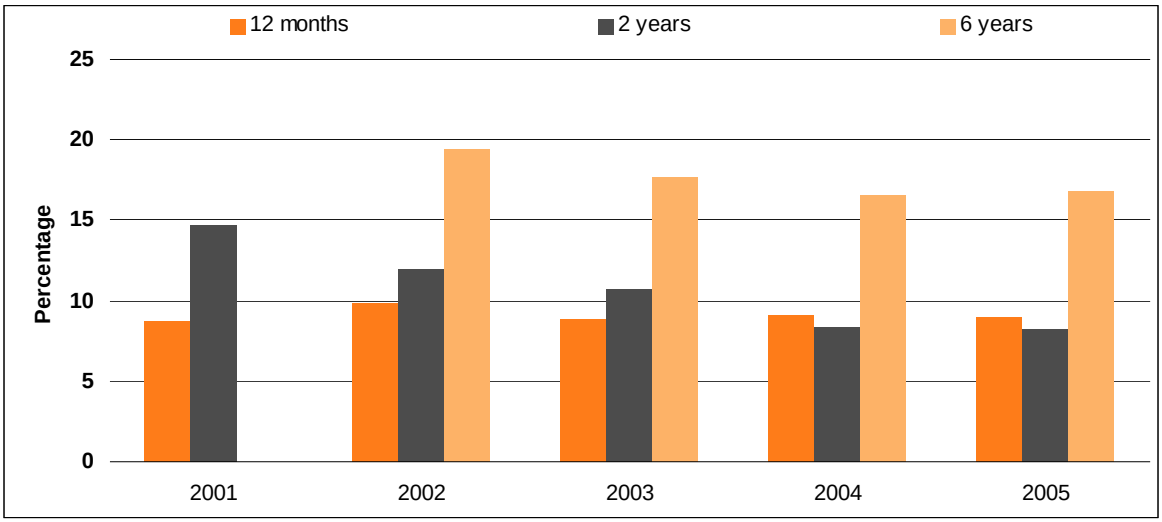
Child immunisation

Child immunisation protects children against a range of diseases that can cause serious complications and sometimes death (Australian Government Department of Health and Ageing 2005). Children are regarded as being fully immunised when they receive all the vaccinations appropriate to their age.

In response to declining child immunisation rates and a rising incidence of vaccine preventable diseases, the Australian, state and territory governments in the mid 1990s coordinated their efforts in a national program to encourage parents to get their children immunised; the Immunise Australia Campaign. Education initiatives have been instigated to raise awareness. An Australian Childhood Immunisation Register has been implemented. Administered by Medicare Australia, it records vaccinations given to children under seven years of age. To encourage compliance, certain family payments (Child Care Benefit and Maternity Immunisation Allowance) have been made conditional on children being immunised or exempted from immunisation. Initiatives for GPs to promote and provide immunisation are also part of the wider strategy.

It is not surprising, therefore, that the overall rate of young children not fully immunised in Australia has fallen in recent times (Figure 3.3). The rate of fully immunised 6-year-olds remains below target levels, however, with close to 17 per cent not fully vaccinated. Change in the measles vaccination schedule is suggested to be a key contributor; and 'vigilance and innovative approaches to improving vaccine uptake in this age group are needed for optimum measles control' (Hull, McIntyre & Sayer 2001, p.ix).

Figure 3.3 Children not fully immunised, by age, 2001–05



Note: Rates are those for June of each year.
Source: Compiled from Australian Department of Health and Aged Care *Communicable Diseases Intelligence*, various issues)

While making immunisation a requirement for the Maternity Immunisation Allowance and Child Care Benefit has improved coverage among young children in socioeconomically disadvantaged families, evidence suggests that children in larger, lower income families and families with a health care card remain less likely to be fully immunised. Also, lower immunisation is apparent in non-metropolitan areas, suggesting that access to services may be more important (Hull, McIntyre & Sayer 2001).

Chronic conditions

Three of the major chronic conditions in children are asthma, diabetes and cancer[1].

Asthma

Asthma is a major health issue for children in Australia, with prevalence of the disease high relative to other countries (AIHW Australian Centre for Asthma Monitoring 2005, Chapter 2). Around 13 per cent of children 0 to 14 years had asthma in 2001, making it the most common long-term condition in this age group (Australian Bureau of Statistics (ABS) 2002). In severe cases or when not properly treated, asthma may interfere with leisure, school or other activities, create a need for urgent medical care including hospitalisation, and cause premature death (Australian Institute of Health and Welfare (AIHW) 2005b).

The prevalence of asthma in children apparently increased between 1982 and the early 1990s (AIHW 2005c). Subsequent trends are not clear and at present, there is no conclusive evidence that children from socioeconomically disadvantaged backgrounds have a higher risk of having asthma (AIHW Australian Centre for Asthma Monitoring 2005).

Diabetes

Type 1 diabetes, the more common form of diabetes in children, arises in childhood and usually lasts throughout a person's life. Type 2 diabetes is associated with being overweight or obese and usually arises in older people. There is evidence of increased prevalence of both types of diabetes in children (AIHW 2005b). Type 1 diabetes has been found to be the fastest growing chronic disease amongst Australian children (AIHW 2002). While Type 1 diabetes has no known modifiable risk factors, the rise in Type 2 diabetes has been associated with increasing obesity in children (AIHW (2005c). Western Australian research suggests that the problem is more acute in children from socioeconomically disadvantaged backgrounds, particularly Indigenous children (McMahon et al. 2004). While there are no known national studies confirming a direct relationship, there does appear to be an indirect relationship, with research showing that socioeconomic status is a factor in the increasing rates of obesity in children (O'Dea 2003).

Cancer

In 2001, 603 children aged 0–14 years were diagnosed with cancer. The most common types of cancer in children aged 0–14 years during 2001 were leukaemia, and cancer of the brain and central nervous system (AIHW 2005c).

Between 1982 and 2001, the age standardised incidence rate for all cancers combined (excluding non-melanoma skin cancers) increased by an average of 0.6 per cent per year for children aged 0–14 years, a small but significant rise (AIHW 2005c).

[1] For more discussion of these and other chronic conditions in children, see AIHW (2005b), (2005c) and AIHW Australian Centre for Asthma Monitoring (2005, Chapter 2)

4 Mental health

Jim's story

Four-year-old Jim lives in an inner suburban housing estate with his Filipino-born mother and grandmother and his three siblings. Jim has exhibited physical and verbal aggression and anxiety when separated from his mother. Jim also presents a language delay, his speech is limited. He has little opportunity to mix with other children, as the family is socially isolated, and has difficulty in cooperating with others, in negotiating conflicts without becoming aggressive and in concentrating during activities and play at the centre.

Jim's brother and sister also exhibit low levels of confidence, low social skill levels, language delays and emotional delays. There is a high level of stress in the household worsened by financial difficulties, and Jim's mother feels overwhelmed as a sole parent with four children and her mother in the small flat. She is on medication to treat her depression and generally suffers from poor health, as do the children.

The World Health Organization's constitution explicitly recognises mental health as a central component of overall health. Good psychological health is essential for children to reach their full potential. Children who develop mental health problems face limitations in participating in society and risk social exclusion and are likely to carry these problems into adulthood. Conduct disorder has been outlined as the most common mental health problem in children internationally, and is associated with later marital problems, poor employee relations, unemployment, poor physical health and in some instances criminal behaviour (World Health Organization 2001; Patterson et al. 1989). The onset of depression in children, and suicide in children and adolescents, are of particular concern (World Health Organization 2001).

Given the importance of mental health to child development, indicators associated with the prevalence of mental health problems in children are the focus of this section.

Key findings:

- Just over 14 per cent of Australian children 4–17 years of age have some type of mental health problem.
- The prevalence of mental health problems in children is related to socioeconomic factors.
- Although declining in recent years, suicide rates for young males remain high in Australia.

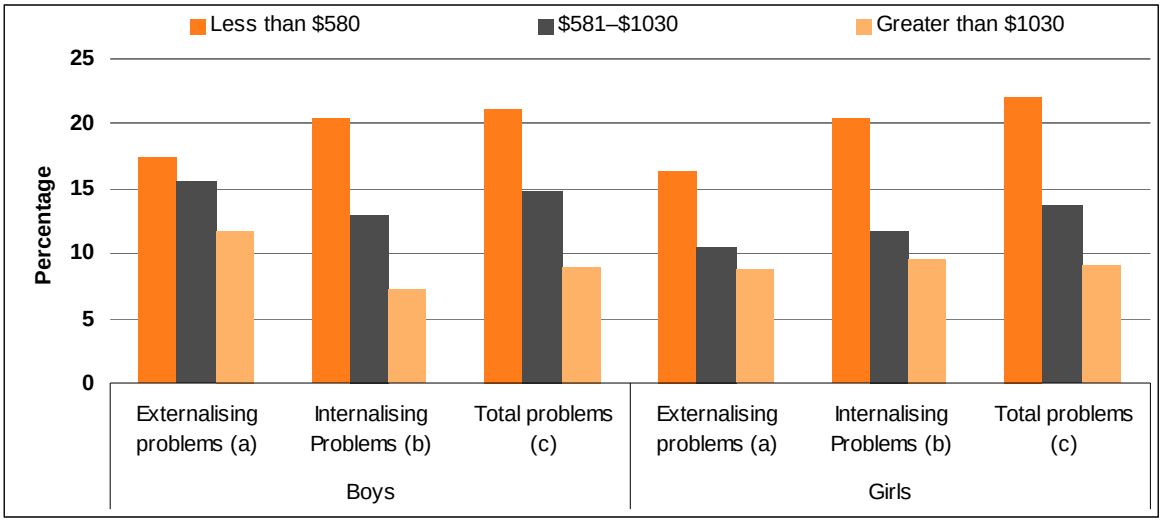
Mental health

Information on Australian children's mental health is limited. The only reliable national survey was conducted in 1998, as part of the National Survey of Mental Health and Wellbeing, which collected information on the burden of mental illness in children and adolescents aged 4 to 17 and included interviews with parents as well as adolescents aged 13 to 17 years. The results are discussed in Sawyer et al. (2000).

Around 14 per cent of children aged 4 to 17 years were identified as having some type of mental health problem. Somatic[2] problems and delinquent behaviour were the most common problems. Although there has been discussion of increased prevalence of mental health problems in children, particularly in adolescents, this is difficult to confirm as there has been no follow-up survey. Such investigation is overdue, as it is important to monitor and respond to trends in such a key area.

Poverty and socioeconomic factors have been linked to the onset and development of mental health problems in children (Kessler et al. 1994; Kohn et al. 1998; Saraceno and Barbui 1997; WHO International Consortium of Psychiatric Epidemiology 2000). Consistent with this international research, mental health problems in Australian children are also highly correlated with household income (Figure 4.1). Sawyer et al. (2000) also found a higher rate of mental health problems in children living in step/blended or sole parent families and those living with parents who were not in paid employment. Although the international literature can be used as an indication, the mix of cause and effect in Australian children cannot yet be determined, as longitudinal data is needed. The Longitudinal Study of Australian Children (LSAC)[3] will be able to shed some light on these issues in the future.

Figure 4.1 Prevalence of mental health problems in children 4-17 years by household income



Notes: Data from latest national survey, 1998
a 'Externalising problems' refers to antisocial or under-controlled behaviour (e.g. delinquency or aggression).
b 'Internalising problems' refers to inhibited or over-controlled behaviour (e.g. anxiety or depression).
c 'Total problems' refers to all mental health problems reported by parents or adolescents.
Source: Sawyer et al. 2000

[2] Somatic complaints are chronic physical complaints without known cause or medically verified basis.
[3] LSAC is being undertaken by a consortium led by the Australian Institute of Family Studies in partnership with the Australian Department of Family and Community Services. For more information, see <www.aifs.gov.au/growingup/home.html>.

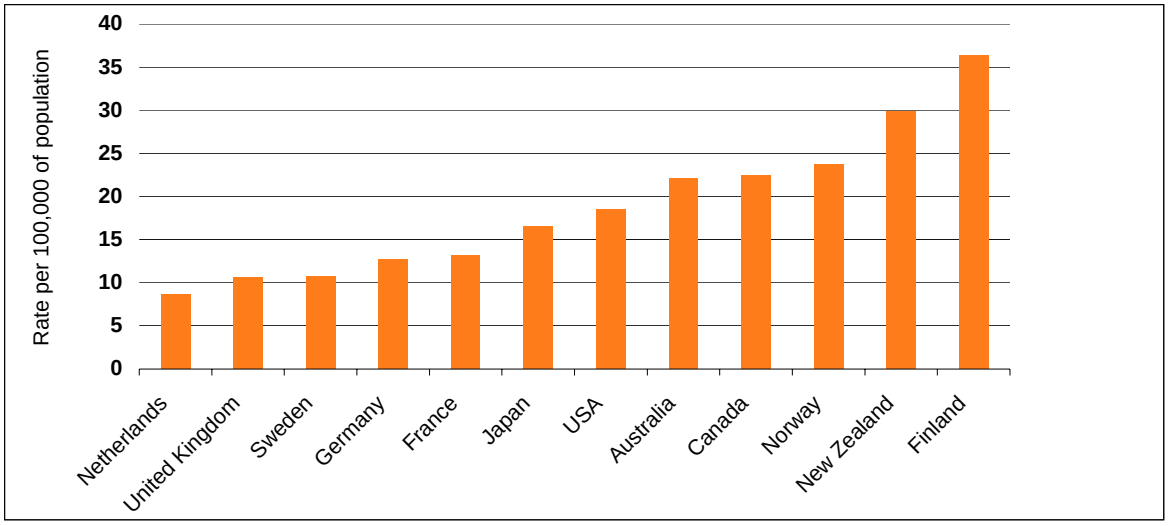
Youth suicide

Youth suicide has long been a serious public health concern, particularly with the worrying rise in suicide among young males since the 1970s. By the late 1990s, this led the Australian Government to implement the National Youth Suicide Prevention Strategy, later superseded by the National Suicide Prevention Strategy. Research has demonstrated strong associations between suicide and unemployment, low socioeconomic status and low occupational status, although causal relationships are yet to be determined (Department of Health and Aged Care 1999).

In 2003, age-specific suicide rates in the 15 to 19 year age group were 12.7 per 100,000 males and 3.6 per 100,000 females. The rates for youth aged 20 to 24 years were 23.3 for males and 3.7 for females (ABS 2004b). This represents a slight fall in the overall suicide rate for this age group from the previous year, with an overall downward trend apparent since the late 1990s.

Although youth suicide rates have been falling slightly, the rate of youth suicides for males remains quite high by international standards (Figure 4.2).

Figure 4.2 Suicide rates of males aged 15 to 24 years in selected OECD countries



Note: Observations relate to 1999, except for Canada (1997); the US, France and Sweden (1998) and New Zealand (2000).
Source: New Zealand Ministry of Health 2002

5 Housing

Sarah's story

Sarah was four years old when her family first approached Hanover Welfare Services for help with their housing. They were facing eviction because their landlord wanted the property back, but it was important for them to stay in the area because of their support network for various health problems: Sarah suffered from a disease of the joints and from recurrent ear infections, her mother had a physical disability and her father suffered from depression. The family also survived on a low income: her father's full time job paid about $450 per week after tax and her mother received a Disability Support Pension.

They had to move to a home with a higher rent. This put additional strain on the family's finances, forcing them to seek aid. The children were both in hospital; their father had to take unpaid time off work and there were extra bills, including the cost of moving house.

When Sarah was five, her family continued to face problems. Their lease had expired, and with additional health and employment problems, the parents' relationship was under pressure. Her father was on anti-depressants after an attempted suicide, but was unable to afford counselling. At this stage, Sarah's parents worried that her health was deteriorating. She began to suffer from 'turns' during which she was aggressive and difficult to handle. When she started school, she required special assistance. However, there were delays in getting this in place before she started, and her health issues prevented her from spending a full day at school.

At six years of age, Sarah and her parents continued to face health difficulties, but her parents were now receiving respite care and were able to see a psychologist. They were finally able to secure housing through the Office of Housing.

Having access to adequate housing is an internationally recognised human right explicitly set out in the Universal Declaration of Human Rights (article 25.1), the International Covenant on Economic, Social and Cultural Rights (article 11.1), and other international human rights treaties and declarations. It is an essential requirement for child well-being and development. Without a place to live in security, peace and dignity, homeless Australians are likely to experience worsening mental health, reduced employment opportunities, discrimination and social exclusion (Jones 2005). The most extreme form of inadequate housing is homelessness.[4]

While we report indicators of homelessness below, it is important to recognise that having access to adequate housing is more than just having adequate shelter. Children can also face problems arising from overcrowding unstable tenure or unaffordable rents. Some of these broader issues come through in Sarah's story above, which highlights the difficulties children and their families may face when they do not have secure housing, especially when they have high health needs.

Key findings:

- Some 36,000 children under 18 years were estimated to be homeless on census night in 2001.
- Each day 200 families and children are turned away from homeless services.

[4] In Australia, a cultural definition of homelessness developed by Chamberlain and MacKenzie (1992) is generally used. This identifies primary, secondary and tertiary homelessness. Primary homelessness is the same as literal homelessness or 'rooflessness'. Secondary homelessness includes people who are staying in any form temporary accommodation, with no secure housing elsewhere. Tertiary homelessness refers to the occupants of single rooms in private boarding houses who live there on a long-term basis (three months or longer).

Homelessness

When parents become homeless due to family breakdown or domestic violence or simply because they cannot afford their rent, their children become homeless too. A child raised without a secure home faces barriers to higher educational achievement and later job security, which may lead to homeless children raising families who in turn become homeless (Chamberlain & MacKenzie 2003b).

It is difficult to accurately measure the homeless population. The last two censuses attempted to do so: in 2001, an estimated 9,941 children under the age of 12 were homeless on census night, in addition to 26,060 children between 12 and 18 years (Chamberlain & MacKenzie 2003a, Table 5.1). These estimates suggest that children make up 46 per cent of all homeless people in Australia.

More recently Norris et al. (2005) show that in 2002–03, there were around 11,100 unaccompanied children in the Supported Accommodation Assistance Program (SAAP), Australia's main assistance for homeless people, and an additional 53,800 children accompanying their families. Indigenous children were disproportionately represented.

Table 5.1 shows the disparities in the rate of homeless young people (aged 12–18 years) between the states (a similar breakdown of homeless children under 12 years was not available). Homelessness among the young appears most prevalent in the Northern Territory, with high rates also in Queensland, Western Australia and South Australia. New South Wales, Victoria and the ACT have the lowest rates of homeless young people.

Table 5.1 Estimated number of homeless young people aged 12 to 18 and rate of homelessness per 1,000 of the youth population, by State and Territory

	NSW	Vic	ACT	Qld	SA	WA	Tas	NT	Australia
Number	6,242	4,663	400	6,381	2,394	3,508	1,008	1,464	26,060
Rate per 1,000	10	10	12.5	18	17	18	21	69	14

Source: Chamberlain & MacKenzie 2003a, Table 5.1[5].

Since 1995, all levels of government have implemented youth homelessness policies with an early intervention focus in schools and local communities (Chamberlain 2003). While these initiatives may have improved the situation, homelessness among young people remains a problem (Chamberlain 2003).

[5] Estimates of the number of homeless youth were collected using information from the 1996 and 2001 Census of Population and Housing; SAAP Client Collection, 1996 and 2001 and the 1994 and 2001 National Census of Homeless School Students reported in Chamberlain and MacKenzie (2003a) .

6 Education and learning

Lisa's story

Lisa's parents migrated from Vietnam before Lisa was born. Her family had been on a low income all her life, first with her father earning a low wage, then, after her parents separated, her mother receiving a sole parent pension and at times a low wage. Lisa's parents had limited formal education, her father reaching Year 10 and her mother only primary education. Both parents had limited English. Lisa's mother used to do some part-time process work but after a car accident last year had not been able to work.

Lisa's health was generally good but she was short-sighted and had some respiratory problems. She had been able to use the school dental service and a bulk-billing GP. Lisa was in Year 6 at a government school (her third school). Her mother had difficulty with the cost of the camp and the choir and choir uniform, but the school allowed her to pay in instalments. What Lisa did not like about school was 'too much money to pay'. She missed out on some activities there and was not involved in any activities away from school. Her mother would have liked to provide, but could not afford, piano lessons and some tutoring. She wanted Lisa to attend university: 'I don't think I can afford it. However, I will try my best'.

Providing a learning environment in which a child develops the ability to think, reason and imagine is essential to enable children to reach their full potential. Parents and other family members have an enormous influence on a child, particularly in the earlier years, and it is important for learning activities to occur within the home. Indicators of this are not readily available and so not addressed in this report. LSAC and the future Longitudinal Study of Indigenous Children (LSIC)[6] will shed light on the influence of family and community involvement in a child's learning.

Where governments have more control and a much larger responsibility is in the learning that takes place outside of the home, in child-care and preschool programs and in the formal schooling system. Research shows that early childhood education programs are very important for a child's overall educational development, particularly for children in low-income families (Schweinhart et al. (1993); Schweinhart (2003); OECD (2005a). Children with literacy and numeracy problems early in life are more likely not to complete secondary school (Lamb 1997), and in turn are at a higher risk of unemployment and socioeconomic disadvantage (OECD & Canadian Policy Research Networks 2005).

In this section, indicators of children's education and learning development at various stages of childhood and adolescence are therefore presented. The indicators used are preschool participation, children not reaching literacy and numeracy benchmarks, and the rate of young people aged 15–19 years not in full-time employment or full-time education.

Key findings are that:

- Participation in preschool programs is low in Australia compared with other OECD nations.
- Socioeconomic factors are related to children's participation in preschool.
- Up to 10 pre cent of children in years 3 and 5 have not reached (each of) national reading, writing and numeracy benchmarks; and these rates have shown little improvement.
- Indigenous children are twice as likely not to reach reading, writing and numeracy benchmarks as other children.
- Around 16 per cent of young people aged 15–19 years are neither in full-time employment nor in full-time education.

[6] LSIC is being developed by the Department of Family and Community Services (see <http://www.facs.gov.au/internet/facsinternet.nsf/research/ldi-lsic_nav.htm>).

Participation in preschool programs

The importance of early childhood education in children's development is now widely recognised (OECD 2005a). As Flood observes:

> Early childhood education and care play an important role in fostering children's development and wellbeing, providing significant and cost-effective benefits for children's emotional and cognitive development, education, economic wellbeing and health. (Flood 2004, p.2)

The effects are particularly prominent for children from disadvantaged backgrounds (Schweinhart et al. 2005).

Preschool education is not compulsory in Australia. Programs vary between states. State governments subsidise the cost of preschool for four-year-old children, but parents have to cover the entire cost of preschool programs for younger children unless eligible for the Child Care Benefit. Apart from being enrolled in formal preschool programs, children may attend other child-care arrangements such as long day care, family day care and playgroups. Education may be a focus in many programs, but the emphasis on education varies widely.

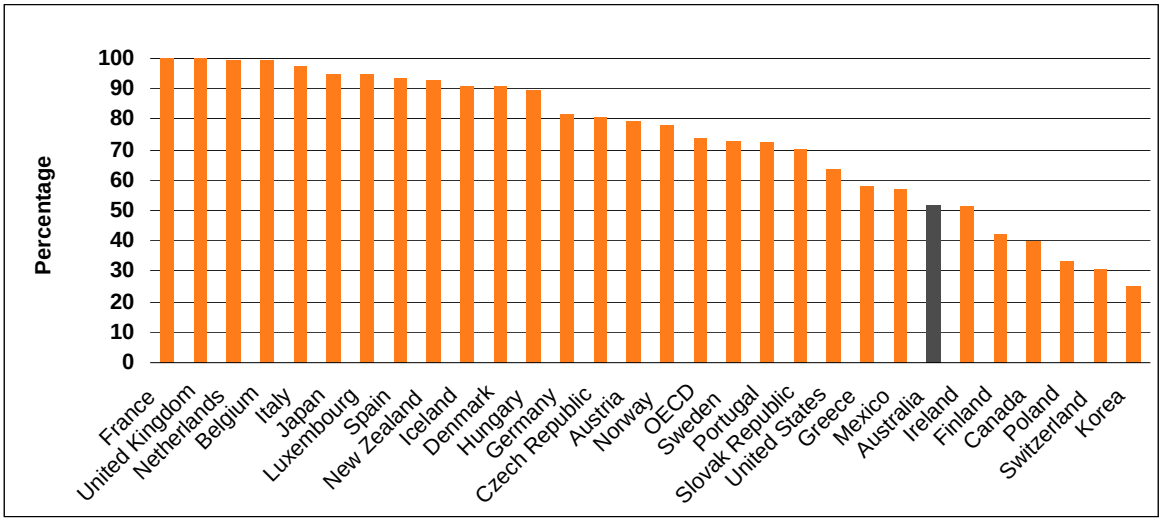
Because of the diversity of programs prior to primary schooling, monitoring participation in early childhood education programs in Australia is difficult. There is no national data collection and state and territory statistics for preschool places do not always indicate the extent to which four-year-olds may be attending both a part-day preschool and a child-care centre (OECD 2001a).[7]

As a result, the estimates of early childhood education participation rates vary considerably. Focusing on participation in formal preschool, Kronemann (2005) estimates that across Australia in 2003–04, around 84 per cent of 4-year-olds attended preschool in the year prior to school, but . admits this is likely to be an overestimate. Census estimates are much lower, with the ABS finding that in 2001, only 56 per cent of all 4-year-olds in Australia attended preschool. The ABS Child Care Survey estimated that 59 per cent of 4-year-olds attended preschool in 2002 (ABS 2003).

Although different classifications of preschool education make international comparisons difficult, participation rates of four-year-olds in formal education are very low by OECD standards (Figure 6.1). These results are based on the International Standard Classification of Education 1997. Primary education includes the first seven or eight years of compulsory education, typically beginning at age five. Pre-primary education includes education-based programs that are provided in the years just prior to compulsory schooling (preschool).

[7] It is encouraging that the AIHW is currently working towards implementing a national minimum data set about children's services.

Figure 6.1 Percentage of 4-year-olds in primary or pre-primary education in OECD countries, 2000



Source: OECD 2003, Indicator SS15.1

Socioeconomic factors have been linked to non-participation in preschool in Australia. For example, the ABS study found that less than half of 4-year-old children in the lowest household income quintile were attending preschool in 2001, compared with over 60 per cent in the highest income quintile (ABS 2001). In particular, Indigenous children, children with disabilities and children who live in regional and remote areas are more likely to be missing out on preschool education (Kronemann 2005).

Literacy and numeracy

Without literacy and numeracy skills, children's opportunities are severely limited. Children with literacy and numeracy problems are more likely not to complete secondary school or move into further education, to face periods of unemployment later in life and generally to face longer term economic disadvantage (Lamb 1997). Having a more literate and numerate population is also beneficial to the broader economy and society.

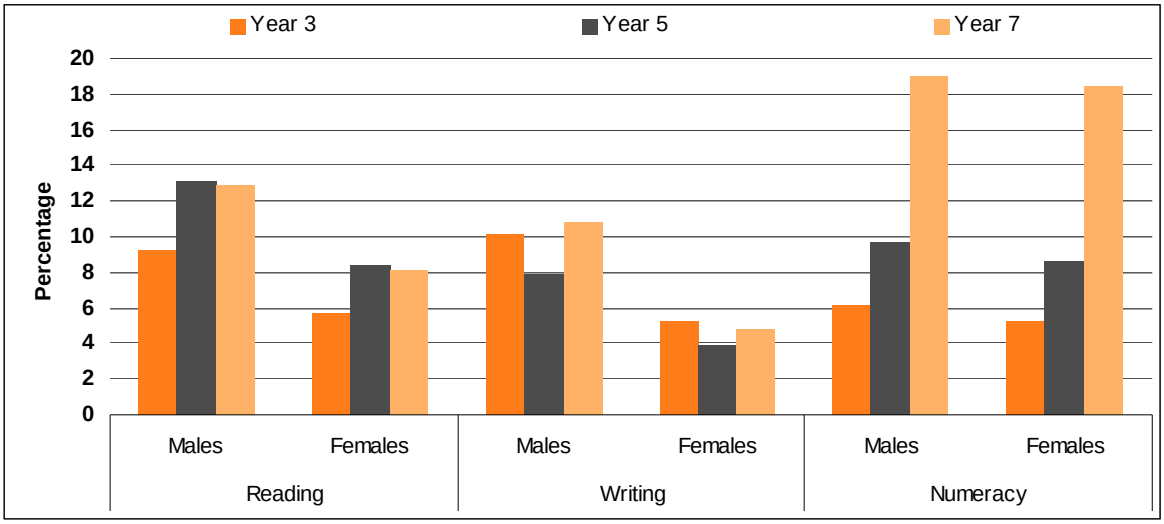
For these reasons, in 1997 Australian state, territory and Commonwealth governments came together in a national initiative to improve the literacy and numeracy of Australia's children. A National Literacy and Numeracy Plan was developed, with the overarching goal 'that every child leaving primary school should be numerate and be able to read, write and spell at an appropriate level' (MCEETYA 2003, p.2). As part of this plan, national benchmarks were set in reading, writing and numeracy for children in Years 3, 5 and 7, with yearly assessment undertaken in all schools around Australia and a national reporting system implemented.

The results of these assessments are published through the Ministerial Council on Education, Training and Youth Affairs (MCEETYA) each year. MCEETYA's latest National Report on Schooling provides information on the proportion of students reaching reading, writing and numeracy benchmarks. Although the vast majority of children clearly attain the minimum standard in reading, writing and numeracy there remains a considerable group that do not. While there are some signs of slight improvements, once one takes into account error associated with the measurement process there is little confidence of any significant reductions over time (MCEETYA 2003).

The proportions of children in years 3,5 and 7 not achieving benchmarks for the latest year available, 2003, are presented in Figure 6.2. Boys seem to have more problems with reading and writing than do girls in the same age group. However, in numeracy there is little difference between

boys and girls. The rate of older children with numeracy problems is particularly worrying, with over 18 per cent of year 7 students in Australia not reaching the minimum numeracy standard.

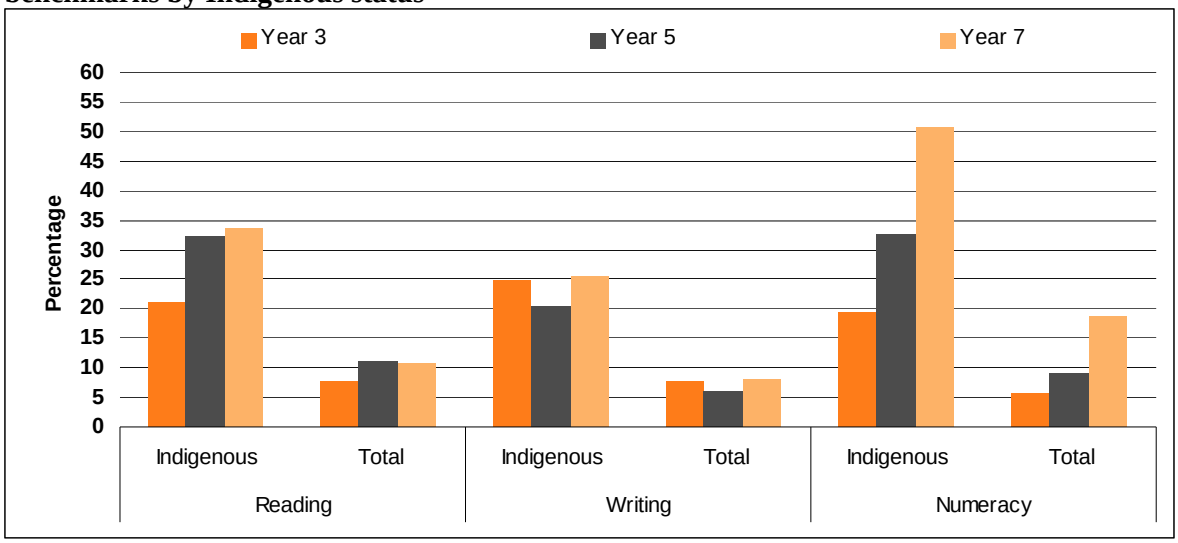
Figure 6.2 Children in Years 3, 5 and 7 in 2003 not reaching reading, writing or numeracy benchmarks by gender



Source: MCEETYA 2003

Indigenous children are particularly disadvantaged: the proportion of Indigenous children in each year not achieving reading, writing and numeracy benchmarks is at least twice as high as the proportion of all children (Figure 6.3).

Figure 6.3 Children in Years 3, 5 and 7 in 2003 not reaching reading, writing or numeracy benchmarks by Indigenous status



Source: MCEETYA 2003

Socioeconomic status has been linked with achievement in literacy and numeracy (Lokan, Greenwood & Cresswell 2001, Thomson et al. (2004); Rothman & McMillan 2003. For example, the PISA study, a nationally representative study of 4500 15-year-old students, found that in 2000 students in the lowest socioeconomic category scored about 90 points less in reading literacy than students in the highest category (OECD 2001b). School quality was also found to play a key role in literacy and numeracy achievement.

Learning resources in the home – computers

Computers are an essential tool in modern society. In the classroom, there are more and more teaching and learning activities based around the computer and the internet. The use of computers can be beneficial to children's educational development, with studies showing that literacy levels can be significantly influenced by whether children have computer resources in the home (Thomson, Cresswell & Bortoli 2004). Therefore children that do not have access to a computer at home and outside school hours can be quite disadvantaged.

Table 6.1 shows that it is becoming much more common for school-aged children to use a computer and the internet within the home. The proportion of children using a computer within the home has risen from 74 per cent in 2000 to close to 82 per cent in 2003. The increase in the usage of the internet within the home is even more striking, nearly doubling in three years.

Table 6.1 Children using computer and internet within home, 5 to 14 years, 2000 and 2003

Year	Computer	Internet
2000	74.1	26.2
2003	81.8	50.7

Source: ABS, 2003 and 2000, Children's participation in cultural and leisure activities, Cat. 4901.0

The flipside is that 18 per cent of school age children do not have access to a computer at home. Many of these children are from low-income families and cannot afford to purchase a computer (Zappala & McLaren 2003; Lloyd & Hellwig 2000; Taylor & Fraser 2003). This puts these children at a significant disadvantage and limits their learning opportunities.

It is important to keep in mind, on the other hand, that increasing internet access and usage is widely believed to be facilitating the abuse of children (Stanley 2003). Protecting vulnerable children is therefore imperative when considering children's computer and internet access.

Young people at risk of labour market exclusion

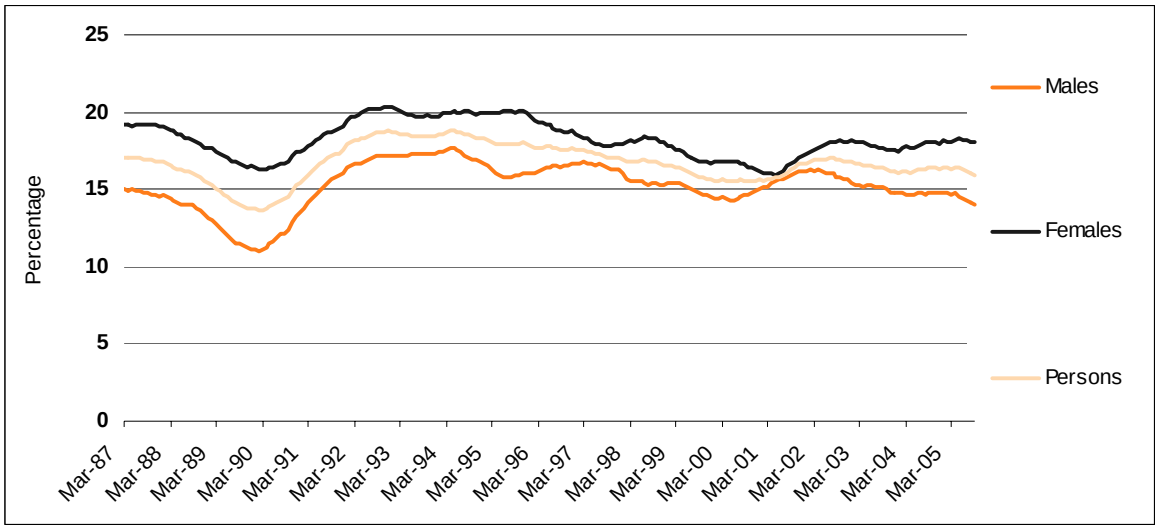
Being unable to find employment not only has immediate economic consequences but can also lead to psychological distress, family breakdown and longer term poverty and disadvantage. For young people as there is evidence to suggest the 'scarring' effects of unemployment spells in these crucial years of development in the transition from child to adulthood (Marks, Hillman & Beavis 2003).

The unemployment rate for young people aged 15 to 19 years has gradually fallen since the early 1990s recession, with recent estimates showing the rate around 15 per cent of young people in the labour force (ABS 2005a, Table 13).

Children with lower levels of school attainment have greatest difficulty in the transition from school to work, facing a higher risk of unemployment and socioeconomic disadvantage (OECD & Canadian Policy Research Networks 2005). Students from poorer communities typically attain lower achievement results at every level of schooling and are far less likely to go on to tertiary study (Teese & Polesal 2003). For instance, Vinson (2004) found that in Victoria and New South Wales 25 per cent of all early school leavers came from just 5 per cent of postcodes. Only about 40 per cent of Indigenous students who commence secondary school complete year 12, compared with nearly 80 per cent of non-Indigenous students (ABS 2005b, Table 3A.3.1).

Children most at risk are those who leave full-time education but do not enter full-time employment. These young people face a higher level of risk in the labour market over the long term than their counterparts who are fully engaged in education or training (Long 2005; McClelland, Macdonald & MacDonald 1998). Figure 6.4 therefore presents the trend in the rate of 15 to 19 year olds in neither full-time employment nor full-time education.

Figure 6.4 Youth 15 to 19 years not in full-time employment or full-time education, 1987 to 2005



Source: Australian 2005a, Table 15, 12-month moving average

Surprisingly, the rate of 15 to 19-year-olds not in full-time employment or education has not fallen much since the economic recovery in the early 1990s. The economic slowdown in the early 2000s was particularly significant for this group of young people, with a growth in the proportion of youth not studying or working full time. Interestingly, while the situation for boys has gradually recovered, the situation for girls appears to have worsened over the last 18 months to 2 years. And even for boys, the situation has not recovered to the pre-recession levels. Indeed, in March 2005, around 16 per cent of 15 to 19-year-olds (18 per cent of girls and 14 per cent of boys) were in neither full-time study nor full-time work.

Further examination of the data shows that the decrease in the young unemployed is offset by a substantial growth in those in part-time employment, particularly for females.[8] This is consistent with the findings of (Long 2005) that there is a shift within the 'at risk' group of young people out of unemployment to part-time employment. The majority of those working part time would like to work more hours.

[8] Including young people in both part-time work and part-time study makes relatively little difference to the proportion not in full-time education or work or both (Long 2005).

7 Physical safety

We all have the right to feel we have the freedom to move around without fear of assault. People have the right to have [their] body treated as sovereign' (Nussbaum 2000). This is especially true for children, who are entitled to grow up in an environment that protects them (UNICEF 2005).

Children subjected to physical violence, exploitation, psychological abuse and neglect are at risk of long-term poverty and disadvantage (Frederick 2005). They risk shortened lives; poor physical and mental health; educational problems (including dropping out of school); poor parenting skills later in life; and homelessness, vagrancy and displacement (UNICEF 2005a).

In this section, we therefore present indicators of the physical safety of Australia's children.

It is important to note that data on the prevalence of child abuse is not collected nationally, but is derived indirectly from on child protection notifications and/or substantiations, or on recorded crimes. These rates are likely to reflect changes in reporting methods, varying definitions of child abuse, resources devoted to child protection agencies and changing community attitudes. Surveys may better reflect actual cases, but many victims of abuse experience fear, denial and shame, so results are still likely to understate the problem. This may be especially true in the case of children.

Within these limitations, the available information is presented below.

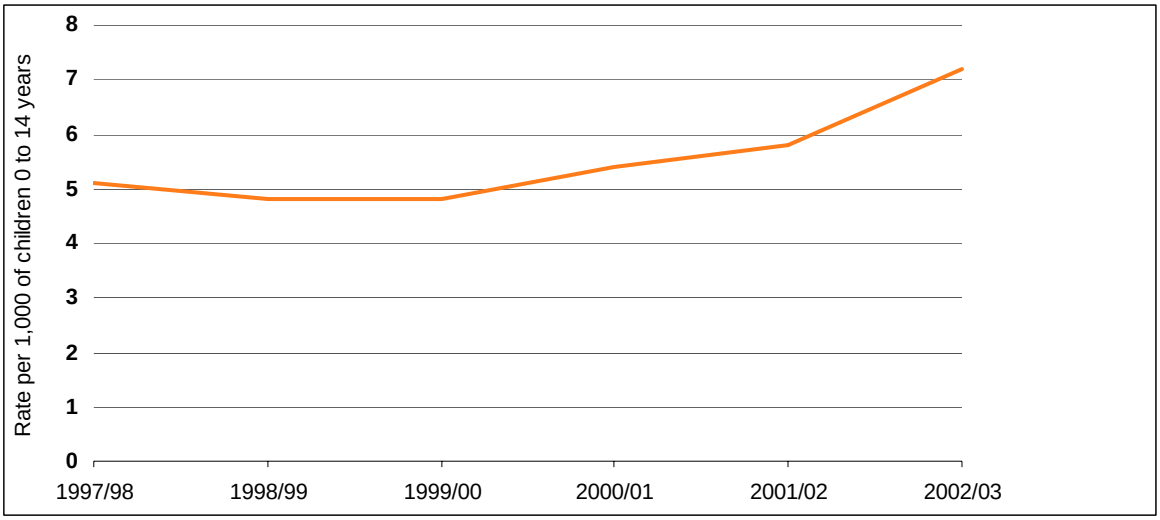
Key findings:

- In 2002–03, 7 out of every 1,000 children aged 0–14 years were the subject of a child protection substantiation.
- Indigenous children are disproportionately in the child protection system.
- Reported instances of physical assault have been increasing.
- Reported instances of sexual assault have also been increasing.

Child protection

Children who are exposed to abuse or neglect at home must be protected. We therefore have a child protection system that aims to respond to notifications of children being abused or neglected by intervening where incidence of abuse or neglect is substantiated. Child protection substantiations have been increasing in recent years (see Figure 7.1).

Figure 7.1 Children aged 0–14 years who were the subjects of substantiations, rates per 1,000 children, 1997–08 to 2002–03



Source: (AIHW 2005b)

In addition, the Australian Institute of Health and Welfare (2005a) found an upward trend in the rate of children on care and protection orders between 1997 and 2002. The rate of children aged 0–14 years on care and protection orders at 30 June each year increased by 47 per cent between 1997 and 2002.

It is important to remember that child protection policies and practices have changed over the years, with an increasing focus on collaboration with parents and on early intervention and prevention (AIHW 2005a). Alongside a better community awareness of child protection concerns and more willingness to report problems to the child protection departments, the changes are likely to have contributed to the rise in the rate of substantiations and in the rate of children on care and protection orders in Australia (AIHW 2005a).

What remains alarming is that so many children are exposed to abuse or neglect, particularly when the available information is still likely to be underestimating the size of the problem.

Indigenous children are much more likely to be the subject of a child protection substantiation than other children (Figure 7.2). Indigenous children were also much more likely to be the subject of a substantiation of neglect than other children (AIHW 2005a). While the data is likely to suffer from inaccuracies and underestimation, it does show that the incidence of child abuse and neglect is disproportionately high compared with the overall population (Memmott, Stacy, Chambers & Keys 2001). Intertwined with historical factors, the severe socioeconomic disadvantage that many Indigenous communities currently face is an important factor contributing to this (Stanley, Tomison & Pocock 2003).

Figure 7.2 Children aged 0–16 years who were the subjects of substantiations, rates per 1,000 children by Indigenous status and state and territory, 2003–04

State or Territory	Indigenous	Non-Indigenous	Total	Rate ratio: Indigenous/non-Indigenous
New South Wales	n.a.	n.a.	n.a.	n.a.
Victoria	57.7	5.9	6.4	9.8
Queensland	20.8	13.6	14.0	1.5
Western Australia	11.2	1.4	2.0	8.0
South Australia	39.9	4.7	5.9	8.4
Tasmania	1.6	3.1	3.0	0.5
ACT	25.3	6.2	6.7	4.1
Northern Territory	16.2	3.5	8.7	4.7

Notes:
1. Due to the small numbers involved, children aged 17 years were not included in this table.
2. NSW was unable to provide data due to the ongoing implementation of the system.
3. Data from Tasmania should be interpreted carefully due to the low incidence of workers recording Indigenous status at the time of the substantiation.
Source: AIHW 2005a, Table 2.8

Poverty is the most frequently and persistently noted risk factor for child abuse (Gelles 1992; Drake & Pandey 1996).

While it is clear that children are more likely to be removed from harmful care than they were in the past, it is disturbing that more is not being done to prevent situations so damaging to a child's development. Governments need to invest more in preventative strategies, and since poverty is a leading determinant of abuse and neglect, to invest more in families and communities to ensure that children grow up in an appropriate environment.

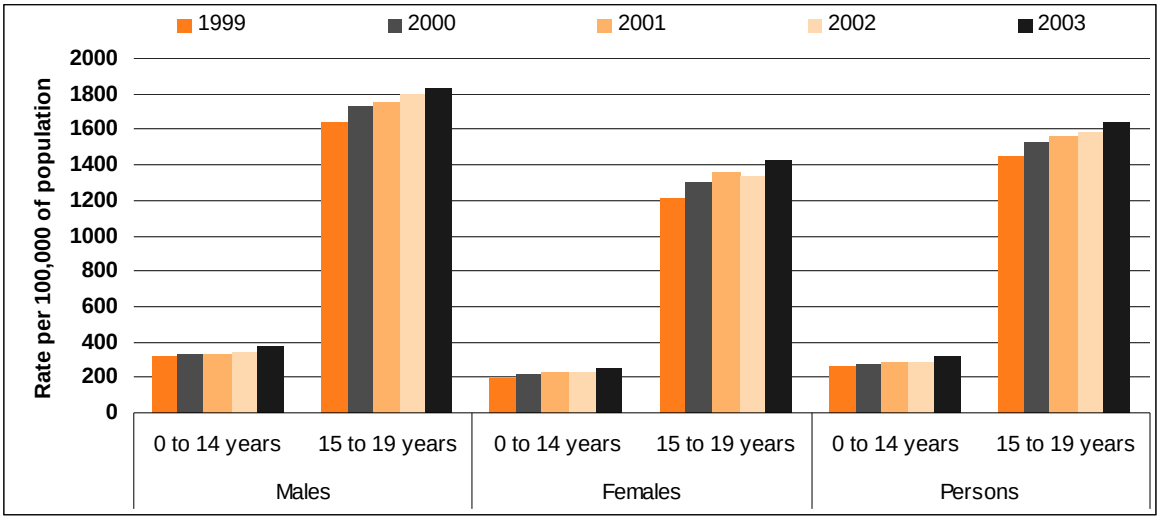
Victims of assault

Another indicator of the safety of Australia's children is the proportion of children who are victims of assault. In particular, a history of child abuse has been associated with psychopathology, depression, anxiety disorder, phobias, panic disorder, post-traumatic stress disorder and substance abuse (Molnar, Berkman & Buka 2001).

The next two sub-sections rely on information from reported crimes collected by the ABS. This may underestimate the extent of the problem, as many cases may go unreported, particularly if a relative or friend of the family was involved. As with child protection substantiations, an improved awareness of child protection concerns in the wider community is likely to have contributed to a rise in the number of assaults and sexual assaults reported to police.

Figure 7.3 shows the trend in reported rates of assault for children 0 to 14 years and 15 to 19 years. All reported rates have been increasing since 1999. Boys 15–19 years are much more likely to be the victim of assault than younger children or than girls in the same age group.

Figure 7.3 Trend in victims of assault by age and gender, 1999 to 2003



Source: ABS, *Recorded crimes*, various issues

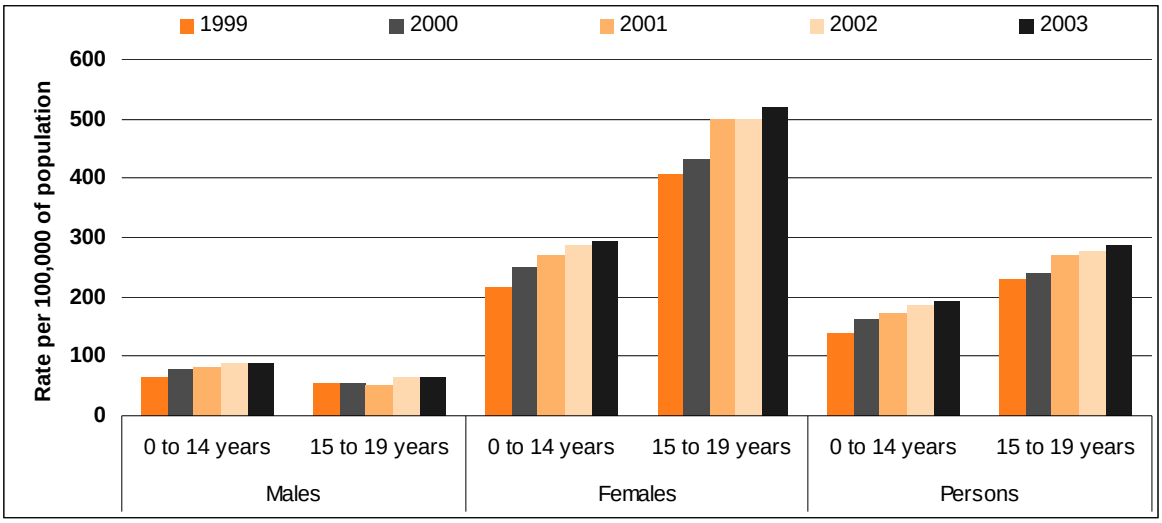
It is difficult to know whether there has actually been an increase in rates of assault and sexual assault on children.

Victims of sexual assault

Sexual abuse in particular has a range of short and long-term negative effects on childhood development (Molnar, Buka & Kessler 2001; Paolucci, Genuis & Violato 2001).

As with reported rates of general assault, reported cases of sexual assault for children have also increased over recent years (Figure 7.4). Girls, particularly aged 15 to19, are much more likely to report cases of sexual assault.

Figure 7.4 Trend in victims of sexual assault by age and gender, 1999 to 2003



Source: ABS, *Recorded crimes*, various issues

8 Economic resources

Robert's story

Robert was the youngest of four children living with both parents. His parents had very limited formal education. His father worked as a cook on a low wage, but also experienced some periods of unemployment. His mother had no paid employment. The family moved from high-rise public housing in inner Melbourne to purchasing a house further out after Robert started school. Because of the family's persistent low income, Robert had to miss out on school camps and the family were unable to go on regular holidays.

While the economic resources of the family may not be perfect indications of a child's well-being and potential, they are important. The link between the socioeconomic status of families and the various other dimensions of children's well-being—such as physical health, housing, mental health, safety—has been discussed throughout this report. While a combination of socioeconomic factors contributes to disadvantage, without adequate financial resources, parents may find it difficult to give their children the best possible start in life. In addition, the stresses associated with having limited resources may impact negatively on a child. On the other hand, children with physical or mental health problems have additional needs that can put additional financial pressure on the family.

In this section, we therefore examine indicators relating to child poverty based on household incomes and family employment circumstances.

Key findings:

- Relative child income poverty rates in Australia are in the middle range of OECD countries: nine out of 25 OECD countries have lower child poverty rates than Australia.
- Just under 12 per cent of children are in relative income poverty at any time.
- Around 1 in 6 children are in a situation where neither resident parent is in paid employment.
- At least 5 per cent of children are in relative poverty for at least three years.
- Nine per cent of children are in a household where no adult is in paid employment for at least three years.

Child income poverty

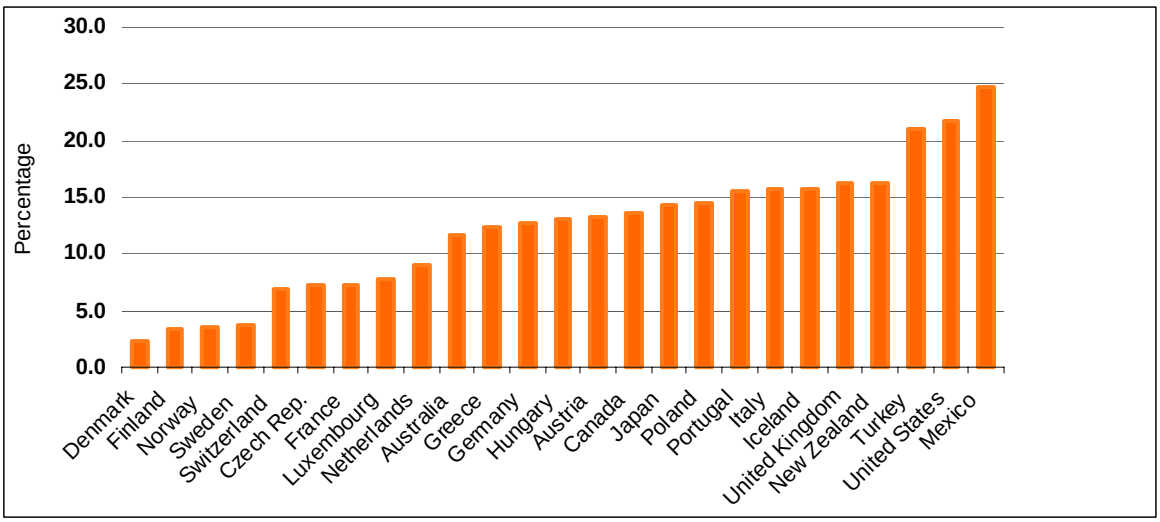
Poverty in rich countries is very different from the absolute poverty faced in many developing countries where children's basic needs of food, water and shelter are not being met. While absolute poverty may exist in richer countries, most notably in their homeless populations, relative poverty is the lack of opportunities faced by the less fortunate compared with others within the community.

To capture this, family or household circumstances are compared with an income threshold, or 'poverty line', that represents a sufficient standard of living given the circumstances of others in the society. It is difficult to know what this 'poverty line' should be so the convention is to take some fraction of either the average or the median (middle) household's income. As averages are sensitive to outliers, the median is generally used, with 50 per cent of median household income a common estimate. This is the approach taken here. As this is an arbitrary measure, any estimates of poverty based on it should be interpreted with care. However, this is the case with any economic and/or social indicator and does not mean that estimates should be ignored. What is important is to check the robustness of results and for researchers to think carefully about what is driving the results.

The evidence on recent trends in child income poverty rates in Australia is inconsistent, with results depending on the data source and measure of poverty used. While there appears to be a consensus that child poverty fell between the late 1980s and mid 1990s, the trend in child poverty in the second half of the 1990s is less clear (UNICEF (2005b); Bradbury & Jäntti (2001); Harding et al. (2001)). There are no known studies that track child poverty in Australia since the July 2000 New Tax System reforms, which increased assistance to families with children both in and out of work. With assistance further increasing in the last two years and employment conditions improving, it is likely that child income poverty rates have fallen at least slightly between 2000 and 2005.

While a number of countries have higher child poverty rates than Australia, we are certainly not among OECD countries with the lowest child poverty rates (Figure 8.1). Denmark, Finland, Norway and Sweden have less than 4 per cent of children estimated to be in relative poverty. Australia lies in the middle band of countries including Greece, Germany, Canada, Japan and Poland, and is estimated to have around 12 per cent of children in relative poverty in 2000. It is worth noting that the UK government, with an estimated child poverty rate of just over 16 per cent, has since made eradicating child poverty before 2020 a key policy target. The US has one of the OECD's highest child poverty rates, with close to 22 per cent of children in relative poverty.

Figure 8.1 Relative child poverty rates in OECD countries, 2000



Note: Estimates using a relative poverty line based on 50 per cent of median equivalised household income in each country. Data for Ireland, Spain, Belgium and the Slovak Republic were unavailable.
Source: OECD 2005b

More recent estimates of child poverty have been constructed from the Household Income and Labour Dynamics in Australia (HILDA) surveys for 2001, 2002 and 2003 (conducted by the Melbourne Institute for Applied Economic and Social Research[9]) and are presented in Table 8.1.[10] From the HILDA surveys, it appears that child poverty rates have fallen slightly over the three years. It is difficult to know whether this does indeed reflect an improvement in circumstances or whether the result is due to attrition of families that are the most disadvantaged.

Table 8.1 Child income poverty rates, percentage of all children, 2001 to 2003

	2001	2002	2003
Children in relative poverty	16.7	15.8	14.5

Note: Based on a poverty line estimate of half median equivalised household income. The OECD equivalence scale was used given a weight of 1 to the first adult, 0.7 to subsequent adults and 0.5 to all children in the household.
Source: HILDA confidentialised data, author's calculations

Jobless households

Strongly related to income poverty is the parents' employment situation. Of particular relevance is the case of households where no adult has a job. Indeed, Australia has one of the highest rates in the OECD for jobless households with children (OECD 2001c).

While not all children in jobless households are at a disadvantage, the relationship between household joblessness and poverty is quite strong (OECD 2001b). If alleviating child poverty is a goal, improving the employment situation of adults in jobless households needs to be a key strategy.

Although there is evidence of a fall in the overall jobless household rate since the mid to late 1990s, the jobless household rate for households with children remained quite high at the beginning of the 2000s, and much higher than the growth of employment over this period would predict (Dawkins, Gregg & Scutella 2005).

Economic resources over time

When examining family incomes and employment states, it is important to examine family circumstances over time. If poverty and joblessness are only apparent for a short transition period, the family may not experience great deprivation, particularly if they have access to savings or other liquid assets. If, however, the same families are struggling year after year, then children's opportunities in these families may be severely limited.

The Life Chances Study, a study conducted by researchers at the Brotherhood of St Laurence, provides some insight into the long-term circumstances of children born into low-income families. The study has tracked the experiences of 167 children born in 1990 whose families were living in two adjoining inner suburbs of Melbourne at the time. The children and their families have been followed at intervals, with further interviews due in 2005 and 2006. At the sixth interview stage in 2002, the researchers were able to contact families of 142 children. By then, the children were aged 11 and 12 and the families were geographically dispersed, two-thirds having moved away from the original suburbs (Taylor & Fraser 2003).

[9] The HILDA survey is described in more detail in Watson and Wooden (2004).
[10] In the OECD equivalence scale used here, the reference person takes on a weighting of 1, subsequent adults 0.7 and children 0.5. Other equivalence scales were also used to check the robustness of the results. The higher the estimated needs of children, the higher the rate of child poverty, and the more likely for that poverty to persist over the three years. Using per capita incomes results in the highest child poverty rate, with the most persistence. Using unadjusted household incomes results in the lowest rates of child poverty, with a low degree of persistence.

One of the striking findings of the Life Chances study was that of the 41 families who had been on low incomes in 1990, three-quarters were still on low income 12 years later. Many of these families struggled to make ends meet and children regularly had to miss out on school excursions and camps, and sporting and cultural activities outside school[11].

Of course, a small study such as Life Chances does not necessarily reflect broader population characteristics. Being nationally representative, the HILDA survey is ideal for monitoring Australian households over time. At present, however, with only three years of data available, we can only get a glimpse of families' circumstances over the short to medium term.

Table 8.2 shows the persistence of child poverty and household joblessness over the first three years of the HILDA survey. Almost 28 per cent of children experienced at least one spell of poverty, with 14 per cent estimated to be poor in at least two of the three years and just over 5 per cent poor in all three years.

Table 8.2 Persistence of child poverty and household joblessness, by percentage of children

	Children in poverty[a]	Children in a jobless household
In at least one year	27.8	24.6
In at least two years	14.0	15.3
In all three years	5.1	8.9

[a] Based on a poverty line estimate of half median equivalised household income. The OECD equivalence scale was used, giving a weight of 1 to the first adult, 0.7 to subsequent adults and 0.5 to all children in the household.
Source: HILDA confidentialised data, author's calculations.

There is discussion that people on low incomes experience a cycle of low pay, casual and insecure jobs and therefore may move out of poverty for a short period of time—perhaps a year—but then experience recurrent spells in poverty. Children in such families may have limited opportunities and therefore it is important to measure this churning. With only three years of data, it is not yet possible to determine the full extent of churning. At this stage we can only say that there appears to be a degree of churning, with half of all children in households exiting poverty in 2002 reporting incomes below 60 per cent of the median and close to a third (32 per cent) facing another poverty spell in 2003. Further data are needed to track this in future.

Table 8.2 also shows that around one-quarter of children are in a household with no adult in paid employment at some stage over the three years, with over 15 per cent in the same situation for at least two years and almost 9 per cent for the entire three years.

Sole parents are less likely to be working than partnered parents, and in addition face greater barriers to employment. It is therefore expected that sole parent households will be overrepresented among jobless households. This is confirmed in Table 8.3, which shows the percentage of children in jobless households and its persistence by household type. While less than 18 per cent of children are in lone parent households, children in jobless households are much more likely to be in a lone parent household. Also, children in persistently jobless households are more likely to be in a lone parent household than those in households which experience shorter jobless spells.

[11] More detail can be found in the full report of the most recent stage (Taylor & Fraser 2003).

Table 8.3 Children in jobless households over three years by household type

	Percentage of children under 18 in jobless household for			
	At least 1 year	**At least 2 years**	**All 3 years**	**Total**
Couple household	52.2	45.2	39.4	80.3
Lone parent household	43.6	49.4	56.7	17.8
Other	4.3	5.4	3.8	2.0
Total	100.0	100.0	100.0	100.0

Source: HILDA confidentialised data, author's calculations

However, the proportion of children in jobless couple households cannot be ignored. Over half of children in jobless households for at least one year are in couple households, falling to just under half for at least 2 years and close to 40 per cent for at least three years.

9 Concluding comments

The picture painted by this first issue of the Social Barometer is concerning. There are indications that some problems are getting worse, on other fronts there are no signs of improvement and in some areas the trends are promising. The most alarming thing is that even where there have been improvements, the inequality in children's outcomes remains, particularly for Indigenous children who are still the most disadvantaged group in Australian society. Children in low-income families also experience much higher rates of disadvantage, in areas such as mental illness and participation in preschool.

One important finding from this work is the lack of reliable national data monitoring trends in the various dimensions of children's well-being. A more coordinated approach is needed to collect data and monitor key areas, particularly mental health, obesity and diabetes, participation in all early childhood education options, and child abuse. This will allow further analysis of causes and effects, enabling policy makers to make more informed and effective decisions.

State and federal governments in Australia have recognised many areas of concern and are taking some steps in the right direction. Over the past five years or so, governments have initiated programs which aim to improve the health, development, learning and well-being of children up to eight years of age. Such programs include the Best Start program, presently in 14 sites in Victoria, and the federally funded Communities for Children program, in 45 sites across Australia. The need to monitor children's outcomes has also been recognised with the Australian Government funding of the Longitudinal Study of Australia's Children, and the upcoming Longitudinal Study of Indigenous Children.

While these initiatives are very welcome, they tend to be small-scale compared with programs such as Sure Start in the UK, which on a per capita basis is already five times the size of Australia's Communities for Children program, with plans to expand sixfold by 2010. These initiatives also need to be seen alongside less encouraging responses, such as the failure to legislate explicitly to implement obligations under the Convention on the Rights of the Child, and to complete a National Agenda for Children.

It is clear that not enough is being done to ensure that Australia's children develop and flourish. Too many children are being left behind. The gap between the advantaged and the disadvantaged is too large, and more attention needs to be paid to breaking the intergenerational cycle of disadvantage. Federal, state and local governments need to find better ways to help children and their families overcome critical disadvantages. Well-designed investments in children and adolescents today not only help improve the circumstances of the individuals themselves, but will have a wider return to society overall (Danziger & Waldfogel 2000).

We believe that this first issue of the Brotherhood's Social Barometer offers clear evidence of where such investment needs to be made if we want to make sure that all Australian children are to have the opportunity to lead healthy, safe and rewarding lives. Of course, the Sen framework does not lead to clear policy conclusions. In this regard, it is the same as the social inclusion approach. The well-documented policy ambiguities of the Blair government's approach to social inclusion are instructive (see Levitas 2004). Social inclusion can be constructed in terms of blaming the victim, or of seeing paid work as the equivalent of inclusion, or a program of redistribution of resources to ensure an equality of opportunity. We expect a similar array of responses to the kinds of evidence presented in this paper. Our ambition with this first issue of the Barometer is to ensure that this necessary debate about what is to be done to ensure a 'fair go' for all Australian children is informed by the best available evidence.

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