

2006 Victorian Child Health and Wellbeing Survey Technical report



2006 Victorian Child Health and Wellbeing Survey Technical report

Published by the Statewide Outcomes for Children Branch, Office for Children, Department of Human Services

© Copyright Department of Human Services, 2007

This publication is copyright, no part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

Also published on www.dhs.vic.gov.au/statewideoutcomes

Authorised by the Victorian Government, 50 Lonsdale Street, Melbourne.

January 2007 (0281206)

Acknowledgements

Victorian Child Health and Wellbeing Survey Technical Advisory Committee:

Dr Michael Ackland

Manager, Chronic Disease Surveillance and Epidemiology, Public Health, Department for Human Services

Joanna Birdseye

Manager Children's Health and Wellbeing Flagship Project, Strategic Projects, Department of Human Services

Dr Elise Davis

Research Fellow, School of Health and Social Development, Deakin University

Dr Sharon Goldfeld

Child Health Policy Advisor, Statewide Outcomes for Children, Office for Children, Department of Human Services

Linda Hayes

Project Leader, Statewide Outcomes for Children, Office for Children, Department of Human Services

Alison Morris

Senior Project Officer, Strategic Projects, Department of Human Services

Pamela Muth

Manager, Outcomes, Research and Policy, Statewide Outcomes for Children, Office for Children, Department of Human Services

Professor Frank Oberklaid

Centre Director, Centre for Community Child Health, Royal Children's Hospital, Melbourne

Adrian Serraglio

Senior Project Officer, Chronic Disease Surveillance and Epidemiology, Public Health, Department for Human Services

Loretta Vaughan

Manager Victorian Population Health Surveys, Chronic Disease Surveillance and Epidemiology, Public Health, Department for Human Services

Associate Professor Melissa Wake

Director, Research and Public Health Unit, Centre for Community Child Health, Royal Children's Hospital, Melbourne

Professor Elizabeth Waters

Chair in Public Health, School of Health and Social Development, Deakin University

Contact details:

Research Coordinating Committee

Statewide Outcomes for Children Branch

Office for Children

Department of Human Services

GPO Box 4057

Melbourne VIC 3001

Email: RCC@dhs.vic.gov.au

Contents

1.0 Background	4
1.1 Purpose	4
2.0 Methodology	5
2.1 Sample	5
2.2 Call routine	5
2.3 Screening	5
2.4 Interview conduct	5
2.5 Interview content	6
2.6 Data quality	6
2.7 Analyses and weighting	7
3.0 Results	8
3.1 Response	8
3.2 Interpreting the results tables	8
4.0 Limitations	9
5.0 Future analysis	9
6.0 References	46
Table 1: Overview of the content of the 2006 VCHWS	10
Table 2: 2006 VCHWS call outcomes	16
Table 3: Profile of VCHWS respondents	17
Table 4: Profile of subjects in the 2006 VCHWS	18
Appendix 1: Data tables	19

The 2006 Victorian Child Health and Wellbeing Survey

This report is intended to accompany data presented in *The state of Victoria's children report* (Victorian Government, Department of Human Services, 2006). It sets out the background, the methodology and selected results tables from the 2006 Victorian Child Health and Wellbeing Survey (VCHWS). The 2006 VCHWS is the first statewide population-level survey of its kind to be carried out on behalf of children living in Victoria. It will be repeated every three years.

1.0 Background

The Premier's Children's Advisory Committee (PCAC) recommended in its report, *Joining the dots*, that 'the Victorian Government support and resource the development of a coordinated statewide system of collating data on the education, health and wellbeing of Victorian children'. The Victorian Government response in the report, *Putting children first... the next steps*, committed the Government to identifying appropriate outcome measures and designing systems 'to collect, analyse and distribute this data'.

The Office for Children, through the Statewide Outcomes for Children Branch, is currently developing the Victorian Child and Adolescent Monitoring System, a statewide system for monitoring child outcomes. As a result of the department's Child Health and Wellbeing Flagship project 'gaps' in data were identified that would need to be filled in order to get a comprehensive picture of how children are faring in Victoria. The VCHWS was designed to address data gaps in the areas of child health, growth, asthma, nutrition (including breastfeeding), oral health, child activities, reading, injury, child behaviour, family functioning, parental health, parental mental health and health in pregnancy.

1.1 Purpose

The aims of VCHWS are to:

- provide baseline and ongoing data that will be used to support and inform planning, implementation and evaluation of child health, wellbeing, development and learning policies, services and programs throughout Victoria
- allow comparisons of how children are faring over time, in metropolitan and rural areas, and in major demographic groups throughout Victoria.

2.0 Methodology

A computerised assisted telephone interview (CATI) system was used to survey the primary caregivers of randomly selected Victorian children aged under 13 years. CATI was chosen because it provides a reliable and accurate way to obtain information from a large number of families at a reasonable cost. Interviews were carried out by The Social Research Centre, a private social research company, on behalf of the Department of Human Services. All responses were reported by a parent or carer and entered directly into the CATI system.

2.1 Sample

All private Victorian households, with a telephone, and where children (or a child) aged under 13 years usually live were considered to be 'in-scope' for the VCHWS. A sample of telephone numbers was generated using random digit dialling. While the primary geographic stratification was by metropolitan or rural (non-metropolitan) area of residence, telephone numbers were generated at regional level to ensure an appropriate geographic distribution within the two primary strata groups. Children from rural Victoria were over-sampled to allow for the analysis of health inequalities between metropolitan and rural areas. Approximately 50 per cent of the interviews were carried out on behalf of children living in metropolitan areas and half with children living in rural Victoria.

2.2 Call routine

Calls were initiated throughout the daytime and evenings on both weekdays and weekends. Up to six call attempts were made to establish initial contact with a household and up to nine further calls were made to achieve an interview with the primary carer at a household where contact had previously been made. Contact was made directly by telephone as, with less than one in five households expected to qualify for the survey, it was agreed that a primary approach letter methodology would be wasteful.

2.3 Screening

On making telephone contact with a household, the interviewers briefly explained the nature of the survey and determined if there were any in-scope children (children aged under 13 years) living in the household. During the introduction to the interview, potential respondents were given a toll free departmental help line number and were offered a letter, as a means to verify the survey or to obtain further information. Where an eligible household was identified, the interviewer then selected an adult proxy (a child's 'parent or carer') to respond on behalf of a child in the household.

The appropriate respondent was selected on the basis that they spoke English, were aged over 18 and were the individual 'who knows most about the health and daily routine of the child.' Interviewers were flexible in scheduling the interview at a time that suited the respondent. Each respondent was required to give verbal consent before the interview could commence.

2.4 Interview conduct

Only one interview was conducted per household. Where there was only one child in a household, this child was automatically selected to be the subject of the interview. In households with more than one in-scope child, the interviewer listed the ages of all the children aged under 13 years, and one child was selected at random (by computer) to be the subject of the interview.

2.5 Interview content

The VCHWS questionnaire was developed based on preliminary work carried out at the Centre for Community Child Health (Waters et al, 2004) and with input from department staff as well as outside experts in child health and wellbeing.

A summary of the questionnaire content can be found in Table 1. Where available, existing scales with proven reliability and validity were used. Where it was not possible to identify an appropriate, established scale, the recommended short questions for CATI surveys were adopted. Recommended questions were used for asthma and nutrition.

In order to maximise opportunities for the comparison of results, attempts were made to align questions to those used in existing surveys, including the CATI surveys used for monitoring the health of child populations in other states, and the national, Longitudinal Study of Australian Children. Where possible, demographic questions were selected to allow comparisons to be made with data collected for the department's Victorian Population Health Survey, which is an annual survey of adults.

A limited number of new questions were introduced where suitable questions could not be found. Prior to the initiation of the main survey, 160 households were contacted to participate in the pilot of the survey. Following the pilot, minor refinements were made to the questionnaire to improve question sequencing and timing.

2.6 Data quality

The following quality control procedures were implemented during the fieldwork period.

2.6.1 Interviewer training

Before being assigned to the VCHWS, interviewers received training sessions covering the background to the survey, the questionnaire and departmental requirements (including issues such as maintaining confidentiality). Interviewers had the opportunity to practice interviews with their colleagues prior to calling households.

Debriefing sessions were held after the interviewers' first shift (and thereafter as necessary, if there was important information to pass on to the interviewers) to ensure consistency in interview administration.

In total, 28 interviewers worked on the survey, with a core team of 15 interviewers conducting the majority (81 per cent) of the interviews.

2.6.2 Monitoring and call-back validation

Remote monitoring was used to check on the conduct of the interviews. In addition, approximately three per cent of households were recontacted within a fortnight of being interviewed to validate the interviewers' work. Selected items were validated at call-back, with an overall validation rate (where the responses at call back matched the original interview) of 95.5 per cent.

2.7 Analyses and weighting

On the completion of fieldwork, the Department of Human Services received a de-identified unit record file, containing the aggregated responses of the survey participants.

The survey data were weighted to reflect:

- 1) the probability of selection of the household
- 2) the child within the household
- 3) the age, sex and geographic distribution of Victoria's child population (0 to <13 years).

One child was randomly selected from within each participating household. Therefore, a lone child had a greater probability of selection than a child from a household with more than one eligible child. His or her weight factor included a multiplier of all the eligible children within the household.

Households with more than one telephone line had an increased probability of selection over households with only one telephone line. The weight factor included the number of telephone lines connected to the household to calculate appropriate individual person weights.

A population benchmark component was applied to ensure the adjusted sample distribution matched the combined cross cells by age group, child's sex and area of residence.

The categories used for each of the variables were:

- age groups: under one year, one to four years, five to eight years and nine to 12 years
- sex: male or female
- area of residence: metropolitan or rural.

The population benchmark component was calculated by dividing the population of each cross-cell by the sum of the selection weight components for all the respondents in the sample within that cross-cell. For each cross-cell the formula for this component is:

$$Pbmark_i = N_i / \sum sw_{ij}$$

Where,

i = the i th cross-cell

j = the j th person in the cross-cell

N_i = the population of the i th cross-cell

$\sum sw_{ij}$ = the sum of the selection weights for all respondents (1 to j) in the i th cross-cell.

Respondent records were assigned a weight factor (pwt) by multiplying the selection weight (sw) value by the population benchmark value ($pbmark$).

$$Pwt_{ij} = sw_{ij} * pbmark$$

where

i = the i th cross-cell

j = the j th person in the cross-cell.

3.0 Results

3.1 Response

Interviewing was carried out between October 2005 and March 2006 (allowing for a break in interviewing during school summer holidays). In total, 5,000 interviews were completed, of which approximately half (n=2,521, 50.4 per cent) were completed in metropolitan households and half (n=2,479, 49.6 per cent) in rural households. The average interview length was just under 23 minutes.

The response rate, defined as the number of households identified as being in-scope where an interview was completed, was 86.6 per cent (see Table 2).

The characteristics of the respondents are summarised in Table 3. As expected, most respondents were female (84 per cent) and almost all respondents reported they were the survey child's biological parent (97.2 per cent).

The characteristics of the survey children are presented in Table 4. Known population benchmarks were used to assess the representativeness of the sample. Table 4 also illustrates the benchmark data and weighted and unweighted estimates obtained during the 2006 VCHWS. The survey estimates did not significantly differ from the benchmark estimates.

3.2 Interpreting results tables

Data tables summarising the weighted survey responses as reported in *The state of Victoria's children report* are presented from page 19 to 45.

The tables include the sample survey estimates and the associated confidence intervals. Since the estimates from the VCHWS are obtained from a sample of children, they are subject to sampling variability, that is, they may differ from those that would have been produced if every Victorian child had been included in the survey.

Confidence intervals are displayed in the VCHWS tables to indicate the precision of the estimates. A confidence interval is a range of values within which the 'true' score (had every Victorian child been surveyed) is expected to fall. In the VCHWS tables, all confidence intervals are reported at the 95 per cent confidence level. A narrow confidence interval is therefore indicative of a highly precise prevalence estimate.

Confidence intervals are also important when making comparisons between estimates. If the confidence intervals for two estimates overlap, then any difference in the estimates is not statistically significant.

For example, in the 2006 VCHWS, 18 per cent of children from metropolitan areas and 25.2 per cent of children from rural areas were reported to have ever had a filling (see page 20).

The confidence interval for the rural children who had ever had a filling was 23.3 per cent to 27.2 per cent. The lower limit of the 95 per cent confidence range for rural children (23.3 per cent) is greater than the upper limit for metropolitan children (19.8 per cent), therefore the difference is statistically significant. We can infer (without making adjustments for any other variables) that there is a difference in the occurrence of fillings for rural and metropolitan children.

4.0 Limitations

A general population survey such as the VCHWS is unsuited to data collection around minority population groups or minority problems and experiences. Other methods of data collection will be required to obtain information on these populations. Data are not collected on diseases, conditions or determinants of low incidence, or where reporting is likely to be unreliable (such as domestic violence).

5.0 Future analysis

In addition to the results presented in the following tables, more detailed summaries of the data, presented by topical areas, will be produced in bulletin format.

Researchers who are interested in conducting their own further analysis on raw data from the 2006 Victorian Child Health and Wellbeing Survey must submit a formal request for data access by making an application to the Office for Children's Research Coordinating Committee. Researchers are encouraged to contact the Research Coordinating Committee for an informal discussion about the VCHWS dataset, prior to submitting an application. Details on how to make an application to the Research Coordinating Committee and an application form, can be found at:

www.dhs.vic.gov.au/research

The Research Coordinating Committee can be contacted at:

Research Coordinating Committee
Statewide Outcomes for Children Branch
Office for Children
Department of Human Services
GPO Box 4057
Melbourne VIC 3001

Enquiries:

Tel: (61 3) 9096-7480

Fax: (61 3) 9096-9252

Email: RCC@dhs.vic.gov.au

Table 1: Overview of the content of the 2006 Victorian Child Health and Wellbeing Survey

Please note: The data items that appear italics were not included in *The state of Victoria's children report*. Further information on these data items can be obtained from the Research Coordinating Committee (see page 9).

Content area	Data items	Question source/s	VCHWS respondent (n = no of eligible respondents)
Special health care needs	<p>Proportion of children with a special health care need</p> <p>Proportion of children who are dependent on medication</p> <p>Proportion of children who require more services than most children of the same age</p> <p>Proportion of children who have functional limitations</p>	Special health care needs screener (Bethell et al, 2002)	Parent or carer of a child aged under 13 years (n= 5,000)
General health status	Parental rating of child's general health status	Reported general health status (from Ware et al, 1993) modified to relate to child	Parent or carer of a child aged under 13 years (n= 5,000)
Asthma status	<p>Proportion of children who have experienced wheezing or whistling in their chest in the past 12 months</p> <p>Proportion of children who have current asthma</p> <p><i>Proportion of children who have ever been doctor diagnosed with asthma</i></p>	Australian Centre for Asthma Monitoring (2005)	Parent or carer of child aged one to <13 years (n=4,602)
Asthma management	<p>Proportion of children with current asthma who have visited doctor in past 12 months because their asthma was worse or out of control</p> <p>Proportion of children with current asthma who have visited a hospital or an emergency department in the past 12 months because their asthma was worse or out of control</p> <p>Proportion of children with current asthma who have written asthma action plans</p> <p><i>Proportion of children with current asthma whose sleep has been disrupted by asthma</i></p> <p><i>Proportion of children with current asthma who are exposed to smoke in the home</i></p>	Australian Centre for Asthma Monitoring (2005)	Parent or carer of child aged one to <13 years with current asthma (n=652)

Content area	Data items	Question source/s	VCHWS respondent (n = no of eligible respondents)
Exposure to tobacco smoke	Proportion of children who are exposed to tobacco smoke in the home Proportion of children who live in a home where visitors are discouraged from smoking	Centre for Behavioural Research in Cancer: Quit Victoria Survey (Cancer Council Victoria, 2003)	Parent or carer of a child aged under 13 years (n= 5,000)
Nutrition	Proportion of children meeting the guidelines for fruit and vegetable intake Proportion of children who usually drink tap water (fluoride question) Consumption of fries Consumption of takeaways Consumption of milk Proportion of children from households that ran out of food in the past 12 months Coping strategies of families who ran of food in the past 12 months	NSW Centre for Public Health Nutrition (Flood, Webb and Rangan, 2005)	Target respondent varies (n=varies)
Breastfeeding	Proportion of children aged under four years who were ever breastfed Proportion of children who were fully breastfed or exclusively breastfed to three and six months* <i>Median duration of breastfeeding</i>	New questions relate to the introduction of other foodstuffs,* the remaining questions come from Webb et al, (2001).	Parent or carer aged under four years (n=1,630) *Biological mothers with infants aged three months to <two years (n=637) or six months to <two years (n=534)

Content area	Data items	Question source/s	VCHWS respondent (n = no of eligible respondents)
Oral health	<p>Proportion of children who clean their teeth at least twice a day</p> <p>Proportion of children whose tooth brushing is assisted by an adult*</p> <p>Proportion of children using low fluoride toothpaste*</p> <p><i>Age at which tooth cleaning first began and toothpaste was first used</i></p> <p>Proportion of children who have ever had a filling/s</p> <p>Proportion of children who have ever had dental treatment in hospital under general anaesthetic</p> <p>Proportion of children who have ever had a tooth extracted</p> <p>Proportion of children who have ever had toothache</p> <p>Children's access to dental services including reason for last visit, location of last visit, barriers to accessing dental services, time since last visit</p>	<p>The Dental Statistics Research Unit (DSRU) at the University of Adelaide developed the questions for the Victorian pilot (Waters, et al, 2004). The questions relating to service use are from the NSW 2001 Child Health Survey (Quaine et al, 2003) or the National Dental Health Survey (Carter and Stewart, 2003).</p>	<p>Parents or carers with children between six months to <13 years (n=4,602)</p> <p>* Parent or carer with a child aged six months to <eight years (n=2,730)</p>
Child activity	<p>Trips to school made by children on <i>foot</i>, by car, by <i>public transport</i> or by <i>bike</i></p> <p>Proportion of children who meet guidelines to participate in at least 60 minutes exercise per day</p> <p><i>Proportion of children who meet the guideline to spend no more than two hours a day with electronic media (TV, DVDs and computers)</i></p> <p><i>Average length of time children spend playing out of doors on weekdays and weekend days</i></p>	<p>Questions based on Australian activity guidelines were new, developed in association with Deakin University. The travel-to-school questions were adapted from the Walk Safely to School Day CATI (Salmon et al, in press). Time spent out of doors questions: Burdette et al (2004).</p>	<p>Parent or carer of a child aged five to <13 years (n=3,031)</p>
Reading	<p>Proportion of children who are regularly read to almost every day by a family member</p> <p><i>Proportion of children who regularly read to themselves for pleasure</i></p>	<p>Growing up in Australia, the Longitudinal Study of Australian Children and South Australian Monitoring and Surveillance System</p>	<p>Parent or carer of a child aged five years to <13 years (reading to self) (n=3,031)</p>

Content area	Data items	Question source/s	VCHWS respondent (n = no of eligible respondents)
Injury	<i>Proportion of children who have visited a GP with an injury in the past 12 months</i>	New question	Parent or carer of a child aged under 13 years (n= 5,000)
Sun exposure	Proportion of children with a main carer who reports that they attempted to protect their child from the summer sun every day in the summer Proportion of children with parents who are aware of appropriate methods of sun protection, including use of sunscreen, clothing, a hat, sunglasses, use of shade or avoiding the sun in the middle of the day	Growing up in Australia, the Longitudinal Study of Australian Children (adapted to include sun glasses)	Parent or carer of a child aged under 13 years (n= 5,000)
Sudden Infant Death Syndrome	Proportion of children who are put on their backs to sleep	Sids and Kids/ 2001 NSW Child Health Survey (Quaine et al, 2003)	Parents or carers with a child aged under one year of age (n=398)
Child behaviour	Proportion of children scoring normal, abnormal or borderline on child behaviour scale <i>and emotional symptoms, conduct problems, hyperactive behaviour, peer relationships and pro-social behaviour subscales</i>	Strengths and Difficulties Questionnaire (Goodman 2001 and 1997)	Parents or carers with a child aged four years to <13 years (n=3,370)
Family functioning	Proportion of children from households with 'unhealthy' family functioning	McMaster Family Assessment Device – General Functioning Scale (Epstein et al 1983)	Parent or carer of a child aged under 13 years (n= 5,000)
Parental social support	Proportion of children with a main carer who reports high levels of social support	Victorian Population Health Survey (VPHS 2005)	Parent or carer of a child aged under 13 years (n= 5,000)
Parental health	<i>Proportion of children with a main carer reporting poor, fair, good, very good or excellent health</i>	Self reported health (Ware et al 1993)	Parent or carer of a child aged under 13 years (n= 5,000)
Parental mental health	Proportion of children with a main carer who is at high risk of non-specific psychological distress	Kessler 6 (Kessler et al 2002)	Parent or carer of a child aged under 13 years (n= 5,000)

Content area	Data items	Question source/s	VCHWS respondent (n = no of eligible respondents)
Health in Pregnancy	Proportion of children whose mothers smoked during pregnancy Number of cigarettes smoked per day during pregnancy Proportion of children with mothers who drank alcohol during pregnancy Proportion of children with mothers who binge drank during pregnancy	Adapted from earlier questions used in the NSW 2001 Child Health Survey (Quaine et al, 2003) and the Victorian pilot (Waters et al, 2004)	Biological mother with a child aged under two years (n=705)
Housing	<i>Proportion of children with parents who consider their home adequately meets their housing needs</i>	New question	Parent or carer of a child aged under 13 years (n= 5,000)

Content area	Data items	Question source/s	VCHWS respondent (n = no of eligible respondents)
Neighbourhood	<p>Proportion of children from a household where the respondent reports living in a safe neighbourhood</p> <p>Proportion of children from a household where the respondent reports living in a clean neighbourhood</p> <p>Proportion of children from a household where the respondent reports good street lighting in the neighbourhood</p> <p>Proportion of children from a household where the respondent reports footpaths and roads are in good condition in their neighbourhood</p> <p>Proportion of children from a household where the respondent reports good, affordable, easily accessible public transport</p> <p>Proportion of children from a household where the respondent reports basic shopping facilities in their neighbourhood</p> <p>Proportion of children from a household where the respondent report basic facilities such as banks and medical centres in their neighbourhood</p> <p>Proportion of children from a household where the respondent reports living in an area with good parks and play spaces</p> <p>Proportion of children from a household where the respondent reports heavy traffic in the street or road</p>	Growing up in Australia, the Longitudinal Study of Australian Children	Parent or carer of a child aged under 13 years (n= 5,000)

This study uses questionnaires (or part of) developed for Growing up in Australia: the Longitudinal Study of Australian Children (LSAC). These questionnaires are the property of the Australian Government of Families, Community Services and Indigenous Affairs. LSAC is an initiative of the Australian Government Department of Families, Community Services and Indigenous Affairs (www.fascia.gov.au), and is being undertaken in partnership with the Australian Institute of Family Studies (www.aifs.gov.au), with advice being provided by a consortium of leading researchers at research institutions and universities throughout Australia.

Table 2: 2006 VCHWS call outcomes

Final call result		Initiated numbers	As a percentage of initiated numbers	As a percentage of in-scope contacts
Unusable number (For example, disconnected or non-residential numbers)		35188	34.5	
No contact (For example, engaged or no answer)		23737	23.3	
Out of scope (For example, no children under 13 years)		37349*	36.6	
In-scope contacts	Completed interview	5000	4.9	86.6
	Potential respondent unavailable	187	0.2	3.2
	Refusal	523	0.5	9.1
	Terminated mid way	64	<0.1	1.1
Total initiated numbers		102048	100	

* Includes 946 non-English speaking households and 264 households where the contact person was frail or deaf and therefore unable to complete the survey.

Table 3: Profile of VCHWS respondents*

* Respondents were selected for being 'the parent or carer who knows most about the child's health and daily routine'.

	Survey outcome (percentage)
Area of residence	
Metropolitan	50.4
Rural	49.6
Sex	
Female	84.0
Male	16.0
Relationship to child	
Biological parent	97.2
Step-parent	0.7
Grandparent	0.9
Legal guardian	1.0
Other	0.1
Family type	
Couple parent	83.9
Single parent	16.0
Unknown	0.1
Education	
Did not complete year 12	24.4
Year 12 or above	72.6
Employment	
Works full time	21.3
Works part time	33.9
Works irregular/unknown hours	8.5
Does not work	36.3
Home	
Privately owned	77.6
Rented	21.2
Other	0.8
Refused	0.4

Table 4: Profile of subjects (children aged under 13 years) in the 2006 VCHWS

Selected characteristics	Benchmark data (percentage)	Survey outcome (percentage)	Survey estimate using probability weights (percentage)	95 per cent confidence interval	
				Lower limit (percentage)	Upper limit (percentage)
Sex^A					
Males	51.3	51.8	51.3	49.5	53.1
Females	48.7	48.2	48.7	46.9	50.5
Age group^A					
< One year	7.5	8.0	7.5	6.7	8.3
One – four years	29.6	31.4	29.6	28.0	31.2
Five – eight years	30.7	26.0	30.7	29.1	32.3
Nine – 12 years	32.2	34.7	32.2	30.6	33.7
ATSI status^B					
Aboriginal or Torres Strait Islander	1.1	1.6	1.3	1.1	1.5
Household^A					
Mean number of children <13 yrs in the household	2.2	1.9	2.2	1.6	2.8

A: Source: Department of Human Services calculations, based on Australian Bureau of Statistics 2005, ABS data on request. Population as of 30 June 2004.

B: Source: ABS and Department of Human Services (2005)

Appendix 1: Data tables

Source: 2006 Victorian Child Health and Wellbeing Survey

Page references relate to *The state of Victoria's children report*

Children with special health care needs (page 28)

Proportion of children with special health care needs (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
At least one special health care need	15.7	14.5	16.9
Dependency on medication	9.3	8.3	10.2
Special service needs	9.5	8.5	10.4
Functional limitations	4.1	3.5	4.7

Dependency on medication = child taking medication for a long-term health, medical or behavioural condition.

Special service needs = child needs or uses special services, therapy or counselling for a long-term health, medical or behavioural condition.

Functional limitation = child is limited in his/her ability to do things that most children of the same age can do, due to a long-term health, medical or behavioural condition.

Characteristics of children with at least one special health care need (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Area of residence			
Victoria	15.7	14.5	16.9
Metro	15.1	13.6	16.7
Rural	17.3	15.6	18.9
Sex			
Male	16.6	14.9	18.2
Female	14.8	13.1	16.6

Oral health status (page 38)

Reported oral health for all children (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Excellent	44.2	42.5	45.9
Very good	32.9	31.3	34.5
Good	17.6	16.3	19.0
Fair	3.8	3.1	4.4
Poor	1.2	0.8	1.5
Don't know	0.3	0.1	0.5

Children who have ever had toothache (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Victoria	25.4	23.9	26.8
Metro	23.1	21.2	25.0
Rural	31.2	29.1	33.2

Children who have ever had a filling (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Victoria	20.0	18.6	21.4
Metro	18.0	16.2	19.8
Rural	25.2	23.3	27.2

Children who have had dental treatment in a hospital under general anaesthetic (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Victoria	4.2	3.6	4.8
Metro	3.1	2.3	3.8
Rural	7.2	6.0	8.3

Children who have ever had a tooth extracted (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Victoria	7.9	7.0	8.7
Metro	6.5	5.4	7.6
Rural	11.4	10.0	12.7

Oral health behaviours
(page 39)

Usual source of drinking water (two to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Tap	68.7	67.0	70.3
Filtered	17.7	16.3	19.1
Bottled	4.6	3.9	5.3
Tank or rain	6.3	5.6	7.0
Other (such as bore hole)	0.9	0.6	1.2
Doesn't usually drink water	1.9	1.4	2.3

Usual source of drinking water by area (two to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Tap water			
Metro	74.8	72.7	76.9
Rural	53.0	50.6	55.4

Proportion of children who drink more water than soft drinks (two to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
All (two to <13 years)	76.7	75.1	78.2
Two to <five years	77.2	74.3	80.0
Five to <nine years	77.2	74.6	79.9
Nine to <13 years	75.8	73.2	78.3

Proportion of children who drink more milk than soft drinks (one to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
All children (one to < 13 years)	60.9	59.1	62.6
Two to <five years	69.4	66.7	72.2
Five to <nine years	58.7	55.5	61.8
Nine to <13 years	55.0	52.0	58.0

Frequency of tooth cleaning (two to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Never	0.1	0.0	0.3
Less than once a day	1.5	1.1	1.9
Less than once a day	27.0	25.4	28.6
Twice a day	68.3	66.6	70.0
More than twice a day	2.1	1.6	2.6
Tooth cleaning not started or no teeth	0.1	0.0	0.2
Don't know	0.9	0.5	1.2

Proportion of children who brush their teeth at least twice a day, by age

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
All children (two to < 13 years)	70.4	68.1	72.1
Two to <five years	56.8	53.4	60.1
Five to <nine years	74.8	72.0	77.5
Nine to <13 years	75.8	73.2	78.3

Type of toothpaste (two to <eight years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Regular toothpaste	23.9	21.7	26.1
Children's toothpaste	71.5	69.2	73.8
Toothpaste without fluoride	2.4	1.7	3.1
Tooth cleaning not started/no teeth	1.8	1.2	2.5
Don't know	0.4	0.0	0.7

Frequency of assistance with tooth-brushing (six months to <eight years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Never	18.2	16.4	20.0
Less than once a day	11.4	9.9	12.8
Once a day	35.0	32.9	37.1
Twice a day	28.8	26.8	30.8
More than twice a day	1.1	0.6	1.5
Tooth cleaning not yet started/no teeth	5.6	4.6	6.6

Use of dental services (page 40)

Location of last dental visit (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Private dentist	64.1	62.0	66.1
School dental service	27.1	25.2	29.0
Other government or public dentist (e.g. community health centre)	7.5	6.3	8.6
Dental hospital	0.9	0.6	1.3
Other site	0.2	0.0	0.3
Don't know	0.2	0.0	0.4
Refused	0.1	-0.1	0.2

Children who have never been to the dentist by age (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
All children (6 months to <13 years)	30.2	28.6	31.7
One to <five years	71.0	68.3	73.6
Five to <nine years	13.0	10.8	15.2
Nine to <13 years	1.3	0.6	2.1

Main reason why no visit to dentist has been made in the last 12 months (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
No reason to visit	50.5	47.9	53.1
Child is considered too young	30.8	28.4	33.2
Cost	4.7	3.5	5.9
Haven't thought of it/ got around to it	3.9	2.9	4.8
Too busy	2.1	1.2	3.0
Child's anxiety	1.6	1.0	2.3
Waiting for school/ public dental visit	1.3	0.7	2.0
Waiting times	0.8	0.4	1.2
Access (difficult to get to)	0.8	0.4	1.2
Don't have regular dentist	0.6	0.3	1.0
About to go/ due to go soon	0.6	0.2	0.9
Carer's anxiety	0.4	0.1	0.7
Not sure when I should take child	0.4	0.1	0.7
Haven't received letter/ reminder	0.1	0.0	0.2
Other	0.6	0.2	0.9
Don't know	0.8	0.3	1.2

General health status (pages 40-42)

General health status (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Excellent	63.7	62.0	65.3
Very good	25.0	23.6	26.5
Good	9.3	8.4	10.3
Fair	1.5	1.1	1.9
Poor	0.4	0.2	0.7

Characteristics of children reported to be in excellent health (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Sex			
Male	62.7	60.5	64.9
Female	64.7	62.3	67.0
Area of residence			
Metro	63.9	61.8	66.0
Rural	63.0	60.9	65.1
Health care card holder			
Yes	56.6	53.4	59.8
No	66.4	64.5	68.2

General health status by SEIFA (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Excellent			
Quartile 1 (least advantaged)	57.0	53.8	60.2
Quartile 2	62.5	59.3	65.7
Quartile 3	65.6	62.5	68.8
Quartile 4 (most advantaged)	69.7	66.3	73.0
Very Good			
Quartile 1 (least advantaged)	28.5	25.6	31.4
Quartile 2	24.5	21.7	27.3
Quartile 3	24.4	21.5	27.3
Quartile 4 (most advantaged)	22.7	19.6	25.7
Good			
Quartile 1 (least advantaged)	12.1	10.0	14.3
Quartile 2	10.7	8.5	12.8
Quartile 3	7.7	6.0	9.4
Quartile 4 (most advantaged)	6.8	5.1	8.6
Fair			
Quartile 1 (least advantaged)	1.7	0.9	2.6
Quartile 2	1.8	0.9	2.7
Quartile 3	1.8	1.0	2.6
Quartile 4 (most advantaged)	0.7	0.1	1.3
Poor			
Quartile 1 (least advantaged)	0.6	0.1	1.1
Quartile 2	0.5	0.1	0.9
Quartile 3	0.5	0.0	1.0
Quartile 4 (most advantaged)	0.1	0.0	0.3

Asthma status (page 43)

Characteristics of children with current asthma (one to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Area of residence			
Victoria	13.2	12.0	14.4
Metro	12.7	11.2	14.2
Rural	14.6	13.0	16.1
Sex			
Male	13.7	12.1	15.3
Female	12.7	11.0	14.4

Current asthma is derived from children who have ever been doctor-diagnosed with asthma and who have either experienced asthma symptoms or taken asthma medication in the past 12 months.

Asthma management for children with current asthma (one to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Asthma action plan	62.6	58.0	67.2
Hospital visit*	19.7	15.9	23.5
GP visit*	61.6	59.9	66.3

*Proportion of children with current asthma who made at least one visit due to asthma being worse or out of control.

Breastfeeding (pages 44–45)

Characteristics of children who were ever breastfed (child under four years)

Area	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Victoria	90.6	89.0	92.3

Proportion of children who had ever received breast milk (even if just once).

Type of breastfeeding

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Fully breastfed to three months	57.9	53.4	62.5
Fully breastfed to six months	26.6	22.0	31.3
Exclusively breastfed to three months	48.3	43.6	53.0
Exclusively breastfed to six months	15.3	11.5	19.0

Exclusive breastfeeding: proportion of children who had not had solids or semi-solids, infant formula, milk, fruit juice or water introduced to their diet, reported for children aged three/six months to <two years.

Fully breastfeeding: proportion of infants who had not had solids or semi-solids, milk and infant formula introduced to their diet, reported for children aged three/six months to <two years.

Food security (pages 45 and 99-100)

Children from families who ran out of food in the past 12 months (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
All families	5.8	4.9	6.6
Couple parent family	3.5	2.7	4.2
Sole parent family	19.7	16.1	23.4

Coping strategies in household which had run out of food in the past 12 months (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Seek help from relatives	39.4	32.1	46.7
Seek help from welfare agencies	30.4	23.1	37.7
Parent skips a meal	24.9	18.1	31.7
Seek help from friends	18.3	12.4	24.2
Cut down on variety of foods	14.8	9.6	20.1
Seek help from government etc	7.4	2.4	12.3
Stretch supplies	5.9	2.4	9.5
Child skips a meal	2.7	-0.3	5.7
Grow own food	2.2	0.1	4.3

Nutrition (page 49)

Children meeting minimum guidelines for fruit and vegetable intake (four to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Fruit intake	87.5	86.2	88.9
Vegetable intake	38.6	36.6	40.6

Consumption of fries: times per week (one to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Less than once	18.6	17.2	20.0
Once to three	54.1	52.3	55.8
Four to five	11.7	10.5	12.8
More than five	8.0	7.0	9.0
Rarely/never	7.7	6.8	8.6

Consumption of takeaways: times per month (one to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Once or twice	57.9	55.8	60.0
Three or four times	2.3	1.6	2.9
Five times or more	11.5	10.1	12.9
Rarely	17.5	15.9	19.2
Never	10.7	9.5	12.0
Don't know	0.1	0.0	0.1

Whole milk consumption by age (one to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
One to <five years	82.6	80.3	84.8
Five to <nine years	76.3	73.5	79.0
Nine to <13 years	68.1	65.2	70.9

Physical activity (page 49)

How often children are active for at least one hour a day (Five to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Everyday	71.2	69.2	73.1
Five or six days	12.2	10.8	13.6
Four days	6.3	5.2	7.4
Three days	5.4	4.4	6.4
Two days	2.6	1.9	3.2
One day	1.1	0.6	1.5
No days	0.8	0.4	1.1
Don't know	0.5	0.2	0.9

Characteristics of children who meet physical activity guidelines (five to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Area of residence			
Victoria	71.2	69.2	73.1
Metro	70.2	67.6	72.8
Rural	73.5	71.1	75.9
Sex			
Male	74.4	71.8	77.1
Female	67.7	64.7	70.7
Age			
Five to <nine years	75.1	72.3	77.9
Nine to <13 years	67.4	64.6	70.2

Car trips to school made by children living within two kilometres of school in a 'usual' school week
(five to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
No trips	24.0	21.3	26.6
Some trips	39.0	36.0	42.1
All trips	37.0	33.9	40.0
Don't know	0.1	-0.1	0.2

Child behaviour (page 54)

Children's scores on the total difficulties scale (four to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Normal	83.9	82.4	85.4
Borderline	5.7	4.8	6.7
Of concern	5.3	4.5	6.2
Unknown	5.0	4.0	6.0

Properties of the total difficulties scale: Items: 20, Range: 0-32, Mean: 7.3, SD: 5.1, Cronbach's alpha: 0.70

Cut off: normal 0-13, borderline 14-16, of concern 17-40 (based on UK norms, see <http://www.SDQinfo.com>)

Children's scores on the total difficulties scale by area of residence (four to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Normal			
Metro	84.2	82.2	86.1
Rural	83.4	81.4	85.3
Borderline			
Metro	5.7	4.4	6.9
Rural	5.9	4.7	7.2
Of concern			
Metro	4.2	3.2	5.3
Rural	8.1	6.6	9.5
Unknown			
Metro	5.9	4.6	7.2
Rural	2.7	1.9	3.5

Bullying (page 54)

(Child) often fights with or bullies other children/young people (four to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Not true	89.1	87.8	90.4
Somewhat true	8.7	7.6	9.9
Certainly true	1.8	1.2	2.4
Don't know	0.3	0.1	0.6

(Child) is picked on or bullied by other children/young people (four to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Not true	75.3	73.6	77.1
Somewhat true	19.1	17.5	20.6
Certainly true	4.7	3.8	5.6
Don't know	0.9	0.5	1.3

Neighbourhood (pages 92–93 and 115–16)

Proportion of children from households where the respondent ‘strongly agreed’ or ‘agreed’ with the description of their neighbourhood (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Safe			
Victoria	94.4	93.5	95.2
Metro	93.7	92.7	94.8
Rural	96.0	95.2	96.8
Clean			
Victoria	95.9	95.1	96.6
Metro	95.1	94.1	96.1
Rural	97.9	97.3	98.6
Good parks and play spaces			
Victoria	83.1	81.8	84.3
Metro	87.5	86.0	89.0
Rural	71.6	69.6	73.6
Good street lighting			
Victoria	75.8	74.4	77.2
Metro	81.8	80.1	83.5
Rural	60.1	57.9	62.3
Footpaths and roads in a good state			
Victoria	76.6	75.2	78.0
Metro	80.5	78.8	82.3
Rural	66.4	64.3	68.5
Close, affordable, regular public transport			
Victoria	73.7	72.3	75.1
Metro	82.6	80.9	84.2
Rural	50.5	48.3	52.7

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Access to basic shopping facilities			
Victoria	93.1	92.4	93.9
Metro	95.8	94.9	96.7
Rural	86.2	84.6	87.7
Access to basic services such as banks and medical clinics			
Victoria	87.7	86.6	88.7
Metro	91.2	89.9	92.4
Rural	78.6	76.7	80.4
Heavy traffic on street or road			
Victoria	36.6	35.0	38.3
Metro	36.7	34.6	38.8
Rural	36.5	34.4	38.6

Perceptions of neighbourhood by health care card holder

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Safe			
Health care card	89.0	86.8	91.2
No health care card	96.4	95.6	97.1
Clean			
Health care card	93.5	91.5	95.4
No health care card	96.8	96.0	97.5
Good parks and play spaces			
Health care card	74.9	72.1	77.8
No health care card	86.2	84.9	87.5
Good street lighting			
Health care card	71.7	68.8	74.6
No health care card	77.5	75.9	79.0

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Footpaths and roads in a good state			
Health care card	75.8	73.0	78.6
No health care card	76.9	75.3	78.5
Close, affordable, regular public transport			
Health care card	72.8	70.0	75.5
No health care card	74.0	72.4	75.7
Access to basic shopping facilities			
Health care card	90.3	88.3	92.2
No health care card	94.2	93.4	95.0
Access to basic services such as banks and medical clinics			
Health care card	84.9	82.6	87.3
No health care card	88.7	87.6	89.9
Heavy traffic on street or road			
Health care card	41.5	38.3	44.7
No health care card	34.8	32.9	36.7

Parental employment (page101)

Main carer's employment security: couple household (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Permanent	45.9	44.1	47.7
Fixed term	3.9	3.2	4.6
Casual	12.3	11.1	13.4
Don't know	0.2	0.0	0.3
Screened out (not in employment)	37.8	35.9	39.6

Main carer's employment security: sole parent household (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Permanent	28.1	24.5	31.8
Fixed term	2.9	1.6	4.2
Casual	16.8	13.6	20.0
Screened out (not in employment)	52.1	47.9	56.4

Partner parent's employment security: couple household (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Permanent	80.9	79.5	82.4
Fixed-term	4.2	3.4	5.0
Casual	6.0	5.1	6.9
Screened out (not in employment)	8.8	7.7	9.9

**Health in pregnancy
(pages 106-107)**

Alcohol consumption in pregnancy (under two years)

Proportion of children whose mothers drank alcohol during pregnancy, by stage of pregnancy
(children under two years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Early pregnancy: pre-recognition	60.8	56.5	65.1
Early pregnancy: post-recognition	33.7	29.4	38.0
Late pregnancy: post-recognition	30.7	26.5	35.0

Proportion of children whose mothers binged on alcohol during pregnancy, by stage of pregnancy (children under two years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Early in pregnancy: pre-recognition			
Binged at all	21.0	17.5	24.5
Binged once a week or more	8.0	5.7	10.2
Binged less than once a week	8.3	6.0	10.7
Binged less than once a month	4.7	2.7	6.6
Early pregnancy: post-recognition			
Binged at all	3.5	1.7	5.3
Binged once a week or more	1.0	-0.1	2.2
Binged less than once a week	1.6	0.4	2.8
Binged less than once a month	0.9	0.1	1.7
Late pregnancy: post-recognition			
Binged at all	3.9	1.9	5.9
Binged once a week or more	1.3	0.1	2.5
Binged less than once a week	1.7	0.4	3.0
Binged less than once a month	0.9	0.0	1.8

Smoking during pregnancy

Proportion of children whose mothers smoked during pregnancy, by stage of pregnancy (children under two years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Early pregnancy: pre-recognition	21.9	18.5	25.4
Early pregnancy: post-recognition	12.1	9.4	14.8
Late pregnancy: post-recognition	9.3	6.8	11.7

Exposure to tobacco smoke (page 107)

Household smoking status (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
No smoker	68.1	66.5	69.6
Regular smoker/s	31.9	30.4	33.5

Do the regular smokers in smoking households... (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Always smoke outside the house	78.8	76.3	81.2
Usually smoke outside the house	8.1	6.5	9.7
Sometimes smoke inside and sometimes outside	9.4	7.7	11.0
Usually smoke inside the house	2.1	1.1	3.0
Always smoke inside the house	1.7	0.8	2.5

Are visitors discouraged from smoking (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Visitors discouraged	91.1	90.2	92.1
Visitors NOT discouraged	3.8	3.2	4.5
Sometimes/depends	0.9	0.6	1.2
Situation does not arise	4.2	3.4	4.9

Proportion of children from households where visitors are not discouraged from smoking (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
No smoker in household	2.0	1.3	2.6
Regular smoker/s in household	7.8	6.2	9.4

Reading (page 108)

Children who are read to from a book (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Not at all	27.9	26.3	29.4
One or two days	12.5	11.4	13.7
Three to five days	16.2	14.9	17.5
Six or seven days	43.1	41.4	44.8
Don't know	0.3	0.1	0.4

Children who are read to from a book, almost everyday (six or seven days), by age (six months to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Six months to <one year	49.6	41.4	57.9
One to <five years	71.9	69.3	74.6
Five to <nine years	48.4	45.2	51.7
Nine to <13 years	10.8	44.9	12.6

Sleep position (page 109)

Infants' sleep positions (infants under one year)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
On his/her back	89.3	85.5	93.2
On his/her side	7.5	4.3	10.7
On his/her tummy	2.5	0.4	4.5
Any other position	0.7	-0.3	1.7

Use of sun protection (page 109)

Frequency of sun protection (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Everyday	82.5	81.2	83.8
Most days	13.9	12.7	15.1
Some days	2.6	2.0	3.1
Hardly ever	0.6	0.3	0.9
Never	0.2	0.1	0.3
Don't know	0.2	0.0	0.3

Type of sun protection usually used (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Sunscreen	91.5	90.5	92.4
Hat	91.3	90.3	92.3
Covering with clothing	55.0	53.3	56.6
Staying indoors or in the shade	46.6	44.9	48.3
Sunglasses	6.0	5.2	6.8

Parental non-specific psychological distress (page 111)

Proportion of children with a main carer at high risk of psychological distress (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
All	2.9	2.3	3.5
Couple parent household	2.2	1.7	2.8
Sole parent household	7.0	4.7	9.3

Properties of the K6 scale: Items: 6, Range: 6 – 30, Mean: 9.6, SD: 3.5, Cronbach's alpha: 0.78

Cut off: 19 + (Based on the Australian scoring system: http://www.hcp.med.harvard.edu/ncs/k6_scales.php)

Family functioning (page 111)

Family functioning in households with children (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Healthy	82.1	80.8	83.4
Unhealthy	15.5	14.3	16.7
Unknown	2.4	1.9	3.0

Properties of the GF scale: Items: 12, Range: 1.0 – 3.92, Mean: 1.48, SD: 0.41,
Cronbach's alpha: 0.82, Cut off: 2.0 (Miller et al, 1985)

Characteristics of households with 'unhealthy' family functioning (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Household type			
Couple parent family	14.0	12.8	15.3
Sole parent family	24.3	20.5	28.1
Special health care need			
Survey child has at least one special health care need	21.2	17.8	24.6
Survey child has no special health care needs	14.5	13.2	15.8
Ability to raise \$2k in an emergency			
Yes	13.9	12.7	15.2
No	25.1	20.9	29.4
SEIFA category			
quartile 1 (least advantaged)	18.1	15.6	20.6
quartile 2	17.9	15.3	20.5
quartile 3	12.6	10.4	14.7
quartile 4 (most advantaged)	13.5	11.1	16.0

Parental support (page 113)

Children from households where parent reports ability to raise \$2,000 in an emergency (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Area of residence			
Victoria	84.9	83.7	86.2
Metro	85.3	83.7	86.9
Rural	84.0	82.3	85.6
Household			
Couple parent family	88.6	87.4	89.8
Sole parent family	62.9	58.7	67.2

Children from households where parent reports there is someone who can care for them or their child in an emergency (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Area of residence			
Victoria	94.4	93.7	95.2
Metro	94.2	93.2	95.2
Rural	95.1	94.1	96.0
Household			
Couple parent family	95.1	94.4	95.9
Sole parent family	90.5	87.7	93.2

Children from households where the parent 'strongly agrees' or 'agrees' they have someone they trust to turn to for advice (birth to <13 years)

	Estimate (percentage)	95 per cent CI	
		lower (percentage)	upper (percentage)
Area of residence			
Victoria	96.8	96.2	97.5
Metro	96.7	95.9	97.5
Rural	97.2	96.4	97.9
Household			
Couple parent family	97.5	96.9	98.1
Sole parent family	93.2	90.6	95.7

6.0 References

Australian Bureau of Statistics and Victorian Government Department of Human Services 2005, *Best Start Atlas: Children aged 0 – 8 years in Victoria*, Victorian Government Department of Human Services, Melbourne.

Australian Centre for Asthma Monitoring 2005, *Enhancing Asthma Related Information for Population Monitoring*, AIHW cat. No ACM 4. Canberra: AIHW

Bethell, CD, Read, D, Stein, REK, Blumberg, SJ, Wells, N and Newacheck, PW 2002, 'Identifying Children with Special Health Care Needs: Development and Evaluation of a Screening Instrument', *Ambulatory Pediatrics*, vol. 2, pp. 38-48.

Burdette, HL, Whittaker, RC, Daniels, SR 2004, 'Parental Report of Outdoor Playtime as a Measure of Physical Activity in Preschool-aged Children', *Archives of Adolescent and Pediatric Medicine*, vol. 158, pp. 353 –58.

Cancer Council Victoria 2003, *Quit Victoria Research and Evaluation Studies*, Centre for Behavioural Research in Cancer, no. 11, 2000/2001, Carlton, Victoria.

Carter, KD and Stewart, JF 2003, *National Dental Telephone Interview Survey 2002*, AIHW cat no. DEN 128. Adelaide: AIHW Dental Statistics Research Unit.

Daly A and Roberts L 2002, 2001 Child Health Survey: An Overview. Department of Health, Western Australia.

Epstein, NB, Baldwin, LM, Bishop, DS 1983, 'The McMaster Family Assessment Device'. *Journal of Marital and Family Therapy*, vol. 9, pp. 171–80.

Flood, V, Webb, K and Rangan, A 2005, *Recommendations for short questions to assess food consumption in children for the NSW health surveys*, NSW Centre for Public Health Nutrition.

Goodman, R 2001, 'Psychometric Properties of the Strengths and Difficulties Questionnaire', *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 40, pp. 1,337-345.

Goodman, R 1997, 'The Strengths and Difficulties Questionnaire: A Research Note', *Journal of Child Psychology and Psychiatry*, vol. 38, pp. 581-86.

Kessler, RC, Andrews, G, Colpe, LJ, Hiripi, E, Mroczek, DK, Normand, SL, Walters, EE and Zaslavsky, AM 2002, 'Short Screening Scales to Monitor Population Prevalences and Trends in Non-Specific Psychological Distress', *Psychological Medicine*, vol. 32, pp. 959-76.

Miller, IW, Epstein, NB, Bishop, DS and Keitner, GI 1985, 'The McMaster Family Assessment Device: Reliability and Validity', *Journal of Marital and Family Therapy*, vol. 11, no. 4, pp. 345-56.

Premier's Children's Advisory Committee 2004, *Joining the dots: a new vision for Victoria's children: Report to the Premier of Victoria*, Victorian Government Department of Premier and Cabinet, Melbourne.

Quaine, J, Eyeson-Annan, M, Baker, D, O'Sullivan, B, Williamson, M and Jorm, L 2003, *Report on the Development of the NSW Child Health Survey*. NSW Public Health Bulletin 14 (S-1) ISSN 1034 7674.

Salmon, J, Salmon, L, Crawford, D, Hume, C, and Timperio, A in press, 'Associations among individual, social and environmental barriers and children's walking or cycling to school'. *American Journal of Health Promotion* (accepted 7.11.06).

State Government of Victoria 2004, *Putting children first...the next steps*, Victorian Government Department of Premier and Cabinet, Melbourne.

Victorian Government Department of Human Services, 2006, *The state of Victoria's children report 2006*, Victorian Government DHS, Melbourne.

Victorian Population Health Survey, 2005, Department of Human Services, Victoria.

Ware, JE, Snow, KK, Kosinski, M, and Gandek, B 1993, *SF-36 Health Survey Manual and Interpretation Guide*, The Health Institute, New England Medical Centre, Boston.

Waters, E, Maher, E, Williams, J, Goldfeld, S, Wake, M, Mehmet-Radji, O and Oberklaid, F 2004, *Victorian Survey of Child Health and Wellbeing, Rationale for Domains and Scales*, Centre for Community Child Health, Unpublished report.

Webb, K, Marks, GC, Lund-Adams, M, Rutishauser, IHE and Abraham, B 2001, *Towards a National System for Breastfeeding in Australia*, Food and Nutrition Monitoring Unit and Department of Health and Aged Care, Canberra.

Links:

The survey instruments used in the Longitudinal Study of Australian Children, can be accessed at:
<http://www.aifs.gov.au/growingup/pubs.html>>

Information on the South Australian Monitoring System can be found at:
 <<http://www.health.sa.gov.au/pehs/pros/samss-tech-paper2-survey.pdf>>

