

A picture of Australia's children

Do we have a clear enough picture to guide rational health and social policy responses?

Australia's economic prosperity has long brought incremental health gains through better living conditions, sanitation, education, medical care and vaccination.¹ The effects on child health and mortality have been striking. The latest report from the Australian Institute of Health and Welfare (AIHW), *A picture of Australia's children*, documents this continuing trend. Infant and child mortality rates halved again in the past 20 years.² The fall in deaths from sudden infant death syndrome (SIDS) to a third of 1991 rates is a tribute to outstanding Australian child health research, as well as the work of child and family health nurses and the SIDS Council of Australia.³ A steady decline in deaths from injury in later childhood has also contributed to lower childhood mortality. Judged by these indices, the present generation of Australian children is the healthiest ever.

Economic progress has also altered the lives of children through changing the social context of development. The transformation of Australian families has been striking. Fewer children, smaller households, older parents, working mothers, and parental separation and divorce, all affect the way in which families provide a nurturing and secure base.⁴ There are concerns that a greater investment in fewer children, tied with heightened parental anxieties, has produced a "bubble-wrap generation". The effects of limiting independent exploration, risk taking and physical activity on children's physical, cognitive and emotional development may be profound.⁵ Socioeconomic changes have also affected child health in other ways, such as altering material consumption and lifestyle. Industries, ranging from fashion to food and entertainment, now market to children, regarding them not only as the consumers of tomorrow but as major agents of influence on family spending.⁶

In this changing social context, the AIHW report attempted to capture a broad picture of the health and development of our children (Box). In preparing the report, emerging morbidities,

Key findings of *A picture of Australia's children*

- The infant mortality rate in Australia halved over the past two decades, from 9.6 per 1000 livebirths in 1983 to 4.8 in 2003. The Indigenous infant mortality rate also declined by 3.3% per year, but was still 2.5 times that of other Australian infants.
- Rates of non-communicable health problems, such as obesity and mental disorders, appear to be rising, but lack of up-to-date national data makes it difficult to accurately assess the current rates.
- Rates of vaccination among children aged 1 and 2 years have increased over time, with the coverage in 2004 being over 90%.
- Between 1990 and 2000, children's dental health improved, with a decrease in the mean number of decayed teeth in 6 year olds (from 2.1 to 1.7), and 12 year olds (from 1.4 to < 1). However, since 2000, tooth decay in Australian children seems to be on the increase again.
- The number of children on care and protection orders has risen almost 50% in the past 6 years, with the rates sixfold higher in Indigenous children. The proportion of children placed in out-of-home care also rose from 3 per 1000 children in 1997 to 5 per 1000 in 2004.

such as childhood obesity, were to be an important focus. Obesity not only poses risks for later cardiovascular disease and diabetes, but also profoundly affects children's quality of life and self-concept.⁷ However, the best available national data are 10 years old, from a time when around one in five children were overweight or obese. Moreover, national data are not available on patterns of physical activity or nutrition.

Because of longer-term effects on adult health and prosperity, the socioeconomic circumstances of childhood are central in social

policy considerations.⁸ Nowhere are these continuities between childhood circumstances and adult health clearer than in Aboriginal and Torres Strait Islanders. For this reason the report attempted to capture broader data on family functioning, local neighbourhoods, educational attainment, and the welfare of children in contact with health and social services. Some of the trends revealed by the study provide food for thought. The number of children on care and protection orders has increased almost 50% in 6 years, and rates in Indigenous children are over sixfold higher. The proportion of children in out-of-home care (ie, having to live away from their parents) has risen over 60% in the same period. Around one in ten families with children currently report that their neighbourhoods feel unsafe at least some of the time. This experience is three times commoner in poorer families.

What effects these trends may be having on the mental health and emotional development of children is uncertain. Again our picture is incomplete, with the best available national data on child mental health now 7 years old.⁹ Data from this 7-year-old study suggested that, at any point in time, one in eight children had a diagnosable mental or behavioural disorder. These rates were twice as high in sole parent and blended families (ie, families formed by second marriages between parents with children).

Thus, in attempting to paint a bigger picture of child health, development and wellbeing, the AIHW report has exposed huge gaps in the information needed for rational health and social policy responses. Perhaps the clearest gaps concern the emerging non-communicable illnesses of childhood. A need for up-to-date national data on the social and geographic distribution of childhood obesity and mental disorders stands out as a priority. What data we have suggest that these problems vary greatly according to geographic location and socioeconomic status and are worsening. If current social changes persist, the worsening trends in obesity and mental disorders seem likely to continue, and the children most affected will be those in disadvantaged and disrupted families.

The federally funded Longitudinal Study of Australian Children will address some of the gaps by providing a better understanding of how current social and family contexts affect children.¹⁰ However, the study is of two cohorts separated by 4 years and will not be able to adequately capture the continuing and ongoing changes in the social context of childhood that we may expect to see in the coming years. Other gaps relate to our service systems for children and families. The aggregation of service system data to create ongoing national minimum datasets for areas such as juvenile justice, child protection and children's services is an important first step in understanding how these systems are working. But much more is needed. The development of brief measures of development and social context in early and later childhood^{11,12} heralds the possibility of efficiently capturing ongoing shifts in the lifestyles, social development and health of our children.

The new health problems of childhood are complex in their origins and likely to be complex in their solutions. A clearer picture of our children is needed to guide our responses — whether these

be through priority research, informed government policy, better functioning of our service systems or, most importantly, the efforts of Australia's parents, schools and local communities.

George C Patton

VicHealth Professor of Adolescent Health Research
Centre for Adolescent Health
Murdoch Childrens Research Institute, Melbourne, VIC
george.patton@rch.org.au

Sharon R Goldfeld

Paediatrician and Research Fellow, Centre for Community Child Health
Royal Children's Hospital, Melbourne, VIC

Indrani Pieris-Caldwell

Senior Analyst
Children, Youth and Families Unit
Australian Institute of Health and Welfare, Canberra, ACT

Meredith Bryant

Project Officer
Children, Youth and Families Unit
Australian Institute of Health and Welfare, Canberra, ACT

Graham V Vimpani

Clinical Chair, Discipline of Paediatrics and Child Health
University of Newcastle, Newcastle, NSW

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