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**Australian Institute of
Health and Welfare**

Mapping of children and youth indicator reporting frameworks



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*Authoritative information and statistics
to promote better health and wellbeing*

Mapping of children and youth indicator reporting frameworks

Australian Institute of Health and Welfare
Canberra

Cat. no. CWS 48

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ISBN 978-1-74249-545-3

Suggested citation

Australian Institute of Health and Welfare 2014. Mapping of children and youth indicator reporting frameworks. CWS 48. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare

This publication is printed in accordance with ISO 14001 (Environmental Management Systems) and ISO 9001 (Quality Management Systems). The paper is sourced from sustainably managed certified forests.



Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

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Acknowledgments

This report was compiled by the Maternal Health, Children, Youth and Families Unit of the Australian Institute of Health and Welfare (AIHW). Dr Fadwa Al-Yaman is especially thanked for her guidance.

Review comments received from the following are gratefully acknowledged: Dr Pamela Kinnear, AIHW; the Child Welfare and Prisoner Health Unit, AIHW; Professor George Patton, Centre for Adolescent Health, Royal Children's Hospital; Dr Diana Hetzel, Public Health Information Development Unit, The University of Adelaide; Dr Naomi Priest, the McCaughey Centre, Melbourne School of Population and Health, University of Melbourne; Australian Government Department of Health; Australian Government Department of Social Services; Australian Government Department of Education.

The project was funded by the Australian Government Department of Health.

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AEDI	Australian Early Development Index
AESOC	Australian Education Systems Officials Committee
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AIHW	Australian Institute of Health and Welfare
ANPHA	Australian National Preventive Health Agency
AQF	Australian Qualifications Framework
ASGC	Australian Standard Geographical Classification
CDEP	Community Development Employment Projects
CDSMC	Community and Disability Services Ministers' Conference
COAG	Council of Australian Governments
ECDOM	Early Childhood Development Outcome Measures
HBSC	Health Behaviour in School-aged Children study
HI	Headline Indicators for Children's Health, Development and Wellbeing
HPF	Aboriginal and Torres Strait Islander Health Performance Framework
IGAFFR	Intergovernmental Agreement on Federal Financial Relations
KC	Key National Indicators of Child Health, Development and Wellbeing, <i>also referred to as Key Child National Indicators</i>
KY	Key National Indicators of Youth Health and Wellbeing, <i>also referred to as</i> Key Youth National Indicators
MBS	Medicare Benefits Schedule
NA	National Agreement
NAHA	National Affordable Housing Agreement
NAPLAN	National Assessment Program – Literacy and Numeracy
NEA	National Education Agreement

NFPAC	National Framework for Protecting Australia’s Children 2009-2020
NHA	National Healthcare Agreement
NHPF	National Health Performance Framework
NIRA	National Indigenous Reform Agreement
NPA	National Partnership Agreement
NPA IECD	National Partnership Agreement on Indigenous Early Childhood Development
NPAPH	National Partnership Agreement on Preventive Health
NPEV	National Partnership Agreement for Essential Vaccines
NPUAECE	National Partnership Agreement on Universal Access to Early Childhood Education
NPYAT	National Partnership Agreement on Youth Attainment and Transitions
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
PISA	Program for Interational Student Assessment
Qld	Queensland
SA	South Australia
SDQ	Strengths and Difficulties Questionnaire
SEIFA	Socio-Economic Indexes for Areas
SHS	Specialist Homelessness Services
SIDS	Sudden Infant Death Syndrome
Tas	Tasmania
TIMSS	Trends in International Mathematics and Science Study
VET	Vocation and Educational Training
Vic	Victoria
WA	Western Australia

Symbols

–	nil or rounded to zero
..	not applicable
n.a.	not available
t.b.c.	To be confirmed
t.b.d.	to be determined

Summary

Infants, children and young people make up about a third of the Australian population, and have particular health and social needs that require access to a range of services. What happens in the early years provides the foundation for future health, development and wellbeing of the individual, and also shapes the future health and productivity of the whole population.

In recent years, there has been an increase in the number of indicators and reporting frameworks that report on the health and wellbeing of children and young people, in Australia and internationally. This rich reporting environment reflects growing recognition of the importance of reporting on a wide range of indicators to inform policy development (Ben-Arieh 2008; Brown & Anderson 2009).

This report provides an overview of the purpose, scope and reporting status of 6 national frameworks, 4 National Agreements and 5 National Partnership Agreements (the Agreements) that are relevant to children and/or youth. Indicators from the frameworks and Agreements are mapped across 6 broad domains. In doing so, critical topic areas and underlying indicators of shared relevance across frameworks and Agreements, and those that are unique to a particular framework or Agreement, are identified.

The findings show that in the children's reporting environment, while frameworks and Agreements have some common topics, a large number of indicators are unique to a specific framework or Agreement. Of the child-specific frameworks and Agreements, the Key Child National Indicators is the most comprehensive. About half of its indicators are not reported in the remaining frameworks or Agreements. In the youth environment, there are few youth-specific frameworks, with minimal overlap, and no Australian Government report that comprehensively covers this age group. This is currently an information gap.

The report concludes with recommendations on how reporting on children and youth in Australia could be streamlined and made more timely by drawing on existing web-based data infrastructure, while maintaining the necessary comprehensive coverage. It highlights the importance of co-ordination between the different policy areas responsible for the indicators within the frameworks and Agreements to agree on priorities and ensure a sustainable approach to data development, data collection and reporting.

1 Introduction

Infants, children and young people (aged 0–24) made up about a third (32%) of the Australian population as at 30 June 2012 (AIHW 2013b). They form a distinct group within the population, with particular health and social needs that require access to a range of services. What happens in the early years of a child's life is critical, and this period provides the foundation for future health, development and wellbeing of the individual. It also shapes the future health and productivity of the whole population. Tackling health and wellbeing problems when they occur in childhood and adolescence is socially and economically more effective than dealing with enduring problems in adulthood. Many attitudes, behaviours and even illnesses that largely determine adult health and wellbeing, have their origins in childhood, adolescence and early adulthood. Adolescence and young adulthood are critical periods for reinforcing positive health and social behaviours, as behaviours at this age are strong predictors of behaviours in later life (Muir et. al. 2009).

To fully understand the health and wellbeing issues in these formative years, specific measures of health that may differ to the adult population are required. In recent years, there has been an increase in the number of indicators and reporting frameworks that are used to report on the health and welfare of children and young people, in Australia and internationally, thereby creating a rich reporting environment. This surge of interest reflects not only a widespread interest in the wellbeing of children but also a growing recognition of the importance of reporting on a wide range of indicators to inform policy development (Ben-Arieh 2008; Brown & Anderson 2009).

This report provides an overview of the purpose, scope and reporting status of 6 national frameworks, 4 Council of Australian Governments (COAG) National Agreements and 5 COAG National Partnership Agreements (the Agreements) relevant to children and/or youth. Indicators from the frameworks and Agreements are mapped across 6 broad domains. In doing so, the critical topic areas and underlying indicators of shared relevance across frameworks and Agreements, and those unique to a particular framework or Agreement, are identified. Recommendations are provided on how reporting in the child and youth environment could be streamlined and made more timely by drawing on existing web-based data infrastructure while maintaining the necessary comprehensive coverage.

1.1 Goals for a national system of indicators

Ideally, a national system of indicators should provide an accurate picture of the wellbeing of children and young people, and be an effective tool for informing policy development and evaluation. To achieve this, it needs to have a comprehensive coverage with respect to the indicators and population groups it includes (Moore 1997; Brown & Anderson 2009). Most importantly, it should feature:

- a broad range of indicators that capture all the factors that are important to the wellbeing and development of children and young people
- data for all relevant age, social, geographic and ethnic groups, including children/young people with disability
- reporting that is regular and frequent enough to be relevant to governments on short policy cycles

- results that are readily available to policy makers, researchers, journalists and the general public.

Wherever possible, different reporting frameworks that include similar indicators should use and define these consistently to facilitate direct comparisons of the results they report. Consistent use of indicators is also critical to enable evaluation of policy measures and tracking of change over time.

In addition to national frameworks, international frameworks also compare the performance of different countries. By highlighting the relative strengths and weaknesses of comparable countries, these frameworks are particularly valuable as guides to areas that need attention from policy makers. To be included, each country needs to make data available that conform to the indicators in the international framework. The leading international comparison of children's wellbeing in developed countries *Child well-being in rich countries: A comparative overview* is published as Innocenti Report cards by the UNICEF Research Office. This framework used as its starting point the UN Convention on the Rights of the Child. At present, Australia is excluded from the ranking tables of this report because it has data for fewer than 75% of the total number of indicators used (UNICEF 2013). Being included in international reports would enable Australia to compare itself with countries at a similar level of development, which can assist in formulating policy, goals and targets.

1.2 National frameworks and Agreements in scope

The needs of children are central to policy development and service delivery of both Australian and state and territory governments, and increasingly local governments. Currently there are many indicator reporting mechanisms in Australia produced by different national and state/territory departments and agencies, as well as child welfare and advocacy groups. These reporting mechanisms differ in terms of their purpose and requirements, and consequently in the nature and breadth of topics covered, the age ranges and types of disaggregations included.

This report restricts its scope to a set of 15 core national frameworks and Agreements that are listed in Box 1.1. The national frameworks on the one hand, and Agreements on the other, differ in their purpose and objectives. Consequently, they also differ in the nature and coverage of indicators against which they report.

The national frameworks were endorsed by different bodies to monitor developments in child/youth health, development and wellbeing in a number of key areas (see Box 1.1). The role of the Council of Australian Governments (COAG) reporting is to provide accountability of governments to the public, and is associated with funding arrangements for service delivery. This includes reporting on performance indicators agreed between the Australian and state and territory governments. For the purposes of this report, the discussion around COAG performance indicators is restricted to how the performance indicators included in the Agreements provide additional reporting on child and youth health, development and wellbeing, acknowledging that this is not their primary purpose. See Section 2 of the report for further details.

Box 1.1: Reporting frameworks, National Agreements and National Partnership Agreements

National frameworks

- The conceptual framework for Key National Indicators of Child Health, Development and Wellbeing, hereafter referred to as Key Child National Indicators (KC), was endorsed by the Australian Health Ministers' Advisory Council (AHMAC).
- Children's Headline Indicators (HI) were endorsed by the Australian Health Ministers' Conference (AHMC), the Community and Disability Services Ministers' Conference (CDSMC) and the then Australian Education Systems Officials Committee (AESOC).
- Key National Indicators of Youth Health and Wellbeing, hereafter referred to as Key Youth National Indicators (KY) were developed under the National Youth Health Information Framework. This framework is linked to the National Health Performance framework endorsed by the AHMAC.
- The Early Childhood Development Outcome Measures framework (ECDOM) is being developed to report against the National Early Childhood Development Strategy, Investing in the Early Years, released by COAG.
- The National Framework for Protecting Australia's Children (NFPAC), was endorsed by the Council of Australian Governments.
- The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) is auspiced by the AHMAC.

COAG National Agreements and National Partnership Agreements

Health

- The National Healthcare Agreement (NHA)
- National Partnership Agreement on Preventive Health (NPAPH)
- National Partnership Agreement on Essential Vaccines (NPEV)

Education

- National Education Agreement (NEA)
- National Partnership Agreement on Universal Access to Early Childhood Education (NPUAECE)
- National Partnership Agreement on Youth Attainment and Transitions (NPYAT)

Housing

- National Affordability Housing Agreement (NAHA)

Indigenous reform

- National Indigenous Reform Agreement (NIRA)
- National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD).

The Australian Early Development Index (AEDI) and National Assessment Program – Literacy and Numeracy (NAPLAN) are important Australian measures of child development. They do not constitute frameworks in their own, and so are discussed under the relevant topic areas. See 'Transition to school' for a discussion of the AEDI, and 'Literacy and Numeracy' for a discussion of NAPLAN. Both of these topics are in section 3.3 Learning and Development.

The National Plan to Reduce Violence against Women and their Children and the National Disability Strategy have not been included because reporting against the indicators in these strategies have not yet been published.

1.3 Aims and structure of report

This report provides an overview of the reporting environment in relation to the health and wellbeing of children and young people (0-24 years) based on Australian national frameworks and COAG Agreements.

Section 2 provides an overview of frameworks and Agreements that are child-or youth-specific, include indicators on children and/or youth, or provide some level of disaggregations for 0-24 year olds. Information on the current reporting status of each framework is also included.

Section 3 presents all of the indicators across the 6 national frameworks, and nine Agreements mapped by indicator topic area. It also provides a summary of all relevant indicators in these frameworks. This summary identifies the indicators that are of shared relevance to a number of frameworks and/or Agreements, and those that are unique to a particular framework or Agreement. It also discusses how individual indicators are used and defined by different frameworks/Agreements and highlights important reporting gaps.

Section 4 focuses on the frameworks and Agreements that are only child-or youth-specific. It highlights what is shared and what is unique to certain frameworks, and identifies the substantial gaps in national child and youth reporting that would be created if current frameworks were not maintained. Future reporting options are also discussed.

Section 5 summarises the key issues and provides recommendations on how reporting in the child and youth environment could be streamlined and made more timely by drawing on existing web-based data infrastructure while maintaining the necessary comprehensive coverage.

2 Reporting frameworks

This section provides an overview of 6 national frameworks, 4 National Agreements (NAs) and 5 National Partnership Agreements (NPAs) (the Agreements) that are either exclusively devoted to aspects of children and/or youth health and wellbeing, cover all ages but include indicators related to children and/or youth, or include disaggregations for child and/or youth populations. Table 2.1 provides a summary overview of the frameworks and Agreements reviewed in this section. Only frameworks and Agreements that support Australian Government policy are included. Those that are child- and/or youth specific are marked *. The reporting status is as at July 2013.

A brief description of each of the frameworks and Agreements is provided. The frameworks are divided into 2 categories in line with Table 2.1; the first section focuses on national frameworks, organised by the categories child-specific, youth-specific and all ages. The second section includes the Agreements organised by topic area (e.g. health, education, housing, Indigenous reform).

Table 2.1 National frameworks and Agreements

Subject area	Framework/Agreement	Age range	Current reporting schedule	Frequency of reporting
Frameworks				
Child-specific	The Key Child National Indicators (KC)*	0–14	x	Previously 4–yearly; No current schedule
	Headline Indicators for Children’s Health, Development and Wellbeing (HI)*	0–12	✓	Annual
	Early Childhood Development Outcome Measures (ECDOM)*	0-8	x	Under development
	National Framework for Protecting Australia’s Children (NFPAC)*	0–17	✓	Annual
Youth-specific	The Key Youth National Indicators (KY)*	12–24	x	Previously 4–yearly; No current schedule
All ages	ATSI Health Performance Framework (HPF)	All ages	✓	Biennial
COAG Agreements				
Health	National Healthcare Agreement (NHA)	All ages	✓	Annual
	NPA on Preventive Health (NPAPH)	All ages	x	Due to be reported in late 2016/early 2017 for year ending June–2016
	NPA on Essential Vaccines (NPEV)	All ages	✓	Annual
Education	National Education Agreement (NEA)*	5–17	✓	Annual
	NPA on Universal Access to Early Childhood Education (NPUAECE)*	4–5	x	Yet to commence for new NPA
	NPA on Youth Attainment and Transitions (NPYAT)*	15–24	✓	Annual
Housing and homelessness	National Affordable Housing Agreement (NAHA)	All ages	✓	Annual
Indigenous Reform	National Indigenous Reform Agreement (NIRA)	All ages	✓	Annual
	NPA on Indigenous Early Childhood Development (NPA IECD)*	0–4 (and teenagers)	✓	Annual

Note: * indicates frameworks and Agreements specific to children or youth.

2.1 National frameworks

Child-specific frameworks

The Key National Indicators of Child Health, Development and Wellbeing

The Key National Indicators of Child Health, Development and Wellbeing (Key Child National Indicators or KC) provide a comprehensive overview of the health, development and wellbeing of Australia's children. The indicators are underpinned by the National Child Health Information Framework, a conceptual framework for the organisation of national child health information. The framework was developed at a workshop convened by the Australian Institute of Health and Welfare (AIHW) in 1998, and subsequently endorsed by the Australian Health Ministers' Advisory Council (AHMAC).

The indicators are reported in *A picture of Australia's children*, of which there have been 5 editions (1996, 2002, 2005, 2009 and 2012). The framework was revised for the 2005 edition, expanded for the 2009 edition and retained unaltered for the 2012 edition. The publications (also available electronically) serve as compendiums and provide interpretive commentary as well as contextual and supplementary data. The latest edition (2012) has an accompanying web product, with one web page devoted to each topic area.

There are 56 indicators across 7 topic areas (health, child development, learning, risk factors, family and community, safety and system performance). This framework aims to cover the age range of 0–14 years and to include disaggregation for sex, age (0–4, 5–9 and 10–14 years), Indigenous status, remoteness and socioeconomic groups. When possible, it also includes international comparisons.

Following the endorsement of the *Headline Indicators for Children's Health, Development and Wellbeing in 2006* (see below) the Key Child National Indicators also incorporated a number of relevant Headline Indicators (HI) in 2009. As a result, the Headline Indicators currently constitutes a subset of the Key Child National Indicators. A number of more recently developed frameworks also discussed in this report have drawn on indicators from the Key Child National Indicators (e.g. the Early Childhood Development Outcome Measures Framework and the National Framework for Protecting Australia's Children).

Source for indicators: AIHW 2012. *A picture of Australia's children*.

Headline Indicators for Children's Health, Development and Wellbeing

The Headline Indicators for Children's Health, Development and Wellbeing (Headline Indicators or HI) framework is a set of 19 indicators designed to focus policy attention on priorities for children's health, development and wellbeing (AIHW Headline Indicators report 2011). The 19 identified priority areas were endorsed by the Australian Health Ministers' Conference (AHMC), the Community and Disability Services Ministers' Conference (CDSMC) and the then Australian Education Systems Officials Committee (AESOC) in 2006. The framework aims to cover the age range of 0–12 years.

The Headline Indicators can be seen as a subset of the Key Child National Indicators (with the exception of the Shelter and Family Social Networks indicators) and were chosen because they were considered to be potentially amenable to change through prevention and early intervention initiatives. The indicators are grouped into 3 main areas of health, early learning and care, and family and community. As well as the disaggregations used for the Key Child National Indicators framework, the Headline Indicators also includes cultural and linguistic

background. All Headline Indicator disaggregations are further disaggregated by state and territory, providing a finer level of disaggregation than Key National Child Indicators.

The Headline Indicators are reported in 2 formats: an annual electronic release of data (see <<http://www.aihw.gov.au/chi/index.cfm>> and in print form. Printed publications (also available online) provide contextual and supplementary information and have been released at irregular intervals either as part of *A Picture of Australia's Children* (2009, 2012) or as a stand-alone report, *Headline Indicators for Children's Health and Wellbeing 2011*.

The annual release of electronic data is scheduled to continue until 2015. There is no reporting schedule for the compendium publication associated with this framework.

Source for indicators: AIHW 2011a. *Headline Indicators for Children's Health, Development and Wellbeing 2011*.

National Outcome Measures for Early Childhood Development

The Early Childhood Development Outcome Measures framework (ECDOM) was developed to report progress against the outcomes framework outlined in the COAG *National Early Childhood Development Strategy, Investing in the Early Years* (COAG 2009a). The 20 indicator areas cover 7 key aspects of health, environment, learning, educational opportunities, social inclusion and disadvantage, families, and quality early childhood development services. The framework aims to focus on 0-8 years.

During phase 1 of the development of this framework, resulting in the publication *National Outcome Measures for Early Childhood Development* (AIHW 2011b), the 20 indicator areas were selected. Phase 2 of the project is in progress, and includes the drafting of technical specifications for the 15 areas that have available data, or will have by the end of 2014. Indicator development is underway for the remaining 5 areas. Disaggregations include socioeconomic disadvantage, remoteness, Indigenous status, disability status and parental education/employment status.

Reporting has not yet been scheduled.

Source for indicators: AIHW 2011b. *National Outcome Measures for Early Childhood Development*.

National Framework for Protecting Australia's Children

The National Framework for Protecting Australia's Children 2009–2020 (NFPAC) was endorsed by the Council of Australian Governments in April 2009. The framework provides a national approach to ensure the safety and wellbeing of Australia's children and aims to deliver a substantial and sustained reduction in levels of child abuse and neglect. The framework has a high-level outcome: Australia's children and young people are safe and well, and 6 supporting outcomes: children live in safe and supportive families and communities; children and families access adequate support to promote safety and intervene early; risk factors for child abuse and neglect are addressed; children who have been abused or neglected receive the support and care they need; Indigenous children are supported and safe in their families and communities; child sexual abuse and exploitation is prevented and survivors receive adequate support.

The framework includes 31 indicators and covers the age range 0–17 years. Eight indicators are included under the high-level outcome and 23 under the 6 supporting outcomes. The 2012–13 annual report will include 23 indicators using full reporting and 3 using proxy

information. Technical specifications have been developed for 27 indicators (AIHW 2013d). Data development is underway for 3 indicators that are currently not reportable.

Reporting is annual and began in 2009–10.

Source for indicators: AIHW 2013d. National Framework for Protecting Australia's Children 2009–2020: Technical paper on operational definitions and data issues for key national indicators.

Youth-specific frameworks

Key National Indicators of Youth Health and Wellbeing

The Key National Indicators of Youth Health and Wellbeing (Key Youth National Indicators or KY) provide a comprehensive overview of the health, development and wellbeing of young people. The indicators are underpinned by the National Youth Health Information Framework, which is closely aligned with the National Health Performance Framework (NHPF). The NHPF is a nationally agreed framework that has been endorsed by the Australian Health Ministers' Advisory Council. The National Youth Health Information framework forms the basis for the AIHW report series *Young Australians: their health and wellbeing 2011* (AIHW 2011c). There have been 4 editions of the youth report (1999, 2003, 2007, and 2011). The framework and associated publication complement the Key Child National Indicators and *A picture of Australia's children report* and together provide an extensive overview of child and youth health and wellbeing from birth to the age of 24.

The Key Youth National Indicators framework is the only set of national youth-specific indicators, and aims to cover the ages 12–24. It includes 71 indicators across 5 areas: health and wellbeing, risk factors, family and community, socioeconomic factors and health system performance. It includes disaggregations for sex, age, Indigenous status, remoteness and socioeconomic groups, and when possible, provides international comparisons.

Source for indicators: AIHW 2011c. *Young Australians: their health and wellbeing 2011*.

Frameworks relating to all ages

Aboriginal and Torres Strait Islander Health Performance Framework

The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) is the authoritative evidence base for Aboriginal and Torres Strait Islander health policy and is well recognised for its innovative approach to combining evidence from national data collections and research literature with policy analysis. The framework is being used to monitor progress towards achieving COAG targets on closing the gap on Indigenous disadvantage.

The framework has been published biennially since 2006, and is auspiced by the Australian Health Ministers' Advisory Council (AHMAC). The HPF 2012 Report was endorsed by the Standing Council on Health (SCoH) in November 2012. It presents a high-level summary of data and policy analysis for 68 performance measures across 3 tiers: health status and outcomes; determinants of health including socioeconomic and behavioural factors; and health system performance.

Sources for indicators:

Australian Health Ministers' Advisory Council 2012. Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report.

AIHW 2013. Aboriginal and Torres Strait Islander Health Performance Framework 2012: detailed analyses. Cat. no. IHW 94. Canberra: AIHW.

2.2 COAG National Agreements and National Partnership Agreements

On 29 November 2008, the Council of Australian Governments (COAG) reached an Intergovernmental Agreement on Federal Financial Relations (IGAFFR), establishing a new framework for the Commonwealth's financial relations with the states and territories. This framework came into effect on 1 January 2009.

Six National Agreements covering key service areas are included under the IGAFFR. Performance reporting under these Agreements is primarily to enhance accountability of governments to the public for all jurisdictions. National Agreements focus on high-level public accountability for outcomes in key service delivery sectors.

Each National Agreement is supported by a number of National Partnership Agreements. Performance reporting for National Partnership Agreements involves assessing whether pre-determined milestone and performance benchmarks have been achieved before an incentive payment is made to reward nationally significant reforms or service delivery improvements <www.federalfinancialrelations.gov.au/content/performance_reporting.aspx>. As such, the Agreements are not intended to provide comprehensive reporting in relation to children and youth. However, they are included in this report because they include a great deal of information for this age group.

Four of the National Agreements are relevant to the age groups discussed in this report either exclusively (National Education Agreement) or because they include indicators relevant to children (National Healthcare Agreement, National Affordable Housing Agreement and the National Indigenous Reform Agreement). The remaining 2 Agreements (National Disability Agreement and National Agreement for Skills and Workforce Development) are not discussed as they either do not include indicators related to children and youth specifically, or do not disaggregate the indicators for these age groups. Similarly, the National Health Reform Agreement is not discussed because it covered major reforms to the organisation, funding and delivery of health and specifically to the aged care sector.

The National Partnership Agreements that are directly relevant to the topic areas of this report are the those on: Preventive Health, Essential Vaccines, Universal Access to Early Childhood Education, Youth Attainment and Transitions, Indigenous Health Outcomes, and Indigenous Early Childhood.

The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes and the National Partnership Agreement on Literacy and Numeracy are not included in this report as they expired on 30 June 2013 and 31 December 2012 respectively. The National Partnership Agreement on Low Socioeconomic Status School Communities is excluded, as the Agreement is not intended to include all schools in low socioeconomic areas. The National Partnership Agreement on Homelessness is not included as the interim National Partnership Agreement for 30 June 2013 to 30 June 2014 does not include indicators relating to child outcomes.

National Healthcare Agreement

The National Healthcare Agreement (NHA) came into effect on 1 January 2009 with the most recent revision to the performance framework effective from mid-July 2012. Its objective is to improve health outcomes for all Australians and ensure the sustainability of the Australian health system. The performance indicators are divided into 4 outcomes: better health, better health services, social inclusion and Indigenous health, and sustainability of the health system.

Data are reported annually, beginning with the baseline report in 2008–09 and the latest for 2011–12 (as at 25 May 2013).

The NHA is supported by a number of National Partnership Agreements. Those included in this report are Preventive Health (NPAPH) and Essential Vaccines (NPEV).

Source for indicators: COAG 2012b. National Healthcare Agreement 2012; National Healthcare Agreement 2013 Indicator Set (METeOR status: Standard 25 June 2013).

COAG 2009b. National Partnership Agreement on Essential Vaccines. Canberra: COAG.

National Partnership Agreement on Preventive Health

The National Partnership Agreement on Preventive Health (NPAPH) came into effect on 1 January 2009. Initially due to expire on 30 June 2015, it has been extended and is now due to end in June 2018. It focuses on addressing the rising prevalence of behaviour-related chronic disease. It aims to lay the foundations for healthy behaviours in the daily lives of Australians. It includes a commitment to programs and campaigns across smoking, nutrition, alcohol and physical activity risk factors that will be implemented in settings such as communities, early childhood education and care environments, schools and workplaces.

The NPAPH includes 4 indicators that are relevant to children and/or youth. Assessment against the performance benchmarks is due to be reported for June 2016 and December 2017.

A national evaluation of the NPAPH is being implemented by the Australian National Preventive Health Agency (ANPHA) in partnership with the Department of Health. Phase 1 of the evaluation was the development of the framework and strategy for the evaluation. (For further details see ANPHA 2012).

The scope of the evaluation is to assess how appropriate the NPAPH has been as a national investment in preventive health, how effective the process and delivery of the NPAPH was, and how the NPAPH contributed to the long-term outcomes of increased national capacity for the preventive health effort and improvements in health risk behaviours (ANPHA 2012). As such, it will not include an assessment against the performance benchmarks. Rather it will consider 'the strengths and weaknesses of the method of using performance benchmarks linked to reward payments for incentivising implementation' (ANPHA 2012:5). A formative evaluation was due in August 2013, with a preliminary evaluation due in November 2014. Summative evaluation is due in May 2015.

Source for indicators: COAG 2012e. National Partnership Agreement on Preventive Health.

National Partnership Agreement on Essential Vaccines

The National Partnership Agreement on Essential Vaccines (NPEV) came into effect on 1 July 2009 and has no expiry date. It aims to improve the health and wellbeing of Australians through the cost-effective delivery of the National Immunisation Program (COAG 2009b). To

achieve this, the objective is to maintain and where possible increase immunisation coverage rates to minimise the incidence of vaccine-preventable diseases in Australia.

The NPEV is reported on annually, beginning in 1 April 2009–31 March 2010. The latest report is 1 April 2011–31 March 2012 (28 May 2013).

Source for indicators: COAG 2009b. National Partnership Agreement on Essential Vaccines.

National Education Agreement

The National Education Agreement (NEA) came into effect on 1 January 2009 with the latest revision effective 25 July 2012. The objective is for all Australian school students to acquire the knowledge and skills necessary to participate effectively in society and employment in a globalised economy.

The NEA includes 5 indicators related to children and/or youth. It has been reported annually since 2008 with the latest report for 2011 (as at 25 May 2013).

The NEA is supported by a number of National Partnership Agreements. Those that are included in this report are the National Partnership Agreement on Universal Access to Early Childhood Education (NPUAECE), and Youth Attainment and Transitions (NPYAT).

Source for indicators: COAG 2012a. National Education Agreement.

National Partnership Agreement on Universal Access to Early Childhood Education

The National Partnership Agreement on Early Childhood Education came into effect in 2009 and expired on 30 June 2013. The new National Partnership on Universal Access to Early Childhood Education (NPUAECE), was agreed by COAG on 19 April 2013 for a period of 18 months, with a review to be completed by 30 June 2014. The overarching aim of the NPUAECE is to deliver universal access to quality early childhood education in the year before full-time schooling. The new NPUAECE places greater emphasis on vulnerable and disadvantaged children.

It includes 10 indicators. National reporting of performance indicators under this revised Agreement has not yet begun. Previous reporting has been in the form of state/territory annual reports.

Source for indicators: COAG 2013. National Partnership Agreement on Universal Access to Early Childhood Education.

National Partnership Agreement on Youth Attainment and Transitions

The National Partnership Agreement on Youth Attainment and Transitions (NPYAT), also known as the 'learn or earn' initiative, aims to increase educational attainment and engagement of young people aged 15–24. The first interim evaluation report recommended that priority be given to enhancing the capacity of schools and training providers to engage young people returning to education or training, improving measures of performance, meeting resource demands for remote and disadvantaged locations, and undertaking greater knowledge-sharing of relevant initiatives and outcomes across states and territories (Dandolo Partners 2012).

To date, one report has been provided on the NPYAT (COAG Reform Council 2013. National Partnership Agreement on Youth Attainment and Transitions: Participation target assessment report).

Source for indicators: Dandolo Partners 2012. Second interim evaluation of the National Partnership on Youth Attainment and Transitions: a report for the Department of Education, Employment and Workplace Relations.

National Affordable Housing Agreement

The National Affordable Housing Agreement (NAHA) came into effect on 1 January 2009 and is currently in effect in its third revision (7 December 2012). Changes have been made to the performance indicators and performance benchmarks have been added.

The goal is to ensure that all Australians, including Indigenous people in remote areas and people who are homeless, have access to affordable, safe and sustainable housing that contributes to social and economic participation. This will be achieved through housing assistance, in the form of income support and rental subsidies, and through policy that influences housing affordability and infrastructure.

The Agreement has been reported on annually, beginning with the baseline report in 2008–09. The latest report is for 2011–12 (as at 18 June 2013).

Source for indicators: COAG 2012c. National Housing Affordability Agreement.

National Indigenous Reform Agreement

The National Indigenous Reform Agreement (NIRA) came into effect on 1 January 2009 (current revised version effective on 2 November 2012). Changes have been made to the performance indicators and performance benchmarks have been added.

The NIRA focuses on the vulnerabilities of Indigenous people and the disparity in a range of outcomes between Indigenous and non-Indigenous children. It includes the following targets: closing the life expectancy gap within a generation; halving the gap in mortality rates for Indigenous children under 5 within a decade; ensuring all Indigenous 4 year olds in remote communities have access to early childhood education within 5 years; halving the gap for Indigenous students in reading, writing and numeracy within a decade; halving the gap for Indigenous people aged 20–24 in Year 12 attainment or equivalent attainment rates by 2020; and halving the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.

The NIRA has been reported on annually by the COAG Reform Council, beginning with the baseline report in 2008–09. The latest report is for 2011–12 released in June 2013. The NIRA is supported by a number of National Partnership Agreements. Included in this report is the National Partnership Agreement on Indigenous Early Childhood Development.

Source for indicators: COAG 2012d. National Indigenous Reform Agreement; National Indigenous Reform Agreement 2013 Indicator Set (METeOR status: Endorsed 13 June 2013).

National Partnership Agreement on Indigenous Early Childhood Development

The National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD) began on 1 January 2009, following Agreement in principle by COAG in July 2008. It is due to expire on 30 June 2014. It focuses on the vulnerabilities of Indigenous children and

the disparity in health and educational outcomes between Indigenous and non-Indigenous children. It focuses on early learning; child care; family support; access to antenatal, teenage sexual and reproductive health programs; and access to maternal and child health services.

It includes 10 indicators relating to children and youth covering early childhood and care, child health outcomes, child hospitalisations, antenatal care, substance use during pregnancy, and teenagers accessing sexual and reproductive health programs and services. The NPA IECD is reported on annually with the first report published in August 2013. The first report included 6 health performance indicators. Four indicators relating to early childhood and care/Children and Family Centres have not yet been published.

Source for indicators: COAG 2009c. National Partnership Agreement on Indigenous Early Childhood Education. AIHW 2013c. Indigenous Early Childhood Development National Partnership Agreement: first annual report on health performance indicators. Cat. no. IHW 101. Canberra: AIHW.

3 Indicators and indicator topic areas

This section provides a detailed description of the indicators relating to children and young people that are included in the national frameworks and Agreements discussed in section 2. The indicators can be grouped into the following 6 domains:

- health and wellbeing
- health behaviours and risk factors
- learning and development, and transition to employment
- family, community and socioeconomic factors
- safety and security
- system performance.

These domains reflect the now widespread recognition of the importance of environmental factors to the wellbeing and development of children and young people, often referred to as an ‘ecological’ approach (Bronfenbrenner 1995; Rigby and Köhler 2002). Interactions with family, school, peers, neighbourhood and the wider community are all thought to influence human development and wellbeing. As a consequence, many frameworks that focus on the wellbeing of children include indicators from all or most of the domains (see Figure 3.1). These domains have largely been drawn from child reporting, as this has been the focus of much of the reporting, but they have also been modified to incorporate youth reporting. Areas that are particularly relevant to youth include transition to employment, community and civic participation, and income (see Family, community and socioeconomic factors for the latter two topics).

The child frameworks (Key Child National Indicators, Headline Indicators, Early Childhood Development Outcome Measures, National Framework for Protecting Australia’s Children) and the Key Youth National Indicators have the broadest focus with indicators from all 6 domains. The National Indigenous Reform Agreement and the National Partnership Agreement on Indigenous Early Childhood Development have indicators in 4 domains. The remaining frameworks have a narrower focus and include indicators in 1 to 3 domains. In the interest of brevity, the framework and Agreement abbreviations are used in this chapter. A legend is provided in Figure 3.1, and at the bottom of Tables 3.1 to 3.6.

HEALTH AND WELLBEING		HEALTH BEHAVIOURS AND RISK FACTORS		LEARNING AND DEVELOPMENT, AND TRANSITION TO EMPLOYMENT	
Mortality	KC, HI, ECDOM, KY, NHA, NIRA, NPA IECD, HPF	Physical activity	KC, KY, HPF, NPAPH	Participation in education	KC, HI, ECDOM, KY, NFPAC, NEA, NIRA, NPUAECE, NPA IECD, NPYAT, HPF
Chronic conditions	KC, KY, HPF	Environmental tobacco smoke	KC, KY, HPF	Literacy and numeracy	KC, HI, ECDOM, KY, NFPAC, NEA, NIRA, HPF
Disability	KC, KY, HPF	Tobacco use	KC, KY, NHA, HPF	Academic performance by international standards	NEA
Mental health & behavioural problems	KC, KY, ECDOM, HPF, NHA	Alcohol misuse	KC, KY, NHA, HPF	Early learning (home based)	KC, ECDOM, HPF
Dental health	KC, HI, KY, HPF	Birthweight	KC, HI, ECDOM, NFPAC, NHA, NIRA, NPA IECD, HPF	Transition to primary school	KC, HI, ECDOM, NFPAC
Hospital admissions	NPA IECD, HPF	Teenage births	KC, HI, KY, NFPAC	School engagement	ECDOM
Communicable diseases	KY, HPF	Overweight and obesity	KC, HI, ECDOM, KY, HPF, NHA, NPAPH	Education or work participation	KY, NEA, HPF, NPYAT
Injury & poisoning	KC, HI, KY, HPF	Nutrition	KY, NPAPH, HPF	Educational attainment	HPF, NEA, NIRA, NPYAT
Kidney disease	HPF	Alcohol use in pregnancy	KC, NPA IECD, HPF		
Eye health	HPF	Smoking in pregnancy	KC, HI, NIRA, HPF		
Congenital anomalies	KC	Substance use in pregnancy	NPA IECD, HPF		
Social & emotional wellbeing	KC, HI, ECDOM, NFPAC	Breastfeeding	KC, HI, ECDOM, HPF		
Resilience of abuse survivors	NFPAC	Sun protection	KY		
Ear health	HPF	Substance use (excl tobacco)	KY, HPF		
Self-assessed health	KY, HPF	Sexual & reproductive health	KY, HPF, NPA IECD		

Figure 3.1: Overview of child and youth indicator topic areas

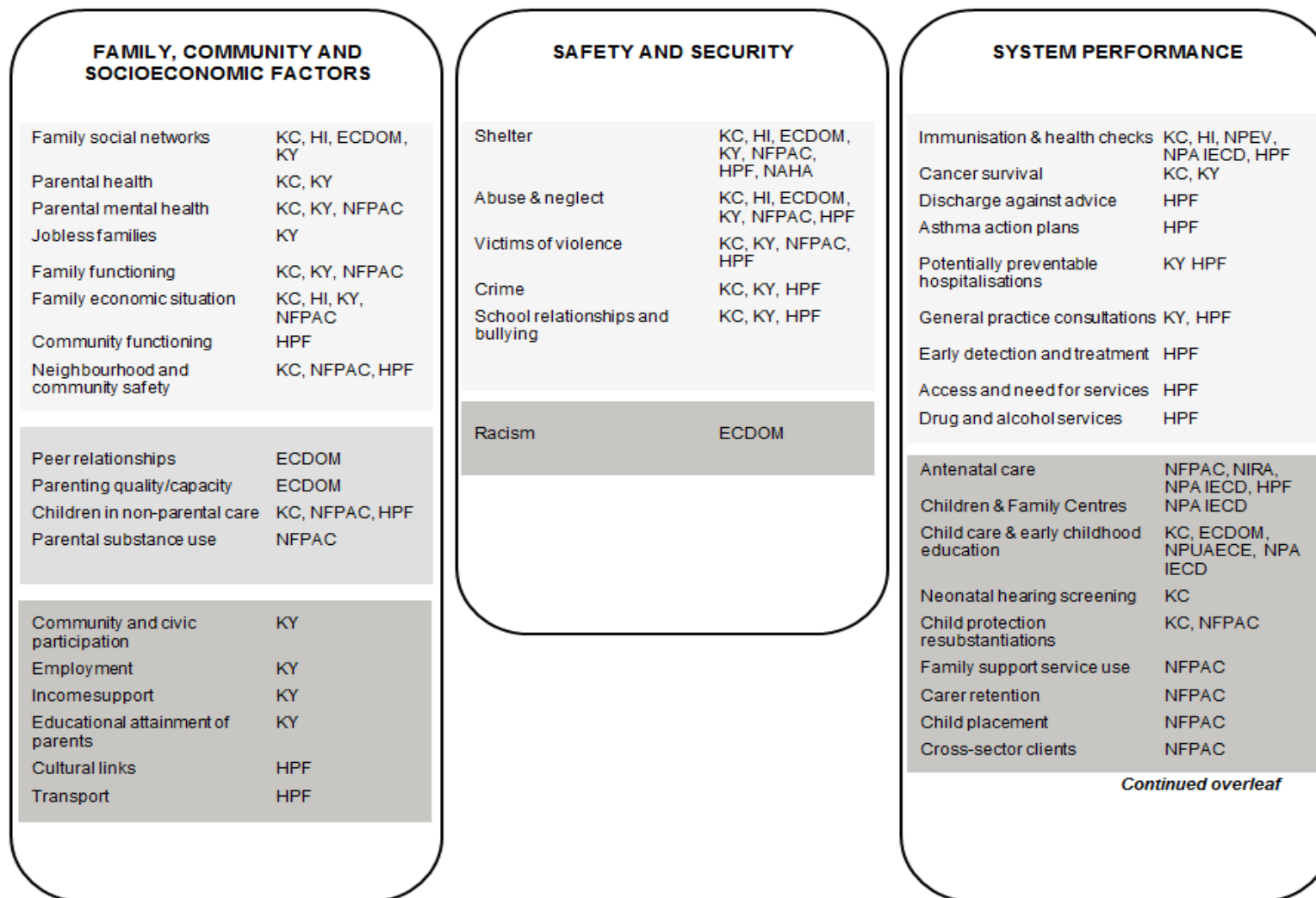


Figure 3.1: Overview of child and youth indicator topic areas continued

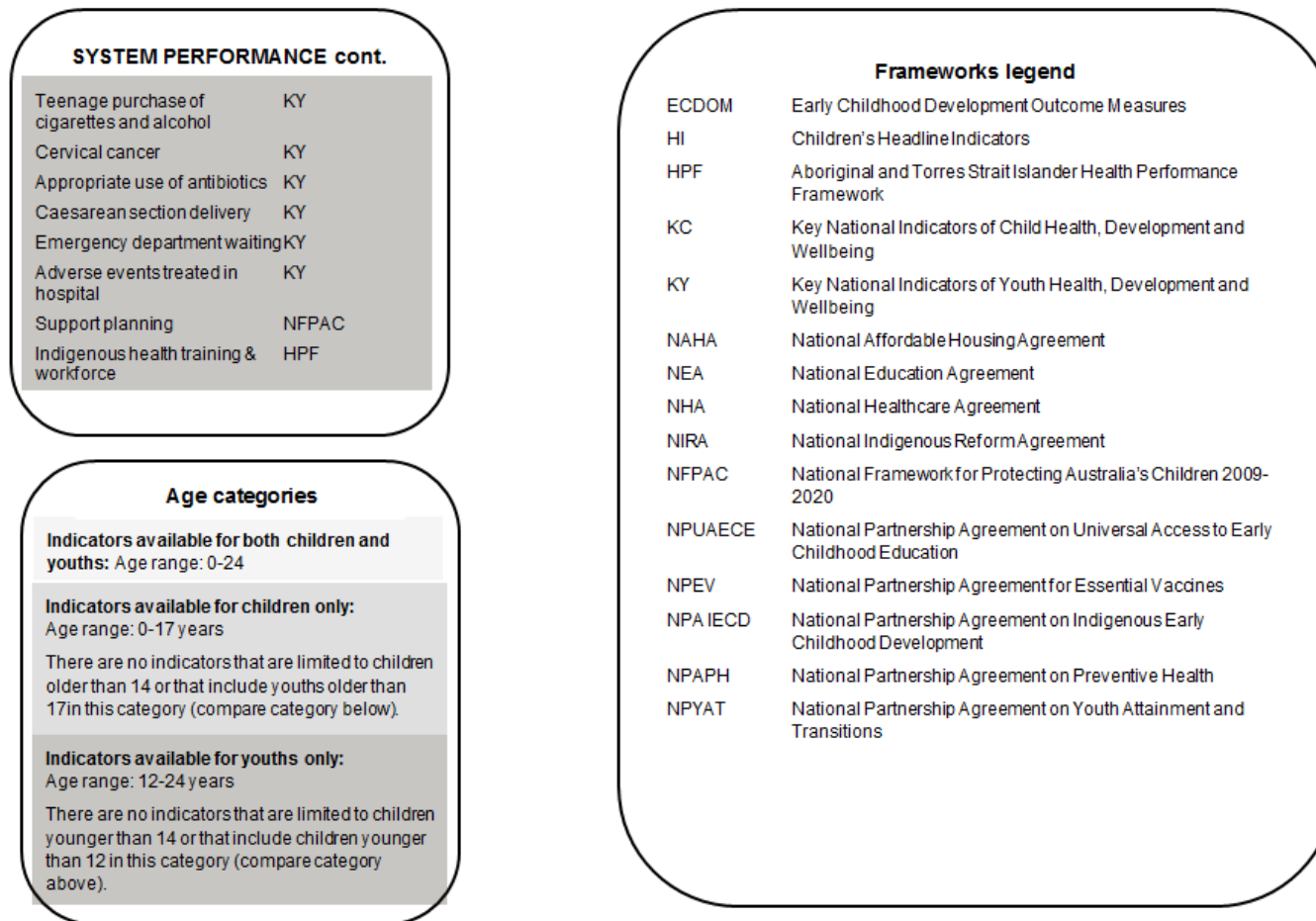


Figure 3.1: Overview of child and youth indicator topic areas continued

The next sections of this report analyse the topic areas within each domain and the indicators used by the different national frameworks within each topic area. The topic areas within each domain are sorted by the number of frameworks that include them, with the topic area that features in the highest number of frameworks listed first. The discussion focuses on similarities and differences between the indicators, and any key features. Only topic areas with more than one indicator are discussed. Frameworks and/or indicators that have not yet been reported against or that are still under development are italicised in the tables. Indicators that are reported for whole of population but disaggregate for children and/or youth have an asterisk.

For each topic area, frameworks have only been discussed when they include indicators that are either limited to the relevant age range (0–24 years) or are reported with relevant age disaggregations. For example, an indicator with the age range of 15–64 years and no further disaggregations would not be included even though it overlaps with the age range of interest.

In view of the high number of indicators identified, the age range provided in the tables refers to the full age range that is reported for a given indicator. In most cases, reporting against the indicator would include further disaggregation for narrower age grouping. For example, the age range for children meeting the National Physical Activity Guidelines (Table 3.2) is reported as 5–14, but would be disaggregated (subject to data availability) for age groups 5–9 and 10–14. Similarly, the indicator on young people aged 12–24 who had used an illicit drug would be disaggregated for age groups 12–14, 15–19 and 20–24.

In this section, only the indicators themselves are discussed and not any disaggregations that may be part of the indicator's technical specifications. The majority of frameworks include disaggregations for Indigenous status, remoteness or socioeconomic status. Disaggregations are discussed further in Section 4.1.

3.1 Health and wellbeing

The health and wellbeing domain includes 15 topic areas across 10 frameworks and Agreements.

Table 3.1. Health and wellbeing indicators

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Mortality (8)	Mortality rates^(c)		
	Perinatal mortality (up to 28 days after birth)	up to 28 days	HPF, NIRA
	Foetal, neonatal and perinatal mortality rates		HPF
	Infant mortality rate	<1	KC, HI, ECDOM ^(b) , HPF, NHA, NIRA, NPA IECD
	Child mortality rate	1–14	KC
	Infant and child mortality rate (combined)	0–4; 1-4	HPF, NIRA
	Mortality rate of young people	12–24	KY
	Age-specific all-cause mortality rates	0–24	HPF ^(a)
	Causes of death		
	Main underlying cause of death for perinatal babies		HPF
	Causes of infant death	<1	HPF
	Underlying and associated causes of death for Indigenous infants	<1	HPF
	Causes of death among children	0–4; 1-4	HPF
	SIDS	<1	KC, HPF
	Under 5 mortality rate by leading cause	<5	NIRA
Causes of Indigenous mortality rates	0–24	HPF ^(a)	
Deaths of Indigenous Australians from:	0–24	HPF ^(a)	
- endocrine, metabolic and nutritional disorders	0–24	HPF ^(a)	
- circulatory diseases	0–24	HPF ^(a)	
- external causes (injury and poisoning)	0–24	HPF ^(a)	
- neoplasms (cancer)	0–24	HPF ^(a)	
- respiratory diseases	0–24	HPF ^(a)	
- diseases of the genitourinary system	0–24	HPF ^(a)	
Avoidable and preventable deaths			
Avoidable mortality	0–24	HPF ^(c)	
Potential years of life lost to amenable mortality	0–24	HPF ^(c)	
Mental health and behavioural problems (5)	Proportion of children with mental health problems	4–14	KC
	Proportion of children with mental health disorders (attention deficit hyperactivity disorder, depressive disorder, conduct disorder)	6-14	KC
	Children with behavioural problems	t.b.d.	ECDOM ^(b)
	Prevalence of mental disorders among young people	16–24	KY

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
	Young people having high/very high levels of psychological distress as measured by the Kessler 10 (K10) scale	16–24	KY
	Proportion of people reporting high or very high levels of psychological distress; - by level of psychological distress - by whether they saw a health professional because of psychological distress	18–24	HPF ^(a)
	Mental health-related mortality rates	15–24	HPF ^(a)
	Intentional self-harm mortality rates	15–24	HPF ^(a)
	Age-specific hospitalisation rates for mental health-related conditions	0–24	HPF ^(a)
	People receiving clinical mental health services	0–24	NHA ^(a)
	Community mental-health care service contacts	0–24	HPF ^(a)
Social and emotional wellbeing (4)	Children scoring 'of concern' on the Strengths and Difficulties Questionnaire (SDQ)	0–14 8–12 8–17 <i>t.b.d.</i>	KC ^(b) HI ^(b) NFPAC ^(b) ECDOM ^(b)
Rebuilding resilience of abuse survivors) (1)	Proportion of children leaving care and scoring 'of concern' on the Strengths and Difficulties Questionnaire (SDQ)	15–17	NFPAC ^(b)
Injury and poisoning (4)	Age-specific death rates from all injuries for children	0–14	KC, HI
	Injury and poisoning death rate for young people	12–24	KY
	Road transport accident death rate	0–14 12–24	KC KY
	Injury and poisoning hospitalisation rate	0–14 12–24 0–24	KC KY HPF ^(d)
	Age-specific serious injuries for land transport	0–14	HPF ^(a)
	Accidental drowning rate for children	0–14	KC
	Assault hospitalisation rate for children	0–14	KC
	Intentional self-harm hospitalisation rate for children	10–14	KC
	Suicide rate for young people	15–24	KY
Dental health (4)	Children decay-free	6; 12	KC
	Young people decay-free	12;15	KY
	Mean no. decayed/missing/filled teeth	12 15	KC, HI, KY KY
	Mean number of decayed, missing or filled deciduous teeth, children (NSW, SA, NT, Tas)	4–10	HPF
	Mean number of decayed, missing and filled permanent teeth for children (NSW, SA, NT, Tas)	6-15	HPF
	Children with no decayed, missing or filled deciduous teeth (NSW, SA, NT, Tas)	5–10; 6–14	HPF
	Age-specific hospitalisation rates for dental problems (separations per 1000 population)	0–24	HPF ^(a)
	Number/proportion of Indigenous children with reported		

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
	teeth or gum problems		
	- by type of dental or gum problem	0–14	HPF
	- by time since last dental check	0–14	HPF
	Reasons parent did not take child to see a dentist when needed to in last 12 months	0–14	HPF
	Caries experience of remote Indigenous children compared with SA, NT and total Australia child populations	5–6; 12-15	HPF
	Age-specific hospitalisation rates for dental problems (NSW, Vic, Qld, WA, SA and NT)	0–24	HPF ^(a)
Disability (3)	Children/young people with severe or profound core activity limitations	0–14 15-24 15–24	KC KY KY
	Disability status, persons living in non-remote areas of Australia	15–24	HPF ^(a)
	Persons with core-activity need for assistance	0–24	HPF ^(a)
	Indigenous children with a core-activity need for assistance	0-18	HPF
	Age-specific rates of disability support service use	0–24	HPF ^(a)
	Carers	15–24	HPF ^(a)
Self-assessed health (2)	Young people rating their health as 'excellent', 'very good' or 'good'	15–24	KY
	Self-assessed health status, persons	0–24	HPF ^(a)
Chronic conditions (3)	Prevalence of long-term conditions	12–24	KY
	Children with asthma	0–14	KC
	Young people with asthma	12–24	KY
	Children with diabetes	0–14	KC
	Young people with diabetes	15–24	KY
	Children with cancer	0–14	KC
	Young people with cancer	12–24	KY
	Persons reporting heart and circulatory conditions	0–24	HPF ^(a)
	Persons reporting high blood pressure/ hypertension	0–24	HPF ^(a)
	Persons reporting diabetes/high sugar level	0–24	HPF ^(a)
	Number/proportion of Indigenous children whose mother had diabetes or sugar problems during pregnancy, by state/territory	0–3	HPF
Hospital admissions ^(d) (2)	Age-specific hospitalisation rates:		
	- All (excluding dialysis)	0–24	HPF ^(a)
	- Chronic kidney disease (excluding dialysis)	0–24	HPF ^(a)
	- Respiratory disease	0–24	HPF ^(a)
	- Circulatory disease	0–24	HPF ^(a)
	- Diabetes	0–24	HPF ^(a)
	- Hypertensive disease	0–24	HPF ^(a)
	- Neoplasms (cancer)	0–24	HPF ^(a)
	- Invasive pneumococcal disease	0–4	HPF ^(a)

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
	Child hospitalisation rates by principal diagnosis	0–4	NPA IECD
	Number/proportion of hospitalisations with a procedure recorded	0–14	HPF ^(a)
	Proportion of separations with a procedure	0–24	HPF ^(a)
Communicable diseases (2)	Incidence or notification rates for: vaccine preventable diseases, pertussis, hepatitis A, B and C combined, hepatitis A; hepatitis B, hepatitis C, HIV, sexually transmissible infections, chlamydia	12–24	KY
	Notification rate for chlamydia and gonorrhoea; hepatitis B and C	0–24	HPF ^(a)
Ear health (1)	Ear and hearing problems managed by general practitioners	0–14	HPF
	Age-standardised hospitalisation rates for diseases of the ear and mastoid process from selected states	0–14	HPF
	Diseases of the ear and mastoid reported for Aboriginal and Torres Strait Islander children	0–14	HPF
	Proportion of Indigenous children reporting ear/hearing problems	0–14	HPF
Eye health (1)	Proportion of Indigenous children reporting eye or sight problems	1–14	HPF
	Hospitalisation rates for principal diagnosis of:		
	- Diseases of the eye and adnexa	0–24	HPF ^(a)
	- Eye injury	0–24	HPF ^(a)
Kidney disease (1)	Incidence of end stage renal disease	0–24	HPF ^(a)
Congenital anomalies (1)	Rate of selected congenital anomalies among infants per 10,000 births, with disaggregations for neural tube defects, Down syndrome, abdominal wall defects and orofacial clefts.	0–1	KC ^(b)

(a) Indicator is reported for all ages, but disaggregates for children and/or youth.

(b) Framework/Agreement and/or indicator has not yet been reported against or is under development.

(c) Mortality data in the HPF are generally reported for 5 jurisdictions (NSW, Qld, WA, SA and NT) as the identification of Indigenous Australians is incomplete in the remaining jurisdictions. See AIHW 2013a for further details.

(d) Hospital data in the HPF is generally reported for 6 jurisdictions (NSW, Vic, Qld, WA, SA and NT) that are assessed as having adequate identification of Indigenous hospitalisations. See AIHW 2013a for further details.

Legend

ECDOM—Early Childhood Development Outcome Measures Framework
 HI—Children’s Headline Indicators
 HPF—Aboriginal and Torres Strait Islander Health Performance Framework
 KC—Key Child National Indicators
 KY—Key Youth National Indicators

NHA—National Healthcare Agreement
 NIRA—National Indigenous Reform Agreement
 NFPAC—National Framework for Protecting Australia’s Children
 NPA IECD—NPA on Indigenous Early Childhood Development

Mortality is one of the most frequently used measures of children’s health, and is included in 8 frameworks and Agreements. The measures cover death rates and causes of death. Five age ranges are used across the frameworks and Agreements:

- *Perinatal mortality* (deaths up to 28 days after birth) is reported in the HPF and NIRA. HPF also includes fetal and neonatal deaths.
- *Infant mortality rate* (0 to <1 years) is the most common indicator and is included in 7 frameworks and Agreements (KC, HI, ECDOM – still under development, HPF, NHA, NIRA and NPA IECD).
- *Child mortality rate* (1–14 years) is only included in the child framework (KC).
- *Infant and young children mortality rate* (0–4 years; 1–4 years) is included in HPF and NIRA. KC also disaggregates its child mortality rate for ages 1–4, as well as 5–9 and 10–14.
- *Youth mortality rate* (12–24 years) is included in the youth framework (KY). The HPF disaggregates for youth.

Specific causes of death indicators are included in 4 frameworks and Agreements. The Key Child National Indicators framework includes the indicator on *Sudden Infant Death Syndrome (SIDS)*. This framework also reports on leading causes of death as a disaggregation of the mortality rates for infants and children. Similarly, the youth framework (KY) includes leading causes of death as a disaggregation of youth death rates. Causes of death are also reported in HPF (0–24 years) and NIRA (< 5 years). Avoidable mortality and potential years lost to amenable mortality are only included in the HPF (0–24 years).

Mental health (including behavioural problems) is used in 5 frameworks and Agreements relating to both children and youth. Parent-reported mental or behavioural problems are reported in the child framework (KC). An indicator for behavioural problems is under development for the ECDOM framework. An indicator on *Diagnosed mental disorders* is used in the child and youth frameworks (KC, KY) for 6–14 years, and 16–24 years respectively.

The youth framework (KY) also includes a measure of psychological distress (16–24 years) as does the Indigenous framework HPF for Indigenous youth in a narrower age range (18–24 years). HPF also uses mental health-related and intentional self-harm mortality rates for youth (15–24 years), and hospitalisation rates for mental health-related conditions for both children and youth (disaggregated for 0–4, 5–14, 15–24 years). The HPF reports on community mental-health care service contacts while the NHA measures people receiving clinical mental health services (disaggregated for children and youth 0–14 and 15–24 years).

Social and emotional wellbeing is currently used in 4 child frameworks. To date, only one measure has been defined: *Children scoring 'of concern' on the Strengths and Difficulties Questionnaire*. This measure was developed for the HI framework (8–12 years) and has been incorporated into the NFPAC (8–17 years). A lack of available data means that reporting against the indicator has not yet begun. The KC and ECDOM frameworks also include the social and emotional wellbeing topic area. It is anticipated that should KC be reported on in the future, the social and emotional wellbeing indicator would align with HI. Similarly, the ECDOM indicator is currently under development, but is anticipated to align with the HI indicator. The NFPAC also includes the topic area *Rebuilding resilience of abuse survivors*. The measure for this indicator is also *children scoring 'of concern' on the Strengths and Difficulties Questionnaire*, and essentially measures the social and emotional wellbeing among abuse survivors. The population group is children leaving care, 15–17 years. This indicator has also not been reported against.

Injury and poisoning is included in 4 frameworks and relates to children and youth. The indicators in this topic area can be divided into 2 categories: death rates and hospitalisations. Death rates from all injuries (including poisoning) are included in 2 child frameworks (KC,

HI) and the youth framework (KY). Road transport accident death rates are included in the child (KC) and youth (KY) frameworks only. *Accidental drowning* is unique to the child framework (KC). *Suicide rates* is unique to the youth framework (KY).

Hospitalisations for injury and poisoning are included in the child (KC), youth (KY) and Indigenous (HPF) frameworks. KC also includes *Assault* (0–14 years) and *Intentional self-harm hospitalisations* (10–14 years). HPF includes serious injuries for land transport (0–14 years).

Dental health is included in 4 frameworks and relates to children and youth. The child frameworks KC and HI, and youth framework KY, share the indicator *Mean number of decayed, missing or filled teeth* for 12 year olds; KY also reports on 15 year olds. KC and KY also include a second indicator: decay-free children (6 and 12 years) or young people (12 and 15 years) respectively. The Indigenous HPF framework reports on 9 measures relating to dental health.

Disability is included in 3 frameworks for children and youth. The child (KC) and youth (KY) frameworks report on children/youth with severe or profound core activity limitations. The Indigenous HPF framework includes 2 indicators: *Disability type* (with a disaggregation for 15–24 years) and *Disability status* (with a disaggregation for 15–24 years) living in non-remote areas of Australia. It also reports on *Persons with core activity need for assistance*, *Rates of disability support service use*, and *Carers*. Disability status is a disaggregation in the ECDOM framework.

Chronic conditions (asthma prevalence, incidence of Type 1 diabetes, and cancer) are reported by the child (KC) and youth (KY) frameworks and HPF. The general indicator *Prevalence of long-term conditions*, is officially an indicator in KY only, but has generally been included as supplementary information in KC reporting. The HPF additionally reports on heart and circulatory, and high blood pressure.

Self-assessed health is included in 2 frameworks relating to youth only (KY and the Indigenous framework HPF).

Hospital admissions are included in 2 Indigenous frameworks and Agreements. HPF includes the general indicator *Hospitalisation rates (excluding dialysis)* as well as indicators for specific causes of hospitalisations: respiratory disease, circulatory disease; diabetes and hypertensive disease, chronic kidney disease, cancer and invasive pneumococcal (injury and poisoning hospitalisations were discussed earlier). HPF also reports on hospitalisations with a procedure reported, and separations with a procedure. NPA IECD requires reporting on *Children hospitalisation rates by principal diagnosis* for children under 5. Note that Injury and poisoning injuries are discussed separately above.

Communicable diseases are particularly relevant to young people and their prevalence is included in the youth framework (KY) and the Indigenous framework (HPF). The frameworks include different diseases.

Topic areas unique to one framework

Four topic areas in the domain of health and wellbeing are unique to a particular framework. Ear health, eye health and kidney disease (0–24 years) are included in the Indigenous framework HPF only. Congenital anomalies are included in the child framework (KC). However, while data are available at the jurisdictional level, collation and reporting of data at a national level is not undertaken on a routine basis (AIHW 2012).

3.2 Health behaviours and risk factors

The health behaviours and risk factors domain includes 15 topic areas across 11 frameworks and Agreements.

Table 3.2. Health behaviours and risk factor indicators

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Birthweight (8)	Proportion of live born infants of low birthweight	. .	KC, HI, ECDOM ^(b) , NFPAC, HPF, NHA, NIRA, NPA IECD
Overweight and obesity (7)	Proportion of children who are 'overweight' and 'obese' for their age and sex	5–14 12–24 5–17 t.b.d.	KC, HI, ECDOM ^(b) KY NHA ^(a) NPAPH
	Proportion of adults who are underweight, of acceptable weight, overweight or obese	18–24	HPF ^(a)
Smoking in pregnancy (4)	Proportion of women who smoked during the first 20 weeks of pregnancy	. .	KC, HI, HPF, NIRA
Teenage births (4)	Age-specific birth rate for 15–19 year old women	15–19	KC, HI, KY, NFPAC
Breastfeeding (4)	Proportion of infants exclusively breastfed at 4 months of age	<1	KC, HI, ECDOM ^(b) , HPF
	Breastfeeding status (currently, ever, never) in non-remote areas	0–3	HPF
	Breastfeeding status when first taken home from hospital Aboriginal and Torres Strait Islander infants	0–3	HPF
	Age at which first given solid food regularly, in non-remote areas	0–3	HPF
	Aboriginal and Torres Strait Islander infants by main reason stopped breastfeeding, non-remote areas	0–3	HPF
	Age at which first given solid food regularly, Indigenous children	0–3	HPF
	Whether infant ever given solid food, Indigenous infants	<6 mths	HPF
	Proportion of children receiving any breast milk	<1 to 19–24 mths	HPF
	Duration of exclusively breastfeeding to each month of age	0,1,2,3,4,5,6 mths	HPF
	Proportion of children predominately breastfed to each month of age	<1 to 19–24 mths	HPF
	Proportion of children who had received soft/semi-solid/solid food in the last 24 hours	<1 to 19–24 mths	HPF
	Proportion of children receiving non-human milk or formula at each month of age	0–12 mths	HPF
Proportion of children ever breastfed	0-2	HPF	
Physical activity (4)	Proportion meeting the National Physical Activity Guidelines	t.b.d. 15–24 t.b.d.	KC KY NPAPH ^(b)
	Level of physical activity, non-remote areas	15–24	HPF
	Number of days last week when child was physically active for at least 60 minutes	4–14	HPF

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Tobacco smoking (4)	Proportion who are current smokers	12–14	KC
	Proportion who are daily smokers	12–24	KY
	Current <i>daily</i> smokers	18–24	NHA ^(a)
	Smoker status	15–24	HPF ^(a)
Alcohol misuse (4)	Proportion of children who have engaged in risky drinking on any one occasion	12–14	KC
	Proportion of young people who drink at risky or high-risk levels in the short term or long term	12–24	KY
	Adults at risk of long-term harm from alcohol	18–24	NHA ^(a)
	Alcohol risk levels, Indigenous persons	18–24	HPF ^(a)
Alcohol use during pregnancy (3)	Proportion of women who consumed alcohol in pregnancy	..	KC
	Alcohol use (and other substances) during pregnancy for Indigenous women	..	NPA IECD
	Alcohol consumption by child's mother during pregnancy for 0–3 year olds	0–3	HPF
Environmental tobacco smoke (in home) (3)	Proportion of households with children/young people where adults/household member smoke inside	0–14	KC
	Children living in households with a current daily smoker	12–17	KY
	Children living with a current daily smoker	0–14	HPF
	Children living with a current daily smoker who smokes at home indoors	0–14	HPF
Nutrition (3)	Proportion of young people meeting the Australian Dietary Guidelines	12–24	KY
	Usual daily intake of vegetables & fruit (non-remote areas)	12–24	HPF ^(a)
	Number of daily servings of fruits and vegetables consumed by children	t.b.d.	NPAPH ^(b)
	Number of serves of fruit and vegetables consumed daily, Indigenous children, non-remote areas	4–14	HPF
	Fruit and vegetable servings from the Australian Guide to Healthy Eating suggested for children and adolescents	4–18	HPF
	Selected dietary habits, in non-remote areas	12–24	HPF
	Proportion of persons who ran out of food and couldn't afford to buy more at some time over the previous 12 months	15–24	HPF
	Dietary risk behaviours, by household characteristics, Indigenous children, in non-remote areas	1–14	HPF
Sexual & reproductive health (3)	Proportion who have had sexual intercourse	1–14	HPF
	Proportion who used a form of contraception at their most recent sexual encounter	1–14	HPF
	Proportion of Indigenous teenagers accessing sexual and reproductive health programs and services	t.b.d.	NPA IECD
	Age-specific notification rates for chlamydia, syphilis, gonorrhoea, hepatitis C and hepatitis B	0–24	HPF ^(a)
	Age-specific notification rates for HIV and AIDS	0–24	HPF ^(a)
Substance use during pregnancy (2)	Proportion of mothers who used illicit drugs or substances during pregnancy, Indigenous children aged 0–3 years	0–3	HPF
	Substance use during pregnancy	..	NPA IECD

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Substance use (2)	Reported rate of substance use disorders for young people	16–24	KY
	Proportion of young people who had used an illicit drug within the last 12 months	12–24	KY
	Substance use Indigenous persons	15–24	HPF ^(a)
Sun protection (1)	Proportion of young people using sun protection	12–24	KY

(a) Indicator is reported for all ages, but disaggregates for children and/or youth.

(b) Framework/Agreement and/or indicator has not yet been reported against or is under development.

Legend

ECDOM—Early Childhood Development Outcome Measures

Framework

HI—Children’s Headline Indicators

HPF—Aboriginal and Torres Strait Islander Health Performance

Framework

KC—Key Child National Indicators

KY—Key Youth National Indicators

NHA—National Healthcare Agreement

NIRA—National Indigenous Reform Agreement

NFPAC—National Framework for Protecting Australia’s Children

NPA IECD—NPA on Indigenous Early Childhood Development

NPAPH—NPA on Preventive Health

Birthweight is the most frequently used topic area in the domain of health behaviours and risk factors. It is included in 8 frameworks and Agreements: 4 child frameworks (KC, HI, ECDOM – not yet reported on, NFPAC), 3 Indigenous frameworks and Agreements (HPF, NIRA and NPA IECD) and the whole of population Agreement (NHA). All use the same indicator: *Liveborn infants of low birthweight (<2,500 grams)*.

Overweight and obesity is included in 7 frameworks and Agreements, relating to both children and young people. Five of the frameworks include the same indicator, *Children or young people who are overweight or obese (based on BMI and international cut-off points)*, but for different age ranges. The child frameworks report on 5–14 years (KC, HI, ECDOM – not yet reported on) while the youth framework (KY) reports on 12–24 years. The whole of population Agreement (NHA) disaggregates for children aged 5–17 while HPF reports on 18–24 years. NPAPH requires reporting on *Children at a healthy weight*; however, reporting has not yet begun.

Smoking in pregnancy is included in 4 frameworks and Agreements: 2 child frameworks and 2 Indigenous frameworks and Agreements. The measure for the child frameworks (KC, HI) relates to the first 20 weeks of pregnancy. HPF and NIRA include the whole pregnancy.

Teenage births is included in 4 frameworks relating to children and young people. All frameworks (KC, HI, NFPAC, KY) that have reported on this indicator use the same measure: *Age-specific birth rate for 15–19 year old women*.

Breastfeeding is included in 4 frameworks. The 3 child frameworks (KC, HI, ECDOM) all include the same indicator *infants exclusively breastfed to around 4 months of age*. The Indigenous HPF framework includes 13 measures for breastfeeding.

Physical activity is included in 4 frameworks and Agreements. The indicators in the child (KC) and youth (KY) frameworks are slightly different. KC includes *Children meeting the National Physical Activity Guidelines and not exceeding the screen time guidelines*. However, the indicator requires further data development. The youth framework (KY) indicator restricts itself to reporting on *meeting the National Physical Activity Guidelines only (15–24 years)*. The indicator in the NPAPH requires reporting on *Children (and adults) meeting the national guidelines for physical activity*, but reporting on the indicator has not begun yet. HPF reports

on level of physical activity in non-remote areas, and number of days in the last week when child was physically active for at least 60 minutes.

Tobacco use and Alcohol misuse are included in the same 4 frameworks and Agreements (KC, KY, HPF, NHA). For Tobacco use, the measures used in the child framework (KC) and youth framework (KY) differ. KC reports on *Children (aged 12–14) who are current smokers* while KY reports on *Young people (aged 12–24) who are daily smokers*. NHA reports on *Current daily smokers* and disaggregates for 18–24 years. HPF includes smoker status (15–24 years).

For Alcohol use, the KC and KY indicators also differ. While the KC indicator is focused on risky drinking in the short term (children aged 12–14), the KY indicator includes risky drinking in both the short- and long- term (young people aged 12–24). Both indicators use ‘risky drinking’ as determined for adults and are therefore likely to underestimate the proportion of children and young people who are consuming alcohol at dangerous levels. The whole of population Agreement NHA reports on *Adults at risk of long-term harm from alcohol*, and disaggregates for a narrower youth age range, 18–24 years. HPF reports on alcohol risk levels for 18–24 years.

Alcohol use during pregnancy is included in 3 frameworks and Agreements. The indicator *Women who consumed alcohol during pregnancy* is included in the KC framework. HPF has the indicator *Alcohol consumption by child’s mother during pregnancy, Indigenous children (0–3 years)*. NPA IECD requires reporting on alcohol use (and other substances) during pregnancy for Indigenous women. As this measure could not be measured directly from existing national data collections, the 2013 report included an interim measure that aligns with the HPF indicator.

Environmental tobacco smoke is included in 3 frameworks. The child (KC) and youth (KY) frameworks include an indicator on *Households with children (0–14 years) or Young people (12–17) where a household member smokes inside*. The Indigenous framework (HPF) also reports on *Children (aged 0–14) living with a current daily smoker who smokes at home indoors*. This framework also includes an additional broader indicator *Children (aged 0–14) living in households with a current daily smoker*.

Nutrition is included in 3 frameworks and Agreements. The youth framework (KY) includes *Young people (aged 12–24) meeting Australian Dietary Guidelines*. NPAPH requires reporting of *Children meeting the national guidelines for fruit and vegetable consumption*, although reporting is yet to begin. The Indigenous framework HPF includes 6 measures for nutrition.

Sexual and reproductive health is related to young people and is reported in 3 frameworks and Agreements. KY reports on 2 indicators for young people in Years 10 and 12; *Proportion who have had sexual intercourse*, and *Proportion who used a form of contraception at their most recent sexual encounter*. NPA IECD reports on *Indigenous teenagers accessing sexual and reproductive health programs and services*. HPF reports on *Notification rates for chlamydia, syphilis, gonorrhoea, hepatitis C and hepatitis B, HIV and AIDS* for 0–24 years.

Substance use during pregnancy is reported on in 2 Indigenous frameworks and Agreements only. The HPF framework includes the indicator *Mothers who used illicit drugs or substances during pregnancy, Indigenous children aged 0–3 years*. NPA IECD also requires reporting on *Substance use during pregnancy* for Indigenous women. As this measure could not be measured directly from existing national data collections for the 2013 report, an interim measure that aligns with the HPF indicator was included (*Mothers who used illicit drugs/substances during pregnancy, Indigenous children aged 0–3*).

Substance use is reported for young people. The Youth framework reports on substance use disorders (16-24 years) and young people who have used an illicit drug in the last 12 months (12-24 years). HPF reports on substance use by Indigenous youth aged 15-24.

Topic areas unique to one framework

Sun protection is only included in the youth framework KY.

3.3 Learning and development

The learning and development domain includes 8 topic areas across 12 frameworks and Agreements.

Table 3.3. Learning and development indicators

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Participation in education (11)	Preschool enrolment and attendance (7 frameworks)		
	Proportion of children who are enrolled in (and attending, where possible to measure) a preschool program	4–5	NPUEECE
	Proportion of children attending an early educational/preschool program in the year prior to beginning primary school	4–5	KC, HI, NFPAC
	Proportion of disadvantaged children who are enrolled in (and attending, where possible to measure) a preschool program	4–5	NPUEECE
	Proportion of Indigenous children by geographic location, as identified by the Australian Standard Geographic Classification (ASGC), who are enrolled in (and attending, where possible to measure) a preschool program	4–5	NPUEECE; NIRA
	Hours per week of attendance (where possible to measure) at a preschool program	4–5	NPUEECE
	Distribution of children who attend a preschool program by weekly cost per child (after subsidies) as defined by jurisdictions	4–5	NPUEECE
	Proportion of enrolled children, enrolled in the year before full-time school in quality early childhood education programs available for 600 hours per year	4–5	NPUEECE
	Proportion of enrolled children who attend in the year before full-time school, quality early childhood education program(s) available for 600 hours per year	4–5	ECDOM ^(b) , NPUEECE
	Proportion of children enrolled in the year before full-time school in quality early childhood education program(s)	4–5	NPUEECE
	Proportion of Indigenous children participating in quality early childhood education and development and child care services	3–4	NPA IECD ^(b)
	School enrolment and attendance (7 frameworks)		
	Attendance rate of children at primary/secondary school	Year 5	KC, HI, ECDOM ^(b)
		Yrs 1–10	NEA, NIRA
	School attendance by Indigenous children	2–14	HPF
	School attendance by Aboriginal and Torres Strait Islander students	Yrs 3,5,7	HPF
	Types of assistance that would help child in secondary school complete year 12	2–14	HPF
	Child school attendance (various measures)	Yr 9+	HPF
	Attendance rates for Indigenous students in government schools	Yrs 1–10	NPYAT
	Enrolment of full-time equivalent students	Yrs 11–12	NPYAT
	Retention rate (3 frameworks)		
	Apparent retention rate Years 7/8 to Year 10	to Yr 10	HPF, NPYAT
	Apparent retention rate Years 7/8 to Year 12	to Yr 12	KY, HPF, NPYAT
	Apparent retention rate from Year 10 to 12; 11 to 12	to Yr 12	HPF

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
	Other (2 frameworks)		
	Proportion of young people undertaking study leading to qualifications	15–24	KY
	Educational institutions currently attended	15–24	HPF
Literacy and numeracy ^(c) (8)	Proportion achieving at or above the national minimum standards:	School year	
	Literacy		
	Reading	3	ECDOM ^(b)
		5	KC, HI
	Reading and writing	7 & 9	KY
		3,5,7,9	NEA, NIRA
	Reading and writing (children on guardianship & custody orders)	3,5,7,9	NFPAC
	Reading, writing, spelling, grammar, punctuation	3,5,7,9	HPF
	Mean scale scores for reading, writing, spelling, grammar, punctuation	3,5,7,9	HPF
	Numeracy	3	ECDOM ^(b)
		5	KC, HI
		7 & 9	KY
		3,5,7,9	NEA, NIRA, HPF
	Mean scale scores for numeracy	3,5,7,9	HPF
	Numeracy (children on guardianship & custody orders)	3,5,7,9	NFPAC
Education or work participation (4)	Full-time participation rate of young people in education or employment	15–24	KY
	Unemployment rate for young people	15–24	KY
	Labour force participation	15–24	HPF ^(a)
	Labour force status (incl. Community Development Employment Projects (CDEP)/non-CDEP)	15–24	HPF ^(a)
	Whether would like more, same or fewer hours, employed Indigenous persons	15–24	HPF ^(a)
	Length of time in current job, employed Indigenous persons	15–24	HPF ^(a)
	Age first started paid employment, Indigenous persons	15–24	HPF ^(a)
	Proportion of young people participating in post-school education, training or employment	17–24	NEA
	Proportion of young people participating in post-school education or training 6 months after school	15–24	NPYAT
	Proportion without a Year 12 certificate and not enrolled in school who are enrolled in a vocational education and training (VET) course at Certificate II level or higher	15–19	NPYAT
Transition to primary school (4)	Proportion of children developmentally vulnerable on one or more domains of the AEDI	4–5	KC, HI, ECDOM ^(b) , NFPAC
Educational attainment (4)	Proportion attaining Year 12 or Certificate II or above	20–24	NPYAT
	Proportion who have attained at least Year 12 or equivalent or Australian Qualifications Framework (AQF) Certificate II/III or above	20–24	NEA
	Proportion having attained at least Year 12 or equivalent or AQF Certificate Level II or above, and Year 12 certification	20–24	HPF, NIRA NPYAT

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
	Highest level of school completed	18–24	HPF ^(a)
	Future study intentions of Indigenous adults	15–24	HPF ^(a)
	Whether wanted to study for an/another educational qualification in last 12 months and main reason didn't, Indigenous persons	15–24	HPF ^(a)
	Educational attainment in the VET	<15; 15–24	HPF ^(a)
	Completions in the higher education sector	22–24	HPF
Early learning (3)	Proportion of children read to by a parent on a regular basis	0–2 0–8	KC ECDOM ^(b)
	Number/proportion of Indigenous children participating in selected informal learning activities, and time spent with main carer	0–14	HPF
International comparisons (1)	The proportion of students in the bottom and top levels of performance in international testing (e.g. Programme for International Student Assessment [PISA], Trends in International Mathematics and Science Study [TIMSS])	Various	NEA
School engagement (1)	To be developed	<i>t.b.d.</i>	ECDOM ^(b)

(a) Indicator is reported for all ages, but disaggregates for children and/or youth.

(b) Framework/Agreement and/or indicator has not yet been reported against or is under development.

(c) Literacy and numeracy indicators are treated as 2 indicators in some frameworks (KC, HI, ECDOM and HPF) and one in others (KY, NFPAC, NEA, NIRA). In this table they are treated as 2 indicators for clarity.

Legend

ECDOM—Early Childhood Development Outcome Measures Framework
 HI—Children's Headline Indicators
 HPF—Aboriginal and Torres Strait Islander Health Performance Framework
 KC—Key Child National Indicators
 KY—Key Youth National Indicators
 NEA—National Education Agreement

NIRA—National Indigenous Reform Agreement
 NFPAC—National Framework for Protecting Australia's Children
 NPUAECE—NPA on Universal Access to Early Childhood Education
 NPA IECD—NPA on Indigenous Early Childhood Development
 NPYAT—NPA on Youth Attainment and Transitions

Participation in education is one of the broadest topic areas and is included in 11 frameworks relating to children and young people. It encompasses the sub-topics: preschool enrolment and attendance, school attendance and school retention rates.

Pre-school enrolment and attendance is included in 7 frameworks and Agreements (KC, HI, ECDOM, NFPAC, NIRA, NPUAECE and NPA IECD). The NPUAECE (which was only agreed in April 2013), focuses exclusively on early child education, and includes 8 indicators relating to preschool attendance (2 additional NPUAECE indicators relate to quality teaching, see System Performance).

The ECDOM indicator combines its preschool and school attendance in its wording although it includes 2 separate measures. The ECDOM framework is still under development, but the preschool attendance measure is anticipated to align with the NPUAECE indicator. The child frameworks KC and HI currently include the indicator *Proportion of children attending an early education program in the year before beginning primary school*. The NFPAC includes the indicator *Attendance rate of children aged 4–5 years at preschool programs*, but the indicator has not yet been reported against.

NIRA requires reporting on 2 measures for Indigenous child preschool attendance: *Indigenous children aged 4 and 5 who are (a) enrolled in and (b) who are attending, a preschool program in the year before full-time schooling, by remoteness*. While the first measure is the same as that in the NPUAECE, the second differs in the same way as HI. The NIRA has used 'all'

Indigenous children aged 4–5 years in the denominator for 2011-12 reporting. NPA IECD requires reporting on a broader indicator: *Indigenous 3 and 4 year olds participating in quality early childhood education and development and child care services*. Reporting against this indicator has not yet begun.

School enrolment and attendance is included in 7 frameworks and Agreements: KC, HI, ECDOM, HPF, NEA, NIRA and NPYAT with different years required by different frameworks. The child frameworks KC and HI are aligned and report on attendance for Year 5 students. The ECDOM framework is expected to align with HI. The NEA, NIRA and NPYAT report on attendance for Years 1–10 (NPYAT reports on Indigenous students in government schools only). The NPYAT includes an indicator for *Enrolment of full-time equivalent students in Years 11 and 12*. The HPF reports on attendance for Years 3, 5, 7 and also reports on types of assistance that would help children in secondary school to complete Year 12. NPA IECD includes *Indigenous children attending the Children and Family Centres who go on to attend school regularly*. This indicator is yet to be reported against.

Apparent retention rate is included in 3 frameworks and Agreements but for different years. Apparent retention rate for:

- Years 7/8 to Year 10 is included in 2 frameworks: the Indigenous framework (HPF) and NPYAT (reporting by Indigenous status)
- Year 7/8 to Year 12 is included in three frameworks: the youth framework (KY), the Indigenous framework (HPF), and NPYAT (reporting by Indigenous status)
- Year 11 to Year 12 is only included in the Indigenous framework (HPF)

Two education participation indicators relating to young people (15–24 years) and that are each unique to one framework are: *Young people undertaking study leading to qualifications* (KY) and *Educational institution currently attended* (HPF).

Literacy and numeracy is included in 8 frameworks and Agreements for children and young people. All indicators are based on the NAPLAN, which tests the literacy (comprising reading, writing, spelling, grammar and punctuation) and numeracy of students in Years 3, 5, 7 and 9 annually. All report on students achieving at or above the national minimum standards, but use different literacy components and different years.

The NEA, NIRA and NFPAC report on reading, writing and numeracy for Years 3, 5, 7 and 9 students. Note, NFPAC reports on children on guardianship and custody orders, but is yet to be reported against. The child frameworks KC and HI include indicators for reading and numeracy for Year 5 students only. ECDOM is under development, but is anticipated to align with HI, but for Year 3.

The youth framework (KY) reports on reading, writing and numeracy for Years 7 and 9. The Indigenous framework HPF reports on reading, writing, spelling, grammar and punctuation, and numeracy for Years 3, 5, 7 and 9 students. It also reports on mean scale scores for all categories and all 4 years.

Education or work participation is included in 4 frameworks and Agreements and is only relevant for young people. *Full-time participation rate of young people in education or employment* (15–24 years) is included in the youth framework (KY). NEA reports on *Young people (aged 17–24) participating in post-school education, training or employment*. NPYAT also includes *Young people aged 15 to 24 participating in post-school education, training or employment 6 months after leaving school*. NPYAT includes a second measure relating to education participation:

15–19 year olds without a Year 12 certificate and not enrolled in school who are enrolled in a vocational education and training (VET) course at Certificate II level or higher.

The youth framework KY and HPF each include a second indicator relating to unemployment: KY reports on *Unemployment rate for young people (15–24 years)* while the Indigenous framework HPF reports on *Labour force participation and status (including Community Development Employment Projects (CDEP) and non-CDEP) (15–24 years)*. It includes some additional measures around satisfaction with working hours, length of time in current job and the age first started paid employment.

Transition to primary school is included in 4 frameworks (KC, HI, ECDOM, NFPAC) and relates to children only. The frameworks align in using an indicator based on the Australian Early Development Index (AEDI): *Children developmentally vulnerable on one or more domains of the AEDI*. ECDOM is still under development and has not yet been reported on.

The AEDI is a population measure of children's development as they enter their first year of formal school. Data are collected through a teacher-completed checklist that measures 5 areas of early childhood development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge. A child is considered developmentally vulnerable if he or she scores below the 10th percentile of the results of the baseline AEDI 2009 population on one or more domains. Each time that the AEDI is repeated (so far in 2009 and 2012), it will reflect changes in how developmentally vulnerable children starting primary school are relative to the baseline 2009 population.

Educational attainment is included in 4 frameworks and Agreements and is relevant for young people only. The HPF, NIRA and NPYAT report on *Proportion of 20–24 year olds attaining Year 12 or equivalent Australian Qualification Framework (AQF) Certificate II level or above*. The NPYAT includes a separate second indicator to report on Indigenous young people only. The NEA has slightly different wording: *People (aged 20–24) who have attained at least a Year 12 or equivalent or AQF Certificate II/III or above*. The NIRA also includes a second indicator *Year 12 certification* but a measure is yet to be developed. The HPF reports on an additional 5 unique measures relating to educational attainment.

Early learning is covered by 3 frameworks (KC, ECDOM – still under development, HPF). The KC and ECDOM frameworks share the same indicator *Children who are read to by an adult on a regular basis*, but for different age ranges, 0–2 years in KC and 0–8 years in ECDOM. The HPF includes the measure *Number/proportion of Indigenous children participating in selected informal learning activities, and time spent with main carer*.

Topic areas unique to one framework

Academic performance by international standards is included in the NEA only. School engagement is only included in the ECDOM framework and is under development.

3.4 Family and community

The family and community domain includes 17 topic areas across 7 frameworks and Agreements.

Table 3.4. Family and community indicators

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Family economic situation (4)	Average weekly real equivalised disposable household income for households with children in the 2 nd & 3 rd income deciles	0–12	KC, HI
	Proportion of young people who live in households that experience financial stress	18–24	KY
	Proportion of households with children where at least 50% of gross household income is from government pensions and allowances	0–14	NFPAC
Family social networks (4)	Proportion of households with children/young people where respondent was able to get support in times of crisis from persons living outside the household	0–14 15–24	KC KY
	Proportion of children whose parent/guardian was usually able to get help when needed	0–12	HI ^(b) , ECDOM ^(b)
Parental mental health (3)	Proportion of parents with mental health problems	0–14 12–24	KC, NFPAC KY
Children in non-parental care (3)	Rate of children in out-of-home care (and for HPF relationship of carer)	0–14	KC
	Proportion of children aged 0–14 in grandparent families	0–17	NFPAC, HPF
		0–14	KC
Family functioning (3)	Not yet developed Proportion of families who report 'good', 'very good' or 'excellent' family cohesion	t.b.d. various	KC ^(b) , KY ^(b) NFPAC ^(b)
Parental health (2)	Proportion of parents rating their health as 'fair' or 'poor'	0–14 12–24	KC KY
	Proportion of children/young people living with parents with disability	0–14 15–24	KC KY
Community & civic participation (1)	Community participation rate for young people	18–24	KY
	Proportion of 17–18 year olds who have registered to vote	17–18	KY
Jobless families (1)	Children/young people living in jobless families	12–24	KY
Peer relationships (1)	To be developed	t.b.d.	ECDOM ^(b)
Parenting quality/capacity (1)	To be developed	t.b.d.	ECDOM ^(b)
Income support (1)	Proportion of young people receiving government income support	12–24	KY
Neighbourhood and community safety (3)	Proportion of households with children where their neighbourhood is perceived as safe/very safe	0–14	KC, NFPAC
	Issues of community safety	18–24	HPF ^(a)
	Neighbourhood/community problems, Indigenous person	15–24	HPF ^(a)
Educational attainment of parents (1)	Proportion of young people whose parents did not complete secondary school (Year 10 or above)	12–24	KY

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Parental substance use (1)	Proportion of parents who used any illicit drug, last 12 months	0–14	NFPAC
	Proportion of parents who drank alcohol at risky levels	0–14	NFPAC
Transport (1)	Access to motor vehicles	18–24	HPF ^(a)
	Access to transport	18–24	HPF ^(a)
	Perceived level of difficulty with transport	18–24	HPF ^(a)
	Use of public transport in the last two weeks	18–24	HPF ^(a)
	Use of transport in the last 2 weeks	18–24	HPF ^(a)
	Mode of transport	18–24	HPF ^(a)
Cultural links (1)	Whether identifies with clan, tribal or language group (Indigenous persons)	15–24	HPF ^(a)
Community functioning (1)	Various variables contributing to community functionality	Various	HPF ^(a)

(a) Indicator is reported for all ages, but disaggregates for children and/or youth.

(b) Framework/Agreement and/or indicator has not yet been reported against or is under development.

Legend

ECDOM–Early Childhood Development Outcome Measures
Framework
HI–Children’s Headline Indicators
HPF–Aboriginal and Torres Strait Islander Health Performance
Framework

KC–Key Child National Indicators
KY–Key Youth National Indicators
NFPAC–National Framework for Protecting Australia’s Children

Family economic situation is included in 4 frameworks relating to children and young people, with slightly different indicators. The child frameworks KC and HI include *Average weekly real equivalised disposable household income for households with children (0–12 years) in the 2nd and 3rd income deciles*. The child framework NFPAC includes *Households with children (0–14 years) where at least 50% of gross household income is from government pensions and allowances*. The youth framework (KY) includes *Young people (aged 18–24) in households that experience financial stress*.

Family social networks (including social capital) is included in 4 frameworks relating to children and young people. The KC and KY frameworks both have an indicator area, Family social networks. The indicator is *Households with children aged 0–14 (KC)/young people aged 15–24 (KY) where respondent was able to get support in times of crisis from persons living outside household*.

The HI and ECDOM frameworks include the similar indicator *Children aged 0–12 years whose parent or guardian was usually able to get help when needed*. However, it is currently not possible to report on this indicator, as an appropriate data source is yet to be determined. Should KC be reported on in the future, it is anticipated to align with HI.

Parental mental health is included in 3 frameworks relating to children and young people. The indicator *Parents with mental health problems*, is aligned across the frameworks, but with different age ranges. The child frameworks KC and NFPAC report on parents with children (0–14 years) while KY reports on parents of young people (12–24 years).

Children in non-parental care relates to 3 child frameworks and includes 2 indicators. *Children in out-of-home care* is included in all 3 frameworks but with different age ranges: 0–14 years (KC) and 0–17 years (NFPAC, HPF). HPF also reports on the relationship of the carer. KC also reports on *Children in grandparent families (0–14 years)*.

Family functioning is included in 3 frameworks. An indicator has yet to be developed for the child framework (KC) and the youth framework (KY). The NFPAC will use data from the Longitudinal Study of Australian Children (LSAC) to report against this indicator. As LSAC is a longitudinal study of 2 age-based cohorts (i.e. children aged either 0–1 or 4–5 at wave 1), rather than a longitudinal panel study sampling a cross-section of the population, it captures the same families at each wave as the children grow older, rather than providing a more representative cross-section of the population over time.

Parental health and **parental disability** are both included in 2 frameworks. *Parents rating their health as 'fair' or 'poor'* is reported on for children 0–14 years (KC) and young people 15–24 years (KY). *Children/young people living with parents with disability* reports on the same age range for children (0–14 years), but a slightly older age range for young people (15–24 years) due to data availability.

Neighbourhood and community safety is included in 3 frameworks. KC and NFPAC include reporting on households with children aged 0–14. The HPF reports on measures relating to issues of community safety (18–24 years) and neighbourhood/community problems for Indigenous youth (15–24 years).

Topic areas unique to one framework

The following topic areas are unique to one framework or Agreement only. The 2 topic areas Peer relationships and Parenting quality/capacity (both under development) are included in the ECDOM children's framework. Parental substance use is included in the children's framework NFPAC. Income support, Jobless families, Community and civic participation, and Educational attainment of parents are unique to the youth framework (KY). HPF has 3 unique topic areas: Transport, Cultural Links and Community Functioning.

3.5 Safety and security

The safety and security domain includes 6 topic areas across 8 frameworks and Agreements.

Table 3.5. Safety and security indicators

Topic area (No of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Shelter and functional housing (7)	Rate of accompanying children attending agencies funded under the National Affordable Housing Agreement	0–14	KC
	Rate of children who receive assistance through homelessness services	0–17	NFPAC
	Specialist Homeless Services (SHS) clients, by Indigenous status	0–24	HPF ^(a)
	Children accompanying SHS clients	0–17	HPF
	Proportion of children living in households experiencing at least one of the specified aspects of housing disadvantage: homelessness, overcrowding, housing stress, forced residential mobility	0–12	HI ^(b) , ECDOM ^(b)
	Proportion of young people/population who are homeless	12–24	KY
	Proportion of Australians who are homeless	<12; 12–17, 18–24	NAHA ^(a)
	Proportion of people experiencing repeat periods of homelessness	<12; 12–17, 18–24	NAHA ^(a)
	Proportion of young people who live in overcrowded housing	15–24	KY
	Proportion of low income households in rental stress (age of reference person)	15–24	NAHA ^(a)
Indigenous households: access to functional facilities required to support Healthy Living Practices by number of dependent children	0–4	HPF	
Abuse & neglect (6)	Rate of children who were the subject of a child protection substantiation in a given year	0–12	KC, HI, ECDOM ^(b)
		12–17	KY
	Proportion of children who were the subject of a child protection substantiation for sexual abuse	0–17	NFPAC
		0–17	HPF
		0–16	HPF
		0–17	NFPAC
		0–17	NFPAC
Rate of children who were the subject of care and protection orders	0–12 12–17	KC KY	
Number of Indigenous children on care and protection orders	0–17	HPF	
Victims of violence (4)	Rates of children who have been the victims of physical assault or sexual assault	0–12	KC
		15–24	KY
	Rate of children who have been the victim of sexual assault	0–14	NFPAC
	Alcohol- and drug-related victimisation rate for young people	12–24	KY
	Assault (homicide) death rate for:	0–14; 0–17	KC, NFPAC
		12–24	KY
	Indigenous children/young people	0–24	HPF
Adults who experienced current partner violence and their children in their	Adults 18+ with children in their	NFPAC ^(b)	

Topic area (No of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
	children saw or heard the violence in the previous 12 months	care	
Crime (3)	Rate of young people who are under juvenile justice supervision	10–14 12–17	KC KY
	Rate of imprisonment for young people	18–24	KY
	Rates of Indigenous young people on remand on an average day	10–17	HPF
	People in prison custody	<18; 18–24	HPF
	Deaths in custody (police and prison)	<25	HPF ^(a)
	Contact with police	15–24	HPF
	Rate of young people in unsentenced detention	10–17	HPF
	Completed periods of unsentenced detention	10–17	HPF
	No/rates of young people who completed a period of unsentenced detention during the year	10–17	HPF
	Indigenous prison entrants (& the general Indigenous population by education; labour force; level of psychological distress; smoking status; alcohol drinking status, illicit drug use	18–24	HPF ^(a)
School relationships & bullying (3)	To be developed	t.b.d.	KC ^(b) , KY ^(b)
	Bullying and unfair treatment at school, impact on school attendance	Yrs 3,5,7	HPF
Racism (1)	To be developed	t.b.d.	ECDOM ^(b)

(a) Indicator is reported for all ages, but disaggregates for children and/or youth.

(b) Framework/Agreement and/or indicator has not yet been reported against or is under development.

Legend

ECDOM–Early Childhood Development Outcome Measures Framework
 HI–Children’s Headline Indicators
 HPF–Aboriginal and Torres Strait Islander Health Performance Framework
 KC–Key Child National Indicators

KY–Key Youth National Indicators
 NAHA–National Affordable Housing Agreement
 NFPAC–National Framework for Protecting Australia’s Children

Shelter is included in 7 frameworks and Agreements and includes a number of indicators relating to homelessness, housing stress and overcrowding. Two child frameworks (KC, NFPAC) focus on the provision of homelessness services. KC reports on *Accompanying children attending agencies funded under the National Affordable Housing Agreement* for ages 0–14. NFPAC reports on *Children who receive assistance through homelessness services* for ages 0–17. The HI framework has a broader indicator *Children aged 0–12 years living in households experiencing at least one of the specified aspects of housing disadvantage: homelessness, overcrowding, housing stress, forced residential mobility*. It is anticipated that the ECDOM indicator will align with the HI framework.

For young people, the KY framework includes the indicators *Young people aged 12–24 years who are homeless*; and *Proportion of young people aged 15–24 years who live in overcrowded housing*.

NAHA focuses on affordable housing and homelessness and includes 3 indicators relevant to child/youth report: *Low income households in rental stress* (age of reference person is disaggregated for 15–24 years); *Australians who are homeless*; and *People experiencing repeat periods of homelessness*. The homelessness indicators disaggregate for under 12, 12–17, 18–24 years.

The HPF is the only framework to report on *Indigenous households with access to functional facilities required to support Healthy Living Practices*.

Abuse and neglect is included in 6 frameworks for children and young people. The indicator *Children who were the subject of a child protection substantiation in a given year* (aged 0–12) is shared by 6 frameworks for different age ranges: KC, HI, ECDOM (0–12 years); KY (12–17 years); NFPAC and the Indigenous framework HPF (0–17 years). NFPAC also includes *Child protection substantiation for sexual abuse* (0–17 years).

The indicator *Children/Young people who were the subject of care and protection orders* is included in KC (0–12 years), KY (12–17 years) and HPF (0–17 years).

Victims of violence is included in 4 frameworks relating to children and young people with 4 different indicators. *Children/young people who have been the victims of physical assault or sexual assault* are reported in the child framework (KC) and the youth framework (KY) for ages 0–12 and 15–24 respectively. NFPAC reports on *Children who have been the victim of sexual assault* (0–14 years).

Three child frameworks and the youth framework share the indicator *Assault (homicide) death rate for children/young people*, but with different age ranges: 0–14 years (KC), 0–17 years (NFPAC), 12–24 years (KY) and 0–24 in the Indigenous framework HPF. The indicator *Adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months* is unique to the NFPAC and has not yet been reported against. The population group are adults aged 18 and over with children in their care when the violence occurred. *Alcohol- and drug-related victimisation rate for young people* (aged 12–24) is unique to the KY.

Crime committed by children and young people is included in 3 frameworks. The child framework (KC) and youth framework (KY) include *Young people under juvenile justice supervision* for 10–14 years and 12–17 years respectively. KY also includes *Imprisonment for young people* (18–24 years). HPF includes 8 measures relating to crime.

School relationships and bullying is included in 3 frameworks: for children (KC), young people (KY) and HPF. An indicator has not yet been developed for KC and KY. HPF reports on the impact of bullying/unfair treatment at school on attendance.

Topic areas unique to one framework

Racism is unique to the child framework ECDOM, and is under development.

3.6 System Performance

The system performance domain includes 26 topic areas across 10 frameworks and Agreements.

Table 3.6. System performance indicators

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Immunisation and health checks (5)	Proportion of children on the Australian Childhood Immunisation Register who are fully immunised at 2 years	2	KC, HI
	Proportion of Indigenous children who are fully vaccinated	1,2,5 yrs	HPF
	Proportion of Indigenous children who are fully vaccinated	12–15 mths 24–27 mths 60–63 mths	NPEV
	Proportion of Australian children fully vaccinated resident in agreed areas of low immunisation coverage	12–15 mths 60–63 mths	NPEV
	Proportion of children who are fully vaccinated	60–63 mths	NPEV
	<i>Proportion of children attending the Children and Family Centres who have had all age-appropriate health checks and vaccinations</i>	<i>t.b.d.</i>	NPA IECD ^(b)
	Factors influencing decision to immunise children in non-remote areas	0–6	HPF
Antenatal care (4)	Use of antenatal service (Mothers who attended at least one antenatal care session)	..	HPF
	Use of antenatal service by Indigenous mothers, by selected health issues	0–3	HPF
	Proportion of mothers whose first antenatal care session occurred in the first trimester	..	HPF
	Proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy	..	NIRA, NPA IECD
	Proportion of women who gave birth where 5 or more antenatal visits were reported	..	NIRA, NFPAC
	Selected health issues of Indigenous mothers	0–3	HPF
	Selected pregnancy behavioural risk factors of Indigenous mothers, by advice sought	0–3	HPF
	Risk factors status of women who gave birth to an Indigenous baby who attended an antenatal visit:		
	before 13 weeks of pregnancy	<20	HPF
	In the third trimester of pregnancy	<20	HPF
	Use of antenatal services by mothers, by age of mother	<20; 20–24	HPF
	Use of antenatal service by Indigenous mothers, by type of service	0–3	HPF
	Distance to hospital or clinic where child was born, Indigenous children	0–3	HPF
	Number/proportion of women who gave birth to an Indigenous baby, by timing of the first antenatal visit and mother's age group	<20	HPF
Child care & early childhood education (3)	Proportion of early childhood education and care services meeting or exceeding the National Quality Standard	..	KC, ECDOM ^(b)
	Unmet need for early childhood education and care services	..	ECDOM ^(b)

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
	The proportion of early childhood education programs delivered by a degree-qualified early childhood teacher who meets the National Quality Framework requirements	..	NPUAECE ^(b)
	The number of teachers delivering preschool programs who are 4-year university trained and early childhood qualified.	..	NPUAECE
Child protection resubstantiations (2)	Rate of children who were the subject of child protection resubstantiations in a given year	0–12 0–17	KC NFPAC
Potentially preventable hospitalisations (2)	Potentially preventable hospitalisation rate for young people	12–24 0–24	KY HPF ^(a)
	Major potentially preventable hospital admissions, by age group and Indigenous status	0–24	HPF ^(a)
General practice consultations (2)	Rate of general practice encounters for young people aged 12–24	12–24	KY
	Ear and hearing problems managed by general practitioners among children	1–14	HPF
	Types of regular health care used by Indigenous Australians	0–24	HPF ^(a)
Cancer survival (2)	Five-year relative survival for leukaemia in children	0–14	KC
	Five-year relative survival for melanoma of the skin for young people	12–24	KY
Cervical cancer (1)	Cervical screening rates among women aged 20–24	20–24	KY
	Cervical cancer vaccination rates among women aged 12–24	12–24	KY
Neonatal hearing screening (1)	Children fitted with hearing aids at 6 and/or 12 months	6 & 12 mths	KC ^(b)
Children and Family Centres (1)	Proportion of Indigenous children and families accessing a range of services offered at or through Children and Family centres, including but not limited to child care, early learning, child and maternal health, and parent and family support services	t.b.d.	NPA IECD ^(b)
	Proportion of Indigenous children attending Children and Family Centres who go on to attend school regularly	t.b.d.	NPA IECD ^(b)
Teenage purchase of cigarettes & alcohol (1)	Proportion of teenage smokers who personally purchased their most recent cigarette	12–17	KY
	Proportion of teenage drinkers who personally purchased their most recent alcoholic drink	12–17	KY
Appropriate use of antibiotics (1)	Proportion of upper respiratory tract infections managed for which oral antibiotics were prescribed	12–24	KY
Caesarean section delivery (1)	Caesarean sections as a proportion of all deliveries for young women aged 15–24 who gave birth	15–24	KY
Emergency department waiting times (1)	Proportions of patients who are treated within national benchmarks for waiting times across triage categories in public hospital emergency departments	12–24	KY
Adverse events treated in hospital (1)	Proportion of hospitalisations for young people aged 12–24 where an adverse event was treated/and or occurred	12–24	KY
Family support service use (1)	Number of children aged 0–17 seeking assistance through treatment and support services	0–17	NFPAC
Carer retention (1)	Proportion of out-of-home carer households that were retained in a given year	0–17	NFPAC

Topic area (No. of frameworks/ Agreements)	Indicator/measure	Age range (years)	Framework/ Agreement (see legend)
Child placement (1)	Proportion of children exiting out-of-home care during the year who had 1 or 2 placements	0–17	NFPAC
	Proportion of Indigenous children in out-of-home care placed with extended family or other Indigenous caregivers	0–17	NFPAC
	Proportion of Indigenous children placed through Indigenous-specific out-of-home care agencies	0–17	NFPAC
Cross-sector clients (1)	Proportion of child protection clients who enter juvenile corrective services or seek assistance from homelessness services	0–17	NFPAC
Support planning (1)	Proportion of young people in care who have a leaving care plan	15–17	NFPAC
	Proportion of Indigenous children in care who have a cultural support plan	0–17	NFPAC
Asthma action plans (1)	Proportion of people with asthma reporting that they have a written asthma action plan in non-remote areas	0–24	HPF ^(a)
Discharge against medical advice (1)	Proportion of hospitalisations ending in discharge against medical advice	0–24	HPF ^(a)
Early detection and treatment (1)	Medicare Benefits Schedule (MBS) health assessments and health checks for Indigenous Australians (MBS item 715)	0–14	HPF ^(a)
	Rate of MBS health checks/assessments for Indigenous Australians (MBS item 715)	0–14	HPF ^(a)
	Indigenous women reporting whether they had a pap smear test	18–24	HPF ^(a)
Access and need for services (1)	Indigenous MBS services claimed by selected categories	0–24	HPF ^(a)
	Non-Indigenous MBS services claimed by selected categories	0–24	HPF ^(a)
Drug and alcohol services (1)	Treatment episodes	10–19	HPF ^(a)
	Residential treatment/rehabilitation, sobering-up/residential respite and non-residential/follow-up/aftercare episodes of care at Stand-alone Substance Use services	0–18	HPF ^(a)
Indigenous health training and workforce (1)	Employed persons by health-related occupation	15–24	HPF ^(a)
	Indigenous and other Australian health workforce age-specific rates	15–24	HPF ^(a)
	Employed Indigenous persons in health-related occupations	15–24	HPF ^(a)
	All employed persons in health-related occupations	15–24	HPF ^(a)
	Higher education university health-related course enrolments	15–24	HPF ^(a)
	Higher education health-related course completions	15–24	HPF ^(a)

(a) Indicator is reported for all ages, but disaggregates for children and/or youth.

(b) Framework/Agreement and/or indicator has not yet been reported against or is under development.

Legend

ECDOM—Early Childhood Development Outcome Measures Framework
 HI—Children’s Headline Indicators
 HPF—Aboriginal and Torres Strait Islander Health Performance Framework
 KC—Key Child National Indicators
 KY—Key Youth National Indicators

NIRA—National Indigenous Reform Agreement
 NFPAC—National Framework for Protecting Australia’s Children
 NPUAECE—NPA on Universal Access to Early Childhood Education
 NPEV—NPA for Essential Vaccines
 NPA IECD—NPA on Indigenous Early Childhood Development

Immunisation and health checks is included in 5 frameworks and Agreements and relates only to children. All immunisation indicators are measures of the proportion of children who are fully immunised. KC and HI report on *Children on the Australian Childhood Immunisation Register who are fully immunised at 2 years of age*. The Indigenous framework HPF reports on *Children fully vaccinated at age 1 year, 2 years and 5 years of age*. It also includes *Factors influencing decision to immunise children in non-remote areas*.

The NPEV focuses specifically on vaccinations and includes 3 indicators: *Children who are fully vaccinated at age 60–63 months*; *Indigenous children who are fully vaccinated at 12–15 months, 24–27 months and 60–63 months*; and *Australian children resident in agreed areas of low immunisation coverage fully vaccinated at 12–15 months, 60–63 months*.

NPA IECD includes a broader indicator relating to Indigenous children that covers both immunisation and health checks. This indicator, yet to be reported against, is defined as *Children attending the Children and Family Centres who have had all age-appropriate health checks and vaccinations*.

Antenatal care is included in 4 frameworks and Agreements. There is variation in the number of antenatal visits reported in the frameworks and Agreements. NIRA and NPA IECD require reporting on the *Pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy each year*. NIRA and NFPAC report on *Women who gave birth, where five or more antenatal visits were reported*. HPF reports *Mothers who attended at least one antenatal care session*; and *Mothers whose first antenatal care session occurred in the first trimester*. HPF also has an additional 9 unique antenatal indicators.

Child care and early childhood education indicators reflect the quality and availability of care and education services for young children, and are included in 3 child frameworks and Agreements. KC and ECDOM include the indicator *Early childhood education and care services meeting or exceeding the National Quality Standard*. ECDOM includes the indicator *Unmet need for early childhood education and care services* which is still under development. NPUAECE focuses on early childhood education and requires reporting on *Early childhood education programs delivered by a degree-qualified early childhood teacher who meets the National Quality Framework requirements* and *The number of teachers delivering preschool programs who are four year university trained and early childhood qualified*.

Child protection resubstantiations is included in 2 child frameworks. The rate of child protection resubstantiation reflects the recurrence of child abuse or neglect, and partly reveals the adequacy of interventions offered to children to protect them from further harm. KC and NFPAC report on *Children who were the subject of a child protection resubstantiation in a given year*. Both frameworks report on ages 0–17. In the case of KC, this is because the data cannot be disaggregated for 0–12 year olds.

Cancer survival is included in 2 frameworks. The child framework (KC) includes *Five-year relative survival for leukaemia (0–14 years)* while the youth framework (KY) includes *Five-year relative survival rate for melanoma of the skin (12–24 years)*.

Potentially preventable hospitalisations and **General practice consultations** are included in the youth and Indigenous frameworks (KY and HPF).

Topic areas unique to one framework

The Systems Performance domain has the largest number of topic areas that are specific to one framework or Agreement.

In the child reporting environment, **Neonatal hearing screening** is unique to children's framework KC although there are no readily reportable data for this indicator. The National Neonatal Hearing Screening Framework and associated indicators have been reviewed by the Community Care and Population Health Principal Committee and are publically available. The children's framework NFPAC includes 5 unique topic areas relating to child protection: Family support service use, Carer retention, Child placement, Cross-sector clients and Support planning.

The youth framework (KY) includes Cervical cancer, Teenage purchase of cigarettes and alcohol, Appropriate use of antibiotics, Caesarean section delivery, General practice consultations, Emergency department waiting times, and Adverse events treated in hospital.

The following topic areas are unique to the Indigenous framework HPF: Asthma action plans, Discharge against medical advice, Children and Family Centres, Early detection and treatment, Access and need for services, Drug and alcohol services, and Indigenous health training and workforce.

4 Streamlining child and youth reporting

While the previous section provided a comprehensive overview of all frameworks and Agreements that included indicators relating to children, this section focuses on a subset of these, namely those that exclusively focus on children and/or youth.

It looks at which indicators are of shared interest and which are unique to a particular framework or Agreement. It then provides some suggestions for streamlining child and youth reporting and data development.

4.1 Child and youth frameworks and Agreements

Of the 15 frameworks and Agreements included in Table 2.1, almost half (6) cover all ages. The remaining 9 relate specifically to children and/or youth. Of these, 5 relate specifically to children, 2 relate specifically to youth, and 2 relate to both children and youth. Table 4.1 provides an overview of these 9 frameworks and Agreements, and the National Partnership Agreement on Preventive Health (NPAPH). The NPAPH includes both adults and children, but has also been included as it includes 3 key indicators relating to children.

Table 4.1 Child and youth-specific frameworks and Agreements

	Framework/Agreement	Age range
Child specific	The Key Child National Indicators (KC)	0–14
	Headline Indicators for Children’s Health, Development and Wellbeing (HI)	0–12
	National Outcome Measures for Early Childhood Development (ECDOM)	0–8
	National Framework for Protecting Australia’s Children (NFPAC)	0–17
	NPA on Universal Access to Early Childhood Education (NPUAECE)	4–5
Youth specific	The Key Youth National Indicators (KY)	12–24
	NPA on Youth Attainment and Transitions (NPYAT)	15–24
Child and youth	NPA on Indigenous Early Childhood Development (NPA IECD)	Various
	National Education Agreement (NEA)	5–17
Other	NPA on Preventive Health (NPAPH)	t.b.c.

As mentioned in Chapter 2, the national frameworks and Agreements were developed for different purposes, and consequently differ in their reporting objectives. The Key Child National Indicators framework is intended to provide a comprehensive coverage of child health, development and wellbeing. It includes 56 indicators across 7 areas: health, healthy development, learning, risk factors, families and communities, safety, and system performance. It has a relatively broad definition of children in terms of age (0–14 years) and was the first framework to be developed for children (beginning in 1996).

Headline Indicators focuses on a smaller set of 19 priority areas and constitute a subset of the Key Child National Indicators. The Headline Indicators were endorsed by the Australian Health Minister’s Conference (AHMC), the Community and Disability Services Minister’s Conference (CDSMC) and the Australian Education Systems Officials Committee (AESOC) in 2006. The 19 topic areas were chosen because they were considered to be potentially amenable to change through prevention and early intervention.

The remaining 2 child-specific frameworks focus on specific areas. The Early Childhood Development Outcome Measures framework includes 20 indicator areas and focuses on the

very early years of childhood, in recognition of this being a critical period for development. This framework has sought to align its indicators with the Headline Indicators and Key Child National Indicators where possible. The National Framework for Protecting Australia's Children has as its focal point child protection and early intervention, and includes 31 indicators.

The National Partnership Agreement on Preventive Health focuses on addressing the rising prevalence of behaviour-related chronic disease, and covers children and adults. Only the child indicators relating to overweight and obesity, physical activity and nutrition are discussed in this section.

The Key Youth National Indicators is the only framework that focuses exclusively on youth. It aims to complement the Key Child National Indicators, and together they provide an extensive overview of the whole child-youth spectrum covering a wide age range of 0-24 years with topics relevant to their particular age groups. The youth framework includes 71 indicators, across the 5 areas of health and wellbeing, risk factors, family and community, socio-economic factors and health system performance. There is currently no set of headline indicators for youth.

Performance reporting under the COAG Agreements is primarily intended to provide accountability of governments to the public for a particular service sector. Four of the 12 Agreements discussed in Chapter 2 relate to children and/or youth exclusively (see Table 4.1 above) and so provide important/valuable information relating to children. Two of the National Partnership Agreements relate to early childhood (Universal Access to Early Childhood Education, and Indigenous Early Childhood Development), one National Agreement relates to education (National Education Agreement) and one National Partnership Agreement relates to youth (Youth Attainment and Transitions).

Age ranges

As shown in Table 4.2, the child- and youth-specific frameworks vary in terms of the age ranges covered. Broadly speaking, Key Child National Indicators cover the age range 0-14, while Headline Indicators cover the age range 0-12. The Key Youth National Indicators cover the age range 12-24. The age ranges of the Early Childhood Development Outcome Measures and the National Framework for Protecting Australia's Children differ from those of the Key Child National Indicators and Headline Indicators, reflecting their specific areas of interest. Early Childhood Development Outcome Measures generally focus on the early years (0-8), while the National Framework for Protecting Australia's Children uses the legal definition of a child, namely 0-17 years. The National Partnership Agreement on Preventive Health has not yet been reported against. While each of the reporting vehicles uses age ranges relevant to its purpose, consideration should be given to a review of the different age ranges, particularly in relation to the age at which youth reporting should begin and how this relates to the child frameworks.

Disaggregations

A number of disaggregations are common across the Key Child and Key Youth National Indicator frameworks: Indigenous status, remoteness and socio-economic status. In addition to these, the children's Headline Indicators disaggregates by cultural and linguistic diversity. It provides a finer level of detail by further disaggregating each of these disaggregations by

state and territory. The Early Childhood Development Outcome Measures framework requires disaggregations for disability and parental education/employment.

In the Agreements, disaggregations vary. Some are standard: for example, Indigenous status, remoteness, socio-economic status and culturally and linguistically diverse groups, depending on their relevance. State and territory disaggregations are also provided. Sometimes, state and territory data are further disaggregated by Indigenous status, remoteness and Socio-Economic Indexes for Areas (SEIFA). The National Partnership Agreement on Universal Access to Early Childhood Education also requires disaggregation for vulnerable and disadvantaged children.

Reporting

The current reporting cycles and requirements vary. While Key Child National Indicators and Key Youth National Indicators have been reported on approximately every 4 years since 1996 and 1999 respectively, there is no future reporting scheduled for either framework. The Headline Indicators framework has been reported annually since 2009 and is due to continue until 2015. The National Framework for Protecting Australia's Children is reported on annually, and the Early Childhood Development Outcome Measures are still under development.

The COAG Agreements are reported on annually. However, the new National Partnership Agreement on Universal Access to Early Childhood Education and the National Partnership Agreements on Preventive Health have not yet been reported against. Table 4.2 below provides an overview of all the indicators included in the child- and youth-specific frameworks and Agreements. Note that each row constitutes a different indicator. Indicators that may appear the same in terms of wording have been treated as different if the measures are known to be different; for example, if a different data source is used, or a different numerator/denominator is used. If an indicator refers to different age ranges but is otherwise the same, the indicator is treated conceptually as being the same indicator.

Table 4.2 Indicators in child and youth-specific frameworks and Agreements

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia’s Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
Health and wellbeing							
Mortality	Infant mortality rate	<1	<1	<1			• NPA IECD
	Sudden infant death syndrome (SIDS) rate	<1					
	Death rate (children/young people)	1–14				12–24	
Chronic conditions	Long-term condition prevalence					12–24	
	Asthma prevalence	0–14				12–24	
	Cancer incidence	0–14				12–24	
	Diabetes incidence	0–14				15–24	
Disability	Severe or profound core activity limitation prevalence	0–14				15–24	
Mental health & child behavioural problems	Mental health problems prevalence	4–14					
	Child behavioural problems – to be developed			t.b.d.			
	High/very high levels of psychological distress (Kessler 10)					16–24	
	Mental health disorders	6–14				16–24	
Dental health	Decay-free, proportion	6; 12				12; 15	
	Mean number of decayed, missing or filled teeth	12	12			12; 15	
Hospital admissions	Child under 5 hospitalisation rates by principle diagnosis						• NPA IECD (<5)
Communicable diseases	Vaccine-preventable disease incidence					12–24	
	Hepatitis A, B and C notification rates					12–24	
	HIV infection notification rate					12–24	
	Notifiable sexually transmissible infection incidence					12–24	

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia's Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
Injuries	Age-specific death rates for all injuries	0–14	0–14			12–24	
	Road transport accident death rate	0–14				12–24	
	Accidental drowning death rate	0–14					
	Suicide rate					15–24	
	Accidental poisoning death rate					12–24	
	Injury hospitalisation rate	0–14				12–24	
	Assault hospitalisation rate	0–14					
	Intentional self-harm hospitalisation rate	0–14					
Congenital anomalies	Selected congenital anomalies rate among infants	<1					
Social and emotional wellbeing (Resilience of abuse survivors)	Proportion of children leaving care and scoring 'of concern' on the SDQ	t.b.d.	8–12	t.b.d.	8–17		
	Children scoring 'of concern' on the Strengths and Difficulties Questionnaire				0–17		
Self-assessed health	Proportion rating their health as 'excellent', 'very good', or 'good'					15–24	
Health behaviours and risk factors							
Physical activity	Proportion meeting the National Physical Activity Guidelines	t.b.c.				15–24	NPAPH
Environmental tobacco smoke (in home)	Proportion of households with children/young people where adults/household member smoke inside	0–14				12–17	
Tobacco use	Proportion who are <i>current</i> smokers	12–14					
	Proportion who are <i>daily</i> smokers					12–24	

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia's Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
Alcohol misuse	Proportion of children (12–14) who have engaged in risky drinking on any one occasion	12–14					
	Proportion who drink at risky or high risk levels in the short or long term					12–24	
Birthweight	Proportion of liveborn infants of low birthweight	<1	<1	<1	<1		• NPA IECD
Teenage births	Age-specific birth rate for 15–19 year old women	..	..		15–19	15–19	
Overweight and obesity	Proportion of children who are 'overweight' and 'obese' for their age and sex	5–14	5–14	5–14?		12–24	NPAPH
Nutrition	Proportion meeting the Australian Dietary Guidelines					12–24	NPAPH
Alcohol use during pregnancy	Proportion of women who consumed alcohol in pregnancy	..					
Smoking in pregnancy	Proportion of women who smoked during the first 20 weeks of pregnancy	..	..		
Substance use during pregnancy	Proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy						• NPA IECD
Breastfeeding	Proportion of infants exclusively breastfed at 4 months of age	..	..	..
Sun protection	Proportion of young people using sun protection					12–24	
Substance use	Reported rate of substance use disorders for young people					16–24	
	Proportion of young people (12–24) who had used an illicit drug within the last 12 months					12–24	
Sexual and reproductive health	Proportion who have had sexual intercourse					Yr 10; 12	
	Proportion who used a form of contraception at their most recent sexual encounter					Yr 10; 12	
	Proportion of Indigenous teenagers accessing sexual and reproductive health programs and services.						• NPA IECD

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia’s Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
Learning and development							
Participation in education	Proportion of children who are enrolled in (and attending, where possible to measure) a preschool program						• NPUAECE (4–5)
Preschool enrolment & attendance	Proportion of disadvantaged children who are enrolled in (and attending, where possible to measure) a preschool program						• NPUAECE (4–5)
	Proportion of Indigenous children (by geographic location as identified by the Australian Standard Geographic Classification (ASGC) who are enrolled in (and attending, where possible to measure) a preschool program						• NPUAECE (4–5)
	Hours per week of attendance (where possible to measure) at a preschool program.						• NPUAECE (4–5)
	The proportion of children enrolled in the year before full-time school in quality early childhood education program(s)						• NPUAECE (4–5)
	Distribution of children who attend a preschool program by weekly cost per child (after subsidies) as defined by jurisdictions.						• NPUAECE (4–5)
	Proportion of enrolled children, enrolled in the year before full-time school in quality early childhood education program(s) available for 600 hours per year.						• NPUAECE (4–5)
	Proportion of enrolled children who attend in the year before full-time school, quality early childhood education program(s) available for 600 hours per year.				4–5		• NPUAECE (4–5)
Proportion of children attending an early educational program/preschool program in the year prior to beginning primary school		4–5	4–5		4–5		
	Proportion of Indigenous 3 and 4 year olds participating in quality early childhood education and development and child care services						• NPA IECD

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia's Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
School enrolment and attendance	Attendance rate of children at primary school	Yr 5	Yr 5	t.b.d.			• NEA (Yrs 1–10)
	Attendance rates for Indigenous students in Years 1–10 in government schools						• NPYAT
	Enrolment of full-time equivalent students in Years 11 and 12						• NPYAT
Retention rate	Apparent retention rate from Year 7/8 to Year 10						• NYPAT
	Apparent retention rate from Year 7/8 to Year 12					Yr 7/8–12	• NYPAT
Literacy and numeracy*	Literacy: proportion achieving at or above the national minimum standards (reading (R), writing (W), spelling (S), grammar (G), punctuation (P))	Yr 5 (R)	Yr 5 (R)	Yr 3 (R)	Yr 3,5,7,9	Yr 7; 9 (R&W)	• NEA (Yrs 3,5,7,9) (R,W)
	Numeracy: proportion achieving at or above the national minimum standards (<i>Note: National Framework for Child Protection reports on children on guardianship and custody orders</i>)	Yr 5	Yr 5	Yr 3	Yr 3,5,7,9	Yr 7; 9	• NEA (Yrs 3,5,7,9)
International comparisons	The proportion of students in the bottom and top levels of performance in international testing (for example, Programme for International Student Assessment [PISA], Trends in International Mathematics and Science Study [TIMSS])						• NEA
Early learning	Proportion of children read to by a parent on a regular basis	0–2		0-8			
Transition to primary school	Proportion of children developmentally vulnerable on one or more domains of the AEDI	4–5	4–5	4–5	4–5		
School engagement	To be developed			t.b.d.			
Transition from school to work/further study	Proportion of young people who have attained at least Year 12 or equivalent, or AQF Certificate II or above						• NPYAT (20–24);

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia's Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
Education or work participation	Full-time participation rate of young people in education or employment					15–24	
	Unemployment rate for young people					15–24	
	Proportion of young people (15–24 years) undertaking study leading to qualifications					15–24	
	*Proportion of young people aged 17–24 participating in post-school education, training or employment						• NEA
	Proportion of young people participating in post-school education, training or employment 6 months after leaving school						• NPYAT (15–24)
	Number of 15–19 year olds w/o Yr 12 and not enrolled in school, who are enrolled in VET at Cert II or higher						• NPYAT
Educational attainment	*Proportion of young people aged 20–24 who have attained at least a Year 12 or equivalent or AQF Certificate II/III or above						• NEA
	Proportion of Indigenous young people aged 20 to 24 who have attained Year 12 or equivalent, or AQF Certificate II or above						• NPYAT (20–24)
Family and community							
Family social network and social capital	Proportion of children whose parent or guardian was usually able to get help when needed		0–12	0–12			
	Proportion of young people who could get support/households with children where respondent was able to get support in time of crisis from persons living outside the household	0–14				18–24	
Parental health	Proportion of parents rating their health as 'fair' or 'poor'	0–14				12–24	
	Proportion of children/young people living with a parent with disability	0–14				15–24	
Parental mental health	Proportion of parents with a mental health problem	0–14			0–14	12–24	
Jobless families	Proportion of children/young people living in jobless families					12–24	

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia's Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
Family functioning	To be developed (KC)/ Proportion of families who report 'good', 'very good' or 'excellent' family cohesion (NFPAC)	t.b.d.			various	t.b.d.	
Family economic situation	Average real equivalised disposable household income for households with children in the 2nd and 3rd income deciles	0–12	0–12				
	Proportion of young people who live in households that experience financial stress					18–24	
	Proportion of household with children (0–14) where at least 50% of gross household income is from government pensions/allowances				0–14		
Peer relationships	To be developed			t.b.d.			
Parenting quality/capacity	To be developed			t.b.d.			
Children in non-parental care	Rate of children in out-of-home care	0–14			0–17		
	Proportion of children in grandparent families	0–14					
Neighbourhood safety	Proportion of households with children where neighbourhood is perceived as safe	0–14			0–14		
Parental substance use	Proportion of parents with children who used any illicit drug within last 12 months				0–14		
	Proportion of parents who drank alcohol at risky levels				0–14		
Community and civic participation	Community participation rate (social groups, community support groups, unpaid voluntary work)					18–24	
	Proportion of 17 and 18 year olds who have registered to vote					17; 18	
Income support	Proportion of young people receiving government income support					15–24	

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia's Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
Educational attainment of parents	Proportion of young people whose parents did not complete secondary school (Year 10 or above)					12–24	
Safety and security							
Shelter	Rate of accompanying children attending agencies funded under the National Affordable Housing Agreement	0–14				0–17	
	Proportion of children living in households experiencing at least one of the specified aspects of housing disadvantage: homelessness, overcrowding, housing stress, forced residential mobility		0–12	0–12			
	Proportion of young people who are homeless					12–24	
	Proportion of young people who live in overcrowded housing					15–24	
Child abuse and neglect	Rate of children who were the subject of a child protection substantiation in a given year	0–12	0–12	0–12	0–17	12–17	
	Rate of children who were the subject of care and protection orders	0–12				12–17	
	Proportion of children who were subject of child protection substantiation for sexual abuse				0–17		
Victims of violence	Rate of children/young people who have been the victim of physical or sexual assault	0–14			0–14 (sexual only)	15–24	
	Alcohol- and drug-related violence victimisation rate					12–24	
	Assault (homicide) death rate	0–14			0–17	12–24	
	Proportion of adults who experienced current partner violence and their children saw/heard the violence in previous 12 months				Adults 18+ with children in their care		
Crime	Rate of children/young people who are under juvenile justice supervision	10–14				12–17	
	Imprisonment rate of young people					18–24	

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia's Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
School relationships and bullying	To be developed	t.b.d.				t.b.d.	
Racism	To be developed			t.b.d.			
System performance							
Immunisation	Proportion of children on the Australian Childhood Immunisation Register who are fully immunised at 2 years of age	2	2				
	Proportion of Indigenous children attending the Children and Family Centres who have had all age-appropriate health checks/vaccinations						• NPA IECD
Cancer survival	5-year relative survival rate for leukaemia	0–14					
	5-year relative survival rate for melanoma of the skin					12–24	
Antenatal care	Proportion of women who had at least 5 antenatal visits during pregnancy						
	Proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy						• NPA IECD
Child and Family Centres	Proportion of Indigenous children & families accessing services at Children and Family Centres						• NPA IECD
	Proportion of Indigenous children attending Children and Family Centres who go on to attend school regularly						• NPA IECD
Child care & early childhood education	*Proportion of early childhood education programs delivered by a degree qualified early childhood teacher who meets the National Quality Framework requirements.						• NP UAECE
	The number of teachers delivering preschool programs who are 4-year university trained and early childhood qualified.						• NP UAECE

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia's Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
	Proportion of early childhood education and care services that meet the National Quality Standard	..		..
	Unmet need for early childhood education and care services			0–12			
Neonatal hearing screening	Proportion of children identified as requiring a hearing aid who are then fitted with a hearing aid by 6 and/or 12 months of age	6; 12 mths					
Child protection resubstantiations	Rate of children who were the subject of a child protection re-substantiation in a given year	0–12			0–17		
Family support service use	Number of children seeking assistance through treatment and support services				0–17		
Carer retention	Proportion of out-of-home care households that were retained in a given year				..		
Child placement	Proportion of children exiting out-of-home care during the year who had 1 or 2 placements				0–17		
	Proportion of Indigenous children in out-of-home care placed with extended family or other Indigenous caregivers				0–17		
	Proportion of Indigenous children placed through Indigenous-specific out-of-home care agencies				0–17		
	To be developed (Indigenous Child Placement Principle compliance indicator)				t.b.d.		
Cross-sector clients	Proportion of child protection clients who enter juvenile corrective services or seek assistance from homelessness services				0–17		
Support planning	Proportion of young people in care who have a leaving care plan				15–17		
	Proportion of Indigenous children in care who have a cultural support plan				0–17		

Topic area	Indicator	Key child national indicators (0–14 years)	Headline Indicators (0–12 years)	ECD Outcome Measures (0–8 years)	National Framework — Protecting Australia's Children (0–17 years)	Key youth national indicators (12–24 years)	NA/NPA indicators (various years)
Potentially preventable hospitalisations	Potentially preventable (ACSC) hospitalisation rate					12–24	
Teenage purchase of cigarettes and alcohol	Proportion of teenage smokers who personally purchased their most recent cigarette					12–17	
	Proportion of teenage drinkers who personally purchased their most recent alcoholic drink					12–17	
Cervical cancer	Cervical cancer screening rates among women					20–24	
	Cervical cancer vaccination rates among women					12–24	
Appropriate use of antibiotics	Proportion of upper respiratory tract infections managed for which oral antibiotics were prescribed					12–24	
Caesarean section delivery	Caesarean sections as a proportion of all deliveries for young women who gave birth					15–24	
General practice consultations	Rate of general practice encounters for young people					12–24	
Emergency department waiting times	Proportion of patients who are treated within national benchmarks for waiting times across triage categories in public hospital emergency departments					12–24	
Adverse events treated in hospitals	Proportion of hospitalisations where an adverse event was treated and/or occurred					12–24	

Note: Literacy and numeracy indicators are treated as 2 indicators in some frameworks (KC, HI, ECDOM and HPF) and 1 in others (KY, NFPAC, NEA, NIRA). In this table they are treated as 2 indicators for clarity.

4.2 Shared and unique child indicators

The Key Child and Youth National Indicator frameworks provide the broadest and most comprehensive overview of child and youth indicators respectively. This section looks at the extent to which the indicators in these 2 frameworks are also reported in other child- and youth-specific frameworks and Agreements, and highlights those indicators that are unique to either Key Child or Youth National Indicators. In doing so, it identifies the potential gaps that would exist in Australian national child and youth environment if these 2 frameworks were not reported. Child and youth reporting are discussed in turn.

Each framework or Agreement has a set of unique indicators particular to the purpose/focus/sector/stakeholders. In addition, the frameworks have generally sought to align when the indicator/topic area is of shared importance.

There are a total of 100 indicators across the 7 frameworks and Agreements relevant to children. The 100 indicators can be divided across the following domains/topic areas as follows:

- | | |
|-------------------------------------|----|
| • Health and wellbeing | 22 |
| • Health behaviour and risk factors | 13 |
| • Learning and development | 17 |
| • Family and community | 15 |
| • Safety and security | 11 |
| • System performance | 22 |

In total, the Key Child National Indicators (KC) has 56, Headline Indicators (HI) has 19, Early Childhood Development Outcome Measures (ECDOM) 20, National Framework for Protecting Australia's Children (NFPAC) 31, the National Partnership Agreement on Universal Access to Early Childhood Education (NPUAECE) 10, NPA on Indigenous Early Childhood Education (NPA IECD) 10, and National Education Agreement (NEA) 5. Additionally, the National Partnership Agreement on Preventive Health (NPAPH) has 3 indicators relating to children.

Indicators of shared importance

As Table 4.2 shows, a number of indicators have been identified as critical across a number of child frameworks and Agreements. Of the 7 child-relevant frameworks and Agreements, the following are a core set of 7 indicators that are of shared relevance to 4 or 5 of the frameworks and/or Agreements:

- *Birthweight* is shared by 5 child frameworks and Agreements (KC, HI, ECDOM, NFPAC, NPA IECD). Low birthweight is well established as a main risk factor not only for impaired health and survival of newborns, but also for negative outcomes later in life. Birthweight is influenced by a number of risk factors that are susceptible to policy intervention.
- *Infant mortality* is included in 4 child frameworks and Agreements (KC, HI, ECDOM, NPA IECD). Mortality has long been considered a key indicator of the health of a

population and the social and environmental conditions faced by children and young people. However, while the broad topic area is shared, again several different indicators have been defined within this topic area. As section 3 highlighted, while *Infant mortality rate* features in the frameworks Key Child National Indicators (KC), Headline Indicators (HI), ECDOM Outcome Measures (ECDOM) and the National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD), *Mortality rate of children* (aged 1–14) and *Sudden Infant Death Syndrome (SIDS) rate* are only covered by Key Child National Indicators.

- *Social and emotional wellbeing* has been included in 4 frameworks (KC, HI, ECDOM, NFPAC), reflecting the growing interest in this area as a critical aspect of child wellbeing. It is also an area where there is a paucity of regular data. Important in this regard will be the results of the Child and Adolescent Survey Component of the National Survey of Mental Health and Wellbeing, being conducted in 2013–14.
- *Transition to primary school* uses the AEDI to report on developmentally vulnerable children as they enter school and is included in 4 frameworks (KC, HI, ECDOM, NFPAC).
- *Attendance rate of children at primary school* is included in 3 frameworks (KC, HI, ECDOM) and the National Education Agreement (NEA). Different years of attendance are reported by the frameworks.
- *Literacy and numeracy* is included in 4 frameworks (KC, HI, ECDOM, NFPAC) and the National Education Agreement. Note, the National Framework for Protecting Australia’s children (NFPAC) looks at a specific population group – children on guardianship and custody orders. Educational success, of which literacy and numeracy skills are key components, is critical to life success and future participation in society. This is reflected by the high number of policy initiatives and reporting frameworks in this area. However, there is variation in the years reported, with each reporting mechanism choosing the most appropriate years.
- *Child protection substantiations* is included in 4 frameworks (KC, HI, ECDOM, NFPAC). Child abuse is a critical issue as victims may experience fear and bodily harm, poor school performance, learning disorders, poor peer relations, antisocial behaviour and mental health disorders.

Other areas have shared topic areas but different indicators. For example, Shelter is included in 4 frameworks (KC, HI, ECDOM, NFPAC) but the indicators differ. While Key Child National Indicators (KC) and the National Framework for Protecting Australia’s Children (NFPAC) include an indicator relating to the use of homelessness services, the Headline Indicators (HI) and ECD Outcome Measures (ECDOM) frameworks include a broader indicator which measures the proportion of children (aged 0–12) living in households that experience at least one of 4 adverse living conditions: homelessness, overcrowding, housing stress, forced residential mobility.

Of the 100 indicators, about two-thirds (69) are unique to one framework or Agreement. The Key Child National Indicators framework has the largest number of unique indicators. Of a total of 56 indicators, half are unique and the other half are included in at least one of the other child frameworks. Headline Indicators shares 17 indicators. If the 2 Key Child National Indicators social capital and homelessness were to be aligned with Headline Indicators’ family social networks and shelter respectively, Headline Indicators would capture 19 of the Key Child National Indicators. Key Child National Indicators share a further 2 indicators

with ECD Outcome Measures, 8 with National Framework for Protecting Australia's Children and one with National Partnership Agreement on Preventive Health.

In terms of the other frameworks and Agreements, the Early Childhood Development Outcomes Measures has 6 unique indicators while the National Framework for Protecting Australia's Children has 16. The National Partnership Agreement on Universal Access to Early Childhood Education has 9, the NPA on Indigenous Early Childhood Development has 8, while the National Education Agreement and the National Partnership Agreement on Preventive Health have one respectively.

Table 4.3 provides an overview of the indicators unique to Key Child National Indicators together with their rationale for inclusion, policy relevance and data availability.

Table 4.3 Overview of 28 indicators unique to Key Child National Indicators

Topic area/indicator	Indicator rationale and policy relevance	Data source	Data frequency	Data published - <i>Picture of Australia's children 2012</i>	Next release	Availability
Health & wellbeing						
Child mortality	Death rates are commonly used to measure population health and reflect circumstances around the time of death, provide insight into changes in social and environmental conditions, medical interventions, lifestyles and trends in underlying risk factors.	AIHW National Mortality Database (based on ABS Deaths)	Annual	2010	2011 (prelim)	Available now
SIDS	SIDS has been reduced to low levels in Australia; however further health gains are possible, particularly for Indigenous children, through a reduction in exposure to modifiable risk factors.	AIHW National Mortality Database (based on ABS Causes of deaths)	Annual	2010	2011 (prelim)	Available now
Asthma prevalence	Asthma is a National Health Priority and has been identified as the leading cause of disease burden among children (Begg et al. 2007).	ABS National Health Survey	Triennial	2007–08	2011–12	Available now
Cancer incidence	Cancer is a National Health Priority. Although relatively uncommon among children, is the second highest cause of death among 1–14 year olds (AIHW 2012).	Australian Cancer Database	Annually	2008	2009	Available now
Diabetes incidence	Diabetes is a National Health Priority Area and a common chronic disease in childhood.	National Diabetes Register	Annual	2009	2010, 2011	Expected. early 2014
Disability prevalence	Childhood disability may also result in activity and participation limitations which restrict their full involvement in society and can create serious financial hardship for families. Affecting an estimated 7% of Australian children and young people, disability requires a range of policy measures to limit the way it restricts full involvement in society (AIHW 2012).	Survey of Disability, Ageing and Carers	Triennial (from 2009)	2009	2012	Expected mid-Nov 2013)
Congenital anomalies	Congenital anomalies are a major cause of hospitalisation in infancy and childhood and a leading cause of infant mortality.	Requires data development				
Mental health problems	Mental health is a National Health Priority. In Australia, it is a central component of the wellbeing of children and young people, and mental health problems and disorders accounted for the second highest burden of disease among children in 2003 (Begg et al. 2007).	Child and Adolescent Component of the National Survey of Mental Health and Wellbeing	Irregular (last survey 1998)	Not included	2013–2014	Expected late 2014
Mental health disorders	Mental health disorders have implications for a child's psychosocial growth and development, health-care requirements, educational and occupational attainment and contact with the justice system.	Child & Adolescent Component of Nat. Survey of Mental Health & Wellbeing	Irregular (last survey 1998)	Not included	2013–2014	Expected. late 2014

Topic area/indicator	Indicator rationale and policy relevance	Data source	Data frequency	Data published - <i>Picture of Australia's children 2012</i>	Next release	Availability
Dental health: children decay free (aged 6 years)	Good oral health throughout infancy and early childhood contributes to better dental health in adulthood, resulting in less decay and reduced loss of natural teeth.	Child Dental Health Survey	Annual	2007	2009	Available now
Health behaviour/risk factors						
Physical exercise and nutrition*	Regular physical activity and good nutrition is important for good health, and reduces risk factors such as overweight, high blood pressure and Type 2 diabetes, protects against some forms of cancer and strengthens the musculoskeletal system. It also improves psychosocial wellbeing of children.	Requires data development				
Alcohol use in pregnancy	Alcohol use during pregnancy is associated with abnormal patterns of development in newborns.	National Drug Strategy Household Survey	Triennial	2010	2013	Expected late 2014
Environmental tobacco smoke	Exposure to tobacco smoke for children is a potential risk factor for asthma, infections of the lower respiratory tract, low birthweight, middle ear infections and SIDS.	National Drug Strategy Household Survey	Triennial	2010	2013	Expected late 2014
Current smoking	Two of the most important preventable risk factors for health problems, smoking and drinking alcohol can cause serious harm to children and young people and establish a pattern of long-term substance abuse.	Australian Secondary Students Alcohol and Drug Survey	Triennial	2008	2011	Available now
Risky drinking		Australian Secondary Students Alcohol and Drug Survey	Triennial	2008	2011	Available now)
Family & community						
Grandparent families	Children living in grandparent families have often been exposed previously to parental substance abuse, child abuse and neglect, and family violence.	ABS Family Characteristics Survey	Triennial (approx.)	2009–10	2012–13	Expected late 2014
Parental health	When disruption to parenting occurs as a result of parental ill health, the child's needs may not receive adequate attention.	Household, Income and Labour Dynamics in Australia (HILDA)	Annual	2010	2011 2012	Available now Expected late 2013/early 2014
Parental disability	Children who take on a caring role because of parental disability may have restricted social and educational opportunities and experience increased levels of stress.	Household, Income and Labour Dynamics in Australia (HILDA)	Annual	2010	2011 2012	Available now Expected late 2013/early 2014

Topic area/indicator	Indicator rationale and policy relevance	Data source	Data frequency	Data published - <i>Picture of Australia's children 2012</i>	Next release	Availability
Safety & security						
Injuries–Road deaths	Road transport accidents are the most common cause of external cause of injury death among children.	Australian Road Deaths Database	Annual	2011	2012	Available now
Injuries–Drowning	Accidental drowning is a leading cause of childhood death, especially among 1–4 year olds.	AIHW National Mortality Database (based on ABS Deaths)	Annual	2010	2011 (prelim)	Available now
Injury hospitalisations	Injury is a major reason for hospitalisation of children, and injury prevention and control is a national health priority.	AIHW National Hospital Morbidity Database	Annual	2010–11	2011–12	Available now
Injury hospitalisations–Assault	Hospitalisations for assault capture serious incidents of intentional harm inflicted upon children. It includes domestic violence and child abuse.	AIHW National Hospital Morbidity Database	Annual	2010–11	2011–12	Available now
Injury hospitalisations–Intentional self-harm	Intentional self-harm is a significant public health problem and can be related to suicidal behaviour.	AIHW National Hospital Morbidity Database	Annual	2010–11	2011–12 2012–13	Available now
Care and protection orders	Children on care and protection orders are those whose safety and wellbeing are of concern due to abuse, neglect or the inability of parents to provide adequate care.	National Child Protection Data Collection	Annual	2010–2011	2011–12	Available now
Victim of physical assault	Children who have been the victim of physical assault	ABS Recorded crimes-Victims	Annual	2011	2012	Available now
Juvenile justice	Children under juvenile justice supervision are characterised by mental health problems, high socio-economic stress, physical abuse and neglect.	AIHW Juvenile Justice National Minimum Data Set	Annual	2009–10	2010–11 & 2011–12	Available now
System performance						
Neonatal screening	For many children, deafness remains a disability leading to severe and lasting language problems.	Requires data development. The National Neonatal Hearing Screening Framework and associated indicators are currently under review by the Community Care and Population Health Principal Committee.				
Leukaemia survival	The leukaemia survival rate is a health system quality indicator. It can assess the effectiveness of early detection and treatment.	Australian Cancer Database	Annually	2004–2010	TBA	TBA

Table 4.3 shows that over three-quarters (24 out of 28) of the unique indicators in Key Child National Indicators are health-related: 10 relate to health and wellbeing; 5 to health behaviours; 3 to families and community (including parental health and disability); 8 to safety (of which 5 relate to injuries) and 2 to health systems performance. Learning and development is the domain most comprehensively covered by other child-specific reporting frameworks.

Table 4.3 also highlights gaps in child reporting due to a lack of national data and a critical need for data development in these areas: congenital; physical activities; and neonatal screening (currently under development). Note, the National Framework for Protecting Australia’s Children includes an indicator for family functioning. Should Key Child National Indicators be reviewed in the future, consideration would need to be given as to whether the indicator in the National Framework for Protecting Australia’s Children would be suitable for Key Child National Indicators. Of the 24 remaining indicators for which the data are available, 14 could be reported on annually, one could be reported on biennially, and 6 could be reported on triennially. The remaining 2 have irregular reporting cycles (Table 4.4).

Table 4.4 Data availability for unique Key Child National Indicators

Annual	Biennial	Irregular
Child mortality	Injuries -assault deaths	Mental health problems
SIDS		Mental health disorders
Cancer		
Diabetes		
Dental		
Parental health		
Parental disability		
Injuries		
– Road Deaths		
– Drowning		
Hospitalisations (all)		
– Hospitalisations (assault)		
– Hospitalisations (self-harm)		
Care and protection orders		
Juvenile justice		
Physical assault		
Leukaemia (t.b.c.)		

Triennial	Not reportable
Asthma prevalence	Congenital anomalies
Alcohol use in pregnancy	Physical exercise
Environmental tobacco smoke	Neonatal screening
Current smoking	
Risky drinking	
Grandparent families	

Future reporting options

In order to maintain a comprehensive and up-to-date overview of children’s health, development and wellbeing, consideration should be given to ongoing reporting of indicators using the existing web-based data portal infrastructure developed for Headline Indicators. Data for the 16 indicators with yearly updates could be reported annually using this reporting mechanism. In years when data are available for indicators on a biennial,

triennial or other reporting cycle, the annual updating process could be extended to include these additional indicators. This approach would ensure that a complete overview of how children are faring is maintained, and that the most recent data are always available in a timely manner for all 24 indicators.

4.3 Shared and unique youth indicators

Unlike the children's area, where there are a number of frameworks and Agreements, there are only 3 youth-relevant frameworks and Agreements: Key Youth National Indicators, the National Education Agreement and the National Partnership Agreement on Youth Attainment and Transitions. The National Education Agreement and the National Partnership Agreement on Youth Attainment and Transitions are restricted in scope to the domain of learning and development. While they share topic areas with Key Youth National Indicators (e.g. participation in education, literacy and numeracy, education or work participation, and educational attainment), the underlying indicators generally differ. The only shared indicators are Apparent retention rate, and literacy and numeracy.

The Key Youth National Indicators provide a valuable and comprehensive set of indicators across the domains of health and wellbeing status, health behaviour and risk factors, family and community, safety, safety and security, and system performance (See Table 4.5). There would be a substantial gap in youth reporting were this not to continue being prepared and published.

Table 4.5: Key National Youth Indicators

Tier 1: Health status			
Health conditions	Human function	Wellbeing	Deaths
Mental health Injury and poisoning Chronic conditions Communicable diseases Oral health	Disability and activity limitation	Self-assessed health	Deaths
Tier 2: Determinants of health			
Health behaviours	Family, community and environmental factors	Socioeconomic factors	
Overweight and obesity Physical activity Nutrition Sun protection Substance use Sexual and reproductive health	Family functioning Parental health and disability Social capital Community and civic participation School relationships and bullying Child protection Victims of violence Young people and crime Environmental tobacco smoke Homelessness Overcrowded housing	Education Employment Income Socio-economic status of parents	
Tier 3: Health system performance			
Potentially preventable hospitalisations Teenage purchase of cigarettes or alcohol Survival of melanoma of the skin Cervical cancer screening Appropriate use of antibiotics Delivery by caesarean section General practice consultations Waiting times in emergency departments Adverse events treated in hospital			

Young people are often considered healthy but this is a period when major changes in health problems and health behaviours also occur. It is the time during which young people enter puberty and begin the process of physical and sexual maturation. Some preventable health problems that are of particular relevance to youth include: Communicable diseases (including incidence of vaccine-preventable diseases, Hepatitis, HIV and other sexually transmissible infections) that are largely preventable, and may result in significant illness and death.

Adolescence and young adulthood are also periods where a rise in mortality from preventable causes including injury, and the introduction of risk behaviours that can lead to chronic non-communicable diseases in later life (tobacco, alcohol and illicit substance misuse, unsafe sex, physical inactivity and poor nutrition is evident (Patton et al. 2012). This means that adolescence is also a critical point in life when opportunities for change are possible. However, improvements in adolescent health have been less than that of younger children over the past 50 years (Sawyer et al. 2012).

Internationally, there has been a growing focus on the health of young people, the importance of social determinants to their health outcomes and the need for a holistic approach to youth health and wellbeing. In 2012, the UN Commission on Population and Development passed a resolution (Resolution 2012/1) on adolescents and youth. The resolution urged governments to ensure that young people enjoyed the highest attainable standard of physical and mental health, to strengthen health systems and ensure universal access to sexual and reproductive information and health-care services, to improve the quality of education, to improve and support opportunities for young people to gain productive employment, and support increased participation of young people in strategies and policies that affect them. The transition of young people from education to employment as a critical point in the life cycle has been a particular focus of the Organisation for Economic Co-operation and Development (OECD).

The United Nations Population Fund's framework for youth calls for a comprehensive and holistic approach to the development of adolescents and youth, and indicates that while sexual and reproductive health are critical, they are not the only issues concerning young people. It states that youth issues need to be positioned within a broader framework of holistic development that includes education, livelihood and citizenship.

Although there is currently no set of internationally agreed indicators for adolescent health, a set that includes broad constructs of health and wellbeing, social role transitions, risk and protective factors, and health service system responses, has been proposed (Patton et al. 2012). The current youth report includes many of these key areas and provides the foundations for using the existing Key Youth National Indicators Framework to build some of the areas where critical gaps remain.

Future reporting options

The current Key Youth National Indicators is an extensive framework. Consideration could be given as to whether a smaller set of indicators is warranted to facilitate regular reporting. One option is to develop a set of Youth Headline Indicators to complement the existing Children's Headline Indicators. This approach could potentially also build on the existing web-based data portal infrastructure developed for the Children's Headline Indicators. The Youth Headline Indicators could then be supplemented by a broader set depending on data availability. These could be reported on in a similar manner to that proposed above for children's reporting. This approach would enable the maintenance of a comprehensive overview of how youth are faring and ongoing improvements to occur as critical gaps emerge.

The 0–24 years age spectrum

As mentioned earlier, there is some overlap in relation to the ages used in the different frameworks. This detracts from a clear overview of the different stages of child and youth health, wellbeing and development. For example, Key Child National Indicators report on 0–14 years, while Headline Indicators report on 0–12 years and Key Youth National Indicators on 12–24 years. This means that there is an age overlap between some Key Child and Key Youth National Indicators. Streamlining the age ranges would assist in providing an improved overview of children and youth.

Consideration could also be given to combining the reporting on children and youth, that is reporting on some indicators for the whole age span 0–24 years. The transition between

childhood and youth is a critical one, and the age at which certain factors (e.g. overweight and obesity) become of increasing concern can change over time. Monitoring these developments across a broader age spectrum may identify when particular health issues arise.

Reporting some child and youth indicators together would also streamline reporting in terms of having the same year of data for the different age ranges. In the past, children and youth have been on different reporting cycles; this means that the years reported on do not align across children and youth (e.g. mortality).

Reporting on the 0–24 years age range could include a number of overarching indicators taken from the 6 domains identified in Figure 3.1 (e.g. mortality, chronic conditions, mental health, overweight and obesity, nutrition, injury, family economic situation, shelter), and include a range of age-specific indicators (e.g. literacy and numeracy, tobacco and alcohol use, communicable diseases, employment). Additional investigation would need to be undertaken to establish which indicators would be most critical to this reporting, and how well existing data would support this approach.

Indigenous children and youth

Data are often disaggregated by age and by Indigenous status in many of the reporting frameworks (where supported by the data). The Aboriginal and Torres Strait Islander Health Performance Framework contains a number of indicators related specifically to children and youth, or disaggregates for these age groups. However, there is currently no separate overview of Indigenous child and youth health and wellbeing that covers a comprehensive set of indicators. The latest such overview was provided by *A Picture of Australia's Children 2009*, in the chapter *A comparative snapshot of Indigenous child health and wellbeing*. Similarly, a *Comparative snapshot of the health and wellbeing of Indigenous young people*, previously incorporated in *Young Australians: their health and wellbeing* (latest edition 2011) will be lost if Key Youth National Indicators are no longer reported.

International reporting

Child well-being in rich countries: A comparative overview is published by the UNICEF Research Office and is the leading international comparison of child wellbeing in developed countries. This report is based on 26 internationally comparable indicators. To be included in the overall league table, a country must have data available for 75% (20) of these indicators. At the moment, 21 countries meet this requirement. Australia, New Zealand, Japan, Bulgaria, Cyprus and Malta have data available for some of the indicators but not the required 20. This means that Australia is excluded from the overall league table and from comparisons based on the 15 indicators for which data are not available. The 15 missing indicators are (UNICEF 2013):

- Percentage of children lacking 2 or more specific items (indicative of material deprivation).
- Percentage of children reporting low family affluence.*
- Deaths per 100,000 aged 1 to 19.
- Percentage of children aged between 4 years and the start of compulsory education who are enrolled in preschool.
- Percentage of children aged 11, 13 and 15 who are overweight by BMI. *

- Percentage of children aged 11, 13 and 15 who eat breakfast every day.*
- Percentage of children aged 11, 13 and 15 who eat fruit daily.*
- Percentage of children aged 11, 13 and 15 who report at least one hour of moderate-to-vigorous physical activity daily.*
- Percentage of children aged 11, 13 and 15 who smoke cigarettes at least once a week.*
- Percentage of children aged 11, 13 and 15 who report having been drunk at least twice.*
- Percentage of children aged 11, 13 and 15 who report having used cannabis in the last 12 months.*
- Percentage of children aged 11, 13 and 15 who report “being involved in a physical fight at least once in the past 12 months”.*
- Percentage of children aged 11, 13 and 15 who report “being bullied at school at least once in the past couple of months”.*
- Rooms per person.
- Percentage of households with children reporting more than one housing problem.

International comparisons are informative, and including Australia in the UNICEF’s league tables of child wellbeing would enable Australia to benchmark itself in an international context. The UNICEF indicators should be considered when Australian frameworks are updated and when indicators are developed. However, 10 of the 15 missing indicators (marked with “*” above) rely exclusively on data from the Health Behaviour in School-aged Children (HBSC) survey (Martorano et al. 2013). So far, this survey has only been conducted in European and North American countries see <<http://www.hbsc.org/>>.

Data development for child and youth reporting

While the ECD Outcome Measures and the National Framework for Protecting Australia’s Children are currently undergoing data development, there is no data development activity scheduled for Key Child National Indicators, Children’s Headline Indicators or Key Youth National Indicators. There continue to be gaps in the Key Child National Indicators and Key Youth National Indicators frameworks, with no mechanism in place for ongoing consideration of data development activity for data gaps. Some areas that are shared with ECD Outcome Measures may be progressed through this project as it is currently undertaking some development scoping work for family social networks, and social and emotional wellbeing.

Table 4.6 below provides an overview of the indicators that require additional data development (either in terms of indicator development, or identification of an appropriate data source) before they can be reported on across the three frameworks: Key Child National Indicators, Key Youth National Indicators (KY) and Headline Indicators (HI).

Table 4.6: Indicators requiring data development

Indicator	Key Child National Indicators	Headline Indicators	Key Youth National Indicators
Mental health	✓		✓
Physical health	✓		
Oral health			✓
Sun protection			✓
Sexual and reproductive health			✓
Social and emotional wellbeing*	✓	✓	
Family Social Networks*		✓	
Family functioning	✓		✓
Shelter		✓	
School relationships and bullying	✓		✓
Community participation			✓
Sexual assault			✓
Neonatal screening	✓		

*Data development work for this indicator may be progressed via the ECD Outcome Measures project.

Emerging child and youth issues (risk factors)

While the existing frameworks provide a considerable overview, there are a number of emerging critical issues that may have more adverse effects on the health and wellbeing of today's children and young Australians than on previous generations. These include nutrition/weight status of mothers, emerging risk factor of sedentary activity as a risk factor for children and youth, sleep disorder, media and communication, environmental issues, teen termination of pregnancy, and knowledge of sexual and reproductive health (for youth) (AIHW 2011c). In view of the critical importance of mental health, services in this sector could also be considered for inclusion in the section on system performance.

School relationships and bullying indicator is currently under development for Key Child and Key Youth National Indicators. Should these indicators be developed in the future, internet bullying should be considered as a distinct form of bullying. For youth, bullying outside of the school setting, such as in employment or healthcare, is also a critical area for consideration. Racism has also emerged as an important social determinant of health that requires attention.

As data on teens are very often collected through school surveys, the topic of early school leaving 'teen dropouts' may be a data gap. This is worthy of further investigation as part of any future review of the framework. While the importance of these issues has been identified in the research, the national frameworks discussed here do not capture these. As the different frameworks have indicators spanning many different areas of child and youth health, behavioural and social determinants and access to services, co-ordination between the policy area responsible for the framework and the relevant areas covered by the indicators is important for ensuring that the necessary data development work and resourcing of this will occur.

5 Issues for consideration

The needs of children are central to policy development and service delivery of both Australian and state and territory governments. This is evident from the number of national frameworks and COAG National Agreements and National Partnership Agreements that relate specifically to children and young people as discussed in this report.

In Australia, child and youth reporting dates back to 1996 and 1999 respectively with the first editions of *A picture of Australia's children* and *The health and wellbeing of young Australians*. These reports aimed to provide a comprehensive overview of children and youth. Successive frameworks, including Headline Indicators, ECD Outcome Measures and the National Framework for Protecting Australia's Children have been developed for a specific purpose. As a result, while these frameworks include indicators that are directly related to their particular policy area or sector, they have also included indicators considered important for reporting against their particular framework from other existing frameworks. As such, while each framework has a set of unique indicators, it also draws on a core set of shared indicators that are of fundamental importance to all children and youth, thus ensuring that critical information are included in each framework. The Key Child National Indicator framework (underlying *A picture of Australia's children*) and Headline Indicators have been an important source of these core indicators for the purpose of populating other frameworks.

While the above frameworks have been developed to monitor the progress of children and youth, the COAG Agreements have a different purpose. The Agreements are service-sector specific and are also intended to provide accountability of governments to the public for these sectors. For children and youth, this includes the sectors of early childhood (National Partnership Agreement on Universal Access to Early Childhood Education, National Partnership Agreement on Indigenous Early Childhood Development), education (National Education Agreement) and the transition to work (National Partnership Agreement Youth Attainment and Transitions). For the whole of population including children, this includes the sectors of health (National Health Agreement, National Partnership Agreements for Essential Vaccines and Preventive Health) housing and homelessness (National Affordable Housing Agreement) and closing the gap on Indigenous disadvantage (National Indigenous Reform Agreement).

As COAG reporting was not established for the purpose of providing a comprehensive overview of children and youth health and wellbeing, COAG reporting pertaining to children and youth is necessarily spread across a number of COAG reports. The recognition in the international literature of a holistic approach to child/youth health and wellbeing suggests that there is a strong need for a comprehensive set of indicators spanning all the critical stages and aspects of child and youth development. This needs to be complemented by reporting that meets additional sector-specific requirements.

The analysis in section 4 shows that in the future, a comprehensive overview of children and youth across the 0–24 age range may not be readily available. Drawing on existing web-based data infrastructure can ensure that comprehensive reporting is streamlined, made timelier and sustainable. It is recommended that future reporting in the children and youth environment take the following key issues into consideration:

- **Child reporting:** There are 27 Key Child National Indicators that are not reported elsewhere, despite the existence of 7 framework and Agreements relating to children. These indicators are important for a comprehensive overview of children's health,

development and wellbeing. Consideration could be given to annually reporting on the 15 indicators (or a subset of these) that do have yearly updates. The annual updating process could be extended in the relevant year to include those additional indicators that can only be updated biennially, triennially or less frequently when data become available.

- **Youth reporting:** There is little overlap in the 3 frameworks/Agreements relating to youth reporting. Key Youth National Indicators is the only framework that provides a detailed and holistic view of youth. Consideration could be given to creating a set of Headline Indicators for Youth to complement the existing Children's Headline Indicators. The Youth Headline Indicators could then be supplemented by a broader set and reported on in a similar manner to that proposed for children's reporting above.
- **Combined child and youth reporting:** Consideration could be given to reporting on a set of indicators that spans both children and youth. This could include overarching indicators, as well as indicators specific to a particular age group.
- **International reporting:** Consideration could be given to developing the necessary compatible international indicators that would enable Australia to benchmark the health and wellbeing of its children in an international context.
- **Existing data reporting infrastructure:** Consideration could be given to using the web-based data portal developed for Children's Headline Indicators to provide the proposed reporting for Key Child and Key Youth National Indicators discussed above. In addition to using existing infrastructure, this approach would centralise the data for child and youth reporting. It would also ensure that the most recent data are always available in a timely manner.
- **Data development:** The development of new indicators requires coordination between different policy areas and data agencies, as the indicators in the frameworks and agreements span many areas of child and youth health. This will facilitate the identification of priorities and ensure a sustainable approach to data development, data collection and reporting at a national level.

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This report provides an overview of the purpose, scope and reporting status of 6 national frameworks, 4 National Agreements and 5 National Partnership Agreements that are relevant to children and/or youth. Indicators from the frameworks and Agreements are mapped across 6 broad domains to identify critical indicators of shared relevance, and those that are unique to a particular framework or Agreement. Recommendations are provided on how reporting on Australian children and youth could be streamlined to ensure a sustainable approach to data development, data collection and reporting.