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Health and wellbeing of children in Western Australia 2023

Epidemiology Directorate

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Executive summary

The Health and Wellbeing Surveillance System is a continuous data collection initiated in 2002 to monitor the health status of the population of Western Australia. In 2023, 582 children aged 0 to 15 years had a computer assisted telephone interview or an online survey completed on their behalf by a parent or carer between February and December. The sample was randomly selected and weighted to reflect the Western Australian child population.

This report describes the findings from the 2023 Health and Wellbeing Surveillance System and provides the health sector and the general public with important information about various aspects of the health and wellbeing of Western Australian children and adolescents at the population level. Key estimates from the report include:

General health:

- The majority (83.6%) of parents/carers reported that their child's health status was 'excellent' or 'very good'.
- One in ten (10.2%) children were reported to live with a disability that impacts the family. Of those children, approximately one in four (26.7%) parents/carers reported there was a 'big impact' or a 'very big impact' on the family.

Chronic health conditions:

- Approximately one in 11 (9.4%) children were reported to have current asthma.
- Nearly one in four (24.0%) children were reported to have sustained an injury in the past 12 months that required treatment from a health professional.

Lifestyle behaviours:

- Approximately three in four (73.1%) children were reported to eat sufficient daily serves of fruit, however, only one in 11 (9.3%) children were reported to eat sufficient daily serves of vegetables.
- Less than one in twenty five (3.9%) children were reported to eat meals from fast food outlets three or more times a week.
- Three in five (59.5%) children were reported to consume sweet baked snacks three or more times a week, with one in 12 (7.8%) children reported to never or rarely eat sweet snacks.
- Three in five (60.0%) children were reported to never or rarely consume sugar sweetened soft drinks (including energy drinks), and one in 11 (9.0%) children consumed sugar-sweetened drinks three or more times a week.

- One in four (75.8%) children aged 5 to 15 years had their weekly physical activity reported as ‘active’ or ‘very active’ by their parent/carer.
- Nearly one in two (48.0%) children were reported to have exceeded the Australian sedentary behaviour guideline for electronic media use.
- More than one in four (28.6%) children aged 5 to 15 years had a Body Mass Index (BMI) classed as overweight or obese. For children with a BMI classed as overweight or obese, over two in three (69.4%) had parents/carers who perceived their child’s weight as normal.
- Over the past 12 months, WA children were reported by parents/carers to have been sunburnt an average of 1.8 times.
- More than three in five (65.2%) children were sleeping the recommended number of hours per night.

Health service utilisation:

- Nearly nine in ten (87.0%) children had used a primary health service within the past 12 months, averaging 3.9 visits over the period.
- Approximately two in three (62.1%) children had used dental health services and one in eight (12.6%) children had used mental health services in the past 12 months.

Mental health:

- Just over one in two (52.7%) children were reported by parents/carers as having experienced some degree of trouble with emotions, concentration, behaviour or getting on with people, with one in six (16.4%) children reported to have had ‘quite a lot of trouble’ or ‘very much’ trouble.
- Of the children reported as having any degree of trouble with emotions, concentration, behaviour or getting on with people, almost two in five (39.1%) were reported to receive special help or treatment.
- Approximately one in seven (14.8%) children were reported to have ever been treated for an emotional or mental health condition.
- More than one in three (37.1%) children had been bullied in the past 12 months, with approximately one in 11 (8.8%) children having bullied others and nearly one in 14 (6.7%) children estimated to have both been bullied and bullied others.

School connectedness:

- Almost two in three (63.6%) children were reported to be doing ‘very well’ or ‘well’ at school overall based on their schoolwork and reports in the past 12 months.
- More than one in two (54.9%) children were reported to ‘almost always’ look forward to going to school each day, with one in ten (9.8%) children ‘almost never or rarely’ looking forward to going to school.

INTRODUCTION AND METHODOLOGY

1. Introduction and methodology

1.1 Introduction

The WA Health and Wellbeing Surveillance System (HWSS) is a continuous data collection system developed to monitor the health and wellbeing of Western Australians. Beginning in March 2002, the HWSS is run on a continual basis where thousands of people throughout Western Australia (WA) are interviewed each year. This report presents information on the health and wellbeing of 582 children aged 0 to 15 years during 2023 and is based on self-reported data collected from each child's parent/carer.

Information from the survey is used to monitor the health status of Western Australian children, to inform health education programs, to evaluate interventions and programs, to inform health research, to support health policy development, to identify and monitor emerging trends and to support health service planning and development. Respondents are asked questions on a range of health and wellbeing topics, including chronic health conditions, lifestyle risk factors, protective factors, health service utilisation, mental health and socio-demographics.

The questions included in the HWSS are selected either to provide information about state or national indicators of health and wellbeing, or to provide information about areas of health, lifestyle and demography that are not available elsewhere and are necessary to understand the dynamics of healthy behaviours and outcomes. A copy of the questionnaire is available on the WA Department of Health website:

https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys

An important feature of this surveillance system is that it is population based, meaning that it is designed to examine health status at the population level. Although major socio-demographic group estimates are possible, it is not the purpose of the system to investigate smaller subgroups. Therefore, the information provided in this report is representative of Western Australian children by age and sex but is unlikely to be reliably representative of small or specific groups within the population such as Aboriginal people, culturally and linguistically diverse (CaLD) populations, people who are experiencing homelessness or those without telephones/internet access.

The HWSS has been approved by the WA Department of Health's Human Research Ethics Committee (EC00422).

1.2 Changes to the availability of trend data from 2002 onwards

Starting in 2021, trend data is no longer included in HWSS annual reports, due to the large amount of information that would need to be added. Trend data remain an important feature of the HWSS and aremade publicly available as an online resource on the Epidemiology Directorate website.

https://ww2.health.wa.gov.au/Articles/A_E/About-the-Epidemiology-branch

1.3 Methodology

1.3.1 Sampling and mode of administration

Three sample frames and two modes were used for contacting respondents in 2023. An extract from Sensis Consumer Database was linked with the WA Electoral Roll by the WA Health Data Linkage System to append phone numbers. A second extract from Thryv[1] was used to top up the numbers required by Health Region for representative sampling. Linkage with the WA Electoral Roll for this second extract was not performed. A third sample extract was obtained from the WA Electoral Roll, but only used for two months due to a low response rate. A fourth sample frame was used from August to December from SamplePages. All lists were used to contact a sample of potential respondents by letter each month. Respondents were invited to respond to the survey online with a link and unique key during a 10-day period, after which non-respondents were followed up via telephone call. The consented respondents took the survey in the computer-assisted telephone interview (CATI) mode.

All data was collected from February to December 2023 by the Edith Cowan University Survey Research Centre, an ISO accredited social research agency.

[1] In 2021, Sensis was purchased by Thryv.

1.3.2 Weighting and analysis of data

Surveys such as the HWSS are designed to provide information at a population level, for example to inform what proportion of the population have a particular characteristic. Most surveys, however, will only collect information from a sample of the target population. This raw data is then weighted to represent the population from which it was drawn, with each person given a weight which can be thought of as the number of people they represent.

In 2023, the HWSS data was weighted to adjust the proportions of certain demographic characteristics of the respondents so that they match the corresponding proportions in the total WA population aged 0 to 15 years, based on the Australian Bureau of Statistics 2021 Census usual place of residence (**Table 1**). This weighting method is known as raked weighting, (also raking, iterative proportional fitting, or rim weighting) and allows the derivation of precise weights, by adjusting for non-response bias and respondent biases better than weights produced by design and post-stratification weighting methods[2]. Weights were calculated using the RAKE module in SPSS 24 and were trimmed at an upper limit. The 2023 data were raked using the WA estimated resident population for 2022 and the 2021 Census proportions for WA as listed below.

Table 1: Demographic characteristics used in raked weighting

Characteristic	Categories
Sex	• Female • Male
Age	• 0-4; 5-9; 10-15 years
Location	• Metro • Kimberley and Pilbara • Rest of State
Country of Birth	• Born in Australia • Born in other country

[2] Dal Grande et al. 2015. Health estimates using survey raked-weighting techniques in an Australian population health surveillance system. *American Journal of Epidemiology*. 182(6):544-556.

Data was then analysed in SAS Enterprise Guide 8.1. This raked weighting method differs from the design and post-stratification weighting method previously reported for HWSS estimates and therefore direct comparisons with previous HWSS reports using post stratification weights (2002-2020) are not recommended.

1.3.3 Mode differences

We have not made any adjustment for the effects of the different data collection modes, such as online and CATI. Applying corrections to correct for mode differences unilaterally would also impact on characteristics with no mode effect. Additionally, specific adjustments for mode for individual topics would add considerable burden due to the statistical processing, analysis and interpretation of the data required.[3]

1.3.4 Content review

After an extensive consultation and review process in 2023, several topics and questions were selected to be removed from data collection from 2024 onwards. Removal of these questions will allow for the introduction of alternative topics of public health concern.

Topics or questions concluding with 2023 reporting:

- Flu vaccination (can be obtained from Australian Immunisation Register)
- School connectedness

Topics or questions to be introduced for 2024 reporting:

- Gender

1.3.5 Survey response

A total of 45,896 households were contacted of which 52.1% were eligible, 16.7% were ineligible and 31.2% had unknown eligibility. Of 23,916 eligible households, 11,889 surveys were completed resulting in an overall participation rate of 49.7%. The full breakdown of the response rates for the CATI and online surveys is presented in **Figure 1**. The data presented in this report are for 582 Western Australian children aged 0 to 15 years.

[3] Olsen K et al. 2021. Transitions from telephone surveys to self-administered and mixed-mode surveys: AAPOR Task Force Report. *Journal of Survey Statistics and Methodology* 9(3):381–411.

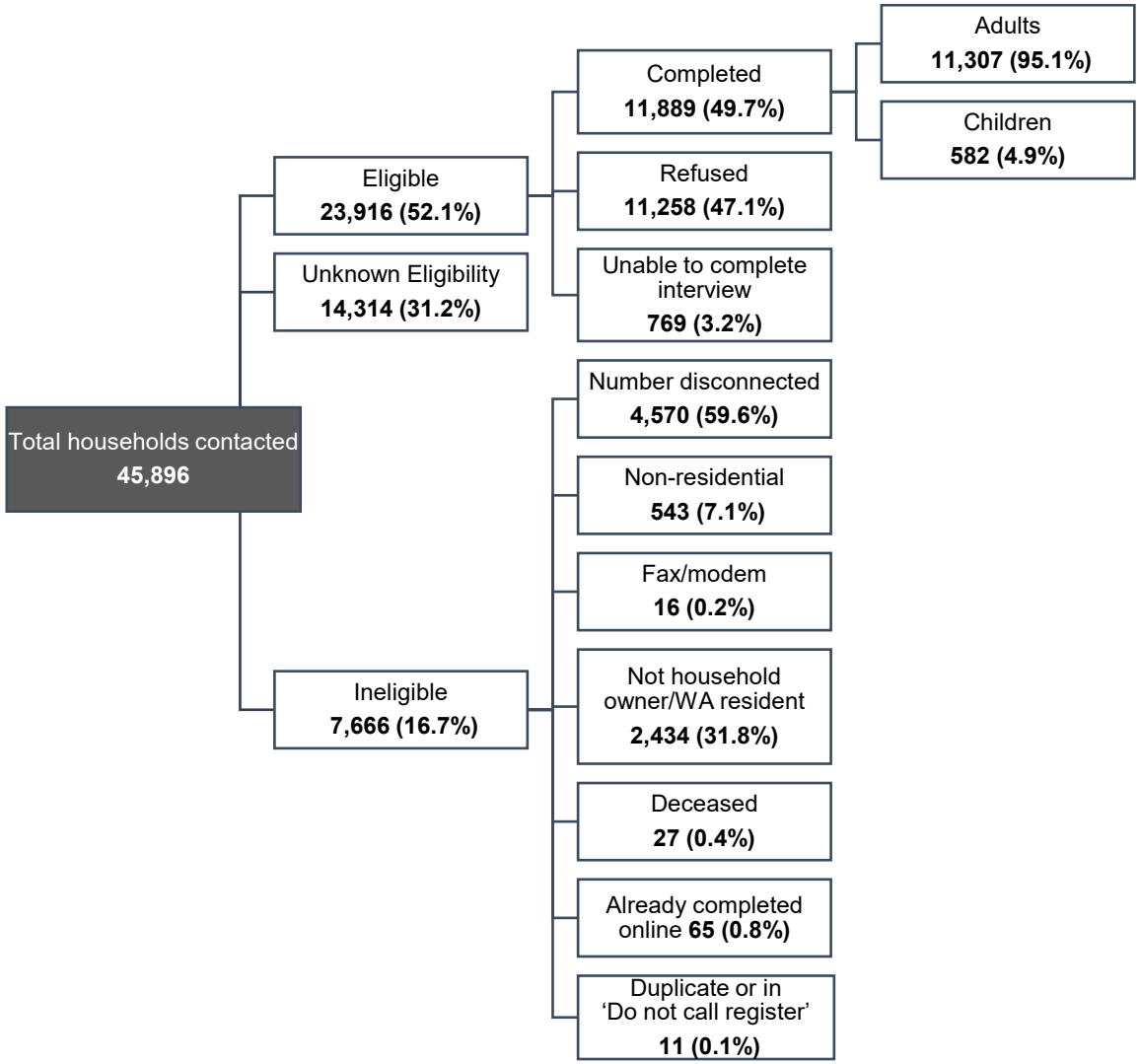


Figure 1: Flowchart of response rates to the HWSS survey, 2023

1.4 How estimates are reported

1.4.1 Percentage and prevalence

The information in this report is presented either as a percentage of the population who have a particular risk factor or demographic characteristic, or as the prevalence of a particular health condition within the child and adolescent population. Prevalence refers to the number or proportion of individuals in a community who exhibit a given condition or characteristic and is usually expressed as a percentage. Prevalence is distinct from incidence, which is a measure of the number of new cases of a condition or characteristic. Prevalence is concerned with all individuals with a given condition or characteristic regardless of when it began. Incidence on the other hand refers only to new cases of a condition or characteristic during a specified time interval. Surveys generally do not collect or report on incidence of disease.

There are three main types of prevalence that are typically reported.

- Lifetime prevalence represents the proportion of the population that have ever exhibited a given condition or characteristic.
- Period prevalence represents the proportion of the population who have exhibited a condition or characteristic within a specified time interval, for example 12 months.
- Point prevalence represents the proportion of the population who exhibited a condition or characteristic at the time of the survey.

In this report, most of the prevalence estimates are presented as period prevalence. In some cases, such as with asthma, lifetime and point prevalence are reported. This is because a child may have had asthma at some point in their life but not have it currently.

1.4.2 Confidence intervals

Survey results are estimates of ‘true’ population values and will always contain some error because they are based on samples and not the entire population. Therefore, each table presents both a prevalence figure for a given condition or characteristic as well as a 95 per cent confidence interval for that estimate. The 95 per cent confidence interval is the range within which the true estimate would lie 95 out of 100 times. The wider the confidence interval is around an estimate, the less precise the estimate is, and the more caution that should be applied with using it.

One way to compare two prevalence estimates is to assess whether the difference between them is statistically significant. Statistical significance is a statement about the likelihood of a finding being due to chance. Confidence intervals can be used to determine statistical significance. If the confidence intervals do not overlap, then the estimates are considered significantly different. When the confidence intervals of the estimates do overlap, the estimates are deemed similar; however, this should be considered a guide only and a formal test of statistical significance would be required to arrive at a statistically credible conclusion.

Along with helping to determine statistically significant differences, confidence intervals can also be used as a measure of the level of stability around an estimate. The level of stability around an estimate can also be guided by the relative standard error (RSE). The RSE is a measure of the extent to which the survey estimate is likely to be different from the actual population result.

For example, in this report, wide confidence intervals and high RSEs can be present for younger age groups (for example, 0 to 4 years) with certain chronic health conditions, because they are less likely to be present and detectable at younger ages. It is also possible to see wide confidence intervals and high RSEs for some variables that have multiple response options (four or more); for example, levels of physical activity and fast food intake.

Therefore, throughout this report, estimates with RSEs between 25 per cent and 50 per cent have been annotated by an asterisk (*) and should be used with caution. Estimates with RSEs above 50 per cent are considered too unreliable for general use and have been withheld.

1.5 Using this report

This report is intended to be a reference document and therefore contains little interpretative text. The confidence intervals should be used to determine statistical significance if no text has been provided. If more detailed information is required or interpretation needed, please contact the Health and Wellbeing Survey team, Epidemiology Directorate, WA Department of Health at: DOH.HWSS@health.wa.gov.au

DEMOGRAPHICS

2. Demographics

In 2023, a total of 582 Western Australian children aged 0 to 15 years participated in the HWSS. The demographic and socioeconomic characteristics of the child sample that participated in the 2023 HWSS collection period is shown in **Table 2** and **Table 3**. The tables show the unweighted sample number for each group and the weighted population prevalence estimate expressed as a percentage. **Table 4** shows the demographic characteristics of the parent/carer responding on behalf of the child and **Table 5** shows the demographic characteristics of the partner of the respondent.

Of the 582 children included in this report:

- there were slightly more males (51.4%) than females (48.6%)
- the majority (86.7%) were born in Australia
- the majority (79.3%) were living in metropolitan areas
- 3.5% identified as Aboriginal or Torres Strait Islander
- the relationship of the respondent to the child was most commonly the mother (73.0%)

Table 2: Demographic characteristics, 0 to 15 years, HWSS 2023

	Unweighted sample (n)*	Weighted survey sample (%)
Data collection mode		
CATI	429	73.3
Online	153	26.7
Age group		
0 to 4 years	123	30.0
5 to 9 years	176	32.1
10 to 15 years	283	37.9
Sex		
Females	287	48.6
Males	295	51.4
Australian born		
Yes	558	86.7
No	24	13.3
Aboriginal or Torres Strait Islander		
Yes	25	3.5
No	555	96.5
Relationship of respondent to child		
Mother	430	73.0
Father	134	24.3
Other	18	2.6
Area of residence		
Metropolitan	316	79.3
Country	266	20.7

Numbers may not add up to total sample/100 per cent due to refusal and “don’t know” responses.

Table 3: Socioeconomic characteristics, 0 to 15 years, HWSS 2023

	Unweighted sample (n)	Weighted survey sample (%)
Current living arrangement		
Family with a child or children living with biological or adoptive parents	450	81.5
Step or blended family	42	4.9
Sole parent family	58	9.3
Other family structure	31	4.4
Household income		
Under $40,000	24	5.6
$40,000 to $60,000	25	3.2
$60,000 to $80,000	29	4.9
$80,000 to $100,000	49	7.7
$100,000 to $160,000	193	38.5
More than 160,0000	216	40.0
Household spending		
Spend more money than earn/get	21	4.0
Have just enough money to get by	83	15.3*
Spend left over money	25	4.5
Save a bit every now and then	163	28.5
Save some regularly	221	38.4
Save a lot	57	9.3
Have private health insurance		
Yes	458	81.8
No	118	18.2

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Numbers may not add up to total sample due to refusal and “don’t know” responses.

Table 4: Demographic characteristics of the parents/carers that responded on behalf of the child, HWSS 2023

	Unweighted sample (n)	Unweighted per cent (%)
Aboriginal or Torres Strait Islander		
Yes	19	3.3
No	561	96.7
Highest level of education		
Less than Year 10	4	0.7
Year 10 or Year 11	40	6.9
Year 12	39	6.7
TAFE/Trade qualification	266	45.8
Tertiary degree or equivalent	232	39.9
Employment status		
Employed	495	85.3
Unemployed	13	2.2
Engaged in home duties	54	9.3
Other	18	3.2
Child's mother is Australian born		
Yes	427	73.6
No	153	26.4
Child's father is Australian born		
Yes	434	74.7
No	147	25.3
Working away (fly-in fly-out) (a)		
Yes	15	3.0
No	480	97.0
Shift worker (a)		
Yes	42	8.8
No	434	91.2
Possess a government health care card		
Yes	88	15.2
No	492	84.8
Share home with a partner		
Yes	495	85.3
No	85	14.7

(a) Of parents/carers for children who are currently employed.

Table 5: Demographic characteristics of the partner of the parent/carer, HWSS 2023

	Unweighted sample (n)	Unweighted per cent (%)
Partner is Aboriginal or Torres Strait Islander		
Yes	13	2.6
No	481	97.4
Partner highest level of education		
Less than Year 10	9	1.8
Year 10 or Year 11	37	7.6
Year 12	52	10.6
TAFE/Trade qualification	253	51.6
Tertiary degree or equivalent	139	28.4
Partner employment status		
Employed	455	92.1
Unemployed	6	1.2
Engaged in home duties	20	4.1
Other	13	2.6
Partner working away (fly-in fly-out) (a)		
Yes	57	12.5
No	398	87.5
Partner shift worker (a)		
Yes	41	10.3
No	356	89.7

(a) Of partners of respondents for children who are currently employed.

GENERAL HEALTH

3. General health

This section focuses on parent/carer reported child health status, children living with a disability and the impact on the family.

83.6%

of Western Australian children had their current health status reported as ‘excellent’ or ‘very good’

10.2%

Western Australian children were reported to be living with a disability that impacts the family

3.1 Self-reported health status

Parents/carers of children were asked to rate their child's general health, including their current health status.

- More than eight out of ten (83.6%) parents/carers reported their child's current health status as 'excellent' or 'very good' (**Table 6**).

Table 6: Child health status, 0 to 15 years, HWSS 2023

	Excellent		Very good		Good		Fair / Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	53.9	(44.1—63.6)	34.8	(25.5—44.2)	10.1 *	(4.2—16.1)	N/A	(N/A—N/A)
5 to 9 years	52.3	(43.4—61.2)	31.9	(24.1—39.8)	12.7 *	(6.0—19.4)	3.0 *	(0.3—5.7)
10 to 15 years	53.3	(45.5—61.1)	25.6	(19.3—32.0)	15.8	(9.7—21.8)	5.3 *	(1.2—9.4)
Sex								
Females	56.6	(49.3—64.0)	26.7	(20.5—32.9)	13.1	(7.5—18.7)	3.6 *	(0.8—6.4)
Males	49.9	(43.0—56.8)	34.0	(27.5—40.4)	13.1	(8.5—17.7)	3.1 *	(0.7—5.5)
Children	53.2	(48.1—58.2)	30.4	(25.9—34.9)	13.1	(9.5—16.7)	3.3 *	(1.5—5.2)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

3.2 Disability

Parents/carers of children were asked whether their child lives with a disability that impacts the family.

- One in ten (10.2%) children were reported to live with a disability that impacts the family **(Table 7)**.

Table 7: Children living with a disability that impacts the family, 0 to 15 years, HWSS 2023

	Children living with a disability that impacts the family	
	%	95% CI
Age group		
0 to 4 years	8.1 *	(2.9—13.4)
5 to 9 years	12.6	(7.1—18.0)
10 to 15 years	9.8	(5.7—13.9)
Sex		
Females	8.6	(4.9—12.4)
Males	11.7	(7.4—15.9)
Children	10.2	(7.4—13.0)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Parents/carers of children that answered yes to their child living with a disability that impacts the family, were asked how much of an impact this has for them personally or for their family.

- Of those parents/carers with a child living with a disability that impacts the family, approximately one in four (26.7%) reported that this had a 'big impact' or 'very big impact' on themselves or their family **(Table 8)**.

Table 8: Rating of the impact of a child living with a diaability on the family, 0 to 15 years, HWSS 2023

	Not much of an impact		Some impact		A fairly big impact		A big impact / A very big impact	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Children	14.9 *	(5.2—24.5)	24.5 *	(12.0—36.9)	33.9	(19.7—48.1)	26.7 *	(13.1—40.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

HEALTH CONDITIONS

4. Health conditions

In the HWSS, prevalence of certain health conditions was determined by asking parents/carers whether a doctor had ever diagnosed their child with certain health conditions. This section will focus on the following health conditions:

- Asthma
- Injury

9.4%

of Western Australian children were reported to currently have asthma

24.0%

of Western Australian children were reported to have an injury requiring treatment from a health professional

4.1 Asthma

Parents/carers of children were asked whether a doctor had ever told them that their child had asthma and whether their child had symptoms or had taken treatment for asthma during the past 12 months.

- Approximately one in 11 (9.4%) Western Australian children were reported to have current asthma (**Table 9**).

Table 9: Prevalence of children with asthma, 0 to 15 years, HWSS 2023

	Lifetime (a)		Period (b)	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	9.3 *	(3.7—14.9)	8.9 *	(3.3—14.5)
5 to 9 years	10.5	(5.7—15.3)	6.5 *	(2.8—10.3)
10 to 15 years	17.2	(11.4—23.0)	12.3	(7.0—17.7)
Sex				
Females	13.0	(8.1—17.8)	9.8	(5.3—14.3)
Males	12.5	(8.3—16.6)	9.2	(5.4—12.9)
Children	12.7	(9.5—15.9)	9.4	(6.5—12.4)

(a) Children whose parent/carer reported they had been told by a doctor or nurse that the child had asthma (ever).

(b) Children whose parent/carer reported the child has had symptoms of, or treatment for, asthma in the last 12 months.

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

4.2 Injury

Parents/carers of children were asked whether their child had an injury in the past 12 months that required treatment from a health professional.

- Approximately one in four (24.0%) children in Western Australia had sustained an injury that required treatment from a health professional in the past 12 months (**Table 10**).

Table 10: Prevalence of children who had an injury requiring health professional treatment, 0 to 15 years, HWSS 2023

	Children with injuries	
	%	95% CI
Age group		
0 to 4 years	13.2	(6.7—19.7)
5 to 9 years	22.0	(14.5—29.5)
10 to 15 years	34.3	(26.8—41.8)
Sex		
Females	22.5	(16.4—28.7)
Males	25.4	(19.4—31.3)
Children	24.0	(19.7—28.3)

The mean number of injuries that required treatment from a health professional in the past 12 months is shown in **Table 11**. It is possible to have a mean number of injuries that is less than one as most children did not experience any injury in the past 12 months.

- The mean number of injuries that required treatment from a health professional in the past 12 months was 0.4 injuries (**Table 11**).

Table 11: Mean number of injuries, 0 to 15 years, HWSS 2023

	Number of injuries	
	Mean	95% CI
Age group		
0 to 4 years	0.2*	(0.1—0.3)
5 to 9 years	0.3	(0.2—0.4)
10 to 15 years	0.6	(0.4—0.7)
Sex		
Females	0.3	(0.2—0.4)
Males	0.4	(0.3—0.6)
Children	0.4	(0.3—0.5)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

LIFESTYLE BEHAVIOURS

5. Lifestyle behaviours

Lifestyle behaviours can have a positive effect on health such as being breastfed or consumption of fruit and vegetables; or a negative effect such as physical inactivity, being exposed to cigarette smoke or unprotected sun exposure. This section will focus on the following lifestyle behaviours:

- Breastfeeding
- Nutrition
- Physical activity and sedentary behaviour
- Body Mass Index classification
- Smoking in the home
- Sun protection
- Sleep

89.0%

of Western Australian children aged 0 to 4 years had received some breastmilk in their lifetime

20.5%

of Western Australian children aged 2 to 15 years consumed low/ reduced fat/ skim milk

73.1%

of Western Australian children met the recommended minimum daily intake for fruit

9.3%

of Western Australian children met the recommended minimum daily intake for vegetables

37.1%

of Western Australian children do physical activity for 7 or more 60-minute sessions per week

34.8%

of Western Australian children sleep less than the recommended number of hours on a usual night

3.9%

of Western Australian children ate fast food meals three times or more a week

9.0%

of Western Australian children drank sugar sweetened soft-drinks or energy drinks three times or more a week

12.0%

of Western Australian children ate fried potato products three times or more a week

59.5%

of Western Australian children ate sweet snacks three times or more a week

37.7%

of Western Australian children ate salty snacks three times or more a week

38.4%

of Western Australian children ate processed meats three times or more a week

5.1 Breastfeeding

Australia's national infant feeding guidelines recommend exclusive breastfeeding for infants until six months of age with the introduction of solid food at around six months and continued breastfeeding until at least twelve months.[4]

Parents/carers were asked if their child was breastfed, and if so, how long their child received breast milk for, as well as at what age they introduced water, infant formula, other liquids, and solid foods. Due to the increased risk of recall bias for parents/carers answering questions on early childhood events on behalf of older children, questions were only asked of parents/carers with children aged 0 to 4 years at the time of the interview in 2023.

In 2023, there were 121 respondents with children in this age group who could provide information on breastfeeding.

- In 2023, 89.0% (CI 82.6 – 95.4) of Western Australian children aged 0 to 4 years had received some breastmilk in their lifetime.

[4] National Health and Medical Research Council, 2012, Infant Feeding Guidelines: Information for health workers, NHMRC, Canberra, ACT. Available from: https://www.nhmrc.gov.au/file/3341/download?token=RqAoE51K.

5.2 Nutrition

5.2.1 Fruit and Vegetables

Parents/carers were asked to report how many serves of fruit and vegetables their child usually eats each day. A serve of fruit is equal to one medium piece, two small pieces or a cup of diced fruit. A serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad. As the consumption of half serves is not captured in the questions currently asked in the HWSS, for the purposes of reporting, the recommended number of serves are rounded down to the nearest whole number. The current Australian Dietary Guidelines developed in 2013 by the National Health and Medical Research Council (NHMRC) are presented in Table 12.[5]

Table 12: NHMRC Australian Dietary Guidelines for fruit and vegetable daily consumption and HWSS reporting definitions, 2 to 15 years

	Minimum recommended serves of fruit per day – Dietary Guideline	Minimum recommend serves of vegetables per day – Dietary Guideline		Minimum serves of fruit and vegetables per day for HWSS reporting	
	Children	Females	Males	Fruit	Vegetables
2 to 3 years	1	2.5	2.5	1	2
4 to 8 years	1.5	4.5	4.5	1	4
9 to 11 years	2	5	5	2	5
12 to 15 years	2	5	5.5	2	5

[5] National Health and Medical Research Council, 2013, Australian Dietary Guidelines, p42, NHMRC, Canberra, ACT. Available from: https://www.nhmrc.gov.au/guidelines-publications/n55.

- In 2023, approximately two in five (61.9%) children were reported to eat two or more serves of fruit daily (**Table 13**).

Table 13: Serves of fruit consumed daily, 2 to 15 years, HWSS 2023

	Doesn't eat fruit/ Eats less than one serve of fruit daily		Eats one serve of fruit daily		Eats two or more serves of fruit daily	
	%	95% CI	%	95% CI	%	95% CI
Age group						
2 to 4 years	N/A	(N/A—N/A)	15.8 *	(7.1—24.6)	83.5	(74.7—92.4)
5 to 9 years	6.6 *	(0.9—12.3)	28.7	(20.4—36.9)	64.7	(55.8—73.6)
10 to 15 years	13.0	(7.8—18.1)	37.6	(30.2—45.0)	49.4	(41.6—57.2)
Sex						
Females	7.7 *	(3.3—12.1)	29.0	(22.0—36.1)	63.2	(55.7—70.7)
Males	8.6 *	(4.3—12.9)	30.9	(24.4—37.4)	60.5	(53.5—67.6)
Children	8.2	(5.1—11.3)	29.9	(25.1—34.7)	61.9	(56.7—67.1)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

- In 2023, just over one in four (54.1%) children aged 2 to 15 years were reported to eat three or more serves of vegetables daily (**Table 14**).

Table 14: Serves of vegetables consumed daily, 2 to 15 years, HWSS 2023

	Doesn't eat vegetables / Eats less than one serve of vegetables daily		Eats one serve of vegetables daily		Eats two serves of vegetables daily		Eats three or more serves of vegetables daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
2 to 4 years	22.8	(11.9—33.6)	44.5	(32.0—56.9)	18.5 *	(8.8—28.2)	14.3 *	(5.4—23.2)
5 to 9 years	9.2 *	(4.6—13.7)	36.1	(27.5—44.7)	27.2	(18.7—35.8)	27.4	(19.9—35.0)
10 to 15 years	13.6	(8.0—19.1)	22.7	(16.5—28.9)	33.6	(26.0—41.2)	30.1	(23.0—37.2)
Sex								
Females	12.2	(7.1—17.2)	29.6	(22.5—36.6)	28.0	(20.6—35.4)	30.3	(23.6—37.0)
Males	15.5	(10.1—21.0)	34.5	(27.6—41.5)	28.5	(21.8—35.2)	21.5	(15.4—27.5)
Children	13.8	(10.1—17.5)	32.0	(27.1—37.0)	28.2	(23.2—33.2)	25.9	(21.4—30.4)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The prevalenace of children aged 2 to 15 years meeting the 2013 Australian Dietary Guidelines[5] for fruit and vegetable consumption (rounded down to the nearest whole number) was calculated.

- For children aged 2 to 15 years, almost three in four (73.1%) met the fruit consumption guidelines, while only one in 11 (9.3%) met the vegetable consumption guidelines, for their age and sex (**Table 15**)
- Children aged 10 to 15 years were less likely to meet fruit consumption guidelines compared to children aged 2 to 4 years and 5 to 9 years (49.4% compared with 99.4% and 86.5%, respectively).

Table 15: Prevalence of children meeting fruit and vegetable consumption guidelines, 2 to 15 years, HWSS 2023

	Met fruit consumption guidelines		Met vegetable consumption guidelines	
	%	95% CI	%	95% CI
Age group				
2 to 4 years	99.4	(98.1—100.0)	23.9	(13.2—34.5)
5 to 9 years	86.5	(79.6—93.3)	6.8 *	(2.7—10.9)
10 to 15 years	49.4	(41.6—57.2)	4.6 *	(1.2—8.0)
Sex				
Females	73.8	(67.1—80.6)	9.4	(5.2—13.7)
Males	72.2	(65.9—78.6)	9.2 *	(4.6—13.8)
Children	73.1	(68.4—77.7)	9.3	(6.2—12.4)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Note: See Table 12 for definitions of meeting the fruit and vegetable consumption guidelines based on age and sex

5.2.2 Milk

Parents/carers of children aged 2 years and over were asked what type of milk their child usually consumes.

- Approximately, one in five (20.5%) children aged 2 to 15 years consumed low fat/ reduced fat/ skim milk (**Table 16**).

Table 16: Type of milk usually consumed, 2 to 15 years, HWSS 2023

	Full fat / Whole		Low / Reduced fat / Skim milk		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
2 to 4 years	71.7	(60.5—82.9)	13.8 *	(4.8—22.8)	7.7 *	(1.1—14.4)	6.8 *	(1.6—11.9)
5 to 9 years	74.8	(67.0—82.7)	13.3	(7.9—18.8)	6.0 *	(2.2—9.9)	N/A	(N/A—N/A)
10 to 15 years	54.2	(46.3—62.2)	29.6	(22.2—37.1)	7.9 *	(3.4—12.3)	8.3 *	(2.7—13.8)
Sex								
Females	70.0	(62.8—77.2)	15.0	(9.8—20.1)	8.1 *	(4.1—12.1)	7.0 *	(1.8—12.1)
Males	60.5	(53.1—67.9)	26.1	(19.3—32.9)	6.2 *	(2.4—10.0)	7.2 *	(2.9—11.4)
Children	65.3	(60.1—70.5)	20.5	(16.1—24.8)	7.2	(4.4—9.9)	7.1	(3.7—10.4)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

5.3 Discretionary foods

5.3.1 Fast food

Parents/carers of children were asked how many times a week on average their child ate fast food meals or snacks such as burgers, kebabs, meat pies, pizza, chicken or chicken nuggets from fast food outlets.

- For children aged 1 to 15 years, almost one in two (48.1%) and one in twenty five (3.9%) were reported to eat meals or snacks from fast food outlets once or twice a week and three or more times a week, respectively (**Table 17**).
- Children aged 1 to 4 years (29.3%) were more likely to be reported as never or rarely eating meals or snacks from fast food outlets when compared to children aged 5 to 9 years and 10 to 15 years (7.6% and 9.8%, respectively).

Table 17: Meals from fast food outlets pre week, 1 to 15 years, HWSS 2023

	Never or rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	29.3	(19.5—39.2)	27.3	(17.9—36.7)	39.3	(28.8—49.8)	N/A	(N/A—N/A)
5 to 9 years	7.6 *	(3.7—11.5)	36.9	(28.6—45.2)	52.9	(44.1—61.7)	2.6 *	(0.2—5.0)
10 to 15 years	9.8 *	(4.5—15.1)	35.6	(28.1—43.1)	49.8	(42.0—57.7)	4.8 *	(2.3—7.2)
Sex								
Females	11.8	(7.2—16.4)	32.0	(25.3—38.7)	53.1	(45.6—60.5)	3.1 *	(0.8—5.4)
Males	16.6	(10.8—22.4)	35.6	(28.8—42.5)	43.2	(36.2—50.1)	4.6 *	(2.0—7.2)
Children	14.2	(10.5—18.0)	33.8	(29.0—38.6)	48.1	(42.9—53.3)	3.9	(2.1—5.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

5.3.2 Fried hot potato products

Parents/carers of children were asked how often on average their child ate hot potato chips, french-fries, wedges, hash browns or fried potatoes.

- For children aged 1 to 15 years, more than one in two (52.6%) and more than one in ten (12%) were reported to eat fried hot potato products once or twice per week and three or more times a week, respectively (**Table 18**).

Table 18: Hot chips, french-fries, wedges, hash browns or fried potatoes eaten per week, 1 to 15 years, HWSS 2023

	Never or rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	14.0 *	(6.2—21.7)	25.8	(16.6—35.0)	46.3	(35.6—57.0)	14.0 *	(6.3—21.7)
5 to 9 years	7.3 *	(2.8—11.7)	25.8	(17.9—33.7)	60.4	(51.8—69.1)	6.5 *	(2.7—10.4)
10 to 15 years	10.1 *	(4.8—15.4)	24.4	(18.0—30.8)	50.1	(42.2—57.9)	15.5	(9.3—21.6)
Sex								
Females	9.5	(4.9—14.0)	26.1	(19.7—32.5)	53.4	(45.8—60.9)	11.1	(6.1—16.0)
Males	10.8	(6.1—15.6)	24.4	(18.3—30.5)	51.8	(44.7—58.9)	13.0	(8.0—17.9)
Children	10.2	(6.8—13.5)	25.2	(20.8—29.7)	52.6	(47.4—57.8)	12.0	(8.5—15.5)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.3.3 Sweet baked snacks

Parents/carers of children were asked how often their child ate cakes, biscuits, doughnuts, muffins, pastries, or muesli bars.

- Three in five (59.5%) children aged 1 to 15 years were estimated to eat sweet snacks three or more times a week (**Table 19**).

Table 19: Sweet biscuits, cakes, doughnuts, muffins, pastries or muesli bars eaten per week, 1 to 15 years, HWSS 2023

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	10.8 *	(4.1—17.5)	12.1 *	(4.7—19.4)	22.9	(14.0—31.9)	54.2	(43.5—64.9)
5 to 9 years	N/A	(N/A—N/A)	4.9 *	(1.2—8.6)	27.2	(19.2—35.3)	65.6	(57.1—74.1)
10 to 15 years	10.7 *	(5.4—15.9)	6.8 *	(2.5—11.2)	24.7	(18.0—31.3)	57.8	(50.0—65.6)
Sex								
Females	7.2 *	(3.1—11.3)	7.6 *	(3.6—11.7)	23.1	(16.9—29.3)	62.0	(54.7—69.3)
Males	8.4	(4.4—12.5)	7.5 *	(3.4—11.6)	27.0	(20.6—33.4)	57.1	(49.9—64.2)
Children	7.8	(4.9—10.7)	7.6	(4.7—10.5)	25.1	(20.6—29.6)	59.5	(54.4—64.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

5.3.4 Salty snacks

Parents/carers of children were asked how often their child ate salty snacks like potato crisps or corn chips, crackers, or pretzels.

- More than one in three (37.7%) children aged 1 to 15 years were estimated to eat salty snacks three or more times a week (**Table 20**).

Table 20: Salty snacks eaten per week, 1 to 15 years, HWSS 2023

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	19.2	(10.7—27.8)	16.0 *	(7.9—24.1)	27.1	(17.4—36.7)	37.7	(27.4—48.0)
5 to 9 years	9.5 *	(4.5—14.5)	10.2 *	(3.9—16.5)	42.9	(33.9—51.8)	37.5	(29.3—45.7)
10 to 15 years	15.3	(8.7—22.0)	10.9	(6.0—15.8)	35.9	(28.5—43.3)	37.9	(30.5—45.2)
Sex								
Females	12.6	(7.2—17.9)	12.7	(7.3—18.0)	36.4	(29.1—43.7)	38.3	(31.1—45.5)
Males	16.1	(10.4—21.7)	11.3	(6.5—16.1)	35.5	(28.6—42.4)	37.1	(30.6—43.6)
Children	14.4	(10.5—18.3)	12.0	(8.4—15.6)	35.9	(30.9—41.0)	37.7	(32.9—42.5)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.3.5 Sugar-sweetened soft drinks and energy drinks

Parents/carers of children were asked how many times per day, per week, or per month on average their child drank sugar sweetened soft drinks, energy or sports drinks, or cordial.

- For children aged 1 to 15 years, three in five (60.0%) were reported to never or rarely consume sugar-sweetened drinks (**Table 21**).
- One in 11 (9.0%) children aged 1 to 15 years consumed sugar-sweetened drinks three or more times a week.
- Children aged 1 to 4 years (86.5%) were more likely to never or rarely consume sugar-sweetened and/or energy drinks compared with children aged 5 to 9 years (61.0%) and 10 to 15 years (41.7%).

Table 21: Drinking sugar-sweetened soft drinks or energy drinks per week, 1 to 15 years, HWSS 2023

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	86.5	(79.0—94.0)	N/A	(N/A—N/A)	9.3 *	(2.8—15.9)	N/A	(N/A—N/A)
5 to 9 years	61.0	(52.1—69.9)	12.2	(7.0—17.5)	21.3	(13.0—29.6)	5.5 *	(1.7—9.2)
10 to 15 years	41.7	(34.0—49.4)	12.7	(7.2—18.2)	29.1	(22.2—36.0)	16.5	(10.7—22.3)
Sex								
Females	66.5	(59.3—73.7)	8.9	(5.0—12.9)	16.9	(10.9—22.9)	7.7 *	(3.6—11.8)
Males	53.7	(46.6—60.7)	10.5	(6.0—14.9)	25.5	(19.3—31.8)	10.3	(6.4—14.2)
Children	60.0	(55.0—65.1)	9.7	(6.7—12.7)	21.2	(16.9—25.6)	9.0	(6.2—11.8)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

5.3.6 Processed meats

Parents/carers of children were asked how many times per day, per week, or per month on average their child ate processed meat products such as sausages, sausage-rolls, bacon, ham, salami, or other cold meats.

- For children aged 1 to 15 years, one in seven (14.0%) were reported to never or rarely consume processed meats (**Table 22**).
- Nearly two in five (38.4%) children were reported to consume processed meats three or more times a week.

Table 22: Processed meats eaten per week, 1 to 15 years, HWSS 2023

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	17.8	(9.2—26.4)	16.6 *	(8.3—24.9)	39.6	(29.2—50.0)	25.9	(16.7—35.1)
5 to 9 years	11.0 *	(4.4—17.6)	7.5 *	(1.6—13.4)	31.9	(24.1—39.7)	49.6	(40.7—58.5)
10 to 15 years	14.1	(7.7—20.4)	8.1 *	(4.1—12.1)	40.7	(32.9—48.4)	37.2	(30.0—44.4)
Sex								
Females	12.9	(7.0—18.8)	11.5	(6.1—16.8)	35.3	(28.2—42.4)	40.3	(33.1—47.6)
Males	15.1	(9.5—20.7)	8.8	(4.6—13.0)	39.5	(32.6—46.4)	36.5	(29.8—43.2)
Children	14.0	(10.0—18.1)	10.1	(6.7—13.5)	37.4	(32.5—42.4)	38.4	(33.5—43.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.4 Physical activity and sedentary behaviour

5.4.1 Physical activity

Parents/carers of children aged 5 to 15 years were asked to rate their child's weekly physical activity level as very active, active, moderately active, not very active, or not at all active.

- In 2023, three in four (75.8%) children aged 5 to 15 years were reported to be active or very active by their parent/carer (**Table 23**).
- Females (32.7%) were less likely than males (49.8%) to have their weekly physical activity level rated as 'very active'.

Table 23: Parent/carer-rated physical activity level, 5 to 15 years, HWSS 2023

	Very active		Active		Moderately active		Not very active / Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	49.5	(40.6—58.4)	35.9	(27.7—44.1)	10.1 *	(3.8—16.4)	N/A	(N/A—N/A)
10 to 15 years	34.2	(26.9—41.4)	33.5	(25.9—41.1)	20.6	(14.8—26.3)	11.8	(6.1—17.6)
Sex								
Females	32.7	(25.0—40.3)	36.8	(28.7—45.0)	20.8	(13.7—27.9)	9.7 *	(3.3—16.1)
Males	49.8	(41.7—57.8)	32.3	(24.7—39.9)	10.7	(6.6—14.8)	7.2 *	(2.5—12.0)
Children	41.2	(35.5—46.9)	34.6	(29.0—40.1)	15.8	(11.6—20.0)	8.5	(4.5—12.5)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

Children aged between 5 and 15 years are recommended to complete at least 60 minutes of moderate to vigorous physical activity each day to achieve good health, based on the 2019 Australian 24-Hour Movement Guidelines for Children and Young People.[6] The HWSS reports against physical activity levels using a two-step question that asks parents/carers to report separately on the amount of vigorous and moderate activity that the child completed in the past week. Completing sufficient levels of physical activity is then defined as being physically active for seven or more sessions a week where each session lasted 60 minutes or more.

- For children aged 5 to 15 years, more than one in three (37.1%) completed a sufficient amount of physical activity according to the 24-Hour Movement Guidelines (**Table 24**).

Table 24: Physical activity completed weekly, 5 to 15 years, HWSS 2023

	No sessions of physical activity per week		Physically active one to six sessions per week		Physically active seven or more sessions per week but less than 60 minutes a session		Physically active seven or more sessions per week and at least 60 minutes a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	3.3 *	(0.1—6.6)	34.4	(25.1—43.6)	19.3	(12.9—25.8)	43.0	(34.3—51.6)
10 to 15 years	8.7 *	(3.5—13.8)	45.9	(38.0—53.8)	13.4	(7.7—19.0)	32.0	(25.0—39.1)
Sex								
Females	7.0 *	(2.2—11.8)	49.2	(40.5—57.9)	12.0	(7.3—16.6)	31.8	(24.2—39.4)
Males	5.4 *	(1.2—9.7)	32.0	(24.3—39.7)	20.3	(13.4—27.2)	42.3	(34.4—50.2)
Children	6.2	(3.0—9.4)	40.6	(34.6—46.6)	16.1	(11.9—20.4)	37.1	(31.6—42.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

[6] Department of Health, 2019, Australia's Physical Activity and Sedentary Behaviour Guidelines and the Australian 24-Hour Movement Guidelines, Canberra, ACT. Available from: https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians.

5.4.2 Sedentary recreational screen time

The Australian 24-Hour Movement Guidelines for Children and Young People recommends the maximum amount of time children aged 0 to 17 years should spend in sedentary recreational screen time (for example television, seated electronic games and computer use).[6] The guidelines recommend no use of electronic media for children younger than 2 years of age[7], less than one hour of use daily for children aged 2 years to under 5 years of age and no more than 2 hours of use daily for children aged 5 to 17 years of age.[6]

- More than one in two (52.0%) children met the guidelines for sedentary recreational screen time in 2023 (**Table 25**).
- Children aged 0 to 4 years and 10 to 15 years were more likely to exceed daily sedentary recreational time screen usage guidelines compared with children aged 5 to 9 years (75.1% and 45.0% respectively, compared with 26.9%).

Table 25: Prevalence of children meeting the Australian sedentary recreational screen time guidelines, 0 to 15 years, HWSS 2023

	Does not meet sedentary recreational screen time guidelines		Meets sedentary recreational screen time guidelines	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	75.1	(66.6—83.7)	24.9	(16.3—33.4)
5 to 9 years	26.9	(18.3—35.6)	73.1	(64.4—81.7)
10 to 15 years	45.0	(37.1—52.8)	55.0	(47.2—62.9)
Sex				
Females	49.7	(42.2—57.1)	50.3	(42.9—57.8)
Males	46.3	(39.3—53.3)	53.7	(46.7—60.7)
Children	48.0	(42.9—53.1)	52.0	(46.9—57.1)

[7] Department of Health, 2019, Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years): An Integration of Physical Activity, Sedentary Behaviour, and Sleep, Canberra, ACT. Available from: https://www.health.gov.au/sites/default/files/documents/2021/05/24-hour-movement-guidelines-birth-to-5-years-fact-sheet.pdf.

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

5.4.3 Sleep

We asked parents/carers about the duration of their child's sleep each night and compared this with the recommended sleep duration by age. See **Table 26** for the recommended sleep duration for children 0 to 17 years by age as per the 24-Hour Movement Guidelines.[6,7]

Table 26: Recommended sleep duration by age for children

	Recommended sleep duration
<1 year	14 to 17 hours
1 to 2 years	11 to 14 hours
3 to 5 years	10 to 13 hours
6 to 13 years	9 to 11 hours
14 to 17 years	8 to 10 hours

Parents/carers of children were asked how many hours sleep their child gets on a usual night.

- In 2023, almost two in three (65.2%) children were sleeping the recommended number of hours per night (**Table 27**).
- Children aged 0 to 4 years were less likely to be sleeping the recommended number of hours per night when compared with children aged 5 to 9 years (51.9% compared with 76.5%).

Table 27: Prevalence of children sleeping the recommended number of hours on a usual night, 0 to 15 years, HWSS 2023

	Sleeps recommended number of hours per night	
	%	95% CI
Age group		
0 to 4 years	51.9	(42.1—61.6)
5 to 9 years	76.5	(68.8—84.2)
10 to 15 years	66.2	(58.9—73.4)
Sex		
Females	67.5	(60.6—74.4)
Males	63.0	(56.4—69.6)
Children	65.2	(60.4—69.9)

Note: See Table 31 for recommended sleep duration based on age guideline definitions

- In 2023, children aged 0 to 15 years slept an average of 11.2 hours (**Table 28**).

Table 28: Mean hours spent sleeping on a usual night, 0 to 15 years, HWSS 2023

	Number of hours spent sleeping	
	Mean	95% CI
Age group		
0 to 4 years	14.2 *	(6.7—21.7)
5 to 9 years	9.9	(9.7—10.1)
10 to 15 years	9.9	(7.4—12.5)
Sex		
Females	10.7	(8.7—12.7)
Males	11.7	(7.3—16.1)
Children	11.2	(8.8—13.6)

5.5 Body Mass Index classification

Parents/carers were asked to provide their child's height without shoes and weight without clothes or shoes. A Body Mass Index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared after adjusting for errors in the parent/carer reported height and weight.[8] Age and sex specific BMI categories were then used to classify children into not overweight or obese, overweight, and obese.

- In 2023, it is estimated that approximately one in four (28.6%) children aged 5 to 15 years had a BMI classification of overweight or obese (**Table 29**).

Table 29: Prevalence by Body Mass Index categories, 5 to 15 years, HWSS 2023

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
Age group						
5 to 9 years	67.0	(58.3—75.7)	17.3	(10.4—24.2)	15.8	(9.3—22.3)
10 to 15 years	75.1	(67.9—82.4)	17.6	(10.8—24.4)	7.3	(3.9—10.6)
Sex						
Females	73.4	(65.4—81.5)	17.1	(9.9—24.3)	9.5	(4.9—14.0)
Males	69.5	(61.8—77.3)	17.8	(11.3—24.3)	12.7	(7.4—17.9)
Children	71.5	(65.9—77.0)	17.5	(12.6—22.3)	11.1	(7.6—14.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

[8] Centers for Disease Control and Prevention, 2011, A SAS program for the CDC growth charts, CDC, Atlanta, GA. Available from: http://www.cdc.gov/nccdphp/dnpao/growthcharts/resources/sas.htm.

Perceptions of weight have been reported against BMI-based weight categories derived from parent/carer-reported height and weight for the children.[8] Parents/carers were asked for their perceptions of their child's weight.

- For children aged 5 to 15 years with a BMI classification of overweight or obese, more than two in three (69.4%) had parents/carers who perceived their child to have a healthy weight (**Table 30**).

Table 30: Prevalence of parent/carer-perceived body weight by Body Mass Index classification, 5 to 15 years, HWSS 2023

Body Mass Index classification	Parent/carer perception of child's body weight					
	Underweight		Healthy weight		Overweight or very overweight	
	%	95% CI	%	95% CI	%	95% CI
Underweight	30.5 *	(6.2—54.8)	69.5	(45.2—93.8)	0.0	(0.0—0.0)
Healthy weight	10.2	(5.5—14.8)	85.9	(80.4—91.4)	3.9 *	(0.6—7.2)
Overweight or obese	N/A	(N/A—N/A)	69.4	(58.8—80.0)	29.4	(18.9—39.9)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

Parents/carers of children in all BMI groups (underweight, normal weight, and overweight or obese) were then asked about their intentions to change their child's weight. Intentions to change weight have been reported against BMI calculations based on parent/carer-reported height and weight for the child.

- One in five (19.9%) children with a BMI classification of overweight or obese had parents/carers who were intending to help them lose weight (**Table 31**).
- Two in three (66.0%) children with a BMI classification of overweight or obese had parents/carers who reported they were not trying to do anything to change their child's weight.

Table 31: Prevalence of children by parent/carer intentions regarding the child's weight by Body Mass Index classification, 5 to 15 years, HWSS 2023

Body Mass Index classification	Parent/carer intentions regarding child's body weight							
	Lose weight		Gain weight		Stay the same weight		I am not trying to do anything about my child's weight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Underweight	N/A	(N/A—N/A)	N/A	(N/A—N/A)	N/A	(N/A—N/A)	82.9	(63.0—100.0)
Normal weight	N/A	(N/A—N/A)	10.2 *	(5.0—15.3)	9.6 *	(4.1—15.1)	77.3	(70.0—84.6)
Overweight or obese	19.9	(10.1—29.7	N/A	(N/A—N/A)	12.6	(6.5—18.6)	66.0	(55.2—76.8)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

5.6 Smoking in the home

We asked parents/carers of children about tobacco smoking in the family home, whether the household is smoke free, people occasionally smoke, or people frequently smoke in the home.

- In 2023, almost all (99.2%) Western Australian children were reported to live in smoke free homes.

5.7 Sun protection

We asked parents/carers about the number of times their child had been sunburnt in the past 12 months, as well as how frequently they checked their children for adequate sun protection before going into sunlight.

- Over the past 12 months, children were reported by parents/carers to have been sunburnt an average of 1.8 times.
- The average number of times children had been sunburnt in the past 12 months was higher for children aged 10 to 15 years and 5 to 9 years when compared to children aged 0 to 4 years (2.6 times and 1.9 times respectively when compared to 0.7 times) (**Table 32**).

Table 32: Mean number of times sunburnt in past 12 months, 0 to 15 years, HWSS 2023

	Number of times sunburnt	
	Mean	95% CI
Age group		
0 to 4 years	0.7	(0.5—0.9)
5 to 9 years	1.9	(1.5—2.3)
10 to 15 years	2.6	(2.2—3.0)
Sex		
Females	1.9	(1.5—2.2)
Males	1.7	(1.5—2.0)
Children	1.8	(1.6—2.0)

Parents/carers of children were asked how often they checked to see whether their child was adequately protected before going out into the sunlight (e.g., wearing a hat, using sunscreen, and keeping covered).

- Approximately two in five (43.3%) parents/carers reported that they always checked their child for adequate sun protection before going out into the sunlight (**Table 33**).
- Children aged 0 to 4 years were more likely to always be checked by a parent/carer that they were adequately protected before going out into the sunlight compared with children aged 10 to 15 years (58.0% compared to 31.4%).

Table 33: Prevalence of children by how often parent/carer checks for adequate sun protection before going out into the sunlight, 0 to 15 years, HWSS 2023

	Always		Most of the time		Sometimes		Rarely / Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	58.0	(48.4—67.6)	39.3	(29.9—48.8)	N/A	(N/A—N/A)	N/A	(N/A—N/A)
5 to 9 years	43.7	(34.7—52.6)	48.7	(39.8—57.6)	6.8 *	(2.7—10.9)	N/A	(N/A—N/A)
10 to 15 years	31.4	(24.6—38.2)	47.5	(39.7—55.4)	16.7	(10.3—23.2)	4.3 *	(1.1—7.6)
Sex								
Females	42.0	(34.6—49.3)	48.2	(40.8—55.6)	8.9 *	(4.4—13.3)	N/A	(N/A—N/A)
Males	44.6	(37.7—51.5)	42.8	(36.0—49.6)	9.7	(5.5—13.9)	2.9 *	(0.5—5.2)
Children	43.3	(38.3—48.4)	45.4	(40.4—50.5)	9.3	(6.3—12.4)	1.9 *	(0.6—3.2)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

HEALTH SERVICE UTILISATION

6. Health service utilisation

Health services are the ways in which health care is provided to the general population such as through GPs, hospitals, dental, mental and alternative health services. This section will focus on the following:

- Proportion of children using health services
- Mean number of visits to health services

87.0%

of Western Australian children attended a primary health service at least once in 2023

3.9

average visits to a primary health service for Western Australian children in 2023

Parents/carers of children were asked whether their child had used common health services such as GPs, hospitals, allied, dental, mental, and alternative health services within the past 12 months.

- The majority (87.0%) of children had used a primary health service in the past 12 months (**Table 34**).
- More than three in five (62.1%) children had used a dental health service in the past 12 months.
- One in eight (12.6%) children had used a mental health service in the past 12 months.

Table 34: Health service utilisation in the past 12 months, 0 to 15 years, HWSS 2023

	Primary (a)		Hospital-based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group												
0 to 4 years	95.3	(91.1—99.4)	46.7	(37.0—56.5)	33.1	(24.1—42.2)	24.6	(15.9—33.2)	N/A	(N/A—N/A)	1.5 *	(0.0—3.0)
5 to 9 years	84.4	(77.4—91.4)	30.2	(22.0—38.3)	36.3	(28.0—44.5)	73.1	(64.6—81.7)	13.4	(7.7—19.1)	2.6 *	(0.2—5.0)
10 to 15 years	82.7	(76.5—88.8)	22.1	(15.7—28.5)	44.8	(37.1—52.6)	82.6	(76.4—88.7)	19.6	(14.0—25.1)	6.3 *	(2.0—10.7)
Sex												
Females	87.8	(82.9—92.7)	30.4	(23.7—37.1)	35.7	(28.8—42.6)	63.1	(55.7—70.5)	14.4	(9.8—18.9)	3.0 *	(1.2—4.9)
Males	86.2	(81.2—91.3)	33.7	(27.1—40.3)	41.3	(34.5—48.0)	61.2	(54.4—68.0)	11.0	(7.0—14.9)	4.3 *	(1.1—7.6)
Children	87.0	(83.5—90.5)	32.1	(27.4—36.8)	38.6	(33.7—43.4)	62.1	(57.1—67.1)	12.6	(9.6—15.6)	3.7	(1.8—5.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

(a) e.g. general practitioner, medical specialist, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatient.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

We asked parents/carers how many times their child had attended each health service in the past 12 months.

- The mean number of primary health service visits was higher for children aged 0 to 4 years when compared with children aged 10 to 15 years (5.8 visits compared to 3.0 visits) (**Table 35**).

Table 35: Mean number of visits to health services in the past 12 months, 0 to 15 years, HWSS 2023

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group												
0 to 4 years	5.8	(4.4–7.2)	0.9	(0.6–1.3)	2.6 *	(1.2–4)	0.3	(0.2–0.4)	N/A	(N/A—N/A)	N/A	(N/A—N/A)
5 to 9 years	3.2	(2.6—3.8)	0.7 *	(0.3—1.1)	4.3 *	(1.9—6.7)	1.1	(0.9—1.3)	1.2 *	(0.5—1.9)	0.0 *	(0.0–0.1)
10 to 15 years	3.0	(2.5—3.5)	0.4	(0.2—0.5)	5.5 *	(1.2—9.9)	1.9	(1.6—2.3)	2.1 *	(0.8—3.4)	N/A	(N/A—N/A)
Sex												
Females	3.5	(3.0–4.1)	0.5	(0.4—0.6)	2.7	(1.5—3.9)	1.1	(0.9—1.3)	1.2 *	(0.6—1.8)	0.1 *	(0.0–0.3)
Males	4.2	(3.3—5.1)	0.8	(0.5—1.1)	5.7 *	(2.3—9.2)	1.2	(1.0–1.5)	1.2 *	(0.2—2.1)	N/A	(N/A—N/A)
Children	3.9	(3.4—4.4)	0.6	(0.5—0.8)	4.3	(2.4—6.1)	1.2	(1.0–1.3)	1.2	(0.6—1.7)	N/A	(N/A—N/A)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

(a) e.g. general practitioner, medical specialist, community health centre, community or district nurses.

(b) e.g. overnight stay, emergency department or outpatient.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

MENTAL HEALTH

7. Mental health

Positive mental health is essential for the ability of children to thrive and develop, cope with the normal stresses of life and realise their abilities in their progression towards adolescence and into adulthood. Poor mental health may have a substantial impact on child development and wellbeing, with evidence that poor mental wellbeing in childhood can predict the diagnosis of a mental health condition in adolescence and adult life.[9] This section will focus on the following mental health risk factors:

- Trouble with emotions or behaviour
- Treatment for emotional or mental health condition
- Bullying

16.4%

of Western Australian children were reported to have 'quite a lot of trouble' or 'very much' trouble with emotions, concentration, behaviour or getting on with people

39.1%

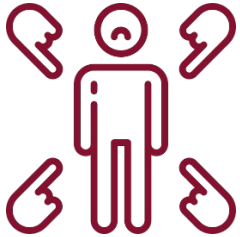
of Western Australian children were reported to receive special help for trouble with emotions, concentration, behaviour or getting on with people

14.8%

of Western Australian children are reported to have received treatment for an emotional or mental health condition

37.1%

of Western Australian children are reported to have been bullied in the past 12 months



[9] Australian Institute of Health and Welfare, 2020, Australia's children. Cat. no. CWS 69, Canberra. Available from: https://www.aihw.gov.au/getmedia/6af928d6-692e-4449-b915-cf2ca946982f/aihw-cws-69-print-report.pdf.

7.1 Trouble with emotions or behaviour

Parents/carers of children were asked whether their child has trouble with emotions, concentration, behaviour or getting on with people. Trouble with emotions may refer to anxiety or depressive disorders, while trouble with concentration, behaviour or getting on with people may refer to children with conditions such as Attention Deficit Hyperactivity Disorder (ADHD) or other conduct disorders.

- Approximately one in six (16.4%) children aged 1 to 15 years were reported to have 'quite a lot' or 'very much' trouble with emotions, concentration, behaviour or getting on with people (**Table 36**).

Table 36: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2023

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	51.7	(40.8—62.7)	38.7	(28.1—49.4)	6.2 *	(1.1—11.3)	N/A	(N/A—N/A)
5 to 9 years	40.9	(31.9—49.8)	38.9	(30.2—47.6)	12.3	(7.0—17.6)	7.9 *	(3.3—12.5)
10 to 15 years	49.9	(42.0—57.7)	32.7	(25.5—39.8)	9.2	(5.2—13.2)	8.3 *	(3.7—12.8)
Sex								
Females	47.5	(39.9—55.2)	37.0	(29.7—44.3)	11.1	(6.7—15.6)	4.3 *	(1.8—6.9)
Males	47.0	(39.9—54.2)	35.7	(28.9—42.5)	7.9	(4.7—11.1)	9.4	(4.9—13.9)
Children	47.3	(42.1—52.5)	36.3	(31.4—41.3)	9.5	(6.7—12.2)	6.9	(4.3—9.5)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

Parents/carers who reported that their child had any trouble with emotions, concentration, behaviour or getting on with people were then asked whether they thought their child needed special help for this.

- It is estimated that nearly two in five (39.1%) children aged 1 to 15 years who have trouble with emotions, concentration, behaviour or getting on with people need special help for this (**Table 37**).

Table 37: Prevalence of children who are reported by their parent/carer to need special help for trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2023

	Need special help for trouble with emotions, concentration, behaviour or getting on with people	
	%	95% CI
Age group		
1 to 4 years	21.0 *	(7.9—34.1)
5 to 9 years	44.5	(33.2—55.8)
10 to 15 years	44.7	(33.8—55.7)
Sex		
Females	38.0	(28.0—48.0)
Males	40.2	(30.5—49.8)
Children	39.1	(32.2—46.0)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

7.2 Treatment for emotional or mental health condition

Parents/carers of children were asked whether their child had have ever been treated for an emotional or mental health condition.

- Nearly one in seven (14.8%) children aged 1 to 15 years received treatment for an emotional or mental health condition (**Table 38**).
- Children aged 10 to 15 years were more likely to be reported as ever being treated for an emotional or mental health condition when compared to children aged 1 to 4 years and 5 to 9 years (26.5% compared with 1.8% and 11.2%, respectively).

Table 38: Prevalence of children ever treated for an emotional or mental health condition, 1 to 15 years, HWSS 2023

	Ever treated for an emotional or mental health condition	
	%	95% CI
Age group		
1 to 4 years	1.8 *	(0.0—3.6)
5 to 9 years	11.2	(6.1—16.3)
10 to 15 years	26.5	(19.8—33.3)
Sex		
Females	14.3	(9.6—19.0)
Males	15.4	(10.5—20.2)
Children	14.8	(11.5—18.2)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

7.3 Bullying

In the HWSS, bullying is defined as 'when someone is picked on, hit, kicked, threatened or ignored by other children'. Parents/carers were asked whether their child had been bullied in the past 12 months and whether their child had bullied other children in the past 12 months.

- More than one in three (37.1%) children were bullied in the past 12 months, while only one in twelve (8.8%) were estimated to have bullied other children (**Table 39**).
- Children aged 5 to 9 years were more likely to be reported as ever being bullied when compared with children aged 10 to 15 years (47.1% compared with 28.8%).

Table 39: Prevalence of children who have been bullied and/or have bullied in the past 12 months, 5 to 15 years, HWSS 2023

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
Age group						
5 to 9 years	47.1	(37.9—56.2)	12.8	(7.4—18.3)	10.8	(5.9—15.8)
10 to 15 years	28.8	(21.9—35.7)	5.4	(2.9—7.8)	3.3 *	(1.5—5.0)
Sex						
Females	40.3	(31.7—48.9)	5.6 *	(2.3—8.9)	4.6 *	(1.6—7.5)
Males	33.9	(26.3—41.4)	12.0	(7.4—16.7)	8.9	(4.9—12.9)
Children	37.1	(31.3—42.8)	8.8	(5.9—11.7)	6.7	(4.3—9.2)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

SCHOOL CONNECTEDNESS

8. School connectedness

This section will focus on the following:

- Overall school performance
- Attitude toward attending school

63.9%

of Western Australian children were reported as doing well or very well in school over the past 12 months

54.9%

of Western Australian children almost always looked forward to going to school each day

8.1 Overall school performance

Parents/carers of children were asked to rate how well their child was doing in school overall, based on their schoolwork and school reports.

- Almost two in three (63.9%) children aged 5 to 15 years were reported to be doing well or very well at school (**Table 40**).

Table 40: Parent/carer reported overall school performance, 5 to 15 years, HWSS 2023

	Very well		Well		Average		Poor or very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	37.2	(28.4—46.0)	27.9	(20.3—35.5)	25.2	(17.2—33.1)	9.7 *	(4.8—14.6)
10 to 15 years	39.3	(31.4—47.2)	23.6	(17.5—29.7)	29.5	(22.3—36.7)	7.7	(3.9—11.4)
Sex								
Females	43.8	(35.2—52.4)	27.5	(20.4—34.7)	24.3	(16.7—31.9)	4.3 *	(1.6—7.1)
Males	32.9	(25.0—40.8)	23.6	(17.3—30.0)	30.7	(23.2—38.1)	12.8	(7.6—18.1)
Children	38.3	(32.5—44.2)	25.6	(20.8—30.4)	27.5	(22.2—32.8)	8.6	(5.6—11.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

8.2 Attitude toward attending school

Parents/carers of children were asked to rate how often their child looks forward to going to school each day.

- More than one in two (54.9%) children 'almost always' looked forward to going to school each day (**Table 41**).
- Children aged 5 to 9 years were more likely to 'almost always' look forward to going to school when compared with children aged 10 to 15 years (69.6% compared with 42.4%).

Table 41: Frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2023

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	6.3 *	(2.1—10.4)	8.9	(4.5—13.2)	15.3	(9.4—21.1)	69.6	(61.9—77.3)
10 to 15 years	12.8	(7.7—17.9)	18.6	(12.4—24.9)	26.2	(18.9—33.5)	42.4	(34.7—50.1)
Sex								
Females	6.2 *	(2.3—10.2)	15.5	(9.3—21.7)	15.6	(9.8—21.5)	62.6	(54.4—70.8)
Males	13.3	(7.9—18.7)	12.7	(7.8—17.7)	26.7	(19.1—34.3)	47.2	(39.2—55.3)
Children	9.8	(6.4—13.1)	14.1	(10.1—18.1)	21.2	(16.3—26.1)	54.9	(49.1—60.8)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

FAMILY FUNCTIONING

9. Family functioning

How well a family functions affects the health and wellbeing of children within the family. Family functioning affects many aspects of family life, including the degree of agreement on decisions, acceptance of individuals, the ability to solve day-to-day problems and communication.[10]

69.4%

of Western Australian children live in families that strongly disagreed that the family does not usually get on well

42.6%

of Western Australian children live in families that strongly disagreed that planning family activities is usually difficult

53.3%

of Western Australian children live in families that strongly disagreed that their family avoids discussing concerns

12.7%

of Western Australian children were estimated to be in a family with poor family functioning in 2023

[10] Access Economics, 2010, Positive Family Functioning: Final Report by Access Economics Pty Limited for Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, ACT. Available from: https://www.dss.gov.au/sites/default/files/documents/positive_family_functioning.pdf.

The questions used in the HWSS to report on family functioning are taken from the McMaster Family Functioning Scale and comprise four items identified as sufficient to assess family functioning within a population.[11,12] The questions are stated in the negative and reverse scored to assess overall family functioning.

The first question relating to family function is about the family not usually getting along.

- Approximately two in three (69.4%) children were estimated to live in a family where it was strongly disagreed that the family does not usually get on well together (**Table 42**).

Table 42: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2023

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	N/A	(N/A—N/A)	19.6	(11.7—27.4)	76.5	(68.1—85.0)
5 to 9 years	4.4 *	(1.0—7.8)	28.6	(21.0—36.1)	67.0	(59.1—75.0)
10 to 15 years	6.9 *	(2.5—11.3)	27.4	(20.5—34.4)	65.6	(58.1—73.1)
Sex						
Females	2.8 *	(0.9—4.8)	23.2	(17.3—29.0)	74.0	(67.9—80.1)
Males	7.4 *	(3.4—11.5)	27.6	(21.4—33.8)	65.0	(58.3—71.7)
Children	5.2	(2.9—7.5)	25.4	(21.1—29.7)	69.4	(64.8—74.0)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

[11] Epstein N.B., Baldwin L.M. and Bishop D.S., 1983, The McMaster family assessment device. *Journal of Marital & Family Therapy*. 9(2):171-80.

[12] The analysis of the McMaster instrument was undertaken by Professor Stephen Zubrick of the Telethon Kids Institute, whom the authors gratefully acknowledge.

The second question asked parents/carers of children whether planning family activities is usually difficult.

- Approximately one in six (18.1%) children were estimated to live in a family where it was agreed or strongly agreed that planning family activities was usually difficult (**Table 43**).

Table 43: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2023

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	16.7	(9.2—24.1)	32.8	(23.5—42.0)	50.6	(40.8—60.4)
5 to 9 years	14.4	(8.6—20.2)	40.3	(31.4—49.3)	45.2	(36.4—54.1)
10 to 15 years	22.2	(15.5—29.0)	43.6	(35.8—51.4)	34.1	(26.9—41.4)
Sex						
Females	15.8	(10.6—20.9)	39.8	(32.4—47.1)	44.5	(37.1—51.8)
Males	20.2	(14.5—26.0)	38.9	(32.1—45.6)	40.9	(34.2—47.7)
Children	18.1	(14.2—21.9)	39.3	(34.3—44.3)	42.6	(37.7—47.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The third question asked parents/carers of children whether their family usually avoid discussing their fears and concerns openly with each other.

- One in 13 (7.6%) children were estimated to live in a family where the family usually avoided discussing fears and concerns openly with each other (**Table 44**).

Table 44: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2023

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	N/A	(N/A—N/A)	31.7	(22.5—40.8)	64.4	(55.0—73.8)
5 to 9 years	7.5 *	(1.6—13.4)	40.0	(31.3—48.7)	52.5	(43.6—61.5)
10 to 15 years	10.5	(6.2—14.9)	44.2	(36.3—52.1)	45.2	(37.5—53.0)
Sex						
Females	8.0 *	(3.4—12.6)	36.2	(29.1—43.3)	55.8	(48.4—63.3)
Males	7.2	(3.9—10.4)	41.9	(35.0—48.8)	51.0	(44.0—57.9)
Children	7.6	(4.8—10.4)	39.1	(34.1—44.1)	53.3	(48.3—58.4)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other.

- One in 11 (8.9%) children were estimated to live in a family where making decisions within the family is usually a problem because they misunderstand each other (**Table 45**).

Table 45: Prevalence of children by whether making decisions within their family is usually a problem because they minunderstand each other, 0 to 15 years, HWSS 2023

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	11.6 *	(5.1—18.1)	34.0	(24.7—43.4)	54.4	(44.6—64.1)
5 to 9 years	6.9 *	(2.7—11.0)	42.6	(34.0—51.2)	50.6	(41.7—59.5)
10 to 15 years	8.5	(5.1—11.9)	54.8	(47.2—62.5)	36.7	(29.3—44.0)
Sex						
Females	6.4 *	(3.2—9.6)	41.6	(34.4—48.7)	52.0	(44.7—59.4)
Males	11.2	(7.0—15.5)	47.4	(40.5—54.4)	41.3	(34.7—48.0)
Children	8.9	(6.2—11.6)	44.6	(39.6—49.6)	46.5	(41.4—51.5)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The four questions were reverse-scored and added together to get an indication of the level of functioning within families. A total score of 2.25 or less is defined as poor family functioning.

- Approximately one in eight (12.7%) children lived in a family with poor family functioning (**Table 46**).

Table 46: Poor family functioning, 0 to 15 years, HWSS 2023

	Poor family functioning	
	%	95% CI
Age group		
0 to 4 years	8.5*	(3.0—14.1)
5 to 9 years	12.0	(6.7—17.3)
10 to 15 years	16.7	(11.0—22.5)
Sex		
Females	10.7	(6.4—15.0)
Males	14.7	(9.9—19.5)
Children	12.7	(9.5—16.0)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

RESPONDENT FOR CHILD

10. Respondent for child

In addition to information regarding the child, demographic, social and psychosocial information about the parent/carer responding on behalf of the child is also collected. The information relating to the children has been weighted to the age and sex distribution of Western Australia's child population. However, data relating to the respondent for the child has not been weighted given these estimates are not meant to be reflective of the child population.

10.1 General health

Parents/carers of children were asked how their general health is.

- More than one in two (54.2%) parents/carers rated their general health as excellent or very good (**Table 47**).
- Approximately one in eight (13.3%) parents/carers rated their general health as 'fair' or 'poor'.

Table 47: General health of the parents/carers of children, HWSS 2023

	Excellent		Very good		Good		Fair / Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	30.1	(22.0—38.2)	38.2	(29.6—46.8)	22.8	(15.3—30.2)	8.9 *	(3.9—14.0)
5 to 9 years	16.5	(11.0—22.0)	36.4	(29.2—43.5)	31.8	(24.9—38.7)	15.3	(10.0—20.7)
10 to 15 years	11.7	(7.9—15.5)	37.2	(31.6—42.9)	37.2	(31.6—42.9)	13.8	(9.8—17.9)
Sex								
Females	18.1	(13.6—22.6)	36.6	(31.0—42.2)	31.7	(26.3—37.1)	13.6	(9.6—17.6)
Males	16.0	(11.8—20.2)	37.8	(32.2—43.3)	33.3	(27.9—38.7)	12.9	(9.1—16.8)
Children	17.0	(14.0—20.1)	37.2	(33.2—41.1)	32.5	(28.7—36.4)	13.3	(10.5—16.0)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

10.2 Mental health

Parents/carers of children were asked whether a doctor had told them they have depression, anxiety, stress or any other mental health problem during the past 12 months and whether they were currently receiving treatment for such a problem.

- Approximately one in four (24.7%) parents/carers reported that they have been told by a doctor that they had depression, anxiety, stress or another mental health condition in the past 12 months (**Table 48**).
- More than one in five (22.1%) parents/carers were currently receiving treatment for a mental health condition.

Table 48: Current mental health status of parents/carers of children, HWSS 2023

	Any mental health condition (a)		Respondent currently receiving treatment (b)	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	29.5	(21.4—37.6)	21.3	(14.0—28.6)
5 to 9 years	29.3	(22.5—36.1)	23.6	(17.2—29.9)
10 to 15 years	19.9	(15.2—24.5)	21.6	(16.8—26.5)
Sex				
Females	24.5	(19.5—29.5)	23.1	(18.2—28.0)
Males	25.0	(20.0—30.0)	21.2	(16.5—25.9)
Children	24.7	(21.2—28.3)	22.1	(18.8—25.5)

(a) In the past 12 months told by a doctor they had depression, anxiety, stress or any other mental health problem.

(b) Currently receiving treatment for a mental health condition.

10.3 Lack of control

Parents/carers of children were asked to rate how often during the past four weeks they felt a lack of control over their life in general.

- Approximately one in three (36.0%) parents/carers reported never feeling lack of control over life in general, while one in 12 (8.3%) often or always felt a lack of control over life in general (**Table 49**).

Table 49: Lack of control over life in general during past four weeks, parents/carers of children, HWSS 2023

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group										
0 to 4 years	38.0	(29.3—46.7)	37.2	(28.6—45.8)	20.7	(13.4—27.9)	N/A	(N/A—N/A)	N/A	(N/A—N/A)
5 to 9 years	33.1	(26.1—40.1)	28.6	(21.9—35.3)	28.6	(21.9—35.3)	5.7 *	(2.3—9.2)	4.0 *	(1.1—6.9)
10 to 15 years	36.9	(31.2—42.5)	26.6	(21.4—31.8)	27.3	(22.1—32.5)	6.4	(3.5—9.2)	2.8 *	(0.9—4.8)
Sex										
Females	34.6	(29.1—40.1)	31.1	(25.7—36.5)	25.2	(20.1—30.2)	6.3	(3.5—9.1)	2.8 *	(0.9—4.7)
Males	37.3	(31.8—42.9)	27.7	(22.6—32.9)	27.4	(22.3—32.5)	4.5 *	(2.1—6.8)	3.1 *	(1.1—5.1)
Children	36.0	(32.1—39.9)	29.4	(25.7—33.1)	26.3	(22.7—29.9)	5.4	(3.5—7.2)	2.9	(1.6—4.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

Parents/carers of children were asked to rate how often during the past four weeks they felt a lack of control over their personal life.

- Two in five (40.6%) parents/carers reported never feeling a lack of control over their personal life, while one in 13 (7.6%) often or always felt a lack of control over their personal life (**Table 50**).

Table 50: Lack of control over personal life during past four weeks, parents/carers of children, HWSS 2023

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group										
0 to 4 years	48.3	(39.4—57.3)	30.8	(22.5—39.1)	13.3	(7.2—19.4)	6.7 *	(2.2—11.1)	N/A	(N/A—N/A)
5 to 9 years	33.7	(26.7—40.7)	33.7	(26.7—40.7)	25.1	(18.7—31.6)	2.9 *	(0.4—5.3)	4.6 *	(1.5—7.7)
10 to 15 years	41.5	(35.7—47.3)	25.2	(20.1—30.3)	25.5	(20.4—30.6)	6.0	(3.2—8.8)	1.8 *	(0.2—3.3)
Sex										
Females	38.1	(32.5—43.8)	30.4	(25.1—35.8)	23.4	(18.5—28.3)	6.3	(3.5—9.1)	1.7 *	(0.2—3.3)
Males	43.0	(37.3—48.7)	27.5	(22.3—32.6)	22.3	(17.5—27.1)	4.1 *	(1.8—6.4)	3.1 *	(1.1—5.1)
Children	40.6	(36.5—44.6)	28.9	(25.2—32.7)	22.9	(19.4—26.3)	5.2	(3.4—7.0)	2.4	(1.2—3.7)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

Parents/carers were asked to rate how often during the past four weeks they felt a lack of control over their health.

- Two in five (40.6%) parents/carers reported never feeling a lack of control over their health, while more than one in ten (10.6%) often or always felt a lack of control over their health (**Table 51**).

Table 51: Lack of control over health during past four weeks, parents/carers of children, HWSS 2023

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group										
0 to 4 years	47.5	(38.5—56.5)	30.0	(21.8—38.2)	12.5	(6.6—18.4)	7.5 *	(2.8—12.2)	N/A	(N/A—N/A)
5 to 9 years	39.2	(32.0—46.4)	24.4	(18.1—30.8)	24.4	(18.1—30.8)	9.7	(5.3—14.0)	2.3 *	(0.1—4.5)
10 to 15 years	38.6	(32.9—44.3)	27.5	(22.3—32.7)	23.9	(18.9—28.9)	8.6	(5.3—11.9)	1.4 *	(0.0—2.8)
Sex										
Females	35.7	(30.1—41.2)	28.3	(23.1—33.6)	24.1	(19.2—29.1)	10.1	(6.6—13.6)	1.7 *	(0.2—3.3)
Males	45.5	(39.8—51.3)	25.9	(20.8—30.9)	19.3	(14.8—23.9)	7.2	(4.2—10.2)	2.1 *	(0.4—3.7)
Children	40.6	(36.6—44.6)	27.1	(23.4—30.7)	21.7	(18.3—25.1)	8.7	(6.4—11.0)	1.9	(0.8—3.0)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

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