Government of **Western Australia**
Department of **Health**

Health and wellbeing of children in Western Australia 2022

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 2022, 524 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 January and December. The sample was randomly selected and weighted to reflect the Western Australian child population.

This report describes the findings from the 2022 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 (85.9%) of children had their health status reported to be ‘excellent’ or ‘very good’.
- One in thirteen (7.9%) children were reported to have a disability that impacts the family. Of those children, approximately one in three (31.6%) reported that the disability had a ‘big impact’ or a ‘very big impact’ on the family.

Chronic health conditions:

- Nearly one in thirteen (7.5%) children were reported to currently have asthma in the past 12 months.
- More than one in five (21.2%) children were reported to have sustained an injury in the past 12 months that required treatment from a health professional.

Lifestyle behaviours:

- Three-quarters (76.8%) of children were reported to eat sufficient daily serves of fruit, however, only one in twelve (8.5%) children were reported to eat sufficient daily serves of vegetables.
- More than two in five (43.8%) children were reported to eat meals from fast food outlets once or twice a week on average.
- More than one in two (57.1%) children were reported to consume sweet baked snacks three or more times a week, with less than one in ten (7.2%) children reported to never or rarely eat sweet snacks.

- More than one in two (52.3%) of children were reported to never or rarely consume sugar sweetened soft drinks (including energy drinks) on a weekly basis.
- More than two-thirds (78.0%) of children aged 5 to 15 years had their weekly physical activity reported as ‘active’ or ‘very active’ by their parent/carer.
- Just under half (43.2%) of children were reported to have exceeded the Australian sedentary behaviour guideline for electronic media use.
- More than a quarter (25.7%) of 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, almost two-thirds (57.4%) had parents/carers who perceived their child’s weight as normal.
- Over the past 12 months, children were reported to have been sunburnt an average of 1.9 times.
- More than three in five (62.4%) children were sleeping the recommended number of hours per night.

Health service utilisation:

- More than eight out of ten (83.4%) children had used a primary health service within the past 12 months, averaging 4.2 visits over the period.
- Approximately two-thirds (65.7%) of children had used dental health services and one in ten (10.1%) children were reported to have used mental health services in the past 12 months.

Mental health:

- More than two in five (41.3%) children were reported by parents/carers as having experienced some degree of trouble with emotions, concentration, behaviour or getting on with people, with more than one in ten (12.0%) children reported to have had ‘quite a lot of trouble’ or ‘very much’ having trouble.
- Of the children reported as having any degree of trouble with emotions, concentration, behaviour or getting on with people, one in three (36.0%) reportedly received special help for their trouble.
- The prevalence of children ever treated for an emotional or mental health condition was 11.5%.

- A third (33.4%) of children had been bullied in the past 12 months, with approximately one in ten (9.0%) children having bullied others and nearly one in twenty (6.1%) children estimated to have been bullied and bullied others.

School connectedness:

- The prevalence of children reported as doing ‘very well’ at school overall, based on their schoolwork and reports, was 31.8%, with fewer than one in four (24.7%) children reported as having ‘average’ performance and one in twenty (5.0%) children reported as having ‘poor’ or ‘very poor’ performance in the past 12 months.
- More than half (54.8%) of children were reported as ‘almost always’ looking forward to going to school each day, with two in twenty-five (8.8%) 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 524 children aged 0 to 15 years during 2022 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, those 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 Trends 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 will be made 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

Two sample frames and two modes were used for contacting respondents in 2022. 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. The linked and non-linked extracts 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 (CATI).

All data was collected from February to December 2022 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, e.g. 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 2022, 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. 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 and were trimmed at an upper limit. The 2022 data were raked using the WA estimated resident population for 2021 and the 2021 Census proportions for WA as listed below.

Table 1: Demographic characteristics used in the 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

Data was then analysed in SAS. 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.

[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.

1.3.3 Mode differences

We have not made any adjustment for mode effects. 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 2022 Survey response

A total of 28,061 households were contacted of which 55.5% were eligible, 11.4%were ineligible and 33.1%had unknown eligibility. Of 15,586 eligible households, 8,619 interviews and online surveys were conducted resulting in an overall participation rate of 55%. 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 524 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.

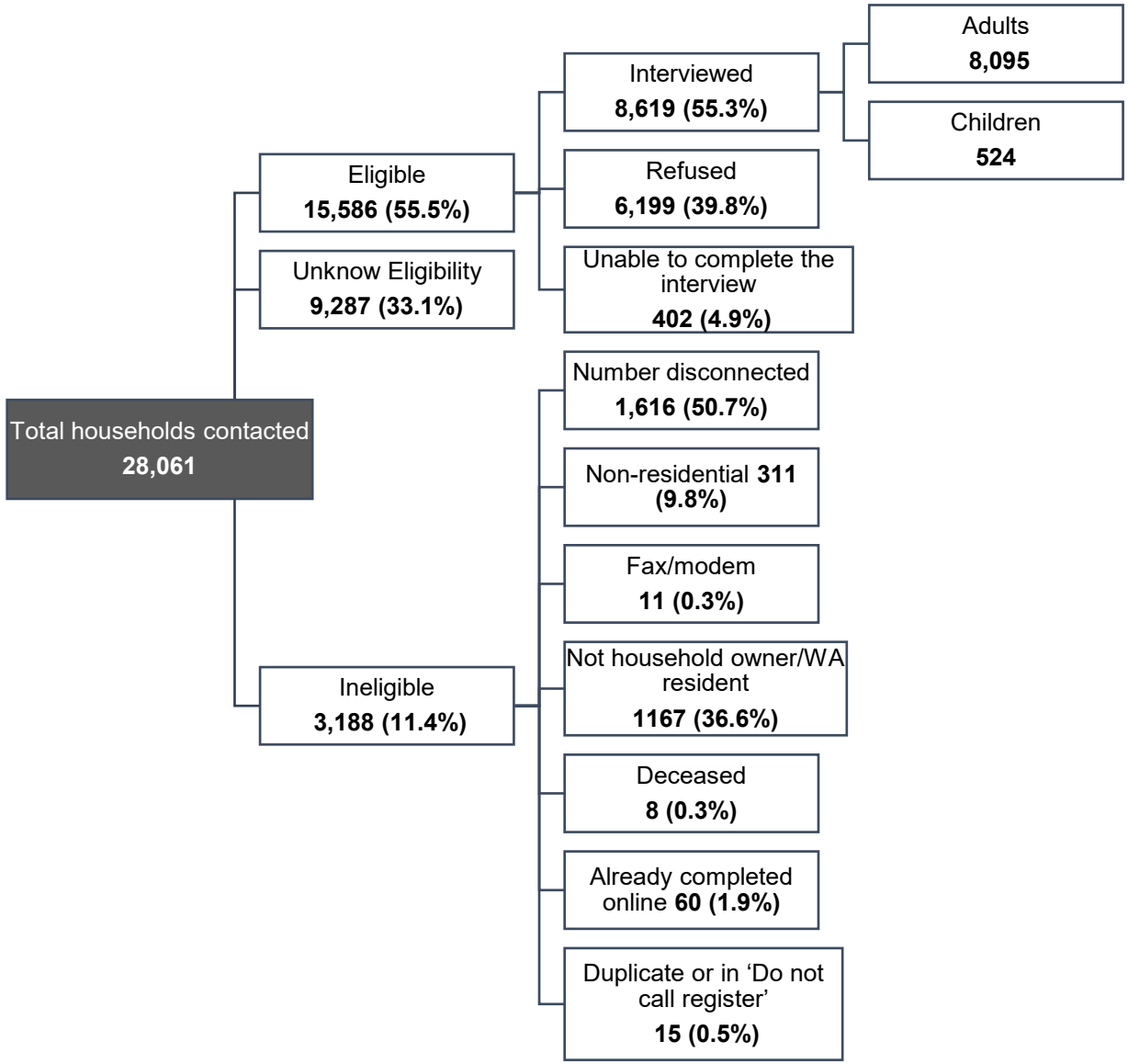


Figure 1: Flowchart of response rates to the HWSS survey, 2022

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 period, 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 interval of the estimates does overlap, the estimates are deemed not significantly different; however, this should be considered a guide only and a formal test of statistical significance would be required to arrive at 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 (e.g. 0 to 4 years) for 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 2022, a total of 524 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 2022 HWSS collection period are 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 2** shows the demographic characteristics of the parent/carer responding on behalf of the child and **Table 3** shows the demographic characteristics of the partner of the respondent.

Of the 524 children included in this report:

- There were slightly more males (51.7%) than females (48.3%)
- The majority (87.6%) were born in Australia
- The majority were living in metropolitan areas (79.1%)
- 33 (5.1%) children were identified as being Aboriginal or Torres Strait Islander
- The relationship of the respondent to the child was most commonly the mother (66.7%)

Table 2: Demographic characteristics, 0 to 15 years, HWSS 2022

	Unweighted sample (n)*	Weighted survey sample (%)
Data collection mode		
CATI	426	81.0
Online	98	19.0
Age group		
0 to 4 years	100	30.4
5 to 9 years	167	31.6
10 to 15 years	257	38.0
Sex		
Females	229	48.3
Males	295	51.7
Australian born		
Yes	509	87.6
No	15	12.4
Aboriginal or Torres Strait Islander		
Yes	33	5.1
No	491	94.9
Relationship of respondent to child		
Mother	370	66.7
Father	127	28.8
Other	27	4.6
Area of residence		
Metropolitan	275	79.1
Country	249	20.9

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

Table 3: Socioeconomic characteristics, 0 to 15 years, HWSS 2022

	Unweighted sample (n)	Weighted survey sample (%)
Current living arrangement		
Family with a child or children living with biological or adoptive parents	399	79.1
Step or blended family	41	5.8
Sole parent family	58	9.8
Other family structure	26	5.3
Household income		
Under $20,000	N/A	N/A
$20,000 to $40,000	19	2.6*
$40,000 to $60,000	27	4.7
$60,000 to $80,000	35	6.4
$80,000 to $100,000	48	10.0
$100,000 to $160,000	172	36.0
More than $160,000	179	38.8
Household spending		
Spend more money than earn/get	13	1.4*
Have just enough money to get by	65	12.9
Spend left over money	21	3.0
Save a bit every now and then	136	25.1
Save some regularly	217	45.2
Save a lot	63	12.4
Have private health insurance		
Yes	409	81.1
No	107	18.9

* 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.
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 2022

	Unweighted sample (n)	Unweighted per cent (%)
Aboriginal or Torres Strait Islander		
Yes	19	3.6
No	504	96.4
Highest level of education		
Less than Year 10	5	1.0
Year 10 or Year 11	44	8.4
Year 12	40	7.7
TAFE/Trade qualification	230	44.1
Tertiary degree or equivalent	203	38.9
Employment status		
Employed	437	83.6
Unemployed	8	1.5
Engaged in home duties	49	9.4
Other	29	5.5
Child's Parent 1 is Australian born		
Yes	373	71.2
No	151	28.8
Child's Parent 2 is Australian born		
Yes	383	73.1
No	141	26.9
Working away (fly-in fly-out) (a)		
Yes	18	95.9
No	419	4.1
Shift worker (a)		
Yes	31	92.6
No	388	7.4
Possess a government health care card		
Yes	75	14.4
No	445	85.6
Share home with a partner		
Yes	432	82.8
No	90	17.2

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

Table 5: Demographic characteristics of the partner of the respondent, HWSS 2022

	Unweighted sample (n)	Unweighted per cent (%)
Partner is Aboriginal or Torres Strait Islander		
Yes	20	4.6
No	412	95.4
Partner highest level of education		
Less than Year 10	9	2.1
Year 10 or Year 11	32	7.5
Year 12	52	12.2
TAFE/Trade qualification	184	43.1
Tertiary degree or equivalent	150	35.1
Partner employment status		
Employed	394	91.4
Unemployed	9	2.1
Engaged in home duties	20	4.6
Other	8	1.9
Partner working away (fly-in fly-out) (a)		
Yes	51	12.9
No	343	87.1
Partner shift worker (a)		
Yes	40	11.7
No	303	88.3

(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 and disability.

85.9% Western Australian children had their current health status reported as ‘excellent’ or ‘very good’

7.9% Western Australian children were reported to have a disability that impacts the family

3.1 Self-reported health status

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

- Nearly nine out of ten (85.9%) parents/carers reported their child's current health status as 'excellent' or 'very good' (**Table 6**).
- The prevalence of the child health status did not vary by age group or sex.

Table 6: Child health status, 0 to 15 years, HWSS 2022

	Excellent		Very good		Good		Fair / Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	55.9	(44.8—67.1)	33.1	(22.5—43.7)	9.7 *	(2.8—16.5)	N/A	(N/A—N/A)
5 to 9 years	53.0	(43.1—63.0)	34.5	(24.6—44.3)	10.1	(5.2—15.0)	N/A	(N/A—N/A)
10 to 15 years	55.5	(46.9—64.0)	26.8	(19.7—33.9)	14.8	(8.4—21.2)	2.0 *	(0.4—3.6)
Sex								
Females	53.4	(45.2—61.6)	30.9	(23.5—38.3)	14.6	(8.2—21.0)	N/A	(N/A—N/A)
Males	56.2	(48.5—64.0)	31.4	(23.8—38.9)	9.1	(5.8—12.3)	3.0 *	(0.8—5.1)
Children	54.8	(49.2—60.5)	31.1	(25.9—36.4)	11.8	(8.2—15.3)	1.7 *	(0.6—2.8)

* 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.

3.2 Disability

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

- The prevalence of children with a disability that impacts the family was similar among children aged 5 to 9 years and 10 to 15 years **(Table 7).**
- The prevalence of disability among children that impacts the family did not vary by sex.

Table 7: Prevalence of children with a disability that impacts the family, 0 to 15 years, HWSS 2022

	Children with disability that impact the family	
	%	95% CI
Age group		
0 to 4 years	N/A	(N/A—N/A)
5 to 9 years	11.3	(5.9—16.6)
10 to 15 years	10.0	(6.1—13.8)
Sex		
Females	3.6*	(1.1—6.2)
Males	11.8	(7.8—15.8)
Children	7.9	(5.5—10.2)

* 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.

Parents/carers of the child that answered yes to their child having a disability that impacts the family, we asked how much of an impact this is for them personally or for their family.

- Of those with a child with some form of disability that impacts the family, approximately one third (31.6%) 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 disability on the parents/carers of the child and their family, 0 to 15 years, HWSS 2022

	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	N/A	(N/A—N/A)	39.4	(24.0—54.7)	20.0 *	(7.4—32.6)	31.6	(16.6—46.6)

* 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 has ever diagnosed their child with certain health conditions. This section will focus on the following health conditions:

- Asthma
- Injury

7.5% Western Australian children were reported to currently have asthma

21.2% Western Australian children were reported to have an injury requiring treatment from a health professional

4.1 Asthma

Parents/carers of the child 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 12 (7.5%) children were reported having asthma in the past 12 months (**Table 9**).
- The prevalence of lifetime asthma or the-past-12-month period prevalence did not vary by age group and sex.

Table 9: Prevalence of children with asthma, 0 to 15 years, HWSS 2022

	Lifetime (a)		Period (b)	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	N/A	(N/A—N/A)	N/A	(N/A—N/A)
5 to 9 years	12.6 *	(5.1—20.0)	7.4 *	(3.2—11.6)
10 to 15 years	25.9	(18.2—33.5)	11.1	(6.9—15.4)
Sex				
Females	14.9	(9.8—20.0)	10.1	(5.8—14.4)
Males	14.4	(8.3—20.6)	5.0	(2.8—7.1)
Children	14.7	(10.6—18.7)	7.5	(5.1—9.8)

(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 the child were whether their child had an injury in the past 12 months that required treatment from a health professional.

- Approximately one in five (21.2%) children in Western Australia had sustained an injury that required treatment from a health professional in the past 12 months (**Table 10**)
- The prevalence of children with injuries in the past 12 months did not vary by age group or sex.

Table 10: Prevalence of children who had an injury requiriring health professional treatment, 0 to 15 years, HWSS 2022

	Children with injuries	
	%	95% CI
Age group		
0 to 4 years	16.0*	(8.0—24.0)
5 to 9 years	15.8	(9.7—21.8)
10 to 15 years	30.0	(22.2—37.8)
Sex		
Females	18.6	(13.0—24.2)
Males	23.6	(17.1—30.1)
Children	21.2	(16.8—25.5)

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

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 previous year.

- The mean number of injuries that required treatment from a health professional in the past 12 months was 0.4 injuries (**Table 11**)
- The mean number of injuries did not vary by age group or sex.

Table 11: Mean number of injuries, 0 to 15 years, HWSS 2022

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

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

92.1% Western Australian children aged 0 to 4 years had received some breastmilk in their lifetime

73.9% Western Australian children aged 2 to 15 years consumed full fat/whole milk

76.8% Western Australian children met recommended minimum daily intake for fruit

8.5% Western Australian children met recommended minimum daily intake for vegetables

21.7% Western Australian children were physical active for 7 or more 60-minute sessions per week

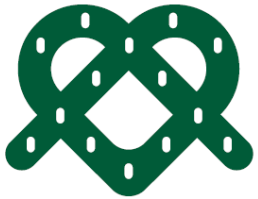
43.2% Western Australian children sleep less than the recommended number of hours on a usual night

4.6% Western Australian children ate fast food meals three times or more a week

8.0% Western Australian children drank sugar sweetened soft-drinks or energy drinks three times or more a week

8.5% Western Australian children ate fried potato products three times or more a week

57.1% Western Australian children ate sweet snacks three times or more a week



37.7% Western Australian children ate salty snacks three times or more a week

30.4% 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 2022.

In 2022, there were 100 respondents with children in this age group who could provide information on breastfeeding.

- In 2022, 92.1 per cent 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 2022, approximately two-thirds (63.4%) of children ate two or more serves of fruit daily (**Table 13**).
- The prevalence of eating two or more serves of fruit daily did not vary age group or sex.

Table 13: Serves of fruit consumed daily, 2 to 15 years, HWSS 2022

	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)	28.6	(15.5—41.7)	71.4	(58.3—84.5)
5 to 9 years	N/A	(N/A—N/A)	29.6	(20.6—38.5)	69.3	(60.3—78.3)
10 to 15 years	12.5 *	(6.3—18.8)	32.9	(25.2—40.5)	54.6	(45.9—63.2)
Sex						
Females	6.1 *	(0.9—11.3)	34.1	(25.9—42.3)	59.8	(51.2—68.4)
Males	5.5	(3.0—8.1)	27.7	(20.8—34.6)	66.8	(59.5—74.0)
Children	5.8 *	(2.9—8.7)	30.8	(25.4—36.2)	63.4	(57.7—69.1)

* 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 2022, 25.4% of children were eating two serves of vegetables daily and 28.1% were eating three or more serves of vegetables daily (**Table 14**)
- The prevalence of serves of vegetables eaten daily did not vary by age or sex.

Table 14: Serves of vegetables consumed daily, 2 to 15 years, HWSS 2022

	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 serves of vegetables daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
2 to 4 years	8.8 *	(1.4—16.2)	47.5	(33.2—61.9)	22.9 *	(10.6—35.2)	20.8 *	(9.3—32.2)
5 to 9 years	10.0 *	(2.7—17.3)	41.0	(30.7—51.2)	25.9	(18.3—33.6)	23.1	(15.6—30.6)
10 to 15 years	14.6 *	(6.0—23.3)	23.5	(17.3—29.6)	26.1	(19.5—32.7)	35.8	(27.0—44.6)
Sex								
Females	9.2 *	(2.2—16.2)	34.5	(26.5—42.6)	27.6	(20.3—34.8)	28.7	(20.9—36.6)
Males	14.1	(7.3—20.9)	35.2	(26.9—43.5)	23.3	(17.2—29.4)	27.4	(20.0—34.8)
Children	11.7	(6.9—16.6)	34.9	(29.1—40.6)	25.4	(20.6—30.1)	28.1	(22.7—33.4)

* 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 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, 76.8% meet the fruit consumpation guidelines, while only 8.5% meet the vegetable consumption guidelines, for their age and sex (**Table 15**)
- Children aged 10 to 15 years were less likely to meet fruit consumpation guidelines compared to children aged 2 to 4 years and 5 to 9 years (54.6% compared with 100.0% and 89.9%, respectively).

Table 15: Prevalence of meeting fruit and vegetable consumption guidelines, 2 to 15 years, HWSS 2022

	Met fruit consumption guidelines		Met vegetable consumption guidelines	
	%	95% CI	%	95% CI
Age group				
2 to 4 years	100.0	(100.0—100.0)	24.8	(12.7—36.9)
5 to 9 years	89.9	(84.8—95.0)	4.0 *	(0.9—7.1)
10 to 15 years	54.6	(45.9—63.2)	4.2 *	(1.5—6.9)
Sex				
Females	74.0	(66.7—81.3)	6.7 *	(2.4—11.0)
Males	79.4	(73.6—85.2)	10.2	(5.4—14.9)
Children	76.8	(72.2—81.4)	8.5	(5.3—11.7)

* 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 child aged 2 years and over were asked what type of milk their child usually consumes.

- Over two-thirds (73.9%) of children aged 2 to 15 years consumed full fat or whole milk (**Table 16**).
- The prevalence of milk type usually consumed did not vary be sex and age.

Table 16: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2022

	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	84.8	(74.6—95.0)	N/A	(N/A—N/A)	9.0 *	(0.9—17.0)	N/A	(N/A—N/A)
5 to 9 years	74.0	(65.3—82.8)	16.3	(8.4—24.1)	5.5 *	(1.6—9.5)	4.1 *	(0.9—7.4)
10 to 15 years	68.4	(60.9—75.9)	21.2	(14.6—27.7)	5.3 *	(2.3—8.3)	5.1 *	(2.2—8.1)
Sex								
Females	75.4	(68.6—82.2)	13.8	(8.5—19.1)	6.9 *	(2.9—11.0)	3.9 *	(1.3—6.5)
Males	72.5	(65.2—79.7)	18.6	(12.0—25.2)	5.4 *	(2.2—8.6)	3.5 *	(1.2—5.8)
Children	73.9	(68.9—78.9)	16.3	(12.0—20.5)	6.2	(3.6—8.7)	3.7	(2.0—5.4)

* 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 the child were asked how many times per day, per week, or per month on average their child ate fast food meals, such as burgers, pizza, chicken or chips from fast food outlets.

- For children aged 1 to 15 years, 43.8% were reported to eat fast food once or twice per week (**Table 17**).
- Children aged 1 to 4 years were more likely to be reported as never or rarely eating fast food on a weekly basis compared to children aged 10 to 15 years.
- The prevalence of weekly fast-food consumption did not vary by sex.

Table 17: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2022

	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	29.2	(17.9—40.5)	21.5 *	(10.7—32.2)	44.6	(32.0—57.1)	N/A	(N/A—N/A)
5 to 9 years	12.8 *	(5.1—20.4)	37.2	(27.7—46.6)	48.1	(38.2—58.1)	N/A	(N/A—N/A)
10 to 15 years	11.3 *	(5.6—17.1)	42.3	(33.4—51.2)	39.7	(31.5—47.8)	6.7	(3.5—10.0)
Sex								
Females	17.6	(11.2—24.1)	35.1	(27.3—42.9)	43.5	(35.1—52.0)	3.7 *	(1.3—6.1)
Males	15.3	(8.7—21.8)	35.2	(27.1—43.4)	44.1	(36.2—52.0)	5.4 *	(2.3—8.4)
Children	16.4	(11.8—21.0)	35.2	(29.5—40.9)	43.8	(38.1—49.6)	4.6	(2.6—6.5)

* 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.

5.3.2 Fried potato products

Parents/carers of the child 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, 50.5% were reported to eat fried potatoes once or twice per week (**Table 18**).
- The prevalence of weekly fried potato product consumption did not vary by sex.

Table 18: Prevalence of children by consumption of fried potato products per week, 1 to 15 years, HWSS 2022

	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	14.3 *	(5.8—22.8)	28.1	(16.6—39.7)	50.1	(37.4—62.7)	7.5 *	(1.0—14.1)
5 to 9 years	3.9 *	(0.6—7.1)	34.5	(24.2—44.8)	54.7	(44.6—64.8)	7.0 *	(2.6—11.3)
10 to 15 years	8.5 *	(3.4—13.6)	33.8	(24.5—43.1)	47.3	(38.8—55.9)	10.4 *	(4.4—16.3)
Sex								
Females	7.0 *	(2.7—11.3)	29.4	(21.5—37.4)	54.0	(45.4—62.5)	9.6 *	(3.8—15.4)
Males	9.7	(4.9—14.4)	35.5	(26.8—44.2)	47.3	(39.4—55.3)	7.5	(4.1—10.9)
Children	8.4	(5.2—11.6)	32.6	(26.6—38.6)	50.5	(44.6—56.4)	8.5	(5.2—11.8)

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

5.3.3 Sweet baked snacks

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

- For children aged 1 to 15 years, only 7.2% of children were reported to eat sweet baked snacks never or rarely, while 57.1% were estimated to eat sweet snacks three or more times a week (**Table 19**).
- The prevalence of weekly sweet baked snacks consumption did not vary by age group and sex.

Table 19: Prevalence of children by consumption of sweet baked snacks per week, 1 to 15 years, HWSS 2022

	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	11.6 *	(4.2—19.0)	N/A	(N/A—N/A)	49.9	(37.2—62.5)	37.0	(24.6—49.3)
5 to 9 years	4.6 *	(1.1—8.1)	5.8 *	(1.8—9.7)	22.6	(15.3—29.9)	67.0	(58.4—75.6)
10 to 15 years	6.6 *	(1.8—11.5)	4.8 *	(1.7—7.9)	27.2	(19.1—35.4)	61.3	(52.7—70.0)
Sex								
Females	3.9 *	(1.3—6.5)	4.7 *	(1.5—7.9)	33.0	(25.2—40.9)	58.3	(50.2—66.5)
Males	10.2 *	(5.1—15.2)	3.9 *	(1.7—6.1)	29.9	(22.3—37.5)	56.0	(47.9—64.1)
Children	7.2	(4.2—10.2)	4.3	(2.4—6.2)	31.4	(25.9—36.8)	57.1	(51.4—62.9)

* 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.

5.3.4 Salty snacks

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

- For children aged 1 to 15 years, 35.5% were reported to eat salty snacks once or twice per week and 37.7% were estimated to eat salty snacks three or more times a week (**Table 20**).
- Children aged 1 to 4 (23.6%) years were more likely to be reported as never or rarely eat salty snacks on a weekly basis compared to children aged to 10 to 15 years (5.4%).
- The prevalence of weekly salty snacks did not vary by sex.

Table 20: Prevalence of children by consumption of salty snacks per week, 1 to 15 years, HWSS 2022

	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	23.6	(12.9—34.4)	13.6 *	(4.9—22.2)	42.7	(30.3—55.2)	20.0	(10.4—29.7)
5 to 9 years	8.2 *	(3.5—13.0)	14.4 *	(6.6—22.2)	37.0	(26.9—47.2)	40.3	(31.1—49.6)
10 to 15 years	5.4	(2.8—8.1)	18.5	(10.1—26.8)	29.4	(22.7—36.2)	46.7	(38.0—55.3)
Sex								
Females	11.8	(6.1—17.4)	19.7	(11.8—27.6)	33.7	(26.1—41.4)	34.8	(27.2—42.4)
Males	10.5	(6.1—14.9)	12.3	(6.5—18.2)	37.0	(29.0—45.0)	40.2	(32.3—48.0)
Children	11.1	(7.5—14.6)	15.8	(10.9—20.7)	35.5	(29.9—41.0)	37.7	(32.2—43.1)

* 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 the child 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, more than half (52.3%) were reported to never or rarely consume sugar-sweetened drinks and/or energy drinks. Less than a tenth (8.0%) of all children consumed these drinks three or more times a week (**Table 21**).
- Children aged 1 to 4 years (81.5%) were less likely to never or rarely consume sugar-sweetened and/or energy drinks compared to children aged 5 to 9 years (47.0%) and 10 to 15 years (38.3%).
- The prevalence of weekly sugar sweetened soft drinks consumption did not vary by sex.

Table 21: Prevalence of children by consumption of sugar sweetened soft drinks per week, 1 to 15 years, HWSS 2022

	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	81.5	(71.7—91.2)	N/A	(N/A—N/A)	10.1 *	(2.6—17.6)	N/A	(N/A—N/A)
5 to 9 years	47.0	(37.2—56.8)	15.4 *	(7.5—23.3)	30.9	(20.4—41.4)	6.7 *	(2.5—11.0)
10 to 15 years	38.3	(29.8—46.9)	14.3 *	(7.0—21.6)	34.7	(26.2—43.3)	12.6	(8.3—17.0)
Sex								
Females	54.4	(45.9—63.0)	14.2 *	(6.8—21.5)	24.5	(17.3—31.7)	6.9 *	(3.5—10.3)
Males	50.3	(42.1—58.5)	11.1	(6.2—16.0)	29.6	(21.4—37.8)	9.0	(5.6—12.5)
Children	52.3	(46.3—58.2)	12.6	(8.2—16.9)	27.2	(21.6—32.7)	8.0	(5.6—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.

5.3.6 Processed meats

Parents/carers of the child 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 10 (10.0%) reported to never or rarely consume processed meats, with nearly 48.4% of children consuming processed meats once or twice a week (**Table 22**).
- The prevalence of weekly processed meat consumption did not vary by sex.

Table 22: Prevalence of children by consumption of processed meats per week, 1 to 15 years, HWSS 2022

	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	11.4 *	(3.7—19.2)	16.1 *	(7.1—25.2)	56.5	(44.1—68.9)	16.0 *	(7.1—24.8)
5 to 9 years	9.6 *	(4.4—14.9)	11.8 *	(2.8—20.8)	44.1	(34.1—54.1)	34.5	(25.8—43.1)
10 to 15 years	9.4 *	(4.1—14.8)	7.7	(3.9—11.4)	46.9	(38.1—55.8)	36.0	(27.9—44.0)
Sex								
Females	10.2	(5.5—15.0)	10.2 *	(4.3—16.1)	49.3	(40.8—57.8)	30.3	(23.2—37.4)
Males	9.8 *	(4.8—14.7)	12.1	(6.3—17.9)	47.6	(39.4—55.7)	30.5	(23.5—37.5)
Children	10.0	(6.6—13.4)	11.2	(7.1—15.3)	48.4	(42.5—54.3)	30.4	(25.4—35.4)

* 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 the child 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 all active.

- In 2022, 78.0% of children aged 5 to 15 years had their weekly physical activity level reported as active or very active by their parent/carer (**Table 23**).
- Females (37.1%) were more likely than males (25.5%) to have their weekly physical activity level rated as 'active'. The prevalence of parent/carer rated activity was similar across all other frequencies of weekly activity rates between males and females.
- The prevalence of parent/carer-rated physical activity did not vary by age group.

Table 23: Prevalence of children by parent/carer-rated physical activity level, 5 to 15 years, HWSS 2022

	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	52.8	(43.0—62.7)	28.3	(19.4—37.2)	17.8	(11.1—24.4)	N/A	(N/A—N/A)
10 to 15 years	41.9	(33.1—50.6)	33.4	(24.8—42.0)	20.0	(13.2—26.7)	4.0 *	(1.7—6.3)
Sex								
Females	39.3	(30.7—47.9)	37.1	(27.7—46.4)	20.8	(13.0—28.7)	2.6 *	(0.7—4.4)
Males	54.0	(44.8—63.1)	25.5	(17.7—33.3)	17.2	(11.7—22.7)	2.8 *	(0.9—4.7)
Children	46.9	(40.2—53.5)	31.1	(24.9—37.3)	19.0	(14.2—23.7)	2.7	(1.4—4.0)

* 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.

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, 36.2% completed a sufficient amount of physical activity according to the 24-Hour Movement Guidelines (**Table 24**).
- The prevalence of children who were sufficiently active did not vary by age group and sex.

Table 24: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2022

	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 mins a session		Physically active seven or more sessions per week and at least 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	N/A	(N/A—N/A)	35.2	(25.1—45.2)	22.3	(13.9—30.8)	41.0	(31.3—50.7)
10 to 15 years	4.9 *	(1.6—8.2)	41.8	(33.0—50.7)	21.2	(13.3—29.1)	32.1	(24.2—40.1)
Sex								
Females	4.8 *	(1.2—8.4)	49.4	(40.0—58.8)	15.3	(9.3—21.3)	30.5	(22.5—38.4)
Males	1.9 *	(0.3—3.5)	28.9	(20.5—37.3)	27.7	(18.4—37.0)	41.5	(32.2—50.8)
Children	3.3 *	(1.4—5.3)	38.8	(32.1—45.4)	21.7	(15.9—27.5)	36.2	(30.0—42.4)

* 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.

[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]

- Just over half (56.8%) of children met the guidelines for sedentary recreational screen time in 2022 (**Table 25**).
- Children aged 0 to 4 years and 10 to 15 years were both more likely to exceed daily sedentary recreational time screen usage guidelines compared with children aged 5 to 9 years (63.3% and 44.3% respectively, compared with 23.2%).
- The prevalence of children who met the sedentary recreational screen time guidelines did not vary by sex.

Table 25: Prevalence of children meeting the Australian sedentary recreational screen time guidelines, 0 to 15 years, HWSS 2022

	Does not meet sedentary recreational screen time guidelines		Meets sedentary recreational screen time guidelines	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	63.3	(52.2—74.3)	36.7	(25.7—47.8)
5 to 9 years	23.2	(14.6—31.7)	76.8	(68.3—85.4)
10 to 15 years	44.3	(35.5—53.1)	55.7	(46.9—64.5)
Sex				
Females	44.1	(35.6—52.6)	55.9	(47.4—64.4)
Males	42.3	(34.6—50.0)	57.7	(50.0—65.4)
Children	43.2	(37.4—48.9)	56.8	(51.1—62.6)

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

[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.

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 2022, it is estimated that one in four (25.7%) children aged 5 to 15 years had a BMI classified as overweight or obese (**Table 26**).
- The prevalence of overweight or obese categorisations of children did not vary by age group and sex.

Table 26: Prevalence of Body Mass Index categories, 5 to 15 years, HWSS 2022

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
Age group						
5 to 9 years	65.7	(54.2—77.2)	16.0 *	(6.8—25.2)	18.3 *	(8.8—27.8)
10 to 15 years	80.7	(73.2—88.2)	15.9	(8.6—23.3)	3.4 *	(1.3—5.5)
Sex						
Females	74.8	(65.5—84.1)	13.1	(7.2—19.0)	12.1 *	(3.8—20.4)
Males	74.0	(64.5—83.5)	18.4 *	(9.2—27.7)	7.6 *	(3.8—11.3)
Children	74.4	(67.7—81.0)	16.0	(10.2—21.7)	9.7	(5.2—14.1)

* 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 that classified them as overweight or obese, more than half (57.4%) had parents/carers who perceived their child's weight to be healthy weight (**Table 27**).

Table 27: Prevalence of parent/carer-perceived body weight by Body Mass Index classification, 5 to 15 years, HWSS 2022

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	N/A	(N/A—N/A)	84.3	(63.5—100.0)	N/A	(N/A—N/A)
Healthy weight	6.8	(3.7—10.0)	91.9	(88.5—95.3)	N/A	(N/A—N/A)
Overweight or obese	N/A	(N/A—N/A)	57.4	(40.8—73.9)	40.6	(23.8—57.3)

* 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 the child 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.

- Over one in four (27.6%) children classified as overweight or obese based on BMI had parents/carers who were intending to help them lose weight (**Table 28**).
- Conversely, over half (50.9%) of children classified as overweight or obese based on BMI had parents/carers who were not trying to do anything to change their child's weight.

Table 28: Prevalence of children by parent/carer intentions regarding the child's weight by Body Mass Index classification, 5 to 15 years, HWSS 2022

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)	74.0	(48.9—99.1)
Normal weight	2.1*	(0.1—4.0)	4.5*	(2.0—7.0)	15.6	(9.6—21.6)	77.9	(71.2—84.5)
Overweight or obese	27.6	(11.7—43.4	N/A	(N/A—N/A)	19.4	(6.7—32.2)	50.9	(35.1—66.8)

* 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 the child about tobacco smoking in the family home, whether the household is smoke free, people occasionally smoke, or people frequently smoke in the home.

- In 2022, 97.3% of 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.

- The average amount of times children had been sunburnt in the past 12 months was higher for children aged 10 to 15 years when compared to children aged 0 to 4 years (2.8 times compared to 1.0 times) (**Table 29**).
- The average amount of times children were reported to have been sunburnt did not vary by sex.

Table 29: Mean number of times sunburnt in past 12 months, 0 to 15 years, HWSS 2022

	Number of times sunburnt	
	Mean	95% CI
Age group		
0 to 4 years	1.0	(0.6—1.5)
5 to 9 years	1.7	(1.2—2.2)
10 to 15 years	2.8	(2.1—3.5)
Sex		
Females	2.2	(1.6—2.8)
Males	1.6	(1.3—2.0)
Children	1.9	(1.6—2.3)

Parents/carers of the child 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).

- Children aged 0 to 4 years and 5 to 9 years were both 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 (59.4% and 46.2% respectively, compared to 27.4%) (**Table 30**).
- The prevalence of parents/carers checking for adequate sun protection did not vary by sex.

Table 30: Prevalence of children by how often parent/carer checks for adequate sun protection before going out into the sunlight, 0 to 15 years, HWSS 2022

	Always		Most of the time		Sometimes		Rarely / Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	59.4	(48.4—70.5)	34.5	(23.8—45.2)	6.0 *	(0.5—11.6)	N/A	(N/A—N/A)
5 to 9 years	46.2	(36.1—56.3)	39.0	(29.9—48.1)	13.6 *	(5.9—21.4)	N/A	(N/A—N/A)
10 to 15 years	27.4	(19.6—35.3)	49.5	(40.7—58.3)	15.8	(8.4—23.2)	6.6 *	(1.7—11.5)
Sex								
Females	41.6	(33.3—49.8)	41.5	(33.6—49.4)	14.6	(7.6—21.6)	2.2 *	(0.3—4.1)
Males	44.1	(36.2—52.1)	41.9	(34.3—49.5)	10.1	(5.4—14.7)	3.6 *	(0.1—7.0)
Children	42.9	(37.2—48.6)	41.7	(36.2—47.2)	12.2	(8.1—16.4)	2.9 *	(0.9—4.9)

* 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.

5.8 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 31** for the recommended sleep duration for children 0 to 17 years by age as per the 24-Hour Movement Guidelines.[6,7]

Table 31: 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 the child were asked how many hours sleep their child get on a usual night.

- In 2022, only 43.0% of children aged 0 to 4 years were sleeping the recommended number of hours per night, with children 0 to 4 years less likely to be sleeping the recommended number of hours per night compared with children aged 5 to 9 years (43.0% compared with 81.3%) (**Table 32**).
- The prevalence of meeting recommended sleep duration did not vary by sex.

Table 32: Prevalence of children sleeping the recommended number of hours on a usual night, 0 to 15 years, HWSS 2022

	Sleeps recommended number of hours per night	
	%	95% CI
Age group		
0 to 4 years	43.0	(32.0—54.1)
5 to 9 years	81.3	(72.1—90.6)
10 to 15 years	62.1	(53.6—70.7)
Sex		
Females	59.4	(51.0—67.9)
Males	65.2	(57.8—72.5)
Children	62.4	(56.8—68.1)

Note: See Table 32 for recommended sleep duration based on age guideline definitions

- In 2022, children aged 0 to 15 years slept an average of 9.6 hours 9 (**Table 33**)
- Children aged 10 to 15 years slept for a shorter mean duration than children aged 5 to 9 years and children aged 0 to 4 years (8.9 hours compared with 9.8 hours and 10.4 hours, respectively).
- The mean number of hours of sleep did not vary by sex.

Table 33: Mean hours spent sleeping on a usual night, 0 to 15 years, HWSS 2022

	Number of hours spent sleeping	
	Mean	95% CI
Age group		
0 to 4 years	10.4	(9.9—10.9)
5 to 9 years	9.8	(9.6—10.0)
10 to 15 years	8.9	(8.7—9.1)
Sex		
Females	9.6	(9.3—9.9)
Males	9.7	(9.4—9.9)
Children	9.6	(9.4—9.8)

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

83.4% Western Australian children attended a primary health service at least once in 2022

4.2 average visits to a primary health service for Western Australian children in 2022

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

- Most children (83.4%) aged 0 to 15 years had used a primary health service in the past 12 months (**Table 34**).
- Health service visits in the past 12 months did not vary by sex across all types of health services included in this survey.

Table 34: Prevalance of children utilising health services in the past 12 months 0 to 15 years, HWSS 2022

	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	91.9	(85.8—97.9)	42.5	(31.5—53.4)	23.7	(14.4—33.1)	17.9	(9.5—26.4)	N/A	(N/A—N/A)	N/A	(N/A—N/A)
5 to 9 years	81.9	(75.1—88.7)	24.8	(17.3—32.3)	31.6	(22.6—40.6)	83.5	(77.3—89.6)	10.8	(5.6—16.0)	N/A	(N/A—N/A)
10 to 15 years	77.7	(70.9—84.6)	25.7	(18.8—32.6)	41.3	(32.8—49.8)	89.1	(85.1—93.1)	17.8	(12.5—23.0)	5.4 *	(0.7—10.1)
Sex												
Females	80.7	(74.7—86.7)	28.8	(21.6—35.9)	28.3	(21.5—35.2)	64.6	(56.4—72.8)	8.6	(4.9—12.4)	3.5 *	(0.6—6.5)
Males	86.0	(81.1—91.0)	32.0	(25.1—39.0)	37.1	(29.5—44.7)	66.8	(59.7—73.9)	11.5	(7.9—15.2)	N/A	(N/A—N/A)
Children	83.4	(79.5—87.3)	30.5	(25.5—35.4)	32.9	(27.7—38.1)	65.7	(60.3—71.1)	10.1	(7.5—12.8)	3.4 *	(1.1—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.
(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 as compared to children aged 5 to 9 years (5.5 mean visits compared to 3.4 visits, respectively) (**Table 35**).
- The mean number of health service visits did not vary across all types of health services included in this survey.

Table 35: Mean number of visits to health services in the past 12 months 0 to 15 years, HWSS 2022

	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	5.5	(4.3-6.6)	0.7	(0.5-1.0)	1.3 *	(0.3-2.3)	0.2	(0.1-0.3)	N/A	(N/A—N/A)	N/A	(N/A—N/A)
5 to 9 years	3.4	(2.7-4.0)	0.5	(0.3-0.7)	3.4 *	(1.7-5.1)	1.5	(1.2-1.7)	0.8 *	(0.07-1.6)	N/A	(N/A—N/A)
10 to 15 years	3.7	(2.6-4.8)	0.5	(0.3-0.7)	2.2	(1.4-2.9)	1.9	(1.6-2.1)	1.5 *	(0.8-2.3)	N/A	(N/A—N/A)
Sex												
Females	3.7	(3.0-4.3)	0.5	(0.3-0.6)	1.7	(1.0-2.4)	1.3	(1.1-1.5)	0.7 *	(0.2-1.2)	N/A	(N/A—N/A)
Males	4.6	(3.7-5.6)	0.6	(0.4-0.8)	2.9	(1.7-4.0)	1.2	(1.0-1.4)	1.0 *	(0.4-1.5)	N/A	(N/A—N/A)
Children	4.2	(3.6-4.7)	0.6	(0.4-0.7)	2.3	(1.6-3.0)	1.2	(1.1-1.4)	0.8	(0.5-1.2)	0.1 *	(0.0-0.2)

* 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.
(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:

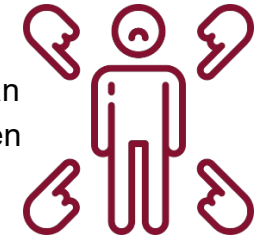
- Trouble with emotions or behaviour
- Treatment for emotional or mental health condition
- Bullying

12.0% 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

36.0% Western Australian children were reported to receive special help for trouble with emotions, concentration, behaviour or getting on with people

11.5% Western Australian children are reported to have received treatment for an emotional or mental health condition

33.4% 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 the child 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.

- Parent/carers of children aged 1 to 4 years were more likely to report no trouble with emotions, concentration, behaviour or getting on with people compared with parents/carers of children aged 10 to 15 years (71.7% compared with 50.9%) (**Table 36**).
- The prevalence of trouble with emotions or behaviour in children did not vary by sex.

Table 36: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2022

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	71.7	(60.5—82.9)	23.3	(12.9—33.8)	N/A	(N/A—N/A)	N/A	(N/A—N/A)
5 to 9 years	58.4	(49.1—67.7)	30.1	(22.0—38.3)	7.1 *	(3.0—11.1)	4.4 *	(1.2—7.7)
10 to 15 years	50.9	(42.1—59.7)	32.3	(23.9—40.8)	12.5	(7.0—18.0)	4.2 *	(1.7—6.8)
Sex								
Females	61.8	(53.7—69.9)	28.8	(21.2—36.4)	7.2 *	(3.4—11.1)	2.2 *	(0.3—4.0)
Males	55.9	(48.1—63.8)	29.7	(22.7—36.8)	10.2	(5.6—14.7)	4.2 *	(1.9—6.5)
Children	58.7	(53.1—64.3)	29.3	(24.1—34.5)	8.8	(5.8—11.8)	3.2	(1.7—4.7)

* 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 who reported that their child has any trouble with emotions, concentration, behaviour or getting on with people were then asked whether they thought their child needs special help for these troubles.

- It is estimated that 36.0% of children aged 1 to 15 years needed special help for difficulties relating to emotions, concentration, or behaviour problems (**Table 37**).
- The prevalance of children needing special help did not vary by sex.

Table 37: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration, or behavioural problem, 1 to 15 years, HWSS 2022

	Need special help for an emotional, concentration or behavioural problem	
	%	95% CI
Age group		
1 to 4 years	N/A	(N/A—N/A)
5 to 9 years	45.4	(32.9—57.8)
10 to 15 years	37.6	(26.6—48.5)
Sex		
Females	35.2	(23.4—47.1)
Males	36.7	(26.8—46.6)
Children	36.0	(28.4—43.7)

* 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.

7.2 Treatment for emotional or mental health condition

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

- Approximately one in nine (11.5%) children aged 1 to 15 years received treatment for an emotional or mental health condition (**Table 38**).
- The prevalence of treatment for an emotional or mental health condition did not vary by age group and sex.

Table 38: Prevalence of children ever treated for an emotional or mental health condition, 1 to 15 years, HWSS 2022

	Ever treated for an emotional or mental health condition	
	%	95% CI
Age group		
1 to 4 years	N/A	(N/A—N/A)
5 to 9 years	10.2	(5.2—15.1)
10 to 15 years	19.8	(14.1—25.4)
Sex		
Females	10.5	(6.3—14.7)
Males	12.4	(8.4—16.3)
Children	11.5	(8.6—14.4)

* 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.

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.

- One-third (33.4%) of children had been bullied in the past 12 months and 9.0% were estimated to have bullied (**Table 39**).
- The prevalence of children who had been bullied, had bullied, and have both bullied and been bullied did not vary by age group or sex.

Table 39: Prevalence of children who have been bullied and/or have bullied in the past 12 months, 5 to 15 years, HWSS 2022

	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	37.0	(27.5—46.5)	11.1	(5.8—16.3)	9.0 *	(4.2—13.7)
10 to 15 years	30.1	(21.9—38.4)	7.2 *	(2.2—12.2)	3.8 *	(1.6—6.0)
Sex						
Females	35.6	(26.6—44.6)	5.4 *	(1.8—9.0)	4.1 *	(0.9—7.3)
Males	31.4	(22.8—40.1)	12.2 *	(6.2—18.2)	8.0	(4.2—11.8)
Children	33.4	(27.2—39.7)	9.0	(5.3—12.6)	6.1	(3.6—8.6)

* 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

68.4% Western Australian children were reported as doing well or very well in school over the past 12 months

54.8% Western Australian children almost always looked forward to going to school each day

8.1 Overall school performance

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

- The prevalence of children that reported to ding well or very well at school was 68.4% (**Table 40**).
- The prevalence relating to school performance did not vary by age groug or sex.

Table 40: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2022

	Very well		Well		Average		Poor or very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	24.2	(16.9—31.5)	43.2	(32.8—53.6)	26.2	(18.3—34.1)	4.4 *	(0.7—8.1)
10 to 15 years	38.2	(29.6—46.7)	31.1	(22.7—39.5)	23.5	(16.4—30.6)	5.5 *	(0.8—10.1)
Sex								
Females	35.4	(27.2—43.6)	31.9	(22.7—41.2)	28.6	(20.1—37.1)	4.1 *	(0.7—7.6)
Males	28.5	(20.0—37.0)	41.0	(31.2—50.7)	21.1	(15.0—27.2)	5.8 *	(0.9—10.6)
Children	31.8	(26.0—37.7)	36.6	(29.8—43.4)	24.7	(19.5—30.0)	5.0 *	(1.9—8.0)

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

8.2 Attitude toward attending school

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

- More than half (54.8%) of children almost always looked forward to going to school each day (**Table 41**).
- The prevalences relating to how frequently children look forward to school did not vary by age group and sex.

Table 41: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2022

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	N/A	(N/A—N/A)	9.8 *	(2.7—17.0)	19.5	(11.3—27.6)	63.8	(53.4—74.1)
10 to 15 years	4.6 *	(2.0—7.1)	14.0	(8.3—19.8)	28.3	(19.7—36.9)	47.3	(38.6—56.1)
Sex								
Females	2.4 *	(0.1—4.8)	9.7 *	(3.0—16.4)	25.2	(16.1—34.2)	59.2	(49.6—68.7)
Males	3.8 *	(1.5—6.0)	14.4	(8.3—20.5)	23.5	(15.4—31.5)	50.7	(41.2—60.1)
Children	3.1 *	(1.5—4.7)	12.1	(7.6—16.6)	24.3	(18.3—30.4)	54.8	(48.1—61.5)

* 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]

67.1% Western Australian children live in families where it was strongly disagreed that the family does not usually get on well

43.8% Western Australian children live in families that strongly disagreed that planning family activities is usually difficult

53.7% Western Australian children live in families that strongly disagreed that their family avoids discussing concerns

15.0% Western Australian children were estimated to be in a family with poor family functioning in 2022

[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 (67.1%) children were estimated to live in a family where it was strongly disagreed that the family does not usually get on well (**Table 42**)
- The prevalances of whether the family does not usually get on well together did not vary by age group or sex.

Table 42: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2022

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	6.5 *	(0.9—12.0)	25.6	(16.1—35.1)	67.9	(57.6—78.2)
5 to 9 years	N/A	(N/A—N/A)	24.0	(16.5—31.4)	69.3	(60.3—78.3)
10 to 15 years	7.0 *	(2.1—12.0)	28.4	(20.8—35.9)	64.6	(56.3—72.9)
Sex						
Females	6.4 *	(1.3—11.4)	26.9	(19.7—34.2)	66.7	(58.7—74.7)
Males	7.2 *	(2.8—11.5)	25.4	(19.3—31.4)	67.5	(60.5—74.4)
Children	6.8	(3.5—10.1)	26.1	(21.4—30.8)	67.1	(61.8—72.4)

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

[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 the child whether planning family activities is usually difficult.

- Approximately one in six (15.9%) children were estimated to live in a family where it was agreed or strongly agreed that planning family activities was usually difficult (**Table 43**).
- The prevalances of whether planning family activities was usually difficult did not vary by age group or sex.

Table 43: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2022

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	11.2 *	(4.1—18.2)	47.3	(36.1—58.5)	41.5	(30.4—52.6)
5 to 9 years	15.7 *	(7.9—23.4)	40.5	(30.8—50.1)	43.9	(33.9—53.8)
10 to 15 years	19.8	(13.0—26.6)	34.7	(26.6—42.7)	45.5	(36.6—54.4)
Sex						
Females	18.6	(11.4—25.9)	39.6	(31.7—47.4)	41.8	(33.6—49.9)
Males	13.3	(9.1—17.5)	41.0	(33.2—48.8)	45.7	(37.7—53.7)
Children	15.9	(11.7—20.1)	40.3	(34.8—45.8)	43.8	(38.1—49.5)

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

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

- One in twelve (8.3%) children were estimated to live in a family where the family usually avoided discussing fears and concerns openly with each other (**Table 44**).
- The prevalances relating to whether the family usually avoided discussing their fears and concerns openly with each other did not vary by age group and sex.

Table 44: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2022

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	5.3 *	(0.2—10.4)	43.2	(32.2—54.2)	51.4	(40.3—62.6)
5 to 9 years	13.3 *	(5.5—21.0)	35.5	(26.2—44.9)	51.2	(41.2—61.2)
10 to 15 years	6.4 *	(1.5—11.3)	36.0	(27.7—44.2)	57.6	(48.9—66.3)
Sex						
Females	8.8 *	(4.3—13.3)	38.5	(30.3—46.7)	52.7	(44.4—61.0)
Males	7.8 *	(2.5—13.1)	37.6	(30.3—44.9)	54.6	(46.8—62.4)
Children	8.3	(4.8—11.8)	38.0	(32.6—43.5)	53.7	(48.0—59.4)

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

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

- One in ten (10.5%) 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**).
- The prevalances relating to problems with decision making because the family misunderstands each other did not vary by age group and sex.

Table 45: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2022

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	8.4 *	(1.9—14.8)	48.0	(36.9—59.1)	43.7	(32.6—54.7)
5 to 9 years	10.3 *	(5.2—15.4)	41.2	(31.6—50.8)	48.5	(38.4—58.5)
10 to 15 years	12.3 *	(6.2—18.5)	41.7	(32.9—50.4)	46.0	(37.3—54.7)
Sex						
Females	13.0	(6.9—19.2)	39.4	(31.4—47.5)	47.5	(39.3—55.8)
Males	8.1	(4.9—11.3)	47.2	(39.3—55.0)	44.7	(36.8—52.6)
Children	10.5	(7.0—14.0)	43.4	(37.8—49.1)	46.1	(40.4—51.8)

* 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.

- The prevalence of children who lived in a family with poor family function was 15%. (**Table 46**).
- The prevalence of poor family functioning did not vary by age group and sex.

Table 46: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2022

	Poor family functioning	
	%	95% CI
Age group		
0 to 4 years	7.1*	(1.8—12.4)
5 to 9 years	22.2	(12.8—31.7)
10 to 15 years	15.2	(8.8—21.7)
Sex		
Females	16.9	(10.0—23.9)
Males	13.2	(7.9—18.4)
Children	15.0	(10.7—19.3)

* 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 the child were asked how their geneal health is.

- More than half (50.0%) of parents/carers reported themselves to be in excellent or very good general health (**Table 47**).
- Self-reported general health status of the parents/carers of the child did not vary by the children age group or sex.

Table 47: General health of the parents/carers of child, HWSS 2022

	Excellent		Very good		Good		Fair / Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	23.2	(14.9—31.6)	27.3	(18.5—36.1)	43.4	(33.6—53.2)	5.1 *	(0.7—9.4)
5 to 9 years	12.6	(7.5—17.6)	38.9	(31.5—46.3)	34.1	(26.9—41.3)	10.8	(6.1—15.5)
10 to 15 years	18.0	(13.3—22.7)	30.9	(25.2—36.5)	37.1	(31.2—43.0)	9.8	(6.1—13.4)
Sex								
Females	12.7	(8.4—17.1)	40.4	(34.0—46.7)	34.2	(28.0—40.4)	9.6	(5.8—13.5)
Males	20.7	(16.1—25.4)	26.9	(21.8—32.0)	39.8	(34.2—45.4)	8.8	(5.6—12.1)
Children	17.2	(14.0—20.5)	32.8	(28.7—36.8)	37.4	(33.2—41.5)	9.2	(6.7—11.7)

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

10.2 Mental health

Parents/carers of the child 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 five (22.8%) of parents/carers reported that they have been told by the dotor that have depression, anxiety, stress or another mental health condition in the past 12 months (**Table 48**).
- Approximately one in five (19.4%) of the parents/carers of children were currently receiving treatment for a mental health condition.
- The prevalence of receiving treatment for a mental health condition did not vary by the children age group or sex.

Table 48: Current mental health status of the parents/carers of child, HWSS 2022

	Any mental health condition (a)		Respondent currently receiving treatment (b)	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	11.0 *	(4.8—17.2)	11.0 *	(4.8—17.2)
5 to 9 years	33.5	(26.3—40.7)	25.7	(19.1—32.4)
10 to 15 years	20.5	(15.5—25.5)	18.5	(13.7—23.3)
Sex				
Females	20.3	(15.0—25.5)	16.7	(11.9—21.6)
Males	24.8	(19.9—29.8)	21.4	(16.7—26.1)
Children	22.8	(19.2—26.5)	19.4	(16.0—22.8)

(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 the child were asked to rate how often during the past four weeks they felt a lack of control over their life in general.

- Less than half (44.3%) of parents/carers reported never feeling lack of control over life in general, while nearly a quarter (24.6%) felt a lack of control rarely and approximately one in five (23.4%) felt a lack of control over life in general sometimes (**Table 49**).
- The prevalence of lack of control over life in general among parents/carers did not vary by the children age group or sex.

Table 49: Lack of control over life in general during past four weeks, parents/carers of the child, HWSS 2022

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group										
0 to 4 years	50.0	(40.2—59.8)	33.0	(23.8—42.2)	14.0	(7.2—20.8)	N/A	(N/A—N/A)	N/A	(N/A—N/A)
5 to 9 years	43.4	(35.8—50.9)	22.3	(15.9—28.6)	23.5	(17.0—30.0)	6.6 *	(2.8—10.4)	4.2 *	(1.1—7.3)
10 to 15 years	42.7	(36.7—48.8)	22.7	(17.6—27.9)	27.1	(21.6—32.5)	5.9 *	(3.0—8.8)	1.6 *	(0.0—3.1)
Sex										
Females	44.1	(37.6—50.5)	22.9	(17.4—28.4)	24.2	(18.6—29.8)	6.2 *	(3.0—9.3)	2.6 *	(0.5—4.7)
Males	44.6	(38.9—50.3)	25.9	(20.8—30.9)	22.8	(18.0—27.6)	5.1 *	(2.6—7.6)	1.7 *	(0.2—3.2)
Children	44.3	(40.1—48.6)	24.6	(20.9—28.3)	23.4	(19.8—27.1)	5.6	(3.6—7.5)	2.1 *	(0.9—3.3)

* 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 the child were asked to rate how often during the past four weeks they felt a lack of control over their personal life.

- Less than half (48.8%) of parents/carers reported never feeling a lack of control over their personal life, while nearly a third (26.3%) felt a lack of control rarely and approximately one in five (18.5%) felt a lack of control over their personal life sometimes (Table 50).
- The prevalence of control over personal life among parents/carers did not vary by the children age group or sex.

Table 50: Lack of control over personal life during past four weeks, parents/carers of the child, HWSS 2022

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group										
0 to 4 years	59.0	(49.3—68.7)	28.0	(19.2—36.8)	9.0 *	(3.4—14.6)	4.0 *	(0.1—7.9)	N/A	(N/A—N/A)
5 to 9 years	43.4	(35.8—50.9)	30.1	(23.1—37.1)	17.5	(11.7—23.3)	6.6 *	(2.8—10.4)	2.4 *	(0.1—4.8)
10 to 15 years	48.4	(42.3—54.6)	23.2	(18.0—28.4)	22.8	(17.7—28.0)	4.3 *	(1.8—6.8)	N/A	(N/A—N/A)
Sex										
Females	49.8	(43.3—56.3)	25.6	(19.9—31.2)	18.9	(13.8—24.1)	4.4 *	(1.7—7.1)	N/A	(N/A—N/A)
Males	48.1	(42.4—53.9)	27	(21.9—32.1)	18.1	(13.7—22.5)	5.5	(2.9—8.1)	1.4 *	(0.0—2.7)
Children	48.8	(44.5—53.2)	26.3	(22.5—30.1)	18.5	(15.1—21.8)	5.0	(3.1—6.9)	1.3 *	(0.4—2.3)

* 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.

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

- Less than half (47.2%) of parents/carers reported never feeling a lack of control over their health, while nearly a quarter (22.0%) felt a lack of control rarely and approximately one in five (19.5%) felt a lack of control over their health sometimes (**Table 51**).
- The prevalence of lack of control over health among parents/carers did not vary by the children age group or sex..

Table 51: Lack of control over health during past four weeks, parents/carers of the child, HWSS 2022

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group										
0 to 4 years	52.0	(42.2—61.8)	22.0	(13.9—30.1)	21.0	(13.0—29.0)	5.0 *	(0.7—9.3)	N/A	(N/A—N/A)
5 to 9 years	47.3	(39.6—54.9)	20.0	(13.9—26.1)	20.0	(13.9—26.1)	10.3	(5.6—15.0)	2.4 *	(0.1—4.8)
10 to 15 years	45.3	(39.1—51.4)	23.2	(18.0—28.4)	18.5	(13.7—23.3)	9.1	(5.5—12.6)	3.9 *	(1.5—6.3)
Sex										
Females	47.6	(41.1—54.1)	20.3	(15.0—25.5)	21.6	(16.2—27.0)	7.5	(4.1—10.9)	3.1 *	(0.8—5.3)
Males	46.9	(41.2—52.7)	23.3	(18.4—28.2)	17.8	(13.4—22.2)	9.6	(6.2—13.0)	2.4 *	(0.6—4.2)
Children	47.2	(42.9—51.5)	22.0	(18.4—25.5)	19.5	(16.0—22.9)	8.7	(6.2—11.1)	2.7 *	(1.3—4.1)

* 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.

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