

### 2.4.3 Community capacity

*“Social cohesion in communities and families is an important determinant of health status, with factors such as poor access to social support networks, marginalisation and isolation having lasting negative effects on physical and emotional health and well-being”.*

*Strategic Policy Framework for Children’s and Young People’s Health 2002-2007<sup>4</sup>*

The health and wellbeing of Queenslanders is generally enhanced by social participation and community life. Current evidence indicates that active, participant directed communities are healthy places to live. Furthermore, health outcomes are more likely to be maximized when government and communities work together in partnership.<sup>105</sup> This requires support for communities to develop capacity to become active partners in the process.<sup>106</sup> This includes involvement in identifying relevant health determinant issues, and in the planning, implementing and evaluating activities to address these issues.

While the impact of community factors on population health is generally accepted, a standard set of indicators to measure and monitor community capacity is yet to be established. This section reports on selected indicators of relevance to children such as families and parenting, behavioural problems, abuse and neglect, and crime. Because there is considerable interaction and overlap among determinants, some community capacity indicators are reported in other sections of this document. For example, socioeconomic indicators such as income, education and employment are reported in section 2.4.2, and demographic indicators in the *Health service district profiles* chapter. This suite of community capacity indicators is incomplete due to lack of data or limited quality data, such as some community support services. It is envisaged that in future, indicators to monitor community capacity and quality data to support these indicators will be more readily available, and more clearly defined. For more information on community capacity refer to the *Whole of population* chapter.

#### Families and parenting

In 2001, 77% of all Queenslanders were living in a family household. Of these, 59% were living in couple family households with children, 25% were living in couple family households without children, 14% were in one-parent family households and the remaining 1% were described as living in ‘other’ family households.<sup>100</sup> In 1996, 19.8% of Queensland children lived in one-parent families, and by 2021, this is expected to increase to up to one in three children.<sup>107</sup>

There were 12,085 divorces granted in Queensland in 2001, representing a crude divorce rate of 3.3 divorces granted per 1,000 estimated resident population.<sup>108</sup> By comparison, the Australian crude divorce rate was 2.8 per 1,000 population. In 2001, 55% of divorces in Queensland involved at least one child under 18 years of age. A total of 12,534 children were involved in 6,600 divorces, giving an average of 1.9 children per divorce where children were involved. This average has remained constant over the last 10 years.<sup>108</sup>

Changes in partner and conflict between partners may result in child behaviour problems. Conflict between partners appears to have a greater impact than changes of partner. Where there is no change of partner or conflict, mothers encounter fewer child behaviour problems.<sup>109</sup>

In Queensland in 1999, 22.6% of parents of children aged 0-12 years reported that they had ever participated in a parenting program. A total of 6.4% reported that they had participated in or received parenting support through the Triple P - Positive Parenting Program, which facilitates the development of positive parenting skills through group and individually tailored interventions. A further 16.6% of parents reported that they had participated in another parenting education program or parenting course.<sup>110</sup>

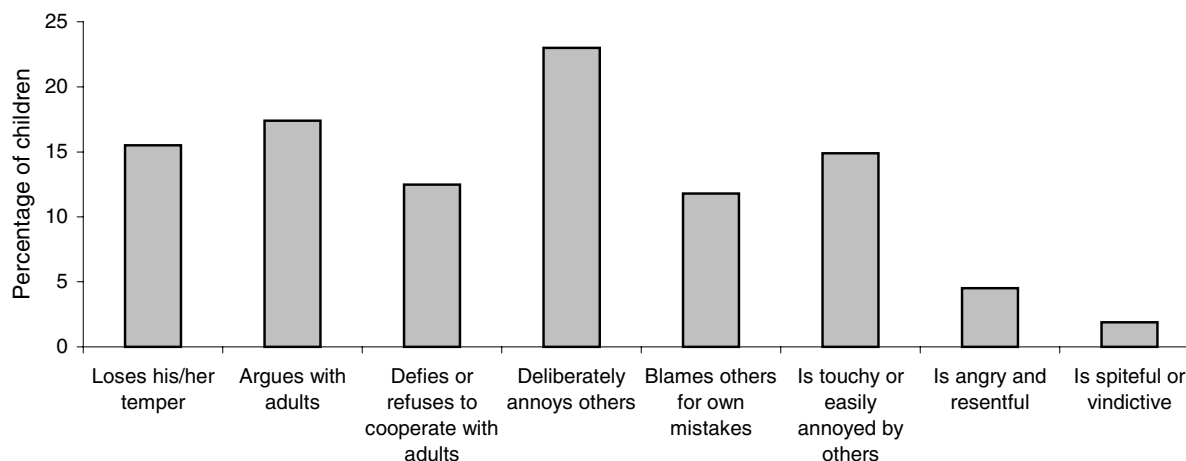
#### Behavioural problems

In Queensland in 1999, according to a parenting survey, the majority of parents (86-89%) reported that parenting was rewarding and fulfilling.<sup>110</sup> This is important given that families have a crucial role in determining children’s overall health status. It is recognised that family risk factors such as poor parenting, family conflict, family breakdown and parental stress are significant indicators for behavioural problems in children.<sup>110</sup>

The above survey<sup>110</sup> was particularly interested in the extent of conduct related problems. Although not designed to assess the prevalence of the full range of childhood behavioural and emotional problems, it was possible to assess the prevalence of disruptive or externalising (antisocial) behaviour difficulties. Parents with children aged 2-12 years were asked to indicate whether their child had engaged in any of eight specific types of conduct problems over the previous six months. Responses to these questions

were used to establish the State prevalence of oppositional defiant disorders (ODD) in children. These eight difficult behaviours included; losing temper, arguing with adults, defying/refusing to cooperate with adults, deliberately annoying people, blaming others for their mistakes, being touchy or easily annoyed by others, being angry or resentful, and being spiteful and vindictive (Figure 2.19). A diagnosis of ODD was made when a parent reported that their child had often or very often engaged in four or more of these behaviours in the last six months. Based on parents' reports of symptoms, almost 9% of children exhibited clinical levels of ODD. A small proportion of parents (5%) reported that their child's behaviour was very or extremely difficult to manage.<sup>110</sup>

**Figure 2.19: Prevalence of conduct related problems in children aged 2-12 years, Queensland 1999**



Source: Strengthening families: A survey of Queensland parents 1999

Such behavioural patterns indicate the child is at increased risk of outcomes such as antisocial behaviour, drug use, poor school performance, and attention-deficit hyperactivity disorder (ADHD).<sup>110,111</sup> Parents who reported their child to be difficult were more likely to perceive parenting as a negative experience. In addition, parents who perceived parenting as a negative experience were more likely to be mothers, to not have a partner, and to report lower levels of confidence in their parenting role. The survey revealed that one quarter of parents, who considered their child to have an emotional or behavioural problem in the previous six months, had consulted a professional about their child's behaviour in the past 12 months. This finding is consistent with other data showing that the majority of Australian parents of children with behavioural or emotional problems do not seek professional help.<sup>110,112</sup>

## Child care services

There are a number of licensed child care services available in Queensland, including family day care, kindergartens, long day care and limited hours day care. In Queensland in 2000, for licensed child care services, the largest proportion of children aged 0-5 years were placed in long day care.<sup>103</sup> This includes 80% of two-year-old children and 73% of children aged less than two years. Among children aged less than two years who utilised licensed child care services, 24% were in family day care.<sup>103</sup>

In 2002, more Queensland children aged under three years were placed in licensed child care (29.7%) than all Australian children under three years (25.2%). Among children aged 3-4 years, more Queensland children (75.0%) were in formal child care than all Australian children aged 3-4 years (72.8%).<sup>41</sup>

In 2002, Queensland children aged under three years spent a median of 16 hours per week in formal and informal child care combined, compared to a median of 13 hours per week for all Australian children. Queensland children aged 3-4 years spent a median of 18 hours per week in formal and informal child care compared to 16 hours per week for all Australian children aged 3-4 years.<sup>41</sup>

## Participation in out of school activities

In Australia in 2000, 59% of children aged 5-14 years participated at least once in an organised sport outside of school hours in the 12 months prior to survey.<sup>41</sup> About 29% of children participated in selected organised cultural activities outside of school hours. Cultural activities included playing a musical instrument, singing, dancing and drama. Overall, boys (66%) were more likely to participate in organised sport than girls (52%). However, girls (40%) were twice as likely to participate in cultural activities compared to boys (20%).<sup>41</sup> In addition to organised activities, children take part in a range of leisure

activities. In the two weeks prior to the survey, the most common leisure activity was watching TV or videos (97%), followed by playing electronic or computer games (69%) and bike riding (64%).<sup>41</sup>

Children's participation in sporting, cultural and leisure activities contributes to their physical, mental and social development.<sup>41</sup> There is concern that sedentary activities, such as watching television and playing computer games, may be taking the place of physical activity in children's lives. For more information refer to sections on 'Food and drink advertising' and 'Physical activity' in section 2.4.4.

## Abuse and neglect

There are currently no standardised measures of the prevalence of child abuse and neglect in Australia, mainly due to difficulties in both defining and measuring abuse and neglect.<sup>113</sup> In addition, there are different policies and practices in place in the various States and Territories, hence data collected are not strictly comparable between different jurisdictions.<sup>113</sup> A substantiation is a child protection notification made to relevant authorities which was investigated and where there was found to be reasonable cause to believe that the child had been, was being or was likely to be abused, neglected or otherwise harmed.<sup>113</sup>

In Queensland between 1997/98 and 2001/02, rates of substantiations in children aged 0-16 years, increased from 5.1 per 1,000 children to 8.3 per 1,000.<sup>113</sup> The increase in rates over this period in Queensland was higher than that recorded in other states and territories of Australia. The increased rates in Queensland were partly due to a broader definition of child abuse and neglect or harm that is used in this State. Among children aged 0-16 years, the highest rate in 2001/02 occurred in infants aged one year and younger (15.6 per 1,000).<sup>113</sup> Aboriginal and Torres Strait Islander children were more likely to be the subject of substantiations than non-Indigenous children. In Queensland in 2001/02, the rate of Indigenous children aged 0-16 years who were subjects of substantiations was 14.3 per 1,000 children, compared to a rate of 7.9 per 1,000 children in non-Indigenous children.<sup>113</sup>

Child abuse and neglect are usually classified into four categories; physical abuse, sexual abuse, emotional abuse and neglect.<sup>45</sup> In Queensland, the most common type of substantiation is neglect, partly due to policies in this State which focus on identifying the protective needs of a child and assessing whether parents have protected the child from harm or risk of harm.<sup>113</sup> In Queensland in 2001/02, 50% of Indigenous children in substantiations were the subject of a substantiation of neglect, compared with 37% of non-Indigenous children.<sup>113</sup>

Child abuse and neglect is associated with a number of risk factors including socioeconomic disadvantage, family breakdown and domestic violence.<sup>45</sup> Because of the substantial negative impact of abuse and neglect, such children require protection. Abuse and neglect can result in short or long term consequences. Physical and sexual abuse can have immediate impact on the child's health due to resultant injury. Long term consequences of abuse and neglect can include impaired developmental outcomes such as lower educational attainment and poor social skills.<sup>45</sup>

## Homelessness

In 2001, 10% of homeless people in Australia were estimated to be children in the age group 0-11 years, that is, those accompanying homeless adults. While this is a small proportion (0.3%) of all children of this age group, it represents 9,941 children without a home.<sup>114</sup> This indicator is reported more fully in the *Whole of population* chapter.

## Safety and crime

In Queensland in 2002/03, at every age, females were more likely to be victims of sexual offences than males, with girls in the 10-14 year age group the most likely.<sup>115</sup> In this age group, girls (629 victims per 100,000 population) were more than five times more likely to be victims of sexual offences than boys (119 per 100,000).<sup>115</sup>

Under Queensland law, children aged 0-9 years are not held criminally responsible, therefore figures for criminal offences begin at the age group 10-14 years.<sup>115</sup> Criminal offences include offences against the person, offences against property (unlawful entry, arson, theft etc) and other offences such as trespassing and traffic offences. In Queensland in 2002/03, 16,404 offences were committed by children aged 10-14 years. Of the 1,375 offences against another person committed by 10-14 year olds, 75.9% were committed by boys. Similarly, of the 12,038 offences against property, 72.1% were committed by boys.<sup>115</sup>