

***Children and Young People in Queensland  
A Snap Shot<sup>1</sup>***

***Presentation by***

***Emma Ogilvie (PhD)  
Commission for Children and Young People***

***to the***

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<sup>1</sup> This paper is derived from the *Children and Young People in Queensland: A Snapshot* report, available on the Commission for Children and Young People's website – [www.childcomm.qld.gov.au](http://www.childcomm.qld.gov.au)

## **Children and Young People in Queensland A Snap Shot**

The Commission for Children and Young People considers the monitoring of the well-being of children in Queensland, particularly relating to governmental services, a key imperative for the state government. In late 2001, the Commission engaged in producing a 'State of Children and Young People in Queensland' report, focussing upon 'indicators of wellbeing' and the 'early years' in particular.

This paper provides a 'snapshot' of basic mortality, morbidity, education, victimisation and criminality rates in Queensland and should be considered a 'first step' towards profiling children and young people in Queensland.

The paper also discusses the difficulties that arise with such as project, primarily that while the goal of developing 'indicators of wellbeing' is relatively easy to specify, actually 'measuring wellbeing' is immensely difficult. As much as anything else, the paper aims to highlight the available data that *can* provide useful indications of the levels of well-being of children and young people in Queensland and the data that is not currently available that *could* provide such indications.

In talking about well-being however, the first and most obvious question to ask however, is what 'is' well-being.

### **What is Well-being?**

This question is more complex than it may first appear. Well-being incorporates a variety of objective factors such as being healthy, being safe (from crime or violence), being financially secure, having access to resources, including education, culture, roads and transport. Well-being also however incorporates more subjective factors such as being happy (and/or even content), feeling connected to one's community and having the capacity to cope with adverse life events. These factors are intrinsic to well-being but they are usually difficult to empirically operationalise in terms of specific measures.

If we were to compile a dream list of indicators of well-being we would potentially want to consider:

- health in terms of both physical and mental health, and including factors such as mortality and morbidity rates, but also including other factors such as physical exercise, self-esteem and alienation
- education in terms of basic literacy and numeracy, but also in terms of other aspects such as engagement with school, engagement in learning and opportunities for higher education
- safety in terms of being safe from criminal violence, but also in terms of being safe from abuse, harassment and discrimination and feeling safe and secure
- risk-taking behaviours in terms of officially defined criminality but also in terms of engagement in behaviours such as smoking and binge-drinking. It is also important to note that risk-taking may not necessarily be a negative measure, with engagement in extreme sports for example potentially being a positive measure for peer relationships, health and community engagement
- peer relationships in terms of factors such as sociability and interaction
- family relationships in terms of parenting styles and emotional support provided
- community engagement in terms of participating and a sense of belonging. This could include attending church and being involved in a sporting team, but could also include a community of children and young peoples choice, such as an internet chat room

- access to resources. This includes a variety of possible factors such as poverty
- access to affordable housing, access to employment and access to child care.

Obviously the factors mentioned on this list are not mutually exclusive, and many are interactive and contingent upon one another. A family's access to resources for example may well impact upon their parenting practices which may in turn impact upon a child's physical and mental health. For the purposes of this paper, we are not able to examine all of the potentially relevant factors that may impact upon children and young people's wellbeing. Instead, we have drawn upon some key issues that arise from the literature, in terms of five main areas which have been identified as influencing children and young people's trajectories. These five areas were chosen primarily because of their ability to be analysed in terms of available administrative data in Queensland. It is important to bear in mind here that it is not the work of government departments to collect data other than that relevant to their core business, which means that even within these broad levels categories, such as health we will be examining factors such as morbidity and mortality rather than, for example, sense of self or alienation. The five broad areas investigated in the snapshot report are:

- 1) health
- 2) access to housing
- 3) education
- 4) victimisation, and
- 5) criminality.

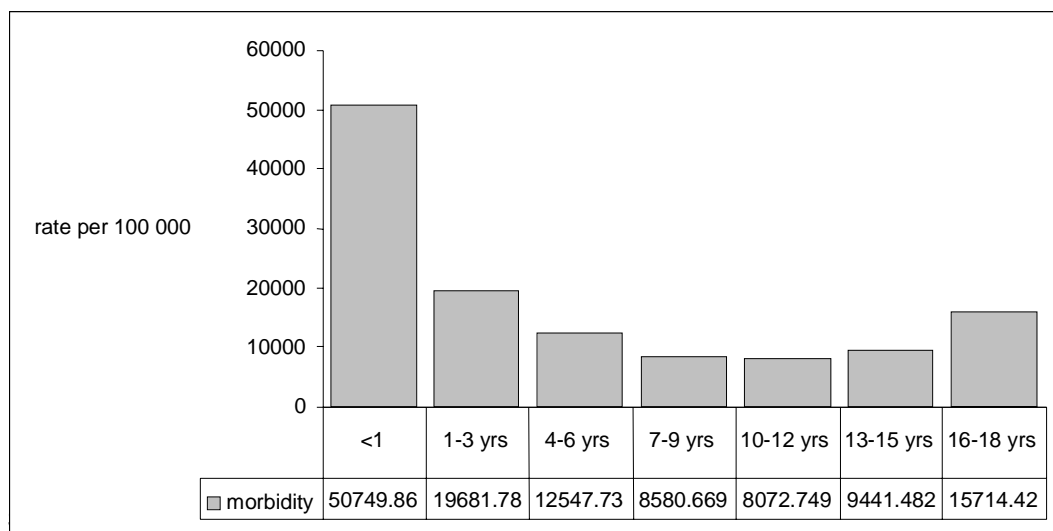
While not all of these factors are specifically relevant to the early years (eg criminality) it is useful just to quickly skim through some of the major findings found in the report, that particularly relate to those aged 0-8 years of age.

## **Administrative Data**

### **Morbidity**

Morbidity refers to all causes of illness for which children and young people may enter a hospital. For 2000/2001, estimated morbidity rates appear relatively stable in all age groups, with the single and dramatic exception of 'under ones', who are likely to enter hospital for a morbidity-related issue at a rate of 50 749.9 per 100 000. Morbidity steadily declines with age until adolescence, when it rises slightly for the 13 - 15 year olds age group (at a rate of 9 441.5 per 100 000) and then increases rapidly for those aged 16 -18 years at a rate of 15 714.4 per 100 000 (Chart 1).

**Chart 1: Morbidity by age - Queensland 2000/2001 (rate per 100 000)**



(# Preliminary data obtained Dec, 01, subject to change)

### **Mortality**

The preceding morbidity data highlights the importance of the age category of less than one year. It is encouraging to see that the mortality rate in 2000 is lower than that of 1999 for all people aged 0 - 18 years, dropping slightly from 55.6 to 54.4 per 100 000 between 1999 and 2000. However, for the high risk age of less than one year, the mortality rate rose from 580.7 per 100 000 to 627.8 per 100 000 (see Table 1).

**Table 1: Mortality by age - Queensland (rate per 100 000)**

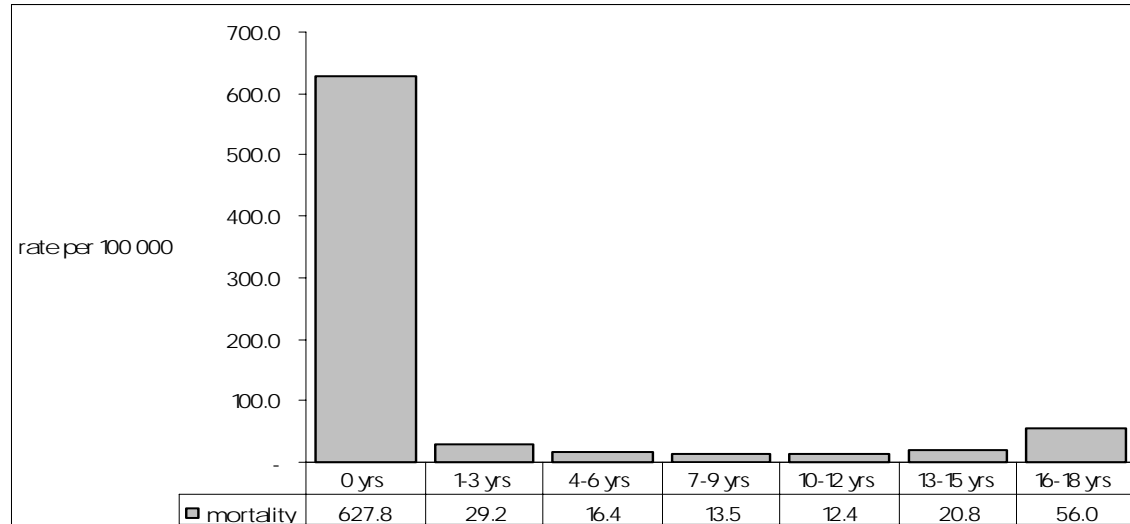
	0 yrs	1-3 yrs	4-6 yrs	7-9 yrs	10-12 yrs	13-15 yrs	16-18 yrs	Total 0-18
1999	580.7	38.0	14.5	11.7	16.1	25.4	64.7	55.6
2000	627.8	29.2	16.4	13.5	12.4	20.8	56.0	54.4

Source: ABS, Deaths Queensland 2000, unpublished data

Because of the very small numbers involved, each age group has not been collapsed by cause of mortality, but broad estimated mortality rates have been provided. Even so, caution should be exercised in interpreting the results.

Again we see that it is those aged less than one that are most vulnerable to dying, with 627.8 per 100 000 children aged under 1 year dying compared to 29.2 per 100 000 1-3 year olds and 16.4 per 100 000 4-6 year olds (Chart 2).

**Chart 2: Morbidity by age - Queensland 2000 (rate per 100 000)**

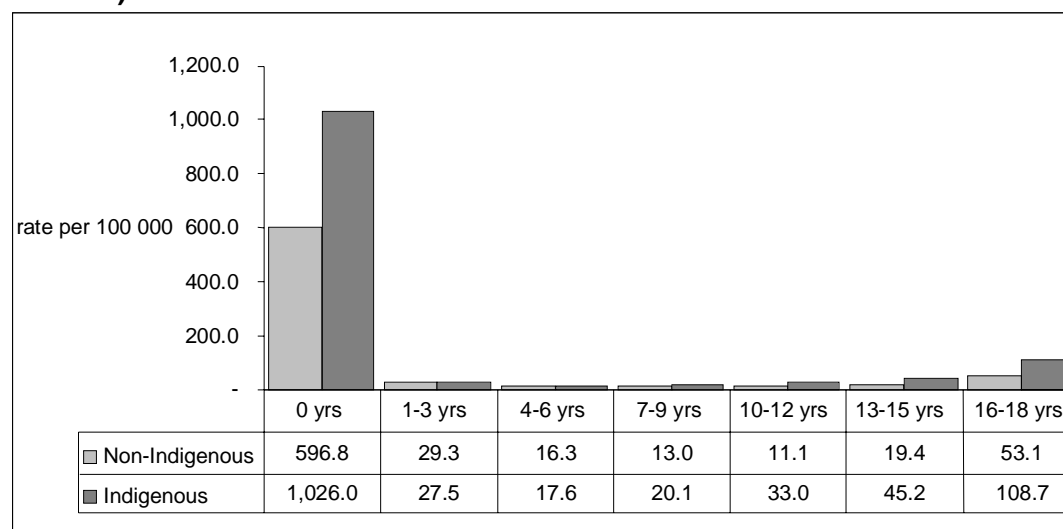


Source: ABS, Deaths Queensland 2000, unpublished data

Not surprisingly, the mortality rates of Indigenous infants outstrip the mortality rates of non-Indigenous infants, and the mortality rates for all Indigenous age groups remain higher than those of non-Indigenous groups (Chart 3). The greatest differences in 2000 are seen in the extremes of the age groups, with Indigenous children aged less than one year being nearly twice as likely to die as non-Indigenous children in the same age group (1026.0 compared with 596.8 per 100 000). Likewise, for those aged 16 - 18 years, Indigenous young people experienced a mortality rate of 108.7 per 100 000 compared with a mortality rate for non-Indigenous young people in the same age category of 53.1 per 100 000.

Countering this trend however, is the one to three year category, in which non-Indigenous children are actually more likely to die than Indigenous children (29.3 vs 27.3 per 100 000 respectively) (Chart 3).

**Chart 3: Mortality by age and Indigenous status - Queensland 2000 (rate per 100 000)**

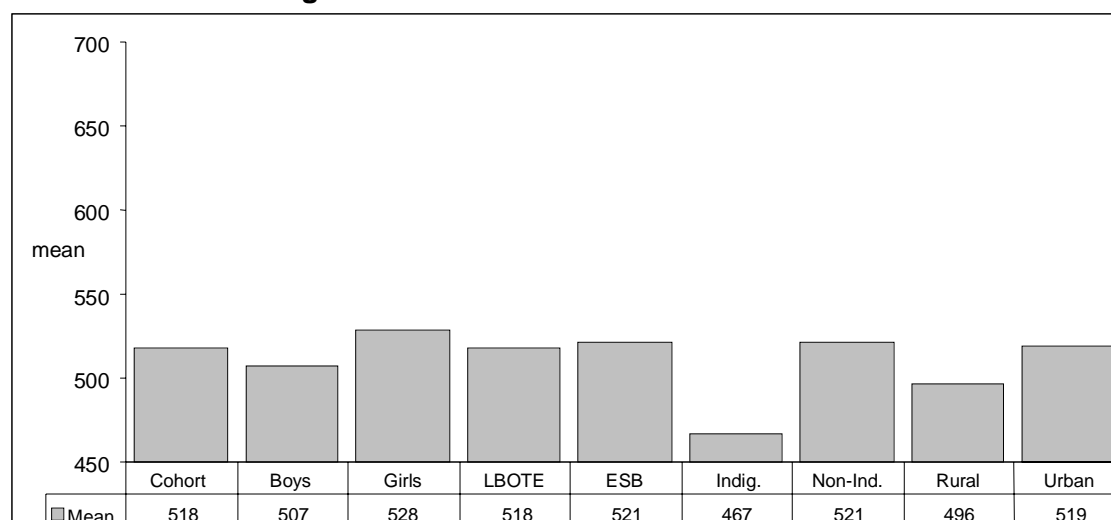


Source: ABS, Deaths Queensland 2000, unpublished data

### Reading Skills

The mean reading score for those in Year three in 2000 was 518. Females have slightly higher reading scores than males (means of 528 and 507 respectively with a difference of 21). Urban students have better reading scores than rural students, with reading scores of 519 and 496 respectively. For children in Year three, Indigenous children have a mean reading score of 467, in comparison to non-Indigenous children at 521 (a difference of 54). Interestingly, the mean score of students with a background other than English is similar to that of students with an English speaking background (Chart 4).

**Chart 4: Mean reading score: Year 3 - Queensland 2000<sup>2</sup>**



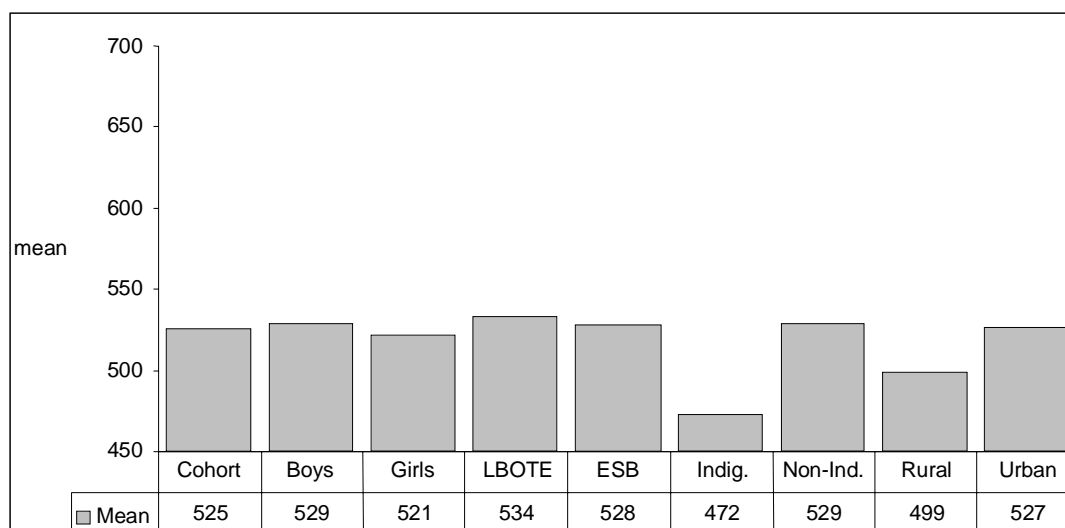
Source: Queensland School Curriculum Council

<sup>2</sup> In the following education charts, all relevant variables have been collated in the one chart (i.e. Sex, Indigeneity, Rural and Urban status etc) for convenience. However, it is important to note that students in one group can also be members of other groups presented. In the following QSCC data, LBOTE indicates language background other than English and ESB indicates English speaking background.

## Number Skills

When we examine numeracy among year 3 students in 2000, or more specifically number skills, lower mean scores are again recorded for Indigenous children. Year three Indigenous students have a mean number score of 472 in comparison with non-Indigenous children at 529, a difference of 57 - slightly more than the difference in reading at the same age. Males had slightly higher mean number scores than females (529 and 521 respectively). As with literacy skills, rural students had lower mean number scores than urban students, with mean number scores of 499 and 527 respectively (Chart 5).

**Chart 5: Mean Number Score: Year 3 - Queensland 2000**



Source: Queensland School Curriculum Council

These aspects of literacy and numeracy data are extremely important. Indigenous children have lower mean scores in both reading and number skills in Year three, and these differences increase with age, particularly in regard to number skills, where there is a 57 point difference for students in Year three in 2000 compared with a 86 point difference for students in Year seven<sup>3</sup>. For males and females, the difference in mean scores decreases with age (Table 2).

**Table 2: Difference in mean scores for literacy and numeracy by Indigenous status, rural/urban status and sex - Queensland 2000**

		Year 3	Year 5	Year 7
Indigenous/non-Indigenous	Reading	54	64	68
	Numbers	57	72	86
Rural/Urban	Reading	23	29	28
	Numbers	28	31	34
Female/Male	Reading	21	16	16
	Numbers	-8	-6	0

Source: Queensland School Curriculum Council

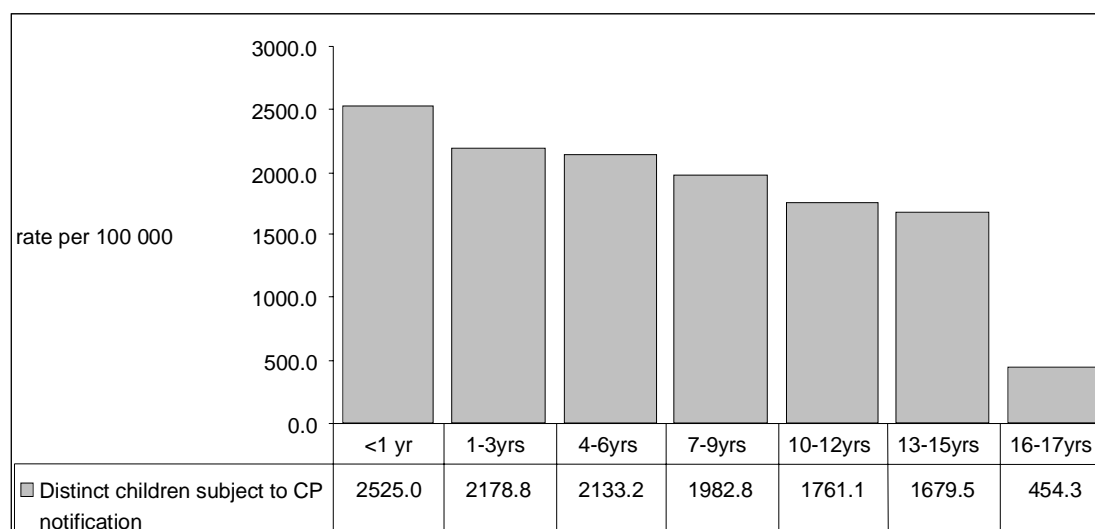
<sup>3</sup> It is important to note that these students are different cohorts and so conclusions can not be drawn as to whether this trend is a cohort effect or a temporal effect.

## Child Protection

### Notifications

“A matter constitutes a child protection notification when information indicates that a child has been harmed or is at risk of harm and does not have a parent or other family member both willing and able to protect the child from harm” (Department of Families, 2001: 2). The following charts demonstrate that those aged under one year are most likely to be subject to a child protection notification (at an estimated rate of 2 525 per 100 000). This gradually decreases with age (Chart 6).

**Chart 6: Distinct children subject to child protection notification - Queensland, 2000/2001(rate per 100 000) <sup>4</sup>**

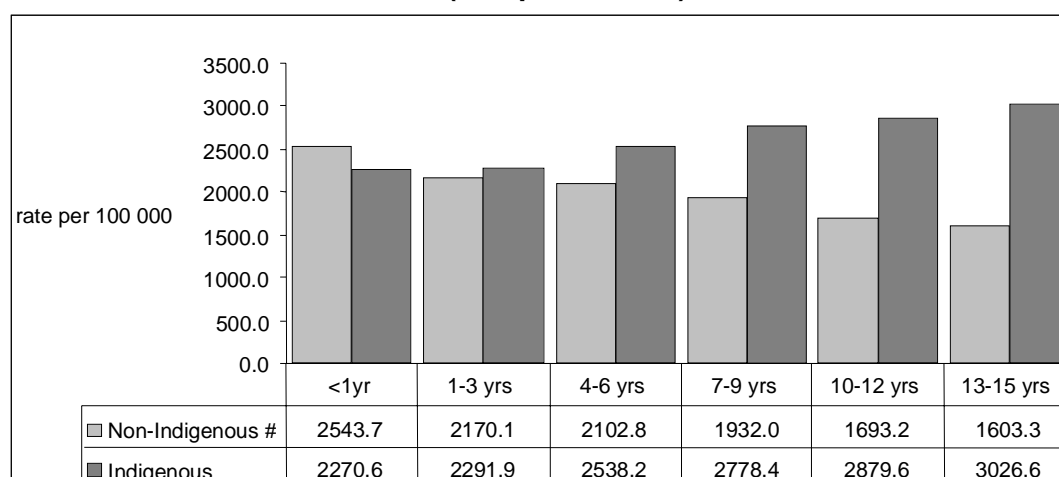


Source: Department of Families, Statistical Services Unit, as at 9th September 2001 - unpublished data

What is less expected however, are the trends in Indigenous and non-Indigenous child protection notifications (Chart 7). Non-Indigenous children under one year are more likely to receive a child protection notification than Indigenous children under one year (2 543.7 in comparison with 2 270.6 per 100 000). But unlike previous trends, non-Indigenous children’s notifications for child protection decrease with age, while Indigenous children and young people’s notifications increase, from 2 270.6 per 100 000 aged less than one year to 3 026.6 per 100 000 aged 13 - 15 years.

<sup>4</sup> All 2000/2001 data from the Department of Families refers to 1 July 2000 to 30 June 2001

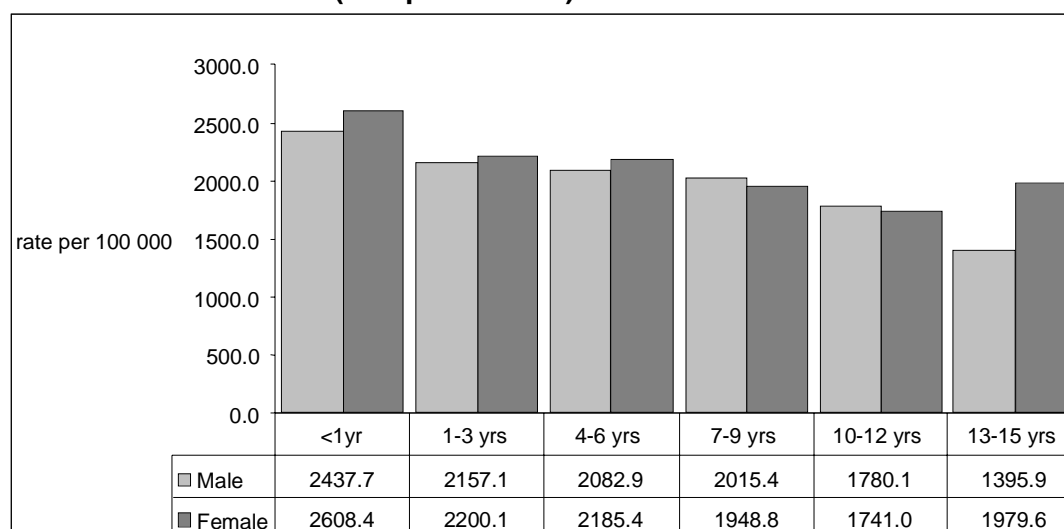
**Chart 7: Distinct children subject to child protection notification by Indigenous status - Queensland, 2000/2001(rate per 100 000)**



Source: Department of Families, Statistical Services Unit, as at 9th September 2001 - unpublished data # including non-Indigenous and those whose Indigenous status is unknown or not stated

The age most at risk is less than one year of age for both males and females (2 437.7 for males and 2 608.4 per 100 000 for females), which decreases with age (Chart 8). The only exception is females aged 13 - 15 years where a reasonably sharp increase can be seen to 1 979.6 per 100 000 child protection notifications, compared with boys of the same age, with 1 395.9 per 100 000 notifications.

**Chart 8: Distinct children subject to child protection notification by sex - Queensland 2000/2001 (rate per 100 000)**



Source: Department of Families, Statistical Services Unit, as at 9th September 2001 - unpublished data

***Protective orders by most serious type of harm***

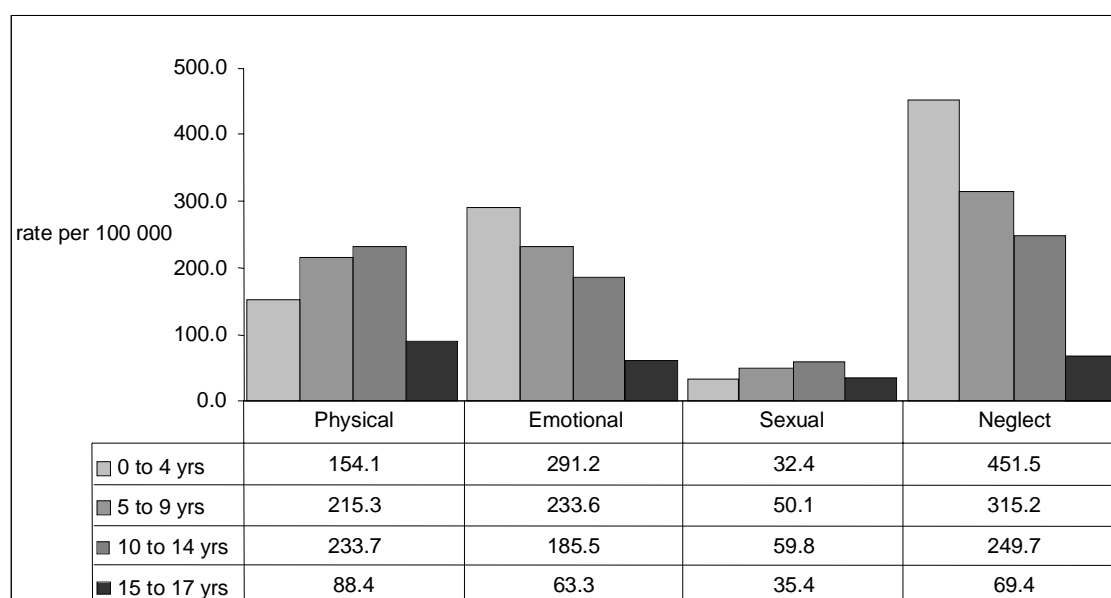
It is important to consider the types of harm to children and young people for which there are substantiated notifications. In the charts below, slightly different age

categories are used to those used previously<sup>5</sup>. In the later charts the category of sexual harm has been excluded as the very small numbers involved allow the potential identification of individuals.

The charts below indicate quite different trends, according to age, for the different types of harm. For the category of neglect, those aged zero to four years are the most at risk, at a rate of 451 per 100 000, This decreases to 249.8 per 100 000 for 10 - 14 year olds (Chart 9). A similar trend is evident for emotional harm (although the numbers are lower) where zero to four year olds are most at risk at a rate of 291.2 per 100 000, decreasing to 185.5 for 10 - 14 year olds.

In contrast, the incidence of physical harm appears to increase with age. Zero to four year olds experience physical harm at a rate of 154.1 per 100 000 compared with 10 - 14 year olds, who experience physical harm at a rate of 233.7 per 100 000 (Chart 9). There appears to be a similar trend, increasing with age, for sexual harm, although the rates are so small they should be treated cautiously.

**Chart 9: Distinct children subject to substantiated (including substantiated risk) notification, by age group by most serious type of harm substantiated - Queensland, 2000/2001 (rate per 100 000)**



Department of Families, Statistical Services Unit, as at 9th September 2001 - unpublished data

### Implications

The data presented in the preceding section provides an overview of the general health, education, victimisation and criminality levels of children and young people in Queensland. Unfortunately, as noted earlier, these findings are only indicative, as none of the various administrative data systems are directly compatible with each other, and much (if not most) of the data are collected for operational purposes rather than to provide the basis for any more general measures of well-being. What does

<sup>5</sup> The age categories are those supplied by the Department of Families. The rates for types of harm substantiated have been calculated using ABS, 1996 *Census of Population and Housing* population data.

this mean for future decision-making, as agencies move towards evidence-based policy and practice?

### ***Policy implications***

The rhetoric surrounding much current Australian policy echoes that of the United Kingdom. Initiatives are designed to promote individual and social responsibility, access to educational training and employment opportunities, to improve recreational opportunities and to tackle problems faced by young people such as homelessness and drugs (Muncie, 1999: 246). In Australia, Ross Homel and his colleagues have achieved a great deal by promoting the implementation of evidence-based programs that reduce the likelihood of young people becoming chronic offenders (see Developmental Crime Prevention Consortium, 1999). Most recently, the creation of the National Investment For The Early Years (NIFTeY) and the Australian Research Alliance for Children and Youth (ARAFCAY) represents a national level commitment to better researching and supporting early intervention to improve the well-being of children and young people.

In Queensland, there has been a variety of initiatives aimed at early intervention. These include specific Queensland Government policies such as *Putting Families First* (Queensland Government, 2000) which includes, among other priorities:

- a commitment to improving our understanding of the early years
- increased community-based family support services including expanded services for Aboriginal and Torres Strait Islanders and children with a disability
- community-based services providing prevention, early intervention, advocacy, family support and placement services, and
- support services for families with newborn babies.

Queensland Government early intervention and prevention initiatives also include home visiting and providing practical assistance to disadvantaged parents to potentially reduce the risk of children suffering child abuse. Educational materials have also been provided to at-risk groups which address issues such as child development, health, nutrition, safety and effective parenting.

The early years are also being considered in other arenas such as crime prevention, where early childhood and parent support initiatives provide assistance to parents and families to overcome behavioural and developmental problems for children (Taskforce on Crime Prevention, 1998).

Queensland Health has been involved in running a number of Positive Parenting Programs (Triple P) developed by the Parenting and Family Support Centre at the University of Queensland. It has also established a Young Parents Support Program and an Indigenous Parenting Support Program as a part of its Early Intervention Parenting Support Initiative. In addition, the department is engaged in an Early Intervention for Safe and Healthy Families Initiative (EISHFI) which integrates the Family CARE Nurse Home Visiting Program (a home visiting program for families with newborn babies at risk of poor health and social outcomes) with its Domestic Violence Initiative (DVI).

PeakCare has also sponsored an Early Intervention Project to coordinate and integrate early intervention services for children, young people and families. The Department of Families also runs several projects intended to assist disadvantaged young people in Queensland, such as the Which Way You Mob project designed to help Indigenous young people in rural and remote areas.

Most recently, Premier Beattie provided \$54 million for prevention and early intervention initiatives in order to refocus Queensland's child protection system to ensure its effectiveness and efficiency.

Specific initiatives (among others) include

- More than \$25 million over four years to conduct prevention and early intervention trials involving non- government service delivery partners
- Strategies to address the over-representation in the child protection system of Aboriginal and Torres Strait Islander children and young people
- \$250 000 for an across – government initiative for children identified early in school life as being at risk of poor educational and social outcomes
- \$1 million for community councils and organisations in Cape York to provide broad support to families and tackle domestic and family violence and dangerous behaviours such as petrol sniffing.
- \$3.2 million over four years for trials of expanded services to assist children returning from care to their families and communities.  
(see Queensland Government Press Release, 20 June, 2002)

The Commission will be monitoring the effectiveness and impact of these initiatives, however, for these emerging programs to lead to practical outcomes, we need to improve our understanding of what is actually occurring in the real world. At present, this is a difficult exercise if the only data available are from agency-specific administrative data sets.

To genuinely improve policy, we must improve the core data we draw on. With this in mind, there are two different, although related, aspects to consider:

- comparable data, and
- appropriate data.

### **Comparable administrative data**

Recently, the Federal Department of Family and Community Services (Zubrick et al, 2000) released a report examining indicators of social and family functioning. The report calls for:

*a set of social and family functioning indicators be selected on the basis of their capacity to measure risk exposures known to be on the causal pathways of poor health, educational, social and criminological outcomes. These indicators should be included in the regular social and health survey publications of key government agencies on children, young people and their families. Population health researchers should also be encouraged to incorporate these indicators into research designs (Zubrick et al, 2000: xi).*

While an admirable suggestion, our ability to put it into practice is limited by the data sources available in each jurisdiction. There is a more pressing need to make better use of the data we already have, while setting in train processes to improve data sources in the future. The data presented in this paper strongly suggest that there are young people in need who are not being responded to by social services as effectively as we would wish. While the data we have is less than ideal, it still reveals service gaps that must be addressed as a matter of urgency. This in turn suggests we need to improve our ability to deliver services where they will be most useful. As resources are finite, we must ensure efficiency and effectiveness in spending public money.

We know there are some demographically well defined groups of people using multiple government services at far higher levels than other groups. The data presented in this paper demonstrates that Indigenous children and young people appear to be disadvantaged in terms of every administrative data set drawn on. Indigenous children and young people have a higher mortality rate in hospitals, have lower literacy and numeracy scores aged 5 - 12 years, have a higher suspension rate aged up to 16 years, and are more likely to end up on a youth justice order aged 14 - 17 years than other groups of children and young people. What we don't know however is whether these children and young people are the 'same' children and young people simply progressing from one agency to the next, or whether they are different groups of young people. Are we dealing with multiple groups each with particular problems or a single group with multiple problems? (Ogilvie, 2001).

If it emerges that children and young people are accessing multiple services, this is not necessarily inappropriate. Many current government policies are structured around whole-of-government and multi-agency approaches. If there are specific groups being counted consistently in all administrative data sets, this may indicate services are working. In the absence of sound empirical data, there is no way of knowing whether these young people are the same group travelling through government services, whether they are different groups of young people who need different resources, and whether our 'care' is actually assisting them (Ogilvie, 2001).

It is essential then, that Queensland services which assist children and young people in various ways, begin to seriously examine the nature of their data and the possibility of ensuring comparability across programs. As noted previously, this is not a new exercise, with the Office of the Premier and Cabinet actively pursuing greater coordination of administrative data as part of an increasing interest in whole-of-government strategies.

Queensland Health, for example, is currently clarifying its own 'key indicators' of child health across its different branches. In the area of criminality in particular, great attention has been placed on the importance of comparable data, with initiatives such as the Integrated Justice Information Strategy (IJIS) considering the feasibility of common person and case identifiers which would allow tracking of people and cases through the criminal justice system. The implementation of such integrated services would ensure that integrated, complete, accurate and timely information is provided to appropriate criminal justice agencies. It will also enable shared knowledge, improved decision-making, and better outcomes for the community. Further, it will minimise duplication of process and provide seamless management of young people and adults through the criminal justice system.

At the Commonwealth level, a recent report for the National Community Services Information Management Group provided a detailed overview of the potential for statistical data linkage in Community Services data collections, noting that the benefits include:

- identification of any gaps or overlaps in service provision between programs (or across agencies)
- identification of the progression pathway of client groups through community services programs
- ability to look at the range of government programs offered by different agencies from the client's point of view, and
- ability to assess the (intended or unintended) impacts of one program on another (Statistical Linkage Key Working Group, 2002: 7).

However, in general, few of the various projects associated with data co-ordination have met with any great success to date. This may be because they focussed primarily on the issue of *data* linkage, without first clarifying the issue of data complementarity. While linking data may be an extremely beneficial exercise for a variety of systems so we better understand whether the services they are providing are actually working, it is impossible to initiate such a plan without first ensuring the data collected are actually compatible.

The current absence of coordinated administrative data systems means policy options cannot be effectively evaluated in cost benefit terms because agency outputs cannot be measured with validity or reliability. Performance measurement/output indicators must be capable of aggregation so government as a whole can judge performance and the performance of individual agencies with respect to each other. More specifically, comparable measures are required to ensure that children's well-being is being sponsored by all the agencies responsible for their care. Few dispute the need to start integrating data systems across agencies where relevant, but first there is a need to ensure a degree of comparability between data systems, such as common use of the same definitions, measures and/or variables. It is critical to note that achieving data compatibility by having common business rules is a vastly cheaper exercise than achieving an over-arching integrated common data system. In any case, this would succeed or fail on the basis of how extensively it links diverse data sources unified by an adherence to common business rules.

It is also critical to recognise that this recommendation is not simply a desire for more rigorous data. It is recognised that governmental data sets are precisely that, and are developed for a variety of reasons relating to the core business of agencies. However, acknowledging this does not alter the fact that at present, we have only minimal information to help us answer even the basic accountability question – how well are we contributing to the well-being of children and young people in Queensland?

### ***Appropriate survey data***

There is also a need to begin collecting appropriate data on children and young people's well-being to more effectively sponsor children and young people. We need state level information on issues such as children's social competence and social skills, their attachment to their family, their capacity for empathy, and their sense of belonging to a community, to more fully measure children and young people's well-being in Queensland.

In many ways Australia is making substantial progress on this issue. The Longitudinal Survey of Australian Children represents a welcome acknowledgment of the importance of having national level data on children in Australia. Unfortunately, it is unlikely to allow jurisdictional level analyses of children and young people's well-being in states other than New South Wales and Victoria<sup>6</sup>.

Nonetheless, initiatives such as the Longitudinal Survey of Australian Children are of enormous value, especially if used in a similar way to initiatives in Canada. Canadian children and young people projects include their National Longitudinal Survey of Children and Young People, which is particularly powerful, as it allows analyses at both the national and the provincial levels. Other projects include the mapping of

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<sup>6</sup> At the time of writing, the Queensland sample size was estimated to be slightly too small to be capable of providing statistically valid Queensland estimates. If so, the data available from the LSAC is more likely to provide useful *indicators*, rather than useful *evidence*, of the state of children and young people in Queensland.

community resources, including the types of programs available and the physical environment of communities, together with data from their Early Development Instrument (EDI) (see Connor, 2001). This means the data resulting has enough depth to be used as building blocks for policy and practice, which serve to improve children's lives, and allow for the continual monitoring of the welfare of Canada's children and young people, and so the ongoing evaluation of Canada's services. Instruments such as the EDI and the National Longitudinal Survey of Canadian Youth (NLSCY) allow for investigations far broader than for example, literacy and numeracy, as they focus on issues such as:

- physical health and well-being
- social competence
- emotional maturity
- language and cognitive development
- communication skills and general knowledge (Janus and Offord, 2000),

This allows for the examination of community supports, parenting style, and barriers to effective resource use (the NLSCY) as well as children's health, social competence, emotional maturity, communication skills and their overall well-being (the EDI).

It is this kind of information is coming to the fore in evidence-based approaches. This term provides a convenient label for a wide range of initiatives explicitly based on the scrutiny and analysis of quantitative data. The interest in evidence-based approaches demonstrates concern about reliability, validity and accountability of services and the most effective use of public money. The growing prevalence of evidence-based approaches can be seen as the coming together of the fiscal concerns of Queensland Treasury, the research rigour concerns of social scientists and the desire of practitioners to achieve the best possible outcome for their clients.

### **Summary**

There is now a well-established body of research indicating that the early years in particular, and childhood and adolescence more generally, are critical years. At these stages, negative or positive factors can produce negative or positive developmental pathways. There is also increasing evidence that early interventions can help mitigate or 'sponsor' these effects. It is surprising, then, that such a basic exercise as collating a 'state of the state' report on Queensland's children and young people proved to be a difficult project.

The importance of this exercise is high, as:

*knowing more about children's well-being will also enable us to compare the status of children across different time periods and in different locations. Such comparisons are essential if we want to evaluate the policies that are under our control in order to discern whether they are helping children to do better or are contributing or failing to prevent negative consequences for children (Ben-Arieh et al, 2001: 9).*

The issues that we return to, however, are those that were raised at the beginning of this paper, i.e.:

- a) what are our key indicators, and
- b) how well does our current data allow us to measure indicators of well-being.

As we know, sustainable social development needs to begin by establishing what are compulsory 'needs' for sponsoring people's well-being and what are sought-after 'wants' in order to better sponsor people's well-being (see Osberg, 1992).

Unfortunately,

*To do this while keeping children at the centre of inquiry requires an understanding of popular assumptions and values held about children, the labour market participation of parents, and the relationship between families and the state. Reliable access to this kind of information is limited, however, by the kinds of data collected (Stroik and Jensen, 1999:41).*

To fulfil these requirements, we need the building blocks of good policy and practice to promote children and young people's well-being. This means we need data that are comparable, appropriate, accurate and comprehensive. Without such data we cannot ever really know the level of well-being of children and young people in Queensland, and we cannot really know what to do to preserve and enhance the health, safety and happiness of tomorrow's adults.

Whenever we use units of administrative data, we are dealing with individual aspects of a larger picture made up of multiple factors which interact in complex and ever changing ways. Administrative data does not usually provide the fine-grained detail needed to examine concepts such as 'well-being'. Administrative data does however allow us to take a snapshot of basic mortality, morbidity, education, victimisation and criminality rates in Queensland. While such data do not let us know if Queensland's children are receiving high emotional support from, for example, their families, it does tell us the critical areas where we are succeeding, and/or failing, in our responsibilities to their basic welfare.

As you will all be more than aware, when we talk about child development, we are talking about the development of the whole child – physical, social, emotional and cognitive. It is important, then, that whatever the specific issue we are focussing on - education, crime, victimisation, health or some other aspect – it must be recognised as just one of many intersecting and interacting factors. Sometimes this results in risk accumulation and sometimes in resilience enhancement, depending on the precise nature of the mix at the time. Getting the mix right for optimal well-being means agencies that work with children and young people need to work with other agencies who can help them enhance children's development in areas other than their own specific priority.

*Investments in children will be most successful when efforts are co-ordinated, when providers work in partnership, when their efforts are comprehensive, and when the child is treated as a whole person who is developing in the context of his or her family and community (Danziger and Waldfogel, 2000:14).*

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