

# Appendix

## **In this section ...**

- Notes on the data
- Notes on the indicators and data sources
- Sources of information for Sections 5 and 6
- Glossary

*This page intentionally left blank*

## Notes on the data

### Data

#### Measures used

Data are presented as percentages or rates per population. Where it was considered that variations in the age distribution of the population for any variable could affect the analysis, the data have been age standardised (by the indirect method). An example is the indicator for early school leavers (people who completed Year 10 or below, or did not go to school), as completion of schooling beyond Year 10 has increased over the years. For example, the population aged 80 years had lower rates of school completion than did the population aged 60 years, or 40 years. Age standardisation adjusts for, and removes, this age cohort influence in the data.

#### Socioeconomic status groups

In the absence of any direct measure of socioeconomic status in the datasets from which the indicators have been constructed, the socioeconomic status of the address of the population has been used as a proxy measure: the address is the usual resident address of the person to whom the statistic refers (e.g., of young women smoking during pregnancy; of overweight or obese children). The areas for which the data were available (SLA) were ranked by the Index of Relative Socio-economic Disadvantage (IRSD) score for the population in that SLA (for additional information on the IRSD, see *Notes on the indicators and data sources*, below). This ranked list was then split into five groups, each with approximately 20% of the State's population. Thus, group one comprises the areas with the highest IRSD scores (highest socioeconomic status, or most advantaged, areas) and group five comprises areas with the lowest IRSD scores (lowest socioeconomic status, or most disadvantaged, areas). The IRSD used was from the 2006 Census.

#### Reliability of ABS Census data: note on Introduced random error copied from Census Dictionary Australia 2006 (Reissue) ABS cat. No. 29.1.0 (underlining below is author's)

Data obtained from the ABS Census and presented in this report are subject to random adjustment of the data is considered to be the most satisfactory technique for avoiding the release of identifiable Census data. When the technique is applied, all cells are slightly adjusted to prevent any identifiable data being exposed. These adjustments result in small introduced random errors. However the information value of the table as a whole is not impaired. The technique allows very large tables, for which there is a strong client demand, to be produced even though they contain numbers of very small cells.

The totals and subtotals in summary tables are also subjected to small adjustments. These adjustments of totals and subtotals include modifications to preserve the additivity within tables. Although each table of this kind is internally consistent, comparisons between tables which contain similar data may show some minor discrepancies. In addition the tables at different geographic levels are adjusted independently, and tables at the higher geographic level may not be equal to the sum of the tables for the component geographic units.

It is not possible to determine which individual figures have been affected by random error adjustments, but the small variance which may be associated with derived totals can, for the most part, be ignored.

No reliance should be placed on small cells as they are impacted by random adjustment, respondent and processing errors.

When calculating proportions, percentages or ratios from cross-classified or small area tables, the random error introduced can be ignored except when very small cells are involved, in which case the impact on percentages and ratios can be significant.

#### Remoteness

For each variable in the atlas, details were calculated of the average percentage or rate, for each of the five ASGC Remoteness classes (ref ABS). For example, for participation in vocational education and training, the average percentage of all such people in SLAs in remoteness class one (Major Cities) was calculated and shown in a graph with the average percentage in each of the other four categories. The ASGC Remoteness classification thereby provides a summary measure of the characteristics of the population, for each of the variables mapped, categorised by accessibility to the largest populated centres.

### Maps

The maps show data for the usual resident address of the person to whom the statistic refers (e.g., of women smoking during pregnancy; of overweight and obese children).

Where possible, data have been mapped for metropolitan Adelaide (as defined by the four metropolitan State Regions) and South Australia. The areas mapped are Statistical Local Areas (SLAs). In metropolitan Adelaide, three of the 52 SLAs are equivalent to a Local Government Area (LGA) and the remainder are smaller than an LGA (with the exception of Torrens Island, which is not incorporated as an LGA, and for which data are not mapped).

In the map of South Australia, in 2006 (the date of the boundaries used for most indicators), 43 of the 76 SLAs are equivalent to an LGA, ten LGAs are split into smaller SLAs and the nine areas not incorporated as LGAs – the unincorporated areas of the State – are also SLAs. On this State map, metropolitan Adelaide is shown as one area (i.e., SLAs within Adelaide are not shown) and the remainder of the State (referred to as the country, or country South Australia) is shown by SLA.

Some SLA names, which refer to well-known towns, have been shortened when used in the text: these are Barossa - Tanunda (referred to as Tanunda in the text); Barmera - Barmera (Barmera) and Barmera -Berri (Berri); and Port Pirie City Districts (M) (Port Pirie).

In the maps, some areas are shown as data 'not mapped'. Data have not been mapped where there are fewer than 100 people, or fewer than 5 cases for the particular indicator.

### **Regional totals**

Under the State Regions, a small proportion of Unincorporated Whyalla (5.7% of a population of 209) and Unincorporated Far North (1.0% of a population of 1,541) should be included in "Eyre and Western". However, as the data provided to PHIDU are often at the SLA level, and there are minimal populations involved, 100% of both these SLAs have been allocated to "Far North".

## Notes on the indicators and data sources

### Comparisons between jurisdictions (page 61)

AEDI: proportion of children developmentally on track and developmentally vulnerable by domain of the AEDI: all indicators <sup>(3)</sup>

NAPLAN: proportion of students below the national minimum standard: all indicators <sup>(21)</sup>

*Note: The NAPLAN figures shown in this table are calculated on a different basis to those shown elsewhere in Section 5. They have been included for purposes of comparison with the other States and Territories.*

#### Secondary education

- Full-time participation in secondary school education at age 16  
*Source: ABS Census 2006 (unpublished)*
- Apparent retention rates (Years 10, 11, 12)  
*Source: ABS Schools Australia 2008, ABS Cat No. 4221.0*

#### Post secondary education

- Participation in vocational education and training, 15 to 24 years  
*Source: NCVET (unpublished)*

#### Learning or earning

- Young people at ages 15 to 19 earning or learning  
*Source: ABS Census 2006 (unpublished)*

#### Child health and wellbeing indicators

- Birthweight: low birthweight babies  
*Source: Australian Health Departments; Data periods: NSW, Vic, WA & Tas - 2004 to 2006; SA - 2003 to 2005; NT & ACT - 2004 to 2005*
- Smoking: Mothers smoking in pregnancy  
*Source: Australian Health Departments; Data periods: NSW & WA - 2004 to 2006; SA - 2003 to 2005; Tas: 2003 to 2005; NT & ACT - 2004 to 2005*
- Infant mortality: deaths before one year of age  
*Source: ABS Deaths and Births data, 2002 to 2006 (unpublished)*
- Immunisation: children fully immunised at 12 months  
*Source: Australian Child Immunisation Register, Medicare Australia, 2008*
- Child abuse or neglect (0 to 18 years): notifications  
*Source: AIHW, 2007/08*
- Disability: profound or severe core activity restrictions for people 0 to 24 years living in the community  
*Source: ABS Census 2006 (unpublished)*

#### Population indicators

- Summary measure of disadvantage: IRSD score  
*Source: ABS Census 2006*
- Children in welfare-dependent and other low income families  
*Source: Centrelink, June 2006; and ABS Estimated Resident Population, 30 June 2006*
- Welfare-dependent population: Females receiving the Parent Payment  
*Source: Centrelink, June 2009; and ABS Estimated Resident Population, 30 June 2008*
- Welfare-dependent population: Total population receiving an unemployment benefit, including CDEP  
*Source: Unemployment benefit - Centrelink, June 2009; CDEP - FaHCSIA, 2007; and ABS Estimated Resident Population, 30 June 2008*
- Welfare-dependent population: young people (15 to 24 years) receiving an unemployment benefit  
*Source: Centrelink, June 2009; and ABS Estimated Resident Population, 30 June 2008*
- Educational attainment, whole of population, proportion left school before year 11  
*Source: ABS Census 2006 (unpublished)*

## Distribution of children and young people - current and projected (page 66)

Current - ABS Estimated Resident Population, 30 June 2008

Source: *ABS Estimated Resident Population, 30 June 2008*

Projected - The data presented here are projections, not predictions or forecasts, and are intended to illustrate the growth and change in population which would occur if certain assumptions about future levels of fertility, mortality, internal migration and overseas migration were to prevail over the projection period. The assumptions incorporate recent trends which indicate increasing levels of fertility and net overseas migration for Australia.

These population projections were prepared by the ABS as consultant to the Australian Government Department of Health and Ageing. The projections are not official ABS data. The base Estimated Resident Population (ERP) is preliminary for 2007, based on final 2006 Census-year ERP; later years are projected. ERP age/sex cells have been confidentialised through perturbation, though this does not affect SLA totals. SLAs with total ERP under 500 have generally been held constant as reliable projections are not possible for the very small age/sex cells involved.

These projections are a revised set using preliminary 2007 Census-based ERP and assumptions from the 2006-2101 issue of Population Projections, Australia (ABS Cat. No. 3222.0). The 2006-based SLA projections were a preliminary version and are now superseded.

The assumptions of fertility (birth rates), mortality (death rates) and migration underpinning the projections are primarily based on historical patterns and trends specific to each area. **CONDITIONS OF USE:** Specific Conditions of Use apply in respect of the use of the data and information prepared here as it was based, in part on, customised Population Projections for Statistical Local Areas prepared for the Australian Government Department of Health and Ageing. Accordingly, terms and conditions must be acknowledged, understood and accepted BEFORE the material presented at this site is used for any purpose. Refer to:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-stats-lapp.htm>

Source: *ABS Population Projections, 2010, 2015, 2020 and 2025; Customised Population Projections for Statistical Local Areas prepared for the Australian Government Department of Health and Ageing prepared by the Australian Bureau of Statistics.*

## Aboriginal and Torres Strait Islander children and young people (page 72)

Children and young people identifying in the Census as Aboriginal and/or Torres Strait Islanders (0 to 24 years) expressed as a proportion of the total population in the same age group.

Source: *ABS Census 2006*

## Children living in jobless families (page 76)

Children under 15 years in families in which no parent is employed expressed as a proportion of total children under 15 years.

Source: *ABS Census 2006 (unpublished)*

## Children living in welfare-dependent and other low income families (page 78)

The number of children aged under 16 years and living in families receiving an income support payment (Sole Parent or Disability Support Pension; unemployment, sickness or special benefits; or the Family Tax Benefit B) is expressed as a percentage of all children aged under 16 years.

The data do not include children in families receiving unemployment payments under the Community Development Employment Program, a job creation scheme for Aboriginal communities. To this extent, the percentages of children in some areas will be understated: this is particularly likely to be the case in remote areas of the State, where Aboriginal people are a larger proportion of the population.

Source: *Centrelink, June 2006; and ABS Estimated Resident Population, 30 June 2006*

## Disadvantage: summary measure of socioeconomic disadvantage (page 80)

The Index of Relative Socio-Economic Disadvantage is one of four socioeconomic indexes produced from the 2006 Census.

It is derived, using principal component analysis, from attributes such as low income, low educational attainment, high unemployment, jobs in relatively unskilled occupations and variables that reflect disadvantage, rather than measure specific aspects of disadvantage (e.g., Indigenous status and separated/divorced). Full details of the composition and construction of this and the other three indexes are available from the Information Paper, Socio-Economic Indexes for Areas, Australia, 2006 ABS Cat. No. 2039.0.

Source: ABS SEIFA, Census 2006

## Participation in preschool education (page 82)

Preschool children aged three to four years, expressed as a proportion of all children aged 3 to 4 years.

Source: ABS Census 2006

Note: These figures, in particular the smaller numbers of children, should be used with caution. As enrolment data from the three school systems were not available at the geographic level required ((SLA), data from the 2006 Population Census have been used as a proxy. This introduces a number of problems, in particular for data by Indigenous status, where the numbers of Aboriginal students at the SLA level in metropolitan Adelaide can be quite small. In order to have a numerator (the number of preschool students) and a denominator (children of preschool age) that are comparable, it was necessary to specify an age range for preschool students: this was set at ages three and four. The ABS uses a process (referred to as perturbation) to confidentialise cells in their tables. This introduces random errors into the tables, such that the numbers do not add up and, at times, make little sense. For example, the ABS data show there to be 40 children aged three to four years in Coober Pedy, eight of whom are attending preschool; when these same data are extracted by Indigenous status (excluding those for whom Indigenous status was not stated on the Census form), the total number of children is 34, of whom 10 are attending preschool. Another outcome of this approach is that an area with a number of people who have a particular characteristic (e.g., a profound or severe disability) can be reported as having no such people (a zero cell).

## Participation in primary school education (page 84)

Primary school students aged 5 to 12 years, expressed as a proportion of all children aged 5 to 12 years. See the note to preschool students, above.

Source: ABS Census 2006

See the 'note' under preschool students, above.

## Participation in secondary school education (page 86)

Primary school students aged 13 to 17 years, expressed as a proportion of all young people aged 13 to 17 years.

Source: ABS Census 2006

See the 'note' under preschool students, above.

## AEDI (page 89)

AEDI results are presented as average (middle or median) scores, proportions of children who are considered to be 'on track', 'developmentally at risk' and 'developmentally vulnerable'. To determine which children fall into these groupings, AEDI cut-offs have been set for each domain. The cut-offs have been created on the basis of all children who have participated in the AEDI nationally in 2009 (the whole national AEDI population). Children who score in the lowest 10 per cent of the AEDI population are classified as developmentally vulnerable. These children demonstrate a much lower than average ability in the developmental competencies measured in that domain. Children who score between the 10th and 25th percentile of the AEDI population are classified as developmentally at risk. Children who score above the 25th percentile (in the top 75 per cent) of the AEDI population are classified as on track.

Even when aggregated to SLA, some SLAs have fewer than five children and the data have not been mapped.

Source: Confidentialised Unit Record File provided by DECS, 2009

## National Assessment Program - Literacy and numeracy (NAPLAN) (page 103)

Children in Year 3, 5, 7 or 9 with below national minimum standard scores for reading and numeracy (excluding those exempt) expressed as a proportion of all children in Year 3, 5, 7 or 9.

In 2008, the National Assessment Program – Literacy and Numeracy (NAPLAN) commenced in Australian schools. All students in Years 3, 5, 7 and 9 were assessed using national tests in the aspects of reading, writing, language conventions (spelling, grammar and punctuation) and numeracy. The data required for this analysis, by Statistical Local Area of the student's address, were not available for the Catholic and other independent school's systems.

Details of participation - proportion of children present, exempt, absent and withdrawn - are included in the note on the indicator 'Participation of children in the National Assessment Program'.

Data shown are the proportion, for each aspect, of students with scores below national minimum standard for those present (excluding children exempt (see the note, below) from the test): this differs from the approach in the national reporting which includes exempted students among those below the national minimum standard.

Note: Students with a language background other than English, who arrived from overseas less than a year before the tests, and students with significant intellectual disabilities may be exempted from testing.

Source: NAPLAN, supplied by DECS, 2008

## Early school leavers (page 124)

The data presented are age-standardised rates of people who completed Year 10 or below, or did not go to school, per 100 population. See comments, above, under *Notes on the data: Measures used*.

Source: ABS Census 2006 (unpublished)

## Full-time participation in secondary school education (page 126)

16 year olds in full-time secondary school education expressed as a proportion of the population aged 16 years.

Source: ABS Census 2006 (unpublished)

## Young people aged 19 years who have completed Year 12 or equivalent (page 128)

19 year olds who have completed Year 12 or qualified at Certificate level II expressed as a proportion of the population aged 19 years.

Source: ABS Census 2006 (unpublished)

## Participation in vocational education and training (page 130)

The data presented are age-standardised rates of students aged 15 to 24 years participating in vocational education and training per 100 population aged 15 to 24 years.

Source: National Centre for Vocational Education Research Ltd., 2006; and ABS Estimated Resident Population, 2006

## Young people learning or earning (page 132)

15 to 19 year olds engaged in school, work or further education/ training expressed as a proportion of the population aged 15 to 19 years.

Source: ABS Census 2006

## Internet access at home for children and young people (page 134)

Private dwellings (with at least one person aged 16 yrs or less) with no Internet connection at home expressed as a proportion of total private dwellings with at least one person aged 16 yrs or less.

Source: ABS Census 2006

## Hospital admissions (page 136)

The data presented are age-standardised rates of admissions of 0 to 24 year olds to public acute and private hospitals in South Australia, excluding same day admissions for renal dialysis per 1,000 population aged 0 to 24 years.



Hospital admissions include episodes of hospitalisation in public acute and private (acute and psychiatric) hospitals. All admissions have been included, with the exception of the small number of same day admissions for renal dialysis. Same day admissions for renal dialysis have been excluded as they cover many repeat visits by a relatively small number of patients, who may have several admissions in a week.

*Source: SA Health, 2007/08; and ABS Estimated Resident Population, average of 30 June 2007 and 2008*

### Child and Adolescent Mental Health Service clients (page 138)

The data presented are age-standardised rates of children aged 0 to 19 years who attended the government-funded Child and Adolescent Mental Health Service per 1,000 population aged 0 to 19 years.

*Source: SA Health, 2007/08; and ABS Estimated Resident Population, average of 30 June 2007 and 2008*

### Active parental involvement with school activities (page 140)

People with school aged children who reported being actively involved in activities in their children's school expressed as a proportion of survey respondents.

Data were only collected for groups of SLAs (as some SLAs had small numbers of respondents); in presenting the data by SLA, each SLA in the affected group has been given the same data (percentage).

*Source: Telephone survey of indicators of community strength across South Australian Local Government Areas, South Australian Department for Families and Communities, 2006*

### Risk of poor pregnancy outcome (page 142)

The results of the seventeen perinatal risk factors (see list below) were calculated separately; and then areas with nine or more individual risk factors with a poor outcome (e.g., per cent of low birthweight babies higher than the South Australian average; fewer antenatal visits), are given a 'high risk' score

This data is collected through the Perinatal Statistics Collection and includes maternal socio-demographic, medical and obstetric information, as well as characteristics and outcomes of the baby. Studies undertaken by the Epidemiology Branch (SA Health Commission) in 1986 on these data identified seventeen risk factors that were most predictive of adverse perinatal outcomes. Certain risk factors directly or indirectly reflect the socioeconomic status of women for whom these events are recorded.

A summary perinatal risk score has been calculated for each SLA. The score is calculated by examining the frequency with which a poorer outcome was recorded on individual risk factors (e.g., percentage of mothers with low birthweight babies, or with previous still births), in relation to the South Australian average. SLAs were considered to be 'high risk' for adverse perinatal outcomes if nine or more individual risk factors had a poor outcome, compared with the South Australian average.

Risk factors most predictive of adverse perinatal outcomes: Aboriginal maternal race; single marital status; high parity; previous still births; previous neonatal death; previous pregnancy termination; few antenatal visits; young maternal age; obstetric complications; complications of labour/delivery; homebirth; low birthweight; pre-term birth; low Apgar score; prolonged time to establish regular breathing; congenital abnormality; perinatal death.

*Source: SA Health, 2003 to 2005*

### Smoking in pregnancy (page 144)

Women aged 15 to 24 years who reported that they smoked during their pregnancy expressed as a proportion of pregnant women aged 15 to 24 years.

*Source: SA Health, 2003 to 2005*

### Four year old children who are overweight or obese (page 146)

Four year old boys/ girls assessed as being obese/ overweight on the basis of their measured height and weight expressed as a proportion of all four year old boys assessed.

These data were provided by staff of the Children, Youth and Women's Health Service (CYWHS) who have, for a number of years, collected height and weight information for children aged from four years three months to five years (collectively referred to as four year old children). The measurements are taken at child care and preschool centres by staff of CYH, with an average coverage at these ages of just over 75% over the period. The data shown are for four year old boys assessed as being obese on the basis of their measured height and weight, with obesity calculated using the methodology by Cole et al. (2000).

Reference: Cole TJ et al 2000. Establishing a standard definition for child overweight and obesity worldwide: international survey. *BMJ* 320:1240-1245.

Source: *Child and Youth Health at the Children, Youth and Women's Health Service, 2004 to 2007*

### Substantiations of notifications of child abuse or neglect (page 152)

Data were provided of notifications, renotifications (within a 12 month period) and substations of notifications in 2008/09 for the population aged from zero to 18 years. The data mapped in this report are of substantiations. Substantiations of notifications to child protection notifications which were investigated and the investigation was finalised during 2008/09 and it was concluded that there was reasonable cause to believe that the child had been, was being or was likely to be abused or neglected or otherwise harmed. Data expressed as a rate (age standardised) per 1,000 population aged zero to 18 years.

The data were age standardised to the population at 30 June 2008, as the population by age at the SLA level in metropolitan Adelaide is not yet available to calculate the population at the mid-point of this period.

Source: *Families SA, Department for Families and Communities, 2008/09*

### Poor dental health of 12 year old children (page 154)

Twelve year old children attending the School Dental Service who had decayed, missing or filled teeth expressed as a proportion of twelve year old children attending the School Dental Service.

Dental caries, an indicator of poor dental health, is measured by the DMFT score - a sum of permanent teeth (T) that are decayed (D), missing (M) or filled due to caries (F).

Source: *SA Dental Service, 2004 to 2006*

### Children with a disability (page 156)

Estimated total persons, 0 to 24 years, living in the community, with a profound or severe disability, expressed as a proportion of the population aged 0 to 24 years.

The 'Core Activity Need for Assistance' variable was developed by the ABS to measure the number of people with a profound or severe disability, and to show their geographic distribution. A person with profound or severe limitation needs help or supervision always (profound) or sometimes (severe) to perform activities that most people undertake at least daily, that is, the core activities of self-care, mobility and/or communication, as the result of a disability, long-term health condition (lasting six months or more), and/or older age. Fewer people are reported under this measure as having a profound or severe disability than are measured in the ABS Survey of Disability, Ageing and Carers (SDAC): this is particularly so in relation to children and young people. The reasons for this are definitional: for example, the SDAC approach uses a filtering approach to determine whether the respondent has a disability, and the severity of that disability, as compared to the self-report approach in the Census. In addition, there is a large not-stated category in the Census data, with more people not responding to this set of questions than are reported as having a profound or severe disability. While the SDAC figures should be used as the measure for this concept, the Census data are appropriate for getting an understanding of the geographic distribution of this population group. In using the figures at the SLA level, it should be noted that data provided by the ABS have been adjusted to confidentialise tables: one outcome of the approach used by ABS is that an area with a number of people who have a particular characteristic (e.g., a profound or severe disability) can be reported as having no such people (a zero cell).

The ABS figures include people living in long-term residential accommodation in nursing homes, accommodation for the retired or aged (not self-contained), hostels for the disabled and psychiatric hospitals: the 'total' figure includes people living in these accommodation types, whereas the figures presented here for 'living in the community' exclude them. This adjustment is not as relevant for children and young people as it is for adults.

Source: *ABS Census 2006 (unpublished)*

## Sources of information for Sections 5 and 6

The following resources were used to underpin the information presented in Sections 5 to 7.

1. Australian Bureau of Statistics (ABS). Children living without an employed parent. *Australian Labour Market Statistics*, July issue [ABS Cat. No. 6105.0]. Canberra: ABS, 2004.
2. Nippress A (Strategic Policy Unit, DECS). Presentation to Senior Secondary Curriculum Workshop, Adelaide, 16 November 2007. At [http://www.youthengagement.sa.edu.au/files/links/Adrian\\_Nippress\\_RCEA.ppt](http://www.youthengagement.sa.edu.au/files/links/Adrian_Nippress_RCEA.ppt) (accessed 15 April 2008).
3. Centre for Community Child Health, Telethon Institute for Child Health Research. *A Snapshot of Early Childhood Development in Australia: Australian Early Development Index (AEDI) National Report 2009*. Australian Government, Canberra, 2009.
4. Council of Australian Governments (COAG). *National Education Agreement - Intergovernmental Agreement on Federal Financial Relations*, 2008.
5. Gørgens T, Ryan C. *The impact of additional educational qualifications for early school leavers*. Canberra: DEST, 2006.
6. Baynes H, Kilpatrick S, Abbott-Chapman J. *Youth participation in education and training and factors affecting participation: a review of resource literature and policy documents*. University of Tasmania, Hobart: Australian Clearinghouse for Youth Studies, 2002.
7. Australian Bureau of Statistics (ABS). *Household Use of Information Technology, Australia, 2006-07*. [ABS Cat. No. 8146.0]. Canberra: ABS, 2007.
8. Lareau A. Social class differences in family-school relationships: the importance of cultural capital. *Sociology of Education* 1987; 60(2): 73-85.
9. Lee JS, Bowen NK. Parent involvement, cultural capital, and the achievement gap among elementary school children. *American Educational Research Journal* 2006; 43(2), 193-218.
10. Hughes P, MacNaughton G. Consensus, dissensus or community: The politics of parent involvement in early childhood education. *Contemporary Issues in Early Childhood* 2000; 1(3): 241-258.
11. Pena D. Parent involvement: Influencing factors and implications. *The Journal of Educational Research* 2000; 94(1): 42-54.
12. South Australian Health Commission (SAHC). *Variations in perinatal risk by place of residence of mother in South Australia*. Adelaide: South Australian Health Commission, 1986.
13. Victorian Department of Human Services (VDHS). *An integrated strategy for child protection and placement services*. Melbourne: Community Care Division, VDHS, 2002
14. Australian Health Ministers' Advisory Council (AHMAC) Steering Committee for National Planning for Oral Health. *Oral health of Australians: National planning for oral health improvement: Final report*. Adelaide: South Australian Department of Human Services, 2001.
15. Armfield JM, Roberts-Thomson KF, Spencer AJ. *The Child Dental Health Survey, Australia 1999: Trends across the 1990s*. [AIHW Cat. No DEN 95]. Adelaide: The University of Adelaide, 2003.
16. South Australian Health Commission (SAHC). *Social Health Atlas Project*. Adelaide: SAHC, 1990.
17. Engle PL, Black M, Behrman J Cabral de Mello M, Gertler P, Kapiriri L et al. Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *The Lancet* 2007; 369: 229-242.
18. Zorich B, Roberts I, Oakley A. The health and welfare effects of day-care: a systematic review of randomized controlled trials. *Social Science & Medicine* 1998; 47(3): 317-327.
19. Hertzman C, Weins M. Child development and long-term outcomes: a population health perspective and summary of successful interventions. *Social Science & Medicine* 1996; 43(7): 1083-1095.
20. Graham H. Social determinants and their unequal distribution: clarifying policy understandings. *The Milbank Quarterly* 2004; 82(1): 101-124.
21. Centre for Community Child Health and Telethon Institute for Child Health Research 2009. *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, Canberra

*This page intentionally left blank*

# Glossary

## Terminology

Aboriginal	Aboriginal and Torres Strait Islander people
AEDI	Australian Early Development Index
Area	Area is the term used for the groupings of SLAs used by the Department for Families and Communities in presenting data for parental involvement in activities at their children school: the areas are Central (includes Barossa - Barossa - Angaston, - Barossa - Barossa and - Tanunda, .Barunga West, Clare and Gilbert Valleys, Coober Pedy, Copper Coast, Flinders Ranges, Goyder, Light, Mallala, Mount Remarkable, Northern Areas, Orroroo/ Carrieton, Peterborough, Port Pirie City Districts - City and - Balance, Roxby Downs, Wakefield, Yorke Peninsula - North and - South, Unincorporated Flinders Ranges and Unincorporated Far North.), Eyre Peninsula (Ceduna, Cleve, Elliston, Franklin Harbor, Kimba, Le Hunte, Lower Eyre Peninsula, Port Augusta, Port Lincoln, Streaky Bay, Tumby Bay, Whyalla, Unincorporated West Coast and Unincorporated Whyalla), Murray and Mallee (Berri & Barmera - Barmera and - Berri, Karoonda East Murray, Loxton Waikerie - East and - West, Mid Murray, Murray Bridge, Renmark Paringa - Paringa and - Renmark, Southern Mallee and The Coorong), South East (Grant, Lacepede, Mount Gambier, Naracoorte and Lucindale, Robe, Tatiara and Wattle Range - East and - West) and Southern and Hills (includes .Adelaide Hills - Central, - Ranges, - North and Balance, Alexandrina - Coastal and - Strathalbyn, Kangaroo Island, Mount Barker - Central and Balance, Victor Harbor and Yankalilla.)
Change, or variation between SLAs, Regions, by socioeconomic status, remoteness	The following terminology has been used throughout this report to describe change: <i>notable</i> – indicates a change of from 10 to less than 20% <i>marked</i> - indicates a change of from 20 to less than 50% <i>substantial</i> - indicates a change of 50% or greater
Country South Australia	The whole State, other than metropolitan Adelaide – see below
IRSD	See Disadvantage <i>summary measure of socioeconomic disadvantage</i> in <i>Notes on the indicators and data sources data</i> in the Appendix.
Metropolitan Adelaide	The area mapped that shows the built-up area of Adelaide, extending from south of Gawler in the north, to Sellicks Beach in the south
NAPLAN	National Assessment Program - Literacy and Numeracy
Not mapped	In the majority of cases, this refers to there being fewer than five events (students, hospital admissions) of children or young people living in the area; these areas have not been mapped as the data are likely to be unreliable. A small number of areas are not mapped because they have a population below 100 children and young people: Maralinga Tjarutja and Torrens Island are examples
Rate ratio/ RR	The ratio of the rate (i.e. the percentage or standardised ratio) in one area to that in another: in this report it is generally the ratio of the percentage etc. in the most disadvantaged areas to that in the least disadvantaged areas
Region	State Regions, for use by South Australian Government agencies
Remoteness	The remoteness classification used by the Australian Bureau of Statistics

## Terminology ...cont

Socioeconomic status/  
socioeconomic status  
groups (SES)

The data for each indicator have also been presented to show the extent of variation within Adelaide and within country South Australia by socioeconomic status. This is achieved by calculating the rates for each indicator by five groups of areas based on socioeconomic status, using the Index of Relative Socio-economic Disadvantage (IRSD) score for the population in the SLA, as calculated by the Australian Bureau of Statistics (ABS) from data collected at the 2006 Population Census. Group 1 comprises the SLAs with the highest IRSD scores (highest socioeconomic status, or most advantaged areas) and group 5 comprises the SLAs with the lowest IRSD scores (lowest socioeconomic status, or most disadvantaged areas). Each group comprises approximately 20% of the total population in the areas under analysis (e.g., metropolitan Adelaide or country South Australia).

Statistical Local Area(SLA)

See *Maps in Notes on the data* in the Appendix for a description

## Symbols used

..	not applicable
na	not available
nya	not yet available
0 (zero, in tables)	nil, or less than half the final digit shown