

Chapter 4

FAMILY FUNCTIONING

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Chapter 4

FAMILY FUNCTIONING

A key feature of the Western Australian Aboriginal Child Health Survey is its 'ecological' approach to describing Aboriginal child development within a 'person-in-environment' context. This recognises the importance of the family, school and local community/neighbourhood as the key interacting environments which are the most immediate influences shaping children's health, behaviour and learning. These environments are in turn shaped by the cultural and broader social and economic contexts in which they operate. The structural differences between families described in Chapter Two (e.g. family composition) have significant implications for children's outcomes. However, what actually happens within the family and how it functions can be a key protective factor building children's resilience and reducing their current and future risks associated with adversity and disadvantage. Safe, stimulating and nurturing environments enable children to learn and thrive. Conversely, dysfunctional family environments can be very harmful to many aspects of children's development and their positive transition to adulthood. This chapter describes the characteristics of families that function poorly and the associations between poor family functioning and other factors relevant to child and youth outcomes.

SUMMARY

This chapter analyses the complex set of factors that are associated with family functioning and quality of parenting. These analyses proceeded in two stages. In the first stage, the association between many individual variables and outcomes in terms of family functioning and quality of parenting was assessed through cross-tabulation analysis. This allows us to observe the characteristics of families with poor family functioning and carers with poor parenting quality. In the second stage, a statistical model was developed to tease out the factors that were independently associated with these outcomes of interest. Each model was developed in an iterative process, using the results from the cross-tabulation analysis (stage one), advice from experts in the field and evidence documented in related literature.

This summary presents the results from statistical modelling only (stage two).

Measuring family functioning

The Western Australian Aboriginal Child Health Survey (WAACHS) asked a range of questions of the primary carers of Aboriginal children to enable the derivation of a measure of how well these families functioned. The final set of nine questions was developed for the survey based on international research on family resilience. The development was guided by state-wide community consultations, with item wording completed in collaboration with a panel of Aboriginal health professionals to ensure relevance and interpretability.



SUMMARY *(continued)*

Families in the lowest quartile of the measure of functioning have been categorised as having ‘poor’ family functioning and are the primary focus of the analyses in this chapter. These 2,960 families are examined to determine the relationship between poor family functioning and the family, household, carer, child and youth, and community factors that characterise families. A complementary analysis of the factors that impact on very good family functioning has also been conducted, and aims to provide insights into the elements that support resiliency in families.

Factors significantly associated with poor family functioning

Results from statistical modelling identified 15 factors that were *independently* associated with poor family functioning – that is, they were associated with poor family functioning after accounting for the various effects of all other factors included in the model. The analyses in this chapter identified two particularly strong associations with poor family functioning:

- ◆ *Family financial strain.* When the primary carer described the family’s money situation as being typified by ‘spending more money than we get’ then they were almost three times more likely to be rated as having poor family functioning than primary carers in families that could ‘save a lot’
- ◆ *Quality of children’s diet.* The survey used four dietary quality indicators to measure whether the principles of a healthy diet were being observed in children. When less than three of the four dietary indicators were met, on average, there was an increased likelihood of poor family functioning — the odds ratios were almost four when 0–1 indicators were met and over two and a half when an average of two indicators were met.

A number of other factors were found to be significantly associated with the level of family functioning in households with Aboriginal children. Specifically, there was an elevated risk of poor family functioning when:

- ◆ there was poor quality of parenting
- ◆ a child needed to stay with other family or friends because of a family crisis or the child’s behaviour
- ◆ the primary carer had no involvement in Aboriginal organisations
- ◆ the primary carer did not regard Aboriginal ceremonial business as important
- ◆ the primary carer had a lack of interest in Aboriginal events
- ◆ religion/spirituality was seen as not important
- ◆ overuse of alcohol was causing problems in the household
- ◆ the primary carer had been arrested or charged
- ◆ the partner of the primary carer had been arrested or charged
- ◆ the family had more than one place of residence during the year
- ◆ a child was at high risk of clinically significant emotional or behavioural difficulties
- ◆ children had vision problems.
- ◆ the primary carer was educated beyond Year 12



SUMMARY (continued)Factors *not* independently associated with poor family functioning

A number of factors found to be significantly associated with poor family functioning in the cross-tabulation analysis were not found to be *independently* associated in the statistical model. That is, their association could be explained by the presence of other factors. This applied to the following factors:

- ◆ carer factors such as: forced separation; attendance at Aboriginal funerals or ceremonies in the year before the survey; whether the primary carer spoke an Aboriginal language; the physical health of the primary carer; use of Mental Health Services; and having someone to yarn to about problems
- ◆ family and household factors such as overcrowding
- ◆ child factors such as children being cared for by a birth mother who used both alcohol and tobacco during pregnancy.

Factors significantly associated with poor parenting quality

In addition to assessing factors associated with poor family functioning, factors specifically associated with poor parenting quality were also assessed. This showed a range of carer, family, household and child and youth factors to be independently associated with poor quality of parenting. Specifically, there was an elevated risk of poor parenting quality when:

- ◆ the primary carer was 19 years of age or younger
- ◆ there were two or more young children (aged 0–3 years) in the household
- ◆ the family had another place that they lived in for parts of the year
- ◆ overuse of alcohol caused problems in the household
- ◆ the primary carer had attended an Aboriginal funeral in the last 12 months
- ◆ the primary carer regarded Aboriginal ceremonial business as not important.



INTRODUCTION

Whether large or small, and regardless of their diversity, all families are faced with complex challenges, including balancing interrelationships among family members, celebrating achievements, communicating expectations, values and beliefs, emotionally and materially supporting family members, honouring traditions and customs, and providing for material and economic needs. Families vary in their abilities to fulfil many of these important functions. Relationship quality, the health of each family member, the presence of life stress, work and finance each contribute to how carers and children manage the many demands of family life. Good family functioning is generally positively associated with child outcomes. Likewise, previous findings from the Western Australian Aboriginal Child Health Survey (WAACHS) have shown a strong association between poor family functioning and poor emotional and behavioural outcomes for children living in the family.¹ Family functioning has also been shown to have strong associations with the social, economic and psychological environment of the immediate family and wider community.²

The WAACHS asked a range of questions designed to measure how well families function. These questions have been considered collectively in order to create a single measure of 'family functioning' for analysis (see comment box entitled *How family functioning was measured in the WAACHS*). The bulk of this chapter focuses on the factors associated with *poor* family functioning. In examining relationships with poor family functioning, the key factors that are independently associated with poor family functioning have been identified. These factors provide an insight into the child, carer, family and community circumstances that impact on poor family functioning and drive disadvantage in Aboriginal populations. This knowledge will help guide the identification of remedial measures to address poor functioning in families with Aboriginal children.

The analysis of poor family functioning is complemented by an examination of families with *very good* family functioning. This is designed to help elucidate the factors that characterise families that function well, and to provide a pointer to the type of issues that aid the development of resilience in families — that is, the characteristics and behaviours that can strengthen families, help them to function well and which may provide an element of protection from dysfunctional family interactions.

MEASURING FAMILY FUNCTIONING

For the purposes of this publication, there were 2,960 (CI: 2,720–3,220) primary carers and 6,620 (CI: 6,020–7,270) Aboriginal children aged 0–17 years who were regarded as being part of a family that functioned poorly. These populations represented 23.6 per cent (CI: 21.6%–25.6%) of all primary carers of Aboriginal children and 22.2 per cent (CI: 20.2%–24.4%) of all Aboriginal children, respectively (see commentary box entitled *How family functioning was measured in the WAACHS* for a definition of poor family functioning) (Tables 4.1 and 4.2). These carers and children, and their families and communities, form the basis of the analyses in this chapter.



HOW FAMILY FUNCTIONING WAS MEASURED IN THE WAACHS

Family functioning was measured using a survey tool developed following state-wide Aboriginal community consultation which emphasised the importance of family as a major source of strength to Aboriginal peoples. Family is important in defining identity and a sense of connectedness to kinship and culture, and the way in which families operate can help family members cope with disadvantage, adverse life experiences and stress.

The advice from consultation was incorporated in a nine-item scale. The scale was based on key family protective and family recovery factors identified by McCubbin et al's (1996) review of the international research on family resilience.³ The item wording was developed in collaboration with a panel of Aboriginal health professionals to ensure that they were consistent with standard Australian English usage and their meaning could be easily conveyed or interpreted for survey respondents whose first language was Aboriginal English or a traditional Aboriginal language.

The final nine items are presented in the following table, along with the family resilience and protective factor that each item addresses.

FAMILY PROTECTIVE FACTORS MEASURED BY WAACHS FAMILY FUNCTIONING SCALE

<i>Family protective factor</i>	<i>WAACHS family functioning scale item</i>
Accord: Balanced interrelationship among family members that allow them to resolve conflicts and reduce chronic strain	The way we get on together helps us to cope with the hard times
Celebrations: Acknowledging birthdays, religious occasions, and other special events	We like to remember people's birthdays and celebrate other special events
Communication: Sharing beliefs and emotions with one another. Emphasis on how family members exchange information and caring with each other	We find it easy to talk with each other about the things that really matter
Hardiness: Family members sense of control over their lives, commitment to the family, confidence that the family will survive no matter what	We are always there for each other and know that the family will survive no matter what
Financial management: Sound decision making skills or money management and satisfaction with economic status	When it comes to managing money we are careful and make good decisions
Leisure activities & interests: Similarities and differences of family member preferences for ways to spend free time	Our family has a lot in common in the interests we share and the things we do
Acceptance: Tolerance of family member traits, behaviour, general outlook and dependability	People in our family are accepted for who they are
Support network: Positive aspects of relationships with in-laws, relatives and friends	We have good support from our in-laws, relatives and friends
Traditions: Honouring holidays and important family experiences carried across generations	We have family traditions and customs we would like to pass on to our children

Source: McCubbin MA and McCubbin HI (1996)

Continued



HOW FAMILY FUNCTIONING WAS MEASURED IN THE WAACHS *(continued)*

For each of the nine items in the WAACHS family functioning scale, carers were asked how well the statements matched the ways things were done in their family. Carers were asked to rate each of these statements using a five-point scale: 'Not at all', 'A little', 'Some', 'Quite a lot', and 'Very much'. These items were then field tested in the pilot and dress-rehearsal stages of the survey. This established that all items were readily understood by Aboriginal respondents and that the overall scale had sound internal consistency.

Responses were summed to produce an overall score. This score was then split into quartiles for the purposes of producing a single measure of family functioning, and labelled as follows:

- ◆ Poor
- ◆ Fair
- ◆ Good
- ◆ Very good.

It should be noted that, because of the way in which the measure of family functioning has been derived, the term 'poor' is a relatively arbitrary description of the level of functioning of a family. In practice, those in the lowest quartile of the family functioning scale have been labelled as having 'poor' family functioning. In reality, the majority of families with Aboriginal children scored highly on the family functioning scale — with those in the lowest quartile typically providing ratings of 'Some' and 'Quite a lot' to the items in the scale.

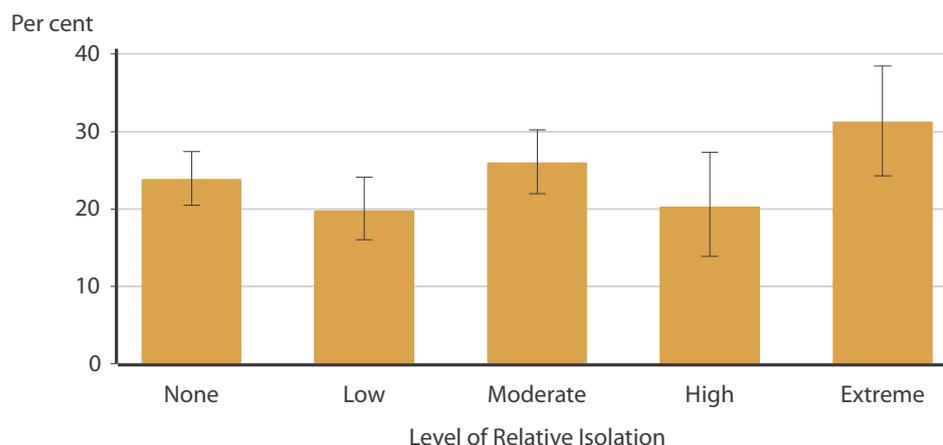
The most positive responses were reported for item 'People in our family are accepted for who they are', while the least positive responses were reported for item 'When it comes to managing money we are careful and make good decisions'. Despite the limitations of the WAACHS measure to accurately estimate the number of families that function poorly, it is still considered a robust measure for exploring the factors that impact on family functioning.

For further information on the derivation of this measure, including the responses to the nine family functioning items, see *Appendix C of Volume Two — Measures Derived from Multiple Responses and Scales* or see *Family functioning* in the *Glossary*.

DEMOGRAPHIC FACTORS AND POOR FAMILY FUNCTIONING**Level of Relative Isolation**

A higher proportion of carers living in areas of extreme relative isolation were in families with poor family functioning (31.2 per cent; CI: 24.3%–38.5%) compared with carers living in areas of low relative isolation (19.7 per cent; CI: 16.0%–24.1%). Apart from this, there were no statistically significant differences in the level of poor family functioning across LORI regions (Figure 4.1).



FIGURE 4.1: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY LEVEL OF RELATIVE ISOLATION

Source: Table 4.1

Socioeconomic status

No significant differences were found in levels of family functioning by the socioeconomic status of areas in Western Australia (as measured by the Index of Relative Socio-economic Disadvantage – see *Glossary*) (Table 4.3).

Age of children

Family functioning has also been analysed with reference to the age of the youngest and oldest child within the household (see *Chapter Two — Characteristics of families and communities with Aboriginal children* for further details of the age distribution of households with Aboriginal children). No difference was found in family functioning by the age of either the youngest or the oldest child within the household (Tables 4.4 and 4.5).

Household composition

No association was found between family functioning and household composition (Table 4.6). That is, there were no significant differences in the levels of poor family functioning across two parent, one parent, step/blended and other household types.

Multiple places of residence

There were 1,200 primary carers (CI: 1,040–1,380) who indicated that they spent part of each year living in a place other than their home at the time of the survey. A higher proportion of these families were regarded as having poor family functioning (31.5 per cent; CI: 25.8%–37.3%) than families who only had one place of residence (22.8 per cent; CI: 20.7%–24.9%) (Table 4.7).



FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

Many child and youth, carer, family, household and community factors were found to be associated with how a family functions. An analysis of the data using cross-tabulations found that, of those factors significantly associated with poor family functioning, the strongest associations appeared to be with financial strain, overuse of alcohol causing problems in the household, not having someone to yarn to, and carer relationship issues (not doing things together for enjoyment; not showing signs that they care for one another; arguments leading to pushing, shoving or hitting).

This type of cross-tabulation analysis allows us to observe what proportion of our study population exhibits a particular characteristic. Later in this chapter results from multivariate logistic regression models are presented, which report on independent associations between factors. For an explanation of the differences between the two analysis methods, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

The degree of association of each of these factors with family functioning is detailed in subsequent sections of this chapter. Many of the associations reported here are in anticipated directions. Some, however, are surprising while others are absent where they might otherwise be expected.

CHILD AND YOUTH FACTORS

This section examines the association between the health and wellbeing of Aboriginal children aged 0–17 years and family functioning. In addition, self-reported data from young people themselves have been examined with respect to their association with family functioning. It should be noted that the WAACHS did not ask questions on the topic of child abuse — the rationale for this approach and data from alternative sources are provided in commentary box entitled *Child abuse and the WAACHS* later in this chapter.

Maternal and neonatal health

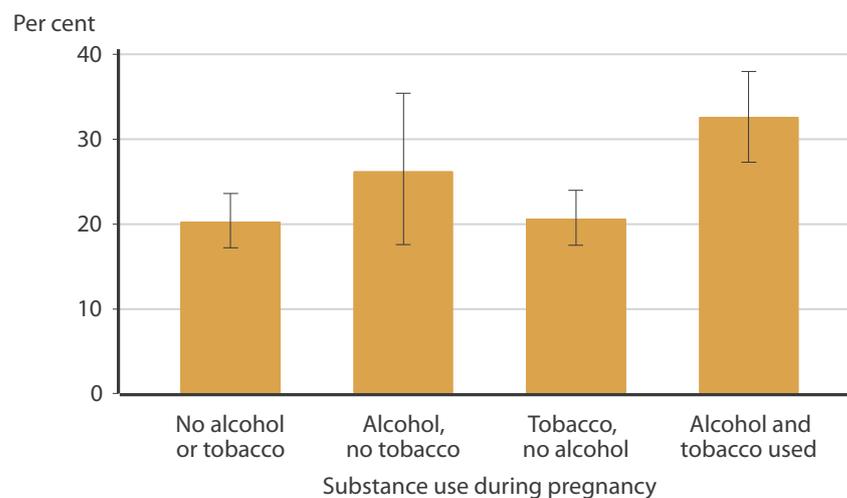
WAACHS data were linked to birth records and midwives' reports (see *Record linkage* in *Glossary*). These data have been analysed in this section to detail the associations between maternal health, and other characteristics of Aboriginal children at birth, and family functioning.

Use of alcohol and tobacco during pregnancy. Among children who were being cared for by their birth mother, the majority of mothers stated that they had used alcohol and/or tobacco during pregnancy. In a third (32.4 per cent; CI: 30.2%–34.7%) of cases, the birth mother had used tobacco but not alcohol, while 16.9 per cent (CI: 15.1%–18.8%) had used alcohol and tobacco during their pregnancy.

A higher proportion of children being cared for by a birth mother who used both alcohol and tobacco during pregnancy were living in families that functioned poorly (32.6 per cent; CI: 27.3%–38.0%) when compared with children whose birth mother did not use alcohol or tobacco (20.2 per cent; CI: 17.2%–23.6%) and those whose birth mother used tobacco but not alcohol (20.6 per cent; CI: 17.5%–24.0%) (Figure 4.2).



FIGURE 4.2: ABORIGINAL CHILDREN AGED 0–17 YEARS WHOSE PRIMARY CARER WAS THEIR BIRTH MOTHER — PROPORTION WITH POOR FAMILY FUNCTIONING, BY BIRTH MOTHER'S USE OF ALCOHOL OR TOBACCO DURING PREGNANCY



Source: Table 4.8

When the effect of substance use during pregnancy was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Percentage of Optimal Birth Weight. There was no association between an infant's weight at birth and their level of family functioning (Table 4.9).

Breastfeeding. The data presented in Table 4.10 show that there is no significant association between family functioning and whether the child had been breastfed.

Children's physical health

Although the relationship between a wide range of physical health conditions and indicators and family functioning was tested, only two child health factors were found to be significantly associated with family functioning – whether the child had normal vision in both eyes and the number of dietary quality indicators.

Normal vision in both eyes. A higher proportion of Aboriginal children aged 4–17 years who did not have normal vision in both eyes were living in families with poor family functioning (30.3 per cent; CI: 22.5%–38.9%) compared with those children who had normal vision in both eyes (20.3 per cent; CI: 18.1%–22.5%) (Table 4.11).



CHILD ABUSE AND THE WAACHS

Child abuse has received considerable attention in Western Australia in recent years, particularly since the release of the report of the Gordon Inquiry.⁵ This inquiry highlighted that child abuse was endemic in Aboriginal communities around the State and, along with other documented evidence, supports the notion that family functioning and parenting quality are associated with issues of child protection and safety.^{6,7,8} Since the Gordon Inquiry, results from child protection data collections indicate that Aboriginal children continue to be over-represented in the child protection system. In Western Australia in 2004–05, 12.2 out of every 1,000 Aboriginal children aged 0–16 years were the subject of a child protection substantiation – considerably higher than the 1.6 per 1,000 reported for non-Aboriginal children.⁷

In the community consultation phase of the development of the WAACHS, community members (particularly women) raised the issue of child physical and sexual abuse time and again. The survey team was asked if it would be possible to collect information on this topic. After many lengthy discussions, Indigenous participants and the survey team arrived at a general consensus: that to directly probe for information about physical and sexual abuse from survey respondents would jeopardise the main purpose of the survey and threaten overall participation. Hence, while carers were asked whether they had been bothered by family violence or child abuse in their neighbourhood/community, no direct measure of child abuse can be derived from WAACHS data. Therefore the association between child abuse and family functioning cannot be tested in the WAACHS data.

In retrospect, the decision to avoid an attempt to collect this data was a prudent one, as abuse of Aboriginal children became the prime focus of a major Government inquiry during the last stages of the survey. The survey data, while silent on the prevalence of child sexual abuse, are now seen to be important in informing preventive strategies.

Dietary quality. Carers were asked a number of questions relating to the diet of children in their care, including information about how often children ate fruit and vegetables, and what types of beverages were consumed. This information enabled four indicators of dietary quality to be devised. The number of these indicators met was considered an overall indicator of dietary quality (see *Dietary quality indicators* in *Glossary*).

Dietary quality was a factor significantly associated with family functioning. Some 31.7 per cent (CI: 24.3%–39.3%) of children who met only one of the four indicators of dietary quality lived in families with poor family functioning. This was significantly higher than the corresponding proportion of children who met three dietary quality indicators (17.0 per cent; CI: 14.0%–20.3%) and children who met all four indicators of dietary quality (14.0 per cent; CI: 10.4%–18.4%) (Table 4.12).



ASSESSING DIETARY QUALITY IN THE WAACHS

Methodological issues

Accurate, quantitative assessment of dietary intake is notoriously difficult in any population. For example, two common approaches are the 24 hour recall and weighed dietary intake, but both have problems arising from the tendency of respondents to give more 'socially desirable' responses.⁹ Furthermore, one-fifth of Aboriginal children in this survey lived in areas of high or extreme isolation, where variability in food availability may render a 24 hour recall of limited value in assessing dietary intake. While 'store turnover' assessment has been successfully used to measure intake of entire isolated communities,⁹ it cannot differentiate child and youth intake, nor take into account the use of bush foods not obtained through the store. With these considerations in mind, the WAACHS collected a very limited amount of dietary information from carers of children aged 4–17 years and from young people aged 12–17 years. The questions used in the WAACHS to collect diet information were loosely based on the set of questions developed for the 2001 National Health Survey.¹⁰

Indicators of dietary quality

The available data allowed some indicators of dietary quality to be devised. These indicators did not measure dietary intake, but were designed to reflect whether the principles of a healthy diet were being observed. It must be re-iterated that these indicators are based on interview responses, which were not further validated.

Indicator 1: met if water was usually drunk when thirsty.

Indicator 2: met if some form of unsweetened and unflavoured cow or soy milk was regularly consumed.

Indicator 3: met if fresh fruit was usually consumed on 6 or 7 days of the week.

Indicator 4: met if at least half a cup of a variety of at least 3 fresh vegetables, other than potato, were usually consumed on 6 or 7 days of the week.

The number of these indicators that were met was considered an overall indicator of dietary quality, with a higher number of indicators equating to a better quality diet.

Children's physical health factors *not* found to be significantly associated with family functioning.

- ◆ whether the child had ever had runny ears
- ◆ asthma
- ◆ normal hearing in both ears
- ◆ trouble getting enough sleep
- ◆ difficulties saying certain sounds
- ◆ whether the child stuttered or stammered
- ◆ whether the child needed help to get around



- ◆ whether the child experienced any physical pain or discomfort
- ◆ recurring chest, ear, skin or gastro infections
- ◆ whether the child had a disability or other serious health problem that put a burden on the carer or family as a whole
- ◆ whether the child needed special help with the activities of daily living because of an illness or disability
- ◆ whether the child had ever broken any bones
- ◆ whether the child had ever been knocked out due to an injury
- ◆ number of physical health problems.

Children's social and emotional wellbeing

Emotional or behavioural difficulties. The association between children's emotional or behavioural difficulties and family functioning has been explored based on information collected from their carers using the Strengths and Difficulties Questionnaire (SDQ). The SDQ comprised 25 questions probing five areas of psychological adjustment in children (see *Strengths and Difficulties Questionnaire* in the *Glossary* for further details on the SDQ).

As reported in *Volume Two — The Social and Emotional Wellbeing of Aboriginal Children and Young People*, an association was found between family functioning and the risk of clinically significant emotional or behavioural difficulties in Aboriginal children aged 4–17 years.

Almost three in ten (28.1 per cent; CI: 23.7%–32.9%) Aboriginal children aged 4–17 years at high risk of clinically significant emotional or behavioural difficulties were in families with poor family functioning. This was significantly higher than the proportion for those children at low risk (18.1 per cent; CI: 15.8%–20.8%) (Table 4.13).

These data also highlight that around seven in ten children at high risk of clinically significant emotional or behavioural difficulties were in families with either fair, good or very good family functioning.

Specific emotional or behavioural difficulties. The 25 items comprising the SDQ can also be used to derive 5 underlying scale scores that measure specific symptoms, problems and behaviours. These specific scale scores include: emotional symptoms, conduct problems, hyperactivity, peer problems and problems with prosocial behaviour (for details on how these specific difficulties were measured, see *Volume Two*).

Significant differences were found in the proportions of children in families with poor family functioning when analysed against the risk of clinically significant emotional symptoms, conduct problems, hyperactivity and problems with prosocial behaviour.

Just over one-quarter of children (26.0 per cent; CI: 21.8%–30.9%) at high risk of clinically significant emotional symptoms were in families with poor family functioning compared with 18.8 per cent (CI: 16.4%–21.3%) of children at low risk of such difficulties (Figure 4.3).

A similar story emerged when family functioning was analysed by conduct problems, where 25.8 per cent (CI: 22.4%–29.6%) of children at high risk of clinically significant conduct problems were in families with poor family functioning compared with 17.7 per cent (CI: 15.3%–20.4%) of children at low risk (Figure 4.3).

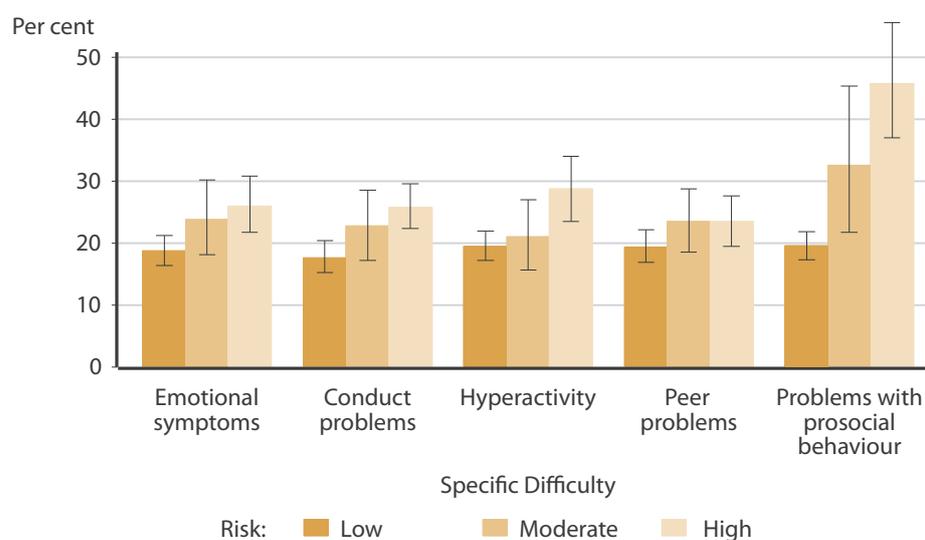
4



Almost three in ten children (28.8 per cent; CI: 23.5%–34.1%) at high risk of clinically significant hyperactivity were in families that functioned poorly. This was significantly higher than the corresponding proportion of children at low risk (19.5 per cent; CI: 17.2%–22.0%) (Figure 4.3).

A strong association was found between family functioning and children's problems with prosocial behaviour. Almost half of all children at high risk of clinically significant problems with prosocial behaviour (45.8 per cent; CI: 37.0%–55.6%) were in families with poor family functioning – significantly higher than the proportion of children at low risk of such difficulties (19.6 per cent; CI: 17.4%–21.9%) (Figure 4.3).

FIGURE 4.3: ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT SPECIFIC DIFFICULTIES



Source: Tables 4.14–4.18

Contact with Mental Health Services. An alternative measure of child mental health was obtained from administrative data which indicated whether a child had been in contact with Mental Health Services. WAACHS data was linked to Mental Health Services data and, for carers who gave consent for their children's medical records to be linked, 31.1 per cent (CI: 23.9%–38.8%) of children who had contact with Mental Health Services were in families with poor family functioning. This compares with 22.1 per cent (CI: 20.0%–24.3%) of children who had no such contact (Table 4.19). While this association is not significant, it tends to support earlier findings that child social and emotional wellbeing is related to poor family functioning.

Use of support networks, services and programmes

Along with physical health factors and the indicators of social and emotional wellbeing described above, family functioning was also analysed with reference to a range of other child factors.

Carers were asked a series of questions about whether children in their care needed to stay away overnight because of a family crisis or behaviour problems in the six months prior to the survey. A higher proportion of children aged 0–17 years who had to stay away overnight with other family and friends (32.1 per cent; CI: 24.8%–40.8%) lived in families with poor family functioning compared with children who did not have to



stay away overnight (21.1 per cent; CI: 19.1%–23.3%) (Table 4.20).

The proportion of children who needed to stay away overnight at a hostel, youth refuge, treatment centre for children with emotional and behavioural difficulties or another place such as a temporary foster home, was less than one per cent in each case. As a result of the small numbers of children in each of these categories, no association with poor family functioning was able to be reliably determined.

No association was found between family functioning and whether the child had lived away from their birth mother for one month or longer before they were four years old (Table 4.21).

The relationship between family functioning and Aboriginal children's use of particular services and programmes has also been explored. However, no association was found between poor family functioning and whether children had contact with the following agencies/programmes in the six months prior to the survey:

- ◆ Disability Services (Local Area Co-ordinator)
- ◆ Department for Community Development (Welfare)
- ◆ School psychologist
- ◆ Aboriginal and Islander Education Officer
- ◆ School teacher
- ◆ School principal/school deputy principal
- ◆ Aboriginal Medical Service
- ◆ Best Start programme
- ◆ Family Futures programme.

FAMILIES AND CHILDREN SEEN BY THE DEPARTMENT FOR COMMUNITY DEVELOPMENT

The Department for Community Development (DCD) is the Western Australian government department with responsibility for providing a range of services in partnership with funded not-for-profit organisations to support children, young people and families to assist community members in crisis, to protect children from harm, and to care for children who are unable to live at home. According to DCD's 2000–2001 annual report, at around the time the WAACHS was conducted an estimated 31 per cent of the Department's clients were Aboriginal.¹⁴ Given that Aboriginal people comprised 3.5 per cent of the Western Australian population in 2001, this equates to around a nine fold over-representation of Aboriginal people having contact with the DCD.

Aboriginal children are also significantly over-represented in the officially reported rates of child protection and children in care. The *Report on Government Services* provides annual rates of child protection/children in care by jurisdiction and for Australia. In 2000–01, the Western Australian rate of Aboriginal children aged 0–17 years in the population on care and protection orders was seven times higher than that for non-Aboriginal children (14.4 compared with 2.0 per 1,000 children). It is of concern that by 2004–2005 this over-representation had increased further, to be almost nine times higher (21.6 compared with 2.5 per 1,000 children).¹⁵



Youth-specific issues

Young people aged 12–17 years were asked to independently complete a Youth Self-Report (YSR) questionnaire as part of the WAACHS household survey component. For those young people who completed a YSR, levels of family functioning have been analysed by young people's perceptions of their family environment and life circumstances.

Most questions that were asked specifically of young people aged 12–17 years in the survey were not found to be significantly associated with poor family functioning. The exception to this was for youth who had been involved in a family violence situation.

Family violence. The majority of Aboriginal young people construed 'family violence' as situations where parents yell and shout, parents hit their kids too hard, people fight when drunk, and family fights where people get pushed around or hit. There were 3,280 (CI: 2,960–3,610) Aboriginal young people aged 12–17 years who had been in one or more of these family violence situations at some stage in their life (Table 4.22) — this represents almost half (48.7 per cent; CI: 45.0%–52.5%) of Aboriginal young people. More than a quarter (27.3 per cent; CI: 22.5%–32.7%) of these young people were in families that functioned poorly. The proportion was significantly lower for those who had not experienced a family violence situation (17.1 per cent; CI: 12.9%–21.9%).

When the effect of young people's experience of family violence was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Other youth-specific factors. A range of other youth-specific factors appeared to show a relationship with poor family functioning, however, the associations failed to reach significance. This included: when a young person could not sort out their own problems; when they had experienced suicidal thoughts or attempted suicide; and attendance at a Children's Court. It is worth noting that issues of self-esteem and self-respect were not associated with family functioning; nor was the frequency with which the young person had physical fights, and whether they had been questioned by police or been to a Children's Panel.

REDUCING THE IMPACT OF FAMILY VIOLENCE AND ADVERSE PARENTING

One of the most significant consequences of children being exposed to family violence, abusive or neglectful parenting, is that capacity for emotional self-regulation (i.e. regulating the intensity and duration of affects) can be impaired.¹¹ Current research into the psychobiology of stress has shown that acute stress produces short-term and reversible deficits, while repeated, prolonged and chronic stresses are much more likely to be associated with longer-term patterns of autonomic over-reactivity. The longer-term effects of such stress exposure — especially in early years of life which are the years of maximum brain growth — can be evident in neuronal atrophy of specific brain areas which regulate the functioning of the child's stress response systems.¹² This is believed to be a significant factor in the fact that adult carers who were themselves abused as children have a much higher risk of harming their own children than other carers. However, it is important to note that not all abused children suffer such long-term consequences. Furthermore there is now also a growing body of evidence which shows that early intervention programmes aimed at re-establishing secure attachments can significantly alter the likelihood of intergenerational transmission of post-traumatic stress disorders.¹³



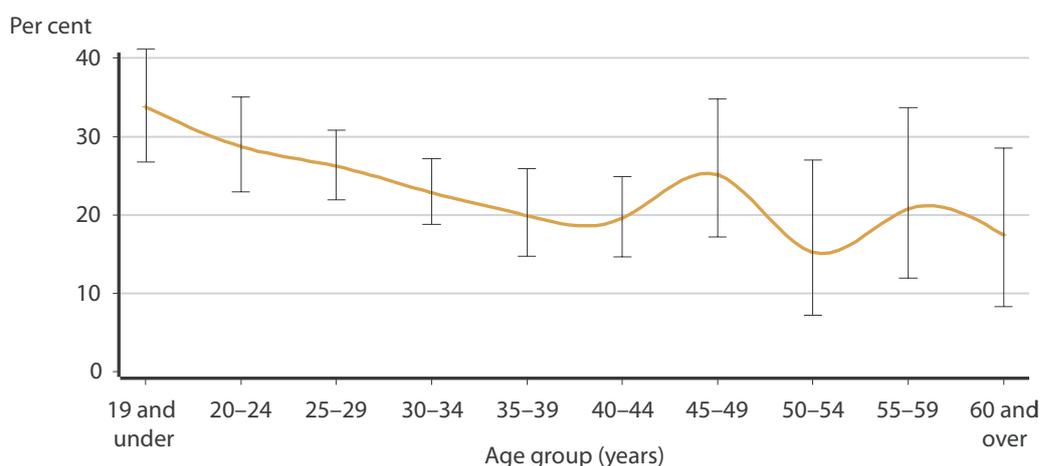
CARER FACTORS

This section examines aspects of carer wellbeing in relation to poor family functioning. In particular, the strong association between the relationship characteristics of the carers and family functioning is highlighted. While a number of other carer factors are shown to be associated with family functioning this does not include carer physical health and educational attainment.

Age of primary carer

Proportions of families with poor functioning were generally greater among the younger age brackets of primary carers. The proportion of primary carers whose families were categorised as having poor family functioning decreased at each age group from teenage years, i.e. carers aged less than 20 years (33.8 per cent; CI: 26.7%–41.3%) to 40–44 years (19.5 per cent; CI: 14.6%–24.9%) (Figure 4.4). The fluctuation in proportions from age 45 years onwards is influenced by the small numbers of primary carers in those age brackets.

FIGURE 4.4: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY AGE GROUP OF PRIMARY CARER



Source: Table 4.23

When the effect of the age of the primary carer was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Carer relationship characteristics

The WAACHS asked primary carers a range of questions about the quality of their relationship with their current partner/spouse. The survey also recorded the length of time that the primary carer had been in this relationship. Characteristics of the carer relationship appeared to be an integral component of family functioning. While this could be expected given the conceptual overlap between the measures being analysed, the results provide some insights into the relationship between carer and family functioning and the potential buffering effects of each of these factors.



The responses to the set of questions on the quality of the carer's relationship were generally positive. For example, most carers said they 'quite often' or 'almost always' did things together for enjoyment (60.4 per cent; CI: 57.3%–63.5%) and showed signs that they cared for each other (76.7 per cent; CI: 74.3%–79.0%), while only 3.8 per cent (CI: 2.8%–5.0%) indicated that arguments with their partner frequently lead to pushing, hitting or shoving.

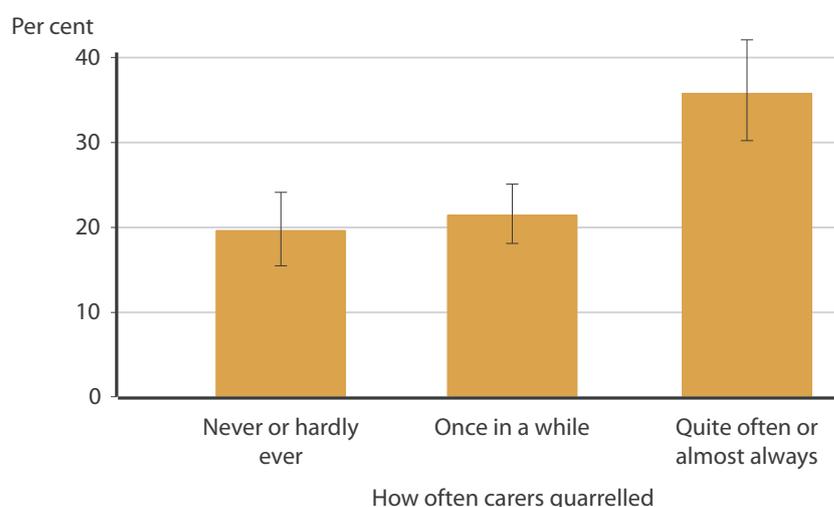
Doing things together for enjoyment. There was a vast disparity between the proportion of primary carers reporting poor family functioning depending on how often they did things with their partner/spouse for enjoyment. Twice as many carers who reported that they never or hardly ever did things together for enjoyment were in families that functioned poorly (47.4 per cent; CI: 30.2%–66.9% and 43.1 per cent; CI: 33.9%–53.0%, respectively) than carers who quite often or almost always did things together for enjoyment (15.4 per cent; CI: 12.2%–18.7%, and 12.7 per cent; CI: 9.2%–16.6%, respectively) (Table 4.24).

The majority of primary carers who almost always did things with their partner for enjoyment had either good (25.9 per cent; CI: 20.7%–31.6%) or very good (41.3 per cent; CI: 35.6%–47.4%) family functioning (Table 4.24). In contrast, relatively few of the carers who never or hardly ever did things together for enjoyment were in families with good (16.8 per cent; CI: 9.5%–25.7%) or very good (10.3 per cent; CI: 5.7%–16.0%) functioning.

Caring for each other. More than half of both the carers who never showed signs that they cared for each other (53.4 per cent; CI: 32.8%–74.4%) and who hardly ever showed signs they cared for each other (57.6 per cent; CI: 44.8%–69.7%) had poor family functioning (Table 4.25). In contrast, only a relatively small proportion (11.1 per cent; CI: 8.4%–14.3%) of carers who almost always showed signs that they cared for each other were in families with poor functioning.

Arguing or quarrelling. Carers who reported that they had arguments with their partner that ended up in pushing, hitting or shoving once in a while or more regularly were typically in families that functioned poorly. Unless pushing, hitting or shoving had never occurred, there was an elevated chance of poor family functioning (Table 4.26).

FIGURE 4.5: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY HOW OFTEN CARERS QUARRELLED



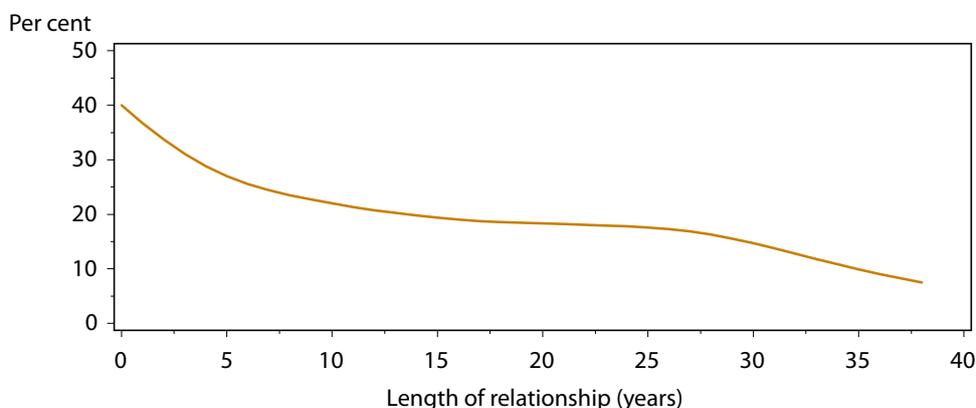
Source: Table 4.27



Almost twice as many carers who reported that they quarrelled with their partner ‘quite often or almost always’ had poor family functioning as carers who ‘never or hardly ever’ quarrelled (35.8 per cent; CI: 30.2%–42.0%, and 19.6 per cent; CI: 15.5%– 24.1%, respectively) (Figure 4.5).

Length of carer relationship. In addition to the association with the quality of the carers’ relationship, family functioning was also related to the length of time that carers had been together. There was a relatively linear relationship in this association (Figure 4.6), with 41.2 per cent (CI: 30.1%–53.3%) of the families of carers who had been together for less than two years having poor family functioning; falling to 31.1 per cent (CI: 25.1%–37.4%) when carers had been together 2–5 years; 24.7 per cent (CI: 19.9%–30.4%) when together 5–10 years; and 17.8 per cent (CI: 12.3%–24.9%) when carers had been together for 20 years or more (Table 4.28).

FIGURE 4.6: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY LENGTH OF CARER RELATIONSHIP AT THE TIME OF THE SURVEY



While there is a clear relationship between the length of the primary carer’s relationship and family functioning, the age of the primary carer is also associated with carer relationship length. Figure 4.7 attempts to disentangle the effects of these interrelationships to identify whether the length of the carer relationship has a bearing on family functioning regardless of the age of the carer.

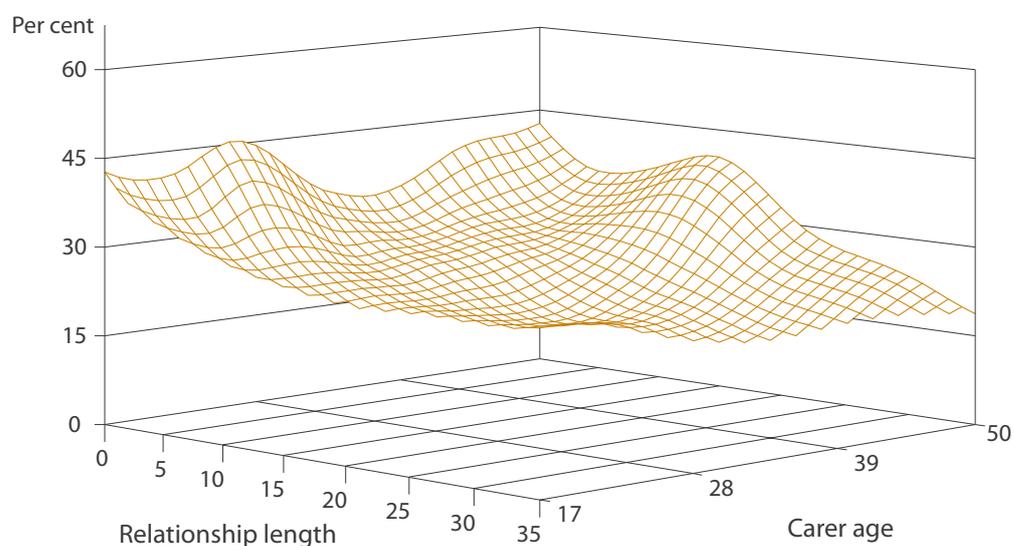
The figure highlights that at all primary carer ages, the proportion experiencing poor family functioning decreases as relationship length increases. Note that several carers indicated that their current relationships began before the age of 15 years. This applied to a small number of cases and they have been excluded from this analysis as the estimates for these cases were not reliable. As such, a segment of the three dimensional surface appears blank, reflecting the exclusion of these cases.

When the effect of the carer relationship characteristics (examined above) were further investigated in a multivariate logistic regression model, they were *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

4



FIGURE 4.7: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY LENGTH OF CARER RELATIONSHIP AT THE TIME OF THE SURVEY AND AGE OF THE PRIMARY CARER



Education level of the primary carer

There did not appear to be an association between the level of educational attainment of the primary carer and poor family functioning.

When the effect of the carer's education level was further investigated in a multivariate logistic regression model, it was found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Having someone to yarn to

One in every eight (12.4 per cent; CI: 10.9%–14.0%) primary carers said that they did not have anyone to yarn to about their problems. More than a third of these carers were in families that functioned poorly (36.3 per cent; CI: 30.4%–42.5%) – considerably higher than the 21.8 per cent (CI: 19.8%–23.9%) among carers who had someone to yarn to (Table 4.29).

When the effect of not having someone to yarn to was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Justice issues

Primary carer ever arrested or charged with an offence. Research confirms that there are a multitude of factors that impact on a person's risk of offending and therefore on their chances of being arrested and imprisoned. Some of these factors include social and emotional wellbeing issues, socioeconomic status, and developmental problems.⁶ In turn, encounters with the justice system are also associated with poor life outcomes, including relationship difficulties — this assertion is supported by the WAACHS data, which highlight that a higher proportion of primary carers who had ever been arrested or charged had poor family functioning (29.1 per cent; CI: 25.6%–32.8%) than those who had never been arrested (20.4 per cent; CI: 18.1%–22.8%) (Table 4.30).



Primary carer's partner ever arrested or charged with an offence. Primary carers who had a partner/spouse at the time of the survey were asked whether their partner had ever been arrested or charged with an offence. Among primary carers who indicated their partner had been arrested or charged, 28.4 per cent (CI: 25.1%–32.1%) had poor family functioning compared with 18.5 per cent (CI: 15.1%–22.4%) of primary carers with partners who had not had a problem with the law (Table 4.31).

Health of the primary carer

Physical health problems. There did not appear to be an association between the existence of chronic medical conditions or functional limitations of the primary carer and poor family functioning.

Mental health problems. More primary carers who stated they had been treated for emotional problems were in families with poor functioning (31.0 per cent; CI: 26.7%–35.8%) when compared with other carers (21.6 per cent; CI: 19.5%–23.8%) (Table 4.32). This association is supported by administrative data on carer use of Mental Health Services which have been linked to the survey data (see *Record linkage* in *Glossary*). Among carers who gave consent for the medical records to be linked, 28.8 per cent (CI: 24.5%–33.5%) of those who had contact with Western Australian Mental Health Services were in families with poor functioning, compared with 21.9 per cent (CI: 19.8%–24.1%) of carers without such contact (Table 4.33).

When the effect of carer use of Mental Health Services was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Cultural factors

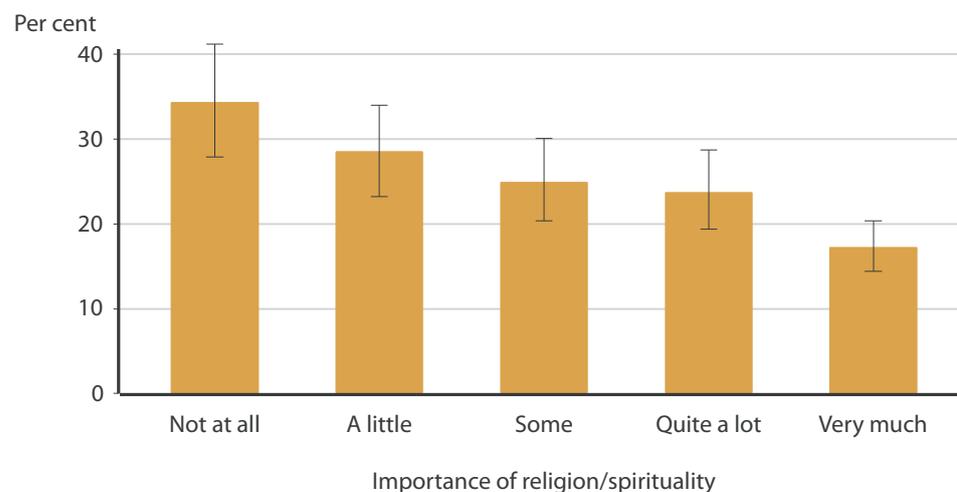
Involvement in Aboriginal events. The survey data tended to show an association between poor family functioning and non-participation in Aboriginal events, such as funerals, traditional ceremonies, and Aboriginal organisations. In particular, primary carers who had been involved in an Aboriginal organisation in the last 12 months were in poorly functioning families less often (17.2 per cent; CI: 14.3%–20.5%) than other primary carers (27.6 per cent; CI: 25.1%–30.3%) (Table 4.35). Further, the proportion of carers reporting poor family functioning was even higher when the carer said that the reason they had not been involved with any Aboriginal events in the last 12 months was that they 'weren't interested' (39.8 per cent; CI: 32.0%–48.7%) (Table 4.36).

Importance of Aboriginal ceremonial business. Primary carers who found Aboriginal ceremonial business important had a lower reported proportion of poor family functioning (21.2 per cent; CI: 18.9%–23.5%) than carers who considered it was not important (29.1 per cent; CI: 24.7%–33.8%) (Table 4.37).

Importance of religion/spirituality. The importance that primary carers placed on religion/spirituality was associated with their level of family functioning. Carers who stated that religion/spirituality was 'not at all' important in their lives were the group most commonly reported to have poor family functioning (34.3 per cent of these carers; CI: 27.9%–41.2%). In contrast, only 17.2 per cent (CI: 14.4%–20.4%) of carers who regarded religion/spirituality as very important had poor family functioning (Figure 4.8).



FIGURE 4.8: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY IMPORTANCE OF RELIGION/SPIRITUALITY IN THE LIFE OF THE PRIMARY CARER



Source: Table 4.38

FAMILY AND HOUSEHOLD FACTORS

Not surprisingly, most of the factors associated with how well a family functions can be categorised as family or household-related factors — that is, aspects and issues that affect carers, carer relationships and family wellbeing; or that reflect the attitudes and outlook of carers or other family members.

Family financial strain

The economic wellbeing of families was strongly related to how well they function. The WAACHS highlighted that families suffering the greatest amount of financial strain (see Chapter Three) reported having poor family functioning more often than families with more money at their disposal. Over a third of primary carers (34.5 per cent; CI: 27.6%–42.3%) who reported spending more money than they got, had poor family functioning. This was true of half as many primary carers who said they saved a bit now and again (18.8 per cent; CI: 15.5%–22.6%) or saved a lot (15.4 per cent; CI: 9.1%–23.2%) (Table 4.39).

Overuse of alcohol causing problems in the household

Research shows conclusively the direct detrimental effects that excessive alcohol use can have on a person's physical and mental health, along with the contribution it can make to a wide range of poor outcomes for families and communities. For instance, excessive alcohol use can contribute to community and family violence, child abuse, and financial burdens.⁵ The WAACHS data are consistent with these findings. They show that two in every five primary carers who reported problems in the household from overuse of alcohol were in families that functioned poorly (39.5 per cent; CI: 33.8%–45.8%). This was almost twice as high as the proportion for primary carers who did not experience problems caused by overuse of alcohol (21.1 per cent; CI: 19.1%–23.2%) (Table 4.40).



Life Stress Events

As could be expected, the survey data point to an association between life stress and family functioning. The proportion of carers reporting poor family functioning increased from 20.0 per cent (CI: 17.0%–23.2%) when 0–2 life stress events had been experienced by the carer in the last 12 months, to 28.2 per cent (CI: 24.0%–32.9%) when 7–14 life stress events were experienced. Note that the rate of poor family functioning does not appear to differ appreciably until a large number of life stresses (7–14) have been experienced (Table 4.41).

When the effect of high life stress was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

COMMUNITY FACTORS

Neighbourhood and community problems

Primary carers were asked if they had been bothered by any of 18 problems in their neighbourhood or community (See Chapter Two for a description and prevalence of the neighbourhood and community problems asked in the WAACHS). The number of neighbourhood problems were summed to produce an overall score and carers were then split into quartiles based on this score. These quartile ranges consisted of:

- ◆ 0–1 neighbourhood problems
- ◆ 2–5 neighbourhood problems
- ◆ 6–10 neighbourhood problems
- ◆ 11–18 neighbourhood problems.

No association was found between family functioning and the number of neighbourhood and community problems (Table 4.42).



POLICY AND PROGRAMME FRAMEWORKS FOR STRENGTHENING FAMILIES

National initiatives

Since July 2004, the Australian Government has administered Indigenous affairs in a completely different way. Under these changed arrangements, the Australian Government wants funding for Indigenous people to be better coordinated and more effective, and Indigenous communities at the local and regional level to have more say in how it is spent.

As the key to achieving better coordination, the Australian Government has adopted a strategic whole-of-government approach across all its agencies. This approach is central to delivery of the government's three key national priorities:

- ◆ Early Childhood Intervention — a key focus of which is improved mental and physical health, and in particular primary health, and early educational outcomes
- ◆ Safer Communities — which includes issues of authority, law and order, but necessarily also focuses on dealing with issues of governance to ensure that communities are functional and effective
- ◆ Building Indigenous Wealth, Employment and Entrepreneurial Culture — as these are integral to boosting economic development and reducing poverty and dependence on passive welfare.

The Australian Government works with state and territory governments to strengthen Indigenous families and communities under a range of policy frameworks and processes such as the:

- ◆ National Framework of Principles for Delivering Services to Indigenous Australians
- ◆ National Agenda for Early Childhood — currently being developed in consultation with states and territories
- ◆ National Aboriginal and Torres Strait Islander Education Policy
- ◆ National Strategic Framework for Aboriginal and Torres Strait Islander Health
- ◆ Commonwealth-State Housing Agreement and Indigenous Housing and Infrastructure agreements
- ◆ Overarching bilateral intergovernmental agreements on Indigenous affairs
- ◆ Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities.

Under these arrangements, guided by Ministerial Councils in many areas, the Australian Government and state and territory governments provide an extensive range of payments and services in the areas of child protection, police and criminal justice systems, health, housing, child care, education, family support, income support and community development.

Continued



POLICY AND PROGRAMME FRAMEWORKS FOR STRENGTHENING FAMILIES *(continued)*

All Governments have endorsed the Overcoming Indigenous Disadvantage: Key Indicators 2005 framework to monitor progress in achieving long-term change in Indigenous outcomes.

Intergovernmental Summit on Violence and Child Abuse. As a result of Australian Government concerns about the family violence and child abuse present in some Indigenous communities, the Australian Government invited states and territories to the Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities on 26 June 2006 in Canberra. At the meeting all governments agreed that a comprehensive national response was required, and proposals for action were referred to the July 2006 meeting of the Council of Australian Governments (COAG).

COAG agreed that vulnerable people must be protected from such abuse wherever they live and have confidence in the justice system. Good law and order are essential so that Indigenous communities are safe places to live.

COAG agreed that all governments will work together to make Indigenous communities safer by addressing policing, justice, community support and governance. The Australian Government's contribution to this will be a \$130 million package of measures to improve law and order and address some of the underlying issues that can contribute to violence. This additional funding will be rolled-out when state and territory governments make a similar commitment to increase funding and support.

Western Australian initiatives

Strong Families. Strong Families is a Western Australian interagency case management approach to working with families who have complex social needs and where multiple agencies are providing services. It brings family members and relevant agency workers together to discuss issues affecting the family, develop an integrated plan to address the family's difficulties and appoint a lead agency worker. Plans are reviewed and modified on a regular basis. The initiative involves a range of human service agencies, with the Western Australian Department for Community Development (DCD) having lead administrative responsibility.

Strong Families began as a pilot in 2002 and was expanded state-wide in 2003. Fourteen Strong Families coordinators are placed across the state. Six provide coverage to the metropolitan area (including Peel), with eight coordinators covering regional areas from Wyndham, Broome, Port Hedland, Geraldton, Kalgoorlie, Northam, Bunbury and Albany. More than half of the participating families are Aboriginal or Torres Strait Islander.

DCD also employs capacity builders in Esperance, Meekatharra, Tom Price, Katanning, Mirrabooka, Onslow, Perth and Carnarvon. The staff work collaboratively with local community groups and community members to develop and initiate sustainable solutions to key social issues.

Continued



POLICY AND PROGRAMME FRAMEWORKS FOR STRENGTHENING FAMILIES *(continued)*

The Western Australian Early Years Strategy. The Early Years Strategy is an across-government initiative designed to improve the wellbeing of young children (0–8 years of age) through a strengths-based, collaborative approach which builds the capacity of communities to support the development of young children and their families.

The Departments for Community Development, Health, and Education and Training provide leadership and secretariat support to the Early Years Strategy Steering Committee, which is responsible for implementing the strategy. DCD supports 25 Early Years community sites across the state. Funding grants are also made available to Early Years communities to help them implement their local plans.

Best Beginnings. The Best Beginnings home visiting service supports expectant parents and parents with children aged up to two years who demonstrate a number of risk factors that may lead to poor life outcomes for their children. The program is a collaboration between DCD and the Western Australian Department of Health. Best Beginnings is currently offered in six Perth metropolitan and two country sites.

Best Start. Best Start services aim to engage with parents and extended family of Indigenous children aged 0–5 years to ensure their needs are met and improve their transition to school. Best Start services operate at 17 locations, mostly in rural and remote localities of Western Australia, and offer a range of activities including playgroups, home visits, workshops and social and cultural activities.

Aboriginal Early Years. Six Aboriginal Early Years support services for families with children aged 0–3 years are operated by not-for-profit agencies at Midland, Joondalup, Thornlie, Kalgoorlie and Katanning and Albany.

RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

Multivariate logistic regression modelling (see *Glossary*) has been used to assess the simultaneous impact of multiple factors on the likelihood of families functioning poorly. This model adjusts for the independent effects of the other variables in the model. The relationships observed with this method are referred to as ‘independent associations’, and no causal relationship is suggested. Earlier in this chapter, results from cross-tabulation analyses were presented, which show the proportion of the study population that exhibited a particular characteristic. For an explanation of the differences between cross-tabulation and logistic regression analysis, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

FACTORS INDEPENDENTLY ASSOCIATED WITH POOR FAMILY FUNCTIONING

Factors found to be independently associated with poor family functioning are highlighted below. Analysis within the modelling framework indicated that there were 15 factors associated with poor family functioning, after adjusting for the effects of LORI and all other factors in the model. These included:



- ◆ quality of children's diet
- ◆ family financial strain
- ◆ education level of the primary carer
- ◆ involvement in Aboriginal organisations
- ◆ importance of Aboriginal ceremonial business
- ◆ not being involved in Aboriginal events because of a lack of interest
- ◆ importance of religion/spirituality
- ◆ overuse of alcohol causing problems in the household
- ◆ whether the primary carer had ever been arrested or charged
- ◆ whether the partner of the primary carer had ever been arrested or charged
- ◆ having more than one place of residence during the year
- ◆ need for children to stay with other family or friends because of a family crisis or the child's behaviour
- ◆ quality of parenting
- ◆ whether children were at high risk of clinically significant emotional or behavioural difficulties
- ◆ child vision problems.

In addition, carer use of Mental Health Services, whether the primary carer had someone to yarn to about their problems, and the age of the primary carer showed a trend toward an independent association with poor family functioning but the results for these factors did not quite reach significance in the model.

A number of the factors shown to be related to poor family functioning in a cross-tabulation analysis were not associated with family functioning after controlling for all other factors in the model. These factors included: whether carers do things together for enjoyment; whether carers show signs that they care for each other; whether arguments turn into pushing, shoving or hitting; the main language spoken by the primary carer; whether carers quarrel; whether the primary carer had been treated for emotional problems; and the number of life stress events experienced by the family in the last 12 months. The association between these factors and poor family functioning can be explained by the existence of one or more of the factors that were found to be significant in the modelled results.

The key predictors of poor family functioning

Multivariate logistic modelling identified two major factors associated with poor family functioning. These were family financial strain and the quality of the children's diet.

Family financial strain. When the primary carer described the family's money situation as 'spending more money than we get', they were over two and a half times more likely (Odds Ratio 2.53; CI: 1.18–5.40) to be rated as having poor family functioning than primary carers in families who reported that they could 'save a lot' (Figure 4.9). The results also suggest that other families with a degree of financial strain are at an elevated risk of poor family functioning, although these results were not statistically significant.



As noted in Chapter Three, the majority of primary carers of Aboriginal children reported some form of family financial strain. Almost one in ten carers (9.5 per cent; CI: 8.2%–11.0%) reported that they were spending more than they got. A further 43.9 per cent (CI: 41.6%–46.4%) had just enough money to get through to the next pay.

Children’s dietary quality. The measure of dietary quality derived from the survey was designed to reflect whether the principles of a healthy diet were being observed. Four indicators of dietary quality were used to construct an overall measure for each child (for more details see commentary box entitled *Assessing dietary quality in the WAACHS*). In order to use this child-level factor in the modelling process, the average number of dietary quality indicators among all of a primary carer’s children has been calculated.

About one in every eight (12.3 per cent; CI: 10.6%–14.1%) primary carers reported that, on average, their children met 0–1 of the four dietary quality indicators. Another 28.6 per cent said that their children met two dietary quality indicators.

Quality of diet was strongly associated with family functioning. When less than three of the four dietary indicators were met, on average, there was an increased likelihood of poor family functioning – the odds ratios were over three and a half when 0–1 indicators were met (Odds Ratio 3.59; CI: 2.12–6.10) and over two and a half when an average of two indicators were met (Odds Ratio 2.56; CI: 1.58–4.15) (Figure 4.9).

Other factors associated with poor family functioning

Overuse of alcohol causing problems in the household. Around 13.6 per cent (CI: 12.0%–15.2%) of primary carers were living in households where overuse of alcohol caused problems. Primary carers reporting this problem were twice as likely (Odds Ratio 2.00; CI: 1.42–2.80) to be part of a family that functioned poorly than carers who did not report alcohol-related problems (Figure 4.9).

Involvement in Aboriginal organisations. Primary carers who had not been involved with any Aboriginal organisations in the previous 12 months were almost one and a half times more likely (Odds Ratio 1.42; CI: 1.07–1.88) to have poor family functioning than other primary carers (Figure 4.9). An estimated 61.4 per cent (CI: 59.0%–63.8%) of primary carers had not been involved with an Aboriginal organisation in this period.

Primary carer ever arrested or charged with an offence. Over a third (36.6 per cent; CI: 34.3%–38.9%) of primary carers had ever been arrested or charged at some point in their lives. These carers had an elevated risk (Odds Ratio 1.40; CI: 1.08–1.80) of poor family functioning when compared with the group of primary carers who reported never having been arrested or charged (Figure 4.9).

Primary carer’s partner ever arrested or charged with an offence. Around half (51.5 per cent; CI: 48.4%–54.7%, or 4,010 persons; CI: 3,740–4,300) of the primary carers who had a partner reported that their partner had been arrested or charged with an offence at some stage. When this was the case, families were more than one and a half times more likely (Odds Ratio 1.61; CI: 1.16–2.24) to be functioning poorly when compared with other families (Figure 4.9).

Importance of religion/spirituality. There was a range of responses to the question on the importance of religion/spirituality. Most primary carers reported that religion/spirituality held at least ‘some’ importance in their lives, with the most common response being that religion/spirituality was ‘very much’ important. For 13.4 per cent (CI: 11.6%–15.3%) of carers, religion/spirituality was ‘not at all’ important.



There was a strong association between the importance that the primary carer placed on religion/spirituality and family functioning. Carers who said religion/spirituality was 'very much' important to them were the least likely to be in a family with poor functioning (Odds Ratio 0.38; CI: 0.26–0.55). Even carers who rated religion/spirituality as having only 'some' importance were significantly less likely (Odds Ratio 0.61; CI: 0.42–0.91) to have poor functioning in their family than carers who saw religion/spirituality as 'not at all' important (Figure 4.9).

Multiple residences. The estimated 1,200 (1,040–1,380) primary carers who said they had another place that they lived in for parts of the year (separate to their place of residence at the time of the survey) had a higher risk (Odds Ratio 1.55; CI: 1.03–2.31) of poor family functioning than other carers (Figure 4.9).

Primary carer education. Relative to those carers who had completed 10 years of education, those who had completed 13 years or more were over one and a half times more likely to have poor functioning in their family (Odds Ratio 1.78; CI: 1.08–2.95). While this represents a significantly increased likelihood, there was only a small number (780; CI: 620–970) of primary carers with 13 years or more of education, whereas 5,440 (CI: 5,160–5,720) primary carers reported Year 10 as their highest level of school completed (Figure 4.9).

Importance of Aboriginal ceremonial business. Regarding Aboriginal ceremonial business as unimportant was associated with an increased likelihood of poor functioning in the family. The relative risk of poor family functioning was 1.61 (CI: 1.18–2.19) when compared with carers who thought that ceremonial business was important (Figure 4.9).

Almost one in five (19.6 per cent; CI: 17.8%–21.6%) primary carers stated that Aboriginal ceremonial business was not important to them.

Interest in Aboriginal events. The survey asked carers about their participation in Aboriginal events. Specifically, they were asked about whether, in the past 12 months, they had gone to an Aboriginal funeral, Aboriginal ceremony or Aboriginal festival or carnival, or if they had been involved in an Aboriginal organisation. There was a small number of primary carers (550; CI: 460–650) who indicated that they did not attend any of these Aboriginal events in the last year because they were not interested. This group were twice as likely (Odds Ratio 1.93; CI: 1.09–3.42) as all other primary carers to be rated as having poor family functioning (Figure 4.9).

Children staying away overnight. The WAACHS asked carers whether any of their children stayed overnight with other family or friends because of a family crisis or behavioural problems. There were 1,610 (1,390–1,840) primary carers who indicated that, in the last six months, at least one of their children needed to stay with other family or friends. These primary carers were more likely (Odds Ratio 1.51; CI: 1.08–2.10) than others to have poor family functioning (Figure 4.9).

Child vision problems. A considerable proportion of carers indicated that at least one of their children did not have normal vision in both eyes (11.7 per cent; CI: 10.1%–13.5%). When this was the case, there was an elevated risk of poor family functioning (Odds Ratio 1.73; CI: 1.20–2.50) (Figure 4.9).

Child mental health problems. Over a quarter (28.2 per cent; CI: 25.9%–30.6%) of carers had at least one child at high risk of clinically significant emotional or behavioural difficulties at the time of the survey. The families of these carers were more than one and a half times more likely (Odds Ratio 1.67; CI: 1.25–2.22) to function poorly than families with no children at high risk.



Quality of parenting. The survey asked primary carers a series of questions to ascertain the quality of their parenting skills (see comment box entitled *Defining quality of parenting in the WAACHS* for more details on how the quality of parenting measure was constructed). When the quality of parenting was rated as 'poor', the family was twice as likely (Odds Ratio 2.10; CI: 1.62–2.73) to be functioning poorly when compared with other families.

FIGURE 4.9: PRIMARY CARERS — LIKELIHOOD OF HAVING POOR FAMILY FUNCTIONING, ASSOCIATED WITH CHILD, CARER, FAMILY, HOUSEHOLD AND ENVIRONMENT FACTORS

Parameter	Odds Ratio	95% CI
Level of Relative Isolation		
None	1.00	
Low	0.79	(0.56 - 1.10)
Moderate	1.21	(0.83 - 1.78)
High	1.00	(0.53 - 1.85)
Extreme	1.50	(0.86 - 2.62)
Family financial strain		
Spending more than we get	2.53	(1.17 - 5.42)
Have just enough money to get through to next pay	1.84	(0.92 - 3.70)
Some money left over each week but we spend it	1.54	(0.73 - 3.27)
Can save a bit now and again	1.40	(0.69 - 2.83)
Can save a lot	1.00	
Overuse of alcohol causes problems in the household?		
No	1.00	
Yes	1.91	(1.36 - 2.68)
Primary carer level of education		
Did not attend school	2.08	(0.96 - 4.49)
1–9 years education	0.85	(0.62 - 1.18)
10 years education	1.00	
11–12 years education	0.99	(0.73 - 1.34)
13 years or more education	1.82	(1.10 - 3.03)
Primary carer involved in Aboriginal organisations?		
No	1.41	(1.06 - 1.87)
Yes	1.00	
Primary carer ever arrested or charged with an offence?		
No	1.00	
Yes	1.37	(1.06 - 1.77)
Primary carer's partner ever arrested or charged with an offence?		
No	1.00	
Yes	1.57	(1.13 - 2.19)
No partner/spouse	1.25	(0.91 - 1.73)
Importance of religion/spirituality in the life of the primary carer		
Not at all/None	1.00	
A little	0.70	(0.46 - 1.07)
Some	0.63	(0.43 - 0.93)
Quite a bit	0.64	(0.42 - 0.97)
Very much	0.38	(0.26 - 0.55)

Continued . . .



FIGURE 4.9 (continued): PRIMARY CARERS — LIKELIHOOD OF HAVING POOR FAMILY FUNCTIONING, ASSOCIATED WITH CHILD, CARER, FAMILY, HOUSEHOLD AND ENVIRONMENT FACTORS

<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Spend part of the year living in another residence?		
No	1.00	
Yes	1.57	(1.05 - 2.35)
Primary carer not involved in Aboriginal events(a) because they 'weren't interested'?		
No	1.00	
Yes	2.01	(1.13 - 3.57)
Not applicable	1.05	(0.73 - 1.51)
Average number of dietary quality indicators met among all children in the family(b)		
0–1	3.54	(2.08 - 6.03)
2	2.55	(1.57 - 4.14)
3	1.40	(0.84 - 2.33)
4	1.00	
At least one child has stayed overnight with other family or friends because of a family crisis or behaviour problems?		
No	1.00	
Yes	1.44	(1.03 - 2.02)
At least one child in the family does not have normal vision in both eyes?		
No	1.00	
Yes	1.62	(1.12 - 2.34)
Poor quality of parenting(c)?		
No	1.00	
Yes	1.95	(1.50 - 2.54)
At least one child at high risk of clinically significant emotional or behavioural difficulties?		
No	1.00	
Yes	1.67	(1.25 - 2.22)
Importance of Aboriginal ceremonial business to the primary carer		
Important	1.00	
Not important	1.66	(1.22 - 2.26)
Not relevant	1.50	(1.07 - 2.09)

(a) 'Aboriginal events' are defined in the survey as: Aboriginal funerals; Aboriginal ceremonies; Aboriginal festivals/carnivals involving arts and crafts, music, dance or sport; and involvement in Aboriginal organisations.

(b) Excludes children aged 0–3 years.

(c) The questions used to derive quality of parenting were asked with respect to each child. In order to derive quality of parenting in a carer-level analysis, a rating has been calculated using an average of the scores for all children of the carer who were aged 4–17 years.



FACTORS NOT INDEPENDENTLY ASSOCIATED WITH POOR FAMILY FUNCTIONING

In addition to the factors outlined above, a wide range of other factors were modelled and not found to be independently associated with poor family functioning. They included:

- ◆ whether the carers had been forcibly separated from their natural family
- ◆ whether the primary carer had attended any Aboriginal funerals or ceremonies in the year prior to the survey
- ◆ whether the primary carer spoke an Aboriginal language
- ◆ whether the primary carer had a chronic medical condition or limiting condition
- ◆ the age of the primary carer
- ◆ carer use of Mental Health Services
- ◆ whether the primary carer had someone to yarn to about their problems
- ◆ labour force and employment status of the carers
- ◆ type of employment in main job and hours worked
- ◆ Aboriginal status of the primary carer
- ◆ overcrowding in the household
- ◆ whether the carer had used alcohol, tobacco or other substances during one or more pregnancies.



SOCIAL GRADIENTS AND FAMILY FUNCTIONING

As might be expected, the profile of family functioning among families with Aboriginal children varies with respect to social gradients, as measured by factors such as family financial strain and carer education. However, these effects are not necessarily strong, nor are they all in directions that might be anticipated.

As shown later in this chapter, financial strain was associated with poorer family functioning and is in the direction predicted by previous research (see Figure 4.9).² Financial strain is a source of stress for families and is associated with a general diminishment of material resources and flexibility in meeting the basic needs of day-to-day living. These stresses are likely to impact upon carer relationships and the more global ability of the family to manage requirements for individuals and collectively.

A more surprising finding was the association between carer education and poor family functioning. The association, while not observable in the cross-tabulation analysis, was revealed in the multivariate modelling and showed that carers with 13 years or more of education were significantly more likely to report poor family functioning relative to those carers with ten years of education (see Figure 4.9). At first glance this appears counterintuitive. It might commonly be thought that higher education ought to endow adults with capacities to better manage the demands of family life. Certainly higher education is usually accompanied by better prospects for employment and income and these in turn might be expected to be associated with better family functioning.

However, the responsibilities and opportunities that arise from higher education, along with better employment and work opportunities, bring associated levels of complexity to family life. These demands do not necessarily impact positively on family functioning. For example, in the Growing up in Australia: The Longitudinal Study of Australian Children (a study of predominately non-Aboriginal children) higher levels of education in the primary carer were associated with lower levels of social support. This study also showed that there were trade-offs between parental abilities to provide levels of reciprocal support for each other in parenting children and to achieve a good level of adult relationship satisfaction. Higher education is associated with employment and for families with young children, employment of both parents (either part-time or full-time) was related to higher levels of reciprocal support for parenting, but at the expense of relationship satisfaction — that is, primary carers who were employed were more likely to report low relationship satisfaction. Additionally, when both parents were employed part-time, secondary carers were more likely to report higher levels of arguments.⁴

In general, the association between higher education and poorer family functioning in families with Aboriginal children is likely to be reflected in carer reports of family difficulties associated with managing family and work balance, lower levels of social support, and stresses associated with meeting a variety of expectations within and outside of the family setting. As with mainstream families, in Aboriginal families the benefits of higher education do not necessarily flow on to create benefits for families in ways that, at first glance, might be expected.



RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH VERY GOOD FAMILY FUNCTIONING

To this point the chapter has focused on *poor* family functioning – including the factors that may contribute to families functioning poorly and the outcomes related to poor functioning. In this section, family functioning is analysed further by exploring the factors associated with families classified as having ‘very good’ family functioning. This type of analysis is aimed at identifying factors that may support and enhance resiliency in families with Aboriginal children and young people.

A multivariate logistic regression model (see *Glossary*) has been used to identify ten factors independently associated with very good family functioning (Table 4.43). As could be expected, there was a degree of overlap between the factors significantly associated with poor and very good family functioning. Seven of the factors associated with poor family functioning (Figure 4.9) were also found to be independently associated with very good family functioning, although the nature of the association was reversed (for more details, see section below entitled *Factors independently associated with very good family functioning*):

- ◆ family financial strain
- ◆ overuse of alcohol causing problems in the household
- ◆ importance of religion/spirituality
- ◆ level of educational attainment of the primary carer
- ◆ children’s dietary quality
- ◆ quality of parenting
- ◆ whether children were at high risk of clinically significant emotional or behavioural difficulties.

While the remaining eight factors in the poor family functioning model were tested, they were not significant in the model of very good family functioning.

A further three factors were identified as being significantly associated with very good family functioning. They included:

- ◆ age of the primary carer
- ◆ whether the primary carer had been forcibly separated from their natural family
- ◆ whether the carer had a limiting medical condition.

FACTORS INDEPENDENTLY ASSOCIATED WITH VERY GOOD FAMILY FUNCTIONING

Logistic regression modelling identified the following factors as being independently associated with very good family functioning (Table 4.43):

Family financial strain. Primary carers living in families that could save a lot were over four times more likely (Odds Ratio 4.11; CI: 2.22–7.62) to be living in families with very good family functioning compared with primary carers living in families that spent more than they got. Families that could save a bit now and again were also more likely to live in families with very good family functioning (Odds Ratio 2.05; CI: 1.29–3.25).

Overuse of alcohol causing problems in the household. Where carers did not report overuse of alcohol causing problems, they were over twice as likely (Odds Ratio 2.34; CI: 1.57–3.50) to have very good family functioning relative to carers who reported that overuse of alcohol was causing problems.



Importance of religion/spirituality. Primary carers who reported religion/spirituality as being 'very much' important in their lives were over twice as likely (Odds Ratio 2.10; CI: 1.44–3.08) to live in families with very good family functioning compared with primary carers where religion/spirituality was not seen to be important at all. Primary carers who regarded religion/spirituality as 'quite a lot' important were also more likely to be living in families with very good family functioning (Odds Ratio 1.72; CI: 1.12–2.63).

Primary carer education. Primary carers with 13 years or more of education were two times less likely (Odds Ratio 0.48; CI: 0.29–0.79) to be living in families with very good family functioning relative to primary carers with a Year 10 education. While this may be considered as a counterintuitive result, only a small number (780; CI: 620–970) of primary carers of Aboriginal children had completed 13 years or more of education.

Children's dietary quality. Families where children met three of the four WAACHS dietary quality indicators (Odds Ratio 2.19; CI: 1.44–3.31) and four dietary quality indicators (Odds Ratio 3.02; CI: 1.90–4.78) were more likely to be living in families with very good family functioning relative to families where children met 0–1 dietary quality indicators.

Quality of parenting. When the primary carer's quality of parenting was not rated as 'poor', the family was twice as likely (Odds Ratio 2.01; CI: 1.51–2.67) to have very good functioning relative to other families.

Child mental health problems. Carers with no children at high risk of clinically significant emotional or behavioural difficulties were more than one and a half times more likely (Odds Ratio 1.58; CI: 1.20–2.08) to be in families with very good functioning compared with carers who had one or more children at high risk.

Age of the primary carer. The modelled results indicate that the likelihood of very good family functioning increased with the age of the primary carer. However, when compared with families where the primary carer was aged 19 years or younger, the only significantly increased likelihood was in families where the primary carer was aged 50 years or older (Odds Ratio 2.40; CI: 1.16–4.97). It should be noted that less than one in ten (8.9 per cent; CI: 7.7%–10.3%) primary carers were aged 50 years or older.

Forced separation. There were 1,280 (CI: 1,090–1,490) primary carers who reported that they had been forcibly separated from their natural family by a mission, the government or welfare. The true value may be higher as another 500 carers chose not to answer the questions on forced separation.

Primary carers who had been forcibly separated from their natural family were around one and a half times more likely (Odds Ratio 1.46; CI: 1.02–2.09) to be living in families with very good family functioning compared with families where the primary carer had not been forcibly separated.

Limiting medical condition of the primary carer. At the time of the survey, there were 1,930 (CI: 1,720–2,150) primary carers who were limited in undertaking activities of daily living because of a medical condition. These carers were around one and a half times more likely (Odds Ratio 1.52; CI: 1.05–2.19) to be in families with very good functioning relative to primary carers who had a medical condition but were not limited in their activities of daily living.

Note that the likelihood of poor functioning was not significantly different between families where the primary carer did not have a medical condition and those where the primary carer had either a limiting or non-limiting medical condition.



QUALITY OF PARENTING

The nature of the relationship between a child and his or her primary carer, and the style and quality of the carer's parenting are important influences on the development and wellbeing of children.

DEFINING QUALITY OF PARENTING IN THE WAACHS

The WAACHS asked a series of questions of carers about their relationship with each of their children. An index of quality of parenting has been derived from three of these items: how often carers praise their children, how often they hit or smack their children and how often they laugh together with their children. These three items, which measure the concepts of parenting warmth and harshness, were rated by carers on a five-point frequency scale from 'Never' through to 'Almost always'. An overall score was produced by summing these three items. Children were then ranked by score, and split into quartiles based on this score, with approximately 25 per cent of children in each category. These categories have been labelled 'very good', 'good', 'fair' and 'poor' quality of parenting in this publication.

For further details on the quality of parenting items, and how they were combined to form the quality of parenting score, see *Appendix C* of Volume Two — *Measures derived from multiple responses and scales*.

There was a relationship between a range of carer, family, household and child and youth factors and quality of parenting. When the relationship between these factors was analysed further using a multilevel logistic modelling framework, six factors were found to be independently associated with poor quality of parenting. Specifically, there was an elevated risk of poor parenting quality when:

- ◆ the primary carer was 19 years of age or younger
- ◆ there were two or more young children (aged 0–3 years) in the household
- ◆ the family had another place that they lived in for parts of the year
- ◆ overuse of alcohol caused problems in the household
- ◆ the primary carer had attended an Aboriginal funeral in the last 12 months
- ◆ the primary carer regarded Aboriginal ceremonial business as not important.

The highest relative risk (odds ratio) of poor quality of parenting appeared to be when the primary carer was aged 19 years or younger (Odds Ratio 3.10; CI: 1.15–8.38) or had three or more children were aged 0–3 years (Odds Ratio 2.21; CI: 1.18–4.17). Those primary carers who stated that they lived in another place for parts of the year were almost twice as likely (Odds Ratio 1.90; CI: 1.20–3.00) to have poor quality of parenting than other carers (Table 4.44).



THE COMPLEX ASSOCIATIONS WITH FAMILY FUNCTIONING

Considerable care was taken to select and pilot questions and measures that reflected aspects of family functioning that were meaningful to Aboriginal carers (see *Appendix C* in Volume Two). In the early consultations that led to the development of the WAACHS, family life and the strength of Aboriginal families were consistently cited by Aboriginal people as being essential to measure.

In assessing the findings of this chapter a few important qualifications should be noted:

- ◆ Firstly, the measure used here is a global measure of positive family functioning. The total score was negatively skewed (i.e. most of the scores were high and relatively few were low). This showed that around two-thirds of carers rated the positive aspects of their family as occurring ‘quite a lot’ or ‘very much’. Very few carers responded to the positive family function items with responses of ‘not at all’ or ‘a little’. This means that many of the families characterised with ‘poor’ family functioning had relatively positive ratings on the questions that were used to form the measure of family functioning.
- ◆ Secondly, the findings are of associations — not causal effects. The WAACHS data are cross-sectional, not longitudinal, and the direction of effects cannot be interpreted as causal. Readers should not confuse the numerous significant and non-significant effects reported in this chapter as measures of causal effects but rather use them as a description of the wider context in which family functioning is set.
- ◆ Thirdly, family functioning is best thought of as a process, or a context, and is not necessarily best conceptualised as an ‘outcome’. It is not a ‘single’ thing. Many of the associations reported in this chapter invite further and more detailed studies with more appropriate research designs.

With these caveats in mind, several comments on the findings are warranted:

- ◆ Financial strain remains an important context in which poorer family functioning is set. This is not unique to Aboriginal families in the sense that low income and financial strain have been shown to be associated with poorer family functioning in mainstream Australian families.¹⁶ What needs to be appreciated is the scale of this problem for families with Aboriginal children: financial strain affects a substantially higher proportion of families with Aboriginal children. It represents a major barrier to their ability to manage as families on a day-to-day basis and to meet the demands of caring for, and raising, children.
- ◆ Two physical health measures in the children were independently associated with poorer family functioning — poor vision and lower dietary quality. These measures are more likely to be associated with a wider pattern of general disadvantage in families with Aboriginal children. They are likely to co-vary with the need for support from family and friends, as well as access to and finance for nutritious food and optical care. Both social support and financial management are items used (among others) to measure family function.

Continued . . .



THE COMPLEX ASSOCIATIONS WITH FAMILY FUNCTIONING *(continued)*

- ◆ Higher education in the carer is associated with poorer family functioning. This is an important association. As noted in Chapter 3, higher education in the carer was associated with older carer age, being in paid work at some time, and a favourable family money situation. Higher education and being in paid work at some time does not necessarily lead to a better family money situation — indeed, more able carers of Aboriginal children may be more likely to face increased demands on their time because of work and on their income from wider family commitments thus leading to greater financial strain. This has implications for the nature of supports and services that are given to Aboriginal carers who take up educational and employment opportunities. Increasing competence in the carers of Aboriginal children may not bring the immediate benefits that are seen in mainstream populations where there are wider supports in the form of other adult family members, mainstream services that are designed to cater for majority population needs, and fewer immediate health, educational and social burdens.
- ◆ Family functioning in Aboriginal families is associated with difficulties in the immediate social context of the family — both in terms of crises and in terms of low social engagement. This is seen in the significant associations between family functioning and higher residential mobility, crises stays for the children, poor parenting skill in the carer, and associations with alcohol use in the household and carer arrests. Carers reporting poorer family functioning were also less likely to be involved in Aboriginal organisations, ceremonies and events and were less likely to report religion or spirituality as being important.

Taken in context, this pattern of associations suggests that strengthening families with Aboriginal children must address the immediate developmental needs of carers in terms of their education, training and employment. However, the engagement of carers in education, training and employment opportunities must, of necessity, entail significant financial support for them — uptake of these opportunities is likely to entail greater financial stress in an already over-burdened circumstance. In providing meaningful support to carers who take up education, training and employment, considerable benefit would accrue from providing parent training opportunities and enriched educational day care for their children. These opportunities could be used beneficially to build community and local support capacities to specifically address this need.



ENDNOTES

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DETAILED TABLES

MEASURING FAMILY FUNCTIONING

TABLE 4.1: PRIMARY CARERS — FAMILY FUNCTIONING, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Poor	1 070	(930 - 1 240)	23.8	(20.5 - 27.4)
Fair	1 150	(980 - 1 320)	25.4	(21.8 - 29.2)
Good	1 140	(970 - 1 330)	25.2	(21.6 - 29.3)
Very good	1 160	(980 - 1 360)	25.6	(21.6 - 30.0)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
Poor	620	(490 - 770)	19.7	(16.0 - 24.1)
Fair	880	(750 - 1 030)	28.1	(24.4 - 32.1)
Good	680	(560 - 820)	21.7	(18.0 - 25.6)
Very good	960	(800 - 1 130)	30.5	(26.0 - 35.3)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
Poor	700	(560 - 860)	25.9	(22.0 - 30.2)
Fair	680	(530 - 850)	25.2	(20.9 - 29.7)
Good	620	(490 - 770)	23.1	(19.5 - 27.1)
Very good	690	(570 - 830)	25.8	(22.4 - 29.2)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
Poor	220	(140 - 330)	20.2	(13.9 - 27.3)
Fair	310	(180 - 510)	28.9	(20.1 - 39.0)
Good	240	(150 - 360)	22.1	(16.2 - 29.6)
Very good	310	(200 - 450)	28.8	(21.4 - 37.6)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
Poor	360	(250 - 500)	31.2	(24.3 - 38.5)
Fair	270	(180 - 390)	23.8	(17.9 - 30.3)
Good	280	(160 - 450)	24.4	(16.2 - 33.9)
Very good	240	(150 - 380)	20.6	(13.9 - 28.0)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.2: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FUNCTIONING

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Poor	6 620	(6 020 - 7 270)	22.2	(20.2 - 24.4)
Fair	7 670	(7 060 - 8 290)	25.7	(23.7 - 27.8)
Good	6 790	(6 180 - 7 440)	22.8	(20.7 - 25.0)
Very good	7 930	(7 260 - 8 620)	26.6	(24.3 - 28.9)
Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
Total	29 800	(29 800 - 29 800)	100.0	

DEMOGRAPHIC FACTORS AND POOR FAMILY FUNCTIONING

TABLE 4.3: PRIMARY CARERS — FAMILY FUNCTIONING, BY CATEGORIES OF SOCIO-ECONOMIC DISADVANTAGE(a)

<i>Categories of Socio-economic disadvantage</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Bottom 5%	Poor	810	(650 - 980)	25.7	(22.1 - 29.8)
	Fair	780	(620 - 970)	24.7	(20.8 - 29.0)
	Good	790	(600 - 1 000)	25.1	(20.6 - 30.1)
	Very good	770	(600 - 960)	24.5	(20.2 - 29.0)
	Total	3 150	(2 680 - 3 620)	100.0	
5%–10%	Poor	410	(310 - 530)	25.6	(21.1 - 30.6)
	Fair	420	(290 - 600)	26.0	(19.7 - 33.1)
	Good	390	(290 - 510)	24.4	(19.3 - 30.1)
	Very good	380	(280 - 510)	23.9	(19.2 - 29.3)
Total	1 600	(1 300 - 1 970)	100.0		
10%–25%	Poor	680	(550 - 830)	21.3	(18.1 - 24.9)
	Fair	950	(770 - 1 160)	29.8	(25.8 - 34.2)
	Good	730	(600 - 890)	23.0	(19.9 - 26.4)
	Very good	830	(670 - 1 010)	25.9	(22.1 - 30.1)
Total	3 200	(2 780 - 3 650)	100.0		
25%–50%	Poor	720	(570 - 900)	22.6	(18.5 - 27.2)
	Fair	780	(630 - 960)	24.6	(20.9 - 28.5)
	Good	740	(590 - 930)	23.4	(19.5 - 27.4)
	Very good	940	(750 - 1 150)	29.4	(24.9 - 34.0)
Total	3 180	(2 750 - 3 640)	100.0		
Top 50%	Poor	340	(220 - 510)	23.9	(16.2 - 32.2)
	Fair	360	(240 - 520)	25.3	(18.3 - 33.5)
	Good	300	(170 - 480)	20.7	(12.8 - 30.1)
	Very good	430	(290 - 610)	30.2	(21.8 - 39.1)
Total	1 430	(1 090 - 1 820)	100.0		
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

(a) See *Index of Relative Socio-economic Disadvantage* in the *Glossary*



TABLE 4.4: PRIMARY CARERS — FAMILY FUNCTIONING, BY AGE OF YOUNGEST CHILD IN THE HOUSEHOLD

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–3 years				
Poor	1 560	(1 390 - 1 750)	26.4	(23.7 - 29.3)
Fair	1 530	(1 330 - 1 750)	25.9	(22.8 - 29.1)
Good	1 250	(1 070 - 1 450)	21.2	(18.2 - 24.4)
Very good	1 570	(1 390 - 1 760)	26.5	(23.7 - 29.5)
Total	5 910	(5 600 - 6 230)	100.0	
4–7 years				
Poor	600	(490 - 730)	20.7	(17.1 - 24.5)
Fair	750	(630 - 900)	25.7	(21.8 - 29.8)
Good	750	(620 - 900)	25.8	(21.6 - 30.3)
Very good	810	(660 - 970)	27.8	(23.6 - 32.5)
Total	2 910	(2 660 - 3 180)	100.0	
8–11 years				
Poor	380	(280 - 510)	20.0	(14.9 - 26.0)
Fair	580	(460 - 720)	30.1	(24.6 - 36.5)
Good	460	(350 - 600)	24.2	(18.7 - 30.3)
Very good	490	(370 - 640)	25.7	(20.0 - 31.8)
Total	1 920	(1 690 - 2 160)	100.0	
12–14 years				
Poor	270	(180 - 400)	25.8	(17.9 - 34.7)
Fair	220	(150 - 320)	20.4	(13.8 - 29.0)
Good	310	(210 - 440)	29.6	(21.6 - 38.8)
Very good	260	(160 - 380)	24.2	(15.5 - 33.6)
Total	1 060	(870 - 1 280)	100.0	
15–17 years				
Poor	140	(90 - 220)	19.1	(11.8 - 27.4)
Fair	210	(160 - 290)	28.2	(21.0 - 36.1)
Good	170	(120 - 250)	23.1	(16.4 - 31.7)
Very good	220	(150 - 310)	29.6	(21.2 - 38.5)
Total	760	(630 - 900)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.5: PRIMARY CARERS — FAMILY FUNCTIONING, BY AGE OF OLDEST CHILD IN THE HOUSEHOLD

Family functioning quartiles	Number	95% CI	%	95% CI
0–3 years				
Poor	420	(320 - 540)	25.8	(20.3 - 31.7)
Fair	390	(310 - 480)	23.7	(19.1 - 29.1)
Good	410	(310 - 530)	24.9	(19.8 - 31.0)
Very good	420	(330 - 530)	25.5	(20.4 - 31.0)
Total	1 640	(1 460 - 1 840)	100.0	
4–7 years				
Poor	480	(380 - 600)	22.5	(18.1 - 27.6)
Fair	590	(480 - 730)	27.9	(22.8 - 33.2)
Good	450	(350 - 570)	21.0	(16.6 - 26.2)
Very good	610	(490 - 750)	28.6	(23.5 - 34.1)
Total	2 130	(1 920 - 2 360)	100.0	
8–11 years				
Poor	640	(530 - 770)	23.6	(19.6 - 28.1)
Fair	650	(520 - 810)	24.2	(19.8 - 28.8)
Good	640	(520 - 780)	23.6	(19.5 - 27.9)
Very good	770	(630 - 940)	28.6	(24.0 - 33.7)
Total	2 700	(2 450 - 2 950)	100.0	
12–14 years				
Poor	610	(500 - 750)	23.0	(18.8 - 27.8)
Fair	670	(550 - 820)	25.4	(20.9 - 30.4)
Good	710	(560 - 910)	26.9	(21.6 - 32.4)
Very good	660	(500 - 830)	24.7	(19.5 - 30.5)
Total	2 660	(2 390 - 2 940)	100.0	
15–17 years				
Poor	810	(670 - 970)	23.6	(19.9 - 27.7)
Fair	980	(820 - 1 150)	28.6	(24.6 - 33.1)
Good	750	(620 - 900)	21.8	(18.3 - 25.7)
Very good	890	(760 - 1 040)	26.0	(22.4 - 29.9)
Total	3 430	(3 160 - 3 710)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.6: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOUSEHOLD COMPOSITION

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Two original parent family				
Poor	970	(810 - 1 150)	20.6	(17.5 - 24.2)
Fair	1 170	(990 - 1 360)	24.7	(21.3 - 28.5)
Good	1 150	(980 - 1 340)	24.5	(21.1 - 28.1)
Very good	1 430	(1 230 - 1 650)	30.2	(26.3 - 34.2)
Total	4 720	(4 410 - 5 030)	100.0	
Sole parent family				
Poor	1 230	(1 080 - 1 400)	25.7	(22.7 - 28.9)
Fair	1 340	(1 160 - 1 540)	28.0	(24.6 - 31.6)
Good	1 100	(940 - 1 280)	22.9	(19.8 - 26.4)
Very good	1 120	(950 - 1 310)	23.4	(20.2 - 26.9)
Total	4 790	(4 500 - 5 090)	100.0	
Two parent step/blended family				
Poor	550	(450 - 660)	26.3	(21.8 - 31.0)
Fair	590	(490 - 710)	28.4	(23.9 - 33.2)
Good	460	(330 - 620)	21.9	(16.4 - 28.4)
Very good	490	(380 - 610)	23.4	(18.9 - 28.5)
Total	2 090	(1 870 - 2 330)	100.0	
Other (e.g. Aunts/uncles, Grandparents) (a)				
Poor	210	(130 - 300)	21.6	(14.6 - 30.4)
Fair	190	(120 - 280)	19.8	(13.3 - 28.3)
Good	240	(170 - 340)	25.7	(18.9 - 33.9)
Very good	310	(230 - 410)	32.9	(25.6 - 41.3)
Total	950	(800 - 1 130)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	

(a) Includes extended family care arrangements, e.g. aunts, uncles, grandparents, non family members and children living independently.



TABLE 4.7: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER THEY SPENT PART OF EACH YEAR LIVING IN ANOTHER PLACE(a)

<i>Another place that you live</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	2 590	(2 350 - 2 840)	22.8	(20.7 - 24.9)
	Fair	3 030	(2 780 - 3 290)	26.7	(24.5 - 28.9)
	Good	2 720	(2 480 - 2 980)	24.0	(21.8 - 26.2)
	Very good	3 020	(2 760 - 3 300)	26.6	(24.3 - 29.0)
	Total	11 400	(11 200 - 11 500)	100.0	
Yes	Poor	380	(310 - 450)	31.5	(25.8 - 37.3)
	Fair	260	(160 - 390)	21.8	(14.9 - 30.9)
	Good	230	(170 - 320)	19.5	(14.1 - 25.3)
	Very good	330	(260 - 410)	27.2	(22.1 - 33.2)
	Total	1 200	(1 040 - 1 380)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

(a) A place other than the place of residence at the time of the survey.

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CHILD AND YOUTH FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

TABLE 4.8: ABORIGINAL CHILDREN AGED 0–17 YEARS WHOSE PRIMARY CARER WAS THEIR BIRTH MOTHER — LEVEL OF FAMILY FUNCTIONING, BY BIRTH MOTHER'S USE OF ALCOHOL OR TOBACCO DURING PREGNANCY

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No alcohol or tobacco				
Poor	2 170	(1 830 - 2 560)	20.2	(17.2 - 23.6)
Fair	2 820	(2 450 - 3 210)	26.3	(23.1 - 29.6)
Good	2 680	(2 290 - 3 110)	24.9	(21.6 - 28.7)
Very good	2 870	(2 470 - 3 320)	26.7	(23.3 - 30.4)
Not stated	200	(130 - 290)	1.8	(1.2 - 2.7)
Total	10 700	(10 100 - 11 400)	100.0	
Alcohol, no tobacco used				
Poor	370	(250 - 550)	26.2	(17.6 - 35.4)
Fair	440	(280 - 650)	30.8	(21.3 - 42.0)
Good	240	(130 - 400)	17.3	(10.0 - 26.8)
Very good	310	(230 - 420)	21.9	(15.2 - 29.3)
Not stated	50	(30 - 80)	3.7	(2.0 - 6.2)
Total	1 420	(1 150 - 1 720)	100.0	
Tobacco, no alcohol used				
Poor	1 600	(1 350 - 1 880)	20.6	(17.5 - 24.0)
Fair	2 010	(1 670 - 2 390)	25.8	(22.0 - 30.2)
Good	1 670	(1 410 - 1 970)	21.5	(18.2 - 25.0)
Very good	2 320	(1 960 - 2 710)	29.9	(25.7 - 34.1)
Not stated	170	(70 - 330)	2.2	(0.9 - 4.2)
Total	7 770	(7 210 - 8 340)	100.0	
Alcohol and tobacco used				
Poor	1 320	(1 080 - 1 590)	32.6	(27.3 - 38.0)
Fair	1 050	(820 - 1 310)	25.9	(20.8 - 31.4)
Good	860	(680 - 1 080)	21.3	(16.9 - 26.1)
Very good	740	(530 - 1 030)	18.3	(13.3 - 24.1)
Not stated	80	(50 - 130)	2.0	(1.1 - 3.1)
Total	4 040	(3 620 - 4 500)	100.0	
Total				
Poor	5 460	(4 940 - 6 020)	22.8	(20.6 - 25.0)
Fair	6 310	(5 740 - 6 910)	26.3	(24.0 - 28.7)
Good	5 450	(4 920 - 6 000)	22.8	(20.6 - 25.0)
Very good	6 240	(5 660 - 6 880)	26.0	(23.6 - 28.5)
Not stated	500	(350 - 680)	2.1	(1.5 - 2.9)
Total	24 000	(23 400 - 24 500)	100.0	



TABLE 4.9: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FUNCTIONING, BY PERCENTAGE OF OPTIMAL BIRTH WEIGHT (POBW)

POBW	Family functioning quartiles	Number	95% CI	%	95% CI
POBW less than 85%	Poor	1 170	(930 - 1 440)	21.6	(17.7 - 25.8)
	Fair	1 450	(1 230 - 1 690)	26.7	(22.9 - 30.8)
	Good	1 100	(880 - 1 380)	20.3	(16.6 - 24.7)
	Very good	1 560	(1 310 - 1 850)	28.8	(24.6 - 33.6)
	Not stated	140	(90 - 200)	2.5	(1.6 - 3.8)
	Total	5 420	(4 970 - 5 880)	100.0	
POBW 85% or more	Poor	4 270	(3 810 - 4 770)	22.0	(19.7 - 24.4)
	Fair	4 980	(4 500 - 5 490)	25.6	(23.2 - 28.2)
	Good	4 430	(3 960 - 4 920)	22.8	(20.5 - 25.2)
	Very good	5 390	(4 870 - 5 950)	27.8	(25.2 - 30.5)
	Not stated	360	(260 - 480)	1.8	(1.3 - 2.4)
	Total	19 400	(18 800 - 20 000)	100.0	
Not stated	Poor	1 180	(980 - 1 430)	23.7	(19.8 - 28.1)
	Fair	1 250	(1 030 - 1 490)	25.0	(21.1 - 29.3)
	Good	1 260	(990 - 1 560)	25.3	(21.0 - 30.3)
	Very good	980	(800 - 1 190)	19.6	(16.1 - 23.4)
	Not stated	320	(160 - 520)	6.3	(3.6 - 10.7)
	Total	4 980	(4 500 - 5 500)	100.0	
Total	Poor	6 620	(6 020 - 7 270)	22.2	(20.2 - 24.4)
	Fair	7 670	(7 060 - 8 290)	25.7	(23.7 - 27.8)
	Good	6 790	(6 180 - 7 440)	22.8	(20.7 - 25.0)
	Very good	7 930	(7 260 - 8 620)	26.6	(24.3 - 28.9)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	

TABLE 4.10: ABORIGINAL CHILDREN AGED 0–17 YEARS WHOSE PRIMARY CARER WAS THEIR BIRTH MOTHER — FAMILY FUNCTIONING, BY EVER BEEN BREASTFED

Breastfed?	Family functioning quartiles	Number	95% CI	%	95% CI
No	Poor	630	(490 - 780)	21.8	(17.2 - 27.2)
	Fair	860	(680 - 1 060)	29.9	(24.0 - 36.2)
	Good	590	(430 - 800)	20.7	(15.3 - 26.9)
	Very good	740	(520 - 1 030)	25.8	(19.2 - 33.8)
	Not stated	50	(10 - 140)	1.8	(0.5 - 4.9)
	Total	2 870	(2 520 - 3 240)	100.0	
Yes	Poor	4 830	(4 340 - 5 360)	22.9	(20.7 - 25.4)
	Fair	5 450	(4 910 - 6 010)	25.9	(23.5 - 28.4)
	Good	4 860	(4 370 - 5 370)	23.0	(20.8 - 25.4)
	Very good	5 500	(4 970 - 6 070)	26.1	(23.6 - 28.7)
	Not stated	450	(310 - 620)	2.1	(1.5 - 2.9)
	Total	21 100	(20 500 - 21 600)	100.0	
Total	Poor	5 460	(4 940 - 6 020)	22.8	(20.6 - 25.0)
	Fair	6 310	(5 740 - 6 910)	26.3	(24.0 - 28.7)
	Good	5 450	(4 920 - 6 000)	22.8	(20.6 - 25.0)
	Very good	6 240	(5 660 - 6 880)	26.0	(23.6 - 28.5)
	Not stated	500	(350 - 680)	2.1	(1.5 - 2.9)
	Total	24 000	(23 400 - 24 500)	100.0	



TABLE 4.11: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY WHETHER THE CHILD HAS NORMAL VISION IN BOTH EYES

<i>Normal vision?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	560	(400 - 750)	30.3	(22.5 - 38.9)
	Fair	470	(300 - 700)	25.4	(17.1 - 35.0)
	Good	330	(230 - 460)	17.8	(12.4 - 24.8)
	Very good	430	(300 - 610)	23.3	(16.3 - 31.5)
	Not stated	60	(10 - 170)	3.2	(0.7 - 9.0)
	Total	1 850	(1 550 - 2 190)	100.0	
Yes	Poor	4 270	(3 800 - 4 740)	20.3	(18.1 - 22.5)
	Fair	5 520	(5 040 - 6 020)	26.2	(24.0 - 28.5)
	Good	5 040	(4 540 - 5 560)	23.9	(21.6 - 26.3)
	Very good	5 710	(5 180 - 6 260)	27.1	(24.7 - 29.7)
	Not stated	520	(360 - 720)	2.5	(1.7 - 3.4)
	Total	21 100	(20 700 - 21 400)	100.0	
Total	Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
	Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
	Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
	Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
	Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
	Total	22 900	(22 800 - 22 900)	100.0	

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TABLE 4.12: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY NUMBER OF DIETARY QUALITY INDICATORS MET

<i>Indicator of dietary quality</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No criteria met	Poor	70	(20 - 180)	31.6	(8.4 - 58.1)
	Fair	70	(30 - 130)	30.8	(12.6 - 56.6)
	Good	70	(20 - 160)	28.7	(8.4 - 58.1)
	Very good	20	(0 - 190)	8.9	(0.0 - 60.2)
	Not stated	0	(0 - 60)	0.0	(0.0 - 21.8)
	Total	230	(130 - 390)	100.0	
1 criterion met	Poor	810	(610 - 1 070)	31.7	(24.3 - 39.3)
	Fair	670	(480 - 900)	26.3	(19.9 - 34.0)
	Good	500	(360 - 690)	19.7	(14.1 - 26.0)
	Very good	520	(370 - 730)	20.5	(14.9 - 27.5)
	Not stated	40	(10 - 180)	1.7	(0.2 - 6.9)
	Total	2 550	(2 190 - 2 940)	100.0	
2 criteria met	Poor	1 920	(1 620 - 2 250)	25.8	(22.0 - 29.6)
	Fair	2 010	(1 710 - 2 340)	27.0	(23.1 - 31.0)
	Good	1 650	(1 360 - 1 990)	22.2	(18.4 - 26.2)
	Very good	1 690	(1 400 - 2 030)	22.7	(19.1 - 26.6)
	Not stated	180	(100 - 310)	2.4	(1.2 - 3.9)
	Total	7 440	(6 920 - 7 970)	100.0	
3 criteria met	Poor	1 420	(1 150 - 1 710)	17.0	(14.0 - 20.3)
	Fair	2 280	(1 980 - 2 600)	27.4	(24.0 - 30.8)
	Good	2 170	(1 870 - 2 510)	26.0	(22.7 - 29.7)
	Very good	2 180	(1 860 - 2 520)	26.1	(22.7 - 29.7)
	Not stated	290	(190 - 430)	3.5	(2.3 - 5.1)
	Total	8 330	(7 800 - 8 870)	100.0	

Continued . . .



TABLE 4.12 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY NUMBER OF DIETARY QUALITY INDICATORS MET

Indicator of dietary quality	Family functioning quartiles	Number	95% CI	%	95% CI
All 4 criteria met	Poor	610	(450 - 820)	14.0	(10.4 - 18.4)
	Fair	960	(780 - 1 180)	22.1	(18.0 - 26.6)
	Good	980	(730 - 1 260)	22.5	(17.3 - 28.0)
	Very good	1 730	(1 410 - 2 080)	39.8	(34.0 - 46.0)
	Not stated	70	(10 - 250)	1.6	(0.2 - 5.7)
	Total	4 350	(3 880 - 4 850)	100.0	
Total	Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
	Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
	Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
	Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
	Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 4.13: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

Family functioning quartiles	Number	95% CI	%	95% CI
Low				
Poor	2 690	(2 330 - 3 080)	18.1	(15.8 - 20.8)
Fair	3 760	(3 370 - 4 180)	25.4	(22.9 - 28.0)
Good	3 680	(3 250 - 4 140)	24.9	(22.2 - 27.8)
Very good	4 290	(3 820 - 4 790)	29.0	(25.9 - 32.1)
Not stated	380	(260 - 550)	2.6	(1.7 - 3.7)
Total	14 800	(14 300 - 15 300)	100.0	
Moderate				
Poor	600	(450 - 770)	22.9	(18.0 - 28.5)
Fair	750	(630 - 900)	28.9	(24.3 - 33.8)
Good	510	(390 - 640)	19.5	(15.3 - 24.2)
Very good	700	(560 - 860)	26.8	(21.8 - 32.1)
Not stated	50	(20 - 100)	1.9	(0.9 - 3.8)
Total	2 610	(2 360 - 2 890)	100.0	
High				
Poor	1 540	(1 270 - 1 840)	28.1	(23.7 - 32.9)
Fair	1 480	(1 190 - 1 790)	26.9	(22.4 - 31.9)
Good	1 170	(950 - 1 440)	21.4	(17.6 - 25.5)
Very good	1 150	(940 - 1 390)	21.0	(17.4 - 25.0)
Not stated	150	(70 - 260)	2.7	(1.2 - 4.7)
Total	5 490	(5 020 - 5 980)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 4.14: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
Poor	2 820	(2 460 - 3 210)	18.8	(16.4 - 21.3)
Fair	3 890	(3 510 - 4 280)	26.0	(23.5 - 28.5)
Good	3 730	(3 300 - 4 190)	24.9	(22.2 - 27.8)
Very good	4 190	(3 710 - 4 680)	27.9	(25.1 - 31.0)
Not stated	350	(240 - 510)	2.3	(1.6 - 3.3)
Total	15 000	(14 400 - 15 500)	100.0	
Moderate				
Poor	610	(450 - 810)	23.8	(18.2 - 30.2)
Fair	560	(430 - 710)	21.8	(17.2 - 27.1)
Good	530	(400 - 690)	20.7	(15.7 - 26.1)
Very good	770	(600 - 970)	30.3	(24.1 - 36.7)
Not stated	90	(40 - 150)	3.4	(1.5 - 6.2)
Total	2 560	(2 270 - 2 880)	100.0	
High				
Poor	1 400	(1 150 - 1 680)	26.0	(21.8 - 30.9)
Fair	1 550	(1 240 - 1 880)	28.8	(23.9 - 34.2)
Good	1 100	(860 - 1 380)	20.5	(16.5 - 25.2)
Very good	1 180	(960 - 1 440)	22.0	(18.1 - 26.4)
Not stated	140	(60 - 310)	2.7	(1.1 - 5.7)
Total	5 370	(4 910 - 5 860)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 4.15: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
Poor	2 200	(1 890 - 2 550)	17.7	(15.3 - 20.4)
Fair	3 020	(2 680 - 3 390)	24.3	(21.7 - 27.0)
Good	3 130	(2 740 - 3 570)	25.2	(22.3 - 28.4)
Very good	3 800	(3 370 - 4 260)	30.6	(27.4 - 34.0)
Not stated	280	(150 - 440)	2.2	(1.2 - 3.5)
Total	12 400	(11 900 - 13 000)	100.0	
Moderate				
Poor	620	(460 - 820)	22.8	(17.3 - 28.6)
Fair	730	(600 - 890)	26.9	(21.9 - 32.4)
Good	630	(440 - 840)	23.0	(17.3 - 29.8)
Very good	690	(550 - 860)	25.5	(20.5 - 31.1)
Not stated	50	(20 - 100)	1.9	(0.9 - 3.8)
Total	2 730	(2 440 - 3 040)	100.0	
High				
Poor	2 000	(1 710 - 2 340)	25.8	(22.4 - 29.6)
Fair	2 240	(1 920 - 2 590)	28.9	(25.2 - 32.9)
Good	1 610	(1 370 - 1 890)	20.8	(17.8 - 24.1)
Very good	1 650	(1 390 - 1 950)	21.3	(18.1 - 24.7)
Not stated	250	(150 - 390)	3.2	(2.0 - 5.1)
Total	7 750	(7 250 - 8 270)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 4.16: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
Poor	3 370	(2 970 - 3 810)	19.5	(17.2 - 22.0)
Fair	4 520	(4 100 - 4 950)	26.1	(23.8 - 28.6)
Good	4 140	(3 700 - 4 600)	24.0	(21.5 - 26.5)
Very good	4 810	(4 320 - 5 340)	27.8	(25.0 - 30.8)
Not stated	440	(290 - 640)	2.5	(1.7 - 3.7)
Total	17 300	(16 800 - 17 700)	100.0	
Moderate				
Poor	450	(330 - 600)	21.1	(15.7 - 27.0)
Fair	540	(410 - 710)	25.4	(19.7 - 31.7)
Good	540	(410 - 710)	25.3	(19.5 - 32.0)
Very good	540	(430 - 680)	25.5	(20.1 - 31.0)
Not stated	60	(10 - 180)	2.7	(0.6 - 8.0)
Total	2 130	(1 870 - 2 420)	100.0	
High				
Poor	1 010	(810 - 1 240)	28.8	(23.5 - 34.1)
Fair	930	(730 - 1 170)	26.7	(21.4 - 32.5)
Good	680	(510 - 900)	19.6	(15.2 - 24.7)
Very good	790	(620 - 980)	22.5	(18.1 - 27.6)
Not stated	80	(40 - 140)	2.3	(1.3 - 4.1)
Total	3 490	(3 120 - 3 890)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 4.17: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
Poor	2 640	(2 290 - 3 010)	19.4	(16.9 - 22.2)
Fair	3 580	(3 200 - 3 980)	26.3	(23.6 - 29.1)
Good	3 170	(2 770 - 3 600)	23.3	(20.5 - 26.3)
Very good	3 810	(3 370 - 4 290)	28.0	(24.9 - 31.1)
Not stated	420	(280 - 590)	3.1	(2.1 - 4.3)
Total	13 600	(13 100 - 14 200)	100.0	
Moderate				
Poor	680	(540 - 870)	23.5	(18.6 - 28.8)
Fair	720	(590 - 880)	24.9	(20.3 - 29.7)
Good	740	(600 - 910)	25.5	(20.8 - 30.5)
Very good	700	(520 - 920)	24.2	(18.8 - 30.6)
Not stated	60	(20 - 120)	1.9	(0.6 - 4.1)
Total	2 910	(2 600 - 3 230)	100.0	
High				
Poor	1 500	(1 230 - 1 810)	23.5	(19.5 - 27.7)
Fair	1 690	(1 410 - 2 030)	26.6	(22.4 - 31.1)
Good	1 450	(1 180 - 1 750)	22.8	(19.0 - 27.1)
Very good	1 630	(1 370 - 1 920)	25.5	(21.7 - 29.5)
Not stated	110	(50 - 180)	1.7	(0.8 - 2.9)
Total	6 380	(5 890 - 6 880)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	

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TABLE 4.18: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT PROBLEMS WITH PROSOCIAL BEHAVIOUR

Family functioning quartiles	Number	95% CI	%	95% CI
Low				
Poor	4 150	(3 690 - 4 640)	19.6	(17.4 - 21.9)
Fair	5 560	(5 070 - 6 050)	26.2	(24.0 - 28.5)
Good	5 120	(4 620 - 5 650)	24.1	(21.8 - 26.6)
Very good	5 860	(5 320 - 6 430)	27.6	(25.1 - 30.3)
Not stated	520	(350 - 740)	2.5	(1.7 - 3.5)
Total	21 200	(21 000 - 21 400)	100.0	
Moderate				
Poor	250	(150 - 390)	32.6	(21.8 - 45.4)
Fair	240	(150 - 350)	31.7	(21.4 - 43.3)
Good	130	(90 - 190)	17.6	(11.3 - 25.2)
Very good	100	(60 - 150)	13.0	(7.6 - 19.7)
Not stated	40	(20 - 60)	5.2	(3.1 - 8.4)
Total	750	(600 - 930)	100.0	
High				
Poor	430	(330 - 550)	45.8	(37.0 - 55.6)
Fair	200	(120 - 290)	21.2	(13.9 - 30.0)
Good	120	(50 - 220)	12.4	(6.1 - 23.3)
Very good	180	(120 - 260)	18.9	(12.6 - 25.9)
Not stated	20	(0 - 70)	1.7	(0.2 - 7.2)
Total	940	(780 - 1 110)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	

TABLE 4.19: ABORIGINAL CHILDREN AGED 0–17 YEARS(a) — FAMILY FUNCTIONING, BY CONTACT WITH MENTAL HEALTH SERVICES IN WESTERN AUSTRALIA

Child has had contact with Mental Health Services in WA?	Family functioning quartiles	Number	95% CI	%	95% CI
Yes	Poor	470	(350 - 620)	31.1	(23.9 - 38.8)
	Fair	440	(320 - 600)	29.6	(22.1 - 38.1)
	Good	280	(170 - 440)	18.7	(11.5 - 27.3)
	Very good	280	(200 - 390)	18.8	(13.5 - 25.4)
	Total	1 500	(1 270 - 1 760)	100.0	
No	Poor	5 990	(5 420 - 6 590)	22.1	(20.0 - 24.3)
	Fair	6 920	(6 350 - 7 500)	25.5	(23.4 - 27.7)
	Good	6 160	(5 560 - 6 770)	22.7	(20.6 - 24.9)
	Very good	7 530	(6 880 - 8 220)	27.7	(25.4 - 30.2)
	Total	27 100	(26 700 - 27 500)	100.0	
Total	Poor	6 460	(5 870 - 7 100)	22.6	(20.5 - 24.8)
	Fair	7 360	(6 770 - 7 990)	25.7	(23.6 - 27.9)
	Good	6 440	(5 830 - 7 070)	22.5	(20.4 - 24.7)
	Very good	7 810	(7 140 - 8 500)	27.3	(25.0 - 29.6)
	Total	28 600	(28 300 - 28 900)	100.0	

(a) Only includes children whose carers gave consent for the survey team to access the carer's medical records.



TABLE 4.20: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FUNCTIONING, BY WHETHER THE CHILD HAS HAD TO STAY AWAY OVERNIGHT WITH OTHER FAMILY AND FRIENDS IN THE PAST SIX MONTHS

Overnight with family/friends?	Family functioning quartiles	Number	95% CI	%	95% CI
No	Poor	5 690	(5 120 - 6 280)	21.1	(19.1 - 23.3)
	Fair	7 020	(6 470 - 7 610)	26.1	(24.1 - 28.3)
	Good	6 240	(5 640 - 6 860)	23.2	(21.0 - 25.5)
	Very good	7 230	(6 580 - 7 910)	26.9	(24.5 - 29.3)
	Not stated	720	(510 - 970)	2.7	(2.0 - 3.6)
	Total	26 900	(26 400 - 27 300)	100.0	
Yes	Poor	940	(670 - 1 260)	32.1	(24.8 - 40.8)
	Fair	640	(450 - 880)	22.1	(16.0 - 29.6)
	Good	550	(400 - 740)	19.0	(13.7 - 24.7)
	Very good	700	(480 - 950)	23.9	(17.5 - 31.8)
	Not stated	90	(50 - 140)	2.9	(1.6 - 4.9)
	Total	2 920	(2 480 - 3 390)	100.0	
Total	Poor	6 620	(6 020 - 7 270)	22.2	(20.2 - 24.4)
	Fair	7 670	(7 060 - 8 290)	25.7	(23.7 - 27.8)
	Good	6 790	(6 180 - 7 440)	22.8	(20.7 - 25.0)
	Very good	7 930	(7 260 - 8 620)	26.6	(24.3 - 28.9)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	

TABLE 4.21: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FUNCTIONING, BY WHETHER THE CHILD LIVED AWAY FROM THEIR BIRTH MOTHER FOR ONE MONTH OR LONGER BEFORE THEY WERE 4 YEARS OLD

Lived away?	Family functioning quartiles	Number	95% CI	%	95% CI
No	Poor	5 000	(4 500 - 5 530)	22.4	(20.2 - 24.7)
	Fair	5 850	(5 330 - 6 390)	26.2	(23.9 - 28.5)
	Good	5 090	(4 570 - 5 630)	22.8	(20.5 - 25.1)
	Very good	5 950	(5 370 - 6 560)	26.6	(24.2 - 29.2)
	Not stated	460	(320 - 640)	2.0	(1.4 - 2.8)
	Total	22 300	(21 800 - 22 900)	100.0	
Yes	Poor	460	(320 - 640)	28.5	(20.7 - 37.6)
	Fair	460	(320 - 630)	28.3	(20.7 - 37.3)
	Good	370	(260 - 500)	22.7	(16.4 - 30.2)
	Very good	290	(190 - 430)	17.9	(12.0 - 25.4)
	Not stated	40	(20 - 90)	2.6	(1.1 - 5.3)
	Total	1 610	(1 360 - 1 890)	100.0	
Carer was not birth mother	Poor	1 160	(890 - 1 500)	19.8	(15.3 - 24.9)
	Fair	1 360	(1 140 - 1 610)	23.2	(19.4 - 27.2)
	Good	1 340	(1 070 - 1 660)	22.8	(18.6 - 27.7)
	Very good	1 690	(1 380 - 2 030)	28.9	(24.2 - 33.7)
	Not stated	310	(190 - 460)	5.3	(3.3 - 7.7)
	Total	5 860	(5 360 - 6 390)	100.0	
Total	Poor	6 620	(6 020 - 7 270)	22.2	(20.2 - 24.4)
	Fair	7 670	(7 060 - 8 290)	25.7	(23.7 - 27.8)
	Good	6 790	(6 180 - 7 440)	22.8	(20.7 - 25.0)
	Very good	7 930	(7 260 - 8 620)	26.6	(24.3 - 28.9)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	



TABLE 4.22: ABORIGINAL YOUNG PEOPLE AGED 12–17 YEARS — FAMILY FUNCTIONING, BY WHETHER THE YOUNG PERSON HAD EVER BEEN IN A FAMILY VIOLENCE SITUATION

<i>Been in a family violence situation?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	590	(440 - 780)	17.1	(12.9 - 21.9)
	Fair	930	(770 - 1 110)	27.0	(22.6 - 31.8)
	Good	950	(760 - 1 180)	27.6	(22.5 - 32.7)
	Very good	940	(770 - 1 130)	27.3	(22.9 - 32.2)
	Not stated	40	(10 - 90)	1.1	(0.4 - 2.6)
	Total	3 460	(3 130 - 3 800)	100.0	
Yes	Poor	890	(720 - 1 090)	27.3	(22.5 - 32.7)
	Fair	860	(690 - 1 080)	26.4	(21.4 - 31.7)
	Good	690	(540 - 860)	21.1	(16.7 - 25.7)
	Very good	790	(630 - 970)	24.0	(19.5 - 29.1)
	Not stated	40	(20 - 100)	1.3	(0.5 - 3.1)
	Total	3 280	(2 960 - 3 610)	100.0	
Total	Poor	1 480	(1 240 - 1 760)	22.0	(18.7 - 25.8)
	Fair	1 800	(1 540 - 2 070)	26.7	(23.2 - 30.3)
	Good	1 640	(1 400 - 1 930)	24.4	(20.9 - 28.1)
	Very good	1 730	(1 480 - 2 010)	25.7	(22.1 - 29.4)
	Not stated	80	(40 - 150)	1.2	(0.6 - 2.1)
	Total	6 730	(6 310 - 7 160)	100.0	



CARER FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING
TABLE 4.23: PRIMARY CARERS — FAMILY FUNCTIONING, BY AGE OF PRIMARY CARER

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Less than 20 years				
Poor	210	(160 - 270)	33.8	(26.7 - 41.3)
Fair	180	(130 - 240)	28.2	(21.3 - 36.4)
Good	110	(80 - 150)	18.3	(13.1 - 24.0)
Very good	120	(80 - 180)	19.7	(12.6 - 28.0)
Total	620	(530 - 720)	100.0	
20–24 years				
Poor	520	(400 - 650)	28.7	(22.9 - 35.0)
Fair	470	(380 - 580)	26.0	(21.3 - 31.6)
Good	420	(300 - 580)	23.3	(17.0 - 30.0)
Very good	400	(320 - 490)	22.0	(17.6 - 27.1)
Total	1 810	(1 610 - 2 020)	100.0	
25–29 years				
Poor	570	(470 - 680)	26.2	(21.9 - 30.8)
Fair	550	(430 - 680)	25.2	(20.5 - 30.1)
Good	500	(390 - 630)	23.1	(18.5 - 28.3)
Very good	550	(430 - 690)	25.4	(20.5 - 30.7)
Total	2 170	(1 950 - 2 400)	100.0	
30–34 years				
Poor	590	(480 - 710)	22.8	(18.8 - 27.2)
Fair	600	(480 - 750)	23.5	(19.1 - 28.4)
Good	630	(510 - 780)	24.6	(20.3 - 29.3)
Very good	750	(600 - 920)	29.1	(23.7 - 34.5)
Total	2 570	(2 330 - 2 820)	100.0	
35–39 years				
Poor	410	(300 - 560)	19.9	(14.7 - 25.9)
Fair	720	(580 - 880)	34.8	(29.1 - 41.1)
Good	450	(340 - 580)	21.7	(16.9 - 27.1)
Very good	490	(380 - 610)	23.6	(18.9 - 29.0)
Total	2 060	(1 830 - 2 310)	100.0	
40–44 years				
Poor	280	(200 - 360)	19.5	(14.6 - 24.9)
Fair	340	(250 - 450)	24.1	(18.0 - 30.7)
Good	370	(260 - 510)	26.1	(19.7 - 34.0)
Very good	430	(330 - 560)	30.3	(24.0 - 37.6)
Total	1 420	(1 230 - 1 640)	100.0	
45–49 years				
Poor	200	(130 - 280)	25.2	(17.2 - 34.8)
Fair	180	(110 - 280)	23.2	(14.4 - 33.4)
Good	180	(120 - 280)	23.4	(15.1 - 33.4)
Very good	220	(150 - 320)	28.2	(19.6 - 39.0)
Total	780	(630 - 950)	100.0	
50–54 years				
Poor	60	(30 - 120)	15.1	(7.2 - 27.0)
Fair	110	(70 - 180)	27.9	(17.6 - 40.8)
Good	90	(50 - 140)	22.4	(13.2 - 32.6)
Very good	140	(80 - 230)	34.6	(21.5 - 48.3)
Total	410	(310 - 520)	100.0	

Continued . . .



TABLE 4.23 (continued): PRIMARY CARERS — FAMILY FUNCTIONING, BY AGE OF PRIMARY CARER

Family functioning quartiles	Number	95% CI	%	95% CI
55–59 years				
Poor	40	(30 - 70)	20.8	(11.9 - 33.7)
Fair	40	(20 - 90)	20.5	(9.3 - 36.5)
Good	50	(20 - 100)	21.3	(8.4 - 36.9)
Very good	80	(50 - 110)	37.4	(24.4 - 50.7)
Total	220	(160 - 290)	100.0	
60 years and over				
Poor	90	(40 - 160)	17.4	(8.3 - 28.5)
Fair	90	(60 - 130)	18.8	(12.3 - 26.9)
Good	150	(110 - 210)	29.6	(21.4 - 39.5)
Very good	170	(110 - 260)	34.1	(23.7 - 46.0)
Total	500	(400 - 620)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.24: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN CARERS DO THINGS TOGETHER FOR ENJOYMENT

Family functioning quartiles	Number	95% CI	%	95% CI
Never				
Poor	170	(110 - 240)	47.4	(30.2 - 66.9)
Fair	80	(50 - 120)	22.2	(12.0 - 35.6)
Good	70	(10 - 230)	19.0	(2.1 - 48.4)
Very good	40	(10 - 100)	11.4	(3.0 - 25.4)
Total	350	(240 - 490)	100.0	
Hardly ever				
Poor	370	(280 - 490)	43.1	(33.9 - 53.0)
Fair	270	(180 - 390)	31.2	(21.9 - 41.1)
Good	140	(90 - 210)	15.9	(10.6 - 23.3)
Very good	80	(40 - 150)	9.8	(4.9 - 16.6)
Total	870	(710 - 1 030)	100.0	
Once in a while				
Poor	660	(530 - 800)	35.3	(29.5 - 41.7)
Fair	460	(360 - 600)	24.9	(19.7 - 30.8)
Good	320	(240 - 410)	17.1	(13.1 - 22.0)
Very good	420	(310 - 550)	22.7	(17.5 - 28.7)
Total	1 860	(1 660 - 2 080)	100.0	
Quite often				
Poor	370	(300 - 460)	15.4	(12.2 - 18.7)
Fair	730	(600 - 870)	30.1	(25.6 - 35.1)
Good	660	(530 - 820)	27.1	(22.2 - 32.7)
Very good	670	(530 - 820)	27.5	(22.7 - 33.0)
Total	2 420	(2 190 - 2 660)	100.0	

Continued . . .



TABLE 4.24 (continued): PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN CARERS DO THINGS TOGETHER FOR ENJOYMENT

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Almost always				
Poor	290	(210 - 390)	12.7	(9.2 - 16.6)
Fair	460	(340 - 610)	20.1	(15.4 - 25.7)
Good	590	(460 - 750)	25.9	(20.7 - 31.6)
Very good	940	(800 - 1 120)	41.3	(35.6 - 47.4)
Total	2 290	(2 050 - 2 540)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	

4



TABLE 4.25: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN CARERS SHOW SIGNS THEY CARE FOR EACH OTHER

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
Poor	80	(40 - 140)	53.4	(32.8 - 74.4)
Fair	30	(10 - 60)	17.4	(6.8 - 34.5)
Good	30	(10 - 80)	21.1	(6.1 - 45.6)
Very good	10	(0 - 40)	8.0	(1.7 - 21.4)
Total	160	(100 - 230)	100.0	
Hardly ever				
Poor	240	(170 - 330)	57.6	(44.8 - 69.7)
Fair	90	(60 - 150)	22.4	(13.6 - 33.4)
Good	40	(10 - 100)	9.7	(1.8 - 23.1)
Very good	40	(20 - 80)	10.2	(5.2 - 17.7)
Total	410	(320 - 520)	100.0	
Once in a while				
Poor	520	(430 - 630)	42.0	(35.0 - 48.8)
Fair	380	(290 - 500)	30.7	(24.4 - 38.2)
Good	210	(140 - 290)	16.5	(11.3 - 22.6)
Very good	130	(90 - 190)	10.8	(7.2 - 15.3)
Total	1 240	(1 090 - 1 410)	100.0	
Quite often				
Poor	640	(520 - 790)	25.0	(20.4 - 30.2)
Fair	720	(590 - 870)	28.2	(23.4 - 33.2)
Good	650	(500 - 820)	25.2	(20.1 - 31.2)
Very good	550	(430 - 710)	21.6	(16.9 - 27.1)
Total	2 560	(2 310 - 2 820)	100.0	
Almost always				
Poor	380	(290 - 490)	11.1	(8.4 - 14.3)
Fair	780	(630 - 950)	22.8	(18.8 - 27.1)
Good	850	(700 - 1 020)	24.8	(20.8 - 29.3)
Very good	1 410	(1 220 - 1 630)	41.4	(36.6 - 46.2)
Total	3 420	(3 140 - 3 710)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.26: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN ARGUMENTS BETWEEN THE CARERS END UP WITH PEOPLE PUSHING, HITTING OR SHOIVING

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
Poor	1 070	(920 - 1 230)	19.3	(16.7 - 22.2)
Fair	1 410	(1 220 - 1 610)	25.4	(22.3 - 28.8)
Good	1 300	(1 110 - 1 510)	23.5	(20.4 - 27.1)
Very good	1 760	(1 550 - 1 990)	31.8	(28.3 - 35.5)
Total	5 530	(5 240 - 5 830)	100.0	
Hardly ever				
Poor	370	(280 - 480)	28.9	(22.0 - 36.1)
Fair	330	(240 - 430)	26.0	(19.6 - 32.9)
Good	310	(220 - 420)	24.7	(18.3 - 31.7)
Very good	260	(180 - 370)	20.5	(14.4 - 28.2)
Total	1 270	(1 090 - 1 460)	100.0	
Once in a while				
Poor	320	(230 - 420)	45.0	(35.2 - 55.8)
Fair	200	(130 - 270)	27.8	(19.1 - 36.9)
Good	100	(50 - 190)	14.5	(7.1 - 24.7)
Very good	90	(40 - 160)	12.7	(6.1 - 21.5)
Total	700	(570 - 850)	100.0	
Quite often				
Poor	90	(50 - 150)	46.1	(27.5 - 66.1)
Fair	40	(20 - 90)	22.7	(7.1 - 42.2)
Good	30	(10 - 60)	14.3	(5.0 - 31.1)
Very good	30	(20 - 60)	16.9	(7.6 - 28.3)
Total	190	(130 - 270)	100.0	
Almost always				
Poor	20	(10 - 60)	23.9	(7.8 - 55.1)
Fair	30	(0 - 90)	27.9	(7.5 - 70.1)
Good	30	(10 - 60)	27.4	(7.8 - 55.1)
Very good	20	(10 - 40)	20.8	(7.1 - 42.2)
Total	100	(60 - 160)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.27: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN CARERS QUARREL

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never or hardly ever				
Poor	470	(370 - 590)	19.6	(15.5 - 24.1)
Fair	510	(380 - 670)	21.2	(16.2 - 27.0)
Good	560	(420 - 720)	23.1	(17.9 - 28.7)
Very good	870	(730 - 1 040)	36.2	(30.6 - 42.1)
Total	2 410	(2 160 - 2 670)	100.0	
Once in a while				
Poor	800	(670 - 950)	21.4	(18.1 - 25.1)
Fair	1 040	(880 - 1 210)	27.8	(24.0 - 32.0)
Good	850	(690 - 1 030)	22.8	(18.7 - 27.0)
Very good	1 040	(880 - 1 230)	28.0	(24.0 - 32.3)
Total	3 730	(3 440 - 4 020)	100.0	
Quite often or almost always				
Poor	590	(490 - 710)	35.8	(30.2 - 42.0)
Fair	450	(360 - 560)	27.4	(22.3 - 32.9)
Good	370	(290 - 460)	22.2	(17.6 - 27.6)
Very good	240	(150 - 360)	14.7	(9.7 - 20.9)
Total	1 660	(1 470 - 1 850)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.28: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW LONG CARER AND PARTNER HAVE BEEN TOGETHER

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Less than 2 years				
Poor	220	(160 - 300)	41.2	(30.1 - 53.3)
Fair	120	(60 - 200)	21.8	(12.1 - 33.0)
Good	70	(30 - 130)	13.0	(6.4 - 22.6)
Very good	130	(70 - 230)	24.0	(14.0 - 38.9)
Total	540	(430 - 680)	100.0	
2 to less than 5 years				
Poor	440	(350 - 540)	31.1	(25.1 - 37.4)
Fair	360	(280 - 450)	25.3	(20.4 - 30.7)
Good	300	(210 - 410)	21.1	(15.4 - 27.7)
Very good	320	(230 - 430)	22.5	(16.6 - 29.1)
Total	1 410	(1 240 - 1 600)	100.0	
5 to less than 10 years				
Poor	470	(370 - 590)	24.7	(19.9 - 30.4)
Fair	490	(400 - 590)	25.9	(21.3 - 30.9)
Good	420	(300 - 580)	22.2	(16.2 - 28.7)
Very good	520	(420 - 630)	27.1	(22.3 - 32.6)
Total	1 900	(1 710 - 2 120)	100.0	
10 to less than 20 years				
Poor	470	(380 - 590)	18.9	(15.2 - 23.3)
Fair	650	(500 - 840)	26.2	(21.1 - 32.2)
Good	620	(510 - 750)	25.1	(20.8 - 29.8)
Very good	740	(600 - 910)	29.8	(24.6 - 35.5)
Total	2 490	(2 250 - 2 750)	100.0	
20 years or more				
Poor	260	(170 - 380)	17.8	(12.3 - 24.9)
Fair	380	(280 - 500)	26.3	(20.1 - 33.6)
Good	360	(250 - 500)	24.6	(17.6 - 32.5)
Very good	450	(340 - 590)	31.3	(24.4 - 39.2)
Total	1 440	(1 250 - 1 670)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.29: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER THE PRIMARY CARER HAD SOMEONE TO YARN TO ABOUT THEIR PROBLEMS

<i>Someone to yarn to about problems?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	560	(460 - 680)	36.3	(30.4 - 42.5)
	Fair	420	(320 - 540)	27.2	(21.6 - 33.7)
	Good	260	(190 - 360)	17.0	(12.4 - 22.4)
	Very good	300	(210 - 420)	19.4	(13.9 - 25.4)
	Total	1 550	(1 370 - 1 760)	100.0	
Yes	Poor	2 400	(2 180 - 2 640)	21.8	(19.8 - 23.9)
	Fair	2 870	(2 630 - 3 130)	26.1	(23.9 - 28.3)
	Good	2 690	(2 440 - 2 950)	24.4	(22.2 - 26.8)
	Very good	3 050	(2 790 - 3 320)	27.7	(25.4 - 30.1)
	Total	11 000	(10 800 - 11 200)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.30: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER THE PRIMARY CARER HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Primary carer ever arrested?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	1 630	(1 440 - 1 820)	20.4	(18.1 - 22.8)
	Fair	2 100	(1 880 - 2 330)	26.3	(23.7 - 29.0)
	Good	1 930	(1 710 - 2 160)	24.2	(21.6 - 26.9)
	Very good	2 310	(2 080 - 2 560)	29.1	(26.3 - 32.0)
	Total	7 960	(7 670 - 8 260)	100.0	
Yes	Poor	1 340	(1 160 - 1 540)	29.1	(25.6 - 32.8)
	Fair	1 190	(1 040 - 1 360)	26.0	(22.8 - 29.3)
	Good	1 030	(870 - 1 210)	22.4	(19.2 - 25.9)
	Very good	1 040	(870 - 1 210)	22.5	(19.3 - 26.0)
	Total	4 600	(4 310 - 4 890)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.31: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER THE PRIMARY CARER'S PARTNER/ SPOUSE HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Primary carer's partner/spouse ever arrested?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	670	(540 - 820)	18.5	(15.1 - 22.4)
	Fair	980	(810 - 1 180)	27.2	(22.7 - 31.9)
	Good	830	(660 - 1 020)	22.9	(18.6 - 27.9)
	Very good	1 140	(950 - 1 350)	31.4	(26.7 - 36.2)
	Total	3 620	(3 340 - 3 920)	100.0	
Yes	Poor	1 140	(990 - 1 310)	28.4	(25.1 - 32.1)
	Fair	990	(850 - 1 160)	24.7	(21.3 - 28.4)
	Good	910	(760 - 1 070)	22.7	(19.4 - 26.3)
	Very good	970	(820 - 1 130)	24.1	(20.8 - 27.8)
	Total	4 010	(3 740 - 4 300)	100.0	
No partner/spouse	Poor	1 150	(1 000 - 1 330)	23.4	(20.4 - 26.6)
	Fair	1 320	(1 140 - 1 510)	26.7	(23.5 - 30.2)
	Good	1 220	(1 050 - 1 390)	24.7	(21.5 - 28.0)
	Very good	1 250	(1 080 - 1 430)	25.3	(22.1 - 28.5)
	Total	4 930	(4 650 - 5 210)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.32: PRIMARY CARERS — LEVEL OF FAMILY FUNCTIONING, BY WHETHER PRIMARY CARER HAD BEEN TREATED FOR EMOTIONAL PROBLEMS

<i>Treated for emotional problems?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	2 120	(1 910 - 2 350)	21.6	(19.5 - 23.8)
	Fair	2 630	(2 400 - 2 870)	26.7	(24.4 - 29.1)
	Good	2 450	(2 210 - 2 710)	24.9	(22.5 - 27.3)
	Very good	2 650	(2 400 - 2 910)	26.9	(24.5 - 29.4)
	Total	9 850	(9 600 - 10 100)	100.0	
Yes	Poor	840	(710 - 980)	31.0	(26.7 - 35.8)
	Fair	660	(520 - 830)	24.3	(19.5 - 29.5)
	Good	510	(390 - 630)	18.7	(14.9 - 23.0)
	Very good	700	(570 - 850)	26.0	(21.5 - 30.7)
	Total	2 710	(2 450 - 2 970)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.33: PRIMARY CARERS — FAMILY FUNCTIONING, BY PRIMARY CARER USE OF MENTAL HEALTH SERVICES IN WESTERN AUSTRALIA

<i>Primary carer has had contact with Mental Health Services in WA?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	Poor	880	(740 - 1 040)	28.8	(24.5 - 33.5)
	Fair	700	(560 - 870)	22.9	(18.7 - 27.6)
	Good	640	(490 - 800)	20.7	(16.6 - 25.7)
	Very good	850	(690 - 1 020)	27.6	(23.1 - 32.7)
	Total	3 060	(2 790 - 3 340)	100.0	
No(a)	Poor	2 080	(1 870 - 2 300)	21.9	(19.8 - 24.1)
	Fair	2 590	(2 350 - 2 840)	27.3	(24.9 - 29.7)
	Good	2 320	(2 090 - 2 560)	24.4	(22.1 - 26.8)
	Very good	2 500	(2 270 - 2 760)	26.4	(24.0 - 28.9)
	Total	9 500	(9 220 - 9 770)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

(a) Includes those carers who did not give consent to access their medical records and those records which could not be linked. These equate to 440 (CI: 330–580) carers.

TABLE 4.34: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER PRIMARY CARER HAD GONE TO AN ABORIGINAL FESTIVAL OR CARNIVAL INVOLVING ARTS, CRAFTS, MUSIC, DANCE OR SPORT IN THE LAST 12 MONTHS

<i>Primary carer gone to Aboriginal festival, arts or sports?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	1 590	(1 400 - 1 810)	25.9	(22.9 - 29.0)
	Fair	1 750	(1 560 - 1 950)	28.4	(25.6 - 31.4)
	Good	1 430	(1 220 - 1 650)	23.2	(20.0 - 26.5)
	Very good	1 380	(1 190 - 1 600)	22.5	(19.5 - 25.7)
	Total	6 150	(5 830 - 6 480)	100.0	
Yes	Poor	1 370	(1 200 - 1 550)	21.4	(18.9 - 24.0)
	Fair	1 540	(1 350 - 1 760)	24.1	(21.2 - 27.1)
	Good	1 530	(1 350 - 1 730)	23.9	(21.2 - 26.6)
	Very good	1 970	(1 750 - 2 190)	30.7	(27.7 - 33.7)
	Total	6 410	(6 090 - 6 730)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.35: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER PRIMARY CARER HAD BEEN INVOLVED IN ANY ABORIGINAL ORGANISATIONS IN THE LAST 12 MONTHS

Primary carer involved in Aboriginal organisations?	Family functioning quartiles	Number	95% CI	%	95% CI
No	Poor	2 130	(1 920 - 2 350)	27.6	(25.1 - 30.3)
	Fair	2 070	(1 850 - 2 320)	26.9	(24.2 - 29.7)
	Good	1 650	(1 440 - 1 890)	21.4	(18.8 - 24.2)
	Very good	1 860	(1 640 - 2 080)	24.0	(21.4 - 26.9)
	Total	7 720	(7 410 - 8 010)	100.0	
Yes	Poor	830	(680 - 1 000)	17.2	(14.3 - 20.5)
	Fair	1 220	(1 050 - 1 400)	25.1	(21.9 - 28.4)
	Good	1 300	(1 140 - 1 490)	26.9	(23.5 - 30.3)
	Very good	1 500	(1 310 - 1 700)	30.8	(27.3 - 34.5)
	Total	4 850	(4 550 - 5 160)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.36: PRIMARY CARERS — FAMILY FUNCTIONING, BY CARER NOT INVOLVED IN ABORIGINAL EVENTS IN LAST 12 MONTHS AND WHETHER THE REASON FOR NON-INVOLVEMENT WAS LACK OF INTEREST

Interest in Aboriginal events?	Family functioning quartiles	Number	95% CI	%	95% CI
Interested	Poor	430	(330 - 540)	26.9	(21.4 - 33.2)
	Fair	440	(340 - 560)	27.7	(21.9 - 34.4)
	Good	340	(240 - 480)	21.5	(15.5 - 28.9)
	Very good	380	(260 - 540)	23.9	(17.4 - 32.2)
	Total	1 590	(1 380 - 1 820)	100.0	
Not interested	Poor	220	(170 - 280)	39.8	(32.0 - 48.7)
	Fair	180	(130 - 230)	32.3	(24.7 - 40.4)
	Good	70	(40 - 130)	12.3	(6.6 - 21.7)
	Very good	90	(40 - 150)	15.6	(8.6 - 26.3)
	Total	550	(460 - 650)	100.0	
Carer is involved in Aboriginal events	Poor	2 320	(2 100 - 2 550)	22.2	(20.2 - 24.4)
	Fair	2 670	(2 430 - 2 930)	25.7	(23.3 - 28.0)
	Good	2 550	(2 310 - 2 790)	24.4	(22.2 - 26.7)
	Very good	2 880	(2 630 - 3 140)	27.7	(25.4 - 30.1)
	Total	10 400	(10 200 - 10 700)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.37: PRIMARY CARERS — FAMILY FUNCTIONING, BY IMPORTANCE OF ABORIGINAL CEREMONIAL BUSINESS TO THE PRIMARY CARER

<i>Importance of Aboriginal ceremonial business?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Important	Poor	1 680	(1 490 - 1 880)	21.2	(18.9 - 23.5)
	Fair	1 950	(1 740 - 2 170)	24.6	(22.1 - 27.3)
	Good	1 990	(1 770 - 2 230)	25.2	(22.5 - 28.0)
	Very good	2 300	(2 060 - 2 550)	29.0	(26.2 - 31.9)
	Total	7 920	(7 620 - 8 210)	100.0	
Not important	Poor	720	(590 - 860)	29.1	(24.7 - 33.8)
	Fair	710	(590 - 840)	28.6	(24.1 - 33.1)
	Good	510	(390 - 640)	20.6	(16.6 - 25.1)
	Very good	540	(430 - 660)	21.7	(17.7 - 26.2)
	Total	2 470	(2 240 - 2 710)	100.0	
Not relevant	Poor	570	(450 - 700)	26.1	(21.3 - 31.2)
	Fair	640	(510 - 790)	29.4	(24.3 - 35.1)
	Good	450	(340 - 590)	20.9	(16.0 - 26.2)
	Very good	520	(390 - 670)	23.7	(18.3 - 29.4)
	Total	2 180	(1 940 - 2 430)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.38: PRIMARY CARERS — FAMILY FUNCTIONING, BY IMPORTANCE OF RELIGION IN THE LIFE OF THE PRIMARY CARER

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Not at all/None				
Poor	580	(470 - 700)	34.3	(27.9 - 41.2)
Fair	530	(410 - 690)	31.7	(24.8 - 38.8)
Good	260	(150 - 420)	15.5	(9.4 - 23.2)
Very good	310	(210 - 440)	18.5	(12.4 - 25.2)
Total	1 680	(1 460 - 1 920)	100.0	
A little				
Poor	490	(390 - 610)	28.5	(23.2 - 34.0)
Fair	520	(430 - 620)	29.9	(25.1 - 34.9)
Good	410	(310 - 540)	23.9	(18.5 - 30.0)
Very good	300	(220 - 420)	17.6	(12.8 - 23.4)
Total	1 720	(1 520 - 1 930)	100.0	
Some				
Poor	590	(470 - 730)	24.9	(20.4 - 30.1)
Fair	600	(480 - 740)	25.7	(21.1 - 30.8)
Good	590	(480 - 730)	25.3	(20.8 - 30.0)
Very good	570	(450 - 700)	24.1	(19.7 - 29.0)
Total	2 350	(2 130 - 2 580)	100.0	
Quite a lot				
Poor	510	(410 - 620)	23.7	(19.4 - 28.7)
Fair	510	(380 - 680)	23.9	(18.2 - 30.2)
Good	510	(400 - 630)	23.7	(19.1 - 28.5)
Very good	610	(510 - 740)	28.7	(24.1 - 33.8)
Total	2 140	(1 930 - 2 370)	100.0	
Very much				
Poor	800	(660 - 960)	17.2	(14.4 - 20.4)
Fair	1 130	(980 - 1 290)	24.2	(21.1 - 27.4)
Good	1 180	(1 010 - 1 370)	25.3	(22.0 - 28.9)
Very good	1 560	(1 360 - 1 780)	33.3	(29.6 - 37.3)
Total	4 670	(4 390 - 4 960)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



FAMILY AND HOUSEHOLD FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

TABLE 4.39: PRIMARY CARERS — FAMILY FUNCTIONING, BY FAMILY FINANCIAL STRAIN

Family functioning quartiles	Number	95% CI	%	95% CI
Spending more money than we get				
Poor	410	(320 - 530)	34.5	(27.6 - 42.3)
Fair	310	(240 - 400)	25.9	(20.4 - 32.3)
Good	260	(180 - 360)	21.7	(15.6 - 28.6)
Very good	210	(130 - 330)	17.9	(11.5 - 25.6)
Total	1 200	(1 030 - 1 390)	100.0	
Just enough to get to next pay				
Poor	1 400	(1 220 - 1 590)	25.3	(22.3 - 28.5)
Fair	1 560	(1 380 - 1 760)	28.3	(25.2 - 31.5)
Good	1 180	(1 020 - 1 360)	21.4	(18.7 - 24.3)
Very good	1 380	(1 200 - 1 580)	25.0	(22.1 - 28.2)
Total	5 520	(5 220 - 5 830)	100.0	
Some money over each week but spend it				
Poor	390	(310 - 480)	23.2	(18.4 - 28.7)
Fair	490	(340 - 680)	29.1	(21.4 - 37.3)
Good	380	(280 - 510)	22.5	(16.7 - 29.0)
Very good	420	(330 - 540)	25.2	(19.6 - 31.3)
Total	1 690	(1 460 - 1 930)	100.0	
Save a bit now and again				
Poor	670	(550 - 820)	18.8	(15.5 - 22.6)
Fair	840	(710 - 980)	23.3	(20.0 - 27.0)
Good	990	(840 - 1 160)	27.5	(23.8 - 31.7)
Very good	1 090	(920 - 1 270)	30.3	(26.2 - 34.6)
Total	3 590	(3 330 - 3 850)	100.0	
Save a lot				
Poor	90	(50 - 130)	15.4	(9.1 - 23.2)
Fair	90	(50 - 150)	16.5	(9.2 - 25.8)
Good	150	(60 - 280)	25.8	(13.3 - 45.5)
Very good	240	(170 - 330)	42.3	(29.5 - 55.2)
Total	570	(440 - 730)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.40: PRIMARY CARERS — LEVEL OF FAMILY FUNCTIONING, BY OVERUSE OF ALCOHOL CAUSES PROBLEMS IN THE HOUSEHOLD

<i>Whether overuse of alcohol causes problems</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	2 290	(2 070 - 2 520)	21.1	(19.1 - 23.2)
	Fair	2 860	(2 620 - 3 110)	26.3	(24.3 - 28.6)
	Good	2 600	(2 350 - 2 860)	23.9	(21.7 - 26.3)
	Very good	3 110	(2 850 - 3 390)	28.7	(26.3 - 31.2)
	Total	10 900	(10 700 - 11 100)	100.0	
Yes	Poor	670	(550 - 810)	39.5	(33.8 - 45.8)
	Fair	430	(330 - 560)	25.4	(19.7 - 31.4)
	Good	360	(280 - 460)	21.1	(16.8 - 26.3)
	Very good	240	(180 - 300)	14.0	(10.6 - 17.8)
	Total	1 700	(1 510 - 1 910)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.41: PRIMARY CARERS — FAMILY FUNCTIONING, BY NUMBER OF LIFE STRESS EVENTS EXPERIENCED IN THE LAST 12 MONTHS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0-2				
Poor	770	(650 - 900)	20.0	(17.0 - 23.2)
Fair	980	(830 - 1 150)	25.5	(22.0 - 29.4)
Good	970	(810 - 1 150)	25.3	(21.4 - 29.3)
Very good	1 120	(950 - 1 320)	29.2	(25.1 - 33.6)
Total	3 840	(3 560 - 4 120)	100.0	
3-4				
Poor	790	(660 - 940)	24.2	(20.3 - 28.2)
Fair	840	(710 - 980)	25.7	(21.8 - 29.6)
Good	730	(580 - 910)	22.4	(18.2 - 27.2)
Very good	910	(760 - 1 080)	27.8	(23.6 - 32.3)
Total	3 270	(3 020 - 3 540)	100.0	
5-6				
Poor	650	(510 - 820)	23.4	(18.7 - 28.4)
Fair	770	(640 - 930)	27.6	(23.1 - 32.5)
Good	640	(510 - 790)	22.8	(18.6 - 27.6)
Very good	730	(590 - 890)	26.2	(21.8 - 31.1)
Total	2 800	(2 540 - 3 070)	100.0	
7-14				
Poor	750	(630 - 890)	28.2	(24.0 - 32.9)
Fair	700	(570 - 850)	26.4	(21.9 - 31.5)
Good	620	(500 - 760)	23.2	(19.0 - 27.7)
Very good	590	(480 - 720)	22.2	(18.3 - 26.6)
Total	2 660	(2 420 - 2 900)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



COMMUNITY FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

TABLE 4.42: PRIMARY CARERS — FAMILY FUNCTIONING, BY NUMBER OF NEIGHBOURHOOD AND COMMUNITY PROBLEMS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Lowest Quartile (0–1)				
Poor	620	(490 - 770)	20.2	(16.0 - 24.6)
Fair	800	(630 - 1 000)	26.0	(21.2 - 31.6)
Good	700	(540 - 880)	22.8	(18.4 - 28.1)
Very good	950	(780 - 1 140)	31.0	(26.0 - 36.7)
Total	3 070	(2 780 - 3 370)	100.0	
Second Quartile (2–5)				
Poor	960	(820 - 1 110)	27.4	(23.8 - 31.3)
Fair	1 010	(850 - 1 170)	28.8	(24.9 - 32.8)
Good	710	(570 - 870)	20.3	(16.8 - 24.4)
Very good	820	(680 - 990)	23.5	(19.8 - 27.7)
Total	3 500	(3 220 - 3 780)	100.0	
Third Quartile (6–10)				
Poor	660	(550 - 790)	24.1	(20.1 - 28.2)
Fair	730	(610 - 850)	26.4	(22.7 - 30.5)
Good	730	(580 - 890)	26.4	(21.9 - 31.2)
Very good	640	(520 - 770)	23.1	(19.2 - 27.4)
Total	2 760	(2 510 - 3 020)	100.0	
Highest Quartile (11–18)				
Poor	720	(600 - 870)	22.3	(18.6 - 26.3)
Fair	760	(620 - 920)	23.5	(19.7 - 27.5)
Good	810	(690 - 960)	25.1	(21.6 - 29.0)
Very good	940	(800 - 1 100)	29.0	(25.1 - 33.0)
Total	3 240	(2 960 - 3 520)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



MODELLING VERY GOOD FAMILY FUNCTIONING

TABLE 4.43: PRIMARY CARERS — LIKELIHOOD OF VERY GOOD FAMILY FUNCTIONING, ASSOCIATED WITH CARER, FAMILY AND HOUSEHOLD FACTORS

Very good family functioning		
Parameter	Odds Ratio	95% CI
Level of Relative Isolation		
None	1.00	
Low	1.27	(0.96 - 1.68)
Moderate	0.87	(0.62 - 1.22)
High	1.02	(0.60 - 1.73)
Extreme	0.76	(0.46 - 1.24)
Families money situation		
Spending more money than we get	1.00	
Have just enough to get through to next pay	1.55	(1.00 - 2.42)
Some money left over each week but spend it	1.56	(0.93 - 2.62)
Can save a bit now and again	2.06	(1.30 - 3.26)
Can save a lot	4.10	(2.21 - 7.60)
Overuse of alcohol a cause of problems?		
No	2.31	(1.55 - 3.45)
Yes	1.00	
How important is religion in your life?		
Not at all/None	1.00	
A little	0.88	(0.55 - 1.38)
Some	1.29	(0.85 - 1.96)
Quite a lot	1.73	(1.13 - 2.65)
Very much	2.08	(1.42 - 3.05)
Primary carer level of education		
Years 1–9	1.00	(0.74 - 1.36)
Year 10	1.00	
Years 11 or 12	0.94	(0.72 - 1.23)
13 years or more	0.49	(0.30 - 0.82)
Did not attend school	0.63	(0.28 - 1.40)
Average number of dietary quality indicators met across all children in primary carers care		
0-1 diet indicators met	1.00	
2 diet indicators met	1.79	(1.18 - 2.71)
3 diet indicators met	2.18	(1.43 - 3.30)
4 diet indicators met	2.96	(1.87 - 4.71)
Too young	1.67	(1.03 - 2.69)
Age of primary carer		
19 years or younger	1.00	
20–24 years	1.35	(0.71 - 2.59)
25–29 years	1.77	(0.92 - 3.40)
30–39 years	1.62	(0.87 - 3.04)
40–49 years	1.78	(0.92 - 3.47)
50 years or older	2.29	(1.11 - 4.75)

Continued . . .



TABLE 4.43 (continued): PRIMARY CARERS — LIKELIHOOD OF VERY GOOD FAMILY FUNCTIONING, ASSOCIATED WITH CARER, FAMILY AND HOUSEHOLD FACTORS

Very good family functioning		
<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Primary carer forcibly separated from their natural family, by a mission, the government or welfare?		
No	1.00	
Yes	1.50	(1.04 - 2.14)
Not known	1.01	(0.55 - 1.84)
Not Aboriginal	1.04	(0.77 - 1.41)
One or more children have poor parenting quality?		
No	2.01	(1.51 - 2.67)
Yes	1.00	
At least one child at high risk of clinically significant emotional or behaviour difficulties?		
No	1.58	(1.20 - 2.08)
Yes	1.00	
Whether primary carer has a medical condition lasting six months or more?		
Medical condition – not limiting	1.00	
Medical condition – limiting	1.64	(1.13 - 2.38)
No medical condition	1.27	(0.96 - 1.69)



QUALITY OF PARENTING

TABLE 4.44: ABORIGINAL CHILDREN AGED 4–17 YEARS — LIKELIHOOD OF HAVING POOR QUALITY OF PARENTING, ASSOCIATED WITH CARER, FAMILY AND HOUSEHOLD FACTORS

Poor quality of parenting		
<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Level of Relative Isolation		
None	1.00	
Low	1.09	(0.82 - 1.45)
Moderate	1.47	(1.00 - 2.17)
High	1.39	(0.94 - 2.05)
Extreme	1.22	(0.75 - 1.97)
Overuse of alcohol causes problems in the household?		
No	1.00	
Yes	1.56	(1.13 - 2.17)
Age of primary carer		
19 years or younger	3.10	(1.15 - 8.38)
20–24 years	0.86	(0.55 - 1.35)
25–29 years	1.04	(0.75 - 1.44)
30–39 years	1.00	
40–49 years	0.81	(0.57 - 1.16)
50 years or older	0.80	(0.54 - 1.17)
Spend part of the year living in another residence?		
No	1.00	
Yes	1.90	(1.20 - 3.00)
Not stated	1.13	(0.89 - 1.43)
Attended an Aboriginal funeral in the last 12 months?		
No	1.00	
Yes	1.54	(1.11 - 2.13)
Not stated	1.13	(0.89 - 1.43)
Number of children aged 0–3 years		
0	0.91	(0.68 - 1.22)
1	1.00	
2	1.78	(1.21 - 2.61)
3 or more	2.21	(1.18 - 4.17)
Importance of Aboriginal ceremonial business to the primary carer		
Important	1.00	
Not important	1.46	(1.08 - 1.97)
Not relevant	1.10	(0.78 - 1.55)

