The State Of Victoria's Children Report 2018

Recent trends in adolescent health, wellbeing, education and safety

VICTORIA State Government | Education and Training

Language statement

We recognise the diversity of Aboriginal people living throughout Victoria. While the terms 'Koorie' or 'Koori' are commonly used to describe Aboriginal people of southeast Australia, we have used the term 'Aboriginal' to include all people of Aboriginal and Torres Strait Islander descent who are living in Victoria.

Artwork

Artworks and photography included in this edition have been generously provided by some of Victoria's Top Arts, Top Design and Top Acts students.
These are our most innovative and promising artists in visual arts, design and performing arts. Their diverse and accomplished works were completed as part of the Victorian Certificate of Education (VCE).
Individual artists have been accredited accordingly and we thank them for their contribution to this report.

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2 Treasury Place, East Melbourne, Victoria, 3002.

Front & back covers:
© Charlotte Poustie | ***Untitled #1*** | Watercolour on paper.

© Grace Leong | ***Lost*** | Oil on composition board.

© Gemma Romiti | ***Our clothing. A problem.*** | Oil paint and gold leaf on leather.

MINISTERIAL FOREWORD

Adolescence is a time of growth, change and discovery for young people. The events that take place during adolescence can influence our lives, health and wellbeing for years to come.

This year's ***State of Victoria's Children Report*** focuses on adolescence, providing a snapshot of how more than 500,000 adolescent Victorians are faring. The report paints a largely positive picture, with most Victorian young people in good physical and mental health and living in safe, supportive environments with healthy, well-functioning families.

The report goes beyond the classroom to look at how different factors can influence young people's lives, including their educational outcomes, health and wellbeing, safety and home life.

Students in Victoria are consistently achieving some of the best NAPLAN results in the country. Year 12 attainment rates are improving for young people leaving school, and our schools have the lowest rates of absenteeism in the country.

Yet we know that as young people reach secondary school, there's still work to be done to increase their performance and engagement. This is why we are rolling out the Navigator program statewide to re-engage students aged 12 to 17 who are at risk of disengaging from their education.

Risk-taking behaviours, such as substance use, are decreasing among young people in Victoria. Yet the report shows that cyberbullying is an ongoing concern, while adolescent mental health and resilience are declining, and a perception remains that mental health services aren't accessible.

This is why the Victorian Government is working proactively to improve the wellbeing of our young people, with a new program to employ mental health practitioners in all Victorian government secondary schools.

As part of the Victorian Government's work to make Victoria the Education State, we are going beyond literacy and numeracy to give all young people the best chance to succeed in school and life.

This includes reducing the barriers of disadvantage, shaping happy, healthy and resilient young people and increasing physical activity.

The Victorian Government is expanding the School Breakfast Clubs program to an additional 500 schools, as well as providing lunch and school holiday supplies to eligible students.

A small but growing number of children remain in care, while one in 10 people affected by family violence are adolescents. Importantly, Victoria is implementing the recommendations of Australia's first Royal Commission into Family Violence to help keep children and young people safe.

We are pleased that the Victorian Department of Education and Training has undertaken this important work to assist government and the community sector in shaping policy and delivering services.

The 2018 ***State of Victoria's Children Report*** will provide an important resource as we work together towards the common goal of helping adolescents in Victoria to reach their full potential in life.

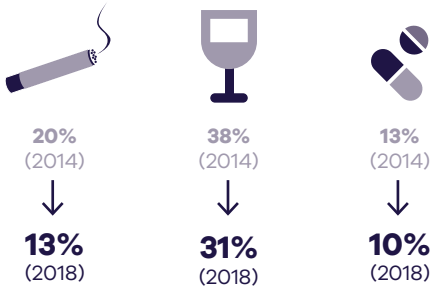
The Hon James Merlino MP
Deputy Premier
Minister for Education

The Hon Jenny Mikakos MLC
Minister for Health

The Hon Luke Donnellan MP
Minister for Child Protection

EXECUTIVE SUMMARY

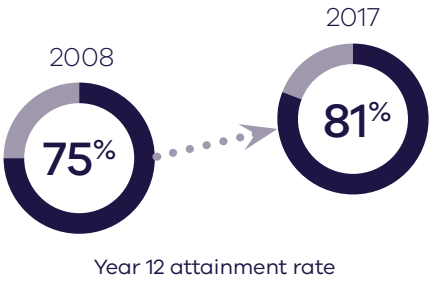
STRENGTHS



Most adolescents report good physical and mental health, and good access to health services, while substance use is declining.

The illustration shows the proportion of Year 11 students who currently smoke, drink or take illicit drugs.

Source: Victorian Student Health and Wellbeing Survey 2014-2018



Year 12 attainment rate

Most young people are doing well at school, with NAPLAN performance and Year 12 attainment rates improving, setting them up for success.

Source: Report on Government Services, 2018 (Productivity Commission, 2019)

9-in-10 Year 8 and 11 students have positive peer relationships and live in safe, supportive environments.

Source: Victorian Student Health and Wellbeing Survey 2014-2018

4-in-5
Year 8 and 11 students live in healthy, well-functioning families.

Source: Victorian Student Health and Wellbeing Survey 2014-2018

WATCHPOINTS

Resilience, life satisfaction and mental health have declined significantly among adolescents, and although mental health service usage is increasing, concerns about access remain.

The proportion of adolescents using mental health services has almost doubled since 2012.

Source: Report on Government Services, 2018 (Productivity Commission, 2019)

2018 **12%**
2012 **7%**
MENTAL HEALTH SERVICE USAGE

Only 2-in-5 Year 8 and 11 students believe they can access mental health services when needed.

Source: Victorian Student Health and Wellbeing Survey 2014-2018

Most adolescents do not meet recommended guidelines for weight, diet, exercise, and screen time.

Sources: Victorian Student Health and Wellbeing Survey 2014-2018 and National Health Survey, 2017-18, ABS

1-in-4 are overweight.

3-in-4
Year 8s and 11s exceed electronic media usage guidelines.

Bullying and disengagement continue to be significant educational issues for adolescents, increasing vulnerability to distress, absenteeism, early school drop-out, and poorer academic performance among these children.

Source: Victorian Student Health and Wellbeing Survey 2014-2018

1-in-10
Year 8 and 11 students are bullied.

Serious family conflict is an issue in about a third of adolescents' homes.

Conflict with family members is a normal part of adolescent development and escalates as a young person's sense of self and desire for autonomy grows. When conflict becomes violent, girls are commonly the victims.

Sources: Victorian Student Health and Wellbeing Survey 2014-2018, and Historical crime data, Family incidents, 2018, (Crime Statistics Agency, Victoria, 2018a)

1-in-3
Year 8s and 11s experience serious family conflict.

2-in-3
adolescent victims of family violence are girls.

INTRODUCTION

Adolescence is a period of transformation for young people. During this time, young people experience a range of biological, psychological, social and economic transitions, culminating in their entry into adult life, and the assumption of new social roles and responsibilities. By confronting the challenges of adolescence, young people develop new identities, embrace new and changing relationships with others, and take their first steps into the worlds of further education and work.

The effects of these changes on individuals can differ substantially. For example, in a time of accelerated cognitive and social development, some young people begin to excel at school, while others may begin to disengage or turn to risk-taking behaviours. Expanded responsibilities at school, at home and in the community can cultivate resilience in some young people, or produce new conflicts and challenges for others. In addition, the transition into the secondary school system is a major environmental change to the daily lives of young people, which can in turn impact on a range of achievement, engagement and wellbeing outcomes. The sheer variability of outcomes for adolescent individuals means that reliable system-level reporting is a vital component of policy and program development.

This year's *State of Victoria's Children Report* investigates the experience of adolescent Victorians, drawing on the latest system-level data and contemporary research to explore how young people are faring during a frequently turbulent period of personal growth and development. As recognised in the Victorian Government's Youth Policy, it is important to give young people the opportunity to voice their views and engage in the development of the services, policies and programs that affect them. Where possible, this report draws on sources, including population-weighted data from the Victorian Student Health and Wellbeing Survey (VSHAWS), in which young Victorians provide information about their own experiences of life and the government services they access, including education and healthcare.

The report is structured into five chapters:

- Demographics
- Physical health
- Social and emotional wellbeing
- Education
- Family and community safety.

Each chapter utilises data from government and non-government sources, including the Victorian Child and Adolescent Monitoring System data portal, data collected by the Victorian Department of Education and Training (DET), the Department of Health and Human Services (DHHS), the Department of Justice and Community Safety (DJCS), Victoria Police and the Australian Bureau of Statistics (ABS). The report also commissioned analysis from experts in areas of identified data gaps. Key trends pertaining to adolescent cohorts are explored through contemporary published research into the neurological, biological and psychosocial development of young

people, indicating current and potential areas of focus for policy developers and decision-makers.

Throughout the report, the Victorian Government's response to particular issues is highlighted, demonstrating policies and programs that are already making a difference to the lives of adolescents and their families.

Definitions of adolescence

Adolescence refers to the period of physical, psychological and social changes children go through before reaching the maturity of adulthood (Steinberg, 2017), the onset of which tends to occur before the age of 13, particularly in industrialised countries (Wang, Lin, Leung, & Schooling, 2016). For the purposes of this report, the cohort of focus is Victorian secondary school students. Where data for secondary students is not available from the source data collection the most comparable age groupings are provided.

Adolescence is framed in different terms by different disciplines. In the biological sciences, adolescence is typically defined in terms of physical maturation and growth, with a focus on puberty. This process begins with the release of developmentally-timed hormonal signals in the brain, prompting the subsequent production and release of steroid hormones (testosterone and estradiol) from the gonads, which accelerate the development of bones, muscle, skin, hair and genitals. The process concludes with the individual's arrival at sexual maturity.

Psychological research also frames adolescence as a period of profound growth, with a more pronounced focus on identity and agency within the individual. Key dimensions of this research include the foundational importance of relationships with peers, family and the school environment; risk-taking behaviour; and their experience with work and schooling. Changes in roles and responsibilities resulting from the transition to adulthood are emphasised. This highlights the importance of emotional and psychological supports for adolescents, particularly in terms of cultivating strong mental health, resilience and wellbeing.

Educational research examines adolescence through the individual's interaction with the secondary school system, and considers the changes in achievement, engagement and wellbeing that occur as young people begin to navigate increasingly complex learning environments. This research focuses on the interrelations between student experience, teacher practice and the school environment, and investigates pedagogical and organisational strategies that best facilitate student growth and wellbeing. This research has clear value for educational policy developers, particularly when read in conjunction with system-level performance data and related reform goals.

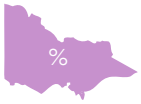
Finally, sociological research provides essential context for understanding the experience of adolescents 'beyond the school gate', particularly in relation to the home environment, family dynamics and the safety of young people. This research also enables holistic links to be drawn between the developmental and social factors considered above, through concepts such as cumulative risk and consideration of the interconnection of different systems (for example, the school system and the family).

© Zoe Morley | ***just another day*** | Oil stick, charcoal and synthetic polymer paint on plywood.

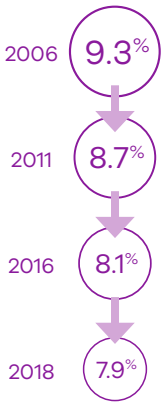
1 Demographics of Victoria's young people

DEMOGRAPHICS OF VICTORIA'S YOUNG PEOPLE

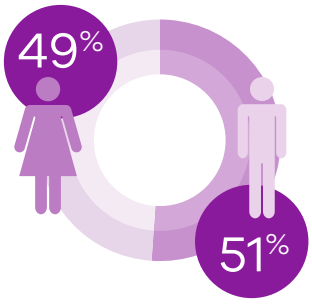
Source: Australian Bureau of Statistics, 2019a



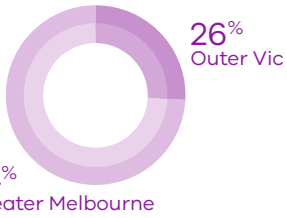
Adolescents as a proportion of the Victorian population



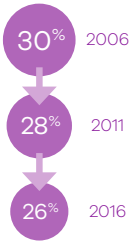
Adolescent gender distribution



Where do adolescents live?



The proportion of adolescents living outside of Melbourne is decreasing

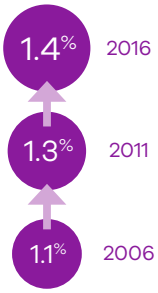


Source: Australian Bureau of Statistics, 2008; 2013; 2019a; 2019b

Source: Australian Bureau of Statistics, 2019a

Aboriginal young people

Aboriginal adolescents have increased as a proportion of the Victorian adolescent population since 2006



Source: Australian Bureau of Statistics, 2008; 2013; 2019a

Cultural diversity

In 2016, among adolescent Victorians:

- **41%** had one or both parents born overseas
- **74%** spoke only English
- **1%** did not speak English well or at all

Source: Australian Bureau of Statistics, 2019a

New arrivals

In 2016-17:

2,235 new arrivals were aged 12 to 17 = 6.2% of all new arrivals

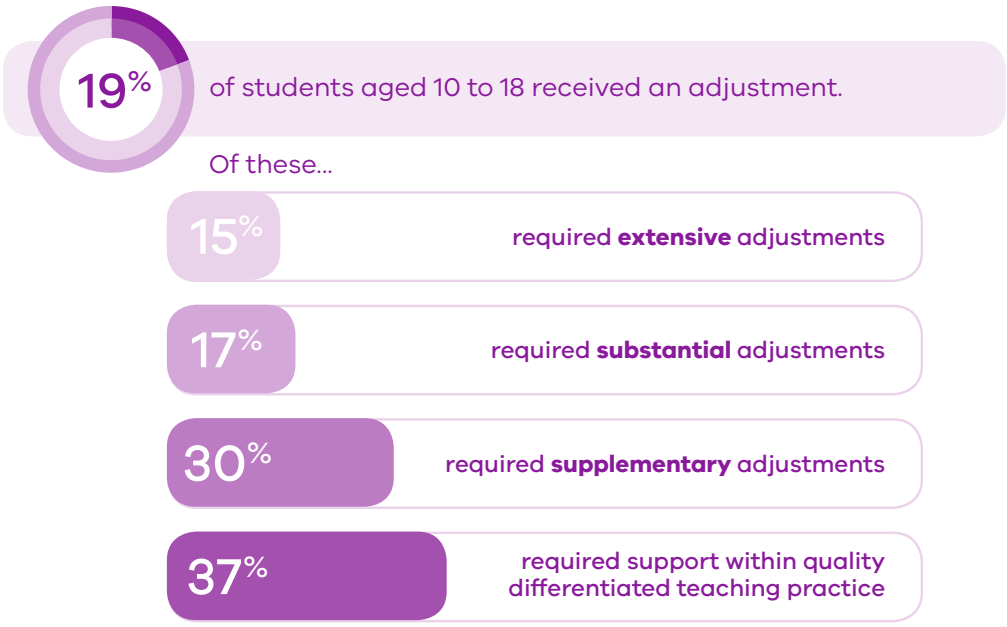
Of these:

871 were humanitarian migrants = 39% of all new arrivals aged 12 to 17

Source: Centre for Multicultural Youth, 2018

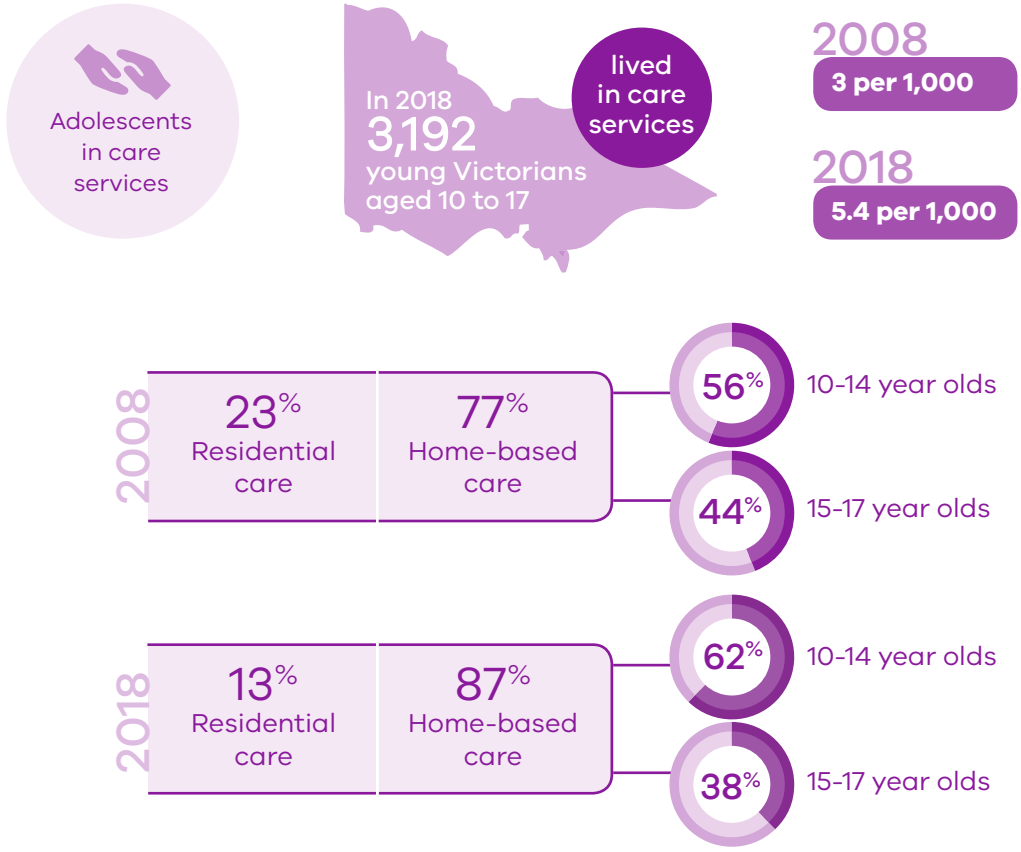
Source: Australian Bureau of Statistics, 2013; Australian Bureau of Statistics, 2019a

In 2018, one-in-five Victorian Government school students aged 10 to 18 received an educational adjustment to assist with a disability[1]

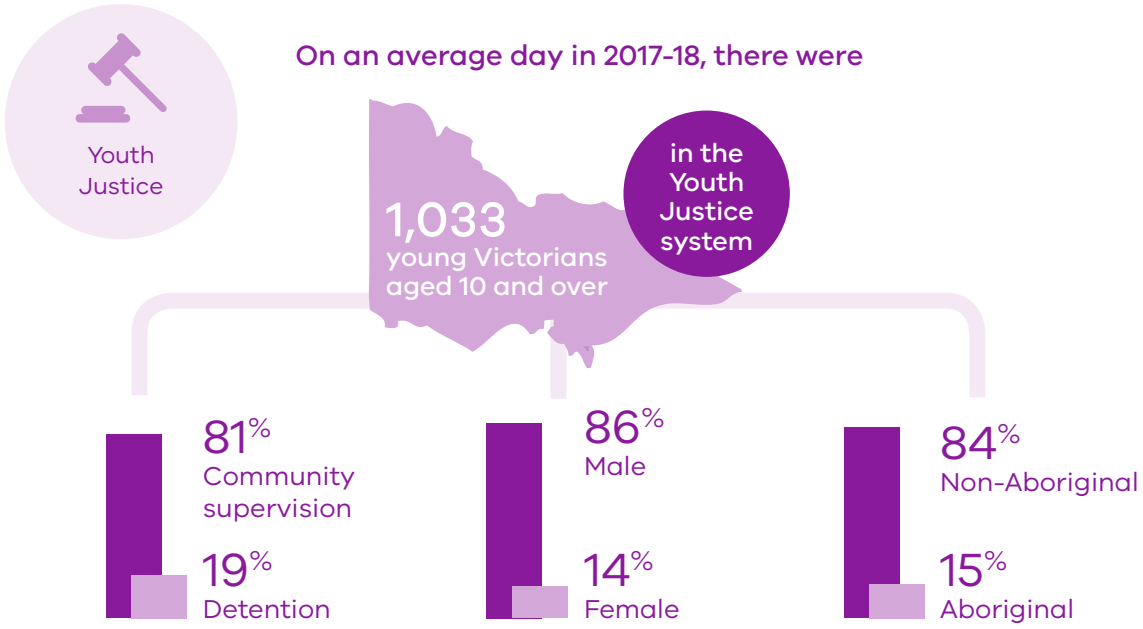


Source: Australian Government Department of Education, 2018; Australian Bureau of Statistics, 2019c

1. In Victorian government schools, students with disabilities can be identified by their need for educational adjustments. Adjustments enable education participation on the same basis as other students. The Nationally Consistent Collection of Data on School Students with Disability (NCCD) captures these data based on the professional judgement of teachers, in consultation with the student and/or their parents, guardians or carers. The collection is based on the broad definition of disability used in the Disability Discrimination Act 1992 and the Disability Standards for Education 2005. The collection is designed to collect information on the full range of students receiving adjustments to support their access and participation in learning because of disability, not just those who have a medical diagnosis. As a result, higher numbers of students are reported through the collection than in other data collections on students with disability. To find out more about the NCCD and the different levels of adjustments please visit https://www.nccd.edu.au/



Source: Department of Health and Human Services, Internal analysis



Note: Some figures do not add up to 100 per cent due to rounding.
Source: Australian Institute of Health and Welfare, 2019c


Oggi
CASUALS
Oggi

© Mary Vlachos | ***Collins St 1960*** | Ink and watercolour on paper.

© Rebecca Prowse | *Big sister* | Inkjet print.

2

Physical health

Physical health

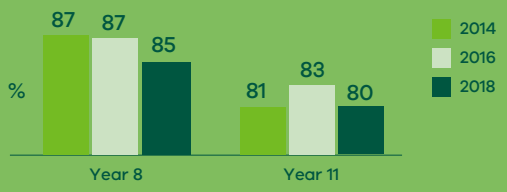
Adolescence is a time of intense physiological change for young people.

HEALTH

Children who are happy, healthy and confident are better able to fully engage with their environment, helping them to fulfil their potential.

4 in 5
Year 8 and 11 students believe that they are in good health.

Students reporting 'good health' or better.



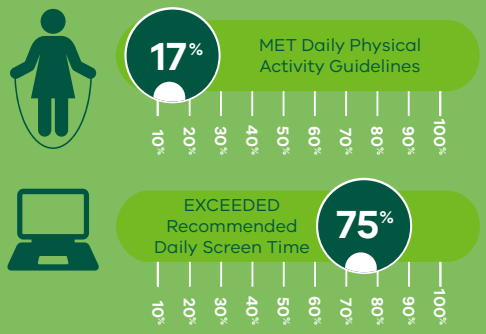
Source: Victorian Student Health and Wellbeing Survey 2014-2018

PHYSICAL ACTIVITY

Achieving recommended health and fitness goals, and avoiding excessive sedentary behaviour, can promote better health outcomes for young people.

Fewer than 1 in 5
Year 8 and 11 students are meeting national guidelines for 60 minutes of physical activity per day.

3 in 4 Victorian students report that they are exceeding the recommended amount of two hours recreational screen time per day.



Source: Victorian Student Health and Wellbeing Survey 2018

DIET

Good nutrition supports body and brain development, aids concentration at school, and reduces the risk of health problems.

Around 3 in 5
Year 8 and 11 students meet national guidelines for fruit intake.

Only 1 in 10
Year 8 and 11 students meet national guidelines for vegetable intake.

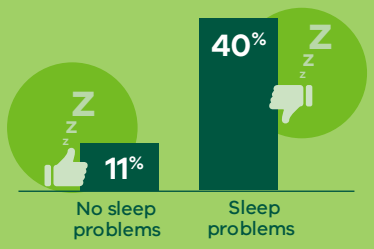
Source: Victorian Student Health and Wellbeing Survey 2018

SLEEP

Sleep is an important protective factor during adolescence, influencing young people's wellbeing and academic performance.

Students who rate their academic ability as 'good' or better are less likely to report sleep problems.

Of students with depressive symptoms, many report sleep problems.



Source: Victorian Student Health and Wellbeing Survey 2018

ACCESS

Access to health care services is important for promoting and maintaining health, preventing and managing illness, reducing unnecessary disability and premature death, and achieving health equity for Victorian adolescents.

4 in 5 Year 8 and 11 students believe that they can access physical and dental health services when needed.

Source: Victorian Student Health and Wellbeing Survey 2018

RISKY BEHAVIOURS

The use of alcohol, tobacco or illicit drugs can have lasting consequences for a young person's health, wellbeing and life outcomes.

The proportion of adolescent students who report recent regular consumption of an illicit drug, tobacco or alcohol has declined over the past five years.

Students who currently:	2014	2016	2018	
take illicit drugs	13% 4%	13% 5%	10% 4%	YEAR 11 YEAR 8
consume tobacco	20% 4%	15% 3%	13% 3%	YEAR 11 YEAR 8
drink alcohol	38% 9%	36% 8%	31% 8%	YEAR 11 YEAR 8

Source: Victorian Student Health and Wellbeing Survey 2014-2018

© Serena Cowie | ***Selfies*** | Oil on plywood.

INTRODUCTION

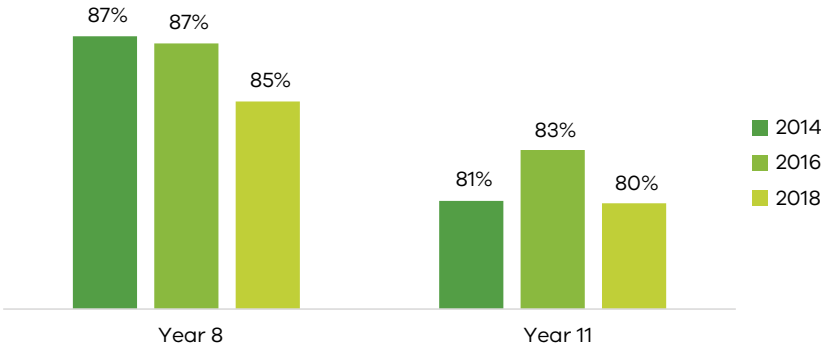
The physical aspect of adolescence—the arrival at reproductive maturity through puberty—can be understood as the product of recurring interactions between steroid hormones and the adolescent nervous system (Steinberg, 2017). This process is a complex feedback loop between different biological and neurological systems, which works to propel the young individual towards growth and physical maturity.

Healthy eating, healthy weight and physical activity levels are all key to a young person's development, with the potential for both positive and negative impacts for general health, social interactions, mental health and educational achievement (Patton, et al., 2018). The following sections detail physical changes that affect adolescent development.

2.1 Most adolescents report good health

In 2018, four in five secondary school students (Year 8 and 11) believed themselves to be in 'good health' or better (83 per cent), according to VSHAWS estimates. However, the proportion of Year 8 students believing themselves in 'good health or better' has declined slightly since 2014.

Figure 1. Proportion of Victorian students (Years 8 & 11) who report 'good health' or better, 2014–2018



Source: VSHAWS, 2014, 2016 and 2018, (DET)

Age of onset of puberty and the impact of adolescence

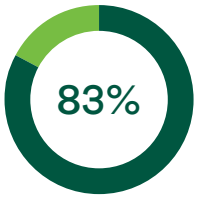
International research has suggested that adolescence is occurring earlier. For many reasons, including improved living conditions, better nutrition and fewer infections, the age of onset of puberty has fallen in Western settings since the late 19th century, and is today falling steeply in the rest of the global population. Early maturation shortens the time available for children to acquire, assimilate, and strengthen adaptive and coping skills, putting early maturing adolescents at risk of adjustment difficulties (Wang, Lin, Leung, & Schooling, 2016).

Corroborating this, analysis of cohort data from the Longitudinal Study of Australian Children (LSAC) found that both boys and girls who entered puberty early were more likely to experience challenges with psychosocial adjustment (Mensah, et al.,2013). However, late maturation can also be a cause of concern for many young people. Recent research into the occurrence of growth disorders in adolescence suggests that the delayed onset of puberty can be a potential issue for males (Taylor-Miller & Simm, 2017).

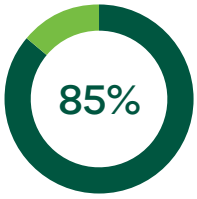
2.2 Most adolescents feel they can access physical and dental health services but not mental health services

More than four in five adolescents believe they can access physical and dental health services. This declines markedly to less than two in five for mental health services.

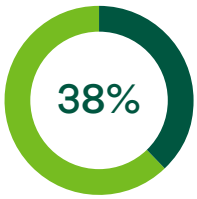
Although these data are not necessarily indicative of actual levels of service access, young people's perceptions can be reflective of relative levels of access to services, and/or indicative of a broader demand for increased services, particularly for mental health issues.



Years 8 and 11 students believe they can access physical health services when needed



Years 8 and 11 students believe they can access dental health services when needed



Years 8 and 11 students believe they can access mental health services when needed

Source: VSHAWS, 2018, DET

Historically, research has found that while mental health issues were common among Australian adolescents, only a minority had received professional help and that those who did tended to have substantial mental health problems (Sawyer, et al., 2001). There is evidence, however, that adolescent awareness of mental health has increased significantly over recent years, with 43 per cent of those participating in the Mission Australia Youth Survey identifying mental health as a key issue facing Australia, as compared to 21 per cent in 2016 (Carlisle, et al., 2018). Findings from recent Victorian research also suggest that an increasing number of adolescents are seeking professional help for mental health problems, despite many experiencing a reluctance to do so (Lubman, et al., 2017).

According to the reports of Victorian parents, a key barrier to services access is the fact that many children and adolescents with mental health issues do not want professional help (Iskra, Deane, Wahlin, & Davis, 2018). However, it was also reported that significant barriers were presented by long wait times, referrals between services, and costs, including those associated with taking time off work to take their child to a service. Adolescents in rural areas in particular have been identified as facing significant social barriers relating to the lack of privacy in smaller communities and a culture that values individuals taking care of themselves (Francis, Boyd, Aisbett, Newnham & Newnham, 2006).

Migrant and refugee adolescents may also face additional difficulties in accessing mental health services and navigating the healthcare system in general. These difficulties can relate to cultural stigma, language barriers and lack of system knowledge (Robards, Kang, Usherwood, & Sanci, 2018; Valibhoy, Szwarc, & Kaplan, 2017), as well as the complex immigration policy environment in which eligibility to access Medicare is determined by visa categories (Taylor & Haintz, 2018).

2.3 Many adolescents do not meet daily dietary guidelines

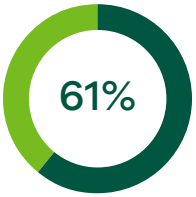
A fundamental component of a healthy lifestyle is a healthy diet. Good nutrition supports body and brain development, aids concentration at school, and reduces the risk of short- and long-term health problems later in life. Australian research has also found that adolescent mental health is associated with diet quality (Jacka, et al., 2011), highlighting the importance of healthy eating patterns as a protective factor against the development of emotional and behavioural problems in childhood and adolescence (O'Neil, et al., 2014).

During adolescence and early adulthood, poor diet contributes to immediate health risks, such as weight gain, poor bone formation, and poor academic performance. In addition, poor diets developed in childhood frequently persist into adulthood, influencing the risk of chronic disease in later life including diabetes, cardiovascular disease and certain cancers. Research suggests the period of late adolescence to early adulthood can be an important but often overlooked age for the establishment of long-term healthy behaviour patterns (Winpenny, et al., 2018).

As a period of increased autonomy, adolescence is associated with changes in the individual's decision-making around food consumption and nutrition. These changes include more freedom to prepare and source food independently, exposure to digital fast food advertising, availability of discretionary food options at schools and sports events and changes to intake requirements due to physical growth patterns during this period.

The Australian Dietary Guidelines recommend that adolescents aged 12 to 18 consume two servings of fruit per day, that girls eat five servings of vegetables per day and boys 5.5 servings (National Health and Medical Research Council, 2013).

In 2018:



Students meeting fruit guidelines

- three in five Victorian Year 8 and 11 students (61 per cent) reported meeting fruit guidelines (consuming at least two servings of fruit per day)
- more Year 8 students met the guidelines (64 per cent) than Year 11 students (56 per cent)
- female students (64 per cent) were more likely to meet guidelines than male students (57 per cent)
- adolescents from one-parent families were less likely to report meeting this guideline than their peers in two-parent households (56 per cent and 63 per cent respectively).

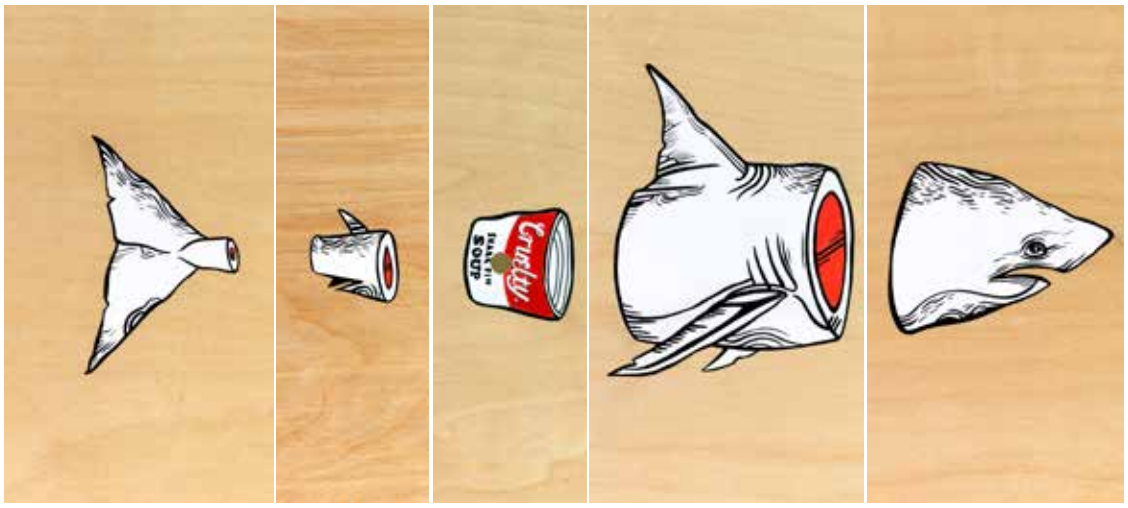
Students meeting vegetable guidelines

- one in 10 Victorian Year 8 and 11 students (10 per cent) reported meeting vegetable guidelines (consuming at least 5-5.5 servings of vegetables per day)
- male students (12 per cent) were slightly more likely to meet guidelines than female students (nine per cent)
- Year 8 students (12 per cent) were more likely to meet guidelines than students in Year 11 (nine per cent).

Source: VSHAWS, 2018, DET

International research has found strong associations between familial and peer dietary attitudes and behaviours and the reported diet quality of adolescents. Mothers in particular influence their children's diet through their role in family food choices (Vanhelst, Béghin, Drumez, & Duhamel, 2018). During adolescence and early adulthood, individuals also experience major social changes associated with diet and eating behaviours, including moving from family dependence towards stronger peer networks and intimate partner relationships, moving out of the family home to live independently, and changes in educational and employment status (Winpenny, et al., 2018).

© Tahlia Hayes | ***Plates 2017*** | Type C duratran film, light box.



© George McGrath | ***Who cares (Sushi shark)?*** | Synthetic polymer paint on paper on plywood.

Promoting healthy eating in Victorian schools

Fuelling children with the appropriate foods helps support their growth and development. There is a growing body of research showing that what children eat can affect not only their physical health but also their mood, mental health and learning. The research suggests that eating a healthy and nutritious diet can improve mental health, enhance cognitive skills like concentration and memory and improve academic performance.

The Victorian Government is committed to tackling weight and obesity in children, with efforts directed to public settings where children spend their time. It has developed nutrition policies for schools, the *School Canteens and Other Food Services Policy*; as well as *Healthy Choices: food and drink guidelines for sport and recreation facilities and parks*.

Implementation support for these policies is provided by:

- The Healthy Eating Advisory Service: a government-funded, free statewide support available to schools to help them improve their supply and promotion of healthy food and drinks, and reduce the dominance of unhealthy options in retail food outlets, vending and food services. Support provided includes: an online menu/product/recipe self-assessment tool, FoodChecker; online and face-to-face training; an infoline; and a mentorship program.
- The Healthy Schools Achievement Program: a government-funded, free statewide support available to schools that provides a whole-of-school approach to promoting healthy eating and sets Healthy Eating and Oral Health benchmarks for schools.

The Victorian Government also funds the School Breakfast Clubs Program, expanding the provision of breakfasts for 500 of the most disadvantaged government primary schools to an extra 500 schools, as well as providing lunch and school holiday supplies to eligible students.

2.4 Around one in four adolescents are overweight

Being overweight or obese in childhood and adolescence can lead to premature mortality and physical morbidity in adulthood, and intervention at this early age is needed to reduce negative health impacts later in life. Notably, adolescents who are overweight or obese are at increased risk of diabetes, hypertension, ischaemic heart diseases and stroke in adulthood (Reilly & Kelly, 2010).

Australia has one of the highest rates of obesity in the world, a problem that has grown faster than in most developed countries since 1980. According to recent analysis, the prevalence of obesity in Australia is expected to increase further over the next ten years, with a predicted 7.2 million obese adults (comprising 34 per cent of the projected Australian population) by 2025 (PricewaterhouseCoopers, 2015).

Body Mass Index (BMI) estimates from the last three National Health Surveys (2011-12, 2014-15, 2017–2018) show that around one in four Victorian adolescents aged 12–17 are overweight or obese (ABS, 2012; 2015; 2018a). According to the ABS, the proportion of overweight or obese young people remains relatively stable throughout the school years, then accelerates sharply from the late teens onwards. Half (50 per cent) of young adults (18-to-24) in Australia are now overweight or obese (ABS, 2018a).

Figure 2. Proportion of adolescents who are overweight or obese by age group, Victoria, 2017-18

Note: Data averaged over last three NHS surveys to account for fluctuations due to small sample sizes per age group.
Source: National Health Survey, 2011-12, 2014-15, and 2017-18, ABS

Being overweight is co-morbid with mental health problems among young people. For instance, recent research indicates that major depressive disorder (MDD) and obesity are mutually predictive factors in adolescence. According to this research, MDD occurring by early adolescence predicted the development of obesity in late adolescence among women. Conversely, obesity with an onset during late adolescence predicted the onset of MDD in early adulthood among women (Marmorstein, Iacono, & Legrand, 2014).

Adolescence can be a time when eating disorders emerge

While maintaining a healthy diet is important for adolescent development, concerns about weight, often informed by normative standards of the 'ideal weight' and related social anxieties, can motivate young people to experiment with excessive dieting behaviours. These behaviours can be a precursor to a range of health concerns, including the development of eating disorders, particularly anorexia nervosa and bulimia nervosa (Eating Disorders Victoria, 2019).

According to recent LSAC data, one in four girls and one in 10 boys in Australia report consciously restricting their food intake to control their weight (Warren & Daraganova, 2018). Nationally, 10 per cent of girls and six per cent of boys aged 14 and 15 reported having gone all day without eating at least once in the last four weeks. However, most teens did not do this frequently, with 32 per cent of girls and 17 per cent of boys who reported having gone all day without eating (less than one per cent of all 14 and 15 year olds) doing so on two or more days per week. Among the 14 and 15 year olds who engaged in some form of dieting, around two-thirds of girls and almost half of boys were in the normal weight range.

The same study found that adolescents who engaged in excessive dieting behaviours, such as skipping meals or going without food, exhibited a higher prevalence of mental health concerns. Among girls who were dieting at age 14 and 15, 58 per cent had elevated depressive symptoms and 47 per cent had elevated symptoms of anxiety, as compared to 27 per cent and 19 per cent of those not dieting. Of boys who were dieting, 32 per cent had symptoms of depression and 16 per cent had symptoms of anxiety, as compared to 17 per cent and six per cent of those not dieting.

2.5 Fewer than one in five students meet guidelines for daily physical activity

There are strong links between children's physical health, wellbeing and cognitive development. In conjunction with related risk factors such as poor diet and insufficient sleep (Bridget, et al., 2016), low levels of physical activity and excessive sedentary behaviour are key contributors to poor child and adolescent health and obesity.

National health guidelines recommend that young people undertake at least 60 minutes of moderate to vigorous physical activity per day (Australian Government Department of Health, 2017). Despite its importance as a protective factor for young people, average physical activity levels decline as children enter adolescence.

In 2018, according to VSHAWS estimates, only 17 per cent of Years 8 and 11 students met the recommended amount of daily physical activity. This is consistent with results since 2014. Male students (24 per cent) were more than twice as likely as female students (11 per cent) to meet the recommended amount of physical activity.

Promoting physical activity in Victorian schools

Physical activity is vital for health and fitness, developing coordination and motor skills, and has a positive effect on general wellbeing including mental and social development.

Increasing physical activity levels among school children is a key aim of the Victorian Government.

The Victorian Curriculum F-10 for Health and Physical Education is informed by a strengths-based approach which focuses on developing movement skills required to participate in physical activities with competence and confidence. The knowledge and skills students develop through Health and Physical Education curriculum encourage ongoing participation across their lifespan, in turn leading to positive health outcomes.

In addition, the 2018-19 Budget allocated $1.1 million to increase student participation in interschool sport through the DET Active Kids program. Funding will be provided to up to 300 disadvantaged Victorian government schools that experience significant financial barriers to greater participation in interschool sport.

The Healthy Schools Achievement Program provides a whole-of-school approach to promoting physical activity and sets Physical Activity and Movement benchmarks for schools.

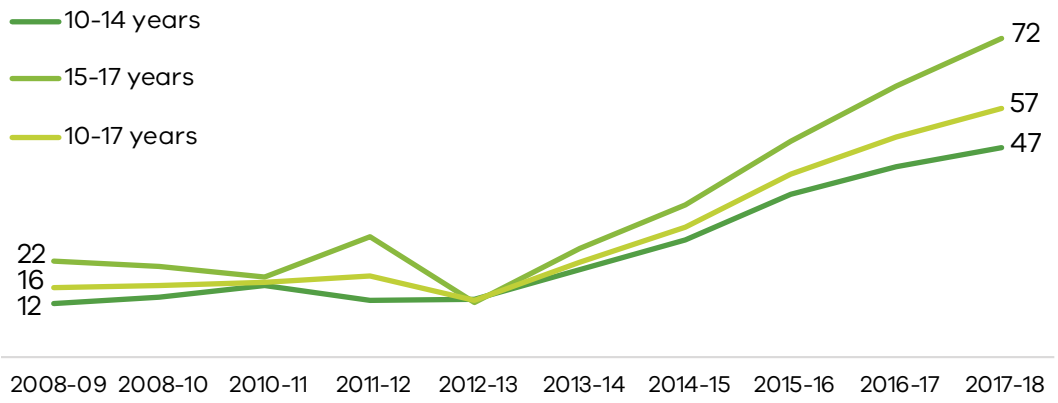
2.6 A higher rate of adolescents are being hospitalised for severe allergic reactions

Anaphylaxis is a severe and sudden allergic reaction that can cause death; although death is rare. Presentations and hospital admissions for anaphylactic reactions are increasing among Victorians, particularly children and adolescents. In 2017-18 there were approximately 57 admissions per 100,000 10-to-17-year-olds, representing a rate 3.5 times higher than 2008-09 levels. Older adolescents are much more likely to present with this condition than younger adolescents, with rates more than 50 per cent higher among 15-to-17-year-olds (72 per 100,000) compared to 10-to-14-year-olds (47 per 100,000).

Food allergy is the most common known trigger for anaphylaxis among children and adolescents in Australia. It is also the most common cause of anaphylaxis fatalities among younger adolescents, whereas drug allergies are the most common cause among older adolescents (Liew, Williamson, & Tang, 2009).

Long-term management is important to minimise ongoing risk. This includes: referral to an allergy specialist; identification of the trigger; allergen avoidance; consideration of an adrenaline auto-injector; provision of an emergency action plan with accompanying education; and regular annual follow up (Laemmle-Ruff, O'Hehir, Ackland, & Tang, 2013).

Figure 3. Rate (per 100,000 population) of anaphylaxis hospitalisations among 10-to-17-year-olds, Victoria, 2008-09—2017-18



Source: Victorian Admitted Episodes Dataset (VAED), 2008-09—2017-18, (DHHS, 2019b)

Allergy-response training in schools

An online module for anaphylaxis training was deployed in 2016 to support Victorian schools to meet their training requirements and to improve schools' capacity to provide safe learning environments for young people with severe allergies. A Ministerial Order requires all schools to have an anaphylaxis management policy in place and to ensure that all teaching staff with students with known risk of anaphylaxis are trained in the prevention and management of anaphylaxis. All Victorian school staff are encouraged to undertake the Australasian Society of Clinical Immunology and Allergy e-training course.

2.7 Most Victorian adolescents use screens for more than two hours a day

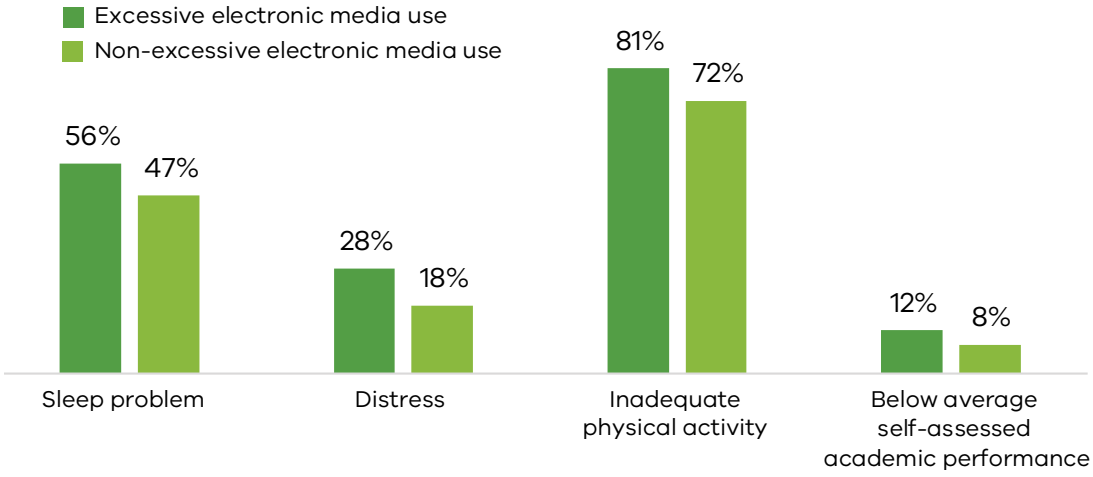
Excessive screen time is associated with a range of physical health concerns, including poorer physical health and development, as well as depression and negative emotional states. A systematic review of research on the health and wellbeing effects of screen time on children and adolescents determined that higher levels of screen time were associated with being overweight or obese, unhealthy diet, depressive symptoms and poorer quality of life (Stiglic & Viner, 2019).

Importantly however, excessive sedentary behaviour does not automatically correlate with failure to achieve the recommended level of physical activity. It is possible to achieve the recommended daily level of physical activity, and still spend excessive time sitting or lying down, and engaging in screen-based entertainment. Importantly, children and adolescents can experience negative effects from excessive sedentary time and screen use, even when they are active at other times.

Results from the 2018 VSHAWS show that three in four Victorian Year 8 and 11 students (75 per cent) exceeded the recommended two hours per day of electronic media use for entertainment, a moderate improvement from 2014 (79 per cent). This improvement has been led by reductions in excessive electronic media use by Year 8 students, which dropped from 78 per cent in 2014 to 72 per cent in 2018, while the proportion of Year 11 students remained higher (78 per cent). Both Year 8 and 11 students from one-parent families were more likely to exceed usage guidelines than their peers from two-parent households (82 per cent, compared with 76 per cent).

Previous research has found that excessive media use places adolescents at greater risk of sleep problems, poorer academic performance, depressive symptoms, and physical inactivity (Chassiakos, Radesky, Christakis, Moreno, & Cross, 2016). These findings are corroborated by the VSHAWS results which show that students who exceed the recommended electronic media use guidelines are more likely to report these issues.

Figure 4. Electronic media use among Victorian students (Years 8 & 11) by wellbeing outcomes, 2018



Source: VSHAWS, 2018, DET

In contrast to Australian born adolescents who have significant exposure to technology, some refugee and migrant adolescents may have low digital literacy, restricting their access to information and making them more vulnerable to online threats (VicHealth, 2017).

The impact of digital technology and media use

Digital technology and social media have been shown to dramatically alter the psychological and social environments that young people navigate during adolescence. A recent systematic review of research into the impact of digital technology on children and adolescents identified a range of benefits and risks. Benefits include: early learning; exposure to new ideas and knowledge; increased opportunities for social contact and support; and new opportunities to access health promotion messages and information. Risks include: negative effects on sleep; attention and learning; a higher incidence of obesity and depression; exposure to inaccurate, inappropriate, or unsafe content and contacts; and compromised privacy and confidentiality (Chassiakos, Radesky, Christakis, Moreno, & Cross, 2016). These new environments also present an array of psychological and social challenges for adolescents, including the risk of cyberbullying (See Chapter 3).

Adolescents are increasingly exposed to gambling

Adolescents are increasingly exposed to gambling marketing through social media, online advertising and sports coverage, alongside increased accessibility and opportunities to gamble with the rise of internet and smart phone access. Adolescent gambling has been associated with negative impacts on school performance and family and peer relationships, depression, and is also correlated with engagement in other risk behaviours such as alcohol and other drug use (Freund, et al., 2019).

The 2017 Australian School Secondary Students Alcohol and Drug Survey of students aged 12–17 years attending Victorian secondary schools found that:

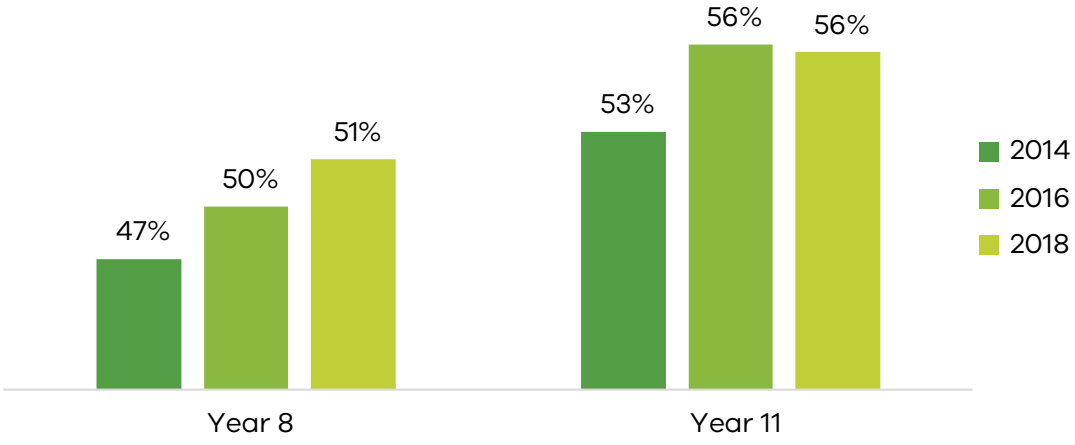
- almost one in three students had gambled using money at some point in their lives (31 per cent), with higher rates among males (36 per cent) compared to females (26 per cent)
- six per cent of all students reported gambling in the last 30 days, of which 13 per cent were problem gamblers
- among those who had ever gambled, they were most likely to have bet on horse or dog racing (54 per cent), purchased raffle tickets (51 per cent), bet on sports (38 per cent), or bought scratchie cards (37 per cent)
- nearly one in five (18 per cent) of those who had gambled, had done so online
- more than half (51 per cent) of those who had ever gambled, had gambled via a parent.

2.8 A higher rate of adolescents experience sleeping problems than in the past

Sleep patterns change during adolescence, shifting towards later times for sleeping and waking. It is normal for teenagers to experience an inability to get to sleep before 11 pm and to have corresponding difficulty waking early in the morning (National Sleep Foundation, 2019). However, good sleep remains an important protective factor during adolescence, influencing physical and mental health, physical activity levels, attention capacity, academic performance and risk-taking behaviour (Shochat, Cohen-Zion, & Tzischiny, 2014). Environmental factors that contribute to inadequate sleep include growing academic workload, less parental influence on bed times and increased screen time, while individual factors predicting inadequate sleep included stress, depression, obesity, and the intake of caffeine, alcohol and nicotine.

Results from the VSHAWS suggest that the majority of Victorian secondary school students experience problems with sleep, and that the proportion affected increased between 2014 and 2016. Older adolescents are more likely to report that sleep is a problem for them (Year 11s: 56 per cent in 2018 compared to Year 8s: 51 per cent), as are girls (59 per cent) compared to boys (46 per cent), and those living in one-parent families (61 per cent) compared to two-parent families (52 per cent).

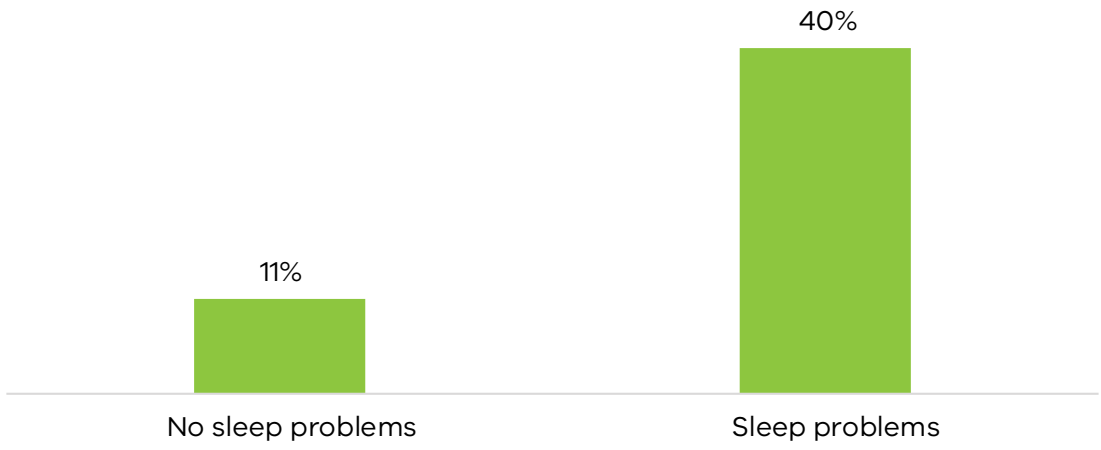
Figure 5. Experiences of sleep problems among Victorian students by year level, 2014-2018



Source: VSHAWS, 2014, 2016, and 2018, DET

Sleep problems are also associated with depressive symptoms. Two in five adolescents for whom sleep is a problem also report experiencing depressive symptoms, compared to one in ten students who do not experience sleep problems. Students for whom sleep is an issue are less likely to perceive their academic ability to be good or very good and more likely to see it as below average.

Figure 6. Proportion of Victorian students (Years 8 & 11) with and without sleep problems who experience depressive symptoms, 2018



Source: VSHAWS, 2018, DET

Figure 7. Proportion of Victorian students (Years 8 & 11) who perceive their academic ability as good or very good, by level of sleeping problems, 2018

Source: VSHAWS, 2018, DET

© Ashleigh Speechley | ***Incarceration*** | Inkjet print.

Programs supporting physical health in Victoria

The *DET Doctors in Secondary Schools* program provides funding for general practitioners to attend up to 100 Victorian government secondary schools for up to one day a week. The GPs provide medical advice and health care to those students most in need.

Between April 2017 and December 2018 the program funded 15,549 visits. Usage data shows that 40 per cent of these visits were for mental health reasons, compared to 46 per cent of visits for physical health.

The *Secondary School Nursing Program (SSNP)* aims to reduce health risks to young people and promote better health in the wider community. Approximately two-thirds of government secondary schools participate in the SSNP with the program targeted to Victoria's most disadvantaged schools.

The goals of the SSNP are to:

- play a key role in reducing negative health outcomes and risk-taking behaviours among young people, including drug and alcohol abuse, tobacco smoking, eating disorders, obesity, depression, suicide and injuries
- focus on prevention of ill health and problem behaviours by ensuring coordination between the school and community-based health and support services
- support the school community in addressing contemporary health and social issues facing young people and their families
- provide appropriate primary health care through professional clinical nursing, including assessment, care, referral and support
- establish collaborative working relationships between primary and secondary school nurses to assist young people in their transition to secondary school. Secondary school nurses are employed through DET regional offices, with most nurses allocated to two secondary schools.

2.9 Lower rates of adolescents are regularly smoking, drinking, and using drugs

Late childhood and adolescence can also be a time when risk-taking and antisocial behaviours begin to emerge. Risky behaviours can have life-long consequences, and are associated with poorer health, social development and educational outcomes, particularly in situations where these behaviours lead to interactions with police and the youth justice system. Evidence explored in the following sections, however, shows that the rates of Victorian adolescents engaging in risky behaviours such as smoking, drinking, drug taking and unsafe sexual practices are trending down. At the same time, expressions of poor mental health, including reports of psychological distress and access to subsidised mental health services, are increasing.

Risk-taking behaviours such as smoking, alcohol and drug use have clear implications for future health outcomes, including risks of cancer, cardiovascular disease, and injury or death caused by accident (e.g. by a vehicle accident) or violence. These behaviours have a pronounced social dimension, with adolescents more likely to smoke or drink if their friends are also engaging in these activities.

Predictors of risky behaviours in adolescence

Cognitive and social factors motivate and reinforce young people's tendency to experiment during adolescence with risk-taking behaviours, such as substance use and abuse. These psychological factors are embedded within an adolescent's development, and are important because they explain much of the risk-taking behaviour that characterises some adolescent development patterns. Although risk-taking and health-compromising behaviour is not confined to adolescence, the onset of many behavioural patterns in the teenage years can, in some cases, be used to predict the progression of further problematic substance abuse and greater risk taking (Scriven & Stevenson, 1998).

Common predisposing factors for substance-use disorders include experiences of trauma (e.g. sexual or physical abuse or neglect), parental dysfunction (e.g. substance use, psychopathology, violent and aggressive parental relationships), and low socioeconomic backgrounds. These experiences often precede problem behaviours in adolescents, such as impulsivity, aggression, and risk-taking, and consequentially need to be addressed through an appropriate therapeutic intervention. A multifaceted approach is required to support adolescents in mitigating the effect of the wide variety of factors that can influence substance-use disorders (Northam & Magor-Blatch, 2016). However, it is important to note that not all people exposed to predisposing factors (such as trauma, parental dysfunction and low socioeconomic status) experience substance-use disorders and problematic behaviours.

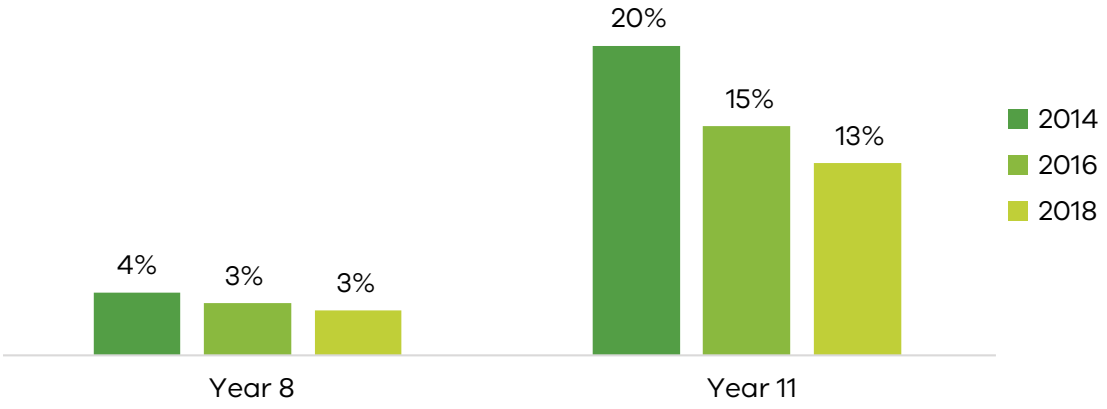
2.9.1 A lower rate of adolescents smoke regularly

People who begin smoking at a young age not only risk short-term health consequences, such as respiratory effects, addiction to nicotine and risk of other drug use, but are also more likely to create a habit that will continue into adulthood. Studies have found that adolescent smokers can show early signs of heart disease, have a resting heart rate two to three beats per minute faster than non-smokers and are at greater risk of lung cancer (World Health Organization, 2018).

Results from VSHAWS 2018 show that the proportion of Victorian adolescents (Years 8 and 11) who report that they currently smoke tobacco has declined over the last five years. In 2018, 7 per cent of adolescents reported smoking in the last 30 days,

compared to 11 per cent in 2014. This reduction in smoking has been led by the decline in Year 11s smoking, from 20 per cent in 2014 to 13 per cent in 2018.

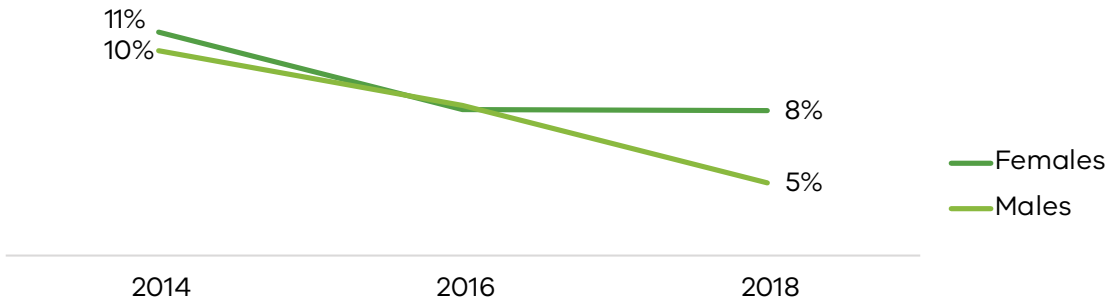
Figure 8. Proportion of Victorian students (Years 8 & 11) who are current smokers by year level, 2014-2018



Source: VSHAWS, 2014, 2016, and 2018, DET

Across the secondary cohort, students in one-parent households were more likely to report smoking (11 per cent) than their peers in two-parent households (six per cent). As well, female students were more likely to report smoking (eight per cent) than their male peers (five per cent). This is a new result, since boys and girls had smoked at similar rates in previous VSHAWS years. Declines have been seen among girls and particularly boys since 2014.

Figure 9. Proportion of Victorian students (Years 8 & 11) who are current smokers by gender, 2014-2018



Source: VSHAWS, 2014, 2016, and 2018, DET

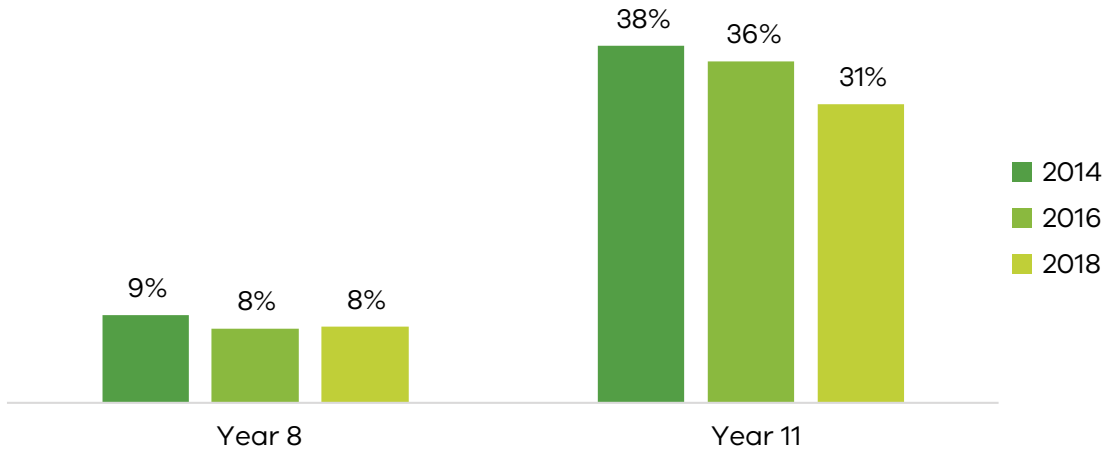
According to recent analysis, significant increases in tobacco tax, changes to tobacco packaging, smoke-free environments, public education campaigns and restrictions on adolescents' access to tobacco are influencing the decline in adolescent smoking (Dessaix, Maag, McKenzie, & Currow, 2016).

© Karina de Vries-Apted | ***Community*** | Acetate, polyester (thread).

2.9.2 A lower rate of adolescents regularly drink alcohol

In 2018, almost one in five Victorian Year 8 and 11 students surveyed through the VSHAWS (18 per cent) reported that they consumed alcohol at least once per month. The proportion of Year 11 students who report drinking has declined over the last five years, from 38 per cent in 2014 to 31 per cent in 2018. Year 8s and 11s in one-parent households were more likely to report monthly drinking (23 per cent) than their peers in two-parent households (17 per cent). Those in regional areas were more likely to report monthly drinking (27 per cent) than their peers in metropolitan areas (14 per cent).

Figure 10. Proportion of Victorian students (Years 8 & 11) who reported monthly alcohol consumption, 2014-2018



Source: VSHAWS, 2014, 2016, and 2018, DET

The effect of heavy episodic drinking (HED) in adolescence and early adulthood

Analysis of longitudinal data from the Australian Temperament Project suggests that HED in adolescence is predictive of ongoing heavy drinking in young adulthood. While the movement into early adulthood appears to coincide with reduced alcohol-related harms, substantial amounts of HED persist and emerge separately in early adulthood. Notably, among females, these patterns of HED are also accompanied by related harms, particularly in the school/work domain (Betts, et al., 2018).

A study of Victorian Year 11 students found that the students who engaged in binge drinking or compulsive drinking were more than twice as likely to have had sex in the past 12 months. For those who were sexually active, reported compulsive drinking increased the likelihood of participants reporting sexual activity that they later regretted (Agius, Taft, Hemphill, Toumbourou, & McMorris, 2013).

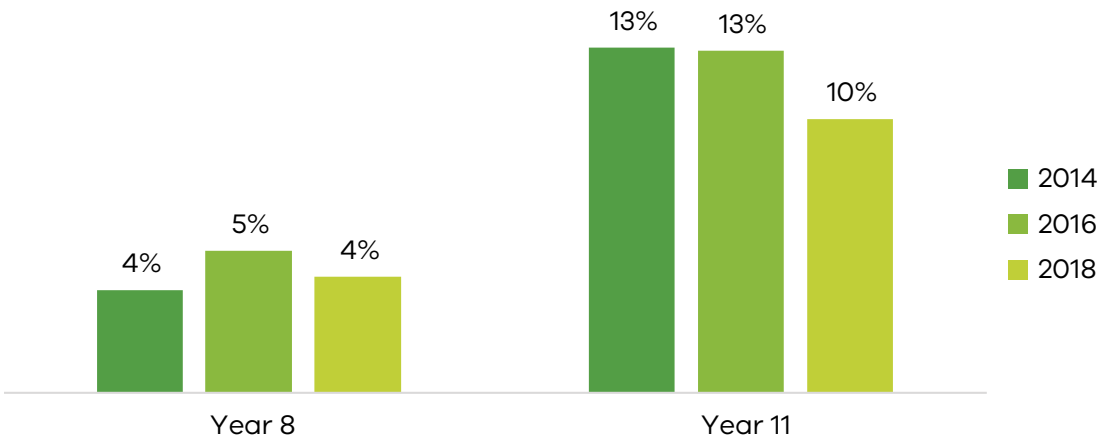
2.9.3 A lower rate of adolescents regularly use illicit drugs

Illicit drug use can have immediate and long-term consequences for a young person's health and wellbeing, and can establish harmful behaviour patterns that persist into later life. Adolescent drug use is associated with structural and functional changes in the brain, leading to deficits in attention, information processing, spatial skills, learning and memory, and complex behaviours such as planning and problem solving, even after 28 days of sustained abstinence (Bava & Tapert, 2010). The use of drugs such as cannabis is also strongly associated with poorer educational engagement. Research finds that weekly or more frequent adolescent cannabis use is associated with a one-and-a-half to two-fold increase in the odds of secondary school non-completion, university non-enrolment, and degree non-attainment (Silins, et al., 2015).

In 2018, four per cent of Year 8s and 10 per cent of Year 11s reported that they used an illegal drug in the past 30 days. For Year 11s, this is a significant decline on 2016 levels. Adolescents from one-parent households are nearly twice as likely to report using illicit drugs in the last month (10 per cent) than their peers in two-parent households (six per cent).

In Australia, the illicit substance most commonly used by adolescents is cannabis, with 17 per cent of secondary students aged 12 to 17 reporting having used it at some point in their lives (Guerin & White, 2018). While research on the general Australian population has shown an increase in methamphetamine use and related treatment services (Degenhardt, et al., 2017), the proportion of adolescents using this drug appears to be low and stable at around two per cent (Guerin & White, 2018).

Figure 11. Proportion of Victorian students (Years 8 & 11) who have used an illegal drug in the past 30 days, by year level, 2014-2018



Source: VSHAWS, 2014, 2016, and 2018, DET

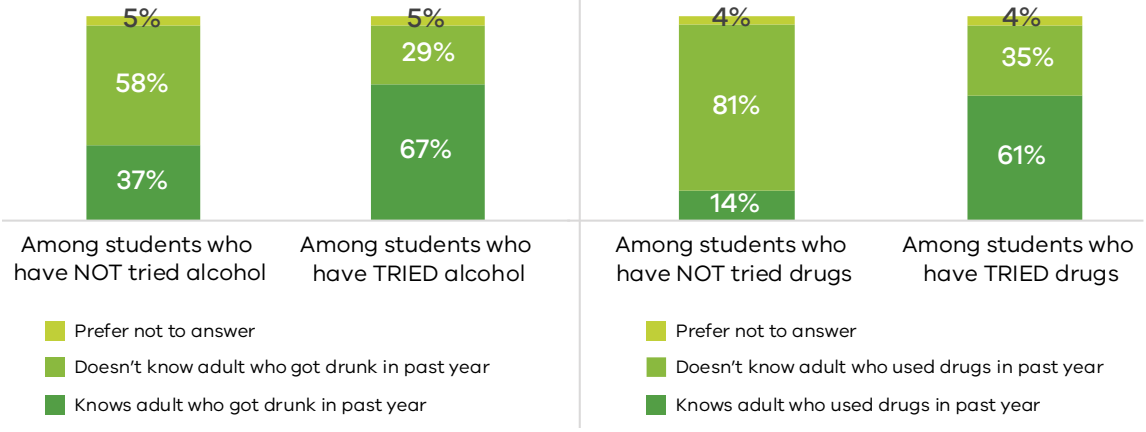
2.10 Adolescents are more likely to try alcohol or drugs if their parents or other adults in the family do

Adolescents copy many of the behaviours of familial adults, including their risk-taking behaviours. Studies have shown that children living in families where adults engage in substance use, alcohol abuse, or gamble problematically are up to 10 times more likely to present with the same problems when they reach adulthood (Armstrong, Yu, Thomas, & Vassallo, 2016; Dowling, et al., 2016).

Results from VSHAWS 2018 show that one in two Year 8 and 11 students (51 per cent) knew an adult personally who had been drunk in the past year, and one in five (19 per cent) knew an adult who had used illegal drugs.

These students were much more likely to have tried alcohol or drugs themselves. Two-thirds of those who had ever tried alcohol knew an adult who had been drunk in the past year (67 per cent), compared to only 37 per cent of those who had never tried alcohol. Following the same pattern, almost two-thirds of students who had ever tried drugs knew an adult who had done so in the past year (61 per cent), compared to only fourteen per cent of those who had never tried drugs.

Figure 12. Proportion of Victorian students (Years 8 & 11) who have tried alcohol or drugs and who know adults who have been drunk or used drugs in the past year, 2018



Source: VSHAWS, 2018, DET

Efforts to reduce the impact of alcohol and other drugs in Victorian communities

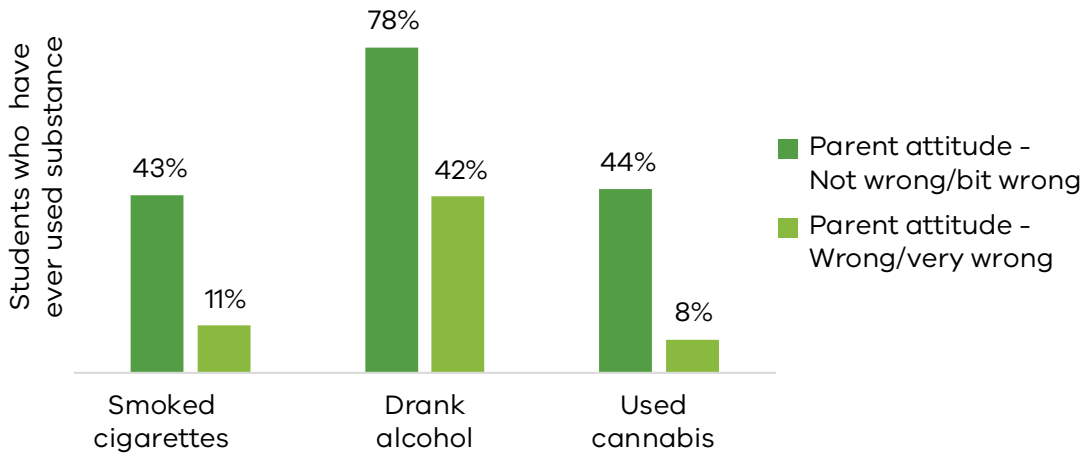
In 2019-20, the Victorian Government is increasing its investment in drug services and the continued roll out of the $184 million Ice Action Plan and $87 million Drug Rehabilitation Plan. These plans have:

- increased the supports available to Victorian young people, their families and communities, including community-based and residential treatment services
- addressed other urgent issues, such as the protection of frontline workers, closing down manufacturers, and increasing penalties for trafficking ice and heroin.

2.11 Adolescents are more likely to drink, smoke or use cannabis if their parents have a relaxed attitude to the use of these substances

Many Victorian adolescents in Years 8 and 11 report that their parents think it would be wrong or very wrong for adolescents to drink (66 per cent), use cannabis (70 per cent), or smoke cigarettes (88 per cent). These attitudes were associated with the adolescents' behaviour, with usage rates up to five times lower in families where parents did not condone consumption. Only eight per cent of students had ever used marijuana in households where parents thought consumption was wrong or very wrong. Where parents thought it to be only a little bit wrong or not wrong at all, nearly half (44 per cent) had used it.

Figure 13. Victorian students (Years 8 & 11) consumption of cigarettes, alcohol, and cannabis, by parent attitudes towards substance use, 2018



Source: VSHAWS, 2018, DET

© Rachel Watt | ***Mason jars*** | Linocut, gouache and fibre-tipped pen.

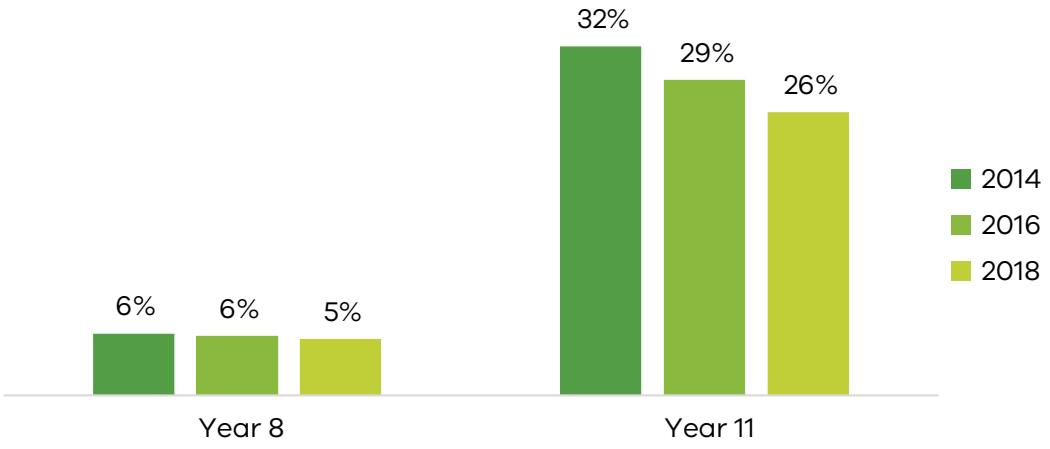
2.12 A lower rate of adolescents are sexually active

Sexual activity is a normal part of adolescence, which involves risks that can be minimised through education and safer sexual practices. Young people who engage in unsafe or unprotected sex can be exposed to health risks, such as sexually transmissible infection (STI). Accordingly, young people need to know about safer sex, including information about contraception, prevention of STIs, sexual behaviours that increase risk, regular STI screening and treatment. Young people also need accurate information about sex and consent in order to negotiate sexual activity and relationships safely and responsibly.

In 2018:

- around 15 per cent of Victorian Year 8 and 11 students reported having ever had sex[1], with boys and girls equally likely to report having had sex
- adolescents from regional areas were more likely to report having had sex (20 per cent) than their metropolitan peers (13 per cent), as were those in one-parent families (19 per cent) compared to those in two parent families (13 per cent)
- the proportion of Year 11 students who reported having had sex (26 per cent) declined from 2014 (32 per cent).

Figure 14. Proportion of Victorian students (Years 8 & 11) who have ever had sex, 2014–2018



Source: VSHAWS, 2014, 2016, and 2018, DET

1. VSHAWS does not provide a strict definition of sexual activity to participants. Other surveys, such as the *National Survey of Australian Secondary Students* and *Sexual Health Survey*, define 'sexually active' students as those who have ever engaged in anal and/or vaginal intercourse. This survey also collects data on a broader range of sexual activity, including masturbation, oral sex and genital touching, but does not include these behaviours under the definition of 'sexually active'.

Since 2014, one in four Victorian adolescents (25 per cent) who have had sex reported that they always use a condom during sexual intercourse. Year 11 students are twice as likely to report this as Year 8 students (30 per cent compared to 15 per cent). Adolescents in regional areas were more likely to report regular condom use (33 per cent) compared to their peers in metropolitan areas (22 per cent). Young women were more likely to report the regular use of a condom (30 per cent) than young men (24 per cent).

The *6th National Survey of Secondary Students and Sexual Health* (Fisher, et al., 2019) was conducted in 2018 and involved 6,327 students enrolled in Years 10 to 12 from both government and non-government schools across Australian states and territories. According to the survey results:

- about 47 per cent of young people in this age group were sexually active, and of these most were having sex in their homes (76 per cent) with a boyfriend or girlfriend (65 per cent) who was about the same age as them (86 per cent)
- most participants reported discussing having sex (81 per cent) and protecting their sexual health (77 per cent), but fewer than half reported always using a condom (38 per cent) or often using a condom (24 per cent) when having sex during the last year
- fewer than half of all students engaged in sex-related behaviours used digital technology, commonly referred to as "sexting", but for those who did, the most common experience was receiving a sexually-explicit written text message (51 per cent), with fewer students sending similar messages (40 per cent)
- about 44 per cent of students reported receiving sexually explicit photos or videos, while only 32 per cent reported sending such materials of themselves.

2.13 Rates of teenage pregnancy remain low

According to data from the Victorian Perinatal Data Collection (DHHS, 2019d), the rate of teenage pregnancy in Victoria almost halved between 2006 and 2016. In 2016, only 1.5 per cent of new births in Victoria involved a mother under the age of 20, compared to 2.8 per cent of births in 2006.

Teenage pregnancy rates remain comparatively high for Aboriginal Victorians. In 2016, 11 per cent of births to Aboriginal mothers involved a mother under the age of 20, compared to 1.3 per cent of births to non-Aboriginal mothers. However, this proportion has declined substantially since 2006 when 18 per cent of births to Aboriginal mothers involved a mother under the age of 20.

The importance of accessible and culturally-safe health services

Cultural safety is defined as an environment that is safe for Aboriginal and Torres Strait Islander people, where there is no challenge or denial of their identity and experience. In health and other government service settings, cultural safety is achieved through continuous learning and practice improvements, guided by ongoing consultation with Aboriginal and Torres Strait Islander peoples.

The Aboriginal and Torres Strait Islander Cultural Safety Framework (DHHS, 2019a) outlines key aspects of a culturally safe service:

Knowledge and respect for self – awareness of how one's own cultural values, knowledge, skills and attitudes are formed and affect others, including a responsibility to address one's unconscious bias, racism and discrimination

Knowledge of and respect for Aboriginal people – knowledge of the diversity of Aboriginal peoples, communities and cultures, and the skills and attitudes to work effectively with them

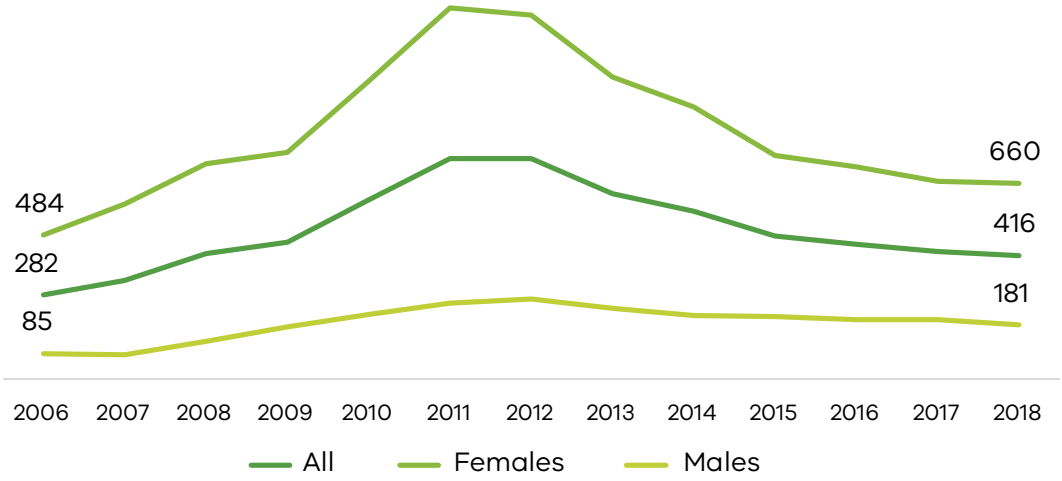
A commitment to redesigning organisations and systems to reduce racism and discrimination – strategic and institutional reform to remove barriers to optimal health, wellbeing and safety outcomes for Aboriginal people.

2.14 Rates of sexually transmissible infection have declined

The Victorian Department of Health and Human Services is mandated to collect information on notifiable STIs under the *Public Health and Wellbeing Act 2008*. This report focusses on chlamydial infection, gonococcal infection, and syphilis. During the past five years in Victoria, rates of STIs have gradually declined in the 15 to 17 year age group. This decline has occurred equally among boys and girls, with STI rates among females (660 notifications per 100,000 population) remaining three times higher than among males (181 per 100,000 population). The main decline has been in chlamydial infection notifications, which account for 90 per cent of STI notifications in this age group.

By contrast, rates of gonococcal infection, which is the second most common infection, have increased over this period. For boys, gonococcal infection now accounts for two in ten STI notifications, compared to one in ten in 2014. For girls, it now accounts for six in every 100 notifications, compared to three in every 100 in 2014.

Figure 15. STI notification rates per 100,000 young people (aged 15-17), by gender, Victoria, 2006-2018



Source: STI notification data, 2006-2018, DHHS

The decline in STI notifications for the 15 to 17 year age group may be due to: changes in sexual behaviour; less testing; or the proportion of STIs that go undiagnosed, which is in turn related to access, stigma and likelihood of symptoms. This does not necessarily mean that there are fewer infections. It is important to note, however, that this apparent decline is in stark contrast to the Victorian adult population aged 18 and over, in which STI rates have increased significantly over the past decade.

2.15 HPV immunisation rates have steadily increased

In 2007, Australia became the first country to roll out a national Human Papilloma Virus (HPV) vaccination program for girls. In 2013, boys were included in the program, too.

The program provides the HPV vaccine free of charge to eligible children to protect against the most common types of HPV infection that can lead to HPV-related cancer and disease. The vaccine is provided free of charge for:

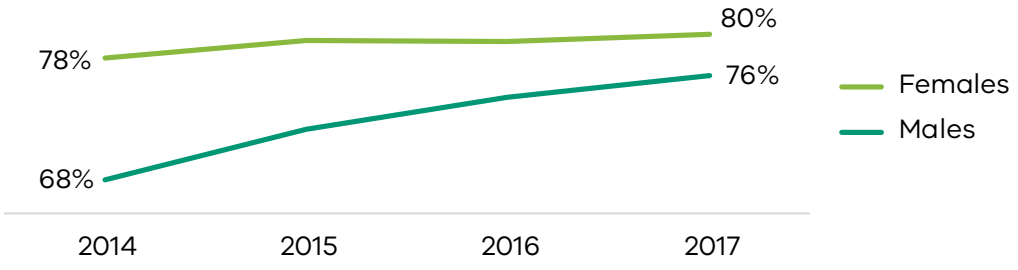
- 12 and 13 year old females and males through schools (Year 7 in Victoria) on an ongoing basis
- Young people up to the age of 19 through GPs and other immunisation providers as part of the National Immunisation Program's catch-up program.

The initial vaccine, ***Gardasil*** protected against four strains of HPV, that cause about 70 per cent of cervical cancers, 90 per cent of genital warts, 70 per cent of vaginal cancer cases and up to 50 per cent of vulva cancer cases. In 2018 Gardasil 9 was introduced and protects against nine strains of HPV that cause 90 per cent of cervical cancers in Australia.

Research studies have shown early signs of the vaccine's success including:

- a 77 per cent reduction in HPV types responsible for almost 75 per cent of cervical cancer
- an almost 50 per cent reduction in the incidence of high-grade cervical abnormalities in Victorian girls under 18 years of age
- a 90 per cent reduction in genital warts in heterosexual men and women under 21 years of age.

Figure 16. HPV vaccination coverage for Victorian adolescents turning 15 years of age, 2014–2017



Source: Australian Immunisation Register, Department of Human Services, Internal analysis

Supporting the Victorian Secondary School Vaccine Program

Secondary schools play an important role in supporting HPV immunisation by forming an effective relationship with their local council and ensuring effective facilitation of their school's vaccine program.

In particular, schools are encouraged to:

- appoint a school immunisation coordinator to manage the school's vaccine program
- ensure the school immunisation coordinator liaises with the local council immunisation officer in the local municipality
- support the distribution and collection of all vaccine consent forms and obtain completed forms from parents and guardians
- ensure appropriate resources and environments are available for the program to run smoothly.

Immune Hero is an online information hub developed by the Victorian Government to provide credible information and resources regarding adolescent immunisation for secondary school administrators, school nurses, teachers, students and their parents/guardians. Immune Hero was developed in response to a need for accessible information to assist in the delivery and administration of vaccination in secondary schools by local councils in Victoria.

© Jasmine Bonnici | ***The human effect*** / Stainless steel, synthetic polymer paint and enamel spray paint on expanding foam, epoxy resin, hand-wash bottle.

© Ellen Liu | *Pride* | Scraperboard.

3 Social and emotional wellbeing

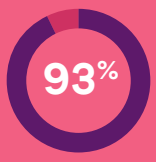
Social & emotional wellbeing

Adolescence is a crucial period of neurological and social development.

CONNECTION & SATISFACTION

Connection to peers and life satisfaction are important contributors to adolescents' wellbeing.

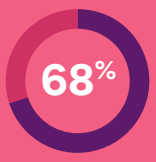
More than 9 in 10
Year 8 and 11 students report feeling connected to their peers.



Students who feel connected to peers

Around 2 in 3
are satisfied with their quality of life. This is a significant decline on 2014 levels.

Students who feel satisfied with life



Source: Victorian Student Health and Wellbeing Survey 2018

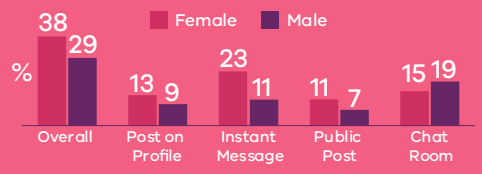
BULLYING

Adolescents who have been bullied or cyberbullied are more likely to be absent from school, and more likely to experience negative mental health outcomes.

1 in 10
Victorian Year 8 and 11 students were bullied in the previous term.

1 in 10
students were cyberbullied in the past year.

Proportion of students who experienced unwelcome cyber behaviour, by gender and type



Sources: Victorian Student Health and Wellbeing Survey 2018

RESILIENCE

Resilience is an important protective factor for students' wellbeing and academic performance.

Around 3 in 5
Year 8 and 11 students report high levels of resilience – this is a significant decline on 2014 levels.

Students with high resilience

Source: Victorian Student Health and Wellbeing Survey 2018

Mental health remains a challenge for many young Victorians. For adolescents, poor mental health can result in disruptions to school attendance and achievement, and challenges related to social development more broadly.

PSYCHOLOGICAL DISTRESS

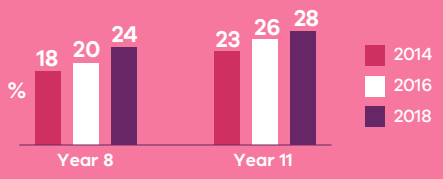
Poor mental health can result in disruptions to school attendance and achievement, and challenges related to social development more broadly.

Around 1 in 4

Year 8 and 11 students report poor mental health – this is a significant increase on 2014 levels.

Source: Victorian Student Health and Wellbeing Survey 2014-2018

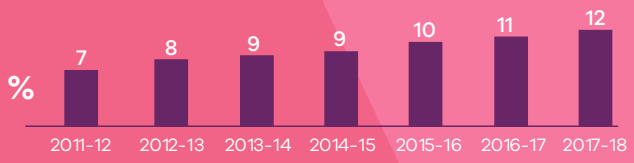
Students experiencing high levels of psychological distress, 2014-18



MENTAL HEALTH SERVICES

To be effective, mental health services should be appropriate to the needs of the young people receiving them, and correctly targeted to those most in need.

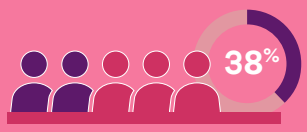
In Victoria, the proportion of 12–18 year olds utilising MBS-subsidised mental health services nearly doubled between 2012 and 2018.



Source: Report on Government Services, 2018

Only 2 in 5

Year 8 and 11 students believe they can access mental health services when needed.



Source: Victorian Student Health and Wellbeing Survey 2018

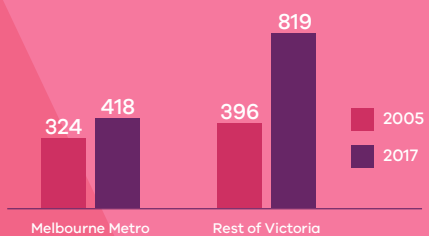
SELF-HARM

Deliberate self-harm often relates to seeking relief from emotional distress, powerlessness, and a lack of coping skills.

Rates of emergency department presentations for self-harm among adolescents have nearly doubled in the past 13 years, with the largest increases outside of the Melbourne Metro area.

Source: Victorian Emergency Minimum Data (VEMD), 2005-2017

Rate (per 100,000 pop) of self-harm presentations to emergency departments, Melbourne Metro and Rest of Victoria, 15-19 year olds, 2005 and 2017



INTRODUCTION

Neuroscientific research considers adolescence to be a time of intense learning, emotional engagement, and flexibility in adjusting to new priorities as the brain develops (Paus, Keshavan, & Giedd, 2008). In terms of mental health and wellbeing, the changes brought on by adolescence place an array of new challenges and stressors on the individual, while providing new opportunities for their self-determination and development of identity.

For many young people, confronting these challenges is a positive experience, which enables the cultivation of resilience and the transition into adult social roles. Sociological research acknowledges that adolescents are experts in their own social worlds, showing remarkable flexibility and ability to adapt and learn – they operate complex social networks and are often quick adopters of new social trends, from fashion to music and social media (Haller, Bang, Bahrami, & Lau, 2018). However, adolescence is also a period when mental health concerns, particularly depression and anxiety, first become apparent for individuals. Accordingly, helping adolescents to adapt to their rapidly changing social and emotional circumstances, and to thrive as resilient and capable young adults, is a major focus in education and social services.

As noted previously in this report, while an increasing proportion of Victorian adolescents are accessing mental health services, fewer believe they can access these services when needed as compared to services for other types of health problems.

3.1 Most adolescents feel connected to their peers

The development of social skills and strong positive peer relations are an essential protective factor in adolescence and a significant contributor to young people's resilience (Hjemdal, Friborg, Stiles, Martinussen, & Rosenvinge, 2006; Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005; Bromley, Johnson, & Cohen, 2006).

Results from VSHAWS 2018 found that over nine in 10 participating Victorian Year 8 and 11 students (93 per cent) felt connected to their peers. This proportion has remained consistently high over the last five years. Female adolescents were slightly more likely to report peer connectedness (96 per cent) than their male counterparts (91 per cent).

According to analysis of LSAC cohort data, nationally at ages 12 and 13:

- 91 per cent of girls and 78 per cent of boys reported high levels of communication with their peers
- 88 per cent of girls and 85 per cent of boys reported high levels of trust with peers.

Having positive peer attachments, friends with a positive orientation towards academic achievement or high levels of pro-social behaviour were each associated with a reduced likelihood of being a victim of bullying. Conversely, having friends who engaged in high levels of risky behaviours was associated with a greater likelihood of having been the victim of bullying (Warren & Daraganova, 2018).

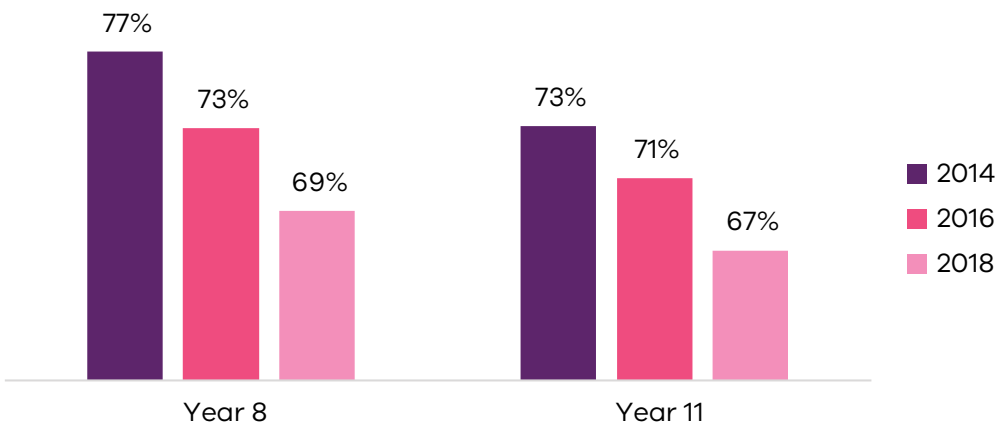
3.2 Life satisfaction among adolescents is declining

Life satisfaction is an important index for adolescents' overall perceptions of their wellbeing. It can be indicative of their positive relationships with peers, family and environment, and their capacity to take on new challenges. A young person's perceived quality of life may also be associated with their willingness to engage in activities within the school and broader community.

In 2018:

- a declining proportion of Victorian students in Years 8 and 11 reported that they were satisfied with their quality of life (2014: 76 per cent; 2018: 68 per cent)
- adolescents in regional areas were more likely to report life satisfaction (71 per cent) than their peers in metropolitan areas (67 per cent)
- male students were more likely to report life satisfaction (73 per cent) than their female peers (65 per cent).

Figure 17. Proportion of Victorian students (Years 8 & 11) who are satisfied with the quality of their life, 2014–2018



Source: VSHAWS, 2014, 2016, and 2018, DET

International analysis has found that self-reported life satisfaction is associated with income and socioeconomic status, physical and mental health, and the feeling of being free and able to exercise control over one's own life (Ortiz-Ospina & Roser, 2019). Adolescents with disabilities and conditions such as Autism Spectrum Disorders have been found to have lower life satisfaction than their peers (Franke, Hills, Huebner, & Flory, 2019).

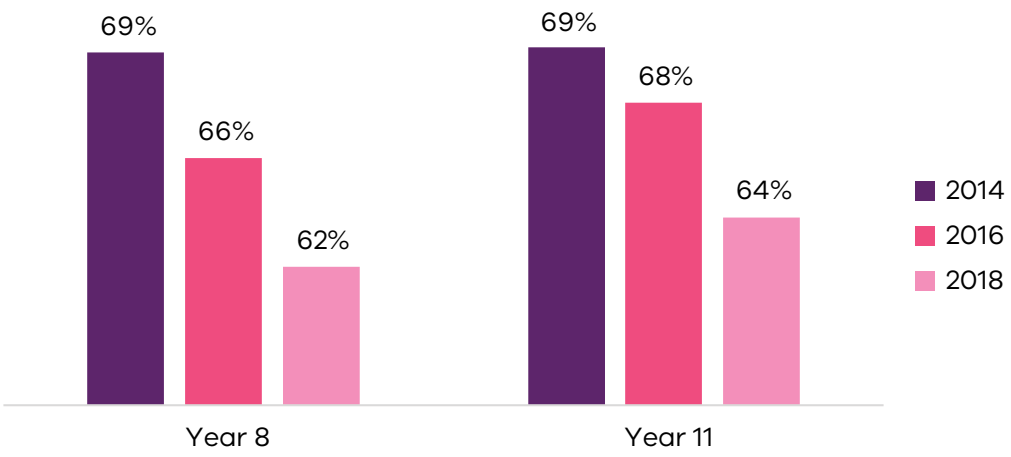
The downward trend in life satisfaction reported in VSHAWS appears to correlate with an overall downward trend in factors related to social and emotional wellbeing, as discussed in later sections of this chapter. This trend aligns with similar findings from surveys of young people in other countries, such as the United Kingdom Youth Index survey (Prince's Trust, 2019) and the United States Monitoring the Future survey (Twenge, Martin, & Campbell, 2018), which show long-term declines in young people's happiness, related to increasing pressures to succeed in life and the effects of increasing use of social media and screen-based entertainment

3.3 A declining proportion of adolescents have high levels of resilience

Resilience is commonly defined as the ability to function well in the face of challenges, adversity or stress. It includes the capacity to cope with, and recover from, difficult or traumatic circumstances and to adapt and grow from disruptive experiences (Hunter, 2012). Resilience is not a static or innate characteristic, but develops and changes in response to an individual's interaction with their social context and the supports that are available to them. High levels of resilience are an important protective factor for future health and wellbeing (Armstrong, Galligan, & Critchley, 2011), especially during the significant transitions of adolescence and early adulthood.

In 2018, 63 per cent of Victorian Year 8 and 11 students were estimated to have high levels of resilience, compared to 69 per cent in 2014.[2] Adolescents from one-parent households were less likely to demonstrate resilience than their peers from two-parent households (61 per cent compared to 67 per cent).

Figure 18. Proportion of Victorian students (Years 8 & 11) who report high levels of resilience, 2014–2018

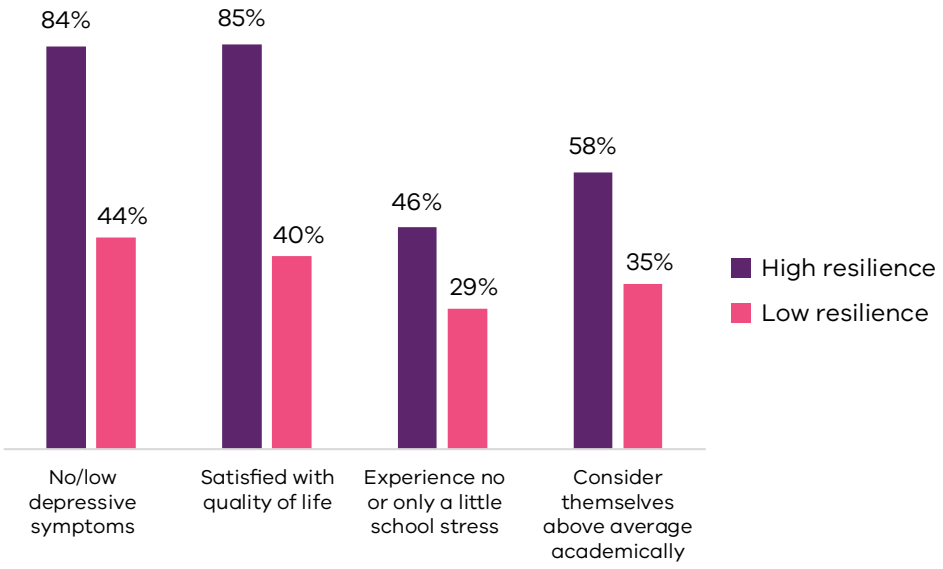


Source: VSHAWS, 2014, 2016, and 2018, DET

Students with high levels of resilience are less likely to experience a range of undesirable outcomes. Year 8 and 11 students with high levels of resilience are more likely to report that they do not experience depressive symptoms and that they are satisfied with their quality of life, than their peers with low levels of resilience. Students with high levels of resilience are more likely to report that they feel no or little stress about their school work, and are more likely to perceive themselves as above average academically.

2. This resilience data specifically refers to Victorian students in secondary school. Reporting on the Education State resilience target utilises a different sampling method, which includes students from Years 5, 8 and 11. Accordingly, this data should not be viewed as reflective of progress towards Education State targets.

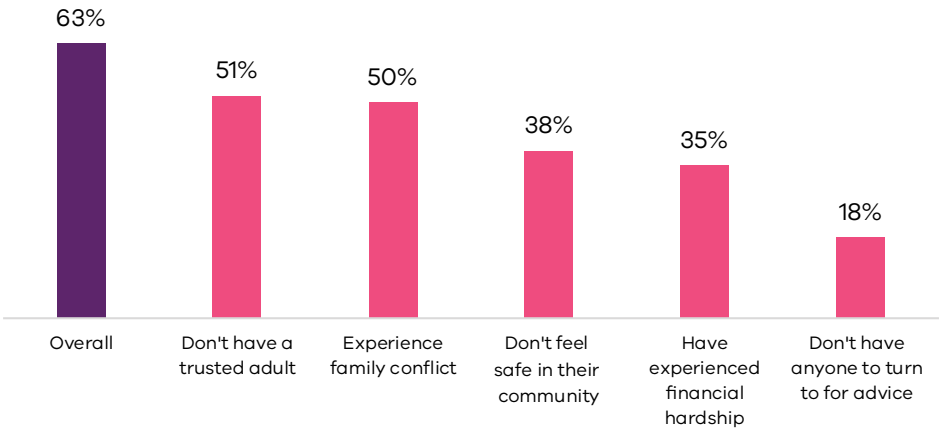
Figure 19. Proportion of Victorian students (Years 8 & 11) with high and low levels of resilience by selected characteristics, 2018



Source: VSHAWS, 2018, DET

Social relationships are closely related to resilience levels. Students who do not feel safe in their community, experience financial hardship, live in families where serious conflicts occur, or do not feel they have anyone to turn to for advice, are significantly less likely to report high levels of resilience.

Figure 20. Proportion of Victorian students (Years 8 & 11) with high levels of resilience by social risk factors, 2018



Source: VSHAWS, 2018, DET

Building strength and resilience among young Aboriginal people in Victoria

Young Aboriginal people may face additional obstacles in making a successful transition to adulthood including the effect of intergenerational trauma, racism, prejudice, and socioeconomic disadvantage.

As detailed in the Victorian Government's *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027* (DHHS, 2017), connectedness to culture and community strengthens individual and collective identities, and promotes self-esteem, resilience and improved outcomes for Aboriginal people.

The Victorian Aboriginal Affairs Framework 2018-23 (Department of Premier and Cabinet, 2018) sets goals and clear directions for how the Victorian Government will support the preservation, promotion and practice of culture and languages, including actions, measures and evaluation to be undertaken over the next five years.

The most recent National Aboriginal Torres Strait Island Social Survey data, 2014-15 (ABS, 2017), shows that many young Aboriginal people in Victoria:

- identify with a clan, tribal or language group (50 per cent)
- recognise an area as homelands or traditional country (57 per cent)
- were involved in cultural events, ceremonies, or organisations in the last 12 months (58 per cent).

A small proportion also:

- speak an Aboriginal language at home (one per cent)
- are learning an Aboriginal language (six per cent).

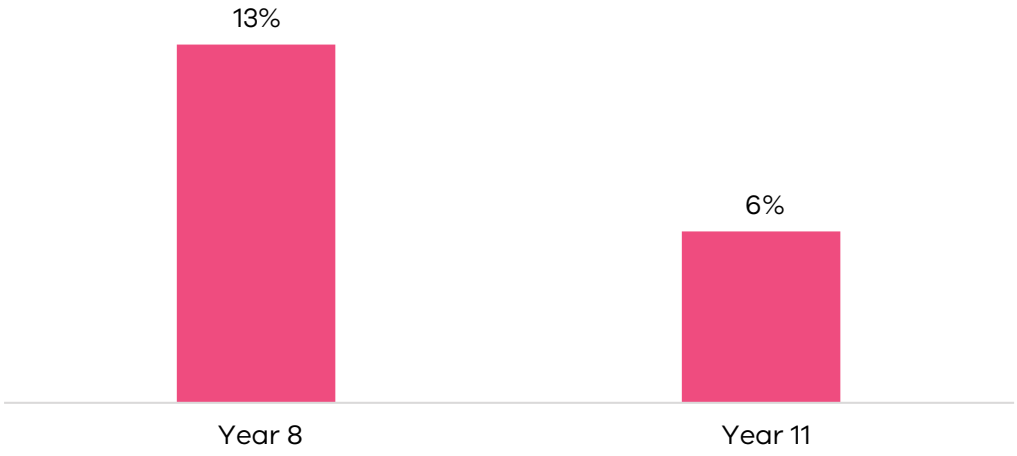
Many young Aboriginal people also experience a sense of cultural safety at school, as shown in the 2018 Attitudes to School Survey (AtoSS), in which half of responses to questions about feeling connected to school were positive (51 per cent).

3.4 Younger adolescents are twice as likely to be bullied than older adolescents

Bullying is repeated verbal, physical, social or psychologically aggressive behaviour directed towards a person or group considered to be less powerful than the perpetrator, with the intention of causing distress, fear or harm.

In the 2018 VSHAWS, 10 per cent of participating Years 8 and 11 students reported experiencing behaviours that they considered bullying during the school term. Rates peaked in the earlier school years, with Year 8 students twice as likely to report bullying as Year 11 students.

Figure 21. Proportion of Victorian students (Years 8 & 11) who were bullied during the school term, 2018



Source: VSHAWS, 2018, DET

VSHAWS asks Years 8 and 11 students whether they have experienced a range of unwelcome behaviours that could be considered bullying. While a single experience of these unwelcome behaviours does not equate to bullying, a pattern of repeated exposure does.

In 2018:

- 44 per cent of students in Years 8 and 11 reported that in the last 12 months they had experienced unwelcome behaviours, including teasing, being left out of things, having rumours spread about them or being physically hurt or threatened
- a higher proportion of Year 8 students (47 per cent) reported experiencing unwelcome behaviour than Year 11 students (39 per cent)
- adolescents from regional areas were more likely to report experiences of unwelcome behaviours (48 per cent) compared to their peers in metropolitan areas (42 per cent)

- adolescents in one-parent families were more likely to report experiencing unwelcome behaviours (46 per cent) than their peers in two-parent households (43 per cent)
- female students were more likely to report experiencing unwelcome behaviours recently (45 per cent) than their male peers (41 per cent)
- female students were more likely to have experienced social exclusion, such as being deliberately left out of things (22 per cent, compared to 14 per cent of males) or being the subject of rumours (21 per cent, compared to 16 per cent of males)
- male students were almost twice as likely to report experiences of physical bullying, including threats of violence (13 per cent, compared to seven per cent of females).

Predictors and effects of bullying

Longitudinal analysis of Victorian data suggests that there is a markedly increased risk of poor mental health outcomes, self-harm and suicidal ideation among adolescents who have either experienced or perpetrated bullying. Victims of bullying were found to be at the highest risk of self-harm, suicidal ideation, suicidal plan and attempts, followed by students who had become bullies after being bullied themselves (Ford, King, Priest, & Kavanagh, 2017).

International research has suggested that young people who engage in bullying behaviours are more likely to engage in antisocial behaviour in adolescence. Among girls, bullying also predicted later symptoms of anxiety, depression and social withdrawal (Losel & Bender, 2011). Recent international research has also demonstrated that young people with a disability experience higher rates of poor mental health, and that this relationship is compounded by experiences of bullying faced by young people with a disability (King, et al., 2018).

3.5 Adolescents who have been bullied are more likely to be absent from school and less likely to be high achievers

Analysis of linked government student attitude, absence and achievement data indicates a correlation between bullying and absence as well as bullying and achievement.

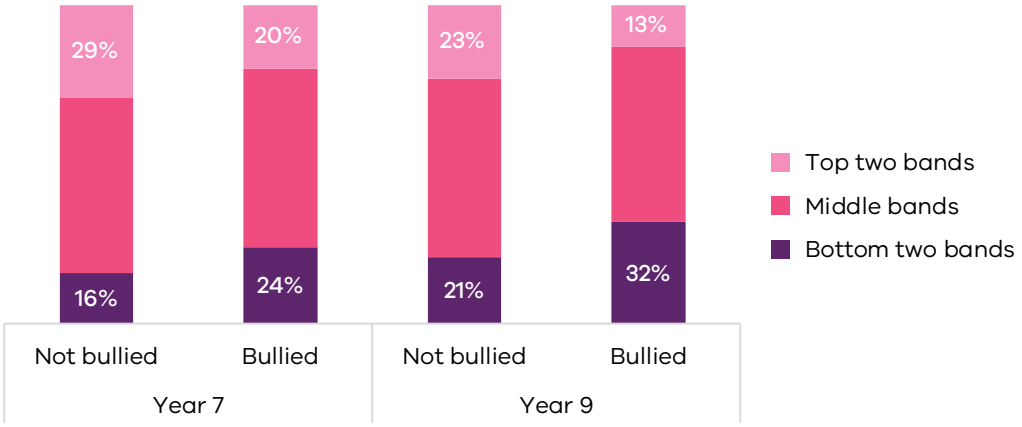
Government school students who report being bullied are more likely to be chronically absent (more than 30 days in a year) than those who do not report being bullied. In the middle years of schooling (Years 7 to 9), 20 per cent of students who reported being bullied were absent for more than 30 days, compared with 14 per cent of students who did not report being bullied.

Figure 22. Proportion of Victorian government students (Years 7 to 9) who are chronically absent, by reported bullying, 2018

Source: Victorian government school administrative and AtoSS linked dataset, 2018, DET

Bullying is also associated with poorer academic performance. Government school students who reported having been bullied are less likely to be achieving in the top two bands of the National Assessment Program for Literacy and Numeracy, (NAPLAN) and more likely to be performing in the bottom two bands.

Figure 23. NAPLAN Reading achievement by year level by reported bullying, 2018



Source: NAPLAN and AtoSS linked dataset, 2018, DET

While these relationships are not necessarily causal, it does indicate an association between social wellbeing, engagement with schooling and achievement, particularly for adolescents in the middle years of schooling.

© Praise Jeong | *Male in a melancholy state* | Oil on polyester sheet.

3.6 Around one in ten adolescents report being cyberbullied

Cyberbullying has emerged as a significant issue for adolescents, reflective of their increased use of digital and social media. Cyberbullying is associated with adverse mental health outcomes (Pingault & Schoeler, 2017). According to recent research, students reporting high levels of cyberbullying are more likely to report high levels of stress, suicidal ideation, depression, anxiety, loneliness, conduct and emotional problems, drug and alcohol use, reduced life satisfaction and reduced self-esteem (Kowalski, Limber, & McCord, 2019).

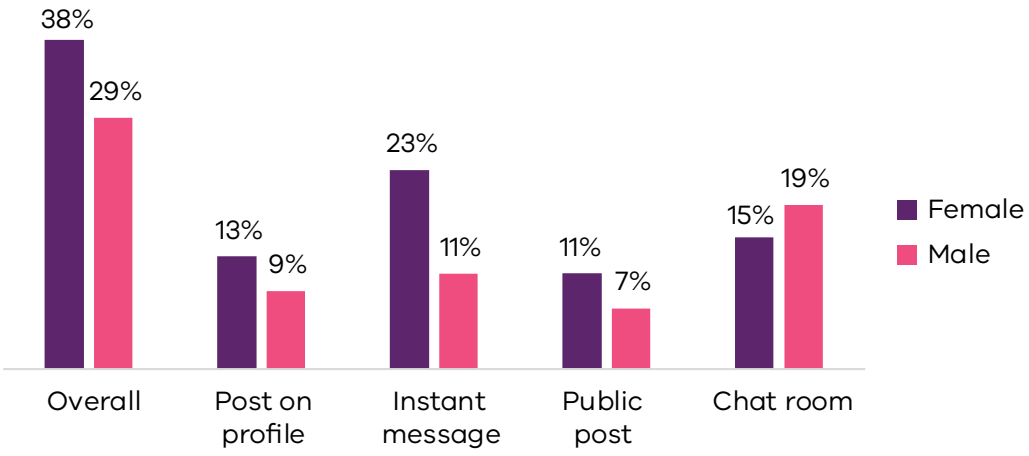
In 2018, nine per cent of Year 8 and 11 students were estimated to have been bullied or picked on by another person while online – a rate stable since 2014. However, 34 per cent of students reported that they had experienced unwelcome behaviours on the internet in the last 12 months that could be considered bullying behaviour. While a single experience of these unwelcome behaviours does not equate to bullying, repeated exposure does.

In 2018, female students were more likely than male students to report:

- experiences of unwelcome internet behaviours (38 per cent, compared to 29 per cent of males)
- that someone had posted something on the student's social networking page that made them uncomfortable (13 per cent, compared to nine per cent)
- that they had received an instant message that made them uncomfortable (23 per cent, compared to 11 per cent)
- that someone had posted something about the student online that made them uncomfortable (11 per cent, compared to seven per cent).

By contrast, male students were slightly more likely to report that they had been made fun of in a chat room (19 per cent, compared to 15 per cent of females).

Figure 24. Proportion of Victorian students (Years 8 & 11) who experienced unwelcome cyber behaviours, by gender, 2018



Source: VSHAWS, 2018, DET

Bystander behaviours in relation to cyberbullying

Bystanders are present in the majority of cyberbullying incidents, both online (through shared social media) or in person. Their behaviour is important because it has the potential to actively reinforce bullying with positive feedback, passively encourage bullying by providing an audience, or discourage further bullying behaviour by intervening. International research indicates that the bystander's socioeconomic status, quality of life, relation to the bully, and family living status are not significant predictors of cyberbullying bystander behaviours. Harmful bystander behaviours were mainly predicted by individual characteristics, such as poor social and problem-solving coping skills, and attitudes such as victim blaming, which are related to moral disengagement (DeSmet, Bastiaensens, Van Cleemput, & Poels, 2016).

3.7 Experiences of bullying remain prevalent for LGBTIQ adolescents

Experiences of bullying behaviour reported by Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, and Queer (LGBTIQ) young people highlight the ongoing need to address homophobic and transphobic attitudes when they appear within the school or broader community, while promoting equitable and inclusive learning environments for all students regardless of gender or sexual orientation.

A survey of 704 LGBTIQ Australian secondary school students found that 94 per cent of participants had heard homophobic language at their school, with 58 per cent of this cohort reporting that they heard this language daily.

This research also found that:

- 45 per cent of participants indicated that they had witnessed school-based physical harassment of classmates perceived to be LGBTIQ, with 12 per cent of participants witnessing such harassment on a weekly basis
- almost 84 per cent of students said that homophobic language was used in the presence of adults at their school; however, only 19 students (3.2 per cent of the subsample) indicated that these adults "always" intervened in a positive manner
- participants attending schools in which their school harassment policies explicitly included sexual orientation as a considered and protected cohort of the student population (16 per cent of participants) were significantly more likely to report their teachers' intervention in instances of verbal and physical marginalisation of sexuality and gender diverse students, as well as their general positivity and support (Ullman, 2015).

Additionally, a recent nationwide survey of 859 transgender and gender diverse young people found that around three in four participants reported being diagnosed with depression (75 per cent) or an anxiety disorder (72 per cent). Of participants who reported a diagnosed mental health condition, 74 per cent of participants had experienced bullying, while 89 per cent of participants reported experiences of peer rejection (Strauss, et al., 2017).

This report also found that 80 per cent of participants reported experiences of self-harm, and 48 per cent reported an attempted suicide. Participants who reported self-harming were over three times more likely to report experiences of bullying than those who did not engage in self-harm. Similarly, participants who reported a suicide attempt were more than three and a half times more likely to report experiences of bullying than those who had not attempted suicide (Strauss, et al., 2017).

3.8 Mental wellbeing in adolescence

Pro-social development is vital for young people. Adolescence is also commonly understood as the period in which mental health conditions, particularly anxiety and depression, first become apparent (Steinberg, 2017). These can have negative impacts on social development and educational achievement and may persist into adulthood. International evidence indicates that the rates of mental health challenges and internalising behaviours, such as self-harm and suicide in adolescents, are increasing in developing countries, indicating an area for further focus for governments worldwide.

In addition to environmental and school-based factors, research on adolescence suggests that genetic factors may be involved in the co-development of conduct and emotional problems across childhood and adolescence. This research further suggests that individuals with co-developing symptoms across multiple domains may represent a clinical subgroup, characterized by increased levels of risk (Hannigan, et al., 2018).

Royal Commission into Victoria's Mental Health System

The Royal Commission into Victoria's Mental Health System has been tasked with making recommendations to improve access to mental health services, service navigation and models of care. These include how to:

- most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services
- deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages
- best support the needs of family members and carers of people living with mental illness
- improve mental health outcomes, taking into account best practice and person-centred treatment and care models for those in the Victorian community, especially those at greater risk of experiencing poor mental health
- best support those in the Victorian community who are living with both mental illness and problematic alcohol and drug use, including through evidence-based harm minimisation approaches.

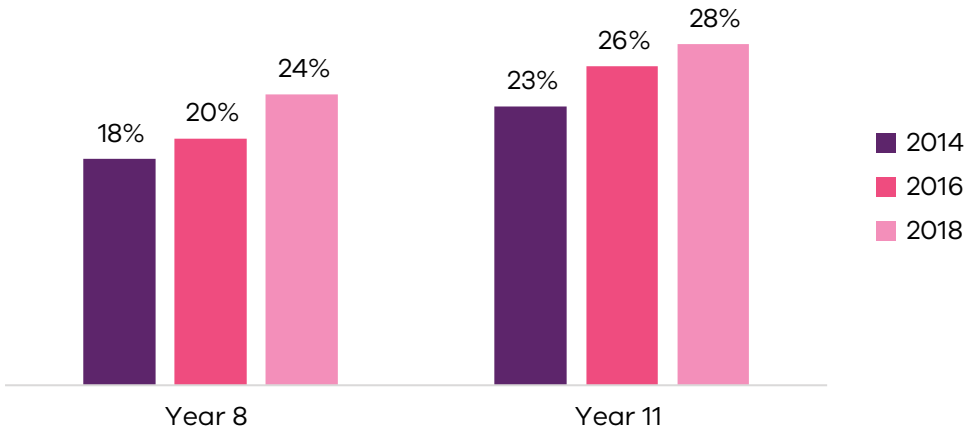
The recommendations will address the needs of children and young people, including those in or formerly in out-of-home care.

3.9 More Victorian adolescents are reporting depressive symptoms

Major depressive disorder is a serious condition characterised by extended periods of low mood, low self-esteem, loss of interest in enjoyable activities and pain without a clear cause. Depressed individuals can often experience low moods (lasting for two weeks or more), fluctuations in weight and diminished ability to concentrate. For adolescents, these symptoms can result in disruptions to school attendance and achievement, alongside challenges in developing peer relationships and social development more broadly.

VSHAWS incorporates a short epidemiological scale designed to pick up depressive symptoms among children and adolescents. In 2018, one in four participating secondary school students reported high levels of psychological distress, including 24 per cent of Year 8s and 28 per cent of Year 11s, continuing an increasing trend from 2014. High distress levels were much more prevalent among female students (33 per cent) than males (16 per cent), and among those living with one parent (33 per cent) compared to two parents (24 per cent).

Figure 25. Proportion of Victorian students (Years 8 & 11) reporting high levels of psychological distress, by year level, 2014–2018



Source: VSHAWS, 2014, 2016, and 2018, DET

The effects of depression and mental disorders on life quality and the economy

Mental disorders are associated with substantial losses in quality of life, as well as economic costs stemming from productivity losses and higher levels of services use (Zoonen, et al., 2014). Between 1990 and 2010, major depression moved up from the 15th to 11th most significant cause of global disease burden, measured in disability-adjusted life years, and it is projected to become the single leading cause of disease burden by 2030. Together, mental and substance-use disorders are the leading cause of disability in children and adolescents worldwide, and are the leading cause of years of healthy life lost due to death, disability, and illness in high-income countries (Erskine, et al., 2015). Burden of disease analysis has also found that in Australia, mental and substance-use disorders account for more than a third of the years of healthy life lost for those aged 10 to 19 (Australian Institute of Health and Welfare, 2019e).

Cohort data from the Australian Temperament Project longitudinal survey shows strong continuity in depression symptoms from adolescence to young adulthood, suggesting that this mood profile is highly persistent once established. The research also observed a developmental relationship between depressive symptoms in adolescence and anxiety symptoms in adulthood (Betts, et al., 2016).

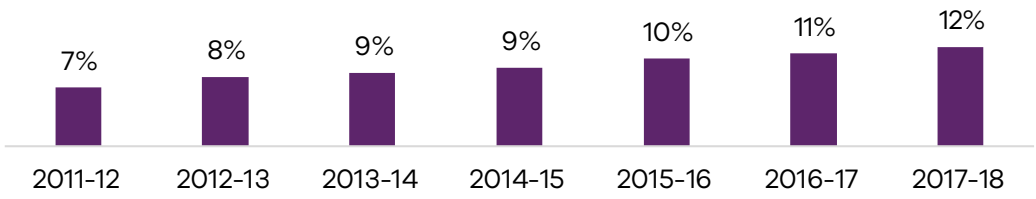
3.10 Adolescent use of mental health services in Victoria is increasing

In 2017–18, there were 11,945 registered clients for Childhood and Adolescent Mental Health Services (CAMHS), an increase of 12 per cent since 2016–17 (DHHS, 2018). During the year, there were 2,014 hospitalisations of children and adolescents for mental illness, an increase of 9.8 per cent. Compulsory admissions have risen from 17 per cent to 20 per cent, though this remains substantially lower than the level of compulsory treatment for other age groups.

Community contacts are the largest part of CAMHS work. They may involve activities such as assessment and treatment, adolescent day programs, or intensive outreach for young people. CAMHS teams often involve parents and siblings, as well as schools, in supporting a young person. In 2017–18, there were 331,058 reported contacts compared to 278,801 in the year prior. This increase of 19 per cent reflects an increase in service activity and may also reflect improved recording of activities by mental health staff (DHHS, 2018).

Comparable service use data from the Report on Government Services (Productivity Commission, 2019) also shows that adolescents' use of mental health services has increased between 2011–12 (6.9 per cent) and 2017–18 (12 per cent). While access to Medicare-subsidised primary mental health care services is desirable, the figures do not show whether the services are appropriate for the needs of the young people receiving them, or correctly targeted to those young people most in need.

Figure 26. Proportion of adolescents (aged 12 to 18) utilising Medicare Benefits Schedule-subsidised mental health services, Victoria, 2011–12 to 2017–2018



Source: Report on Government Services, 2018, (Productivity Commission, 2019)

3.11 Deliberate self-harm rates are increasing

Deliberate self-harm behaviours include: self-cutting; burning and inserting sharp objects into the skin; self-poisoning or overdose; head banging; hitting, biting and scratching; or preventing wounds from healing (Gillies, et al., 2018). Motivations for deliberate self-harm often relate to seeking relief from unwanted thoughts or feelings, and are associated with high levels of emotional distress, feelings of powerlessness, and a lack of appropriate coping skills. The prevalence of deliberate self-harm peaks in adolescence before declining in early adulthood (Klonsky, Oltmanns, & Turkheimer, 2003). It is associated with factors such as experiences of bullying (Heerde & Hemphill, 2018), mental health problems, antisocial behaviour, alcohol consumption, low emotional control, and family conflict (Heerde, et al., 2015). Adolescents who self-harm are at significantly higher risk of suicidal ideation and attempts, with the risk related to the frequency of self-harm (Gillies, et al., 2018).

Current rates of self-harm presentations by Victorian adolescents to emergency departments are the highest on record. The prevalence of self-harm is highest among older adolescents aged 15-19 years, females, and those living outside Metropolitan Melbourne.

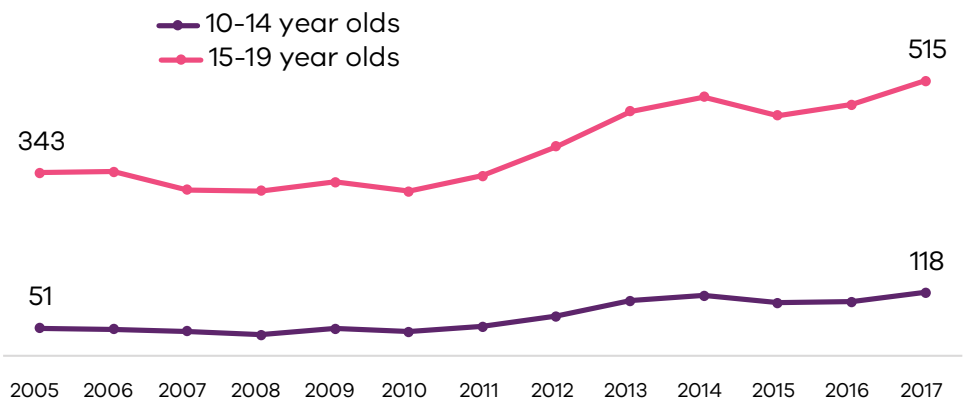
In recent years, rates of self-harm presentations more than doubled among 10-14 year olds, increasing from 44 per 100,000 population in 2010 (146 cases) to 118 per 100,000 population in 2017 (428 cases). Rates of self-harm presentations among 15-19 year olds also increased during this period from 308 (1,102 cases) to 515 per 100,000 population (1,928 cases) .

Self-harm presentation rates among 10-19 year old females likewise increased, from 258 per 100,000 population in 2010 (863 cases) to 476 per 100,000 population in 2017 (1,710 cases). These are more than double the rates reported for males over the same period. Presentations among males nevertheless grew strongly, from 109 (385 cases) to 171 per 100,000 population (646 cases).

The rate of self-harm presentations to emergency departments in metropolitan Melbourne is currently almost half that in the rest of Victoria, though the number of actual cases is much higher in the metropolitan area. In both areas, presentations have grown substantially in recent years. Among 15-to-19-year-olds living in Melbourne, rates increased from 259 per 100,000 in 2010 (681 cases) to 418 per 100,000 in 2017 (1,186 cases). In the rest of Victoria, rates climbed from 444 (421 cases) to 819 per 100,000 (742 cases).

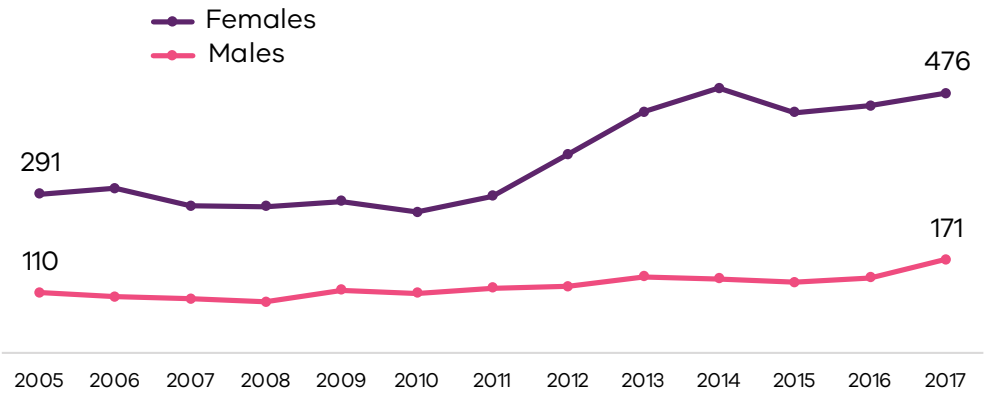
The higher prevalence of self-harm among older and female adolescents in Victoria corresponds to international prevalence patterns. Self-harm rates have historically been highest in Victoria's regional centres, as opposed to either rural or metropolitan areas (Ashby, Stathakis, & Day, 2001). This differs from some international comparisons, such as the United Kingdom, where the highest rates of adolescent self-harm have been found in urban areas (Harriss & Hawton, 2011).

Figure 27. Rate (per 100,000 population) of self-harm emergency department presentations, 10-14 year olds and 15-19 year olds, by calendar year, 2005-2017



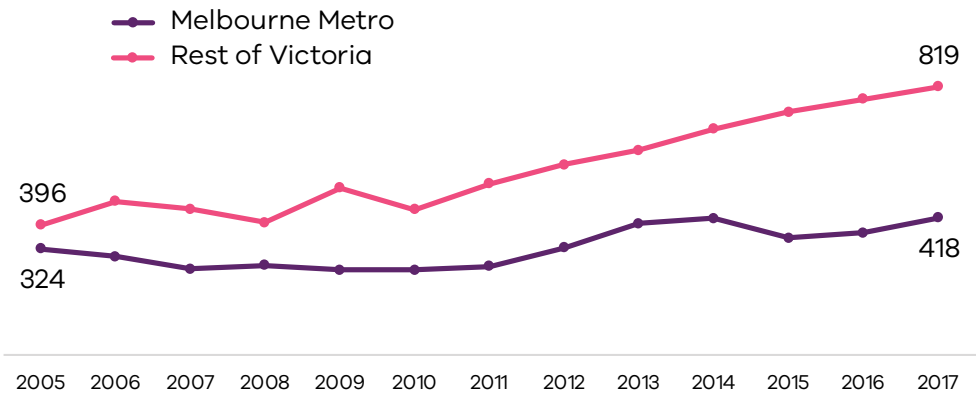
Source: Victorian Emergency Minimum Data (VEMD), 2005-2017, DHHS, 2019c

Figure 28. Rate (per 100,000 population) of self-harm emergency department presentations, 10-19 year olds, male and female, by calendar year, 2005-2017



Source: VEMD, 2005-2017, DHHS, 2019c

Figure 29. Rate (per 100,000 population) of self-harm emergency department presentations, 15-19 year olds, Melbourne Metro and Rest of Victoria, by calendar year, 2005-2017

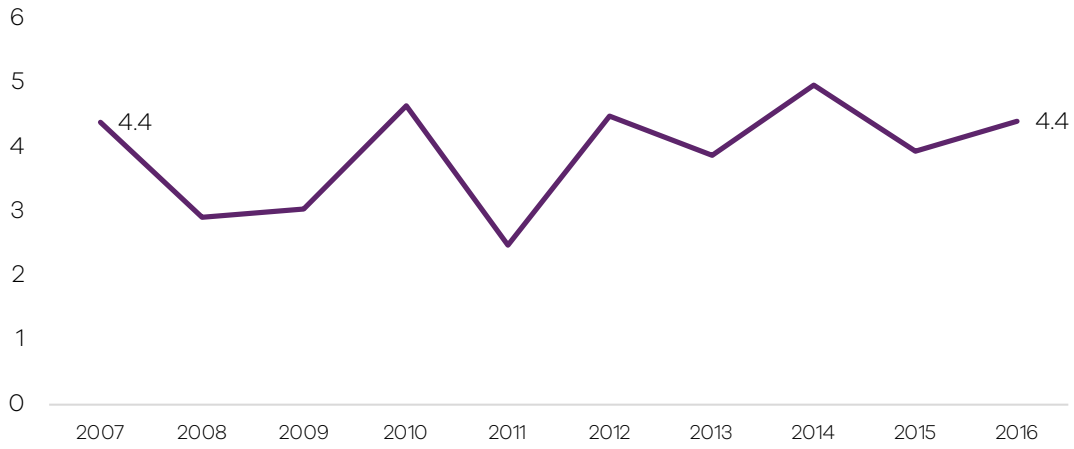


Source: VEMD, 2005-2017, DHHS, 2019c

3.12 Suicide rates remain stable

Rates of death due to suicide have remained low in the past 10 years, ranging from 2 to 4 deaths per 100,000 population of 10-19 year olds. Suicide is the leading cause of death of adolescents in Australia (Australian Institute of Health and Welfare, 2019a) and shares many of the known risk factors for self-harm, including socioeconomic disadvantage, adverse childhood experiences, and interpersonal difficulties. Adolescent cohorts at an increased risk for both self-harm and suicide include Aboriginal and LGBTIQ groups, and adolescents involved in the criminal justice system (Shepherd, Spivak, Borschmann, Kinner, & Hachtel, 2017). Analysis of Victorian data shows that young people who die by suicide are significantly more likely to have a diagnosed serious mental health illness than the general population (40 per cent as compared to 14 per cent) (Lee, et al., 2019). The data also suggests that engagement in education, training or employment may be a protective factor against adolescent suicide.

Figure 30. Death rate by suicide per 100,000 10-19 year olds, Victoria, 2007–2016



Source: Cause of Death Unit Record File, 2007-2016, Australian Coordinating Registry

Efforts to support the mental health of young Victorians

In November 2015 the Victorian Government launched a 10-year Mental Health Plan to guide investment and drive better mental health outcomes for Victorians. Recognising that nearly half of all Victorians (45 per cent) will experience mental illness in their lifetime, the plan focuses on greater efforts in prevention, and providing better integrated services and support for the most vulnerable people in the community.

One of the priorities outlined in the 10-year Mental Health Plan is the Victorian Suicide Prevention Framework, which provides a whole-of-government commitment and coordinated strategy to reduce the suicide toll. The Framework comprises five major objectives:

- a new focus on building resilience, including through schools, health and emergency services
- uniting behind groups who are experiencing higher risks of distress and suicide, including early responses to concerns among dairy farmers, regional communities, Aboriginal communities, emergency services workers, paramedics, police, and LGBTIQ people
- strengthened approaches to assertive outreach and personal care when a person who has attempted suicide leaves a hospital, an emergency department or a mental health service
- a new commitment to test and evaluate new trial initiatives and share data with local communities
- a six year trial of a systemic approach to suicide prevention in six local government areas across Victoria.

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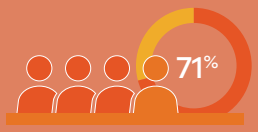
4 Education

Education

The transition to secondary schooling in adolescence presents a range of new opportunities and challenges for young people, which require strong social and educational support systems—particularly for those with vulnerabilities.

TRANSITIONS

Over the course of adolescence, young people make multiple transitions – from primary to secondary school, to further education or employment.



Almost 3 in 4 Victorian government school students in Year 7 were positive about their transition to secondary school.

Source: Attitudes to School Survey 2018

More than 4 in 5 Victorian students completed Year 12 in 2017.

Source: Report on Government Services 2019

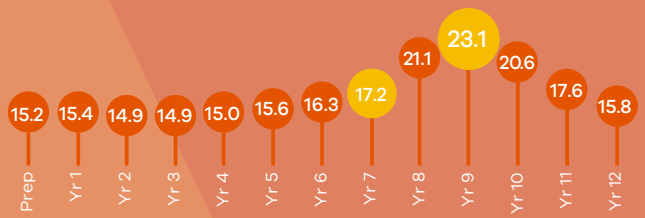
4 in 5 Victorians who left school before completing Year 12 went on to further education or employment in 2018.

Source: On Track Survey 2018

ABSENCES

Absenteeism increases steadily following the transition from primary to secondary school, peaking in Year 9, before declining in the senior secondary years.

In 2018, students from Victorian government schools were absent for an average of 17 days.

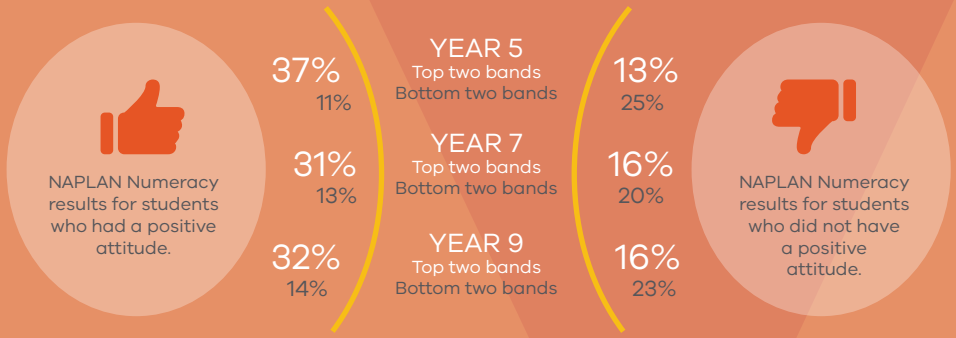


Average number of government school student absence days, by year level, 2018.

Source: Victorian government school administrative data

ATTITUDES

Attitudes to school decline in secondary schooling, particularly for students in Year 9. Students' positive attitudes are associated with higher engagement and achievement.



Source: NAPLAN, Attitudes to School Survey 2018 (DET Analysis)

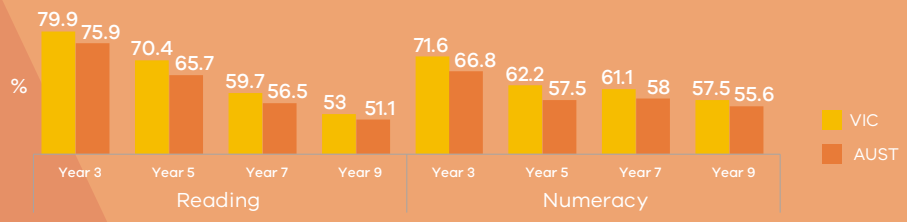
During the transition to senior secondary and post-compulsory schooling, adolescents exercise further autonomy and choice in relation to their academic progression, subject enrolments and school leaving destinations.

ACHIEVEMENT

NAPLAN achievement in the top three bands is an important indicator of success at school.

Victoria remains a leading jurisdiction in NAPLAN achievement, outperforming the national average across all year levels in 2018.

Students achieving in top three bands of NAPLAN, Victoria and Australia.



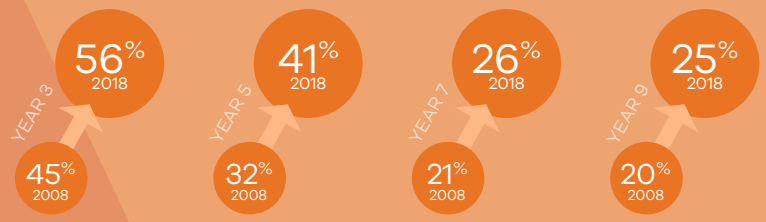
Source: NAPLAN national data collection, ACARA

ABORIGINAL

Educational outcomes for Aboriginal students are improving.

Since 2008, the proportion of Aboriginal students achieving in the top three bands of Reading has improved for every year level.

Proportion of Aboriginal students in the top three bands of NAPLAN Reading.



Source: NAPLAN national data collection, ACARA

SUBJECT CHOICE

Social norms and expectations can influence adolescents' choices regarding future learning, including their choice of subjects.

In 2018 female students were:

5.5 x more likely to study Dance

3.3 x more likely to study Sociology

2.7 x more likely to study Health & Human Development and Literature

In 2018 male students were:

17 x more likely to study Systems Engineering

3.5 x more likely to study Physics

2.5 x more likely to study Product Design and Technology

Source: Victoria VCE enrolments 2018

INTRODUCTION

Young Victorians progress through the education system while navigating the developmental challenges of adolescence. These developmental changes can be associated with lower levels of wellbeing, engagement, and academic achievement. The increased autonomy of young people in adolescence is another factor—changing priorities, including increasing prioritisation of external interests and activities as well as attitudes to school and learning, can produce lower levels of engagement with school. Adolescence is also a pivotal period for development of self-identity in young people, with the expression of gender and sexual identity taking on greater significance.

The move from primary to secondary school is a key step in a young person's educational journey and has the potential to be one of the most stressful. This involves adjusting to new challenges, particularly associated with shifts in the teaching and learning models between primary and secondary school. Secondary schooling is characterised by an increased requirement for students to manage and direct their own learning, a shift that is sometimes understood as the move from 'learning to read' to 'reading to learn' (Galton, Gray, & Rudduck, 2003). In addition to an increase in autonomy, comes a substantial change in the typical physical and structural environment of secondary school: multiple teachers and classes, as well as much larger and more complex cohorts and curricula. Students report feeling pressure or stress related to the movement into secondary school, particularly with increased workload and homework, and this stress has been associated with decreases in health and wellbeing and positive schooling experience, risking student burnout (Walburg, 2014).

As students encounter more difficult educational content in secondary school, some become less optimistic about their abilities and progress, leading to disinterest in and reduced learning (Graham, Courtney, Tonkyn, & Marinis, 2016). In Australia, lower secondary teachers (Years 7 to 10) are more likely to be teaching outside the area of their expertise than those teaching Years 11 and 12 (26 per cent, compared to 15 per cent), and are more likely to have five years or less of total teaching experience (Weldon, 2016). Thus, the increased likelihood of having a teacher with less experience and no subject-specific qualifications can also play a role in students' learning progress on transitioning to secondary school. Around one in seven Victorian Year 7 students report having difficulty transitioning to secondary school, particularly in relation to their academic studies, peer relationships, teacher interaction or changes in routine (Murdoch Children's Research Institute, 2018).

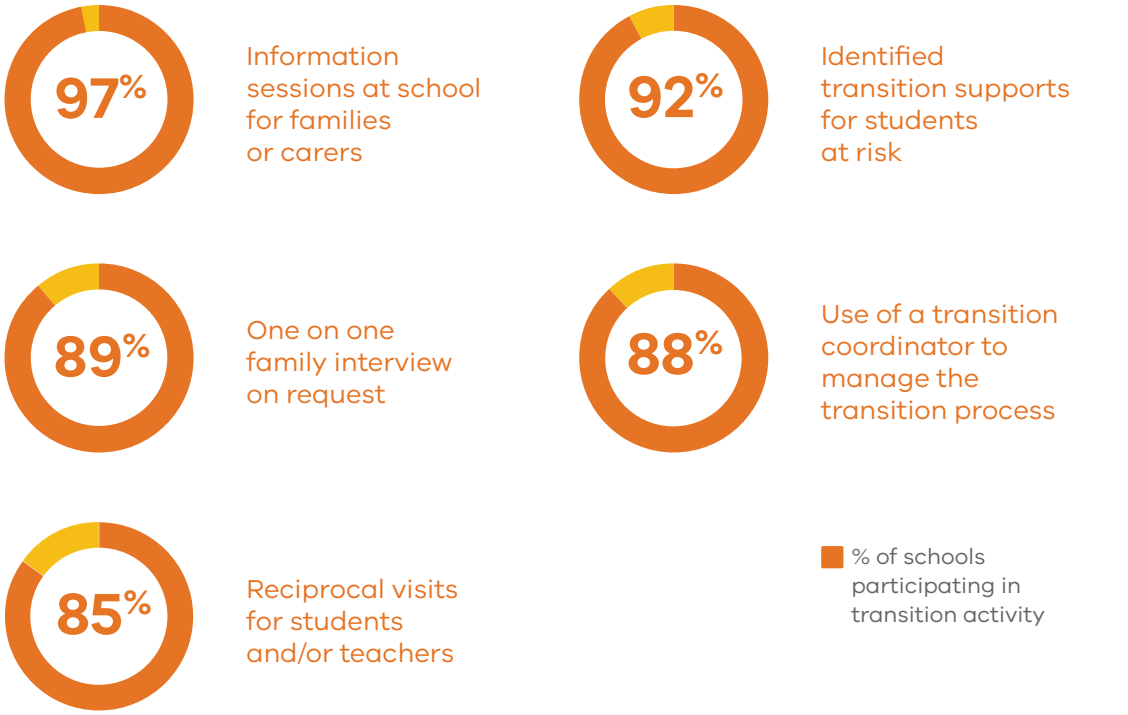
How a young person transitions and settles into secondary school therefore, sets the scene for the rest of their school life, including their attitudes, engagement and achievement. This time of emotional and physical change is a crucial point in the lives of adolescents, requiring strong social and educational support systems to ensure every young person has the opportunity to fulfil their potential and thrive.

4.1 Most Victorian schools implement transition programs, yet transition to secondary school remains a challenge for many students

The transition to secondary school can be a difficult time for some adolescents, however Victorian DET data from the AtoSS indicates that the majority of government school students in Year 7 are positive about their transition to secondary school (71 per cent positive responses in 2018). The transition from Year 6 to 7, however, can also be associated with student disengagement, a rise in absenteeism, a reduction in student connection to school and decline in academic outcomes for Victorian students. These results highlight the number of challenges students can experience during school transition and the increase in distress and lowering of functioning which may arise. Effective transition programs can potentially go some way to reducing these negative outcomes.

In 2018, the most common transition activities implemented in Victorian government schools were information sessions, family interviews, reciprocal visits, transition supports for students at risk of disengagement and the use of a transition coordinator. However, only reciprocal visits for students and/or teachers were found to have a significant association with student attitudes to school, providing an indication of what is useful for students in their adolescent years (DET, linked AtoSS and Victorian government school administrative data, 2018).

Figure 31. Top five transition activities, Secondary & combined Primary-Secondary Schools, 2018



Source: Victorian government school administrative data, 2018, DET

4.2 Student attitudes to school become less positive on entry to secondary school, and never fully recover

Students' attitudes to their school provide a general indication of engagement and satisfaction levels, which can be used to identify where most difficulties lie for adolescents. Research suggests that in secondary school, student-teacher relationships can become depersonalised and less nurturing (Hung, 2014; Ferguson & Fraser, 1998), with consequences for academic achievement.

In Victoria, despite small improvements in Year 7 to 9 students' attitudes to their school, secondary school students remain consistently less positive than primary school students. There is a sharp drop in overall student perceptions of school between Year 6 and Year 7, with attitudes never returning to primary school levels of positivity.

The attitudes of Victorian government school students in 2018 indicate secondary school students are much less positive about the extent to which their teachers show concern for their wellbeing compared to other elements of teacher-student relations. Student attitudes toward teacher concern drop substantially during the transition to secondary school, from 73 per cent positive endorsement in Year 6, to 48 per cent positive endorsement in Year 7.

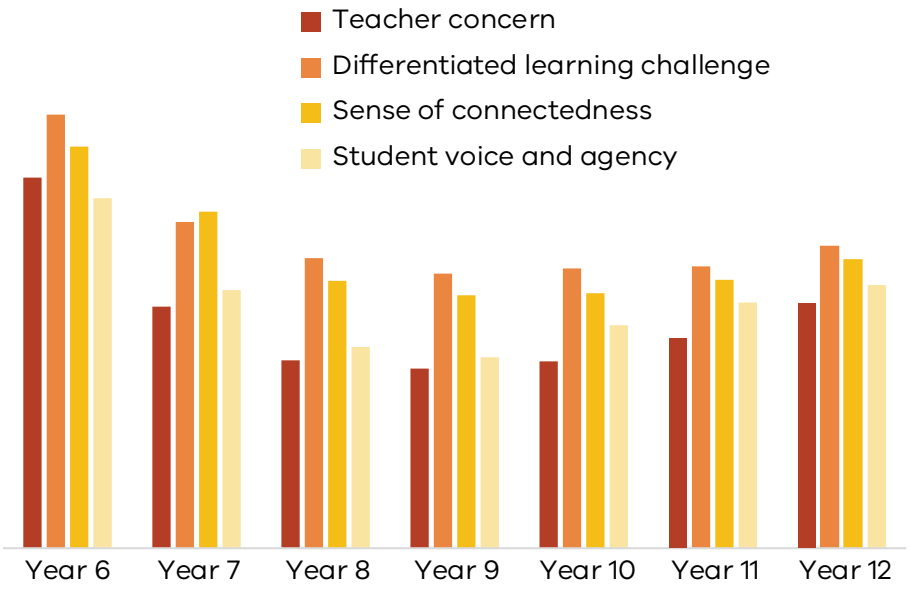
In addition, students need to be challenged and supported at the appropriate level to remain engaged at school. Students' belief that their teachers understand how they learn and give them work appropriate to their ability drops on entry to secondary school and decreases until Year 9.

© Philippa Gan | ***Together*** | Porcelain on painted wood.

Students' sense of connectedness to their school also decreases following the transition to secondary school, with students in Year 7 less positive than those in Year 6. Sense of connectedness continues to drop throughout secondary school, reaching the lowest point in Year 9, when only one in two students feels a sense of connectedness. Wellbeing and learning outcomes are optimised for young people when they feel connected to others and experience safe and trusting relationships. Students who feel connected, safe and secure are more likely to be active participants in their learning and to achieve better physical, emotional, social and educational outcomes (Education Services Australia, 2019).

In Victorian schools, student voice and agency declines almost as much as teacher concern on the transition to Year 7 and falls to its lowest point in Year 9.

Figure 32. Victorian government school student responses to AtoSS factors (per cent positive responses), 2018



Attitudes to School Survey (AtoSS), 2018, DET

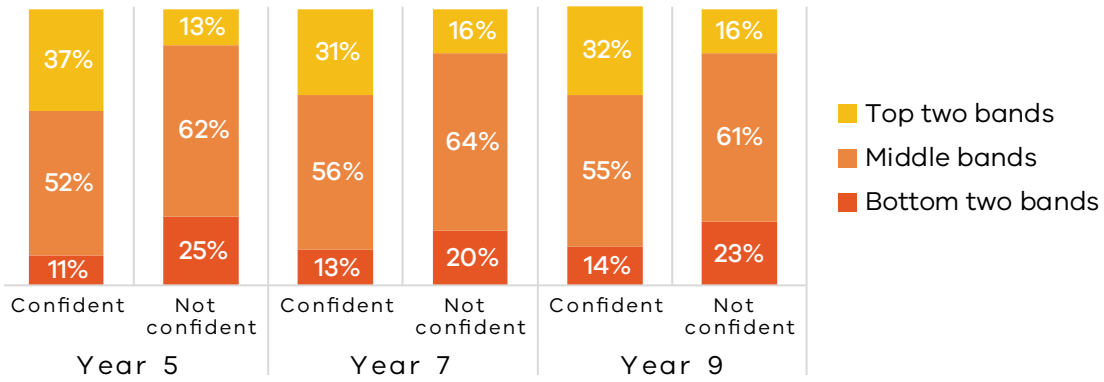
4.3 Adolescents who have a positive attitude to school are more likely to be high achievers

A positive attitude to school is also associated with improved attendance and higher achievement in NAPLAN Reading and Numeracy across all year levels (DET internal analysis). Students with positive attitudes to schooling are:

- more likely to achieve in the top two bands for NAPLAN Reading and Numeracy and
- less likely to achieve in the bottom two bands.

A student's sense of confidence is also associated with NAPLAN achievement, as shown below.

Figure 33. NAPLAN Numeracy achievement by year level and response to AtoSS sense of confidence factor, 2018



Note: Numbers may add up to over 100 per cent due to rounding.
Source: NAPLAN and AToSS linked dataset, 2018, DET

4.4 Adolescents' attitudes towards attendance decline on the transition to secondary school, while absenteeism increases

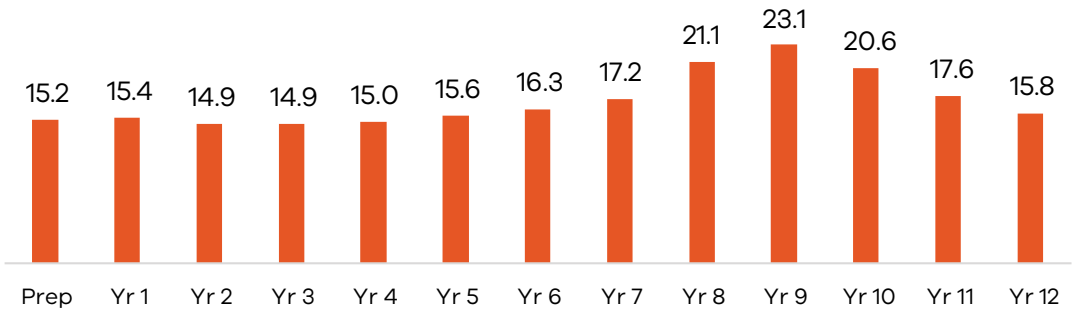
Absenteeism is a persistent challenge in the adolescent years and has been linked to adverse outcomes associated with heightened risk taking, authority-challenging behaviour, early school leaving and long-term lower occupational status (Abbott-Chapman, Johnston, & Jetson, 2014; Braams, van Duijvenvoorde, Peper, & Crone, 2015; Curtis, 2015; Stewart, Bathy, & Fisher, 2016; Schwab, 1999). Conversely, regular school attendance is associated with the development of social skills including making friends, teamwork, communication skills and self-esteem, as well as many abilities necessary to become productive and responsible adults (Australian Institute of Health and Welfare, 2012; Keating & Hertzman, 1999; Zubrick, et al., 2006).

© Charlie Robert | ***Quartet*** | Inkjet on foamcore.

As noted in the previous section, Victorian adolescents become consistently less positive in their attitudes to attendance when making the transition from Year 6 to Year 7. While Victoria has the highest rate of attendance[3] in Australia, at 97 per cent across Years 1 to 10 (Productivity Commission, 2019), absenteeism remains an issue, particularly in the middle years of schooling.

In 2018, students from Victorian government schools were absent for an average of 17 days—up from 16 days in 2015. Government school average absenteeism increases steadily on transition from Year 6 (16 days) to Year 7 (17 days) and peaks in Year 9 (23 days) before declining in the senior secondary years (Year 12, 16 days). Absenteeism is more prevalent among Victorian children attending government schools in disadvantaged areas and among Aboriginal students in particular. However, it should be noted that absence data does not currently distinguish absence for Sorry Business, (a period of cultural practices following the death of a community member) which affects Aboriginal students. From 2020, DET absence data will distinguish absence for Sorry Business from other absences

Figure 34. Average number of student absence days (Victorian government schools), 2018



Source: Victorian government school administrative data, 2018, DET

School attendance and achievement

Victorian absence figures are consistent with the patterns observed in other states, for example Western Australia (Hancock, Shepherd, Lawrence, & Zubrick, 2013), and other countries, such as the United States (Gottfried, 2009), which show that attendance gaps between priority groups and the statewide average remain constant throughout primary school, and widen during secondary school.

In *Every Day Counts*, Hancock, Shepherd, Lawrence and Zubrick (2013) found that even small amounts of unauthorised absences are associated with substantial falls in average NAPLAN test scores. This effect accumulated as more days were missed. Achievement was impacted not only in the year in which the days were missed, but also in subsequent years.

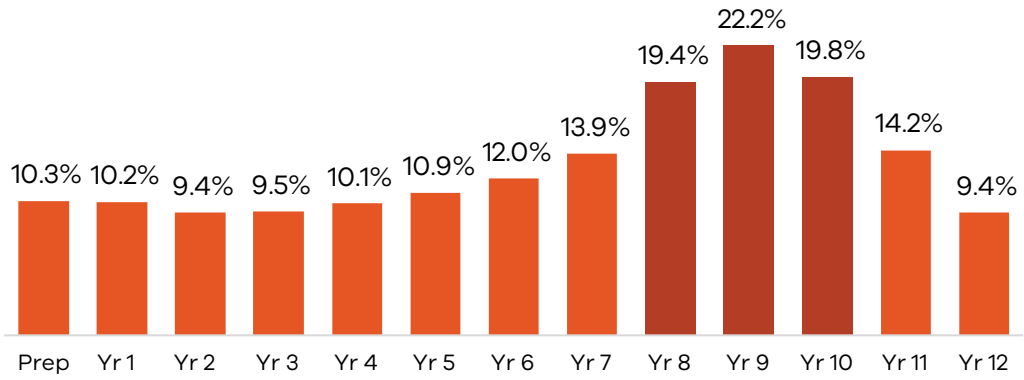
3. The student attendance rate is the number of actual full time equivalent student days attended by full time students as a percentage of the total number of possible student attendance days attended over the period.

4.5 Chronic absence peaks in adolescence

Chronic absenteeism (defined by DET as more than 30 days absent per year) is a key risk factor for disengagement from schooling and early leaving. Government school administrative data shows that the majority of reported absence days are attributable to chronically absent students, with these proportions highest among Aboriginal (see above regarding Sorry Business) and disadvantaged students, as well as students who have changed schools three or more times (highly mobile students).

Around one in eight (13 per cent) government school students were chronically absent in 2018. Years 8, 9 and 10 had the highest proportion of chronically absent students, peaking in Year 9 when over one in five students missed 30 or more days of school.

Figure 35. Proportion of government school students who were chronically absent by year level, 2018



Source: Victorian government school administrative data, 2018, DET

Analysis of linked student attitudes and absence data indicates that chronic absenteeism was more common amongst students who report:

- being bullied
- negative attitudes to attendance
- low levels of resilience
- low sense of confidence in their ability as a learner
- low sense of connectedness to their school.

4.6 Negative attitudes to attendance and connectedness to schooling are associated with chronic absenteeism

In Years 10 to 12, chronic absenteeism is higher in students with negative attitudes to attendance: 26 per cent of students who did not have positive attitudes to attendance were chronically absent, compared to only eight per cent of students with positive attitudes to attendance.

A lack of connectedness to school is also associated with chronic absenteeism. Of the Year 7 to 9 students who did not have positive feelings of connectedness to school, 20 per cent were chronically absent, compared to only 11 per cent of students who had a positive sense of connectedness to school.

Figure 36. Government school students who are chronically absent by attitudes to attendance and sense of connectedness to schooling, 2018

	Years 10 to 12		Years 7 to 9	
	Positive attitude to attendance	Not positive attitude to attendance	Connected to school	Not connected to school
Absent 30 days or more	8%	26%	11%	20%
Absent less than 30 days	92%	74%	89%	80%

Source: Victorian government school administrative data and AToSS linked dataset, 2018, DET

Mental health and secondary school attendance

According to Australian data from the 2013–2014 Australian Child and Adolescent Survey of Mental Health and Wellbeing, students with a mental illness were more frequently absent from school than students without a mental illness (Lawrence, Dawson, Houghton, Goodsell, & Sawyer, 2019). This was particularly pronounced for adolescents in secondary school, where over 16 per cent of all absences from school were attributed to symptoms of mental illness. For adolescents in Years 11 and 12 with a mental illness, the average number of school days missed was 26 (more than five weeks of school), compared with an average of 12 days for students in the same years who did not have a mental disorder. In Years 7 to 10, students with a mental disorder missed an average of 23 days, in contrast to 11 for Year 7-10 students without a mental disorder. For primary school children, the average absence for students with a mental disorder was 12 days, in contrast to eight days for students without a mental disorder. These results stress the importance of mental health prevention, early identification and support programs among adolescents both at, and outside of, school.

4.7 Disengagement increases when adolescents transition to secondary school

Adolescents at risk of disengagement from school often experience a range of concerns, including mental health issues, substance addiction, and (as a victim of) family violence (DET, 2018a). These issues often come to the fore in secondary school during the adolescent years. While engaged students are keen to perform well, achieve highly, and consequently look forward to successful post-school lives, disengaged students are more likely to have poorer academic performance and limited success, which can in turn affect their quality of life (Subban, 2016).

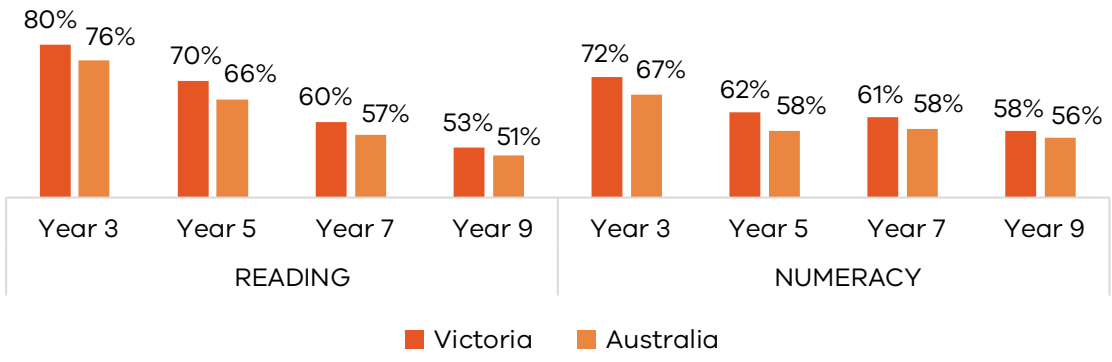
Students who disengage are more likely to have already experienced problems during the primary school years. In particular, students with persistent low wellbeing and behavioural and emotional problems in Years 3 to 5 were twice as likely to disengage in Year 7 (Murdoch Children's Research Institute, 2018). Conversely, this study found that consistent peer support in Years 3 to 5 was associated with a two-fold (200 per cent) decrease in the odds of disengagement in Year 7.

4.8 Student achievement declines following the transition to secondary school

NAPLAN achievement in the top three bands is considered an indicator of whether students will meet the challenges of senior secondary certificates.

Victoria is a top performing state in NAPLAN, with strong results across Years 3, 5, 7 and 9 Reading and Numeracy. However, as in every jurisdiction, achievement levels decline from Year 3 onwards. These declines are partially attributable to the normal slowing of learning progression, known as the learning curve. However, they also indicate that not all students are acquiring the skills they will need to participate fully in the economy.

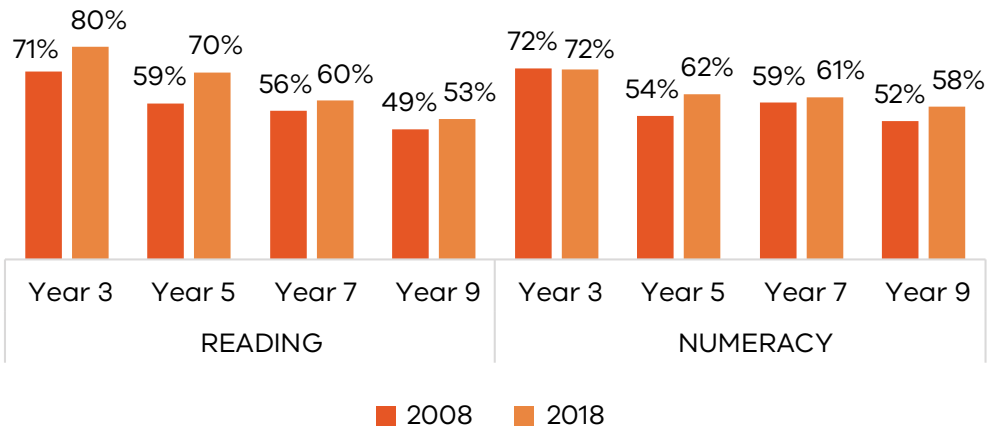
Figure 37. Proportion of students achieving in the top three bands of NAPLAN Reading and Numeracy, Victoria and Australia, 2018



Source: NAPLAN, 2018, Australian Curriculum, Assessment and Reporting Authority (ACARA)

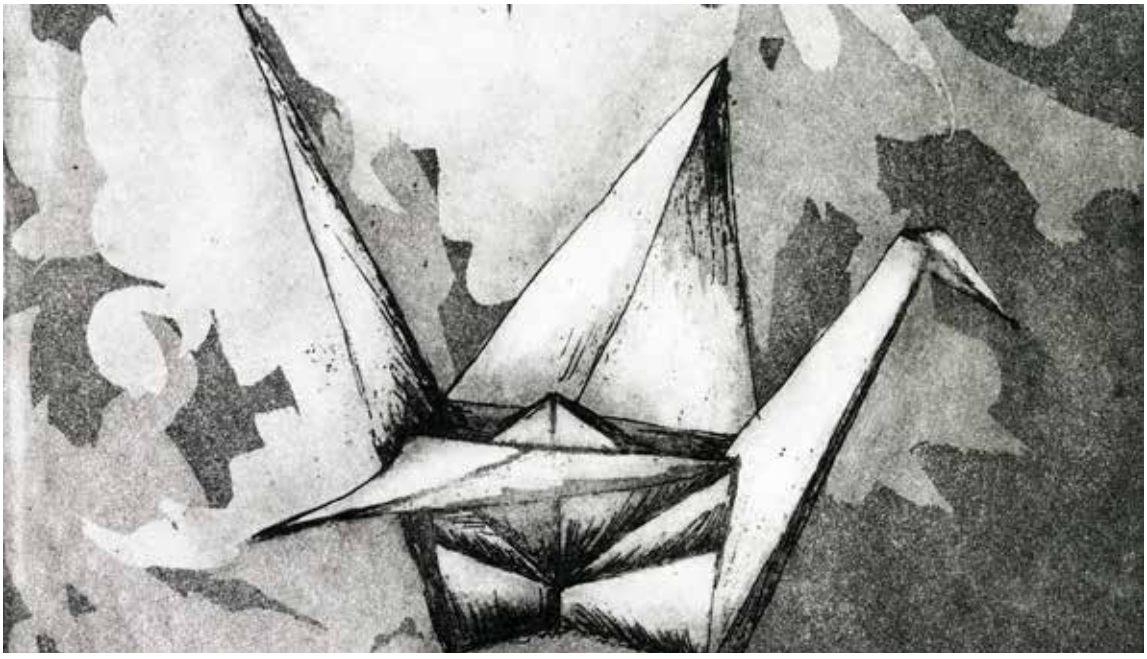
The achievement of Victorian students in the top three bands of NAPLAN Reading and Numeracy has increased since 2008 in all year levels bar Year 3 Numeracy. In particular, strong improvements have been registered in the areas where the most effort has been focussed, with large increases in primary literacy a highlight.

Figure 38. Proportion of Victorian students achieving in the top three bands of NAPLAN Reading and Numeracy, 2008 and 2018



Source: NAPLAN, 2008 and 2018, ACARA

Despite these improvements, increasing performance in the secondary years remains a focus, as only half of Year 7 and Year 9 students are currently achieving in the top three bands for both domains.



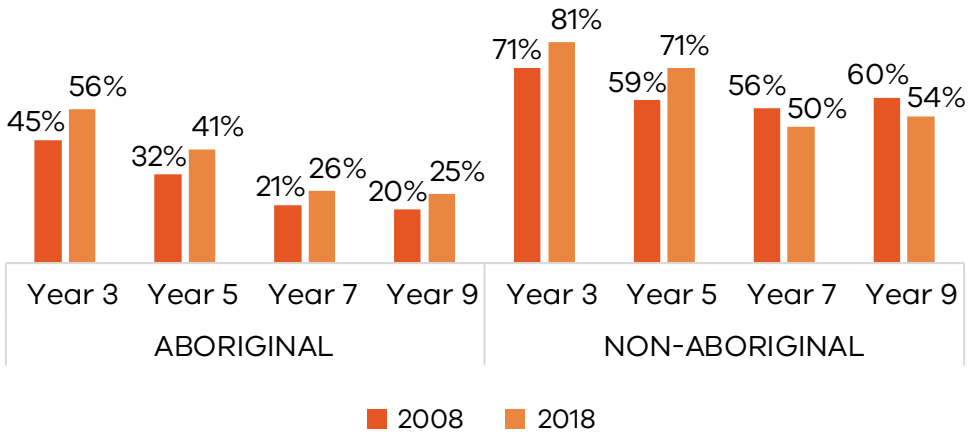
© Stacey Goldsworthy | ***Nurtured connections*** | Etching and aquatint.

4.9 Educational outcomes for Aboriginal students are improving

Between 2008 and 2018, the proportion of Aboriginal students achieving in the top three bands of Reading and Numeracy improved in every year level except Year 3 Numeracy.

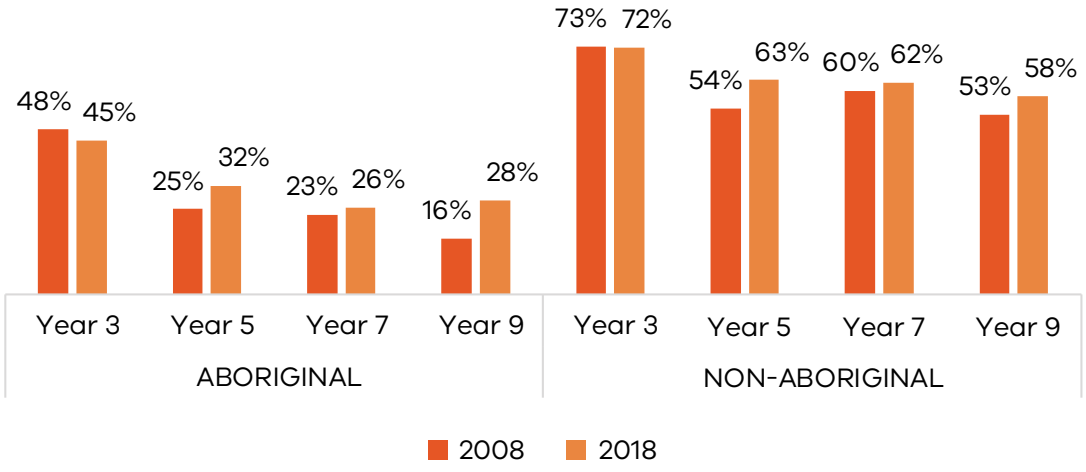
While performance can fluctuate from year to year due to the small size of the cohort in Victoria, these changes follow an overall trend of improvement over the last 10 years. Significant disparities in performance between Aboriginal and non-Aboriginal students remain.

Figure 39. Proportion of Victorian students in the top three bands of NAPLAN Reading, by Aboriginal status, 2008 and 2018



Source: NAPLAN data, 2008 and 2018, ACARA

Figure 40. Proportion of Victorian students in the top three bands of NAPLAN Numeracy, by Aboriginal status, 2008 and 2018



Source: NAPLAN data, 2008 and 2018, ACARA

There was a decrease in the proportion of Aboriginal students who report being bullied across all year level groups between 2017 and 2018.		
Years 4 to 6	Years 7 to 9	Years 10 to 12
↓	↓	↓
1.75 percentage points	**2.25** percentage points	**5.62** percentage points

Number of Victorian government schools that have undertaken Cultural Understanding and Safety Training (as at 1 March 2019).	386

The number of Aboriginal people on school councils has risen.	2017	2018
	110	164

Source: Victorian government school administrative data, 2018

Year 7-9 Aboriginal students' perceptions of their schooling increased between 2017 and 2018, more than the increase seen in statewide results.		2017	2018
	Stimulating learning environment	49%	54%
	Sense of connectedness	48%	53%

Source: AtoSS, 2018, DET

Victorian Certificate of Education (VCE), Victorian Certificate of Applied Learning (VCAL), and Vocational Education and Training (VET) in Schools – Completions	2017	2018
	49%	54%

Source: Completions data, 2017 and 2018, Victorian Curriculum and Assessment Authority (VCAA)

Aboriginal Year 12 Completers	Destination	2017	2018
	Bachelor degree	28%	33%
	Certificate/Diploma	13%	17%
	Apprenticeship/Traineeship	17%	16%
	Employed	28%	25%
	Looking for work	12%	9%
	Not in labour force, education or training	3%	1%

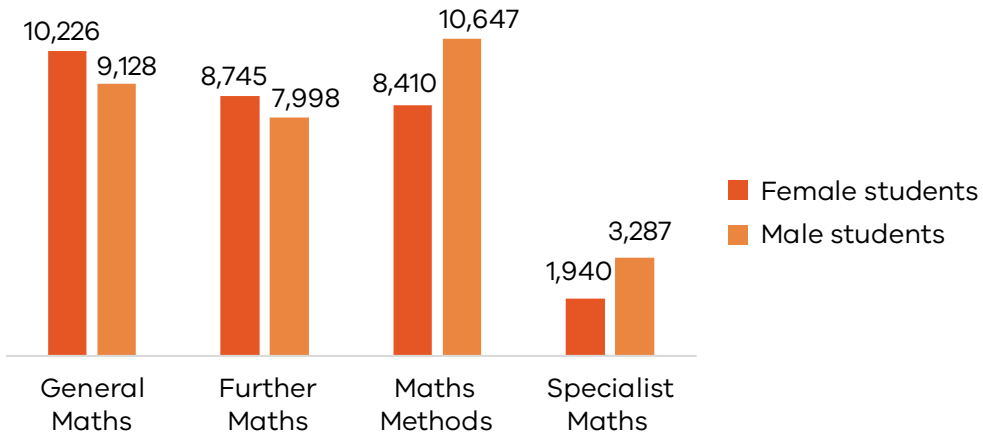
Note: Numbers may add up to over 100 per cent due to rounding.
Source: On Track Survey (DET, 2018b)

4.10 Adolescent subject choice continues to reflect historical gender biases

In the transition to senior secondary schooling and post-compulsory schooling, adolescents exercise further autonomy and choice in their schooling options, subject enrolments and post-school destinations. The gender differences in engagement with science, technology, engineering, and mathematics (STEM) related subjects are echoed in international research, which has found that at age 15 girls are three times more likely to expect careers in fields related to healthcare, and are less likely to expect a career in fields such as engineering or software development than their male counterparts (Justman & Méndez, 2016). These expectations influence tertiary enrolment patterns, resulting in occupational segregation and unequal wages (OECD, 2017).

According to 2018 VCE enrolments, while the gender ratio is spread relatively evenly in Further Mathematics, there is a skew towards male students in Mathematical Methods and Specialist Mathematics. The proportion of female students in Mathematical Methods has increased slightly (from 41 per cent to 43 per cent) but otherwise these trends have been stable since 2015.

Figure 41. Student enrolments in VCE Mathematics subjects, by gender, 2018



Source: VCE enrolment data, 2018, VCAA

In science, Psychology continues to be the most popular subject among senior secondary school students, followed by Biology. Female student enrolments in science subjects tend to be concentrated in Biology and Psychology (76 per cent), while male student enrolments tend to be more evenly spread across Biology, Chemistry, Physics and Psychology. As with previous years, there were more female than male students enrolled in Psychology and Biology and more male than female students enrolled in Physics in 2018.

	2008	2018
Ratio of female to male VCE subject enrolments		
Dance	10.6	5.5
Sociology	4.3	3.3
Health & Human Development and Literature	3.3	2.7
Art and Studio Arts	2.3	2.6
Ratio of male to female VCE subject enrolments		
Systems Engineering	35.0	17.0
Physics	3.1	3.5
Product Design and Technology	2.2	2.5
Economics	1.5	1.9

Source: VCE enrolment data, Victorian Curriculum and Assessment Authority, 2018

Subjects including Dance, Sociology, Health and Human Development, and Literature continue to be much more popular among female students. However, the number of male students enrolling in these subjects has steadily increased over the past 10 years. For instance, in 2008 there were 10.6 female students enrolled in Dance for every one male enrolled. By 2018, this ratio had declined to 5.5 female enrolments for every male enrolment. Likewise, Systems Engineering which is especially popular among male students, has seen a steady increase in female student enrolments. Other subjects have seen little to no shift in historical gender enrolment patterns over the past decade. These include Art and Studio Arts (which are preferred by female students) and Physics, Product Design and Technology, and Economics subjects (which are preferred by male students).

Although there remain clear gender differences in subject enrolments, this does not predict the proportion of female and male students attaining study scores of 40 or above. For example, while male students are three times more likely to be enrolled in Physics than their female peers, there is little gender difference in the achievement of VCE study scores over 40. However, for Mathematical Methods and Specialist Mathematics, males are more likely to be enrolled as well as achieve study scores above 40. The challenge remains to further support female participation in STEM.

STEM Education in Victoria

STEM—science, technology, engineering and mathematics—covers a wide range of disciplines and skills, which are increasingly in demand in our rapidly changing world. STEM skills and knowledge are important for all stages of our learning, jobs and everyday lives.

Tech Schools Initiative

Victoria invested to build 10 state-of-the-art Tech Schools that use leading-edge technology, discovery and innovation to deliver STEM education to Victorian students. The Tech Schools initiative is bringing together schools, TAFEs, universities, and industry to provide students with access to innovative shared learning environments and leading-edge technology. Tech Schools challenge students to solve real-world problems and prepare them for the future world of work.

Students are still enrolled in their local secondary school, but can attend classes at a Tech School campus that is shared with other schools in their region. Tech Schools are designed to be co-located on TAFE or university campuses, as a way of introducing students to the tertiary education environment and raising awareness of pathways into further education and training.

Expanding the Primary Mathematics and Science Specialists initiative

To build STEM expertise in the early years of schooling, 200 primary school teachers are being trained as mathematics and science specialists. The program targets disadvantaged schools—including low socioeconomic status, rural and regional schools—as well as schools with low achievement in mathematics and science.

4.11 Four in five adolescents complete secondary schooling

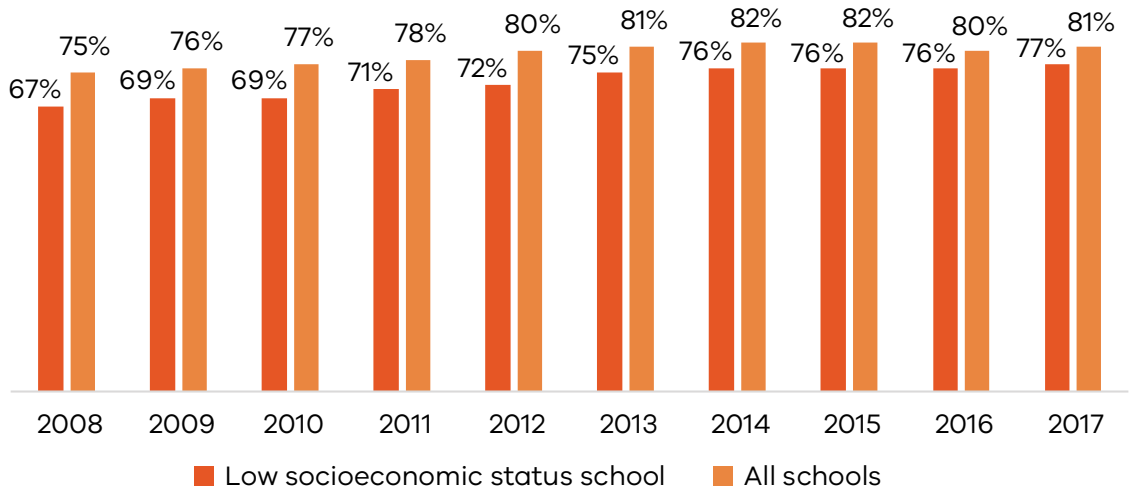
Completing secondary education is vital to ensuring young Australians are successful learners, informed citizens and confident individuals (Lamb & Huo, 2017). It not only improves the personal outcomes of individuals in terms of employment, income and career choice, but increases the likelihood of ongoing economic prosperity for the broader community.

The literature concerning student decisions to remain at school can be viewed in terms of the influences on disengagement with schooling. These influences are broadly related to: national and state policies, the local community, the student's family and peers, features of the school and its programs, and attributes of the individual student (Lamb, Walstab, Teese, Vickers, & Rumberger, 2004). Young people who do not complete secondary school and do not pursue any further qualifications are at greater risk of homelessness, drug and alcohol abuse, and criminal activity, as well as poorer physical and mental health, and higher mortality rates (Black, 2007). Monitoring VCE achievement and engagement is therefore critical to ensuring the majority of students are getting the best possible start to their adult life.

According to the 2018 DET AtoSS responses, the parents of more than four in five Victorian government secondary school students have expectations that their child will stay in school until Year 12 is completed.

This is consistent with national data indicating that around four in five Victorian students attain Year 12. Attainment rates increase with socioeconomic status. However, attainment rates for low socioeconomic status schools have consistently increased over the last 10 years, showing promising improvements (Productivity Commission, 2019).

Figure 42. Year 12 attainment rates, by school socioeconomic status, all schools, Victoria, 2008–2017



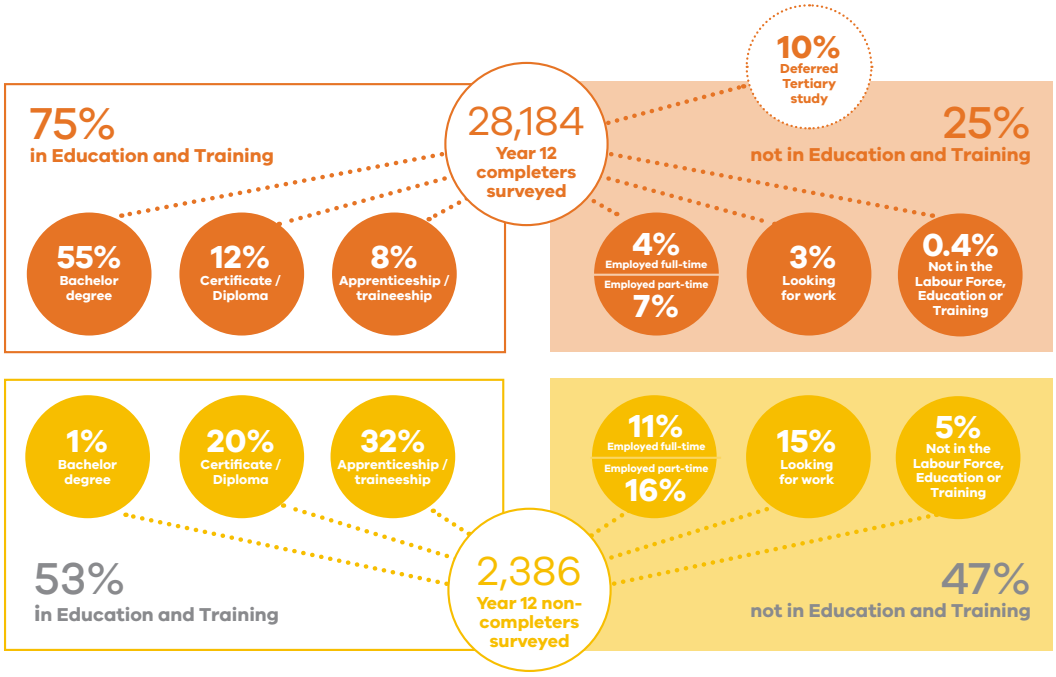
Source: Report on Government Services, 2018 (Productivity Commission, 2019)

The ABS Survey of Education and Work indicates that in 2018, 91 per cent of Victorians aged 20 to 24 years had achieved a Year 12 or equivalent (Certificate II) qualification.

4.12 The majority of Year 12 completers and non-completers choose further education or training as their next destination

Since 2003, the annual On Track survey has been tracking what's next for students who finish Year 12 and for those who do not. Between May and June 2018, the Department surveyed 28,184 (or 49 per cent of the) students who completed Year 12 and 2,386 students who had left school in Years 10, 11 or 12 (i.e. 28 per cent of the Year 12 non-completer cohort).

Figure 43. Destination patterns of Year 12 completers and Year 12 non-completers, 2018



Source: On Track Survey, 2018 (DET, 2018b)

The majority (75 per cent) of Year 12 completers continue on to further education and training after school. A Bachelor's degree continues to be the preferred pathway for this cohort, with the proportion of Year 12 completers pursuing this qualification (55 per cent in 2018) remaining relatively stable since 2014 (54 per cent). While the proportion of Year 12 completers in employment is rising, those undertaking certificates or diplomas is decreasing.

Adolescents leaving secondary school before completing Year 12 are more likely to not be engaged in education, training or work than Year 12 completers (five per cent compared to 0.4 per cent). In 2018, Year 12 non-completers were most likely to be undertaking an apprenticeship or traineeship (32 per cent), certificate/diploma (20 per cent) or be in employment (27 per cent). Since 2014, the proportion of non-completers doing an apprenticeship or in employment has risen. Less than one per cent of non-completers undertake a Bachelor's degree, a consistent proportion from 2014 to 2018.

© Rukaya Salum Ali-Springle | ***Unnatural*** |Digital print on foam board.

Reasons for leaving school before completing Year 12, On Track 2018		
Push factors	• School was not for me/not a good environment; I was not learning	11%
	• Did not like school/teachers; not interested in going	10%
	• Not coping well at school; failed/failing subjects; found school too hard	6%
Pull factors	• Work or career reasons	22%
	• Study elsewhere/TAFE/different course	4%

Source: On Track Survey, 2018 (DET, 2018b)

The transition from school to further education and employment can present a particular challenge to some refugee and migrant youth who have experienced disrupted schooling, and may be ineligible for Australian Government support to undertake higher education and training (VicHealth, 2017).

Of the students completing the VCAL who were surveyed, 55 per cent were in education and training post-school. Of these VCAL completers continuing onto education and training, most undertake an apprenticeship/traineeship (31 per cent) or a Certificate/ Diploma (23 per cent). Only one per cent undertake a Bachelor degree. Of the VCAL completers not in education or training, most are employed part-time (19 per cent) or full time (13 per cent), while just over one in 10 (12 per cent) are looking for work.

2,518 VCAL completers surveyed (does not add up to 100% due to rounding)						
55% in Education and Training			45% not in Education and Training			
1% Bachelor degree	23% Certificate / Diploma	31% Apprenticeship / Traineeship	13% Employed full-time	19% Employed part-time	12% Looking for work	2% Not in the labour force, education or training

Source: On Track Survey, 2018 (DET, 2018b)

4.13 Leaving school early is associated with lower socioeconomic status, poor school attendance and school mobility

Risks for early school leaving include a range of personal, family, societal and school factors. Significantly, there is consensus among researchers that the decision to drop out of school is not solely influenced by a student's school experience, but also by the behaviours and activities of students outside of school (Rumberger & Rotermund, 2012). For example, the socioeconomic background of students affects their school engagement levels, with non-completing students much more likely to come from lower socioeconomic status backgrounds (Lamb, Walstab, Teese, Vickers, & Rumberger, 2004).

Children from highly mobile households, of parents with lower education levels and/or experiencing financial strain, or of poor physical or mental health often attend school less frequently than their peers (Hancock, Shepherd, Lawrence, & Zubrick, 2013; Redmond, et al., 2016; Productivity Commission, 2019). DET analysis shows that Victorian students who leave school before completing Year 12 are substantially more likely than their peers to be chronically absent for each year of their schooling, a pattern that is evident from Prep. For instance, while 23 per cent of Year 9 students in Victorian government schools were chronically absent in 2017, the rate was 59 per cent among Year 9 students who left school before completing the year. Among the latter students, chronic absenteeism rates were visibly higher than the state average as far back as Prep (21 per cent vs eight per cent). This means that students at risk of leaving school without completing Year 12 can potentially be identified and supported in their first years of school. School attendance patterns are known to be influenced by factors in the home and local environment.

Changing schools also has a strong association with the likelihood of leaving school early. Research conducted in New South Wales has found that even after controlling for other disadvantage factors, on average changing schools once during Years 7 to 10 increases the probability of students leaving school by 12 per cent. This increases to 21 per cent for students who move schools twice, and 29 per cent for students who move schools three times (Lu & Rickard, 2016). In 2016, analysis by DET showed that highly mobile students (those who have changed school three or more times) in Victoria were three times more likely to be early leavers than the general student population.

Programs addressing student disengagement: DET Navigator program

The Navigator program supports young people aged 12-17 years who are not connected to schools at all or are at risk of disengaging. It provides intensive case management and assertive outreach support to disengaged learners. The program is delivered by community agencies and works with these young people and their support networks to return them to education.

After a successful pilot in eight areas across the state, the Victorian Government has committed $44 million to continue Navigator in existing areas as well as statewide expansion over the next three years. This reflects the Government's commitment to breaking the link between disadvantage and worse life opportunities, and to reduce the proportion of students who leave school before completing Year 12.

As at December 2018, 2,631 referrals had been received in total since the program commenced, 1,810 clients had received case management and a total of 1,379 young people had returned to education.

© Mykelti Kotzur | ***Me, Myself, and Matryoshka*** | Synthetic polymer paint, metallic paint, cut and printed paper, gold foil, fabric, plastic, leather, painted wood, cotton (thread), wooden spools, fibre-tipped pen, pencil and embossing on paper, wool and pins on papier mâché and plaster fabric.

5

Safe families and communities

Safe families & communities

Safe communities and supportive family environments are major protective factors in adolescence, enabling young people to achieve their potential while avoiding risks to their health and wellbeing.

TRUSTED ADULTS

Adolescents who believe their parents, close senior family members or guardians are there for them are more likely to have better health, be happier and do better at school than their peers.

Around 2 in 3 Victorian adolescents reported that they had a trusted adult in their lives.

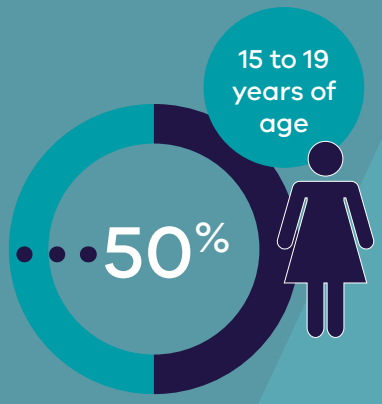
Young people in regional areas (70 per cent) were more likely to report having a trusted adult, compared to those in metro areas (63 per cent).

Source: Victorian Student Health and Wellbeing Survey 2018

FAMILY VIOLENCE

Exposure to family violence in adolescence can be a traumatic experience, with strong potential effects on future wellbeing.

In 2017–18,
1 in 10 people
affected by incidents of family violence were aged 10–19.



Half of all cases within this cohort, involved young women aged 15–19.

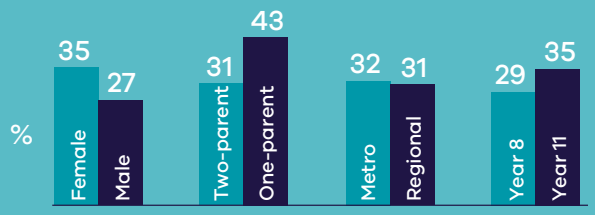
Source: Crime Statistics Agency, 2017-2018

FAMILY CONFLICT

While conflict with family members can be a normal part of adolescent social development, serious family conflict can contribute to poorer physical and mental health outcomes.

Around 1 in 3
Year 8 and Year 11 students reported an experience of serious family conflict in 2018.

Conflicts were more likely to be reported by girls and young people in one-parent families.



Source: Victorian Student Health and Wellbeing Survey 2018

LOCAL SAFETY

Risks to a young person's safety expand from familial to community contexts during adolescence. Neighbourhood safety is a substantial factor in shaping the likelihood that an adolescent will be a victim or become involved in anti-social or illegal activity.

In 2018, almost 9 in 10 Year 8 and Year 11 students reported that they felt safe in their local neighbourhood.

Source: Victorian Student Health and Wellbeing Survey 2018

ADOLESCENTS IN CARE SERVICES

For children who cannot reside safely with their parents, care services can provide a turning point by providing stable and secure care, new opportunities and extra supports to help them recover and thrive.

The number of adolescents living in care has nearly doubled over the past 10 years.

Most live in home-based care settings rather than residential facilities.

Source: Internal DHHS data

INTRODUCTION

A safe and healthy environment plays an important role in shaping outcomes for adolescents. Parental education levels influence their children's access to resources and opportunities, and parents' ability to guide their children's learning. Effective parenting, in terms of being nurturing and supportive with clear and consistent discipline, can prevent negative behaviours and promote social behaviours and values. Low levels of family conflict and good communication improve parenting and family relations, increase children's emotional security, and discourage the use of aggression and antisocial behaviour. In addition, having a trusted adult or someone to turn to for advice in adolescence can also make young people more resilient. Many Victorian adolescents are fortunate to live in family environments in which they have access to these resources.

Adolescents who cannot live in their family home because there are significant difficulties at home or there is a significant risk of neglect, harm or abuse, are often looked after in temporary, medium or long-term living arrangements in home-based or residential care placements. The experience of trauma, neglect and abuse can put adolescents at an increased risk of antisocial behaviour and criminal offending, and subsequently, first contact with the youth justice system. Few Victorian adolescents find themselves in these circumstances. However, Victorian Aboriginal adolescents are over-represented in out-of-home-care settings and the criminal justice system. This is associated with the broader social and economic disadvantage they face and legacy of systemic discrimination towards Aboriginal communities.

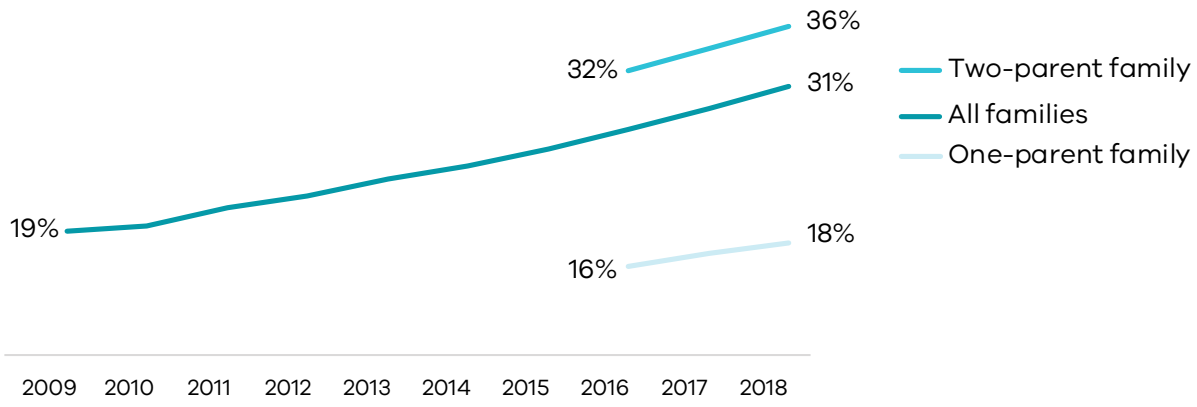
This chapter details the extent to which Victorian adolescents are exposed to such environmental risk and protective factors and how this has changed over time.

5.1 A growing proportion of adolescents have university educated parents

Families' material standards of living are determined largely by their access to economic resources. Parents who are university educated are more likely to have higher-income and higher-status employment, which in turn provides greater material resources and social and cultural opportunities for their children (Sirin, 2005). Some research suggests that parents with higher levels of education may also invest more time and effort in educating their own children about the world and the society in which they live. They may also have an advantage in motivating their children to achieve at school (Warren & Edwards, 2017), and in helping them to plan their further education and future careers (Grace, Hodge, & McMahon, 2017).

Over the last 10 years, the proportion of Victorian government secondary school students with university educated parents has increased by more than half, from 19 per cent in 2009 to 31 per cent in 2018. Students living in two-parent families (around 73 per cent of students) are twice as likely to have university educated parents compared to those living in one-parent families.

Figure 44. Proportion of Victorian government secondary students whose parents have a university degree, 2009–2018



Source: Victorian government school administrative data, 2018, DET

5.2 Most adolescents live in healthy, well-functioning families

Families provide the main structure within which adolescents develop and transition into adult lives (Patton, et al., 2018). While this is so, adolescence provokes major shifts in family relationships, particularly between parent and child. In healthy well-functioning families, roles and expectations are clear, communication between members is frequent, straightforward and respectful, emotions are well-managed and serious conflict is infrequent. Parents attempt to shape and regulate their adolescent's behaviour by setting high standards for personal behaviour, school performance,

and peer associations, which they apply through supervision and monitoring of their adolescent's whereabouts, activities, and friendships. This provides adolescents with clear and consistent expectations and the structure and guidelines needed for the development of competent, autonomous, and responsible behaviour (Barber, Stolz, & Olsen, 2005).

Analysis from VSHAWS 2018 shows that:

- around four in five Year 8 (82 per cent) and Year 11 students (77 per cent) live in what are considered to be healthy, well-functioning families
- young people in two-parent families (88 per cent) report higher levels of functioning compared with those in one-parent families (78 per cent). These differences in reporting may be related to socioeconomic differences between these two family types, as well as having two people to share parenting responsibilities.

Common adolescent parenting strategies

Victorian adolescents commonly reported that their parents apply the following strategies:

- set clear family rules (82 per cent)
- monitored the completion of homework (81 per cent)
- set and monitored curfews (87 per cent)
- knew their location when outside the home (86 per cent)
- had rules around alcohol and drug use (83 per cent)

They believed that their parents would find out if they violated expectations not to:

- drink alcohol (61 per cent)
- carry a weapon (71 per cent)
- skip school (82 per cent)

Girls were more likely to report that their parents:

- knew where they were and who they were with outside the home
- wanted them to call if they were going to be late getting home
- knew if they didn't come home on time.

Boys were more likely to report that:

- their parents have rules about alcohol and drug use
- they believe they would get caught disobeying rules for drinking alcohol or carrying a weapon.

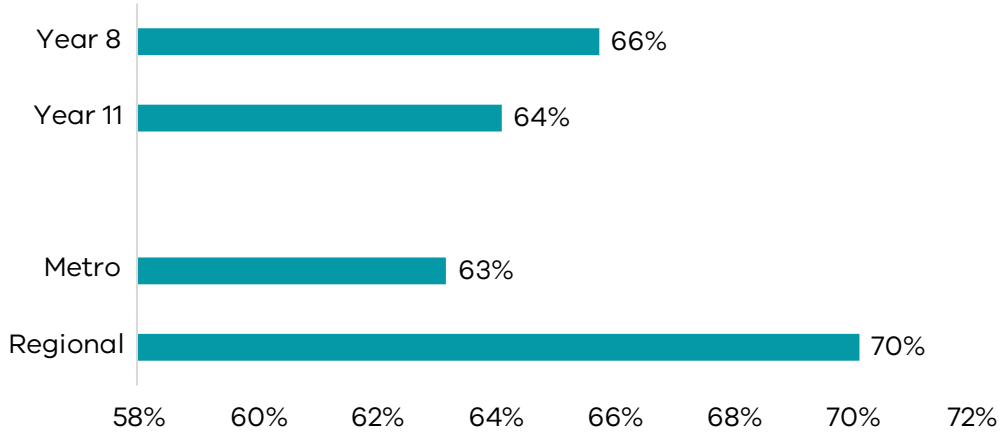
Source: VSHAWS, 2018, DET

5.3 Most adolescents have a trusted adult they can talk to

Adolescents who believe their parents, close senior family members or guardians are there for them are more likely to have better health, be happier and do better at school than their peers. This holds true for adolescents of all ages, genders, ethnicity, socioeconomic status, and one or two-parent family type (Schwartz, et al., 2012; Dornbusch, Erickson, Laird, & Wong, 2001). Further, having a trusted adult or someone to turn to for advice in adolescence makes young people more resilient, dramatically reducing the impact of adverse life experiences on wellbeing (Bellis, et al., 2017).

Approximately two-thirds of Year 8s (66 per cent) and Year 11s (64 per cent) in Victorian schools have a trusted adult in their lives, a rate which has been stable since 2014. Trusted adults are more present in the lives of adolescents in regional areas (70 per cent) than in metro areas (63 per cent).

Figure 45. Proportion of Victorian secondary students (Years 8 & 11) who have a trusted adult in their life, 2018



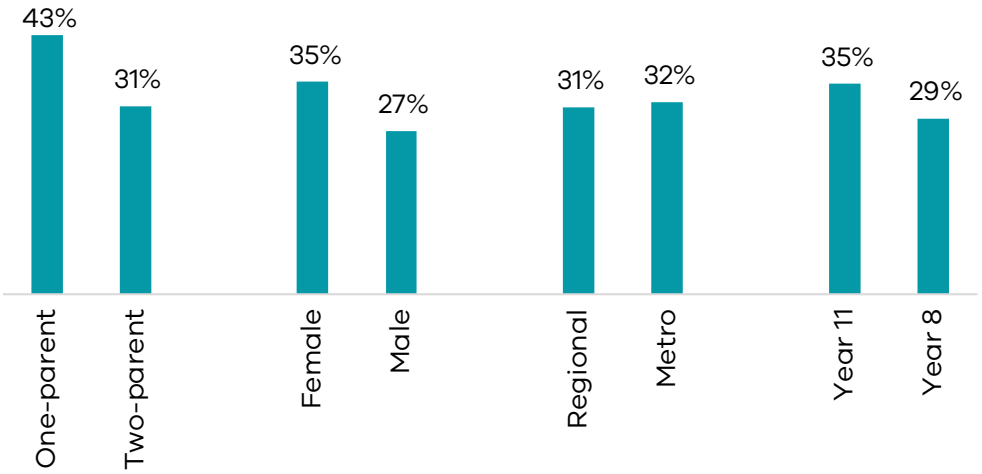
Source: VSHAWS, 2018, DET

5.4 Around one in three adolescents report serious family conflicts

Conflict with family members is a normal part of adolescent development and escalates as a young person's sense of self and desire for autonomy grows. Serious conflict is more likely in families which are not functioning well and where communication is difficult (Smetana, 2011).

According to VSHAWS 2018 responses, close to a third of students in Year 8 and Year 11 experienced serious family conflict, a rate stable since 2014. The conflicts were characterised by serious arguments between members, and frequent sharing of insults and yelling. Conflicts were more likely within the families of girls, older adolescents, and particularly one-parent families, where almost half experienced serious interpersonal clashes. Nearly half of adolescents (44 per cent) indicated that their families argued repeatedly about the same things.

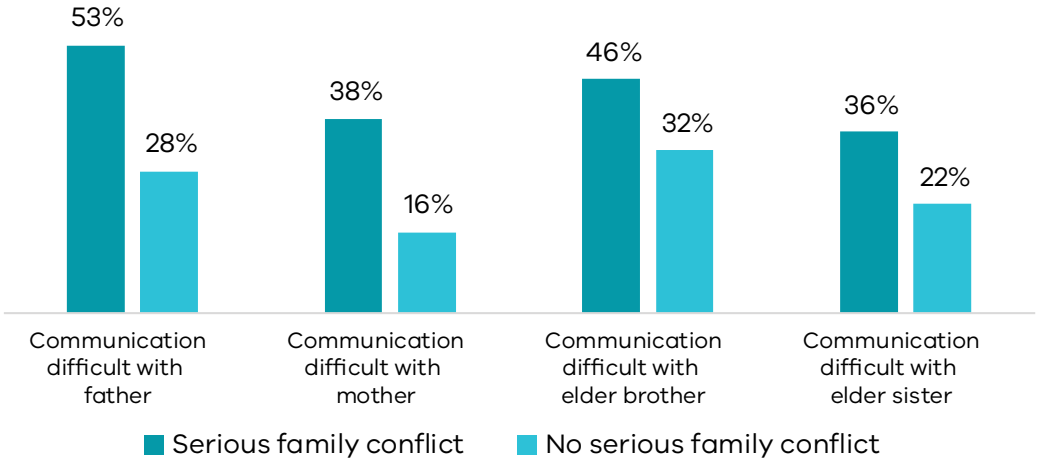
Figure 46. Serious family conflicts, by student characteristics, 2018



Source: VSHAWS, 2018, DET

Serious family conflict was found to be much more likely to occur in families where Victorian adolescents found it difficult or very difficult to communicate with other family members, particularly with male members. Communication difficulties with fathers or elder brothers were reported by around half the adolescents who also reported serious family conflicts.

Figure 47. Serious family conflicts by communication difficulties, 2018



Source: VSHAWS, 2018, DET

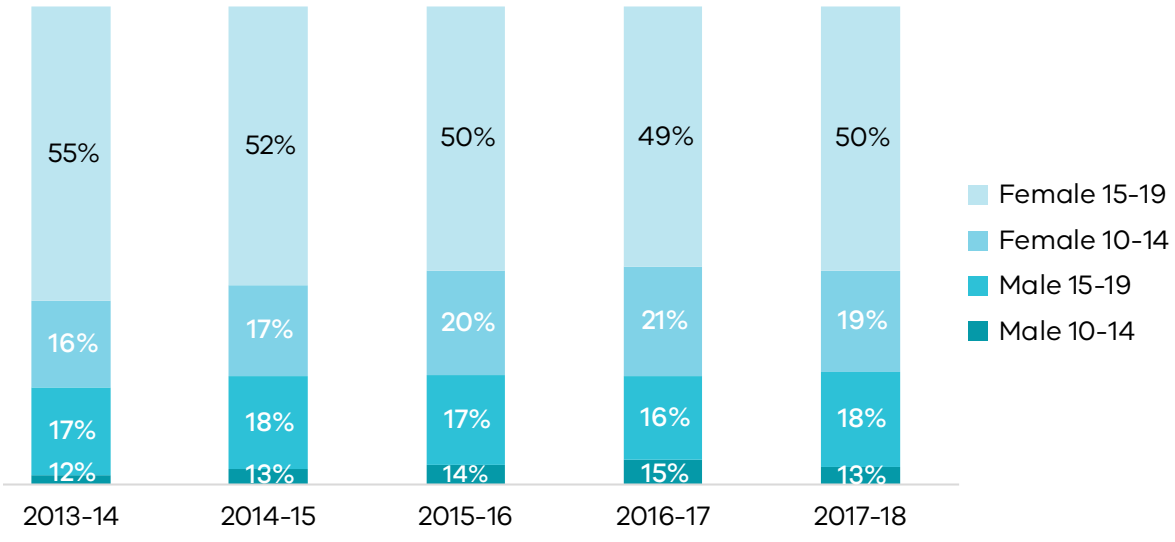
5.5 One in ten people affected by family violence are adolescents

When a family member is violent and abusive, this can do substantial damage to an adolescent's development. Severe short and long-term effects include behavioural and mental health problems, disrupted schooling, homelessness, poverty, and intergenerational family violence (State of Victoria, 2016). Adolescents experience family violence as direct victims or through witnessing it in the home. They can also experience violence in their own intimate relationships.

Data from the Crime Statistics Agency show that police responded to over 76,000 incidents of family violence reported by police in 2017–18, up from 65,000 in 2013–14. The majority of perpetrators were men, and the victims mainly their children and current or former female partners. Aboriginal Victorians remain over-represented in these figures. For instance, despite making up less than one per cent of the Victorian population, Aboriginal people accounted for 3.8 per cent (2,852) of affected family members in 2017-18.

One in ten (10 per cent of) affected family members recorded at a family violence incident in 2017-18 were adolescents aged 10 to 19 years, a rate stable since 2013–14. Girls were more than twice as likely as boys to be affected, accounting for 69 per cent of incidents involving an adolescent as the affected family member in 2017-18. The most exposed group were girls aged 15–19, who accounted for half of all incidents.

Figure 48. Gender and age of adolescents affected by family violence, Victoria, 2013-14 to 2017–18



Note: Numbers may add up to over 100 per cent, due to rounding.
Source: Historical crime data, Family incidents, 2018, (Crime Statistics Agency, Victoria, 2018a)

The Family Violence Multi-Agency Risk Assessment and Management Framework (the Framework) prescribes the approach to family violence risk assessment and risk management in Victoria.

The Framework includes an emphasis on risk assessment of children and young people including adolescents who are experiencing or using violence. It recognises that:

- family violence may have serious impacts on the current and future physical, spiritual, psychological, developmental and emotional safety and wellbeing of children, who are directly or indirectly exposed to its effects, and should be recognised as victim survivors in their own right
- family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults, because of their age and the possibility that they are also victim survivors of family violence.

To address this, the Framework includes new risk factors and assessment tools for recognising experience of family violence, including alongside use of violence by adolescents.

Under the Framework, children and young people should be heard throughout each part of the process, from screening, assessment, safety planning, needs assessment and risk management. Their voice can be heard by either engaging with the adult parent/carer victim survivor about a child's experience of risk or asking direct questions to a child or young person if it is safe, appropriate and reasonable to do so.

Using a trauma and developmental lens, the practice approach to family violence risk assessment and management of children and young people should:

- create an opportunity for a child or young person's personal agency and voice to be heard
- individually assess their experience of risk
- wherever possible, collaborate with a mother/carer to support strengthening/repairing the relationship and bond between the child and mother/carer
- reinforce that risk and its impacts are the responsibility of the perpetrator.

Ending Family Violence: Victoria's Plan for Change details how the Victorian Government will address the 227 recommendations made by Australia's first Royal Commission into Family Violence and how they will build a new system that protects families and punishes perpetrators.

The 10-year plan set out by the government intends to:

- establish a network of Support and Safety Hubs across Victoria, where victims can access supports to improve their safety
- recruit new specialist family violence workers to assist women and their children to access support services
- increase social housing and private rental assistance available to victims
- strengthen intervention orders, improve the bail process, and allow better information sharing so victims' rights to safety are prioritised over perpetrators' rights to privacy
- provide specialist training to Victorian Police officers and improve court security for victims
- initiate a Primary Prevention strategy, as well as a statewide behavioural change campaign to prevent family violence.

Further to this, the Aboriginal family violence 10-year plan, Strong Culture, Strong Peoples, Strong Families: Towards A Safer Future for Indigenous Families and Communities, has been operating since 2008 (Aboriginal Affairs Victoria, 2008). This plan sets out the community-led response developed by and for Aboriginal Victorians. Associated prevention efforts have focused on three core elements: education and awareness raising, self-esteem and resilience building, and cultural strengthening.

5.6 Most adolescents live in safe neighbourhoods

Risk to a young person's safety expands from familial to community contexts during adolescence (Firmin & Abbott, 2018). Neighbourhood safety is a substantial factor in shaping the likelihood that an adolescent will be a victim or become involved in anti-social or illegal activity.

Most Victorian adolescents live in safe neighbourhoods. According to VSHAWS, close to nine in 10 (87 per cent of) Victorian students in Years 8 and 11 felt safe in their local neighbourhood. These high levels have persisted since 2014.

Fights were seen in the neighbourhoods of around one in eight students (12 per cent), a rate which has also remained stable since 2014. Observation of fights was more likely in the communities of adolescents living in one-parent families (16 per cent) than those living in two-parent families (11 per cent), and in metropolitan areas (14 per cent) than in regional areas (nine per cent).

Close to one in five students (18 per cent) in 2018 reported seeing crime or drug selling in their neighbourhood—a moderate reduction from 2014 (21 per cent). Adolescents who were older, boys, and students from one-parent families were more likely to have witnessed these illegal acts.

These findings correspond with Victorian police data showing that older adolescents are more likely to be victims of crimes against the person than younger adolescents or adults (Crime Statistics Agency, Victoria, 2018b).[4] They further correspond with research showing that adolescents are nearly twice as likely to witness violence as children (Finkelhor, Turner, Ormrod, & Hamby, 2009), and that exposure to crime is higher for young males living in urban and disadvantaged neighbourhoods (Pusch & Holtfreter, 2017; Scott & Brown, 2018). Young people at this age are consequently at greater risk from neighbourhood safety factors than other age cohorts (Jennings, Piquero, & Reingle, 2012).

A proportion of young Victorians face the prospect of racism in addition to these challenges. According to the Speak Out Against Racism study (Priest, et al., 2019), about one-third of Year 5 to 9 students are likely at some point to have experienced racial discrimination by peers (31 per cent) or in the community (27 per cent), and one-tenth by teachers (12 per cent). Students from Aboriginal and Torres Strait Islander and Pacific Islander/Maori backgrounds, and from stigmatised ethnic backgrounds (e.g. South Asian, African, Middle Eastern) report the highest levels of racism. According to the National Aboriginal and Torres Strait Islander Social Survey (NATSISS; ABS 2017), more than one-third of Aboriginal people in Victoria between the ages of 15 and 24 experienced unfair treatment in the past 12 months because of their Aboriginal or Torres Strait Islander heritage.

5.7 A growing number of adolescents are seeking assistance from homelessness services

Having a place to call home is arguably the most important need in people's lives. According to the ABS (2018b), homelessness occurs when a person does not have accommodation alternatives and the dwelling they currently live in is inadequate, when they have no tenure beyond a short or un-extendable period, or where they have no space for social relations. A shortage of affordable housing, family breakdown, unemployment, mental illness and particularly family violence are the leading causes of homelessness (Australian Institute of Health and Welfare, 2017).

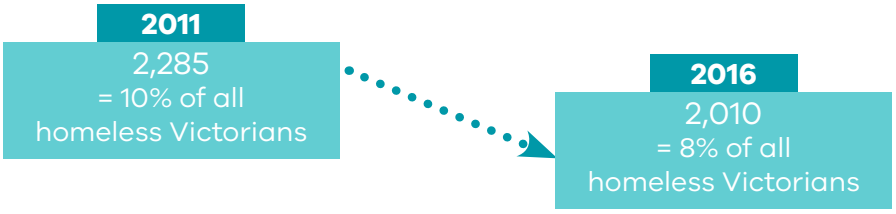
For adolescents, housing instability and homelessness can interrupt education in the critical secondary school years, since moving frequently also means changing schools frequently, missing out on schooling, and disconnecting from peer and teacher support networks. This can lead to an entrenched cycle of disadvantage, with children who experience homelessness more likely to live in poverty as adults due to missed educational opportunities (Warren & Edwards, 2017).

4. Crimes against the person include homicide and related offences, assault and related offences, sexual offences, abduction and related offences, robbery, blackmail and extortion, stalking, harassment and threatening behaviour, and dangerous and negligent acts endangering people.

The Australian Institute of Health and Welfare (AIHW) publishes statistics on the provision of specialist homelessness services to people who are either homeless or at risk of homelessness. In 2017-18, there were 10,840 Victorian adolescents (aged 10-17) who accessed these support services. This represented 9.3 per cent of all Victorian clients. From 2011-12 to 2017-18, the number of Victorian adolescents accessing homelessness services increased by 58 per cent. This was driven by an 83 per cent increase in those aged 10-14 and a 36 per cent increase in those aged 15-17 (AIHW, 2019f).

While specialist homelessness service usage has increased substantially in recent years, ABS census data suggests that the number of Victorian homeless adolescents has remained the same or may have decreased.

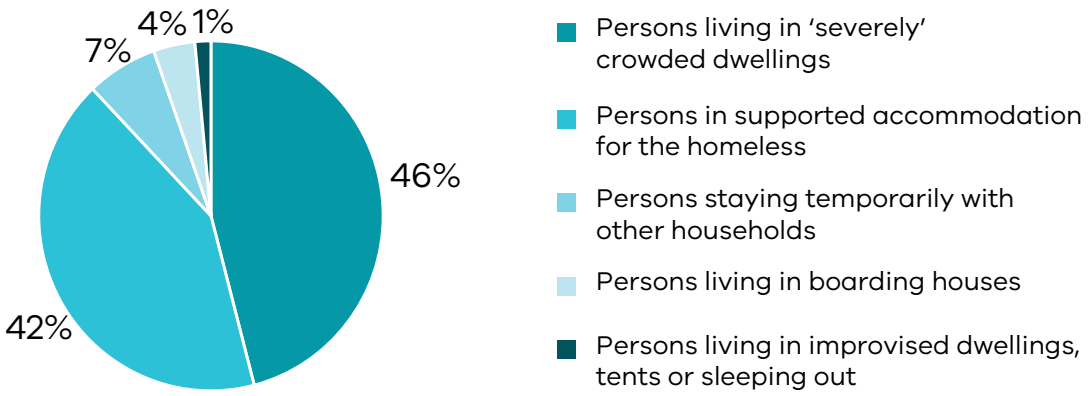
Figure 49. Adolescents (aged 12 to 18) reported as being homeless, Victoria, 2011 and 2016



Source: Estimating homelessness, 2011 and 2016, (ABS, 2018b)

In 2011, 2,285 12 to 18 year olds were estimated to be homeless compared to 2,010 in 2016, though the ABS notes difficulties reliably establishing these estimates. The main reduction appears to have occurred in the number of adolescents accessing supported accommodation—the most commonly accessed service. Reductions also appear to have occurred in the number of adolescents sheltering in boarding houses, staying temporarily in other households and living in improvised dwellings. The only increase was seen in adolescents sheltering in severely crowded dwellings, which is the second-most common living circumstance for homeless young people.

Figure 50. Proportion of homeless adolescents (aged 12-18) by type of dwelling, Victoria, 2016



Source: Estimating homelessness, 2016, (ABS, 2018b)

Victoria's Homelessness and Rough Sleeping Action Plan

The Action Plan provides a framework for reducing the incidence and impact of rough sleeping in Victoria within the context of four key themes:

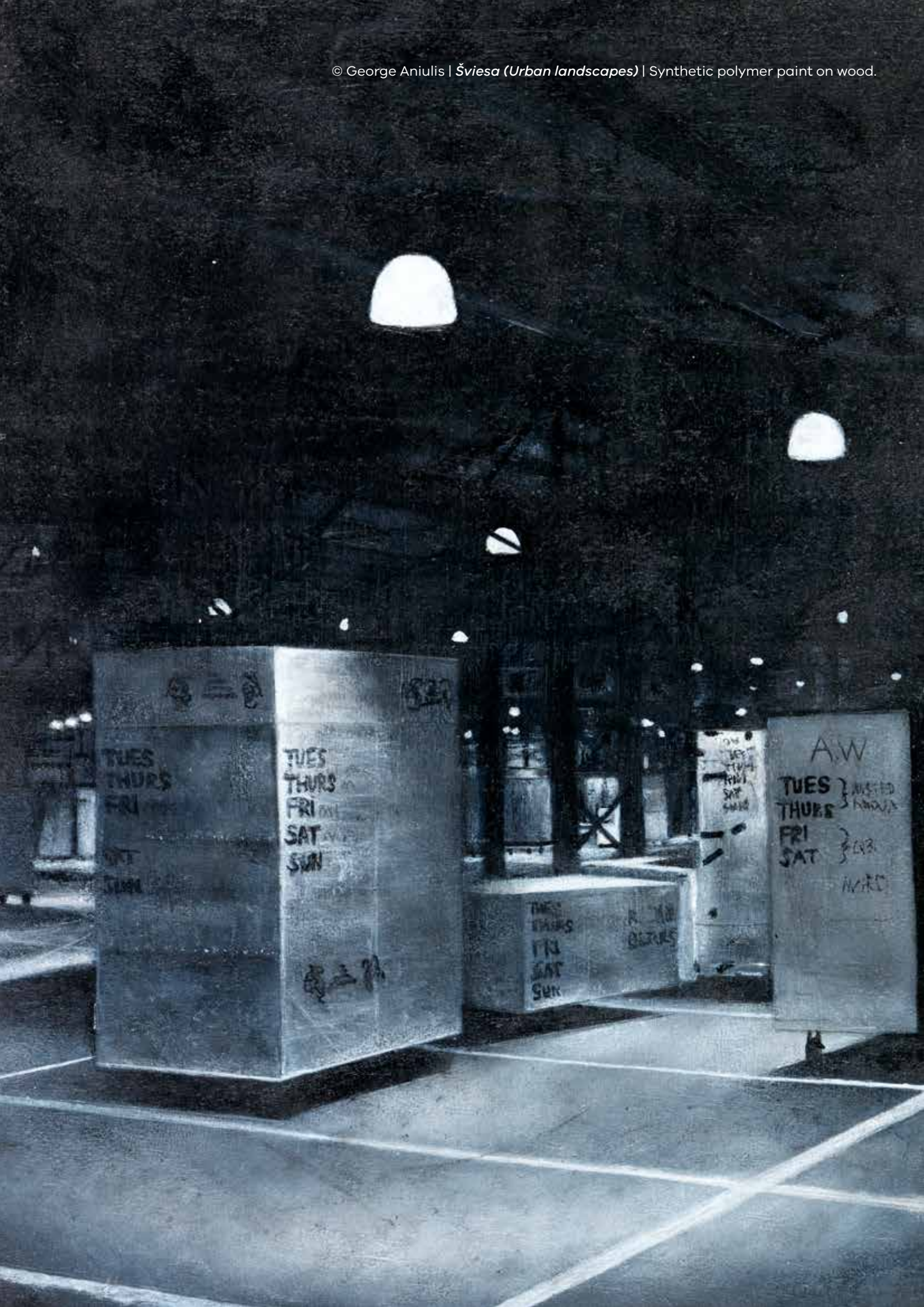
- intervening early to prevent homelessness
- providing stable accommodation as quickly as possible
- support to maintain stable accommodation
- an effective and responsive homelessness and support service system.

As part of the Action Plan, the government is establishing new services in the areas of highest incidence of rough sleeping throughout the state—three outer suburban and five regional/rural locations. These are Dandenong, Frankston, Maroondah, Geelong, Swan Hill, Warrnambool, Bacchus Marsh and Bendigo.

Homes for Victorians plan

The Homes for Victorians plan will increase and renew public housing and address homelessness. The plan includes:

- the Social Housing Growth Fund to increase the supply of social and affordable housing
- financial support for the social housing sector
- increased housing support for survivors of family violence
- extra social housing dwellings
- assistance to move homeless Victorians into stable housing
- a public housing renewal program.



© George Aniulis | ***Šviesa (Urban landscapes)*** | Synthetic polymer paint on wood.

5.8 The proportion of adolescents living in care is small but growing

Adolescents who are unable to live with their family because of significant family difficulties, or as a result of abuse or neglect and enter statutory care, are looked after in temporary, medium or long-term living arrangements through care services (previously referred to as out-of-home care). Care services are viewed as a last resort and the preference is for young people to be reunited with their birth parents if possible. This means that those entering care are likely to have experienced chronic maltreatment and family disruption prior to entering care (Community Affairs Reference Committee, 2015).

Studies associate the forms of maltreatment common to those precipitating placement in care with increased risk of poor academic achievement, substance use, teen pregnancy, criminogenic behaviour, and adult criminality (Hildyard & Wolfe, 2002; Kelley, Thornberry, & Smith, 1997; Widom, 1992).

The Out-of-Home Care Education Commitment

The Out-of-Home Care Education Commitment is a partnering agreement between key stakeholders involved in supporting the education of students in care services, including the DET, DHHS and the Catholic Education Commission of Victoria. The agreement aims to improve education and health and wellbeing outcomes for children and adolescents in care services. It also reflects action aimed at breaking the link between disadvantage and educational outcomes by supporting more students to stay in school and reach their educational potential.

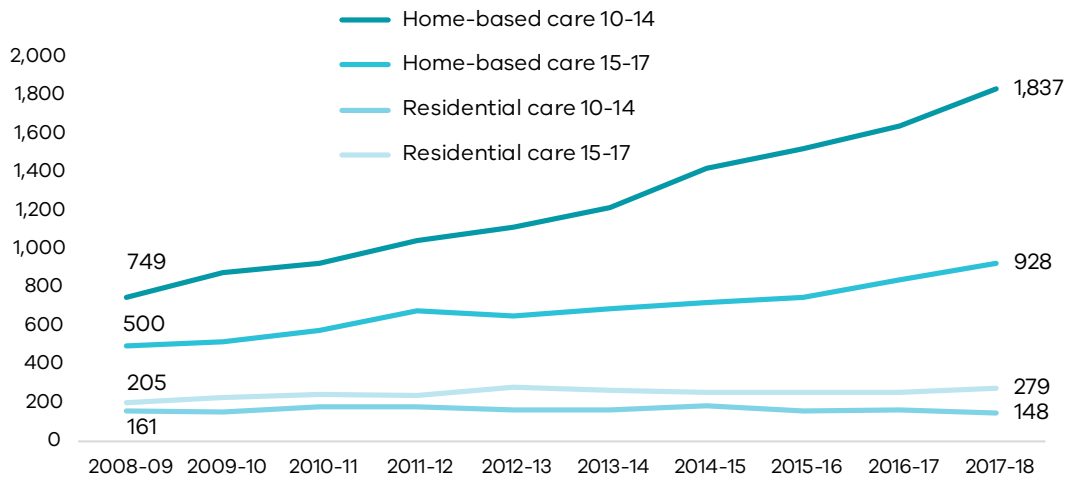
For children who cannot reside safely with their parents, care services can provide a turning point by providing stable and secure care, new opportunities and extra supports to help them recover and thrive. A national survey of children in care services in 2018 found that 92 per cent of participants felt safe and settled in their placement, while 97 per cent reported that they had a significant adult in their lives that cared about them (AIHW, 2019b).

In Victoria, the number of adolescents (aged 10-17) in care services nearly doubled from 1,615 at 30 June 2009 to 3,192 at 30 June 2018 (a rate increase from 2.9 per 1,000 10-17 year olds to 5.4 over the same period) (DHHS, internal analysis).

Young people who identify as Aboriginal continue to be vastly over-represented among adolescents in care. The number of Aboriginal adolescents in care almost doubled from 412 at 30 June 2014 to 769 at 30 June 2018 (a rate increase from 46.5 per 1,000 Aboriginal 10-17 year olds to 84.9 over the same period) (DHHS, Internal analysis).

Most Victorian adolescents who enter care are placed in home-based care settings which include kinship care and foster care, not in residential care facilities. Older adolescents (aged 15–17) are more likely than younger ones (aged 10–14) to live in residential care facilities (DHHS internal analysis). The proportions of both age groups placed in home-based care have increased substantially over the past 10 years, reflecting an emphasis on placing young people in a home-based setting in recognition of the benefits over residential care (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005). Residential care is used by a small number of young people, including those with complex needs.

Figure 51. Number of Victorian adolescents in care, by age, setting and year, 2008-09 to 2017-18



Source: Adolescents in care data, 2008-09—2017-18, DHHS

While not a large sample size, a 2016 report from Anglicare Victoria drawing on the Looking After Children (LAC) records of 254 children revealed that a higher proportion of children and young people in care exhibit significant levels of emotional and behavioural difficulties (42 per cent) than their peers in the general population (10 per cent). This is further reflected in the fact that over 50 per cent of children and young people in care have accessed mental health services and/or professionals in the past 12 months, compared to only 2.9 per cent of children and young people in Australia (Kandasamy, McClellan, & Corrales, 2016).

An earlier 2015 Anglicare Victoria report, drawing on LAC assessments of 353 children, reported that outcomes for young people in residential care have been found to be poorer than those of their peers in the broader care services system (Corrales, 2015).

Rates of risk-taking behaviour among young people in residential care have also been found to be higher compared to those of their peers in the broader care service system. Children and young people in residential care are:

- 8.3 times more likely to engage in behaviour that places them at risk of serious harm
- 5.1 times more likely to have smoked cigarettes in the previous 12 months
- 5.8 times more likely to have tried alcohol in the previous 12 months (Kandasamy, McClellan, & Corrales, 2016).

Support for young people in care services

The Roadmap For Reform sets the direction for transforming the child and family system in Victoria. Examples of programs under the Roadmap that have been designed to improve support for young people in care services include the LOOKOUT Program and the new Kinship care model.

Through the LOOKOUT Program, the Victorian Government funds LOOKOUT Education Support Centres, which are designed to boost the capacity of schools, carers, child protection practitioners and care services to improve educational outcomes for children and young people living in care.

LOOKOUT centres assist children and young people through professional development with staff and carers, advice to schools to support individual students, challenging enrolment decisions that are not in a student's best interests, and facilitating opportunities for students to participate fully in school life (including camps, excursions and extracurricular activities). LOOKOUT centres focus on professional development, advocacy, and expert advice and support, to build the capability of professionals who work with children and young people in care services, making sure that education is at the centre of decisions made about their care, placement and future.

Also part of the Roadmap, investment has been made in a new care service kinship care model. The model aims to identify kinship carers earlier through new kinship networks; strengthen community connections for Aboriginal children in care with family reunification supports, culture and community; assist carers and young people through increased, ongoing and flexible support and increase case management of kinship placements by community service organisations. Additional supports to assess the needs of carers, children and young people and facilitate care provision are also included.

The recently released Sentencing Advisory Council (2019) report, Crossover Kids, further shows that children in Victorian care services, particularly residential care, are at greater risk of anti-social behaviour and criminal offending. Of 5,063 children who offended between the ages of 10 and 17 and received a sentence or diversion in the Victorian Children's Court in 2016-17, 15 per cent (767 children) had been in care. Of these, most (68 per cent) had spent time in residential care. This amounted to 10 per cent of the study group. While this cohort represents a very small portion of children and young people in care services, it represents a significant proportion of those receiving a sentence or diversion.

These outcomes and behaviours may be a consequence of being placed in care, or a consequence of the reasons why they were admitted to care, or a combination of both. Approaches to managing young people's behaviour in care service settings, particularly residential care may also contribute to the over-representation of these adolescents in the youth justice system. For example, police may be used to locate and return children who have run away from care or to respond to problematic and trauma-influenced behaviours in circumstances that might not involve police if the child was living in their family home.

Alcohol and other drug capacity building project

Drug Policy and Services fund the Youth Support and Advocacy Service to provide a range of alcohol and other drug capacity building initiatives and resources to care service providers. These include:

- tailored alcohol and other drug information, resources, tools, secondary consultation, care planning and navigation advice via phone, live webchat and an email service delivered predominantly by the Youth Drug and Alcohol Advice service
- development of additional resources to support youth alcohol and other drug services providers and workers to navigate the complex presentations of young people in care and to provide evidence-based secondary consultation and training for carers and care service staff
- workforce development and coordination of a community of practice to address alcohol and other drug issues in care settings
- capacity building of carers to build resilience and reduce the risk of alcohol and other drug use for young people in care
- responsive training and case consultation for the care sector and promotion of cross-sector collaboration.

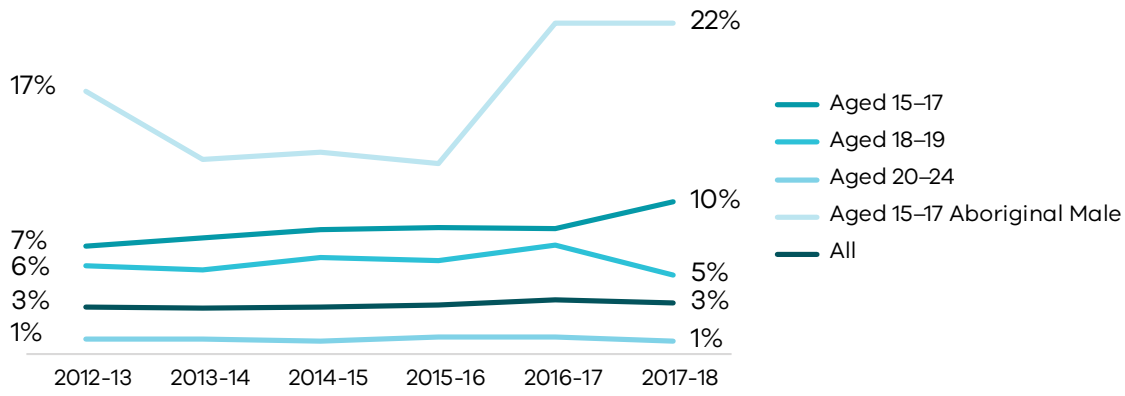
5.9 A growing proportion of adolescents who access homelessness services have recently left care services

Young people are at high risk of becoming homeless after leaving care. Approximately one-third of Victorian children leaving care services access homelessness services in the years that follow their exit (DET, 2018c). The majority of service clients are not homeless on presentation but are at risk of losing existing accommodation. Services range from assistance with rent arrears to provision of emergency accommodation (AIHW, 2019). Research suggests that the risks are heightened by their limited social and financial resources, level of independent living skills, and the high rates of mental health issues and substance use among this group (Dworsky, Napolitano, & Courtney, 2013).

Many young people in care and their care workers are aware of this risk. The Beyond 18 Longitudinal Study on Leaving Care found that securing post-care accommodation was the overwhelming concern for those in care and their case workers when planning for the transition (Muir & Hand, 2018).

Among adolescents who access homelessness services, those aged 15–17, particularly Aboriginal males, are most likely to be transitioning from care. Specialist Homelessness Services data from 2017–18 shows that of all 15–17 year olds who presented on their own for assistance, approximately 10 per cent were transitioning from care services or were receiving assistance from the Leaving Care Housing and Support program—up from seven per cent in 2012-13. Among young Aboriginal males the proportion was 22 per cent—up from 17 per cent in 2012-13. Those aged 20–24 who accessed homelessness services were the least likely to be transitioning from care, with less than one per cent in that situation.

Figure 52. Proportion of young people accessing homelessness services who are transitioning from care services, of all clients with that age/sex/Aboriginal status, Victoria, 2012–13 to 2017–18



Notes:

1. The figure reports the proportion of clients presenting alone to specialist homelessness agencies stating they were transitioning from foster care/child safety residential placements, or were assisted by the Leaving Care Housing and Support program, of all clients with that age/sex/Aboriginal status.
2. Specialist homelessness services include homelessness entry points, crisis accommodation, case management agencies, and family violence services such as refuges and case management agencies. These agencies assist people who are homeless or at risk of homelessness.
3. The Leaving Care Housing and Support program is provided by specialist homelessness agencies, and supports young people preparing to leave care, and who are identified as being at risk of homelessness, to transition to independence.
4. Clients who stated they were transitioning from foster care/child safety residential placements include young people from foster care, kinship care, or residential care. This may or may not include young people transitioning from permanent care arrangements.
5. From comparisons with internal DHHS data linkage projects, these numbers are an undercount of all young people transitioning from care services who sought assistance from homelessness services.

Source: Adolescents in care data, 2012-13—2017-18, DHHS

COMPASS

The Victorian Government has partnered with Anglicare, Vincentcare, and private investors to deliver COMPASS, a five year program providing stable housing, individualised case management, and specialist support for up to 200 young people leaving care services. The program aims to help this cohort make a successful transition to adult life, and reduce the risks of homelessness, poor health outcomes, and involvement with the criminal justice system.

COMPASS was launched in Melbourne's western suburbs in October 2018 with expansion to Northern Metropolitan Melbourne and Bendigo planned for April 2019. The program is jointly funded via an innovative Social Impact Bond scheme, whereby investors receive returns based on the program's performance against its agreed outcomes measures, which if achieved will yield economic returns for government.

Home Stretch

Commencing in 2019, Home Stretch will support approximately 250 young people in care over the next five years to make a more gradual and supported transition to independent living.

Through the Home Stretch program:

- young people and their kinship and foster carers will have the option of the young person remaining with their carer up to the age of 21 years, supported by an allowance
- young people leaving residential care will be eligible for an allowance to support housing costs up to 21 years of age.

In addition to an accommodation allowance, the program includes case work support and brokerage provided by a key worker, to facilitate the young person's access to education, employment and health and wellbeing supports. The Home Stretch program is based on international and Australian evidence that extending the age of support for young people in care contributes to improved life chances and outcomes.

5.10 Fewer adolescents are under community supervision for involvement or alleged involvement in crime, but the number in detention is rising

All children and adolescents experience a range of challenges as they grow and develop. Factors such as family dysfunction, abuse, neglect, exposure to violence, low socioeconomic conditions, or negative peer influences are associated with antisocial behaviour and criminal offending. The majority of children and adolescents, however, do not offend, and many cease offending as they mature (Moffitt, 2018).

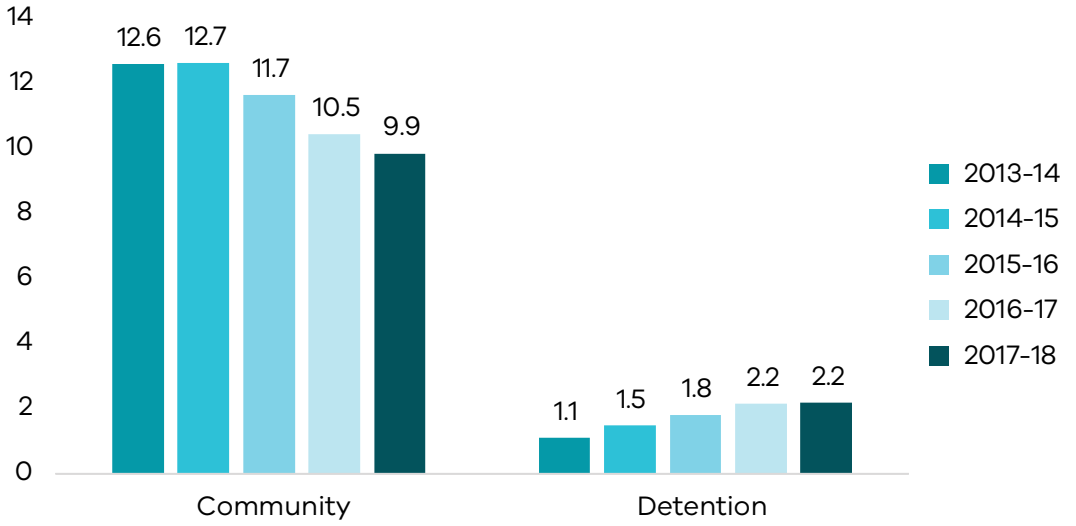
Young people generally first make contact with the youth justice system when police investigate them for allegedly committing a crime. Legal action taken by police may include court actions (the laying of charges to be answered in court) and non-court actions (such as cautions, conferencing, counselling, or referral for support). A court may decide to dismiss a charge or divert the young person from further involvement in the system (for example, utilising the Children's Court Youth Diversion program or by referral to other services). If the matter proceeds and the charge is proven, the court may hand down various orders, either supervised or unsupervised.

A major feature of the youth justice system is the supervision of young people on legal orders. They may be supervised in the community or in secure detention facilities. Most young people under youth justice supervision are supervised in the community rather than in detention. This in part reflects a key principle of youth justice in Victoria and across Australia (AIHW, 2018), and the United Nations Convention on the Rights of the Child (1989). Detention of children is considered a last resort and should only be used for the shortest appropriate period of time.

The number of young people in Victoria committing crimes has been declining over the past five years. However, a small number of young offenders are responsible for an increasingly high number of recorded offences (Children's Court of Victoria, 2017). The most recent Youth Justice statistics from AIHW (2019c) show that in Victoria, on an average day in 2017-18, 718 young people aged 10 to 17 (12 per 10,000) were under youth justice supervision, down from 758 in 2013-14 (or 14 per 10,000). In community-based supervision, the rate fell from 13 to 10 per 10,000 young people. In detention, however, the rate rose from one to two per 10,000 young people.

© Harry McEvoy | ***Exploration of Moral Relativism (studio installation)*** | Oil, synthetic polymer paint, enamel paint and oil stick on canvas.

Figure 53. Rate (per 10,000 population) of Victorian adolescents aged 10-17 under supervision on an average day, by supervision type, 2013-14 to 2017-18



Source: (AIHW, 2019d)

Of those under youth justice supervision in 2018, 86 per cent were male and 81 per cent were supervised in the community, with the remainder in detention. More than a third (38 per cent) of those in detention were unsentenced, either awaiting the outcome of their court matter or sentencing. The rest were serving a sentence.

The level of Aboriginal over-representation increased slightly over the period from 2013-14 to 2017-18, from 12 times the non-Aboriginal rate in 2013-14, to 13 times in 2017-18. Aboriginal young people made up two per cent of those aged 10 to 17 in the general population, but 17 per cent of those of the same age under supervision. Aboriginal over-representation was slightly lower in detention (12 times the non-Aboriginal rate) in 2017-18.

Prominent among the reasons for the over-representation of Aboriginal young people in care and the criminal justice system is the broader social and economic disadvantage faced by many Aboriginal people and unequal position in society—socially, economically and culturally. The effects of colonial dispossession of land, disruption of culture and kinship systems, removal of children, racism, social exclusion, institutionalisation and entrenchment of poverty are intergenerational and continue to perpetuate their highly vulnerable position (Royal Commission into Aboriginal Deaths in Custody, 2005; DHHS, 2019a).

Aboriginal Justice Indicators for age group 10 to 17 (Crime Statistics Agency Victoria, 2019)	
Offending behaviour	Percentage change from 2014 to 2018
Alleged Aboriginal offenders recorded for at least one offence in a given year (based on rate per 1,000 population)	-32.7%
Alleged Aboriginal offenders recorded for a violent crime in a given year (based on rate per 1,000 population)	-32.0%
Alleged Aboriginal offenders recorded for a recidivist incident within 12 months (based on rate per 1,000 population)	-1.8%
Alleged Aboriginal offenders recorded for a breach of bail in a given year (based on rate per 1,000 population)	-77.2%

While adolescents from migrant and refugee backgrounds are often perceived to be associated with crime, this is partly informed by the media's negative portrayal of these cohorts, when in reality they only represent a small portion of the crime committed by young people in Victoria (Centre for Multicultural Youth, 2014).

Education Justice Initiative

The Education Justice Initiative (EJI) is an information, referral and advocacy service delivered by DET and supported by the Children's Court of Victoria. EJI supports young people of compulsory school age between the ages of 10-17 when they come into the criminal division of the Children's Court. Through outreach at court or through a referral, EJI connect/reconnects young people involved in the criminal division of the Children's Court into an education or training pathway. A priority for EJI are young people who are making their first appearance at court and may not have a Youth Justice Case Manager or Child Protection Case Worker.

Burra Lotjpa Dunguludja – Victorian Aboriginal Justice Agreement

Through the Victorian Aboriginal Justice Agreement partnership, the Aboriginal community and Victorian Government are committed to working together to improve Aboriginal justice outcomes, family and community safety, and to reduce over-representation in the Victorian criminal justice system primarily through reducing repeated contact with the system.

Aboriginal Youth Justice

Following the release of the Armytage and Ogloff Youth Justice Review (2017), $1.32 million was committed to addressing the over-representation of Aboriginal children and young people in the Youth Justice System. This has resulted in:

- establishment of a dedicated Aboriginal Youth Justice unit
- development of an Aboriginal Youth Justice Strategy in partnership with the Aboriginal Justice Forum and Koori Caucus (currently underway)
- a Koori Youth Justice Taskforce in partnership with the Commission for Children and Young People
- the review and redevelopment of Aboriginal Cultural Support Plans
- increase in the numbers of Aboriginal Liaison Officers in Youth Justice Custodial Precincts
- expansion of the Aboriginal Community Based Youth Justice Program.

The Aboriginal Community Based Program is statewide, and delivered predominately by Aboriginal Community Controlled Organisations (ACCOs). The program provides culturally based and culturally safe support to Aboriginal young people at risk of, or involved with Youth Justice to strengthen connection to culture and community and reduce offending behaviour.

Diverting and intervening early with Victorian youth in the justice system

Youth offending programs

New youth offending behaviour programs were introduced in February 2019 for young people involved with youth justice that directly address their offending behaviour, including programs targeting violent offending, sexual offending, substance use-related and motor-vehicle related offending. The program model ensures that evidence-based interventions match a young person's risk of reoffending, so those with the highest reoffending risk receive the most intensive interventions.

Youth Support Service

The Youth Support Service and Aboriginal Youth Support Service are voluntary, community based, early-intervention services for young people aged 10–17 years residing in metropolitan Melbourne and six regional centres including Latrobe Valley, Shepparton, Mildura, Bendigo, Ballarat and Geelong. These services work with the young person and their family to facilitate access to education, employment and training, drug and alcohol treatment, health and mental health services. Young people may be referred by police following an interaction, by the Children's Court Youth Diversion service, or by parents or schools. The services aim to intervene before criminal involvement escalates and divert young people away from the criminal justice system.

The Department of Justice and Community Safety (DJCS) funds community sector organisations to deliver the Youth Support Service and Aboriginal Controlled Community Organisations (ACCOs) to deliver the Aboriginal Youth Support Service (total of 1165 targets).

Youth Justice Group Conferencing

Youth Justice Group Conferencing (YJGC) is a legislated statewide response available to the Children's Court prior to sentencing that brings the young person found guilty of offences together with significant others, including the victim or victim representative. Based on restorative justice principles, YJGC aims to increase the young person's understanding of the impact of their offending on the victim, their family and/or significant others and the community. Youth Justice assesses suitability for a YJGC, while DJCS funds community sector organisations to prepare young people and other participants for the process, convene the conference and report back to the court.

If a young person participates in the conference and agrees to an outcome plan that sets out what they will do to make amends for the harm caused, the court is required to impose a lesser sentence. In 2018, 188 YJGC sessions were completed.

Children's Court Youth Diversion service

The Children's Court Youth Diversion (CCYD) service supports the operation of diversion in the Criminal Division of the Children's Court, as legislated in the *Children Youth and Families Act 2005*. Diversion targets young people who have limited or no offending history providing a pre-plea option for young people appearing before the Children's Court to:

- accept responsibility for their offending instead of entering a plea
- undertake an intervention that assists them to understand the harm caused by their behaviour and reduces their risk of further offending
- have the charge/s discharged, upon successful completion of the diversion plan
- restrict the release of criminal history information for these offences.

Diversion coordinators conduct assessments following prosecution consent and a magistrate's referral; provide advice to the court on the young person's suitability for diversion; develop a plan tailored to the young person's circumstances; engage the young person to foster completion of the diversion plan; and report back to the court on a young person's compliance with the court's direction.

The diversion plan may contain a range of activities for the child or young person. The diversion plan is designed to build upon or strengthen the individual's protective factors, promote reparation of harm caused by the offence/s and be proportionate to the offence/s before the court. The approach used by CCYD is underpinned by research that shows that over-intervening with low risk offenders can increase their risk of reoffending.

CCYD commenced in January 2017 and is delivered statewide by DJCS diversion coordinators who attend all scheduled Children's Court sitting days. In 2018, its second year of operation, 1,408 diversions were overseen by CCYD coordinators. When pending matters were excluded, 94 per cent of diversions were successfully completed.

© Maireid Carrigg | silk dupion, cotton stretch drill, tulle netting, wooltrap.

6 Conclusion

CONCLUSION

This year's State of Victoria's Children Report shows that the current generation of adolescents have much to be positive about. Most believe themselves to be in good physical health, and when they are not, find health services to be readily accessible. Rates of smoking, drinking and drug use have declined to record lows, with implications for the future physical and mental health of these young people.

Secondary school is a place where many are doing well, with NAPLAN performance and Year 12 attainment rates improving, setting up this generation for success in life. Aboriginal students are showing improvements in school achievement, and record numbers are finishing school and going on to higher education.

Most Victorian adolescents report good relationships with their peers and live in healthy, well-functioning families. Most have adults in their lives who they can trust and confide in as well. They reside in safe community environments in which the number of young people committing crimes continues to fall. These relationships and environments are providing them with supports and connections through which to explore the world and develop their emerging adult identities in positive directions.

The report also illustrates that this generation is not without significant challenges. One in four are overweight and most do not meet recommended guidelines for diet, exercise or screen time. These young people are at increased risk for a range of physical and mental health problems, both now and into adulthood.

Although most adolescents report good mental health, many do not find mental health services to be accessible when needed. This is of particular concern, because many more adolescents are seeking mental health support than in the past. More students are reporting psychological distress, and fewer feel resilient or satisfied with the quality of their lives. Self-harm presentations to emergency departments are the highest on record, with rates doubling over the past decade. Older adolescents, females, and those living outside of Melbourne stand out among those affected.

School engagement continues to be an issue in the middle years, particularly among students from disadvantaged backgrounds. Absenteeism peaks in the middle years of adolescence while positive attitudes to school decline. Disengagement poses risks for early school leaving, which in turn has life-long ramifications for socioeconomic prosperity and quality of life.

Serious family conflict persists as an issue in many adolescent's homes and when conflict becomes violent, girls are commonly the victims. Aboriginal Victorians remain over-represented in figures of reported family violence and there are increasing rates of children in contact with child protection.

As shown throughout the report, government policies and programs seek to address many of the issues highlighted, to improve the health and wellbeing of adolescent Victorians, and to reduce inequalities. The report provides a guide and evidence base with which to track the broad impacts of these policies and points to groups and issues where greater attention would be of benefit.

© Lily Callanan | ***What was*** | Cotton, mesh, taffeta, cotton (thread), wool (thread), satin (thread), painted wood (beads), glass (beads), sequins, buttons, mirror.

7

Acronyms, References & List of figures

ACRONYMS

ABS	Australian Bureau of Statistics
ACARA	Australian Curriculum, Assessment and Reporting Authority
ACCO	Aboriginal Community Controlled Organisations
AIHW	Australian Institute of Health and Welfare
AtoSS	Attitudes to School Survey
BMI	Body Mass Index
CAMHS	Childhood and Adolescent Mental Health Services
CCYD	Children's Court Youth Diversion Service
DET	Department of Education and Training
DHHS	Department of Health and Human Services
DJCS	Department of Justice and Community Safety
EJI	Education Justice Initiative
HED	Heavy Episodic Drinking
HPV	Human Papilloma Virus
LAC	Looking After Children record (Anglicare Victoria)
LGBTIQ	Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, and Queer
LSAC	Longitudinal Study of Australian Children
MARAM	Family Violence Multi-Agency Risk Assessment and Management Framework
MDD	Major Depressive Disorder
NAPLAN	National Assessment Program of Literacy and Numeracy
NCCD	Nationally Consistent Collection of Data on School Students with Disability
OECD	Organisation for Economic Co-operation and Development
SOVC	State of Victoria's Children
SSNP	Secondary School Nursing Program
STEM	Science, Technology, Engineering, and Mathematics
STI	Sexually transmissible infection
TAFE	Technical and Further Education
VAED	Victorian Admitted Episodes Dataset
VCAA	Victorian Curriculum and Assessment Authority
VCAL	Victorian Certificate of Applied Learning
VCE	Victorian Certificate of Education
VEMD	Victorian Emergency Minimum Dataset
VET	Vocational Education and Training
VSHAWS	Victorian Student Health and Wellbeing Survey
YJGC	Youth Justice Group Conferencing

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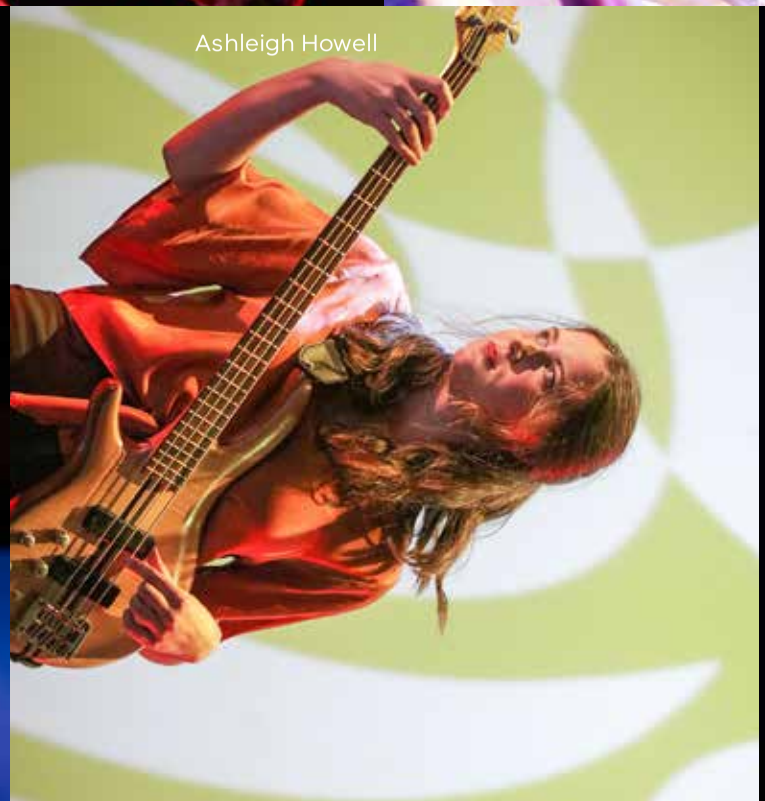
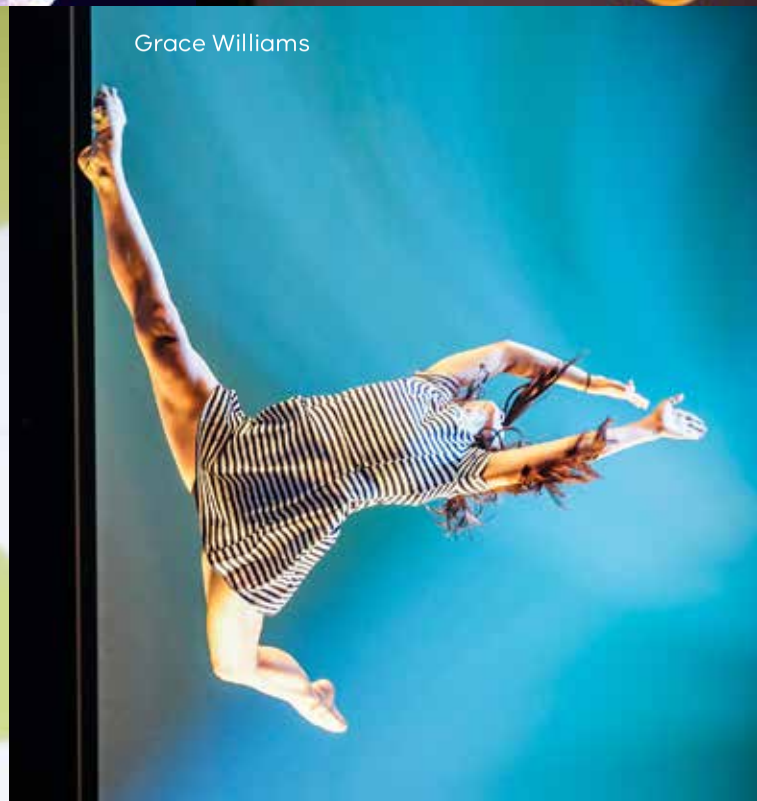

Ashleigh Howell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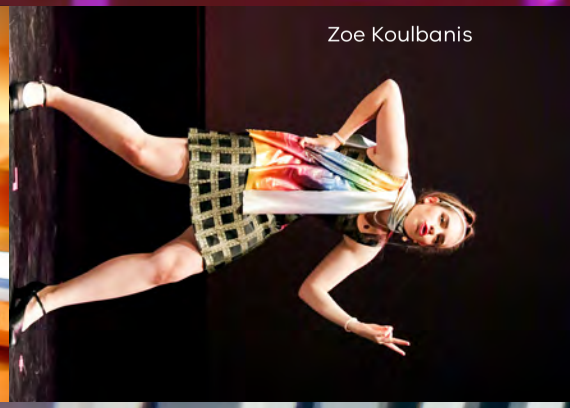
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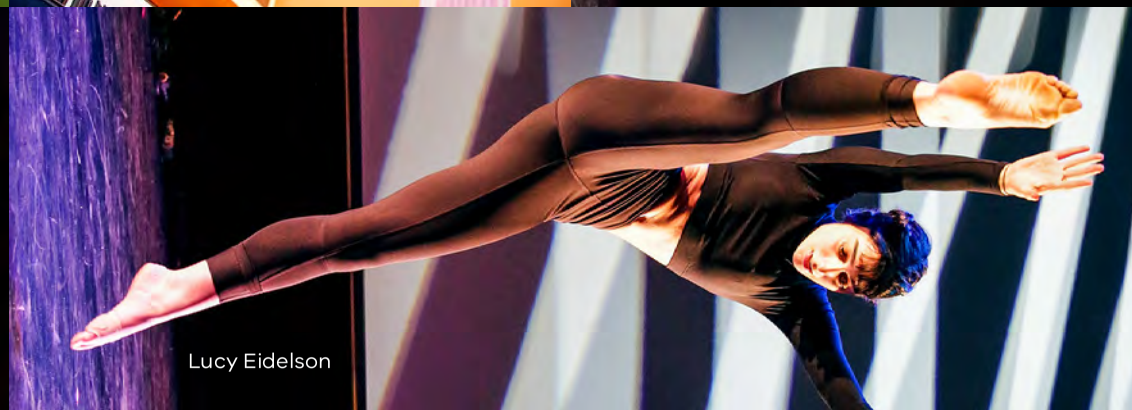
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