The state of Victoria's young people

A report on how Victorian young people aged 12-24 are faring

Victoria
The Place To Be

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Ministerial foreword

The Victorian Government is committed to using evidence to drive planning and programs with and for young people, and to bringing departments and agencies together to focus on enhancing and ensuring the health, safety, wellbeing and learning of young Victorians. These commitments are reflected in our adoption of a whole-of-government outcomes framework for monitoring and measuring young people's wellbeing, and in the broad outcomes for young people in the Future Directions youth policy.

These commitments are reflected also in the production of this report, *The state of Victoria's young people*, by the Department of Education and Early Childhood Development and the Department of Planning and Community Development. By systematically evaluating how young people (aged 12–24) are faring against the government outcomes framework and the Future Directions policy goals, the report highlights the areas where additional action is required to improve the current and future wellbeing of young Victorians.

The state of Victoria's young people offers a high-level and comprehensive overview of the wellbeing of young Victorians focusing on the broad domains of health, economic wellbeing, learning, safety and community engagement. The focus is on outcomes for all young Victorians and for young people from four priority populations: Indigenous young people, young people with a disability, young people from culturally and linguistically diverse backgrounds (CALD) and young people affected by chronic disadvantage.

In general, the report tells a very positive story, with young Victorians faring well against many of the measures in all the domains. The report finds that significant progress is being made towards the Future Directions policy goals of being safe and promoting safe behaviour, managing healthy, active and diverse lives, contributing and making a difference, having resources and making connections and achieving potential through informed life choices. This news is welcome and encouraging for all those who are committed to promoting and ensuring the wellbeing of young Victorians.

On the other hand, the report alerts us to some areas of concern, such as obesity and overweight and the mental health issues facing young people. The report shows that not all Victorians are faring as well as broad statewide data suggest and that, despite some improvements, there are marked inequalities in outcomes for Indigenous young people. For some groups, such as young people with a disability and young CALD people, the report highlights a lack of data.

This comprehensive report will allow the Government to focus on areas of identified concern, on those groups of young people who are faring less well and on identified data gaps. With its broad overview of outcomes, the report will also provide a key foundation document for others, outside government, who are working to improve the wellbeing of young people.

Maxine Morand MP
Minister for Children and
Early Childhood Development

James Merlino MP
Minister for Sport, Recreation
and Youth Affairs

Lisa Neville MP
Minister for Mental Health
Minister for Senior Victorians
Minister for Community Services

Acknowledgements

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Glossary of common abbreviations used in this report

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
CALD	culturally and linguistically diverse
CIV	Community Indicators Victoria
HNSS	Healthy Neighbourhoods School Survey
NHS	National Health Survey
SES	socioeconomic status
VAED	Victorian Admitted Episodes Dataset
VPHS	Victorian Public Health Survey
WHO	World Health Organisation

Executive summary

The state of Victoria's young people has been produced by the Victorian Government Department of Education and Early Childhood Development and the Department of Planning and Community Development. The report provides an evidence-based overview of how young Victorians aged 12–24 are faring.

While the majority of young Victorians are faring well, the evidence shows this is not the case for all. The transition from childhood to adulthood has been made more complex in recent years by social, environmental and technological changes and some young people experience difficulties with this transition. Additionally, there are clear inequalities in outcomes for particular groups of young people that may be masked in more positive statewide population data.

The Government is committed to enabling every young Victorian to make a successful transition from childhood into adulthood. It is committed also to improving the wellbeing of all young Victorians, with a particular focus on four groups of young people who commonly experience greater disadvantage and where additional action may be required: Indigenous young people; young people with a disability; young people from a culturally and linguistically diverse background (CALD), (including refugees); and young people affected by chronic disadvantage.

In order to assess how young people are faring, the Government has identified 35 measurable aspects of children and young people's health, learning, development, safety and wellbeing, and has combined these to form an outcomes framework. The Government has also developed five broad policy goals for young people in the Future Directions policy document:

- being safe and promoting safe behaviours
- managing healthy, active and diverse lives
- contributing and making a difference
- having resources and making connections
- achieving potential through informed life choices.

By systematically evaluating how young people are faring against the outcomes framework and the Future Directions policy goals, this report highlights the areas where additional action is required to improve the wellbeing of young people in Victoria, both now and in the future.

Report preview and structure

The report describes the outcomes for all young Victorians and for young people in the identified population groups who commonly experience greater disadvantage. Where data are available, differences in outcome by gender, by rural and metropolitan locations, and between Victoria and Australia are also included.

There are six report chapters comprising a demography section and five themed data sections, as follows:

- Victoria's young people
- physical and emotional health
- economic wellbeing, housing and homelessness
- learning, training, further education and employment
- safety, protection and crime
- community engagement, civic participation and transport.

The themed data chapters are accompanied by case studies that draw on young people's voices to provide insights into 'what works' in programs and services.

Data for the report are drawn from a variety of sources, including the Department of Human Services, the Department of Education and Early Childhood Development, the Department of Planning and Community Development, the Department of Infrastructure, the Department of Justice, Victoria Police and the Australian Bureau of Statistics (ABS). The Government also commissioned expert papers and tailored analyses from senior academics in areas of identified data gaps.

Key findings

Overall, the evidence suggests that young Victorians are faring very well across the broad domains of health, learning, development, safety and wellbeing. However, the report also highlights a number of areas of concern for young people as a whole, and for young people from the priority population groups. The following summary focuses firstly on outcomes for all young Victorians, and secondly on outcomes for key groups.

Areas where young people are faring well

Physical and emotional health

The notification rate for vaccine preventable diseases (in young Victorians aged 12–24) has declined over recent years. While cancer is an important cause of disease burden, Victoria's cancer diagnosis rate is lower (among young people) than in Australia overall. Substance use and young people's mental health are areas of concern; however, there is some evidence of a decline in substance use among young Victorians. The proportion of young Victorians (aged 18–24) with high to very high levels of psychological distress has declined, as have suicide rates. Most young Victorians rate their health positively, with around 70 per cent of young people rating their health as 'excellent' or 'very good'.

Economic wellbeing, housing and homelessness

The participation of young Victorians in full-time education and employment is high (89 per cent of 15–19 year olds and 78.2 per cent of 20–24 year olds in 2006) and higher than in Australia for 15–19 year olds. The majority of young Victorians are living in comfortable financial circumstances, as measured by poverty, parental employment and experience of financial hardship. Most public housing households with young people are not overcrowded.

Learning, training, further education and employment

Victoria has the second highest percentage of students (nationally) who complete a Year 12 or equivalent qualification and these rates have shown a pattern of steady improvement, together with an increase in the school participation of 15–19 year olds (from 2001 to 2006). Young people's attendance rates at secondary school have been stable at more than 90 per cent. Most young Victorians (in Years 6 and 8) in the Healthy Neighbourhoods School Survey (HNSS) report enjoying school and having high levels of support from their teachers. Young people's access to Vocational Education and Training (VET) has also broadened in recent years.

Safety, protection and crime

Victoria has low levels of crime victimisation compared with other states and territories and survey data suggest that most young Victorians feel safe. Most (91.8 per cent) young people in Years 6 and 8 report feeling safe at school (HNSS) and 96 per cent of young people (aged 18–24) report feeling safe when walking in their local area alone during the day (Community Indicators Victoria (CIV) Survey). While transport accident injuries remain a major cause of death and injury, injuries and deaths from transport accidents have declined. Child protection substantiations have stabilised over recent years. Victoria has the lowest rate of young people under juvenile justice supervision in Australia (2.6 per 1000).

Community engagement, civic participation and transport

Friends and family are immensely important to young Victorians. The majority (83 per cent) of young people (aged 18–24) feel they can definitely get help from their families when needed and 70 per cent report having a lot of friends. Most young Victorians say that they are definitely valued by society (51.1 per cent) or that they are valued some of the time (33.8 per cent) and the proportion of young people who feel definitely valued has increased markedly (from 28 per cent in 2001 to 51.1 per cent in 2006). The majority of young Victorians (91.3 per cent) participate in physical activity, recreation or sport and feel that multiculturalism is a benefit to their area (76 per cent).

Areas where young people are faring less well

Physical and emotional health

An increasing proportion of 12-year-old Victorians are experiencing dental decay. Nearly one-third of young Victorians are overweight or obese and only low proportions meet recommended levels of fruit and vegetable consumption. Levels of physical activity among young people are also lower than recommended. Data on the prevalence of eating disorders is limited. However, a recent Victorian survey found that around 10 per cent of young women (who did not have a diagnosed eating disorder) reported that they experienced at least two symptoms associated with anorexia or bulimia at some point between adolescence and young adulthood. Surveys also suggest that young people's body image quite commonly fails to reflect actual body weight.

While there is some evidence of a decline in young people's substance use, and regular usage of illicit drugs is very low, nearly a quarter of 18–24 year olds are current smokers and trend data suggest there have been increases in the proportion of young people who drink at levels that risk short term harm. It is of considerable concern that 30 per cent of males (aged 22–24) admit to driving while under the influence of alcohol.

Finally, asthma rates are higher in Victoria than in Australia (in young people aged 12–17). Although melanoma incidence in young people is decreasing, many young Victorians may not be taking adequate sun protection action. While the proportion of young people (aged 18–24) experiencing high levels of psychological distress has declined, rates are double in young women (22.5 per cent in 2005). Survey data suggest that depressive symptoms are present in just under a third of young Victorians in Years 6 and 8 (HNSS).

Economic wellbeing, housing and homelessness

Although most young Victorians live in comfortable financial circumstances, a sizeable minority experience poverty, financial hardship or housing problems. In 2006, 11.1 per cent of young Victorians (aged 20–24) were not in education or employment and around 8 per cent of 18–24 year olds reported running out of food and being unable to buy more (CIV Survey). Analysis of data from the ABS Survey of Housing and Income Costs (2003–04) shows that non-dependents (aged 15–24) had higher rates of poverty than other Victorians.

In Victoria, on Census night, there were 4660 homeless young people aged 12–18 years and 2404 homeless young people aged 19–24 years (2001 Census). In 2005–06, 11,350 young people (aged 15–24) accessed Supported Accommodation Assistance Program Services (SAAP).

Learning, training, further education and employment

While school attendance rates are generally high, surveys highlight some areas of concern in relation to connectedness to school among the younger age group. Years 7 to 9 students scored an average of 2.8 (out of a maximum of five) on a measure of connectedness to school. While around two-thirds of students in Years 6 and 8 enjoyed school, and saw school work as important, the remainder were less engaged. Around a half of the students found their schoolwork to be very or quite interesting. Males were less likely than females to say they enjoyed school.

Safety, protection and crime

Most young Victorians feel safe, but young women feel considerably less safe than young men (CIV Survey). This report also highlights the overrepresentation of young people (in comparison with other age groups) among people who report experiencing violence. Young people comprise the majority of victims of reported rape and other sexual offences, and a third of all victims of assault.

Community engagement, civic participation and transport

Less than half of young people (aged 18–24) feel they definitely have a say on issues that are important to them, and young people are significantly less represented (than people aged 25 and over) on decision-making boards and committees. It is also concerning that young people are far less likely (than people aged 25 and over) to rate their area as having characteristics of an active community. Access to safe and affordable transport is critical to young people's access to training, education, work and leisure. However, according to Community Indicators Victoria (CIV) data, around one-third of young Victorians (aged 18–24) report having no public transport in their area and around a quarter report restrictions on their travel. The CIV data do not indicate how often these restrictions arise, nor the impact of these restrictions. While a number of studies suggest that a lack of transport impacts on young people's access to services, and on their participation, further data are required to more fully understand the significance of the reported restriction in travel on young people.

Outcomes for young people from the priority population groups

Young Indigenous people

The report identifies that young Indigenous Victorians are faring less well than their non-Indigenous peers on a range of outcomes, but there are some areas of improvement.

It is encouraging that the proportion of young Indigenous people with positive health ratings has increased nationally (between 2001 and 2006). However, Indigenous young Australians are still less likely (than non-Indigenous young people) to rate their health as excellent to very good. In Victoria, there is evidence to show that Indigenous young people have higher rates of dental decay, of hospitalisation and smoking.

Nationally, Indigenous people are more likely to be living in poverty. In Victoria, Indigenous people are homeless at a rate six times greater than their representation in the general population.

In terms of education, the findings are mixed. Indigenous students tend not to perform as well as other students at Victorian secondary schools. Indigenous students in Years 6 and 8 are more likely (than non-Indigenous students) to have missed one or more days of school and to report rarely or never enjoying school (14.2 per cent compared with 10.4 per cent of other students) (HNSS).

However, increasing numbers of Indigenous students are participating in VET (from 1999 to 2006). Indigenous young people who complete Year 12 are more likely to be engaged in VET, apprenticeships and traineeships and to be employed (than other students) but they are less likely to enrol in university.

It is a matter of continuing concern that Indigenous young people are overrepresented in the youth justice system, although the extent of overrepresentation is less marked than nationally. Young Indigenous people are also overrepresented in the child protection system. However, this is in part a factor of current work to actively identify those who identify as Indigenous. It is encouraging also that there are increases in the proportion of young people who are placed in care in accordance with the Aboriginal Child Placement Principle (ACPP).

Young people with a disability

There are limited indicator data relating to young people with a disability. Australian research shows that school participation rates of young people with a disability are slightly lower than for young people without a disability, and young people with a disability generally achieve less well in literacy and numeracy. However, research suggests that other factors, in addition to disability, influence the achievement of these young people, and in some instances young people with a disability perform better than their peers. National research also finds that young people with a disability are less likely to complete Year 12 or to study beyond Year 12. However, the participation of young Victorians with a disability in VET has doubled from 1999 to 2006.

Australian Institute of Health and Welfare (AIHW) analysis of the ABS 2003 Survey of Disability, Ageing and Carers found that around 8 per cent (20,000) of young people surveyed were permanently unable to work because of their disability. While 40 per cent of young people did not report any restrictions to employment, the remaining young people faced a number of barriers.

Studies in the United States have highlighted that children with disabilities are more likely to be abused. There are no population-based Australian data on this issue. In Victoria, analysis of data from a 2006 Department of Human Services survey of young people in residential care finds that young people with a disability were overrepresented among those in care. Young people with a disability in residential care were more likely to have entered care because of physical abuse or neglect, rather than emotional abuse.

CALD young people

Outcomes data relating to CALD young people are also limited.

Years 6 and 8 students from CALD backgrounds (in the HNSS) were more likely (than other students) to say that the things that they learn will be important in later life and more likely to say they thought their marks were better than others in their class. However, they were less likely to say that they had lots of chances to talk one on one with their teachers and to report that there are opportunities to be involved in deciding things like class activities or rules. The numeracy attainment of CALD students, at Year 7, is comparable with other students, although reading attainment is lower. There have been increases in the proportion of students from a non-English country of birth in VET.

HNSS students speaking a language other than English at home were less likely to meet recommended physical activity levels – and more likely to be overweight or obese than those who only spoke English at home.

Young people experiencing chronic disadvantage

National (and international) evidence points to a strong link between economic disadvantage and poor health and between education, employment and income. For example, young people from poorer socioeconomic backgrounds are more likely to do less well at school, and to be involved in the child protection and youth justice systems. Young people with limited financial resources may also have limited access to leisure and recreational opportunities.

Data from the HNSS highlights some associations between socioeconomic disadvantage and poorer outcomes for Victorian young people, as follows:

- Years 6 and 8 students from lower socioeconomic groups in the HNSS had higher rates of overweight and obesity. These students were also more likely to report consuming high-energy foods and drinks.

- Years 6 and 8 students from lower socioeconomic groups were more likely to say they hated school (than those from higher SES groups) and less likely to report that they felt safe at school and that their marks were better than others in their class.

Young people in out-of-home care

Analysis of comparable data for cohorts of Victorian young people in out-of-home care and in the general student population show higher levels of absenteeism in out-of-home care students than in the general population, and lower levels of academic attainment in Years 7–10. Department of Human Services analysis of 2006 data also suggests that young people in residential care are more likely to be at risk of having behavioural and mental health problems than young people in the general population.

Outcomes for young people in metropolitan and rural areas

The health of people living in rural areas of Australia is often poorer than that of people living in major cities and other urban locations. These differences may be attributable to a range of factors including poorer access to health services and higher levels of socioeconomic disadvantage in rural areas.

This report provides evidence to suggest that young people's access to, and use of, health and other services in Victoria is an area of some concern. For example, young people in rural areas are less likely (than urban dwellers) to report visiting a dentist in the past 12 months. Young people in rural areas also report a range of barriers to their access to sexual health and mental health services. Fears of stigma and a lack of anonymity are important contributory factors to this.

Finally, young people in rural areas are particularly dependent on public transport for accessing key services, as well as educational, work and leisure activities. However, nearly half of young people (aged 18–24) in rural Victorian report having no public transport and nearly a third (29 per cent) of Victorian females have experienced restricted travel in the past 12 months. Research suggests that a lack of public transport also affects the opportunities of young people living on the outskirts of Melbourne. The available data do not indicate how often these restrictions arise nor the impact of these restrictions. Further data to better understand the nature and significance of the reported restriction in travel would be useful.

Introduction

The Victoria that today's young people live in is very different in many ways from the Victoria of earlier generations.

For example, Victoria, following national trends, has an increasingly ageing population and the number of young people is declining as a proportion of the total population. In addition, the structure and make-up of Victorian families is also changing as the number of single-parent families and the proportion of single-person households increases.

Many of today's young people in Victoria remain at home longer and are dependent on their families for longer periods. This trend is largely driven by increased participation in post-secondary school education. This means that many young people are reaching significant milestones such as partnering, purchasing houses and childbearing at later ages than previous generations.

While the majority of young Victorians are faring well, for a minority this is not the case and there are clear inequalities in outcomes for some young people. These inequalities are particularly notable for young Indigenous people. Despite great strides forward in technology and engagement in education, there remain many challenges that need to be overcome to ensure all young people are given the opportunities to reach their full potential.

A new approach for a new generation

The Victorian Government is committed to using evidence to drive planning and programs in response to the changing opportunities of Victoria's young people, and has been working on new approaches to ensure that the health, safety, wellbeing and learning of current and future generations of young people in Victoria is enhanced and ensured. The Government is mindful of and recognises the human rights of young people as set out in the UN Convention on the Rights of the Child (United Nations 1989) and in the new Victorian Charter of Human Rights.

The Government is committed to improving the wellbeing of all young Victorians but is also focusing attention on four groups of children and young people: Indigenous children and young people; children and young people with a disability; CALD children and young people (including refugees); and children and young people affected by chronic disadvantage (including those in out-of-home care and those in the youth justice system). The available evidence suggests that these groups of young people are not faring as well as other young people, that they face different or a particular set of problems or that they are likely to require different approaches.

In line with this new approach, the Government has identified that the best way of improving outcomes for young people is through cross-government coordination: bringing departments and agencies together to focus on developing and achieving a shared community vision for Victoria's children and young people.

At the heart of this approach is the idea that the wellbeing of children and young people is the responsibility of the whole community. Government plays an important part through regulation, and through planning and funding services, as well as by providing the economic and social incentives to support children. But this work is ultimately a support for parents, families, communities and for young people themselves, as these are the major influences on young people's life experiences and outcomes.

Young people's voices

The Government recognises that the views of young people are critical to determining how they can best be supported. It is committed to ensuring that young people's voices are channelled into government and communities and the associated policy-making processes.

Monitoring and measuring how children and young people are faring

In order to monitor whether children and young people in Victoria are achieving the best possible outcomes – and to identify areas where more attention and investment is needed – the Victorian Government has identified 35 measurable aspects, (known as outcomes) of children's health, learning, development, safety and wellbeing.

These outcomes comprise an outcomes framework for children and young people aged 0–18, comprising outcomes that relate to the individual child or young person and to the context within which they live – the family, the community and society at large. Each outcome area has a set of associated indicators that can be used to measure progress towards the outcome. The outcomes (and their associated indicators) form the basis for the Victorian Child and Adolescent Monitoring System (VCAMS).

Along with the outcomes framework, the Government has released its youth policy – Future Directions that sets out 40 actions to help young people (aged 12–24) reach their full potential under five broad outcome areas, or policy goals:

- *Being safe and promoting safe behaviours* – young people feel safe in environments that matter to them and are able to negotiate decisions about their own safety.

- *Managing healthy, active and diverse lives* – young people choose healthy lives in communities that are inclusive and welcoming of their diversity.

- *Contributing and making a difference* – young people are valued in their communities for their contributions. Young people have opportunities, and are acknowledged and supported to participate in meaningful ways.

- *Having resources and making connections* – young people are resourced to build and gain access to networks in their communities. Services and resources are easier for young people to access.

- *Achieving potential through informed life choices* – young people are engaged with school, training or employment. They have options for staying connected to learning and are valued for their creative expression.

These five outcomes areas were shaped in consultations carried out by the Office for Youth with more than 1300 young Victorians across the state; they represent the goals or outcomes that young people, their families and their communities have endorsed as priorities. Each of the five Future Directions outcomes is accompanied by a set of lead measures and indicators so that progress towards the achievement of the policy goals can be assessed (Department for Victorian Communities, 2006).

Under the *Child Wellbeing and Safety Act (2005)*, the Government established the Children's Services Co-ordination Board to review and report annually on the outcomes of government actions in relation to children aged up to 18 years. In addition, the Youth Affairs Interdepartmental Committee and the Children's Interdepartmental Committee monitor and coordinate action for children and young people across government.

This report on Victoria's young people

In the spirit of increased coordination and cooperation across government, this report has been produced as a Victorian Government collaboration between the Statewide Outcomes for Children Division in the Department of Education and Early Childhood Development and the Office for Youth in the Department of Planning and Community Development.

The Statewide Outcomes for Children Division and the Office for Youth

The Statewide Outcomes for Children Division (now in the Department of Education and Early Childhood Development) was originally in the Office for Children in the Department of Human Services. The Office for Children was established in 2005 to lead action across government and within the community for children aged 0–18. The office was established to assess and improve the safety, health, development, learning and wellbeing of all Victoria's children – particularly those children and young people who are faring poorly, those at risk of harm and those at risk of harming others. The Office for Children moved into the newly created Department of Education and Early Childhood Development in August 2007.

The Department of Education and Early Childhood Development provides, manages and regulates a range of early childhood services as well as primary and secondary school education for all Victorian public schools as well as liaising and providing support to non-government schools. The Department works with schools and other educational providers to ensure that government services and policies reflect the needs of all young Victorians.

The Office for Youth was established in 2000 to lead the State Government's commitment to working with Victoria's diverse groups of young people, and the communities and organisations in which they are involved. The Office for Youth is concerned with young people aged 12–24.

This report focuses on how young Victorians aged 12–24 are faring against the government outcomes frameworks.

This period of youth (aged 12–24) is a time when young people develop from being dependent children to independent adults through a series of life-stage transitions. The process of transition to adulthood is made more complex by rapid social, environmental and technological changes.

Most young people make these transitions smoothly and the majority fare well as they move from childhood to young adulthood. However, some young people experience more difficulty. Where young people do not cope successfully, this can affect both their current and future wellbeing.

This report draws on available data to provide an evidence-based picture of the *safety, health, learning, development and wellbeing* of young Victorians and the extent to which Future Directions policy goals are being met.

Three types of data are drawn on to provide this assessment:

- *outcomes data* where the evidence allows us to clearly measure progress towards the outcomes framework and Future Directions goals
- *research* that highlights young people's own views and perspectives on how they are faring
- *case studies* presenting evidence about how innovative services and programs are contributing to improvements in young people's wellbeing – including evidence from the perspectives of service providers and young people themselves.

Data scope

The report focuses on what is known about the circumstances of *all* young Victorians and also asks what is known about the circumstances of young people from the four priority population groups:

- Indigenous young people
- young people with a disability
- young people from CALD backgrounds (including refugees)
- young people affected by chronic disadvantage (including those in out-of-home care).

Where data are available, the report also considers differences in outcome by:

- gender
- rural and metropolitan locations
- Victorian and national trends.

Report structure

The report is structured in six sections comprising a demography section and five themed data sections, as follows:

1. *Victoria's young people* – this includes information about the population of young Victorians, including the four priority population groups noted above.

2. *Physical and emotional health* – this describes the health status of young Victorians under the headings of young people's assessment of their health; physical health; staying healthy and healthy lifestyles; and emotional and mental health.

3. *Economic wellbeing, housing and homelessness* – this includes information about the resources that are available to young people, focusing on their financial wellbeing and on housing and homelessness.

4. *Learning, training, further education and employment* – this section focuses on outcomes relating to young people's secondary and post-compulsory education including educational attainment, participation and engagement in schooling. It also describes the pathways that are taken by young people after they leave school.

5. *Safety, protection and crime* – this section focuses on young people's perceptions of community safety, on injuries and deaths, on child abuse and family violence, on bullying, and on young people's involvement in crime (both as victims and perpetrators).

6. *Community engagement, civic participation and transport* – this final section explores young people's engagement in volunteering and other community activities and young people's participation in democratic decision making. Information is also included about young people's engagement in recreational, sporting and leisure activities, together with data about their use of transport.

Each of the five themed data sections includes a list of relevant outcomes from the government outcomes frameworks together with a summary of relevant human rights. Each data section is also accompanied by case studies. A list of all the report figures and tables is included in appendix 1.

Data sources

The report draws on a wide range of data from a variety of sources including data held by the Department of Human Services, the Department of Education and Early Childhood Development, the Department of Planning and Community Development, the Department of Infrastructure, the Department of Justice, and Victoria Police. The ABS is a key data source and 2006 Census findings are included in the demography and housing sections of the report.

We were also able to draw on the knowledge and expertise of senior academics in Victorian universities who contributed papers on their subject area.

The National Centre for Social and Economic Modelling was commissioned to provide a tailored analysis of poverty in Victoria included in the economic wellbeing section.

The Centre for Adolescent Health at the Royal Children's Hospital was commissioned to provide an analysis of data from the HNSS. This analysis provides important information on the health and social problems experienced by over 3500 young Victorians (in Years 6 and 8)[1] as well as data relating to the risk and protective factors that influence these problems.

The report also cites data from a number of national and Victorian surveys. Details of these are provided in appendix 2, together with some more information about the HNSS.

[1] The majority of these young people were between 11 and 13 years-old.

1. Victoria's young people

1.1 The population of Victorian young people

There are 902,796 children and young people aged 12–24 in Victoria, representing around a quarter (24.4 per cent) of the national population of young people.

Although Victoria has the second highest population of young people in absolute numbers, its proportion of young people (17.7 per cent) is comparable with the average for the other states and territories (18 per cent) (see table 1.1).

Table 1.1: Number and percentage of young people in Australian states and territories

State or territory	Number of young people (aged 12–24)	Percentage of state population (aged 12–24)	Percentage of Australia's young people
New South Wales	1,200,874	17.6	32.5
Victoria	902,796	17.7	24.4
Queensland	751,258	18.5	20.3
Western Australia	379,835	18.5	10.3
South Australia	270,663	17.4	7.3
Tasmania	86,227	17.6	2.3
Australian Capital Territory	65,098	19.8	1.8
Northern Territory	41,608	20.1	1.1
Australia	**3,698,927**	**18.0%**	**100%**

Population as of 30 June 2006
Source: ABS 2006a-i, Population by age and sex, Australian states and territories

Geographical distribution

Nearly three quarters (73 per cent) of Victoria's young people live in metropolitan Melbourne with the remaining quarter living in rural Victoria (see table 1.2).

Table 1.2: Youth population in metropolitan and rural Victoria (2005)

Rural/Metropolitan Victoria	Number of youth (aged 12–24)	Percentage of Population
Metropolitan Victoria	656,496	73.5%
Rural Victoria	237,093[2]	26.5%
Victoria	**893,589**	**100%**

Population as of 30 June 2005
Source: Department of Human Services calculations based on ABS 2006, ABS data available on request

[2] Includes 119 young people living in 'unincorporated Victoria'

This document is managed by the Department of Education and Early Childhood Development, Victoria (as of 27 August 2007)

Table 1.3 shows the distribution of Victoria's youth population across the Department of Human Services regions. Nearly a third (30.9 per cent) of the youth population lives in the North and West (metropolitan) region.

Table 1.3: Distribution of Victoria's youth population across Department of Human Services regions (2005)

Department of Human Services region	Number of youth (aged 12–24)	Percentage of Victoria's youth (percentage)
North and West Metropolitan	276,032	30.9
Southern Metropolitan	203,380	22.8
Eastern Metropolitan	177,084	19.8
Barwon-South Western	60,843	6.8
Gippsland	41,343	4.6
Grampians	37,916	4.2
Hume	44,726	5.0
Loddon Mallee	52,146	5.8
Unincorporated Vic	119	0.0
Victoria	**893,589**	**100**

Population as at 30 June 2005

Source: Department of Human Services calculations based on ABS 2006, ABS data available on request

Young people also make up a larger percentage (18.7 per cent) of the total regional population (in the North and West region) than in any other region (see figure 1.1).

Figure 1.1: Youth as a percentage of the total population in each Department of Human Services region
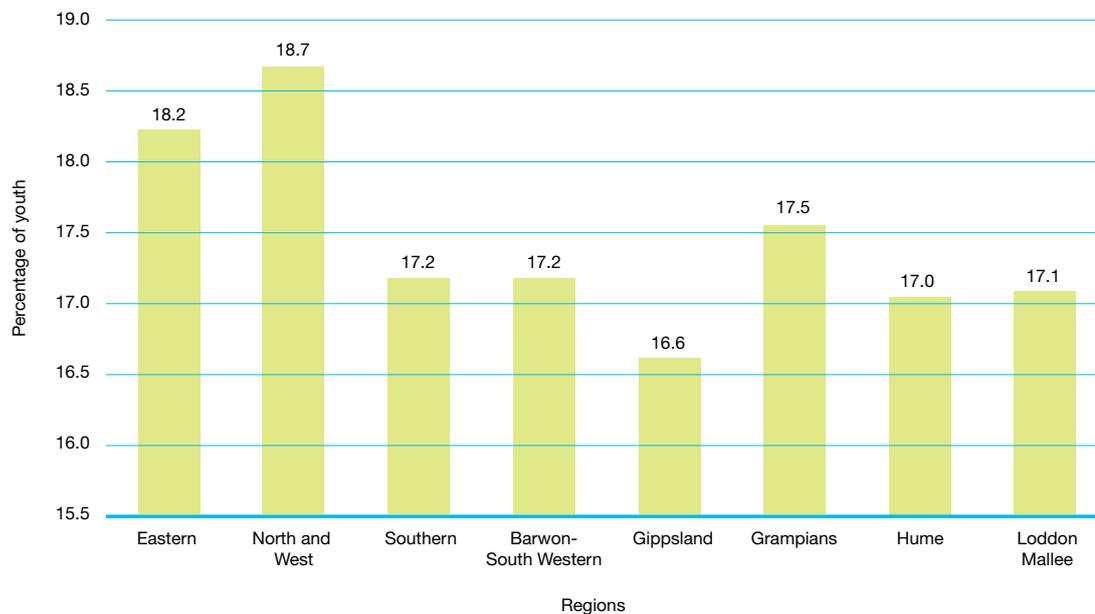
Population as at 30 June 2005

Source: Department of Human Services calculations based on ABS 2006, ABS data available on request

Gender distribution

The gender distribution of Victoria's young people (51.1 per cent male, 48.9 per cent female) is consistent, at 30 June 2006, with that of other states and territories (ABS 2006b).

Age structure and distribution

There are broadly similar percentages of young people in the age groups 10–14, 15–19 and 20–24, with young people aged 20–24 making up the largest percentage (34.9 per cent) and young people aged 10–14, the smallest (32.2 per cent) (see figure 1.2).[3]

Figure 1.2: Percentage of male and female youth by age group, Victoria
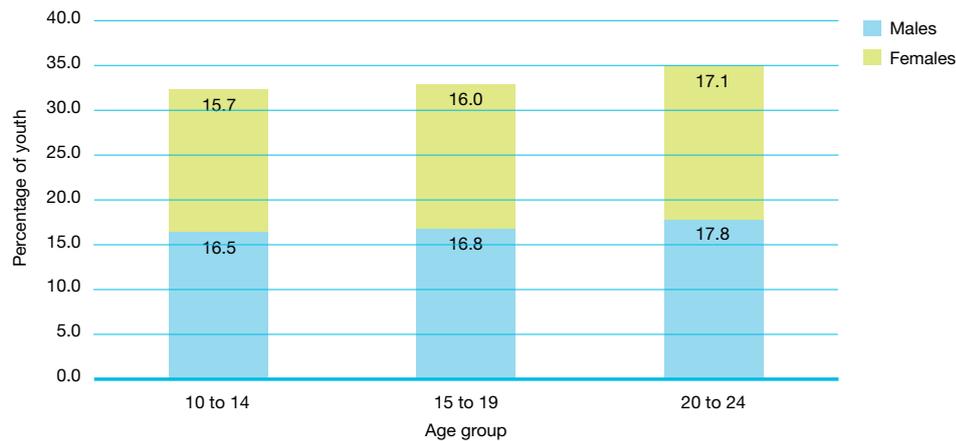
Source: ABS 2006b
As at 30 June 2006

The pattern of population growth

Fertility rates,[4] together with changes in life expectancy, are key influences on the pattern of population growth and the age structure of the population.

The total number of young people in the Victorian population is projected to remain stable (owing to trends in fertility rates).[5] However, the number of young people as a percentage of the population is projected to decrease (in line with increases in life expectancy and an ageing population) (see figure 1.3).[6]

Figure 1.3: Number and percentage of youth (aged 12–24) in total population of Victoria (1971–2006)
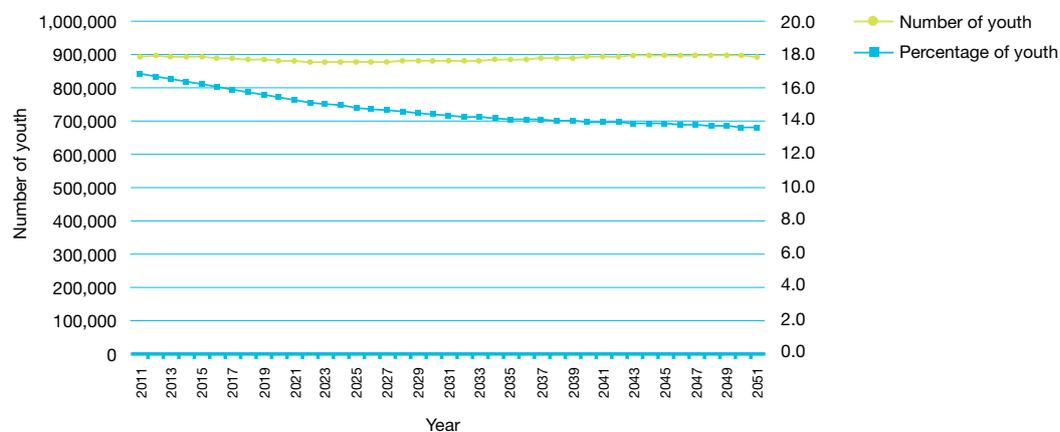
Source: Department of Human Services calculations based on ABS 2006b.

[3] It should be noted that the age group 10–14 has been used here, as an alternative to 12–14, to ensure equal age groupings.
[4] Fertility rates represent the total number of births per woman. A fertility rate of 2.0 is required to reach replacement level fertility for a population.
[5] Fertility rates in Victoria are consistently lower than national rates. Rates in Victoria declined between 1995 and 2001, although they have shown a gradual increase since 2001 (ABS cat. no. 3301.0 2005 Births, Australia Chapter 6, Table 6.4, 1995–2005).
[6] The population of young people in Victoria is expected to make up just 13.6 per cent of the total population by 2051 (compared with 16.8 per cent in 2011) (ABS 2005).

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Population projections also show that decreases in the number of young people as a percentage of the total population are more marked in the rest of Victoria than in Melbourne (see table 1.4).

Table 1.4: Projected proportion of youth in population: Melbourne and the balance of Victoria

	2011 (%)	2021 (%)	2031 (%)	2041 (%)	2051(%)	Percentage change: 2011–2051 (%)
Melbourne	16.9	15.5	14.6	14.2	13.8	- 2.9
Balance of Victoria	16.6	14.7	13.7	13.3	12.9	-3.7
Victoria	**16.8**	**15.3**	**14.3**	**13.9**	**13.6**	**- 3.2**

Source: ABS 2005

1.2 Young people and their households

The young people (aged 12–24) who are the focus of this report broadly include two groups:

• young people who are more commonly dependent on their parents and are usually living at home

• young people who are generally more independent, less likely to be living at home and may be parents themselves.

Young people aged 12–24 living at home

Nearly seven in 10 (69 per cent) of 12–24 year olds in Victoria were recorded as living in the parental home on Census night, 2006. This is similar to the percentage of young people (aged 12–24) in New South Wales who are still living at home (68.3 per cent). However, the percentage is lower among other states and territories (ABS 2006 Census. ABS data available on request).

Of those 12–24 year olds still living at home in Victoria, 69 per cent are living with both biological parents[7] and 22.2 per cent are in one-parent families. Victoria has the highest proportion of 12–24 year olds who live at home with both biological parents and the lowest proportion in one-parent families, although these proportions are similar to those in New South Wales (see figure 1.4).

Figure 1.4: Proportion of 12–24 year olds that are living at home with parent(s) in each family type by state

Source: ABS 2006 Census, ABS data available on request

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[7] Defined by the ABS as in 'intact families'

Young people (aged 15–24) living at home as dependent students

Young people in Victoria aged 15–24 are more likely to be living at home as dependent students than young people in any of the other states and territories (see figure 1.5 and table 1.5).

Figure 1.5: Proportion of 15 to 24 year olds at home as dependent students or as non-dependents[8]
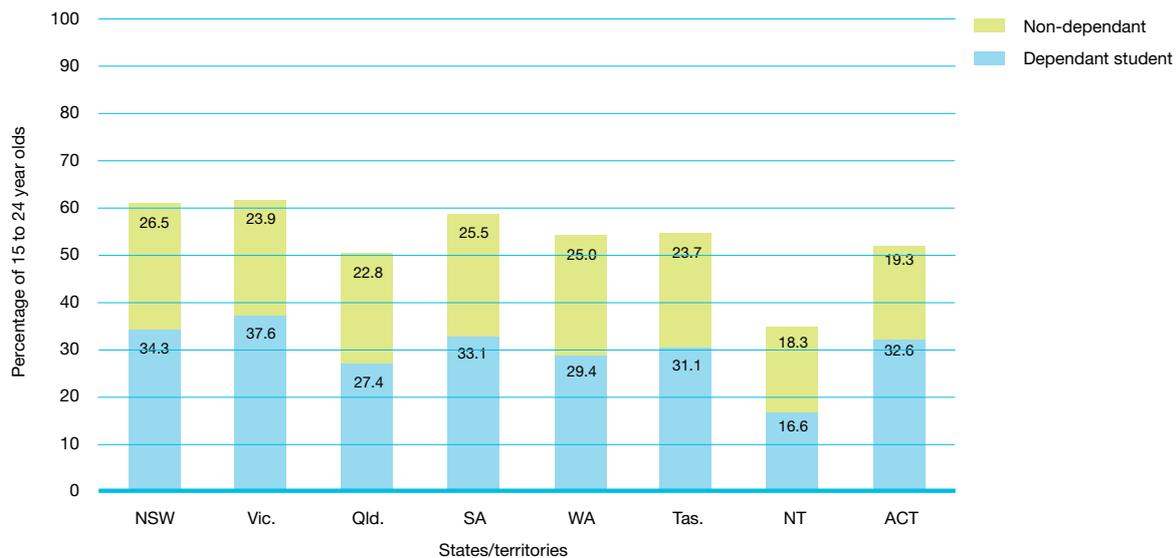
Source: ABS 2006 Census, ABS data available on request

Table 1.5: Proportion of young people at home as dependent students, by age (percentage)

Age	NSW	Vic.	Qld	SA	WA	Tas.	NT	ACT
15–19	57.5	**62.6**	48.7	55.9	49.5	53.0	33.2	58.3
20–24	11.0	**12.9**	6.4	10.1	9.0	6.3	2.0	10.6

Source: ABS 2006 Census, ABS data available on request

Young people living as a couple

In Victoria, 8.1 per cent of 15–24 year olds are living as a married or de facto couple (compared with a national percentage of 10 per cent). Of those 15–24 year olds in Victoria who are living as a married or de facto couple, 24.9 per cent have one or more children (compared with 27.8 per cent of those nationally)[9] (ABS 2006 Census, ABS data available on request).

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[8] Figures do not add up to 100 per cent as the following categories are not included: other relationship in household; relationship in household not applicable; and overseas visitor.

[9] A very small minority (0.3 per cent of all 15–19 year olds) and 3.8 per cent of all 20–24 year olds in Victoria are married or in a de facto relationship with one or more children. This compares with 0.5 per cent and 5.3 per cent of young people in these age groups respectively in Australia.

1.3 Diversity and Victoria's young people

Young Victorians make up a culturally, ethnically and socioeconomically diverse group. While the majority of young Victorians are faring well, the available evidence suggests that some young people are not faring as well as they might. These inequalities in outcome are particularly notable for young Indigenous people.

Other groups of young people who tend to fare less well include young people with a disability, young people in out-of-home care, young homeless people and young people in the youth justice system.[10] There is limited information on outcomes for young CALD people.

Some information about the numbers of Indigenous young people, CALD young people (including refugees) and young people with a disability in Victoria is given below. Information about young people in out-of-home care, young homeless people and young people in the youth justice system is included in the themed data chapters.

The Indigenous young people population

There are 6968 Indigenous young people aged 12–24 representing 0.8 per cent of Victoria's total population of young people aged 12–24 (as at 30 June 2001).[11]

There are marked differences between the age structure of the Indigenous population and that of the total Victorian population. Young people make up 17.6 per cent of the total Victorian population, but young people account for 24.9 per cent of the total Indigenous population (as of 30 June 2001).

Nearly half (48 per cent) of the total Indigenous population are in rural Victoria and 52 per cent are in metropolitan Victoria. The figures are reversed for the Indigenous young people population with 52 per cent of Indigenous young people in rural Victoria and 48 per cent in metropolitan Victoria (as of 30 June 2001).

Figure 1.6 presents the distribution of the total Indigenous youth population across Department of Human Services regions. The largest percentage of Victoria's Indigenous young people lives in the North and West (metropolitan) region (25.6 per cent) followed by Loddon Mallee (15.1 per cent).

## Figure 1.6: Distribution of Indigenous youth across Department of Human Services regions

Population at 30 June 2001
Source: ABS 2004, ABS data available on request

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[10] There are limited outcomes data available relating to for young people with a disability.
[11] Experimental estimates for the Indigenous population based on the 2006 Census have not been released at time of report production.

Cultural, linguistic and religious diversity

Data from the 2006 Census show that 15.1 per cent of Victorians aged 12–24[12] (and 23.6 per cent of all Victorians)[13] were born overseas (ABS 2006 Census, ABS data available on request). The top stated countries of birth for young people (aged 12–24) (after Australia) were China (1.8 per cent),[14] India (1.2 per cent), New Zealand (1.2 per cent), Malaysia (0.9 per cent) and England (0.8 per cent).

The 2006 Census also finds that 19.9 per cent of Victorians aged 12–24[15] (and 20.4 per cent of all Victorians)[16] speak a language other than English at home. The top stated languages spoken at home for young people (aged 12–24) (after English) are Mandarin (2.3 per cent), Cantonese (1.8 per cent), Vietnamese (1.7 per cent), Arabic (1.5 per cent) and Greek (1.4 per cent).

Young refugees

Young refugees in Victoria arrive principally from Africa and the Middle East under the federal government's Humanitarian Program.

These young people will often have been subject to traumatic experiences prior to arriving in Victoria. They commonly face a number of complex challenges, including cultural dislocation, the loss of social networks and the practical demands associated with resettlement (Refugee Resettlement Advisory Council 2002, cited in The Centre for Multicultural Youth Issues 2006).

The Centre for Multicultural Youth Issues provides information about numbers of young refugees in Victoria, derived from Department of Immigration and Multicultural Affairs statistics. This information shows that there were 1110 youth arrivals (aged 13–25) to Victoria in 2006–07 under the Humanitarian Program.[17]

Young people from Sudan, Burma, Afghanistan and Iraq accounted for 75 per cent of all entrants, with young people from Sudan as the largest group (25 per cent of all entrants) (The Centre for Multicultural Youth Issues 2007).

Religion

The 2006 Census highlights that just over half (54 per cent) of young Victorians (aged 12–24) describe themselves as Christians[18] (compared with 58.6 per cent of young people aged 12–24 in Australia and 60.5 per cent of the total Australian population).

Almost a quarter of Victorian young people aged 12–24 (24.4 per cent) state they have no religion (compared with 22.2 per cent of young people in Australia and 20.4 per cent of the total population)[19] (ABS 2006 Census, ABS data available on request).

Buddhism and Islam are the next most commonly reported religious affiliations in Victorian 12–24 year olds (both at 3.1 per cent), compared with 2.3 per cent of young people in Australia who reported each of these affiliations.[20]

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[12] This does not include 5.7 per cent of young people for whom birthplace was not stated.

[13] This does not include 6.6 per cent of all people for whom birthplace was not stated.

[14] This excludes Special Administrative Regions (SARs) and Taiwan Province. SARs comprise 'Hong Kong (SAR of China)' and 'Macau (SAR of China)'.

[15] This does not include 5 per cent of young people for whom language was not stated.

[16] This does not include 5.2 per cent of all people for whom language was not stated.

[17] The Humanitarian Program is divided into an onshore and offshore stream. The offshore stream includes Refugee and Special Humanitarian Program visa holders. The Special Humanitarian Program has been established 'for people who have suffered discrimination amounting to gross violation of human rights'. Special Humanitarian Program holders may fit the United Nations definition of a refugee, (United Nations 1951) but are not tested against it. The onshore stream of the Special Humanitarian Program includes temporary protection/humanitarian visa holders (The Centre for Multicultural Youth Issues 2005).

[18] Western Catholic, Anglican Church of Australia and Uniting Church were the three most commonly identified Christian religions respectively among this age group in Victoria.

[19] Religious affiliation is coded to the Australian Standard Classification of Religious Groups, Second Edition.
No religion comprises: 'No Religion, nfd', 'Agnosticism', 'Atheism', 'Humanism' and 'Rationalism'.

[20] Approximately 11 per cent of people do not state their religious affiliation.

Young people with a disability

It can be difficult to provide accurate estimates of the number of young people with a disability because of debate surrounding the definition of a disability and because of problems of identification even where a definition is agreed.

Each person's experience of disability is different. Experiences of disability are influenced by a persons own life experiences, the attitudes of other members of the community towards disability, and how easy it is for a person to get access to information, services and the physical environment (DHS 2002).

Disabilities can be caused by a genetic condition, by an illness or an accident. The main disabling conditions among young Australians (aged 15–24) are intellectual and other mental disorders (accounting together for 20 per cent of all disabling conditions). Psychiatric disorders are the second most common disabling condition. Other frequently reported conditions include other musculoskeletal disorders, respiratory diseases and neurological conditions (AIHW analysis of the ABS 2003 Survey of Disability, Ageing and Carer's CURF cited in AIHW 2007).

Victorian data

The ABS definition of disability has been used to estimate the prevalence of disability among young people in Victoria. The definition is:

Any limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities (ABS 2004).

Four levels of core activity restriction are identified by the ABS: profound, severe, moderate and mild.

The ABS 2003 Survey of Disability, Ageing and Carers indicates that approximately 77,500 young people aged 12–24 in Victoria have a reported disability,[21] representing 8.6 per cent of all young people in Victoria. This is lower than the national average of 9.4 per cent of young people.

A higher percentage of males aged 12–24 in Victoria have a reported disability compared with females (9.3 per cent compared with 7.9 per cent) (see figure 1.7).

The survey also shows that a slightly higher proportion of 12–24 year olds in Victoria have a profound/severe core activity limitation compared with the national average (3.2 per cent compared with 2.8 per cent) (see figure 1.8).[22] This represents approximately 29,100 young people and 3.2 per cent of the 12 to 24-year-old population.[23]

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[21] Young people with a reported disability include those with mild to profound core-activity limitation (where core activities comprise communication, mobility and self care), those without core-activity limitation but with a schooling or employment restriction and those without specific limitations or restrictions but who need assistance with health care, cognition and emotion, paperwork, transport, housework, property maintenance or meal preparation.

[22] Relative standard errors are too high to reliably report gender differences in profound/severe core activity limitation.

[23] The 2006 Census also measures the number of people with a profound or severe disability using the 'Core Activity Need for Assistance' variable. People with a profound or severe disability are defined as needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication because of a disability, long-term health condition (lasting six months or more), or old age. The Census indicates that 1.4 per cent of 12 to 24 year olds in Victoria have a need for assistance with core activities. The percentage in Australia as a whole is the same (ABS 2006 Census, ABS data available on request).

Figure 1.7: Percentage of young people aged 12–24 with a reported disability by gender, Victoria and Australia[24]
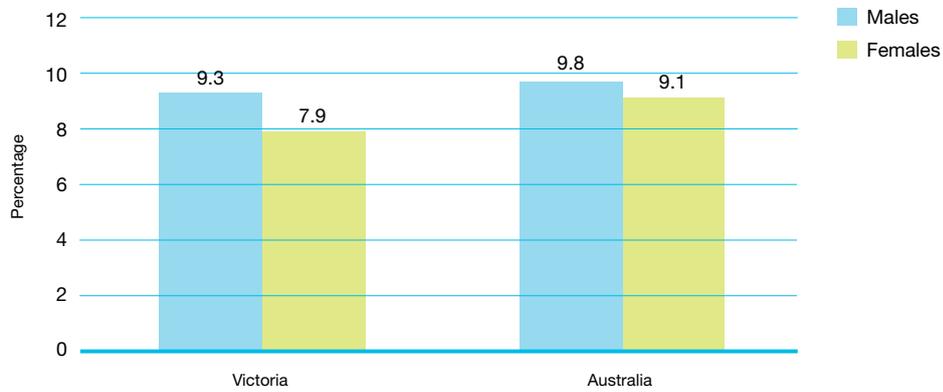
Males: Victoria 9.3, Australia 9.8
Females: Victoria 7.9, Australia 9.1

Source: ABS Survey of Disability Ageing and Carers, 2003. ABS data available on request

Figure 1.8: Percentage of young people aged 12–24 with a profound/severe core-activity limitation, Victoria and Australia
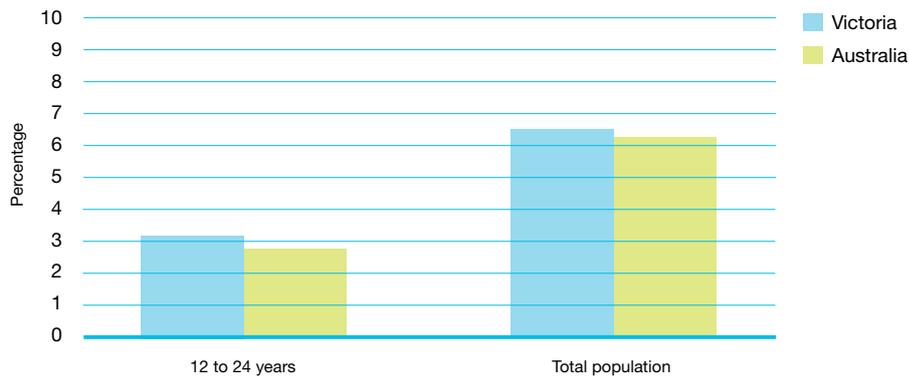
Source: ABS Survey of Disability Ageing and Carers 2003. ABS data available on request

[24] The CIV Survey provides information on young adults (aged 18–24) who report having a disability. Respondents were asked ' Would you describe yourself as a person with a disability?' and 2.9 per cent of young Victorians answered yes. Males were more likely to say yes than females (3.9 and 1.7 per cent respectively). Young adults in country areas were also more likely to say yes than those living in metropolitan areas (4.6 and 2.4 per cent).

2. Physical and emotional health

Summary

> The majority of young Victorians (aged 15–24) rate their health positively. However, young Indigenous Australians give less positive health ratings.

> Immunisation coverage in secondary schools is lower than recommended levels. The notification rate of vaccine preventable illnesses in young people (aged 12–24) has declined (between 2000 and 2006). Rates in 20–24 year olds are consistently higher than in younger people.

> Asthma rates are higher in Victorian than in Australian young people (aged 12–17). Asthma hospitalisation rates are decreasing (in young people aged 10–24) and are lower in Indigenous young people.

> Cancer was the sixth overall lead cause of disease burden among 15–24 year olds in 2003. However, Victoria has a lower rate of cancer diagnosis than Australia.

> Melanoma is the most common form of cancer in young people aged 12–24, although the incidence is decreasing.

> The proportion of Victorian young people (aged 12) with dental decay is increasing. Indigenous young people (aged 12–16) have higher rates of decay.

> The evidence suggests that nearly one-third of young people are overweight or obese. Further data is needed to confirm whether the proportion of young people who are overweight or obese is increasing.

> National and state survey data show that males engage in higher levels of physical activity than females and that the level of physical activity declines with age for both genders. Only 22.9 per cent of young Victorians (aged 11–13) meet recommended physical activity levels.

> Information on the prevalence of eating disorders in Victoria is limited. However, a recent Victorian survey found that around 10 per cent of young women (who did not have a diagnosed eating disorder) reported that they experienced at least two symptoms associated with anorexia or bulimia at some point between adolescence and young adulthood.

> Less than a third of Victorian 12–18 year olds and less than a half of 19–24 year olds, meet recommendations for fruit consumption. Nearly 60 per cent of 12–18 year olds, and less than 10 per cent of 19–24 year olds meet recommendations for vegetable consumption.

> Birth rates among young women aged under 24 have remained fairly stable and Victoria has the second lowest rate nationally. Rates of young motherhood are higher among Indigenous women.

> The most common sexually transmitted infection (STI) is chlamydia. Rates are increasing nationally, but are lower in Victoria than Australia.

> A Victorian school-based survey shows that the proportion of young people (aged 12–17) who smoke cigarettes is declining. Nearly a quarter of 18–24 year olds in the Victorian Population Health Survey (VPHS) are current smokers. Smoking rates are higher among Indigenous young people.

> While most young people drink alcohol at responsible levels, trend data suggest there have been recent increases in the proportions of young people who drink at levels that risk short-term harm. Rates of alcohol-related hospital admissions have also increased in young people (aged 15–24). Thirty per cent of males (aged 22–24) admit to driving while under the influence of alcohol.

> Rates of illicit drug use among young people are very low, with the exception of cannabis. The use of cannabis is declining. Cannabis and alcohol are the most common drugs for which young Victorians seek treatment.

> The proportion of young Victorians (aged 18–24) experiencing high to very high levels of psychological distress has declined from 20.2 per cent in 2001 to 14.8 per cent in 2006. Survey data suggest that depressive symptoms are present in just under a third of young Victorians in Years 6 and 8 (HNSS).

> Young women account for the majority of self-harm injury hospitalisations. Suicide rates have declined steadily since 1990.

> Young people (aged under 25) in Victoria account for higher levels of community mental health care service contacts and residential mental health care than young people nationally.

Future Directions outcome areas

- Young people choose healthy lifestyles in communities that are inclusive and welcoming of their diversity.

Lead measure:

- The health of young people will improve.

The Outcomes Framework

- Adequate nutrition
- Free from preventable disease
- Healthy teeth and gums
- Safe from environmental hazards
- Healthy weight
- Optimal physical health
- Adequate exercise and physical activity
- Positive behaviour and mental health
- Healthy teenage lifestyle
- Healthy adult lifestyle
- Positive family functioning
- Adequate supports for vulnerable teenagers

A Human Rights Framework

- Health and wellbeing is a fundamental human right for all, and the rights of young people to enjoy the highest attainable standards of health are laid down in the UN Convention on the Rights of the Child.

Most young Australians enjoy very good health and there have been enormous improvements in young people's health over the past 20 years. However, the evidence shows that some groups, including young Indigenous people, young people from more socioeconomically disadvantaged backgrounds and young people from rural and regional areas, are not faring so well on a range of health measures (AIHW 2007).

The health of young people is affected by a wide range of individual, familial, neighbourhood, environmental, and socioeconomic factors, such as education, employment and income (AIHW 2005, 2007). Health-related behaviours that young people engage in during their adolescence and early adulthood can be important influences on both current and future health outcomes into adult life.

This report adopts the broad World Health Organisation (WHO) understanding of health as 'a state of complete physical, mental and social wellbeing'. This kind of understanding reflects the complexity of factors that impact on health as well as some of the key themes that emerge in young people's own accounts of what it means to be healthy.[25] It also suggests that health is best understood as a continuum from poor to optimal health and that policy efforts in this area should focus on maximising good health as well as preventing ill health.

This chapter focuses on the health of young Victorians, looking at young people's own perceptions of their health and at evidence relating to a range of health conditions. It also examines young people's lifestyles and health-related behaviour.

Other key factors that impact on health, such as socioeconomic status (SES) and housing, are covered in the next chapter.

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[25] For example, research suggests that young people link their sense of health and overall wellbeing with the quality of their social and emotional environments: with their family and friendship networks (see Department of Human Services 2006a).

2.1 Young people's assessment of their health

It is encouraging, overall, that the majority of young Victorians rate their health positively. In Victoria, 68.8 per cent of young males (aged 15–24) and 71.6 per cent of females rate their health as either 'excellent' or 'very good'.

These health ratings of young Victorians are broadly similar to those of young people nationally, although young Victorian females are a little less likely (than young Australian females) to rate their health as 'excellent' (see figure 2.1).

Figure 2.1: Self-rated health status of young people aged 15-24 in Victoria 2004–05
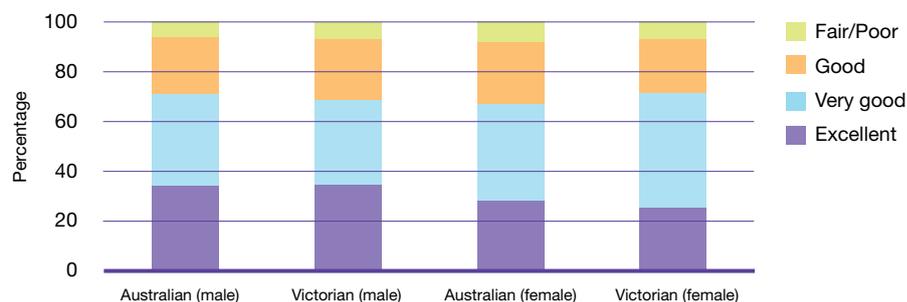
Source: ABS 2006, National Health Survey 2004-05

Indigenous young people

The National Aboriginal and Torres Strait Islander Health Survey (2004–05) shows that young Indigenous Australians are less likely (than non-Indigenous young Australians) to give positive ratings to their health (data cited in AIHW 2007).

In 2004–05, 59 per cent of Indigenous young people (aged 15–24) rated their health as 'excellent' to 'very good', compared with 70 per cent of non-Indigenous young people. Young Indigenous people were also more likely (than non-Indigenous young people) to rate their health as 'fair' or 'poor'.

Trends in self-reported health

There are increases, between 2001 and 2004, in the proportion of Indigenous and non-Indigenous young people with positive health ratings (excellent to very good). However, the differential, or percentage gap, between the ratings of Indigenous and non-Indigenous young people has not lessened over time (see table 2.1).

Table 2.1: Self-assessed health status of Indigenous Australians and all young Australians aged 15–24, 2004–05

Health status	2001 Indigenous (%)	2001 Non-Indigenous (%)	2004–05 Indigenous (%)	2004-05 Non-Indigenous (%)
Excellent to very good	54.0	64.0	59.0	70.0
Good	33.0	26.0	32.0	24.0
Fair or poor	13.0	9.0	9.0	7.0

Source: Data from the National Aboriginal and Torres Strait Islander Health Survey 2004–05, cited in AIHW 2007

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2.2 Physical health

Immunisation and vaccine preventable illnesses

Notification of vaccine-preventable illnesses

There were 535 notifications of vaccine-preventable disease among young people aged 12–24 in Victoria in 2006 (representing a rate of 59.3 per 100,000 population in this age group).

The rate of notification of vaccine-preventable diseases in young people (aged 12–24) has declined overall (from 2000 to 2006). However, in 2005 rates of notification for hepatitis B increased among females. The rate of notifications among 20–24 year olds is consistently higher than the rate among 12–14 and 15–19 year olds.

Immunisation coverage

Vaccination plays a key role in reducing many bacterial and viral diseases. Evidence suggests that a minimum of 90 per cent coverage is required to interrupt the transmission of disease (AIHW 2005). Department of Human Services data show that coverage is lower than this for all the NHMRC recommended immunisations in secondary schools.

In 2006, 70 per cent of Victorian Year 7 students had completed immunisation against hepatitis B. The proportion of students with completed immunisation has varied from 71 to 78 per cent in the previous five years. A total of 72 per cent of Year 7 students in Victoria in 2006 were immunised against varicella (chicken pox).[26]

The proportion of Year 10 students completing immunisation against diphtheria and tetanus has been fairly stable (from 2001 to 2006), at between 76 and 78 per cent (78 per cent in 2006).[27]

Cancer

Although cancer among young people is relatively uncommon,[28] this was the sixth overall lead cause of disease burden among 15–24 year olds in 2003 (with the leading cause being mental disorders). Death rates from cancer have decreased between 1995 and 2004. However, improvements in cancer outcomes for young people have been less marked than for children and older adults (AIHW 2007).

Melanoma, Hodgkin's disease and cancer of the testis are the most frequently occurring cancers among young people.

Victoria has a lower rate of cancer diagnosis than Australia, particularly among young people aged 20–24 (see figure 2.2).

Figure 2.2: Rates of cancer diagnosis per 100,000 young people in Victoria and Australia, 2001

Source: The Victorian Cancer Council Epidemiology Centre (data available on request) and AIHW and Australian Association of Cancer Registries 2004

[26] Varicella (or chicken pox) immunisation began in 2006 in Victoria for non-immune young people. Of all Year 7 students, 27 per cent were immunised. However, 45 per cent of eligible students had already been immunised against varicella or were considered immune following a varicella history of varicella. A total of 72 per cent of Year 7 students in Victoria in 2006 were therefore immunised against varicella.

[27] Year 10 students were offered booster vaccinations against diphtheria and tetanus until 2003. This was replaced, in 2004, by the adult/adolescent booster dTpa (diphtheria tetanus acellular pertussis) vaccine. The proportion of students who have completed immunisation dTpa (78 per cent) includes students who have been immunised outside school (as well as those immunised in school).

[28] When young people are compared with the general population

Diabetes

Diabetes mellitus is a disease group characterised by high levels of glucose in the blood resulting from defects in insulin secretion, insulin action or both (WHO 1999). Diabetes is a serious chronic disease that can lead to a variety of major complications that are responsible for a loss of working ability, shortened life expectancy and a reduced quality of life.

Type 1 diabetes usually arises in childhood and lasts throughout life and is caused by an autoimmune disorder, resulting in destruction of the pancreatic cells that produce insulin. Treatment requires a daily injection of insulin (AIHW 2005). The cause of type 1 diabetes is unknown but it is believed exposure to environmental factors, toxins or viruses may contribute to this disease. An inherited component is also suspected, although a large number of cases occur with no family history. Race and ethnicity are also important factors which can contribute to this disease (AIHW 2002).

Type 2 diabetes is caused by reduced insulin production or the inability of the body to use insulin properly. Type 2 diabetes results from a combination of genetic, environmental and behavioural risk factors. This disease demonstrates a strong relationship with family history, although the genetic basis for this remains unknown. Race, ethnicity and age are also associated with an increased risk of developing type 2 diabetes. Other risk factors include overweight, obesity, physical inactivity, impaired glucose tolerance and poor nutrition. The risk factors for type 2 diabetes can be largely modifiable with a change in lifestyle including increased physical activity and modification of diet (AIHW 2002).

Victorian data on type 1 and type 2 diabetes mellitus are limited. However, the National Diabetes Register has shown that there was an incidence rate of new cases of type 1 diabetes in 15–25 year olds in Victoria of 15.2 per 100,000 people between 1999 and 2005. There is also evidence that the incidence of type 2 diabetes is increasing in younger people as 720 new cases of type 2 diabetes have been diagnosed between 1999 and 2005 in 15–25 year olds in Australia (Catanzariti et al. 2007).[29]

Asthma

Asthma is one of the most common chronic diseases of young Australians. Its underlying causes are not fully understood. However, factors such as genetic traits, age and sex, diet and lifestyle may increase the risk of developing asthma. Females are more commonly affected than males.

The prevalence of asthma increased nationally during the 1980s and early to mid 1990s. However, recent evidence suggests that this trend has evened out in adults and may have reversed in children (AIHW Australian Centre for Asthma Monitoring 2005, cited in AIHW 2007).

Victorian data, for 18–24 year olds, point to a declining trend between 2001 and 2004 with rates falling from 19 per cent in 2001 to 11.8 per cent in 2004. However, there are increases in the proportion of young people with asthma in 2005 and 2006.

The proportion of young adults (aged 18–24) with current asthma is similar in Victoria to Australia (13.6 per cent of Victorian young adults have current asthma, compared with 12.9 per cent in Australia).

However, the proportion of young people (aged 12–17) with current asthma is higher in Victoria than nationally (15.2 per cent of Victorian 12–17 year olds compared with 12.3 per cent in Australia) (see table 2.2).

Table 2.2: Percentage of young people with current asthma

	Victoria		Australia	
	12–17 years (%)	18–24 years (%)	12–17 years(%)	18–24 years (%)
Male	15.6	12.4	11.9	10.8
Female	14.9	14.8	12.7	15.1
Persons	15.2	13.6	12.3	12.9

Source: ABS National Health Survey 2004–05. ABS data available on request.

[29] Complications from diabetes can arise quickly or develop over a number of years. Short-term complications include diabetic ketoacidosis, which is the result of a severe lack of insulin and low blood glucose (hypoglycaemia), and may lead to a coma and death within a short period (AIHW 2006). Diabetes can also result in a range of long-term complications. High blood sugar levels are known to damage important body organs and people with diabetes are more prone to heart disease, stroke, blindness, neurological problems and premature death (AIHW 2005).

Hospitalisation

Table 2.3 shows the top five diagnoses for hospital admissions for young people in Victoria in 2005–06. For young males (aged 10–14), the most common reasons for hospital admission are appendicitis, forearm fractures and asthma. For young girls they are tonsillitis, abdominal pain and appendicitis. In the older age groups the most common reasons for admission for males are dialysis, chemotherapy and schizophrenia, while for females it is abortions, tonsillitis and pregnancy-related issues.

Table 2.3: Top five diagnoses for hospital admissions for males and females in each age group, Victoria, 2005–06

Gender and age	Diagnosis	Number of admissions	Rate per 100,000 population
Male 10-14	Appendicitis	321	187.1
	Bone fractures (forearm)	281	163.8
	Asthma, unspecified	212	123.6
	Tonsilitis	208	121.2
	Bone fractures (elbow and forearm)	189	110.2
Male 15-19	Dialysis	617	360.6
	Chemotherapy	297	173.6
	Appendicitis	281	164.2
	Follow-up care for fractures	239	139.7
	Impacted teeth	238	139.1
Male 20-24	Dialysis	741	408.8
	Chemotherapy	385	212.4
	Schizophrenia	363	200.3
	Gastroenteritis and colitis	287	158.3
	Appendicitis	252	139.0
Female 10-14	Tonsillitis	386	236.5
	Unspecified abdominal pain	263	161.2
	Appendicitis	247	151.3
	Lower abdominal pain	180	110.3
	Asthma	169	103.6
Female 15-19	Medical abortion	816	496.4
	Tonsilitis	524	318.8
	Impacted teeth	417	253.7
	Abdominal pain	405	246.4
	Paracetamol related overdose	342	208.1
Female 20-24	Medical abortion	1122	638.8
	Other conditions complicating pregnancy	863	491.3
	Dialysis	804	457.7
	Child birth related complications	777	442.4
	Child birth	683	388.9

Sources: Department of Human Services, Victorian Admitted Episodes Dataset (VAED) and ABS, Estimated Resident Population at 30 June 2005, ABS data available on request

Rates of hospital admission for Indigenous young people

Indigenous young people (aged 15–24) have higher rates of hospital admission than non-Aboriginal young people.

For young males (aged 10–14) the rate of hospital admission is 82 per 1000 for Indigenous males and 68 per 1000 for non-Indigenous males. For the older group of males aged 15–24 the rate of hospital admission is 131 per 1000 for Indigenous males and 99 per 1000 for non-Aboriginal males.

For young females (aged 10–14) the rate of hospital admission is similar for Indigenous females (53 per 1000) and non-Indigenous females (56 per 1000). However, in the older age group of females (aged 15–24) the rate of hospital admission is much higher for Indigenous females (372 per 1000) compared with 166 per 1000 for non-Indigenous females. The higher rates in Indigenous (than non-Indigenous) females are due to pregnancy-related admissions (Victorian Admitted Episodes Dataset (VAED) 2005–06 data, reported in Department of Human Services 2007a).

Trends in asthma hospitalisation

Asthma hospitalisation rates may reflect changes in the prevalence or severity of asthma, or in asthma management practices and hospital admission criteria (AIHW 2007).

Asthma hospitalisation rates in the total population of 10–24 year olds, in Victoria, have decreased between 2001–02 and 2005–06. Rates are lower among Indigenous than non-Indigenous young people (see figure 2.3).[30][31] This finding is surprising given that asthma prevalence rates and asthma hospital separation rates are known to be higher among Indigenous young people nationally.

Figure 2.3: Hospital admissions for asthma per 100,000 young people aged 10–24 in Victoria
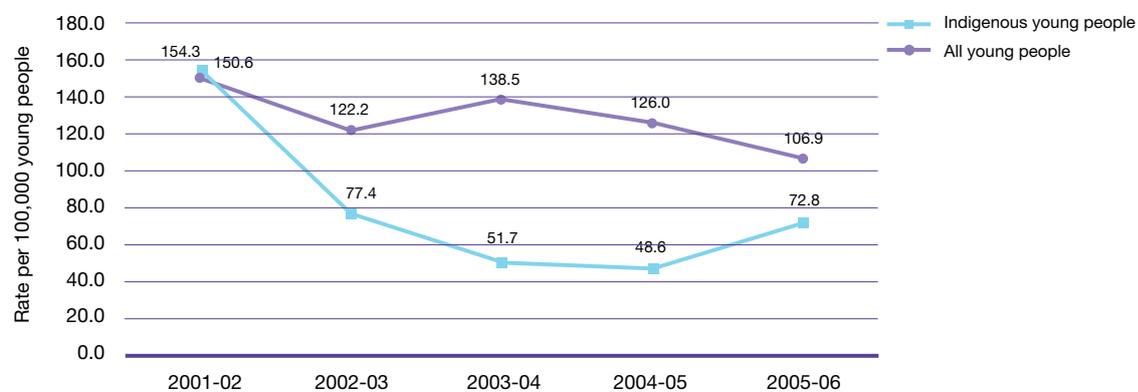
Source: Department of Human Services calculations based on Victorian Admitted Episodes Dataset, ABS 2004 (High Series) and ABS estimated resident population from 2001 to 2005, ABS data available on request.

Note: The VAED counts admissions not individuals thus will include repeat admissions. The calculations used in this Figure use population estimates for the first year in the financial period, for example, 2004 estimates are used for the 2004-05 financial year, because population estimates are published one year in arrears.

[30] There appears to be an increase in the rate of Indigenous young people hospital admissions from 2004–05 to 2005–06. However, these data should be treated with caution, as the numbers of Indigenous young people are small and this actually represents an increase from five to eight admissions. Furthermore, as the VAED counts admissions and not people, this increase could be due to one or two people being admitted more than once during the year.

[31] Asthma hospitalisation rates are higher overall among females than males, and among 10–14 year olds than in young people aged 15–19 and 20–24. However, when the data are analysed by both age and by gender, this shows that admission rates are higher in males than females in the 10 to 14-year age group, and higher in females than males in the two older age groups.

2.3 Staying healthy and healthy lifestyles

Dental health

There are significant gaps in knowledge about the oral health status of young people (aged 12–24) (particularly for young people aged 15 and over)[32] and a lack of Victorian-specific data.

The oral health of Australian adolescents (aged 12–14) compares very favourably with that of young people from other OECD countries (Armfield and Slade 2006, Office for National Statistics 1998, Slade et al. 2007, WHO 2007). It has improved over time owing to an increasing use of fluoride and to the School Dental Scheme Service. However, there has been a recent increase in the proportion of young people (aged 12–15) with tooth decay (AIHW 2007). This may be linked to changes in diet.

National data also suggest that oral health appears to worsen as children become young adults. Almost two thirds (64.1 per cent) of young adults (aged 15–24) have experienced some dental caries, compared with 36.7 per cent of 12 year olds. Untreated dental decay accounts for 25 per cent of the disease experience[33] in 15–24 year olds and nearly one in five (18.5 per cent) have at least one tooth missing due to dental disease (Slade et al. 2007).

Victoria's School Dental Service

In Victoria, Dental Health Services Victoria (DHSV) operates the School Dental Service which offers dental care to all primary school children and eligible adolescents in Years 7 and 8, in fixed and mobile dental clinics across the state.

In 2006–07 DHSV invested more than $61.9 million in purchasing dental services from 60 external agencies. These agencies are responsible for delivering the Community Dental Program through community-based dental clinics across the state. DHSV also aims to raise awareness of oral health issues among the broader Victorian community through health promotion programs and advocacy activities.

In 2006–07, more than 209,271 adults and 95,294 children from rural, regional and metropolitan Victoria received general and specialist care from DHSV. DHSV services are available to all Victorians who hold a pension, concession or healthcare card, and their dependants.

The national trend towards increasing proportions of adolescents with tooth decay appears to be reflected in Victoria (see figure 2.4). The figure shows a decrease in the percentage of Victorian children aged 12 attending school dental services who are decay free, from 64 per cent (in 2001) to 57.7 per cent (in 2005).

Figure 2.4: Percentage of children attending school dental services whose teeth are decay free at age 12 across Victoria

Source: Dental Health Services Clinical Analysis and Evaluation Unit, Dental Health Services Victoria

[32] Surveillance and data collection has focused principally on primary school aged children through the School Dental Scheme Service.

[33] The DMFT is a score that is commonly used to describe an individual's, group or population's dental caries experience. At any one time a person can have decayed (current untreated decay) filled or missing due to caries teeth. The sum of each of these i.e. number of decayed + number of filled + number of missing teeth, is the total (cumulative) dental caries experience to that point. The decayed component (the D) is the number of teeth that have decay but are at that time untreated. The D score could be the same or less than a total DMFT score. If it is less it does not indicate an individual's total experience of decay.

Table 2.4 suggests that the prevalence of dental caries among young people is similar in Victoria to nationally. However, there are no Victorian data for the 15 to 24-year age group.

### Table 2.4: Caries experience data for young people aged 12, 14 and 15–24

| | 12 year olds | | 14 year olds | | 15–24 year olds | |
	DMFT	% DMFT=0	DMFT	% DMFT=0	DMFT	% DMFT=0
Vic	0.93	59.1	1.54	47.8	-	-
Aust	0.83	63.3	1.29	53.4	3.1	35.9

Source: Armfield and Slade 2006; Slade et al. 2007

Indigenous young people

Aboriginal young Victorians (aged 12–16) have a much lower rate of decay free or no decay experience than other young people in the same age group.[34] The relationship also holds true when ATSI young people are compared with young people who would be considered as low SES (as defined by holding a Health Care Card (see figure 2.5). This suggests that the poorer dental health of Aboriginal young people cannot be explained by SES.

Figure 2.5: Percentage of young people, 12–16 years of age, decay free or with no decay experience, (pooled data) 2003–05
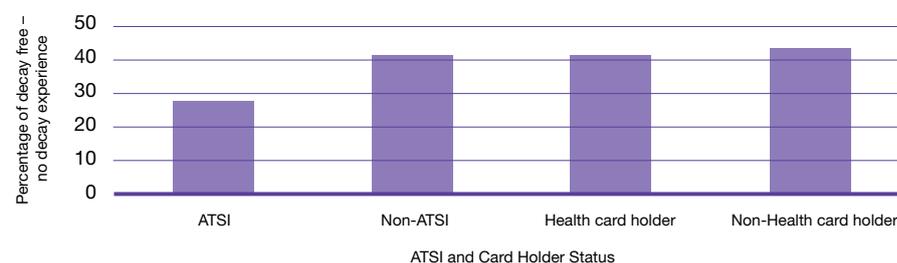
Source: Dental Health Services Clinical Analysis and Evaluation Unit, Dental Health Services Victoria

Variations between subgroups in level of dental caries

Greater levels of dental caries are also seen in those young people who report only attending dental services for a problem,[35] who leave school early and those who are eligible for public dental care (Roberts-Thomson & Do 2007).

Urban youth have lower levels of reported extractions and more fillings and 'scale and cleans' than rural and remote youth (Slade et al. 2007). These findings may be linked to the lower usage of dental services among rural young people.

There are no Victorian, national (or international) data on the oral health of young people with special health care needs (SHCNs).[36] There are also no reliable data on the oral health of migrant young people in Victoria.[37]

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[34] For Indigenous youth in Australia, the proportion of caries free is half that for non-Indigenous youth. Furthermore, Indigenous Australians have a twofold relative difference in prevalence of untreated decay (Slade et al. 2007).

[35] Higher proportions of rural and remote dwelling youths (49.1 per cent) reported the last dental visit was made for a problem rather than routine dental check-up than did urban dwellers (61 per cent) (Slade et al. 2007).

[36] However, Victorian data on the oral health status of children (aged 6–12) with SHCNs show that the decay component of caries experience for this population is significantly greater (1.3 per cent) than in the otherwise healthy Australian child population (0.4 per cent) (Desai et al. 2001). In addition, children with SHCNs have significant poorer gingival health than otherwise healthy individuals with almost all (>90 per cent) needing periodontal or preventive gingival treatment. This confirms international data that children with SHCNs may not experience more dental disease but have significantly more unmet treatment needs (Nunn et al. 1993).

[37] Limited data available from Canada suggest that significantly more recent migrant youths (22.9 per cent) may require dental treatment than long-term residents (3.5 per cent) with 10.5 per cent of migrants requiring urgent care (Locker et al. 1998).

Young people's use of dental services

There are no Victorian data on young people's views on the use of dental services or on their tooth-cleaning behaviour. While 63 per cent of young Australians attend the dentist at least once a year, there is a significant minority who could be considered outside the dental care system. These individuals are highly likely to be eligible for public dental services and attend only when a problem occurs (Spencer & Harford 2007).

Around a quarter (23 per cent) of young people report avoiding or delaying dental visits because of the cost. Problems completing a recommended course of care because of the cost are reported by 11.6 per cent, and a quarter of young people state they would have trouble paying a $100 dental bill[38] (Slade et al. 2007).

Young people from rural and remote locations are less likely to report visiting a dentist within the past 12 months when compared with urban dwellers. In addition, rural and remote youth have a lower average frequency of attendance per year (2.06 and 1.81 per cent respectively) compared with their urban counterparts (2.61 per cent) (Slade et al. 2007).

Dental health and water fluoridation

School Dental Service data show that children living in fluoridated parts of Victoria have considerably less tooth decay than those living in non-fluoridated areas.[39]

Prior to 2004, about 74 per cent of the Victorian population had a fluoridated drinking water supply, with most of these people living in metropolitan Melbourne. In 2007 the percentage has increased to approximately 77 per cent.

Following community engagement programs over the past three years, the towns of Sale, Morwell, Moe, Warragul, Traralgon, Robinvale, Horsham and Wodonga were all fluoridated during 2006 and 2007. Wangaratta will follow in 2008.

Sun protection and damage

Australia has the highest incidence of skin cancer in the world. Skin cancer is one of the most preventable cancers, but is still the most common type of cancer in young people. There is also evidence to suggest that over-exposure to the sun as a child or teenager can significantly increase the risk of melanoma later in life.[40]

Data for this section was sourced from The Cancer Council Victoria. It collected data from 4111 Victorian secondary school students aged 12–17[41] about their attitudes and sun protection behaviour.

While the majority of young people knew that most cancer is caused by ultraviolet radiation (UVR), more than a quarter believed (wrongly) that you only get skin cancer if you get burnt often (see table 2.5).[42]

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[38] A routine dental visit is currently estimated to cost $150 (Slade et al. 2007).

[39] Water fluoridation is the adjustment of the natural level of fluoride in drinking water to around 1 milligram per litre, the optimal level that helps to protect teeth against decay. As a public health measure it is one of the most effective as it allows everybody access to the benefits of fluoride regardless of age, gender or socioeconomic status. In non-fluoridated areas of Victoria, three times as many people per capita required a general anaesthetic in hospital for treatment of decay than in fluoridated areas.

[40] While the incidence of melanoma among young people (aged 12–24) has been declining (AIHW 2007), there has been an increase in new cases in the total adult population. The skin cancer incidence projection for melanoma skin cancers for 2002 to 2011 is for a 23 per cent increase for women and a 28 per cent increase for men (AIHW, AACR & NCSG: Ian McDermid 2005 Cancer incidence projections, Australia 2002 to 2011. Canberra: Australian Institute of Health and Welfare (AIHW), Australasian Association of Cancer Registries (AACR) and the National Cancer Strategies Group (NCSG).

[41] 2070 of the students were male and 2041 were female. The data were collected as part of the 2002 Australian Students Smoking, Alcohol and Drug Survey and were weighted to reflect age and sex distributions within the Victorian population.

[42] Results add to more than 100 per cent as respondents could give multiple answers.

Table 2.5: Knowledge of the causes of skin cancer, young people aged 12–17, Victoria

Knowledge about skin cancer	Male (%)	Female (%)	Total (%)
You only get skin cancer if you get burnt often	32.7	23.6	28.2
Most skin cancer is caused by UVR from the sun	91.1	89.9	90.5

Source: The Cancer Council, Victoria

More than three quarters of young people reported that they liked getting a tan, and females were more likely than males to report this (see table 2.6).

Table 2.6: Young people's attitudes towards gaining a tan

Do you like to get a tan?	Male (%)	Female (%)	Total (%)
No	26.4	18.1	22.3
Yes, a light tan	33.7	29.5	31.6
Yes, a moderate tan	30.9	37.3	34.1
Yes, a dark tan	6.7	11.9	9.3
Yes, a very dark tan	2.3	3.2	2.7

Source: The Cancer Council, Victoria

Sun protection

The survey found that around half (48 per cent) of young people usually or always wear maximum protection (30+) sunscreen on a sunny day in summer.[43] The rate of young people reporting usually or always wearing a hat on a sunny day in summer is 42.5 per cent.[44] Smaller proportions of young people usually or always wear sunglasses (39 per cent), stay mainly in the shade on sunny days in summer (25 per cent) and wear clothes that cover most of their body (16 per cent).

Experience of sunburn

When asked whether they had been sunburnt over the past summer, 78.8 per cent of young people stated that they had and 21.2 per cent said they had not, with females slightly more likely to report sunburn than males. Of those who reported sunburn over the last summer, 33.9 per cent reported only getting sunburnt once, 33 per cent said two to three times and 12 per cent experienced sunburn four or more times. Nearly four in 10 (36.9 per cent) young people reported ever having had severe sunburn with blistering.

Skin cancer campaigns aim to emphasise to young people the ways of protecting themselves from harmful ultraviolet radiation: seeking shade, wearing appropriate protective clothing, broad-brimmed hats, wraparound sunglasses and applying a SPF 30+ sunscreen to exposed skin. These campaigns have had some impact on behaviour.

The UV index

The WHO Global Solar UV index is a number relating to how much solar UVR reaches the ground. The Bureau of Meteorology issues SunSmart UV (ultraviolet) alerts when the UV index is forecast to reach or exceed exposure category three (moderate), a level that can damage skin and lead to skin cancer. Figure 2.6 shows the average number of UV index days for Melbourne.

[43] Males were less likely to do so than females with 29 per cent of males reporting they never or rarely wear 30+ sunscreen.
[44] The most common hat worn was a cap (40.4 per cent), followed by a wide-brimmed hat (15.3 per cent), narrow-brimmed hats (11.7 per cent) and sunvisors (5.6 per cent).

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Figure 2.6: The average number of UV index days for Melbourne for each exposure category grouped by season, 2001–06
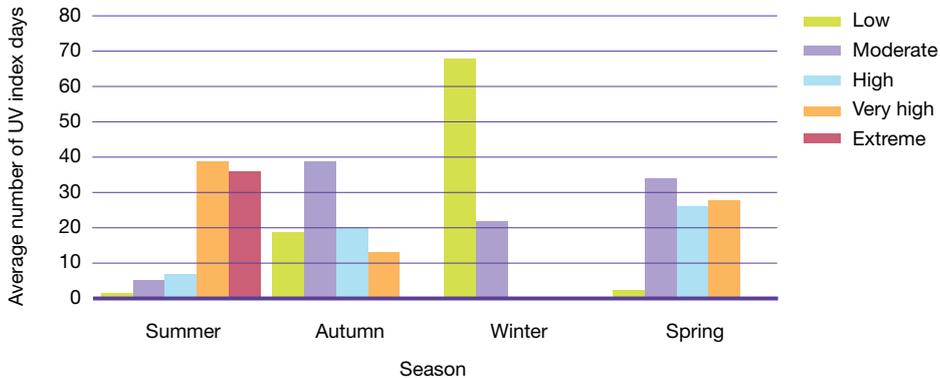
Solarium usage

Solariums are artificial tanning beds that produce UV radiation up to five times stronger than the sun.[45]

WHO recently completed a systematic review of biological and epidemiological studies on sunbed use.[46] The review found a significantly increased risk of melanoma and squamous cell carcinoma among sunbed users. The increase in melanoma risk was associated with exposure to sunbeds before age 35.[47]

Research in Australia and elsewhere shows that younger people, (particularly females) are more likely than older people to use solariums. Nearly one in 10 (9 per cent) of all Victorians aged 14–29 had used a solarium.[48] Also, the 2004 National Sun Survey by The Cancer Council of Australia shows that 72 per cent of 18–24 year olds believe most of their friends would think a suntan is a good thing compared with just 45 per cent of 25–44 year olds.[49]

Regulation of the solarium industry

In response to the increasing body of research on the harmful health effects of solarium use and community concern about the use of solariums, the Victorian Government recently announced the regulation of the solarium industry from 1 February 2008. Under these arrangements solarium businesses will be required to be licensed with the Department of Human Services.[50] The regulations also make it illegal for anyone under the age of 16 to use a solarium and require 16 and 17 year olds to provide parental consent.

Outdoor air and water quality

Environmental health hazards, including pollution of air, land and water, can potentially impact on the health status of young people and the broader population. Global warming from climate change is also an emerging public health challenge.

Outdoor air quality: ozone and particles smaller than 10 micrometres

Ozone is found naturally, in low concentrations, in the air we breathe. If levels of outdoor ozone are high,[51] this can result in an increase in asthma attacks and hospitalisations for heart and lung conditions. Over the past two decades Melbourne's air quality has typically met the ozone goals, and progressive improvements in vehicle emission standards have contributed to this.

[45] Australian Standard (AS/NZ 2635: 2002) Solaria for Cosmetic Purposes.
[46] The International Agency for Research on Cancer Working Group on artificial ultraviolet light and skin cancer 2007, 'The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: A systematic review', International Journal of Cancer; 120: 1116-1122.
[47] The Cancer Council of Victoria provides information about the risks of using Solariums on the Better Health Channel website.
[48] See http:www.cancervic.org.au/media/media-releases
[49] The Cancer Council of Australia www.cancervic.org.au
[50] Solarium operators who fail to license their business face fines of nearly $1 million. The maximum penalty for a business that does not comply with its licence is $660,720.
[51] From late spring to early autumn, higher concentrations (i.e. summer smog) can occur when nitrogen dioxide and hydrocarbons react together in the presence of sunlight.

Particles smaller than 10 micrometres (or less than one-tenth the width of human hair) are called PM10. If levels of outdoor PM10 are high this can exacerbate existing heart and lung conditions. The major sources of particles in an urban environment are motor vehicles (particularly diesel-powered), industry and wood combustion for heating. In recent years, bushfire smoke and windblown dust have contributed significantly to high particle levels. In years not significantly affected by bushfire smoke or dust, Melbourne monitoring stations typically meet the goal.

The air objectives for ozone and PM_{10} are:

Air quality indicator	Air objectives	Goal (by 2008)
Ozone	One-hour average of 100 ppb Four-hour average of 80 ppb	No more than one day a year where the objectives are not met
PM_{10} particles	One- day average of 50 µg/m3	No more than five days a year where the objective is not met

Drinking water

Escherichia coli (E. coli) is a bacterium that can occur in water supplies as a result of human or animal faecal contamination and cause diarrhoeal illness.[52] Drinking water authorities collect weekly E. coli measurements in all drinking water locations and report these to the Department of Human Services. The water quality standard for E.coli states that, '98 per cent of weekly samples should contain no E. coli per 100mL of drinking water over a 12-month period.'

From 2004 to 2005, 95.35 per cent (i.e. 451 out of 473) of water locations met the state's E. coli water quality standard. From 2005 to 2006, this increased to 95.54 per cent (i.e. 471 out of 493) compliance. Localities that did not comply with the standard – in either year – were Clunes, Sea Lake, Corryong, Tawonga, Tawonga Ranch Road, Mount Baw Baw and Mount Buller.

Recreational water

Enterococci are a group of bacteria found in the gastrointestinal tract of warm-blooded animals. Enterococci levels are measured as an indicator of faecal contamination in marine waters.

During summer, when beaches are popular for swimming, EPA Victoria carries out weekly water sampling of Enterococci levels across 36 beaches in Port Phillip Bay.[53] Over the 2006–07 summer period, the water quality at bay beaches was generally good during fine weather. Poor water quality was generally associated with rainfall.[54]

Healthy body weight

Overweight and obesity account for a large proportion of the total global burden of disease and are now very serious public health problems in Australia. Childhood and adolescence are critical periods for the development of this condition, and obesity early in life is of particular concern because of the associated health consequences and its influence on young people's psychosocial development. High levels of overweight and obesity are viewed as being linked to increasingly sedentary lifestyles and to changing dietary habits.

Once obesity develops it is difficult and costly to treat, and when treated, it can be very difficult for individuals to maintain a healthy body weight throughout their life. Overweight children are more likely (than lean children) to become overweight in adulthood, and studies have shown that about half of overweight adolescents and over one-third of overweight children remain obese as adults (Wang & Lobstein 2006, Lobstein et al. 2004).

[52] The presence of E. Coli in drinking water supplies suggests that the water treatment process may be inadequate or has failed.
[53] Enterococci levels are measured as an indicator of faecal contamination.
[54] This is why EPA Victoria recommends against swimming near stormwater drains, rivers, streams and other outlets into Port Phillip Bay, especially during and 24 hours after rain.

Young people who are overweight and obese may also face difficulties in their day-to-day lives. For example, in the Victorian Government-funded study 'It's Your Move'[55] young people (aged 12–17) who were overweight or obese reported more difficulty in running and playing sport or doing exercise than those who were a healthy weight. They also reported experiencing some teasing and felt sad more often than those who were a healthy weight (Sanigorski AM, unpublished data).

While the significance of overweight and obesity for young people's lives cannot be contested, it may be more helpful and less potentially stigmatising to place policy emphasis on the wider, more positive goal of attaining a healthy body weight. Many young people show considerable knowledge about the contribution of physical activity and diet to healthy weight.[56] It is important too to recognise that there are tremendous social pressures on young people to lose weight to fit in with desired body images and that these body images may bear little relationship to healthy body weight and may even contribute to the development of eating disorders.

While just over half of the Victorian students (aged 12–17) surveyed in the It's Your Move study were either happy or very happy with their body weight and shape, it is concerning that 23 per cent of males and 44 per cent of females were actively trying to lose weight. The students who were trying to lose weight included 33 per cent of 'healthy weight' females and 11 per cent of 'healthy weight' males along with over 85 per cent of those who were overweight or obese (Sanigorski, unpublished data).

Recent data from the HNSS show that the desire to lose weight is also affecting the younger age group. Of a representative sample of Victorian young people in Years 6 and 8, 38.2 per cent were trying to lose weight. Nearly a quarter (24.2 per cent) of these students were of normal weight and among these (normal weight) students 17.8 per cent said that they would be either worried or really upset if they gained one or two kilograms in weight (Williams 2007).

Body image may also fail to reflect actual body weight in young people who are overweight and obese. While overweight and obese young people were more likely (than normal weight young people) to be trying to lose weight, many of the young people who were measured as overweight and obese did not appear to recognise their risk of weight-related problems. For example, more than 50 per cent of overweight students and more than 16 per cent of obese students described themselves as about the right weight and more than 65 per cent of obese students described themselves as slightly overweight (Williams 2007).[57]

The 2004 inquiry into the development of body image

In 2006 the Minister for Youth Affairs, Jacinta Allan, launched the Teenagers Go for your life positive body image strategy, following a parliamentary inquiry into the development of body image among young people and the associated effects on their health and wellbeing.

The Positive body image strategy will promote a healthy body image among young people through new community education and training partnerships, community-based programs and partnerships with the media and fashion industries. Small grants of up to $5000 were distributed to 32 community-based organisations in June 2007. The ministerial-appointed Community Advisory Committee on Body Image, chaired by Nicole Livingstone OAM, has been convening regularly.

Prevalence and trends in overweight and obesity in Victorian young people

Figure 2.7 presents data on the proportions of young people who were measured as overweight or obese in 1995 (national data) and 2005 (Victorian data) together with self-report data from state and national surveys (2004 and 2004–05).

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[55] Funded by the Victorian Government as part of 'Go for your life': an initiative that aims to promote healthy eating and increase levels of physical activity

[56] The majority of young people in the It's Your Move study had good knowledge about behaviour (sedentary and dietary) that would promote weight gain and recognised that the foods available from their school canteens were not healthy (>90 per cent) (Sanigorski, unpublished data). Young people (aged 12–24) consulted in the development of Future Directions associated a healthy lifestyle with maintaining physical health through exercise and eating healthy foods.

[57] In the HNSS girls were also more likely than boys to be trying to lose weight, although they were no more likely (than boys) to be overweight or obese.

The figure shows that the proportion of young people who are overweight or obese is high (close to one-third of all young people). However, it is not possible to comment on trends on the basis of these data. The trend (in measured weight) for young people (aged 12–18) appears as stable. However, the 1995 data are national but the 2005 data are from only one region in Victoria.[58] Results from the current (2007) National Nutrition Survey should provide a better indication of the trends and highlight whether this is increasing, as is the case for younger children and for adults.[59]

The findings from the state and national surveys (2004 and 2004–05) should also be treated with some caution as the use of self-reporting of height and weight introduces a large amount of underreporting bias, especially in females.

Figure 2.7: Overweight and obesity in young people
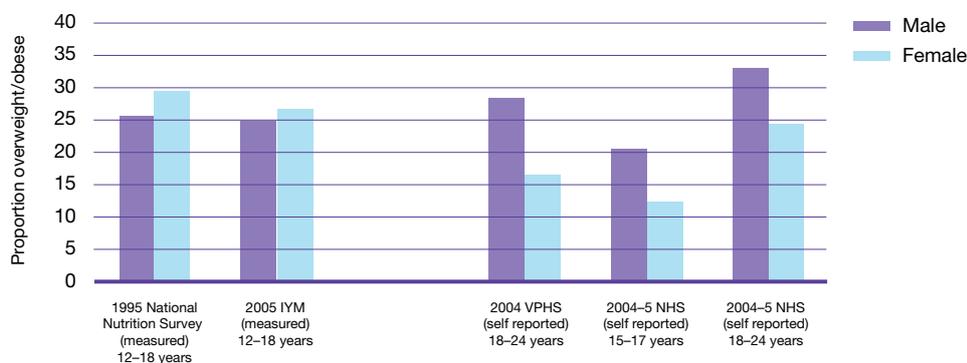
Sources: National Nutrition Survey (Magarey et al. 2001)
It's Your Move! Victorian adolescent obesity prevention project (Sanigorski, unpublished data)
Victorian Population Health Survey 2004
NHS – ABS National Health Survey 2004–05

More recent data from the Victorian HNSS show that nearly a quarter (23.7 per cent) of young people (in Years 6 and 8) were measured as being overweight and 7.4 per cent were measured as being obese.[60] The prevalence of overweight and obesity was not significantly different for boys and girls (Williams 2007).

The level and nature of physical activity of young people

Young people who do not participate in regular (moderate to vigorous) physical activity are more likely to have health-related problems than those who are sufficiently active. Young people who are physically active are also more likely to continue this behaviour into their adult lives (Twisk 2001).

Australia's physical activity guidelines for 12–18 year olds recommend that young people should be engaging in at least 60 minutes of moderate to vigorous exercise per day (Commonwealth of Australia, Department of Health and Ageing 2004).

The HNSS found that 22.9 per cent of young people (in Years 6 and 8) were physically active for a total of at least 60 minutes on seven days (over the past week), in line with recommended levels. However, physical activity decreased with age and twice as many boys than girls met recommended activity levels (30.7 per cent of boys, and 15.2 per cent of girls). Younger children and boys also reported enjoying physical activity more.

One way in which young people can get regular physical activity is through walking or cycling to and from school. However, there is a concerning trend in school travel with the proportion of trips to school by car dramatically increasing from 16 per cent in 1970 to approximately 70 per cent in 2003 (see figure 2.8). This trend has significant implications for young people's physical activity levels and independent mobility as well as for congestion, road safety and local amenity.

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[58] The response rate to the It's Your Move study was 50 per cent and young people who were overweight or obese may be underrepresented.
[59] Recent studies show a clearly increasing trend in the prevalence of overweight and obesity in younger children (under 15 years) (see, for example, Booth et al, 2007, Norton et al. 2006) and in adults (AIHW 2003a).
[60] In the HNSS, the weight of students was measured (along with their height, blood pressure and pulse rate) for students who consented to this part of the survey (n=3433).

Figure 2.8: Travel to school in Victoria 1974–2003, students from Prep to Year 12

Source: * 1974 Journey to Work and Journey to School, August 1974, ABS, Canberra (Released April, 1976), *1984 Travel to Work, School and Shops, Victoria, October 1984, ABS, Victoria (Released June 1985) and 1994 Travel to Work, School and Shops, Victoria, October *1994, ABS (released August 1995)

The shift to car has largely come at the expense of walking. Initiatives such as the Department of Infrastructure's TravelSmart Schools program, VicHealth's Walking School Bus program, and Bicycle Victoria's Ride2School program aim to encourage alternatives to getting to school by car.

The physical activity guidelines for 12–18 year olds also recommend that young people should not spend more than two hours a day surfing the net, watching TV or playing video games (Commonwealth of Australia, Department of Health and Ageing 2004).

The HNSS found that 40.3 per cent of the Victorian (Years 6 and 8) students surveyed reported watching two or more hours television per day on school days, rising to 57.1 per cent at weekends (see table 2.7). In addition, 17.1 per cent of young people reported spending two or more hours on a computer or playing video games during the week, increasing to 30.6 per cent at weekends. Boys were significantly more likely (than girls) to spend time – at weekends – watching TV and playing computer/video games.

Table 2.7: Time spent watching TV and on computer or video games, 11–13 year olds, Victoria

	TV – school days (%)	TV – weekends (%)	Video/computer School days (%)	Video/computer Weekends (%)
None	2.9	2.1	20.1	12.8
Less than an hour	17.4	11.3	35.7	26.4
1 to 2 hours	39.5	29.3	27.1	30.3
2 to 4 hours	**28.6**	**33.7**	**11.7**	**18.5**
4 to 6 hours	**8.6**	**15.6**	**3.0**	**7.3**
More than 6 hours	**3.1**	**7.8**	**2.4**	**4.8**

Source: Williams 2007

The adult physical activity guidelines (covering 18–24 year olds) state that adults should engage in at least 30 minutes of moderate-intensity physical activity on most, preferably all, days (Commonwealth of Australia, Department of Health and Ageing 2003).

The 2004 VPHS found that 65 per cent of males and 58 per cent of females aged over 18 years had undertaken adequate amounts of physical activity (according to the national guidelines) in the previous week, and this proportion declined for both genders with age.

Differences between subgroups in obesity or overweight and physical activity levels

Indigenous young people

The ABS 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) found that for young people (aged 15–24) 31 per cent of males and 26 per cent of females were overweight or obese. These rates are higher than those in the non-Indigenous population, and a substantially larger proportion of the Indigenous (than non-Indigenous) youth was also classified as obese.

The HNSS (in Victoria) found that Indigenous students were more likely to be overweight, but not as likely to be obese as non-Indigenous students (38.2 per cent of Indigenous students were overweight and 2.5 per cent were obese, compared with 23.4 per cent of non-Indigenous who were overweight and 7.5 per cent who were obese) (Williams 2007).

The HNSS also found that Indigenous students were more likely to have been physically active for at least 60 minutes on seven days in the past week (37.4 per cent of Indigenous students, compared with 22.8 per cent of non-Indigenous).

Children and young people from CALD backgrounds

The HNSS found that Victorian students (in Years 6 and 8) who spoke a language other than English at home were less likely (than students who spoke English at home) to have been physically active for at least 60 minutes on seven days (17.9 per cent of those speaking another language, compared with 24.1 per cent of those speaking English). These students were also significantly more likely to be overweight or obese than those who only spoke English at home (see table 2.8).

Table 2.8: Language spoken at home by weight category, 11–13 year olds, Victoria

	Normal Number (%)	Overweight Number (%)	Obese Number (%)	Total Number
English	2009 (70.7)	652 (23.0)	178 (6.3)	2840
Other	356 (60.0)	161 (27.3)	75 (12.7)	593
Total	2365 (68.9)	814 (23.7)	254 (7.4)	3433

Source: Williams 2007

There is also some evidence from national studies to suggest that older young people from some CALD groups may engage in lower levels of physical activity.

In the NSW Schools Physical Activity and Nutrition Survey (SPANS), males of Asian background and females of Asian or Middle-Eastern background had a lower prevalence of adequate activity than other cultural groups. This study also found evidence of higher prevalence of overweight/obesity in students of Middle-Eastern background (Booth et al. 2006).

In the NHS, for all adults aged over 18, sedentary/low exercise level varied by country of birth, with the highest rates seen for people born in 'Southern and Eastern Europe' and 'North Africa and the Middle East'.

Children and young people affected by chronic disadvantage

In Victoria, the HNSS shows that students from higher socioeconomic groups were more likely to have been physically active for 60 minutes or more on seven days in the past week (26.3 in the highest SEN compared with 22.6 per cent in the lowest).

The survey also shows that SES is significantly inversely related to the prevalence of overweight and obesity, with those in the lowest socioeconomic groups having significantly higher rates of overweight and obesity (see table 2.9).

Table 2.9: Socioeconomic quintile by weight category, young people in Years 6 and 8, Victoria

	Normal Number (%)	Overweight Number (%)	Obese Number (%)	Total Number
Lowest	406 (61.3)	165 (24.9)	91 (13.7)	662
2	463 (67.0)	180 (26.0)	48 (7.0)	691
3	486 (69.3)	170 (24.2)	46 (6.5)	701
4	516 (73.7)	152 (21.7)	32 (4.6)	700
Highest	494 (72.8)	148 (21.8)	37 (5.4)	678
Total	2366 (68.9)	814 (23.7)	254 (7.4)	3433

Source: Williams 2007

A link between lower SES and overweight or obesity and between lower SES and sedentariness is found in some other studies, but not in all and caution should be used in interpreting the evidence in this area as some studies are based on self-report and others on measured data.[61]

Are there any differences by geographical area?

HNSS data for the younger Victorians (in Years 6 and 8) show that there are no significant differences in either weight or physical activity levels between students in urban and in rural areas.[62]

However, the 2003 VPHS shows that the proportion of overweight/obesity (among 18–24 year olds) is substantially higher in the rural Department of Human Services regions, although this was based on self-reported height and weight (see figure 2.9).

The VPHS 2003 also shows that there were more youth from the metropolitan (than the rural) Department of Human Services regions who were sufficiently physically active (mean proportion was 71 per cent versus 65 per cent, respectively).[63]

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[61] The VPHS in 2004 found that for all adults aged over 18 years, there were similar proportions of males classified as overweight/obese across quintiles of the Index of Relative Socio-Economic Disadvantage (IRSED), however there was a greater proportion of overweight/obese females living in the most disadvantaged areas compared with those living in relatively higher SES areas (41.5 per cent versus 30.6 per cent). The NSW SPANS found no significant association between SES and prevalence of physical activity or overweight/obesity in secondary students, although there was some evidence of an inverse gradient of overweight/obesity prevalence across levels of SES (Booth et al. 2006). In the NHS, sedentary/low exercise level varied by several indicators of socioeconomic status (SEIFA index of disadvantage, education level, employment status and household income) for people aged over 18, with a higher proportion of people who were sedentary coming from lower SES.

[62] Outside of Victoria, the NSW SPANS in secondary students found that rural students were more active than urban students but the prevalence of overweight/obesity was not different between rural and urban secondary students (Booth et al. 2006).

[63] The highest and lowest proportions of youth (who were sufficiently active) were in the Lodden Mallee region (75.9 per cent) and Gippsland region (59.8 per cent), respectively. In seven of the eight Department of Human Services regions more males were sufficiently physically active than females.

The Victorian Government's 'Go for your life' strategy

With overwhelming evidence supporting the social, health, economic and environmental benefits of healthy and active lifestyles, the Victorian Government is spearheading a whole-of-government and community approach aimed at building a healthy and more active Victoria.

In recognition of the importance of working to increase levels of physical activity and healthy eating and to address the rising prevalence of obesity and diabetes, the Government announced in the 2006 election that $132 million would be invested over four years to promote good health and wellbeing.

The Government recognises that action needs to occur at all levels of our community if the range of benefits available through increased levels of physical activity and healthy eating are captured. Similarly, multi-sectorial and multi-intervention approaches, which are responsive to the broad physical, social, economic and cultural environments, are required.

Within this context, a coordinated approach across government has been developed under 'Go for your life', to identify areas for collaborative investment, opportunities for building on existing activities and integrated stakeholder engagement.

'Go for your life' includes a significant investment in a range of community-based programs. Where possible, these programs build on existing community building activities and target socioeconomically disadvantaged and isolated areas. These programs will provide support at the community level to achieve sustained change.

Community ownership is an important aspect of the strategy, including the prioritisation of need and selection of activities/interventions. The aim will be to create a culture and commitment to local environments and services that support healthy lifestyles.

The Government also recognises the importance of engaging Victorians from culturally and linguistically diverse backgrounds (CALD) to take up healthier and more active lifestyles. It has funded tailored programs for high risk groups within this community.

In recognition of the importance of encouraging the commencement of healthy lifestyles at an early age, the Government announced that under the Go for your life – Healthy Start in Schools program, government primary schools would receive grants of up to $6,000 to install bicycle sheds, create cafe-style school canteens, establish kitchen gardens, and upgrade their playgrounds. This is in addition to the provision of free fruit once per week for all students in Prep to Year 2.

Figure 2.9: Proportion of overweight or obese 18–24 year olds by Department of Human Services region
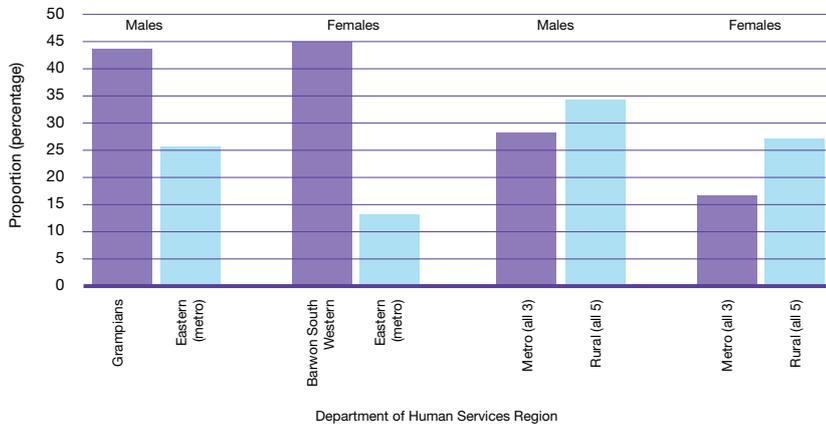
Source: VPHS 2003

Nutrition

The most notable change in the diet of young Australians over recent decades has been the increased consumption of energy-dense food and drinks (processed foods and snacks that are high in fat and sugar). Young people today live in an environment that is characterised by abundant 'obesogenic' foods. Of particular concern are foods that are high in simple sugars, processed starch and fats. These foods are convenient and pleasant to eat and are heavily marketed.

Consumption of energy-dense foods and drinks

Young people (in Years 6 and 8) in the HNSS were asked about their consumption of biscuits, doughnuts, cakes, pies or chocolate; as well as their consumption of sweet drinks and takeaways.

The survey found that 29.5 per cent of young people consumed two or more serves of biscuits, doughnuts, cakes, pie or chocolate per day; and 32.6 per cent consumed two or more servings of sweet drinks. Just under a quarter of young people had takeaway less than once a month (24.2 per cent) and once a week (23.9 per cent) and a minority (4.2 per cent) had takeaway 2–3 times a week or most days (0.8 per cent).

Boys were more likely than girls to consume sweet drinks and takeaways. CALD students were less likely to report that they eat takeaway food, although more likely to report consuming sweet drinks.

Students in the higher socioeconomic group were significantly less likely than students in the other socioeconomic groups to report consuming: more than one sweet drink per day; and more than one biscuit, doughnut, cake, pie or chocolate per day (see tables 2.10 and 2.11).

Table 2.10: Responses to the question, 'How many serves of the following foods do you usually have per day? Sweet drinks such as soft drinks, cordial, Big M, flavoured mineral water etc.'

	Lowest SES (%)	2 (%)	3 (%)	4 (%)	Highest SES (%)	Total (%)
None	16.3	25.5	25.0	33.6	34.1	26.9
1	39.5	38.9	39.3	43.7	41.5	40.6
2	21.6	18.6	20.3	12.8	12.7	17.2
3	9.7	7.6	8.3	5.4	7.5	7.7
4	5.6	3.9	4.9	3.2	2.2	4.0
5 or more	7.3	5.5	2.2	1.4	2.0	3.7

Source: Williams 2007

Table 2.11: Responses to the question, 'How many serves of the following foods do you usually have per day? Biscuits, doughnuts, cake, pie or chocolate'

	Lowest SES (%)	2 (%)	3 (%)	4 (%)	Highest SES (%)	Total (%)
None	16.5	19.7	18.2	18.5	23.8	19.3
1	47.5	48.5	50.5	57.2	51.8	51.1
2	21.6	17.0	19.9	15.3	16.3	18.0
3	7.3	8.4	6.7	6.1	5.2	6.7
4	3.3	2.0	2.7	0.9	1.5	2.1
5 or more	3.9	4.3	2.0	2.0	1.4	2.7

Source: Williams 2007

Consumption of fruit and vegetables

Adequate consumption of fruit and vegetables helps young people to maintain good health and reduces the risk of chronic diseases (AIHW 2007).

The Australian National Health and Medical Research Council (NHMRC) guidelines recommend that young people aged 12–18 eat three serves of vegetables and three serves of fruit per day (NHMRC 2003a).

Less than a third (27.1 per cent) of Victorian 12–18 year olds meet the NHMRC recommendations for fruit consumption, with females more likely to meet these than males. A much greater proportion (57.3 per cent) meet the recommendations for vegetable consumption, with little difference between females and males (ABS, NHS 2004–05. ABS data available on request). The levels of fruit consumption are lower than those reported for 11–13 year olds in the HNSS (35.5 per cent), suggesting that fruit consumption declines with age across the 11 to 18-year age group.

The NHMRC guidelines recommend that young people aged 19 and over eat two servings of fruit and five servings of vegetables (NHMRC 2003b).

Nearly half (45.6 per cent) of 19–24 year olds meet the recommendations for fruit consumption. Only 8.5 per cent meet the recommendations for vegetable consumption. Females are slightly more likely to meet recommended levels than males.

There are few notable differences between young Victorians and young people nationally, although Victorian males aged 12–18 are slightly more likely to meet the vegetable guidelines and Victorian males aged 19–24 are more likely to meet the guidelines for fruit (ABS, NHS 2004–05. ABS data available on request).

Eating disorders

Eating disorders are uncommonly seen before puberty, rise steeply in prevalence in the early teens, and rarely have an onset beyond the early twenties. They are much more common in females than males.[64][65]

The two most common eating disorders in young people are anorexia and bulimia nervosa. Bulimia is the more common of these, although both occur only rarely.

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[64] Puberty marks a transition point in risk for the onset of eating disorders. Symptoms of eating disorder as well as a heightened sensitivity to body weight and shape rise steeply across pubertal stage in girls (Killen et al. 1992). Increases in body fat, associated with puberty, may contribute to body dissatisfaction and a greater use of dieting, a major risk factor for eating disorders in post-menarcheal females (Abraham & O'Dea 2001, Patton et al. 1999). There has also been recent speculation that rising rates of childhood obesity might lead to greater rates of eating disorders in early adolescence.

[65] Eating disorders are a mental health disorder, with both physical and mental health elements. They are discussed here (and not with emotional and mental health below) because of the links between eating disorders and healthy body weight, nutrition and body image.

Anorexia nervosa is characterised by a refusal to maintain a minimum normal body weight; intense fear of gaining weight or becoming fat, even though underweight; distortion of body image with a perception of being fat even though very underweight; and a loss of normal menstrual periods.

Bulimia nervosa is characterised by a frequent loss of control of eating (bingeing); the use of extreme methods of weight control such as self-induced vomiting, laxatives, diuretics or compulsive exercising; and an extreme fear of becoming fat.

Other types of eating disorders that do not fit the criteria for diagnosis as anorexia nervosa or bulimia nervosa are called 'partial syndromes' or 'eating disorders not otherwise specified' (EDNOS). Most cases of partial syndrome remit spontaneously but ongoing psychiatric and social problems are common in this group.

What are the consequences of eating disorders?

Anorexia nervosa has arguably the highest mortality rate of any psychiatric disorder. The principal causes of death are suicide and the physical complications of weight loss. It is associated with reduced educational attainment and recurrent hospital admission. In Victoria, eating disorders are the fourth leading cause of disease burden in 15 to 34-year-old females.

Where anorexia occurs during puberty (or less commonly before puberty) it may have an irreversible effect on physical development (leading to growth stunting) and on the achievement of normal secondary sexual characteristics. Chronic anorexia has an impact on brain development that may be irreversible (Kingston et al. 1996). Anorexia can similarly have profound effects on bone mineral density, the early development of osteoporosis and the risk for pathological fractures (Zipfel et al. 2000).

Bulimia nervosa commonly has a chronic course. In a review of 88 studies, nearly 20 per cent continued to meet full criteria for bulimia nervosa five to 10 years after presentation (Keel & Mitchell 1997). A further 30 per cent of women experienced relapses into bulimic symptoms; risk of relapse appears to decline four years after presentation. Symptoms of partial syndromes in adolescence tend to improve, but higher rates of depressive and anxiety disorders are evident in young adulthood. Substance abuse is also common in this group and for those who had a partial syndrome of anorexia nervosa, a majority were still underweight in their mid twenties (Patton et al. 2007).

Prevalence of eating disorders

Adolescent dieting is the usual forerunner of an eating disorder (Patton et al. 1999) although most dieters do not go on to develop an eating disorder.[66]

Surveys in developed Western countries have generally found prevalence rates of around 0.5 per cent for anorexia nervosa and 1 per cent for bulimia nervosa in females aged 15–24. In contrast rates for 'partial syndromes' have been around 3 to 5 per cent (Johnson-Sabine et al. 1988, Rastam, Gillberg & Garton 1989).

Information on the prevalence of eating disorders in Victoria is limited. A recent longitudinal study of young Victorian women suggests that around 10 per cent of young women (who did not have a diagnosed eating disorder) reported that they experienced at least two symptoms associated with anorexia or bulimia at some point between adolescence and young adulthood (Patton et al. 2007).

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[66] Around 30 to 40 per cent of young Victorian women are on a restricting diet at any one time (Patton et al. 1997). Around one in five younger adolescent males diet but this figure falls to around one in 20 by the late teens. Most evidence also suggests that dieting has little effect on weight and may even increase risks for later becoming overweight (Hill 2004).

Mental health service development

Following the release in May 2007 of the Eating Disorders Service Mapping Project report, the Minister for Mental Health requested that the Department of Human Services and the Ministerial Advisory Committee on Mental Health establish a subcommittee to advise on improvements to address issues associated with eating disorder treatment in publicly funded health services.

The Service Mapping report identified the need for a more systematic approach to eating disorder service delivery in Victoria involving primary, acute and mental health services that deliver a hierarchy of accessible services supported by specialist expertise.

The Centre for Excellence in Eating Disorders was provided recurrent funding from 1 July 2007 to assist public mental health child and adolescent and adult services in meeting their responsibilities in assessing, treating and managing individuals presenting with moderate to severe forms of eating disorder.

Sexual health and health-related behaviour

The formation of a sexual identity is one of the major developmental tasks to be negotiated in the transition from child to adult (King & Chown 2004). Sexual identity refers to how people describe their sexuality, and is usually an expression of that person's sexual orientation (Moore & Rosenthal 2006, Smith et al. 2003). However, research suggests that there are varying degrees of congruence between sexual identity, attraction and experience.[67]

Victorian young people's identification of their sexual orientation

Among two representative samples of Victorian young people aged 16–25, around 98 per cent identified as heterosexual, while around 0.6 per cent identified as gay and 1.5 per cent as bisexual. An average of 90 per cent were only attracted to the opposite sex, 8 per cent were attracted to both sexes and around 0.4 per cent were only attracted to the same sex (Smith et al. 2007a&b).[68]

Respondents to a survey of same-sex-attracted young people aged 14–21 predominantly described their identity as homosexual or lesbian (62.2 per cent), while one-fifth (19.9 per cent) said that they were bisexual and 16.2 per cent preferred not to be labelled (Hillier et al. 2005). Among this group, 67.8 per cent were only attracted to their own sex, while 27.2 per cent were attracted to both sexes and 5 per cent were unsure.

In comparison, data taken from a 2006 survey of gay, lesbian, bisexual, transgender and intersex (GLBTI) young people aged 16–25, show that 77.1 per cent identified as gay or lesbian and 12.4 per cent as bisexual, while only a small number said they did not use a label (5.3 per cent) or were not sure (3.1 per cent) (Pitts et al. 2006). When asked about their sexual attraction, 41.3 per cent said they had only ever been attracted to the same sex, while 45.7 per cent were more often attracted to the same sex, 8.1 per cent were equally attracted to both sexes and 5 per cent were more often attracted to the opposite sex (Pitts et al. 2006).

Proportion of young people who have had sexual intercourse

In the Victorian HNSS, 4.1 per cent of 12 year olds and 5.4 per cent of 13 year olds reported they had had sex. The 2002 National Survey of Australian Secondary Students, HIV/AIDS and sexual health found that 26.4 per cent of Year 10 students and 44.2 per cent of Year 12 students reported having had sexual intercourse, giving an average figure of 34.4 per cent (Smith et al. 2002). Two-thirds of students surveyed (66.4 per cent) had not had sex.

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[67] Studies show that uncertainty over sexuality is common in adolescence, and that uncertainty gradually changes over time to either heterosexual or homosexual identification (Moore & Rosenthal 2006). This is important because young people's sexual behaviour may not be congruent with their stated attractions or identity (Hillier et al. 2005). Same-sex-attracted young people need information about contraception and reproduction as much as heterosexual youth (Hillier et al. 2005).

[68] Research with school students reveals a similar pattern of sexual attraction, with 93 per cent of students saying they were only attracted to the opposite sex, 4.6 per cent to both sexes and 0.6 per cent to the same sex, while 1.9 per cent said that they were not sure of their sexual attraction (Smith et al. 2002).

Two representative samples of young people aged 16–25 found that 76 per cent of respondents had experienced sexual intercourse (Rissel et al. 2003, Smith et al. 2007a&b). Among respondents to a national survey of same-sex-attracted young people aged 14–21, 67.6 per cent reported having experienced penetrative sex, while 27 per cent of 12–17 year olds from rural towns in Victoria, Tasmania and Queensland reported having had sexual intercourse (Hillier et al. 1996 2005).[69]

The median age of initiation of sexual intercourse taken from two representative samples of young people aged 16–25 was 17 years of age (Smith et al. 2007a&b).[70] Data from same-sex-attracted young people aged 14–21 found that 11 per cent first had sex at 15, 13 per cent at 16, 12 per cent at 17 and 18 per cent were aged 18 and over (Hillier et al. 2005).

Use of contraception

Surveys have found that condoms are the most common form of contraception used, with between 56 per cent and 71 per cent of young people reporting condom use at their most recent sexual encounter (Hillier et al. 1996, 2005, Smith et al. 2002, de Visser et al. 2003).[71]

Looking at the use of contraceptive methods other than condoms, 37.4 per cent of school students reported using the oral contraceptive pill (at the most recent sexual encounter), 5 per cent the morning-after pill, 2.1 per cent the rhythm method, 1.3 per cent an intra-uterine device and 1.3 per cent a diaphragm, while 11.1 per cent did not use any method of contraception (Smith et al. 2002).

Sales of emergency contraception

The number of sales of emergency contraception in Victoria is not currently available. The available data show that between 28 per cent and 40 per cent of women aged 16–25 who had ever had sex had used emergency contraception, and of those who had ever used this form of contraception, 45 per cent had used it at least once in the past 12 months (Smith et al. 2007a). Additionally, 5.5 per cent of Years 10 and 12 students said they had used emergency contraception the last time they had sexual intercourse (Smith et al. 2002).

Rates and types of sexually transmitted infections in young people

Sexually transmitted infections (STIs) can have significant impacts on health and fertility. While the rate of STIs in Australia is relatively low, there has been a trend of increasing prevalence in the most common infections (studies cited in Pitman et al. 2003).

In Victoria there were 6712 young people aged 12–25 diagnosed with a sexually transmitted infection in 2006. The most common infection was chlamydia (93 per cent of all STI reports for young people), followed by gonorrhoea (6 per cent), and syphilis (1 per cent).[72] Young people aged under 25 account for well over half of chlamydia cases in Victoria.[73] Nevertheless, notification rates for chlamydia are lower in Victoria than nationally (see figure 2.10).

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[69] It is important to note that young people reported having experienced a range of sexual practices, including oral sex. The 2002 National Survey of Australian Secondary Students found that 44.7 per cent of students reported having either given or received oral sex (Smith et al. 2002). Further, a high proportion of young people agreed that two people who had oral sex but not intercourse could be considered to have had sex (Smith 2007). This indicates that sexual practices other than intercourse are also important to young people.

[70] The figure for age of first sexual intercourse varies depending upon how the question was asked and the age range of the sample.

[71] Surveys have addressed contraception use by asking respondents whether they used a condom at the most recent sexual encounter, use of contraception at the most recent sexual encounter and the frequency of condom use over the previous year.

[72] Self-reported data on STI diagnoses among young people varies with the age and sexuality of the sample population. Among Year 10 and Year 12 students, 2.8 per cent of sexually active students reported having been diagnosed with an STI. In comparison, 14.1 per cent of same-sex-attracted young people aged 14–21 reported ever having been diagnosed with an STI.

[73] The Victorian surveillance data reports that 63 per cent (n=6262) of chlamydia cases notified to the Department of Human Services in 2006 occurred among people aged 25 years and younger, while 30 per cent (n=393) of gonorrhoea cases and 12% (n=71) of cases of infectious syphilis reported to the Department of Human Services in 2006 occurred among this age group (Department of Human Services 2007).

Figure 2.10: National and Victorian notifications for chlamydia by age and gender[74]
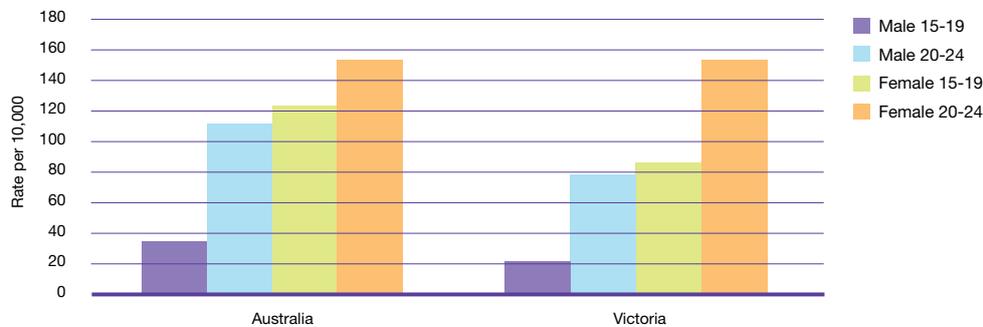
Source: National Notifiable Disease Surveillance System and Victorian Government Department of Human Services

Cervical smears

Data from a range of sources suggest that approximately 30 per cent of young women have a cervical smear test every year (Victorian Cervical Cytology Registry 2005, Pitts et al. 2006). Of the young women surveyed for the Australian Longitudinal Study of Health and Relationships (ALSHR), 2.6 per cent had received a positive pap test in the past 12 months.

Young people and sexual health: Are there differences between metropolitan and rural areas?

The data for young Victorians aged 16–25 shows that there were few differences in sexual health behaviour between those living in major cities and those from rural/regional areas.[75] However, studies suggest that young people in rural areas may experience particular access difficulties.

Young people's perspectives on their sexuality and sexual relationships and behaviour

A survey of school students found that students generally expressed positive feelings about their last sexual encounter, with approximately half feeling 'extremely' happy, good or loved. However females, particularly those in Year 10 were less likely than males to report positive feelings after sex (Smith et al. 2002).

The majority of students (90 per cent) were confident or very confident that they could talk to their partner about using a condom. Most students (72 per cent) also felt they could confidently say no to sex, despite their partner wanting to have sex (Smith et al. 2002). However, the ALSHR found that a high number of young people, especially women, had experienced unwanted sex (Smith 2007).[76]

The majority of same-sex-attracted young people surveyed in 2004 said that they felt either 'great', or 'pretty good' about their sexuality (76 per cent), while only 5 per cent reported feeling 'pretty bad' or 'really bad'. A common finding was that young people who reported positive feelings (about their sexuality) had become clearer about their sexuality and felt more confident and comfortable in themselves (Hillier et al. 2005). In comparison, young people who reported negative feelings about their sexuality were unable to access positive ways of thinking about same sex attraction.

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[74] Figures for the youngest age group (aged 10–14) are not shown as they are extremely small.

[75] Differences that clearly emerged were that those living in rural/regional areas were significantly less likely to have ever used emergency contraception (21.81 per cent versus 47.62 per cent), less likely to use a condom as the form of contraception (47.4 per cent versus 65.4 per cent) and less likely to have ever had a termination (1.4 per cent versus 12.5 per cent). There were few statistical differences between same sex attracted young people from rural areas and their peers. Young people from rural areas were found to feel less safe at social occasions than their peers, and were more likely to express concern about isolation and the safety of their situation (Hillier et al. 2005).

[76] These national data show that 30 per cent of women and 18 per cent of men aged 16–19 and 18 per cent of women and 19.2 per cent of men aged 20–24 reported having ever had an unwanted sexual experience because they were too drunk or high at the time (Smith 2007). Among this same sample, 24 per cent of women aged 16–19 reported having ever been coerced into an unwanted sexual act.

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Sexual health issues for key groups of young people

Same-sex-attracted young people

Same-sex-attracted young people report high levels of discrimination (38 per cent) and abuse (44 per cent) on the basis of their sexuality, with the majority experiencing this abuse at school. Young people experiencing homophobic abuse were more likely to self-harm, report an STI and use a range of legal and illegal drugs (Hillier et al. 2005). Same-sex-attracted young people from CALD backgrounds were found to have had similar experiences to the rest of the group; however, they were less likely to have disclosed their sexuality to parents and to have received support or information about safe sex from their parents (Hillier et al. 2005).

Homeless young people

Of a group of homeless young people aged 12–15 who were also injecting drug users, 98 per cent reported having engaged in sexual intercourse, and 80 per cent indicated they only sometimes or never used a condom. This figure for unprotected sexual intercourse is far higher than for other groups of young people, and suggests these young people are particularly at risk of pregnancy and STIs (Hillier et al. 1999).

CALD and refugee young people

Adolescents from refugee and CALD backgrounds face the challenge of dealing with the tasks of adolescence while growing up between two cultures (King & Chown 2004). There may be great variation in cultural values and norms regarding the central tasks of adolescence, such as developing a sense of identity and independence. In some cultures, young people are not considered independent until they marry. Sexual health and identity are closely linked and identity is a very sensitive issue for adolescents with a CALD background.

Data gaps

There is a dearth of information about the sexual health of young people with a disability and Indigenous young people. These areas need to be addressed by future research.

Births to young mothers

Motherhood in young people aged under 20 years is associated with an increased risk of poor social, economic and health outcomes, although it is important to recognise that not all teenage conceptions are unplanned or unwanted and many teenage parents – and children of teenage parents – report positive experiences (Quinlivan 2004).

Victoria has the second lowest rate of births to young mothers nationally (ABS 2005) and birth rates among young women have remained fairly stable from 2001 to 2005, with some suggestion of a decline (see figure 2.11).

Figure 2.11: Birth rates in Victoria by age of mother, 2001–05

Source: ABS (2005) Births, Australia cat 3301.0

Rates of young motherhood in Indigenous women are higher than in non-Indigenous women. In 2005, 20.6 per cent of Indigenous women giving birth in Victoria were aged under 20 years, compared with only 2.6 per cent of non-Indigenous women. The percentage of Indigenous women (under 20 years) giving birth has also increased since 1996 (Department of Human Services 2007b).

Barriers to young people's access to sexual health services

The majority of testing and treatment for STIs in Australia occurs in general practice (Commonwealth of Australia Department of Health and Ageing 2005). Research has identified the major barriers to young people accessing health services, particularly for STI testing, are concerns about confidentiality and trust, such as GPs disclosing information to parents or being identified by other patients or by other staff at the clinic (King & Chown 2004). A report on young women and sexual health found that some young women did not know where to go to obtain information about sexual health (Girls Incorporated 2001).

Other barriers include concerns about the attitude of the GP, for example that the GP will have a judgemental or unsympathetic attitude. Young people can also be intimidated by the appearance of the clinic and the attitude of staff. Cost may be a barrier to young people who do not understand the Medicare system, do not have their own Medicare card or are unable to pay for consultations in clinics that do not bulk bill.

Concerns about confidentiality and 'being known' are particularly important for young people living in rural areas, particularly for services that may be stigmatised such as sexual health or mental health services. Social visibility is higher in rural communities (Francis et al. 2006, Wilkinson 1991) and the lack of anonymity also means that any social stigma follows a young person in all aspects of community life (Bourke et al. 2004, Francis et al. 2006).

A study on young people from rural towns in Australia found that over half of students perceived that youth centres, sexual health clinics, family planning clinics and community health centres as difficult to access. While 60 per cent of female students indicated they would prefer to discuss personal sexual issues with a female doctor, 36 per cent thought that female doctors were difficult to access (Hillier et al. 1996).

Substance use among young people

In adolescence many young people begin experimenting with substances that can cause health problems, if misused. For the majority of young people, this experimentation does not develop into an ongoing pattern of addiction and risk-taking behaviour. However, for a minority, particularly those who engage in chronic or multiple substance abuse, there may be serious present and long-term health consequences (AIHW 2007, Pitman et al. 2003).

While the majority of young Victorians (in Years 6 and 8) who responded to the HNSS thought that substance use (in someone their age) was wrong and was harmful, the youngest students (among the sample) were, in general,[77] significantly more likely to state that this was the case. For example, 93.9 per cent of 11 year olds and 69 per cent of 13 year olds said it would be 'very wrong' for someone of their age to smoke cigarettes, 90.3 per cent of 11 year olds thought that people were at 'great risk' of harming themselves if they used marijuana regularly, compared with 86.1 per cent of 13 year olds (Williams 2007).

In general, substance use was also less likely to be viewed as 'cool' by the youngest students, with 82.6 per cent of 11 year olds saying that there was 'very little or no chance' that they would be seen as cool if they began drinking alcoholic beverages regularly, compared with 51.9 per cent of 13 year olds; 84.4 per cent of 11 year olds said there was 'very little or no chance' they would be seen as cool if they smoked cigarettes, compared with 72.6 per cent of 13 year olds.[78]

Although the majority of students thought that substance use in someone their age was wrong, they were less likely to think that it was wrong (for someone of their age) to drink alcohol, more likely to think that it was wrong to smoke cigarettes and most likely to think that it was wrong to take use marijuana and other drugs.[79]

[77] The youngest students were not significantly more likely than the older students to think that people risked harming themselves if they smoked one or more packs of cigarettes a day.

[78] The HNSS also identified some differences in the views of boys and girls, with boys being more likely to think they would be seen as cool if they began drinking alcohol regularly and if they used marijuana – and boys being less likely to report that smoking cigarettes, drinking alcohol and using marijuana (in someone their age) was wrong. Students who spoke a language other than English at home were significantly more likely (than those who spoke English) to think that it was wrong for someone of their age to drink alcohol – and to say that people risked harming themselves if they used marijuana regularly. They were significantly less likely to say that they would be seen as cool if they began drinking alcohol regularly.

[79] The percentage of young people (aged 11–13) who thought it was wrong or very wrong for someone of their age to drink beer or wine regularly was 84.4 per cent, compared with 94.9 per cent for cigarette smoking, 98 per cent for marijuana, and 98.7 per cent for other illegal drugs.

These findings reflect the relative 'social acceptability' of alcohol in society, in comparison with cigarette smoking and illegal drug use. It is interesting too, in light of this, that young people thought they would be more easily able to obtain alcohol than cigarettes and illegal drugs.[80]

Tobacco smoking

Tobacco smoking is responsible for 19,000 deaths in Australia every year and is the single most preventable cause of chronic disease and premature death (AIHW 2007). The majority of smokers commence smoking as teenagers and the earlier the age of smoking initiation, the greater the likelihood of continued smoking into adulthood. The smoking behaviour of friends and family are key influences on whether young people smoke.[81]

Tobacco smoking among young people aged 12–17

The Victorian Secondary School Students' use of Licit and Illicit Substances 2005 survey (DHS 2006b) found that at 12 years of age, only 21 per cent of males and 10 per cent of females had ever smoked while by age 17, 56 per cent of males and 56 per cent of female students reported ever smoking.

Figure 2.12 shows there appears to be a declining trend in rates of current smoking, between 1984 and 2005, among young people aged 12–17. While females have been generally more likely to smoke than males, this pattern is also changing so that by 2005, there is little difference in smoking between females and males (aged 16–17) and no difference between females and males aged 12–15.

Figure 2.12: Trends in current cigarette smokers aged 12–17 from 1984–2005

Source: Victorian Secondary School Students' use of Licit and Illicit Substances 2005

Young people aged 18–24

This decline in smoking is also evident in young people aged 18–24, particularly among young males. The Victorian Public Health Survey shows that the proportion of those identifying themselves as current smokers has declined from 44.2 per cent of males in 2001 to 23.9 per cent in 2006, and from 27.6 per cent of females in 2001 to 23.3 per cent in 2006.

Data from the National Aboriginal and Torres Islander Health Survey (2004–05) show that rates of current smoking are nearly twice as high among Indigenous young people (see figure 2.13). Nearly 60 per cent (57.7 per cent) of Indigenous young people (aged 18–24) described themselves as current smokers, compared with just over 30 per cent (30.7 per cent) of non-Indigenous young people.

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[80] 27.7 per cent of young people reported that it would be 'very easy' or 'sort of easy' for them to obtain alcohol, compared with 20.8 per cent for cigarettes, 7.2 per cent for marijuana and 5.5 per cent for other illegal drugs.

[81] Among young people surveyed for The 2005 Secondary School Students' use of Licit and Illicit Substances, students were more likely to have never smoked a cigarette if neither of their parents were smokers, and for 12–15 year olds, when a parents smokes, bans on smoking in the home reduce the likelihood that the young person will smoke.

Figure 2.13: Smoking status of 18–24 year olds in Victoria by Indigenous status
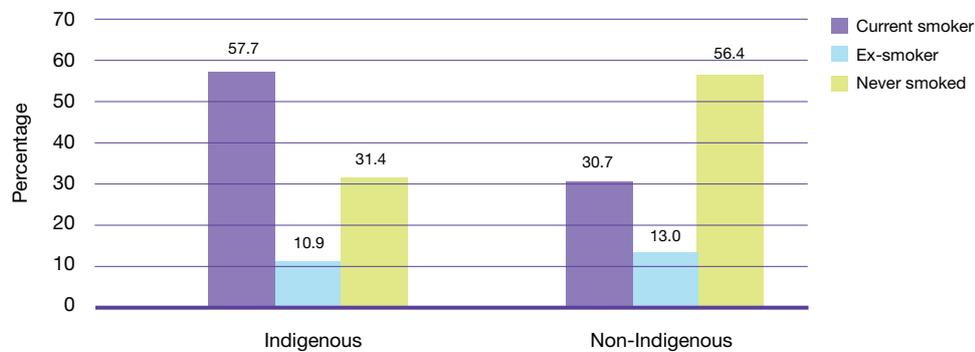
Source: National Aboriginal and Torres Strait Islander Health Survey 2004–05

Teenage mothers and smoking

National data show that teenage mothers are much more likely to report smoking during pregnancy (42 per cent compared with 17 per cent for all women) (AIHW 2007).

Tobacco reform in Victoria

Legislation governing tobacco products and smoking in Victoria has been progressively implemented over many years.

These reforms have included:

- measures to address youth smoking such as increasing the penalties for selling cigarettes to a minor (November 2000)
- smoke-free dining laws (1 July 2001)
- smoke-free shopping centre laws (1 November 2001)
- smoking restrictions in licensed premises, gaming and bingo venues, and the casino (1 September 2002)
- restricting tobacco advertising and displays within tobacco retail outlets (July 2001 through to January 2002)
- banning smoking in most enclosed workplaces (1 March 2006)
- banning smoking, the promotion of tobacco products and the sale of tobacco products at underage 'music/ dance' events (1 March 2006)
- banning smoking in covered areas of train station platforms, trams stops and bus stops (1 March 2006)
- banning 'buzz marketing' and non-branded tobacco advertising (1 March 2006)
- strengthening laws to enforce the ban on cigarette sales to young people (1 March 2006)
- banning smoking in enclosed licensed premises (1 July 2007).

Accompanied by mass media campaigns, these reforms have led to sustained declines in both adult and youth smoking rates in Victoria. In young people aged 18–24 (particularly among young males) smoking has declined significantly.

Alcohol

Excessive consumption of alcohol is a major risk factor for morbidity and mortality – and is associated with transport accidents, physical and sexual assault, drowning and suicide, together with a range of long-term health problems (AIHW 2007). As with smoking, young people are more likely to consume alcohol as they get older.[82]

Alcohol consumption in young people aged 12–17

The Victorian Secondary School Students' use of Licit and Illicit Substances survey (DHS 2006b) reported that 5 per cent of 12–15 year olds and 23 per cent of 16–17 year olds were drinking at levels that risked short-term harm in 2005 (see figure 2.14).[83] The figure also shows that the percentage of 16–17 year olds who are drinking at levels that risk short-term harm has increased (from 15 per cent) since 1984.

Figure 2.14: Trends in the percentage of all students drinking at risk of short-term harm, among 12–15 year olds and 16–17 year olds, 1984–2005

Source: The Victorian Secondary School Students' use of Licit and Illicit Substances 2005

Young people aged 16–24

The 2004 Victorian Youth Alcohol and Drug Survey found that 44 per cent of young people aged 16–24 considered themselves to be non-drinkers, occasional drinkers or light drinkers, while 51 per cent considered themselves social drinkers and 5 per cent considered themselves heavy or binge drinkers (Premier's Drug Prevention Council 2005).

The survey identifies a slight increase (from 2002 to 2004) in drinking among young people aged 16-24 'at more extreme levels associated with potential for short-term harm'.[84]

More recent data (on short-term risk from alcohol consumption) identifies that the prevalence of drinking alcohol at least weekly at 'risky' or 'high-risk' levels is greater among young people aged 18–24 than among other (adult) age groups (VPHS 2005).[85] A higher proportion of males than females are drinking at least weekly at risky or high-risk levels. However, the VPHS also suggests that, from 2002 to 2005, there has been an increase in the proportion of females, and a decrease in the proportion of males, who are drinking (at least weekly) at risky and high-risk levels (see table 2.12).

[82] In the Secondary School Students' use of Licit and Illicit Substances survey 82 per cent of 12 year olds, 51 per cent of 14 year olds and 14 per cent of 17 year olds considered themselves to be non-drinkers.

[83] Drinking at risk of short-term harm is defined for males as consuming more than six alcoholic drinks on any day in the past week, and for females as consuming more than four alcoholic drinks on any day in the past week. Students who reported consuming more than 20 alcoholic drinks on any day in the past week were excluded from the analysis.

[84] More young people reported in 2004 (than in 2002) that during a 12-month period there was at least one instance of drinking until they couldn't remember what happened (45 per cent of young people reported this in 2004 compared with 35 per cent in 2002). Thirty-six per cent of young people in 2004 reported consuming 20 or more standard drinks in one day at least once (in the past 12 months), compared with 31 per cent in 2003.

[85] Population guidelines used in the VPHS state that males who drink up to six standard drinks and females who drink up to four standard drinks per drinking occasion are at low risk of alcohol-related harm in the short term. Males who drink 11 or more drinks and females who consume seven or more drinks are categorised as being high risk. Between these levels is classified as risky in the short term.

Table 2.12: Proportion of young people (18–24) drinking alcohol at least weekly at risky and high-risk levels, 2002–05 (percentages)

	2002	2003	2004	2005
Males	25.1	23.9	29.3	21.5
Females	14.6	13.4	16.2	17.1

Source: VPHS (2002–05)

Alcohol-related hospital admissions

The rate of alcohol-caused hospital admissions for young Victorians (aged 15–24) has also increased substantially in recent years. This increase has occurred in both males and females, with admissions in the oldest female age group (aged 20–24) increasing from a rate of 0.56 per 1000 people in 1998–99 to 1.34 per 1000 people in 2005–06 (see figure 2.15). This finding is of concern as it highlights an increase in the number of young Victorians drinking at extremely risky levels, to the point where they are being admitted to hospital.

Figure 2.15: Rates of alcohol-caused hospital admissions (per 1000 people) by age and sex, Victoria, 1998–99 to 2005–06
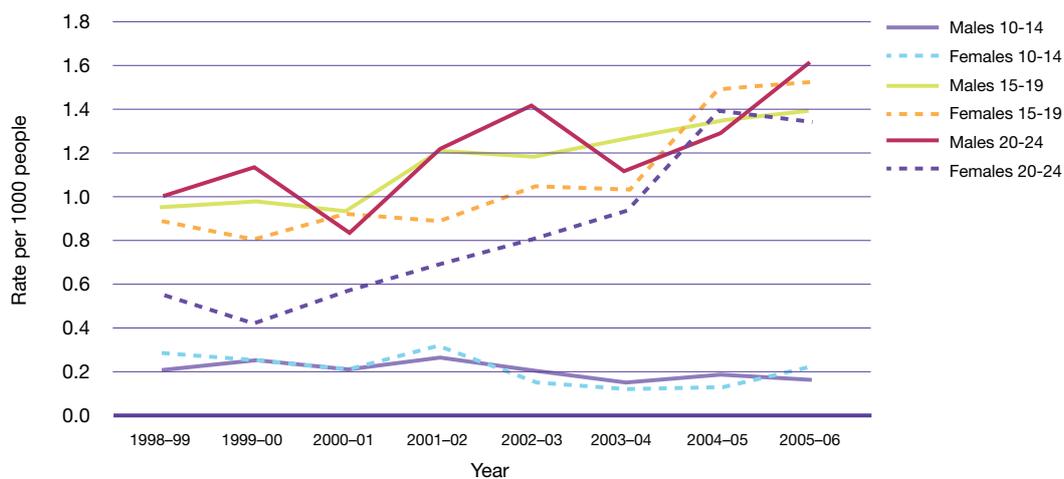
Source: VAED

Young people's behaviour while under the influence of alcohol

Another area of concern is the proportion of young people (particularly young males) who report exhibiting undesirable behaviours while under the influence of alcohol during the past 12 months. As figure 2.16 shows, 16 per cent of males (aged 16-24) and 8 per cent of females admit to driving while affected by alcohol.

Of particular concern is the percentage of males who admit to driving while affected by alchohol (16 per cent aged 18–21 and 30 per cent aged 22–24).

Figure 2.16: Behaviour of Victorian young people aged 16–24 under the influence of alcohol
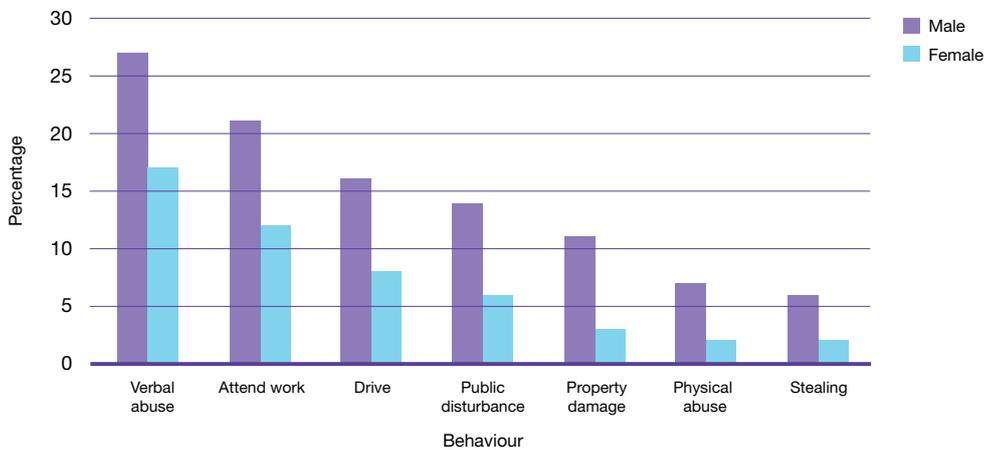
Source: Premier's Drug Prevention Council, Victorian Youth Alcohol and Drug Survey 2004

Measures to address alcohol misuse

- The Premier has established a Ministerial Taskforce, chaired by the Minister for Mental Health, Lisa Neville MP, to lead the development of a comprehensive whole of government strategy (Victorian Alcohol Action Plan – VAAP) to reduce alcohol related harm, especially teenage binge drinking.

- Currently the Victorian Government provides funding to a number of initiatives that address alcohol misuse in the community. These inclue:

  – Good Sports Program – an accreditation program that addresses alcohol use in amateur sporting clubs. It aims to assist sporting clubs manage alcohol responsibly via a step-by-step accreditation process and provides a basis of incentives for sporting clubs to develop alternative income streams not related to alchohol.

  – Drug education in primary and secondary schools. A range of drug education initiatives are in place including: guidelines on effective drug education programs; 18 Senior Program Officers based in regions to support schools through professional development and advice; and evidence-based resources including *Get wise, Celebrating safety, Rethinking drinking* and *In tune*.

  – Schoolies Week – a harm minimisation response to encourage young people to celebrate their graduation safely is coordinated across government by an interagency steering committee, which includes local government. Information for safer schoolies week celebrations is promoted on the Victorian government's *youthcentral* website. The website is targeted at young people heading to end of school celebrations and provides information on the risks and effects of alcohol, and advice and strategies for drinking safely.

  – Alcohol and Workplace initiative – a website has been established to assist employers recognise alcohol issues in the workplace and to develop policies and practices to address alcohol-related concerns.

- The Victorian Government has also taken the lead on issues relating to alcohol advertising and currently provides the Chair and secretariat support to a national committee, the Monitoring of Alcohol Advertising Committee (MAAC), which monitors, in particular, the exposure of young people to alcohol advertising.

Young drivers

Despite a large reduction in Victoria's road toll since 1989, the 18–25 age group remains vastly overrepresented in road trauma statistics. In their first year of driving, young Victorians are almost four times more likely to be involved in a fatal or serious injury crash than more experienced drivers.

While 18 to 25 year olds represented 14 per cent of licenced drivers, they accounted for 30 per cent of all drivers killed on Victoria's roads and 25 per cent of claims (from hospitalised drivers) received by the Transport Accident Commission (TAC) in 2005.

A review of young drivers by the Australian Federal Office of Road Safety, now the Australian Transport Safety Bureau (ATSB), found them to be at greater risk on the roads for a variety of reasons including:

- lack of experience
- limited ability and judgement
- underestimation of risks
- deliberate risk-taking behaviour
- use of alcohol and drugs.

As part of a coordinated effort to reduce the incidence, severity and cost to the community of road crashes involving young people, the TAC developed a youth strategy aimed at pre-drivers, learner drivers and probationary drivers. The strategy includes the programs and initiatives of the TAC's road safety partners: VicRoads, Victoria Police and the RACV.

Launched in March 1999, the HELP campaign aims to achieve long-term reductions in the youth road toll by:

- reducing deliberate risk-taking behaviour
- increasing learner driver experience
- providing a research platform to address young driver behaviour.

A new Graduated Licensing System is also being introduced in Victoria. From 1 July 2007 and from July 2008, new requirements for probationary license holders and young drivers aged up to 25 will be implemented.

Arrive Alive 2008–17 will introduce a range of new road safety measures which are aimed at achieving a 30 per cent reduction in Victoria's overall road toll. Measures include a peer passenger restriction on first year probationary drivers. Based on research that shows that the fatal crash risk for P-plate drivers increases by four times when they carry two or more passengers, P-platers will no longer be able to carry more than one peer passenger between 16 and 21 years.

Illicit drugs

Young people aged 12–17

The Victorian Secondary School Students' use of Licit and Illicit Substances survey (2005) shows that cannabis is the most commonly used illicit drug among young students aged 12–17 and use is higher among young males than females. While the percentage of young people who have ever used cannabis ranges from 3 per cent (of 12 year olds) to 33 per cent (of 17 year olds), rates of regular usage[86] are very low (between 1 and 6 per cent). There has also been a significant decrease in the use of cannabis among young students between 1996 and 2005 (see figure 2.17).[87]

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[86] This is defined as having used cannabis 10 or more times in the past year.
[87] The percentage of students viewing regular cannabis use as very dangerous has also increased significantly since 1996, including a significant increase between 2002 and 2005.

Figure 2.17: Percentage of students (aged 12–17) who have ever tried cannabis
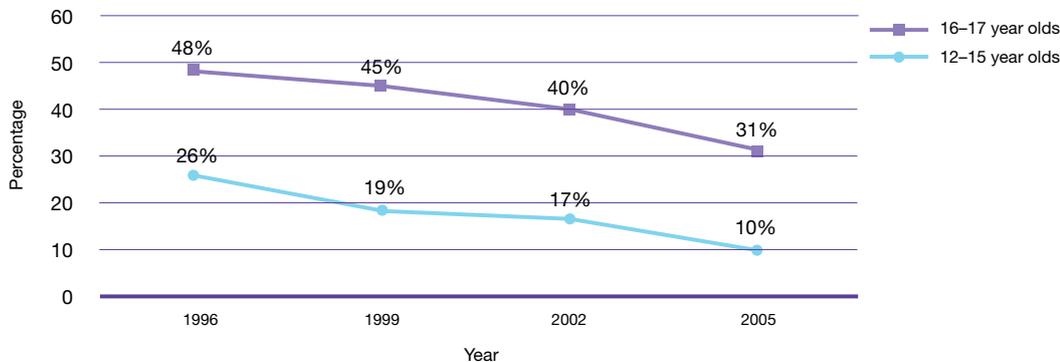
Source: Victorian Secondary School Students' use of Licit and Illicit Substances 2005

Young people aged 16–24

The Victorian Youth Alcohol and Drug Survey found that cannabis is also the most widely used illicit drug among young people aged 16–24, with 48 per cent of young people reporting having ever used cannabis. The survey also identifies a decline in the use of any illicit drugs, with the proportion of those who had ever used (defined as lifetime use) illicit drugs falling from 54 to 50 per cent between 2003 and 2004. The reported use of cannabis shows the most significant fall.

Use of other illicit drugs ranged from 18 per cent who had ever used ecstasy, to 15 per cent (ever using) amphetamines and 6 per cent cocaine.

Young people (aged 16–24) admit to engaging in similar behaviour under the influence of illicit drugs to those that they report engaging in under the influence of alcohol. The most common behaviour reported was driving with 26 per cent of males and 15 per cent of females reporting that they had engaged in this behaviour.

Treatment for drug and alcohol issues

During 2005–06, 8890 young people aged 12–25 (or one in 1000)[88] accessed drug and alcohol treatment services in Victoria.[89] Young people aged 12–25 made up 33 per cent of all Victorians who sought drug and alcohol treatment (while accounting for only 17.7 per cent of the population).[90]

Males were much more likely than females to access drug and alcohol treatment and, in line with the pattern of drug and alcohol use, the likelihood of accessing drug and alcohol treatment increased with age.[91 92]

Cannabis and alcohol were the most common primary drugs for which young people sought treatment, followed by heroin, amphetamines and ecstasy. Young people accessed a range of different types of treatment services, with the most common 'course of treatment' (COT)[93] being for counselling, consultancy and continuity of care[94] (32.4 per cent of COTs) and alcohol and drug outreach service[95] (25.7 per cent).

Sharing of injecting equipment among young people

The Victorian Needle and Syringe Program is a major public health initiative to minimise the spread of blood-borne viruses among injecting users and to the wider community, using strategies designed to prevent the sharing of used needles or other injecting equipment. The proportion of young people (using this program) who report having shared injecting equipment declined markedly from 20.2 per cent in 2003–04 to 2.7 per cent in 2005–06 but has risen in 2006–07 to 4.6 per cent.

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[88] This computation is based on the total Victorian population of young people aged 12–25 as at 30 June 2005.
[89] The figure 8890 young people describes the number of clients not courses of treatment. A small number of clients may be double counted where they have sought treatment for two different dugs in the same year. However, people who receive two courses of treatment for the same drug in a year are only counted once.
[90] Computation based on the total Victorian population of young people aged 12–25 as at 30 June 2006.
[91] In 2005–06, of all young people who accessed drug and alcohol treatment in Victoria, 30.1 per cent were aged 12–18 and 69.9 per cent were aged 19–25. Sixty six per cent were male and 34 per cent were female.
[92] The total number of young people accessing Victorian drug and alcohol treatment has shown a small but steady decline from 2000–01 to 2005–06.
[93] A 'course of treatment' is a period of service provision between a client and an alcohol and drug worker with specified dates of commencement and cessation. Some young people receive more than one course of treatment.
[94] Counselling, consultancy and community of care services provide a range of services and support appropriate to the needs of clients including assessment, treatment and consultancy, referral and ongoing case management.
[95] An outreach service provides assessment, support and ongoing case coordination with alcohol and drug problems, in the young person's own environment.

The prevalence and effects of parental substance use

A recent report by the Australian National Council on Drugs (ANCD) synthesises research on the impact of parental substance use on child outcomes. It suggests that there is good evidence that parental substance misuse is highly disruptive to family functioning. In particular the report notes that children of alcoholics have been found to be at elevated risk for negative outcomes including anxiety, depression, conduct disorder, aggression and behavioural problems (ANCD 2007).

The report estimates that 13.2 per cent of Australian children are at risk of exposure to binge drinking in the household by at least one adult with another 2.3 per cent of Australian children living in a household where there is at least one daily cannabis user (ANCD 2007).

The Victorian Public Health Survey finds that in 2006, 23.4 per cent of parents of children aged under 18 surveyed were categorised as risky drinkers, up from 21.7 per cent in 2005. A total of 13.3 per cent of parents stated that they occasionally have people smoking in their home (down from 13.5 in 2005), with an additional 12.2 per cent of parents stating that people are frequently smoking inside their home (down from 12.3 in 2005) (VPHS 2006).

Family and community risk factor

In families where parents are tolerant of their children's alcohol or drug use children are more likely to become drug abusers and the risk is increased where adults involve children in their own drug or alcohol using behaviour (for example, by asking the child to light a cigarette). Also, in communities whose norms are favourable to substance use, and where substances are more easily obtained, young people have been shown to have higher rates of youth alcohol and drug use.

The HNSS found that a very small minority of young Victorians (0.6 per cent) were at risk from parental attitudes that were favourable to drug use. The study found that 3.4 per cent of young people were at risk from living in communities where the norms were favourable to substance use and 4.1 per cent were at risk from living in communities with a perceived availability of drugs.[96] Indigenous young people and young people from lower socioeconomic groups were more likely to perceive that they had access to drugs (Williams 2007).[97]

2.4 Emotional and mental health

Improving the mental health of young Victorians

In February 2006, the Council of Australian Governments (COAG) identified mental health as an issue of national importance. As part of Victoria's contribution to the national mental health plan the Boston Consulting Group (BCG) prepared the report *Improving mental health outcomes in Victoria*.

The report highlights particular groups of people who tend to fall within the cracks of Commonwealth and state-funded parts of the mental health system, including:

- children with significant behavioural problems
- children at risk of mental illness through family environments
- youth with some level of mental disorder.

The authors argue that effective early intervention for children and youth could deliver significant social benefits including a reduction in suicide and crime rates.

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[96] The HNSS included a series of questions to measure whether these risk factors applied. Examples of questions include: 'How wrong do your parents feel it would be for you to smoke cigarettes?' (measuring parental attitudes that are favourable to drug use) 'How wrong would most adults in your neighbourhood think its for kids your age to drink alcohol?' (measuring communities whose lores or norms are favourable to substance use) and 'How easy would it be for you to get marijuana?' (measuring perceived availability of drugs).

[97] 6.3 per cent of young people from the lowest socioeconomic group, and 6.2 per cent of Indigenous young people were at risk from perceived availability of drugs, compared with 3.0 per cent in the highest socioeconomic group and 3.5 per cent in non-Indigenous young people.

Mental health is defined by WHO as 'a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community' (WHO 2001, cited in AIHW 2007).

Many of the indicators discussed elsewhere in this report are protective factors that may promote mental health and reduce the likelihood of mental health problems developing (e.g. 'reported support from family and friends', economic security and good physical health). This section looks principally at what is known about emotional, behavioural and mental health problems among young Victorians.

There are a number of definitional and methodological problems associated with measuring these problems as these are clearly subjective states that vary across cultures and subgroups of children and families. There are also difficulties in employing service-based data to estimate prevalence as many young people who are experiencing psychological difficulties may not come to the attention of mental health services.

A distinction is commonly made, however, between mental disorders and mental health problems. Mental disorders are defined by a set of symptoms that are typically associated with an impaired capacity to work, to engage with others and to deal well with the challenges of everyday life. The term mental health problem is commonly used to define a level of mental disorder of concern to health practitioners but one that does not necessarily meet all of the diagnostic criteria for a mental disorder.

Adult mental disorders most commonly manifest themselves in adolescence. Mental health problems and disorders can have a serious impact on the short and long-term wellbeing of young people – affecting their participation in education and the workforce, and relationships with families and friends. In some instances they can affect personality development and even lead to death as a result of suicide or drug overdose.

Prevalence of mental health problems and disorders

Data relating to the prevalence of mental health problems in young people in Australia (aged 12–17) is available from the child and adolescent component of the National Survey of Mental Health and Wellbeing 1998. The survey showed that 14 per cent of young people aged 12–17 years had a mental health problem, with approximately equal numbers having externalising or internalising problems (cited in AIHW 2003b).[98]

Around 12 per cent of young people (aged 12–17) were assessed as having attention deficit hyperactivity disorder (ADHD), conduct disorder or depressive disorder, with ADHD the most prevalent at 8 per cent, followed by depressive disorder (4 per cent) and conduct disorder (3 per cent).[99]

The 1997 National Survey of Health and Wellbeing identified that, among young people aged 18–24, 27 per cent of males and 26 per cent of females had a mental disorder. Substance use disorders were the most prevalent. One in 10 young people experienced anxiety disorders and depression and dysthymia (chronic mild depression) affected 3 per cent of males and 11 per cent of females (1997 National Survey of Health and Wellbeing, cited in AIHW 2007).[100]

Victorian survey data on the prevalence of mental health problems among young people is limited, particularly for the 12 to 17-year age group. The sections below cover depressive symptoms in young people in Years 6 and 8; psychological distress (in young people aged 18–24); self-harm and suicide trends (in young people aged 12–24) and young people's use of mental health services.

Depressive symptoms in young Victorians: Years 6 and 8

The HNSS used the Short Mood and Feelings Questionnaire (Angold et al. 1995) to ascertain the proportions of young people in Years 6 and 8 who were showing depressive symptoms. This 13-item scale is commonly used, both nationally and internationally, as a reliable tool for identifying and measuring the extent of depressive symptoms in children and adolescents.[101]

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[98] The survey, based on parent self-report, examined internalising problems (such as anxiety or depression) and externalising problems (such as delinquency or overt aggression).

[99] Anxiety disorders were not included in this survey.

[100] It is important to note that the 1997 and 1998 surveys used different survey instruments. The findings from the two surveys are not comparable.

[101] Examples of statements included in the scale are: 'In the past two weeks, I felt miserable or unhappy'; 'In the past two weeks I was a bad person'; 'In the past two weeks, I felt like I was no good anymore'; 'In the past two weeks, I didn't enjoy anything at all'. Students are asked to respond to these statements as either 'not true' 'sometimes true' or 'true'. A score of '0' is given for 'not true' responses, of '1' for 'sometimes true' responses and of '2' for 'true' responses.

Just under a third of students in Years 6 and 8 (29.8 per cent) scored more than seven on the depression scale, indicating the presence of depressive symptoms of concern.[102] Young people from the higher SES quintiles were less likely than those from lower quintiles to score more than seven on the scale (see table 2.13).

Table 2.13: Percentage of students scoring more than seven on the Angold depression scale by SES

	Lowest (%) SES	2(%)	3(%)	4(%)	Highest (%) SES	Total (%)
Yes	33.8	33.7	28.7	28.6	24.5	29.8
No	66.2	66.3	71.3	71.4	75.5	70.2

Source: Williams 2007

Psychological distress

Psychological distress refers to an individual's overall level of psychological strain or pain as manifested in depression, anxiety and anger. The distress may be transient and short lived (relating, for example, to stressful life events) or it may be continuing, particularly among those who are experiencing mental health problems and disorders.

Figure 2.18 shows the levels of psychological distress of young people (aged 18–24) in Victoria, from 2001 to 2006, as measured using the Kessler 10 (K10) distress scale.[103] There is a strong association between the K10 scale and current diagnoses of anxiety and affective disorders and a lesser, though significant, association with other mental disorder categories (Andrew & Slade 2001, cited in AIHW 2007).

The figure shows that the majority of young people experience only low to moderate distress. It also shows that the proportion of young people experiencing high to very high levels of distress has declined from 20.2 per cent in 2001 to 14.8 per cent in 2006.[104]

Figure 2.18: Psychological distress as measured by the Kessler 10 (K10) score category, young people 18–24 years of age, Victoria, 2001–06
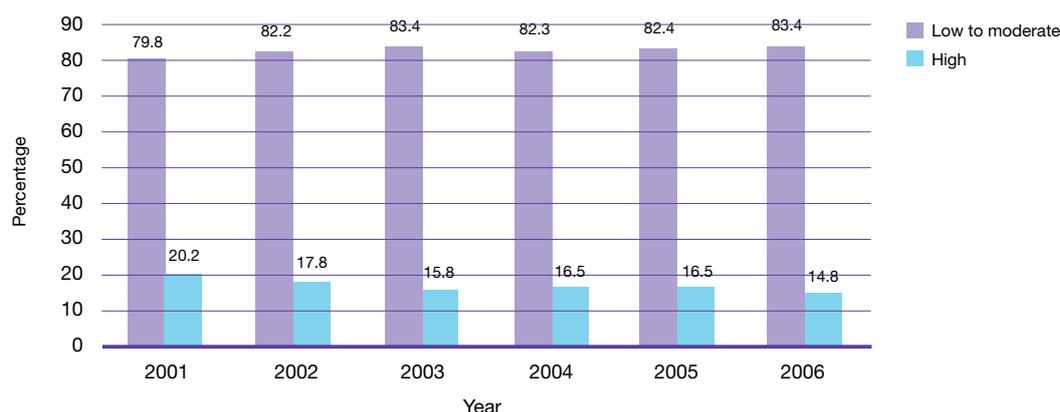
Source: VPHD 2006, Department of Human Services

[102] Angold recommends a score of more than seven as the cut-off point to indicate the presence of depressive symptoms of concern. A score of more than seven is not an indication of clinical depression but it does suggest that the young person is experiencing depressive symptoms that require attention and monitoring. In the 1999 survey Improving the Lives of Young Victorians, a cut-off point of more than 11 was used. This is more indicative of clinical depression. A total of 18.2 per cent of students from Years 7,9 and 11 scored 11 or more in this survey.

[103] The K10 distress scale is a questionnaire that asks about feelings such as nervousness, hopelessness, restlessness, depression and worthlessness (AIHW 2007).

[104] These data can be compared with Australian data from the 2001 and 2004–05 National Health Surveys (cited in AIHW 2007). In 2001 the proportion of young Australians experiencing high to very high levels of distress was 16.45 per cent, less than the figure for Victoria of 20.2 per cent. In 2004–05 the Australian figure was 15.55 per cent. This is broadly similar to the Victorian figure of 16.5 per cent.

This document is managed by the Department of Education and Early Childhood Development, Victoria (as of 27 August 2007)

The VPHSs also show that young women are much more likely than young men to report high or very high levels of psychological distress. For example, in 2005, 22.5 per cent of young women reported high or very high levels of distress, compared with 10.6 per cent of young men and in 2004, 24.8 per cent of young women reported high or very high levels of distress, compared with 8.6 per cent of young men.

It is of some interest that rates of high or very high psychological distress show a marked increase among females between 2003 and 2004, followed by a slight decline in 2005, with a fairly stable trend across the four-year period. In contrast to this, for males, there is a marked decline (in rates of high or very high psychological distress) between 2003 and 2004, and a suggestion of a declining trend over the four-year period[105][106] (see table 2.14).

Table 2.14: Percentage of young males and females in Victoria reporting high or very high levels of distress, 2002–05

	2002 (%)	2003 (%)	2004 (%)	2005 (%)
Males	13.0	13.5	8.6	10.6
Females	22.8	18.1	24.8	22.5

Source: VPHS, 2002, 2003, 2004 and 2005

The wellbeing and mental health of refugees and asylum-seekers

Refugees and asylum seekers have commonly experienced significant trauma and loss – experiences that may impact on their current and future mental health (Boese & Scutella 2006). Although analysis of some refugee groups does not show a higher prevalence of psychiatric disorders than for the general population (McKelvey et al. 2002), young people from migrant families have been shown to have more difficulties accessing mental health services (Boese & Scutella 2006).

The mental health and wellbeing of young people in residential care

Department of Human Services analysis of 2006 data suggest that children and young people in residential out-of-home care are more likely to have or be at risk of having behavioural and mental health problems than young people in the general population.

During April 2006, 342 young people in residential care in Victoria were assessed using the Strengths and Difficulties Questionnaire (SDQ). This is a reliable and widely used tool that measures emotional symptoms, conduct problems, hyperactivity and peer problems to derive a total difficulties score.

The Department's analysis found that the mean (average) total difficulties score for the residential care group was 19.25. Sixty-five per cent had total difficulty scores of 17 or more. UK research identifies children with scores of 14 to 16 as 'borderline' and with scores of 17 or above as at 'abnormal' risk of having a diagnosable mental health disorder (Meltzer et al. 2000).

Children and young people in residential care were also assessed using the Health of the Nation Outcome Scale for Children and Adolescents (HoNOSCA), a mental health outcome assessment tool (comprising 13 scales) that is used by clinicians in the UK and Australia. A total of 59 per cent of the residential care group had scores of 13 or above (a score that is consistent with that of children and young people receiving a service from a child and adolescent mental health service). The mean HoNOSCA scores were greater for young people aged over 13 than for those under this age. SDQ scores were also higher in older children, although the difference in scores between older and younger children) was smaller than in the HoNOSCA.

(Department of Human Services, unpublished data)

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[105] This pattern may differ from the national picture although the comparison should be treated with caution. Australian data from the 2001 and 2004–05 National Health Surveys (cited in AIHW 2007) show that the proportion of males reporting high or very high levels of distress was 6.8 per cent in 1997 compared with 10.8 per cent in 2001 and 12.4 per cent in 2004–05.

[106] It should be noted here that there may be issues with integrity of data and its interpretation. Emotional and mental health self reporting is not as rigorous as the use of diagnostic criteria and females tend to report more emotional symptoms than males, so it is not surprising to find females reporting greater psychological distress.

These findings illustrate the impact that their experiences of abuse and trauma have had on the mental health status and wellbeing of young people in State care, and the significant challenges we face in providing them with appropriate care. There is a clear need to further strengthen our service response to better meet the needs of these children, and this requires joint effort across numerous areas of Government. In Victoria, significant investment is occuring through services such as Take Two, which provides intensive support to children and young people displaying significant emotional and behavioural difficulties as a result of abuse, and the Therapeutic Foster Care program which seeks to provide care better able to meet the therapeutic needs of children. The Hurstbridge Farm Therapeutic Care service is another example of our focus on meeting therapeutic and mental health needs. The out-of-home care service system continues to strive to improve the quality of services, so that the care young people receive provides a therapeutic response which is able to address immediate needs and improve long term outcomes.

These issues will also be addressed in the new Mental Health Reform Strategy. A key thrust of this strategy is to resource better responses to mental health problems experienced by clients of other state funded service systems, with priority being given to vulnerable young people. This will involve stronger partnerships between specialist Child and Adolescent Mental Health Services and out-of-home care providers, training of workers in the residential care system in mental health issues, and new funding models that support more flexible, tailored mental health interventions.

Self-harm and suicides

There is a strong relationship between self-harm and suicide, and deliberate self-harm (defined as ranging from a failed suicide attempt to scratches on the wrist) is probably the best predictor of suicide. While suicide among young people is rare, particularly among those under 15, and suicide rates are declining, the number of young people who self-harm is not inconsiderable. Many who do self-harm will not come to the attention of hospitals, so the data presented below underestimates the actual prevalence rates.

Emergency department presentations

The number of young people presenting for self-harm at hospital emergency departments is recorded in table 2.15 for the years 2003–04 to 2006–07. The numbers have increased over this period from 2227 to 2503. However, as these data only relate to four years, further data will be needed to confirm if there is an increasing trend.

Table 2.15: Self-harm emergency hospital department presentations in young people aged 12–25, Victoria, 2003–04 to 2006–07

	2003–04	2004–05	2005–06	2006–07
Metropolitan	1602	1690	1783	1645
Rural/regional	603	686	705	791
#NA	72	55	56	67
Total	2227	2431	2544	2503

Source: VEMD data. Note: #NA refers to young people from interstate or overseas.

Analysis of data for 2004–05 shows that young females are much more likely than young males to present for self-harm (around two-thirds of females compared with one third of males). Young people aged 16–22 are the most likely to present, with the highest number of presentations (254) in 19 year olds.

Hospital admissions

There were 1549 hospital admissions for self-harm injury in 2006 (consistent with 1549 in 2005 and 1548 in 2004). In contrast to other causes of injury hospital admissions in this age group, most self-harm hospitalisations (in 2006) were female (72 per cent). The peak ages for self-harm admissions were ages 16 through to 21.[107]

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[107] By far the most common mechanism of injury for self-harm hospitalisations was overdose of pharmaceuticals (75 per cent of self-harm hospitalisations), followed by cutting/piercing by a sharp object (16 per cent). There were another 418 hospital admissions for self-poisoning by pharmaceuticals and other and unspecified poisoning substances where the intent was undetermined.

Figure 2.19 shows the yearly trend in self-harm injury admissions rates in Victoria for the 12-year period from 1995 to 2006. A young person is recorded as an admission (in hospital records) if the duration of their treatment lasts more than four hours. Where the young person is discharged from hospital in less than 24 hours, they are counted as a 'same-day admission'.

There was little change in the self-harm hospitalisation rate over time if same-day admissions are excluded, but a non-significant upward trend in admission rates for self-harm injury if they are included. The significantly decreasing trend in the rate of male hospitalisations for self-harm injury between 1995 and 2006 is partly offset by the increasing trend in the female self-harm hospital admission rate over the same period.[108 109 110 111]

Government investment to enhance mental health care in emergency departments

The government has invested significantly in this area, with over $5 million in additional funding over the past three years, to enhance mental health care in major emergency departments. This has improved both the quality and timeliness of mental health treatment in emergency departments, including those people who have presented as having self harmed or attempted suicide.

Figure 2.19: Yearly trend in self-harm injury admission rates, young people aged 12–24, Victoria, 1995–2006

Source: VAED 1995–2006

[108] The self-harm injury and poisoning admission rate (excluding same-day admissions) was stable over the 12-year period from 901/100,000 in 1995 to 975/100,000 in 2006, representing an estimated annual change of 0.04 per cent (-1 per cent to 1.1 per cent) and an overall increase of 0.5 per cent (-11.2 per cent to 13.6 per cent).

[109] The self-harm injury and poisoning admission rate (including same-day admissions) increased over the 12-year period from 1386/100,000 in 1995 to 1549/100,000 in 2006, representing an estimated annual increase of 0.8 per cent (-0.3 per cent to 1.8 per cent) and an overall increase of 9.4 per cent (-3.8 per cent to 24.2 per cent). This increase in rate was not significant.

[110] The male self-harm injury and poisoning admission rate (excluding same-day admissions) decreased significantly over the 12-year period from 320/100,000 in 1995 to 265/100,000 in 2006, representing an estimated annual decrease of 2 per cent (-3.3 per cent to -0.8 per cent) and an overall reduction of 21.7 per cent (-32.9 per cent to -9.4 per cent).

[111] The female self-harm intentional injury and poisoning admission rate (excluding same-day admissions) increased over the 12-year period from 581/100,000 in 1995 to 710/100,000 in 2006, representing an estimated annual increase of 1.1 per cent (-0.6 per cent to 2.8 per cent) and an overall increase of 13.7 per cent (-7.2 per cent to 38.7 per cent). This increase in rate was not significant.

Youth early psychosis services

Young people are more likely to develop psychosis during late adolescence or early adulthood. Psychotic symptoms are not always recognised or treated as they may be combined with, or masked by, other problems such as substance abuse. Research shows that the sooner psychosis is detected and treated, the greater the likelihood that the young person will recover and that long-term problems can be avoided or minimised.

Since 2003, the Victorian Government has been rolling out new early intervention services for young people who are experiencing, or at risk of, a first episode of psychosis. These youth early psychosis (YEP) services are an innovative, youth-focused subspecialty program within the adult area mental health service and have close links to child and adolescent mental health services, primary care services and other community services. Treatment is targeted at the particular stage of the illness, with lower caseloads making a more intensive case management approach possible. YEP services are resourced to ensure continuity of care by providing treatment and support over the crucial three-year period after psychotic symptoms first emerge, when relapse is most likely to occur.

In 2005–06, YEP services assisted more than 1200 young Victorians. Many of these also had drug and alcohol problems. Funding for YEP services has quadrupled since 2003–04 and totals $7.9 million in 2007–08. New YEP services were established in Ballarat, Box Hill and Warrnambool last year and YEP services are now being delivered from more than 25 sites across the state. The statewide rollout of the YEP program will be completed in 2007–08 with the establishment of four new services to cover the catchment areas of The Alfred, Austin Health, St Vincent's Health and Melbourne Health's Northern Area Mental Health Service.

A recent youth early psychosis status report, compiled by the Department of Human Services Mental Health Branch, found that YEP services deliver on their primary role of providing intensive case management for young people aged 16–25 with early psychosis. The care they deliver is guideline based and phase specific. In keeping with the YEP service focus on early intervention, a lower threshold for intake is in place and is supported by effective linkages with triage and CAT teams.

Staff working in youth early psychosis services have commented that the program embodies a recovery-oriented approach to clinical practice, adding that the opportunity to deliver significant preventive work with young people is a definite 'hook' for recruitment. Young people who have used a YEP service have described it as 'helpful', 'caring', 'flexible' and 'supportive'. 'The YEP has given me a better understanding of my illness and of my treatment', commented one young woman in response to a recent survey. Another user liked the fact that the YEP service was outreach based and, in his case, delivered entirely in the family home. The most compelling praise probably came from a young person who felt the YEP service was 'reassuring' and 'makes you feel you're not alone'.

Suicides

The suicide rate has declined fairly steadily since 1990 (an estimated 4 per cent each year and by 50 per cent over the whole period) and in 2005 it was the lowest over this 16-year period. There were 57 suicides among 12–24 year olds in Victoria in 2005 (44 males and 13 females), compared with 67 in both 2004 and 2003. Most suicide cases in 2005 were young men aged between 15 and 24 years (n=44, 78 per cent) (ABS Death Unit Record File (ABS-DURF) 1990–2005).

Suicide and Indigenous young people

There are no reliable national or Victorian data on the prevalence of mental health problems in Indigenous young people. However, national data show that suicide and self-harm are more frequent in Indigenous communities than among other Australians. Evidence suggests that suicide and self-harm are most common among young men and are commonly associated with alcohol and substance use and often preceded by interpersonal conflicts (Steering Committee for the Review of Government Service Provision 2005).

Suicide in rural areas

In the late 1980s and early 1990s, suicide was the leading cause of death for 15 to 19-year-old rural males (Dudley et al. 1992, Hassan, 1995). Evidence suggested that suicide rates were higher in rural than urban males (Kelk 1995, Baume & Clinton 1997) and higher in smaller towns than larger rural centres (Kelk 1995).

Rates have declined in recent years and there is considerable variation across rural areas, with some communities having higher rates and rates changing from year to year (Cantor & Slator 1997, Hassan 1995). Green (1997) argued that suicide rates are high for young, rural men who were homosexual, confused over sexual identity and aware of the impending marginalisation that can be associated with homosexuality.

Young people's use of mental health services

Victorian Government-funded specialist mental health services for young people under 25 years are offered by child and adolescent mental health services (CAMHS), by youth specific services such as Orygen Youth Health, and through a specialist stream within adult mental health services that, in particular, targets youth early psychosis. These specialist services are part of a broad system of mental health care that includes targeted services such as Take Two and more universal services such as school support services, youth services, community health centres, general practitioners and private allied health practitioners.

Young people seeking help and advice for a mental health issue

Recent data from the VPHS and from Kids Help Line suggest that there are some recent increases in the numbers of young people who seek advice or help for a mental health issue. The VPHS shows a small rise in the proportion of young people (aged 18–24) who report seeking help for a mental health problem (from 8.9 per cent of young people in 2004 to 9.3 per cent in 2005 and 10.4 per cent in 2006). In their 2005 report on Victoria, Kids Help Line describes a more than twofold increase, over the past three years, in the proportion of calls from young people that relate to mental health issues (Kids Help Line and Boystown 2006b).

Young people's use of community health care services

In 2004–05 young people (under 25 years) accounted for 28 per cent of all community mental health care service contacts in Victoria (and 25 per cent of all community mental health care service contacts in Australia) (see figure 2.20).[112] Young Victorians (aged under 15) made up a slightly smaller proportion of community mental health care service contacts, than young Australians of the same age. However, young Victorians (aged 15–24) made up a greater proportion of community mental health care service contacts, than young Australians of the same age.

Figure 2.20: Community mental health care service contacts by age, Victoria and Australia, 2004–05
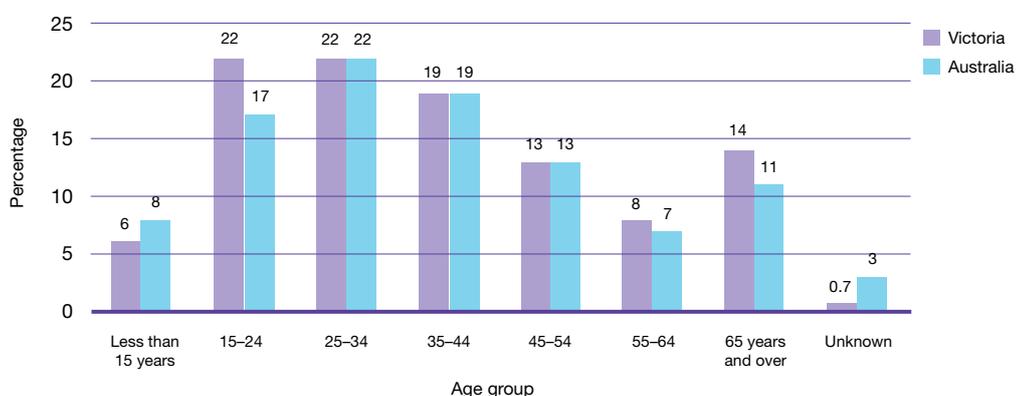
Source: Mental Health Services in Australia 2004–05, AIHW (cat. no. HSE 47)

[112] Community mental health care refers to specialised mental health care provided by community mental health services and hospital-based ambulatory services, such as outpatient clinics that are government operated. Service contacts are defined as the provision of a clinically significant service by a specialised mental health service provider(s) for patient/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question (Mental Health Services in Australia 2004–05, AIHW).

Psychiatric hospitalisation rates

The rate of residential mental health care episodes is higher among young people (aged under 25) in Victoria than in Australia (see figure 2.21).

Figure 2.21: Episodes of residential mental health care by age, Victoria and Australia, 2004–05 (rate per 10,000 of population)
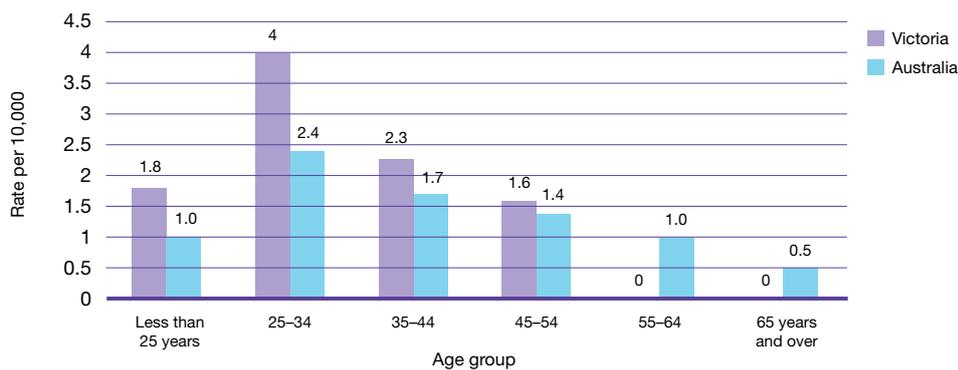
Source: Mental Health Services in Australia 2004-05, AIHW (cat. no. HSE 47)

Kids Help Line and young people in Victoria

Kids Help Line offers a free, confidential and anonymous, 24-hour telephone and online counselling service for young people, in Australia, aged between five and 25. The demand for Kids Help Line services in Victoria closely reflects the proportion of Victoria's five to 25-year-old population (Kids Help Line and Boystown 2006a).

Kids Help Line carried out 10,395 telephone counselling services in 2005 in Victoria (Kids Help Line and Boystown 2006b). The vast majority (96 per cent) of these were with young people aged 10–25 (37.1 per cent aged 10-14; 53.4 per cent aged 15–18 and 5.6 per cent aged 19–25).

Family relationships accounted for the largest proportion (16.5 per cent) of 'main problem' area classifications (in all age groups), followed by relationships with friends and peers (15.3 per cent) and relationships with partners (9.5 per cent).

The proportion of 'main problem calls' relating to mental health (7.4 per cent) was similar to that for emotional or behavioural management issues (7.2 per cent). Calls relating to mental health issues had more than doubled in the past three years and calls relating to emotional and/or behavioural management issues had shown an upward trend.

Ten per cent (1032) of the callers reported engaging in deliberate self-injury and current suicidal thoughts were reported by 315 callers (3.4 per cent).

Young people and mental health services in rural areas

Access to health services has been identified as problematic for rural young people, (Kenyon et al. 2001, Wyn et al. 1998). Research also suggests that there is a lack of access to, and availability of, mental health services, especially specialist services, in rural areas (Francis et al. 2006, Hodges et al. 2007). Barriers to service seeking in rural communities include stigma, lack of anonymity, logistical difficulties (cost, availability of transport), lack of acknowledgement of mental health issues, self-reliance and myths indicating that mental illness is a form of insanity (Francis et al. 2006, Hodges et al. 2007).

Young rural people can go to great lengths to hide aspects of their identity that may be stigmatising, even at the expense of hiding information from potential supports. For example, a young person with a mental illness may only tell their family, while friends and teachers, who could be strong supports, remain unaware (Bourke 2002, 2003).

Furthermore, because rural areas have a smaller population, there are fewer choices of friends and social networks. For young people, this means that they may have the same peers at school, at sports clubs, youth groups and in social circles. Those who 'fit in', 'fit in' in all networks; but those who are marginalised, tend to be marginalised in all networks.

Families where a parent has a mental illness

ABS estimates suggest that between 21.7 per cent and 23.5 per cent of children in Victoria (approximately 250,000 children) are living in households where a parent has a mental illness (Maybery et al. 2006) and that 34,666 children live in families where a parent has a severe mental illness being assisted by specialist mental health services. Around half of the adults attending a specialist mental health service also have drug and/or alcohol-related difficulties.

Most children of parents with a mental illness remain well – some may just need support and others may be at more risk of injury and/or abuse or of developing severe disorders themselves. Between a quarter and a half of these children will experience some psychological disorder in childhood, adolescence or adulthood (compared with 10–20 per cent of others in the population) and 10–14 per cent will be diagnosed with a psychotic illness at some point in their lives (compared with 1–2 per cent of the general population) (cited in Department of Human Services 2007c).

The Victorian Government's *Families where a parent has a mental illness strategy* (FaPMI) aims to reduce the impact of parental mental illness on all family members through timely, coordinated, preventive and supportive action. The priority is on better understanding the needs of families where a parent has a mental illness and the associated risks for all family members, including children (Department of Human Services 2007c).

Case studies

The Victorian Indigenous Surf Titles

More than just a competition, the seventh Indigenous Surf Titles gave many young Indigenous Victorians their first taste of the inclusive, enticing culture of surfing.

Held in February 2007, and attracting more than 150 competitors from Victoria's Indigenous communities, the titles featured competitive events for all experience levels, alongside learn to surf programs taught by Indigenous coaches.

The Victorian Indigenous Surf Titles strongly promote youth involvement and self-esteem, as well as highlighting water safety, physical activity and healthy lifestyles to the Indigenous community.

Supported by Surfing Victoria and Sport and Recreation Victoria's Indigenous Sports Program, the event has been developed in strong partnership with the local Indigenous Wathaurong community.

Surfing Victoria has also created a pathway from the titles to the rewarding world of professional surfing. The winner of the open men's event now has access to a wildcard for the pre-Bells Beach event – the winner of which receives entry into the Bells Beach Classic.

Anecdotal evidence from participants suggests that the Indigenous Surf Titles are providing Indigenous youth with a fun, worthwhile experience. Older community members have expressed their enjoyment in watching the young people participate, and being able to take part alongside them.

Max Wells, executive director of Surfing Victoria, says the success of the program is illustrated in its expansion since it began in Warrnambool with local competitors: 'It's truly becoming a statewide event now. We have people travelling from as far away as Swan Hill, Kerang, the Latrobe Valley, Phillip Island, metropolitan Melbourne and Warrnambool to compete.'

As well as driving the event, Surfing Victoria provides funding and supplies surfboards and wetsuits for participants who need them.

Funding for the 2007 Victorian Indigenous Titles was also received from the Victorian Government's Indigenous Sport and Recreation Program and the Play it Safe by the Water campaign, and from VicHealth. Other sponsors included the CMFEU, the Victoria Police community policing unit and Wathaurong Glass.

Family and community group conferencing

Since 2006, young people and families in the Wodonga area have had access to Family and Community Group Conferencing (FCGC), a community-based partnership between the Upper Hume Community Health Service and five local high and primary schools, police and the Centre for Adolescent Health, Melbourne.

The program focuses on four areas: wellbeing of the child or young person; engagement at school; school attendance; and family conflict and restorative practices. It puts the child or young person involved at the centre of the program, highlighting their strengths and identifying their needs.

Working closely with family support agents to build stronger networks and communities around families, the program has been successful in improving the wellbeing and educational achievements of many local young people.

One child supported by the program was a nine-year-old Aboriginal boy who had been subject to child protection intervention. He was attending school irregularly and had trouble regulating his own emotions that, at times, was leading to violent or threatening behaviour.

Working with a mental health counsellor, the young person attended a Family and Community Group Conference with his extended family members and adult friends. Although initially reluctant to join the 'circle', he gradually got involved in a discussion about his strengths and attributes.

By the end of the conference, he with his family group, had developed some strategies for managing his stronger emotions and putting in place services to support his family. His school later reported a much greater engagement at school, and follow up indicated that his family relationships had improved immensely.

FCGC has benefits for many children, especially when time is taken to prepare family members so they can genuinely participate and address issues of concern to them.

By focusing on the voice of the child at the centre of this work, family members become empowered to make decisions, with professionals and family friends as partners and resource providers.

Girls on the Go

With an emphasis on mental, physical and emotional health, the Girls on the Go program targets young women aged 11–18 who are struggling with disordered eating, poor body image, weight issues, or low self-esteem and confidence.

The program encourages young women to consider their health holistically, rather than emphasising weight, exercise or dietary concerns. Over 10 weeks, the program covers topics including body image and self-esteem; physical activity; healthy eating; safety and assertiveness; mental health; stress and relaxation; trust and confidence.

Since it was established in 2002 by the Greater Dandenong Community Health Service Youth Team, Girls on the Go has been run in partnership with schools. It is evaluated through surveys with students before and after the program, and through health promotion evaluation methods endorsed by the health promotion plan, including pre and post surveys.

Around 200 young people have attended the program over the past five years, and many have made valuable progress. Through the evaluation surveys, participants have noted that they feel more confident and positive, more relaxed, and better able to protect themselves. Others observed that through the program, they had made new friends and (importantly) had some fun.

Tania has been very concerned about her body image since she was in Year 7 (she is now in Year 9), constantly putting herself down. It was during her Year 8 school year that she visited a GP due to illness and was told by the GP that she should take diet pills so she 'could look like all the other girls in Springvale'. Tania was willing to share her story with other participants during the program and allow the others to share their stories and support one another with the new knowledge that others were experiencing the same feelings. This support greatly increased Tania's self-esteem, confidence and body satisfaction to a level where she is now able to present her experience of Girls on the Go to other girls who are currently participating in the Girls on the Go program.

Kate has a disruptive, unsettled home life that has greatly affected her moods and feelings about her own body image. She was also one of the quietest participants to have participated in the Girls on the Go program. Throughout the program Kate was an interested participant and active in most group activities, however, she rarely spoke and never shared her story with the rest of the group. She was well supported in the group and encouraged to participate to her level of comfort. In the months after finishing the program the facilitators were extremely pleased to see that Kate had become one of the most vocal members of the group, had a smile on her face and was comfortable talking in the group environment. She made friends with two other participants with whom she remains friends at present. Her self-esteem and confidence levels have increased dramatically. Kate was one of the participants who recently presented in front of young people and workers at a community-run youth forum about her experience in Girls on the Go, something she would never have volunteered for prior to Girls on the Go.

BodyThink

BodyThink is a fun, interactive and inclusive workshop that aims to build young people's self-esteem, body image and media literacy.

It was created as a partnership between the Victorian Government, the Dove Self-Esteem Fund and the Butterfly Foundation in response to the Victorian Government's Parliamentary Inquiry into Young People and Body Image in 2005.

Targeting young people aged 10–15, BodyThink is designed to show young people how 'ideal' images of beauty are created, so that they can get a better perspective on the world portrayed by media and advertising. It also helps them identify and deal with their feelings about their physical appearance.

Teachers and health and community professionals who attend the half-day BodyThink training are given information, tools and materials they can use to inspire young people to think more deeply about body image and self-esteem.

In the first year, 275 people attended the BodyThink training, and went on to deliver the program to almost 14,000 young people.

Comments from young people who have attended the program reveal a dramatic shift in attitude:

After the presentation I felt better about myself. I've realised I don't look that bad and I can accept myself more. Julie (13)

It helped me look at celebrities differently and realise that no one is perfect and I shouldn't place so much pressure on myself to be perfect either. Sophie (14)

More than helping me change the way I think about myself, it helped me to think differently about other people. Everybody has the right just to be themselves. Ben (16)

I learnt that losing weight, which is something I have wanted to do for a long time, is really not going to make me happy. I thought it would, but now I realise that no matter what size you are or aren't, happiness comes from within. Sarah (16)

FReeZA (drugs and alcohol)

The FReeZA program was launched in 1996 as a key youth initiative under the Victorian Government's Turning the Tide drug and alcohol strategy. A pioneering youth development program, FReeZA supports young people to stage events for other young Victorians.

Over the past 10 years, FReeZA has generated hundreds of live band gigs, dance parties and other cultural, recreational and artistic events in a range of supervised and safe venues.

As well as creating unrivalled development opportunities for the young people who join FReezA committees, FReeZA events give more young Victorians the chance to enjoy great entertainment in a drug-, alcohol- and smoke-free environment.

The program also creates important performance opportunities for young musicians and emerging artists locally, and on a broader stage. FReeZA has been the springboard for many Victorian bands and musicians – especially those who've had the chance to showcase their talent through the statewide FReeZA Push Start Battle of the Bands competition.

Since 1997, more than 850,000 young people have attended FReeZA events and more than 7000 young people have participated on FReeZA committee in metropolitan, regional and rural Victoria.

Participants credit FReeZA with influencing changes in local culture, and young people's attitudes to drugs and alcohol.

As Bob Cummings, who facilitates and supports the Murrindindi FReeZA committee in the Shire of Murrindindi, reflects, 'The program relies heavily on the support and involvement of the community, and they wouldn't keep supporting us if the kids didn't do such a great job.

'Young people know what the program is about, and they know what to expect when they come to our events. FReeZA really is a fantastic way to teach young people that they can have fun without drugs or alcohol – and give them a step into community life while we're at it.'

3. Economic wellbeing, housing and homelessness

Summary

> The majority of young Victorians live in comfortable financial circumstances. However, for a sizeable minority, this is not the case.

> Relative income poverty analysis shows that the poverty rate for all people in Victoria was 10.9 per cent in 2003–04. This rate was slightly higher than in the other states and territories, with the exception of Tasmania.

> In 2003–04, Victorian households were more likely than households across Australia to have incomes that were more than $100 below the poverty line.

> The poverty rate for non-dependents (aged 15–24) was higher in Victoria than for dependent young people. Among non-dependents, poverty rates were higher in those living away from home (than those who were not) and in those who were studying (compared with those who were not).

> In 2006, 89 per cent of young Victorians (aged 15–19) and 78.2 per cent (aged 20–24) were participating full-time in education or employment. The proportion of 15–19 year olds (in full-time education or employment) is higher than nationally (84.8 per cent), while the proportion of 20–24 year olds is broadly similar to the national figure.

> In 2003, 13 per cent of young Victorians aged 12–24 were living in families where no parent is employed and 6.9 per cent were living in jobless households (where no one is employed). These proportions are broadly similar to national proportions.

> The 2006 Census shows that the majority of young Victorians (and young Australians) live in housing that is owned or being purchased.

> Indigenous people have lower housing ownership levels than non-Indigenous people, and higher levels of public housing and private rental.

> As at 6 August 2007, the vast majority of public housing households were not overcrowded. However, households that included a young person were more likely to be overcrowded that those that did not.

> In Victoria, on Census night, there were 4660 homeless young people aged 12–18 years and 2404 homeless young people aged 19–24 years. In 2005–06, 11,350 young people (aged 15–24) accessed Supported Accommodation Assistance Program (SAAP) services.

> Just over half of all single young women and 34 per cent of single males seeking homeless support services did so because of interpersonal relationship issues.

> Indigenous people are homeless at a rate six times greater than their representation in the general population. Their representation in the homelessness service system is 10 times greater (than in the general population).

Future Directions outcome areas

- Young people are resourced to build and gain access to networks in their communities

Lead measure:

- Extent to which young people feel they can access services when needed

The Outcomes Framework

- Percentage of young people living in poverty
- Income of young people
- Proportion of young people (aged 15–24) in employment and/or education
- Capacity of parents and of young people to raise $2000 in an emergency
- Percentage of young people living in public housing
- Percentage of young people living in overcrowded conditions
- Young people accessing SAAP

A Human Rights Framework

- The right of children to benefit from an adequate standard of living (it is the primary responsibility of parents to provide this and the state's duty to ensure that this responsibility is first fulfillable and then fulfilled).
- The right of children to benefit from social security.

Evidence shows that people who are socially and economically disadvantaged have higher rates of morbidity and mortality (AIHW 2007a). There is also a strong relationship between education, employment and income with people commonly experiencing disadvantage across all three areas (AIHW 2007a).[113]

Young people from poorer socioeconomic backgrounds are more likely to be early school leavers, to do less well at school and to have problems in making a smooth transition to work. They are also more likely to be involved in the child protection and the youth justice systems. Young people who have very limited financial resources may also have limited access to leisure and recreational opportunities (Pitman et al. 2003).

When families and young people are struggling to meet their basic living costs, they may also experience difficulties in accessing the services that others take for granted, such as education, health and transport. There are strong links too between poverty, poor housing and poor health. Good-quality, well-located and affordable housing has a key role to play in helping move people out of poverty and in ensuring the wellbeing of young people (A Fairer Victoria: Building on our commitment 2007).

The majority of young Australians live in comfortable financial circumstances and they and their families have benefited from the national wealth of Australia. However, while Australia is a wealthy country by international standards, some Australians, including young people (especially those in low-income groups) remain at high risk of poverty. Other groups who have been identified at high risk of poverty include Indigenous Australians, people who are unemployed, people with a disability, migrants and refugees and homeless people (Senate Community Affairs Reference Committee 2004).

This chapter focuses on the resources available to young Victorians and their families, looking first at their economic wellbeing (3.1), then at their housing (3.2) and at homelessness (3.3).

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[113] Although coming from a low socioeconomic background is known to increase the chances of poorer outcomes and opportunities, the causal pathways for this are not fully understood.

The Victorian Government's action plan *A Fairer Victoria* aims to tackle inequality and disadvantage by emphasising early intervention and prevention; matching local service delivery to service needs; assisting communities to support individuals to overcome problems; and making services easier to access, more responsive and more successful. *A Fairer Victoria: Building on our commitment* builds on initiatives already taken to tackle disadvantage and includes a range of measures including improvements to housing.

Under the AFV Strategy 2 *'Keeping Young People On Track'* the following achievements have been delivered to date:

- raising the school leaving age to 16 years
- introducing the Youth Guarantee, an Australian first that provides early school leavers with a place at a school, TAFE or selected adult community education (ACE) provider to finish Year 12 or a training equivalent
- giving students more learning options – for example, twice as many students chose the Victorian Certificate of Applied Learning as an alternative to the Victorian Certificate of Education in 2006 compared with three years ago
- supporting 15–19 year olds who have disengaged from education, training or employment through the Youth Transition Support initiative in 12 areas of greatest need across Victoria
- developing four Technical Education Centres to provide young people undertaking vocational training programs with access to high-tech modern facilities and industry-standard equipment
- helping young people gain leadership skills and experience through the new Youth Foundations program
- enrolments in the Vocational Education and Training scheme increasing from around 15,000 in 1999 to over 45,000 in 2006
- assisting low income parents with schooling expenses by increasing the Education Maintenance Allowance for families by more than 60 per cent since 2004–05.

3.1 Economic wellbeing

Understanding poverty

The question of how to define and measure poverty has been a subject of considerable debate in Australia in recent years. It is generally agreed that relative measures of poverty (which define people as poor if their living standards fall below an overall community standard and they are unable to participate in societal activities) are more appropriate for use in industrialised countries such as Australia than absolute measures (which define people as living in poverty when their consumption level falls below a minimum subsistence level) (unpublished paper on poverty measurement, Department of Treasury and Finance 2007).

Estimates of poverty have commonly been developed using income-based measures. However, these (income-based) measures have come under recent criticism as they provide snapshots of poverty at one point in time. They do not indicate the depth or severity of poverty and do not distinguish between those who are temporarily in poverty and those who are financially disadvantaged over long periods of time. Additionally, it has been argued that income-based measures do not take into account people's own subjective definitions of what it means to be poor.

As an alternative approach, social scientists prefer measures of poverty that draw on survey data to define and measure the relative prevalence of poverty.[114]

Increasingly, the view is held among academics and policymakers that multi-dimensional measures of poverty should be used in favour of a reliance on any one single measure. Work is ongoing in Australia[115] to develop a multi-dimensional measurement tool that may be similar to the tiered model that has been adopted in the UK.

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[114] However, where poverty is measured independently from income this neglects the role of choice as spending patterns can contribute to relative deprivation and inflate the poverty statistics (unpublished paper on poverty measurement, Department of Treasury and Finance 2007).

[115] Professor Peter Saunders at the Social Policy Research Centre in Sydney, with the Australian Research Council, is currently working on the development of such a measure.

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British model for measuring child poverty

In 1999 the Blair Government committed to eradicate child poverty in one generation. A tiered measure of child poverty was adopted by the British Government to monitor progress towards this goal. The three tiers are as follows:

- absolute low income: a figure of GBP210 per week for a couple with one child (to be adjusted for inflation over time)

- relative low income: assessed against 60 per cent of the median equivalised household income; the Family Resources Survey was developed in 2004 to overcome data gaps and included questions surrounding debt level, ability to heat home and take an annual holiday

- material deprivation and low income combined: a combination of material deprivation (a lack of certain goods and services as define by the Family Resources Survey) and an income below 70 per cent of the median equivalised income.

(Unpublished paper on poverty measurement, Department of Treasury and Finance 2007).

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There is also a growing body of work in the UK and in Australia that argues that people's own perspectives on what it means to be poor are key to an understanding of poverty and to the development of appropriate policy responses. Recent studies in Australia have drawn on the experiences of adults in poverty (e.g. Saunders, Sutherland et al. 2006) and (principally in the UK)[116] on those of children and young people (the UK: Roker 1998, Ridge 2002, Willow 2002; Australia: Taylor & Fraser 2003).

These recent studies emphasise young people's agency, their capacity as informants and their experiences of poverty as potentially different (as well as similar) to that of their households. This research also seeks to highlight the impacts of poverty on young people's current lives, noting that more traditional analyses of poverty have focused their attention on the relationship between poverty and future outcomes.

Measuring the economic wellbeing of young people

Young Victorians aged 12–25 may be living in a wide range of circumstances. For example, they may be living at home, in full-time education and financially dependent on their parents or they may be living away from home, in full-time employment, and be totally financially independent. Alternatively, as is the case for a minority, they may be unemployed.

Increasingly, young people are more likely to be combining part-time employment with part-time study and school leavers are taking longer and more varied pathways between school and work. Many young people will not be financially dependent on their parents, but will benefit from their parents income (regardless of where they live). It is important, therefore, that an analysis of young people's financial wellbeing takes account of the relationship between a young person's financial status and that of his or her household members.

This chapter draws on an analysis of relative poverty in Victoria that was carried out by the National Centre for Social and Economic Modelling (NATSEM) at the University of Canberra. This analysis is supplemented with data relating to the employment status of young people and of their households, the incomes of young people and their experiences of financial hardship.

Poverty in Victoria

The analysis of poverty presented below draws on Confidentialised Unit Record File (CURF) data from the ABS Survey of Income and Housing Costs (2003–04). It analyses relative income poverty, where poverty is defined as a household income less than half the median OECD equivalised household disposable income of all Australians.

The poverty rates that are given are based on the percentage of people in households defined as being in poverty (technical notes on the analysis are given in appendix 4).

In 2003–04 the poverty rate for all people in Victoria was 10.9 per cent. As table 3.1 shows, Victoria's poverty rate was slightly higher than in the other states and territories, with the exception of Tasmania which had a rate of 13.2 per cent.

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[116] Increasingly, the case is being made in Australia too for drawing directly on the views of children and young people who are experiencing poverty in order to inform the development of policy.

Table 3.1: Poverty rates in Victoria and the Australian states and territories, 2003–04

	Rate (%)	Number of people (000)
Victoria	10.9	526.6
New South Wales	10.2	672.6
Queensland	9.9	369.9
South Australia	9.1	137.3
Western Australia	9.0	172.9
Tasmania	13.2	62.3
Australian Capital Territory and Northern Territory[117]	7.4	34.0
Australia	10.1	1975.5

Source: NATSEM analysis of ABS survey of income and housing costs 2003–04

Single people were more likely to be living in poverty (than other household types) and people living outside capital cities had higher rates of poverty than those in cities. Households in which the head of household was born in Australia had lower poverty rates than households where the head was born in a non-English speaking country (see tables 3.2, 3.3 and 3.4).

Table 3.2: Poverty rates by household type, Victoria and Australia, 2003–04

	Victoria (%)	Australia (%)
Couple without children	8.4	8.0
Couple with children	7.6	6.8
Single parent with children	16.2	16.2
Single person	29.7	29.2

Source: NATSEM analysis of ABS survey of income and housing costs 2003–04

Table 3.3: Poverty rates by area of residence, Victoria and Australia, 2003–04

	Victoria (%)	Australia (%)
Capital city	10.3	9.2
Balance of the state	12.4	11.9

Source: NATSEM analysis of ABS survey of income and housing costs 2003–04

Table 3.4: Poverty rates by birthplace of household head, Victoria and Australia, 2003–04

	Victoria (%)	Australia (%)
Australia	9.1	9.2
Other English-speaking country	12.2[118]	9.8
Other country	15.3	13.9

Source: NATSEM analysis of ABS survey of income and housing costs 2003–04

Table 3.5 shows the poverty rates for all people and for young people (dependents and non-dependents) in Victoria and in Australia.

Dependents aged 10–24 includes all children aged 10–14 and young people aged 15–24 who are full-time students, have a parent in the household and do not have a partner or a child of their own in the household.

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[117] Results for the combined NT and ACT should be treated with caution due to the different characteristics of the two territories.
[118] This result is based on a cell of equal to or less than 30 households in poverty and should be treated with caution.

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Non-dependents aged 15–24 includes all young people (aged 15–24) either living with their parents or away from home, who are not dependent on their parents. Young people who are living away from home might live alone, with a partner, as a single parent or in a shared house with non-relatives. Those who are living with their parents, or other relatives, but are not defined as dependent include young people who are not full-time students (and are thus likely to have their own income source), or who have a spouse or offspring of their own in the household also.

The table shows that poverty rates are broadly comparable for all groups, with the exception of non-dependents (aged 15–24), for whom the rate is considerably higher in Victoria.

Table 3.5: Poverty rates, all people and by age and dependency status, Victoria and Australia, 2003–04

	Victoria (%)	Australia (%)
All people	10.9	10.1
Non-dependents (15–24)	14.4	8.9
Dependents (10–24)	8.9	8.6
Dependents aged under 18	9.8	9.0

Source: NATSEM analysis of ABS survey of income and housing costs 2003–04

Non-dependents who are living away from home are also more likely to be living in poverty than those who are at home. Analysis of the education and labour force status of non-dependents (aged 15–24) (across Australia)[119] shows that young people who are living away from home are more than twice as likely to be in poverty than those who live at home (12.6 per cent compared with 5.8 per cent); that young people who are studying are more likely to be in poverty than those who are not (10.5 per cent and 7 per cent); and (unsurprisingly) that poverty rates are much higher among the unemployed than among those who are working (21.1 per cent compared with 2.8 per cent).

The depth of poverty

As noted earlier, income-based measures of poverty have been criticised for their failure to highlight the depth or severity of poverty. As the incomes of large numbers of people are clustered around the income ranges where poverty lines are drawn, one household will be categorised as being in poverty and another will not where one has an income a dollar below the poverty line and the other an income that is a dollar above the line.

By using a measure of 'the poverty gap' some insight can be gained into the depth of poverty in Victoria.

In 2003–04 the income of nearly half (46.7 per cent) of Victorian households fell below the poverty line by less than $49. Victorian households were more likely than households across Australia as a whole to have incomes that were more than $100 below the poverty line (36.1 per cent of Victorian households compared with 32.7 per cent of Australian households) and around 17.6 per cent of Victorian households had incomes that were $200 or more below the poverty line.

Poverty rates 1997–98 to 2003–04

Table 3.6 presents the rate of poverty in Victoria and Australia for 1997–98 and for the four years 1999–2000 to 2003–04.[120] This highlights an increase in poverty rates (from 1997–08 to 1999–2000) followed by a fairly stable trend (1999–2000 to 2002–03) with a small decline in 2003–04. However, the 2003–04 figure needs to be treated with caution as the way in which income was recorded by the ABS was changed for the 2003–04 survey.[121]

[119] The same pattern applies in Victoria. However, Victorian results are based on a cell of equal to or less than 30 households in poverty so these are not published here.
[120] There was no ABS survey of income and housing costs in 1998–99.
[121] In the 2003–04 CURF the ABS took a new approach to gathering information on business and investment income. This could affect the way that total disposable income is calculated for the year, and it is unclear how reliable comparisons between income in 2003–04 and earlier years are. The possible impact of this change will become clearer with the release of future surveys.

Table 3.6: Poverty rates for all people and the number[122] in poverty, Victoria and Australia, 1997–98 and 1999–2000 to 2003–04

	1997–98	1999–2000	2000–01	2002–03	2003–04
Victoria	7.6 (346.0)	10.0 (465.1)	10.7 (499.9)	11.5 (554.5)	10.9 (526.6)
Australia	8.9 (1621.9)	10.6 (1978.1)	10.8 2031.8)	11.5 (2204.4)	10.1 (1975.5)

Source: NATSEM analysis of ABS survey of income and housing costs (1997–98; 1999–2000; 2000–01; 2002–03 to 2003–04)

Employment among young people and their families

Unemployment is a major cause of poverty in Australia, although the nature of the relationship (between unemployment and poverty) varies with changes in the labour market. Recent research has suggested that full-time work may be needed to ensure that incomes are higher than the poverty line. This is an important finding as many of the new jobs created over the past 20 years have been either casual or part time (Saunders 2006).

Young people's participation in education and employment

In 2006, 89 per cent of young Victorians (aged 15–19) and 78.2 per cent (aged 20–24) were participating full time in education or employment (see table 3.7). Table 3.7 also shows that the proportion of Victorian 15–19 year olds (in full-time education and/or employment) (89 per cent) is higher than in Australia as a whole (84.8 per cent), while the proportion of 20–24 year olds is broadly similar to the national figure.[123]

Table 3.7: Percentage of young people in Victoria and Australia who are in education and/or employment by age group, 2006

Education and employment status	15–19 years Victoria	15–19 years Australia	20–24 years Victoria	20–24 years Australia
Full-time education only	46.5	41.3	13.7	10.0
Full-time employment only	7.8	10.1	41.8	43.6
Full-time employment and part-time education	3.9	5.4	8.1	8.6
Full-time education and part-time employment	29.9	27.2	13.8	13.1
Full-time education and full-time employment	0.9	0.8	0.8	1.0
Total participating full time in education and/or work	**89.0**	**84.8**	**78.2**	**76.3**
Part-time education and part-time employment	1.0	1.4	1.6	1.8
Part-time education only	0.6	0.6	1.3	1.0
Part-time employment only	4.1	5.6	7.7	8.6
Not in education or employment	5.2	7.7	11.1	12.3
Total	**100**		**100**	

Source: Victorian data: ABS, Survey of Education and Work May 2006. ABS data available on request. Australian data: ABS Survey of Education and Work, May 2006, cited in AIHW 2007a

In line with national trends,[124] the proportion of young Victorians who are unemployed has also reduced from 2004 to 2007 (see figure 3.1).

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[122] Numbers are in brackets (000).

[123] Although participation in employment and education is fairly high for young Victorians, young people (aged 15–24) are more likely to unemployed than the adult population as a whole (AIHW 2007a).

[124] There has also been a decline in unemployment among young people (aged 15–24) nationally (AIHW 2007a).

Figure 3.1: Proportion of young people unemployed by age, 2004–07, Victoria
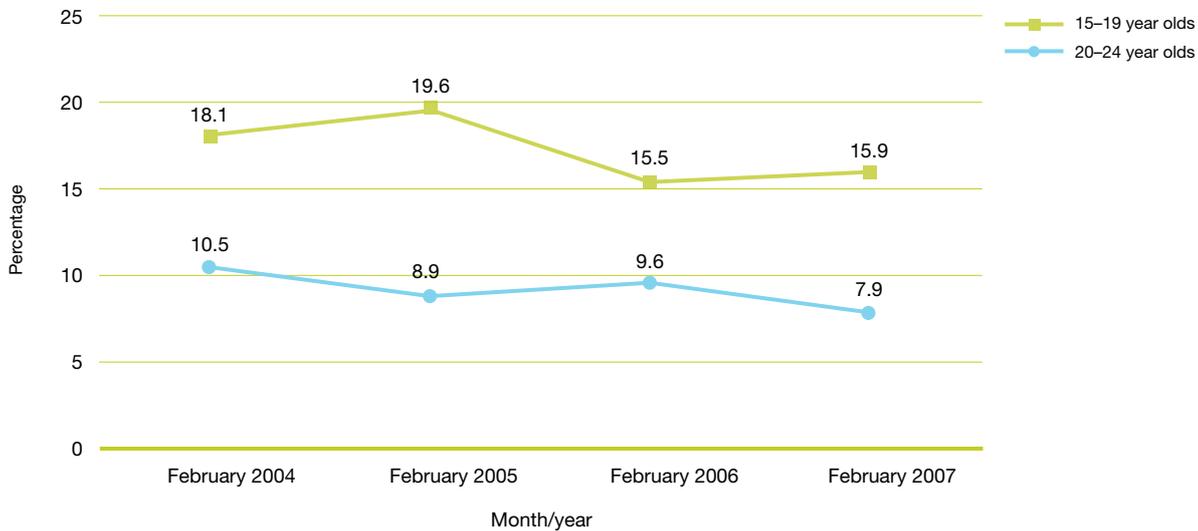
Source: ABS

Young people and their households

In 2003, 13 per cent of young Victorians aged 12–24 were living in families where no parent is employed and 6.9 per cent were living in jobless households (where no one is employed) (see table 3.8). Young people living in single-parent households were considerably more likely than young people in couple households, to be living in households where no parent or no one is employed.

The proportions of young Victorians (aged 12–24) in families where no parent is employed and in jobless families are broadly similar, and slightly less, than the proportions nationally in these groups.[125]

Table 3.8: Proportion of young people aged 12–24 living in households where no parent is employed, Victoria and Australia, 2003

		Age of young person			
		Child 12–14 years	Dependent student 15-24 years	Non-dependent children 15-24 years	Total 12–24 years years
Young people in families where no parent is employed					
Victoria	In couple families	8.6	9.0	9.1*	8.9
	In one-parent families	37.2	26.5	31.3	31.4
	In all families (a)	14.7	11.9	13.0	13.0
Australia	In couple families	7.1	7.6	10.0	8.2
	In one-parent families	46.6	32.0	33.2	37.4
	In all families (a)	15.8	12.0	14.5	13.9
Young people in families where no one in the household is employed					
Victoria	In couple families	6.8	4.8	1.2*	4.4
	In one-parent families	30.6	13.2*	10.4*	18.3
	In all families (a)	11.9	6.2	2.8*	6.9
Australia	In couple families	5.8	3.8	1.5*	3.7
	In one-parent families	40.2	18.7*	10.0*	23.5
	In all families (a)	13.4	6.5	3.2*	7.6

Source: ABS, Family Characteristics Survey 2003. ABS data available on request

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[125] Young people in single-parent households in Victoria are less likely than young people in single-parent households nationally to live in households where no parent is employed (31.4 per cent in Victoria, 37.4 per cent Australia) or in jobless households (18.3 per cent and 23.5 per cent respectively).

Disability, poverty and employment

Research carried out in Australia, the UK and the US, shows there is a strong association between childhood disability and low family income (AIHW 2004).

Young people with a disability may also face barriers and restrictions to employment. AIHW analysis of the ABS 2003 Survey of Disability Ageing and Carers found that nearly 40 per cent of young people (aged 15–24) with a disability did not report any employment restrictions. However, around 20,000 (8 per cent) of young people were permanently unable to work because of their disability. Around 43 per cent reported they were limited in the kind of work that they could do and 33 per cent said they had difficulty changing their jobs or getting the kind of job that they wanted. One in five (21 per cent) could only work for a restricted number of hours and 11 per cent needed to take at least one day off work a week because of their disability (AIHW 2007a).

Young people's income

Young people's income levels are clearly influenced by whether they work in paid employment and by the level of financial support that they receive from their parents or from government income support.[126]

In general, young people (aged 15–24) in Australia tend to have lower incomes than the overall population and the incomes of young Indigenous people are more concentrated towards the lower end of the income distribution (ABS 2001 Census data cited in Boese & Scutella 2006).

Figure 3.2 shows that the mean weekly earnings of young people increases with age and those in full-time employment earn more on average than those in part-time employment.

Figure 3.2: Mean weekly earnings of young people in Victoria and Australia, 2006
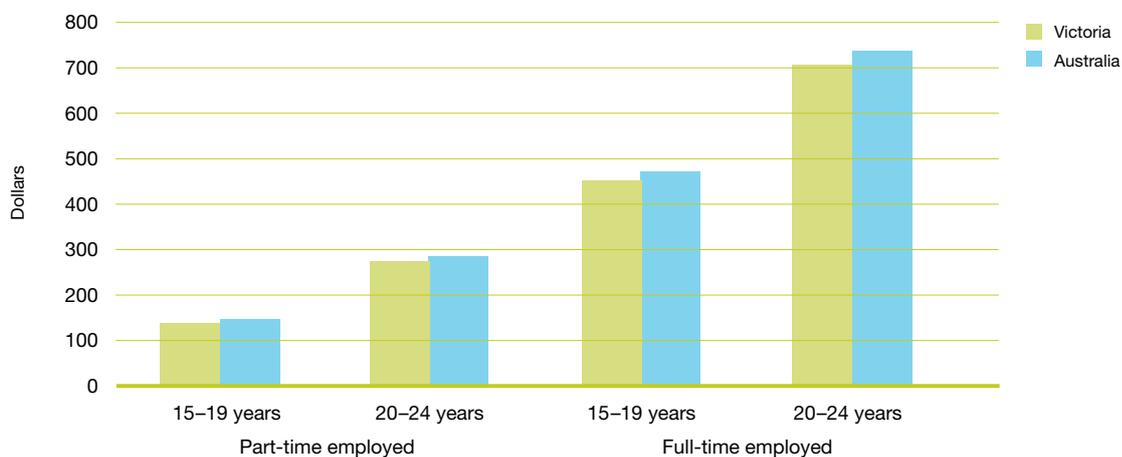
Sources: ABS 2007, data available on request, ABS 2007a

Pocket money and allowances

Table 3.9 shows that a quarter of young people received pocket money or a regular allowance from their parents in 2004. The table shows that the proportion of young people receiving financial assistance from their parents decreases as the age of young people increases, although the mean amount of allowance received increases by age until young people are 20–21 years old. The average amount of pocket money received is around $500 per annum.

[126] Most young people with no personal income live with their parents in middle to high-income families. Young people with an income receive this either through employment and/or government income support. The majority of young people receiving government support live in low-income families or independently on a low income (AIHW 2007a).

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Table 3.9: Young people aged 15–24 receiving any pocket money or a regular allowance from parents

Percentage receiving income and average amount received	Age group (years)				
	15–17	18–19	20–21	22–24	15–24
Percentage receiving regular allowance from parents	41.5	25.0	19.4	11.2	25.1
Mean annual income received from parents	$463	$460	$750	$427	$512

Source: AIHW analysis of the Household, Income and Labour Dynamics in Australia (HILDA) survey data, wave 4 (release 4.1) cited in AIHW 2007a

Government income support

Table 3.10 shows that around half of all the young people (aged 15–24) in government Neighbourhood Renewal sites are Centrelink customers.

Table 3.10: Centrelink customers by LGA and Neighbourhood Renewal site, Victoria, 2006

LGA	Neighbourhood Renewal sites	Young people aged 15–24[127]	Centrelink customers <18[128]	Centrelink customers 18–24	Total (aged 15–24) who are Centrelink customers (%)
Greater Geelong	Corio and Norlane	2681	399	959	1358 (50.7)
Casey	Doveton	866	153	363	516 (59.5)
Hume	Broadmeadows	741	96	247	343 (46.3
Mornington Peninsula	Hastings	777	82	256	338 (43.5)
Greater Bendigo	Eaglehawk and Long Gully	328	20	125	145 (44.2)
Ballarat	Wendouree West and Delacombe	563	86	240	326 (57.9)
Latrobe	Moe, Morewell, Taralgon, Churchill	835	134	344	478 (57.2)
Wyndham	Werribee (Heathdale)	970	118	319	437 (45.05)
Darebin	Reservoir East	522	82	260	342 (65.5)
Greater Shepparton	Parkside Estate	253	26	81	107 (42.3)
Maribyrnong	Braybrook and Maidstone	1337	192	456	648 (48.5)
Total		**9873**	**1388**	**3650**	**5038 (51.02)**

Source: Neighbourhood Renewal data collection

Two commonly paid forms of government income support are Youth Allowance and New Start Allowance.[129] Youth Allowance is a means-tested form of income support payment to eligible young people aged from 16–24 and New Start Allowance is paid to eligible young people aged 21 and over.

The total numbers of young people receiving these allowances in government Neighbourhood Renewal sites is shown in table 3.11.[130]

[127] Young people aged 15–24 (ABS 2001).
[128] Centrelink customers (Centrelink data August 2006).
[129] Young Victorians are also eligible for other payment types (e.g. single parent and disability).
[130] An age breakdown of customers by payment type is not available.

Table 3.11: Total numbers of young people receiving Youth Allowance and New Start Allowance in government Neighbourhood Renewal sites

LGA	Neighbourhood Renewal sites	Youth Allowance	New Start Allowance
Greater Geelong	Corio and Norlane	592	1092
Casey	Doveton	268	460
Hume	Broadmeadows	172	262
Mornington Peninsula	Hastings	149	233
Greater Bendigo	Eaglehawk and Long Gully	69	114
Ballarat	Wendouree West and Delacombe	147	249
Latrobe	Moe, Morwell, Taralgon, Churchill	199	303
Wyndham	Werribee (Heathdale)	208	255
Darebin	Reservoir East	203	280
Greater Shepparton	Parkside Estate	46	58
Maribyrnong	Braybrook and Maidstone	416	650
Total		**2469**	**3956**

Source: Neighbourhood Renewal data collection

Financial hardship

Young people who are experiencing financial hardship may have poorer health and wellbeing outcomes, including stress, a lack of money to access health services and restrictions to their social life (Nicholson et al. cited in AIHW 2007a).

The Household, Income and Labour Dynamics in Australia (HILDA) survey has gathered information about the types of hardship that are experienced by young people. Examples of hardship included going without meals, being unable to heat their homes, having to pawn or sell something, not being able to pay the mortgage or to pay household bills. The most common form of hardship experienced by young people (aged 15–24) was not being able to pay gas, electricity or telephone bills on time because of a lack of money (12.2 per cent of males and 15.4 per cent of females). More than 6 per cent of young people could not pay their mortgage on time and between 5 and 6 per cent had gone without meals (cited in AIHW 2007a).

The CIV Survey (2007) asked young Victorians (aged 18–24) whether there had been any times in the past 12 months when they had run out of food and could not afford to buy more. Nearly 8 per cent (7.7 per cent) of the young people answered yes, increasing to 9.6 per cent in country Victoria. Females were more likely than males to answer yes (see table 3.12).

Table 3.12: Percentage of young people who had run out of food in the past 12 months and could not afford to buy more, Victoria[131]

	Metropolitan (%)	Country (%)	Males (%)	Females (%)	Victoria (%)
Yes	7.2	9.6	7.1	8.4	7.7
No	92.8	90.4	92.9	91.6	92.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: CIV Survey 2007

The capacity to raise funds in an emergency: findings from the VPHS

Just over eight in 10 (81.8 per cent) of young people aged 18–24 reported being able to raise $2000 in an emergency in 2006 compared with 64.9 per cent in 2001.

The proportion of parents who reported being able to raise $2000 in an emergency was slightly higher (85.6 per cent) compared with 85.5 per cent in 2005.

Source: VPHS 2001, 2005, 2006

[131] Population-weighted results

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The Life Chances Study by the Brotherhood of St Laurence is tracking the experiences of 167 children, from high- and low-income households, born in 1990 in two inner suburbs of Melbourne. The study allows for an exploration of the impacts of family income and other social and environmental factors on the children over time.

In 2002 three-quarters of the children who were in low-income families aged six months were still in low-income families aged 11 and 12. While some families had increased their income (the percentage on low incomes had decreased from 30 per cent to 27 per cent), many children were living in hardship throughout their childhoods (Taylor & Fraser 2003).

Children in low-income families were significantly less likely to: spend time with friends outside school; participate in sport, music or dance outside school; have been on holidays in the past year; and think that where they lived was a good place to grow up. In the words of one of the girls in the study: ' I can't go visit my friends and if I get invited to a party I have to ring my friends to take me because I can't walk, because we haven't got a car.' Within school, too, some children were unable to fully participate because of costs of books, fees, uniforms and excursions, and over a quarter (28 per cent) of children in low-income families had missed out on school activities in the past year (Taylor & Fraser 2003).

These findings are similar to those identified by Ridge (2002) in the UK, who showed how young people in poverty experience exclusion from school-based activities and from the consumer culture of their more affluent peers. They may be prevented, for example, from making and sustaining friendships because of the financial barriers posed by transport and because of their fear of limited ability to pay transport costs and the costs associated with engaging in recreational and social activities in general. Fear of stigma associated with financial hardship is also likely to play a role.

Trends in the economic wellbeing of young Victorians: Do the data tell a story?

This section has presented a variety of data to paint a picture of the economic wellbeing of young Victorians. It is difficult to comment conclusively on the basis of the available data on any trend in economic wellbeing. However, analysis suggests that the trend is one of overall improvement, while some young people continue to experience financial hardship.

While rates of unemployment are higher among young people than in the general population, Victorian data point to a decline in unemployment among young people (aged 15–24) from 2004 to 2007. The unemployment rate for young people aged 15–19 decreased from 18.1 per cent to 15.9 per cent over this period and for 20–24 year olds from 10.5 per cent to 7.9 per cent (ABS 2006, cited in AIHW 2007a).

It is encouraging too, that 2006 participation rates of young Victorians in education and employment are high (and higher than nationally). However, as already suggested, there is an increasing trend to working part time, which may not ensure economic wellbeing; and, where young people are in lower income jobs, they are still vulnerable to financial hardship.

The National Centre for Social and Economic Modelling poverty analysis only provides data up until 2003–04, but this highlights a fairly stable trend (1999–2000 to 2002–03) with a small decline in 2003–04, although, as noted, these findings should be interpreted with caution. Further analysis of new releases of the Survey of Income and Housing Costs would confirm whether poverty rates were declining.

Finally, another useful measure of economic wellbeing is young people's capacity to raise funds. As reported earlier this has improved markedly from 2001 to 2006, with 64.9 per cent of young people (aged 18–24) saying that they could raise $2000 in an emergency in 2001, increasing to 81.8 per cent in 2006. However, it is concerning that in 2006 nearly 8 per cent of young Victorians said there had been times in the past 12 months when they ran out of food and couldn't afford to buy more (CIV Survey data).

Employment and income for young people in rural areas

Unemployment rates are higher in rural than urban areas (Currie et al. 2005, Kenyon et al. 2001), and the gap is greater for young people in many states including Victoria (especially in western Victoria and Gippsland) (Currie et al. 2005). Unemployment is highest in Indigenous communities (Kenyon et al. 2001, Wyn et al. 1998).

Rural residents aged 15–25 earn $22 less per week, on average, than their urban counterparts (Currie et al. 2005). There is general agreement that employment opportunities are fewer in rural areas and the types of work are more restricted (Altson & Kent 2001). As a result of a range of factors including economic restructuring, population decline in small towns and new technology, rural jobs have declined in recent decades, especially for young people (Alston & Kent 2001, Currie et al. 2005, Kenyon et al. 2001).

There is also significant underemployment among rural youth due to casualisation (Kenyon et al. 2001). Many secondary students in rural communities work in paid jobs but there are few full-time jobs for school leavers (Altson & Kent 2001, Geldens 2004, Kenyon et al. 2001). Family and local reputation can impact a young person's ability to get a job in a small town (Kenyon et al. 2001, Stokes & Wyn 1998).

The lack of employment opportunities and casualisation of the rural workforce has direct impacts on young people's income (Alston & Kent, 2001). Incomes are lower in rural areas and poverty rates are higher (Bourke & Cheers 1999, Bourke & Lockard 2000, Cheers 1998, Kenyon et al. 2001). In addition, rural young people have reported that financial assistance for them is severely lacking (Kenyon et al. 2001).

3.2 Housing

Housing is a basic necessity for young people and insecure housing and homelessness are known to be significant risk factors. This section on housing focuses on the housing tenure of young people and their families and on housing costs and rates of overcrowding.

Housing tenure

As at 15 May 2007 there were approximately 24,733 young people aged 12–24 living in public housing in Victoria (representing 18.8 per cent of all people living in public housing) (Department of Human Services, Housing and Community Building, unpublished data).

The 2006 Census shows that around two thirds of young Victorians (aged 12–24) live in housing that is owned or being purchased, around a quarter live in rented accommodation and a minority (3.3 per cent) live in public housing (see table 3.13). [132]

Young Victorians are slightly more likely to live in a home that is owned or being purchased and slightly less likely to be living in rented accommodation or in public housing, than young Australians of the same age.

Young people in rural Victoria are more likely than young people in metropolitan Victoria to be living in public housing. However, there are similar proportions of young Victorians from rural and metropolitan areas living in other tenure types.

Table 3.13: Young people aged 12–24 by tenure of household, Victoria and Australia [133]

	Owned/being purchased (%)	Rented (%)	Public housing (%)
Metropolitan Victoria	65.6	25.9	2.7
Rural Victoria	66.5	25.5	3.8
Victoria	66.0	25.7	3.3
Australia	60.6	30.2	4.0

Source: ABS, 2006 Census, ABS data available on request

[132] Although the majority of young Australians live in a home that is owned or being purchased, young people are much less likely than those in older age groups to own their home outright. ABS data show that nationally only 3 per cent of single and couple only households with a reference person aged under 35 years owned their home outright, compared with 85 per cent of couples with the reference person aged 65 years and over (ABS, Australian Social Trends,2006).

[133] Numbers do not add up to 100 per cent as other categories in the analysis of tenure are not included (being occupied rent-free, being occupied under a life tenure scheme, not stated and not applicable).

Indigenous young people and housing tenure

Data from the 2001 Census, reported in the Victorian Homelessness Strategy Indigenous Service Mapping Project show that Indigenous people have lower housing ownership levels than non-Indigenous people, and higher levels of public housing and private rental.[134]

Table 3.14: Tenure of Indigenous and non-Indigenous households, Victoria

	Owned/being purchased (%)	Rented (%)	Public housing (%)
Indigenous	42.0	24.7	23.4
Non-Indigenous	71.0	15.8	3.5

Source: ABS, 2001 Census, cited in Department of Human Services 2005

Overcrowding in public housing households with young people (aged 12–24)

Overcrowded households are defined as those households that are short by one or more bedrooms to accommodate the total number of people in the household.

As at 6 August 2007 there were 17,219 public housing households in Victoria that include at least one young person aged 12–24.[135] [136] Households that included a young person were more likely to be overcrowded that those that did not. Almost one in 10 (9.8 per cent) of the households with young people were overcrowded, compared with 7.8 per cent of households with no young person (Department of Human Services Integrated Systems for Information Processing ISIP).

3.3 Homelessness

Over the past 20 years the nature of youth homelessness has changed, with factors such as a rapidly changing job market, increasing costs of higher education and increasing housing costs adding together to affect young people's vulnerability to homelessness (Department of Human Services 2006).

Homeless young people commonly face a number of forms of disadvantage including poverty, poor access to health care, lower participation in education and poor employment prospects. Homelessness among young people is linked with the experience of family conflict, with violence and abuse, social isolation and breaks from formal education. Many homeless young people have experienced family breakdown and up to two-thirds come from sole-parent families (Department of Human Services 2006). There are also links between substance use and homelessness and between mental health issues and homelessness.[137]

While some young people who become homeless move out of homelessness relatively quickly, others will become entrenched in the homeless population and become 'chronically homeless.' Young people who are homeless at an earlier age experience an increased risk of long-term homelessness and the longer they remain homeless, the more difficult it becomes for them to move out of and 'stay out' of homelessness (Chamberlain et al. 2007, Department of Human Services 2006). When young homeless people are provided with the appropriate support and accommodation, this can reduce the risk that they will experience long-term social and economic disadvantage (Department of Human Services 2006).

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[134] Based on data from the 2001 Census, the Homelessness Strategy Indigenous Service Mapping Project reports that 42 per cent of indigenous households own or are buying their house, compared with 71 per cent of non-Indigenous households.

[135] Representing 27.87 per cent of public housing households.

[136] This analysis is based on households in rental general stock public housing and excludes a minority of households in rental movable stock public housing.

[137] Recent research by Chamberlain et al. suggests that substance use and mental health issues are precipitated by the experience of homelessness, more commonly than the converse (Chamberlain et al. 2007). This research focused on the experiences of a sample of 4252 homeless people and 934 people who were at risk of homelessness. The sample was not limited to young people and was drawn from two services that provide an immediate response for people 'at risk of' or experiencing homelessness. In the sample of 4252 homeless people (and 934 people at risk of homelessness) two-fifths (43 per cent) had problems with substance use and 66 per cent had developed these problems after they became homeless. Thirty per cent of the sample had mental health issues; however, more than half (53 per cent) of these had developed mental health problems after they became homeless.

The Creating Connections – Youth Homelessness Action Plan Stage 2 (2006–10)

The *Youth Homelessness Action Plan Stage 2* provides a platform for the strategic development of homelessness services to young people aged 15–25 and builds on the Government's Homelessness Strategy and *Youth Homelessness Action Plan – Stage 1*.

The Stage 2 action plan outlines four new directions for homelessness services:

- a strong focus on early intervention and interdependence
- tailored accommodation and housing support options for each individual homeless young person
- greater access to complementary services for homeless young people with complex needs
- enhanced youth homelessness service capacity.

The plan includes 10 actions in support of these new directions.

How many young Victorians are homeless?

It is difficult to provide an accurate estimate of the number of young Victorians who experience homelessness as many homeless young people move between family and friends or live in squats or on the street.

The definition of homelessness has also been subject to considerable debate. However, in Australia there is an emerging consensus that supports the use of a 'cultural definition' that includes three levels of homelessness:

- *primary homelessness:* people without conventional forms of accommodation
- *secondary homelessness:* people living in forms of temporary accommodation
- *tertiary homelessness:* people who live permanently in private boarding houses without their own bathroom or kitchen and without security of tenure (Chamberlain et al. 2007).

This cultural definition is used by the ABS to quantify the homeless population. In addition, the SAAP uses a 'service delivery definition' that allows welfare agencies to assist people who are experiencing housing difficulties.[138]

Two sources of information have been drawn upon to provide estimates: the ABS Census, as reported in the Counting the Homeless Project (MacKenzie & Chamberlain 2003, cited in Department of Human Services 2006) and the national SAAP data collection, which provides information on the number of individuals who access SAAP services and their number of support periods.[139]

2001 Census data

In Victoria, on Census night, there were 4660 homeless young people aged 12–18 years. About 85 per cent of these were independent teenagers, and 15 per cent were teenagers who were accompanying parents.

In addition, there were 2404 young people aged 19–24 years, some of whom probably became homeless when they were 18 years or younger.

Of the 7064 homeless young people aged 12–24, 33 per cent (2360) were reported as attending school or TAFE and the remainder (67 per cent) were reported as being mainly unemployed.

Most of the young people were accommodated in homelessness services, staying with friends or relatives or in boarding houses or other low-cost accommodation (McKenzie & Chamberlain 2003, cited in Department of Human Services 2006).

Young people accessing SAAP

SAAP aims to provide transitional supported accommodation and related support services to help those who are homeless or at risk of homelessness to achieve the best possible degree of self-reliance and independence.

In 2005–06, 350 young people under 15 years, 5700 young people aged 15–19 years and 5650 young people aged 20–24 accessed SAAP services (see table 3.15) (AIHW 2007b). These young people accounted for just under a third (32 per cent) of the SAAP client population for 2005–06.

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[138] This SAAP definition includes people who are living in conventional housing, but are at risk of homelessness, as well as people who are actually homeless.

[139] This records information on all persons using SAAP services on an ongoing basis. The National Data Collection Agency at the Australian Institute for Health and Welfare AIHW is responsible for this data collection.

Table 3.15: Young people aged 10–24 in the SAAP system

Children accompanying parents		
10–14 years	22.5% of accompanying children	3700 children
15–17 years	7.4% of accompanying children	1200 children
SAAP clients		
Under 15 years	1.0% of SAAP clients	350 children
15–19 years	15.6% of SAAP clients	5700 young people
20–24 years	15.5% of SAAP clients	5650 young people

Source: AIHW 2007b

In 2005–06 there were more young women than young men aged under 25 seeking support through SAAP (AIHW 2007b).

As table 3.16 shows, around half of all single young women and 34 per cent of single males seeking homeless support services needed to do so for reasons relating to interpersonal relationship issues. Other commonly reported issues leading young people to seek assistance through the SAAP program included accommodation issues and financial issues (AIHW 2007b).

Table 3.16: SAAP support periods: main reason for seeking assistance

Main reason for seeking assistance	Male alone under 25 (%)	Female alone under 25 (%)
Interpersonal relationships	34.3	50.1
Time out from family/other situation	7.4	7.4
Relationship/family breakdown	19.6	21.1
Interpersonal conflict	4.2	4.0
Sexual abuse	0.1	0.7
Domestic/family violence	2.1	14.9
Physical/emotional abuse	0.9	2.1
Financial	14.4	11.5
Including gambling, problems budgeting, rent too high or other financial difficulties		
Accommodation	29.7	23.2
Including overcrowding, evicted or asked to leave previous accommodation		
Health	6.8	4.4
Including mental health issues, problematic drug/alcohol/substance use and psychiatric illness		
Other reasons	14.8	10.8
Including gay/lesbian/transgender issues, recently left institution, recent arrival to area or itinerant		
Total	100	100

Source: AIHW 2007b

Homelessness among Indigenous young people

There is no detailed information on the number of Indigenous homeless young people in Victoria. However, analysis of data from the 2001 Census and SAAP show that, while Indigenous people represent 0.5 per cent of the Victorian population, they are homeless at a rate that is six times greater. Their representation in the homelessness service system is 10 times greater than their representation in the general population (Department of Human Services, 2005).

The geographical distribution of homeless young people

There is also no detailed information about the geographical distribution of homeless young people in Victoria; however, at the time of the Census the total homeless population in Victoria was spread fairly evenly, with a slightly higher rate of homelessness in the north of the state.[140] The rate of homelessness was also much higher in inner city Melbourne than in Victoria as a whole.[141]

The experiences of young homeless people in rural areas

Homelessness in rural areas has been related to poor employment opportunities, low incomes and social marginalisation (Argent & Rolley 2006, Beer et al. 2006).

Recent research published by the Australian Housing and Urban Research Institute has identified that young people in rural areas (of Australia) have very different experiences of homelessness when compared with young people in metropolitan areas. Young people in rural areas are particularly affected by:

- difficulties in finding employment
- often expensive rental housing markets that offer sub-standard housing.

The research suggests that there are limited support services for young people in rural areas. However, many young homeless people in rural areas develop a strong sense of community, with valued friendships and support networks – and considerable priority is placed on staying in a familiar environment rather than moving to metropolitan regions.

(Australian Housing and Urban Research Institute (AHURI) 2006)

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[140] There were 56 homeless people per 10,000 of the population in northern Victoria on Census night, compared with 42 homeless people per 10,000 in the rest of the state (Chamberlain & MacKenzie 2004).

[141] The 2001 Census shows that there were just over 20,000 homeless people in Victoria on Census night and 14,000 of them were in inner city Melbourne. The rate of homelessness in inner city Melbourne was 149 per 10,000 of the population, compared with 42 per 10,000 of the population in Victoria as a whole.

Case studies

The Young People Leaving Care Housing and Support Initiative

Leaving residential care is a critical turning point for many young people: even the best prepared will face major challenges as they become independent.

In order to reduce the incidence of homelessness among young people who leave care, the Office of Housing created the Young People Leaving Care Housing and Support Initiative. Through the program, young people get help to develop life skills, access long-term housing and connect with community supports and employment, education and training options.

Sarah is one young person whose involvement in the program has led to a significant improvement in her quality of life and future prospects. When Sarah left residential care at the age of 17, she had been regularly abusing substances for three years.

Before being referred to the program, she lived in unsuitable accommodation with her abusive partner. Through the Leaving Care initiative, Sarah found a home in transitional accommodation, and began to address some of the other challenges in her life.

While she waits for a public housing place to become available, she has gradually learnt more about preparing and shopping for food, budgeting and managing a household. Sarah has developed a positive relationship with her Leaving Care worker, and has become reconnected with her family, found a job and reduced her substance use.

Sarah's resilience, motivation and determination have been major factors in her achievements – and the stability of her living situation has been vital, too.

The Leaving Care Initiative is unusual in that it is voluntary, long term, and provides help beyond simply finding suitable housing for young people, as Sarah's story reveals.

Recent evaluation indicates that the initiative has increased the number of young people finding private rented housing by 10 per cent. It also shows that young people who take part are well supported through this critical period of transition, learning skills and gaining confidence that will prepare them to create a successful, independent life upon leaving care.

Young, Pregnant and Parenting Program

When Lauren was three months pregnant, she had to leave her home and her violent boyfriend. Scared, worried and on the verge of homelessness, Lauren turned to The Bridge Youth Service.

As well as helping her to find a safe, suitable home for Lauren and her daughter, The Bridge helped Lauren settle into her role as a new mother.

With support, Lauren attended an antenatal program designed specifically for young people and discovered a wealth of information about her developing baby, the upcoming birth, and her own health and body. She also attended a First Steps program, to learn more about how to care for babies and young children.

After the baby was born, Lauren got involved in The Bridge's Young Parent's Mentoring program. Through the program, she got to know a local maternal and child health nurse, and learnt a great deal about her baby and what help is available if she needs it.

Lauren now says that she feels safe and secure for the first time in a long time. She and her daughter are both happy and healthy – they live in their own home and no longer experience violence.

She has also been supported through the program to return to school, while her daughter is in child care. Although she sometimes finds life as a young single mother lonely, Lauren is justly proud of what she has achieved.

As she puts it, 'I feel like I have confidence to be part of this community from things like going to the local library to going to the pool or gym. I am happy to be able to say that after everything in the past, I am enjoying life as a mum.'

As well as helping to find housing for pregnant young people and young parents who are facing homelessness, The Bridge offers contraception support, GP access, antenatal care and education, case management support, a mentoring program and short-term education programs.

All elements of the program are delivered in partnership with relevant agencies and service providers in the area, including the local hospital, midwifery services, maternal and child health nurses, family care, Rumbalara, community health and education providers.

4. Learning, training, further education and employment

Summary

> In 2006 there were 833,494 young people in Victorian schools. Of these, 1 per cent of students were identified as Indigenous.

> The majority of secondary school students in Victoria (59 per cent) attend government schools (with 22 per cent attending Catholic and 18 per cent attending independent schools).

> Department of Education and Early Childhood Development figures indicate that 3 per cent of all school students have a disability with 57 per cent of these students attending regular schools and 43 per cent attending specialist schools.

> One in four secondary school students in Victoria come from a language background that is other than English.

> Attendance rates for secondary school students have remained fairly stable in Years 7–9 (2001–06), with an increasing trend in Years 10–12.

> In 2005 some 84 per cent of Year 8 students in government schools were assessed by their teachers as consolidating or above in the relevant level of the curriculum for reading. This figure dropped to 82 per cent for Year 10 students.

> Indigenous students tend not to perform as well as non-Indigenous students.

> The reading performance of students from a language background other than English is lower than all students.

> Comparative analysis of Victorian data show that absenteeism is higher in out-of-home care students than in the general student population and levels of attainment are lower.

> There is nearly universal participation in secondary school for Victorian 15 year olds.

> In 2006, 86.6 per cent of young people (aged 20–24) had completed a Year 12 or equivalent qualification. These rates have been steadily improving since 1999.

> For those young people who left school early, 41 per cent took up an apprenticeship, 27 per cent were working and 14 per cent were looking for work.

> A survey of Year 6 and Year 8 students in Victoria found that 80 per cent never skipped classes, 75 per cent felt that their school offered opportunities for students to participate in decision making and nearly 90 per cent felt that students at their school were given plenty of opportunities to meet with teachers one on one (Williams 2007).

> Parents of secondary school students express a high level of satisfaction with their child's schooling.

> Approximately 96 per cent of young people who completed Year 12 in 2005 were employed or in further education, compared with 85 per cent of a sample of young people who left school prior to completing Year 12.

> Access to VET in schools has broadened as demonstrated by an increase in the percentage of secondary schools with students enrolled in vocational education. (This has risen from 94 per cent in 2003 to 97 per cent in 2005).

Future Directions outcome areas

- Young people are engaged with school, training or employment.
- Young people have options for staying connected to learning and are valued for their creative expression.

Lead measures:

- More young people in Victoria will successfully complete Year 12 or equivalent (GVT).
- The number of early school leavers who are unemployed after six months will decline.
- A high level of young people are engaged in full-time education, full-time work or a combination of part-time education and part-time work.

The Outcomes Framework

- Percentage of students achieving national benchmarks in literacy and numeracy.
- Proportion of Year 12 students successfully completing Year 12 or equivalent.
- Student attendance rates
- School participation rates for 15–19 year olds
- Student connectedness with school
- Proportion of early school leavers who are unemployed after six months
- Rates of participation in vocational education and training
- Rates of CALD young people who participate in vocational education and training
- Rates of qualification completion for vocational education and training
- Satisfaction of young people with vocational education and training
- Trends over time in engagement in vocational education and training

A Human Rights framework

- The right to education.
- Administration of school discipline to reflect human dignity.
- Education should be directed at developing the child's personality and talents, preparing the child for active life as an adult, fostering respect for basic human rights and developing respect for the child's own cultural and national values and those of others.

The majority of Australian young people aged 12–24 are engaged in some form of study or work.[142] Secondary education has a central role to play in providing young people with the skills that are necessary for participation in further education and in the workforce; and, where young people are engaged with school, they are more likely to have higher educational aspirations and complete their schooling. Completion of Year 12 improves employment opportunities and, in turn, influences income.

Other factors, in addition to education, contribute to employment and income. As a recent OECD review notes, parental education and wealth are contributors (along with other factors such as family background and the local environment) to intergenerational income mobility. The review also shows that educational differences (such as the highest level of qualification attained) tend to persist across generations (d'Addio 2007).

[142] For details, see Table 3.7

However, education systems and policies can and do have a role in shaping the extent of intergenerational income mobility. It is of some interest that while Australia has relatively high levels of income inequality in comparison to some European countries, it also has relatively high levels of intergenerational income mobility. This anomaly may relate to patterns of immigration to Australia but it may also be linked to policy interventions, for example in relation to early education (d'Addio 2007).

The Victorian Government has introduced a range of measures through A Fairer Victoria to ensure that there are fewer barriers to educational attainment and to sustainable employment, including measures to broaden education choice, to modernise more schools, to further increase the proportion of young people completing Year 12 and to assist young people in the transition from school to work. In July 2007, the school leaving age was raised (from 15) to 16 years to increase the opportunities for young people to make a successful transition to further study or work. Growing Victoria Together includes targets for increasing the proportion of young people completing Year 12 and for a decline in the proportion of early school leavers who are unemployed after six months.

Youth Transition Support Initiative

The Youth Transition Support Initiative will focus on areas of disadvantage to assist young people aged 15–19 who have disengaged from education, training or employment to navigate the existing government services and education and training opportunities available to them. In particular, this program will be aimed at supporting young people who have been through other services and are ready to re-engage.

Twenty-four full-time equivalent transition support workers have been employed across 12 Local Learning and Employment Network areas in Victoria. At the end of September 2007, almost 950 young people have accessed support. Almost half of the participants have been placed into education, training or employment with more than two-thirds of these placements in education or training. The young people participating in the program are highly disadvantaged, with four out of five having left school with Year 10 or lower as their highest level of education, and over two-thirds of participants experiencing three or more significant barriers to further participation in education, training or employment.

Schools also have an important role to play in efforts to strengthen and build communities. Schools that have strong community links can help to improve student learning and family involvement in education, and increase the use of facilities. As providers of universal services, schools can serve as the sites for the development of early intervention, preventive services for young people and their families. The Government supports partnerships between schools, local communities and organisations to develop facilities for shared use – and Victorian schools are currently used as sites for preventive programs such as the School-Focused Youth Service and the Secondary School Nursing Program.

This chapter focuses on young people's education, looking at their attainment and their engagement with secondary school in the compulsory (up to 16) and post-compulsory years (sections 4.1–4.5). Section 4.6 focuses on the pathways that are taken by young people in training, further education and employment after leaving school. The chapter also draws on young people's own views and experiences of school and their post-school destinations. Data are included, as available, on the attainment and engagement of Indigenous young people, young people with a disability and young people in out-of-home care.

4.1 Victorian schools and students

In August 2006, there were 372,091.3 equivalent full time (EFT) secondary school students, in Years 7–12, in Victorian schools. These students (generally aged 12–17 years) accounted for 44.7 per cent of the total number of students of all ages in all schools (831,626.9 EFT students).[143]

Six in 10 (59 per cent) secondary students were in government schools, 22 per cent in Catholic schools and over 18 per cent were in independent schools. Around seven in 10 (70.3 per cent) were attending schools in metropolitan Melbourne.

In the compulsory years of secondary school 52.1 per cent of the students are male, although the proportion is lower in the senior years (48.1 per cent).[144]

Indigenous students

Victoria has the lowest proportions of Indigenous school students (in all schools) of the Australian states and territories with only 1 per cent of enrolments.[145] For government schools only, the proportion of Indigenous students was 1.4 per cent in 2006, dropping to 0.7 per cent in the senior secondary years. Indigenous students comprised 2 per cent of specialist school enrolments.[146]

Language background other than English

In 2006, one in four students in government schools were from a language background other than English.[147] Of these, 44.3 per cent did not speak English at home. (This represents 11.2 per cent of all government school students.) The most common languages spoken at home by these students were Vietnamese, Arabic, Cantonese and Turkish.

Students in out-of-home care

Of all secondary students in Victoria, 846 young people (aged 13–17) were on out-of-home care orders as of 30 June 2005.

Students with a disability

Just over 3 per cent of all students in government schools have a disability. Over half (56.5 per cent in 2006) attend regular schools, with the remaining 43.5 per cent attending specialist schools.

> Government schools enrolling students with disabilities are supported with extra resources. There are seven categories where students may be eligible for extra support:
> 1. physical disability
> 2. visual impairment
> 3. severe behaviour disorder
> 4. hearing impairment
> 5. intellectual disability
> 6. autism spectrum disorder
> 7. severe language disorder with critical educational needs.

School attendance and participation

Table 4.1 shows student attendance rates for government school students in Years 7–12 from 2001 to 2006.[148] Rates are similar across the year groups, although they decrease slightly in Years 9–10 and pick up again in Years 11–12. The rates have remained relatively stable, over the six-year period, in Years 7–9, with an increasing trend in Years 10–12.

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[143] Primary students made up 54.1 per cent of students and the remaining 1.2 per cent were in specialist or language schools.

[144] 51.6 per cent of students across all government schools are male.

[145] As described in the demographic chapter, young Indigenous people (aged 12–24) account for just 0.8 per cent of the Victorian population of young people in this age group.

[146] It should be noted that about half of Koorie young people in Victoria (aged 15–19) in education and training are in TAFE and ACE, rather than in schools. This is important when comparing Koorie participation in schools to the overall population.

[147] A student is defined as having a language background other than English if either the child, or one of their parents, was born in a non-English speaking country. This classification is considered to be indicative of both cultural and linguistic aspects of students' circumstances.

[148] Attendance in government schools is monitored through the School Accountability and Improvement process and reported via the annual benchmark publications.

Table 4.1: Secondary school student attendance in government schools, percentage, 2001–05

Year level	2001	2002	2003	2004	2005	2006
Year 7	92.6	92.5	92.2	92.6	92.3	92.8
Year 8	90.8	90.7	90.6	91.2	90.7	91.2
Year 9	89.6	89.6	89.9	90.3	90.0	90.4
Year 10	87.3	87.9	88.6	88.8	88.9	90.9
Year 11	90.5	90.1	90.3	90.8	90.3	92.8
Year 12	91.2	91.4	91.5	91.8	92.0	94.1

Source: DoE 2005a

The school participation rates of Victorian 15–19 year olds are shown in Figure 4.1. Over the six years (2001 to 2006) the participation rate of 15 year olds in Victorian schools has increased by 2.6 percentage points and participation is nearly universal.

The proportion of 16 year olds staying on at school was 91.4 per cent in 2006, up by 3.8 percentage points since 2001. There has also been an increase in the participation rate of 17 year olds of 2.2 percentage points from 2001 to 78.9 per cent in 2006, and for 18 year olds, the participation rate has increased by 3 percentage points since 2001 to 22.7 per cent. In 2006 the participation rate for 19 year olds has remained stable.

Figure 4.1: School participation rates for 15–19 year olds, Victoria, percentage, 2001–06

	2001	2002	2003	2004	2005	2006
15	94.4	95.3	95.8	95.7	97.7	97.0
16	87.6	87.3	88.8	89.1	89.3	91.4
17	76.8	76.1	76.9	78.5	78.0	78.9
18	19.7	19.7	20.6	21.3	21.4	22.7
19	2.2	2.3	2.3	2.6	2.3	2.1
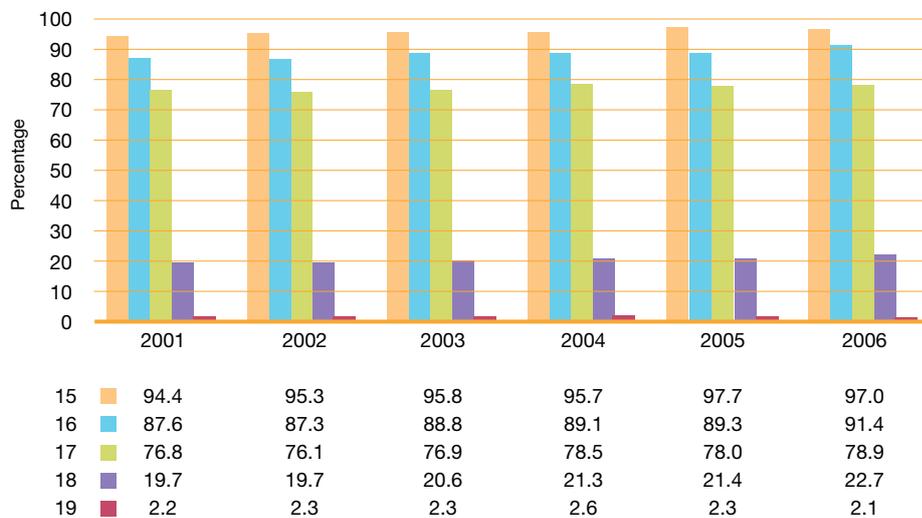
Source: ABS 2005

4.2 Attainment in the compulsory school years

Australian education ministers have agreed, through the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA), to an annual monitoring of Years 3, 5 and 7 student outcomes against national benchmarks for reading, writing and mathematics. The performance of Year 9 students will also be included from 2007. For Victoria, this information is collected through the Achievement Improvement Monitor (AIM) tests.

A summary of Year 7 Victorian students' performance for reading and numeracy, in 2005,[149] is presented in table 4.2 and figures 4.2 and 4.3, together with the relative performance of groups of students. In summary:

- Girls are performing at higher levels than boys in reading.

- Indigenous students do not perform as well as all students.

- Victoria had the smallest proportion of Indigenous students assessed of any state.

- The performance of students from a language background other than English in reading is lower than all students. Students who are recently arrived in Victoria and are non-English speaking are exempted from testing.

In Victoria the numbers of students in remote areas is very small. Their performance is the same as the state average.

Table 4.2: Proportion of Year 7 Victorian students meeting national benchmarks in reading and numeracy, all and subgroups, percentage, 2005

		All	Male	Female	Indigenous	Language background other than English	Metro	Provincial	Remote
Reading	%	95.1	93.8	96.5	85.0	85.0	95.3	94.4	94.5
	CI	0.5	0.6	0.4	3.3	0.8	0.5	0.6	6.3
Numeracy	%	86.9	86.6	87.3	66.5	85.9	87.3	85.8	88.9
	CI	0.6	0.6	0.8	4.5	0.9	0.6	0.9	10.7

Note: % – percentage of students meeting or exceeding the national benchmark

CI – 95 per cent confidence intervals (this means the true rate has a 95 per cent chance of being within the range of the reported percentage plus or minus the confidence interval, e.g. for males in reading the true value has 95 per cent chance of lying between 93.2 per cent and 94.4 per cent)

Source: Ministerial Council on Education, Employment, Training and Youth Affairs 2005

Figure 4.2: Proportion of Year 7 Victorian students meeting national benchmarks in Reading, all and subgroups, percentage, 2005
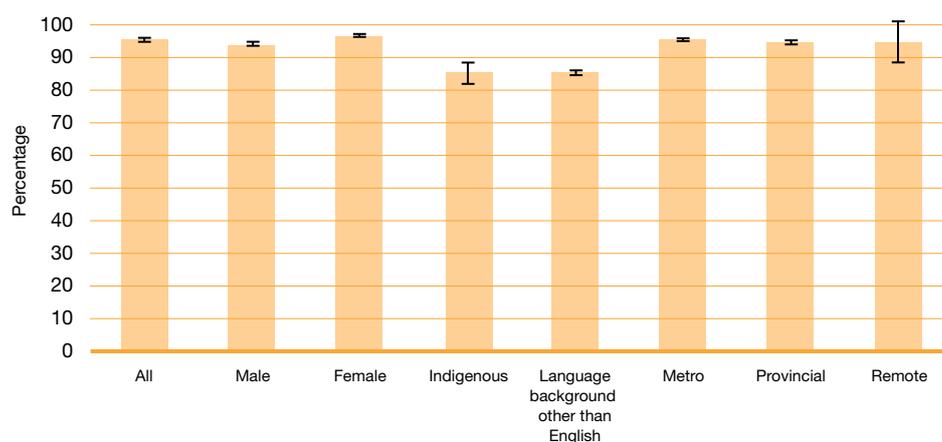
Source: Ministerial Council on Education, Employment, Training and Youth Affairs 2005

[149] At the time of testing the average age of Year 7 students was 13 years old and they had received an average of seven years and seven months of schooling.

Figure 4.3: Proportion of Year 7 Victorian students meeting national benchmarks in numeracy, all and subgroups, percentage, 2005
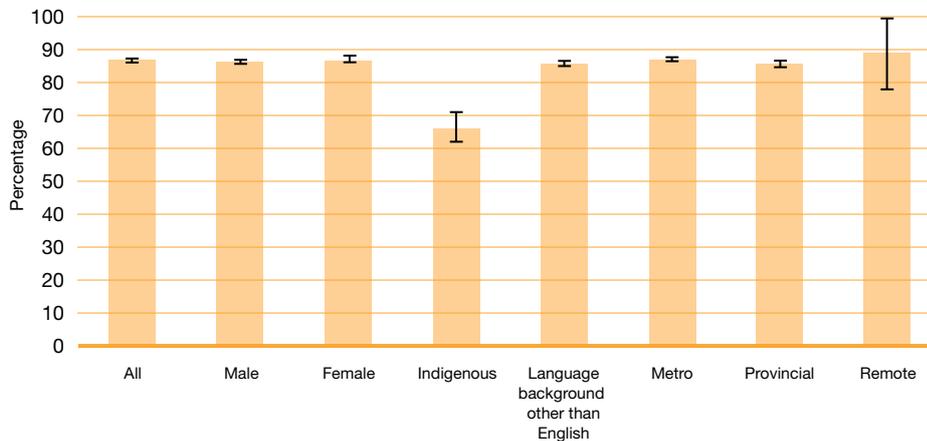
Note: % – per cent age of students meeting or exceeding the national benchmark

CI – 95 per cent confidence intervals

Source: Ministerial Council on Education, Employment, Training and Youth Affairs 2005

At the end of each year, teachers in government schools also assess each student's attainment against the Curriculum Standards Framework (CSF). This is a key source of information to understand performance in the middle years (Years 8 and 10).[150]

In 2005 some 84.4 per cent of Year 8 students in government schools were assessed as consolidating or above in the relevant level of the curriculum for reading. This figure dropped to 82.4 per cent for Year 10 students. For maths, 82.5 per cent of Year 8 students were assessed as being consolidating or above in the relevant level of the curriculum, dropping to 77.7 per cent in Year 10 (see figure 4.4).

Figure 4.4: Proportion of students in government schools assessed as consolidating or above in the relevant level in the curriculum, 2005

		Reading	Maths
Year 8		84.4%	82.5%
Year 10		82.4%	77.7%
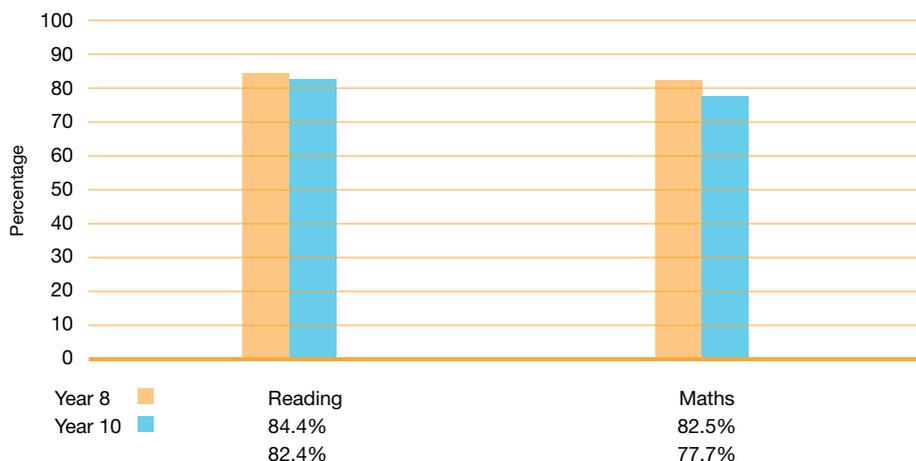
Source: DoE 2005b

Student achievement compared with other states and countries

The Program for International Student Assessment (PISA) is an international study of the performance of 15 year olds in reading, mathematics, science and problem solving. It is based on an assessment of a sample of 15 year olds attending school in each country that participates.

[150] In 2006 teacher judgements (as a form of assessment) were replaced by A to E reporting against the Victorian Essential Learning Standards (VELS).

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Table 4.3 shows the ranking of Victoria, compared with other OECD countries and Australian jurisdictions in 2003. These results paint a good picture of the performance of Victorian 15 year olds in reading literacy.

Table 4.3: Rankings of countries by mean performance in PISA assessment of reading, Victoria compared with other OECD countries and Australian states and territories

	Reading literacy PISA 2003
Behind	Australian Capital Territory, Western Australia, Finland, Korea
Tied with	South Australia, New South Wales, Canada, Australia, New Zealand, Queensland, Ireland, Sweden, Victoria, Netherlands, Tasmania, Belgium, Norway, Switzerland, Japan
Ahead of	Poland, France, Northern Territory, United States, OECD average, Denmark, Iceland, Germany, Austria, Czech Republic, Hungary, Spain, Luxembourg, Portugal, Italy, Greece, Slovak Republic, Turkey, Mexico

Source: Program for International Student Assessment (PISA) 2003

School enrolment, attendance and achievement of young people in out-of-home care

National research suggests that young people in care experience a range of difficulties that affect their educational outcomes. In particular, research by the Australian Council for Educational Research (ACER) has highlighted that nearly 50 per cent of a sample (of 1174) students in out-of-home care had frequent experiences of truancy, school suspension or expulsion and higher levels of learning and behavioural problems. A further study showed that levels of literacy and numeracy in out-of-home care students were lower than would be expected in the general population of students (de Lemos 1997, cited in Department of Education and Training and Department of Human Services 2003).

Data on the attendance and achievement of young people in out-of-home care in Victoria are available from analysis of data, gathered as part of a Partnering Agreement between the Department of Education and Training and the Department of Human Services.

The Partnering Agreement: School attendance and engagement of children and young people in out-of-home care

This partnering agreement aims to ensure that both the Department of Education and Training and the Department of Human Services work cooperatively to improve the educational experience and outcomes of children and young people in out-of-home care.

The agreement reinforces good practice and offers strategies to strengthen the response to the educational issues and social needs of children and young people in out-of-home care. It also allows for closer monitoring of the educational achievement and attendance of young people in out-of-home care, enabling schools to use a more targeted approach to addressing issues (Department of Education and Training and Department of Human Services 2003).

Survey findings based on the 1651 school aged children and young people, who were in out-of-home care in November 2005, show that levels of school enrolment were higher in the primary than the secondary years. Enrolment levels of young people in out-of-home care started to decline from age 13 onwards, reaching a low of 57.3 per cent for 17 year olds.

Comparative data on attendance for out-of-home care students and the general student population were available for 2003 and 2004. These show that absentee rates were higher among both groups in the secondary school years; that there were higher levels of absenteeism for out-of-home care students than in the general student population; and the degree of disparity between absenteeism in out-of-home care students and the general population of students was generally greater in secondary school than primary school students.

The study found that (in 2004) in all year levels academic achievement in English was lower for out-of-home care students than for the general population (see figure 4.5).[151]

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[151] The difference in levels of performance between students in out-of-home care and students in the general population was greater in secondary than in primary school.

By the end of Year 10, the percentage of out-of-home care students who were achieving at the expected level (or above) in English was less than 40 per cent.

Figure 4.5: Crude average of the mean benchmark scores for the component English strands, all government school students in Years 7–10 and out-of-home care students, by year level, 2004
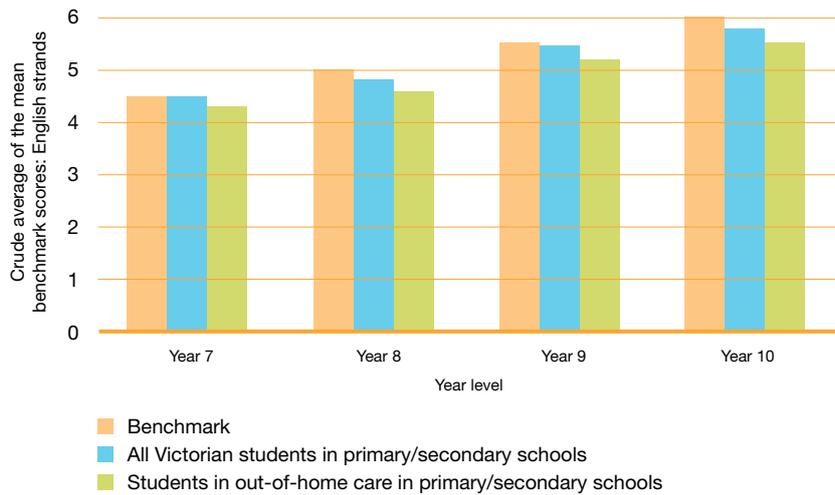
Source: Department of Human Services unpublished paper

In mathematics the academic performance of students in out-of-home care was also lower than that for the general student population at all year levels (see figure 4.6).

By Year 10 less than a third of out-of-home-care students were achieving at or above the expected level for algebra (28 per cent) and the maths subject 'chance and data' (31 per cent). In comparison, the percentages for the general population of students were 39 and 41 per cent respectively.

Figure 4.6: Crude average of the mean benchmark scores for the component mathematics strands for government secondary schools students in Years 7–10, all students and out-of-home care students, by year level, 2004
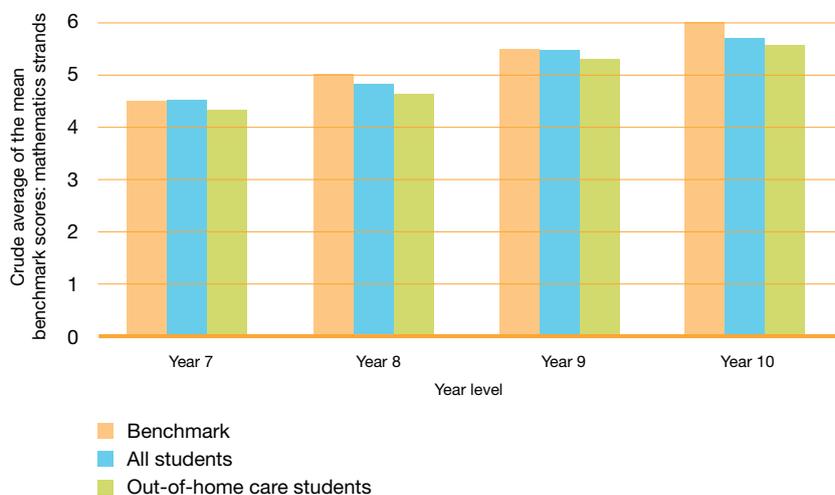
Source: Department of Human Services, unpublished paper

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School attendance and achievement in young people with a disability

The ABS 2003 Students with Disabilities Advisory Committee (SDAC) found that an estimated 14,000 (12 per cent) of young people in Australia with a disability reported needing at least one day a week off school or not being able to attend school because of their disability (AIHW 2007). However, 2002 Australian Social Trends suggest that the school participation rates of young people with a disability are not much lower during the compulsory years of schooling (92.6 per cent for children with a disability and 97.9 per cent for those without), although participation decreases in the post-compulsory years of schooling (60.8 per cent compared with 72.5 per cent) (reported in Pitman et al. 2003).

In general, young people with disabilities perform less well in literacy and numeracy in comparison to young people without disabilities.

However, a 2002 research study cited examples where young people with a disability were achieving at the same level as their peers, and occasionally more highly. This study suggests that other factors (in addition to disability) may influence achievement including attendance; early application of assistive devices; communication skills and health and medical problems (Van Kraayenoord et al. 2002, cited in Pitman et al. 2003).

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4.3 Student engagement and connectedness in the compulsory years

Each year students in government schools are surveyed about their opinions on aspects of school life, including their perceived connectedness with their school. In 2005 the average score for Years 7 to 9 students' opinion of their connectedness with their school was 2.8. This was an average score on a scale of 1 to 5, where 5 is the best possible score.

Additional information about the views of Victorian Years 6 and 8 students about their experiences at school is available from an analysis of Victorian data collected as part of the 2006 HNSS (Williams 2007). In general this survey found that young people expressed positive views about their schools and schooling. However, there were significant differences in views between boys and girls with boys expressing lower levels of enjoyment and achievement. Students from higher SES quartiles were more likely (than students from lower quartiles) to report higher levels of enjoyment and achievement.

It is interesting to note that the experiences of Aboriginal children at school and all other children were quite similar on most dimensions. However, Aboriginal children were more likely to report that teachers 'notice and acknowledge them when they are doing a good job' and less likely to say that they enjoy being at school.

Students view on their achievements

Students were asked to categorise their marks for the previous year as very good, good, average, poor or very poor. The survey found that 81 per cent of students rated their marks as either very good or good with 17.1 per cent of students rating their marks as average and only 1.7 per cent of students rating their marks as either poor or very poor.

Younger students were significantly more likely to report that they are doing better at school, as were females and students from higher SES quartiles. Students were also asked whether they think their marks are better than the marks of most students in their class. Seven in 10 (70.3 per cent) of students thought that their marks were better while 29.8 thought they were not. Younger students, students from metropolitan areas and students from culturally diverse backgrounds were more likely to answer yes to this question than older students and students from rural areas.

Students views on attendance

Students were asked how many days in the past four weeks they have missed because they skipped school or 'wagged'. The majority of students (80.6 per cent) stated they had missed no days, 8.1 per cent admitted missing one day, 4.1 per cent admitted missing two days, 2.8 per cent admitted missing three days and 4.4 per cent admitted missing four or more days. There were no noticeable gender differences but Aboriginal children were more likely to have missed one or more days of school (27.1 per cent) compared with 19 per cent of other children. CALD students were more likely to report having wagged school in the past month and students from higher SES quartiles were less likely to report having done so.

Students views about their relationships with teachers

Students were asked whether they think their teachers notice when they are doing a good job and let them know about it. They were asked to respond with a strong YES, a weaker yes, a strong NO or a weaker no. The majority (87.5 per cent) of students stated YES or yes (with the remaining 12.5 per cent of students stating NO or no). When asked whether they think teachers praise them when they work hard in school 83.7 per cent stated YES or yes (and 16.3 per cent stated NO or no). Younger children were more likely than older children to feel that they were praised when they worked hard.

In addition, students were asked whether they felt that students at their school had lots of chances to talk with a teacher one on one. The majority (87.9 per cent) of students answered YES or yes with the remaining 12 per cent answering NO or no with males slightly less likely to answer yes than females. Culturally diverse students were less likely to answer yes to this question.

When asked whether they believed that students at their school have lots of chances to help decide things like class activities and rules three-quarters (74.4 per cent) of students surveyed agreed (stated YES or yes) that they have opportunities to help make decisions while 25.6 answered NO or no. Further findings on young people's participation in decision making are included in the *Community engagement, civic participation and transport* chapter.

Students views on school generally

Students were asked a number of general questions about their experiences and views of school including whether they feel safe at school, whether they enjoy school, whether they feel their schoolwork is meaningful and interesting and whether they think what they have learnt will be useful in later life.

Overall most students stated they felt safe at their school (91.8 per cent). However this reduced with older students and was also lower (89.3 per cent) for CALD students and students from lower socioeconomic quintiles.

Students were asked to think back over the past year and indicate how often they had enjoyed being in school and how often they had hated being at school. Students from higher SES quartiles were more likely (than those from lower quartiles) to state that they enjoyed being in school and less likely to say that they hated school (11.7 per cent of students in the highest SES quartiles said that they hated school 'almost always' or 'often' compared with 20.9 per cent in the lowest quartile).

Results by gender are charted in figure 4.7 and show that 71.3 per cent of females stated that they enjoyed school almost always or often compared with 61 per cent of males. In addition 13 per cent of males and 7.9 per cent of females stated that they rarely or never enjoyed school. 14.2 per cent of Indigenous students reported rarely or never enjoying school compared with 10.4 per cent of other children.

Figure 4.7: Percentage of students who had enjoyed school over the past year by gender
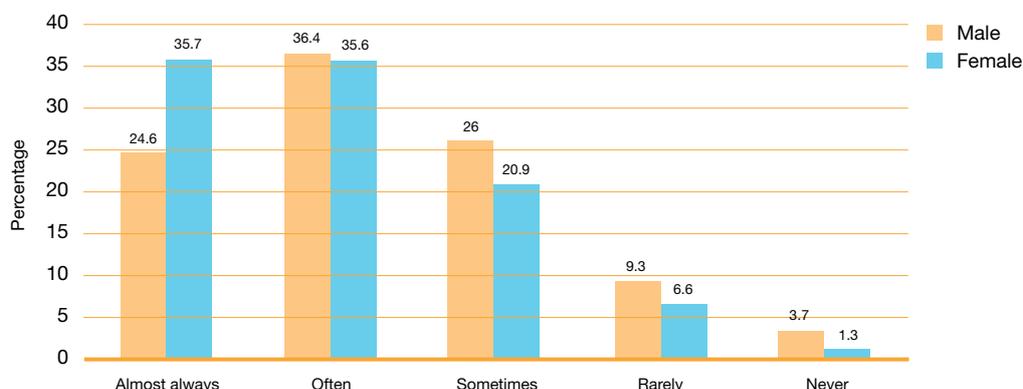
Source: Williams 2007

The results in figure 4.8 show that 21.7 per cent of males and 15.5 per cent of females stated that they had hated school almost always or often (when thinking back over the past year) while 48.4 per of males and 57.2 per cent of females stated that they had rarely or never hated school.

Figure 4.8: Percentage of students who reported hating school over the past year by gender
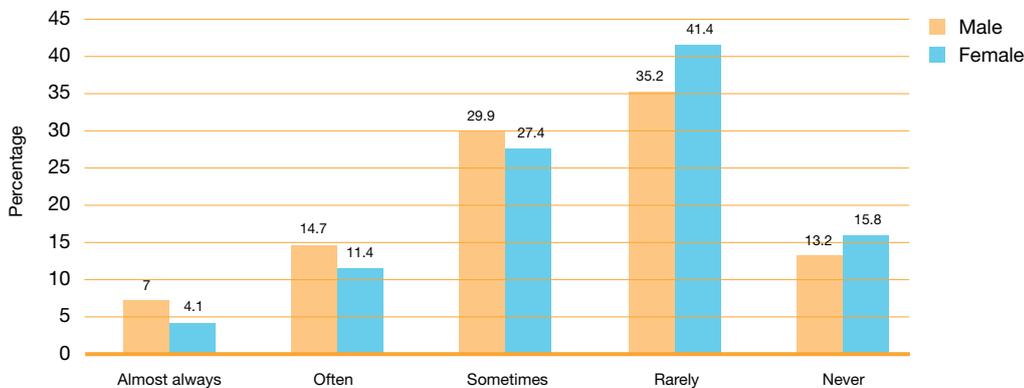
Source: Williams 2007

Just over six in 10 (62.1 per cent) students stated that their work was important almost always or often, 21.9 per stated they felt their work was sometimes important and the remaining 9 per cent felt their work was rarely or never meaningful and important. Students living in rural Victoria were less likely (than students in metropolitan areas) to assess their schoolwork as being meaningful and important (Williams 2007).

When asked about how interesting they find their school subjects 10.5 per cent reported finding them very interesting, 40.2 per cent said they were quite interesting, 31.8 per cent fairly interesting and 17.4 found their subjects slightly boring or very boring. CALD students were more likely to report finding their subjects interesting whereas students from rural areas were less likely to report that they found their subjects interesting.

All students were asked how important they felt that the things you learn in school are for later life. Results suggest that 42.8 per cent felt what they learnt was very important for later life, 34.5 per cent felt it was quite important and 16.1 per cent fairly important while 5.8 per cent felt what they learnt at school was slightly important and the remaining 0.8 per cent responded that it was not important at all. Younger students, females and culturally diverse students were more likely to report that the things they learn will be important in later life.

4.4 Parent satisfaction with government schools

Data collected annually from government schools through a parent opinion survey show that for parents of students in secondary schools, satisfaction was high in 2005, (see figure 4.9).

Figure 4.9: Parent opinion about secondary schools, 2005

Source: DoE, 2005a

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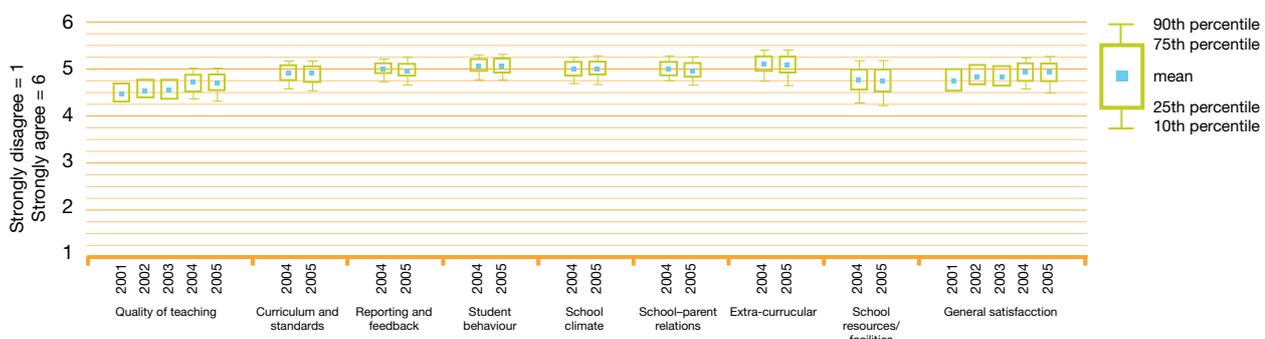
School-focused youth services

School-Focused Youth Service (SFYS) is the coordination of preventative and early intervention strategies for 'at-risk' young people aged 10–18 years (with a particular emphasis on those aged 10–14 years), delivered by, and through, schools and local community agencies.

In 2006 SFYS were evaluated by the Australian Institute of Primary Care which indicated that the total number of young people serviced through SFYS from July 2005 to June 2006 was over 52,000 including over 5000 young people from CALD backgrounds and almost 600 young people from Aboriginal and Torres Straight Islander backgrounds. The impact of SFYS on young people was found to be positive in the areas of health, development, safety, learning and wellbeing, reflecting the outcome goals of the Office for Children.

The Secondary School Nursing Program

The Secondary School Nursing Program (SSNP) aims to improve the health and wellbeing of young people aged 12–18 and reduce negative outcomes and risk-taking behaviour. In Victoria there are currently 100 nurses employed in 199 targeted schools throughout both rural, and metropolitan Victoria.

Coordination between schools and community-based health and support service providers means secondary school nurses can operate from a health promotion and primary prevention framework to address contemporary health and social issues that face their local school community and families.

The role of the secondary school nurse may encompass individual health counselling, school community development activities, health promotion and planning, and small group work focusing on health-related discussion and information. They may also act as a resource and referral service to assist young people in making healthy lifestyle choices.

A search of the School Nursing Information System (SNIS) provides information about the top presenting issues of students who sought help from the program from January 2007 to June 2007. This snapshot tells us that the most common reason assistance was sought related to:

- students' relationships with their peers
- students' relationships with parents or other relatives
- issues relating to self-esteem
- behavioural problems
- anxiety
- bullying
- stress
- anger management
- depression
- grief and loss.

4.5 The post-compulsory school years

There are three senior secondary certificates that are accredited by the Victorian Registration and Qualifications Authority (VRQA) for delivery in Victorian schools. These are:

- *The Victorian Certificate of Education (VCE)* – this is awarded to students who successfully complete their secondary education and provides pathways to further study at university or TAFE and the world of work. Within the VCE, students can undertake VET or school-based new apprenticeships. The VCE is the most popular qualification, with nearly 47,000 completing in 2006.

- *The Victorian Certificate of Applied Learning (VCAL)* – this is a hands-on option for students in Years 11 and 12. The VCAL provides practical work-related experience, as well as literacy and numeracy skills and the opportunity to build personal skills that are important for life and work. A VCAL program includes units from four compulsory strands: literacy and numeracy, industry specific skills, work-related skills and personal development.

- *The International Baccalaureate Diploma Program* – this program is available in 14 independent schools, and was accredited in early 2006 by the Victorian Qualifications Authority (now the VQRA) as a Victorian senior secondary certificate of education and approved by the former Minister for Education and Training for delivery in government schools (see http://www.education.vic.gov.au/management/governance/ibguidelines.htm).

VET in Schools (VETiS) is any nationally recognised vocational education or training that provides credit towards a senior secondary certificate. Both VCE and VCAL allow students to count VETiS credit towards completion.

Young people's participation in Vocational Education and Training in Victoria

Young people enter VET for a range of reasons. Analysis conducted by the Office of Training and Tertiary Education (OTTE) shows that the vast majority of young people are seeking economic and social benefit from training for entry or re-entry into employment. Analysis also reveals that some young people enter VET to improve skills and for personal development reasons.

Trends in participation

The participation of young Victorians in VET is high and continues to grow.[152] Figure 4.10 shows that the number of young Victorians aged 15–24 undertaking VET has increased by more than 20 per cent between 1999 and 2006.[153] This increase is more significant for those aged 15–19, where numbers have increased by more than one-third from 76,000 in 1999 to 102,000 in 2006. These increases may be due in part to the introduction of VET-based programs in schools including VETiS,[154] the VCAL and school-based apprenticeships.

Figure 4.10: Number of students in VET by age group, 1999–2006
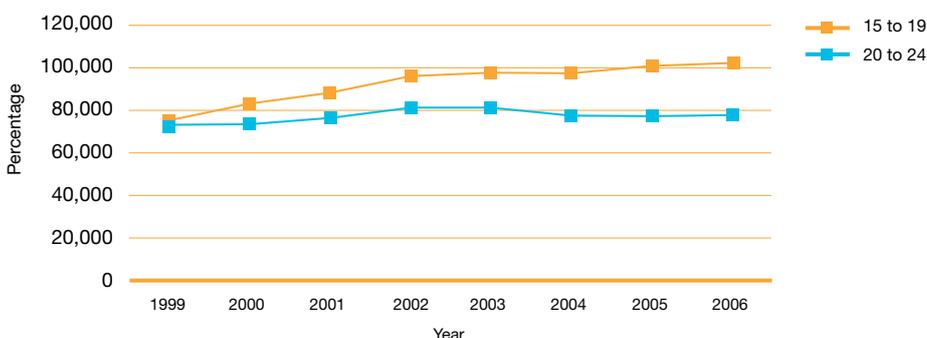
Source: OTTE student statistical data collection
Excludes international students

Young people make up a significant share of students within the VET sector. In 2006 about 40 per cent of all VET students were aged 15–24. The large number of young people in VET is even more marked for private providers where close to half of clients are aged 15–24 (see figure 4.11).[155]

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[152] The number of young people aged 15–24, as a proportion of all VET students, has increased from about one-third in 1999 to about 40 per cent of total clients in 2006.

[153] Training activity (measured by student contact hours) for young people has increased at a greater rate than increases in student numbers (increasing by about one-third from 45 million hours in 1999 to 60 million hours in 2006). As a result, student load (measured by average student contact hours per student) for young people has also increased, leading to lengthier VET courses being undertaken by young VET students.

[154] The percentage of senior secondary providers with students enrolled in VETiS has risen from 94.1 per cent in 2003 to 97.3 per cent in 2005, indicating broad access to VETiS for senior secondary students. The total number of students participating in VETiS has risen from nearly 23,000 in 2001 to over 37,000 in 2005. The number of students undertaking a school-based apprenticeship (SBA) has risen from 898 to 4225 from 2001 to 2005.

[155] This can in part be attributed to the large uptake of private provider training for apprentice and trainee programs. This is especially true in industry areas such as wholesale and retail.

Young people, as a share of all students in ACE providers, are not as substantial. However, ACE providers play a crucial role in assisting young people most at risk of disengaging and the share of young people undertaking training at an ACE provider has increased markedly over time.[156]

Figure 4.11: Share of 15–24 year olds in VET by provider type, 2006
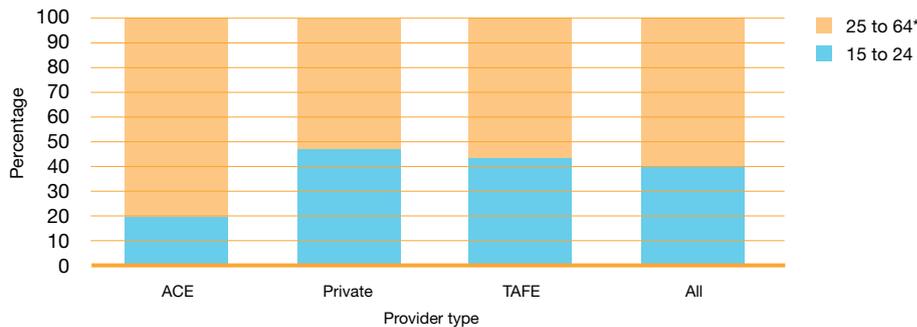
Source: OTTE student statistical data collection

*Includes all students where students' age is not 15–24

The participation of subgroups of young people in VET

The participation (in VET) of students from a non-English country of birth (NESCB), students with a disability and Indigenous students continues to grow (see figure 4.12).

Figure 4.12: Number of 15–24 year olds in VET by equity group, 1999–2006
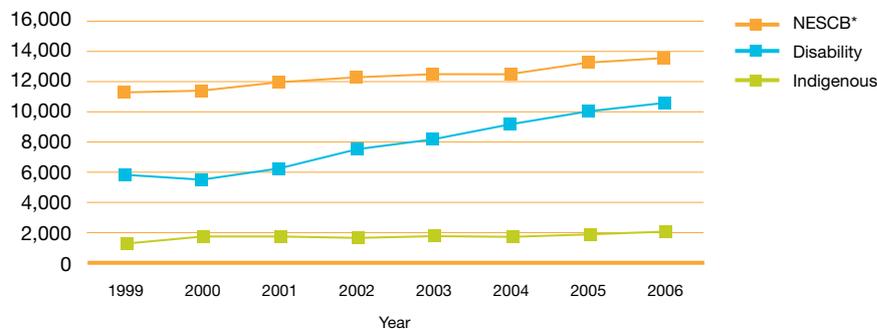
Source: OTTE student statistical data collection

*Excludes international students

- NESCB students aged 15–24 make up more than 7 per cent of this age cohort.

- In 2006 students aged 15–24 with a disability made up about 5 per cent of all 15 to 24 year students undertaking VET; and, the number of young people with a disability undertaking VET has almost doubled from 1999 to 2006.[157]

- The number of young Indigenous students has increased markedly between 1999 and 2006 from 1400 in 1999 to 2200 in 2006.

Apprentices and trainees

The number of young Victorians completing an apprenticeship or traineeship has increased from 14,500 in 2001 to 21,300 in 2006 (National Centre for Vocational Education and Research, 2006). Growth in apprentice and trainee completions has been even more marked for those aged 19 years and under, with completions almost doubling over this time period for this age cohort (see figure 4.13).

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[156] VCAL has been offered by an increasing number of non-school providers since 2003. This is reflected in a growth of enrolments in the TAFE and ACE sectors between 2002 and 2003.

[157] This may relate to better reporting practices.

Figure 4.13: Apprentice and trainee completions over 12 months, Victoria
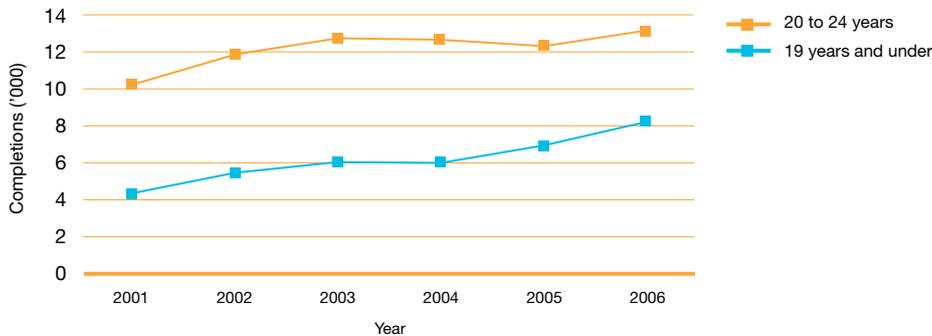
Source: National Centre for Vocational Education Research (NCVER) 2006

Opportunities for young people in VET continue to grow with initiatives announced in the Victorian Government's 2006 skills strategy: Maintaining the Advantage – Skilled Victorians. Key initiatives targeting young people include a 'guaranteed place in TAFE or other public provider' for students aged less than 20 years to complete Year 12 or equivalent training qualification. In addition, the Government has committed to funding an additional 4500 pre-apprenticeship places to encourage more young people to consider a trade as a career option.

New Technical Education Centres (TECs) will give students in Victoria the opportunity to undertake a broad range of applied learning programs, targeted to priority industry needs, as part of their senior secondary education. Programs will include pre-apprenticeships, apprenticeships, the VCAL and vocational components of the VCE.

The TECs are to be based in TAFE institutions, in purpose-built, high-tech, industry-standard facilities that will take advantage of TAFE links with industry. The Wangaratta and Berwick TECs began operation in 2007. The Ballarat TEC is scheduled to commence operations in mid 2007 and the Heidelberg TEC is scheduled to commence in early 2008.

Why young people choose apprenticeships

In a recent research study focus groups were conducted with 36 apprentices in New South Wales to find out what factors lead apprentices to take up an apprenticeship (Dusseldorp Skills Forum 2005).

Many apprentices cited as a reason a desire for a job that would gain them a qualification. This was seen as providing some protection from the insecurities of the labour market. In addition some apprentices cited the desire for physical or outdoors work, the prospect of independence and running their own business and reluctance to undertake further full-time study. Other reasons cited (for choosing an apprenticeship) were a long-term desire to enter a particular occupation, as well as an awareness of current skills shortages and possible impacts (of the apprenticeship) on future wages: 'In the future as an electrician you earn just as much as anyone who started a good course at uni.' (Dusseldorp Skills Forum 2005)

Completions of the Victorian Certificate of Applied Learning

In 2006, 6236 students completed VCAL. Over half completed intermediate level. The completion rate overall, (completions as a proportion of those who were eligible to complete) was 68.7 per cent (see table 4.4).

Table 4.4: VCAL completions by level, 2006

VCAL level	Completions
Foundation	1248
Intermediate	3137
Senior and senior extension	1851
Total	**6236**

Source: Victorian Curriculum and Assessment Authority (VCAA) 2007

VCAL uptake in government specialist secondary schools

The number of VCAL students attending government specialist schools has increased from 236 in 2003 to 623 in 2005. The number of government specialist schools providing VCAL was 29 in 2005. This represents 37.2 per cent of government specialist schools that have students in the 15–19 year age group, and indicates that VCAL has provided young people with disabilities the opportunity to participate in senior secondary studies that focus on preparation for adult life.

Completion of Year 12 or equivalent

The completion of Year 12 or its equivalent qualification, such as an apprenticeship or traineeship, is a good foundation for students to engage in further education, training and employment.[158]

In 2005 the Government update to *Growing Victoria Together* set the following target: 'By 2010, 90 per cent of young people in Victoria will successfully complete Year 12 or its educational equivalent'.

Figure 4.14 shows national Year 12 or equivalent completion rates for 20–24 year olds, for 2006, by state and territory. The figure shows that Victoria has the second highest percentage of students who complete a Year 12 or equivalent qualification.

Figure 4.14: Year 12 or equivalent completion rate for 20–24 year olds (states and territories) 2006

Source: ABS, Survey of Education and Work, unpublished

The Year 12 or equivalent completion rate of Victorian young people at age 19 has been steadily improving over time growing from 73.6 per cent in 1999 to 81 per cent in 2006 (see figure 4.15).

[158] Year 12 or equivalent includes the VCE, the VCAL at intermediate level or higher, International Baccalaureate Diploma program or vocational education and training qualifications at Certificate II level or higher.

Figure 4.15: 19 year olds with Year 12 or equivalent, Victoria 1999–2006
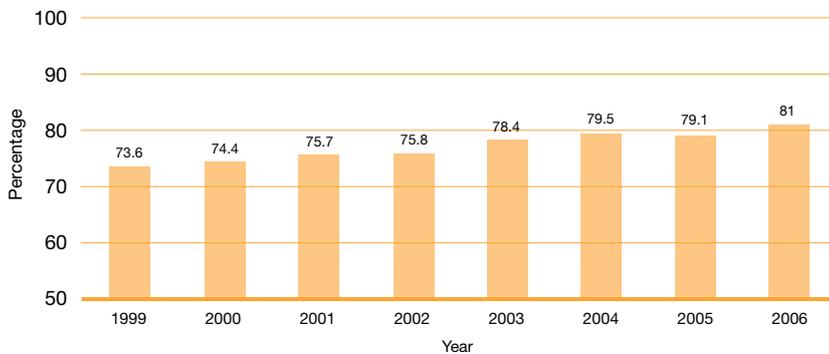
Source: DEECD administrative data

Year 12 completion and young people with a disability

National data show that young people (aged 20–24) with a disability are less likely than those without a disability to have completed Year 12 (67 per cent and 83 per cent respectively). Young people with a disability are also less likely to have studied beyond Year 12 (AIHW analysis of the ABS 2003 SDAC confidentialised unit record file, reported in AIHW 2007).

4.6 Pathways in training, further education and employment after leaving school

The Victorian Department of Education and Early Childhood Development conducts an annual survey 'On Track' in order to investigate the pathways and transitions of young people to post-school destinations.

More than 150,000 post-compulsory school leavers have participated in On Track since the first survey in 2003. The survey has improved understanding of the many factors which play a role in navigating young people towards a range of post-compulsory outcomes, and which facilitate successful transitions into education, training and employment.

The findings below are focused on the pathways taken by Year 12 completers and by early school leavers. Findings are based principally on the results from the (August) 2006 survey of 2005 school leavers: 32,343 Year 12 completers and 4783 early leavers (who left school prior to completing Year 12) (DoE 2007).[159]

Destinations of Year 12 completers

Approximately 96 per cent of the sample of 32,243 young people who completed Year 12 were employed or in further education, compared with only 88 per cent of the sample of young people who left school prior to completing Year 12.

Table 4.5 shows the destinations of the 2005 Year 12 completers. The most common destination was university (46.1 per cent), with a larger proportion of females undertaking this option (49.1 per cent) than males (42.7 per cent).[160] The second most common destination was VET programs (20.5 per cent) followed by employment (20.1 per cent) apprenticeships (5.4 per cent) and traineeships (3.8 per cent). In addition 4.1 per cent were looking for work.

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[159] The samples used for the On Track survey for young people who left school early in 2003, 2004 and 2005 were relatively small and should be interpreted with care.

[160] This has grown from 40.8 per cent reported for the 2002 cohort.

Table 4.5: Post-school destinations of 2005 Year 12 completers, percentage, Victoria

	All	Male	Female
University	46.1	42.7	49.1
VET Certificate VI+	16.4	15.7	16.9
VET Certificate I-III	4.1	3.8	4.2
Apprentice/trainee	9.2	12.9	6.0
Employed	20.1	20.1	20.1
Looking for work	4.1	4.7	3.6

Source: DoE, 2007

While the majority of Year 12 completers went on to further education and training a proportion did not. The three most common reasons given by young people for not continuing with study or training were because they did not feel ready for more study, because of financial difficulties in supporting oneself and the cost of study.

The number of young people that were not undertaking any study or training and were working part time or looking for work at the time of the survey was 4630 or 14.5 per cent of the Year 12 completing cohort. As this group are recognised as at risk of being disengaged or not making a successful transition to further study or work, they were offered extra assistance through the Local Learning and Employment Networks (LLENs).

Destinations and place of residence

The On Track survey found that there were considerable differences in destinations of Year 12 completers by place of residence. For example 66.1 per of completers from inner Melbourne went on to university while only 31.8 per cent of completers in Gippsland did so. Young people in rural Victoria were more likely to commence apprenticeships and traineeships (e.g. 15.2 per cent of Gippsland leavers) while metropolitan young people were less likely to do this (e.g. 1.8 per cent inner Melbourne) (see table 4.6).

Rates of completers seeking employment were higher in rural Victoria than metropolitan Victoria. For example 5.6 per cent of completers in Loddon Mallee were seeking work while only 1.9 per cent of inner east Melbourne leavers were seeking work.

Table 4.6: Education, training and workforce destinations of the Year 12 cohort, by labour force region

Destination							
Labour Force Region		**University**	**VET Cert IV+**	**VET Entry-level**	**Apprentice /Trainee**	**Employed**	**Looking for work**	**Total**
Outer West Melbourne	No.	1836	782	143	285	509	173	3728
	%	49.2	21.0	3.8	7.6	13.7	4.6	100.0
North West Melbourne	No.	702	389	90	140	266	77	1664
	%	42.2	23.4	5.4	8.4	16.0	4.6	100.0
Inner Melbourne	No.	486	92	25	13	92	27	735
	%	66.1	12.5	3.4	1.8	12.5	3.7	100.0
North East Melbourne	No.	1365	575	125	270	449	142	2926
	%	46.7	19.7	4.3	9.2	15.3	4.9	100.0
Inner East Melbourne	No.	2925	617	100	180	514	84	4420
	%	66.2	14.0	2.3	4.1	11.6	1.9	100.0
Southern Melbourne	No.	1427	349	82	142	377	68	2445
	%	58.4	14.3	3.4	5.8	15.4	2.8	100.0
Outer East Melbourne	No.	1305	557	150	290	666	111	3079
	%	42.4	18.1	4.9	9.4	21.6	3.6	100.0
South East Melbourne	No.	1079	554	118	218	482	138	2589
	%	41.7	21.4	4.6	8.4	18.6	5.3	100.0
Mornington Peninsula	No.	488	286	63	203	438	66	1544
	%	31.6	18.5	4.1	13.1	28.4	4.3	100.0
Barwon Western District	No.	871	254	120	341	705	101	2392
	%	36.4	10.6	5.0	14.3	29.5	4.2	100.0
Central Highlands Wimmera	No.	458	125	48	148	366	65	1210
	%	37.9	10.3	4.0	12.2	30.2	5.4	100.0
Loddon Mallee	No.	665	185	88	186	454	94	1672
	%	39.8	11.1	5.3	11.1	27.2	5.6	100.0
Goulburn Ovens Murray	No.	541	227	64	257	572	86	1747
	%	31.0	13.0	3.7	14.7	32.7	4.9	100.0
All Gippsland	No.	486	198	76	233	454	82	1529
	%	31.8	12.9	5.0	15.2	29.7	5.4	100.0
All labour force regions	**No.**	**14,634**	**5190**	**1292**	**2906**	**6344**	**1314**	**31,680**
	%	**46.2**	**16.4**	**4.1**	**9.2**	**20.0**	**4.1**	**100.0**

Source: DoE, 2007

Destinations and Indigenous Year 12 completers

Differences were also noted between the destinations of Indigenous Year 12 or equivalent completers and other students (see figure 4.16).

Indigenous students were more likely to engage in VET programs, an apprenticeship or traineeships or be employed than other students. However, Indigenous completers were less likely to enrol in university than other students (27.8 per cent compared with 47.8 per cent) and more likely to be seeking work (7.5 per cent compared with 4.1 per cent).

Figure 4.16: Destinations of Year 12 completers by Indigenous status
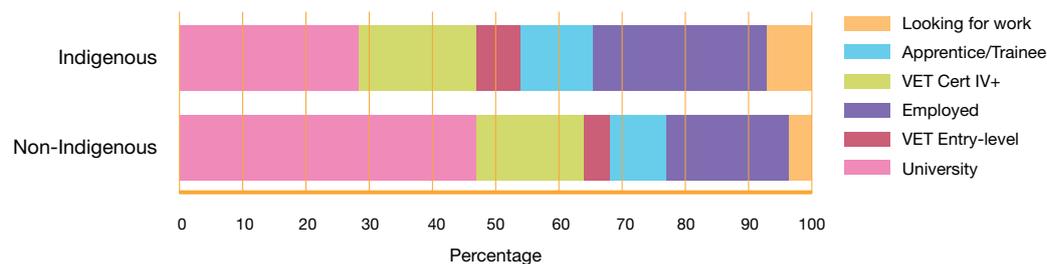
Source: DoE 2007

Early school leavers

Of the 4783 young people surveyed who were early school leavers over a quarter (26.6 per cent) had left in Year 10 or below, most (56.1 per cent) had left during or at the end of Year 11, while the remainder (17.4 per cent) had left before the end of Year 12.

Two-thirds of early leavers were male: a gender discrepancy that may result from factors such as a stronger full-time teenage labour market for young men and greater opportunities in apprenticeships for young men.

In its update to *Growing Victoria Together*, the Government has set the following target: 'The number of early school leavers who are unemployed after six months will decline'.

Destinations of early school leavers

The most common destination of early school leavers was to an apprenticeship or traineeship; this comprised 41.1 per cent of the reported post-school destinations. This was particularly important for males; over half (50.9 per cent) of those engaged were undertaking an apprenticeship or a traineeship.

The proportion in work was 26.9 per cent, but only 14.6 per cent of the cohort were working full time, with 12.3 per cent working part time. A further 14.3 per cent were looking for work. A minority (3.7 per cent) were not engaged in any training or study and were not looking for work.

Table 4.7: Post-school destinations of 2005 early leavers, numbers and percentage

	Early leavers	2005
	Number	Percentage
VET	672	14.0
Apprentice	1636	34.2
Trainee	328	6.9
Working		
Full time	700	14.6
Part time	587	12.3
Looking for work	683	14.3
Not in labour force and not studying	177	3.7
Total	**4783**	**100.0**

Source: DoE 2007

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Reasons for leaving school early

Figure 4.17 shows the reasons cited by early leavers for leaving school, by gender. It shows that young people are influenced by both 'push' and 'pull' factors.

Figure 4.17: Reasons given by early leavers for leaving school, by gender (percentage of respondents agreeing/strongly agreeing)
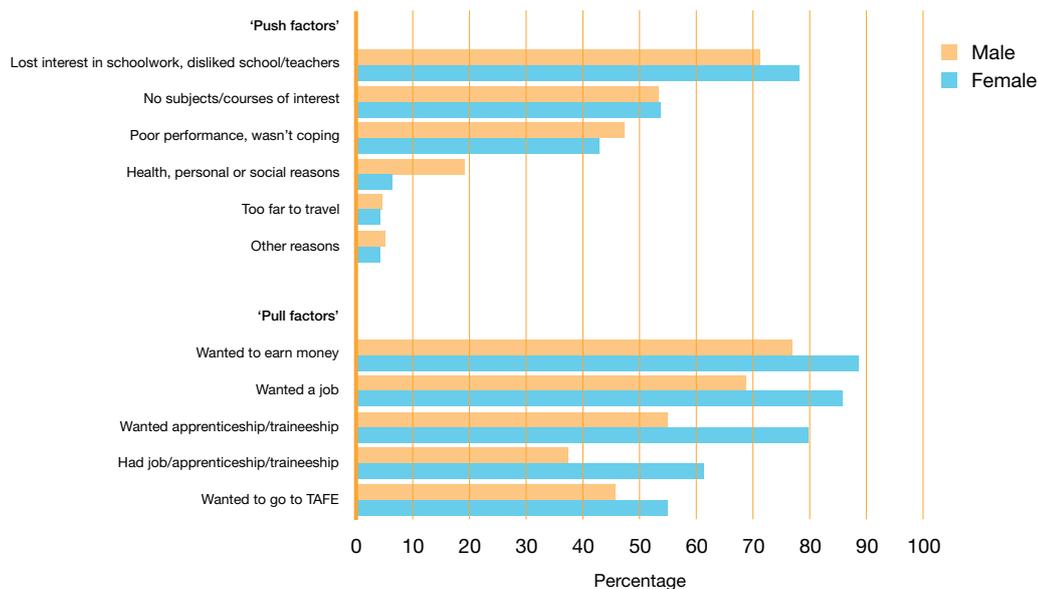
Source: DoE 2007

What might have helped early leavers to stay on at school

Early school leavers were also asked about what might have motivated them to stay on at school. As figure 4.18 shows, young people stated that they would have stayed on at school if they could study part time while working, if they had experienced more success in their schoolwork and if schools had a more adult learning environment, a wider range of subjects and more respect for students.

Figure 4.18 Reasons that would have motivated early leaver to stay on at school
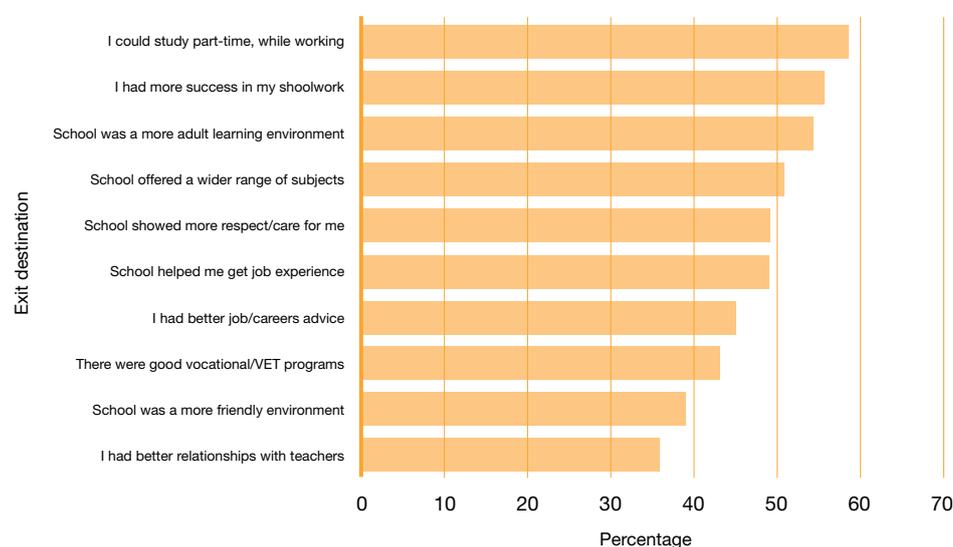
Source: DoE 2007

The Youth Guarantee

The Education and Training Reform Act 2006 provides a guaranteed place in TAFE Institutions, the Centre for Adult Education, Adult Multicultural Education Services and participating adult community education providers, to young people who have not completed Year 12 or its equivalent.

The guarantee is a key element of the Government's commitment to deliver quality education and training to all young people now and well into the future. Victoria is the first Australian state or territory to make this commitment in legislation. Under the legislation, a person is eligible for a guaranteed place if he or she is under the age of 20 years on 1 January of the year in which the training takes place, and has not completed Year 12 or equivalent. Education providers are required to offer a place to eligible young people in a timely manner as a matter of priority. Young people will be able to access all the courses available to other students at the particular provider. Education providers will work to place young people in courses that will meet their needs and are consistent with government training priorities. Subject to entry requirements, young people will be able to enrol in courses at any level of the Australian Qualifications Framework, including the VCE and VCAL.

Destinations of young people in out-of-home care

Analysis of data held by the Department of Education and Training and the Department of Human Services shows that young people in out-of-home care who left school early (during Year 10) in 2004 were more likely to enter unemployment than early leavers in the general population.

In 2004, 26.1 per cent of the 46 out-of-home care students who left school in Year 10 left to unemployment[161] compared with 15.4 per cent of all government Year 10 students who exited during the same year. Unemployment was the most common specified destination for the out-of-home care sample (see figure 4.19).[162]

Figure 4.19: Government Year 10 students who exited school during the year, by exit destination, all students and student in out-of-home care, 2004
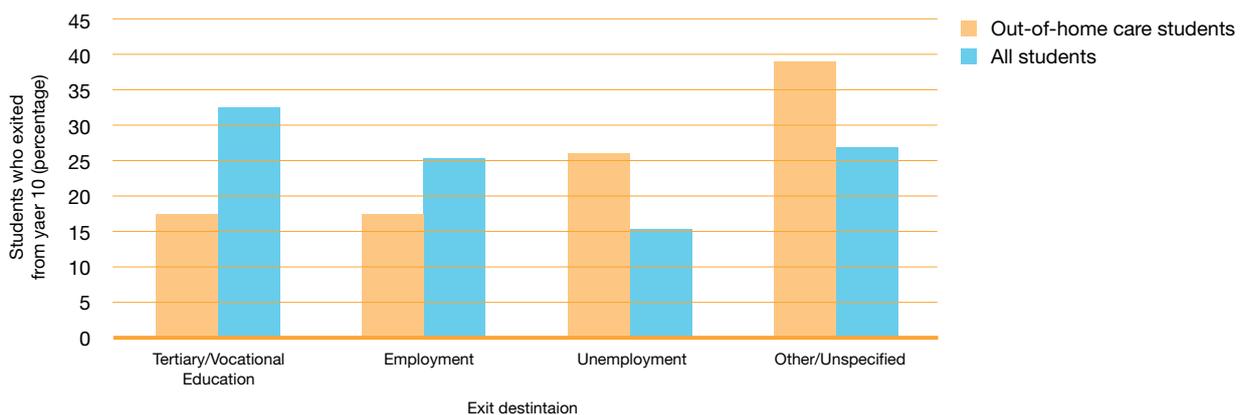
Source: Department of Human Services, unpublished paper

The study collected information about students who left school during Year 12 (without completing), as well as students who left after completing Year 12.

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[161] 26.5 per cent in 2005

[162] It should be noted that 2004 exit destination information for students exiting from Year 10 was unspecified for 39.1 per cent of out-of-home-care students and for 26.7 per cent of all students.

The main findings for these students were:

- The most common reason for leaving school for out-of-home-care students leaving during Year 12 was to access tertiary or vocational education.

- Year 12 out-of-home-care students who left before completing Year 12 were less likely to exit to unemployment or employment than the general student population.

- Out-of-home-care students who completed Year 12 were more likely to be attending university than students in the general population (55 per cent compared with 33 per cent).

The transition from secondary school to university and TAFE in Australia

The Australian Council for Educational Research (ACER) has reported on the experiences of 4026 young people commencing tertiary education using data from the Longitudinal Survey of Australian Youth (LSAY) (ACER 2005).

The majority of students said that they liked being a student (94 per cent), that student life suited them (87 per cent), that they enjoyed the atmosphere on campus (88 per cent) and that they had made close friends at university or TAFE (89 per cent).

The largest concern to both TAFE and university students was the difficulties in juggling study and work commitments. This concerned 50 per cent of university students and 35 per cent of TAFE students. In addition, students at regional universities reported more difficulties paying course fees than students at other universities.

The study also found that Indigenous students reported conflict between studying and caring for children or other family members as well as financial difficulties more often than other students. Indigenous students were also more likely to withdraw from study during their first year. The most commonly reported reason for withdrawing was that their course turned out not to be what they wanted (this was also the most common reason given by other students who dropped out) (ACER 2005).

Case studies

My Life program

Ian got involved in the 'My Life' program when he was 17 years old. Unwilling to acknowledge his intellectual disability and exhibiting some significant behavioural issues, Ian had a history of refusing assistance and of leaving or being asked to leave various jobs and courses.

At the time, Ian was at real risk of getting caught up in the juvenile justice system.

Three years later, Ian was living with his girlfriend, independently of his family. He had found stable employment, and secure housing, and was managing his life well – a massive turnaround that started with a simple cooking class.

Ian initially came to the 'My Life' program, which is run by Berry St Victoria in partnership with Department of Human Services Disability Client Services, to learn how to cook. Although he didn't want to reveal his lack of knowledge about cooking, Ian did want to learn enough to work towards his goal of living independently and caring for himself.

Together with a worker from the program, Ian agreed to come to some cooking classes and quickly discovered that he was not the only novice in the group. He got one-on-one support and supervision and, before long, was preparing meals at home for his whole family.

Ian's success at the cooking class bolstered his confidence, and he quickly became much more comfortable with accepting support and advice on everything from budgeting to hygiene to shopping to public transport.

With his new-found skills and confidence, Ian's social and family relationships improved drastically. He learnt to make better choices for himself, and began to identify which of his peers were making safe decisions, and which weren't.

After three years of steady progress, Ian's goal of independence had been achieved. As he bid farewell to the 'My Life' program, he was looking forward to enjoying his new life, complete with steady job and safe housing.

The Refugee Minor Program

When Ali was brought to Australia by people smugglers on a boat from Indonesia in 2001, he was just 13 years old. Without any family in Australia, and battling horrific memories from his homeland, Ali struggled to adjust.

Ali had the support of the Refugee Minor Program (RMP). Run by the Department of Human Services, the program provides supervision and support to refugee minors whose parents aren't with them in Australia.

By 2004, Ali was in trouble. Already expelled from two schools, and with a good behaviour bond and a probation order on his record, Ali was terrified by the very real possibility that his temporary protection visa would be revoked and he would be sent back to Afghanistan.

Through RMP, Ali was given the chance to achieve three things that helped him turn his life around: finish school, reduce the post-traumatic stress and grief that were strongly contributing to his problematic behaviour, and – most importantly – reunite his family.

RMP workers believe that family reunification is the single most significant predictor of success when refugee young people come to Australia.

Indeed, since his mother and siblings joined him in Australia, Ali has not committed any more crimes. Instead, he has focused his energies on successfully completing VCE and starting a visual arts diploma.

In just three years, Ali has matured into an impressive young man.

Ali has overcome trials that many other Australians could not possibly imagine, and emerged out the other end as a valued citizen who has adopted local lores and values while still honouring his traditional Afghan culture.

'Caring for Kids'

Young mothers and pregnant young women in the Wodonga area who get involved in the eight-week 'Caring for Kids' course get a triple benefit: the skills they learn help them with parenting, lead them to further education opportunities and, potentially, help them forge a career in child care.

Part of the inter-agency Connecting Young Parents project, the Caring for Kids course has been specially designed for young mums. It is based on the Certificate III in Children's Services (a recognised work place qualification), and involves five subjects taught over an eight-week course.

Young mothers who attend the four-hour classes twice a week are offered assistance with child care and transport. They learn skills and gain knowledge that can help them become better parents, as well as providing a foundation for enrolment in other education courses – such as VCE, VCAL and the full Certificate III in Children's Services.

Attendance and completion rates for the course are incredibly high – in fact, some mums have come back to class as little as four days after the birth of their babies. And the benefits don't stop when the course ends: Caring for Kids actively helps young women completing the course find other courses and opportunities, and provides them with study support when they do.

Sally, a young single mother who completed the course in 2006, says that the group has been a big support for her.

'Caring for Kids' changed some things for me like being connected, knowing other young people, and being in education. It gave me the courage to go out and do something, and I'm now studying VCAL,' she says.

'The really hard times are the evenings by myself at home while the baby is asleep until I go to bed myself – but at least now I get to go out five or six days every week and do something for my future.'

5. Safety, protection and crime

Summary

> In 2005, Victoria, together with Tasmania, experienced the lowest levels of household crime victimisation and personal crime victimisation rates in Australia, with both forms of crime reducing in Victoria from 2002 to 2005.

> Overall, young people in Victoria report high levels of satisfaction with their safety, with young people in rural areas feeling slightly more safe than young people in metropolitan Melbourne.

> Young people aged 10–24 make up 34 per cent of all victims of assault reported to police with males overrepresented in both reports to police and in assault related hospital admissions.

> Young people (aged under 24) comprise the majority of victims of reported incidents of rape and other sexual offences in Victoria accounting for 66 per cent of all rape victims and 90 per cent of victims of other sexual offences. Females are considerably more likely than males to be the victim of a reported sex crime (Victorian police data).

> In 2005–06, young people (aged 10–24) accounted for over 46 per cent of processed offenders. However, only 3 per cent of the youth population are processed as distinct offenders.

> The majority of young people (aged 10–24) are processed by police for property offences (56 per cent), followed by other crimes (18 per cent), crimes against the person (17 per cent) and drug offences (7 per cent).

> Latest data on injuries experienced by young people shows that each year 200 young people aged 12–24 are killed due to an injury and half of injury deaths are from transport accidents. However, the death rate for this age group has almost halved over the 16-year period from 1990 to 2005, and injuries as a result of transport accidents have decreased over time.

> Young people (aged 10–16) are less likely overall to be the subject of a child protection substantiation than children aged under 10. However, across all age groups in Victoria Indigenous children are subject to a child protection substantiation at much higher rates than all children.

> According to police statistics, nearly a quarter of all victims of reported incidents of family violence in Victoria in 2005–06 were aged 10–24.

> Victoria has the lowest rate of young people under juvenile justice supervision across Australia with a rate of 2.6 per 1000.

Future Directions outcome areas

- Young people feel safe in environments that matter to them and are able to negotiate decisions about their own safety.

Lead measures:

- Crime will be reduced for the period 2003–08 and Victorians will feel safer.
- More young people will feel safe walking alone down the street after dark.
- Perceptions of safety at home, on public transport – day and night.

The Outcomes Framework

- Proportion of young people (aged 18–24) who feel safe on the street alone during the day and after dark
- Proportion of young people (aged 18–24) who feel safe alone at home during the day and after dark
- Death and hospitalisation rates from injury and poisoning
- Proportion of young people who are the subject of a child abuse substantiation within 12 months of an initial decision not to substantiate
- Rate of re-notifications
- Proportion of Aboriginal children in out-of-home care who are placed in accordance with the ACPP
- Levels of crime within the community (crimes against the person and crimes against property)
- Proportion of victims of crime who are children and young people
- Numbers of young people on community-based orders and custodial orders

A Human Rights Framework

- The right to protection from abuse and neglect
- The right to protection for young people without families
- The right to periodic review of placement for young people in the care of the state
- The right of young people alleged or recognised as having committed an offence to respect for their human rights and to benefit from all aspects of the due process of law

Feeling safe to independently navigate the world is key to the transition from childhood to adolescence and on to adulthood.

Young people (aged 12–24) who were consulted in the development of the Future Directions policy linked 'feeling safe' and being able to navigate difficult situations with independence and they associated 'feeling unsafe' with feeling dependent. Young people also wanted to be able to learn from their mistakes and to utilise this learning to build their independence.

The safety of young people can be understood as relating to a wide range of spheres – to their physical safety, emotional, social and mental safety, to safety at school and in their homes, to safety in their local neighbourhoods, in public spaces and in public transport and to freedom from racism, crime, bullying and discrimination.

This chapter begins with an account of how safe young Victorians feel in their local neighbourhoods. It looks at young people's perceptions of safety in the light of the prevalence of household crime in Victoria as well as the prevalence of factors that affect young people's safety including bullying, racism and discrimination; and violence in the forms of assault and sexual offences (see sections 5.1–5.2).

Young people's safety can also be compromised by risk-taking behaviour (by themselves and by others) that can lead to injuries – and by the experience, for a minority, of child abuse. The chapter reviews the current knowledge about injuries and injury deaths to young people, and about children (aged 10–17) who are involved in the child protection system (see sections 5.3–5.4).

The chapter concludes with a review of young people as perpetrators of crime and young people's involvement with the youth justice and adult court and correctional systems (see section 5.5).

While the chapter focuses on issues that compromise young people's safety, it is important to recognise that the majority of young people feel safe, are safe and are not involved in any form of criminal activity.

5.1 Community safety and wellbeing

Perceptions of community safety for young people are closely linked to the quality and nature of young people's engagement in their communities. Young people who feel safe in their local neighbourhoods and community are more likely to be able to actively participate in local activities (such as arts or sports) and more likely to feel able to travel around and to make local connections.

Household crime and personal crime in Victoria

The 2005 National Crime and Safety Survey shows that Victoria, together with Tasmania, experienced the lowest levels of household crime victimisation and personal crime victimisation rates,[163] compared with the other states and territories in 2005 (see figures 5.1 and 5.2). Rates of both types of crime decreased in Victoria between 2002 and 2005 with household crime rates falling from 7 per cent in 2002 to 4.6 per cent in 2005 and with personal crime rates falling from 5.2 per cent in 2002 to 4.5 per cent in 2005.[164]

Figure 5.1: Household crime victimisation rates: Australian states and territories
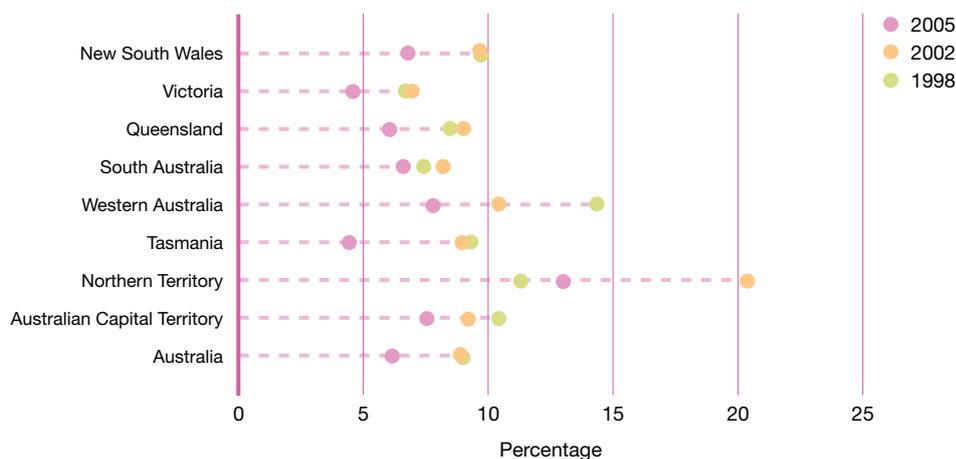
Source: ABS 2006a

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[163] Household crime rates include houses broken in to, attempted break-ins and motor vehicle theft. Personal crime rates include robbery, assault and sexual assault.

[164] Household crime victimisation rates decreased in all the other states and territories from 2002 to 2005, except for the Australian Capital Territory where the recorded decrease was not statistically significant (ABS 2006). However, personal crime victimisation rates showed only slight variations in most states and territories between the 2002 and 2005 surveys.

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Figure 5.2: Personal crime victimisation rates: Australian states and territories
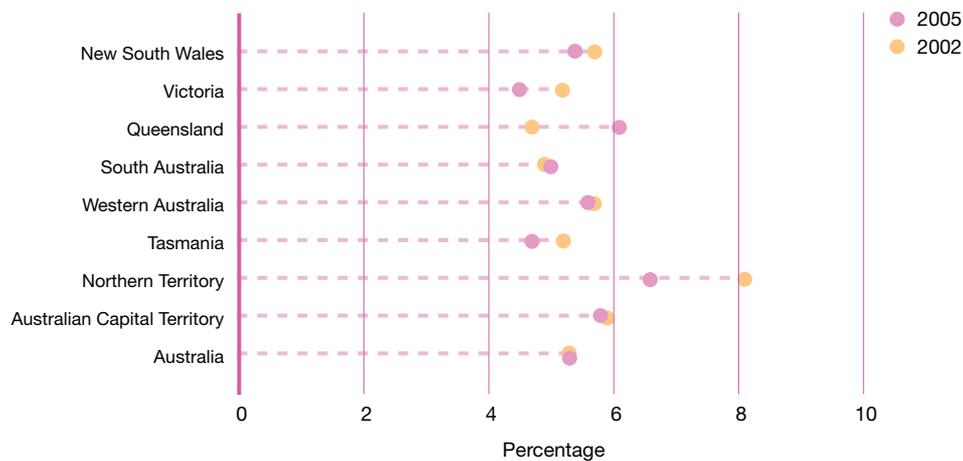
Source: ABS 2006a

Perceptions of safety: young people (aged 18–24)

The CIV Survey (2007) asked young people (aged 18–24) about how satisfied they felt with their safety overall. The survey also asked young people about how safe they felt in a range of situations, at home by themselves – in the day and in the dark – and walking in their local areas after dark.

Overall, young people reported high levels of satisfaction with their safety with 80.4 per cent of young people giving a positive rating of between eight and 10 on a satisfaction scale (see table 5.1).[165]

Table 5.1: Frequencies for satisfaction with how safe you feel, 18–24 year olds (percentage)

Satisfaction scale	Metropolitan	Country	Victoria
0	0.4	0.4	0.4
1	0.1	0.4	0.1
2	0.2	0.1	0.2
3	0.2	0.2	0.2
4	1.0	0.9	1.0
5	2.6	2.6	2.6
6	4.2	3.1	4.0
7	12.1	7.3	11.0
8	24.1	22.1	23.7
9	27.4	24.9	26.8
10	27.7	38.0	29.9
Total rating 8–10	79.2	85	80.4
Total	100.0	100.0	100.0

Source: CIV Survey 2007
NB: Population weighted results

Almost all young people (98.2 per cent) said they felt very safe or safe at home alone during the day. They were slightly less likely to feel very safe or safe alone at home in the dark and less likely still to feel very safe or safe walking in their local area after dark.

There were few notable differences in the responses of young people from rural and metropolitan areas, although rural young people were slightly more likely to express high levels of satisfaction with their safety than young people in metropolitan areas.

[165] Young people were asked to rate their level of satisfaction on a 10-point scale from 0 'completely dissatisfied' through to 10 which is 'completely satisfied'.

When young people were asked about how safe they feel when walking in their local area alone during the day, 96 per cent of young people across the state reported feeling very safe or safe with little difference between young people in rural and metropolitan areas.

However, females were considerably less likely to report feeling safe than males. More than one in 10 females (10.6 per cent) felt unsafe or very unsafe at home alone after dark, compared with just 1.6 per cent of males. The difference between females and males was particularly marked in relation to feelings of safety when walking in the local area after dark.[166]

As table 5.2 shows, while 80.5 per cent of young males said that they felt safe or very safe walking in their local area after dark, less than half (48.8 per cent) of females said that they felt safe or very safe. In addition, nearly one in four (37.7 per cent) of females said that they felt unsafe or very unsafe (walking in their local area after dark). Females in metropolitan areas were more likely to report feeling unsafe or very unsafe than females in rural areas (38.7 per cent of females in metropolitan areas, compared with 33.7 per cent of females in rural areas).[167]

Table 5.2: Frequencies for how safe 18–24 year olds feel walking in their local area alone after dark including gender (percentage)

	Metropolitan		Country		Victoria	
	Males	Females	Males	Females	Males	Females
Very safe	30.0	7.8	36.1	9.8	31.3	8.2
Safe	50.2	40.2	46.0	42.2	49.2	40.6
Neither safe nor unsafe	8.2	13.4	7.6	14.2	8.1	13.5
Unsafe	8.9	28.5	8.0	25.0	8.7	27.8
Very unsafe	2.8	10.2	2.3	8.7	2.7	9.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: CIV Survey 2007
NB: Population weighted results

Bullying/discrimination

The HNSS asked Years 6 and 8 students whether they had been bullied recently (teased or called names, had rumours spread about them, been deliberately left out of things, threatened physically or actually hurt). Analysis of the Victorian data found that 62.5 per cent of students stated that they had not experienced bullying recently, 23.8 answered less than once a week, 6.6 per cent said once a week, 7.1 per cent said most days. There were no differences between the responses of Aboriginal children, CALD children or children from rural areas (Williams 2007).

The survey also asked students whether they had taken part in bullying another student recently. The majority of students (80.6 per cent) said that they had not taken part recently, while 15.7 per cent said less than once a week, 2.5 per cent said once a week and 1.3 per cent said most days. Again there were no differences in response by CALD status or between rural and metropolitan young people.

[166] When young people were asked about how safe they feel when walking in their local area alone during the day 96 per cent of young people across the state reported feeling 'very safe' or 'safe' with little difference between young people in rural and metropolitan areas and males and females.
[167] Young people (aged 12–24) who were consulted for the Future Directions policy expressed some concerns about their safety in public places, with some Melbourne respondents expressing fears for their safety on suburban transport at night. Rural young people had differing views on their safety in public spaces, with some identifying their local areas as safe because they knew everybody, and others suggesting that unlit open spaces made them feel less safe.

Victorian government schools anti-bullying policy

Every student has the right to feel safe from bullying at school.

Bullying behaviour in schools should be addressed as part of a school's duty of care to provide a safe and supportive school environment.

All schools are required to develop and implement a student code of conduct that identifies goals and standards for student behaviour.

The student code of conduct must include safe school and specific anti-bullying strategies that aim to promote positive student behaviour, prevent anti-social behaviour, and encourage respect, compassion and cooperation.

To effectively prevent bullying, schools need to take a whole-school approach that focuses on safety and wellbeing throughout all school practices.

It is important, therefore, that school safety is not viewed as a separate policy, but as a central component of an effective school.

5.2 Young people as victims of crime

Assault and victimisation

It is difficult to obtain an accurate estimate of the number of people who are victims of violence because many crimes go unreported. Young people are known to be more likely to become victims of some violent crimes (including rape, other sexual offences and assaults). However, research also suggests that young victims (aged under 25) are less likely (than older victims) to report a violent crime (Johnson 2005, cited in AIHW 2007a).

Victoria Police data show that in 2005–06 there were 13,097 youth victims of crime against the person and 30,628 youth victims of property crime. Figure 5.3 shows the rate of victimisation per 100,000 population of each age group.

Figure 5.3: Victims of crime reported to Victoria Police in 2005–06 per 100,000 population of age group (based on ABS preliminary estimate population 2005)
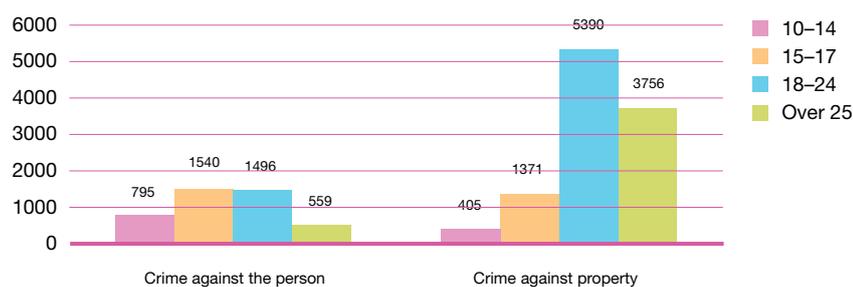
Source: Produced by Corporate Statistics, Victoria Police. Data extracted from LEAP on 18 July 2007.

A more detailed look at Victoria Police crime statistics (2005–06) shows that young people aged 10–24 make up 34 per cent of all victims of assault, reported to the police, in Victoria (see figure 5.4).

Of this age group, 15–19 and 20–24 year olds are the most likely to be victims of assault. Males are more likely to be the victims of assault in both age groups (60 per cent male and 40 per cent female).

Figure 5.4: Assaults in Victoria 2005–06 by age of victim
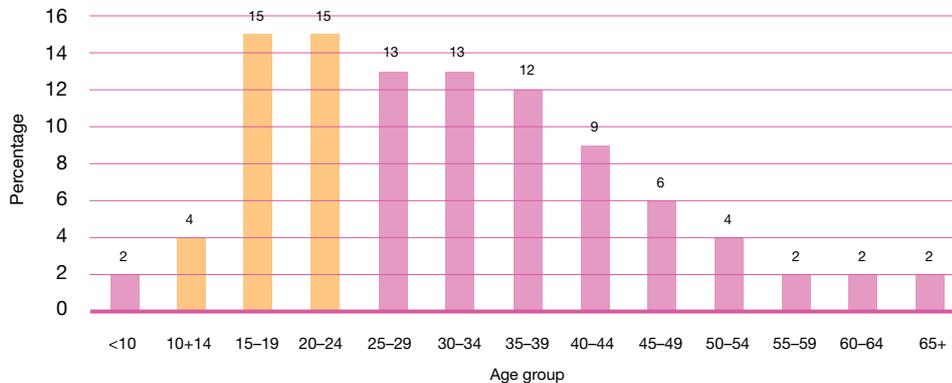
Source: Victoria Police 2006

In addition, Victoria Police data show trends, for 2001 to 2006, in the number of reported cases of assault where young people were the victims. The greatest increase has occurred in the 18 to 24-year age group. (This group has experienced a 20 per cent increase in reported cases of assault since 2001).

Admissions to hospital for assault related injuries

There were 1503 hospital admissions of young people (aged 12–25) for assault-related injuries in 2006, compared with 1538 in 2005 and 1270 in 2004. Males accounted for 86 per cent of cases and were nearly six times more likely to be hospitalised. Hospital admissions for assaults peaked at ages 19 and 20.

The most common form of assault was hitting/punching/kicking (62 per cent), stabbing/slashing with sharp objects (12 per cent, mostly knives but also swords and daggers) and hit/struck by blunt objects (10 per cent).

Figure 5.5 shows the yearly trend in assault-related hospital admission rates in Victoria for the 12-year period between 1995 and 2006. Rates are calculated *excluding and including* same-day admissions.[168] The former method provides a more stable indicator as rates are less affected by hospital admissions policy and other factors operating in the health system such as shortage of GPs.

If same day admissions are excluded, the hospitalisation rate for assault-related injuries decreased between 1995 and 2006 but if these admissions are included then an increasing trend was evident. The male assault-related hospitalisation rate decreased over the study period, partly offset by an increasing trend in the female hospitalisation rate.

[168] A young person is recorded as an admission (in hospital records) if the duration of their treatment lasts more than four hours. Where the young person is discharged from hospital in less than 24 hours, they are counted as a 'same-day admission'.

Figure 5.5: Yearly trend in assault related hospital admission rates, persons aged 12–24 years, Victoria 1990–2005[169 170 171 172]
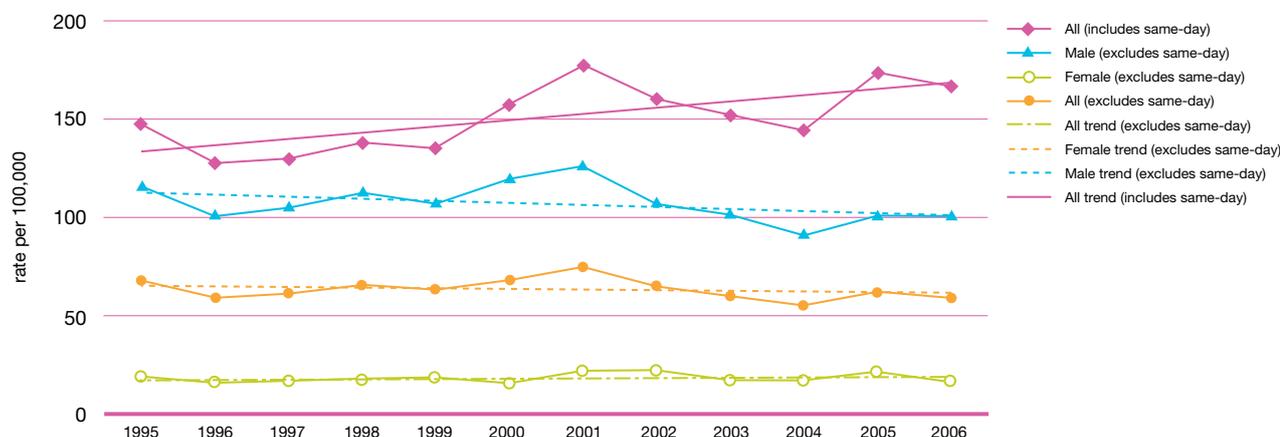
Source: VAED 1995-2006

Sexual assault

It is well documented that sexual assaults are the crime least likely to be reported to police and therefore official crime statistics are likely to significantly underrepresent actual rates in the community (Neame & Heenan 2003).

However, Victoria Police data show that young people (aged under 24) comprise the majority of victims of reported cases of rape and other sexual offences in Victoria, accounting for 66 per cent of all rape victims and 90 per cent of victims of other sexual offences in Victoria (see figure 5.6).

Females are much more likely to be victims of rape and other sexual offences, accounting for 85 per cent of rapes and 75 per cent of other sexual offences.

Figure 5.6: Victims of rape and other sexual offences reported to police by age of victim
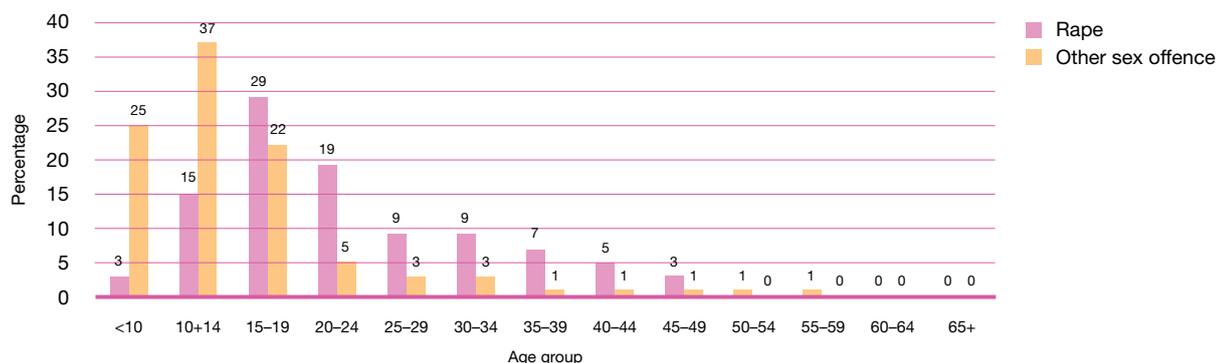
Source: Victoria Police 2006

[169] The assaultive injury and poisoning admission rate (excluding same-day admissions) decreased over the 12-year period from 583/100,000 in 1995 to 538/100,000 in 2006, representing an estimated annual decrease of 0.7 per cent (-2.2 per cent to 0.8 per cent) and an overall reduction of 8.2 per cent (-23.7 per cent to 10.1 per cent). This decrease was not statistically significant.

[170] The assaultive injury and poisoning admission rate (including same-day admissions) increased significantly over the 12-year period from 1265/100,000 in 1995 to 1503/100,000 in 2006, representing an estimated annual increase of 2.1 per cent (0.5 per cent to 3.7 per cent) and an overall increase of 28.4 per cent (6.1 per cent to 54 per cent).

[171] The male assaultive injury and poisoning admission rate (excluding same-day admissions) decreased over the 12-year period from 503/100,000 in 1995 to 463/100,000 in 2006, representing an estimated annual decrease of 1 per cent (-2.6 per cent to 0.6 per cent) and an overall reduction of 11.2 per cent (-26.9 per cent to 7.3 per cent). This decrease was not statistically significant.

[172] Although the female assaultive injury and poisoning admission rate (excluding same-day admissions) decreased over the 12-year period from 80/100,000 in 1995 to 75/100,000 in 2006, based on the trend line this actually represents an overall increase of 10.5 per cent (-16 per cent to 44.3 per cent) and an estimated annual increase of 0.8 per cent (-1.4 per cent to 3.1 per cent). This change was not statistically significant.

Victoria Police analysis of sexual assault data over time has found that the crime of sexual penetration of a child (under 16) has had the greatest increase in youth victims between 2001 and 2006, with victims aged 10–14 representing the largest increase (up 82 per cent) over this time period (see figure 5.7).

Figure 5.7: Number of victims of reported cases of sexual penetration of a child under 16, by age, 2001–06
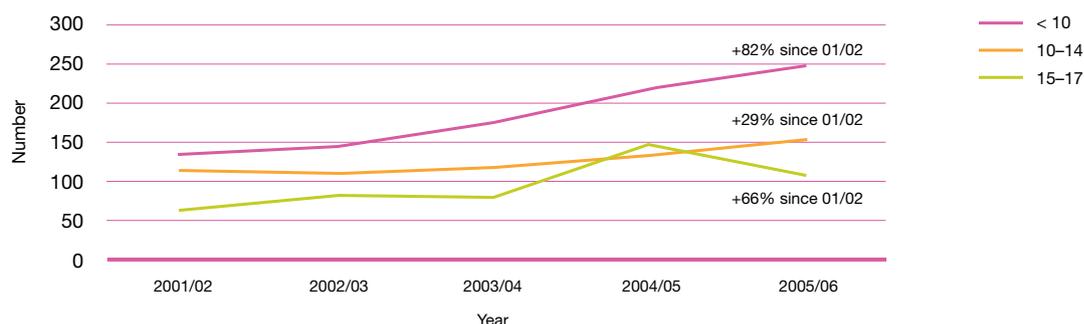
Source: Produced by Corporate Statistics, Victoria Police. Data extracted from LEAP on 18 July 2007.

5.3 Injuries to young people

Young people are particularly liable to injury because of their increased involvement in risk-taking behaviour, their participation in sport, their inexperience as drivers and the prevalence of mental health difficulties (Pitman et al. 2003).

Injury has a major impact on the health and wellbeing of young Australians. While death rates from injury and poisoning have decreased (between 1985 and 2004) injuries and poisoning remains the leading cause of deaths among young Australians and injuries can have long-term effects on young people's health and wellbeing.

Injuries and deaths to young people are commonly classified into those that are unintentional (arising from falls, poisoning and road accidents) and those that are intentional (arising from self-harm or interpersonal violence). Young males account for a much greater proportion of injuries and injury deaths than young females.

The latest available year of Victorian injury surveillance data (2005 for deaths and 2006 for hospital admissions) shows that each year 200 young Victorians aged 12–24 suffer fatal injuries and more than 18,000 are admitted to hospital for treatment of significant injuries. Most of their injuries are preventable.

Hospital admissions

There were 18,433 hospital admissions of young people (aged 12–24) for injury and poisoning in 2006, 80 per cent (14,826) of which were for unintentional ('accidental') injury, 16 per cent for intentional injury (8 per cent self-harm and 8 per cent assault/maltreatment/neglect) and in 3 per cent of cases the intent was undetermined (mostly drug overdose cases). Self-harm hospital admissions are detailed in the chapter on health, and admissions for assault related injuries were discussed in section 5.2.

Figure 5.8 shows the yearly trend in the all-injury hospital admissions rates in Victoria for the 12-year period between 1995 and 2006. When same day admissions are excluded, the rate of injury hospital admissions has decreased significantly over the 12-year period between 1995 and 2006, whereas when they are included the rate of injury hospital admissions increased significantly.[173] [174] [175] [176]

[173] The all-intents injury and poisoning admission rate (excluding same-day admissions) decreased significantly over the 12-year period from 10,461/100,000 in 1995 to 9334/100,000 in 2006, representing an estimated annual decrease of 1.7 per cent (-2.3 per cent to -1.0 per cent) and an overall reduction of 18.1 per cent (-24.2 per cent to -11.8 per cent).

[174] The all-intents injury and poisoning admission rate (including same-day admissions) increased significantly over the 12-year period from 16,631/100,000 in 1995 to 18,412/100,000 in 2006, representing an estimated annual increase of 0.7 per cent (0.1 per cent to 1.3 per cent) and an overall increase of 8.5 per cent (1.0 per cent to 16.5 per cent).

[175] The male all-intents injury and poisoning admission rate (excluding same-day admissions) decreased significantly over the 12-year period from 7211/100,000 in 1995 to 6463/100,000 in 2006, representing an estimated annual decrease of 1.7 per cent (-2.3 per cent to -1.1 per cent) and an overall reduction of 18.2 per cent (-23.9 per cent to -12.3 per cent).

[176] The female all-intents injury and poisoning admission rate (excluding same-day admissions) decreased significantly over the 12-year period from 3250/100,000 in 1995 to 2871/100,000 in 2006, representing an estimated annual change of -1.6 per cent (-2.8 per cent to -0.5 per cent) and an overall reduction of 18 per cent (-29 per cent to -5.7 per cent).

Figure 5.8: Yearly trend in all-injury admission rates, persons aged 12–24 years, Victoria 1990–2005
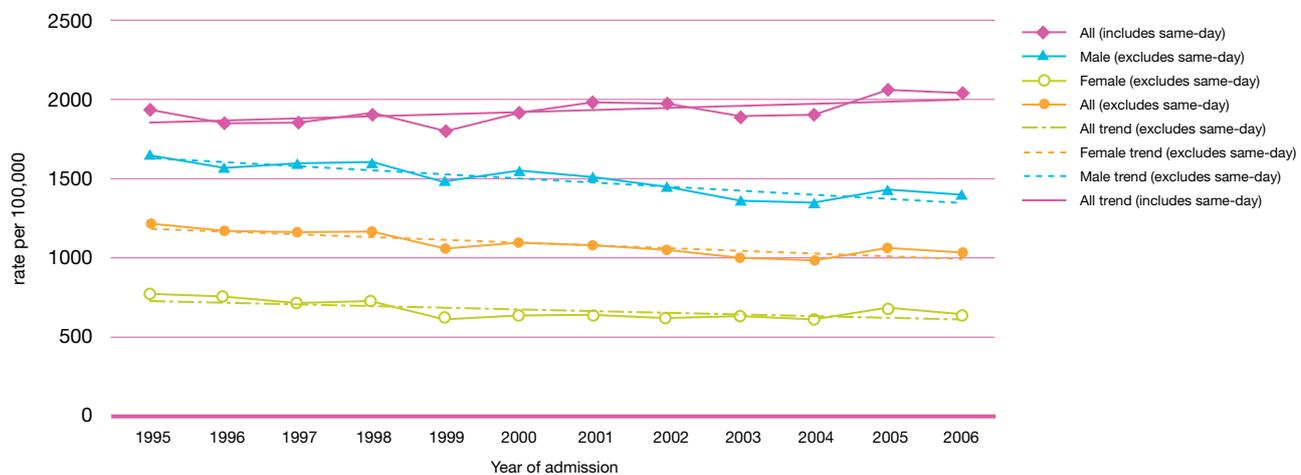
Source: VAED, 1995-2006

Unintentional injury and poisoning

Of the 14,826 hospital admissions for unintentional injury and poisoning in 2006, three-quarters were males (n=11,128). Injury counts were highest from ages 18 to 21 years.

As the major proportion of injury hospital admissions are for unintentional injuries, trendlines follow the pattern already discussed with injury hospitalisation rates decreasing significantly between 1995 and 2006 if same-day admissions are excluded and increasing significantly if they are included.[177 178 179 180]

The major causes of unintentional injury in 2006 were falls (29 per cent), transport (25 per cent), hit/struck/crush injuries (17 per cent) and cutting and piercing (8 per cent). Seventy-seven per cent of admitted cases were discharged from hospital in less than two days, 20 per cent stayed in hospital from two to seven days and 3 per cent for eight days or more.

Deaths from injury and poisoning

In 2005 there were 200 deaths from injury and poisoning among 12–24 year olds in Victoria compared with 230 in 2004 and 209 in 2003. Nearly two-thirds of injury and poisoning deaths were unintentional ('accidental') (n=134) and one-third intentional (suicide and homicide) (n=62; 57 suicide and five homicide, as noted above).

The death rate among young people aged 12–24 has almost halved over the 16-year period between 1990 and 2005,[181] mainly due to community interventions that have resulted in a marked decline in both transport related deaths[182] and suicides[183] (see figure 5.9).

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[177] The unintentional injury and poisoning admission rate (excluding same-day admissions) decreased significantly over the 12-year period from 7902/100,000 in 1995 to 7571/100,000 in 2006, representing an estimated annual decrease of 0.9 per cent (-1.5 per cent to -0.3 per cent) and an overall reduction of 10 per cent (-16.2 per cent to -3.6 per cent).

[178] The unintentional injury and poisoning admission rate (including same-day admissions) increased significantly over the 12-year period from 12,636/100,000 in 1995 to 14,826/100,000 in 2006, representing an estimated annual increase of 1.3 per cent (0.7 per cent to 1.9 per cent) and an overall increase of 16.5 per cent (8.3 per cent to 24.9 per cent).

[179] The male unintentional injury and poisoning admission rate (excluding same-day admissions) decreased significantly over the 12-year period from 5878/100,000 in 1995 to 5633/100,000 in 2006, representing an estimated annual decrease of 1 per cent (-1.6 per cent to -0.4 per cent) and an overall reduction of -11.2 per cent (-17.5 per cent to -4.6 per cent).

[180] The female unintentional injury and poisoning admission rate (excluding same-day admissions) decreased over the 12-year period from 2024/100,000 in 1995 to 1938/100,000 in 2006, representing an estimated annual decrease of 0.6 per cent (-1.3 per cent to 0.1 per cent) and an overall reduction of -7.3 per cent (-14.8 per cent to 0.7 per cent). This decrease was not statistically significant.

[181] The all causes injury and poisoning death rate decreased significantly over the 16-year period from 42/100,000 in 1990 to 22.6/100,000 in 2005, representing an estimated annual decrease of 3 per cent (95 per cent confidence intervals -4.2 per cent to -1.9 per cent) and an overall reduction of 38.4 per cent (-49.4 per cent to -26.4 per cent) based on the trend line.

[182] The transport injury death rate decreased significantly over the 16-year period from 22.2/100,000 in 1990 to 11.3/100,000 in 2005, representing an estimated annual decrease of 3.3 per cent (-4.8 per cent to -1.8 per cent) and an overall reduction of 41.8 per cent (-54.3 per cent to -25.7 per cent).

[183] The suicide rate decreased significantly over the 16-year period from 12.1/100,000 in 1990 to 6.4/100,000 in 2005, representing an estimated annual decrease of 4 per cent (-5.7 per cent to -2.9 per cent) and an overall reduction of 49.8 per cent (-60.9 per cent to -37.8 per cent).

Figure 5.9: Yearly trend in death rates, persons aged 12–24 years, Victoria 1990–2005
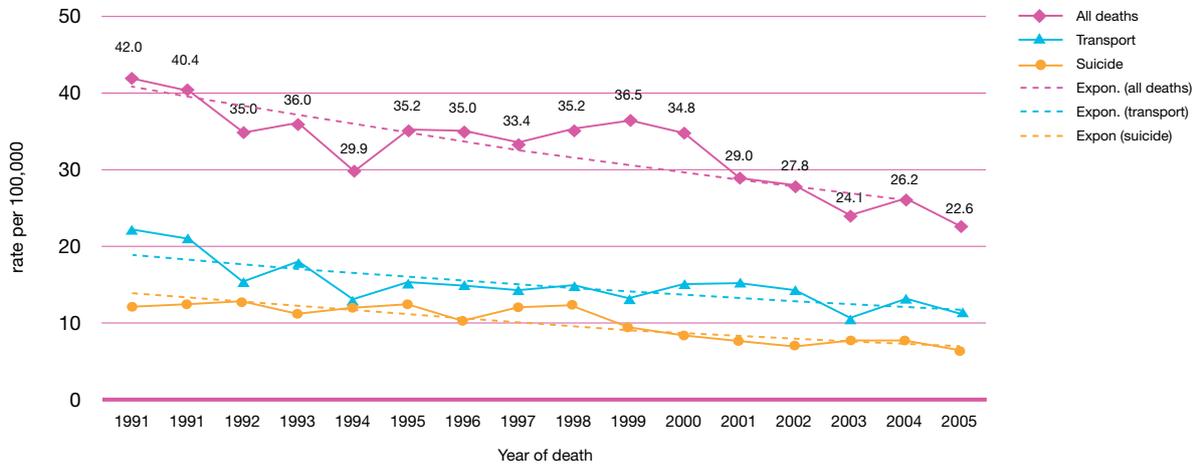
Soure: ABS Death Unit Record File (ABS-DURF) 1990–2005

Just over three-quarters of all injury and poisoning deaths were male (77 per cent, n=154). Death rates generally increased as age increased and peaked for males at age 23 (74.6/100,000) and females at age 21 (20.7/100,000) (see figure 5.10).

Figure 5.10: Death rates by age and gender, young people aged 12–24 years, Victoria 2005

	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years	22 years	23 years	24 years	All 12–24 years
Male	2.9	2.9	5.8	5.9	20.8	35.7	38.2	52.5	51.0	48.0	38.3	74.6	60.5	34.0
Female	0.0	0.0	6.1	12.2	15.4	9.3	9.3	12.2	14.7	20.7	17.3	11.3	8.5	10.6
All	1.5	1.5	5.9	9.0	18.2	22.7	24.2	32.8	33.2	34.6	28.0	43.2	34.9	22.6
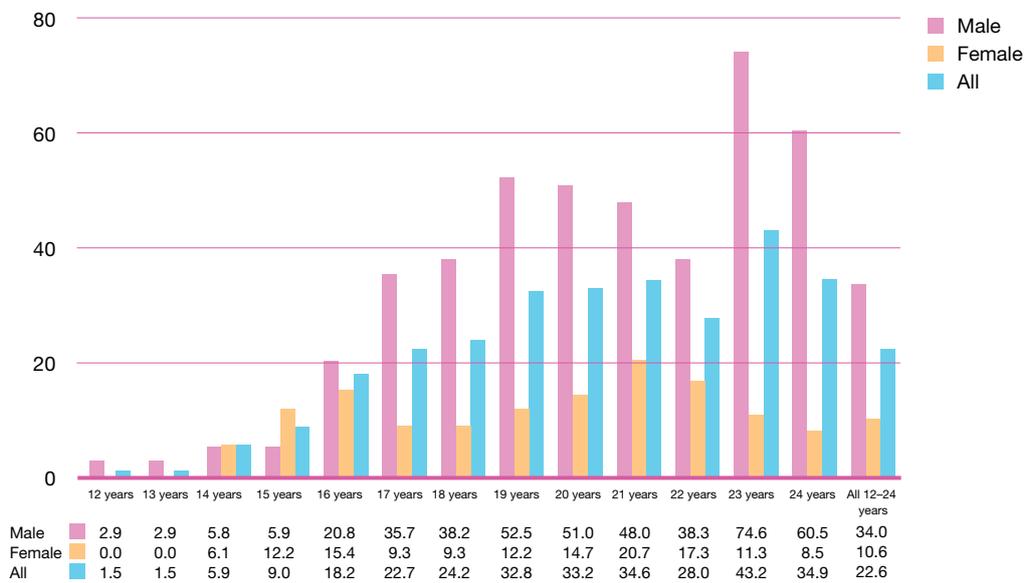
Source: ABS Death Unit Record File (ABS-DURF) 2005

Half the fatalities in 2005 were caused by transport crashes. Other major causes were suicide (28.5 per cent) and accidental poisoning (9 per cent) (see table 5.3).

This document is managed by the Department of Education and Early Childhood Development, Victoria (as of 27 August 2007)

Table 5.3: Major causes of injury and poisoning deaths, 12–24 year olds, Victoria 2005

Cause of death	Percentage of all deaths
Unintentional	**66.5**
Transport	50.0
Poisoning	9.0
Falls	1.5
Fires/burns/scalds	1.5
Drowning	1.0
Choking/suffocation	1.0
Explosions/firearms	1.0
Hit/struck/crush	0.5
Cutting/piercing	0.5
Other unintentional	0.5
Intentional	**31.0**
Suicide	28.5
Homicide	2.5
Other and undetermined intent	**2.5**
All deaths	**100**

Source: ABS Death Unit Record File (ABS-DURF) 2005

5.4 Protection from child abuse and family violence

It is well documented that there are difficulties in arriving at universally agreed, clear, practical definitions of child abuse. However, the following provides a useful definition:

> Child abuse is an act by parents, caregivers, other adults or older adolescents that endangers a child or young person's physical or emotional health or development and can be a single incident, but usually takes place over time.

> (Richardson 2004)

It is now common practice to classify child abuse into four main types: physical abuse, sexual abuse, emotional abuse and neglect. It is important to note that children and young people are often subjected to negative experiences from more than one of these categories (Higgins & McCabe 2000). There are close links between child abuse and family violence.

Child abuse is associated with a wide range of immediate and long-term negative outcomes. Research has found that children who have experienced child abuse have been shown to have low self-esteem, increased fear, guilt and self-blame, depression, anxiety, and nightmares or flashbacks. In addition, child abuse has been associated with intellectual deficits and other academic problems such as delay in acquiring language and problems in mathematics and reading tests (Eckenrode, Laird & Doris 1993). Research has also found that the impact of child abuse may follow some children into adulthood.[184]

The majority of children who experience child abuse come from low-income families that are affected by one or more of the following: substance abuse, mental health difficulties, intellectual disability and domestic violence. Poor parenting and isolation are other known risk factors for child abuse (Eagar et al. 2005).

[184] Adult survivors of child abuse have been found to engage in certain behavioural patterns, many of which are considered to be coping mechanisms that are used in an attempt to overcome the emotional distress associated with past trauma. These behavioural patterns include the development of eating disorders (Chandy et al. 1996), alcohol and substance use/dependence (Chandy et al. 1996) and self-injurious behaviours (Oates 1996).

The Victorian child protection system

The Victorian Government has embarked on a comprehensive program of reform to child, youth and family services, including the development and implementation of new legislation.

The Child Wellbeing and Safety Act guides the operation of new administrative structures including the establishment of a Child Safety Commissioner, the Victorian Children's Council and a Children's Services Coordination Board to oversee administration of children services across government.

The *Children, Youth and Families Act* (introduced in April 2007) consolidates and updates the *Children and Young Persons Act 1989* and the *Community Services Act 1970*.

The new legislation more explicitly places children and young people's best interests at the heart of all decision making and service delivery from earlier intervention through to the Children's Court. The legislation aims to improve children's stability, strengthening service responses to cumulative harm and better maintaining Indigenous children and young people's connection to their community and culture. An implementation team has been established to work with the community service sector and the child protection workforce to implement new policy and legislative directions.

Family Services

Family Services aim to promote the safety, stability and wellbeing of vulnerable children, young people and their families, and to support the building of child, family and community capacity and resilience. Family Services (together with Family Support Innovation Projects) provide a range of activities to support vulnerable children, young people and their families, which may include intake, active engagement, assessment, casework (community-based case management), counseling, in-home support and group work, as well as providing other support and information activities where appropriate.

Family Support Innovations Projects commenced in 2003 and will be expanded across Victoria by 2008–09. The projects aim to get earlier help to vulnerable children, young people and families so as to avoid the need for later child protection involvement.

In the 2005–06 financial year, there was a population of 22,878 families accessing family services. Of these, 2471 were families where the presenting person was aged 12–24 and 4436 were families with young people aged 12–24.[185]

Parenting, relationship and behaviour[186] issues were the most frequent issues identified by the families who accessed Family Services, followed by issues relating to mental health, (and equally) family violence and financial/household concerns.

Notifications and substantiations

In Victoria key professionals (including doctors, nurses, teachers and police) who have contact with children and young people are mandated to report suspected cases of child sexual and physical abuse to the child protection system. In addition, other members of the public who have concerns that a child or young person is being neglected or physically, emotionally or sexually abused are also able to report their concerns to Victorian child protection services.

Reports made to child protection services in Victoria are called 'notifications'. All notifications are assessed and either referred to appropriate support services or, if appropriate, sent for child protection investigation or closed. A child protection notification is 'substantiated' where it is concluded that the child or young person has been, is being or is likely to be, abused, neglected or otherwise harmed (AIHW 2006).

Young people (aged 10–16) are less likely overall to be the subject of a substantiation than children aged under 10.

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[185] There was an overlap of 87 families that fell into both groups, that is, families where the presenting person was aged 12–24 years but that also contained young people aged 12–24 years.

[186] Issues relating to behaviour were frequently identified in families with young people aged 12–24, although not so frequently in families where the presenting person was aged 12–24.

Figure 5.11 shows the rates of children and young people aged 10–16 in substantiated cases of child abuse in each state and territory by two age groups (10–14 and 15–16). For both age groups, only three states have lower rates of substantiation than Victoria.[187]

Figure 5.11: Rate of children and young people aged 10–16 in substantiations by state and territory and age, 2005–06
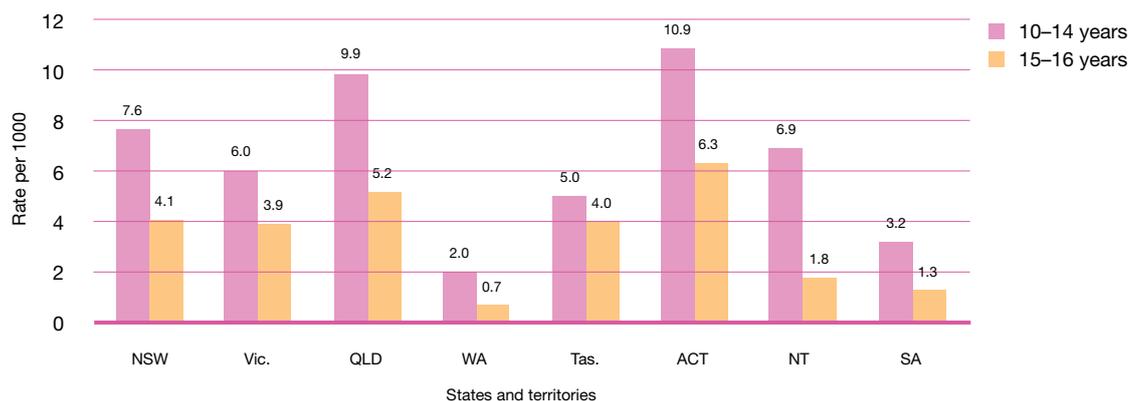
Source: AIHW 2007b

The trend in notifications and substantiations has also been relatively stable in Victoria, from 2001 to 2006 (see table 5.4). It is likely that Family Support Innovations Projects have contributed to the recent stabilisation of growth in demand for Victorian frontline child protection services.

Table 5.4: Notifications and substantiations in Victoria 2001–06

Year	Number of notifications 10–17 year olds	Percentage of notifications substantiated
2001–02	10,190	28
2002–03	10,369	24
2003–04	10,352	26
2004–05	10,854	23
2005–06	11,519	24

Source: Department of Human Services, Client Relationship Information System (CRIS)

Indigenous children

Substantiation rates are consistently higher among Indigenous children and young people than for all children and young people (see figure 5.12 and table 5.5).[188]

[187] For 10–14 year olds, the rate is lower in Western Australia (2.0), South Australia (3.2) and Tasmania (5.0). For 15–16 year olds the rate is lower in Western Australia (0.7), South Australia (1.3) and the Northern Territory (1.8).

[188] It is important to note that the number of Indigenous children and young people who are affected is small (in comparison with the number of all children). (This observation also relates to comparative data reported here on children on orders, children placed in out-of-home care and re-notifications.)

Figure 5.12: Rate of child protection substantiations among children and young people aged 10–17, Indigenous and all children and young people
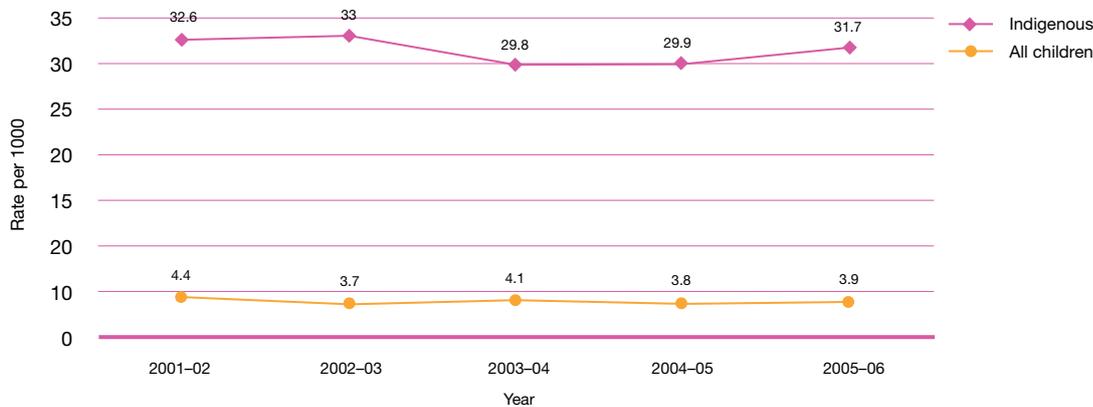
Source: Department of Human Services calculation based on data from CRIS and the ABS

Table 5.5: Rate of child protection substantiations among children and young people aged 10–17, Indigenous and all children and young people

Year	All children/young people		Aboriginal children aged 10–17	
	Number	Rate per 1000	Number	Rate per 1000
2001–02	2839	4.4	202	32.6
2002–03	2438	3.7	220	33.0
2003–04	2729	4.1	211	29.8
2004–05	2530	3.8	225	29.9
2005–06	2624	3.9	252	31.7

Source: Department of Human Services calculation based on data from CRIS and the ABS

Re-notifications

A re-notification is defined as having occurred when a child or young person is notified to child protection and there have been one or more previous notifications for that same individual during the 12 months preceding the notification date.

In 2005–06 there were 11,519 notifications to child protection for children and young people aged 10–17. These included 607 notifications involving Indigenous children and young people. The re-notification rate for all young people (in this age group) was 33.9 per cent, compared with 46.3 per cent for Indigenous young people.

Trend analysis shows that there has been little variation in the Victorian re-notification rates over the past three years.[189] However, the re-notification rate for Indigenous children and young people is consistently higher than that for all young people in this age group.[190]

Substantiations following decision not to substantiate

This indicator measures the percentage of young people for whom an investigation led to a decision not to substantiate, but who were subsequently the subject of a substantiation within three months of case closure.

In 2005–06 there was a total of 60 substantiations for children and young people aged 10–17 that occurred within three months of previous case closure for that young person with a decision not to substantiate. This included seven substantiations for Indigenous children and young people. The percentage of substantiations within three months of a decision not to substantiate for all young people in the 10–17 age group was 2.3 per cent in 2005–06, compared with 3.2 per cent for Indigenous young people in this age group.

[189] These data include children who do not permanently reside in Victoria but who were the subject of a notification to the Victorian Child Protection Services.
[190] It should be noted that there are a high number of notifications each year in which Aboriginal status is not reported.

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Trend analysis shows a considerable decrease, from 2002–03 to 2003–04, in the percentage of substantiations within three months of a decision not to substantiate for Indigenous young people aged 10–17 years, with a slight increase in 2003–04 to 2004–05.[191]

Care and protection orders

Children and young people may be placed on a care and protection order for a variety of reasons, including the child being the subject of a child protection substantiation and there having been a serious and irretrievable breakdown in the relationship between the child and his or her parents.

As of 31 March 2006 there were 3044 children and young people aged 10–17 on care and protection orders in Victoria. Of these, 11 per cent were Indigenous young people.

Figure 5.13 and table 5.6 shows the rates of children and young people aged 10–17 admitted to care and protection orders annually from 2002 to 2006 for all children and for Indigenous children.

The figure shows that the rates of admission to care and protection orders are consistently higher for Indigenous children and young people and, unlike the general population, these have shown an increase in the past year.

Figure 5.13: Rate of children and young people aged 10–17 admitted to care and protection orders in Victoria, Indigenous and all children and young people
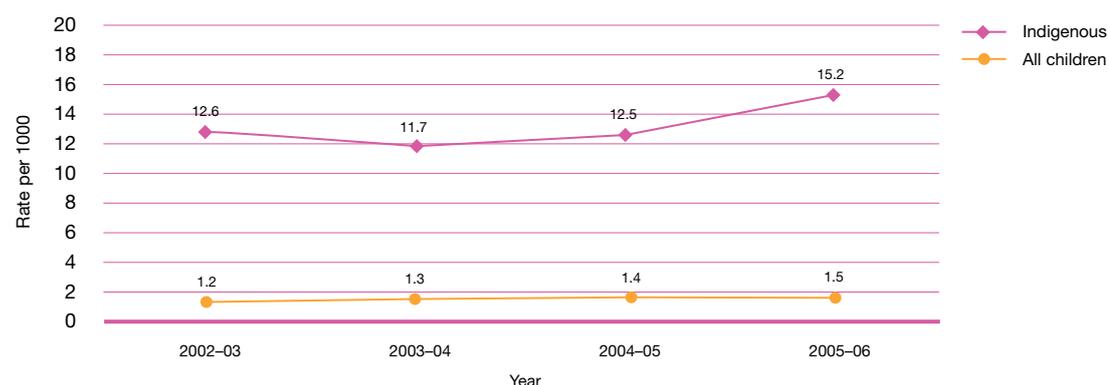
Source: Department of Human Services calculation based on data from CRIS and the ABS

Table 5.6: Rate of children and young people aged 10–17 admitted to care and protection orders in Victoria, Indigenous and all children and young people

Year	All children/young people		Number of Indigenous	
	Number	Rate per 1000	Number	Rate per 1000
2002–03	781	1.2	84	12.6
2003–04	864	1.3	83	11.7
2004–05	959	1.4	94	12.5
2005–06	982	1.5	121	15.2

Source: Department of Human Services calculation based on data from CRIS and the ABS

Children and young people in out-of-home care

Children and young people may need to be accommodated in out-of-home care when they are not able to live with their parents. Most, but not all of these children will be on care and protection orders and be placed in foster care, with relatives and kin, or in residential care. The majority will eventually return to live with their own family.

Across Australia, Indigenous children and young people are much more likely to be in out-of-home care than other children and young people; their national rate is more than seven times the rate for other children (AIHW 2007b). In

[191] The small number of Aboriginal young people people should be noted as small fluctuations can result in large percentage changes. It should be noted that there are some young people who have had substantiated child abuse/harm/neglect for whom Aboriginal status is unknown.

Victoria, Indigenous children and young people are significantly overrepresented in out-of-home care.

As table 5.7 shows, at 30 June 2006 there were 2502 children and young people aged 10–17 in out-of-home care in Victoria (1552 aged 10–14 and 950 aged 15–17). Of those 2502 young people in out-of-home care, 263 were identified as Indigenous (representing a rate of 33.1 per 1000 for Indigenous young people and 3.7 per 1000 for all young people).

Table 5.7: Children in out-of-home care, by age, states and territories, as at 30 June 2006

Age	NSW	Vic.	QLD	WA	SA	Tas.	ACT	NT	Total
Number									
<1	256	149	224	67	45	25	8	38	812
1–4	1882	949	1507	488	317	132	76	114	5465
5–9	3238	1194	1685	598	430	221	99	87	7552
10–14	3389	1552	1731	562	497	199	139	83	8152
15–17	1128	950	729	253	208	106	66	30	3470
Unknown	3	–	–	–	–	–	–	–	3
Total	9896	4794	5876	1968	1497	683	388	352	25,454
Percent									
<1	2.6	3.1	3.8	3.4	3.0	3.7	2.1	10.8	3.2
1–4	19.0	19.8	25.6	24.8	21.2	19.3	19.6	32.4	21.5
5–9	32.7	24.9	28.7	30.4	28.7	32.4	25.5	24.7	29.7
10–14	34.3	32.4	29.5	28.6	33.2	29.1	35.8	23.6	32.0
15–17	11.4	19.8	12.4	12.9	13.9	15.5	17.0	8.5	13.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: AIHW 2007b

Placement in out-of-home-care

The vast majority of children and young people in out-of-home care in Victoria were in home-based foster care or in home-based care with relatives (as at 30 June 2006) (see table 5.8). Older young people (aged 14–17) were more likely to be in residential care than the younger age group (10–13).

Table 5.8: Placement type of children and young people (aged 10–17) in out-of-home care in Victoria, by age group, at 30 June 2006

	10 to 13 years	14 to 17 years	Total number (%)
Residential care	76	229	305 (12.2)
Home-based care: relatives	372	311	683 (27.3)
Home-based care: foster care	677	624	1301 (52.0)
Home-based care: other	70	113	183 (7.3)
Independent living	0	30	30 (1.2)
Total	1195	1307	2502 (100)

Source: Department of Human Services Funded Agency Client Transaction System database (FACTS)

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Placement in accordance with the Aboriginal Child Placement Principle (ACPP)

The ACPP is a nationally agreed standard used in determining the placement of Aboriginal children in out-of-home care. The principle aims to enhance and preserve Aboriginal children's sense of identity by ensuring that they maintain strong connections with their family, community and culture. The principle has been endorsed by the Secretariat of National Aboriginal and Islander Child Care Agencies (SNAICC) and is now included in the Children Youth and Families Act (CYFA). This means that practitioners in Child Protection, community service organisations and the Children's Court must take account of the ACPP (s.13 CYFA) when placing an Aboriginal child in out-of-home care. The principle defines the process for ensuring that Aboriginal representatives are consulted in decision making regarding out-of-home placements for Aboriginal children.

Figure 5.14 shows that nearly half (47.9 per cent) of Aboriginal children and young people aged 10–17 were placed in accordance with the ACCP, at 30 June 2006.

The proportion of Aboriginal children and young people who are placed in accordance with the ACCP has risen noticeably since 2005 and shows an increasing trend over the four-year period between 2003 and 2006 (see figure 5.14).

Figure 5.14: Percentage of Aboriginal children and young people aged 10–17 who are in care and placed in accordance with the Aboriginal Child Placement Principle[192]
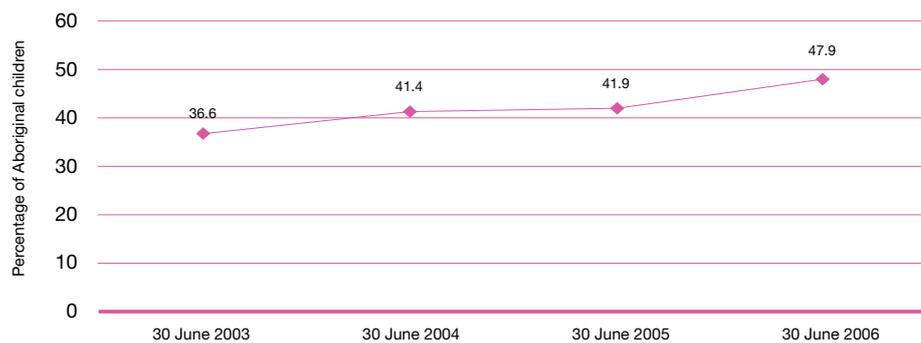
Source: Department of Human Services FACTS

The ACPP as contained in the CYFA requires that Child Protection consult with the relevant Aboriginal agency where consideration is being given to placing an Aboriginal child in out-of-home care. If it is in the best interests of an Aboriginal child to be placed in out-of-home care, the principle gives priority to placement with extended family or relatives or where this is not possible, with other extended family or relatives.

If neither of these options is feasible or possible, the principle defines further criteria to be considered in making the placement, with an Aboriginal family from the local community and within close proximity to the child's natural family, an Aboriginal family from another community and as a last resort, a non-Aboriginal family living in close proximity to the child's natural family with arrangements to ensure contact with the child's community are maintained, being the sequence of placement options to be considered.

Placement stability

Research points to some clear differences in the experiences of those young people leaving care who achieve positive outcomes and those whose outcomes are negative. Many of the factors that are associated with positive outcomes concern the stability of children and young people's care and education arrangements (Centre for Excellence in Child and Family Welfare 2005).

[192] The ACCP compliance measurements record the placement outcome and not the steps that have been taken to explore the placement options in order of priority (Department of Human Services 2006).

Placement instability is an area of concern for out-of-home care service systems world wide. This instability reflects a number of factors, including the complex needs of children in care and the difficulties carers and services face in meeting these needs. The out-of-home care service system in Victoria is investing in various programs to assist in improving stability for young people – therapeutic foster care and Take Two are both programs which target this issue. Recent additional investment on home based care services was also targeted at ensuring carers receive adequate levels of support – thus strengthening their ability to maintain placements when significant challenges arise. A major thrust of our legislative reforms has also been to improve children's stability, with the stability planning provisions of the new legislation and associated practice advice and training emphasising the need for all staff involved in these services to focus efforts on achieving stability in timely ways.

Figure 5.15 shows the percentages of Indigenous and non-Indigenous young people exiting care who have had three or more placements between 2002–03 and 2005–06. Overall, Indigenous young people are less likely than non-Indigenous young people to have had three or more placements. That is, Indigenous young people are more likely to have more stable placements. The proportion of young people (from both groups) who had three or more placements increased in 2004–05, but has fallen in 2005–06.

Figure 5.15: Proportion of Indigenous and non-Indigenous young people (aged 12–18) exiting care who have had three or more placements, Victoria, 2002–03 to 2005–06
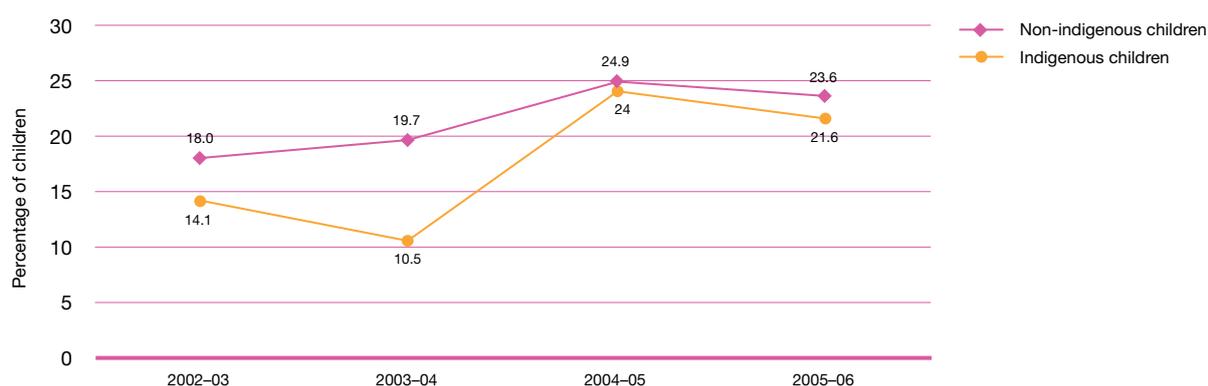
Source: Department of Human Services FACTS

Young people in residential care in Victoria

A 2006 Department of Human Services survey of 321 children and young people (on an order) in residential care provides information about the type of substantiated abuse necessitating current orders.

Consistent with children under 12 years, the types of abuse substantiated for young people (over 12) are predominantly and (approximately) equally spread between physical abuse, emotional abuse and neglect. A small proportion of children and young people have been the subject of substantiations involving sexual abuse (2 per cent of children under 12 years and 7 per cent of young people 12 years and over).

The same survey shows that of all the children and young people placed in residential care (on 10 April 2006) 48 per cent (164 young people) first entered care when they were between 10 and 17 years old.

66 per cent of (all) the children and young people in residential care had been in care in this episode[193] for one year or more.

• 42 per cent had been in care for two years or longer.

• 29 per cent had been in care for three years or longer.

• 19 per cent had been in care for five years or longer (see figure 5.16).

The children and young people in care had experienced an average of 5.5 different placements since their first entry to care (see figure 5.17).[194]

[193] An 'episode of care' can involve multiple and different placement types.
[194] Placements in care are defined by a 'change of address.'

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Figure 5.16: Length of time in care without a break in this 'episode of care'
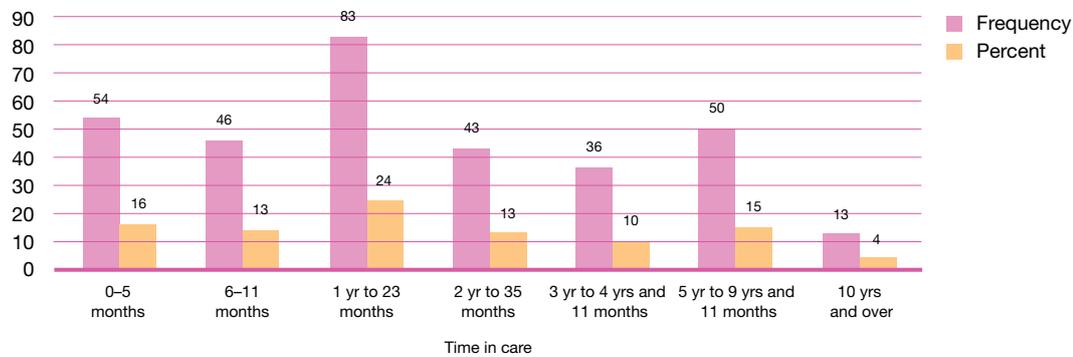
Source: Unpublished Department of Human Services survey, 10 April 2006

Figure 5.17: Total placement changes in care
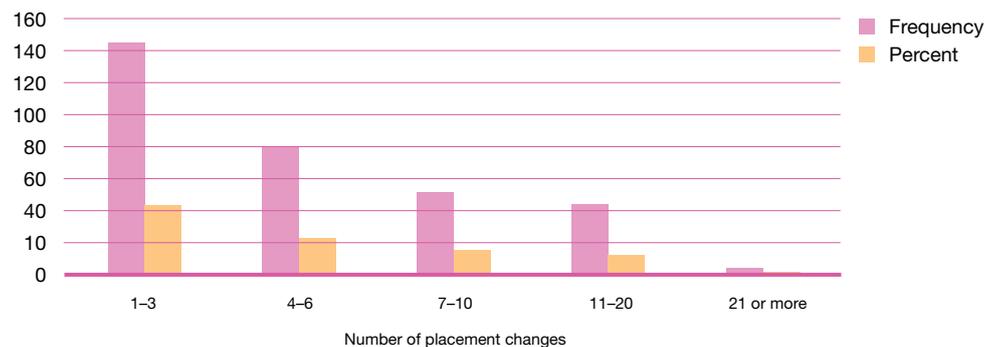
Source: Unpublished Department of Human Services survey, 10 April 2006

Children and young people with a disability were overrepresented among the out-of-home care group. Around 14 per cent of the children and young people were identified by regional and placement support as having a disability; and of these around 11 per cent (37) were registered as eligible for disability services.

Children and young people with a disability[195] were more likely than those without a disability to have entered care because of physical abuse or neglect, rather than emotional abuse.

More than a quarter (10) of the children and young people with a disability had been in care for more than five years.[196]

Abuse and young people with a disability

Children with a disability are known to be at a higher risk of abuse. However, no population-based Australian studies have ever been conducted on these children. Two American national surveys underline the importance of this gap in Australian data. Crosse, Kaye and Ratnofsky (1995) found that children with a disability were 1.7 times more likely to be maltreated and Sullivan and Knutson (2000a, 2000b) reported that these children were 3.4 times more likely to be maltreated than other children.

[195] This part of the analysis is based on the 37 children and young people who were registered as eligible for disability services.
[196] This proportion (around 27 per cent) compares with a proportion of 19 per cent for the total out-of-home care population in the analysis. However, comparisons should be made with caution here as the total number of young people with a disability is small.

Family violence

Family violence occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate, harm or threaten the other. This encompasses not only physical injury but (direct or indirect) threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour that causes a person to live in fear (Victorian Women's Safety Strategy 2002).

While child abuse and family violence are often considered separately, it is important to recognise that they often co-exist, with violence frequently being directed towards both women and children. It is also a form of psychological child abuse, if a child hears or witnesses violence directed towards their mother or a sibling, even if that child is not a primary victim (Victorian Women's Safety Strategy 2002).

As many incidents of family violence are not reported, police records tend to underestimate the actual scale of family violence. The 2005 ABS Personal Safety Survey (ABS 2006b) found that only 36 per cent of women who had been a victim of physical assault by a male perpetrator in the past year had reported the incident to police. Those who had experienced a sexual assault were even less likely to report it (19 per cent).

In Victoria in 2005–06 there were 28,301 family violence incidents reported to police across the state. Of these reports, 21.8 per cent of victims were male and 77.4 per cent were female. Conversely, 80.4 per cent of offenders were male and 18.3 per cent were female.[197]

Nearly a quarter (23 per cent) of victims of reported incidents of family violence were aged 10–24 (see figure 5.18). Young people aged 10–24 represented 24 per cent of offenders.[198]

Figure 5.18: Victims of incidents of family violence reported to police in 2005–06 in Victoria by age of victim
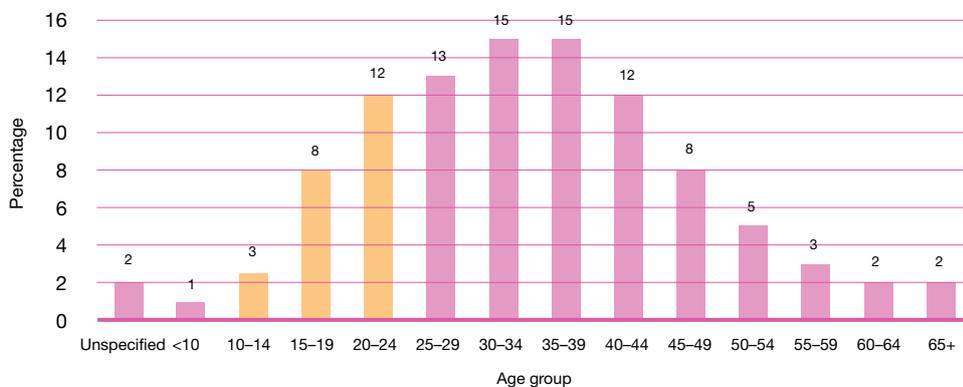
Source: Victoria Police 2006

Figure 5.19 illustrates the relationship between the victim and other party involved in all reported incidents of family violence. The figure shows that most family violence incidents occurred between de facto couples, followed by disputes between parents and children and then married couples.

[197] The gender of the remaining victims and offenders was unknown.
[198] Of those processed by police for offences arising from family incidents, 11.2 per cent were female and 87.8 per cent were male. With regards to offenders, 1 per cent were aged 10–14, 8 per cent were aged 15–19, 13 per cent were aged 20–24.

Figure 5.19: Reported incidents of family violence in 2005–06: the relationship between the victim and other party involved
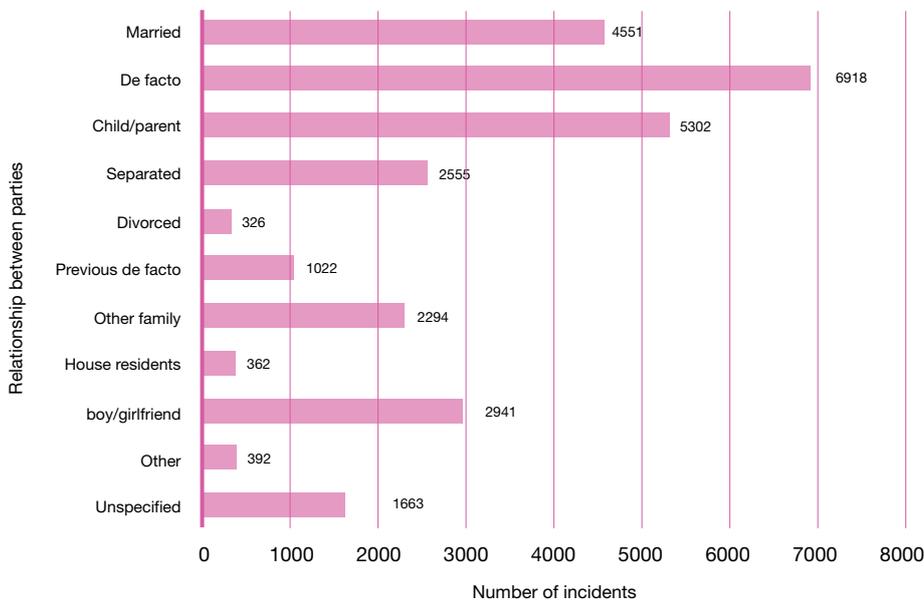
Source: Victoria Police 2006

5.5 Young offenders and the criminal justice process

During the course of their childhood and adolescence some young people become involved in criminal activities: the majority are involved in one-off, relatively minor events. However, a very small proportion of young people engage in more serious and persistent crime.

Young people under the age of 25 years are, nevertheless, overrepresented as perpetrators (as well as victims) of crime. Victims of crime may also be offenders, with the experience of multiple disadvantage being common in both groups (Pitman et al. 2003).

Risk factors for involvement in crime include parenting experiences (such as a lack of parental supervision and involvement), truancy, the influence of peers and unemployment and substance abuse (AIHW 2005). Young people who repeatedly offend are often socioeconomically disadvantaged and may have experienced physical abuse and childhood neglect, with neglect being one of the strongest predictors of youth offending (AIHW 2007a).[199]

Victorian Police crime statistics (Victoria Police 2006) show that although young people aged 10–24 make up 21 per cent of the population, in 2005–06 they represented more than 46 per cent of offenders processed. However, it is important to note that although youth are overrepresented as offenders, most young people never offend or come into contact with the criminal justice system and a small number of individuals commit the majority of offences recorded by police. In 2005–06 only 3 per cent of the total youth population were processed as distinct offenders. Within the group of offenders processed in 2005–06 young males were significantly overrepresented with young females much less likely to offend.

With regards to the type of offences committed by young offenders, Victoria Police statistics show that 72,176 young offenders were processed by police in 2005–06 with the majority processed for property offences (56 per cent), followed by other crime (18 per cent), crimes against the person (17 per cent) and drug offences (7 per cent).

Figure 5.20 shows the rate of alleged offending 2005–06 per 100,000 population by age group.

[199] Child neglect is more common in families living in poor socioeconomic areas and these areas also experience higher levels of youth crime. Research suggests that it is not poverty itself that leads to criminal activity, but that social and economic stresses impact on the quality of parenting and in turn this increases the vulnerability of young people to peer group influence. (Weatherburn & Lind 1998, cited in Pitman et al. 2003).

Figure 5.20: Rate of alleged offending 2005–06 per 100,000 population by age group (based on ABS preliminary estimate populations 2005)
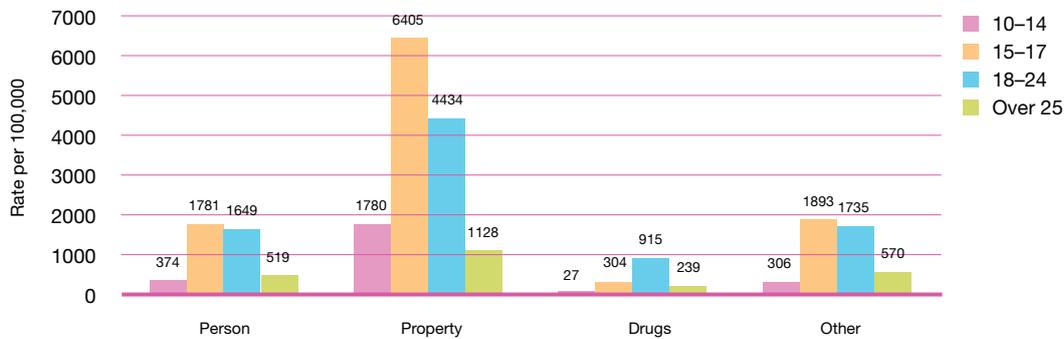
Source: Victoria Police 2006

Figure 5.21 presents the method of processing young alleged offenders. The figure shows that 40 per cent of alleged offenders aged 10–14 were issued with a caution compared with 20 per cent of 15–17 year olds and 4 per cent of 18–24 year olds. The figure also shows that 18 per cent of 10–14 year olds, 28 per cent of 15–17 year olds and 46 per cent of 18–24 year olds were arrested by police.

Figure 5.21: Alleged young offenders by method of processing and by age
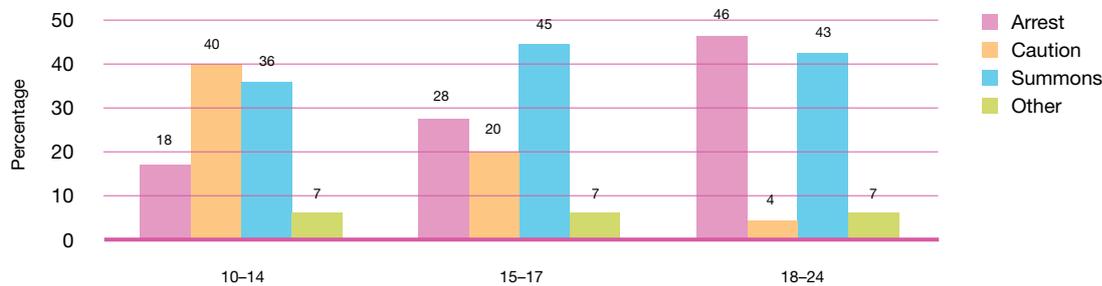
Source: Produced by Corporate Statistics, Victoria Police. Data extracted from LEAP on 18 July 2007.

Young people who are found guilty of criminal offences by the children's or adult court systems[200] are processed either through the youth justice system (if they are aged 10–21 years) or through the adult correctional system (from age 18 onwards).

About the youth justice system in Victoria

The Victorian Youth Justice program is based in the Department of Human Services. The program provides a statewide service through three metropolitan and five rural community-based regional youth justice units and three custodial centres.

In Victoria, young offenders aged 10–18 are tried and sentenced by the *Children's Court under the Children, Youth and Families Act 2005*. The Act sets out the sentencing hierarchy and judicial processes that result in entry to the youth justice program. The Act outlines matters that must be taken into account by a magistrate when passing sentence on a young offender and specifies that the developmental needs of young people must be considered in the court process.

The youth justice system in Victoria has a strong emphasis on the diversion of young people away from the formal criminal justice system. This emphasis is reflected in the legislation and in the approach taken to working with young people from the initial point of contact with the police through to completion of any order imposed by the court.

[200] The age of criminal responsibility in all Australian states and territories is 10 years, meaning that 10 is the youngest age at which a child may enter the criminal justice system for having committed an offence (AIHW 2006).

In addition, in the adult court young people aged 18–20 may be sentenced to a youth justice custodial centre (YJC) through Victoria's unique 'dual track' system. Almost half of all young people in custody during 2006–07 financial year were aged 18 years or over and sentenced to a YJC order through the adult court.

The Youth Justice program has undergone significant changes over the past four years. The main legislative change has been the raising of the age jurisdiction in the Children's Court from 17 to 18 years from July 2005. Other legislative or programmatic changes have been the program name change from Juvenile Justice to Youth Justice, the enactment of enabling legislation for the Youth Justice Group Conferencing program, the development of the Children's Koori Court and the implementation of the Victorian Offender Needs Indicator for Youth (VONIY) a tool to assess risk of reoffending of young people within the system.

Key policy directions for the Youth Justice program were outlined in the Government's reform agenda *'A balanced approach to Juvenile Justice in Victoria'* (2000). The three-pronged approach outlined in this document focuses on:

- diverting young people from entering the youth justice system, or progressing further into a life of crime
- providing better rehabilitation of high-risk young offenders
- expanding pre-release, transition and post-release support programs for custodial clients to reduce the risk of reoffending.

Key programs and practices that meet the policy directions in the Victorian youth justice system are summarised in the text box below.

1. Diverting young people from entering the youth justice system, or progressing further into a life of crime is supported by:

- the Children, Youth and Families Act and the increased age jurisdiction of the Children's Court to include 17 year olds
- providing court advice to the children's and adult court systems and advocacy programs such as the Central After Hours Assessment and Bail Placement Service (CAHABPS)
- the intensive bail support program for Koori young people
- introducing diversionary programs such as group conferencing.

2. Providing better rehabilitation of high-risk young offenders

The Victorian youth justice system carried out a review of the rehabilitation programs provided to clients in 2003. From this review, improved assessment and intervention practices to reduce offending have been introduced including:

- a comprehensive client assessment and planning process (CAP), which includes the VONIY
- introducing a targeted model of intervention matching the level of intervention to the level of risk displayed by the offender
- providing offender focussed and offence specific programs such as CHART (Changing Habits And Reaching Targets)
- reducing violence/anger management programs such as BravE (Being Real About ViolencE), and RavE (Relationships and ViolencE).

3. Expanding pre-release, transition and post-release support programs for custodial clients to reduce the risk of reoffending through:

- providing transitional support services to reintegrate young people into the community such as the Transitional Housing Management Youth Justice Housing Pathways Initiative that assists young people at risk of homelessness on release from custody
- introducing community-based custodial programs that allow clients to test their ability to live in the community in a supervised setting
- Koori intensive parole support program.

Another policy goal of the youth justice system is to introduce programs and policies that address the overrepresentation of Indigenous young people within the system. This is being done through the continued development of approaches that address systemic institutions that further draw young Indigenous people into the justice system.

An example of the initiatives under way is the development of the Children's Koori Court, which was created with the objective of ensuring greater participation of the Koori community in the diversion of young Koori people from the youth justice and criminal justice system. Other initiatives include the further development of the Koori Youth Justice Program that provides assistance to young Aboriginal offenders by providing dedicated Koori youth justice workers to develop Aboriginal cultural support plans for Indigenous clients as well as providing assistance to other youth justice workers and practical support to both clients and their families.

Young people under Youth Justice supervision: Victoria and Australia 2005–06

As table 5.11 shows, Victoria has the lowest rate of young people under youth justice supervision across Australia with a rate of 2.6 per 1000. This compares favourably with states such as New South Wales where there is a rate of 4.3 per 1000 and the ACT with 6.2 per 1000 (see table 5.9).

Table 5.9: Rates of young people aged 10–17 under youth justice supervision, per 1000, by sex, states and territories, 2005–06

Sex	NSW	Vic.	QLD	WA	SA	Tas.	ACT	NT	Australia
(Number of young people)									
Male	2644	1139	1983	1999	776	298	161	265	9265
Female	489	232	467	475	174	83	55	22	1997
Unknown	–	–	–	3	–	–	–	–	3
Total	3133	1371	2450	2477	950	381	216	287	11,265
(Rate per 1000 young people)									
Male	7.0	4.1	8.4	17.0	9.3	10.5	9.0	19.8	8.1
Female	1.4	0.9	2.1	4.2	2.2	3.1	3.2	1.8	1.8
Unknown	–	–	–	–	–	–	–	–	–
Total	4.3	2.6	5.3	10.8	5.8	6.9	6.2	11.2	5.0

Notes:
1. Australian rates do not include unknowns.
2. Age is calculated as at first date of supervision during 2005–06.

Source: AIHW 2007c

Young Indigenous people

Young Indigenous people are overrepresented in the youth justice system across Australia. This remains a serious concern although this overrepresentation is less marked in Victoria than in all other states and territories with the exception of the Northern Territory and Tasmania (see table 5.10).

Table 5.10: Rates of young people aged 10–17 under youth justice supervision, per 1000, by Indigenous status, states and territories, 2005–06

Indigenous status	NSW	Vic.	QLD	WA	SA	Tas.	ACT	NT	Australia
(Number of young people)									
Indigenous	1091	159	1171	1539	287	68	41	236	4592
Non-indigenous	1789	1070	1279	899	612	251	175	51	6126
Unknown not recorded	253	142	–	39	51	62	–	–	547
Total	3133	1371	2450	2477	950	381	216	287	11,265
(Rate per 1000)									
Indigenous	34.7	23.8	39.8	106.6	51.4	17.7	44.2	21.2	44.4
Non-indigenous	2.6	2.0	3.0	4.2	3.9	4.9	5.1	3.5	2.9
Unknown not recorded	–	–	–	–	–	–	–	–	–
Total	4.3	2.6	5.3	10.8	5.8	6.9	6.2	11.2	5.0

Notes:
1. The Department of Health and Human Services, Tasmania has reported that the Indigenous data for Tasmania may not be relilable due to limitations in the reporting capabilities of the information system.
2. Age is calculated as at first date of supervision during 2005–06.

Source: AIHW 2007c

Youth justice supervisory orders

The two main types of supervision for young people within the youth justice system are community-based and custodial orders.

- *Community-based orders* are those where the conditions of the order mean that the young person continues to reside in the community during the order (e.g. probation). The level/intensity of supervision by youth justice staff depends on the level of order imposed by the court.

- *Custodial orders* are those orders where a young person is sentenced to a period of detention in a youth justice or youth residential centre.

Youth justice community-based orders

Table 5.11 shows the total number of young people on community-based orders including those identifying as Aboriginal or Torres Strait Islander as at 30 June 2003 to 2006.[201] The number of young people on these orders decreased from 837 in 2003 to 696 in 2005 and increased to 916 in 2006.

This increase is likely to be linked to the increase in age jurisdiction of the Children's Court, resulting in the inclusion of orders received by 17 year olds from July 2005.

Table 5.11 also shows that Indigenous young people account, on average, for around 10 per cent of young people on community-based orders.

Table 5.11: Total number of young people on community-based orders, as at 30 June, 2003–06

30 June	Total number	ATSI acknowledged	ATSI as percentage of total
2003	837	80	9.6
2004	763	81	10.6
2005	696	67	9.6
2006	916	102	11.1

Source: Department of Human Services Youth Justice

[201] This statistic can be quite volatile as it is based upon the number of young people on community-based orders at one point in time.

Victoria's rate of young people under community supervision is consistently lower than in the other states and territories across the four-year period 2002–03 to 2005–06 (see table 5.12). The rate of community supervision in Victoria is 2.5 per 1000 of the youth population compared with a national rate of 4.2 per 1000 (excluding ACT).

Table 5.12: National rates of young people under juvenile justice community supervision, aged 10–17 years, per 1000 young people, 2002–03 to 2005–06

Year	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Australia (excl. ACT)
2002–03	3.5	2.8	5.5	6.5	6.6	5.7	0.0	7.4	**4.3 (4.4)**
2003–04	3.3	2.7	5.2	6.5	5.8	6.0	7.6	9.7	**4.3 (4.2)**
2004–05	3.2	2.4	5.1	6.9	5.4	5.9	6.8	10.4	**4.2 (4.1)**
2005–06	3.4	2.5	5.1	7.7	5.0	6.5	5.7	9.7	**4.2 (4.2)**

Source: AIHW 2007c

Youth justice custodial orders

Table 5.13 shows the total number of young people on custodial orders as at 30 June 2003 to 30 June 2006. The number of young people on these orders has decreased overall from 162 in 2003 to 123 in 2006. Indigenous young people account, on average, for around 11 per cent of young people on custodial orders.

Table 5.13: Total number of young people on custodial orders, as at 30 June, 2003–06

30 June	Total number	ATSI acknowledged	ATSI as percentage of total
2003	162	12	7.4
2004	137	16	11.7
2005	154	24	15.6
2006	123	13	10.6

Source: Department of Human Services

The total number of offences that received a custodial sentence reduced by approximately 35 per cent over the four years, in line with the reducing numbers of young people in custody on the snapshot date.

Victoria's rate of young people in sentenced detention is lower than in the other states and territories. The rate of sentenced detention in Victoria is 0.5 per 1000 of the youth population compared with a national rate of two per 1000 (excluding ACT) (see table 5.14). The rate (of sentenced detention) in Victoria is also consistently lower than in the other states and territories from 2002–03 to 2005–06 (see table 5.14), with the exception of ACT which had a rate of 0.0 in 2002–03.

Table 5.14: National rates of young people in juvenile justice detention, aged 10–17 years, per 1000 young people, 2002–03 to 2005–06

Year	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	Australia
2002–03	2.4	0.6	2.0	3.4	3.8	1.5	0.0	4.7	2.1
2003–04	2.3	0.5	2.1	3.9	3.2	1.4	3.6	4.9	2.1
2004–05	2.4	0.4	1.4	3.8	3.1	1.5	3.2	4.8	1.9
2005–06	2.6	0.5	1.5	3.8	2.7	2.0	3.6	5.5	2.0

Source: AIHW 2007c

A combination of enabling legislation, early intervention and active diversion by the police, courts and Youth Justice program are the main reasons for the low rate in Victoria of detention and of community supervision.

The Young Offenders Policy Framework

The Department of Human Services (Youth Justice) and the Department of Justice (Corrections Victoria) are working with government and other stakeholders to develop the *Young Offenders Policy Framework*. The focus of the framework is young people (aged 18–21) receiving a sentence that can be managed by either the youth justice or adult correctional systems (the dual track system).

The framework will identify a shared policy context and evidence base to strengthen current young offender management programs and practices and will underpin any future investment.

Young people (aged 18–24) in the Victorian adult correction system

As of 22 May 2007 there were 546 young people aged 18–24 in Victorian prisons, with young prisoners making up 13 per cent of the total prison population. The vast majority of these young people (96 per cent) were male.

Figure 5.22: Number of prisoners in Victoria by age and gender as of the 22 May 2007

Source: Data available on request from Corrections Victoria, Department of Justice (2007)

Figure 5.23 shows the most serious crime that young male prisoners were convicted of which resulted in their imprisonment. Of all prisoners 16.8 per cent were convicted for assault, 15 per cent for robbery and 13.4 per cent for burglary.

Figure 5.23: Percentage of young male prisoners (aged 18–24) convicted of particular offences, leading to imprisonment

Source: Data available on request from Corrections Victoria, Department of Justice (2007)

Of all young prisoners (as at 22 May 2007):

- 22 per cent of females and 10 per cent of males were of Aboriginal or Torres Strait Islander background.
- 43 per cent of females and 71 per cent of males had a history of drug and alcohol addiction.
- 9 per cent of females and 3 per cent of males had an intellectual disability.
- 13 per cent of females and 6.3 per cent of males had a history of psychiatric admission.

Around one in six (16 per cent) of prisoners were serving a sentence of between one and two years and a similar proportion (15 per cent) had sentences of between five and 10 years. A total of 28 per cent of young prisoners were unsentenced and awaiting trial (see figure 5.24).[202]

Figure 5.24: The maximum sentence length of male prisoners aged 18–24 in Victoria as at 22 May 2007
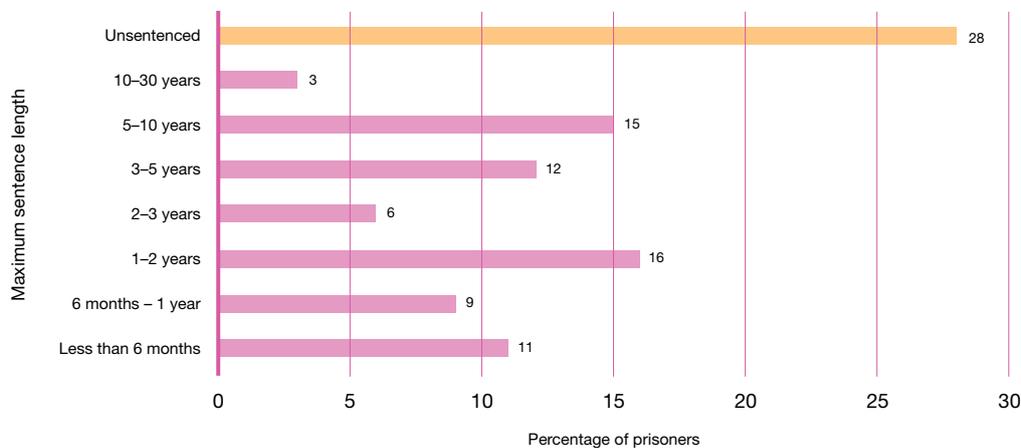
Source: Data available on request from Corrections Victoria, Department of Justice

Programs for young prisoners run by Corrections Victoria

The Metropolitan Remand Centre opened in May 2006 and has a 32-bed unit (The Chartwell Unit) for young adult remandees aged 18–24 who have issues relating to vulnerability, poor coping skills and/or high anxiety levels. Chartwell continues the work undertaken through Port Phillip's remand unit Alexander South, which was previously in operation for eight years.

One of the units of the Fulham Correctional Centre in Sale, is the Nalu Unit which is a 68-bed facility that commenced operation in June 2003 and focuses on young first-time offenders (aged 18–26) at risk of reoffending who participate in intensive therapy, life and work skill development and adventure-based challenge program.

The Alexander South Unit at Port Phillip Prison targets vulnerable sentenced young offenders aged 18–25.

[202] It is not possible to provide a detailed analysis of sentence length for females owing to the small number of female prisoners. However, as of 22 May 2007, the majority of young female prisoners were serving a maximum prison sentence of less than two years.

Case study

Group conferencing

A new approach to dealing with young Victorians who commit crimes is making a major difference in the lives of both the young offenders themselves, and those that have been affected by crime.

Since it began in 2002 the program – which operates around Melbourne as well as in a number of regional areas – has targeted young people aged 10–18 who are not charged with serious violent offences, with impressive results.

Based on the principles of restorative justice and community reintegration, the group conferencing model brings victims and offenders together before the case is heard by the Children's Court.

In the process, the program aims to address the issues that led to the young person offending and divert them from a custodial sentence. One of the key elements of the program involves the victim describing their experience, in order to make the young offender aware of the impact their actions have had on others.

In more than 80 per cent of cases, victims or their representatives have agreed to take part in the group conference – which is vital, because the program achieves much better outcomes when victims are involved.

Of the young offenders who participate, nearly 90 per cent received a good behaviour bond rather than a conviction or supervised sentence. And, after a year, only 16 per cent of participants had reoffended, compared with a 40 per cent reoffending rate among those who did not take part.

Evaluation has also found that where participants do reoffend, their offences tend to be less serious.

6. Community engagement, civic participation and transport

Summary

> Family, parents and particularly mothers remain the central and dominant influence in young Australian's lives.

> Most young people feel they can definitely get help from family when needed (83 per cent), with a further 12.3 per cent feeling that they can sometimes get help from family when needed.

> Friends are very important to young people, and seven in 10 (72 per cent) of young people aged 10–17 report that they have a lot of friends.

> Over 90 per cent of Victorian young people aged 15-24 participate in physical activity, exercise, recreation or sport.

> The internet and electronic media play an important and central role in the lives of young people. 75 per cent of young Victorians aged 12–24 have internet access at home.

> Young people's use of mobile phones continues to grow, with 77 per cent of young people aged 10–17 owning a mobile phone.

> Over half of Victorian young people feel there are opportunities to participate in arts and related activities in their local area.

> Participation by young people in volunteering has increased from 11.6 per cent in 2001 to 15.4 per cent in 2006.

> Young people aged 18–24 are far less likely than people aged 25 or over to rate their area as having characteristics of an active community with a wide range of community and support groups and opportunities to volunteer in local groups.

> Young people aged 18–24 are more likely to feel that multiculturalism is a benefit to their area (76 per cent) than people aged 25 or more (67 per cent).

> Over a third of young people feel that they can get help from neighbours when needed (34.4 per cent), while almost a quarter (24.4 per cent) feel that they could not.

> The majority of 18–24 year olds feel they are definitely valued by society or feel valued at least some of the time.

> 41.4 per cent of young people aged 18–24 indicate they definitely feel they have a real say on issues that are important to them.

> The percentage of young people aged 18–24 on decision-making boards or committees is significantly less than among people aged 25 or more.

> 25 per cent of young people living in metropolitan areas and nearly half (48.3 per cent) of young people in rural Victoria state that they have no public transport in their area.

Future Directions outcome areas

- Young people are valued in their communities for their contributions.
- Young people have opportunities, and are acknowledged and supported, to participate in meaningful ways.
- Young people are resourced to build and gain access to networks in their communities.
- Services and resources are easier for young people to access.

Lead measures:

- More young Victorians from all backgrounds will have the opportunity to have a say on issues that matter to them
- More young people will feel valued by society, be involved in voluntary and local activities.
- Extent to which young people feel they can access services when needed
- More young people will be able to get help from friends, family or neighbours when they need it
- The extent and diversity of participation in community, cultural and recreational organisations will increase
- Extent to which young people are satisfied with the quality of their life
- Perception of the local community as an accepting place for people from diverse communities and backgrounds

The Outcomes Framework

- The proportion of young people able to get help from friends, family or neighbours when they need it
- The proportion of young people who feel valued by society
- Percentage of youth from all backgrounds who believe they have the opportunity to have a say on issues that matter to them
- Proportion of youth who are satisfied with the quality of their life
- Proportion of young people who agree that it is good for society to be made up of people from different cultures
- Participation in arts and culture
- Proportion of young people who have volunteered in the past year
- Proportion of young people who have attended a community event in the past six months
- Proportion of young people who are members of a group that has taken local action
- Proportion of young people who are members of organised groups, such as sports, church, community groups
- Levels of political participation

A Human Rights framework

- The right to leisure, play and participation in cultural and artistic activities.

Many young Victorians are actively participating in community life both formally and informally. They are participating through sport, the arts, social and cultural activities or events, school communities, and through involvement in community or youth groups and organisation. Youth culture occupies a central defining role in young people's lives, providing identity and purpose. Young people find a powerful voice through music, arts, drama and other creative expressions.

The AIHW defines civic and community participation broadly as referring to those activities which demonstrate young people's connectedness to their community (AIHW 2007).

The importance of social connectedness and support for young people is well documented in youth research and young people's health and wellbeing is strongly associated with a sense of connectedness to family, school and the community (AIHW 2003). One young person consulted in the development of the Government's Future Directions youth policy (DVC 2006) described the importance of young people's involvement with others, and in the community, as leading to 'feeling part of a community…a sense of belonging for myself and others'.

The Victorian Government's approach to community strengthening recognises the personal benefits of social participation to include people feeling safer in their communities; being more likely to enjoy living in their community; having improved physical and mental health and wellbeing; having improved access to formal and informal sources of personal support; having improved family relationships; and improved access to employment opportunities (Pope 2006).

This chapter explores young people's engagement with their families and close personal networks (section 6.1) and their engagement with their local communities (section 6.2). It looks at young people's participation in sport and recreation, arts and culture and volunteering. In addition, the chapter looks at the civic participation of young people in the political process, on decision-making boards and committees (section 6.3). Finally, the chapter looks at young people's access to transport and how this impacts on their participation in the community (section 6.4).

Survey sources include the VPHS, the CIV Survey, the HNSS, the Exercise, Recreation and Sport Survey (ERASS) and the YouthSCAN bi-annual survey. It should be noted that YouthSCAN is a national survey, with a small Victorian sample (300). However, it has been conducted since 1992 and provides some useful insights into young people's perspectives across time (see appendix 2 for details of all surveys).

6.1 Young people's engagement with families and close networks

Close personal networks (such as family, close friends and neighbours) provide young people with a foundation for dealing with everyday life, taking on challenges, developing new skills and exploring new roles and experiences (Pope & Warr 2005 cited in Pope 2006). Having close personal networks is also a protective factor that may reduce the impact of disadvantage, increase the likelihood of young people's success at school and decrease the likelihood of leaving school early.

Building relationships through mentoring

The Victorian Government funded the Mentoring and Capacity Building Initiative (MCBI) for Young Victorians for $2.9 million over three years to June 2008 through the *A Fairer Victoria* policy. Led by the Department of Planning and Community Development through the Office for Youth, all Victorian Government departments share a strategic approach to mentoring under the MCBI.

Victoria was the first Australian state to adopt a strategic, coordinated framework for mentoring young people. At the forefront of this work is Leading the way: *The Victorian Government's strategic framework on mentoring young people 2005–2008*, released in October 2005.

The initiative aims to:

- develop a coordinated, evidence-based approach to build investment in mentoring
- increase involvement of young people in high-quality mentoring programs
- build strong cross-sectoral community participation supporting mentoring.

The initiative focuses on specific groups of young people in areas of significant disadvantage. It includes those young people who for a variety of social, economic or geographic reasons are disengaged from education, training or employment.

Through a negotiated grant process support has been provided to 12 targeted projects and three regional coordination projects to support new and existing mentoring and skill-based programs.

Satisfaction with personal relationships

The CIV Survey (2007) asked young people aged 18–24 about their level of satisfaction with personal relationships and results can be compared by gender and whether the person lived in metropolitan or rural Victoria. Responses were rated on a scale of 0 (completely dissatisfied) to 10 (completely satisfied). The survey found that 78 per cent of young people in Victoria rated their satisfaction with personal relationships as 7 or above. Females overall rated their satisfaction more highly, and respondents from country areas were more likely to rate their satisfaction level at 10 than their metropolitan counterparts.

Young people and their families

The YouthSCAN survey (2007) provides data about young people's perspective on the importance of their families. The survey finds that family, parents and particularly mothers, remain the central and dominant influences in young Australian's lives. As figure 6.1 shows, 87 per cent of young people aged 14–17 surveyed by YouthSCAN agreed that family is the most important thing to them.

Figure 6.1: Percentage of young people aged 14–17 who agreed with the statement, 'Family is the most important thing to me'.
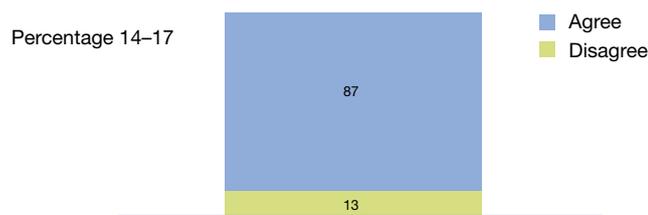
Source: YouthSCAN 2007

Young people aged 10–17 were asked in the survey how much confidence they have in advice from their parents. The importance of parents as an information source has strengthened over the past eight years, with three quarters having a 'great deal' of confidence in parental advice (75 per cent) in 2007. Just 2 per cent have little or no confidence, with the remaining 22 per cent having 'some' confidence.

In addition, the survey measures the people that young people most admire, with Mum (66 per cent) and Dad (52 per cent) leading the way. In general, girls have more admiration for their mother than their father (particularly older girls) whereas boys admire both parents more evenly (YouthSCAN 2007).

Data on the family attachment of young Victorians in Years 6–8 is available from the HNSS (2006). This survey found that young people overall have a high level of family attachment (94.6 per cent).[203] Young people from higher socioeconomic status families were more likely to have strong bonds to their family (see table 6.1).

Table 6.1: Family attachment by socioeconomic status quintile

Protected	Lowest SES (%)	2 (%)	3 (%)	4 (%)	Highest SES (%)	Total (%)
Yes	93.2	94.0	93.9	94.9	96.9	94.6
No	6.8	6.0	6.1	5.1	3.1	5.4

Source: Williams 2007

The 2006 VPHS provides information on the perceptions of older young people (aged 18–24) on whether their family is a source of help. The VPHS asked young people whether they felt that they could get help from family when they needed it.[204] The majority (83.3) per cent of young people answered 'yes definitely', 12.3 per cent answered 'sometimes' and 3.8 per cent answered 'no, not at all' or 'not often' (see table 6.2).

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[203] An example of a HNSS question used to measure 'family attachment' is: 'Do you feel very close to your mother?'
[204] This indicator of close family networks is also included in the Victorian Government Department of Victorian Communities (DVC) Indicators of Community Strength

Table 6.2 also shows that the percentage of young people who definitely felt they could get help (from family) when they needed it has declined from 87.3 per cent in 2001 to 83.3 per cent in 2006.

Table 6.2: Percentage of young people aged 18–24 who felt they could get help from family when needed, 2001–07

	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)
Can get help from family when needed						
No, not at all	1.3	2.1	2.3	2.3	1.2	0.9
Not often	1.0	1.4	2.9	1.8	1.8	2.9
Sometimes	10.4	13.0	9.1	10.2	13.1	12.3
Yes definitely	87.3	83.4	85.7	85.3	83.6	83.3

Source: VPHS 2006

Young people and their friends

The YouthSCAN survey found that friends are very important to young people in providing companionship, information and advice; they assist in young people's development and are key networks of support.

Table 6.3 shows the importance of friends as rated by young people aged 10–17 in 2003, 2005 and 2007. The majority of young people consistently rate friends as extremely or very important. Girls are more likely than boys to rate their friends as extremely important (2007 data).

Table 6.3: Importance of friends for young people aged 10–17, 2003–07

Importance of friends					
Percentage of 10–17 year olds	Total			Boys	Girls
	2003	2005	2007	2007	2007
Extremely important	49	52	56	49	63
Very important	41	37	36	40	31
Somewhat important	9	9	7	10	4
Not very important	1	1	1	1	2
Not important at all	-	-	-	-	-

Source: YouthSCAN 2007

The survey also asked young people how many friends they have. Around seven in 10 (70 per cent) of young people considered themselves to have lots of friends, 29 per cent stated that they had a few friends (the remaining young people did not respond to this question) (YouthSCAN 2007).

6.2 Young people's involvement in their communities

Community networks provide many of the benefits of close personal networks for young people, but they provide a bigger and broader source from which these benefits can be drawn. Associational networks are built through participation in public life, such as involvement in community events, arts, organised sport, organised groups and volunteering. Benefits for young people from participation and the development of community networks include emotional support, contacts and resources. Communities also benefit from participation as this generates positive attitudes, a sense of belonging, acceptance of diversity, improved feelings of safety, intergenerational understanding and the fostering of future community leaders (Pope 2006).

Young people and leisure

The YouthSCAN survey provides an overview of young people's recreational activities from 1992 to 2007 (see table 6.4). The most popular leisure activities across time are going to a friend's home, chatting to friends on the phone and playing sport.

Internet use has markedly increased. Spending time in parks or playgrounds and in cafes also shows continued growth.

Table 6.4: Young people's leisure activities (aged 10–17), 1992–2007

Leisure activities taken part in during the past month								
Percentage of 10–17 year olds	1992	1995	1997	1999	2001	2003	2005	2007
Go for walk	n/a	n/a	n/a	n/a	n/a	n/a	78	90
Go to a friends home	n/a	n/a	n/a	87	87	87	84	88
Used Internet	n/a	n/a	39	49	62	70	79	85
Chat to friends on the phone	n/a	n/a	n/a	86	82	83	78	80
Played sport	86	88	87	82	80	79	79	75
Listen to MP3 player	n/a	n/a	n/a	n/a	n/a	n/a	n/a	69
Went to fast food outlet with friends	n/a	n/a	65	59	58	59	59	67
Do hobbies/crafts	n/a	n/a	n/a	66	67	64	62	67
Hung around shopping centres	63	62	68	55	58	57	61	65
Play on a sports team/sports practice	n/a	n/a	n/a	66	65	63	63	63
Played video games	n/a	n/a	68	63	55	55	59	64
Read magazines	80	80	81	70	65	69	74	61
Ride bicycle	n/a	n/a	n/a	n/a	n/a	n/a	57	60
Gone to movies	58	54	67	64	59	60	59	57
Hung around a park/playground	n/a	n/a	n/a	44	45	46	53	55
Rented videos/DVDs	73	75	77	72	70	74	70	54
Read a book for fun	n/a	n/a	n/a	54	56	54	55	52
Attended private party (friends)	n/a	n/a	55	44	46	51	51	49
Gone to café	n/a	n/a	n/a	34	35	38	46	43
Looked after younger brother(s)/sister(s)	n/a	n/a	n/a	40	41	37	39	40
Learn a LOTE (language other than English)	n/a	n/a	n/a	n/a	n/a	n/a	42	36
Attended live sports event	35	32	42	29	27	23	24	30
Went to beach	15	40	18	35	42	39	40	26
Music lessons/practice	n/a	n/a	n/a	31	31	26	33	26
Rollerblading/skateboarding with friends	n/a	n/a	37	35	34	27	30	25
Attended community events	n/a	n/a	n/a	n/a	n/a	n/a	25	20
Gone to dance club/disco/raves	39	23	26	21	29	25	18	16
Went to video/games arcade	n/a	n/a	28	20	18	17	18	16
Community volunteering activities	n/a	n/a	n/a	n/a	n/a	n/a	13	12
Rented computer games	n/a	n/a	19	20	18	17	18	11
Dance/callisthenics	n/a	n/a	n/a	n/a	n/a	n/a	18	11
See an art exhibit	n/a	n/a	n/a	n/a	n/a	n/a	n/a	7
Attended pop/rock/folk concert	7	8	4	4	6	8	5	2

Source: YouthSCAN 2007

Electronic media

The internet and electronic media play an important and central role in the lives of many young people. While the use of these media arguably increases isolation and may divert young people from physical activity,[205] it is also true that electronic media (such as mobiles phones, chat room, and instant messaging) are important to many young people's social connections and networks.

The 2006 Census shows that 75 per cent of young people aged 12–24 in Victoria have internet access at home. This is slightly more than the national percentage of 72 per cent (ABS, 2006 Census. ABS data available on request). However, while common, internet access varies for young people. Those who do not have access at home may find access at school and local libraries or community facilities limited.

YouthSCAN found that approximately 5 per cent of Australian 10–17 year olds have no access to the internet while a further 16 per cent only use the internet for less than an hour per week.

In total, over two-thirds of 10–17 year olds (69 per cent) can be described as regular internet users[206] (see table 6.5).

Table 6.5: Internet usage, by gender, young people aged 10–17

Internet usage					
Percentage of 10–17 year olds		**Boys**		**Girls**	
	Total	**10–13**	**14–17**	**10–13**	**14–17**
>5 hours/week	33	20	46	22	41
2 – 5 hours/week	36	45	28	40	35
<2 hours/week or not used	31	36	27	38	24

Source: YouthSCAN 2007

YouthSCAN also identified differences in what young people used the internet for by gender. As table 6.6 shows, females are more likely to use the internet for chatting and as an academic resource. Males are more likely to pursue their interests in game playing.

Table 6.6: Most common use of internet, boys and girls, aged 10–17

Internet usage – most often					
Percentage of 10–17 year olds	**Total**	**Boys**		**Girls**	
use the internet		**10–13**	**14–17**	**10–13**	**14–17**
Chatting (MSN)	31	20	32	37	33
Academic resource	15	10	13	18	18
E-mail	14	9	9	14	22
Playing games	14	34	10	11	1
Using social sites	9	4	8	7	16
Listen to music	3	3	4	2	3
Downloading music files	3	2	7	2	2
Watching videos	2	2	3	-	2
Just browsing	2	4	5	1	1

Source: YouthSCAN 2007

The use of mobile phones by young people continues to grow, and particularly the sending of short text messages. YouthSCAN data show that 77 per cent of young people (aged 10–17) owned a mobile phone in 2007, compared with just 7 per cent in 1999 (Table 6.7).

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[205] This is discussed in the physical and emotional health chapter.
[206] Those young people who use the internet more than two hours per week

Table 6.7: Mobile phone ownership, young people 10–17 years, 1999–2007

Mobile phone ownership					
Percentage of 10–17 year olds	**1999**	**2001**	**2003**	**2005**	**2007**
Currently own a mobile phone	7	27	45	72	77

Source: YouthSCAN 2007

Sport and recreation

Organised sport or community art projects assist in building associational and community networks for young people. The opportunity to participate in diverse activities, develop a range of skills and be exposed to networks is also important for young people who are considering their vocational direction and looking for employment opportunities. Many young people also prefer to participate informally, pursuing recreational and leisure activities in their friendship networks.

The physical and emotional health chapter in this report discusses sport and physical activity from a health perspective. However, sport is also an important social, participatory activity.

Data for this section are drawn from the ERASS. This survey collects information on participation in exercise, recreation and sporting activities by Australians aged 15 years and over. Participation is measured as active involvement, and excludes non-playing roles such as coaching. Both organised and non-organised activities are included.

In 2005, 91.3 per cent of Victorian young people aged 15–24 participated in any physical activity, exercise, recreation or sport. This is slightly above the national average, although NSW, ACT and SA reported higher participation rates (see figure 6.2).

Figure 6.2: Percentage of young people aged 15–24 who participate in any physical activity, exercise, recreation or sport by state and territory, 2005
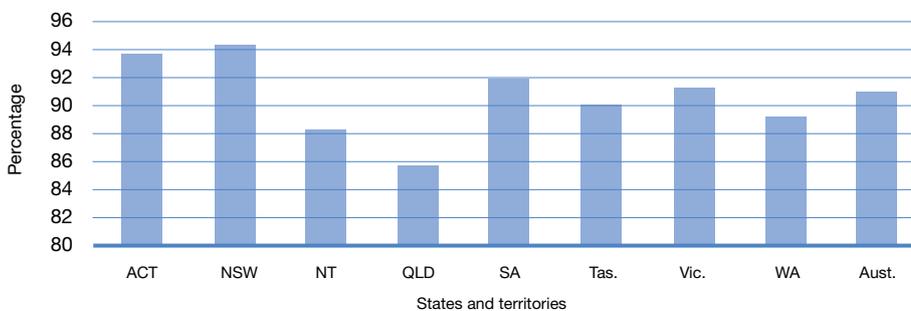
Source: Participation in Exercise, Recreation and Sport Survey 2005, Annual Report
Standing Committee on Recreation and Sport 2006

There is slightly higher participation of young women (in any physical activity, exercise, recreation and sport) in Victoria (91.3 per cent) than young men (90.1 per cent) (see figure 6.3).

Figure 6.3: Percentage of 15–24 year olds who participate in any physical activity, exercise, recreation and sport, by gender, by state or territory, 2005
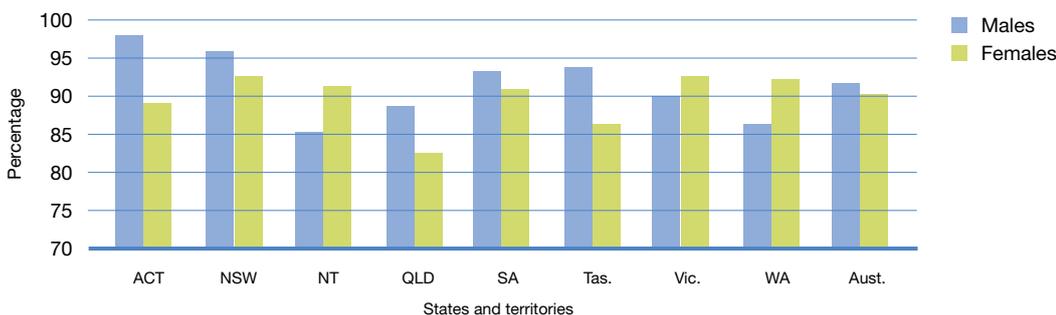
Source: Participation in Exercise, Recreation and Sport Survey 2005, Annual Report
Standing Committee on Recreation and Sport 2006

This document is managed by the Department of Education and Early Childhood Development, Victoria (as of 27 August 2007)

However, young men in Victoria are more likely than young women to participate in organised competitive sport. Young women are more likely than young men to have higher overall physical activity levels.

Recent data from ERASS suggest an increasing overall trend in the participation of young Victorians aged 15–24 in organised sport, recreation and exercise (2001 to 2006) although further data will be needed to confirm this picture. The percentage of young people who participate in organised activities in Victoria also appears to compare favourably with the percentage who participate in organised activities in the rest of Australia (see table 6.8).

Table 6.8: Percentage of 15–24 year olds who participate in organised sport, recreation and exercise, Victoria and Australia, 2001–06

		2001	2002	2003	2004	2005	2006
Males	Rest of Australia	65.5%	66.2%	66.2%	66.5%	66.2%	62.9%
	Victoria	62.4%	74.5%	68.5%	75.7%	65.8%	68.9%
Females	Rest of Australia	62.9%	64.8%	61.1%	62.7%	59.3%	60.3%
	Victoria	52.4%	61.1%	70.5%	66.0%	59.7%	62.7%
Persons	Rest of Australia	64.2%	65.5%	63.7%	64.6%	62.8%	61.6%
	Victoria	57.5%	67.9%	69.5%	70.9%	62.8%	65.8%
		2001	2002	2003	2004	2005	2006
Victoria							
	Males	62.4%	74.5%	68.5%	75.7%	65.8%	68.9%
	Females	52.4%	61.1%	70.5%	66.0%	59.7%	62.7%
	Persons	57.5%	67.9%	69.5%	70.9%	62.8%	65.8%
Rest of Australia							
	Males	65.5%	66.2%	66.2%	66.5%	66.2%	62.9%
	Females	62.9%	64.8%	61.1%	62.7%	59.3%	60.3%
	Persons	64.2%	65.5%	63.7%	64.6%	62.8%	61.6%

* The rest of Australia is all parts of Australia excluding Victoria
Source: Participation in Exercise, Recreation and Sport Survey 2005, Annual Reports, 2001–06 (inclusive)
Standing Committee on Recreation and Sport, 2002–07 (inclusive)

Arts and culture

Figure 6.5 shows attendance at cultural venues and events for Australian young people aged 15–17 (blue) and 18–24 (green). Attendance rates are higher for young people aged 15–17, which may be a due to participation in excursions organised by schools. Cinema attendance far outweighs attendance at all other venues and events.

Figure 6.4: Percentage of young people attending cultural venues and events, by age
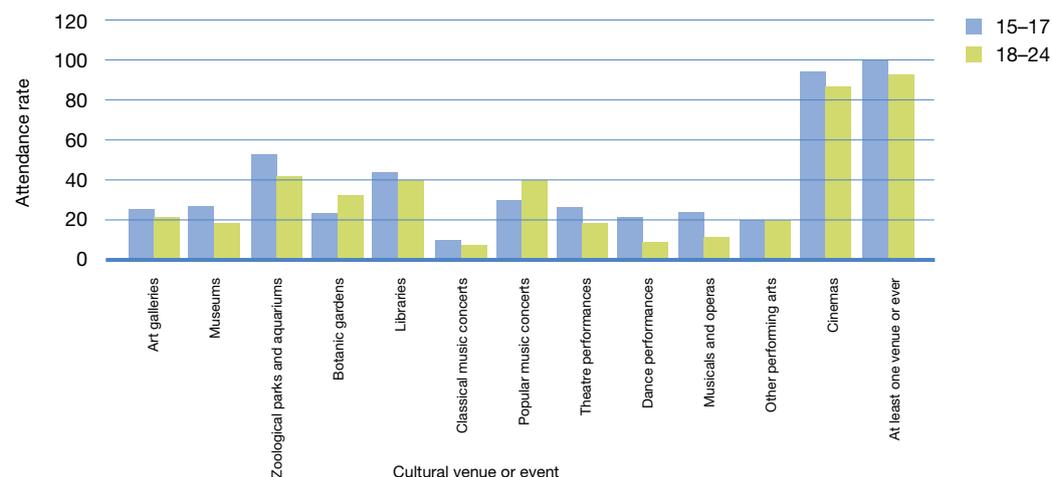
Source: ABS 2005–06, Attendance at selected cultural venues and events, Cat. no. 4114.0

This document is managed by the Department of Education and Early Childhood Development, Victoria (as of 27 August 2007)

Young Victorians were asked about their engagement in arts activities in the CIV Survey (2007). Responses between metropolitan and country respondents are compared, as are gender differences.

Over half of young people surveyed had engaged in an art activity in the past month. Young people who lived in the country had a higher rate of participation in arts and cultural activities (58.2 per cent) than young people from metropolitan areas (55.3 per cent) (see table 6.9).

Table 6.9: Frequencies for participation in arts activities in the past month (percentage)

Participated in arts activities	Metropolitan (%)	Country (%)	Victoria (%)
Yes	55.3	58.2	55.9
No	44.7	41.8	44.1
Total	100.0	100.0	100.0

Source: CIV Survey 2007
NB: Population weighted results

The following two tables provide the percentages of young people who participated in specific arts activities in the past month.

Table 6.10: Frequencies for participation in the arts in the past month (percentage)

Specific arts activity	Metropolitan (%)	Country (%)	Victoria (%)
Painting or drawing	22.9	30.4	24.5
Other art or craft activities	18.4	17.0	18.1
Playing a musical instrument	26.4	24.0	25.9
Singing	23.0	19.9	22.3
Other types of performing (acting or dancing)	17.3	15.2	16.9
Creative writing	15.5	18.4	16.1

Source: CIV Survey 2007
NB: Population weighted results

A higher number of young people who lived in the metropolitan area reported playing a musical instrument, singing, or taking part in other types of performing. This may be due to barriers to accessing classes and lessons for young people living in the country, who reported higher numbers for painting or drawing and creative writing – activities that can be undertaken independent of lessons or tuition. There were higher numbers of male respondents from both metropolitan and country areas who had played a musical instrument, while there was a higher number of females participating in all other arts activities from both areas.[207]

Respondents were also asked if there were enough opportunities in their local area to participate in arts and related activities and 60 per cent of young people strongly agreed or agreed that there were enough opportunities. Young people in rural areas were more likely to agree than those in metropolitan Melbourne.

Table 6.11: Frequencies for opportunities in your local area to participate in arts and related activities (percentage)

	Metropolitan	Country	Victoria
Strongly agree	13.1	12.9	13.0
Agree	45.7	49.8	46.6
Neither agree nor disagree	14.5	9.5	13.4
Disagree	21.0	19.7	20.7
Strongly disagree	5.7	8.1	6.2
Total	100.0	100.0	100.0

Source: CIV Survey 2007
NB: Population weighted results

[207] Young people were asked whether their participation was alone or with others. A slightly higher number of young people from country areas reported participating in arts activities by themselves. Over a third of all young people surveyed reported participating equally by themselves and with others.

Volunteering

Figure 6.6 shows the level of volunteering by age and gender, in Victoria and Australia. The figure shows that young people are less likely to volunteer than other adults, that females are more likely to volunteer than males and that Victorian data are consistent with national figures.

Figure 6.5: Percentage of males and females volunteering across age ranges, Victoria and Australia, 2006
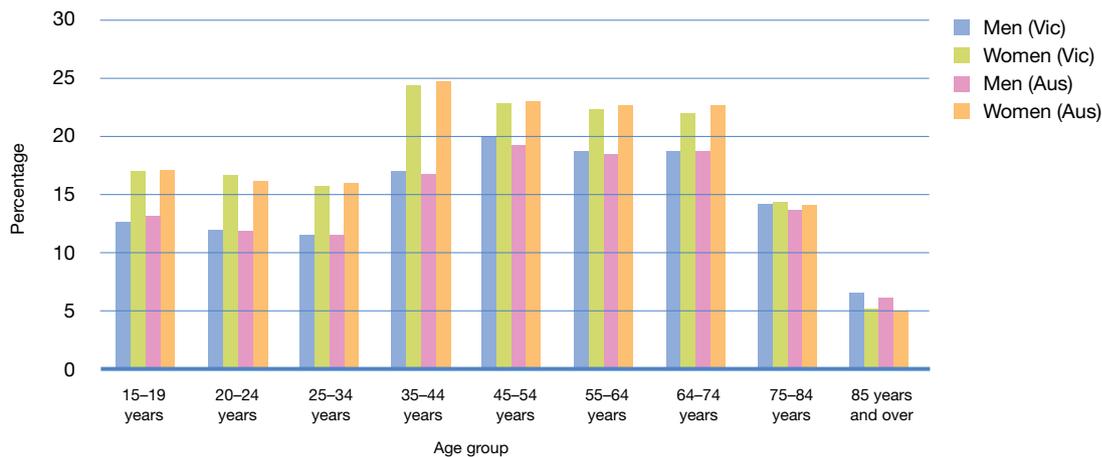
Source: ABS 2006 Census

Although young people are less likely to volunteer (than people from other age groups) the percentage of young people volunteering has increased since 2001. In 2001, 11.6 per cent of young people surveyed responded 'yes definitely' when asked if they had helped out as a volunteer, increasing to 15.4 per cent in 2006 (see table 6.12).

Table 6.12: Young people's willingness to volunteer for a local group, 2001–06

	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)
Help out a local group as a volunteer						
No, not at all	67.7	76.1	66.8	75.6	65.3	69.9
Not often	5.4	3.8	9.2	7.2	8.8	5.5
Sometimes	15.2	8.5	10.7	6.9	15.5	8.8
Yes definitely	11.6	11.6	13.3	10.4	10.4	15.4

Source: VPHS (2001–06)

Young people's perception of their local areas

In 2006, a Department for Victorian Communities[208] survey measured how young people rate their area based on a number of characteristics. The results of this survey can give a sense of young people's perception of available opportunities and experience of community participation.

As table 6.14 shows, young Victorians aged 18–24 are slightly more likely to rate their area as having good facilities and services such as shops, child care, schools and libraries (82 per cent) than people aged 25 or more (80 per cent). Young people and people aged 25 or more gave the same rating (82 per cent) for access to recreational areas and facilities in their area. However, young people were less likely than people aged 25 or more to rate their area as having characteristics of an active community with a wide range of community and support groups and opportunities to volunteer in local groups.

The slightly higher rating young people give to facilities and services may indicate that these facilities and services address young people's needs to a greater extent or are perceived more favourably by young people than by people aged 25 or more.

[208] The Department of Planning and Community Development (from August 2007)

However the far lower rating young people give other characteristics of their area may suggest that existing community and support groups and opportunities to get involved and volunteer are not accessible to young people. This may be due to the culture of existing groups and activities or to the approach taken for recruitment and membership.

Table 6.13: Respondent ratings of local areas on a range of characteristics, 2006

	Young people aged 18–24 2006 (%)	People aged 25 or more 2006 (%)
It has good facilities and services like shops, child care, schools, libraries	82	80
It has easy access to parks, bike tracks and recreational areas	82	82
It has a wide range of community and support groups	62	73
It is an active community, people do things and get involved in local issues and activities	59	68
There are opportunities to volunteer in local groups	61	77

Source: DVC, unpublished data

The 2006 VPHS survey asked young people aged 18–24 whether they felt they could get help from neighbours when needed and found that over a third of young people felt they could get help from neighbours when needed (34.4 per cent), while almost a quarter (24.4 per cent) felt they could not get help from neighbours (see table 6.14).

Table 6.14: Percentage of young people (aged 18–24) who can get help from neighbours when needed

	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)
No, not at all	18.3	30.8	32.2	35.8	26.8	24.4
Not often	15.3	15.5	15.2	13.6	12.8	13.8
Sometimes	35.2	24.3	23.4	22.2	29.9	22.5
Yes definitely	31.1	29.4	29.1	27.6	27.0	34.4

Source: VPHS 2006

Multiculturalism

Multiculturalism is an important characteristic of Victorian communities. Attitudes to multiculturalism can impact on young people's participation and feelings of safety. The 2006 CIV survey asked young people aged 18–24 whether they felt multiculturalism makes life in their community better.

The survey results suggest that compared with people aged 25 or more, young people aged 18–24 are more likely to feel that multiculturalism is of benefit to their area with 76 per cent of young people aged 18–24 feeling that multiculturalism is of benefit, compared with 67 per cent of people aged 25 or more (DVC unpublished data).

These more positive attitudes of young people may be the result of generational change in attitudes and acceptance of diversity, with young people interacting with a broader cultural group through involvement in education, training and the workforce, compared with people aged 25 or more.

6.3 Civic participation

Increasing the number of young people who contribute to their communities, make a difference, and feel valued by society are key outcomes sought by the Victorian Government (see Department for Victorian Communities 2006).

Key indicators developed to measure young people's civic participation are the percentage of young people who feel valued by society; the percentage of young people who believe they have a say on issues that affect them; membership of organised groups taking local action; membership of decision-making boards and committees; and political participation.

Feeling valued by society

Based on the VPHS data the majority of young Victorians (aged 18–24) feel definitely valued by society or feel valued at least some of the time. It is pleasing to note that there has been a positive increase in the percentage of young Victorians who feel that they are definitely valued by society from 28 per cent in 2001 to 51.1 per cent in 2006 (see table 6.15).

Table 6.15: Percentage of young people who feel valued by society, 2001–06

	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)
Feel valued by society						
No, not at all	13.1	7.8	8.0	10.1	6.1	6.6
Not often	16.1	9.2	8.5	6.9	6.9	5.5
Sometimes	42.8	37.7	35.3	31.2	40.0	33.8
Yes definitely	28.0	45.0	48.1	49.1	43.8	51.1

Source: VPHS (2001–06)

Opportunities to have a say

Opportunities to have a say – Victorian Government initiatives

In early 2006, young people and other Victorians were invited to share experiences, identify ideas and issues and have direct input to shaping the Future Directions Youth policy. More than 1300 people across Victoria got involved. Around 800 young people participated in forums in their schools and communities. The range of participants truly reflected the diversity of Victoria's young people, coming from a variety of backgrounds, socioeconomic groups and ages. In addition almost 350 young people completed online surveys through the government's youth website, *youthcentral*.

Young People Direct was announced as a key action under the Future Directions policy. After extensive consultation in 2007 to determine the model, Young People Direct will now provide opportunities for thousands of young Victorians to have direct access to the Minister for Youth Affairs using the youthcentral website, involvement in existing programs and dedicated forums on particular issues.

The Government also funds YACVic and the Centre for Multicultural Youth Issues to support young people to bring their voice to the Victorian Government.

The Victorian Indigenous Youth Affairs Council (VIYAC) and the Multifaith Multicultural Youth Network (MMYN) each provide key advice to the Victorian Government on issues and initiatives relevant to Indigenous Victorians and Victorians of all faiths and cultures.

Similarly, the majority of young Victorians (aged 18–24) feel that they have an opportunity to have a 'real say' on issues important to them either definitely or some of the time. Once again the data shows an increase in the percentage of young Victorians who feel they definitely have a real say (in the issues that are important to them), with 25.5 per cent indicating that they definitely felt that they had a real say in 2001 compared with 41.4 per cent in 2006 (see table 6.16). However, it is interesting to note that together the tables show that more young people feel valued by society, than feel that they have opportunities to have a say. For example, 51.1 per cent of young people felt definitely valued by society in 2006, compared with 41.4 per cent of young people who felt they 'definitely have a say' on issues of importance to them.

Table 6.16: Percentage of young people who feel they have an opportunity to have a 'real say' on issues important to them, 2001–06

	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)
No, not at all	18.4	15.1	13.9	15.5	11.8	11.5
Not often	20.7	16.1	15.0	14.5	17.0	12.5
Sometimes	35.4	37.8	36.4	29.0	38.6	34.1
Yes definitely	25.5	31.0	34.8	40.5	30.1	41.4

Source: VPHS (2001–06)

Opportunities to have a say: 11–13 year olds

The HNSS asked Years 6 and 8 students a number of questions about their opportunities for active contribution and involvement in family school and community. These included questions on whether the student felt they had chances to help decide things like class activities and rules; whether adults pay attention to what kids have to say in their neighbourhoods; and whether kids can help decide when activities are provided and how they are run in their neighbourhoods.

The survey found that:

- younger students (among the 11–13 year olds) were significantly more likely to report that there were opportunities to decide things like class activities and rules; and were more likely to report that adults will listen to what kids say in their neighbourhoods

- students living in urban areas were significantly less likely to report there are opportunities to decide things like class activities and rules

- males were more likely than females to report that kids can help decide when activities are provided or how they are run in their neighbourhoods

- Aboriginal and Torres Strait Islanders were more likely (than non-ATSI students) to say kids can help decide when activities are provided and how they are run in their neighbourhoods (Williams 2007).

It is of some concern that the findings suggest that young students from CALD backgrounds felt they had less opportunities to have a say. For example, CALD young people were less likely to report there are chances for kids to decide things like class activities and rules; and least likely to say that kids can help decide when activities are provided or how they are run in their neighbourhoods (Williams 2007).

Membership of local action groups or decision-making boards and committees

Involvement in local action is one of the ways that the Victorian Government measures civic participation within the community-strengthening framework.

Youth Foundations Victoria

Young people are directly benefiting from a partnership between the Victorian Government and the Bendigo Bank Community Enterprise Foundation that is developing 15 new youth foundations in disadvantaged areas across Victoria. Youth Foundations Victoria is providing young people with the opportunity to get involved in their area, manage funds and make small grants for youth-led activities in their local communities.

The programs objectives are to:

- establish a group consisting of diverse young people to assess and make grants to other young people for local youth-led community projects
- increase young people's volunteering and leadership opportunities through supporting them to map needs and facilitate responses to ensure positive outcomes for young people in their communities
- develop young people's skills by enabling them to work with peers (coordinate delivery of grants) and adults, including local partners (community, business and government)
- profile young people's diverse community participation so that positive roles and images of young people's active involvement are recognised in their communities
- support and increase young people/s participation in, and connections with, the community.

The first three sites are already up and running, with the remainder to be selected in 2008.

Time series data from the VPHS shows a positive trend in young people's involvement in 'local action' from 2004 (when this particular data set was first collected) to 2006, with young people's participation increasing by 10 per cent to 40 per cent (see table 6.17).

Table 6.17: Young people's involvement in groups taking local action, Victoria, 2004–06

Involved in groups that have taken local action in the past 12 months					
2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)
n.a.	n.a.	n.a.	30.6	33.7	40.7

Source: VPHS (2004-06)

Although time series data are not available, 2006 Department for Victorian Communities data suggests lower participation rates for young people (aged 18–24) in the decision-making domain. Table 6.18 illustrates that while many young Victorians were members of organised groups; members of groups that had taken local action; or were volunteers for organisations and groups, only 8 per cent were members of decision-making boards or committees. The percentage of young people on decision-making boards and committees was also less than among people aged 25 or more.

Table 6.18: Participation of young people (aged 18–24) in organised groups and decision making, Victoria, 2006

Participation	Young people aged 18–24 2006 (%)	People aged 25 or more 2006 (%)
Members of organised groups such as sports, church, community or professional groups	30	40
Members of organised groups that had taken local action on behalf of the community in the last twelve months	32	44
Members of decision making boards or committees	8	17
Attendance at community events	29	43
Volunteers	27	42

Source: DVC, unpublished data

Participation in decision making: in younger age groups

The 2007 YouthSCAN survey found that fewer than one in eight young Australians (aged 10–17) are formally involved in any form of advisory or decision-making group or committee (see table 6.19).

Table 6.19: Membership of advisory/decision-making committees, young people aged 10–17, Australia

Percentage	Total	Public school	Private school
Yes	12	13	11
No	84	83	85
Not sure	4	4	4

Source: YouthSCAN, 2007

The finding that young people have low levels of participation in decision-making boards or committees is consistent with some of the international literature on young people's participation, particularly that relating to young people's participation in public services or organisations. In addition, while state and local governments and the community sector are actively promoting youth participation in some instances, Kirby and Bryson (2002) found:

> While young people are increasingly involved in participatory projects, the evidence from existing evaluations is that they are still having little impact on public decision making, although this varies across contexts and between different types of organisations. Few evaluations have looked at the quality of decisions made, or influenced, by young people.

> (Kirby & Bryson 2002)

Political participation

The literature and research suggest that while young people are interested in a range of national and international issues, many also feel disengaged from formal politics.

The YouthSCAN survey found that young Australians in the younger age group (aged 10–17) are not overly engaged with formal politics. The report also found political partisanship is clearly waning. Well over half of young people surveyed had no party political affiliations (see table 6.20). In 2007, perhaps due to a federal election being held, 10–17 year olds were less likely to 'not know' who they would vote for. This same pattern emerged in 2001.

Table 6.20: Voting intentions, young people aged 10–17

Voting intentions						
Percentage total aged 10–17	1995	1997	1999	2001	2003	2005
Labor	25	22	23	31	20	16
Liberal	20	15	17	11	11	12
Greens	4	3	4	3	7	6
National	1	1	1	1	1	1
Democrat	1	1	3	1	1	1
Independent	1	2	1	2	1	1
Swinging voter	1	1	n/a	n/a	-	n/a
Pauline Hanson 'One Nation Party'	-	2	2	3	-	n/a
Other	1	-	1	-	1	1
None	4	5	6	4	6	6
Don't know	41	46	44	45	52	56

Source: YouthSCAN 2007

In 2006 the Australian Government established a standing committee owing to concern that reports and surveys 'have shown that Australians between the ages of 15 and 35 typically have limited knowledge of Australia's political history and political system, and have little interest in Australian political affairs.' The committee suggested that 'young people are not alone in this feeling of disconnection: evidence suggests that Indigenous Australians and migrant citizens also experience some difficulties in their interactions with the formal democratic process.' The committee sought to examine the reasons for low rates of electoral participation among young people, Indigenous Australians and migrants, and to find more meaningful ways to encourage citizens to participate more directly in Australian democracy.

The terms of reference for the inquiry were broad, enabling the committee to hear from a diverse range of Australians, from school children and teachers to community leaders, academics and practitioners. The committee conducted 11 public hearings including hearings in every state and territory. The committee also visited 10 schools (both primary and secondary) and held two school forums, during which it held discussions with 244 students and 47 of their teachers.[209]

Overall youth electoral participation rates tend to be lower than (participation) rates for all Australians. The performance target set by the Australian Electoral Commission (AEC) for young people aged 18–24 is 80 per cent of all eligible persons who are enrolled (compared with 95 per cent for older age groups).[210]

In their June 2007 report the AEC noted that youth participation continues to be a challenge for electoral authorities. However, the AEC noted that for the second quarter in succession the results nationally have exceeded the performance target, with a rise in this quarter of 1.27 percentage points (Australian Electoral Commission, Roll Integrity Unit, 2007).[211] It is pleasing to note that the percentage of enrolled young Victorians aged 18–24 has consistently performed above the 80 per cent performance target.

Detailed tables showing the numbers of young people (aged 18–24) who voted in Victorian districts in 2006 are included in appendix 5.

Submissions put to the Parliamentary Standing Committee Inquiry indicated that the under enrolment of young people should not be simply dismissed as an indication of disinterest in conventional forms of civic or democratic involvement, but related to the fact that young people may:

- see conventional forms of politics as unappealing, often due to the media's negative portrayal of politics and politicians

- tend to perceive conventional politics and the democratic process as removed from them – that these processes do not directly effect their lives

- there is a sense that conventional forms of politics and democratic processes do not take heed of young people's voices (Standing Committee Parliamentary Inquiry).

Submissions presented to the inquiry suggested that young people's engagement in conventional forms of politics and democratic participation was also influenced by lack of confidence and a lack of information that could make the political system more accessible and engaging for young people. Importantly the inquiry noted that many students who spoke with the committee expressed a desire to learn more.

[209] Civic and Electoral Education, Parliament of Australia Joint Standing Committee on Electoral Matters May 2007, Canberra, Commonwealth of Australia 2007.
[210] The participation rate is determined by comparing the numbers of electors enrolled to the estimated eligible population, as calculated from ABS population data).
[211] AEC Australian Electoral Commission Electoral Role Performance, Report on the Enhanced Key Performance Indicators for the Fourth Quarter 2006–07. Prepared by the Roll Integrity Unit, July 2007

In the Youth Electoral Study, which reported on student's preparedness to vote, Print and Saha found that:

- about one in two students feel they lack the knowledge to understand the issues, the political parties, to make a decision about voting and about voting in general

- young people do not perceive themselves as generally well prepared to participate in voting

- generally, young people do not understand the voting system[212] (Standing Committee Parliamentary Inquiry).

Recent research undertaken by The Australian Clearinghouse of Youth Studies (2002–03) found that of 800 young people aged 12–15 surveyed in 2003:

- 50 per cent were taught about citizenship at school

- 85 per cent thought that they should have been taught about it.[213]

(Standing Committee Parliamentary Inquiry)

Indicators of community strength in Trafalgar

Surveys in the town of Trafalgar in the Gippsland region demonstrate that differences not only exist between areas, but in the way different population groups experience aspects of community strength. The Trafalgar Community Development Association ran one neighbourhood survey in the town in 2005. In 2006 it also ran a survey of 189 students in Years 7–11 (aged 12–17) at the Trafalgar High School. This represents 32 per cent of students in these years. This is the first time young people have been surveyed using these indicators.

Compared with adults[214] in Trafalgar, this group of young people were more likely to be members of organised groups and to be involved in organised sport, but less likely to be members of decision-making boards or committees. Other forms of participation were the same for adults and young people. More detailed data from this survey is presented in the following box (see table 6.23).

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[212] Ibid p.13
[213] Ibid p.30
[214] Aged 18 or more

Table 6.21: Indicators of community strength in Trafalgar, adults 2005 compared with young people, 2006

	Adults (aged 18 or more) 2005 (%)	Young people (aged 12–17) 2006 (%)
Participation		
Participation in organised sport	41	66
Members of organised groups such as sports, church, community or professional groups	49	58
Members of organised groups that had taken local action on behalf of the community in the last twelve months	23	26
Members of decision making boards or committees	20	13
Attendance at community events	55	52
Volunteers	42	45
Rating the area on a range of characteristics		
Likes living in the local area	94	54
It is a pleasant environment, nice streets, well planned, open spaces, no pollution	96	65
It is a place where people are friendly, good neighbours, help others	97	57
It has a distinct character, is a special place	90	49
It has good facilities and services like shops, childcare, schools, libraries	85	58
It has a wide range of community and support groups	88	42
It is an active community, people do things and get involved in local issues and activities	89	49
There are opportunities to volunteer in local groups	93	50
It has easy access to parks, bike tracks and recreational areas	83	70
Other community attitudes		
Feels multiculturalism makes life in the area better	82	20
Feels there are opportunities to have a say on issues that are important	71	56
Feels valued by society	73	62

The students were also asked what things would improve life in the area for them. Key findings included the following.

- **93 per cent would like more paid work.** Only 36 per cent had a job and most of these (84 per cent) reported they would like more paid work.

- **60 per cent felt the area could be improved by more or better shops.** A previous needs assessment in Trafalgar found that young people wanted shops as a form of entertainment but also so they could gain work experience and employment (Pope 2006).

- **41 per cent felt the area could be improved with more or better sporting facilities.** The three main facilities that students would like new or improved were skate parks (17), swimming pools (16) and motorbike tracks (13).

- **19 per cent felt the area could be improved with more or better non-sporting activities** including a cinema (5), entertainment events (5), improved library services (5), improved computer access (internet café or library) (2), volunteer/community work (2) and somewhere to spend social time after school and on weekends (2).

- **18 per cent felt the area could be improved with more or better transport and facilities** including better roads (12), footpaths (7), parking (2), more or improved public transport (5), improvements to the train station (5) and better crossings (2),

- **16 per cent felt the area could be improved with increased safety and security** including less crime, drugs and hoon behaviour (18), more police or security guards (10) and the control of stray animals (2)

- **11 per cent felt the area could be improved by making the area more attractive.** Suggestions included dealing with rubbish (9), improving street lighting (4), decreasing pollution (2), improving the public toilets (2) and removing graffiti (1).

- **9 per cent would like better parks and playgrounds.**

- **6 per cent would like improved school facilities.**

- **5 per cent would like access to more and different people their age.**

Source: DVC 2007

This document is managed by the Department of Education and Early Childhood Development, Victoria (as of 27 August 2007)

6.4 Transport challenges and impacts on young Victorians

The importance of transport

Together with appropriate opportunities for walking and cycling, public transport (that is safe, accessible and affordable) is important for ensuring young people's access to health services, cultural activities, and their rights under the UN Convention to play, leisure and recreation (United Nations 1989).

While young people are dependent for a significant proportion of their travel on lifts, as they get older an increasing share of their travel is by independent means. This is important for their participation in community and civic activities, accessing significant life opportunities such as training, education and employment, and to support their growing independence. Walking and cycling can provide suitable options for local travel and can contribute to young people's physical activity. For longer trips, young people require access to public transport. Restricted access to any form of transport can impact on young people's health and wellbeing, engagement with community and socialising with peers.

An ageing population and skills shortages highlight the need to retain young people in rural areas, and transport plays a role in enabling young people to participate in the broader economy.

Restrictions to travel

The CIV Survey (2007) asked young people whether their day-to-day travel had been limited or restricted for any reason in the past 12 months and found that 26 per cent of metropolitan young people and 24 per cent of young people living in rural Victoria said that it had. The CIV Survey did not collect data on the frequency of the limitation or restriction to travel (e.g. once in 12 months versus weekly or daily) nor on the impact of the limitation or restriction. It is therefore difficult to ascertain what significance should be placed on the responses. However it is reasonable to conclude that young people are noting this as an issue, and further investigation may be warranted. Improved data collection through additional questions on the CIV survey or targeted independent data collection are possible options.

Table 6.22 shows that females in rural Victoria were the most likely to have experienced restricted travel in the past 12 months (28.9 per cent) followed by metropolitan males (26.7 per cent).

Table 6.22: Reports of limited or restricted travel in the past 12 months including gender

	Metropolitan		Country		Victoria	
	Males (%)	Females (%)	Males (%)	Females (%)	Males (%)	Females (%)
Yes	26.7	24.7	20.8	28.9	25.4	25.6
No	73.3	75.3	79.2	71.1	74.6	74.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: CIV Survey 2007
NB: Population weighted results

Young people were also asked (in the same survey) whether they had experienced limited or restricted travel for a number of specific reasons in the past 12 months. The results were considerably different for young people living in metropolitan and rural areas (see table 6.23). Over half of respondents stated that they had no access to a motor vehicle when needed. In this context other forms of travelling (besides car passenger) are particularly important. It is therefore worth noting the percentage of young people who stated that they had no public transport in their area – 25.9 per cent of metropolitan young people compared with nearly half (48.3 per cent) of young people in rural Victoria.

Table 6.23: Reports of limited or restricted travel in the past 12 months[215]

Reason for limited travel	Metropolitan (%)	Country (%)	Victoria (%)
No access to a motor vehicle when needed	54.7	63.3	56.4
No public transport in your area	25.9	48.3	30.3
Public transport didn't go where you needed to go	40.4	28.9	38.7
Public transport ran at the wrong time	60.7	34.1	56.8
Public transport was too expensive	23.7	14.4	22.4
A health problem or physical activity	7.4	8.8	7.7
Fear of personal security	9.7	6.2	9.0
Fear of safety when travelling on busy roads	11.2	7.4	10.4
Poor quality or a lack of footpaths	11.3	7.5	10.5
Poor quality or a lack of bicycle paths	10.4	13.4	11.0

Source: CIV Survey 2007

NB: Population weighted results

Young people and transport in metropolitan areas

An analysis of the travel behaviours and attitudes of young people (aged 14–17 and 18–24) living in the Melbourne metropolitan area found that people aged 24 and under make one-fifth of weekly trips on Melbourne public transport. The majority of these trips for young people aged 14–17 are for study purposes. For those aged 18–24, most trips are made for work or study purposes.

Young people's access to public transport (based on public transport services per square kilometre in their local area) was compared with their perception of availability of public transport. Despite relatively low access to public transport, 14–17 year olds 'always' consider public transport as an option for getting around, which is understandable given their limited vehicle access. Young people aged 18–24 tend to live in more central locations, which makes public transport more accessible.

In terms of satisfaction with public transport, 14–17 year olds are more satisfied than the general community across a range of issues including 'community benefit', 'accessiblity' and 'reliability'. Young people aged 18–24 are less satisfied than the general population in relation to three areas: cost, which is likely to the be the result of their low relative income; reliability, potentially related to their study and work commitments and high relative number of trips; and travel experience, which is potentially related to the high relative number of trips taken (Department of Infrastructure (DOI) market segmentation data).

Safety issues

Safety on public transport is important to young people, and the safety issues young people may encounter using public space, also can extend to the use of public transport (Green and McDonald 1996, cited in Currie et al. 2005).

The DOI market segmentation data suggest that personal security is an important consideration for young people living in Melbourne when choosing a travel option, and is more important for females than males. However, the younger age group (aged 14–17) seem to be less concerned regarding safety than the general population (DOI market segmentation data.)

Transport in rural and regional areas

Research suggests that a lack of transport for rural and regional young people impacts on their opportunities to work, access to education and training, access to health and other services and their ability to participate in sport, social and community activities (Boyer & Milgate 2003, Currie et al. 2005, Francis et al. 2006, Geldens 2004, Wyn et al. 1998).

The lack of public transport in rural areas means that private vehicles are the most common form of transportation (Currie et al. 2005, Kenyon et al. 2001, Wilkinson & Blue, 2002). However, young people who cannot drive or who do not have access to a vehicle are dependent on others.

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[215] Percentages indicate those who endorsed a yes for any reason for limited travel.

For young people of legal driving age, the increased cost of petrol, together with the cost of owning a car and the higher insurance premiums can make car ownership unaffordable. Rural young people may need to travel further and therefore use more fuel. The cost of petrol is also usually higher in most rural areas (see Currie et al. 2005).

Currie et al. (2005) found that young, rural residents identified the cost of public transport or maintaining a private vehicle problematic.[216]

The impact of restricted transport on social and community activities

A Wellington and East Gippsland rural youth transport survey received over 800 responses from young people in East Gippsland and Wellington Shires.

Nearly two-thirds (63.2 per cent) of the respondents claimed that lack of transport stopped them from doing something that they would like to do. For example, approximately 50 per cent said lack of transport stopped them from going out (i.e. to town or parties, to the beach or out of town), 21 per cent said it stopped them from visiting friends, 13 per cent from shopping and approximately 12 per cent from sport and recreation activities.

(The Challenge of Getting Around, Rural, Remote and Isolated Report; Rural Youth Transport Survey 2005–06 Wellington and East Gippsland 2007)

Impacts on education, training and work

A study of transport in Warrnambool found that young people had difficulty undertaking education and employment opportunities. Students found getting to work placements difficult and their options for relevant work experience were limited. A lack of transport often stopped young people from taking up apprenticeships. For university students, the lack of frequent public transport, and services that aligned with university hours meant the only form of transport was driving or getting lifts with others (Stanley & Stanley 2004 cited in Harris & Tapsas 2006).

All of the respondents to the Wellington and East Gippsland rural youth transport survey indicated that owning a car would have the greatest impact on their post-secondary decisions or choices (The Challenge of Getting Around, Rural, Remote and Isolated Report; Rural Youth Transport Survey 2005–06 Wellington and East Gippsland 2007).

Poor public transport may also be an additional form of disadvantage for young people living on the outskirts of Melbourne. Compared with the Melbourne average, these young people are 7 per cent more likely to be unemployed and 23 per cent more likely to drop out of high school and 31 per cent less likely to attend university (Marston et al. 2003, cited in The Coalition for People's Transport 2006).

[216] Many youth programs in rural areas provide transport. This significantly increases their program costs but they have found that this increases participation for isolated youth (Currie et al. 2005).

Transport Connections and the Bass Coast Summer Bus Service

The Victorian Government's Transport Connections grant program is part of an $18.3 million four-year commitment to improve access to local transport.

Transport Connections is about communities working together to improve local transport. The program helps communities find practical solutions to improve existing transport services. This is achieved by bringing community groups and organisations, individuals, transport providers and local businesses together to develop tailored transport solutions making better use of existing transport resources (public and private) through new and coordinated approaches.

The Bass Coast Summer Bus Service was a Transport Connections Pilot Project. With only limited bus services, Bass Coast Shire was in need of a reliable transport system. Project coordinator John Sanderson said one of the first steps was to consult the community. The main issues identified were a lack of service between Cowes and Inverloch and particularly transport for young people in the summer holidays and holiday weekends. So Bass Coast Transport Connections stepped in to provide regular and daily services.

'We put in a twice daily service in the first year running on three weekdays and two days at the weekend,' Mr Sanderson said.

However, further research found that parents were prepared to ferry children to destinations on the weekend, meaning the Saturday and Sunday services were not well patronised. So the service was altered.

'The second year we ran it five days a week and a Saturday and had a great response, which demonstrated to us, that there was a real need for the service,' he said.

Mr Sanderson said that rather than focus on a specific demographic, the Bass Coast Transport Connections team wanted a transport solution for the entire community. Transport Connections will allocate $14.15 million to about 30 projects in rural and regional Victoria and metropolitan interface areas.

Improvements to public transport

In May 2006, the Victorian Government released an action plan for transport, *Meeting Our Transport Challenges* (MOTC). MOTC is a plan designed to shape Victoria's transport system into the future. More than $10.5 billion over 10 years is being spent on transport projects. A significant share of this funding is allocated to initiatives that will improve the public transport system both in metropolitan Melbourne and in regional Victoria. The Brumby Government also nominated improving public transport as one of the top priorities for government.

Some of the initiatives under MOTC which are likely to significantly benefit youth are listed below:

- In March 2007, the **NightRider bus service** was included in the Metcard ticketing system, reducing the cost of travel on NightRider for many young people to zero, with student passes and periodical tickets now valid on the service. NightRider services have also been changed from an hourly service to a half hourly service at the busiest times of the night.

- MOTC has committed an extra $650 million in **new and improved local bus services** being delivered to Melbourne suburbs. Routes are being extended into new suburbs while more than 200 existing routes are being upgraded including the extension of weekend and evening services.

- **Regional bus services** are being improved across Victoria through a $30 million four-year program of improvements. This includes new services, connections with Regional Fast Rail services, improved services at night and on weekends in major regional centres, and services to help students and young people access tertiary education, jobs and community facilities.

- The introduction of **late night train and tram services** running until 1 a.m.

- **Abolishing metropolitan Zone 3 fares** and introducing the Fare Go Package that **reduced V/Line fares by 20 per cent** (March 2007), helping to reduce the financial burden of transport costs for people living in these areas.

Case studies

First International Youth Coastal Conference

Young Victorians with a passion for the environment were the key players in the first International Youth Coastal Conference, recently held in Melbourne.

Sponsored by the Department of Sustainability and the Environment through the Coast Action/Coastcare program, by the Victorian Coastal Council, and by numerous generous public and private organisations, the conference was a world first. Three hundred students attended with their teachers from around Australia and New Zealand.

Much of the conference's success can be attributed to its emphasis on a 'students teaching students' model.

Although mentors from the scientific community, conference convenors and accompanying teachers provided support to the participating students and guidance to access information, the young people were responsible for delving into the depths of the issues.

The conference's 'oceans' theme was reflected in the presentations and interactive workshops developed by the students. Concurrent sessions with hands-on, student-centred learning revolved around how we can bring about change in the way our marine and coastal environments are perceived.

The enthusiasm and thoroughness showed by the student presenters was instrumental in motivating the attendees to think about how they can take positive action. As conference convenor, Arron Wood from Firestarter said, 'Students that have access to this type of learning will be more able to promote a sense of community as they become leaders and decision makers.'

Views from student participants and a teacher:

I thought it was a great experience and hope to go next year. I loved it. It really changed my view point and I hope it changes others in the future. The workshops were well organised and I really enjoyed them a lot!!

(Student, Western Heights College)

I want to get as many people inspired as possible and make a change in climate warming. I want to dedicate my career to it! The conference was so inspiring and made me realise how passionate I was about it. Now I have to do the action part – actually make the changes and inspire people. I really like what Arron said about the environment being the leveller; in this day and age it WILL (and has to be) the thing the global community comes together for. THANK YOU!!

(Student, Melbourne Girls College)

I felt that this was one of the most rewarding experiences for myself and students. Students learnt about the environment and also improved in their confidence and awareness of their capabilities. The students teaching students model is definitely a winner! Thank you so much for the experience!

(Teacher, Lakes Entrance Secondary College)

Taken from 2006 International Youth Coastal Conference Final Report Prepared by Firestarter Pty Ltd, November 2006

The Anti-Racism Action Band

Young people looking for a serious, earnest group in which to analyse the deepest depths of their despair will probably not find a place in the Anti-Racism Action Band (ARAB).

On the other hand, those who want an energetic and often darkly humorous vehicle to communicate their experiences of racism and the difficulties of growing up in another culture are likely to fit right in.

By using dance, hip-hop and comedy to capture the realities of their lives, young people who join ARAB, which is based in Melbourne's northern suburbs, find themselves breaking down cultural barriers almost effortlessly.

One of the program's shining stars, Maysa Abousied, has turned life as a blind 16-year-old into a comedy monologue that has startled and inspired audiences around the world – including at stand-up comedy venues in New York.

Maysa says that she responded to the events of September 11, 2001 by refusing to leave her home for the school holidays. When she came back to school, the then 13-year-old couldn't work out where to sit in class.

'All the Lebanese, Afghans and Egyptians were on one side of the classroom and then the other side was Anglo-Saxons, Italians and Greeks,' she says. 'I'm half Italian–Egyptian and Muslim – so I ended up sitting in the middle of the class.'

The 120 performers in the group (who represent 30 cultural backgrounds including Indigenous young people, Samoans, Somalis, Iraqis, Kurds and Indians) have performed more than 170 shows to a combined audience nearing 30,000. The shows can include anything and everything from traditional Middle-Eastern dances, to Samoan hymns, Spanish salsa and experimental hip-hop.

Each show ends with a 'confidence circle', in which the performers invite the audience to stand up against peer pressure by joining them on stage.

According to 20-year-old rapper Philip Pandongan (aka Yung Philly), it is the group's mix of education and entertainment that makes it a success.

'In one of our shows, we mix contemporary dancing with this traditional Lebanese drumming called the Derbbaki,' he says. 'Beyond the entertainment you have cultures that intertwine and mix. That is something that people and we performers hold on to.'

Initially created by the Victoria Arabic Social Services, ARAB has grown and grown. Young people who enjoy music, dancing and just wanted to hang out were referred by family welfare and youth workers, which swelled the membership, and the group's reputation for knock-out performances grew rapidly through word of mouth.

As the group's artistic co-director, Kate Gillick notes, 'It's not entertainment for entertainment sake,' she says. 'They can get that on Idol. I do think that having strong ideas and an avenue of expression around race, culture, difference and friendship means they are thinking about what they are creating.'

ARAB have been supported on a number of occasions through the Arts Development for Communities (community partnership) grants program.

Kangan Batman TAFE

In 2007 some dedicated young people studying VCAL at Kangan Batman TAFE had a great idea: bringing together Indigenous primary and secondary school students from the Hume and Moreland areas of Melbourne for a one-day sports carnival.

The vision they had was of a sports carnival with a difference. As well as the usual sports events, the carnival would also feature traditional Indigenous games.

Over eight weeks, the young people worked tirelessly to make the event happen. They took charge of everything from finding a venue, to inviting and encouraging schools to take part, to researching Indigenous games and working out how to teach them, and hiring equipment and managing a budget.

More than 60 young people from around the area attended the sports carnival, and the event was a triumph.

As the students arrived, the young members of the planning committee performed a welcome to country and Indigenous dance – reinforcing the message that the carnival was partly about encouraging young people to take pride in their Koori heritage.

One of the leaders of the event said he enjoyed the chance to be able to lead some of his younger cousins and friends, and was proud to be able to pass on some of his own knowledge about their culture.

'I never thought of myself as a leader, but it was great to able to teach the mob some skills. The whole day reminded me about how proud I am of my heritage,' he said.

Other young people who helped organise the event felt they learnt a lot too – many noting that the carnival and all the work involved had helped them improve their ability to cooperate with other people, and taught them more about their own culture.

Some of the attendees even observed that it was worth staying at school, if it meant they got the chance to attend events like this!

Access for All Abilities Program, Sport and Recreation Victoria

Stephanie St John and Troy Young are glowing examples of how getting involved in sport can change a person's whole perspective on life.

Stephanie, who is 20, says that getting the chance to try basketball six years ago has totally transformed her outlook on life and given her opportunities she might otherwise never have noticed.

Since taking up the sport, Stephanie, who has an intellectual disability, has been able to train with other people from the Horsham area in mainstream basketball development programs. Although a challenge, according to Stephanie, getting involved 'was just a matter of doing it and not worrying what anyone else thought. I had a pretty good support system and everyone encouraged and helped me,' she said.

Like Stephanie, Troy has found that sport has opened up his world. His enthusiasm for and dedication to Australian Rules football is inspiring.

'I just love supporting the club,' he says of his beloved Horsham Football Club, 'and I love my sport. The main thing I want to get across to the community is that because you're disabled doesn't mean you can't play sport.'

Troy has set a goal of earning a life membership at the club within two years – and change the attitudes of some people in the process. 'People with disabilities are no different from other people,' he says. 'They might get around differently but all of us have something wrong with us and what does 'normal' mean anyway?'

Both Troy and Stephanie became connected with sport through the Sport and Recreation Victoria (SRV) Access for All Abilities (AAA) Program.

The AAA Program aims to help the sport and recreation sector provide more opportunities for people of all abilities to play an active role. Through AAA, community-based organisations work locally to support and encourage sport and recreation organisations become more accessible and inclusive.

A recent evaluation of the program, conducted by the Nucleus Group, indicated that AAA was increasingly successful in creating new opportunities for people of all abilities to get involved in sport. The recommendations in the report, which are currently being implemented, will ensure that the program continues to be successful into the future.

youthcentral

When 20-year-old Chloe Nicholls became a youthcentral roving reporter in February 2006, she could not have imagined that it would lead to the chance to help produce a short film for the ACMI Seniors Film Festival.

Using the skills she had gained through her involvement in youthcentral – and her own get-up-and-go – Chloe was mentored by Mushroom Marketing to work on various aspects of the film, including pre-production, interviewing and filming.

Managing director of Mushroom marketing Carl Gardiner explained the project was a major success. 'Thanks to youthcentral's support, we were able to have a talented young Victorian contribute in a meaningful way to a challenging project.'

youthcentral is the Victorian Government's online initiative that connects young people aged 12–25 with their local communities and government.

Its main communication channel is the website, www.youthcentral.vic.gov.au, which contains practical, up-to-date information about job and career support, studying and training options, travel and transport, health and relationships, housing and accommodation, managing money, entertainment, and knowing your rights.

Central to youthcentral's success is its youth participation approach – the people creating the site are the people using the site. Young people contribute to youthcentral and become involved in a number of ways.

For example, more than 50 per cent of the content on the site is created by a team of 43 roving reporters, aged 15–25 and located around Victoria. Each reporter is a contact point within his or her own community, promoting local information, events, news and stories that affect young people.

The team is rotated regularly, giving as many young people as possible the opportunity to get involved within their local community and gain practical experience in the web, media and communications industry.

Content for the site is also developed through the roving reporter program, which employs young people from across Victoria with a keen interest in writing, communications and journalism to report on launches, events and news relevant to young people and their local communities. They receive training to develop their skills and support them in their role.

In addition to the roving reporters, many young people get involved with youthcentral through the website, and with other training and participation opportunities linked with the initiative.

youthcentral ensures young people have an accessible and easy to use way to become better connected and actively involved with the world around them. They can contribute creative content and multimedia productions, take part in consultation, share and find information and much more.

Youth and leadership – Youth Disability Advocacy Service

Rebecca Feldman's work as a disability educator has been a massive confidence boost – and not just for Rebecca.

The awareness training she provides has also helped many of the young people she has worked with develop new confidence in their ability to relate to and interact with people who are different.

Fiona Gibson, a teacher at Camberwell Girls Grammar School, can attest to the power of having disability awareness training delivered by someone who is living with a disability. After Rebecca shared her story and experiences with Fiona's Grade 5 and 6 students, Fiona observed that the training had helped produce 'better citizens, with a greater tolerance for difference.'

'Rebecca is confident, friendly and makes the students feel as if they could ask her anything,' Fiona said, observing that the session's personal context made it much more effective than a training session run by a teacher straight out of a disability awareness toolkit.

As well as providing disability awareness training to school students, Rebecca is also playing a vital role as an advocate for young people with a disability.

Her passion for advocacy stems in part from her own experience. Before getting involved in the Youth Disability Advocacy Service (YDAS) as a committee member and awareness educator, Rebecca had distanced herself from disability service organisations, as she felt that they had nothing to offer her.

As YDAS coordinator George Taleporos notes, when he started with the organisation, 'It was clear many young leaders weren't working with traditional disability advocacy organisations.'

However, as Rebecca and a number of her peers on the YDAS committee have found, YDAS actively encourages young people with a disability to hold positions of responsibility and leadership within the organisation.

Rebecca welcomes the fact that young people drive much of the work that YDAS does. As she says, being given the chance to lead has helped her feel more empowered. 'Being involved has become a matter of choice, not necessity.'

Appendix 1: List of figures and tables

List of tables

Appendix 2: Key survey sources and data reports

Commissioned analyses

Analysis of poverty using the ABS survey of income and housing costs (details are provided in the technical notes in appendix 4)

Analysis of Victorian data from the Healthy Neighbourhoods School Survey

The Healthy Neighbourhoods Project was a large study undertaken in 2006 to look at the health and wellbeing of children and teenagers across Victoria, Queensland and Western Australia. Communities stratified by socioeconomic status and urban/rural location were randomly selected to take part in the project. During 2006, over 3500 young people in Years 6 and 8 were surveyed from 10 urban and eight rural local government areas across Victoria and these data were used to produce the analysis for this report.

The Healthy Neighbourhoods School Survey (HNSS) consisted of a computer-based questionnaire and the measurement of height, weight, blood pressure and pulse rate. The questionnaire was designed to provide information on rates of health and social problems experienced by young people and, in addition, provide information on the risk and protective (influencing) factors that predict these problems (see appendix 3). The aim of the project was to examine whether the causes of common adolescent health and behaviour problems (including mental illness, substance abuse, unhealthy weight, school and conduct problems) vary across different socioeconomic strata.

The commissioned analysis of HNSS Victorian data provides important information for this report about the health and wellbeing of young people (aged 11–13) as a whole, and by subgroup (age, gender, ATSI status, language spoken at home, urban/rural location and socioeconomic status). The sample was weighted according to its location and socioeconomic status so that the data estimated a representative sample of young people from the Victorian population.

Healthy Neighbourhoods was funded by a three-year grant from the Australian National Health and Medical Research Council (NHMRC). The researchers are based at the Murdoch Childrens Research Institute at the Royal Children's Hospital (Vic.), Griffith University (Qld), the Telethon Institute for Child Health Research (WA) and Curtin University of Technology (WA).

Participation rates of Victorian young people and sample sizes for all subgroups are provided below:

Participation rates[217]

Year level	Number	Consent forms returned N (%)	Parent consent N (%)	Survey complete N (%)	Measurements complete N (%)
6	3468	2437 (70)	2211 (64)	2057 (59)	1963 (57)
8	4162	2222 (53)	1950 (47)	1751 (42)	1648 (40)
Total	7630	4659 (61)	4161 (55)	3808 (50)	3611 (47)

Sample sizes[218]

Age[219]	10	11	12	13	14	Total
N	20	1049	1782	884	22	3757
(%)	(0.5)	(27.9)	(47.4)	(23.5)	(0.6)	

Gender	Male	Female	Total
N	1852	1941	3,793
(%)	(48.8)	(51.2)	

[217] The main reasons for non-participation were (a) failure to return consent form, (b) absence from school on the day of the survey and (c) parental non-consent.
[218] It should be noted that some students did not answer every question or participate in both parts of the survey.
[219] Due to the small number of students who were 10 and 14 years of age, the results of the analysis by age are limited to those aged 11–13 years.

This document is managed by the Department of Education and Early Childhood Development, Victoria (as of 27 August 2007)

Status	ATSI	Non-ATSI	Total
N	75	3625	3700
(%)	(2.0)	(98.0)	

Language	English	Other	Total
N	3197	526	3723
(%)	(85.9)	(14.1)	

Location	Urban	Regional	Total
N	1939	1854	3793
(%)	(51.1)	(48.9)	

SES level	Lowest	2	3	4	Highest	Total
N	766	703	825	917	582	3793
(%)	(20.2)	(18.5)	(21.8)	(24.2)	(15.3)	

Victorian surveys

On Track survey

The On Track survey is an annual telephone survey of Year 12 completers and early leavers in Victoria. School leavers from the previous year are contacted between April and May and destinations data are collected on two basic dimensions: education and training; and employment and occupation.

The On Track survey is designed to provide a valuable tool for guiding program policies both at the government and school level and at a local or regional level. The program enables schools to monitor how their students fare in a context of rapid labour market change and complex educational pathways. It is thus possible for schools to see, for example, how many exiting students are working, but also undertaking training, and how many are in tertiary study, but also have a job.

On Track also collects background information on students, so that the destinations of particular subgroups can be considered such as those of Indigenous students. Transition differences between regions in Victoria are also documented in this report. This information is valuable not only for schools, but also for the Local Learning and Employment Networks (LLEN), regions, VET providers (particularly TAFE institutes) and for government agencies.

The On Track data were analysed by a research team in the Centre for Post-Compulsory Education and Lifelong Learning at the University of Melbourne for the then Victorian Department of Education (DOE). In 2006 a total of 32,343 responses (representing a response rate of 66.5 per cent of all Year 12 or equivalent completers) were included in the analysis.

The Victorian Secondary School Students use of Licit and Illicit Substances in 2005

The Australian Secondary Students Alcohol and Drug (ASSAD) survey is a triennial secondary school-based survey that monitors the use of tobacco, alcohol and other substances among adolescents in Australia. The most recent survey was conducted in 2005 and used a representative sample of over 20,000 secondary school students in years 7–12 across Australia.

This survey report relates to the Victorian data collected by this survey in 2005 that involved the collaboration of the Victorian Department of Human Services, the Cancer Council of Victoria and the Commonwealth Department of Health and Ageing.

Up to 80 students were surveyed from each school in a representative sample of 69 secondary schools (including government, Catholic and independent). The results represent the responses of a total of 4552 male and female students aged 12–17.

The Victorian Youth Alcohol and Drugs Survey (VYADS)

The Victorian Youth Alcohol and Drugs Survey (VYADS) measures the use of, and attitudes towards, alcohol and illicit drugs by young people in Victoria aged 16–24. The latest VYADS survey took place in 2004 with 6005 interviews conducted.

The 2004 sample consisted of young people aged 16–24 living in private dwellings in metropolitan and non-metropolitan Victoria. No homeless or institutionalised persons were included in the survey. Computer assisted telephone interviewing (CATI) using randomly selected telephone numbers from electronic white pages listings was undertaken between November 2004 and January 2005. Stringent privacy measures were in place for the survey and no identifying information was collected about respondents or their friends. Telephone numbers were stripped from the data set immediately after fieldwork was completed.

Victorian Population Health Survey

The Victorian Population Health Survey (VPHS) is an important component of the population health surveillance responsibilities of the Victorian Department of Human Services. The annual survey series is a computer-assisted telephone interview on the health of Victorians aged 18 and over.

Telephone interviewing was undertaken between August and December 2005 for the 2006 report. Approximately 7500 interviews were completed during the fieldwork period with a representative statewide sample of adults aged 18 years or over from each of the eight departmental health regions.

The survey samples were obtained from random samples generated from the electronic white pages. It should be noted that this form of sample selection – while useful for locating addresses of residence – is known to exclude certain people including those with silent numbers, those with unlisted mobile phones and those without telephones such as the homeless, those in institutional care and some people with disabilities. This bias needs to be considered when reviewing the results.

The 2006 report presents information on health and lifestyle, including physical activity, smoking, alcohol consumption, intake of fruit and vegetables, selected health screening, adult obesity, asthma and diabetes prevalence, psychological distress and social networks. Information from this report is compared with selected data items for the 2001 to 2004 surveys.

Community Indicators Victoria Survey

Community Indicators Victoria aims to establish a sustainable Victorian approach to the development and use of local community wellbeing indicators, with the purpose of improving citizen engagement, community planning and policy making. CIV has been developed to present and report on the wellbeing of Victorians using an integrated set of community wellbeing indicators. These indicators refer to a broad range of measures designed to identify and communicate economic, social, environmental, democratic and cultural trends and outcomes. It is a collaborative project, funded by VicHealth and hosted by the McCaughey Centre, School of Population Health, at the University of Melbourne. The McCaughey Centre works in partnership with a wide range of government, community, and academic organisations.

The 2007 CIV survey was administered to selected households at random using random digit dialling. Approximately 24,000 Victorians completed the CATI survey. Postcode localities of respondents were confirmed to ensure that the sample included 300 respondents aged 18 years or older in each of the 79 Victorian LGAs. Interviewing was conducted from late January until early April in 2007.

Respondents were asked to answer questions on their health, life satisfaction, transport issues, arts participation, personal safety, citizen engagement, cultural diversity, water conservation, employment, food security and general household demographics. The survey questionnaire was developed by CIV in consultation with key stakeholders. Standard and validated questions were used wherever possible such as those used in previous ABS surveys.

National surveys

National Aboriginal and Torres Strait Islander Health Survey 2004-05

The 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) is the largest health survey of Indigenous Australians conducted by the ABS. The sample size was 10,439 people (or about one in 45 of the total Indigenous population). This survey, which was conducted in remote and non-remote areas throughout Australia, was designed to collect a range of information from Indigenous Australians about health-related issues including health status, risk factors and actions, and socioeconomic circumstances.

The survey aims were to provide broad information about the health of Indigenous Australians at the national and state/territory levels and to allow for the relationships across the health status, risk factors and health-related actions of Indigenous Australians to be explored. The survey facilitates comparisons over time in the health of Indigenous Australians and provides comparisons with results for the non-Indigenous population.

National Survey of Secondary Students and Sexual Health

The National Survey of Secondary Students and Sexual Health has been conducted every five years throughout Australia since 1992. The latest survey was conducted in 2002 and involved 2388 young people (55 per cent young women) from Years 10 and 12 in all states and territories. For the first time students from both the Catholic and Independent school systems have been included in the survey. The surveys are designed to inform educational policy and practice within the domain of sexual health.

National Nutrition Survey (1995)

The National Nutrition Survey was conducted on a sub-sample of respondents from the 1995 National Health Survey from February 1995 to March 1996. Information was collected for approximately 13,800 people aged two years and over from urban and rural areas in all states and territories.

The NSW Schools Physical Activity and Nutrition Survey (SPANS)

The NSW Schools Physical Activity and Nutrition Survey (SPANS) conducted in 2004 is a key initiative in the Prevention of Obesity in Children and Young People: NSW Government Action Plan 2003–2007. Almost 5500 school-aged students in NSW participated in the survey, which was conducted to determine the prevalence of overweight and obesity in children and young people as well as fitness, physical activity, sedentary behaviours, food habits, and risk factors for chronic disease.

The YouthSCAN bi-annual survey of young people

Quantum Market Research has carried out a bi-annual YouthSCAN survey since 1992. This national survey focuses on young people aged 10–17. The survey provides a valuable source of data in relation to young people's views and their engagement with their families and their communities. It is important to note that this is a small-scale survey of 1000 young people, including only 300 Victorian young people. Nevertheless the data provide some useful insights into change across a considerable time span (1992 to 2007).

The Exercise, Recreation and Sport Survey (ERASS)

ERASS is a joint initiative of the Australian Sports Commission and state and territory departments of sport and recreation. The annual survey was first conducted in 2001.

ERASS collects information on the frequency, nature and type of activities of persons aged 15 years and over for exercise, recreation and sport participation during the 12 months prior to interview. Participation means active 'playing' participation and does not include coaching, refereeing and spectating or activities related to work or household chores. The scope of the survey is all persons aged 15 years and over living in occupied private dwellings (excludes people in special dwellings such as hospitals, hotels, nursing homes and so on).

The total participation rate in physical activity for exercise, recreation and sport does not reflect the number of people who are physically active on a regular basis. The frequency and duration data provide an indication of the number of people who are regularly active.

In 2006, AC Nielsen Research completed the fieldwork, and supplied the data tables provided in the ERASS report. The report was then prepared by AC Nielsen Research for the Australian Sports Commission in consultation with the states and territories.

All interviews were conducted using AC Nielsen's computer-assisted telephone interviewing (CATI) system. The sample design was a random survey stratified by each participating state and territory. The sample was selected from the electronic white pages and one person was randomly selected per dwelling to complete the interview (based on the last birthday method).

The total sample of records used to produce estimates for 2006 was 13,710 and the overall response rate was 42 per cent.

The questionnaire covers three main areas:

- Physical activity for exercise, recreation and sport over the past 12 months — identifying up to 10 different types of activities participated in over the last 12 months, and for each type of activity determining whether it was organised by a club or association, the type of club or association and the number of times that activity was engaged in.

- Physical activity for exercise, recreation and sport over the past two weeks — of the three activities respondents participated in most over the 12 months before interview, identifying the frequency and duration of participation in these three activities during the two weeks prior to interview. This section was first added in 2005 and was again collected in 2006.

- Demographics — covers sex, age, marital status, number and age of children, educational qualifications, employment status, Indigenous status, language spoken at home and postcode.

(Source: Australian Sports Commision. See: http://www.ausport.gov.au/scorsresearch/erass2006.asp)

Key data reports

Young Australians: their health and wellbeing

'Young Australians: their health and wellbeing 2007' is the third national statistical report on young people in Australia and was produced by the Children, Youth and Families Unit at the AIHW, assisted by funding from the Australian Government Department of Health and Ageing.

The report uses a set of key indicators of health and wellbeing of young people, and brings together the most up-to-date national data from a variety of sources on the health status of young Australians aged 12–24 and the factors influencing their health. Information is presented on self-assessed health status, disability, injury, mental health, chronic disease, communicable diseases, hospitalisations and mortality. Factors influencing health addressed in this report include family and community environments, environmental factors, socioeconomic factors including education, employment and income and health behaviour such as weight, physical activity, nutrition and substance use.

This report also includes a special section on the health and welfare of Aboriginal and Torres Strait Islander young people. Timely, comprehensive and accurate information on these factors will enable the formulation of appropriate and effective policies and interventions to achieve long-term health and wellbeing for young people.

Profile of young Australians: facts, figures and issues (Pitman et al. 2003)

The Profile of Young Australians provides information about the status and wellbeing of young Australians aged 12–24. The report was published by The Foundation for Young Australians in 2003 and draws on a wide range of data including 2001 Census data, administrative data collected by the AIHW and by government departments and survey data relating to the wellbeing of young people. The report presents a national profile, but also includes state and territory data. Data are also presented in comparative form between age groups and genders, and rural remote and urban locations, and by Indigenous status and across time.

Child Protection Australia

This report is prepared annually by the AIHW and is based on state/territory data on child protection notifications, investigations and substantiations, children on care and protection orders and children in out-of-home care. Most of the data in this report covers the current financial year, although data on trends in child protection are also included. Each state and territory has its own legislation, policies and practices in relation to child protection, which accounts for some of the differences between jurisdictions in the data provided. Australian totals have not been provided for those data that are not comparable across the states and territories.

Juvenile Justice in Australia

Responsibility for juvenile justice rests at state and territory level and there is marked diversity in the legislation, policy and practices among jurisdictions. The age when young people are considered juveniles or adults by the justice system, key policy directions, diversionary options, possible court outcomes, and specific programs and services available to young people are all areas of variation throughout Australia. The AIHW has worked with the Australasian Juvenile Justice Administrators (AJJA) to develop nationally consistent data on one part of this system, juvenile justice supervision.

This report is based on two data collections of the Juvenile Justice National Minimum Data Set (NMDS):

• young people under juvenile justice supervision

• juvenile justice episodes (supervision periods).

These data, which include both community-based and detention-based supervision, are collected by the AIHW from the departments in each state and territory with particular responsibility for juvenile justice. The data in this report cover the period 2005 to 2006.

Appendix 3: The risk and protective factors framework

Risk factors are characteristics of school, community, and family environments, and characteristics of students and their peer groups, that are known to independently predict increased likelihood of harmful drug use, crime, violent behaviour, school dropout and mental health problems among youth (Hawkins, Catalano & Miller 1992, Hawkins, Arthur & Catalano 1995, Bond, Thomas, Toumbourou, Patton & Catalano 2000, Brewer, Hawkins, Catalano & Neckerman 1995, Lipsey & Derzon 1998). For example, children who live in disorganised communities with high rates of crime and drug use are more likely to become involved in crime and drug use than are children who live in areas that have low rates of these problems.

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that children and young people will develop health and social problems. Protective factors identified through research include strong bonding to family, school, community and peers, and healthy beliefs and clear standards for behaviour. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behaviour. According to the social development model (Catalano & Hawkins 1996) three conditions must be present in communities, neighbourhoods, schools, families and peer groups for young people to develop strong bonds to these social units:

- **opportunities** for active contribution and involvement in these units
- **skills** to be successful in meeting the opportunities they encounter
- consistent **recognition** or reinforcement for their efforts and accomplishments.

Strong bonds to community, family, school, and peers that have healthy beliefs and set clear standards for behaviour are essential for healthy development.

Research on risk and protective factors has important implications for children's success across a wide range of areas including education, positive youth development, and prevention of health and social problems such as drug abuse, crime, sexual risk taking and mental illness. In order to promote wellbeing, educational success and positive youth development and to prevent developmental problems, it is necessary to create healthy social environments by addressing the local factors that predict these outcomes.

By measuring young people's experience of the risk and protective factors within their community, specific factors that are elevated and widespread can be identified and targeted by policies, programs and actions shown to reduce those risk factors and to promote protective factors. Prevention activities are likely to be most successful where they work in a coordinated way to improve conditions for healthy youth development over many years. In work being conducted by the Centre for Adolescent Health the application of similar risk and protective factors has been demonstrated to be of value in supporting a range of prevention targets including sexual risk taking and mental health. By pooling the knowledge, experience and resources of planners from crime prevention, substance abuse prevention, health and mental health promotion a more coordinated and integrated local prevention strategy can emerge.

Risk and protective factors

Responses to items on the HNSS addressing risk and protective factors were integrated into the scales developed previously by Bond et al. (2000). Student responses were coded according to whether or not their answers indicated that the risk or protective factor applied in their life. The role these factors play in healthy youth development and examples of the types of questions in each of the scales presented in this report are given below.

Protective factors

Community domain	Community opportunities for prosocial involvement	When opportunities for positive participation are available in a community, children are more likely to become bonded to the community. *Example question: 'Which of the following activities for people your age are available in your community? Sports teams, scouts/guides, youth groups, community service.'*
	Community rewards for prosocial involvement	Recognition for positive participation in community activities helps children bond to the community, thus lowering their risk for problem behaviour. *Example question: 'My neighbours notice when I am doing something well and let me know.'*
Family domain	Family attachment	Young people who feel strongly bonded to their family are less likely to engage in substance use and other problem behaviour. *Example question: 'Do you feel very close to your mother?'*
	Family opportunities for prosocial involvement	When young people are given more opportunities to participate meaningfully in the classroom and school, they are more likely to develop strong bonds of attachment and commitment to school. *Example question: 'In my school, students have lots of chances to help decide things like class activities and rules.'*
	Family rewards for prosocial involvement	When parents, siblings, and other family members praise, encourage, and recognise things done well by their child, children are more likely to develop strong bonds to the family. *Example question: 'How often do your parents tell you they're proud of you for something you've done?'*
School domain	School opportunities for prosocial involvement	When young people are given more opportunities to participate meaningfully in the classroom and school, they are more likely to develop strong bonds of attachment and commitment to school. *Example question: 'In my school, students have lots of chances to help decide things like class activities and rules.'*
	School rewards for prosocial involvement	When young people are recognised for their contributions, efforts, and progress in school, they are more likely to develop strong bonds of attachment and commitment to school. *Example question: 'My teachers praise me when I work hard in school.'*

Risk factors

Community domain	Low community attachment	Neighbourhoods where residents report low levels of bonding to the neighbourhood have higher rates of juvenile crime, violence and drug use. *Example question: 'I'd like to get out of my neighbourhood.'*
	Community disorganisation	Neighbourhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime have higher rates of juvenile crime, violence and drug use. *Example question: 'How much do you agree with the following statements? There are fights in my neighbourhood.'*
	Personal transitions and mobility	Young people without stability and strong personal relationships are more likely to use drugs and become involved in anti-social behaviours. *Example question: 'Have you moved house in the past year (past 12 months)?'*
	Community laws/norms favourable to substance use	Communities where laws regulating alcohol and other drug use are poorly enforced have higher rates of youth alcohol and drug use, violence, and delinquency. Further, rates of youth alcohol and drug use and violence are higher in communities where adults believe it is normative or acceptable for minors to use alcohol or other drugs. *Example question: 'How wrong would most adults in your neighbourhood think it is for kids your age to drink alcohol?'*
	Perceived availability of drugs	The availability of cigarettes, alcohol, marijuana, and other illegal drugs is related to a higher risk of drug use and violence among adolescents. *Example question: 'How easy would it be for you to get marijuana?'*
Family domain	Poor family management	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places the children at higher risk for substance use and other problem behaviour. *Example question: 'The rules in my family are clear.'*
	Family conflict	Children raised in families high in conflict are at risk for violence, delinquency, school dropout, teen pregnancy, and drug use. *Example question: 'We argue about the same things in my family over and over again.'*
	Family history of anti-social behaviour	Children from families with a history of problem behaviours (e.g. crime, violence or alcohol or drug abuse or dependence) are more likely to engage in these behaviour. *Example question: 'Has anyone in your family ever had a severe alcohol or drug problem?'*
	Parental attitudes favourable to drug use	In families where parents are tolerant of their children's alcohol or drug use, children are more likely to become drug abusers. The risk is further increased if parents involve children in their own drug or alcohol using behaviour; for example, by asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. *Example question: 'How wrong do your parents feel it would be for you to smoke cigarettes?'*
	Parental attitudes favourable to anti-social behaviour	In families where parents are tolerant of their children's misbehaviour, including violent and delinquent behaviour, children are more likely to become involved in violence and crime during adolescence. *Example question: 'How wrong do your parents feel it would be for you to pick a fight with someone?'*
School domain	School failure	Beginning in the late primary school years (years 4–6), children who fall behind academically for any reason are at greater risk of drug abuse, school dropout, teenage pregnancy and violence. *Example question: 'Putting them altogether, what were your marks like last year?'*
	Low commitment to school	Factors such as not liking school, spending little time on homework, and perceiving coursework as irrelevant are predictive of drug use, violence, delinquency and school dropout. *Example question: 'Now, thinking back over the past year in school, how often did you try to do your best work in school?'*

Source: Williams 2007

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Appendix 4: Technical notes on poverty analysis conducted by NATSEM for the Victorian Office for Children

Notes provided by Alicia Payne, NATSEM

August 2007

Data

This analysis of poverty uses Confidentialised Unit Record File (CURF) data from the ABS Survey of Income and Housing Costs (SIH). The most recent available release is for 2003–04. The releases for 2002–03, 2000–01, 1999–2000 and 1997–98 have also been analysed. Each release includes three CURF files, one each for persons, income units and households. In the household file, for example, each record in the data set is one household. These results reflect the releases of the CURFs current as of August 2007.

Each household is given a 'weight' that is used to produce estimates for the whole population. The weight, created by the ABS and included in the dataset, represents the estimated number of similar households in Australia. For example a household weight of 400 means that it is estimated that the record represents 400 households in terms of characteristics. For more detailed information on weights refer to the technical paper for each release, available from the ABS website.

As this study analyses poverty at the household level, most information used is from the household level files, however some information about people's characteristics has been drawn from the person and income unit files also. While household level income is the basis for this study, poverty rates are based on the percentage of people in households defined as being in poverty. As households differ in size, reporting the total number of people in such households gives a better representation of poverty than the percentage of households.

The following table shows the sample sizes of unweighted households for Australia and Victoria for each of the CURFs used.

Table 1 Unweighted sample sizes for SIH CURFs

Survey of Income and Housing CURF households	Australia, total number of households	Australia, number of households poverty	Victoria, total number of households	Victoria, number of households poverty
	Number households	Number households	Number households	Number households
2003–04	11,361	1525	2385	341
2002–03	10,210	1584	2066	319
2000–01	6786	956	1400	188
1999–2000	6637	900	1383	185
1997–98	7025	743	1467	136

Analysing poverty

The analysis of poverty and the various methodological approaches to it are the subject of ongoing debate between researchers and commentators, with no general consensus being reached on the 'best' way to measure poverty. There has in recent years, however been a move towards analysing poverty at the household, rather than income unit level. It is now recommended by the ABS that household income be used as the basis for an analysis of income distribution. A key reason for this is that young people who live at home, although not dependent on their parents, may benefit from the income of their parents. While two parents and a non-dependent child who live together would be two income units, they would be one household for the purposes of the survey. Thus it is currently perceived that household income better represents living standards than income unit income (see ABS 2007, 6523.0).

This study is an analysis of relative income poverty, as it defines 'poverty' as having a household income below a certain point relative to the income distribution of the whole population. This poverty line has been set at half the median OECD equivalent household disposable income. The median is calculated by ranking persons by their household income, as the number of persons in households is not evenly distributed across the income distribution. Using this method, people living in households with income less than half the equivalised household income of all Australians are deemed to be in poverty. Setting income poverty at 50 per cent of the median equivalised disposable income is currently the most widely accepted definition of income poverty in Australia (see, for example, Marks 2007, Saunders & Bradbury 2006).

Income measure

The measure of income used as the basis for this study is current weekly household disposable (after tax) income as recorded in the surveys. Some incomes in the survey are recorded as negative (for example for some households with business income).

In the 2003–04 CURF the ABS took a new approach to collecting information on business and investment income. This could impact on the way total disposable income is calculated for the year, and thus it is not clear how reliable comparisons between income in 2003–04 and earlier years are. The possible impact of this change will become clearer as later surveys are released. See the 2003–04 SIH CURF Technical Paper for more detail (ABS 2007, 6540.0.00.001).

Equivalising income

In order to compare household incomes with the aim of capturing a representation of standards of living, incomes are equivalised to account for the different needs of different household types. For example a single person household with a weekly disposable income of $800 is likely to enjoy a higher living standard than a couple with two children sharing the same income. Equivalence scales give 'points' to each adult and child in the household, and then the household's disposable income is divided by the sum of these points so that incomes can be compared across different types of households.

Various equivalence scales are used to analyse income poverty. This study uses the OECD equivalence scale. The OECD scale assigns the following values:

First adult = 1
Other adults = 0.5
Dependent children under 15 years of age = 0.3

Therefore the equation used to determine the equivalence scale is as follows:
(1+ 0.5*(number of adults - 1)+ 0.3*number of dependent children) / 2.1,
with 2.1 being the number of 'points' allocated to a 'standard' household of 2 adults and 2 dependent children.

The division of the household's 'points' by 2.1 (the 'standard' family) means that the poverty line (half the median equivalised household disposable income) represents the level of income below which this standard family would be classified as being in poverty, and that all other household type incomes have been made comparable to this. Therefore the poverty lines shown in table 2 were set for each of the years, and can be quoted as the poverty line for a couple with two children under 15.

Table 2 Half-median OECD equivalent household disposable income poverty lines for a household with two adults and two dependent children under 15

Half-median OECD equivalent household disposable income poverty line for a household with two adults and two children under 15 years	
	Equivalent dollars for the given year
2003–04	$518.49
2002–03	$471.92
2000–01	$436.58
1999–2000	$401.10
1997–98	$369.69

Note: The dollar amounts cannot be 'compared' between years because they have not been adjusted to reflect a particular year's dollars. They reflect the survey year dollars.

For the purposes of the equivalence scale, dependants under 15 have been included as 'dependent children' and given a value of 0.3, while dependent children 15–24 have been counted as adults and given a value of 0.5.

Further details about equivalence scales are provided is Greenwell, Lloyd and Harding (2001).

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Appendix 5: 2006 Victorian electoral enrolment statistics (young people aged 18–24)

Total electors aged 18–24	Electors aged18–24 who voted (percentage)
367,200 *	90

* refers to numbers of people in the age bracket who are currently enrolled

District	Total electors* aged 18–24	Electors who voted aged 18–24 (percentage)	Total electors
Albert Park District	3156	80%	43,926
Altona District	4550	92%	41,888
Ballarat East District	4311	88%	37,648
Ballarat West District	5109	89%	41,283
Bass District	3728	90%	39,847
Bayswater District	4299	92%	36,321
Bellarine District	3986	90%	40,888
Benalla District	3185	87%	35,788
Benambra District	4120	86%	35,224
Bendigo East District	5048	89%	38,000
Bendigo West District	4371	86%	39,557
Bentleigh District	3410	93%	37,250
Box Hill District	4262	91%	37,970
Brighton District	3546	87%	36,932
Broadmeadows District	4349	89%	36,713
Brunswick District	3967	86%	39,734
Bulleen District	3903	94%	34,692
Bundoora District	3926	92%	35,354
Burwood District	4060	91%	38,284
Carrum District	3751	91%	39,516
Caulfield District	3567	85%	36,491
Clayton District	3588	91%	33,398
Cranbourne District	4796	90%	40,541
Dandenong District	3990	90%	34,489
Derrimut District	3936	91%	35,906
Doncaster District	3841	92%	35,524
Eltham District	5441	93%	38,242
Essendon District	4040	90%	37,601
Evelyn District	4964	92%	37,693
Ferntree Gully District	4962	93%	40,994
Footscray District	3282	89%	37,293
Forest Hill District	3790	93%	36,669
Frankston District	3996	90%	35,465
Geelong District	4586	87%	39,307
Gembrook District	4624	91%	38,722
Gippsland East District	3410	86%	39,024
Gippsland South District	3985	89%	37,314
Hastings District	4762	90%	39,913
Hawthorn District	4694	88%	38,017
Ivanhoe District	3897	91%	37,162
Keilor District	6131	93%	46,060
Kew District	4197	91%	36,049

Kilsyth District	4526	92%	38,358
Kororoit District	4439	91%	38,186
Lara District	4747	89%	40,485
Lowan District	3817	90%	38,181
Lyndhurst District	4339	91%	36,605
Macedon District	5279	92%	42,700
Malvern District	3964	87%	37,452
Melbourne District	4839	83%	38,853
Melton District	5281	91%	38,693
Mildura District	3620	86%	36,320
Mill Park District	5208	94%	38,365
Mitcham District	3488	92%	36,374
Monbulk District	4498	92%	36,262
Mordialloc District	3852	91%	39,249
Mornington District	3547	90%	36,934
Morwell District	4597	89%	36,667
Mount Waverley District	3845	92%	36,604
Mulgrave District	3830	92%	33,982
Murray Valley District	3666	87%	36,739
Narracan District	4338	90%	38,846
Narre Warren North District	5170	92%	37,223
Narre Warren South District	5485	92%	45,871
Nepean District	2551	88%	36,451
Niddrie District	3624	93%	36,148
Northcote District	3118	87%	38,584
Oakleigh District	2982	90%	34,478
Pascoe Vale District	3463	89%	38,591
Polwarth District	4176	89%	40,403
Prahran District	3255	81%	38,332
Preston District	3362	91%	37,858
Richmond District	3307	84%	38,941
Ripon District	3322	89%	36,473
Rodney District	3461	90%	35,652
Sandringham District	3548	90%	36,376
Scoresby District	5559	93%	38,226
Seymour District	4005	89%	38,112
Shepparton District	4173	90%	36,206
South Barwon District	5072	89%	43,002
South-West Coast District	4653	88%	41,338
Swan Hill District	3307	89%	33,731
Tarneit District	5257	91%	41,235
Thomastown District	3885	92%	36,458
Warrandyte District	5125	92%	39,590
Williamstown District	2978	90%	37,437
Yan Yean District	5550	93%	41,083
Yuroke District	5576	93%	41,502
Total	**367,200**	**90%**	**3,353,845**

* refers to people in that age bracket who are currently enrolled
** total number of enrolled people in electorate

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