

The state of Victoria's young people

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

Data summary



Prepared by the Department of Education and Early Childhood Development
and the Department of Planning and Community Development



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This report provides a summary of the key data findings from The state of Victoria's young people.
The full report can be accessed on: www.office-for-children.vic.gov.au/statewide-outcomes



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Published by the Victorian Government Department of Education and Early Childhood Development and the Department of Planning and Community Development, Melbourne, Victoria, Australia.

March 2008

Also published on: www.office-for-children.vic.gov.au/statewide-outcomes

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Printed by Print Dynamics, 25 Lionel Rd, Mount Waverley



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.

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Acknowledgements

The state of Victoria's young people draws on administrative and survey data from a variety of sources including data held in 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. We are grateful also to The Cancer Council Victoria, Community Indicators Victoria and to senior academics (detailed in the full report) who contributed expert papers and tailored analyses.

The full report was prepared by Dr. Suzanne Hood (principal author) and Katie Lamb in the Victorian Government Department of Education and Early Childhood Development with Deborah Elkington, Mark Grant and Helvi Apted from the Victorian Government Department of Planning and Community Development.

This data summary was prepared by Dr. Suzanne Hood on the basis of the full report.



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Introduction

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

For example, the number of young people is declining as a proportion of the total population, and the structure and make-up of Victorian families is changing as the number of single-parent families and the proportion of single-person households increases. Many of Victoria's young people also remain at home longer and are dependent on their families for longer periods.

While the majority of young Victorians are faring well, this is not the case for a minority and there are clear inequalities in outcomes, particularly for young Indigenous people. Despite great strides forward in technology and engagement in education, there are 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.

The Government is committed to improving the wellbeing all young Victorians but is also focusing attention on four priority population groups: Indigenous children and young people; children and young people with a disability; children and young people from culturally and linguistically diverse backgrounds (CALD) 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.

Available evidence suggests 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 they are likely to require different approaches.

Monitoring and measuring how 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 outcomes of children's health, learning, development, safety and wellbeing.

These 35 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 family and community at large.

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:

- *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 areas were shaped in consultations with more than 1,300 young Victorians and they represent the priority goals or outcomes of young people, their families and their communities. Each of the five Future Directions outcomes is accompanied by lead measures and indicators so that progress towards achieving the policy goals can be assessed (Department for Victorian Communities (DVC) 2006).

The state of Victoria's young people sets out how young Victorians aged 12–24 are faring against the government outcomes framework.





1. Victoria's young people

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 (population as of 30 June 2006, Australian Bureau of Statistics (ABS) 2006 a-i).

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).

Nearly three quarters (73 per cent) of Victoria's young people live in metropolitan Melbourne with the remaining quarter living in rural Victoria (population as of 30 June 2005, Department of Human Services calculations based on ABS 2006, ABS data available on request).

The total number of young people in the Victorian population is projected to remain stable, owing to trends in fertility rates.¹ 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.²

Young people and their households

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.

Of those 12–24 year olds still living at home in Victoria, 69 per cent are living with both biological parents³ and 22.2 per cent are in one-parent families. Victoria has the highest proportion of 12–24 year olds that 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.

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 (37.6 per cent of 15–24 year old Victorians live at home as dependent students).

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 10 per cent nationally. Of those young people living as a couple, 24.9 per cent have one or more children, compared with 27.8 per cent of those nationally⁴ (ABS 2006 Census, ABS data available on request).

Diversity and Victoria's young people

The Indigenous young people population

There are 6,968 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.

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 live in metropolitan areas. 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).

¹ 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).

² 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, 2005a).

³ Defined by the ABS as in 'intact families'

⁴ 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.



CALD young people (including refugees)

Census data (2006) show that 15.1 per cent of Victorians aged 12–24, and 23.6 per cent of all Victorians, were born overseas. One in five (19.9 per cent) of Victorians aged 12–24, and 20.4 per cent of all Victorians, speak a language other than English at home. 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 associated with resettlement (Refugee Resettlement Advisory Council 2002, cited in The Centre for Multicultural Youth Issues 2006).

There were 1,110 youth arrivals aged 12–25 to Victoria in 2006–07, under the Humanitarian Program. Young people from Sudan, Burma, Afghanistan and Iraq accounted for 75 per cent of all entrants (The Centre for Multicultural Youth Issues 2007).

Young people with a disability

The estimated number of young people with a disability in Victoria cited in this report⁵ uses the ABS definition of disability:

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

The ABS 2003 Survey of Disability, Ageing and Carers shows that approximately 77,500 young people aged 12–24 in Victoria have a reported disability,⁶ representing 8.6 per cent of all young people in Victoria. This is lower than the national average of 9.4 per cent.

A higher percentage of males have a reported disability compared with females, 9.3 per cent of Victorian males aged 12–24 compared with 7.9 per cent of Victorian females (ABS Survey of Disability Ageing and Carers, 2003, ABS data available on request).

The survey also shows that a slightly higher proportion of 12–24 year olds in Victoria have a profound or severe core activity limitation compared with the national average (3.2 per cent compared with 2.8 per cent)⁷ representing approximately 29,100 young people and 3.2 per cent of the 12–24 year old population.⁸

⁵ It is difficult to provide accurate estimates of the number of young people because of debate surrounding the definition of a disability and because of problems of identification even where a definition is agreed.

⁶ 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.

⁷ Relative standard errors are too high to reliably report gender differences in profound/severe core activity limitation.

⁸ 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 12–24 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, Data available on request).



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.
- > Asthma rates are higher in Victorian than in Australian young people aged 12–17.
- > Victoria has a lower rate of cancer diagnosis than Australia overall. Skin cancer is the most common form of cancer in young people.
- > The proportion of Victorian young people aged 12 with dental decay is increasing. Indigenous young people aged 12–16 have higher rates of decay.
- > Nearly one-third of young people are overweight or obese. Further data are needed to confirm if the proportion of young people who are overweight or obese is increasing.
- > 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. In the 11–13 age group, 22.9 per cent of Victorians meet recommended physical activity levels.
- > Information on the prevalence of eating disorders in Victoria is limited. A recent longitudinal Victorian study 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 (Patton et al. 2007).
- > Less than a third of Victorian 12–18 year olds and less than a half of 19–24 year olds meet fruit consumption recommendations. 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) among Victoria's young people is chlamydia. Rates are increasing nationally, but are lower in Victoria than Australia.
- > A Victorian survey shows the proportion of young people aged 12–17 who smoke cigarettes is declining. Smoking rates are higher in Indigenous young people.
- > Trend data suggest there have been increases in the proportion of young people who drink at levels that risk short-term harm.
- > Rates of illicit drug use among young people are very low, with the exception of cannabis. The use of cannabis is declining.
- > The proportion of young Victorians aged 18–24 experiencing high to very high levels of psychological distress has declined between 2001 and 2006. Survey data suggest that depressive symptoms are present in just under a third of young Victorians in Years 6 and 8 (Healthy Neighbourhoods School Survey (HNSS)).



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

This chapter focuses on young people's own perceptions of their health and on evidence relating to a range of health conditions. It also covers young people's lifestyles and health-related behaviour.

2.1 Young people's assessment of their health

It is encouraging 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' (ABS 2006, National Health Survey 2004–05). However, young Indigenous Australians are less likely than non-Indigenous young Australians to give positive ratings to their health (data cited in AIHW 2007a) (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	2001	2004–05	2004–05
	Indigenous (%)	Non-Indigenous (%)	Indigenous (%)	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

2.2 Physical health

Immunisation and vaccine preventable illnesses

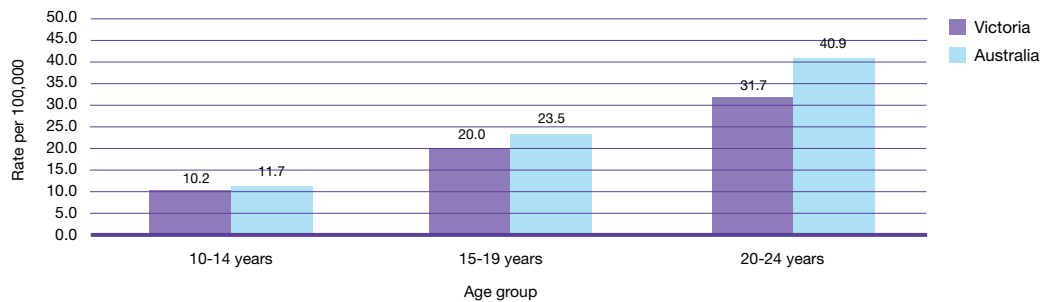
The rate of notification of vaccine preventable-diseases in young people aged 12–24 has declined overall between 2000 and 2006 although the rate of notifications among 20–24 year olds is consistently higher than for younger age groups. Vaccination plays a key role in reducing many bacterial and viral diseases and a minimum of 90 per cent coverage is required to interrupt disease transmission (AIHW 2005). Department of Human Services data show that coverage is lower than this for all the National Health and Medical Research Council (NHMRC) recommended immunisations in secondary schools. In 2006, 70 per cent of Year 7 students completed immunisation against hepatitis B and 72 per cent were immunised against varicella (chicken pox). Seventy-eight per cent of Year 10 students completed immunisation against diphtheria and tetanus.

Cancer

Although cancer among young people is relatively uncommon,⁹ it was the sixth overall lead cause of disease burden among 15–24 year olds in 2003, with the leading cause being mental disorders. Victoria has a lower rate of cancer diagnosis than Australia, particularly among young people aged 20–24 (see figure 2.1).

⁹ When young people are compared with the general population

Figure 2.1: 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 & Australian Association of Cancer Registries, 2004

Diabetes

Diabetes is a serious chronic disease that can lead to a variety of complications that are responsible for a loss of working ability, shortened life expectancy and a reduced quality of life. Victorian data are limited. However, the National Diabetes Register has shown 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 some evidence that incidence type 2 diabetes is increasing in younger people, 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).

Asthma

Asthma is one of the most common chronic diseases of young Australians. Its underlying causes are not fully understood. The proportion of young adults aged 18–24 with current asthma is similar in Victoria to 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

Hospitalisation and Indigenous young people

Indigenous young people aged 15–24 have higher rates of hospital admission than non-Indigenous young people. For males aged 10–14, the rate of hospital admission is 82 per 1,000 for Indigenous males and 68 per 1,000 for non-Indigenous males. For those aged 15–24, the rate of hospital admission is 131 per 1,000 for Indigenous males and 99 per 1,000 for non-Indigenous males.

For females aged 10–14, the rate of hospital admission is similar for Indigenous females (53 per 1,000) and non-Indigenous females (56 per 1,000). However, among 15–24 year olds, the rate is much higher for Indigenous than non-Indigenous females (372 per 1,000, compared with 166 per 1,000). The higher rates in Indigenous females are due to pregnancy-related admissions (Victorian Admitted Episodes Dataset (VAED) 2005–06 data, reported in Department of Human Services 2007a).



2.3 Staying healthy and healthy lifestyles

Dental health

A national trend towards increasing proportions of adolescents with tooth decay is reflected in Victoria. There has been 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.

Indigenous young Victorians aged 12–16 have a much lower rate of being decay free or having no decay experience than other young people in the same age group (Dental Health Services Clinical Analysis and Evaluation Unit, Dental Health Services Victoria).

Urban youth have lower levels of reported extractions and more fillings and ‘scale and cleans’ than rural and remote youth (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).

Sun protection and damage

Skin cancer is one of the most preventable cancers but is still the most common type of cancer in young people. Over-exposure to the sun as a child or teenager can significantly increase the risk of melanoma later in life.

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.

A survey of 4,111 Victorian secondary students aged 12–17¹⁰ found that around half (48 per cent) of young people usually or always wear maximum protection (30+) sunscreen on a sunny day in summer. In summer, 42.5 per cent of young people report usually or always wearing a hat on a sunny day. Smaller proportions of young people usually or always wear sunglasses (39 per cent), stay mainly in the shade (25 per cent) and wear clothes that cover most of their body (16 per cent).

Healthy body weight

Overweight and obesity account for a large proportion of the total global burden of disease and are very serious public health problems in Australia. High levels of overweight and obesity are viewed as being linked to increasingly sedentary lifestyles and to changing dietary habits.¹¹

While the significance of overweight and obesity for young people’s lives cannot be contested, it may be more helpful to place policy emphasis on the wider goal of attaining healthy body weight. It is important to recognise that there are tremendous pressures on young people to lose weight to fit in with desired body images. These body images may bear little relationship to healthy body weight and may even contribute to the development of eating disorders.

Prevalence of overweight and obesity

The evidence suggests that nearly one-third of young people are overweight or obese.¹² However, further data are needed to confirm whether the proportion of young people who are overweight or obese is increasing, as is the case for younger children and for adults.

¹⁰ 2,070 of the students were male and 2,041 were female. The data were collected by the Cancer Council Victoria 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.

¹¹ 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).

¹² This evidence is drawn from 1995 (national data) and 2005 and 2007 (Victorian data) together with self-report data from state and national surveys (2004 and 2004-05). Self-report data should be treated with caution as there may be under-reporting, particularly in females.



Physical activity levels

In Victoria, the Healthy Neighbourhood Schools Survey (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. 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).

The 2004 Victorian Population Health Survey (VPHS) found that 65 per cent of males and 58 per cent of females aged over 18 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.

Nutrition

Less than a third (27.1 per cent) of Victorian 12–18 year olds meet the NHMRC recommendations for fruit consumption, whereas 57.3 per cent meet the recommendations for vegetable consumption (ABS, National Health Survey 2004–05, ABS data available on request). 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.¹³

Obesity, overweight and physical activity in population groups

A link between lower socioeconomic status (SES) and overweight/obesity, and between lower SES and sedentariness, is found in some studies, but not in all. Caution should be used in interpreting the evidence in this area, as some studies are based on self-report and others on measured data. Evidence relating to the prevalence of overweight and obesity in Indigenous young people and in CALD young people is limited.¹⁴

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. The two most common eating disorders in young people are anorexia and bulimia nervosa, and bulimia is the more common of these, although both occur only rarely. In Victoria, eating disorders are the fourth leading cause of disease burden in 15 to 34 year old females.

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; 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; 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.

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 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 (Patton et al. 2007).

Sexually transmitted infections

STIs can have significant impacts on health and fertility. In Victoria, there were 6,712 young people aged 12–25 diagnosed with a STI 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).¹⁵ Young people aged under 25 account for well over half of chlamydia cases in Victoria. Nevertheless, notification rates for chlamydia are lower in Victoria than nationally.

¹³ The NHMRC guidelines recommend that young people aged 12-18 eat three serves of vegetables and three serves of fruit per day and that young people aged 19 and over eat two servings of fruit and five servings of vegetables (NHMRC 2003a; NHMRC 2003b).

¹⁴ 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 in line with recommended levels and that they were more likely to be overweight. The study found that Indigenous students were more likely than non-Indigenous students to be overweight, but not as likely to be obese. Indigenous students were more likely, than non-Indigenous students, to meet physical activity recommendations.

¹⁵ 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.

16

Births to young mothers

Motherhood in young people aged under 20 is associated with an increased risk of poor social, economic and health outcomes.¹⁶ Victoria has the second lowest rate of births to young mothers nationally (ABS 2005) and birth rates among young women have remained relatively stable between 2001 and 2005, with some suggestion of a decline (see figure 2.2).

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, compared with only 2.6 per cent of non-Indigenous women. The percentage of Indigenous women aged under 20 giving birth has also increased since 1996 (Department of Human Services 2007b).

Figure 2.2: Birth rates in Victoria by age of mother, 2001–2005

Year	20-24	15-19
2001	44.3	11.5
2002	43.7	11.4
2003	42.3	10.4
2004	40.3	10.6
2005	39.9	10.1

Source: ABS 2005 Births, Australia cat 3301.0

Barriers to young people's access to sexual and mental health services

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).

Substance use among young people

In adolescence, many young people begin experimenting with the use of 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, there may be serious present and long-term health consequences (AIHW 2007a, Pitman et al. 2003).

Tobacco smoking

The Victorian Secondary School Students' Use of Licit and Illicit Substances 2005 survey (DHS 2006a) suggests a declining trend in rates of current smoking between 1984 and 2005 among young people aged 12–17. This decline in smoking is also evident in young people aged 18–24, particularly among males.

Rates of current smoking are nearly twice as high among Indigenous young people. Nearly 60 per cent (57.7 per cent) of Indigenous young people aged 18–24 describe themselves as current smokers, compared with just over 30 per cent (30.7 per cent) of non-Indigenous young people (National Aboriginal and Torres Islander Health Survey (2004–05)).

¹⁶ 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).

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Alcohol

The Victorian Secondary School Students Use of Licit and Illicit Substances survey in 2005 shows that the percentage of young people aged 16–17 who are drinking at levels that risk short-term harm has increased from 15 per cent (in 1984) to 23 per cent (in 2005) (DHS 2006a).¹⁷ 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 2.3).¹⁸

Table 2.3: Proportion of young people aged 18–24 drinking alcohol at least weekly at risky and high-risk levels, 2002–2005 (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)

Another area of concern is the proportion of young people, particularly young males, who report driving while under the influence of alcohol during the past 12 months: 16 per cent of males aged 18–21 and 30 per cent aged 22–24 admit to driving while affected by alcohol (Premier's Drug Prevention Council, Victorian Youth Alcohol and Drug Survey 2004).

Illicit drugs

Cannabis is the most commonly used illicit drug among young people (The Victorian Secondary School Students' Use of Licit and Illicit Substances Survey 2005, Victorian Youth Alcohol and Drug Survey 2004).

While the percentage of 12–17 year olds who have ever used cannabis range from three to 33 per cent, the rates of regular usage (used 10 or more times in past year) are very low (between 1 and 6 per cent). Around half (48 per cent) of 16–24 year olds report having ever used cannabis. There has also been a significant decrease in the use of cannabis among young people aged 12–17 between 1996 and 2005 and among young people aged 16–24 between 2003 and 2004.

Use of other illicit drugs in young people aged 16–24 ranges from 18 per cent who had ever used ecstasy, to 15 per cent ever using amphetamines and 6 per cent cocaine. Around a quarter (26 per cent) of males and 15 per cent of females report driving while under the influence of illicit drugs (Premier's Drug Prevention Council, Victorian Youth Alcohol and Drug Survey 2004).

2.4 Emotional and mental health

Mental health problems and disorders¹⁹ can have a serious impact on the 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.

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 proportion of young people in Years 6 and 8 who were showing depressive symptoms.²⁰

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. 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 2.4).

¹⁷ 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.

¹⁸ The rate of alcohol-caused hospital admissions for young Victorians aged 15–24 has also increased substantially from 1998–99 to 2005–06.

¹⁹ 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.

²⁰ 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.

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Table 2.4: 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: young people aged 18–24

Psychological distress refers to an individual's overall level of psychological strain or pain as manifested in depression, anxiety and anger. Figure 2.3 shows the levels of psychological distress of young people aged 18–24 years in Victoria, from 2001 to 2006, as measured using the Kessler 10 (K10) distress scale.²¹

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 2006.²²

However, young women are much more likely than young men to report high or very high levels of psychological distress. 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.²³

Figure 2.3: Psychological distress as measured by the Kessler 10 (K10) score category, young people aged 18–24, Victoria, 2001–06

Year	Low to moderate (%)	High (%)
2001	79.8	20.2
2002	82.2	17.8
2003	83.4	15.8
2004	82.3	16.5
2005	82.4	16.5
2006	83.4	14.8

Source: VPHS 2006, Department of Human Services

Self-harm and suicides^{24 25}

There is a strong relationship between self-harm and suicide. Females are more likely than males to present for self-harm.

The suicide rate has declined since 1990, and in 2005 it was the lowest over this 16-year period (57 suicides of 12–24 year olds). Most suicide cases in 2005 were young men aged between 15 and 24 years (ABS Death Unit Record File (ABS–DURF) 1990–2005).

There are no reliable 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 (Steering Committee for the Review of Government Service Provision 2005).

²¹ 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 2007a).

²² These data can be compared with Australian data from the 2001 and 2004–05 National Health Surveys (cited in AIHW 2007a). 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.

²³ 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.

²⁴ The number of young people aged 12–25 presenting for self-harm at hospital emergency departments has increased from 2227 in 2003–04 to 2503 in 2006–07. As these data only relate to four years, further data will be needed to confirm if there is an increasing trend.

²⁵ Many who self-harm will not come to the attention of hospitals, so these data under-estimate the actual prevalence rates.

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The mental health of refugees and asylum seekers

Refugees and asylum seekers have commonly experienced significant trauma and loss that may impact on their current and future mental health (Boese & Scutella 2006). While 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 of young people in residential care

Department of Human Services analysis of 2006 data (relating to 342 young people in residential out-of-home care) suggest that children and young people in residential care are more likely to have, or be at risk of having, behavioural and mental health problems²⁶ than young people in the general population (Department of Human Services, unpublished data).

Young people seeking help and advice for a mental health issue

Recent data suggest that there are 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 10.4 per cent in 2006. In their 2005 report, Kids Help Line describes a more than twofold increase over the past three years in the proportion of calls from young people in Victoria that relate to mental health issues (Kids Help Line and Boystown, 2006).

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 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). The opportunity for young people in rural communities to access services is limited by many factors, including: stigma, lack of anonymity, logistical difficulties (cost, unavailability of service in local area, limited 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).

²⁶ As measured by the Strength and Difficulties Questionnaire (SDQ) and the Health of the Nation Outcomes Scale for Children and Adolescents (HoNOSCA)





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.
- > 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 than those that did not.
- > In Victoria, on Census night, there were 4,660 homeless young people aged 12–18 and 2,404 homeless young people aged 19–24. 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.



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).²⁷

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).

3.1 Economic wellbeing

Measuring the economic wellbeing of young people

Young Victorians aged 12–24 may be living in a wide range of circumstances. 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. Analysis of young people's financial wellbeing should take account of the relationship between a young person's financial status and that of his or her household members.

This report draws on an analysis of relative income poverty in Victoria,²⁸ where poverty is defined as a household income less than half the median OECD equivalised household disposable income of all Australians. We supplement this 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

In 2003–04, the poverty rate for all people in Victoria was 10.9 per cent. 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.

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 the household was born in Australia had lower poverty rates than households where the head was born in a non-English speaking country.

Table 3.1 shows the poverty rates for all people and for young people, dependents and non-dependents, in Victoria and in Australia.²⁹ 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 3.1: 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

²⁷ 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.

²⁸ The analysis was carried out by the National Centre for Social and Economic Modelling (NATSEM) at the University of Canberra.

²⁹ 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. 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.

The depth of poverty

Income-based measures of poverty have been criticised for their failure to highlight the depth or severity of poverty. By using a measure of ‘the poverty gap’ we can gain some insight 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. Around 17.6 per cent of Victorian households had incomes that were \$200 or more below the poverty line.

Employment among young people and their families

Unemployment is a major cause of poverty in Australia. 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 and/or employment 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.³⁰

In line with national trends,³¹ the proportion of young Victorians who are unemployed has also reduced from 2004 to 2007 (see figure 3.1).

Figure 3.1: Proportions of young people unemployed, by age, 2004–2007, 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. 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.

Disability, poverty and employment

From research carried out in Australia, the UK and the US, 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 2007a).

³⁰ Although participation in employment and education is fairly high for young Victorians, young people aged 15–24 are more likely to be unemployed than the adult population as a whole (AIHW 2007a).

³¹ There has also been a decline in unemployment among young people aged 15–24 nationally (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 they receive from their parents or from government income support.³² In general, young people aged 15–24 in Australia tend to have lower incomes than the overall population. 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).

Financial hardship

The Community Indicators Survey (2006) 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 eight 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. Just over 8 in 10 (81.8 per cent) of young people aged 18–24 reported being able to raise \$2,000 in an emergency in 2006, compared with 64.9 per cent in 2001 (VPHS 2001, 2006).

Employment and income for young people in rural areas

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 (Alston & 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). 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 significant risk factors. This section focuses on the housing tenure of young people and their families and on rates of overcrowding.

Housing tenure

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. Young people in rural Victoria are more likely than young people in metropolitan Victoria to live in public housing. There are similar proportions of young Victorians from rural and metropolitan areas living in other tenure types (see table 3.2).

Table 3.2: Young people aged 12–24 by tenure of household, Victoria and Australia³³

	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

³² 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).

³³ 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

Indigenous people have lower housing ownership levels than non-Indigenous people, and higher levels of public housing and private rental.³⁴

Overcrowding in public housing households with young people aged 12–24

As at 6 August 2007, there were 17,219 public housing households in Victoria that include at least one young person aged 12–24. Households that included a young person were more likely to be overcrowded than those that did not.³⁵ 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 affecting young people’s vulnerability to homelessness (Department of Human Services 2006b).

Homeless young people commonly face multiple 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 2006b). There are links between substance use and homelessness and between mental health issues and homelessness.

How many young Victorians are homeless?

Two sources of information have been drawn on to provide estimates of the number of young Victorians who are homeless: ABS Census data, (as reported in MacKenzie & Chamberlain 2003, cited in Department of Human Services 2006b) and the national SAAP data collection which provides information on the number of individuals who access SAAP services and their number of support periods.

In Victoria, on Census night (2001), there were 4,660 homeless young people aged 12–18. About 85 per cent of these were independent teenagers, and 15 per cent were teenagers who were accompanying parents. In addition, there were 2,404 young people aged 19–24, some of whom probably became homeless when they were 18 years or younger.

In 2005–06, 350 young people under 15 years, 5,700 young people aged 15–19 and 5,650 young people aged 20–24 accessed SAAP services (see table 3.3) (AIHW 2007b).³⁶ These young people accounted for just under a third (32 per cent) of the SAAP client population for 2005–06.

Just over 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 3.3: 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

³⁴ 2001 Census data, reported in the Victorian Homelessness Strategy Indigenous Service Mapping Project

³⁵ 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.

³⁶ 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.



Homelessness among Indigenous people

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 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. The rate of homelessness was also much higher in inner city Melbourne than in Victoria as a whole.³⁷

The experiences of young homeless people in rural areas

Recent research 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 and, 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 have 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).

³⁷ 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.

4. Learning, training, further education and employment

Summary

- > Attendance rates for secondary school students have remained fairly stable in Years 7–9 between 2001 and 2006, with an increasing trend in Years 10–12.
- > There is nearly universal participation in secondary school for Victorian 15 year olds.
- > In 2005, 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 compared with 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.
- > 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.
- > A survey of Year 6 and Year 8 students in Victoria found that the majority of young people expressed positive views about schooling. However, boys expressed lower levels of enjoyment and achievement.
- > Access to vocational education and training 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.
- > 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.
- > 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.



Secondary education has a central role to play in providing young people with the skills necessary for participation in further education and the workforce. When 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.

This chapter focuses on young people's attainment and engagement with secondary school in the compulsory (up to 16) and post-compulsory years and on the pathways that are taken by young people after leaving school.

4.1 Victorian schools and students

In August 2006, there were 372,091 equivalent full time (EFT) secondary school students in Years 7–12 in Victorian schools. These students accounted for 44.7 per cent of the total number of students of all ages in all schools (831,626.9 EFT students).³⁸

School attendance and participation

Table 4.1 shows student attendance rates for government school students in Years 7–12 from 2001 to 2006.³⁹ The rates have remained relatively stable over the six-year period in Years 7–9, with an increasing trend in Years 10–12.

Table 4.1: Secondary school student attendance for government schools, percentage, 2001–2005

Year level	2001	2002	2003	2004	2005	2006
Yr 7	92.6	92.5	92.2	92.6	92.3	92.8
Yr 8	90.8	90.7	90.6	91.2	90.7	91.2
Yr 9	89.6	89.6	89.9	90.3	90.0	90.4
Yr 10	87.3	87.9	88.6	88.8	88.9	90.9
Yr 11	90.5	90.1	90.3	90.8	90.3	92.8
Yr 12	91.2	91.4	91.5	91.8	92.0	94.1

Source: DoE 2005a

Over the six years between 2001 and 2006, the participation rate of 15 year olds in Victorian schools has increased by 2.6 per cent and participation is nearly universal (97 per cent). The proportion of 16 year olds staying on at school was 91.4 per cent in 2006, up by 3.8 per cent since 2001. There has also been an increase in the participation rate of 17 year olds and 18 year olds. In 2006, the participation rate for 19 year olds has remained stable (ABS 2005b).

4.2 Attainment in the compulsory school years

A summary of Year 7 Victorian students' performance for reading and numeracy in 2005⁴⁰ is presented in table 4.2. This shows that:

- 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 students⁴¹
- in Victoria the numbers of students in remote areas is very small. Their performance is the same as the state average.

³⁸ Primary students made up 54.1 per cent of students and the remaining 1.2 per cent were in specialist or language schools.

³⁹ Attendance in government schools is monitored through the School Accountability and Improvement process and reported via the annual benchmark publications.

⁴⁰ At the time of testing the average age of Year 7 students was 13 years and they had received an average of seven years and seven months of schooling.

⁴¹ Students who are recently arrived in Victoria and are non-English speaking are exempted from testing.

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

Performance in the middle years: Years 8–10⁴²

In 2005, 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 (DoE 2005b).

School enrolment, attendance and achievement of young people in out-of-home care

Research suggests that young people in care experience a range of difficulties that affect their educational outcomes (Department of Education and Training and Department of Human Services 2003).

Data on the attendance and achievements 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.

Comparative data on attendance for 2003 and 2004 show there were higher levels of absenteeism for out-of-home care students than in the general student population. Also, 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 (Department of Human Services, unpublished paper).

The analysis found that in 2004, in all year levels, academic achievement in English and mathematics was lower for out-of-home care students than for the general population. For example, 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.

Young people with a disability

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).

⁴² In 2006, teacher judgements, as a form of assessment, were replaced by A to E reporting against the Victorian Essential Learning Standards (VELS).



4.3 Student engagement and connectedness in the compulsory years

Each year students in government schools are surveyed about their opinions on school life, including their perceived connectedness with school. In 2005, the average score for Years 7–9 students' opinion of their connectedness with their school was 2.8, on a scale of 1 to 5, where 5 is the best possible score.

Information about the views of Victorian Years 6 and 8 students is also 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.

4.4 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: the Victorian Certificate of Education (VCE), The Victorian Certificate of Applied Learning (VCAL) and The International Baccalaureate Diploma Program.

Vocational Education and Training (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 VET in Victoria

The number of young Victorians aged 15–24 undertaking VET has increased by more than 20 per cent between 1999 and 2006. This increase is more significant for those aged 15–19, with an increase of more than one-third from 76,000 in 1999 to 102,000 in 2006.⁴³ The participation in VET of students from a non-English country of birth (NESCB),⁴⁴ students with a disability and Indigenous students has increased from 1999 to 2006 (OTTE student statistical data collection).

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 Research 2006). Growth in apprentice and trainee completions has been even more marked for those aged 19 and under, with completions almost doubling over this time period for this age cohort.

Completions of VCAL

In 2006, 6,236 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 (Victorian Curriculum and Assessment Authority (VCAA) 2007). The number of VCAL students attending government specialist schools has increased from 236 in 2003 to 623 in 2005.

Completion of Year 12 or equivalent⁴⁵

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'.

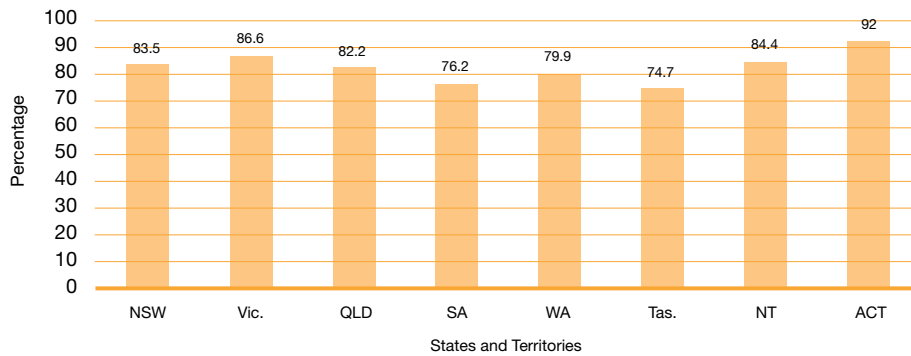
Figure 4.1 shows national Year 12 or equivalent completion rates for 20–24 year olds, for 2006, by state and territory. Victoria has the second highest percentage of students who complete a Year 12 or equivalent qualification.

⁴³ These increases may be due in part to the introduction of VET-based programs in schools including VETiS, VCAL and school-based apprenticeships.

⁴⁴ Excludes international students

⁴⁵ Year 12 or equivalent includes VCE, VCAL at intermediate level or higher, International Baccalaureate Diploma program or vocational education and training qualifications at Certificate II level or higher.

Figure 4.1: Year 12 or equivalent completion rate for 20–24 year olds (states and territories) 2006



Source: ABS Survey of Education and Work, unpublished

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 2007a).

4.5 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’ to investigate the pathways of young people to post-school destinations. The findings below are based principally on the results from the 2006 survey of 2005 school leavers: 32,343 Year 12 completers and 4,783 early leavers who left school prior to completing Year 12 (DoE 2007).⁴⁶

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 (DoE 2007).

There were considerable differences in destinations of Year 12 completers by place of residence. For example, 66.1 per cent of completers from inner east Melbourne went on to university while only 31 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. 1.1 per cent inner Melbourne). Rates of completers seeking employment were higher in rural Victoria than metropolitan Victoria.

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).

Early school leavers

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’.

⁴⁶ The samples used for the On Track survey for young people who left school early in 2003, 2004 and 2005 were relatively small and findings should be interpreted with care.



Destinations of early school leavers

The most common destination of early school leavers was to an apprenticeship or traineeship (41.1 per cent of the reported post-school destinations). 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.⁴⁷

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 26.1 per cent of the 46 out-of-home care students who left school in Year 10 left to unemployment⁴⁸ compared with 15.4 per cent of all government Year 10 students who exited during the same year. Unemployment was the most common destination for the out-of-home care sample⁴⁹ (Department of Human Services, unpublished paper).

⁴⁷ Early school leavers were asked about what might have motivated them to stay on at school. The top five reasons that young people stated, in order, were 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.

⁴⁸ 26.5 per cent in 2005

⁴⁹ 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.

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 aged 18–24 in Victoria report high levels of satisfaction with their safety. Females are less likely to report feeling safe than males.
- > Young people (aged under 24) comprise the majority of victims of reported incidents of rape and other sexual offences, with females considerably more likely than males to be the victim of a reported sex crime.
- > 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).
- > Each year 200 young people aged 10–24 are killed due to an injury, and half of injury deaths are from transport accidents. However, the injury death rate for 12–24 year olds has almost halved over the 16-year period between 1990 and 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 1,000.

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Feeling safe to independently navigate the world is key to the transition from childhood to adolescence and on to adulthood.

This chapter describes young Victorians' perceptions of safety and the prevalence of factors that affect this perception. The chapter reviews the current knowledge about injuries to young people and about young people aged 10–17 in the child protection system. It concludes with a review of young people and crime and young people's involvement with the youth justice, adult court and correctional system.

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 and more likely to feel able to travel around and to make local connections.

The Community Indicators Survey (2007) asked young people aged 18–24 how satisfied they felt with their safety. Overall, young people reported high levels of satisfaction with around eight in 10 young people giving a positive rating between eight and 10 on a satisfaction scale of '0' (completely dissatisfied) to '10' (completely satisfied). 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.

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.

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. Victoria Police data shows that in 2005–06 there were 13,097 youth victims of crime against the person and 30,628 youth victims of property crime. Figure 5.1 shows the rate of victimisation per 100,000 population of each age group.

Figure 5.1: Victims of crime reported to Victoria Police in 2005–06 per 100,000 population of age group (based on ABS preliminary estimate population 2005)

Crime Category	10–14	15–17	18–24	Over 25
Crime against the person	795	1540	1496	559
Crime against property	405	1371	5390	3756

Source: Produced by Corporate Statistics, Victoria Police. Data extracted from LEAP on 18 July 2007

Victoria Police statistics 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.

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

Sexual assault

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.⁵⁰ 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.

5.3 Injuries to young people

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 remain the leading cause of deaths among young Australians, and injuries can have long-term effects on young people’s health and wellbeing.

Young people are particularly liable to injury because of their increased involvement in risk-taking behaviours, their participation in sport, their inexperience as drivers and the prevalence of mental health difficulties (Pitman et al. 2003). Young males account for a much greater proportion of injuries and injury deaths than young females. Most injuries to young people are preventable.

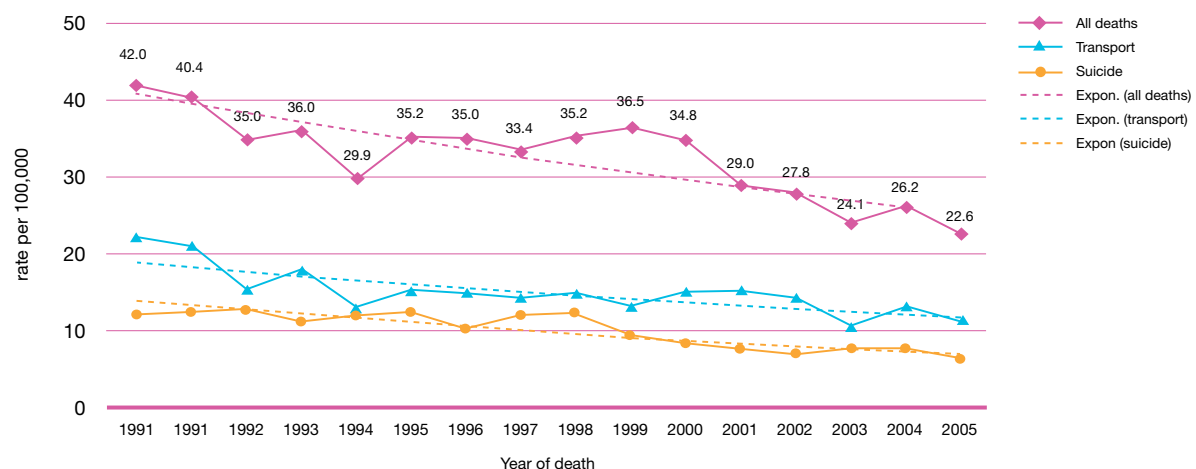
Hospital admissions

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). 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 (VAED 1995–2006).^{51 52}

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 (n=134) and one-third intentional (suicide and homicide) (n=62). The death rate among young people aged 12–24 has almost halved over the 16-year period between 1990 and 2005, mainly due to community interventions that have resulted in a marked decline in both transport-related deaths and suicides (Figure 5.2).

Figure 5.2: Yearly trend in death rates, persons aged 12–24 years, Victoria 1990–2005



Source: ABS Death Unit Record File (ABS–DURF) 1990–2005

⁵⁰ Sexual assaults are the crime least likely to be reported to police and official crime statistics are likely to significantly underrepresent actual rates in the community (Neame & Heenan, 2003).

⁵¹ 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’.

⁵² Rates are calculated excluding and including same day admissions. 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.



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). Half the fatalities in 2005 were caused by transport crashes. Other major causes were suicide (29 per cent) and accidental poisoning (9 per cent).

5.4 Protection from child abuse and family violence

Child abuse

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).

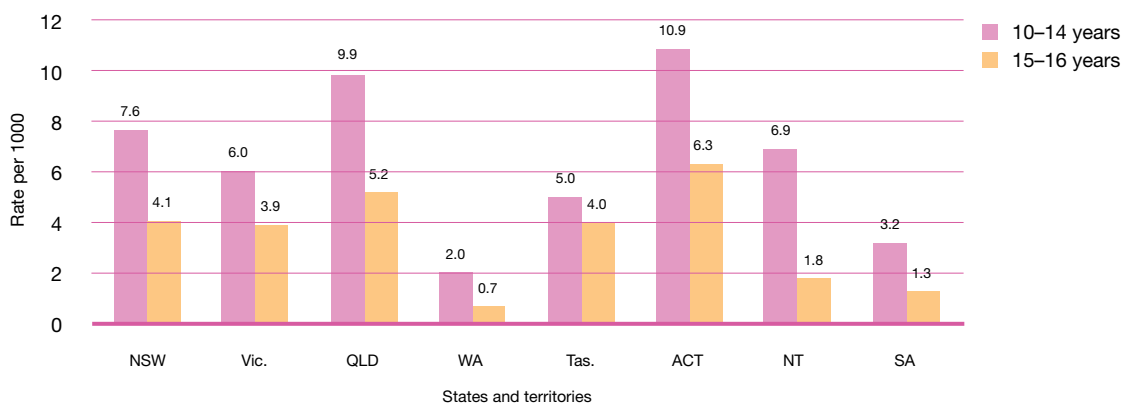
Child abuse is associated with a wide range of immediate and long-term negative outcomes (Eckenrode, Laird & Doris 1993). The majority of children who experience child abuse come from low-income families that are affected by one or more of the following: substance abuse, mental health difficulties, intellectual disability and domestic violence. Poor parenting and isolation are other known risk factors for child abuse (Eagar et al. 2005).

Reports of suspected abuse 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).

Notifications and substantiations

The trend in notifications and substantiations has been relatively stable in Victoria, from 2001 to 2006⁵³ and only three states have lower rates of substantiation than Victoria (2005–06) (see figure 5.3).

Figure 5.3: Rate of children and young people aged 10–16 in substantiations by state and territory and age, 2005–06



Source: AIHW 2007c

⁵³ For young people aged 10–17



However, substantiation rates are consistently higher among Indigenous children and young people than for non-Indigenous children and young people (see table 5.1).⁵⁴

Table 5.1: 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

Trend analysis shows there has been little variation in the Victorian re-notification rates over the past three years.^{55 56} The re-notification rate for Indigenous young people is consistently higher than that for all young people in this age group.⁵⁷

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.

Table 5.2 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 table 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.

Table 5.2: 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.⁵⁸

⁵⁴ 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 and children placed in out-of-home care.

⁵⁵ 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.

⁵⁶ 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.

⁵⁷ It should be noted that there are a high number of notifications each year in which Aboriginal status is not reported.

⁵⁸ 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. Older young people aged 14–17 were more likely to be in residential care than the younger age group aged 10–13.



Indigenous children and young people are significantly overrepresented in out-of-home care. At 30 June 2006, there were 2,502 children and young people aged 10–17 in out-of-home care in Victoria. Of those, 263 were identified as Indigenous (representing a rate of 33.1 per 1,000 for Indigenous young people and 3.7 per 1,000 for all young people) (AIHW 2007c).

Placement in accordance with the Aboriginal Child Placement Principle

The Aboriginal Child Placement Principle (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.

Nearly half (47.9 per cent) of Aboriginal children and young people aged 10–17 were placed in accordance with the ACPP, at 30 June 2006. The proportion of Aboriginal children and young people who are placed in accordance with the ACPP has risen noticeably since 2005 and shows an increasing trend from 2003 to 2006 (Funded Agency Client Transaction System database).

Placement stability

A measure of placement stability is the percentage of young people exiting care who have had three or more placements. Overall, Indigenous young people are less likely than non-Indigenous young people to have had three or more placements (based on analysis of data from 2002–03 to 2005–06).

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 been conducted on these children. Two US 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.

Family violence

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. In 2005–06, there were 28,301 family violence incidents reported to police in Victoria.⁵⁹ A fifth (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.⁶⁰ Nearly a quarter (23 per cent) of victims of reported incidents of family violence were aged 10–24 and young people aged 10–24 represented 24 per cent of offenders (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.

Victorian Police Crime Statistics show that although young people aged 10–24 make up 21 per cent of the population, they represented more than 46 per cent of offenders processed in 2005–06 (Victoria Police 2006). However, it is important to note that 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.

⁵⁹ Police records tend to underestimate the actual scale of family violence as many incidents are not reported.

⁶⁰ The gender of the remaining victims and offenders was unknown.



Of 72,176 young offenders processed by police in 2005–06, the majority were 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).

Young people who are found guilty of criminal offences by the children's or adult court systems are processed either through the youth justice system (if they are aged 10–21) or through the adult correctional system (from age 18 onwards).

Young people under youth justice supervision – Victoria and Australia 2005–06

Victoria has the lowest rate of young people under youth justice supervision across Australia, with a rate of 2.6 per 1,000. This compares favourably to states such as New South Wales with a rate of 4.3 per 1,000 and the ACT with 6.2 per 1,000 (AIHW 2007d).

It remains a serious concern that young Indigenous people are overrepresented in the Victorian youth justice system, although this overrepresentation is less marked in Victoria than in all other states and territories, with the exception of Tasmania.

Youth justice supervisory orders

The two main types of supervision for young people within the youth justice system are community based and custodial orders.⁶¹ The number of young people on community-based orders in Victoria decreased from 837 in 2003 to 696 in 2005 and increased to 916 in 2006.^{62 63} The number of young people on custodial orders has also decreased overall from 162 in 2003 to 123 in 2006. Indigenous young people account, on average, for around 10 per cent of young people on community-based orders and 11 per cent of young people on custodial orders.

The rate of community supervision in Victoria is 2.5 per 1,000 of the youth population compared with a national rate of 4.2 per 1,000 (excluding ACT). The rate of sentenced detention in Victoria is 0.5 per 1,000 of the youth population compared with a national rate of 2.0 per 1,000, excluding ACT.⁶⁴

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 (Data available on request from Corrections Victoria, Department of Justice 2007).

Of all prisoners, 17 per cent were convicted for assault, 15 per cent for robbery and 13 per cent for burglary. Twenty-two 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; and 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 five to 10 years. A total of 28 per cent of young prisoners were unsentenced and awaiting trial.

⁶¹ 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.

⁶² This statistic can be quite volatile as it is based upon the number of young people on community-based orders at 30 June in each year.

⁶³ 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.

⁶⁴ 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.





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.



Young people's health and wellbeing is strongly associated with a sense of connectedness to family, school and the community. This chapter explores young people's engagement in their close personal networks and local communities, focussing on areas such as 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 and young people's access to transport.

6.1 Young people's engagement with families and close networks

The Victorian Community Indicators Survey 2007 asked young people aged 18–24 about their level of satisfaction with personal relationships. The survey found that 78 per cent of young people in Victoria rated their satisfaction with personal relationships as seven or above (on a scale of 0 to 10 where 0=completely dissatisfied and 10=completely satisfied). Females overall rated their satisfaction more highly, and respondents from country areas were more likely than those in metropolitan areas to rate their satisfaction level at 10.

Young people and their families

Family, parents and particularly mothers, remain the central and dominant influences in young Australian's lives, with 87 per cent of young people aged 10–17 surveyed agreeing that family is the most important thing to them (YouthSCAN 2007).

The 2006 HNSS survey found that young Victorians in Years 6 and 8 have a high level of family attachment (94.6 per cent). Young people from higher socioeconomic 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 asked young people aged 18–24 whether they felt they could get help from family when they need it.⁶⁵ 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'. However, the rate of young people who definitely felt that they could get help from family when they needed it has declined over time, from 87.3 per cent responding 'yes definitely' in 2001, to 83.3 per cent in 2006.

Young people and their friends

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 (YouthSCAN 2007). The majority (92 per cent) of young people aged 10–17 rate friends as extremely or very important with girls slightly more likely to do so.⁶⁶

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 broader source from which these benefits can be drawn. 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).

⁶⁵ This indicator of close family networks is also included in the Victorian Government Department of Victorian Communities (DVC) Indicators of Community Strength.

⁶⁶ Around seven in 10 (70 per cent) of young people consider themselves to have lots of friends, 29 per cent state that they have a few friends, the remaining young people did not respond to this question (YouthSCAN 2007).

Young people and leisure

The YouthSCAN survey provides an overview of young people's recreational activities (1992 to 2007). 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.

The internet and electronic media play an important and central role in the lives of many young people. The 2006 Census shows that 75 per cent of young people aged 12–24 in Victoria have internet access at home⁶⁷ (ABS, 2006 Census, data available on request). However, internet access varies for young people and those who do not have access at home may find access at school and local libraries or community facilities limited.

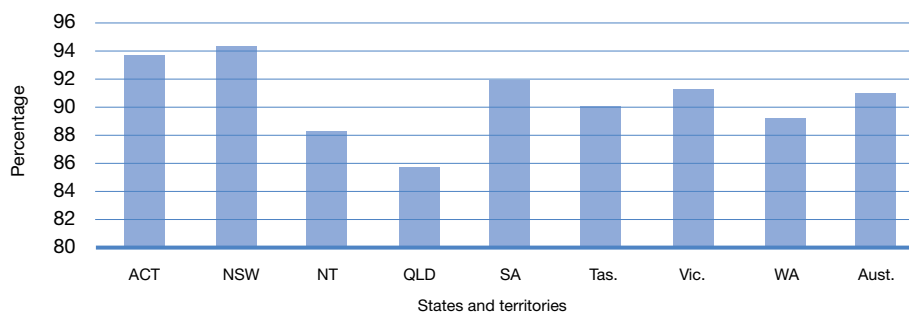
The use of mobile phones by young people is growing, and particularly the sending of short text messages. YouthSCAN data show that 77 per cent of young people aged 10–17 owned a mobile phone in 2007, compared with just 7 per cent in 1999.

Sport and recreation

Organised sport or community art projects assist in building associational and community networks for young people and, in addition to providing health benefits, sport is an important social activity.

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 other states including NSW, ACT and SA all reported higher participation rates (see figure 6.1). There is a slightly higher participation rate for young women in physical activity in Victoria (91.3 per cent) than young men (90.1 per cent). However, young men's participation in organised competitive sport is higher than for young women.

Figure 6.1: Percentage of young people aged 15–24 who participate in any physical activity, exercise, recreation or sport by state and territory, 2005



Source: Standing Committee on Recreation and Sport 2006

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.⁶⁸

Arts and culture

Young Victorians aged 18–24 were asked through Community Indicators Victoria (CIV) research about their engagement in arts activities. 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). Sixty per cent of young people agreed or strongly agreed that there were enough opportunities in their local area to participate in arts and related activities. Young people in rural areas were more likely to agree than those in metropolitan Melbourne.

⁶⁷ This is slightly more than the national percentage of 72 per cent.

⁶⁸ Participation in Exercise, Recreation and Sport Survey 2005, Annual Reports, 2001–06 (inclusive) Standing Committee on Recreation and Sport, 2002–07 (inclusive)



Volunteering

Although young people are less likely to volunteer than people from other age groups,⁶⁹ rates of volunteering by young people have 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.

Young people's perception of their local areas

In 2006, a DVC⁷⁰ survey found that young Victorians aged 18–24 were slightly more likely to rate their area as having good facilities and services such as shops, childcare, schools and libraries (82 per cent) than people aged 25 or more (80 per cent).⁷¹ Young people were also more likely to feel multiculturalism is a benefit to their area (76 per cent) than people aged 25 or more (67 per cent). 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.

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 DVC 2006).

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 also 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.

Opportunities to have a say

Similarly, the majority of young Victorians aged 18–24 feel they have an opportunity to have a 'real say' on issues important to them, either definitely or some of the time. There is also 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 they definitely felt they had a real say in 2001 compared with 41.4 per cent in 2006. Overall, more young people feel valued by society than feel that they have opportunities to have a say.⁷²

Opportunities to have a say: 11–13 year olds

The HNSS of Victorian Years 6 and 8 students 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 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).

⁶⁹ 2006 Census data

⁷⁰ The Department of Planning and Community Development (from August 2007)

⁷¹ 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.

⁷² 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.



Membership of local action groups or decision-making boards and committees

Involvement in local action is one of the ways Victoria measures civic participation within the community-strengthening framework. There is a marked increase in young people's involvement in 'local action' from 2004 to 2006, with young people's participation in groups taking local action increasing by 10 per cent to 40 per cent (VPHS).

However, 2006 DVC data show only 8 per cent of young people are members of decision-making boards or committees. The percentage of young people on decision-making boards and committees is also significantly less than in the rest of the adult population (aged 25 and over).

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.

Political participation

While young people are interested in a range of national and international issues, research suggests that many feel disengaged from formal politics. Overall, youth electoral participation rates tend to be lower than participation rates for all Australians. However, it is pleasing to note that the percentage of enrolled young Victorians aged 18–24 has consistently performed above the Australian Electoral Commission 80 per cent performance target.⁷³

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). Public transport also has an important role in maintaining and promoting the economy, through supporting young people to access training, education and employment activities.

Restrictions to travel

The CIV survey 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.

Young people were also asked whether they had experienced limited or restricted travel in the past 12 months. Of particular note was the percentage of young people who stated they had no public transport in their area, 25 per cent of metropolitan young people compared with nearly half (48.3 per cent) of young people in rural Victoria (see table 6.2).⁷⁴

⁷³ The participation rate is determined by comparing the numbers of electors enrolled to the estimated eligible population, as calculated from ABS population data.

⁷⁴ The CIV survey did not collect data on the frequency of the limitation or restriction to travel 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 research may be needed.



Table 6.2: Reports of limited or restricted travel in the past 12 months

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

N.B: Population weighted results.

Source: CIV Survey 2007

Transport and young people in rural 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.

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).

Impacts 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. (O'Neill et al. 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).



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