

## *ABOUT YOU*

# Victorian Student Health and Wellbeing Survey

Summary Findings 2018



Melbourne October 19

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# ABOUT THE SURVEY

The Department of Education and Training conducted the first Victorian Student Health and Wellbeing Survey (*About You*) in 2014.

In 2018, 12,927 students in Years 5, 8 and 11 from 290 Victorian schools were surveyed in *About You*. It was an anonymous voluntary survey, undertaken with parental consent.

The *About You* instrument covers a wide range of outcome areas for young Victorians, including physical health and health risk behaviours, psychological/emotional wellbeing, and school and family relationships. It draws on questions from the Health Behaviour in School-aged Children (HBSC) and the previous Victorian Adolescent Health and Wellbeing Survey (HowRU?) run by the then Department of Education and Early Childhood Development in 2009. The HBSC survey is conducted in 42 countries across Europe and North America.

The survey was designed to meet the following information needs:

- monitor and report on health and wellbeing measures for Victorian children and young people at a population level
- enabling reporting of data in areas of high priority for the Education State agenda, namely resilience and physical activity
- providing internationally-comparable state-level data for certain measures.

The survey was initially developed to collect data on key indicators in the Victorian Child and Adolescent Monitoring System with no other data source.

## INTERPRETING ABOUT YOU DATA

*About You* is a cross sectional survey – it is possible to identify associations between variables in the dataset but we cannot attribute cause and effect.

There are no controls for confounding factors in this analysis. For example, the higher rates of alcohol consumption among regional students may be due to factors other than rurality.

### *Statistical significance*

The estimates provided are based on sample data weighted to reflect the Victorian student population, and the confidence intervals indicate that there is a 95 per cent probability that the true value lies between the upper and lower limits of the confidence interval. Therefore, if the confidence intervals of two population groups do not overlap, it can be assumed that the true values of the two estimates are unlikely to fall within the same distribution, and that there is a true difference.

# KEY STATISTICS

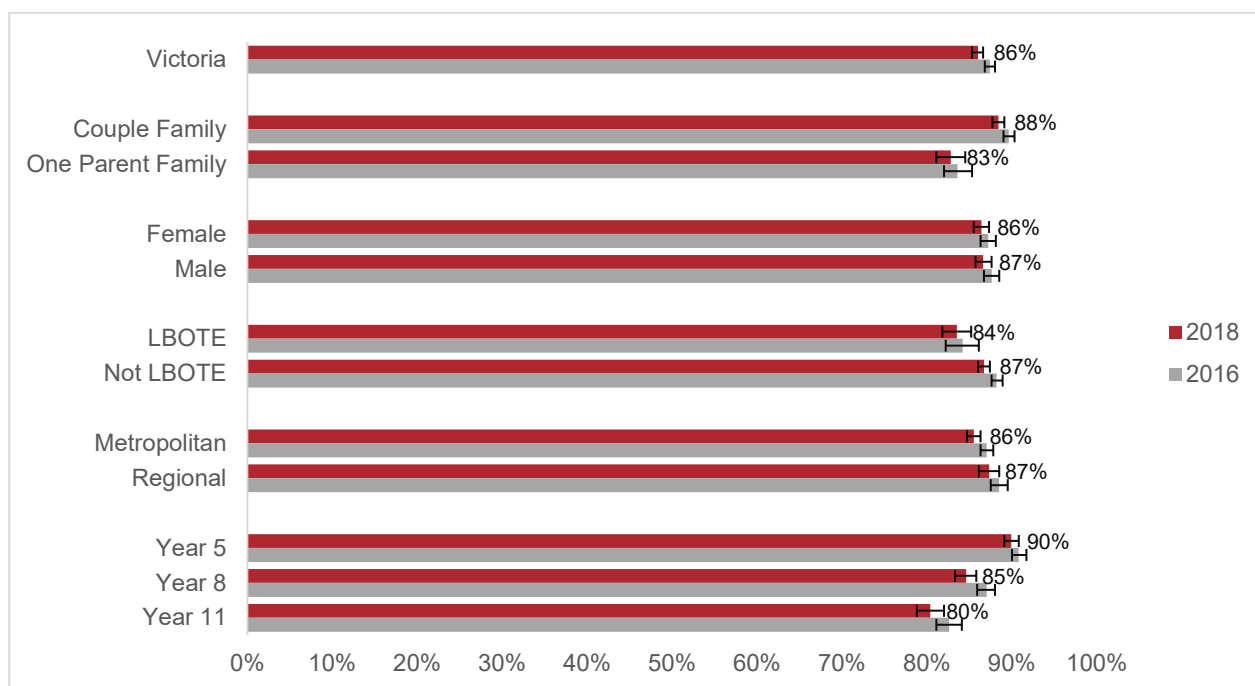
Topic	2014	2016	2018	Findings of note
General health – Students with ‘good, very good or excellent’ health	88%	87%	<b>86%</b>	Students from one parent families were less likely to rate their health as good, very good or excellent, compared to students from couple parent families.
Asthma – Students with current asthma	12%	12%	<b>12%</b>	Students from language backgrounds other than English were reportedly less likely to have asthma than those from an English-speaking background.
Physical activity – Students doing at least one hour of exercise per day	26%	23%	<b>24%</b>	Males were more likely to meet this guideline than females, and rates of physical activity declined with year level.
Nutrition – Students meeting fruit intake guidelines	70%	67%	<b>67%</b>	Males, and students from one parent families were less likely to meet fruit intake guidelines, and rates declined with year level.
Nutrition – Students meeting vegetable intake guidelines	13%	13%	<b>13%</b>	The proportion of students meeting the vegetable intake guidelines declined with year level.
Oral health – Students brushing teeth at least twice a day	64%	66%	<b>68%</b>	Males and students from one parent families were less likely to have brushed their teeth twice a day, compared to females and those from couple families.
Sexual activity – Students who have had sex (Years 8 and 11)	17%	15%	<b>14%</b>	Students from one parent families, English-speaking backgrounds and regional Victoria were more likely to have had sex.
Smoking – Students who have smoked cigarettes	8%	10%	<b>8%</b>	2018 results were statistically significantly lower than 2016. Students from one parent families, regional Victoria, female students and older students were more likely to have smoked cigarettes.
Alcohol – Students who have consumed alcohol (Years 8 and 11)	60%	55%	<b>52%</b>	2018 results were statistically significantly lower than 2016. Students in regional Victoria and those from English-speaking backgrounds were more likely to have consumed alcohol than other students.
Psychological resilience – Students with a high level of resilience	70%	69%	<b>67%</b>	Students from one parent families, and from language backgrounds other than English were less likely to have high levels of resilience compared to other students.
Quality of life – Students satisfied with the quality of their lives	77%	75%	<b>72%</b>	2018 results were statistically significantly lower than 2016. Females, students from one parent families, and students from language backgrounds other than English were less likely to be satisfied with the quality of their lives.
Psychological distress – Students who showed high levels of depressive symptoms	16%	18%	<b>20%</b>	2018 results were statistically significantly higher than 2016. Females, and students from one parent families were more likely to show high levels of depressive symptoms and rates increased with year level.
Cyberbullying – Students who had experienced cyberbullying in the last 30 days	29%	33%	<b>30%</b>	2018 results were statistically significantly lower than 2016. Females, and students from one parent families were more likely to report cyberbullying, and cyberbullying increased with year level.
Trusted adult – Students who have a trusted adult in their lives	71%	69%	<b>69%</b>	Students from one parent families, and from language backgrounds other than English were less likely to have a trusted adult in their lives.

# HOW HEALTHY ARE VICTORIA'S YOUNG PEOPLE?

## GENERAL HEALTH

Most Victorian students in the *About You* survey reported their health as good, very good or excellent (86 per cent). Younger students were more likely to rate their health positively (90 per cent in Year 5 compared to 85 per cent in Year 8 and 80 per cent in Year 11). Students living in one parent families were less likely to rate their health positively (83 per cent), compared with their peers from couple parent families (88 per cent). Young people from language backgrounds other than English (LBOTE) were also less likely to report good, very good or excellent health (84 per cent) compared to those from an English-speaking background (87 per cent).

Figure 1 Proportion of students reporting good, very good or excellent health, by cohort, 2016 & 2018

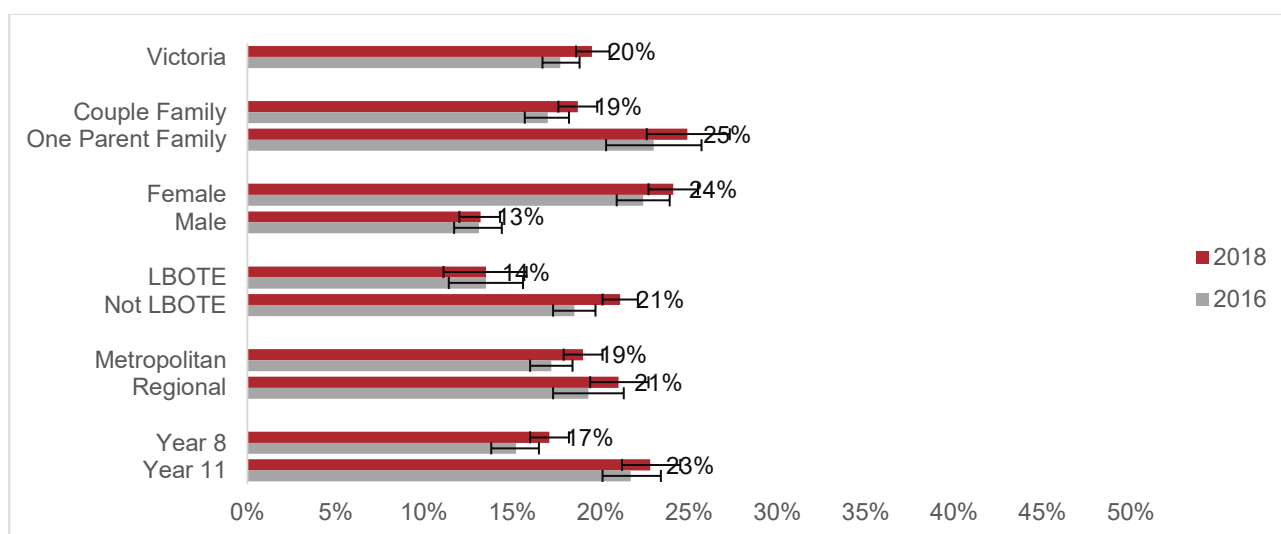


## SPECIAL HEALTH CARE NEEDS

Some children and young people have long-term health conditions which require medication, therapy or other support. A student is considered to have special health care needs where they are at increased risk for a chronic physical, developmental, behavioural, or emotional condition and also require health and related services of a type or amount beyond that required by children generally (McPherson, et al., 1998). In 2018, one in five students (20 per cent) reported having a special health care need in the *About You* survey.

Females were significantly more likely to report a special health care need (24 per cent) compared with males (13 per cent), and Year 11 students were more likely to report a special health care need than Year 8 students (23 per cent compared with 17 per cent). Figure 2 below shows that non-LBOTE students were significantly more likely to report having special health care needs compared to LBOTE students and there was a significant increase among non-LBOTE students in 2018 that was not seen among LBOTE students.

Figure 2 Proportion of students with special health care needs by cohort, 2016 & 2018



## ASTHMA

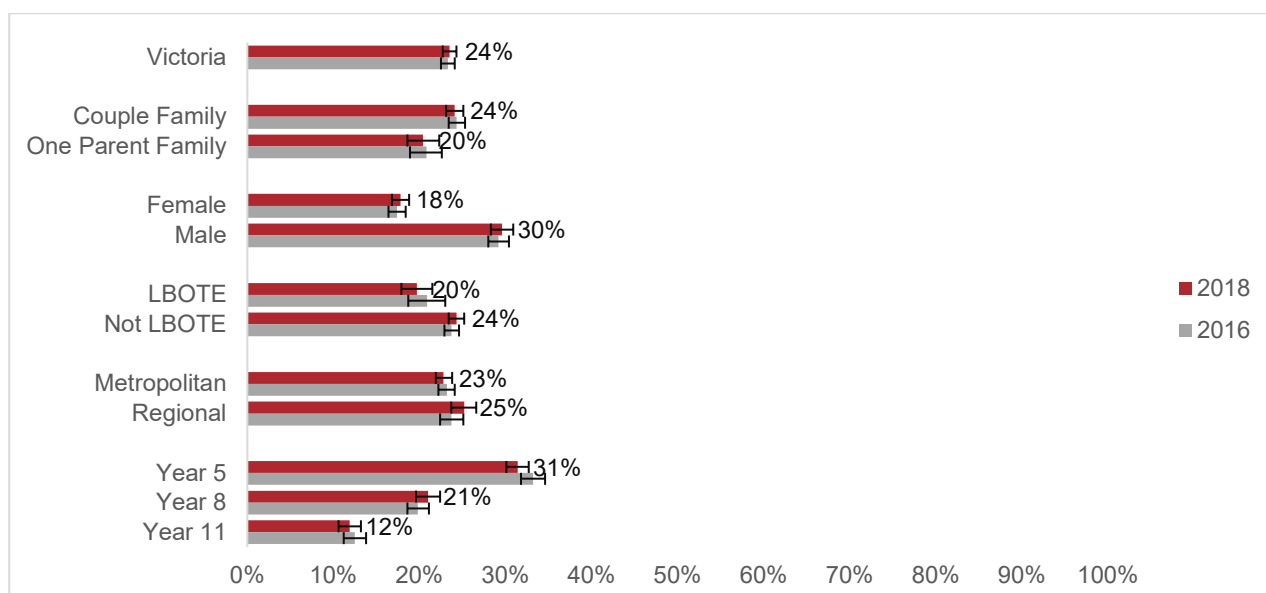
Around one in eight students reported currently having asthma (12 per cent). Students from language backgrounds other than English were less likely to report asthma (7 per cent) compared to students from English-speaking backgrounds (13 per cent).

## PHYSICAL ACTIVITY

Participating in physical activity and sport has many benefits for young people. These include benefits for self-esteem, positive social interactions, and a reduction in the symptoms of depression (Stewart, Cliff, Magee, & Okely, 2014). Physical activity also helps to maintain a healthy weight and protects against other health issues.

Almost one in four students (24 per cent) reported doing 60 minutes or more of physical activity every day, meeting the National Physical Activity and Sedentary Behaviour guidelines (Australian Government Department of Health, 2014), similar to 2016. Males were more likely to meet the guidelines than females (30 per cent compared with 18 per cent), and physical activity declined sharply with year level (31 per cent of students met the guidelines in Year 5, compared with 21 per cent in Year 8 and 12 per cent in Year 11).

Figure 3 Proportion of students doing at least one hour of exercise per day, by cohort, 2016 & 2018





## ELECTRONIC MEDIA USE

Research also suggests a strong relationship between sedentary behaviour/sitting time and negative health outcome indicators, including the risk of chronic disease and obesity (VicHealth, 2016). Use of electronic media for entertainment is commonly used as a measure of sedentary behaviour as the adverse health impacts of sedentary behaviour are often strongly associated with 'screen time'. National Physical Activity and Sedentary Behaviour guidelines (VicHealth, 2016) recommend that young people limit the use of electronic media for entertainment (for example, television, seated electronic games and computer use) to no more than two hours a day. In addition to adverse physical health outcomes, sedentary behaviour for longer than two hours a day is associated with lower self-esteem, poor prosocial behaviour and decreased academic achievement in school-aged children and young people (Tremblay, et al., 2011).

The survey found that around two in three students exceeded the national recommendations for electronic media use, of no more than two hours per day (64 per cent). Males (68 per cent) were more likely to exceed the guidelines than females (61 per cent). The proportion of students exceeding the guidelines increased markedly with year level, from 51 per cent in Year 5, to 72 per cent in Year 8, and 78 per cent in Year 11.

## HEALTHY EATING

The National Health and Medical Research Council's (NHMRC) Australian Dietary Guidelines give advice on eating for health and wellbeing, based on scientific evidence. It describes the best approach to eating for a long and healthy life, including recommended servings of each of the five food groups for children and adults. For students covered by the survey, the recommended daily intake of fruit and vegetables is two servings of fruit, and five to five and a half servings of vegetables (National Health and Medical Research Council, 2013).

Around two in three students met the NHMRC fruit intake guidelines (67 per cent). This proportion was lower for males (64 per cent) compared to females (71 per cent), and declined with year level from 76 per cent in Year 5, to 64 per cent in Year 8 and 56 per cent in Year 11. Students living in couple parent families were more likely to meet fruit intake guidelines (70 per cent) than students from one parent families (63 per cent).

Only a small proportion of students met the NHMRC vegetable intake guidelines (13 per cent), and this varied little by gender or family type. There was some decline with year level, from 16 per cent in Year 5, to 12 per cent in Year 8 and 9 per cent in Year 11.

## ORAL HEALTH

Just over two in three students brushed their teeth at least twice a day (68 per cent), and females were more likely than males to brush two or more times a day (76 per cent compared to 60 per cent of males).

Students from one parent families were less likely to brush their teeth two or more times a day (64 per cent) than those from couple families (70 per cent).



# RISKY HEALTH BEHAVIOURS

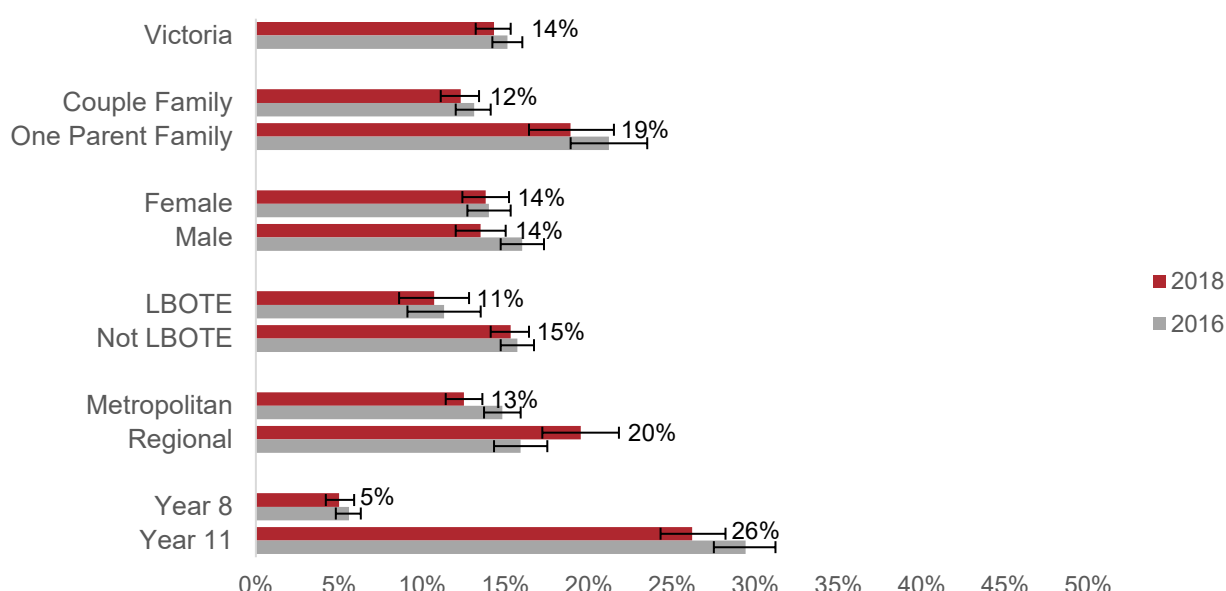
## SEXUAL ACTIVITY

Sexual intercourse before the age of 16 years is associated with lower use of contraception, more sexual partners, a higher risk of sexually transmitted infections and teenage pregnancy (Department of Education and Early Childhood Development, 2011).

Fewer than one in six students in Years 8 and 11 (14 per cent) reported having had sex and this was driven by Year 11 results (26 per cent).

A significantly higher proportion of young people in one parent families had had sex (19 per cent) compared to young people in couple families (12 per cent). Students from English-speaking backgrounds were also more likely to have had sex than those from language backgrounds other than English (15 per cent compared to 11 per cent). Students from regional Victoria were more likely to have had sex than their peers in metropolitan areas (20 per cent compared to 13 per cent).

Figure 4 Proportion of students who have ever had sex, by cohort, 2016 & 2018



More than one in four (26 per cent) sexually active Year 8 and 11 students reported always using a condom when having sex. A similar proportion of male and female students reported having had sex (14 per cent for both cohorts). Students from language backgrounds other than English were less likely to report always using a condom (18 per cent) than those from an English-speaking background (30 per cent). Students in regional Victoria were more likely to report always using a condom than their peers in metropolitan Victoria (33 per cent compared to 22 per cent). Year 11 students were also more likely to report always using a condom than Year 8 students (30 per cent compared to 15 per cent).

## SMOKING

In 2018, 8 per cent of students in Years 5, 8 and 11 had smoked cigarettes, down from 10 per in 2016.

The proportion of students who had smoked cigarettes increased markedly with year level, from 1 per cent in Year 5, to 6 per cent in Year 8, and 23 per cent in Year 11.

Students from one parent families were more likely to have smoked cigarettes (14 per cent) than students from couple parent families (7 per cent).

## ALCOHOL

The National Health and Medical Research Council's (NHMRC's) Guidelines to Reduce Health Risks from Drinking Alcohol recommend that not drinking alcohol at all is the safest choice for young people under 18 years. Children under 15 years of age are at greatest risk of harm from drinking, and for this reason, not drinking alcohol is especially important (National Health and Medical Research Council, 2013). Evidence has shown that alcohol consumption is harmful to the developing brain, particularly to the area of the brain responsible for rational thinking. Damage to this part of the brain during its development can lead to learning difficulties, memory problems, mental health issues and other problems later in life such as alcohol dependence (Department for Communities Office for Youth and Drug and Alcohol Office, 2007).

In 2018, 52 per cent of students in Years 8 and 11 had drunk alcohol, down from 55 per cent in 2016. For Year 11 students, around two in three had consumed alcohol at least once (65 per cent) compared to less than half of Year 8 students (42 per cent).

Regional students were more likely to have drunk alcohol (64 per cent) than students in metropolitan Victoria (47 per cent).

Students from language backgrounds other than English were less likely to have drunk alcohol (41 per cent) compared with those from an English-speaking background (55 per cent). Students living in one parent families were more likely to have drunk alcohol (62 per cent) than those living in couple families (50 per cent).

## ILLICIT DRUGS

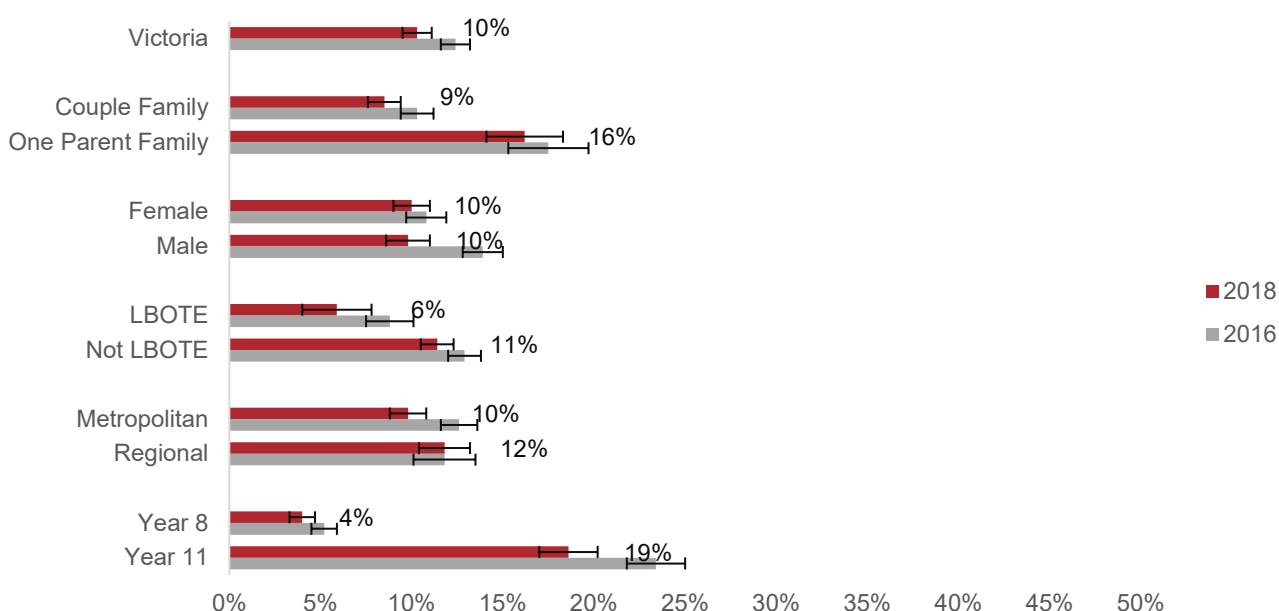
Around 10 per cent of Year 8 and 11 students had tried illicit drugs on at least one occasion, down slightly from 12 per cent in 2016. While 4 per cent of Year 8 students had tried illegal drugs (including marijuana, ecstasy, amphetamines and hallucinogens), this increased to 19 per cent of Year 11 students.

Students living in one parent families were more likely to have tried illegal drugs (16 per cent) than students living in couple families (8.3 per cent).

Students from language backgrounds other than English were less likely to have tried illegal drugs (6 per cent) than those from English-speaking backgrounds (11 per cent).

Compared to 2016, the proportion of students who reported having used illicit drugs was lower across all cohorts, with significant differences for males, students in metropolitan areas and Year 11 students.

Figure 5 Proportion of students who have ever used illicit drugs, by cohort, 2016 & 2018



# EMOTIONAL WELLBEING

## PSYCHOLOGICAL RESILIENCE

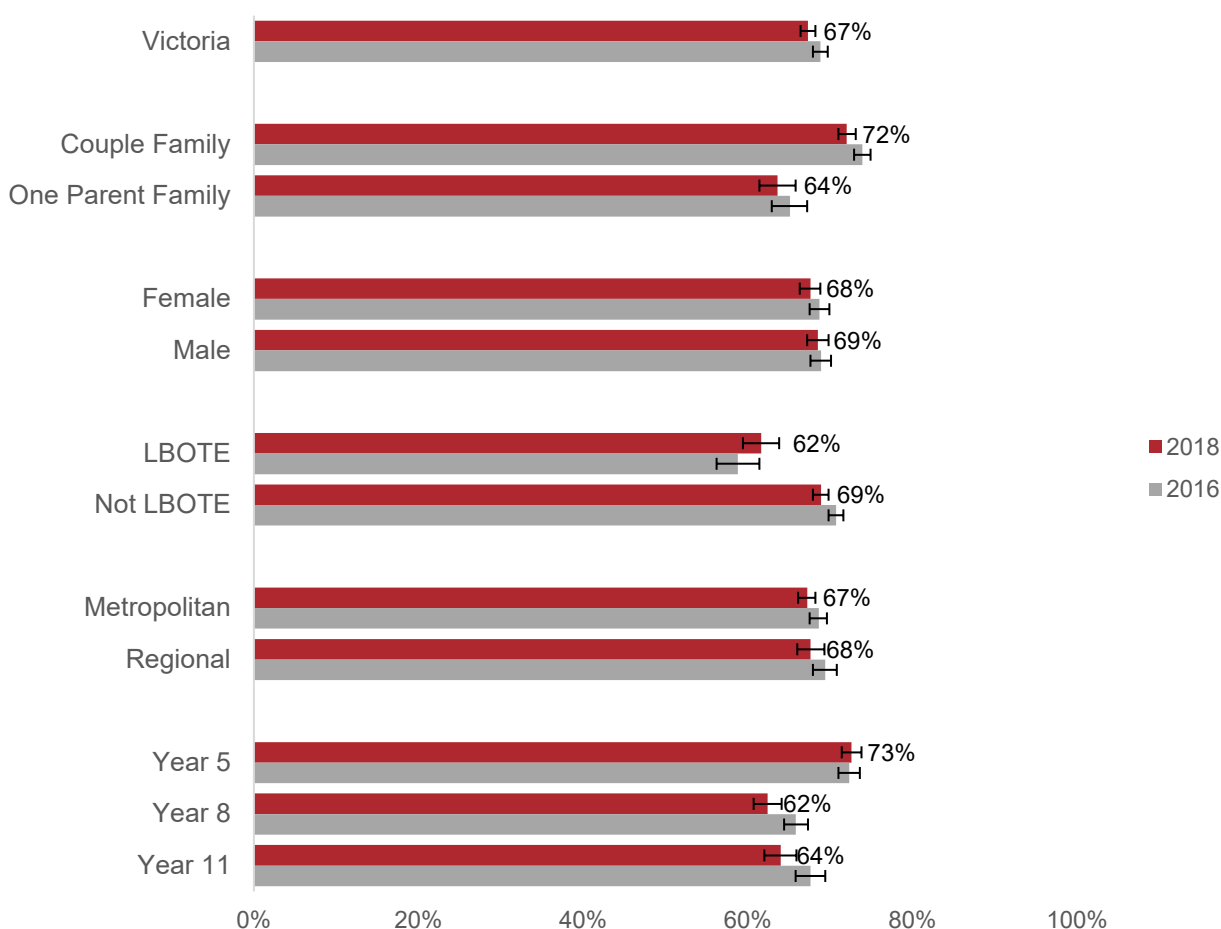
Psychological resilience refers to an adaptive and healthy state of social and emotional functioning. Young people who are psychologically resilient are more likely to respond constructively to challenges and difficulties they face in their lives. Ryan and Deci (2000) developed a scale which assesses autonomy (sense of personal agency), relatedness (positive connections with others) and competence (feeling capable or masterful). *About You* uses a shortened version of this, known as the Basic Psychological needs scale.

More than two in three students in the survey (67 per cent) showed a high level of psychological resilience on this scale, and this varied little by gender.

Students living in couple parent families were significantly more likely to have a high level of psychological resilience (72 per cent) than students from one parent families (64 per cent). Students from language backgrounds other than English were less likely to have a high level of resilience (62 per cent) than students from an English-speaking background (69 per cent).

Students in primary school were more likely to report high levels of resilience than those in secondary school; 73 per cent of Year 5 students, compared to 62 per cent of Year 8 students and 64 per cent of Year 11 students.

Figure 6 Proportion of students reporting high levels of psychological resilience, by cohort, 2016 & 2018

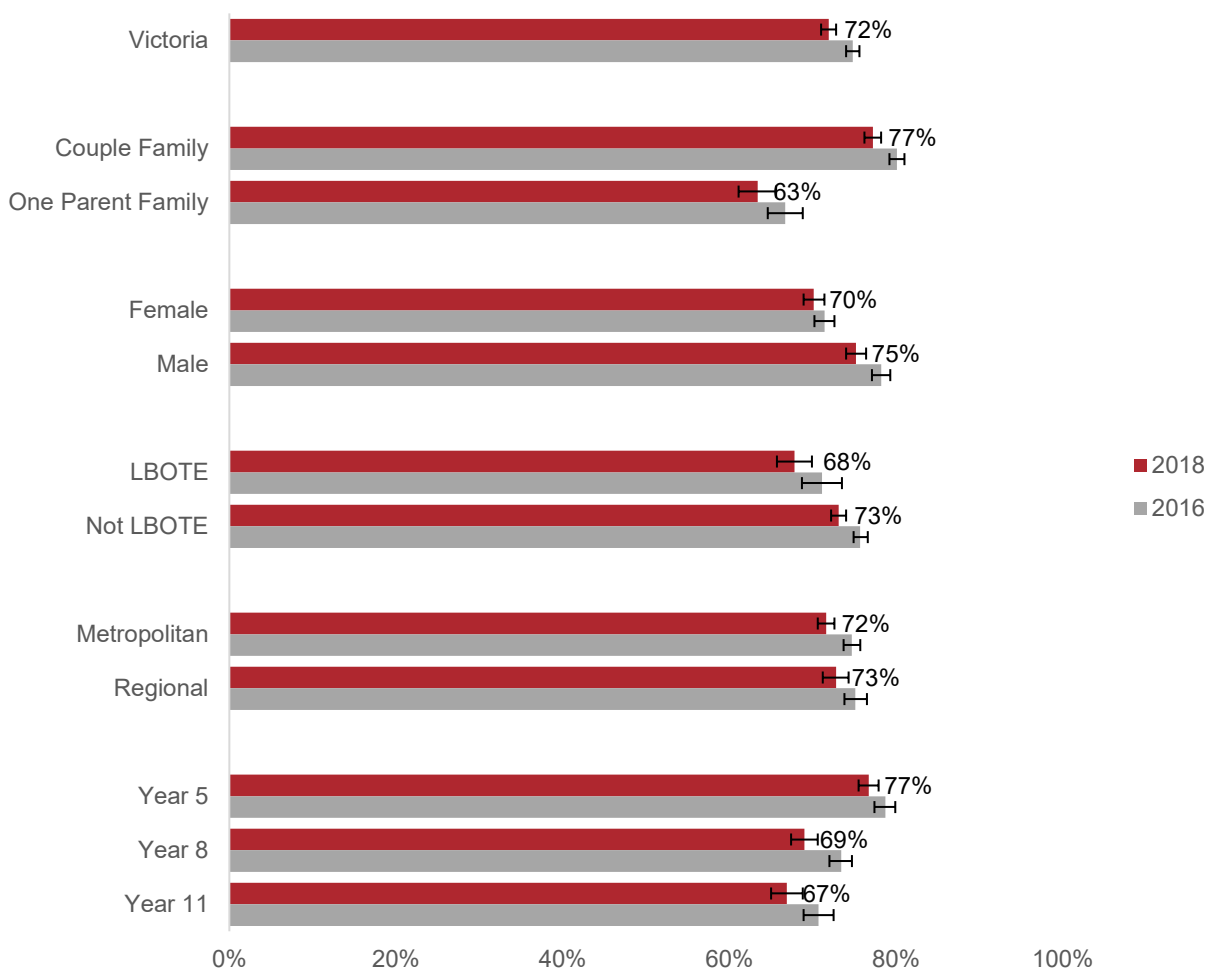


## QUALITY OF LIFE

Students were asked to rate their satisfaction with their lives on a scale from 0: “Worst possible life”, to 10: “Best possible life”. In 2018, almost three in four students were satisfied with their lives (72 per cent). This was a small, but significant decrease from 2016 when 75 per cent of students were satisfied with their life.

Males were more likely to be satisfied with their lives (75 per cent) than females (70 per cent). Students in couple families were significantly more likely to be satisfied with their lives (77 per cent) than students from one parent families (63 per cent). Students from language backgrounds other than English were less likely to report satisfaction with their lives (68 per cent) than those from an English-speaking background (73 per cent).

Figure 7 Proportion of students reporting that they are satisfied with their quality of life, by cohort, 2016 & 2018



## PSYCHOLOGICAL DISTRESS

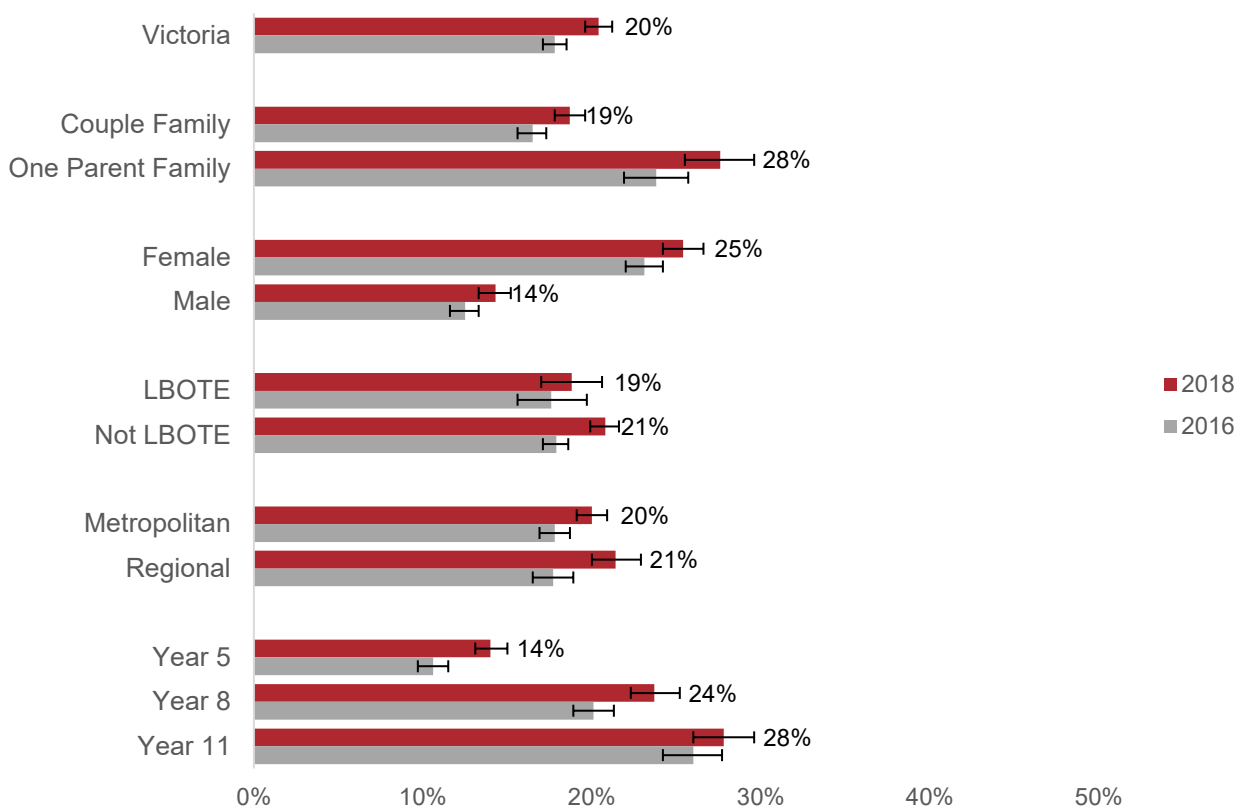
On an index of depressive symptoms based on the International Youth Development Study (IYDS), short version moods and feelings scale, one in five students (20 per cent) showed high levels of depressive symptoms.

Increased levels of depressive symptoms were associated with older year levels. In 2018, 14 per cent of Year 5 students had depressive symptoms, 24 per cent of Year 8 students and 28 per cent of Year 11 students.

Females were more likely to show depressive symptoms (25 per cent) than males (14 per cent), and young people from one parent families were more likely to experience depressive symptoms (28 per cent) than young people from couple families (19 per cent).

There was a small but significant increase in the proportion of students experiencing psychological distress in 2018, compared to 2016. Students in couple parent families, students from English speaking backgrounds, students in rural areas and younger students (in Years 5 and 8) showed significant increases in experience of psychological distress.

Figure 8 Proportion of students experiencing psychological distress, by cohort, 2016 & 2018



# SOCIAL EXPERIENCES AND SUPPORTS

## BULLYING

Bullying by peers can have a damaging impact on engagement with school, and can lead to social and emotional issues for young people (Queensland Department of Education and Training, 2015). In *About You* students are asked if they have been bullied at school in the past term and whether they have experienced, and how often they have experienced, any of a set of unwanted behaviours. These include having been teased or called names; having had rumours spread about them; having been deliberately left out of things; or having been physically threatened or harmed.

Overall, 13 per cent of students reported that they had been bullied in the past term. Year 5 students were more likely to report being bullied in the term (16.5 per cent) than the other year levels surveyed (13.1 per cent for Year 8 students and 6.3 per cent for Year 11 students).

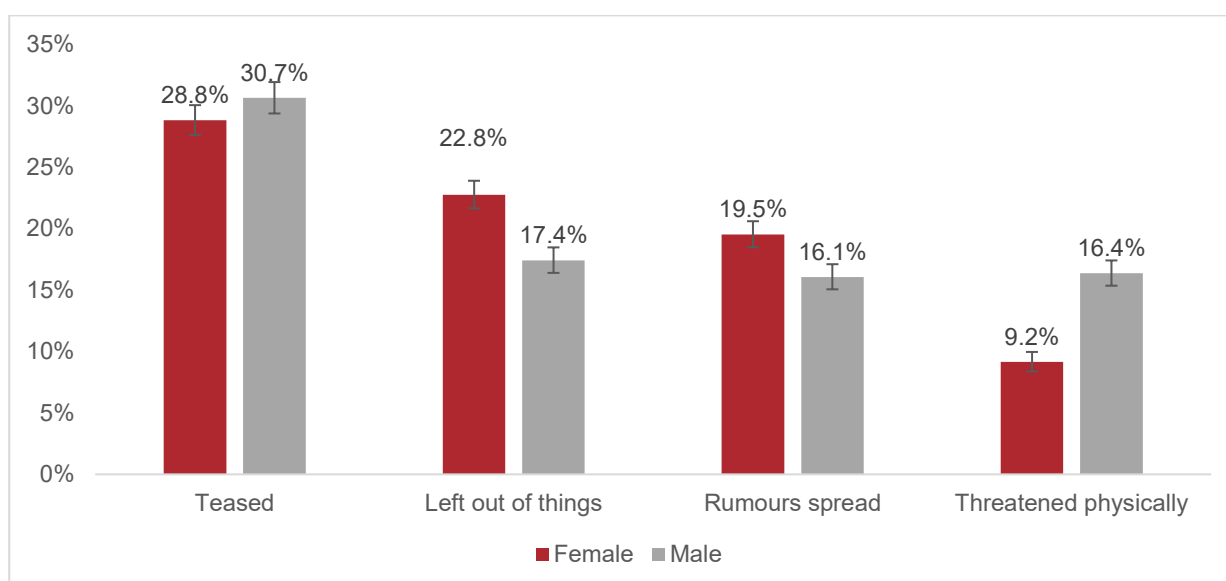
Almost half (45 per cent) of surveyed students reported recently experiencing one or more of the behaviours outlined above – being teased, having rumours spread about them, deliberately being left out of things and/or being threatened or physically hurt by another student.

The proportion of students who reported recently experiencing these unwanted behaviours decreased as students got older. While 46 per cent of Year 5 students and 47 per cent of Year 8 students had recent experiences of these behaviours, this dropped to 37 per cent of Year 11 students. Students from one parent families were more likely to experience one or more of these unwanted behaviours (49 per cent) than students from couple parent families (43 per cent). The proportion of students experiencing these unwanted behaviours was stable between 2016 and 2018 for all cohorts except females and students with a language background other than English. For these cohorts the proportion of students experiencing these unwanted behaviours decreased, from 48 per cent to 45 per cent for females and 50 to 43 per cent for LBOTE students.

In 2018, 30 per cent students reported being teased recently, 21 per cent reported being left out of things, 18 per cent reported having rumours spread about them and 13 per cent reported being physically threatened. These results were similar to the 2016 results.

Female students were more likely to report being left out of things and having rumours spread about them than male students. Male students were more likely to report being physically threatened. The proportion of students who reported having been teased recently was similar across both cohorts.

Figure 9 Types of behaviour experienced by students, by gender, 2018



## CYBERBULLYING

Cyberbullying is bullying that is done through the use of technology, for example, using the Internet or a mobile phone to hurt or embarrass someone. It is often done anonymously, and can be shared with a lot of people quickly, which can make it particularly dangerous and hurtful.

In 2018, almost one in three students (30 per cent) reported experiencing cyberbullying in the past 30 days.

Cyberbullying increased with year level from one in four students in Year 5 (25 per cent) to one in three students in Year 8 (33 per cent) and Year 11 (35 per cent). Females were more likely than males to have experienced cyberbullying (32 per cent compared to 28 per cent). Students from one parent families were more likely to experience cyberbullying than students from couple parent families (34 per cent compared with 29 per cent).

Compared to 2016, the 2018 results showed a decrease in the proportion of students experiencing cyberbullying (from 33 per cent in 2016 to 30 per cent in 2018). This result was driven by large decreases for females (36 per cent to 32 per cent), students from one parent families (39 per cent to 34 per cent) and Year 11 students (41 per cent to 35 per cent).

## TRUSTED ADULT

For young people, having a trusted adult in their lives is considered a strong protective factor against school disengagement, mental health issues and development of anti-social or risky behaviours (National Scientific Council of the Developing Child, 2015; Bellis, et al., 2017). Parents, carers, relatives and teachers can play a significant role in building resilience in young people and contribute to their learning and development, health and wellbeing.

Over two in three students reported having a trusted adult in their lives (69 per cent). The proportion was significantly higher for young students. Around three in four Year 5 students reported having a trusted adult in their lives (74 per cent), this decreased to 66 per cent of Year 8 students and 64 per cent of Year 11 students.

Students from one parent families were less likely to have a trusted adult in their lives (68 per cent) than students from couple families (74 per cent). Young people from language backgrounds other than English were also less likely to have a trusted adult in their lives (63 per cent, compared with 71 per cent of those from English-speaking backgrounds).

## FAMILY FUNCTIONING

Healthy family functioning is a key protective factor for children (Child Family Community Australia, 2017; National Collaborating Centre for Mental Health (UK), 2005). It includes positive parenting that establishes fair rules and role models family values that contribute to a child's sense of wellbeing and to developing positive and self-regulating behaviours. Family functioning is considered unhealthy where both family conflict and disorganisation are present.

Around four in five students reported healthy family functioning (83 per cent), significantly higher than the 2016 result (79 per cent). Students from one parent families are less likely to live in households with healthy family functioning than those from couple parent families (82 per cent compared to 90 per cent). A higher proportion of females reported living in a family with healthy family functioning (85 per cent) than males (83 per cent). Year 5 and 8 students were more likely to report healthy family functioning than Year 11 students (88 per cent, and 82 per cent compared to 78 per cent). Since 2016, there have been significant increases in reporting of healthy family functioning by male students, Year 5 students, metropolitan students and students from couple parent families.

## CONNECTEDNESS TO PEERS

Connectedness to peers at school is an important protective factor for learning, development and wellbeing (Gallardo, Barrasa, & Guevara-Viejo, 2016). The majority of students (93 per cent) reported feeling connected to their peers. Connectedness to peers increased with year level, from 92 per cent in Year 5 to 94



per cent in Year 11. Female students were slightly more likely to report feeling connected to their peers than male students (94 per cent compared to 91 per cent). Students from language backgrounds other than English were less likely to report connectedness to peers (89 per cent) compared with those from an English-speaking background (93 per cent). The results for 2018 were similar to those from 2016 for all cohorts except Year 5 students, where the proportion reporting that they feel connected to peers increased from 90 per cent to 92 per cent.

## ADDITIONAL INFORMATION

Area based data are published through the Victorian Child and Adolescent Monitoring System (VCAMS) website: <http://www.education.vic.gov.au/about/research/pages/vcams.aspx>.

For further information on the *About You* survey, contact the Performance and Evaluation Division, Department of Education and Training at [insights.and.evidence@edumail.vic.gov.au](mailto:insights.and.evidence@edumail.vic.gov.au).

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