GLENELG 2014 YOUTH HEALTH & WELLBEING SURVEY REPORT SUMMARY

KEY FINDINGS
The key findings below compare the Glenelg data (from Portland and Casterton/Heywood) with national data.

<table>
<thead>
<tr>
<th>Behavioural outcomes</th>
<th>Risk factors</th>
<th>Protective factors</th>
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<tbody>
<tr>
<td>Underage substance use, source of alcohol &amp; alcohol supply monitoring</td>
<td>Risk factors are characteristics that can independently predict harmful behaviour and negative health outcomes; they are grouped into Community, Family, School and Peer/Individual domains</td>
<td>Protective factors exert a positive influence that can moderate or mediate potential risk factors; they are grouped into Community, Family, School and Peer/Individual domains</td>
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| • Alcohol use by Y6 and Y8 students in Glenelg is higher than the national average:  
  - ever used alcohol: 43% of Y6 and 58% of Y8 (Aus - 30% Y6, 47% Y8)  
  - drank alcohol in the last 30 days: 22% of Y6, 28% of Y8 P & 29% of Y8 C/H (Aus – 15% of Y6 & 18% of Y8)  
  - binge drinking: 9% of Y6; 16% of Y8 P & 21% of Y8 C/H (Aus – 3% Y6, 13% Y8)  
  • Parents are the main suppliers of alcohol – 50% Y8 P; 60% Y6; 63% Y8 C/H. (Aus- 48% Y6 & 73% Y8)  
  • Supply monitoring research in bottle shops found a significant proportion of outlets surveyed sold to youth who looked underage, without ID: in Portland over 30%, in Hamilton over 80%. | • Family conflict is notably high in both year levels (35% of Y6; 35% of Y8 C/H; 37% of Y8 P).  
  • School risk factors are high, notably Low commitment to school in both year levels (48% of Y6; 62% of Y8 C/H & 65% Y8 P).  
  • Parental attitudes favourable to drug use and to antisocial behaviour are higher in Glenelg than the national average  
  • Higher levels of all Family Risk Factors for Glenelg Year 6 students compared to the national average, notably Poor family management (25%, Aus 8%)  
  • Glenelg students report lower rates of most Community risk factors in Y6 and in Y8 P compared to the national average. | • In general, students in Glenelg report being moderately protected.  
  • Students report higher levels of Community, School and Peer/Individual protective factors in Year 8 C/H compared with the national average.  
  • There is a high prevalence of Peer/Individual protective factor Coping with Stress across both year levels (84% of Y6; 80% of Y8 P & 92% of Y8 C/H).  
  • There are lower levels of School protective factors in Year 6 and Year 8 P compared with the national average. |

Y= Year  P= Portland C/H = Casterton/Heywood  Aus= Australia

RECOMMENDATIONS
1. Reduce early age alcohol use
2. Improve school engagement
3. Enhance family management and attitudes
RECOMMENDATIONS

1. Reduce early age alcohol use
The rates of alcohol use by young people in Glenelg are higher than the Australian comparative sample. A high proportion of young people reported early age alcohol use (in both Year 6 and 8), including those who reported they had used alcohol in their lifetime, current (past month) alcohol use and binge drinking.

Rates of early age alcohol use are relatively high in primary school, and rates of alcohol use increase rapidly into early secondary school. Using alcohol at an early age contravenes the National Health and Medical Research Council guidelines as this behaviour is known to contribute to the development of heavy alcohol use and subsequent alcohol-related problems and disorders. Starting to use alcohol in early high school reduces the likelihood of completing school.

Key messages are that adolescents should not drink alcohol before they are 18, parents should not supply alcohol to adolescents before they are 18 and parents should set rules that adolescents delay alcohol uptake and do not drink before the age of 18 and set/ enforce consequences for breaching the rules.

2. Improve school engagement
The findings show that low commitment to school and academic failure appear relatively high starting in Year 6. School commitment (bonding or attachment to school) has been shown to protect students against a range of problems: including school non-completion, anti-social behaviour, drug abuse, teen pregnancy, violence, and alcohol abuse or dependence. There are high rates of school non-completion in South West Victoria and research consistently shows that this leads to lower participation in paid work, fewer employment opportunities and lower engagement in further education. Early age alcohol use is a factor often overlooked that can undermine school achievement and engagement.

3. Enhance family management and attitudes
Students reported parents as the main source supplying alcohol. Related risk factors including parental attitudes favourable to drug use and other family risk factors were relatively high. The attitudes and practices that parents and other adults hold toward child and adolescent alcohol use are amongst the major modifiable influences that affect the initial uptake of alcohol use. Action focussed on parents and families can reduce the supply of alcohol to children and adolescents, increase family attachment and school engagement and reduce problems such as alcohol misuse.

Enhancing family management and attitudes is designed to help students and parents develop knowledge, skills and support networks to promote health and wellbeing during the early years of adolescence. This will help build within-family connectedness (parent–adolescent communication, conflict resolution, and problem-solving) as well as improving social support between different families and between families and schools during this developmental period. The promotion of these social networks and healthy family relationships is expected to promote social, emotional and academic competence and to prevent health and social problems in youth.

NOTES
• The Communities That Care Youth Survey is an evidence-based tool which has been used in many communities across Australia.
• The survey measures a broad range of behavioural outcomes and risk and protective factors in four domains: Community, School, Family and Peer/Individual.
• Year 6 and 8 students at nine schools in Portland, Heywood and Casterton participated in Term 3, 2014.
• The Glenelg Alcohol Health Promotion Planning Committee (AHPPC) managed the roll out of the survey, with advice and support from Deakin University.
• Deakin University analysed the data and developed the recommendations and reports (one for Portland, one for Casterton / Heywood). Data for Year 6 is combined for all Glenelg.