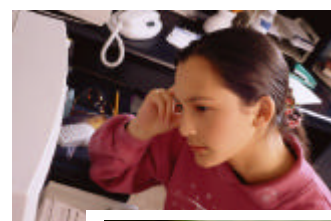


***Southern Grampians & Glenelg
Primary Care Partnership***

YOUTH ISSUES REPORT



***Consultations conducted and report prepared by Kelly Gannon
September 2004***

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EXECUTIVE SUMMARY

This report documents the findings of consultations with marginalised young people in the Southern Grampians and Glenelg Shires. It aims to report on key issues and recommend how services can be enhanced to achieve better outcomes for 'at risk' young people.

The report does not seek to provide quantitative evidence nor to report on services for 'mainstream youth' but rather seeks to provide a valuable profile of the common realities and hardships for local marginalised young people and to present their ideas for change.

The three key issues identified from the consultations were:

1. **Bullying**
2. **Sexual Health**
3. **Alcohol**

Other issues consistently identified were antenatal care, stress, social inclusion and recreational opportunities.

Three groups of young people had specific issues that impacted on them. These were young people with disabilities, disadvantaged young mums and Koori youth.

Research identifies the following factors to ensuring better health outcomes for young people:

- connectedness to family and school,
- a cohesive and non-violent school environment,
- having a positive relationship with at least one parent, role model or mentor,
- experiences of achievement and belonging to a positive peer group.

While a young person's family is a major factor in their outcomes, the report highlights the crucial role that schools play. The alarming incidence of younger school leavers is of concern. This report estimates that school retention rates for Glenelg Shire are approximately 54.5%, well below the state and regional averages of 81.2% and 70.6% respectively.

Early intervention is crucial. Improvements to social connectedness and personal skills in school years 6 & 7 has been shown to improve resilience and to reduce the proportion of children who continue to engage in anti-social behaviour. Addressing problems before they become entrenched is a key strategy in intervening in young people's lives.

The report recommends a range of strategies at the state, regional and local level, involving a diversity of sectors. While many strategies will be challenging, there are many that can be immediately achieved. Taking steps, however small, is crucial for the health and well-being of 'at risk' young people in the Southern Grampians and Glenelg.

Key recommendations include:

1. Network of youth services in Southern Grampians Shire to be enhanced
2. Resources be secured for Youth Worker position in Hamilton
3. Glenelg and Southern Grampians youth networks to work across sectors to address:
 - i) bullying issues;
 - ii) access to sexual health information.

Implementing the report's recommendations will provide the following outcomes:

- a safe and inclusive school environment to prevent early school leavers; with particular focus on anti-bullying;
- ensure health/support services are accessible for those 'at risk', particularly sexual health; and
- support recreational opportunities and youth outreach services in local towns.

1. INTRODUCTION

The *Healthy Communities Report* (Halstead Management Services 2002) has been a reference document for the work of local government and local Primary Care Partnerships (PCP) in the state's South West for the last 3 years.

Amongst other priorities, the report identifies the loss of young people from country communities as a major concern. As the population of young people declines, there are less social and recreational opportunities for those remaining as well as fewer support services and programs to assist this group.

Based on this, the Southern Grampians and Glenelg PCP were keen to undertake a mapping of the needs of marginalised youth for input to its health promotion initiatives. The key priority of the PCP was to bring together key stakeholders, including young people, to develop the context, policy framework and an action plan to address the health and well-being of young people. 'Mainstream youth' have generally been well served by health and education providers in the region and hence the focus of this project was those 'at risk'.

A project worker was employed in 2003 to commence consultations with marginalised youth in Southern Grampians and Glenelg Shires and to complete an Issues and Recommendations Report as the basis for the Youth Health Promotion Strategy of the PCP's 2004-6 Community Health Plan.

This project takes into consideration recent consultations completed by:

- i) South West Sport's Assembly in their *Youth Health through Sport Report 2003*,
- ii) Department of Human Services' *Barwon & South-Western Region Health Promotion & Prevention Framework 2002-2004*, and
- iii) Glenelg Shire's *Glenelg Shire Council Corporate Plan 2003-2006: Glenelg Youth Strategy* consultant's report by Clark Philips Pty Ltd, 2003.
(Clark Philips, 2003)

The priority of the project worker was to consult with target groups not covered by these recent consultations. As a priority, the project has focussed on:

- Marginalised youth – including unemployed and those with disabilities, young mums and indigenous;
- Balmoral Secondary College – was not included in recent consultations; has limited services within the town; and is relatively isolated at the northern end of the Southern Grampians; and
- Coleraine and Merino communities – had recently lost their youth worker position.

2. PURPOSE

The purpose of the project was to consult with marginalised young people in the Southern Grampians & Glenelg Shires, between the ages of 12 and 25 years, in order to:

- i) map the needs of this 'at risk' group;
- ii) seek their ideas for change;
- iii) inform the development of the PCP's Youth Health Promotion Strategy – towards enhancing the health and well being of young people.

3. BACKGROUND

Young people comprise approximately 22 % of the population in Southern Grampians Shire and approximately 20 % of the Glenelg Shire (ABS, 2001). Youth, as a transitional stage to adulthood, is often associated with enormous physical and emotional changes. It is also a period associated with risk taking behaviour as young people challenge the boundaries in an attempt to redefine their concept of self. As such, it can be a time when individuals can experience significant fluctuations in health and wellbeing (ABS, 2002). Injury and poisoning were the cause of just over 70% of all deaths in people aged 12-24 years in 2001 (ABS, 2004). 46% of these deaths were caused by transport accidents and 30% were suicide.

In spite of this, young people do not usually see their lifestyle as being a health issue or the target for health promotion. Most youth generally experience very good mental and physical health (ABS, 2004) and make the transition into young adulthood with few problems. However, at the same time, young people between 12 and 25 years of age are the single largest group assisted by the homelessness service system in Victoria (AIFS, 2003).

Most risk and protective factors for mental health lie outside the domain of mental health and health services – they derive from conditions in the everyday lives of individuals and communities (Bennet & Rowe, 2003). Income, educational attainment, social and family environments, sport and recreational opportunities, transport and rural isolation, among others, all combine to impact on a persons health and wellbeing. Behaviour management in a school setting, low teacher-student attachment, alienation from school and early school leaving can be risk factors that predispose a young person to poor mental health outcomes, including the first onset of anxiety, depression, eating disorders, substance abuse, psychosis and deliberate self-harm (Bond, et al., 2000). As such, the challenge then becomes how do agencies and schools engage these young people and how do agencies tailor health promotion to effectively address the needs and issues experienced by young people.

The Australian Institute of Family Studies identified in its report on *Patterns and precursors of adolescent antisocial behaviour* that interventions aimed at improving connectedness and increasing personal skills in Years 6 & 7 can improve resilience and reduce numbers who continue to engage in anti social behaviour. Addressing problems before they become entrenched is a key strategy in intervening in young people's lives. Individuals who may be at risk for adolescent antisocial behaviour are still amenable to change during late childhood and early adolescent (DEST, 2004). Protective factors include:

- connectedness to family and school,
- a cohesive and non-violent school environment,
- having a positive relationship with at least one parent, role model or mentor,
- experiences of achievement and belonging to a positive peer group (DEST,2003).

Clearly therefore, effective health promotion strategies need to be multidisciplinary and integrated in their approach.

4. DEMOGRAPHICS

4.1 Glenelg Shire

The 2001 Census identified 2,936 young people in the Glenelg Shire, with 1,768 between the ages of 12 to 17 years (ABS, 2001). Young people aged 12 to 24yrs represented 15.2% of the Glenelg population. This was 404 fewer than the 1996 Census, representing an average decline of 2.4%. There were an estimated 79 indigenous young people aged between 12 and 25 years residing in the shire. Geographically, the decline in youth population was greatest from Glenelg (S) – North SLA with a decline of 4.5% per annum for the population aged 12 to 24 years.

4.2 Southern Grampians

In 2001, the population of the Southern Grampians was 16,606, with over 50% of the population living within the city of Hamilton. A total of 15% of the Shire's population lived in outlying townships. 20% of the Shire's population were aged 5 to 17 years. Post school aged young people were under-represented in the population profile in 2001. Young People aged 18-24 yrs represented only 6% of the population. Between 1996 and 2001 the municipality lost just over 3% of its population (approximately 551 people), mirroring the population dynamics of neighbouring Glenelg Shire. In contrast, the population in regional Victoria grew by 3.5% and in Victoria as a whole by almost 7%.

5. PROFILE OF LOCAL HOMELESSNESS

It became clear during the consultations that there is a poor awareness amongst some agencies of the impact of homelessness in the region. The following profile has been developed to outline the key factors contributing to homelessness and some of the realities for local young people.

Several case studies are provided. They are based on real people living within our region but names have been changed. None of these young people chose to be homeless, rather circumstances have led them to this lifestyle.

The main comment raised by all was “...*you can't have a normal teenage life!*” due to the stress that homelessness brings into their lives.

5.1 Education system – playing a crucial role

It appears that in dealing with marginalized youth, the education system is the lynchpin in effective service delivery and crucial to developing and maintaining healthy and well adjusted young people. When interviewing marginalized youth about health and well being issues, most issues related to:

- how connected they felt to their schools,
- any problems they had encountered at school, and
- how helpful the teachers were in encouraging them academically.

All of the young people interviewed in the focus groups had been **early school leavers**. Only two left willingly to have children and had no intention of continuing their education until their children were older. The rest felt that they had been ‘pushed out’ and that the schools had failed to engage them effectively. Most agreed that their behaviour may have been ‘challenging’ but stated that they had wanted to be there. They felt that their teachers hadn’t wanted them to stay and didn’t attempt to assist or encourage them. Most had come from very traumatic home lives and had seen school as a safe place to be. In the end, however, school had also shown that it was not a safe place. Their early exit (usually before the legal age) had resulted in limited access to employment. All were currently unemployed, single mums or had just returned to TAFE or VCAL after a period of unemployment. Leaving school at such an early age (14-15 years) also meant that they had left their peers and support networks. They were then forced to associate with older peers (usually unemployed) or become isolated.

Some of the people interviewed had diagnosed mental health or intellectual disability issues that had contributed to classroom behaviour.

Most of the young people interviewed **had never settled into secondary school**. They tended to try to get along in Years 7 & 8 but usually left during year 9. Approximately half of the young people interviewed in the focus groups had also been very transient. Their parents had been very mobile and it was not uncommon for most of these young people to have lived in approximately 3 different states. This is especially true of indigenous youth. They had been to a number of schools in order to complete their education and felt no connection to any of them. Most of this group no longer lived with their parents and have chosen to live in the area because of nearby relatives. Most did not have good relationships with their parents and had left home because of family discord. However, most continued to go to school (even if for a short time) after they had left home. Once they had left home their housing became very insecure. If single, most had moved from friend to friend until they could secure either youth housing or private/public rental. Some were currently in emergency housing when interviewed and stable accommodation could break down quite easily due to relationship breakups, arguments with friends, etc. As a result, this can add further to school disengagement as the pressures of day to day living take precedence.

Case Study

'Johnny' is a 13 yr old indigenous boy who left school in year 7, at the age of 12. No one from the school followed up why he wasn't attending and hadn't informed his caregivers of his truancy. He had no friends of his own age outside of school. He had no income and nothing to do. He was too young for employment services, didn't qualify for income support and was too young for other education models. He began hanging around with older youth (aged approx. 21 yrs onwards) for something to do. Workers involved with 'Johnny' tried to get him into TAFE but he was too immature to engage in an adult learning model and his attendance became erratic and almost none existent.

Indigenous workers have been trying to support 'Johnny' for the last 12 months and reengage him in some form of education. In spite of this effort he still has no income; is still involved in the same group of friends; has been assaulted twice; is now sampling heroin and is only 13 years of age. He is very entrenched in this lifestyle. He was one of a number of indigenous students who left in Year 7 and only 1 has returned to school!

5.2 Impacts on health and well-being

The stress associated with homelessness can also impact on a person's health and well-being. The young people continue to deal with the issues that caused their homelessness together with the pressures of their new lifestyle, such as justifying their need for income support and 'making ends meet'. As such, stress becomes an overriding factor in their daily lives.

Some of the young people interviewed had been paying off debts from their limited income. Their transient lifestyle, low income and/or debts forced them to sell horses; give up sport and leisure activities; and were increasingly not buying fresh food due to the cost. They tended to experience a lot of loss in their lives as family relationships breakdown; they sell valued possessions, including pets; give up leisure pursuits and team sports. Loosing their peer networks when they leave school and inability to pay for sport or other activities reduces their ability to connect with their local communities and increases their isolation. They are unable to afford costly medicine and as a result, some health issues go unattended and can impact on their ability to participate in normal daily activities. This is particularly concerning for those with diagnosed mental illnesses.

Case Study

'Angie' is a young 19yr old woman who has been out of home for a long time. She has lived in 3 different states, gone to approximately 6 different schools. Her last school was a private boarding school in an attempt to give her a stricter, more stable environment. 'Angie' acknowledges that her relationship with her immediate family had been difficult for a long time. She lived with her father and stepmother prior to being sent to boarding school and ran away from boarding school on a number of occasions prior to finally dropping out of school.

She had started to become sexually active at the end of Grade 6 and experimented with drugs and alcohol at an early age. She has since been diagnosed with bi-polar disorder and currently sees a counselor on a regular basis. She has been out of home since dropping out of school and has been in and out of emergency and supported accommodation on a regular basis and has had private rental breakdowns on a number of occasions due to disharmony with flatmates.

Angie still has a good relationship with her grandmother but does not want to burden her with the stresses encountered in her daily life. As a result, she is still paying off veterinary bills and school fees from the time she was enrolled at boarding school. She sold her horse as she couldn't afford to keep it. She got a fortnightly income of \$318.35 and after paying bills had only \$48.35 a fortnight left for emergencies and/or entertainment. The food budget was usually inadequate and the extra funds usually went on food. Vegetables were too costly to buy on a regular basis and were seen as a luxury item.

Suicidal thoughts are not uncommon amongst this, and other marginalized, target groups. Many commented on having suicidal thoughts, with some of the young people having a history of self-harming behaviour. They also expressed poor self-image and had difficulty in highlighting their strengths. Relationships were often unsuccessful, with the young people interviewed stating that they often repeated destructive behaviour modeled by their parents.

It emerged quite strongly in these forums that this group was a very isolated and disengaged sector of the community. The 'normal' methods of publicity and engagement in group activities would not be effective with this group. When talking with these young people, they are very enthusiastic and had lots of ideas but feel that they would not be welcome in mainstream activities. They have suffered a lot of rejection (both personally and within the education system) and do not come forward willingly to be involved due to this.

It appears that the homeless young people have been a neglected group and due to their levels of disengagement, stress, isolation and low income more programs should begin to target them to help improve their mental and physical well being.

Case Study

'Andrew' was a young man who had Oppositional Defiant Disorder. He had a long educational history of being expelled from schools. He commenced his schooling in mainstream education and was expelled for the first time in Grade 2. He lived with his mother (a single parent) who enrolled him in a number of schools before he was finally assessed for a Special Disability School in his teens.

By his teens, however, his behaviour was entrenched. He had issues with anger management and had begun to have involvement with the police. Due to the time involved in diagnosing his behavioural disorder, he was no longer interested in school. His mother had no support in trying to manage his behaviour.

He is now 16 years old, has no work ethic or employment opportunities; is at risk of homelessness; and is rapidly becoming disengaged with his local community. He has developed no social skills nor connections during his pre-teen and adolescent years.

6. METHODOLOGY

The project worker consulted with a range of young people and agencies in the following way:

- Six focus groups were conducted with marginalized young people between the ages of 12 and 25 years of age. This included unemployed, homeless, young mums, disability providers and indigenous young people. A total of 51 people were involved in the focus groups. The groups ranged in size from one-on-one to 8 young people.
- Two written surveys were conducted. One with students from years 7 to 12 from Balmoral High School and one with local youth in Coleraine conducted by Coleraine District Health. A total of 97 students were consulted.
- Attendance at two public meetings held in Coleraine and Merino. A total of 30 young people were present.
- Two planning forums were conducted with local service providers and educational institutions, representing key health and support services, education agencies and local government.

In total, 178 young people were consulted, 28% of these were via focus groups.

Questions used in the Focus Groups and for the Balmoral School Survey are attached in Appendix 1.

7. RESULTS

The following section overviews:

- relevant local data regarding issues for young people;
- feedback gathered from the youth consultations; and
- feedback from the agency planning meeting.

All issues raised and the majority of the strategies identified came from the local youth involved in the forums. Other strategies arose from planning forums conducted with local workers or are recommendations suggested in relevant Government policies and strategies.

Detailed results from the Balmoral School Survey are attached in Appendix 2.

7.1 Summary of issues raised

The following issues were consistently raised by young people who participated in the consultations:

- Bullying
- Sexual Health
- Antenatal Care
- Recreational Opportunities
- Stress
- Social inclusion
- Alcohol

The following three groups had specific issues related to their circumstances:

1. Young people with disabilities
2. Disadvantaged young mums
3. Koori youth

These target groups were also represented in other marginalized groups such as homeless and unemployed youth. This is especially so for the local Koori community. As such, they pose a serious challenge for agencies wishing to enhance the well being of these groups.

7.2 Data

School Nurse data gave the worker an indication of the types of issues that were being presented to act as a basis for general discussion in the youth Forums that were held. They did not frame the forums but gave a base to begin conversation about youth health issues.

This data does not include the private colleges in the region and does not include Baimbridge Secondary College. As a result, this data can only be used as an indication of issues for presentation. Glenelg data covers both Portland and Heywood Secondary College and Southern Grampians covers Casterton (which is within the Glenelg Shire Boundaries) and Balmoral Secondary Colleges (which has a student population sourced from both Southern Grampians and West Wimmera Shires).

<i>Southern Grampians School Nurse Data 2003</i>		<i>Glenelg School Nurse Data 2003</i>	
Relationships	20	Non Acute Medical	20
Personal Issues	11	Relationships	16
Behaviour	9	Contraception	15
Self Esteem	8	Bullying	14
Grief & Loss	7	Abuse	10
Abuse	7	Sex. Transmitted Diseases	9
Attention/Concentration	6	Behaviour	9
Bullying	5	Anger Management	6
Anxiety	3	Self Harm	6
Suicidal Ideation	3	Anxiety	6
Self Harm	2	Menstruation	6
TOTAL PRESENTATIONS 2003	122	Pregnancy	6
		Reproductive Health	5
		Concentration/Attention	5
		TOTAL PRESENTATIONS 2003	243

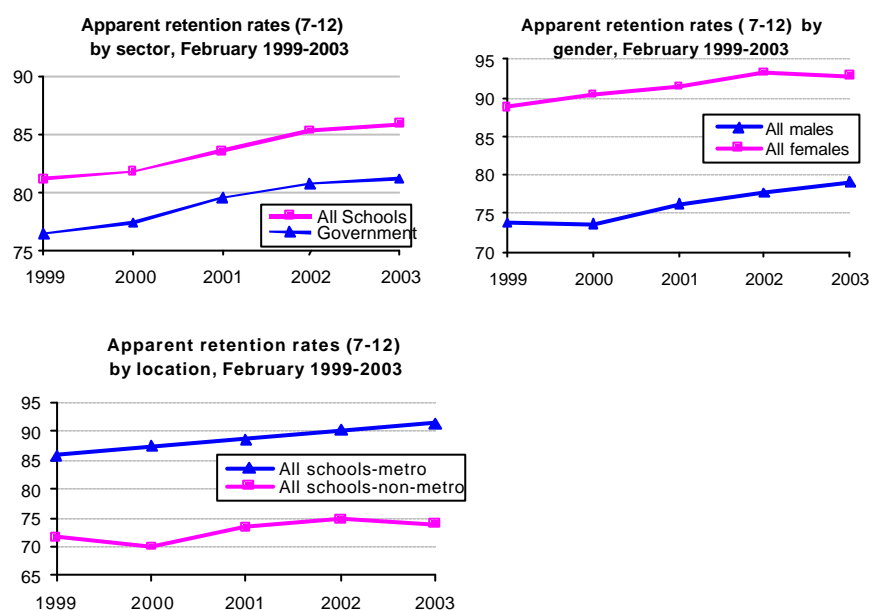
Source: DHS School Nurse Data LGA Secondary students seen 2003 (SG & Glen 2003 file)

Despite the data limitations, the school nurse data for 2003 for Glenelg/Southern Grampians region indicated that **sexual health and mental well being** were the two major reasons for young people presenting. Relationships figured highly in both sets of data, as do indicators of classroom behaviour such as attention, anger management and bullying. Sexual Health issues for the Glenelg data represented 16.8% of all presentations.

School retention rates were also an important source of background information.

The *Glenelg Pathways Project* (2000) stated that local school retention rates for the Glenelg Shire were 54.5%, well below that of the then State average of 77.3%. 2003 school retention data indicates that the State average is now approximately 81.2% for Government schools with the Barwon South-Western region below this average at 70.6%. Although individual school retention rates were unavailable, conversations with the Department of Education, Employment and Training indicate that Glenelg/Southern Grampians is actually below this level at approximately 54.5% in 2000. The regional data has been skewed higher due to high retention rates among the Geelong schools. Refer to Tables 1.1 and 1.2 below.

TABLE 1.1 - Apparent Retention Years 7-12 For Victoria 2003



Source: Statistical Information and Analysis, Student Outcomes Division, Office of School Education

Table 1.2 - Regional Retention Rates

Apparent Retention Years 7-12 by Region, February 1999–2003

Region	Government Schools						Change 2002-03	All Schools					
	1999	2000	2001	2002	2003	1999		2000	2001	2002	2003	Change 2002-03	
Barwon South Western	69.3	68.7	69.8	72.7	70.4	-2.3	77.6	75.6	77.9	79.6	78.4	-1.2	
Metropolitan	81.5	83.7	85.2	85.6	87.1	1.5	85.7	87.4	88.5	90.3	91.4	1.1	
Non-Metropolitan	67.9	66.9	69.8	72.0	70.6	-1.4	71.7	70.1	73.3	74.8	73.9	-0.9	
Victoria	76.5	77.4	79.6	80.7	81.2	0.5	81.2	81.8	83.6	85.3	85.8	0.5	

Source: Statistical Information and Analysis, Student Outcomes Division, Office of School Education

Note: If the 54.5% retention rate (indicated in the *Glenelg Pathways Project – Phase 2 Strategy* document) is taken from the 2000 Barwon Southwest Government Schools retention Rate of 68.7%, we see that Glenelg was approximately 14.2% below the regional average.

Implications of low school retention rates

Low school retention rates are a significant issue:

- early school leavers have limited opportunities as a result of poor employment opportunities, isolation and transportation.
- the *Evaluation of Phase Two of the Pathways Project in Victoria* (Stokes & Tyler, 2002) confirmed that 'if young people leave school in (the Glenelg region) they "burn their bridges", there is very little chance of getting back into school'.
- many are forced to relocate for employment and further education, resulting in the decline in the youth population being witnessed in the Glenelg & Southern Grampians.

The Report, *Boys: Getting it right*, (House of Representatives, 2002) indicated that some of the factors influencing early leaving include:

- Quality of teaching
- Curriculum
- Gender
- Ethnicity and Aboriginality
- Literacy and numeracy achievement
- School type

These factors were reiterated within the consultation forums. The *Boys: Getting it right* report also discovered that 80% of the students suspended or expelled are boys. They found that despite improving school retention rates and changing curriculums, the educational needs of many boys were not being met and that many long-standing patterns of disadvantage and underachievement for women and girls persist despite policies targeting their needs. They also discovered that a higher number of unexplained absences (indicating lack of school engagement) was a significant predictor of poorer performance. Young people who participated in this consultation also indicated that their early school leaving had been preceded by a pattern of absences and truancy (usually as early as year 7 & 8) as they gradually disengaged from school.

The forums also highlighted that most early school leavers started to experience difficulties very early in their secondary school life (year 7 & 8). This was not necessarily because of academic issues but also because they felt that they did not 'fit in' and weren't welcomed by various teaching staff. They perceived that they were not assisted with their work as much as other students and that teaching staff frequently 'said one thing and did another'. This meant that any incentive that the young people had to achieve was dismissed and 'not worth the effort'. This was also reiterated in the '*Boys: Getting it right*' report where boys see school as places which preach one thing (fairness, respect, flexibility, celebration of differences) but practice the opposite. In every single forum the young people stated that most 'schools were more concerned about the correct uniform than enforcing the anti-bullying policies'. One example was given of a young year 7 student who was verbally abused on a daily basis by her classmates in front of her teachers without repercussions. Given that behaviour management in a school setting can be a precursor to the first onset of anxiety, depression, self-harm, etc this is a serious issue that needs to be looked at and revisited on a regular basis by all schools.

The employment difficulties are compounded by the demand for year 12 school leavers to gain apprenticeships and other jobs traditionally filled by early school leavers. As a result, there is a class of youth with nowhere to go. While the existence of early school leavers hasn't changed, their ability to enter the labour market has. In the past, young people have often left school at 15 years of age, entered an apprenticeship or manual/unskilled work and progressed on to become self employed and/or well-respected members of the community.

According to the *On Track Survey 2003* (VCAA, 2004), the full time teenage labour market continues to be much stronger for boys than girls. However, the ability for early school leavers to access these jobs based on transport and location tends to be difficult and trainee and apprenticeships are now requiring higher levels of schooling.

The growth sector for jobs is now in the service and hospitality industries. This has been accompanied by rising entry standards, beginning with higher levels of schooling and extending to post-school qualifications (*On Track Survey*, VCAA, 2004). The majority of early school leavers lack the social and communication skills to fill these positions and have low literacy and numeracy levels.

Employment data indicated that there were approximately 250 young people between 15 and 25 years of age registered for Jobseeking allowances in Glenelg and 177 young people registered in Southern Grampians. Although the 250 young people represented approximately 8.5% of the youth population in Glenelg, it is not a true representation of youth unemployment. The figures only represent those young people in receipt of payments. It does not indicate those that are not old enough to apply or those that do not qualify for relevant allowances. As a result, youth unemployment for the area will be higher than this figure.

The employment, school retention rates and school nurse data indicate that serious youth issues exist. There is a strong indication that closer links need to be established between local schools and agencies to create a more supportive environment for our young people.

<i>Unemployment Statistics – Centrelink Oct., 2003</i>	
Southern Grampians	
Total	177 (15-25yrs)
15	nil
16-17	21 (in receipt less than 365 days)
	4 (in receipt for more than 365 days)
18-20	24 (< than 365 days)
	36 (> than 365 days)
21-25	54 (< 365 days)
	37 (>365 days)
Glenelg	
Total	250 (15-25yrs)
15	1
16-17	13 (<than 365 days)
	11 (>than 365 days)
18-20	51 (<than 365 days)
	49 (>than 365 days)
21-25	59 (<than 365 days)
	67 (>than 365 days)
* These figures only reflect those people in receipt of Jobseeking Allowances (Newstart/Youth Allowance) and does not reflect all unemployed young people aged 15yrs to 25.	

Local Learning & Employment Networks (LLENs) and Job Placement, Employment & Training (JPET) services are not funded to work with school leavers under the age of 14 years and 9 months and accommodation services are not allowed to house young people under this age limit. As such, most interventions currently in place are aimed at young people already out of school, unemployed and, sometimes, homeless.

It has become obvious that if we are to be serious about youth health and well being, we need to address youth issues at year 6 & 7 as an early intervention strategy to ensure active engagement and retention within the education system. Services such as those offered by the LLEN, JPET and other employment services need to have funding requirements altered to be more effective in prevention of unemployment and school disengagement. In addition, school based apprenticeships and VCAL subjects need to be made available to more junior secondary levels (such as year 9) to assist those young people who do not see the relevance of a purely academic curriculum. However, these are systemic issues that will not be solved overnight. It may be appropriate to initially invest resources on some of the immediate more achievable issues.

7.3 General Issues

i) Sexual health/education

This was a topic of much discussion in all the forums. A lack of information about the contraceptive pill (and how to take it) had been the cause of one pregnancy in the young mum's group, even though all had completed human development subjects at school. Most agreed that the current curriculum approach did not adequately cover the topic or place it in its social context. They would have liked more information about Sexually Transmitted Infections (STIs), their symptoms, effects and treatment. Most had poor knowledge of different STIs. They also felt that it should have been combined with information on relationships, communication and role modeling. This was raised due to young people expressing that they had poor role models when they grew up and most had witnessed or experienced domestic violence in their home environment.

Access to free condoms was also raised as an issue for young people on limited incomes. Free condoms should be easily accessible so that young people do not have to feel uncomfortable asking for them (eg. at youth services). Condom machines should also be located in female toilets as well as male's in venues such as pubs.

It was also identified that more information was required about other forms of contraception as the young women said they quite often forgot to take the contraceptive pill regularly. It is a recommendation of this report that a wallet card be developed similar to the *10 tips for safer health care* card developed by the Safety and Quality Council. This card could highlight important questions that young women should ask about contraception to help them communicate more effectively with General Practitioners. A lot of young women said that they felt uncomfortable talking to doctors about sexual health for the first time but were unsure where to get more information. Better advertising of Family Planning Clinics, and the services offered, may also assist young women to have more control and information over their sexual health and well being.

Both young men and women involved in the forums stated that the way in which they received information about sexual health and reproduction was not helpful and not realistic. They felt that information sessions would have been more effective if the sexual health component was combined with 'secret' men's & women's camps. These camps would be for same sex only and could involve self esteem, team building, leadership and assertiveness training as well as sexual health and well being. It was felt that this combination of skills training would then provide an environment of trust where young people would feel more comfortable discussing and learning about their sexuality. It was also suggested that information about domestic violence, good communication and what is a healthy relationship should be incorporated. It would be possible to deliver these as two separate events - one to provide team building, assertiveness training and sexual health and another to discuss relationships, domestic violence and good communication. Such an approach could provide an opportunity for challenging images, providing opportunities for new relationships and to act as a 'rite of passage' as young people move through secondary college (eg Year 8 & 9).

ii) Stress

Stress becomes an overriding factor in many young people's lives. Although financial constraints on their lifestyles could not be changed, some discussion was had on how they could change the way they deal with stress. Most of these young people were very isolated due to lack of finances, transport, etc. Their ability to participate in recreational activities was also limited by the number of people that they knew (eg. one young woman had just moved to Hamilton to find work and didn't know anyone) and the cost involved. Some of their suggested strategies would be completely appropriate for other youth populations as well (eg. Year 12 exam students).

Stress caused by isolation was seen as a problem as most teenagers don't know how to handle it properly. Physical activity (such as walking) and discussion groups were seen as a way around this. For example, Sunday afternoons were seen as a good down time to run things off the school campus. There is an opportunity here, if designed well, for health services to run walk and talk groups for young people. Most of the people who came to the forums walked as a form of 'thinking time'. If a walking group had some enticement (or made to look 'cool') it could be an effective and cheap way for young people to become involved, reduce isolation and deal with stress. Providing meditation, yoga or stress management classes during the senior years of secondary college was also seen as helpful in dealing with exam pressure.

Young people are often forced to relocate to larger towns to find work. This can be a terrifying and lonely experience if the young person doesn't know anyone. A number of strategies were discussed to overcome the loneliness associated with moving to a new town. Among them were:

- Possible role of a mentor (lead tenant model) through Youth Housing to assist transient people to make connections with new community.
- A Welcome Board at Youth Centres, McDonalds and other youth hangouts to let young people know what's on, what groups (meeting times) there are, etc.
- Youth Biz to act as a 'drop in centre' as people don't know who to go to talk about 'stuff' once you leave school.
- Train 'Peer leaders' to greet people at Youth Biz and assist them in feeling comfortable and involved.
- Use of community gardens to address inadequate diets; provide low cost food; reduce social isolation and provide a recreational activity.
- More contact between Youth Workers and GP's to develop more integrated pathways for young people. Young people tend to go to doctors if they have a problem due to limited knowledge of services. By increasing doctors awareness of support services available to young people the aim is to improve the GPs capacity to provide effective early intervention.

iii) Alcohol

Discussions were also held around drugs & alcohol. Alcohol was a greater problem than drugs for this group of young people and their friends, since it was more accessible and cheaper than drugs. The young people involved in the forums were mostly 18 & 19 years old and hence too old for 'youth group' activities. As such, they felt that they were 'kicked out of the good stuff when you hit 18 and sent to the pubs'. They would prefer to be involved in youth group activities since they 'were a whole different environment from the pubs ('safer')'.

Input included:

- most reported that they drank too much because they had nothing to do. One example was given about a group that went camping at Nigretta Falls. Because it was camping and social they hardly drank. They would like more of these sorts of activities.
- they were all on strict budgets and couldn't afford to drink all the time. However, Thursday and Friday were seen as social nights to feel 'normal' and this is when they tended to drink.
- having no alternative entertainment except the pub made young women vulnerable to sexual harassment/assault when drunk.
- Most of the homeless and unemployed youth smoked and were aware of the risks involved in doing so. None wanted to stop even though they were aware of the health risks associated with smoking. They didn't smoke heavily due to finances, commonly buying a small packet of cigarettes for \$10.30 and making it last a week.
- Some of the participants said that they smoked because of stress. It would be interesting to monitor how their smoking patterns alter (if at all) if taught some form of stress management and if their isolation reduced.

7.4 Issues raised by specific target groups

i) Young people with disabilities

Consultations occurred with Hamilton Special Development School (SDS), Kyeema and the Rural Access Worker to identify issues affecting this group. The main issue that arose was the need for people with a disability to be given as many opportunities as possible for active participation in normal community life. There were a number of young people who were in danger of becoming marginalized from community and/or employment and service delivery opportunities. By strengthening their social connections it is hoped that their pathways to adulthood would be improved.

It appeared that some effort was needed to up-skill community sport & recreational groups to incorporate youth with disabilities in a meaningful way. Stronger partnerships with relevant welfare agencies were also required to support young people with disabilities in the home. Some students in SDS come from dysfunctional backgrounds and this can impact negatively on other interventions. There was also an identified need for welfare positions to develop small group work programs (such as anger management & young men's group)

within the schools. Under the new Education policies, however, welfare positions would be allocated based on student enrolment numbers and most SDS do not have high numbers. Programs need to be developed that encourage permanent links with the wider community that promotes ongoing interests/skills and connectedness in preparation for adulthood and/or independent living.

The ability of young people with disabilities to enter gainful employment was also limited by the range of employment and work experience opportunities. Volunteers were often required to assist some young people to attend TAFE courses. These can often be difficult to find on a regular basis and perhaps there is a need for local services to coordinate volunteer registers to incorporate work with disability sectors (eg hospital, council volunteer registers). It was identified in the forums that some young people were able to make the transition to independent living and gainful employment outside of the supported employment programs if given the support and assistance in the initial stages.

To develop a more integrated approach to this group, cross target services need to consider telephone and computer access to their service. People with a hearing or speech impairment may have to rely on the National Relay Service to access mainstream services. WDHS are currently piloting a new phone number that will streamline this process for people with a disability. Other services could approach the National Relay Service to provide training and/or information for reception staff to assist with access. Consideration also needs to be given to developing accessible websites/information as some people with disabilities need to have a special format to access the information effectively (eg: easy to read versions with large print, 'screen reader' compatible layout). It is a recommendation of this report that libraries make more computers accessible for people with disabilities. This is a simple thing that can make lives more independent for people with a disability.

As with homeless youth, having a disability in a rural setting often means that a person will have limited access to services. As such, there is a need for mainstream agencies to identify where they can assist and strengthen their response to this. This has been highlighted in the rural service response of the *Youth Homelessness Action Plan* (DHS,2003) and there is a need for rural communities to work together on a myriad of issues if we are to overcome the obstacles of rural isolation and limited funding.

ii) Koori youth

Wendy Rotumah (Youth Suicide Prevention Officer) at Winda-Mara Aboriginal Corporation in Heywood is funded to work across both Shires and oversees a number of programs run through Winda-Mara. It was obvious in my conversation with Wendy that Wind-Mara are very flexible in addressing the needs and issues of their young people and the success of this is reflected in the high level of participation of young people in their programs. This results in a number of innovative strategies being employed to assist young people in a variety of situations. For example, the Community Dreaming program helps young people to develop leadership skills and improve their self-confidence whilst reducing barriers between koori and mainstream populations.

It is this same creative and flexible service delivery, however, that has also had to be utilized to address shortcomings in integrated service delivery and referral of clients into mainstream services. The education system also continues to be an issue for the Koori population with the disengagement from school of young people under 15 years of age being a serious issue.

Winda-Mara have recently completed a health survey of their adolescent clients as part of program funding requirements. When asked what services they accessed if having problems most said that they handled things themselves but would refer friends to Winda-Mara, Elders, school councilor, school nurse or family and friends. Most of the completed surveys had indicated that Koori youth did not access services and that a lot of the respondents had suicidal thoughts at some stage in the preceding two months. GP visits had increased slightly among adolescents as they required a referral to access a visiting psychiatrist provided by Aboriginal Health Services. Koori youth, however, were generally underrepresented in accessing mainstream services and Winda-Mara was a vital link in seeking ongoing support for young people.

The following specific issues were raised in the discussion with the Koori community:

Education:

- Serious issues with current and potential disengagement from the education system prior to the legal age for leaving. In the under 15yrs age group, Winda-Mara are currently supporting 5 Koori youth who have left the school system. 3 Koori youth left Year 7 last year and the current Year 7 Koori youth are also uncomfortable. Substantial support has gone into trying to maintain them within the school system.
- A Koori Educator is employed at Heywood Secondary College and the Heywood Primary School. They can act as a home/school liaison officer, pre-empting and diffusing situations prior to them escalating. They can also advocate on families behalf as a lot of adults feel uncomfortable in dealing with schools. The position is only funded for Heywood, however, and there is no equivalent position in either Hamilton or Portland. This exacerbates the current issues being experienced in the other two areas.
- A number of Koori youth attended numerous schools during their life. An example was given of one Year 8 student who had attended 20 different schools. This poses a huge issue for schools in how they engage these young people as they have no sense of connectedness with the education system, making it difficult for them to complete their schooling.

Mental Health:

- Difficulty in referring Koori clients for psychiatric support was reported. Many referrals for schizophrenia were diagnosed as Borderline Personality Disorder and referred back to Winda-Mara for case management. This has placed serious impacts on staff and the agency as they are not trained in managing psychiatric patients with challenging behaviour. Winda Mara dedicated 8 months to eventually having one young client reassessed as Schizophrenic. Once again, the young person was referred back to Winda-Mara to continue support when they were not adequately trained. As a result, Winda-Mara have had to develop a flexible response to increasing caseloads. They have employed a support worker for the young person mentioned above to assist with socialization/living skills, keeping appointments, etc. They have had staff undertake the Applied Suicide Intervention Skills Training (ASIST) and now employ a psychologist to debrief staff and assist with staff support.

Accessing Mainstream Services:

- Lack of transport and telephones are a major barrier to accessing services. Winda-Mara pick up and deliver all their clients/groups, etc. This is not provided by other organizations/services.

The issues mentioned above are only some of the problems confronting this target group. The issues are also common to other marginalized groups such as single mums and homeless and unemployed youth. As such, they pose serious challenges for agencies wishing to enhance the well being of this community.

The issues are different to marginalized mainstream youth who tend to see school as a safe haven and continue to attend school (if even for a limited time) in the most chaotic of circumstances. In contrast, marginalised Koori youth tend to have no, or limited, connection with school and see their community and extended family as their safety net. As such, disengagement at an earlier age is becoming more common. These young people tend to be under the legal age for leaving school and, as such, are excluded from a range of alternative interventions due to agency funding restrictions (eg. JPET, LLENS, TAFE and various training programs, etc.). As a result, it is recommended that **interventions be targeted at upper primary and Year 7 to ensure active engagement and retention within the education system**. It appears that some local schools need to consider how they can address these issues to ensure that they meet the goals established under the *National Aboriginal and Torres Strait Islander Education Policy* (DEST, 2004).

A key priority is the need for schools to be more inclusive of indigenous students and encourage them to participate in all areas of school life. In their approach, they need to take into consideration the social and economic issues that can impact on a student's daily life. Schools need to develop open and caring communication channels with the families of indigenous students to prevent students disengaging from school without follow through and to prevent a pattern of behaviour being established.

iii) Disadvantaged Young Mums

The Glenelg Shire has double the State average for births registered to young women under 20 years of age. Victorian Perinatal data for 2003 was not available at the time of writing the report but in 2002, Glenelg recorded 17 births to young women under 20yrs (7.3% of all births recorded in 2002) and 46 births to women aged 20-24yrs (19.7%). These statistics were the highest recorded in the five shires constituting the South West and well above the state average of 3.1%. Glenelg has consistently had the highest birth rate for young women under 20yrs per head of population for the last 6 years.

As a result, the consultation with young mums focused on Portland. 8 young women attended the focus group and 2 follow-up consultations occurred to clarify issues arising. The main issue identified was that none of those consulted accessed antenatal care during their pregnancy. Most stated that they had attended at least one class but did not feel comfortable and felt that everyone looked down on them. One young woman who was currently pregnant also had problems with accessing the antenatal classes stating that they were late at night; she needed transport (unsafe walking at night); the cost and she was uncomfortable going without partner. She said that she would not go again without someone else.

Most of these young women come from poor socio-economic groups and have limited supports. They are usually homeless, are at risk of homelessness or in public housing. They are often distrustful of the health and welfare sector and are very difficult to engage. They are often in receipt of benefits and have high risk factors such as drug and alcohol, domestic violence, poor nutrition, etc. Neither the General Practitioners nor the midwifery program, are currently placed to deal adequately with these issues in order to stabilise and improve outcomes for this target group.

As such, there is an opportunity for closer ties to be developed between Innovative Health Service for Homeless Young People (IHSY) in Portland, the Western District Health Service (WDHS) Women's Health Worker and Youth Worker in Hamilton, and the respective midwifery programs in both shires to improve outreach support to these young women. This would then ensure better communication between a range of services, that do not traditionally work together, to provide a more integrated and supportive response to young and/or marginalized young women (eg housing, drug & alcohol, JPET, etc).

Portland District Health redesigned its midwifery model at the time that the forums were undertaken and the new model has begun to address some of the concerns that confronted this target group. They now provide one-on-one antenatal care so that young women can develop a trusting relationship with their midwife. An informal drop-in morning is now operating as a way of making the women feel more comfortable in the hospital and increasing their support networks by meeting other mums in an informal setting. Antenatal classes can now be offered on an as-needed basis and to individual clients. This has combined to make the new midwifery model more approachable to marginalized young women.

A peer support model was also amongst the suggestions that should be incorporated into the new midwifery model. As a result of this, a funding submission for a peer support model adapted from the Young Women's Clinic at the Royal Women's Hospital has recently been submitted for Portland District Health. It was unknown at the time of writing what the outcome of this submission was.

First Time Dad groups were also seen as a previously unidentified need to ensure that partners are assisted to deal with the changes in family dynamics. This would encourage bonding with their new child and development of appropriate parenting skills. These were seen as crucial by the focus groups, especially when partners do not necessarily live together or the relationship is tenuous.

It was also recommended that the Office of Housing change its outreach hours to later in the day. The current office is only operated 9am to midday as an outpost. Glenelg Shire currently has 12.8% of its families registered as single parents (ABS, 2001) and, as of March 2004, there were currently 95 people on the waiting list for public housing in Portland. A large proportion of Portland's Public Housing is located in South Portland and requires at least 30-45 minutes to walk into town. All of the women attending the forum had trouble accessing the office due to having very young children and limited transport. They found that by the time that they fed, bathed and dressed their children and walked down the street to the office, it was closed. It is a recommendation of this report that the Office of Housing change its hours to 10am to 1pm to better service the local community.

7.5 Local Town Issues

i) Coleraine/Merino youth Issues.

Coleraine has a population of approximately 1,013 (ABS, 2001). There are currently 263 young people aged 10-19 years living in the township. This accounts for approximately 20% of the town's population. Merino has 72 young people aged 10-19 yrs. The youth of Coleraine and Merino have greatly felt the closure of the youth groups and are actively trying to find a solution to provide an alternate. To date, no suitable alternative has been identified.

Youth issues have been a priority for the Coleraine Community for quite some time. In conjunction with the normal range of sporting and recreational choices available in most country towns, a Skate Park committee has been formed for the last three years. This committee was responsible for fundraising and writing submissions to establish a skate park and BMX track in town. The local Hospital, Coleraine District Health Services, had also been very active running a youth program on a Friday night, supervised by a 0.2 EFT youth leader position. The hospital also allowed a youth program to operate with volunteers in a hospital building in Merino. Both programs were well utilized with up to approximately 70 young people frequenting the Coleraine group and approximately 30 young people frequenting the Merino youth group on a regular basis. However, due to unsuitable and condemned buildings, both youth groups have been folded. A public meeting was called in October 2003 to develop a strategic direction for youth in the local community.

A survey of local youth needs was commissioned by Coleraine District Health Services during November 2003. A total of 38 questionnaires were completed and returned. 71% of all the respondents to the survey were regular attendees of the former youth centre and 95% of the respondents said that they would participate in any new youth program developed. 84% of all respondents strongly favoured the view that the town of Coleraine needed a youth worker.

There is currently no youth worker based in Coleraine and the only access to youth services is currently through schools in Hamilton or the Western District Health Service (WDHS). The youth worker position at WDHS is intended to service the Southern Grampians Shire. It is difficult to stretch this position to work effectively outside Hamilton since over 50% of the population resides in Hamilton; all the secondary colleges (except Balmoral) are located in Hamilton; and a youth drop-in centre is located in Hamilton (and is staffed by the youth worker). The absence of a dedicated worker is a major weakness in developing and maintaining a consistent youth strategy for the Coleraine community.

Current momentum is maintained by the Coleraine Development Association, Coleraine District Health Services and the local police and committed parents. This momentum, however, can only be maintained for so long without the added structural support of the Southern Grampians Shire Council and the WDHS youth worker.

A new youth program cannot be run due to the current public liability climate unless it is located in a Hospital or Council building and the program run under their auspice for insurance purposes. Local youth have strongly identified that a skate park and an identified youth program are high priorities for their community. The skate park funding has finally been approved and construction will commence soon. This will not, however, address the need for dedicated youth programs and a location for accessing youth services in town. Young people have formed a youth committee and some members have received youth leadership and committee training by the local hospital and PCP.

There is a real need for a dedicated youth worker and building to be established in this community to service the youth of Coleraine and Merino. Young people in these communities are only able to access services through schools or by parents. A youth worker based in the town available to do outreach would be a valuable resource and capacity building tool for youth issues in this area. It would be a key strategy in reducing rural isolation, developing a youth focus and providing a venue for other services to provide outreach within the Southern Grampian/Glenelg area. Support also needs to be given to the town by the local shire to address the public liability issue as the current building identified for youth is not able to gain public liability cover due to its unique ownership status and urgent need for maintenance. The dedication shown by the town, local services and the youth of Coleraine and Merino are a credit to them that should be recognized by both the local Shire and the Department of Human Services.

ii) Balmoral

Balmoral has a population of approximately 203 and approximately 62% of people own their own home. 16.5% of the town's population is aged between 5-17 years and a further 4.5% are aged between 18-24 years. It is a predominantly rural community, with the major employment sectors being agriculture and education.

Balmoral is the only town in the Southern Grampians Shire, outside of Hamilton, to have a secondary college. In 2003, the Balmoral High School had 92 confirmed enrolments (the highest in over a decade). The majority (approximately 70%) of students reside on properties outside the township and near Harrow. As of 2004, the Balmoral Primary School has been relocated to the High School campus which is a few kilometres out of town.

The Balmoral & District Development Association has supported youth activities in town and has managed an account to fund youth activities in the past. Key identities have utilized this money to operate youth groups in town. These groups, however, have always been dependent on numbers of youth residing in the town boundaries. The groups have folded as young people have left to further their education and/or employment. A room is still set up in the main street for youth groups but no need has been identified lately due to the small numbers of young people residing within the town boundaries.

In November 2003, the PCP conducted a survey of the Balmoral High School student population to determine youth issues and levels of social connectedness. A total of 92 surveys were distributed and 59 (64%) completed surveys were returned. There was a broad representation from all year levels in the completed surveys, although the majority of respondents were from Years 8, 9 & 10 (72%). Most of the young people surveyed were well connected within their communities with over 89% of all respondents being a member of 1 or more sporting and/or recreational clubs. Only 5% commented that they were not allowed to participate in sports or visit friends outside of school hours because of the travel involved, with 61% stating that they were able to mix with friends socially outside of school hours.

Most of the respondents did not see the need for a youth group with only 11% wanting a drop in centre for 'hanging out'. 50%, however, said they would attend a youth group if one was provided. Most of the young people involved in the survey felt that from a recreational perspective they were well serviced. There appears to be a need to provide more dances and mobile drive-ins (20%) but these could easily be provided as a fundraising event for local sporting clubs and the Development Association. 26% of the students requested more alternative recreational options in town such as a skate park (16%) and a motorbike club (10%). This is a reflection of changes in recreational pursuits over the years. However, the new Coleraine skate park may overcome some of this need once it is completed.

6% of respondents suggested that the shops in Balmoral needed to improve their range of goods. This was a comment repeated at a joint Progress Association meeting in October 2003 when the owner of the local Supermarket had recently died, causing a delay in restocking. It appears that local shops are pivotal to community life in small towns. As service declines, residents shop more frequently in the larger regional centres and it becomes more difficult to regain their trade. Potentially there is a need to include all facets of the community in a 'Street Life' program to ensure that the commercial centre of Balmoral maintains its vitality and relevance in the community psyche.

The location of Balmoral High School was seen as positive by the local youth as it negated having to travel long distances to school each day. However, Balmoral High School frequently loses a percentage of their student population at year 10 as students transfer to boarding schools in larger regional centres such as Horsham, Ballarat, Geelong and Hamilton. Approximately 16% of respondents said that they would be transferring to boarding schools out of the area in 2004 to complete their senior years. For those students remaining this means that some VCE subjects must be completed by correspondence due to the limited resources of the school.

Although most respondents did not feel that there was a need for youth services (59% stated that no further health/welfare services were required in town), conversations with service providers indicate that a close knit community, such as Balmoral, can hinder young people coming forward to discuss issues. Establishing trust by visiting services was seen as a barrier to access. Some professionals claimed to be under-utilized when they are aware of certain issues. The reasons for this appear to be a fear of being seen going to the service and the issues of confidentiality and trust with an unknown practitioner. All GP and counselling services are currently provided by visiting and part time providers. They are currently based at the local Bush Nursing Centre which is well patronized by the local community.

Balmoral High School, through their school nurse service, are trying to secure funding to pilot a GP clinic to be based on the school campus. The schools location approximately 3kms outside town was seen as an issue for young people visiting GPs in town. A clinic on campus would improve access, increase trust and credibility in the service and possibly improve discreteness required in accessing some services by young people. It could also be used as a base for other visiting professionals such as youth counselors from WDHS. It is a recommendation of this report to support efforts by Balmoral High School to establish a GP clinic on the school campus.

Only 10% of the surveys indicated that alcohol and smoking were seen as an issue affecting youth health. It was a shortcoming of the survey, however, that the students were not asked about the frequency and amounts of alcohol that they consume. The *Australia's Young People: their health and wellbeing* Report (AIHW, 2003) indicates that young people living in rural and remote areas tend to smoke and drink at hazardous levels more regularly than their metropolitan counterparts.

Most young people appeared to be a member of some organized sporting or recreational group and sporting clubs were seen as a good vehicle for the provision of Health Promotion interventions in local communities. There appears to be a role for the South West Sports Assembly to encourage clubs to take a more proactive role in educating members about alcohol abuse and to model responsible drinking and serving. There is also a need for the local *Drug Action Plan* (GSG Drug Treatment Service, 2001) to be revisited to ensure that the recommendations are being met.

In summary, it appears that Balmoral is a closeknit community and, although young people tend to live outside town on rural properties, there is a reasonable opportunity for social interaction outside of school. Most young people would like to see more social events and these could be incorporated into various fundraising activities conducted by the town. The challenge is to provide existent services in a more flexible and accessible manner given that students are unable to access services readily.

8. CURRENT INITIATIVES

It is positive to see some of the innovative initiatives already underway to address some of the issues raised in this report. They include:

i) Educational Models

- Community Dreaming Program run through Heywood and Portland Secondary College.
- Heywood Youth Community Connections Grant committee as a capacity building project run as a joint project through the Heywood Consolidate Primary School, Heywood Secondary College and Winda Mara Aboriginal Co-operative.
- A whole of school survey by Balmoral Secondary College on school curriculum was conducted. This was then followed up by classroom discussion of the results to modify curriculum pertaining to human development and health.
- Baimbridge Secondary College is currently undertaking a Mentoring Program to support marginalized or high risk students. Anecdotal evidence is already indicating that this is proving successful in re-engaging what had been 'difficult students'.

ii) Health & Welfare models

- Portland District Health's midwifery model.
- Establishment of a Stamp Out Bullying network (Glenelg Shire).
- 10MMM Action Group, Hamilton – representing young people from range of outlying townships and working with early school leavers through the Southern Grampians Adult Education program and adolescents living independently from family
- WDHS family planning/sexual health clinic includes a Community Health Nurse trained to be a pap smear provider. Attendance has increased by 50% with 125 attendees in the last year. 30% were under 25 years and the youngest attendee at 15 years. This is an increase from % of 10% under 25 years in the previous year.
- Young mothers' group targeting marginalized young mothers who have not traditionally accessed health services.

9. RECOMMENDATIONS

The following recommendations focus on structural issues that, if addressed, will assist in achieving long-term, sustainable change.

Implementing the recommendations will have the following outcomes:

- provide a safe and inclusive school environment to prevent early school leavers; with particular focus on anti-bullying;
- ensure health/support services are accessible for those 'at risk', particularly sexual health; and
- support recreational opportunities and youth outreach services in local towns.

Action at state, regional and local levels is recommended.

9.1 Summary of Key Recommendations

1. **Network of youth services in Southern Grampians Shire to be enhanced**
2. **Resources be secured for Youth Worker position in Hamilton**
3. **Glenelg and Southern Grampians youth services to work across sectors to address:**
 - i) **bullying issue;**
 - ii) **access to sexual health information.**

9.2 Detailed Recommendations

A. State Issues

Sector: Education, Employment & Training

- Youth network to lobby for more flexible funding to services such as JPET, Job Network Employment Services and LLENS so that they can address early school leavers more effectively.
- Youth network to lobby for more Koori Educator positions to be funded in both Portland and Hamilton.
- Department of Education & Employment (DEET) to look at how local schools in the South West are meeting the *National Aboriginal and Torres Strait Islander Education Policy* (DEST, 2004) to improve outcomes for indigenous students.
- DEET to deploy welfare worker positions on an as-needs basis as well as on enrolment numbers.

Sector: Health & Welfare

- Department of Human Services to implement recurrent funding for the Western District Health Services' (WDHS) Youth Worker position as the only generic youth worker position in the Southern Grampians Shire.
- Youth network to recommend increased funding to Mental Health Services to employ specific indigenous mental health workers for the region.
- Youth network to lobby for increased funding to Coleraine District Health to fund a youth worker position to address issues within the township and to provide stewardship.

B. Regional Issues

Sector: Health & Welfare

- PCP to encourage more agencies to develop Memorandums of Understanding with the local indigenous services and to participate in the implementation of the cross-cultural awareness program.
- Winda Mara and local agencies to establish clear referral guidelines to improve mainstream access to services by local Koori population.
- PCP to assist in establishing a Youth Services Network in the Southern Grampians (using 'Somebody's Daughter' theatre group as the catalyst).
- Youth Network to establish a Youth Card for both Glenelg and Southern Grampians shires.
- Health services to review current approaches to antenatal care for young/single and/or marginalized young women within the area and address shortcomings found. (This document acknowledges that Portland District Health have already modified their midwifery model and are currently awaiting the outcome of a submission for a Peer Support Model to complement the new midwifery model).
- The Women's Health Resource Worker to work with the local divisions of General Practitioners and local Women's Sexual & Reproductive Health Workers to increase access to screening for Sexually Transmitted Infections (STI).

C. Local Issues

Sector: Education, Employment & Training

- Western District Employment Agency (WDEA) to work with local SDS clients to increase employment opportunities in a wide range of areas.
- Youth Network to encourage schools to implement bullying programs that are student led with teacher support (similar to peer mediation programs).
- Schools to adopt the *National Safe Schools Framework* (MCEETYA,2003) as a means of implementing a whole of school approach to developing safer, more reflective school communities.
- Youth network to raise secondary school principal's awareness of the need to enhance student supervision during break times.
- Principal's to be encouraged to require their teaching staff should take extra effort with High Risk students in a caring and committed manner. This long-term support and guidance should be written into school direction/policies, etc so that it is part of the school culture rather than a one off event.
- Youth network to assist Balmoral Secondary College to secure funding for a School Based Doctor's Clinic to be established on campus.
- Schools to review their sex education programs to include:
 - a focus on domestic violence (yelling, cheating, sexual pressure, etc); what is a good relationship; how to have an effective relationship and how to communicate in a relationship.
 - additional information regarding pap smears, when to start/how to access them.
- Schools to consider providing assertiveness training for young women.
- Schools to consider the use of secret men's and women's groups in an overnight camp, where team building and leadership skills are also taught thus creating a safe and trusting environment to address sexual health and domestic violence issues comfortably

Sector: Health and Welfare

- Portland to continue to identify funding for the 'Lifeskills' project.
- WDHS to ensure its Community Services outreach and programs address youth issues in outlying areas and with marginalized groups
- WDHS to review the accessibility of YouthBiz for marginalized youth (eg. via the use of a 'Welcome Board' at McDonalds).
- WDHS to pilot a strength training program for homeless youth.
- Maternal and Child Health to pilot First Time Dad's group and evaluate the effectiveness and demand for this service.
- South West Carers to encourage better use of the 'Planning for the Futures' Book
- Health services to consider developing a wallet card (similar to the *10 tips for safer health care* card developed by the Safety and Quality Council) to highlight important questions that young women should ask about contraception to help them communicate more effectively with General Practitioners.

- Health services to consider the use of community garden models to address diet/nutrition and social connectedness in low income groups.
- Office of Housing to change its outreach hours to later in the day to enable access by young mums.
- PCP to encourage local health services to address individual issues highlighted in this report via the PCP's Community Health Plan.

Sector: Local Government/Recreation

- Balmoral & District Development Association to progress local recreational youth issues as an ongoing fund raising project for the town.
- Southern Grampians Shire and the Balmoral & District Development Association work with the community to consider a program to ensure that the commercial centre of Balmoral maintains its vitality and relevance in the community psyche, such as a "Street Life project".
- Glenelg Shire Youth Services to assist the Merino community in developing more youth options in their town.
- South West Sports Assembly (SWSA) to encourage clubs to take a more proactive role in educating members about alcohol abuse and to model responsible drinking and serving.
- SWSA to assist Special Disabilities Services to utilize AAA funding to increase pathways into mainstream sports and leisure activities that develop permanent links with the wider community.
- SWSA to lobby for increased 'Active Oceans' programs in inland waters and smaller communities (eg. Portland and Hamilton) and to lobby for a specialist sailing boat to be stored at Portland.

10. CONCLUSION

This report details the outcomes of conversations with 178 marginalised young people in the Southern Grampians and Glenelg Shires. It provides an insight into their reality, their hardships and their ideas for change. The recommendations seek action from a range of sectors, including education, health and local government and at a range of levels from state, regional and local. While some of the recommendations will be challenging, many of the strategies identified are very achievable. The PCP looks forward to working with the various sectors to progressing actions to enhance the health and well-being of local young people.

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11. APPENDICES

APPENDIX 1.

FOCUS GROUP FRAMEWORK

Using the School Nurse Data and Burden of Disease information for the region as a background, discussion with Focus Groups included:

1. What do you consider to be the main issues for you?
2. What has been effective regarding these issues?
3. What has not been effective?
4. What action would you like to see happen regarding the issues?

APPENDIX 2.

Balmoral Youth Needs Survey

October, 2003

Age: _____

Male: _____ Female: _____

Year Level at School: _____

Number of people in Family:
Adults _____ Brothers _____ Sisters _____ Other _____

Do you live: Balmoral _____
Harrow _____
Property out of town _____
Other _____

Will you be leaving Balmoral Secondary College at the end of this year?
Yes _____ No _____

If yes, for what reason will you be leaving:
Completed Year 12 _____
Looking for employment _____
University _____
Completing Secondary College in Hamilton _____
Other _____

What clubs and/or sports do you belong to? _____

Do any health issues stop you from doing more sport or other activity? _____

Do you have much chance to see friends outside of school?
Yes _____ No _____

Why? _____

What are the hard things about living in the Balmoral area? _____

What are the good things about living in the Balmoral area? _____

What things would you like to see improved for youth in Balmoral? _____

How could this be done? _____

What health/youth services do you use? _____

What health/youth service do you think Balmoral needs? _____

What health issues have an effect on youth in Balmoral? _____

What health issues would you like to know more about? _____

What is the best way to get information to the youth of Balmoral?
School Newsletter
Notice in Shop Window
Community Newsletter
Other _____

Do you think that there is a need for a youth group in Balmoral?
Yes No

Why? _____

If a Youth Group was established, how often should it run?
Weekly Fortnightly Monthly

What activities should it run? _____

Attached is a survey to assist in developing a youth health promotion strategy for the Glenelg/Southern Grampians region. It is very important that you take the time to complete this survey so that the findings are relevant for youth in your area

If you want to have your views heard this is your opportunity!

Information will be confidential and will be used to help complete a 'YOUTH HEALTH PROMOTION STRATEGY' for the Glenelg/Southern Grampians region. For further queries phone:
Ms Kelly Gannon
Youth Health Promotion Officer
Southern Grampians & Glenelg Primary Care Partnership
C/o Portland District Health
Phone: 5521 0627

Thankyou for your time in completing this survey.

Please return the completed survey to your school by 10th November, 2004.

BALMORAL SCHOOL SURVEY.

Survey Results.

In November 2003 the Youth Health Promotion Officer for Southern Grampians & Glenelg Primary Care Partnership conducted a survey of the whole school population of Balmoral High School as part of the consultation phase of the Youth Health Promotion Strategy. In 2003, Balmoral High School had a total enrolment of 92 – it's highest in over a decade.

Surveys (attached) were distributed to all students and 58 completed surveys were returned. Questions covered demographics, health, physical activity, social connectedness, current youth/health facilities and needs. Surveys, together with other consultations were used as a basis for identifying issues, etc in the Balmoral area.

All surveys were confidential and no names were collected.

Summary of results.

The Students who participated in the survey appear, on the most part, to be well connected with their community. Distance and rural isolation continue to be an issue but it appears that this is offset by the benefits of living in a closeknit community.

Most of the young people felt that the only shortcomings were access to large towns and provision of youth activities outside of mainstream sporting clubs. However, suggestions of activities (such as bands, pool parties, etc) run as fundraisers were seen as a way around this. There is an opportunity for the local Progress Association to harness some of this initiative and call for a youth 'Think Tank' to be established to drive some of the suggestions. This negates the need for other services to intervene and encourages the community to continue to build upon its strengths.

Some suggestions were also made in regard to revitalizing local shops. More diversification in Supermarket goods and room for other types of shops were suggested. Strategies included asking shopkeepers to diversify. This could be seen as an opportunity to involve the whole of the community and the Council in a consultation around revitalizing the shopping centre.

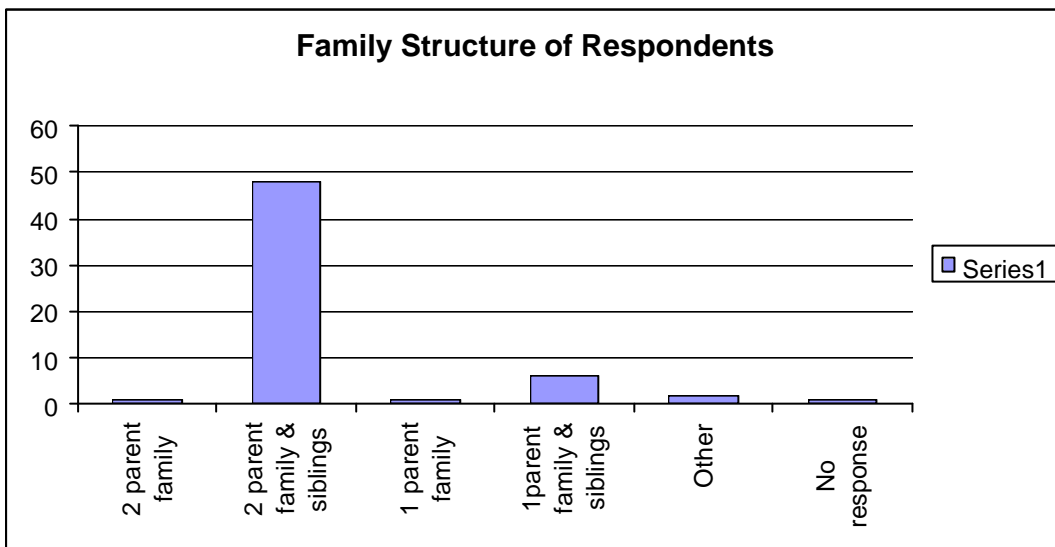
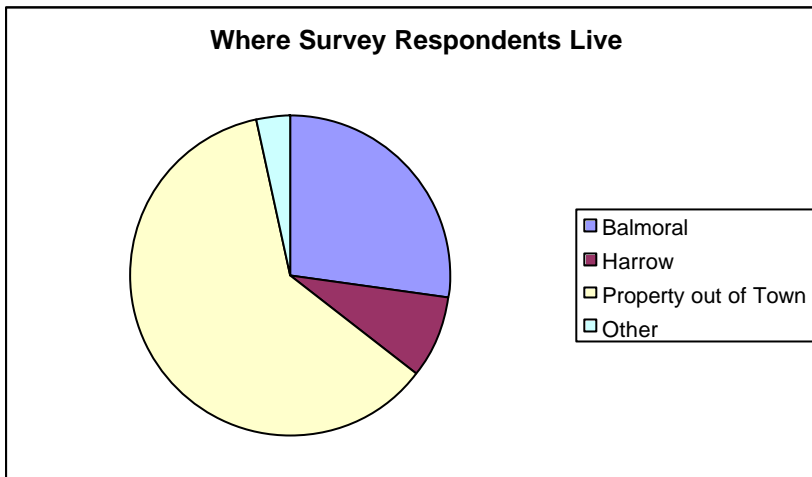
Questions 17 to 19 refer to a youth group being run in Balmoral. The respondents were evenly divided on this question. Of those that did respond positively, the majority would prefer fortnightly and saw the need to address social events/activities outside of organized sport. A youth group has run in the past through funds raised by the community. However, attendance has always fluctuated depending on the numbers of youth residing within proximity to town. It appears that the issue of a youth group could be overcome by the 'Think Tank' which could then drive fundraising events for youth on a regular basis.

Demographic Information.

Females accounted for 58% of respondents and males 42%.

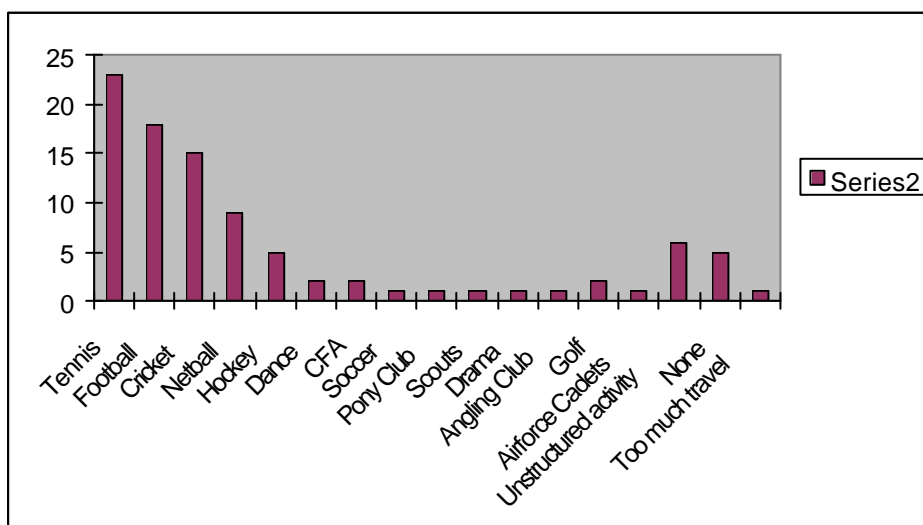
Year Level	Total surveys completed	Percentage of respondents
Year 7	16	27%
Year 8	17	28%
Year 9	13	22%
Year 10	11	18%
Year 11	1	.01%
Year 12	1	.01%

Most of the respondents (36 people) resided on properties outside the Balmoral township (61%), with the second largest group (16 people) residing in Balmoral (27%). The majority of students live in two parent families with siblings and 8 of the respondents stated they were not returning to Balmoral High School in 2004. Of this 8, 1 was looking for employment and 7 going to boarding schools in larger regional centers. 7 of the 8 respondents were currently in year 10.



Physical Health & Well-being.

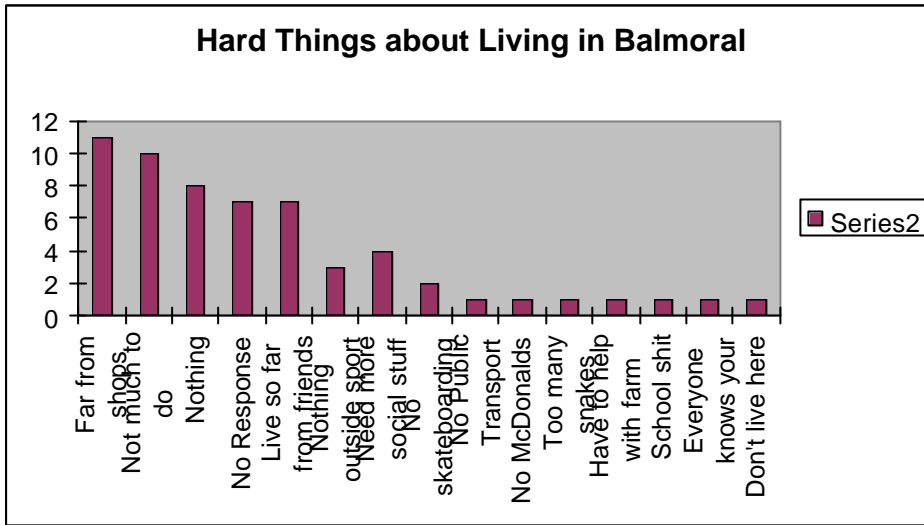
Q.5 All but 7 of the respondents were a member of a group or club. Most of the students nominated multiple clubs that they were involved in. Only 1 person nominated that they were not involved due to the amount of travel involved and 6 people were involved in unstructured activity that they participated in regularly with friends, such as camping, motorbike riding, rock-climbing and shooting.



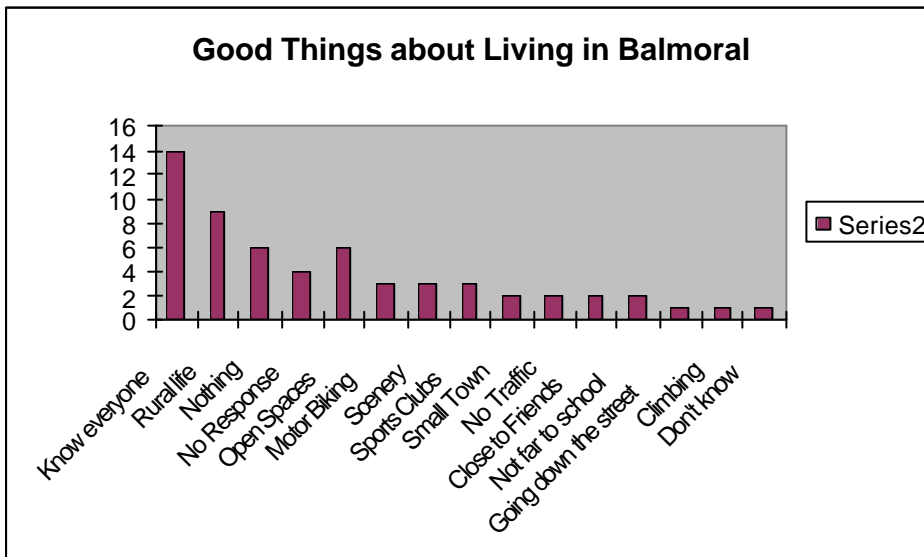
Q.6 In regards to the question "Do any health issues prevent you from playing sport?" 88% replied no, 2 students gave no response, and the remaining 5 students (.08%) gave manageable conditions such as asthma and hay fever as preventing them from participating.

Q.7 Most stated that they had opportunity to see friends outside school. 55% said yes, 38% said no and the remaining 7% said both.

Q.8 The most common complaint amongst the completed surveys was the distance from shops, friends, etc.

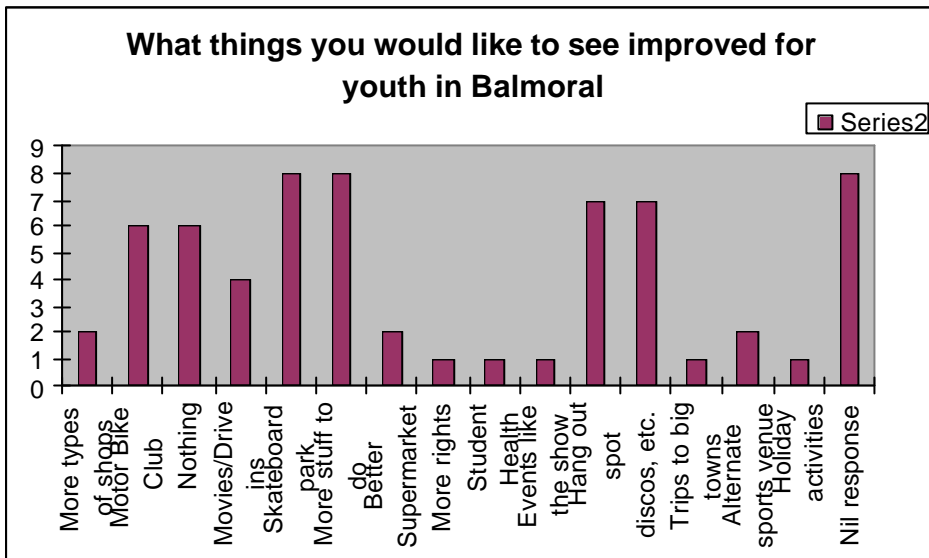


Q.9

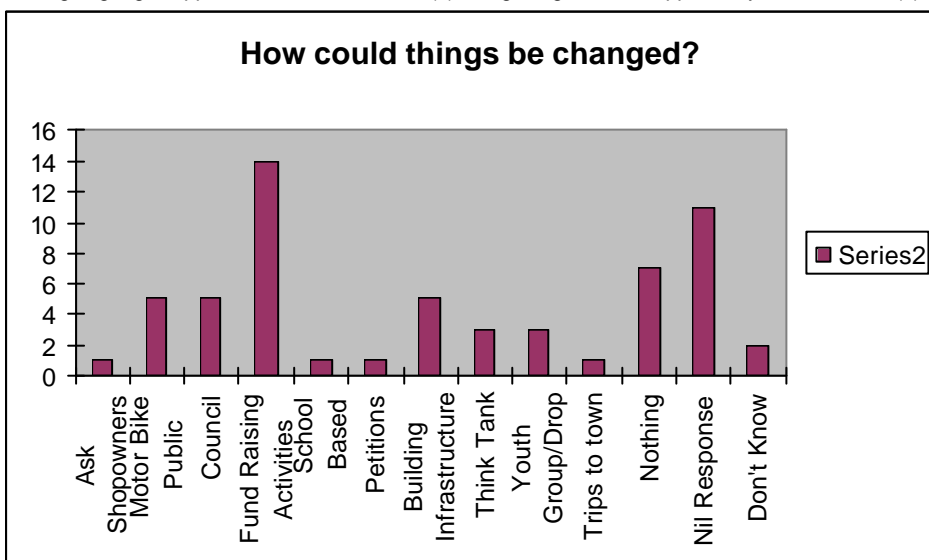


23% of respondents said that knowing everyone was a positive thing. Rural Life, open spaces, scenery and small towns were also raised as a good thing about living in Balmoral. As such, in spite of the issues related to distance and isolation, most respondents could appreciate the freedom and friendliness of rural life.

Q.10 This question asked the students what they would like to see improved for youth in Balmoral. Although some of the response related to infrastructure, most responses referred to increased recreational pursuits. Most of these recreational pursuits were more social events or alternate sports.



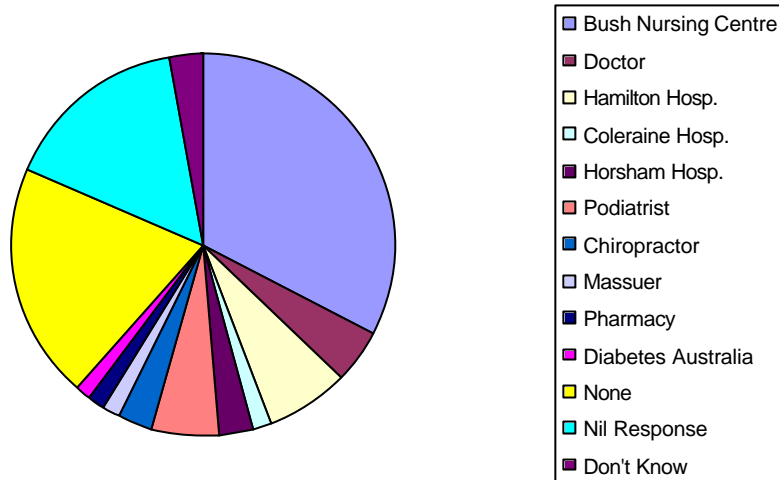
Q.11 This question asked young people to think about how changes might be achieved and asked them to nominate some suggestions. The reason for this question was to empower young people to think about they might be more actively involved in their community and to look at possible solutions to some of the issues arising. In all, most of the students came up with quite achievable strategies such as running activities as a fundraiser (14 people), forming a think tank for youth issues (3), asking shop owners to diversify (1), running a public meeting to gauge support for a motor bike club (5) and getting Council support for youth initiatives (5).



Evening nighttime social events were a high priority in question 10. Question 11 indicates that the respondents are willing to run these events as fundraisers, rather than expecting them to be given to them. There is an opportunity to develop this further, allowing youth to take a more proactive role in their community. This, combined with the 'Think Tank' idea could be developed to form a youth sub group of the Balmoral & District Development Association or local sporting clubs.

Q.12 What health/youth services do you use? Was asked to see the range of services that young people in the area may, or may not, use. Most respondents gave more than one answer and all services were recorded separately. Overwhelmingly, the Bush Nursing Centre was a key contact point for health and welfare issues with 23 responses (out of 70) nominated. 14 people stated that they didn't seek any services and no youth specific services were nominated. It is unsure whether young people in

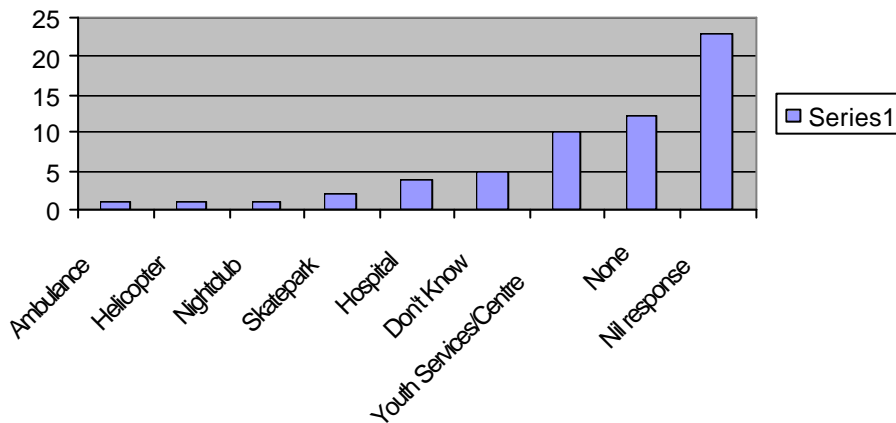
Types of Health/Youth Services Accessed.



Balmoral are aware of what youth services are available, don't use them' or don't wish to nominate that they use them. All services that were nominated related directly to a person's health status.

Q.13 When asked what health/youth services Balmoral needs, the highest responses were None (20%) and Nil Response (38%). However, the next biggest response was Youth Services/Hangout centre with 16%.

What Youth/Health Services Balmoral Needs.



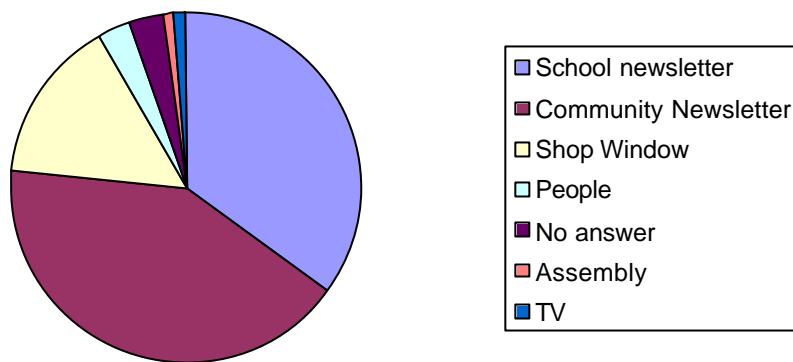
It is interesting to note that most of the other responses try to address the distances that often have to be covered to reach assistance from this area (eg. Ambulance, Helicopter and Hospital)

Q.14 'What Health Issues have an effect on youth in Balmoral?' The biggest responses were None (33%), Nil Response (38%) and Don't Know (14%). Other responses were Alcohol (7%), Smoking (5%), Wheelchair access; Asthma and Full time Doctor all rated 1% each. It is a shortcoming of this survey that young people were not questioned further about their drinking habits to ascertain the extent of the issue and whether it should be addressed more extensively. There is room for local services to expand on this more in the future if they wish.

Q.15 "What health issues would you like to know more about?" Again the overwhelming responses were None (25), Nil Response (19) and Don't Know (9). However, other issues raised were Asthma (3 responses), Growing up (1), Diabetes (1) and Emergency Services (1).

Q.16 Refers to the best way to receive information. Respondents were given four choices: School Newsletter, Notice in Shop Window, Community Newsletter or other. Most respondents gave multiple answers to this questions suggesting that a variety of methods would be required to inform young people about information or events that may involve them.

Best way to disseminate information to Youth in Balmoral



It appears that the most effective way to disseminate information to local youth in Balmoral area is through both the school newsletter and the community newsletter. Shop window is only effective for those in town and word of mouth appears to have limited success.

Q.17 'Do we need a youth group in Balmoral?' respondents were evenly split with 27 saying yes (45%), 28 saying no (47%) and 4 didn't answer (8%).

Q.18 'If a Youth Group was established, how often should it run?' respondents were given 3 choices: weekly, fortnightly or monthly. There were 26 responses to the question (similar to the proportion that voted yes in the previous question). Of the 26 responses, 15 said fortnightly (58%), 8 said weekly (30%) and 3 said monthly (12%).

Q.19 'What activities should the Youth Group run?' generated quite a few ideas. Once again, respondents gave multiple answers. The biggest group was No Response (22 out of 71 suggestions) 30%. Activities included a broad range of suggestions such as table tennis, video and computer games and sports orientated activities. Excursions include activities such as trips to larger towns, movies, abseiling, camping, motorbike and horse riding.

Activites for a Youth Group in Balmoral

