



Inquiry into children and young people 9-14 years in NSW additional information May 2009

4th May 2009

The Committee on Children and Young People
Parliament House
Macquarie Street
Sydney

NSW 2000

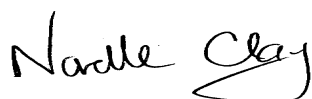
Dear Mel and Committee Members,

Submission to the Inquiry into Children and Young People 9-14 Years in NSW

I received your request for additional information 3rd April. Sorry for the delay in responding but as discussed with Jo 14th April the time frame was problematic for this organisation. There has been many demands place on community organisations by Government and at times these seem unrealistic. We appreciated the extension you provided and for being able to provide additional comments.

We hope this additional information is helpful. Please contact me on 02 42281946, 0412999960 or email nclay@syfs.org.au if you need any further details.

Yours Faithfully



Narelle Clay, AM
Chief Executive Officer



ADDITIONAL INFORMATION REQUESTED

1) Some submissions to the Inquiry and the Wood Special Commission of Inquiry into Child Protection Services in NSW recommended extending a Brighter Futures-type model to 9-14 year olds, including priority access for Aboriginal children and their families. Does Southern Youth and Family Services consider that this extension would be beneficial?

The Brighter Futures Program is aimed at assisting families who are expecting a child or have children up to eight years of age and are experiencing vulnerabilities such as Domestic Violence, parental drug and alcohol / mental health etc. This is a good model and can work well. It could be extended to include the 9 – 14 year olds. However the program would need some modifications to be an engaging and helpful program for young people and we would also suggest existing youth agencies with credibility with the target group must be supported and funded to contribute and deliver such programs. We would suggest that simply extending it and the current Brighter Futures Agencies picking it up, will not provide the best results nor utilise the existing service system for young people that should be engaged in this work.

We would also suggest that access for Aboriginal children and families is essential and again models need to be funded in a way that provides flexibility about how this is achieved. It may be that an existing youth service is funded to work with local Aboriginal agencies to assist their staff to deliver the service or there may be Aboriginal Youth Services that could be funded etc.

Program design and contracting has become a barrier to delivering flexible services. We would suggest that should a new program be a recommendation that it be attached to the requirement to have some reputable youth services involved in the program design. We were involved in the Commonwealth on an Advisory Group that assisted the Commonwealth Department of Housing, Family and Community Services and Indigenous Affairs (FaHCSIA) to design, establish and implement the Reconnect program (an early intervention service for young people aged 12-18 years). This program was evaluated as being highly effective, appropriate and with high level service provider compliance. This is related to the commitment the service had to the program. We are happy to provide further information on this should this be required.

There are some positive services and models in the community which are inadequately resourced and supported. To capitalise on existing infrastructure, community support and engagement with the target group, a new funding program needs to have the facility to allow different models and different structures to contribute to the service delivery that is needed.

The Brighter Futures Program was established and there was some rigidity in program design and problems were experienced. We would want to ensure this is not replicated in a program targeting the 9-14 year old age group.

The new program needs to be flexible to ensure engagement and credibility with the target group are guaranteed. The program needs to be funded adequately to allow models such as those that deliver both centre based and outreach based service delivery methods. For this age group “after hours” including week-ends work is necessary both to contact families and young people around work and educational commitments but also to be “attractive” and “accessible” to the young people. The program also has to be able to reach and be accessible to young people who have high needs and who may not be connected to their family eg young people in care, homeless young people and others.

Early intervention is hard to define because what may be seen as a crisis response eg helping a homeless person to gain accommodation with a relative could also be early intervention into preventing a serious problem of drug use from worsening. Working with young people aged 9 to 14 years and their families will require a flexible, common sense approach aimed at improving their situation, their coping skills, their problem solving skills, their access to resources, the skills of the family members, providing practical and material resources to assist families and young people, referral, information, education, counselling, mediation, and many other services.

2) *Has Southern Youth and Family Services seen any evidence that the age at which children and young people display mental health and behavioural problems is trending downwards?*

We have some basic data that does not support that the age is trending down. In the table below, the reason for the reduction in percentage of under 16 year olds is not less under 16 years needing services but we have increased the number of programs we offer and many of these have age restrictions place on them by Government and so the newer programs funded mainly by the Commonwealth have tendered towards the over 16s. There has been almost no new money for the younger age group 9 to 14 years from the NSW Government in a long time. There has been some Out of Home Care Funding but that is about it in NSW.

Year	Under Sixteen Clients % of Client group	Mental Health Issues	Behaviour Issues
2005/2006	32.6%	20.8%	31.9%
2006/2007	25.6%	17.2%	36.3%
2007/2008	17.1%	27.4%	38.7%
2008/2009 9 months	25.57%	33.08%	45.67%

It is often hard to quantify the mental health and behavioural issues for young people as many cannot get into assessment and treatment programs, many do not engage in it even if it is offered, disadvantaged young people with inadequate care and home life do not access treatment or take medication reliably. It is also difficult as many cannot be diagnosed till they are over 18 years of age and yet the emphasis on early intervention has not changed the ability to gain access to mental health services without diagnosis.

Supported by the data above, the issues dealt with in case conferences and our knowledge of the young clients it is our view that these issues are definitely not trending downwards. In the age group 9 to 14 years we believe there is evidence these are increasing. Over the last six to eight years we have seen both increased incidences and increased intensity of the presenting circumstances. These include:-

- Behaviour problems in school causing time outs, suspensions and some expulsions or instance where the refuses to attend school
- Reduced age of clients leaving home, becoming homeless
- Reduced age of clients ending up homelessness – Our homelessness services receive referrals from clients as young as 9 years old
- Increased use of marijuana, and other drugs such as “Crystal Meth”, “Speed” and chroming which can be associated with unpredictability, mood disorders, early onset of mental health conditions, depression
- High incidence of eating disorders, self harming, Attention Deficit Syndrome, and other mental health problems such as Aspergers
- Involvement in gangs and other negative groups
- Increased bullying, aggression and violence in the home, schools and on the streets.

These behaviours and presenting situations make it difficult for youth services to effectively and safely support the client. However these agencies are often best placed to connect with these young people.

3) Are there any early intervention programs for over 12s and over 14s that should be extended downwards to include a younger age group?

We believe there are a number of effective models that could be expanded, adopted or modified to support the target group in an early intervention way. We also wish to draw your attention to our earlier submission where we described our service model and the benefits of delivering a continuum of services. At SYFS we support many clients 12 years and upwards and we also often support the siblings of the young people who can vary in age but we currently support a number of clients who are 9 years of age.

We provide some examples:-

SERVICES FOR HOMELESS AND DISADVANTAGED YOUNG PEOPLE

Existing Youth Supported Accommodation Assistance Program (SAAP) Services while providing accommodation do provide a number of programs and supports that enhance a young person's ability to return to the family home or they can be supported to transition to independent living. These services are often a key service for engaging with the target group.

SERVICES EARLY INTERVENTION FOR YOUNG PEOPLE, YOUNG PARENTS

The Local Answers Program through FaHCSIA funded a small local non recurrent initiative through this organisation – The Supporting Young Parents Service (SYPS).

SYPS is funded until June 2009 and operates in 2 locations in Wollongong and Nowra. This Service is targeted to disadvantaged young people aged 14 to 24 years, young parents and includes young people who identify as Aboriginal. The Project is an early intervention service that aims to intervene with young people who have become parents at an early age and helps young parents support their children in enhanced ways thus breaking the cycle that these children may cause these children to end up in care. The Service provides short group activities and individual and family support and practical help, case management focused on improving parenting, living, social and personal skills education and assistance to maintain cultural and community activities and ties. It assists to improve the wellbeing and self reliance of young parents with children and young people in the community. SYPS has an early intervention and prevention focus. Young parents are identified and assisted to engage with the Service as early as possible. We believe these interventions increase the skills of the young people and young parents and make a safer and more supportive environment for their children while preventing risk situations and entry to the Child Protection System. Increased skills and knowledge of the young people enhances their lives, their health and emotional well being thus delivering early intervention into other problems developing eg drug and alcohol use, mental health problems. Koori culture education, encouragement and general support. SYPS has a focus on cultural identity and employs a Koori worker to assist young people to engage or maintain a connection within their communities like Brighter Futures. The Koori component of the Service is an effective way to engage young Aboriginal people and then provide opportunities for access to a whole range of other supports that can assist them. Education is provided for all participants in areas of safe sex, protective behaviours, assertiveness, self help etc and improves their chances for happy, healthy lives.

This Program was funded as a one off eighteen month Service and yet it has proved to be highly successful. There is a high unmet need for this sort of Program eg approximately 8-10 referrals each month are turned away as the caseload are full. This shows the program could be doubled at least and yet it ceases operations on 30/6/09.

Number of Clients	22 Young People 25 Children	42 Young People 27 Children
Outcome and Output Measurements	% Achieved Exiting clients	% Current Clients
Received parenting assistance	100%	100%
Obtained brokerage assistance	100%	68%
Obtained material assistance	100%	54%
Client identified improved relationships on exit	100%	73%
Improved communication with family and others	100%	100%
Gained access, maintained or returned to education	100%	23%
Gained access, maintained or returned to other community activities.	100%	63%
Gained or improved their living and social skills	95%	63%
Gained or increased their knowledge of services and their ability to access services.	100%	81%
Increased their relationship/interpersonal skills	100%	59%
Increased their coping skills.	100%	100%
Increased employability position and skills for employment	100%	50%
Assisted access to Medical, Health, Specialist, dental Health Services	100%	95%
Were provided with advocacy to assist in gaining access to resources and services	100%	77%
Felt their children were better cared for and supported	100%	90%
Were happy with the Service provided	100%	100%
Client assessed their situation had improved	95%	90%

SERVICES EARLY INTERVENTION FOR YOUNG PEOPLE AND FAMILY AND COMMUNITY ENGAGEMENT

RAFT - The Resourcing Adolescents and Family Team (RAFT) is funded through Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) Reconnect Program.

This Program targets 12 to 17 year olds who are at risk of homelessness or who have been out of home for up to six weeks. The focus is on intervening as early as possible to maintain or restore family relationships. This Service is offered in the Illawarra and Shoalhaven to young people and their families. Some of services provided by RAFT include: practical assistance and support, mediation, conflict resolution, counselling - family and individual, telephone counselling and support, crisis intervention as well as information and referral. The RAFT Workers can arrange home visits and provide outreach support to a number of client selected venues. This Program was identified in the National Youth Commission Report into homelessness and it was recommended that it should be trebled across the country. The Service also supports the younger siblings in families and this is useful but resources prevent this being done adequately. Expanding a similar program in NSW would be helpful.

Again the Service provides positive results such as;

Number of Clients	115 young people 89 families	32 young people 27 families
Outcome and Output Measurements	% Achieved Exiting clients	% Current Clients
Received parenting assistance	78%	80%
Obtained brokerage assistance	38%	45%
Obtained material assistance	26%	20%
Client identified improved relationships on exit	71%	80%
Improved communication with family and others	77%	75%
Gained access, maintained or returned to education	75%	80%
Gained access, maintained or returned to other community activities.	46%	60%
Gained or improved their living and social skills	84%	90%
Gained or increased their knowledge of services and their ability to access services.	92%	100%
Increased their relationship/interpersonal skills	98%	90%
Increased their coping skills.	70%	75%
Increased employability position and skills for employment	80%	80%
Assisted access to Medical, Health, Specialist, dental Health Services	20%	25%
Were provided with advocacy to assist in gaining access to resources and services	80%	85%
Felt their children were better cared for and supported	75%	90%
Were happy with the Service provided	92%	100%
Client assessed their situation had improved	98%	100%

There is a high unmet need for this sort of Program eg approximately 6 to 10 (75 in year) referrals each month are turned away as the caseload are full.

SERVICES EARLY INTERVENTION FOR YOUNG PEOPLE AND FAMILY WITH MENTAL HEALTH NEEDS AND COMMUNITY ENGAGEMENT

SAFT - Supporting Adolescents and Family Team (SAFT) Funded through FaHCSIA - Mental Health Community Based Program.

This Service is targeted to young people aged 12 to 24 years who have emerging signs and symptoms, or established mental health problems and disorders or who have a parent/carer or other family member who have a mental illness. The focus is on family and/or individual support, mental health education, assistance accessing mental health care and the maintenance of community participation. Some of the services provided include practical assistance and support, mediation, advocacy, information and referral. The SAFT Workers can arrange home visits. The Service also supports the younger siblings in families and this is useful but resources prevent his being done adequately. Expanding a similar program in NSW would be helpful.

Number of Clients	32 young people 17 families	25 young people 19 families
Outcome and Output Measurements	% Achieved Exiting clients	% Current Clients
Received parenting assistance	94%	89%
Obtained brokerage assistance	50%	65%
Obtained material assistance	31%	25%
Client identified improved relationships on exit	84%	87%
Improved communication with family and others	91%	87%
Gained access, maintained or returned to education	62%	74%
Gained access, maintained or returned to other community activities.	60%	68%
Gained or improved their living and social skills	91%	87%
Gained or increased their knowledge of services and their ability to access services.	100%	94%
Increased their relationship/interpersonal skills	84%	89%
Increased their coping skills.	93%	90%
Increased employability position and skills for employment	72%	65%
Assisted access to Medical, Health, Specialist, dental Health Services	82%	75%
Were provided with advocacy to assist in gaining access to resources and services	86%	89%
Felt their children were better cared for and supported	91%	94%
Were happy with the Service provided	94%	100%
Client assessed their situation had improved	97%	90%

There is a high unmet need for this sort of Program eg approximately referrals 6 – 10 each month are turned away as the caseload are full. In SAFT there were only 5 all year – new service. Current turn away is only 7 for 9 months

SERVICES EARLY INTERVENTION AND LONG TERM SUPPORT FOR YOUNG PEOPLE AND FAMILY

Family and Adolescent Counselling Project - Family Counsellor Funded through the NSW Department of Community Services under the Community Services Grants Program.

The Adolescent and Family Counselling Project provides professional counselling and support to assist young people between the ages of 12 and 17 years and their families, who may be experiencing conflicts which have led to the young person being homeless or at risk of homelessness. The counsellor also helps young people to face the issues that are causing problems in areas of their life, and will work towards reconciliation where family relationships have broken down. The CSGP Program is under funded, under supported and under recognised in NSW. The Program also funds neighbourhood centres and other youth programs that can be useful in early intervention approaches.

This Service is new and has achieved positive results which include;

Number of Clients	35 young people and 31 families	15 young people 13 families
Outcome and Output Measurements	% Achieved Exiting clients	% Current Clients
Received parenting assistance	89%	92%
Obtained brokerage assistance	34%	36%
Obtained material assistance	17%	20%
Client identified improved relationships on exit	91%	94%
Improved communication with family and others	95%	92%
Gained access, maintained or returned to education	60%	63%
Gained access, maintained or returned to other community activities.	51%	49%
Gained or improved their living and social skills	100%	98%
Gained or increased their knowledge of services and their ability to access services.	100%	100%
Increased their relationship/interpersonal skills	100%	99%
Increased their coping skills.	100%	100%
Increased employability position and skills for employment	11%	93%
Assisted access to Medical, Health, Specialist, dental Health Services	44%	50%
Were provided with advocacy to assist in gaining access to resources and services	51%	48%
Felt their children were better cared for and supported	91%	93%
Were happy with the Service provided	95%	93%
Client assessed their situation had improved	96%	98%

There is a high unmet need for this sort of Program eg approximately 6 to 10 referrals each month are turned away as the caseload are full.

SERVICES EARLY INTERVENTION FOR YOUNG PEOPLE INCLUDING REFUGEES AND THOSE RECENTLY ARRIVED IN AUSTRALIA

NAYSS – Newly Arrived Youth Support Service (NAYSS) is funded through Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) NAYSS Program.

This Program targets 12 to 17 year olds who are at risk or who have been out of home or having difficulty settling in the country. The focus is on intervening as early as possible to support families and to maintain or restore family relationships where there is stress. This Service is offered in the Illawarra to young people and their families. Some of services provided by NAYSS include: practical assistance and support, mediation, conflict resolution, counselling - family and individual, telephone counselling and support, crisis intervention as well as information and referral. The NAYSS Staff can arrange home visits and provide outreach support to a number of client selected venues. In Wollongong this Service is only a part time worker and there is a lot of unmet demand. This Program also supports many younger siblings and so expanded a similar State Program would be positive.

Again the Service provides positive results such as;

Number of Clients	74 young people 13 families	9 young people 2 families
Outcome and Output Measurements	% Achieved Exiting clients	% Current Clients
Received parenting assistance	62%	100%
Obtained brokerage assistance	22%	50%
Obtained material assistance	22%	100%
Client identified improved relationships on exit	81%	50%
Improved communication with family and others	91%	100%
Gained access, maintained or returned to education	96%	78%
Gained access, maintained or returned to other community activities.	80%	88%
Gained or improved their living and social skills	99%	100%
Gained or increased their knowledge of services and their ability to access services.	96%	100%
Increased their relationship/interpersonal skills	81%	78%
Increased their coping skills.	91%	100%
Increased employability position and skills for employment	96%	78%
Assisted access to Medical, Health, Specialist, dental Health Services	9%	22%
Were provided with advocacy to assist in gaining access to resources and services	80%	78%
Felt their children were better cared for and supported	81%	100%
Were happy with the Service provided	91%	100%
Client assessed their situation had improved	98%	100%

There is a high unmet need for this sort of Program eg approximately 4- 8 referrals each month are turned away as the caseload is full.

SERVICES FOR ADOLESCENT HEALTH EARLY INTERVENTION FOR YOUNG PEOPLE

Baby CHAIN –Funded Jointly by the Commonwealth Health and State NSW Funding to Area Health (SESAHS) - through the NGO Grants Program, National Women’s Health Program.

Baby CHAIN is an antenatal service for young pregnant women and young mothers, including their dependants. A midwife operates an appointment based antenatal clinic in an adolescent drop in health Service attached to homelessness services. In addition to this project it delivers a Young Mums Group which provides programs and activities for young mothers and their children to assist with parenting skills etc reducing the age group for this Project and expanding it would be positive.

This Service has been delivering services as a one worker service for over a decade and is highly effective. Examples of client outcomes include;

Number of Clients	137 Young People 114 Children	45 Young People 39 Children
Outcome and Output Measurements	% Achieved Exiting clients	% Current Clients
Received parenting assistance (“Improved parenting skills”)	91%	93%
Obtained material assistance	35%	62%
Improved communication with family and others	33%	49%
Gained access, maintained or returned to education	3%	3%
Gained access, maintained or returned to other community activities.	74%	89%
Gained or improved their living and social skills	99%	96%
Gained or increased their knowledge of services and their ability to access services.	99%	98%
Increased their coping skills. (“Degree of improved level of improved physical, mental, emotional wellbeing”)	78%	89%
Assisted access to Medical, Health, Specialist, dental Health Services	99%	98%
Were provided with advocacy to assist in gaining access to resources and services	68%	89%
Felt their children were better cared for and supported (“Children with improved environment of safety”)	78%	89%
Were happy with the Service provided	98%	96%
Client assessed their situation had improved	85%	89%

CHAIN –Funded jointly by Commonwealth Health and State NSW Funding to Area Health (SESIAHS) - through the innovative Health Services for Homeless Youth (IHSY).

This Service is targeted to young people aged 12 to 24 years who have a range of needs and who include young people with drug and alcohol issues, mental health issues, primary health care needs, poor diet, inability to access and maintain treatment and other such problems. The focus is on improving their health care, self care and access to health services. Some of the services provided include practical assistance and support, counselling information and referral coupled with health education, access to clinics such a free dental service, hair and skin care, exercise and healthy eating education and support and access to GP’s (through Headspace). It is unclear if this IHSY Program will continue and so this very important service is insecure. However it should be expanded to cater for the younger age group.

This Service has been delivering service since 1990 and is well supported by the clients. Examples of client outcomes include;

Number of Clients	406 Young People 113 Children	146 Young People 46 Children
Outcome and Output Measurements	% Achieved Exiting clients	% Current Clients
Received parenting assistance (“Improved parenting skills”)	82%	76%
Obtained material assistance	58%	62%
Improved communication with family and others	25%	28%
Gained access, maintained or returned to education	40%	45%
Gained access, maintained or returned to other community activities.	31%	48%
Gained or improved their living and social skills	94%	98%
Gained or increased their knowledge of services and their ability to access services.	95%	97%
Increased their coping skills. (“Degree of improved level of improved physical, mental, emotional wellbeing”)	68%	74%
Assisted access to Medical, Health, Specialist, dental Health Services*	67%	63%
Were provided with advocacy to assist in gaining access to resources and services	76%	87%
Felt their children were better cared for and supported (“Children with improved environment of safety”)	81%	83%
Were happy with the Service provided	93%	90%
Client assessed their situation had improved	83%	79%

4) To what extent are tutoring, homework support and mentoring programs available for this age group? Does Southern Youth and Family Services consider that they should be expanded across NSW?

We believe that there are limited options available for such services and support in this area for this age group. There are some small programs available through neighbourhood centres, youth centres and through schools but it’s limited. There are also privately run tutoring programs through service such as Kip McGrath etc which provide services on a fee for service basis and can be quite costly.

Research shows the importance of intervening as early as possible with children to provide a better start in life. There is a definite correlation between disadvantage and poor attendance and retention rates in education, training and employment. For example, 73% (15% ATSI) of all young people entering our services in 2007/2008 had left school, only 3.6% were involved in any training, and 96% were unemployed on entry. SYPS mentioned above provided an enhancement to the continuum of services and gives special priority to young parents with children. It enhances pathways for young people and young parents out of disadvantage, out of poverty, out of homelessness and toward an improved life situation increasing the chance for their children for a better start in life. Education and knowledge gained, skills developed and increased levels of confidence and competence will lead to improved lives, access to services, goods and resources and a greater participation in community. The Project raises awareness in the community of the issues facing this group, the community see positive results and become more supportive and engage with these young people in enhanced ways.

SYFS operates a Links to Learning Program funded by the NSW Department of Education. This Service is a curriculum and group based Program and is an excellent way to provide education, support to a group of young people who are at risk of leaving school or who are considered early leavers. This Program is very poorly funded, and could be expanded and enhanced to deliver services to young people aged 9 to 14 years. This would enhance their ability to remain in education and be a positive.

5) Southern Youth and Family Services' submission identifies that income support measures are needed for some people in the in this age group. At what age are income support measures currently available? What process would Southern Youth and Family Services recommend to further explore and develop recommendations about income support requirements for this age group?

Currently a young person has to be over the age of 15 years to receive a Centrelink income. However the school leaving age is now 17 years therefore young people who are early school leavers do not have access to an income and are currently not being identified as they are not eligible for an income.

If a young person is in the Care of the Minister they may be able to access a small amount of pocket money before they are eligible for an income. This is normally a very minimal amount of money.

Some time ago young homeless people under the age of 15 years were able to obtain a special benefit income. We would like to this made available again particularly for young people who have no involvement with the Department.

There is going to be increased pressure on young people and families in the future. The Federal Government announced this week that young people who are not in school and have not obtained the Year Twelve Higher School Certificate and who are not in training or employment will no longer received the Youth Allowance. While this may be seen as a positive step to invest in young people as education there are many young people for whom this will be another barrier to maintain an adequate safe and healthy lifestyle.

For young people aged 9 to 14 years the issue of financial support is difficult. We would suggest that there needs to be improved access to financial assistance by community organisations and DoCS to distribute such funds on a case by case situation. We would also support the age limit of 15 years being reduced to 14 years.

6) *The Government has supported the recommendation of the Special Commission of Inquiry into Child Protection Services in NSW to establish integrated, multidisciplinary co-located services with programs such as parenting education, Home School Liaison, breakfast programs, counselling services, school counselling and allied health. How important does Southern Youth and Family Services consider it is for these centres to provide services to children and young people in the middle years and to their parents?*

There are benefits to this in that young people and families can access a one stop shop. However this model does not suit everyone and opens the way to larger organisations having a monopoly of services. This type of model may work well in some areas but not all. For example it may work well in larger cities because of the numbers of clients in the same location but may not work as well in rural areas where transport is a problem and the clients are scattered over a larger area.

Our Organisation presents a good example of an amalgamated model that operated on various sites. Clients can access any of our programs along the continuum and may only have to undergo one assessment. The benefit of this is that if young people do not feel comfortable attending one site for whatever reason they may be able to receive a service at another location. Some of our services also operate under a flexible outreach model where families and young people can be seen in their own homes or other such non threatening environments. It is our belief that there needs to be a range of options and flexibility within these.

Having larger more bureaucratic units of service delivery may not necessarily make access and services to clients better. Community Services are usually best provided in local areas, by services well known to the community. Youth Services and services for people such as those aged 9 years to 14 years need to have facilities and components suitable and attractive to the children and young people. This would include after hours operations, late closing times, meal programs, food services, be in central locations, need close access to transport, have group rooms, meeting rooms and lots of spaces.

The NSW Government has not adequately funded community organisations to build up their infrastructure to provide such facilities. This should be a recommendation that the NSW Government look to accessing some of the capital funds through the stimulus package and support community organisations to improve their properties and access to appropriate venues.

Our experience and contact with the client groups including those ages 9 years to 14 years is they will shy away from the big co- located services and still seek out youth specific services.

7) *Is Southern Youth and Family Services of the view that placing such co-located services in or close to schools might provide additional benefits?*

As above, if this was one option then it could work close to schools however it would again depend on the location. We would be interested to see how most appropriate location of these centres is determined and whether this will be determined based on population or need.

Children and young people may not want to attend a service that is close to their school as they may prefer it to be separated physically and emotionally.

8) *The recent Mission Australia National Survey of Young Australians 2008 identified body image as an important issue for children and young people in the middle years. Does Southern Youth and Family Services have any evidence of this as an issue for your clients?*

This is not an area that we have seen an increase in and we have not collected specific data on this issue. However;

In 2005/2006 70% of young people across our organisation experienced emotional problems which included self esteem, body image etc.

In 2006/2007 91% of young people across our organisation experienced emotional problems which included self esteem, body image etc.

In 2007/2008 65% of young people across our organisation experienced emotional problems which included self esteem, body image etc.