

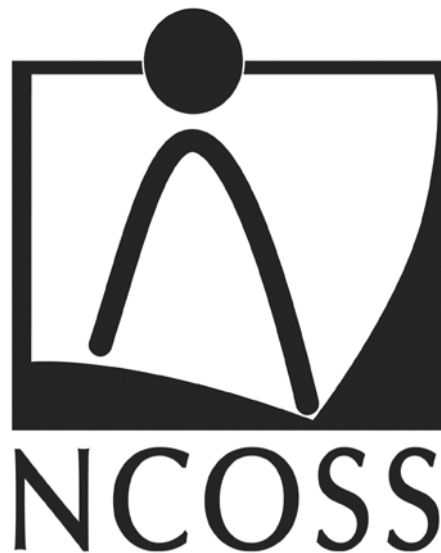
Submission

No 16

INQUIRY INTO CHILDREN AND YOUNG PEOPLE 9-14 YEARS IN NSW

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**Submission to the Parliamentary Committee on
Children and Young People
Inquiry into children and young people aged 9-
14 years**



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1. About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation (NGO) and is the peak body for the non-government human services sector in NSW.

NCOSS has as its vision a society where there is social and economic equity, based on cooperation, participation, sustainability and respect. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at the Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Member organisations are diverse; including unfunded self-help groups, children's services, youth services, emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, peak organisations and a range of population-specific consumer advocacy agencies.

2. Introduction

NCOSS welcomes the Inquiry by the Joint Parliamentary Committee on Children and Young People. The focus of the Inquiry on children and young people aged nine to fourteen years is significant because NSW government policy and programs, in recent years, have tended towards the younger age group of eight years and under. This stems from the belief that targeting the early years will be of longer term benefit. While NCOSS agrees that services to children aged eight years and under are important these should not be at the expense of older children and young people.

The Terms of Reference for this Inquiry are broad and NCOSS has chosen to focus on those areas where our knowledge will be of assistance to the Committee's deliberations. The submission focuses on the first three Terms of Reference:

1. the needs of children and young people in the middle years i.e. between about nine and fourteen years of age;
2. the extent to which the needs of children and young people in the middle years vary according to age, gender and level of disadvantage; and

3. the activities, services and support which provide opportunities for children and young people in the middle years to develop resilience.

This submission is not comprehensive but raises some significant issues for the most disadvantaged children and young people in NSW. The submission does not cover child protection issues. NCOSS has covered these in the submission to the Special Commission of Inquiry into Child Protection Services in NSW.¹

3. The needs of children and young people in the middle years.

NCOSS contends that the needs of children and young people in the middle years are not, in the main, significantly different to those of younger children or older youth. For example, everyone (children and adults) needs stable and affordable housing, access to high quality health care and to live in resilient, sustainable communities. All children and young people thrive when living in loving families which are able to look after their physical, emotional, social and intellectual needs. All children and young people need excellent schools with high quality teachers and up to date equipment.

3.1 Health

The onset of puberty has significant impacts on the children and young people's health needs. In particular, the prevalence of overweight and obesity has increased markedly in school-aged children over the last 20 years. The NSW Schools Physical Activity and Nutrition Survey (SPANS) conducted in 2004 showed that overall 26.6% of boys and 18.9% of girls were overweight or obese.² The prevalence of overweight and obesity peaked in the middle years. Among boys, the prevalence of overweight and obesity rose from 15.0% in Kindergarten to 31.6% in Year 6 before declining to around 26% in Years 8 and 10. There was a similar pattern in girls, but the peak of 30.1% appeared in Year 4 before declining to 18.9% in Year 10. It has been suggested that the growth spurt that occurs at puberty is responsible for the decline in the prevalence of overweight and obesity.

Mental health issues sometimes begin to appear around this age as well although most commence in the older age group of 15 to 25 year olds. In 2001, NSW Health found that more than 20% of young people aged 12-17 year olds had symptoms that justified a formal diagnosis of mental disorder.³ Anxiety and depression are the most common mental health problems for people aged 12 - 17 years.⁴ At this age many medical practitioners are unwilling to make a mental health diagnosis or prescribe treatment, which can impede access to services.

Many young people are first exposed to alcohol, tobacco and illicit drugs at this age. It is known that smoking, drinking alcohol and cannabis use increase with age from 12 years onwards.⁵ For some, the habits picked up at this age can have devastating and long term effects.

While not specific to the middle years, good oral health established at a young age prevents further problems during adulthood. While full-time students under the age of 18 years are eligible for public dental services in NSW, access to oral health services remains difficult with long waiting lists in the public system. The long waiting lists mean that prevention services are neglected and the system has become crisis driven, often leading to an escalation of oral health problems.

3.2 Education

At around the age of 12 or 13 years young people make the transition from primary school to secondary school, one of life's more difficult transitions. While the majority of young people manage the transition and remain connected with school a small but significant proportion become disengaged from schools and learning at this time. A study of 1400 'at risk' students and young people found that their perceptions of schooling changed through the transition from primary to high school. Primary school was more enjoyable while high school became hard and relationships with teachers and peers changed.⁶ Many of this group eventually leave school early and so have higher rates of unemployment as well as greater contact with Police and the justice system.

3.3 Housing

Problems in school and other areas can be compounded by a lack of stable affordable housing. Although not unique to the age group stability is vital for children in the middle years to maintain schooling, develop community connections, and retain access to support networks. Stability in accommodation is threatened by:

- falling affordability and the consequent movement of people to less expensive areas;
- short term leases in the private rental market; and
- mortgage stress where it leads to repossession.

3.4 Safety

Children and young people in the middle years are less likely than their older counterparts to be the victims of crime but are more likely to be victims than younger children.⁷ Boys and young men are more likely to be the victims of crime compared to girls and young women. However, girls and young people are more likely to be the victims of more serious offences such as sexual assault than boys and young men.

Being the victim or a witness to domestic violence can have a long-lasting and devastating impact. For example, young people escaping a home where domestic violence occurs can end up homeless. Domestic violence also has the potential to result in poor education outcomes, drug and alcohol use, depression, low self-esteem, no friends or limited friends.

Even for those not being targeted, children and young people may suffer physical injury as a result of domestic violence. Adolescents may attempt to intervene to protect the targeted victim of the violence and get injured in the

process. In one (American) study of hospital admissions, seventy-eight per cent of adolescents received their injuries in this way.⁸

3.5 Transport

Children and young people in the middle years often begin to travel more independently. Much of the travel is to secondary schools that are often further away from home than primary schools. In addition, when young adolescents begin to travel more independently they rely on public transport. In rural and outer metropolitan areas this is often inadequate extending travel time to school and limiting young people's ability to access services and entertainment.

4. Needs according to age, gender and level of disadvantage

In this section, NCOSS focuses on particular disadvantaged groups in the NSW community.

4.1 Aboriginal Children and Young People

Aboriginal children and young people are the most disadvantaged in the NSW community. It is well known that Indigenous young people have worse health, lower educational attainment, greater rates of incarceration and greater rates of homelessness than non-Indigenous young people.

In NSW the overall profile of the Aboriginal population is much younger than the profile of the non-Aboriginal population. Around 40% of the Aboriginal population is under 15 years of age, compared with 20% of the non-Aboriginal population. The percentage of the Aboriginal population 65 years and over is just under 3%, compared with just over 13% of the non-Aboriginal population.⁹

During NCOSS consultations with Aboriginal people and services in rural and regional NSW in 2007 the need to address high levels of disconnection from culture for many Aboriginal young people was raised. Many services have identified a need to work with 8-13 year olds to address these issues.

The health of Aboriginal children and young people is of particular concern. The report *Young Australians: their health and wellbeing 2007* states that the "health disadvantage [of Aboriginal and Torres Strait Islander people] begins at an early age and continues to impact on health and wellbeing throughout life".¹⁰ It also highlights the higher rates of asthma and diabetes for Aboriginal young people than non-Aboriginal people. The report also found that young Indigenous Australians are more likely to smoke, have higher rates of obesity, poorer nutrition and higher rates of substance use.

NCOSS believes this makes it particularly important that culturally appropriate programs and policies are available that target the needs of young Aboriginal people.

4.2 Children and Young People in Rural and Regional Areas

NCOSS believes that rural and remote communities face many difficulties. Their needs are not different to those of their urban counterparts but impact differently because of a lack of service provision. The following were identified in our consultations in rural and regional communities in 2007:

- gaps in health services, particularly in regard to allied health and specialist services, mental health, dental and drug and alcohol and women's health services;
- increased social problems arising from the lack of affordable housing;
- homelessness and the lack of crisis accommodation is a growing problem in a number of communities; and
- the lack of transport options in rural communities;

There is also a lack of support for children and young people in the middle years across child and family services, health and education. Rural families and communities have a strong desire to access such services however existing models of service delivery are not viable. This is due to:

- widely dispersed populations limiting the viability of many service models; and
- distances that families are required to travel to access services.

4.3 Children and young people living in poverty.

Approximately, 1 in 10 people in NSW live in poverty. Children and young people living in poverty have higher rates of homelessness, poorer education outcomes, poorer health and suffer more from food insecurity (i.e. hunger and/or lack of nutritious food).

4.4 Children and young people with disabilities

The needs of children and young people with disability are as diverse and important as the needs of children and young people without disabilities. Equitable access to appropriate supports must enable children with disability to undertake the same activities of daily living and development opportunities as children without disability of the same age. In this way, children with disability can integrate more fully into society as equal members, and be valued for their participation and contribution as they grow up.

Wherever the needs of children and young people aged 9 to 14 years are considered and addressed, so too must the equivalent needs of children and young people with disability be addressed. This includes schooling, health care, secure and accessible housing, sporting and leisure activities, social opportunities and friendships, family relationships and engagement with and in the wider community.

Further consideration must be accorded to children with disability from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse backgrounds, rural and regional areas and those from families experiencing financial hardship.

4.5 Young Carers

There are a significant number of children who assume the caring role for an adult or sibling. Carers Australia reports that at least one in ten children in Australia has some level of responsibility as a carer in their home. Young carers may provide physical, environmental and emotional support to an adult who is affected by chronic illness, disability, mental illness or substance dependence. Often young carers perform tasks not normally undertaken by children of their age. These could, for example, involve meal preparation, caring for siblings or managing medications and dressings.

Without appropriate recognition and support to the young carer, the impact of the additional responsibility could negatively affect their immediate wellbeing and development as well as their life chances, opportunities and choices well into their adulthood.

4.6 Grandchildren and grandparents

The Australian Institute of Family Studies argues that the number of grandparents raising grandchildren in Australia is growing in line with international trends.¹¹ This is an issue that is gaining in prominence within older people's agencies and those working on children's issues.

In 2003, COTA National Seniors conducted a study involving 308 grandparent headed families. Entitled *Grandparents Raising Grandchildren Study*, findings included legal issues, financial issues, the parenting of a new generation, the lack of children's and family services, grandparents' relationships, and the health of grandparents. Children came into the care of grandparents in a number of ways including the Family Court system, through child protection and via informal arrangements. Many children being raised by grandparents have parents affected by substance abuse.

The issue of children having appropriate and continuing access and contact with their grandparents following separation and divorce is similarly important for the health and wellbeing of the child and family.

5. The activities, services and support which provide opportunities for children and young people in the middle years to develop resilience

This section focuses on some of the problems with the existing services for children and young people.

5.1 Prevention and Early Intervention

In recent years the NSW Government has focused on the needs of younger children and their families. Programs such as Families NSW (formerly Families First) and Brighter Futures are targeted to families with children under nine years of age. One of the real positives of the Families NSW and Brighter Futures initiatives is the recognition that prevention and early interventions will make a difference over the long term.

However, this approach of focussing on an age group fails to recognise that some families will not require any assistance (other than universal health and education services) until after the child or children reach the age of nine years. The NSW Government needs to recognise that there should similar services available in the middle years to sustain the gains made in the early years.

5.2 Youth Health Services

Youth health services, youth centres with health outreach models, and youth health coordinator positions are currently limited in number and geographical reach. For example, the majority of young people living in rural NSW do not have access to these services/positions and where youth-specific health services do exist, young people are likely to experience lengthy waiting lists due to under-resourced services.

Young people continue to experience barriers in accessing health services making targeted health service provision essential. Mainstream services have demonstrated a limited capacity to provide appropriate services that reflect young people's developmental stage, cultures and changing needs. Barriers to health services broadly relate to the availability, accessibility and equity of health service delivery. In two studies based in Sydney and wider NSW young people identified barriers to accessing health services. These included:

- concerns about confidentiality breaches;
- trust in the service providers;
- feelings of embarrassment when discussing personal issues;
- cost of services; and
- lack of awareness of services and how to access them.

In addition, youth workers and community-based health service providers indicate that the number of bulk-billing general practitioners available to young people is declining, creating further disincentives for young people to access preventive primary health care when needed.

In order to ensure appropriate access to health services for young people, NCOSS has called on the NSW Government to:

- Establish area-based Youth Health Coordinators for all Area Health Service zones in NSW at \$1 million per annum.
- Establish youth health services in Area Health Service zones which currently do not have youth specific health services. This will include \$2 million per annum for outreach youth health facilities for regional and rural NSW; \$1.25 million per annum for youth health facilities for regional and rural NSW; and \$1 million per annum for new youth health services in metropolitan Sydney.

5.3 Homelessness support services

Many children and young people come to the attention of Supported Accommodation Assistance Program (SAAP) youth services in the age range of this Inquiry (9 to 14 years). However, these services are not funded to provide support to children and young people of this age. Anecdotal evidence from these services indicate that many of these young people have come to

the attention of the Department of Community Services (DoCS) and may have been supported in the Out of Home Care system but for various reasons their placements have failed. For others, the SAAP service may be the first organisation to bring to the attention of the DoCS that a young person is at risk.

Further, when SAAP workers contact DoCS seeking assistance and support for under age children and young people they are meet a lack of support from the departmental officers. The National Youth Commission Inquiry into Youth Homelessness cited evidence from SAAP services that lower priority is given to children and young people in a SAAP service because they are not at immediate risk. The SAAP service becomes the only option available.

Clearly, there is a need for a new approach to homeless children and young people who are not eligible for SAAP support without an accompanying adult (parent or carer).

6. Conclusion

NCOSS believes that the needs of children and young people aged 9 to 14 years are not significantly different from younger children or older young people. Where the needs of this age group are distinct, the differences are due to the physical, social, emotional, and intellectual changes that occur during this age. If the age group has one common characteristic it is that the group is going through significant life transitions including the transition from childhood to adolescence and the transition from primary to secondary school.

Services for children and young people need to cover the spectrum from prevention to crisis support. Services should not have to ignore or withdraw support to a child or young person or their family in need because funding programs focus on a particular age group. Rather programs should be tailored to meet needs not arbitrary age groupings.

Endnotes

¹ Available from the NCOS website H<http://www.ncoss.org.au>H

² Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney: NSW Department of Health. Available at: Hhttp://www.health.nsw.gov.au/public-health/chorep/beh/beh_bmi_kid.htmH. Accessed 30 April 2008. Last updated 17 November 2006.

³ NSW Health (2001) *Mental health clinical care and prevention model: a population mental health model*.

⁴ Mental Health Council of Australia. *Young People and Mental Health*. Available at H<http://www.mhca.org.au/AboutMentalHealth/factsheets/AdolescentYouthMentalProblems.htm>H Accessed 30 April 2008.

⁵ Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney: NSW Department of Health. Available at: Hhttp://www.health.nsw.gov.au/public-health/chorep/beh/beh_bmi_kid.htmH. Accessed 30 April 2008. Last updated 17 November 2006.

⁶ Australian Centre for Equity through Education & Australian Youth Research Centre (2001) *Building Relationships: Making Education Work*, Commonwealth Department of Education, Training and Youth Affairs, Canberra, p.59.

⁷ Australian Bureau of Statistics, *Recorded Crime – Victims Australia 2006* Cat No. 4510.0, ABS Canberra.

⁸ Christian, C.W., Scribano, P., Seidl, T. and Pinto-Martin, J.A. (1997) 'Pediatric Injury Resulting from Family Violence', *Pediatrics*, 99, 2, 81-84 Cited in Laing, L. (2000) *Children, Young People and Domestic Violence*, Australian Domestic and Family Violence Clearing House, Sydney.

⁹ Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney: NSW Department of Health. Available at: http://www.health.nsw.gov.au/public-health/chorep/beh/beh_bmi_kid.htm. Accessed 30 April 2008. Last updated 17 November 2006.

¹⁰ Australian Institute of Health and Welfare (2007) *Young Australians: their health and wellbeing 2007*. Cat. no. PHE 87. Canberra: AIHW.

¹¹ Fitzpatrick, M & Reeve, P. (2003) 'Grandparents' raising grandchildren - a new class of disadvantaged Australians', *Family Matters No.66 Spring/Summer 2003*. Available at <http://www.aifs.gov.au/institute/pubs/fm2003/fm66/mf.pdf>