

Submission

No 44

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

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Attention:

The Committee Manager

The Committee on Children and Young People

Parliament House

Macquarie Street

SYDNEY NSW 2000

Re: Committee on Children and Young People: Inquiry into children and young people 9–14 years

Youthsafe welcomes this opportunity to make a submission to the Committee on Children and Young People: Inquiry into children and young people 9–14 years.

Youthsafe, is a not for profit organisation and the peak body in NSW for prevention of serious injury in young people and therefore provides comment on the Terms of Reference below from an injury prevention perspective:

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

Youthsafe considers it critical for children and young people to live safe and healthy lives, free of serious injury.

Youthsafe works primarily with community based professionals and others who are involved directly in the health and safety of children and young people and are in a position to influence and educate young people regarding injury prevention in transport, workplace and sport settings. This includes educators and practitioners in school, health and community settings.

While our work primarily focuses on the 15–25 year age group, Youthsafe also provides resources and school presentations for younger children in the 10 to 14 year age group as this is often the period when significant adolescent risk taking behaviour starts developing. Youthsafe is currently involved with several key stakeholders in a national project which investigates how adolescent transitions among 10–14 year olds impact on their risk of injury. This project has substantially informed this submission.

Youthsafe supports the view that an important focus is given to injury among older adolescents when rates of injury, especially fatal injury, increase, but that it is also important that unintentional injury among young adolescents is addressed, as this is a time when many behaviours are established. It should be remembered that injury is also a leading cause of death and hospitalisation for children and young people in early adolescence, or the middle years. From a prevention perspective it is very important that these young people are adequately prepared, not just to deal with the injury risks that young adolescents are vulnerable to, but also are prepared for the risks that older adolescents face.

In relation to the prevention of unintentional injury among this age group, Youthsafe identifies three main areas that should be addressed to help meet the needs of children and young people:

- Involvement of parents in young people's supervision and boundary setting at a time when levels of independence are increasing.
- Greater awareness among parents and the wider community of how early adolescent characteristics are associated with increased injury risk.
- Increased awareness of the role that researchers and practitioners can play in reducing early adolescent unintentional injury.

Unintentional injury during early adolescence

From the unintentional injury data we know that on average 22 young adolescents, aged between 10 and 14 years, die in New South Wales each year and more than 7,000 are hospitalised as a result of serious injury¹. In addition many thousands receive minor injuries that are treated at home or by medical or other health practitioners.

Motor vehicle crashes account for about two-thirds of deaths, with those travelling as passengers and pedestrians particularly at risk. The next main mechanisms of fatal injury are drowning and suffocation.

For those seriously injured, falls account for about 40% of hospitalisations, with many of these injuries happening at school and while playing sport.

On and off road motorcycle injury accounts for more than half of all motor vehicle transport injury hospitalisations. This statistic is often obscured as injury on farms and private land is not reported in the road injury data released by government authorities.

For this age group bicycle injury increases greatly and more young people are hospitalised as a result of bicycle injury than from passenger or pedestrian injury.

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

Youthsafe's philosophy is that children and young people have the right to be safe from serious injury so that they are able to fully participate in life. The adolescent years are vitally important to their future adult development – this is a time when students are preparing for, or are new to high school; relationships outside of the home are becoming increasingly important; and helping out at home and taking up paid casual work increases. All of these activities may put young people at increased risk of injury, but all are a normal part of adolescence and the risk of injury needs to be managed in this context.

There are important injury risk factors for children and young people associated with transitions of adolescence. During early adolescence one of the most noticeable changes in young people is in their physical development as they grow and their bodies mature. Their physical development, however, is also marked by very considerable changes in emotional, social and cognitive development which are characterised by increased independence and reduced levels of parental supervision, the growing influence of friends and peers and changes in the way that parents and their children communicate with one another.

There is a vital need for parents and other adults to gain a better understanding of adolescent processes – and for this they need access to reliable information. This is one of the services that Youthsafe provides through its websites and parent fact sheet resources. Youthsafe also provides evidence based and properly structured workshop sessions for students in the early years of high school which help students to identify and develop strategies to manage everyday risk.

Adult supervision, especially from parents, is a very important factor in reducing risky behaviour and the likelihood of injury among young people. However, as the amount of time adolescents spend by themselves, or with their peers, increases so does the likelihood of serious injury.

Parental supervision has a very protective effect but there is considerable evidence that parents overestimate the capabilities of their children, with the result that supervision is inadequate – a risk factor for injury particularly in transport and work settings. As well, busier parental lifestyles sometimes mean that there may be a reduced willingness or ability to provide lifts in the family car for young people. By helping to make parents more aware of children's abilities and the settings that put them most at risk of injury, they may be more effective in both preparing young people for independent travel and more willing to assist with transportation.

It is important for parents to ensure that before children are independent of adults they have acquired and demonstrated the necessary skills to handle situations without supervision, for example, travelling alone on journeys for school or sport, taking up casual work, or supervising younger children. Adolescents often feel that there isn't anything much they cannot do and are therefore unlikely or reluctant to ask for help or advice.

During early adolescence young people are first learning to manage peer relationships and friendships. Parents may perceive that these relationships are to blame when their children get involved in risky behaviours and therefore disapprove of them. In fact peer relationships have many positive benefits and are critical to young people's well being and development. They provide young people with new opportunities, ideas and experiences and help them learn to avoid harmful peer influences and develop beneficial ones.

Inconsistent behaviour during adolescence is often attributed to hormonal changes and the onset of puberty. Recent research, however, shows that changes in brain development are just as important for understanding many of the characteristics and behaviours of adolescence that are associated with elevated risk of injury. For example, young people are still learning to predict the outcomes of their actions and to be in charge of their behaviour and emotions – all of which are associated with changes as the brain develops. Recent neuroscience research has identified that the adolescent brain is still developing and not fully mature until young people reach their twenties. The prefrontal cortex is a late maturing part of the brain responsible for reasoning, self control and making better judgements.

This research has many implications for parenting – including the need for boundary setting, being involved when difficult decisions have to be made and helping young people organise their time and priorities. There is a general lack of awareness, both among parents and the wider community, about the importance of brain development in relation to injury risk and this is a situation that Youthsafe is addressing by disseminating information via websites and fact sheets for the community and professionals.

Finding and maintaining effective ways to communicate with children and young people is important, especially for parents, to ensure that injury risks and ways to deal with them are discussed. It is important for parents to be able to help their children recognise these risks and help ensure that their activities stay within safe limits, by discussing any potential risks and how these can be managed safely.

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.

Age, gender and socio-economic disadvantage are all strongly associated as risk factors for unintentional injury.

Injury risks associated with age do vary slightly from 9–14 years. Injuries occur more often outside of the home and as children move through this age span passenger casualties actually decrease as a proportion of motor vehicle casualties, while pedestrian and cycle casualties increase. This reflects the fact that as children move into adolescence they look for opportunities to be out and about and unsupervised more often, yet they are often unprepared for this and do not yet have the skills to be safe in the traffic environment without adult supervision.

During adolescence children become much more vulnerable to pedestrian injury, particularly during school travel times, and travel after school has proven particularly risky. This is an area of injury that Youthsafe has targeted through its fact sheet resource which is distributed through schools to students in Years 6 and 7 around the time they are starting high school.

As highlighted above, for adolescents living on and visiting farms, motorcycles and all terrain vehicles (ATV's) present the main risk of serious injury and head injury fatality. This statistic is often obscured as injury on private land is not reported in the road injury data released by government authorities. During the early teen years young people become particularly vulnerable due to inexperience and poor hazard perception, however, they are at an age where they appear to be able to master many skills and are given higher levels of responsibility.

Drowning and suffocation are the next main causes of death, each accounting for about 7% of deaths. Rates of drowning, however, decline rapidly as children move out of early childhood and are lower for this age group than at any other time.

Sport and leisure activities account for the majority of injury hospitalisations for 9–14 year olds. Outside of sports and athletics grounds, schools and homes are the main locations for serious injury resulting in hospitalisation.

Gender is an important risk factor in all the main settings in which children and young people are injured. Boys are at much higher risk of death from injury than girls and about twice as likely to be fatally injured or hospitalised due to serious injury.

Parents tend to be more protective of their daughters than of their sons. One consequence of this is that girls travel more frequently as motor vehicle passengers, and this is reflected in the fact that there are more female adolescent passenger casualties than male. For this age group, however, most vehicle travel still happens with a parent or other adult as the driver. Rates of passenger injury escalate in the later teenage years as young people are more likely to travel as passengers with young drivers. During adolescence, therefore, messages about the importance of using protective equipment such as seat belts should be reinforced to help ensure compliance when car travel becomes more risky.

Boys are very significantly overrepresented as cyclist casualties and to a lesser extent as pedestrian casualties. Boys are also overrepresented in drowning deaths and account for about two-thirds of drowning deaths. Research suggests that this overrepresentation is explained both by higher levels of exposure to risky activities, and a propensity among boys for risk taking behaviour.

Much more needs to be understood about behaviours and attitudes that impact on injury risk, and how this varies according to gender. It is important too that consideration is given to the effectiveness of interventions and to ensure that injury prevention messages are appropriate to males, as well as to females.

Attitudes and patterns of behaviour that are related to health and safety are established through family and local community influences from an early age. Research has long shown that socio economic disadvantage is an important risk factor for injury. Though the reasons for this are not yet fully understood it is likely that children and young people in less affluent families may have less access to protective equipment, such as

bike helmets, use older equipment or equipment that may not be well maintained, and therefore less protective. As well young people in lower socio-economic groups are less likely to perceive that through their actions they are able to control risk and society puts its own expectations on young people about behaving in risky ways and whether or not young people should take responsibility when there are negative outcomes to risk taking behaviour.

In recent decades there have been significant changes to the structure and nature of the family unit, especially the increase in sole parent families. The most important protective factor for reducing the risk of injury though is adult supervision. Sole parent families are overall less affluent, especially when there is no financial support from an ex-partner. Injury rates may be higher in sole parent families because there are fewer opportunities for parental supervision, and support networks of family members and friends who can play a supervisory role may be lower.

The implication here for injury prevention organisations, such as Youthsafe, are to ensure equity of access to its resources and information sessions. The increasing use of on-line resources goes some way to addressing the equity issue, as does the fact that all of Youthsafe's information resources are available to schools and the community free of charge.

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

Professionals, including researchers and practitioners, in education, health and community settings provide activities, services and support to adolescents and their families that could help develop resilience in terms of reducing the risk of adolescent injury. Currently much of the focus on adolescent resilience is in the areas of sexual health, drug and alcohol education and mental health.

Youthsafe is of the opinion that by increasing the awareness of these professionals about key risk factors for unintentional injury during adolescence, they would be well placed to support young people and their families in recognising the injury risks associated with key adolescent transitions for this age group. These transitions include changes in young people's social relationships, brain development and levels of independent activity.

Research conducted by Youthsafe has shown that professionals and practitioners who work with young adolescents lack access to statistical data that could alert them to the importance of adolescent unintentional injury and contribute to an enhanced understanding among professionals on key risk factors associated with early adolescent transitions and injury in NSW. This is both in relation to the broad mechanisms of injury, such as motor vehicle transport crashes and falls, as well as a lack of statistical evidence that could be applied to their specialised fields of interest, such as the relationship between injury and the use of drugs and alcohol for those working in youth health.

Practitioners have also reported that data localised to a local government area is often of most relevance for those working in youth health to ensure that their activities are evidence based and that they can target interventions more effectively.

Information about unintentional injury has tended not to have been actively sought by those working in health and hospital settings. Instead the focus is more on self harm, depression and other mental health issues that impact on young people. A much greater awareness of the burden of unintentional injury and its relationship to issues such as adolescent mental health would be particularly helpful.

This is especially the case in the more rural and remote areas of New South Wales where, in addition to broad risk factors associated with social isolation and lack of employment opportunities, there is often poor

usage of protective equipment such as seat belts and bike or motorcycle helmets because police scrutiny is perceived as unlikely. Consequently, when a crash does occur injury is more likely to be severe. Higher velocity crashes are also more likely to occur in rural areas.

Youthsafe is therefore of the view that evidence based and co-ordinated initiatives, with appropriate funding, should be directed to this important area of injury prevention in young people during their early adolescent years. These initiatives could build on existing school based health and safety strategies that are embedded in the education syllabus; print and on line resources targeting families and professionals and research into effective and evidence based interventions as to how injury prevention can best meet the needs of young adolescents.

Because bringing about changes in young people's attitudes and behaviours is complex, particularly given the range of risk factors that come with adolescence, a multi-strategic and co-ordinated approach is considered most likely to be successful here.

We look forward to the outcome of the review. Please contact me us at Youthsafe if you would like further information or discussion about the issues raised.

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References

1. Report prepared by NSW Injury Risk Management Research Centre for Yuthsafe's Early Adolescent Transitions Project, 2008.