

ACT COMMUNITY NEEDS ASSESSMENT

Workforce Data and Community Needs Assessment – Attachment A

April 2019

Prepared by Insight Consulting Australia

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INTRODUCTION

In 2016, the Joint Community Government Reference Group (JCGRG) released the ACT Community Services Industry Strategy 2016-2026. The Strategy acknowledges that community services have a strong foundation within the ACT, make a significant contribution to the ACT economy and have a central role in developing the well-being and healthy functioning of the community.

The Strategy notes that although community services in the ACT are well-established, they are undergoing a period of significant change, with new models of service delivery, new ways of doing business, and a stronger focus on achieving social and economic outcomes.

The Workforce Plan is the first of three 3-year plans the Joint Community Governance Reference Group has agreed should be developed to implement the Industry Strategy.

Insight Consulting Australia has been engaged to deliver the following initiatives from the Workforce Plan:

1. An ACT Community Needs Assessment (*this report*)
2. A report on the current characteristics of the ACT Community Services Industry workforce
3. A report that projects future workforce needs
4. A methodology or tool to support the sector to undertake regular snapshots of the workforce.

Insight has also been engaged to deliver a Career Mapping project.

OVERVIEW

Need can be defined as a “discrepancy between an existing set of conditions and a desired set of conditions” or as “something that people must have to be in a satisfactory state”¹.

This report outlines key determinants of health and wellbeing (a desired set of conditions) and examines the current experiences and outcomes of ACT residents in these areas (the existing set of conditions). The difference between these two sets of conditions can be defined as community need.

The available research evidence, including ACT data and a range of sector reports, has been used to explore the determinants of health; connection; housing; cognitive development; employment; participation and self-determination; and vibrant liveable cities.

The ACT has higher than national average rates of advantage and lower than average rates of disadvantage. A focus on the strong performance of the ACT overall can mask the experiences of vulnerable people and the difficulties they experience living with poverty, discrimination and other forms of disadvantage on a daily basis.

Services continue to report that there are a range of vulnerable people in the community who experience poverty, discrimination and other forms of disadvantage on a daily basis. While there are renewed efforts underway to provide early intervention and support, particularly in the early years, there will also be a continued need for crisis support, and action to reduce or prevent complex problems throughout the life course. This will require a wide diversity of worker skills, knowledge and attributes, and an increasingly skilled and capable workforce. ACT community need is the strategic context for the Community Services Industry workforce.

¹ Posavac, E.J., & Carey, R.G. (2011). The Assessment of Need. In, Program Evaluation: Methods and Case Studies 8th ed. Upper Saddle River, N.J: Pearson Prentice Hall

In the accompanying appendix, a more comprehensive assessment of the needs of three target groups is presented. These cohorts: children, young people, and Aboriginal and Torres Strait Islander people have been selected as groups that could benefit greatly from early support. At the end of each appendix, we highlight a summary of opportunities where the ACT Community Services Industry could improve outcomes for target group.

A deliberate decision has been made to avoid prescribing specific solutions to identified needs, as many potential solutions could be successfully applied to each area of need. Rather than positing community services as a need, in and of themselves, it is argued that the application of effective community programs is the mechanism by which community needs can be met.

It should also be acknowledged that a range of 'solutions' to community needs are structural issues that are outside the services system, or the system can only remediate rather than directly address or prevent. This includes issues like a fundamentally unequal housing market, and wages rates and income support payments that entrench poverty.

Responding to need is not just about what services deliver, but how they deliver. There is increasing evidence that the most effective services are those that are designed with and focused on clients, well-integrated with other services, take the family and community context into account, and are based on strong relationship-based approaches that build trust and rapport. This is why the system and practice reforms highlighted in the EIBD consultation report are so important to meeting emerging needs.

Many community needs are already being addressed by the Industry. In some instances, there are priority groups whose needs are not being met due to a lack of service funding or a need for a different approach. For some services types and models, there is insufficient evidence about which approaches are the most effective at delivering positive outcomes for clients.

Many needs (e.g. a sense of belonging to the community) continue across the life-course, perhaps with greater or lesser importance during different periods of life. Other needs, if addressed early enough will prevent more serious issues from arising in the future (e.g. strong and resilient parenting can prevent later offending and/or trauma).

More work is needed to determine whether we have the right mix of services in the ACT, while recent consultations on *Early Support* reveal robust support for strengthening early intervention investment.

ACT PERFORMANCE AND NATIONAL COMPARISON DATA

The ACT has:	ACT	National
Lower proportion of Aboriginal people	1.6%	2.8%
More young adults aged 20-39 years of age	32%	28%
Lower proportion of older people aged 65 years and older	13%	16%
Lower proportion of persons who needed assistance with core activities	4.5%	5.5%
Higher proportion of people who did voluntary work through an organisation or group	23%	19%
In couple families, a lower proportion of families who had both parents not working	15%	20%
Lower proportion of persons whose median gross weekly personal income was \$649 or less.	29%	43%
Lower proportion of renters who paid \$299 or less per week on renting dwelling	26%	37%
Similar proportion of the population living in a household owned outright or owned with a mortgage	66%	67%
Higher proportion of households where a non-English language was spoken	23%	19%
Similar proportion of the population born outside of Australia	34%	33%
Similar proportion of workers whose occupation was Community and Personal Service Worker	10.6%	10.8%
Higher Year 7-12 apparent retention rate	95%	85%
Higher proportion of the population who had attained Year 12 or equivalent	75%	57%
Higher proportion of the population who had attained a Bachelor Degree or higher qualification	41%	26%
Lower rate of children who were subject of a child protection notification substantiation	3.5 per 1,000	9 per 1,000
Similar rate of children in Out-of-Home Care	8.8 per 1,000	8.7 per 1,000
Similar rate of persons who were clients of a specialist homelessness service	114 per 10,000	119 per 10,000
Lower daily rates of tobacco smoking, persons 14 years and older	10%	12%
Similar proportion of people experiencing high / very high psychological distress, persons aged 18 years and older	11%	12%
Lower unemployment level	4.7%	6.9%
Lower proportion of young people (15-19 years) not engaged in education, employment or training	4%	7%
Lower proportion of young adults (20-24 years) not engaged in education, employment or training	7%	14%
Lower rate of young people in detention	2.62 per 10,000	3.47 per 10,000
Lower imprisonment rate	151 per 100,000	221 per 100,000

Sources:

Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

Australian Institute of Health and Welfare, National Drug Strategy Household Survey 2016

Australian Bureau of Statistics, Prisoners in Australia, 2018. 45170Do002

Australian Institute of Health and Welfare, Youth detention population in Australia. Dec 2018. Bulletin 145

Australian Bureau of Statistics, 2014-15 National Health Survey

Australian Institute of Health and Welfare, Specialist homelessness services 2016-17

COMMUNITY NEED ACROSS KEY DOMAINS

HEALTH

Health outcomes vary greatly across the ACT population, and particular groups, such as those from a low socio-economic background, are more likely to experience disease, illness, disability and premature death.^{2 3 4}

Risk factors such as stress, anxiety, trauma, poor nutrition, physical inactivity, overweight and obesity, tobacco smoking, risky alcohol and other drug use can directly lead to many health conditions or compound genetic predispositions to disease and illness.⁵ Health is also influenced by the uptake and physical, economic and social access to resources that promote wellbeing (e.g. nutritious food), information about prevention (e.g. sexual health) or services that focus on early detection (e.g. screening programs), harm reduction or treatment (e.g. drug and alcohol programs). Health is strongly correlated with income, with the most disadvantaged people in the community experiencing the worst health outcomes and shorter life expectancy.^{6 7 8}

Long term health outcomes begin to be shaped during foetal development and even prior to conception, with factors such as maternal stress influencing outcomes throughout the life course.^{9 10 11} Physical and mental wellbeing during early childhood, childhood and adolescence can also have lasting impacts on long term outcomes. Social factors like having a sense of social connection, having someone to turn to, self-efficacy, feeling accepted, and a positive sense of self (with the absence of stigma) bolster mental health and wellbeing, which in turn affects physical wellbeing.¹²

There is an interdependent and reinforcing relationship between health and other domains. For example, studies show that children living in poor housing without insulation are more likely to experience respiratory problems and subsequently miss more days of school than other children from a similar socio-economic background. Children who miss out on adequate nutrition and sleep face more difficulties in concentrating at school. People with a long-term health condition are less likely to be in the labour force and subsequently experience low levels of income which makes it more difficult for them to take care of their health. Family members who are carers are more likely to drop out of the labour force and less likely to perform well academically.

Many health risk factors can be removed or reduced. Programs that recognise and remove barriers to healthy lifestyles or help people better manage their health conditions or disabilities can improve individual health, particularly when they are positively framed and developed by community or in partnership with community. Mental health initiatives such as healing programs, social programs that overcome loneliness, or peer support

² Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

³ The Solid Facts, Wilkinson & Marmot (ed), World Health Organisation, 2003

⁴ Fair Society, Healthy Lives: The Marmot Review, Strategic Review of Health Inequalities in England post-2010

⁵ Australian Institute of Health and Welfare (2018) Smoking. Behaviours & risk factors

⁶ ACT Health, ACT Chief Health Officer's Report 2018

⁷ The Solid Facts, Wilkinson & Marmot (ed), World Health Organisation, 2003

⁸ Fair Society, Healthy Lives: The Marmot Review, Strategic Review of Health Inequalities in England post-2010

⁹ Silburn SR, Nutton G, Arney F, Moss B, 2011. The First 5 Years: Starting Early. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan. Darwin: Northern Territory Government

¹⁰ The Solid Facts, Wilkinson & Marmot (ed), World Health Organisation, 2003

¹¹ Fair Society, Healthy Lives: The Marmot Review, Strategic Review of Health Inequalities in England post-2010

¹² The Solid Facts, Wilkinson & Marmot (ed), World Health Organisation, 2003

groups can reduce anxiety and help people gain greater control over their own lives. Social and political action to address major life-stressors such as trauma, homelessness, abuse and violence will also improve wellbeing in the short and longer term.

Affordable and accessible health treatment services are vital, including programs that offer holistic services, those that provide assistance early in the life of a problem, and those that address complex issues such as co-morbidity.

CONNECTION

Having a safe and secure attachment to another person is vitally important. From the moment of birth, infants seek a secure attachment to consistent adult caregiver/s. The quality of those first relationships profoundly impacts on a child's future happiness, emotional and social development.^{13 14 15}

A cohesive family (one that exhibits warmth and parental-child involvement) produces happier children who experience better life outcomes. Families need non-stigmatising information, peer support or professional support to build or strengthen parenting practices and/or family relationships. Community services can play an important role in noticing and responding to adverse circumstances early in a child's life or early in the life of a problem. There is strong evidence that this type of support can prevent or reduce more serious problems from occurring or becoming entrenched.¹⁶

Having friends is often considered the most important predictor of happiness, and it is essential that children have opportunities for socialisation, play and making friends from a very young age.¹⁷ Child care and supported play groups can provide important opportunities for children to develop and strengthen their social skills, particularly for children who may otherwise have limited contact with children in their own age group or are socially isolated. Play groups can also provide valuable peer support and information for parents.

Young people need opportunities to develop and maintain friendships in safe and supportive environments. A connection to community, culture and close friendships are important protective factors for young people and can provide a buffer against life hardships.¹⁸ Young people who experience a sense of belonging to a school community (i.e. through extra-curricular activities) are more likely to perform well in school and complete their high school studies.

People who have experienced stigma, grief or trauma may need additional support including those who have experienced childhood abuse or neglect, young people in or leaving out-of-home care, children with incarcerated parents, carers, refugees who have experienced trauma prior to arrival in Australia, families experiencing loss or severe disruption, and those who were forcibly removed from their families as children

¹³ <https://aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents>

¹⁴ Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press

¹⁵ Rubenstein, L (2018) Love Grows brains: Optimising the development of children aged 0-3 years A review of key concepts in research, policy and practice

¹⁶ Occasional Paper No. 52. A safe and supportive family environment for children: key components and links to child outcomes. Killian Mullan and Daryl Higgins. Australian Institute of Family Studies

¹⁷ Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press

¹⁸ Co-operative Research Centre for Aboriginal Health & Telethon Institute for Child Health Research, Stories on 'growing up' from Indigenous people in the ACT metro/Queanbeyan region, Occasional Paper No 20.

or had children removed.^{19 20 21 22}Particular groups, such as Aboriginal and Torres Strait Islander families and families from a refugee background are more likely to have experienced stigma, grief and trauma.^{23 24 25}

Throughout the life course, people continue to need love, support and friendship in their life.²⁶ Delayed childbearing, reduced fertility and increased divorce/separation rates mean that more people than ever are living alone. Despite the prominence and dominance of social networking in the lives of most, many people continue to be socially isolated and experience loneliness. Social stigma and racism are further problems that can cause serious and unnecessary damage and trauma to individuals and communities. The sector has a role to play in bringing people and communities together, connecting and celebrating strengths and diversity.

HOUSING

Housing is a basic necessity of life and provides a foundation for the achievement of independence and other life goals. Safe housing enables people to feel secure and experience stability, establish routines for their children, build strong relationships with others, and participate in education and employment to the degree that they are able. Those with few resources who are experiencing other life stressors, such as single parents with young children, young people leaving Out-of-Home Care or juvenile justice, those leaving prison, newly arrived migrants and refugees are already experiencing significant life challenges and secure housing helps to facilitate positive life choices and direction.

For many, homelessness is a direct result of prior traumatic experiences such as child abuse or family violence.²⁷ The housing issues affecting disadvantaged groups in the ACT include homelessness (including couch surfing), housing conditions (e.g. functional and free from debris, mould or the need of major repairs), housing instability, overcrowding, affordability, and physical accessibility for older people and those with limited mobility.

There is simply not enough community or social housing for the number of people who require it,²⁸ and long wait times can cause severe stress and exacerbate difficulties which can have long term life implications. For example, people can experience exploitation or abuse if they feel unable to leave unsafe or violent relationships; children face a higher risk of sexual abuse if living in an overcrowded home; and people who are employed can lose their jobs if unable to gain adequate sleep and maintain a work ready appearance/attire.

Housing needs change over time, and there is also a need to provide specific emergency accommodation for those who require extra or specialised support, e.g. children under 16 years of age, young mothers with newborns.²⁹

¹⁹ Capital Health Network 2016. Baseline Needs Assessment 2016. Canberra: Capital Health Network.

²⁰ Young J.T., van Dooren, K., Borschmann R., & Kinner S.A. (2017), ACT Detainee Health and Wellbeing Survey 2016: Summary results. ACT Government, Canberra, ACT

²¹ Campo, M & Commerford, J. (2016) Child Family Community Australia. Paper No 41.

²² Warren, D & Edwards, B (August 2017) Young Carers. Longitudinal Survey of Australian Children. ASR 2016 Chapter

²³ Our Booris, Our Way Steering Committee (August 2018) Interim Report

²⁴ ACT Health, ACT Chief Health Officer's Report 2018

²⁵ Australian Institute of Health and Welfare (2018) Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes. Cat. no. IHW 195. Canberra: AIHW

²⁶ The Solid Facts, Wilkinson & Marmot (ed), World Health Organisation, 2003

²⁷ Youth Homelessness Matters. Yfoundations.

²⁸ http://www.communityservices.act.gov.au/hcs/services/social_housing/waiting_lists

²⁹ Youth Coalition of the ACT (2018) Submission to the ACT Budget 2019-2020

COGNITIVE DEVELOPMENT

Children's early experiences in life play a major role in their brain development. When caregivers interact and speak positively, warmly and regularly to children, it increases a child's IQ and almost doubles the vocabulary they develop, compared to children spoken to infrequently. Language acquisition only occurs when delivered through direct face to face social interaction.^{30 31}

It is important for parents to be aware of the benefits that direct interaction, play and cognitively stimulating activities can have for their children.³² Opportunities for these skills to be encouraged and modelled through non-stigmatising avenues (e.g. play groups, parent led peer programs, library reading programs, home visiting programs) can bring long lasting benefits for children and their parents. It is important that the most vulnerable families are included in these programs and that their needs are responded to in an appropriate and non-stigmatising way.

Play is a vehicle for learning, and child-initiated play leads to self-regulation of social behaviours, increased creativity, vocabulary, problem solving, lower stress, improved memory and social skills. All children need opportunities for creative play every day.

High quality early childhood services can improve cognitive and socio-emotional outcomes for children of all backgrounds, particularly for children from disadvantaged homes, or those where parents are not very sensitive in the way they relate to their child.³³

The potential benefits of primary and secondary education can be enhanced through programs which actively engage and build partnerships with parents and caregivers; boost school attendance and engagement; actively support children and young people at risk of school failure; provide homework help for those who may not receive help at home (e.g. children whose parents do not speak English well, or children who are carers for their parents); and programs that promote post-school aspirations and pathways.³⁴

Year 12 attainment is becoming increasingly important in an environment where low skilled jobs are steadily decreasing. Attainment also has a lasting impact on long-term employment outcomes and income earning potential.³⁵

Participation rates in university study are increasing. There are significant barriers to gaining or upgrading qualifications, while supporting oneself and dependents. Particular groups of people may need additional support to re-engage in study and education opportunities.

INCOME

While the median household income in the ACT in 2016 was \$2,070 per week, 12 per cent of all households earned less than \$650 per week – an amount significantly lower than the median (less than a third).

³⁰ Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press

³¹ Fair Society, *Healthy Lives: The Marmot Review, Strategic Review of Health Inequalities in England post-2010*

³² Silburn SR, Nutton G, Arney F, Moss B, 2011. *The First 5 Years: Starting Early*. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan. Darwin: Northern Territory Government.

³³ Peisner-Feinberg, E & Burchinal, M (1997). *Relations Between Preschool Children's Child-Care Experiences and Concurrent Development: The Cost, Quality, and Outcomes Study*. *Merrill-Palmer Quarterly*. Vol. 43, No.3

³⁴ Baxter, J (2017) *The career aspirations of young adolescent boys and girls*. *Longitudinal Study of Australian Children*. ASR 2016

³⁵ Australian Bureau of Statistics 2016, *Census of Population and Housing (2016)*, TableBuilder. Findings based on use of ABS TableBuilder data

Very vulnerable people are likely to experience multiple disadvantage, of which income is a key driver, and disadvantage can become entrenched and passed on to future generations.

Area wide analyses of socio-economic performance such as SEIFA can mask the reality of poverty for individuals and families living in the ACT, as the Territory has higher overall rates of advantage. The ACT has one of the highest median rental prices for properties in Australia and small vacancy rates, and the high cost of housing adds additional pressure on those experiencing financial hardship. The low rate of welfare payments also contributes to continuing stress and disadvantage.

Financial stress can be triggered or exacerbated by the impact of other stressful life events such as loss of a spouse, the ending of a volatile or violent relationship, homelessness or job loss.

In 2014, around 1 in 8 Australians experienced financial stress in the previous 12 months as measured by being unable to raise \$2,000 within a week for something important. Types of financial difficulties experienced included an inability to pay electricity, gas or telephone bills, an inability to pay car registration or insurance on time, or an inability to pay mortgage or rent payments on time. Single parent families were significantly more likely to experience financial difficulties and to experience them more frequently than other groups. Overall 2.3 per cent of Australians sought financial help from a welfare or community organisations over a 12-month period. There is an ongoing need for immediate material and financial support as well as initiatives that address underlying causes of poverty.

Low wages can result in the phenomena of the working poor, for whom long hours and little pay can result in ongoing stress and inability to pay for life's essentials. Casualisation, the pervasiveness of part time work, and the outsourcing of work make it even more difficult for people to make a living wage. The rapid expansion of the digital and share economies is presenting both opportunities and challenges for workers.

EMPLOYMENT

Young people often experience difficulties gaining employment for the first time, with late adolescence and early adulthood being the period of life most commonly associated with high levels of unemployment.³⁶ Young people from jobless families, or other low socio-economic families typically report lower employment rates.³⁷ Other people who may face barriers gaining a job include people with a disability, older workers, newly arrived migrants and refugees or those facing social stigma.³⁸

People can be out of the labour force for a range of reasons such as ill health or disability, to take up opportunities such as formal study, volunteer work, caring for children, or providing support to a family member who is ill or has a disability. There are also numbers of 'discouraged job-seekers' who have given up looking for work entirely. This group of people may need additional support to transition back into the labour force, and programs need to offer real skill development, real qualifications, and promote the confidence and work ready attitudes required for employment. There is a need for flexible employment approaches for those, such as carers or those with recurrent symptoms of a psychiatric disability who may need to transition in to and out of the labour force more frequently. Women face unique challenges in the workplace and are more likely to be lower paid and receive less opportunities for career advancement than their male counterparts.

³⁶ Australian Bureau of Statistics 2016, *Census of Population and Housing (2016)*, TableBuilder. Findings based on use of ABS TableBuilder data

³⁷ Baxter, J & Warren, D (2017) Teen employment experiences. *Longitudinal Study of Australian Children*. ASR Chapter 16.

³⁸ Fair Society, Healthy Lives: The Marmot Review, *Strategic Review of Health Inequalities in England post-2010*

Low incomes can result in the phenomena of the working poor, for whom long hours and little pay can result in ongoing stress and inability to pay for life's essentials. Casualisation, the pervasiveness of part time work, and the outsourcing of work make it even more difficult for people to make a living wage. The rapid expansion of the digital and share economies is presenting both opportunities and challenges for workers.

There is a need to balance employment with other life responsibilities such as caring for children and other family members, and undertaking formal study. Some working conditions such as low levels of pay, long hours of work or not enough hours of work, broken shifts, rotating shifts or late night shifts can make this difficult. As people travel through the life-course, their employment needs change, for example some older workers may wish to transition to part time work as they near retirement age. As the national retirement age is extended, this may pose difficulties for some older workers.

Over the past few decades, there has been a reduction in the proportion of low skilled jobs available in the economy, and this places those without formal qualifications, or those with qualifications not recognised in Australia at increased disadvantage in finding work.

More opportunities are needed for skill development that leads to meaningful employment, where people feel they can contribute to the best of their abilities, while experiencing a sense of purpose, growth and fulfilment in their working careers.

PARTICIPATION AND SELF-DETERMINATION

There is a need to provide more meaningful opportunities for people to be actively involved in their community and for their views to be heard in decisions that affect their lives. The sector can play an important role in developing/recognising leadership skills and promoting community development; whereby a community develops in its ability to meet and advocate for its own needs. This is particularly important for those who are marginalised and excluded.

Aboriginal and Torres Strait Islander communities need to be acknowledged as the original inhabitants of the land, and have their right for self-determination respected. Efforts to preserve language, culture and heritage should be acknowledged and supported. Existing leadership structures within the Aboriginal and Torres Strait Islander community, and migrant communities, should be recognised rather than replaced.

Groups such as children, young people, and people with a disability who are often excluded from community and organisational decision making, need more opportunities to actively shape services that are designed to meet their needs. Further work is needed to ensure that all mainstream services are culturally safe and designed to meet the diverse needs of clients.

Digital poverty and illiteracy present a growing difficulty for those who are increasingly cut off from government and community information, services, and peer networks.

VIBRANT, LIVEABLE CITIES

Research shows that the child friendly design (and re-design) of public spaces boosts community interaction, physical activity, appreciation of the arts and a sense of belonging for people of all ages.³⁹

³⁹ The Solid Facts, Wilkinson & Marmot (ed), World Health Organisation, 2003

Accessible footpaths and pathways help facilitate the active societal participation of people such as the frail elderly, people with limited mobility, mothers with young children etc. Accessible footpaths and pathways also encourage physically active lifestyles for the wider population, with a corresponding decrease in the burden of overweight and obesity.

There is a proven correlation between proximity to parks and physical and mental wellbeing, including increased physical activity, and increased play and social opportunities for children.⁴⁰

Many people experience geographic isolation, which often results in barriers to accessing community and government services, education and employment opportunities, and recreational and social pursuits. Reliable, accessible and affordable transport can address these barriers.^{41 42}

Participation in culture and the arts enriches the human experience and brings a range of benefits including self-expression, the communication of important ideas and values across society and across societal barriers, improved mental health, social connection and improved capacity for other areas of learning.

⁴⁰ Healthy Parks Healthy People: the state of the evidence 2015, Parks Victoria

⁴¹ The Solid Facts, Wilkinson & Marmot (ed), World Health Organisation, 2003

⁴² Fair Society, Healthy Lives: The Marmot Review, Strategic Review of Health Inequalities in England post-2010

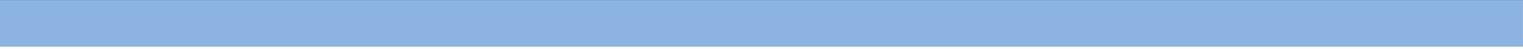
DATA LIMITATIONS

The Community Needs Assessment is focused on need. It is not a community profile and doesn't seek to capture the breadth of experiences, strengths and capabilities of key cohorts.

The summary and attached background papers have been developed from the review of a wide range of research papers and data collections, with an understanding that these also may not fully capture the indicators of well-being valued by the community. Data from the ABS *Census of Population and Housing* has been referred to in many instances because it has a consistent set of questions over time – making it possible to observe long term trends; there is an availability of a comparison population; and a very large number and proportion people are enumerated.

The assessment was also bound by the following data limitations:

- Some data were only available on a national basis or did not disaggregate by state and territory making it difficult to compare territorial performance to national averages.
- Some collections are one off in nature, or do not use a consistent set of questions over time making it impossible to track progress
- Many collections only focus on those aged 18 years and over
- Employment related data are only collected regularly on persons aged 15 years and older, although many young people start work at an earlier age.
- Most data collections have been devised without the active input and involvement of the population under consideration. There is a potential for indicators with little importance to the target group to be emphasised, while those of great importance may be downplayed or missing.
- Some mainstream data sources for the background paper on Aboriginal and Torres Strait Islander people due to the small proportion of participants who were Aboriginal and Torres Strait Islanders or high attrition rates
- Many vulnerable people face challenges across a range of domains. While the available data highlights the proportion of people affected by a particular issue, it cannot show us the multitude of issues facing the most disadvantaged groups. This type of information, if available, would better reveal causal relationships between different variables.



PRIORITY NEEDS OF ABORIGINAL AND TORRES STRAIT ISLANDERS

Workforce Data and Community Needs Analysis – Attachment A, Appendix 1

ACT Community Needs Analysis: March 2019

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PURPOSE

This paper explores key determinants of health and wellbeing for the Aboriginal and Torres Strait Islander community of the ACT, their current experiences and outcomes. Demographic data, sector reports and research evidence have been used to paint a picture of community need, and outline opportunities where culturally appropriate support or partnerships with the community could help improve outcomes.

A strong understanding of community need can shape the responses that are offered to Aboriginal and Torres Strait Islander community, in turn informing workforce planning and development.

LIMITATIONS

When examining the available data about the Aboriginal and Torres Strait Islander community, a caveat about limitations should be noted. Most data collections have been devised by non-Indigenous people, reflect a non-Indigenous world view and tend to seek to serve the interests of policy makers rather than communities themselves.¹ There is a potential for indicators with little importance to Aboriginal and Torres Strait Islander communities to be emphasised, while those of great importance to the community may be downplayed or missing.² Further, Aboriginal and Torres Strait Islander people are too often viewed as the objects of study rather than being acknowledged as experts about their own lives.

Data from the ABS Census of Population and Housing has been referred to in many instances because it has a consistent set of questions over time – making it possible to observe long term trends; there is an availability of a non-Indigenous comparison population; and a very large number and proportion of Aboriginal and Torres Strait Islander people are enumerated. A small portion of the community may choose not to participate in the Census or may have been missed in enumeration efforts, however the number and characteristics of this group are generally captured through the ABS Post-enumeration survey, and reflected in ABS data.

Where possible, a range of other data sources have been used, with an understanding that these also may not fully capture the indicators of well-being valued by the community. Some of the most frequently used mainstream data sources could not be used due to the small sample size of Aboriginal and Torres Strait Islander people – resulting in data ‘noise’; while longitudinal studies often experience high attrition rates of Aboriginal and Torres Strait Islander participants which affects study reliability and usefulness – at least in relation to drawing Indigenous specific conclusions and findings.

TRADITIONAL OWNERS

The Ngunnawal people are the traditional owners of the Canberra region. Neighbouring clans, such as the Ngarigo, Wolgalu, Gundungurra, Yuin and Wiradjuri people also traditionally came together in the area, using it as a significant meeting place.³

¹ Productivity Commission (2012) Better Indigenous Policies: The role of Evaluation. Roundtable Proceedings

² Biddle, N (2014) Data about and for Aboriginal and Torres Strait Islander Australians. Canberra, A.C.T: Closing the Gap Clearinghouse

³ ACT Government (2010) Aboriginal Cultural Heritage of the ACT

Today, Aboriginal and Torres Strait Islander people from many different nations and clans have settled here, with an estimated number of 7,513 (1.9 per cent of the total population) at the time of the 2016 Census.⁴

CULTURE

In 2014, 64 per cent of Aboriginal and Torres Strait Islander peoples 15 years and older in the ACT identified with a clan, tribal or language group.⁵ The local traditional Aboriginal language of the area (Ngunawal) had been dormant for a considerable amount of time but efforts are now being made to revive the language. 7 per cent of the Aboriginal and Torres Strait Islander population of the ACT spoke an Australian Indigenous language and although there is no data about the level of language proficiency, almost all speakers also spoke English well or very well. Those speaking an Indigenous language are likely to be drawn from across Australia, with a multitude of Indigenous languages being spoken.

In urbanised areas where there is a low overall proportion of Aboriginal and Torres Strait Islanders, and high rates of partnering with the non-Indigenous community, language speakers are less likely to have regular opportunities to learn and practice language.⁶

In 2014, 68 per cent of Aboriginal and Torres Strait Islanders in the ACT were involved in Indigenous cultural events, ceremonies or organisations in the previous 12 months, while 96 per cent participated in selected sporting, social or community activities.⁷

There is a need to promote awareness of and celebrate Aboriginal and Torres Strait Islander culture in the wider community.

The cultural value of an extended family caring for and supporting children is considered to be the best family environment for children growing up strong.⁸ A majority (74 per cent) of Australia's Aboriginal and Torres Strait Islander young people believe family relationships are extremely or very important to them.⁹

HISTORICAL CONTEXT

Before European invasion, there were hundreds of Indigenous nations in Australia. Each had a rich heritage of culture, belief, language, knowledge and custom.

The history of contact between Indigenous and non-Indigenous people over the past 230 years has, in the main, had devastating consequences for Aboriginal and Torres Strait Islander peoples including massacres, the herding of people from their homelands to missions where every aspect of life was closely monitored and either enforced or proscribed, prohibitions of practising culture and language,

⁴ Australian Bureau of Statistics (June 2016) Cat: 3238.0.55.001 – Estimates of Aboriginal and Torres Strait Islander Australians, Released 31/08/2018

⁵ Australian Bureau of Statistics (2016) Cat: 4714.0 National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014-2015

⁶ Biddle, N, Centre for Aboriginal Economic Policy Research, Indigenous Language Use, CAEPR Indigenous Population Project. Paper 1

⁷ Cat. 4714.0 - National Aboriginal and Torres Strait Islander Social Survey, 2014-15, Australian Bureau of Statistics

⁸ Co-operative Research Centre for Aboriginal Health & Telethon Institute for Child Health Research, Stories on 'growing up' from Indigenous people in the ACT metro/Queanbeyan region, Occasional Paper No 20.

⁹ Mission Australia, National Aboriginal and Torres Strait Islander Youth Report: Youth Survey 2017

the forced removal of children from family (known as The Stolen Generation), stolen wages, legal disenfranchisement of human rights, segregation in public places, and discrimination.

These experiences have left a legacy of inter-generational trauma and disadvantage for many Aboriginal and Torres Strait Islander people. For example, young people who were removed from family were often denied a full education and forcibly placed as domestic servants or stockmen. Despite working long and arduous hours, most or all of their wages were often withheld and placed in a government trust fund. Although this practice finally ceased in the 1970s, many Aboriginal and Torres Strait Islander people were never able to recover the monies taken from them. This continues to impact on wealth levels and home ownership rates of those affected, their mobility, and subsequent ability to help their own children or grandchildren purchase a home.

Aboriginal people were forcibly removed from their families on the basis of their Aboriginality up until the 1970s. The HREOC *Bringing Them Home* report revealed that many Aboriginal people still suffer social and emotional loss from having their children taken or from being taken. Many children and parents never saw each other again and many are still searching for their loved ones. Those that were removed from their families have higher rates of disadvantage and dysfunction than their Aboriginal peers who were not removed.

Aboriginal and Torres Strait Islander people frequently experience discrimination in Australian society. The 2016 *Australian Reconciliation Barometer* showed that 37 per cent of Aboriginal and Torres Strait Islander Australians had experienced verbal racial abuse in the preceding 6 months. 18 per cent reported racial prejudice in interactions with employers, 20 per cent with local shop owners and 29 per cent with police.

An increasing proportion of the Australian public believe that Aboriginal and Torres Strait Islander cultures is important to Australia's national identity, although many refuse to accept historical facts such as past disenfranchisement of Aboriginal people, mass killings and forced removals from land.¹⁰

It is important for service-providers to be cognisant of this history when working with Aboriginal and Torres Strait Islander communities and support the principle of self-determination. Self-determination means that Aboriginal people have the opportunity to make their own decisions about their life and what is in their own best interest, rather than have other people do this for them.

There is a need for community organisations to actively work in partnership with Aboriginal controlled organisations and leadership structures, as well as ensuring the cultural safety, and holistic approach of generalist services.

LOCAL COMMUNITY CONTROL

The ACT Aboriginal and Torres Strait Islander Elected Body (ATSIEB) is a representative group that has been established to enable Aboriginal and Torres Strait Islanders in the ACT to have a strong democratically elected voice. The group consists of seven members, who are elected by the ACT Aboriginal and Torres Strait Islander community for three years and holds office on a part-time basis. The Chair and Deputy Chair are elected by majority vote of the members.

¹⁰ Reconciliation Australia (2016) Australian Reconciliation Barometer

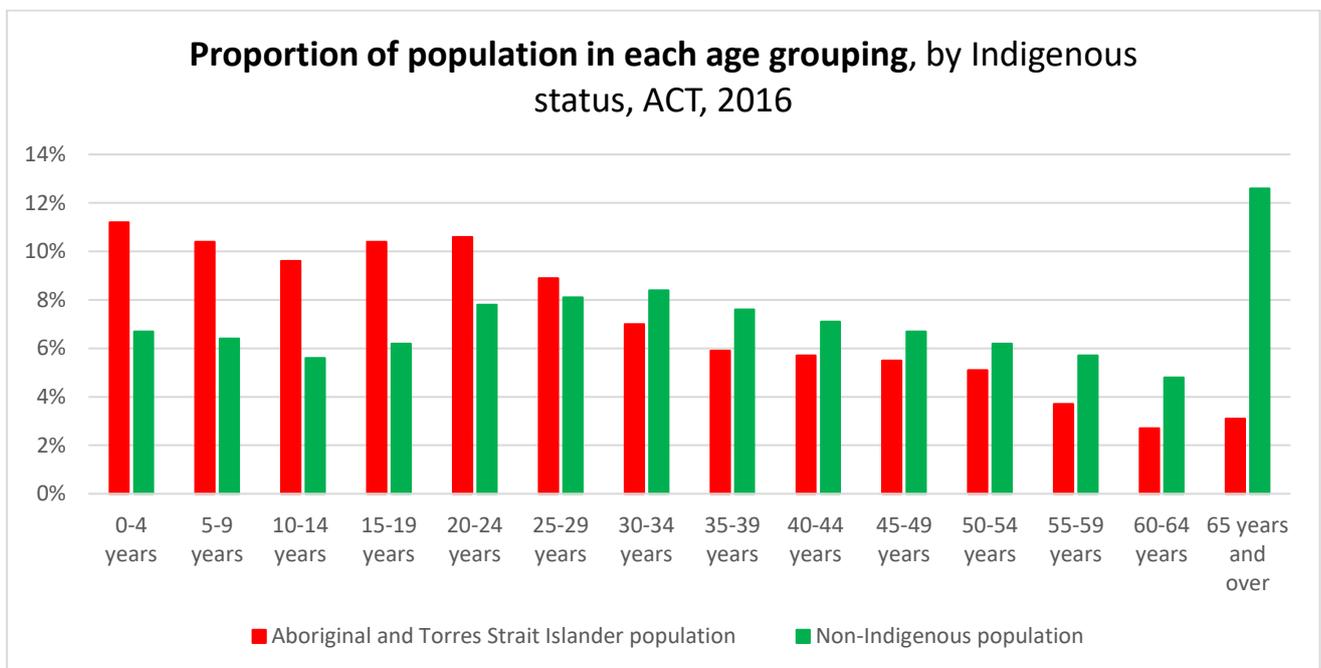
Aboriginal controlled services within the ACT include:

- Gugan Gulwan Aboriginal youth centre
- Winnunga Nimmityjah Aboriginal Health and Community Services (WNAHCS), an Aboriginal community controlled primary health care service
- Mulleun Mura, a free, Aboriginal woman-led service offering culturally appropriate support with justice issues.

POPULATION

The current Aboriginal and Torres Strait Islander population of the ACT has a much younger profile than the non-Indigenous population, with a higher proportion of children, young people and young adults and a lower proportion of people in middle age and older age groups. The median age of people in the ACT in 2016 was 23 for Aboriginal and Torres Strait Islander people, and 35 years for non-Indigenous people.¹¹

The chart below compares the age profile of the two populations at the time of the 2016 Census.¹²



The concentration of the Aboriginal and Torres Strait Islander population in the younger age groupings means that initiatives that improve education, employment, and healthy lifestyles will have a significant impact at the broader population level.

EXPANSION

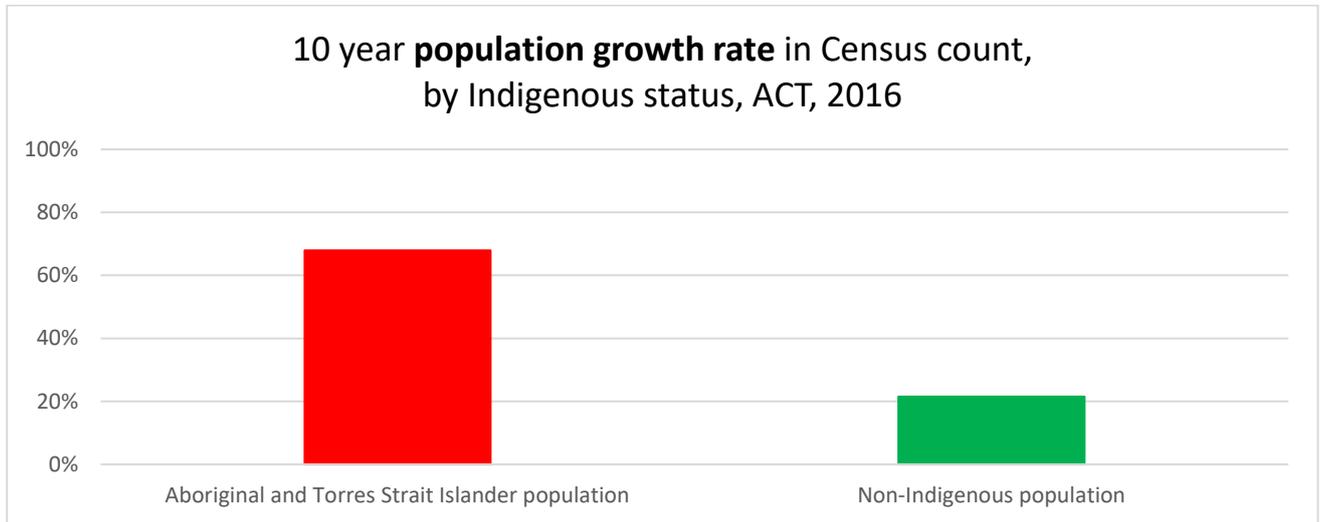
The Aboriginal population is expanding at a faster rate than the non-Indigenous population.

¹¹ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

¹² Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

The expansion of the Indigenous proportion of the population is due to factors such as higher fertility rates, lower maternal age in childbearing, and the expansionary impact of exogamy. Increased willingness to identify Indigenous status to government agencies, and improved government enumeration practices are also contributing to higher recorded numbers in the community.

Between 2006 and 2016, the Census count of Aboriginal and Torres Strait Islander people increased by 67.9 per cent over the ten-year period. The non-Indigenous population increased by only 21.5 per cent during the same time period.¹³



The Aboriginal proportion of the ACT population grew from 1.3 per cent in 2006 to 1.8 per cent in 2016. If this trend continues, the number of Aboriginal people in the ACT in 2026 would be 10,927 persons. The Aboriginal proportion of the ACT population would increase to 2.4 per cent.¹⁴

The Indigenous proportion of the ACT population varies by age grouping, with some younger age groupings already exceeding the projected population figure (see chart below).¹⁵

0-4 years	2.8%
5-9 years	2.8%
10-14 years	2.9%
15-19 years	2.9%
20-24 years	2.3%
25-29 years	1.9%
30-34 years	1.4%
35-39 years	1.3%
40-44 years	1.4%
45-49 years	1.4%

¹³ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

¹⁴ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

¹⁵ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

50-54 years	1.4%
55-59 years	1.1%
60-64 years	1.0%
65 years and older	0.4%
Total	1.8%

At the time of the 2016 Census, Aboriginal and Torres Strait Islanders in the ACT made up 2.8 per cent of the 0-4 years age group and just 0.4% of the older age group of those aged 65 years and over.¹⁶ As the Indigenous proportion of the population continues to expand in the future, young Aboriginal and Torres Strait Islanders will make up an increasing proportion of the ACT population.

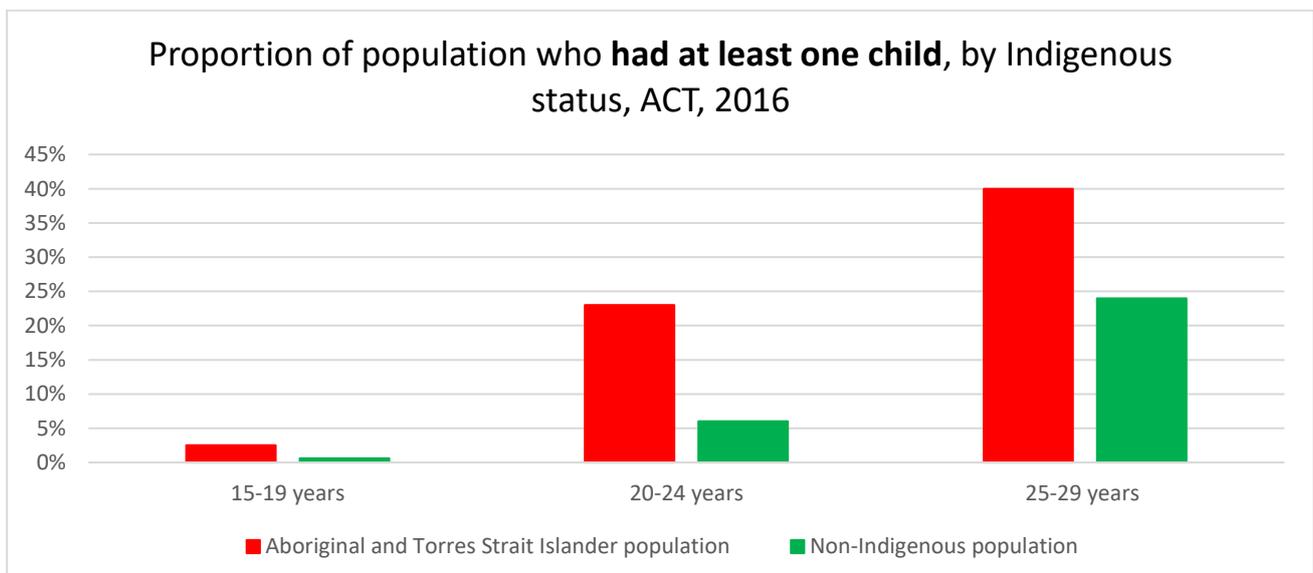
Although the Aboriginal and Torres Strait Islander community make up a smaller proportion of the total population in the ACT than nationally (1.8% v 3%), the ACT experienced the fastest growth rate of an Aboriginal and Torres Strait population of any jurisdiction between the 2011 and 2016 Censuses.

While the Aboriginal and Torres Strait Islander population make up a small proportion of the ACT population, they are over-represented in key client groups such as young mothers, early school leavers, job seekers, and disability support clients.

FERTILITY

In 2016 across Australia, the fertility rate for Aboriginal and Torres Strait Islanders females was 2.1 compared to 1.8 for females in the total population.¹⁷ Indigenous men who partner with a non-Indigenous woman also have higher rates of paternity, with most of their children identifying as Indigenous.¹⁸

The chart below shows that Aboriginal and Torres Strait Islander women tend to commence child bearing at a younger age than their non-Indigenous peers.



¹⁶ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

¹⁷ Australian Bureau of Statistics (2016) Cat: 3301.0 Births Australia, Released 13/12/2017

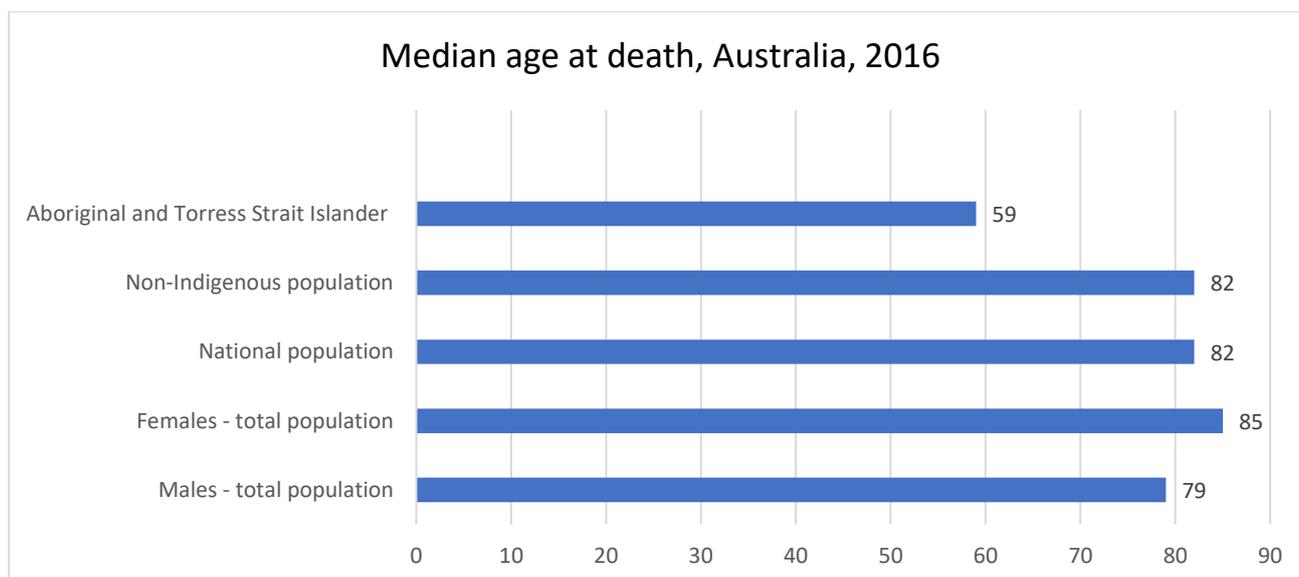
¹⁸ Biddle, N, Centre for Aboriginal Economic Policy Research. Indigenous and non-Indigenous marriage partnerships. CAEPR Indigenous Population Project. Paper 15.

By 24 years, almost a quarter (23 per cent) of Aboriginal and Torres Strait Islanders had at least one child, compared to just 6 per cent of non-Indigenous people. By age 29, 40 per cent of the Aboriginal and Torres Strait Islanders had at least one child, compared to 24 per cent of non-Indigenous people.¹⁹ There is an interdependent relationship between child bearing, education and career opportunities. Women with the lowest levels of education tend to have more children, while the birth of children may result in mothers ceasing or delaying their study or work participation.²⁰ Further, households with a larger number of children tend to have lower participation rates in pre-school which may impact on the school readiness of children.²¹

As a significant proportion Aboriginal and Torres Strait Islander children in the ACT have a non-Indigenous father or mother, services such as supported playgroups may also need to outreach to and work with non-Indigenous family members to support children’s social, cognitive and emotional development.

MEDIAN AGE AT DEATH

The national median age of death for Aboriginal and Torres Strait Islander peoples is 23 years less than their non-Indigenous peers. In 2016, the national median age at death (the point at which half of an age cohort has passed away) was 82 years for non-Indigenous people, and just 59 years for Aboriginal and Torres Strait Islander people.²²



This means that at least half of the current Aboriginal and Torres Strait Islander population are not expected to survive until retirement age. The early loss of a partner, parent or grandparent has significant emotional impacts on family members, particularly when families lose more than one person in quick succession. In addition to grief, early deaths also result in the loss of practical supports

¹⁹ Australian Bureau of Statistics 2016, *Census of Population and Housing (2016)*, TableBuilder. Findings based on use of ABS TableBuilder data

²⁰ Biddle, N, Centre for Aboriginal Economic Policy Research. *Indigenous Fertility and Family Formation*, CAEPR Indigenous Population Project. Paper 2

²¹ Biddle, N, Centre for Aboriginal Economic Policy Research. *Early Childhood Education*. CAEPR Indigenous Population Project. Paper 7

²² Australian Bureau of Statistics (2016) Cat: 3302.0 - Deaths, Australia, 2016

for families such as the emotional and practical support provided by grandparents during the early years of childrearing and places families under greater stress.

Shorter life spans are a contributing factor to the younger age profile of the community.

COMMUNITY SERVICE GAPS

A stakeholder consultation held by the ACT Aboriginal and Torres Strait Islander Elected Body acknowledged that there had been an increase in service demand across all sectors and highlighted the following community needs:

- Men's rehabilitation
- Mental health programs – especially for adolescents and also Aboriginal workers (e.g. Headspace)
- Services for Aboriginal and Torres Strait Islander women incarcerated in the ACT (highest rate in the nation)
- Trauma healing/informed programs
- Lack of visibility/service of men's programs
- Need for an Aged care facility
- Need an ACT based Aboriginal Legal Service
- Need for an Indigenous Children's Commissioner
- Need a service directory with all services in ACT (cross border) and needs to be updated.

HEALTHY LIFESTYLES

Low socio-economic status is associated with reduced life expectancy and higher rates of participation in modifiable health risks such as tobacco smoking. The ACT Chief Health Officer reports that people who experience the highest level of disadvantage are three times more likely to smoke than those who are most advantaged; people who are unemployed are twice as likely to smoke as those who are employed; and those whose highest level of educational achievement is Year 12 are three times more likely to smoke than those who have attained a Bachelor degree.²³

In 2014/2015, Aboriginal and Torres Strait Islander people were 3 times more likely to smoke tobacco than non-Indigenous people (39 per cent compared to 12 per cent).²⁴

Almost 3 of every 5 Aboriginal and Torres Strait Islanders adults do not participate in adequate levels of physical activity, which places them at increased risk of chronic disease.²⁵ Physical inactivity contributes to reduced life expectancy, and is responsible for 31 per cent of the diabetes burden and 5 per cent of the cancer burden of Aboriginal and Torres Strait Islander Australians. Potential benefits of increased physical activity include the reduction of overweight and obesity (a further health risk) as well as increased social and emotional wellbeing, reductions in anxiety and depression, and reduced social isolation. Other benefits include a reduction of injury and falls, increased mobility and flexibility, improved strength and posture.²⁶

²³ ACT Health, ACT Chief Health Officer's Report 2018

²⁴ Cat. 4714.0 - National Aboriginal and Torres Strait Islander Social Survey, 2014-15, Australian Bureau of Statistics

²⁵ Commonwealth of Australia, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report

²⁶ Gray, C, Macniven, R, Thomson, N (2013) Review of physical activity among Indigenous people. Australian Indigenous Health Bulletin. Vol 13 No 3

For Aboriginal and Torres Strait Islander people in the ACT, participation in sports and physical activity tends to decline steadily with age. School age children participate in a wide range of sports, while organised sport continues into early adulthood and starts to decline while other physical activities such as walking and going to the gym become more popular. Barriers to participation include the demands of employment, family caring responsibilities, cost, lack of transport, and health problems such as back problems or being overweight.²⁷

A qualitative study of physical activity in the ACT found that Aboriginal and Torres Strait Islander children and adults were more likely to participate in physical activity when accompanied by family members or close friends. Targeted programs that facilitate community and family involvement, and include an Indigenous specific focus are more likely to be successful interventions for the Aboriginal and Torres Strait Islander community.²⁸

PARENTAL SUPPORT FOR EDUCATION

Parental income and education have a relationship to the degree of parental support given to children's learning. 74 per cent of Aboriginal and Torres Strait Islander parents with a Bachelor degree own more than 50 children's books in their home, compared to 22 per cent of those who did not complete Year 12. Children in families whose only income was government benefits were also less likely to own more than 50 children's books (25 per cent). Aboriginal and Torres Strait Islander parents in higher-income families are also more likely to read to their children, and help their children with homework more frequently than those with low incomes.²⁹

Parental expectations also have a marked effect on children's educational attainment. Aboriginal and Torres Strait Islander children are four times more likely to complete Year 12 and eleven times more likely to attend university if their parents hold university aspirations for them.³⁰

ATTENDANCE RATES

The student attendance rate for Years 1-10 in the ACT in 2015 was 87 per cent for Aboriginal and Torres Strait Islander students and 93 per cent for non-Indigenous students, a difference of more than 6 percentage points.³¹ Over 13 years of schooling, this difference equates to around 3 terms of learning opportunities missed.

School non-attendance is typically associated with financial stress.³²

YEAR 12 ATTAINMENT

The attainment of Year 12 has a significant impact on long-term employment and economic outcomes. In 2016 in the ACT, Aboriginal and Torres Strait Islander people whose highest level of school completion was Year 9 were 3.5 times more likely to be unemployed than Year 12 completers (14 per

²⁷ Young, C, (2017) Indigenous Australians' participation in sports and physical activities: Part 2, Qualitative Research (ACT Report)

²⁸ Young, C, (2017) Indigenous Australians' participation in sports and physical activities: Part 2, Qualitative Research (ACT Report)

²⁹ Department of Social Services (2015), Footprints in Time: The Longitudinal Study of Indigenous Children – Report from Wave 5

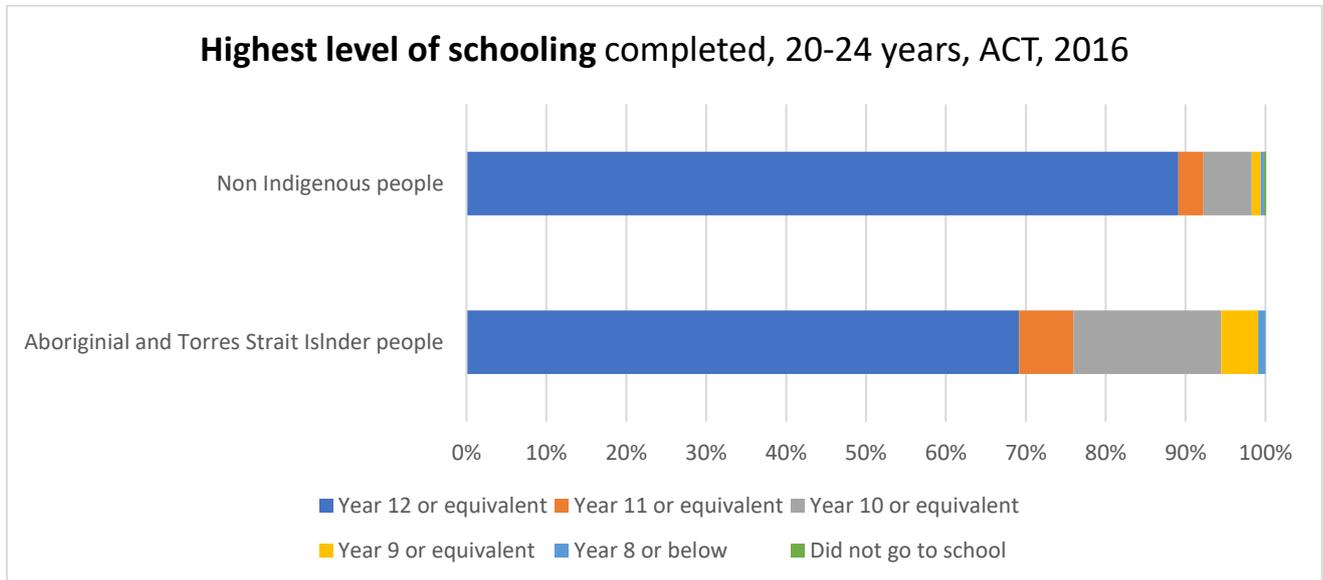
³⁰ Department of Social Services (2015), Footprints in Time: The Longitudinal Study of Indigenous Children – Report from Wave 5

³¹ Productivity Commission (2016) Table 4A.5.1 Overcoming Indigenous Disadvantage

³² Department of Social Services (2015), Footprints in Time: The Longitudinal Study of Indigenous Children – Report from Wave 5

cent compared to 4 per cent), and 8 times less likely to earn \$2,000 or more per week (2.7 per cent compared to 22 per cent) than Year 12 completers.³³

The Aboriginal and Torres Strait Islander population has a lower proportion of people who have attained Year 12.³⁴



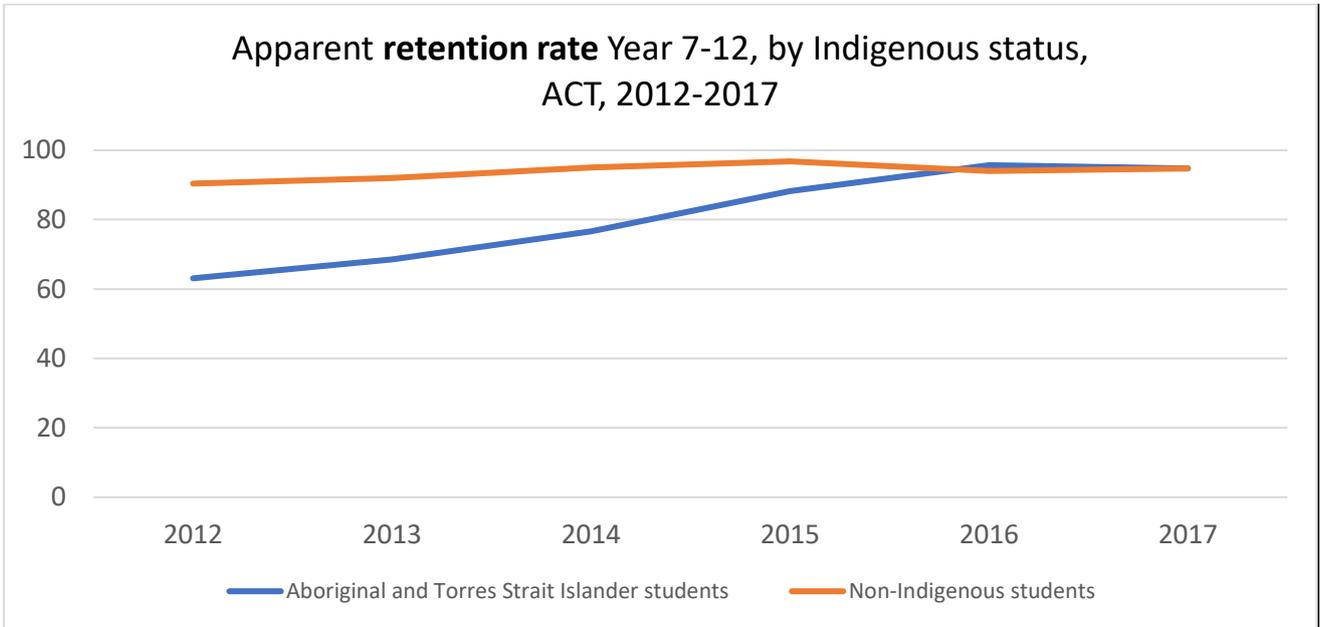
In 2010, a compulsory education age of 17 years was introduced for all ACT students, whereby students became required to participate in full-time education, training or employment until either reaching 17 years of age or completing Year 12. This legislative change resulted in a significant improvement in the proportion of Aboriginal and Torres Strait Islander students completing Year 12.

Between 2012 and 2017, the apparent Year 7 to Year 12 retention rate for non-Indigenous students increased from 91 per cent to 95 per cent, an increase of 4 percentage points. During the same time period, the rate for Aboriginal and Torres Strait Islander students increased from 63 per cent to 95 per cent. An increase of 32 percentage points.³⁵

³³ Australian Bureau of Statistics 2016, *Census of Population and Housing (2016)*, TableBuilder. Findings based on use of ABS TableBuilder data

³⁴ Australian Bureau of Statistics 2016, *Census of Population and Housing (2016)*, TableBuilder. Findings based on use of ABS TableBuilder data

³⁵ Australian Bureau of Statistics, Cat: 4221.0, *School Australia 2017*

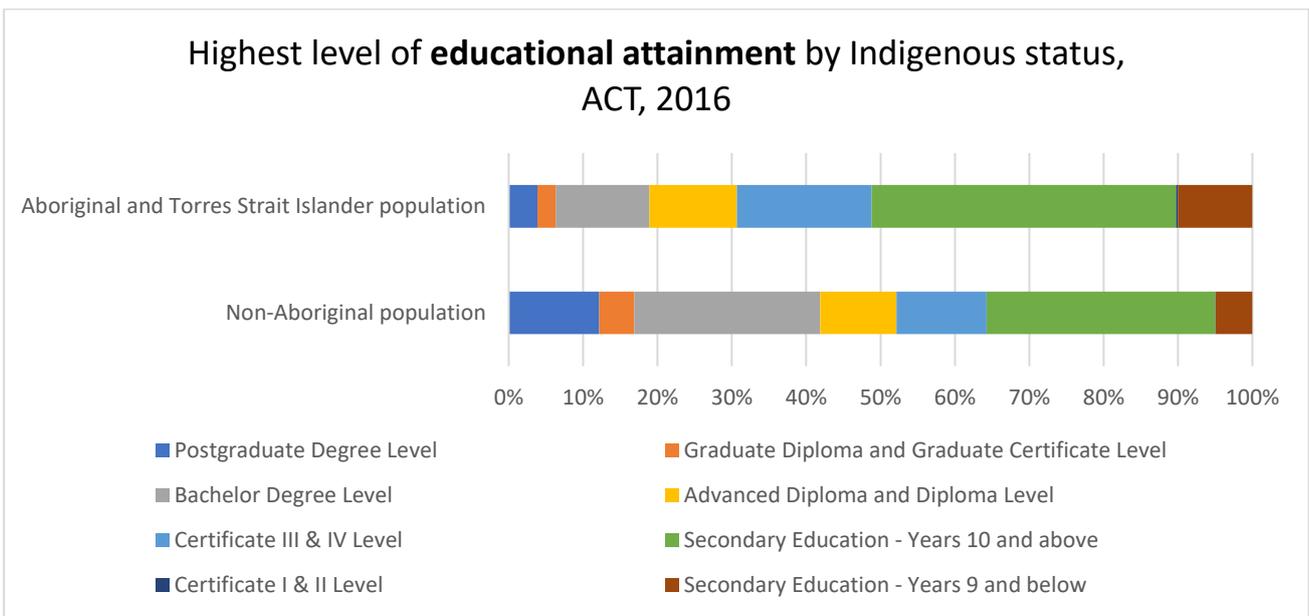


Consequently, significantly more Aboriginal young people and young adults are now entering the labour market with a Year 12 qualification, enabling greater opportunities for entering a wider range of job roles and increased opportunities to participate in post-secondary education options such as university.

POST SCHOOL STUDY

Across Australia, Aboriginal and Torres Strait Islanders make up 2.7 per cent of the working age population but only 1.6 per cent of university domestic student enrolments.³⁶

Overall, the Aboriginal and Torres Strait Islander population has a lower level of educational attainment than the non-Aboriginal population.³⁷

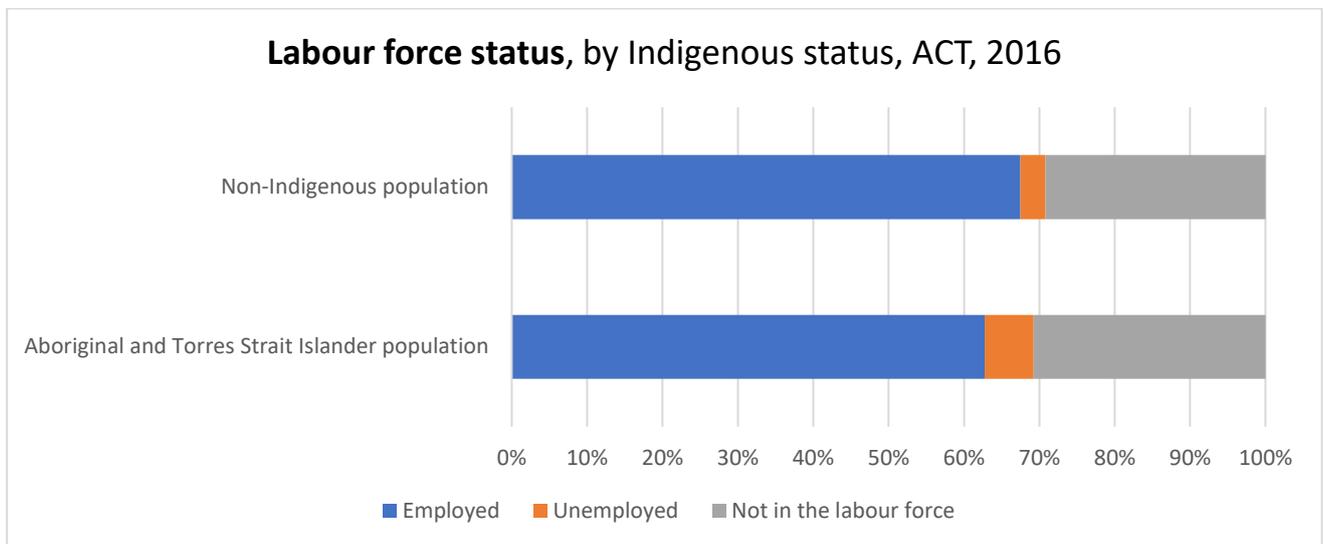


³⁶ Universities Australia, Indigenous Strategy 2017-2020

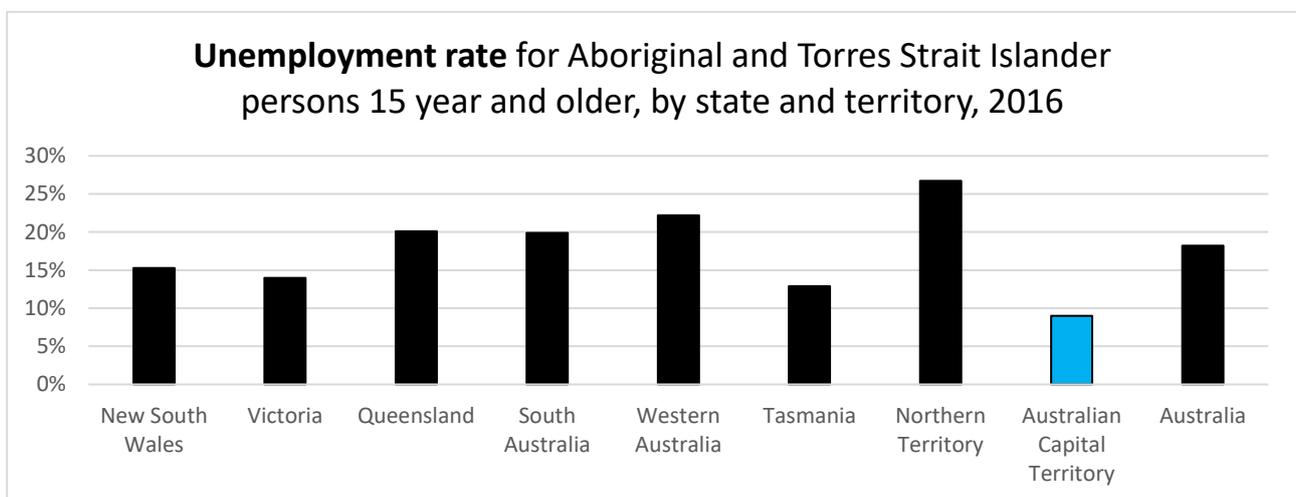
³⁷ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

LABOUR FORCE

While the Aboriginal and Torres Strait Islander population in the ACT were twice as likely to be unemployed as the non-Indigenous population (9.2 per cent compared to 4.7 per cent), they had only a slightly higher rate of persons not in the labour force (32 per cent compared to 30 per cent).³⁸



The labour force outcomes of Aboriginal and Torres Strait Islanders in the ACT were significantly better in the ACT than the national average. In 2016, the ACT had the lowest unemployment rate (9 per cent) for Aboriginal and Torres Strait Islander people of any state or territory or the national average (18 per cent).³⁹



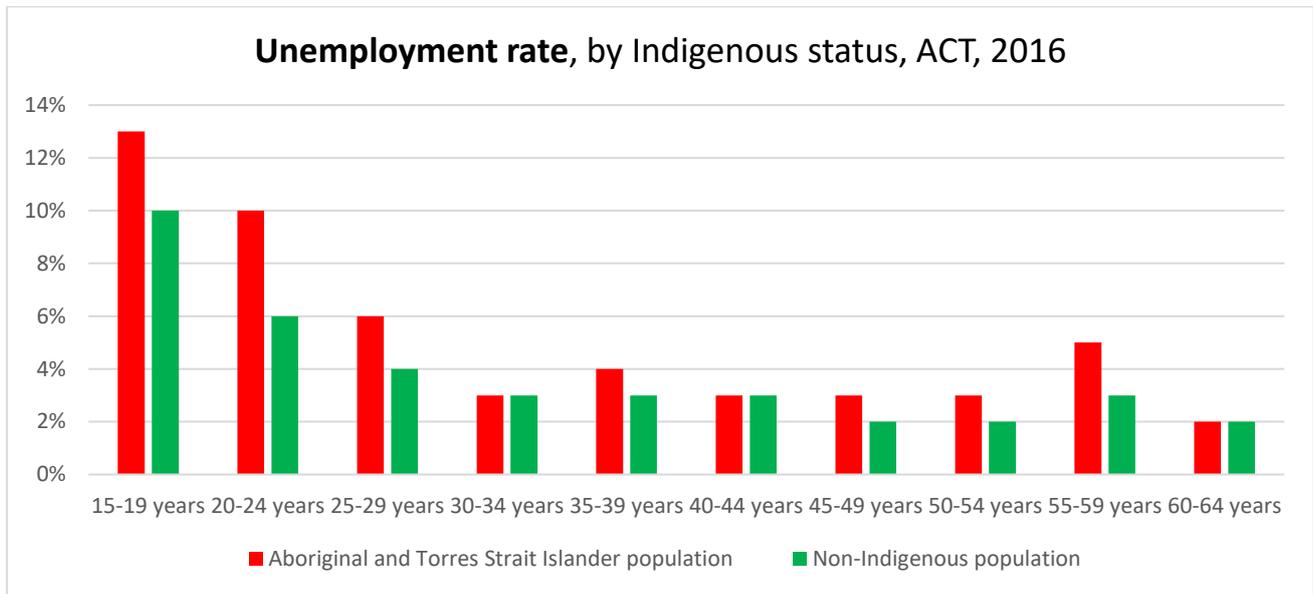
In the ACT in 2016, the Aboriginal and Torres Strait Islander employment to population rate was 62 per cent, compared to 43 per cent nationally.⁴⁰

³⁸ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

³⁹ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

⁴⁰ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

Unemployment is a phenomenon that predominately affects young people and young adults, as shown in the chart below. The younger age profile of the Aboriginal and Torres Strait Islander community contributes to their higher overall unemployment rate.



A number of factors impact on Aboriginal people’s ability to fully participate in the labour force. Aboriginal people are more likely to have a disability that restricts their core activities, they are more likely to provide unpaid care for another person with a disability, and more likely to be engaged in full time caring for children at a younger age.

In addition, the Aboriginal population tends to have a lower level of educational achievement that places them at a distinct disadvantage when competing in an economy with diminishing job opportunities for low skilled occupations.

In the ACT, the proportion of Aboriginal and Torres Strait Islander people not in the labour force was 32 per cent, compared to a national figure of 48 per cent.⁴¹

In 2016, Aboriginal and Torres Strait Islanders were only half as likely to be self-employed than non-Indigenous people, and slightly more likely to be employed in government positions (41 per cent compared to 45 per cent).⁴²

The younger age of child-bearing and larger number of children borne throughout the lifetime means that Aboriginal and Torres Strait Islanders are likely to be absent from the workforce from a younger age and more frequently.

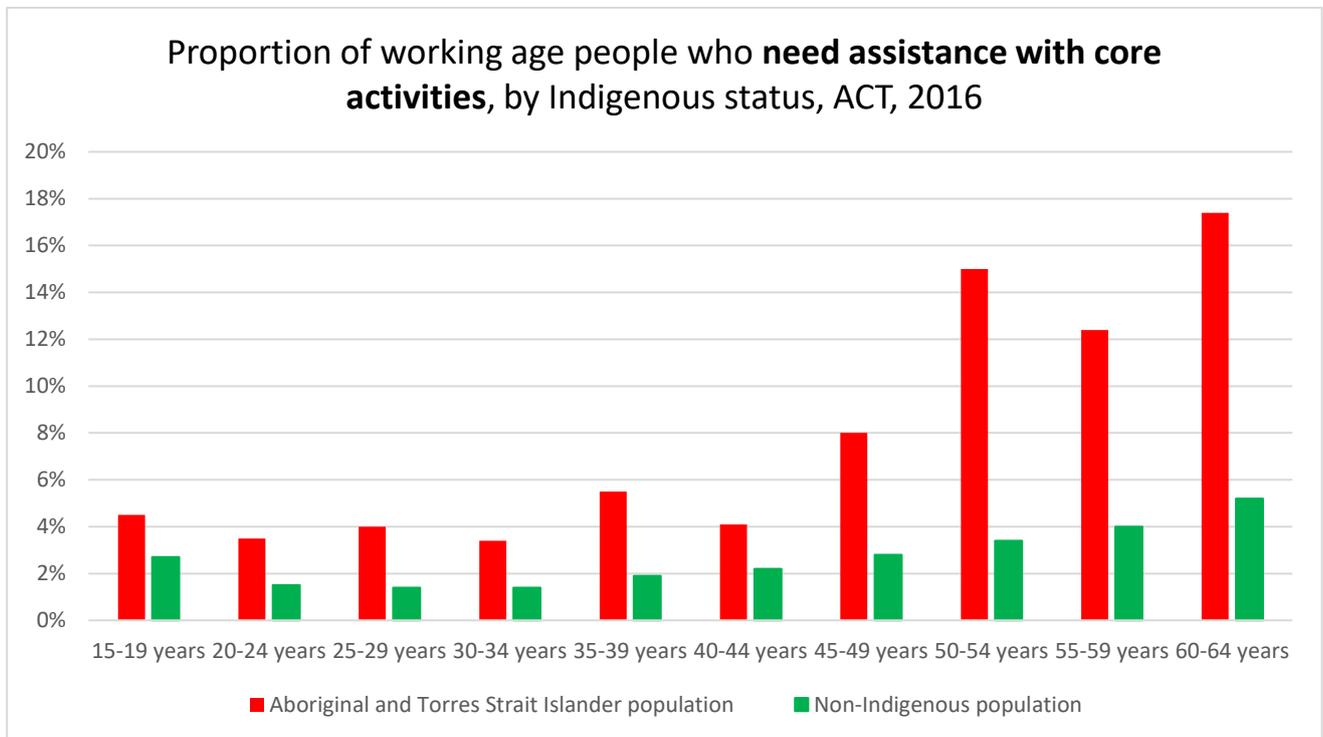
⁴¹ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

⁴² Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

DISABILITY

In the ACT in 2016, the age standardised rate of people for persons 15 years and older with a disability or long term health condition was 76 per cent of Aboriginal and Torres Strait Islander and 61 per cent for non-Indigenous people.⁴³

Aboriginal and Torres Strait Islanders of working age are 3½ times more likely to require assistance with their core activities than non-Indigenous people (8.4 per cent compared to 2.5 per cent).⁴⁴



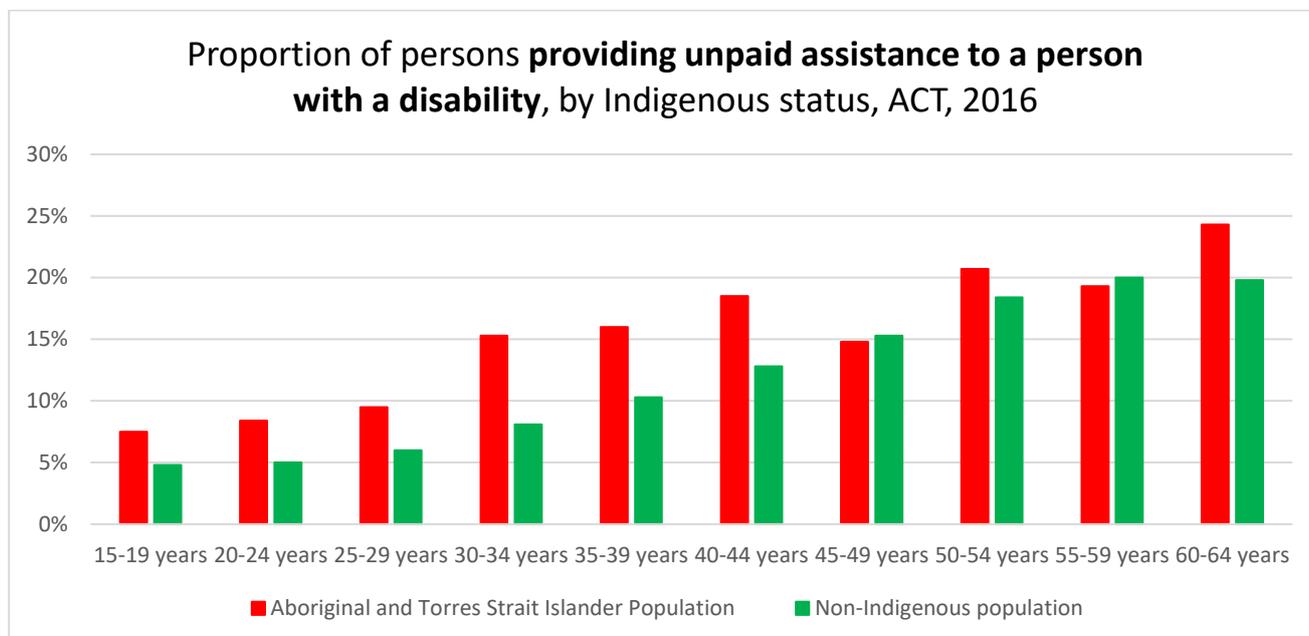
From the commencement of working age, a higher proportion of Aboriginal and Torres Strait Islander people provide unpaid assistance to a person with a disability than their non-Indigenous counterparts (14% to 11%).⁴⁵

⁴³ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

⁴⁴ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

⁴⁵ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

Proportion of persons providing unpaid assistance to a person with a disability, by Indigenous status, ACT, 2016



CARE AND PROTECTION

The rate of Aboriginal and Torres Strait Islander children aged 0-17 years involved in substantiations of child neglect or abuse in the ACT in 2014/2015 was 12 times higher than non-Indigenous children (40.2 per 1,000 compared to 3.3 per 1,000).

Aboriginal and Torres Strait Islander children aged 0-17 years were 12.5 times more likely to be in out-of-home care than other children and young people. There were 227 Aboriginal and Torres Strait Islander children in out-of-home care, comprising 28.3 per cent of the total number of children and young people in out-of-home care.⁴⁶

JUSTICE

In 2015, Aboriginal and Torres Strait Islander made up 19 per cent of prisoners in ACT⁴⁷. Once age is taken into account, Aboriginal and Torres Strait Islanders were 14.5 times more likely to be imprisoned than their non-Indigenous peers.⁴⁸

Aboriginal and Torres Strait Islander offenders tend to have contact with the justice system at a younger age than non-Indigenous offenders,⁴⁹ with those who have experienced trauma or neglect, have a low level of education or unemployed being more likely to be offenders.⁵⁰

LIFE STRESSORS

In comparison to their non-Indigenous counterparts, Aboriginal and Torres Strait Islander children experience a higher level of disadvantage and a higher level of life stressors. This has a direct influence on the number of Aboriginal and Torres Strait Islander children experiencing social and emotional difficulties.⁵¹

⁴⁶ Our Booris, Our Way Steering Committee (August 2018) Interim Report

⁴⁷ Productivity Commission (2016) Table 4A.13.2 Overcoming Indigenous Disadvantage

⁴⁸ Productivity Commission (2016) Table 4A.13.5 Overcoming Indigenous Disadvantage

⁴⁹ Allard, T, Indigenous Justice Clearinghouse (2010) Understanding and preventing Indigenous offending

⁵⁰ Weatherburn, D & Hunter, B (20016) The economic and social factors underpinning Indigenous contact with the justice system

⁵¹ Department of Social Services (2015), Footprints in Time: The Longitudinal Study of Indigenous Children – Report from Wave 5

Similarly, Aboriginal and Torres Strait Islander adults aged 15 years and over have been found to experience life stressors at 1.4 times the rate of non-Indigenous people. The most frequent life stressors experienced were the death of a family member or friend, serious illness, inability to get a job, mental illness, and alcohol or drug-related problems.⁵²

WELLBEING

In the ACT in 2014/2015, the age standardised rate of persons aged 15 years and over who experienced high or very high psychological distress was 2.5 times higher for Aboriginal and Torres Strait Islander people than non-Indigenous people (32.5 per cent compared to 12.3 per cent).⁵³ Persons with a mental health condition are more likely to have been removed, or had relatives removed, from their natural family than those who did not.⁵⁴

A vast majority (96 per cent) of Aboriginal and Torres Strait Islander people in the ACT in 2014/2015 believed they were able to gain support in a time of crisis from someone outside of their immediate household.⁵⁵

STOLEN GENERATIONS

In the ACT/TAS in 2015/2015, 14 per cent of Aboriginal and Torres Strait Islander people aged 40 years and older reported that they had been taken away from their natural family during childhood. 20 per cent of the Aboriginal and Torres Strait Islander population reported that they were descendants of those that had been removed.

When compared to their Indigenous peers, those who were removed were significantly more likely to have a history of incarceration (3.3 times more likely), receive government payments as their main income source (1.8 times); experience violence in the previous 12 months (1.7 times); have poor self-assessed health (1.7 times), be currently unemployed (1.6 times) and to have experienced homelessness in the last 10 years (1.6 times).

Their descendants were likely to experience discrimination, not speak an Indigenous language, to have been arrested, have poor self-assessed health, have poor mental health and a low level of satisfaction with their lives.⁵⁶

HOUSING

Households with at least Aboriginal and Torres Strait Islander person were more likely to be living in rented premises than other households (55 per cent compared to 31 per cent).⁵⁷ Aboriginal and Torres Strait Islanders are also more likely to change their usual place of residence. The Census does not

⁵² Australian Bureau of Statistics, Cat. 4727.0.55.001 - Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13

⁵³ Australian Bureau of Statistics, Cat: 4714.0 National Aboriginal and Torres Strait Islander Social Survey Australia, 2014-2015, Released at 15/7/2016

⁵⁴ Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey Australia, 2014-2015, Released at 15/7/2016

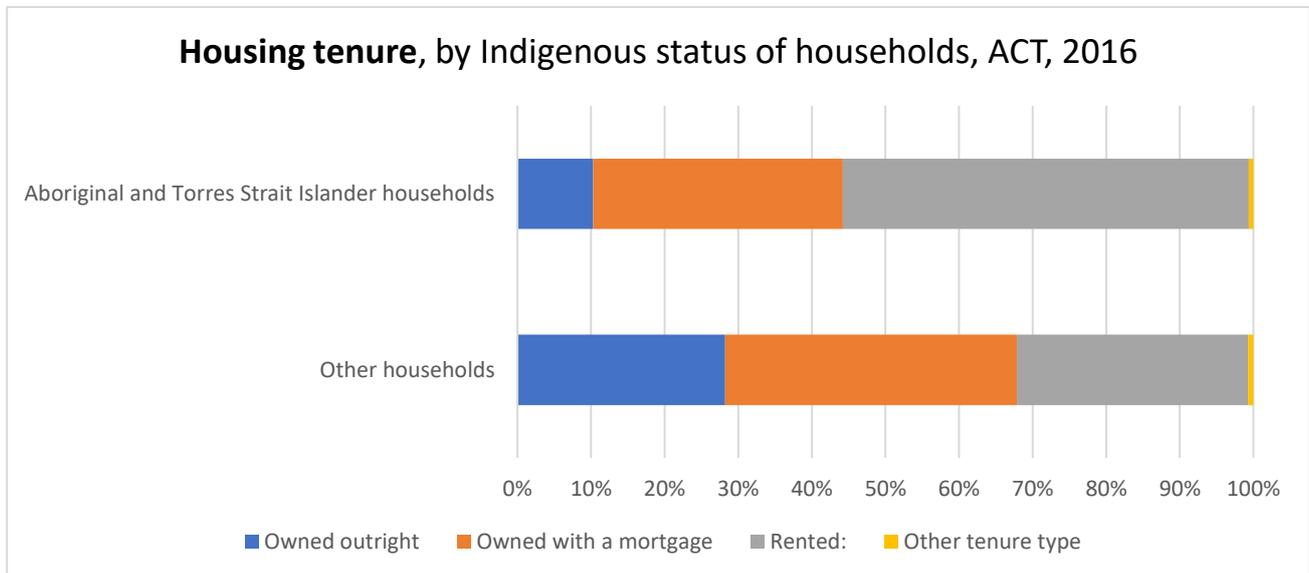
⁵⁵ Australian Bureau of Statistics (2016) Cat: 4714.0 National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014-2015

⁵⁶ Australian Institute of Health and Welfare (2018) Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes. Cat. no. IHW 195. Canberra: AIHW

⁵⁷ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

provide any information about the reasons for mobility such as housing instability, caring for family members or moving to be closer to education or work opportunities.⁵⁸

Aboriginal and Torres Strait Islander people are more likely to live in neighbourhoods of disadvantage, and to have higher levels of socio-economic disadvantage compared to others living in the same area.⁵⁹



37 per cent of Aboriginal and Torres Strait Islander people in the ACT reported that they had personally experienced homelessness in the National Aboriginal and Torres Strait Islander Social Survey 2014-2015. This was the second highest rate in Australia.

INCOME

At the time of the 2016 Census in the ACT, the median personal income for Aboriginal and Torres Strait Islanders was \$789 compared to \$1,886 for non-Indigenous people. The median household income was \$1,886 for households with at least one Aboriginal and Torres Strait Islander person and \$2,074 for other households.⁶⁰

The average age of the Aboriginal and Torres Strait Islander population is comparatively younger, with its members more likely to be in an earlier part of their career, this impacts on the population’s mean income. However, the Aboriginal and Torres Strait Islander population also receives less income in each age groupings from 20 years onward. Educational attainment may account for some of these differences.⁶¹

There is a relationship between income and well-being, as income can reduce some of life’s stressors such as over-crowding. However, income and wealth measures will never capture a person’s worth and contribution to society.⁶²

⁵⁸ Biddle, N, Centre for Aboriginal Economic Policy Research Mobility. CAEPR Indigenous Population Project. Paper 9

⁵⁹ Biddle, N, Centre for Aboriginal Economic Policy Research Socio-economic outcomes. CAEPR Indigenous Population Project. Paper 1

⁶⁰ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

⁶¹ Biddle, N, Centre for Aboriginal Economic Policy Research, CAEPR Indigenous Population Project. Paper 1

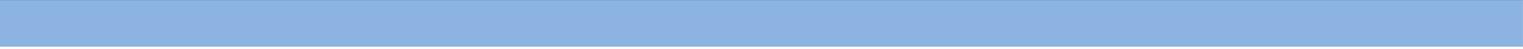
⁶² Biddle, N, Centre for Aboriginal Economic Policy Research. CAEPR Indigenous Population Project. Paper 1

CONCLUSION

This paper has presented a range of data and research evidence about the ACT Aboriginal and Torres Strait Islander community. The evidence suggests that there are a range of opportunities where the ACT Community Services Industry could work in partnership with Aboriginal and Torres Strait Islander people and organisations to improve outcomes, including the following:

1. Cultural appropriateness and holistic approach of mainstream services
2. Acknowledgement and support of language, culture and heritage
3. Preventative health programs
4. Smoking cessation and reduction
5. Physical activity programs
6. Home based reading resources and support for parents as teachers
7. Homework help
8. School attendance
9. Year 12 attainment
10. University and post-school study aspirations and pathways
11. Unemployment support
12. Child abuse prevention and support programs
13. Prevention, diversion and rehabilitation of offenders
14. Mental health / Wellbeing / Healing programs
15. Building resilient families, family support including family reunion
16. Housing and accommodation services

A strong understanding of community need can shape the responses that are offered to ACT Aboriginal and Torres Strait Islander people, in turn informing workforce planning and development.



PRIORITY NEEDS OF CHILDREN

Workforce Data and Community Needs Analysis – Attachment A, Appendix 2

ACT Community Needs Analysis: March 2019

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INTRODUCTION

This paper explores key determinants of health and wellbeing for ACT children aged 0 to 11 years of age, and their current experiences and outcomes. Demographic data, sector reports and research evidence have been used to paint a picture of children’s needs, and outline opportunities where the ACT Community Services Industry could improve outcomes.

A strong understanding of community need can shape the responses that are offered to children and their families, in turn informing workforce planning and development.

Investing in children’s early development is one of the most effective strategies for boosting children’s lifelong outcomes and reducing inter-generational disadvantage.¹

DATA LIMITATIONS

There are limitations on the data that is available about children, as many data collections focus solely on adults over 18 years of age. In addition, some national data collections do not disaggregate data by state and territory, or do not collect data on a regular, ongoing basis. Data collections focused solely on the ACT make it difficult to compare territorial performance to national averages.

POPULATION

At the time of the 2016 Census there were 61,579 children aged 0-11 years living in the Australian Capital Territory, as shown below:²

Number of children living in the ACT, 2016	
Age	Number
Less than 1 year of age	5,128
1 year of age	5,481
2 years of age	5,384
3 years of age	5,424
4 years of age	5,375
5 years of age	5,254
6 years of age	5,371
7 years of age	5,087
8 years of age	4,952
9 years of age	4,789
10 years of age	4,854
11 years of age	4,480
Total	61,579

¹ Silburn SR, Nutton G, Arney F, Moss B, 2011. The First 5 Years: Starting Early. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan. Darwin: Northern Territory Government.

² Findings based on use of TableBuilder data, Australian Bureau of Statistics

The number of children aged 0-4 years is expected to grow by 10 per cent between 2016-2026 while the number of children aged 5-11 years is expected to grow by 21 per cent over the same time period.³

IN UTEREO

Smoking during pregnancy has a detrimental impact on the health of mothers and their unborn children. There is a strong correlation between maternal age and tobacco smoking during pregnancy. Teenage mothers (who comprise less than 1 per cent of all ACT mothers giving birth) have a smoking in pregnancy rate of 37 per cent, compared to 21 per cent for those aged 20-24 years, and 5 per cent for those aged 25-39 years. Aboriginal and Torres Strait Islander women are six times more likely to smoke tobacco during pregnancy than non-Indigenous women.⁴

Maternal stress during pregnancy can have a significant impact on a child's proper neurological development with long lasting impacts on areas such as emotional self-regulation.⁵

BREASTFEEDING

Extensive medical research demonstrates the substantial long-term health benefits of breastfeeding for mothers and babies. Those who are breastfed have a lowered risk of asthma, respiratory illnesses, SIDS, childhood leukemia, and lifetime reduced rates of type 1 diabetes and heart disease.⁶ Mothers who have breastfed their babies reduce their lifetime rates of breast and ovarian cancer, heart disease, type 2 diabetes and osteoporosis.

One of the immediate benefits of skin to skin breastfeeding is the release of oxytocin to the mother which lowers maternal stress and increases feelings of love and bonding from mother to child.⁷ As such, breastfeeding (where possible) can greatly strengthen the attachment and positive relationship between mothers and their babies.

The World Health Organisation recommends exclusive breastfeeding until 6 months of age and complementary foods and continued breastfeeding until 2 years of age. In Australia, only around 15% of babies are breastfed exclusively until 5 months of age.⁸

PARENTAL ATTACHMENT

The relationship between a primary carer and an infant is vitally important, and profoundly impacts a child's future happiness, emotional and social development.^{9 10 11}

Babies need regular, direct interaction with caring adult figures to develop social, emotional and cognitive skills. When a young child experiences love and care, connections in the brain for learning and happiness are strengthened, and children develop their emotional and cognitive abilities. Children with a secure attachment display higher levels of empathy, emotional attachment and regulation, social competence,

³ ACT Population Projections: 2017 – 2041, ACT Treasury

⁴ ACT Maternal Perinatal Data Collection, ACT Chief Health Officer's Report, 2018

⁵ Silburn SR, Nutton G, Arney F, Moss B, 2011. The First 5 Years: Starting Early. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan. Darwin: Northern Territory Government

⁶ World Health Organisation (2017). Exclusive breastfeeding. (http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/).

⁷ Moberg, K & Prime, D. (2013) Oxytocin effects in mothers and infants during breastfeeding. Published in *Infant*. Volume 9. Issue 6.

⁸ World Health Organization statement 2011, *Exclusive breastfeeding for six months best for babies everywhere*, Geneva: World Health Organization

⁹ <https://aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents>

¹⁰ Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press

¹¹ Rubenstein, L (2018) Love Grows brains: Optimising the development of children aged 0-3 years A review of key concepts in research, policy and practice

resilience, self-esteem, and lower levels of anxiety. Those securely attached at 3 years are more likely to have friends and be chosen as leaders.^{12 13 14}

When a young child is stressed or neglected, unpleasant connections are hard-wired in the brain and children are less likely to learn and flourish. Their stress responders become hyperactive as they divert their attention towards whatever is causing them to feel threatened, and away from developmental goals.

Children with insecure attachment experience an immense amount of stress and emotional damage, and this impact is felt for many years. They tend to face greater difficulties calming themselves, are less resilient, experience more emotional conflict in their interpersonal lives, struggle to empathise with others and maintain friendships.^{15 16}

Almost every parent possesses an innate capacity to engage their children in positive ways; however parents may need information and support to enable this. As the recent *Love grows brains* concludes “Improving child development, then, requires attention to strengthening the knowledge, capacities and willingness of parents to engage with their children in ways that science tells us will benefit them. This may be especially important when thinking about families coping with limited education, low incomes, high levels of stress, unpredictability and chaos which can impair their ability to provide growth promoting environments for their children”.¹⁷

COGNITIVE DEVELOPMENT

Language helps children express ideas and feelings, learn, communicate with caregivers, develop relationships with peers, and increase independence and self-confidence.¹⁸

When children begin to verbally communicate, and receive reinforcement or positive responses from carers, they are more likely to develop extensive language skills.¹⁹ When caregivers speak positively, warmly and regularly to children, it increases a child’s IQ and almost doubles the vocabulary they develop, compared to children spoken to infrequently. Language acquisition only occurs when delivered through direct face to face social interaction.²⁰

Parents can actively encourage language development by speaking with their child, encouraging them to respond, reading and singing to them. However, if a parent is inattentive/neglectful/otherwise occupied, a child might not receive the interaction it needs.

Parents who experience financial stress tend to spend less time providing reading, numeracy and other cognitively stimulating activities for their children. This has a direct impact on children’s cognitive development, particularly during the early years.²¹

¹² Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press

¹³ Berger, K. S. (2008). *The developing person: through the lifespan*. New York, NY:Worth

¹⁴ Silburn SR, Nutton G, Arney F, Moss B, 2011. *The First 5 Years: Starting Early*. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan. Darwin: Northern Territory Government

¹⁵ Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press

¹⁶ Berger, K. S. (2008). *The developing person: through the lifespan*. New York, NY:Worth

¹⁷ Rubenstein, L (2018) *Love Grows brains: Optimising the development of children aged 0-3 years* A review of key concepts in research, policy and practice

¹⁸ Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press

¹⁹ Berger, K. S. (2008). *The developing person: through the lifespan*. New York, NY:Worth

²⁰ Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press

²¹ Warren, D & Edwards, B, *Contexts of Disadvantage*. Occasional Paper No 53.. Department of Social Services. 2017

New advances in scientific research demonstrate the inter-generational nature of trauma and disadvantage, which are passed down to new generations at a cellular level during conception and foetal development. Prolonged exposure to poverty and other forms of severe stress change the biological processes affecting the immune, gastrointestinal and cardiovascular systems, leading to long term health consequences. Similar to the proposition of Maslow's hierarchy of needs, cognitive development is severely impacted by severe stress, as neural pathways related to survival are hardwired while those related to developmental goals are neglected or pruned. In essence, brain plasticity in young children operates as a "use it, or lose it" mechanism.²²

These impacts are likely to continue throughout the life course, for example those experiencing poverty before their first birthday are likely to have substantially lower NAPLAN scores in Year 3. Programs that improve parenting practices and create awareness of providing a cognitively enriching home environment are believed to counter some of the negative impacts of poverty.²³

One parent families are, for a variety of reasons, less likely to engage in informal learning opportunities with their children. In the ACT in 2017, 99 per cent of couple families reported spending time telling stories, reading or listening to their child read, compared to 90 per cent of one parent families. 82 per cent of couple families reported assisting their children with homework or other educational activities, compared to 59 per cent of one parent families. 74 per cent of couple families were reportedly involved in music, art or other creative activities with their child compared to 36 per cent of one parent families.²⁴

An Australian study has found that the parent predominately involved in informal learning opportunities is the mother in 63 per cent of families. In 16 per cent of families the father is the predominant parent involved, while these responsibilities are shared equally between parents in other families.²⁵

Early learning programs that help children focus their attention and persist with learning tasks bring long term benefits for children.²⁶

READING

Regardless of a parent's education, occupation and class, children who grow up with a large number of books in the home are far more likely to complete schooling than those who grow up in bookless homes. Children raised in homes without books are more likely to agree that reading is hard and feel that they do not read as well as other students in their class.²⁷

Children who experience a low level of parent-child reading (10 or fewer minutes per day) are 2½ times more likely to end up with a poor vocabulary than their peers who have been read to more frequently.²⁸

²² The First Thousand Days: An Evidence Paper (2017) Centre for Community Child Health at the Murdoch Children's Research Institute (MCRI); the Australian Research Alliance for Children and Youth (ARACY); Bupa Australia; the Bupa Health Foundation and PwC Australia.

²³ Warren, D, Low Income and Poverty Dynamics: Implications for Child Outcomes. Social Policy Research Paper No.47. Department of Social Services

²⁴ Australian Bureau of Statistics, 44020DO120_201406 Childhood Education and Care, Australia, June 2017

²⁵ Australian Bureau of Statistics, 44020DO120_201406 Childhood Education and Care, Australia, June 2017

²⁶ Silburn SR, Nutton G, Arney F, Moss B, 2011. The First 5 Years: Starting Early. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan. Darwin: Northern Territory Government.

²⁷ Family scholarly culture and educational success: books and schooling in 27 nations, M, Evans et al, Research in Social Stratification and Mobility

²⁸ Joint attention and parent-child book reading: Keys to help close gaps in early language development, school readiness and academic achievement, Farrant, B, Australian Institute of Family Studies, 2012.

Reading regularly to children prior to school enrolment can assist them to become school ready, which is likely to reduce future school absences.²⁹

DEVELOPMENTAL VULNERABILITY AT SCHOOL COMMENCEMENT

The Australian Early Development Census is held every three years, and measures early childhood development at the time children commence full time school for the first time. The proportion of students who were assessed as developmentally vulnerable in the ACT in 2015 is outlined below:³⁰

Proportion of children developmentally vulnerable in 2015, ACT		
Domain	ACT	National
Physical health and wellbeing: Child is ready each day, healthy and independent, and has excellent gross and fine motor skills	10.9%	9.7%
Social competence: Child gets along with others and shares, is self-confident	9.4%	9.9%
Emotional maturity: Child is able to concentrate, help others, is patient, not aggressive or angry	8.2%	8.4%
Language and cognitive skills: Child is interested in reading or writing, can count and recognise numbers and shapes	5.9%	6.5%
Communication skills and general knowledge: Child can tell a story, communicate with adults and children, articulate themselves	7.7%	8.5%
Developmentally vulnerable on one or more domain	22.5%	22.0%
Developmentally vulnerable on two or more domains	10.3%	11.1%

Student performance in these domains is a strong predictor of later health, wellbeing and academic success.

Results from the Australian Early Development Census also shows that a higher proportion of Aboriginal and Torres Strait Islander children in the ACT are assessed as developmentally vulnerable than non-Aboriginal children.³¹

SCHOOL ATENDANCE

The student attendance rate for Years 1-10 in the ACT in 2015 was 87 per cent for Aboriginal and Torres Strait Islander students and 93 per cent for non-Indigenous students, a difference of more than 6 percentage points.³² Over 13 years of schooling, this difference equates to around 3 terms of learning opportunities missed.

²⁹ Darraganova, G (et al), Attendance in primary school: factors and consequences. Occasional Paper No 51. Department of Social Services. 2014

³⁰ Data Explorer: Australian Early Development Census

³¹ Capital Health Network 2016. Baseline Needs Assessment 2016. Canberra: Capital Health Network.

³² Table 4A.5.1 Overcoming Indigenous Disadvantage 2016, Productivity Commission

SCHOOL SUCCESS

School provides an opportunity for children to experience a sense of achievement in academic, sporting, artistic and leadership fields as well as opportunities to develop positive relationships with peers and supportive adults.

Some community services may be involved in supporting schools to deliver initiatives such as:

- o Strategies and programs to value, affirm and respect cultural identity and diversity
- o Providing opportunities for students to develop stronger relationships with peers
- o Providing students with opportunities to develop a positive sense of belonging to the school community
- o Providing students with opportunities to achieve (not necessarily academic achievement).

NUMERACY AND LITERACY PERFORMANCE

The National Assessment Program – Literacy and Numeracy (NAPLAN) is an annual nationalised test measuring student performance in Years 3, 5, 7 and 9.

The 2017 results for ACT children are detailed below. These results show that in both Grade 3 and 5, children significantly more likely to fall below the national minimum standard in reading, writing and numeracy were those who had parents with a low level of education, and Aboriginal and Torres Strait Islander students.³³

Proportion of YEAR 3 students below the national minimum standard, 2017					
	Total students	Aboriginal and Torres Strait Islander students	Language Background Other Than English	Parental education of Year 11 or equivalent or below	Parental education of Bachelor degree or higher
Reading	2.6%	10.1%	2.5%	9.9%	1.1%
Writing	2.2%	9.7%	1.6%	6.8%	1.2%
Numeracy	1.6%	10.0%	1.6%	9.2%	0.5%

Proportion of YEAR 5 students below the national minimum standard, 2017					
	Total students	Aboriginal and Torres Strait Islander students	Language Background Other Than English	Parental education of Year 11 or equivalent or below	Parental education of Bachelor degree or higher
Reading	2.5%	9.5%	2.9%	9.8%	0.7%
Writing	4.5%	16.0%	3.7%	14.0%	2.3%
Numeracy	1.8%	8.2%	1.8%	7.8%	0.6%

Although the ACT performed above the national average in recent NAPLAN tests, the majority of government schools in the ACT perform at a lower level than statistically similar schools in other

³³ National Assessment: Literacy and Numeracy Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2017. Australian Curriculum, Assessment and Reporting Authority

jurisdictions around Australia. Underperformance is particularly evident in ACT low-socio-economic schools.³⁴

SOCIALISATION

Having friends is often considered the most important predictor of happiness, and it is vital that children have opportunities for socialisation and making friends. Socialisation with peers leads to improved emotional regulation, empathy and increased depth of friendships.³⁵

Child care and supported play groups can provide important opportunities for children to develop and strengthen their social skills, particularly for children who would otherwise have limited contact with children in their own age group or are otherwise socially isolated.

PLAY

Decades of research have demonstrated that child-initiated play leads to self-regulation of social behaviours, increased creativity, vocabulary, problem solving, lower stress, improved memory and social skills. Play is a vehicle for learning and produces better outcomes than rote learning alone.³⁶

It is important that children are given opportunities to play throughout the day regardless of whether children are cared for within the home, in childcare or in other forms of care.

Child care and supported play groups can provide important play opportunities through the provision of playgrounds and climbing materials (to encourage gross motor skills); activities like puzzles, craft and art, (to encourage fine motor skill development) and interactive activities such as singing and role playing.³⁷ Children may also have access to more learning materials, books and educational toys than in their home environment.

Research shows that the child friendly design (and re-design) of public spaces boosts community interaction, physical activity, appreciation of the arts and a sense of belonging for children and adults.

Children who spend a greater amount of time completing household chores, homework and reading, and less time watching TV or playing video games tend to display fewer behavioural problems such as hyperactivity.³⁸

CREATIVE ARTS AND CULTURE

Creative arts such as visual arts, performing arts and dance can help children to express their ideas and imagination, gain a sense of achievement and provide an additional way to communicate to the world. Regular involvement can help children develop skills such as goal setting, persistence, self-discipline, regulation of emotions and self-organisation. Many studies have also found a correlation between participation in cultural arts and achievement in the academic and community service fields.

³⁴ Macintosh, A & Wilkinson, D. Academic performance in ACT schools: An analysis of ACT school performance in NAPLAN over the period 2012-2016. Australian National University. ANU Law School Working Paper, 2018.

³⁵ Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press.

³⁶ Medina, J. (2014). *Brain Rules For Baby*. Seattle, WA: Pear Press.

³⁷ Berger, K. S. (2008). *The developing person: through the lifespan*. New York, NY:Worth

³⁸ Longitudinal Study of Australian Children, Time use and children's social and emotional wellbeing and temperament.

PHYSICAL ACTIVITY

Physical activity provides substantial benefits in the short and longer term including improved learning and cognition; improved emotional and social wellbeing; stronger muscles and bones; better motor skills; and healthier weight; as well as reduced injuries.

In 2015, 1 in 5 Year 6 children were overweight or obese.³⁹ The Australian 24 Movement Guidelines recommend the following amounts of daily physical activity for children:⁴⁰

Toddler years	1-2	At least 180 minutes spent in a variety of physical activities, including energetic play, spread throughout the day; more is better;
3-5 years		At least 180 minutes spent in a variety of physical activities, of which at least 60 minutes is energetic play, spread throughout the day; more is better;
5-12 years		At least 60 minutes of moderate to vigorous intensity physical activity every day.

Children who are at particular risk of not participating in adequate amounts of exercise are those who are socially and economically disadvantaged,^{41 42} however access and proximity to parks is likely to increase physical activity, social interaction and active play for this group.^{43 44}

NUTRITION

The 2013 Australian Dietary Guidelines recommends that children eat between 1-2 serves of fruit and between 2.5-5.5 serves of vegetables, depending on their age and sex. Among those aged 5–17 years in the ACT in 2015–2016, 67 per cent of boys and 74 per cent of girls consumed the recommended two serves of fruit each day, while only 7 per cent of boys and 8 per cent of girls consumed the recommended five serves of vegetables daily.⁴⁵

Healthy diets are necessary for a long and healthy life and reduce the risk of overweight and obesity as well as chronic diseases such as cardiovascular disease and some types of cancer.⁴⁶

FAMILIES

Children in the ACT live in a wide range of family types and arrangements.

Children living in cohesive families (families who exhibit above-average warmth and parent–child involvement, with lower angry parenting and parental conflict) display significantly higher levels of

³⁹ ACT Physical Activity and Nutrition Survey

⁴⁰ Guidelines for Healthy Growth and Development for your child. Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years): An Integration of Physical Activity, Sedentary Behaviour, and Sleep. Department of Health

⁴¹ Stratton, M & Conn, L & Conolly, L (2005). Sport and Related Recreational Physical Activity: The Social Correlates of Participation and Non-Participation by Adults. Sport Management Association of Australia and New Zealand Eleventh Annual Conference.

⁴² Warren, D, Low Income and Poverty Dynamics: Implications for Child Outcomes. Social Policy Research Paper No.47. Department of Social Services

⁴³ Davern, M., Farrar, A., Kendal, D. & Giles-Corti, B. (2016). Quality Green Public Open Space Supporting Health, Wellbeing and Biodiversity: A Literature Review. Report prepared for the Heart Foundation, SA Health, Department of Environment, Water and Natural Resources, Office for Recreation and Sport, and Local Government Association (SA). University of Melbourne: Victoria.

⁴⁴ Townsend, M (et al). (2015) Healthy Parks Healthy People: the state of the evidence. Parks Victoria

⁴⁵ ACT General Health Survey data collection

⁴⁶ World Health Organisation. Diet, nutrition and the prevention of chronic diseases: Report of the joint WHO/FAO expert consultation. WHO Technical Report Series, No. 196 (TRS 916)

prosocial behaviour and significantly lower levels of problem behaviour than children living in other family environments. Families that become more cohesive improve these outcomes for their children.⁴⁷

The Longitudinal Study of Australian Children found that many Australian children (1 in 3) wished for more quality time with their fathers. Many fathers reported spending more than 44 hours per week at work, which was a concern to children.⁴⁸

Single parent families face increased financial and emotional pressures when caring for children, and are more likely to be living in poverty. A study by the Australian Institute of Family Studies found that single mothers were less satisfied about their children's wellbeing, their own relationship with the children, their children's relationship with their father and how well the children got along with their brothers and sisters.⁴⁹

Children of families that experience a high number of life stressors (such as poverty, family breakup, unemployment, illness, arrests) are more likely to have clinically significant emotional or behavioural difficulties. Services that help families to address or reduce these stressors will help to improve developmental outcomes for children.

EARLY CHILDHOOD EDUCATION

Children's development in the years before school has an impact on both their ability to be ready to learn at school entry and their social and economic outcomes over the course of their lifetime.⁵⁰

High quality childcare is associated with improved cognitive and socio-emotional outcomes for children of all backgrounds, particularly for children from disadvantaged homes, or those where parents are not very sensitive in the way they relate to their child. However, more advantaged children tend to be the ones who are placed in higher quality care.⁵¹

High quality child care has been shown to extend vocabulary and language development,⁵² and these affects remain long after childcare has ended.⁵³ Young children in high quality care can experience support they may not find elsewhere, and this buffers the effects of maternal insensitivity that can derive.⁵⁴

Staff with higher education qualifications are more likely to provide the type of responsive child care that assists babies to form a secure attachment. The more attentive, responsive and stimulating the child care, the higher the cognitive and linguistic functioning of children who attend.⁵⁵

⁴⁷ Occasional Paper No. 52. A safe and supportive family environment for children: key components and links to child outcomes. Killian Mullan and Daryl Higgins. Australian Institute of Family Studies

⁴⁸ Longitudinal Study of Australian Children. Dads need more family time

⁴⁹ Millward, C and Funder, K. Parenting resources in one and two parent families. AIFS. Family Matters No. 36 - December 1993

⁵⁰ A Picture of ACT's Children and Young People 2016

⁵¹ Peisner-Feinberg, E & Burchinal, M (1997). Relations Between Preschool Children's Child-Care Experiences and Concurrent Development: The Cost, Quality, and Outcomes Study. Merrill-Palmer Quarterly. Vol. 43, No.3

⁵² Peisner-Feinberg, E & Burchinal, M (1997). Relations Between Preschool Children's Child-Care Experiences and Concurrent Development: The Cost, Quality, and Outcomes Study. Merrill-Palmer Quarterly. Vol. 43, No.3

⁵³ Belsky, J (2007). Recent Child-Care Findings. Paediatrics for parents. ProQuest Central

⁵⁴ NICHD Early Child Care Research Network. The effects of infant child care on infant-mother attachment security: Results of the NICHD Study of Early Child Care. *Child Development* 1997;68(5):860-879

⁵⁵ Belsky, J (2007). Recent Child-Care Findings. Paediatrics for parents. ProQuest Central.

Many experts believe that low quality childcare is harmful for children. Recent research suggests more negative outcomes for very young children in centre-based care, except in the case of vulnerable children, where participation in centre-based programs appears to have some positive effects.

In 2017 in the ACT, 46 per cent of children under 4 years of age, and 8.5 per cent of children aged 4-5 years were attending long day care.⁵⁶

In 2016, the ACT had an early childhood enrolment rate of Aboriginal and Torres Strait Islander children that was above the trajectory point required to meet the Closing the Gap targets. The attendance rate for Aboriginal and Torres Strait Islander children enrolled in ACT preschools was 97 per cent.⁵⁷

The ACT Council of Social Service has highlighted the need for early childhood services to respond effectively to the diverse needs of key priority groups: Aboriginal and Torres Strait Islander children, from culturally and linguistically diverse backgrounds and children with a disability.⁵⁸

There are opportunities to build stronger pathways between early childhood service providers and community based child and family practitioners. Early childhood workers are a unique position to engage at risk families and build warm and trusting relationships and rapport. Through ongoing day to day interaction, and as parents and caregivers begin to share their aspirations, concerns and experiences for their child, staff may have an opportunity to make a 'warm' referral to another service. Referrals are more likely to be followed through if the family has developed trust in the referrer/educator, particularly if services they are being referred to are co-located or offer outreach to early childhood services.

Early childhood services also have an opportunity to present information (e.g. via newsletters or parent and staff information nights) on topics such as child development, nutrition, the importance of face to face interaction, parenting strategies etc. Meeting the needs of children requires more than just a focus on delivering high quality evidence based programs, but a strong focus on engaging parents, communities, and the rest of the service system.⁵⁹

In the ACT in 2017, there were 7,064 children aged 4-5 years enrolled in a pre-school program.⁶⁰ Most children attend pre-school attend 2 or 3 days per week.⁶¹

Landmark longitudinal studies such as the Perry Preschool Program and Chicago Child Parent Studies revealed that vulnerable children who attended pre-school were, at age 40, more likely to be employed, have higher earnings, be more highly educated, with lower offending rates.⁶²

More recent research demonstrates the positive impacts of high quality care on children's school readiness, NAPLAN and PISA scores, Year 12 completion, future employment, income, financial security, health outcomes and reduction of offending behaviour.⁶³

⁵⁶ 44020DO120_201406 Childhood Education and Care, Australia, June 2017

⁵⁷ Department of the Prime Minister and Cabinet (2018) Closing the gap Prime Minister's Report

⁵⁸ ACT Council of Social Service (2018) Submission on ACT Budget Priorities 2019-2020

⁵⁹ Rubenstein, L (2018) Love Grows brains: Optimising the development of children aged 0-3 years A review of key concepts in research, policy and practice

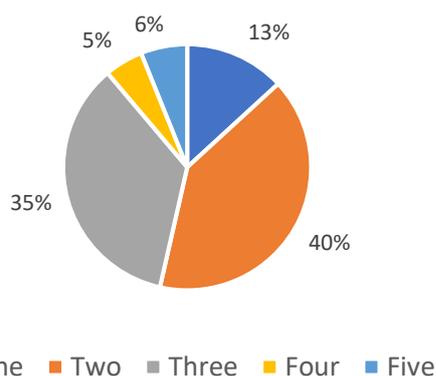
⁶⁰ 42400DoO002_2017 Preschool Education, ABS, 2017

⁶¹ Australian Bureau of Statistics, 44020DO120_201406 Childhood Education and Care, Australia, June 2017

⁶² Family and Community Services (2008). Determinants of quality in child care: a review of the research evidence - April 2008 - Literature Review

⁶³ Pascoe, S & Brennan, D (2017) Lifting our game: Report of the review to achieve educational excellence in Australian schools through early childhood interventions

Number of week days attending preschool



In the ACT in 2017, 21.4 per cent of children aged 6 to 12 years attended Before and After School Care.

Initiatives, such as supported play groups can provide some of the benefits of high quality child care for children who are primarily cared for at home.

CHILD ABUSE AND NEGLECT

It is difficult to accurately estimate the number of children currently affected by child abuse and neglect as many victims do not disclose abuse for many years, if at all. The best available data reports on those cases where child abuse has been detected and reported.⁶⁴ The number of children having contact with child protection services in the ACT in 2016-2017 is outlined below:⁶⁵

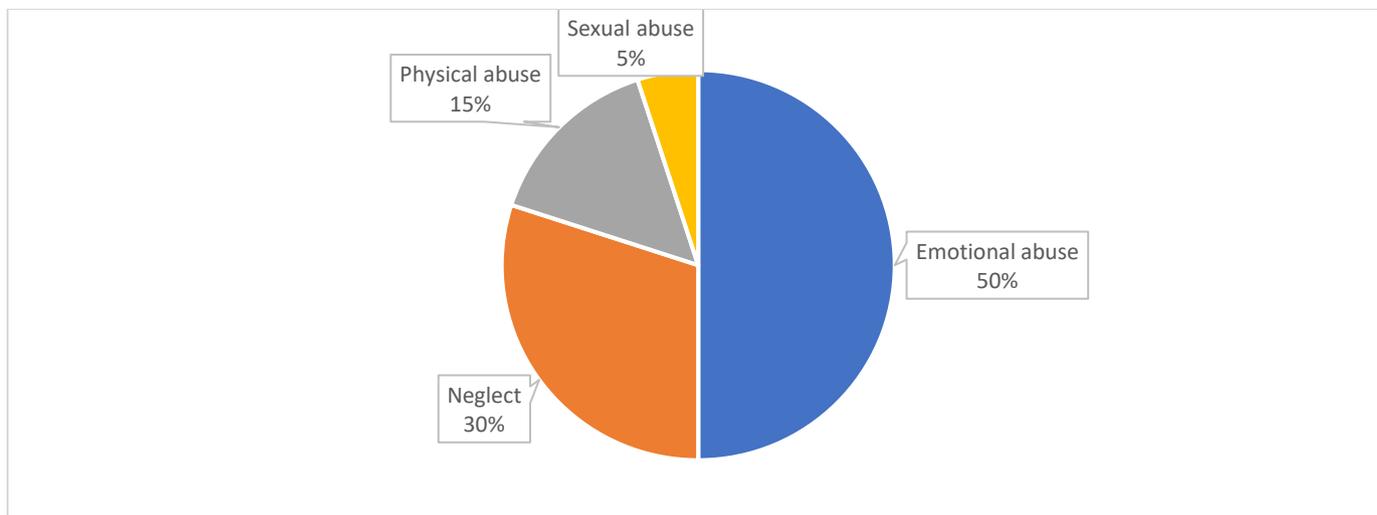
Number of ACT children having contact with child protection services in 2016-2017	
Children receiving child protection services	2,008
Children subject of a substantiation of notification	317
Children on care and protection orders	889
Children in Out-of-Home Care	803

Emotional abuse (including witnessing of family violence) is the most prevalent concern of notification, followed by neglect, physical abuse and sexual abuse. The breakdown of notifications in the ACT is shown below⁶⁶: YEAR

⁶⁴ Child abuse and neglect statistics – Child Family Community Australia, June 2017

⁶⁵ Australian Institute of Health and Welfare. (2018) Child Protection Australia 2016-17

⁶⁶ Child Family Community Australia, 2017, Child abuse and neglect statistics



In 2016 in the ACT, the rate of children who were the subject of a child protection notification substantiation was 3.5 per 1,000.⁶⁷

The impact of child abuse and neglect depends on a range of factors including the age of the child, the relationship of the perpetrator to the child, and the intensity and duration of the abuse and neglect. As a result of their experiences, children can experience internalising behaviours (being withdrawn, sad, isolated and depressed) and externalising behaviours (being aggressive or hyperactive) throughout childhood. Children can also experience life long and compounding impacts such as psychological problems and difficulties forming trusting, secure relationships with others.⁶⁸

The Youth Coalition of the ACT has revealed there are no accommodation services in the ACT for children under 16 years of age who are experiencing or at risk of homelessness, and raised genuine concerns that these children are highly vulnerable and at risk of harm.⁶⁹

OUT OF HOME CARE

In 2017 in the ACT, there were 803 children aged 0-17 years who were unable to live with their parents and were living with alternate caregivers in Out-of-Home Care. Almost half (48 per cent) were living with relatives or placed in kinship care.

The number and proportion of children placed in Out-of-Home Care in the ACT has increased over the past five years.

Children placed in Out-of-Home Care, ACT		
Year	Number	Number per 1,000 children
2013	558	6.7 per 1,000
2014	606	7.1 per 1,000
2015	671	7.7 per 1,000
2016	748	8.4 per 1,000
2017	803	8.8 per 1,000

⁶⁷ Child protection Australia, Table A2, Australian Institute of Health & Welfare

⁶⁸ Child Family Community Australia, Effects of child abuse and neglect for children and adolescents, Resource sheet.. January 2014

⁶⁹ Youth Coalition of the ACT (2018) Submission to the ACT Budget 2019-2020

Many children in Out-of-Home Care have experienced neglect and abuse prior to being admitted to a placement and this experience often alters normal cognitive and emotional development. The long term effects of trauma on children in care is often overlooked.⁷⁰

Placement instability can cause further exacerbate issues for children as this experience disrupts the formation of a secure attachment with a primary caregiver. Children who experience a high number of placements are less happy with their care experience.⁷¹

Other issues of concern for children in care relate to the stability of case workers.⁷²

Aboriginal and Torres Strait Islander children aged 0-17 years were 12.5 times more likely to be in out-of-home care than other children and young people. There were 227 Aboriginal and Torres Strait Islander children in out-of-home care, comprising 28.3 per cent of the total number of children and young people in out-of-home care.⁷³ The rate of Aboriginal and Torres Strait Islander children being removed from their families has been referred to as a national escalating crisis, with a majority of government funding being directed into child protection services rather than providing effective early intervention services for vulnerable families.⁷⁴

A recent Australian study found that Aboriginal and Torres Strait Islander children were more likely to experience multiple placements, and around 30 per cent felt they had little connection with their cultural community while in care.⁷⁵ In 2018, 86 per cent of Aboriginal and Torres Strait Islander children had a cultural care plan in place.⁷⁶

CHILDREN WITH INCARCERATED PARENTS

In the ACT in June 2018, the average daily count of adults in full-time custody was 504 persons, 22 per cent of whom were Aboriginal and Torres Strait Islander people.⁷⁷

According to the 2016 ACT Detainee Health and Wellbeing survey, 71 per cent of inmates are parents. The vast majority (97 per cent) of these parents report being upset about being separated from their children, while 76 per cent said they were worried about their children's welfare. The children of detainees are reportedly cared for by either their other parent (60 per cent), extended family including grandparents (17 per cent), placed in foster care (10 per cent) or old enough to live independently (13 per cent). Almost 1 in 4 of the total prison population reported being personally removed from their own family as a child.⁷⁸

The children of prisoners can experience emotional distress, trauma and grief at the sudden, forced and often unexplained loss of a parent. Children may also lose contact with their incarcerated parent's extended family and support network. Children's families face increased financial hardship, and children may find

⁷⁰ Capital Health Network 2016. Baseline Needs Assessment 2016. Canberra: Capital Health Network.

⁷¹ McDowall, J, Experiencing Out-of-Home Care in Australia: The views of children and young people. CREATE Report Card 2013.

⁷² Campo, M & Commerford, J. (2016). Child Family Community Australia. Paper No 41

⁷³ Our Booris, Our Way Steering Committee (August 2018) Interim Report

⁷⁴ SNAICC – National Voice for our Children, the University of Melbourne, Griffith University, and Save the Children Australia (2017) The Family Matters REPORT 2017 Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia

⁷⁵ Children in care, <https://aifs.gov.au/cfca/publications/children-care>. September 2018

⁷⁶ Our Booris, Our Way Steering Committee (August 2018) Interim Report

⁷⁷ Cat 45120DO001_201806, Corrective Services, Australian Bureau of Statistics

⁷⁸ Young J.T., van Dooren, K., Borschmann R., & Kinner S.A. (2017), ACT Detainee Health and Wellbeing Survey 2016: Summary results. ACT Government, Canberra, ACT

themselves with increased caring responsibilities for younger siblings. The shame and social stigma associated with imprisonment results in children experiencing isolation and they may be reluctant to seek the emotional and practical support they need.^{79 80}

INVOLVEMENT IN THE JUVENILE JUSTICE SYSTEM

Factors that place children at increased risk of early involvement in the juvenile justice system include early childhood trauma, poverty (which increases the risk of child neglect and abuse), living with a parent with poor parenting practices (such as lack of warm and caring interactions, erratic behaviour, inconsistent boundaries, neglect or abuse), lack of parental supervision (particularly being allowed out very often at night), absence from school and lack of academic achievement.^{81 82 83}

Children who begin offending at a young age (such as age 10) are likely to come from families experiencing multiple, complex problems. Those that start offending early are likely to continue offending well into adult life. Effective interventions are those that address the known causes of offending.⁸⁴

Initiatives that improve parenting practices can reduce the seriousness and duration of later offending behaviour. The most effective strategy appears to be identifying and working with those high risk families with very young children.^{85 86} Programs such as home visiting and high quality pre-school have been shown to be highly effective in preventing later offending behaviour.⁸⁷

Given significant overlap among families affected by child protection and justice concerns, a number of holistic programs for working with families facing multiple inter-connected vulnerabilities have proven effective.

CONCLUSION

This paper has presented a range of data and research evidence about the health and wellbeing of ACT children aged 0 to 11 years of age. The evidence suggests that there are a range of opportunities for improving outcomes for children including the following types of programs:

1. Smoking cessation for pregnant mothers
2. Promotion of breastfeeding benefits
3. Sustained nurse home visiting
4. Attachment based parenting programs
5. Cognitive development programs
6. Home based reading resources and support for parents as teachers
7. Support for children at risk of school failure
8. Socialisation opportunities
9. Play opportunities

⁷⁹ Saunders, V., & McArthur, M. (2013). Children of Prisoners: Exploring the needs of children and young people who have a parent incarcerated in the ACT. Canberra: SHINE for Kids

⁸⁰ Saunders, V & Barry, E, Dec 2013, Children with parents in prison – Research to practice series. Institute of Child Protection Studies

⁸¹ The economic and social factors underpinning Indigenous contact with the justice system: results from the NATSISS survey, Weatherburn, D Snowball, L & Hunter, B, 2006

⁸² NSW Bureau of Crime Statistics and Research, 2001, What causes crime?

⁸³ McLaren, K, NZ Ministry of Youth Affairs, 2000, Tough is not enough: getting smart about youth crime

⁸⁴ McLaren, K, NZ Ministry of Youth Affairs, 2000, Tough is not enough: getting smart about youth crime

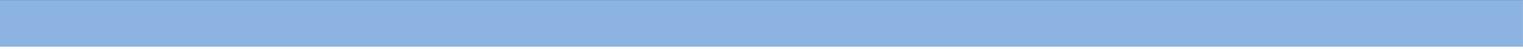
⁸⁵ Snowball, L & Weatherburn, D, NSW Bureau of Crime Statistics and Research, 2006, Indigenous over-representation in prison: the role of offender characteristics

⁸⁶ McLaren, K, NZ Ministry of Youth Affairs, 2000, Tough is not enough: getting smart about youth crime

⁸⁷ First report of the Inquiry into crime prevention through social support, Standing Committee on Law and Justice, 1999

10. Creative art opportunities
11. Physical activity programs
12. Nutrition programs
13. Family support
14. High quality childcare, pre-school and Out-of-School Hours Care
15. Child abuse prevention and support programs
16. Family preservation and restoration programs
17. Support for children in Out-of-Home Care
18. Support for children with incarcerated parents
19. Prevention, diversion and rehabilitation of young offenders

A strong understanding of community need can shape the responses that are offered to children and their families, in turn informing workforce planning and development.



PRIORITY NEEDS OF YOUNG PEOPLE

Workforce Data and Community Needs Analysis – Attachment A, Appendix 3

ACT Community Needs Analysis: March 2019

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INTRODUCTION

This paper explores key determinants of health and wellbeing for ACT young people 12-25 years of age, and their current experiences and outcomes. Demographic data, sector reports and research evidence have been used to paint a picture of young people's needs, and outline opportunities where the ACT Community Services Industry could improve outcomes.

A strong understanding of community need can shape the responses that are offered to young people, in turn informing workforce planning and development.

Adolescence and young adulthood are a life stage that involves a transition away from dependence on parents towards independence and inter-dependence with others. Key developmental challenges include:

- the need to develop personal identity (i.e. who am I?)
- the need to develop a positive self concept and sense of self worth
- greater capacity to set goals and take on increased adult responsibilities
- development of own ideals and values
- increased importance of friends, peers and the social stage.

DATA LIMITATIONS

There are some limitations on the data that is available about young people. Some data collections only focus on those aged 18 years and over. Some national data collections do not disaggregate data by state and territory, or do not collect data on a regular, ongoing basis. Data collections focused solely on the ACT make it difficult to compare territorial performance to national averages.

Disadvantaged young people often face challenges across a range of domains. While the available data highlights the proportion of young people affected by a particular issue, it cannot show us the multitude of issues facing the most disadvantaged group. This type of information, if available, would better reveal causal relationships between different variables.

Employment related data is only collected regularly on persons aged 15 years and older, although many young people start work at an earlier age.

Most data and research about young people have been devised by adults without the active input and involvement of young people.

POPULATION

At the time of the 2016 Census there were 75,395 young people aged 12-25 years living in the Australian Capital Territory, as shown below:¹

Number of young people living in the ACT, 2016	
Age	Number
12 years of age	4,373
13 years of age	4,318
14 years of age	4,212

¹ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

15 years of age	4,307
16 years of age	4,361
17 years of age	4,638
18 years of age	5,271
19 years of age	5,924
20 years of age	6,008
21 years of age	6,230
22 years of age	6,385
23 years of age	6,505
24 years of age	6,300
25 years of age	6,565
Total	75,395

The number of young people aged 12-17 years is expected to grow by 26 per cent between 2016-2026 while the number of young adults 18-25 years is expected to grow by 11 per cent over the same time period.²

LIVING ARRANGEMENTS

Young adults are more likely to be living at home with their parents, and more likely to be at least partially financially dependent on their parents than previous generations.

In 2012-13, more than half (53 per cent) of Australian young adults aged 18-24 years had never left home. The most prominent reason cited were financial reasons, followed by convenience/enjoying living at home. Those who had left home cited a desire to be independent, and pursue study opportunities as important drivers for their decision.³

Young people who have experienced family breakdown or family rejection face increased challenges. For example, young people who are discharged from Out-of-Home care at 18 years of age often live independently without the financial and emotional support that many other young adults receive from their parents or extended peer networks.⁴ These young people are placed at increased risk of homelessness, mental illness, unemployment, substance misuse, contact with the justice system, early parenthood and low education attainment.⁵

Young adulthood is a time when many live with a partner for the first time. By 25 years of age, almost 2 out of 5 young adults were in either a de facto or registered marriage.⁶

² ACT Treasury (2018) ACT Population Projections: 2017 – 2041

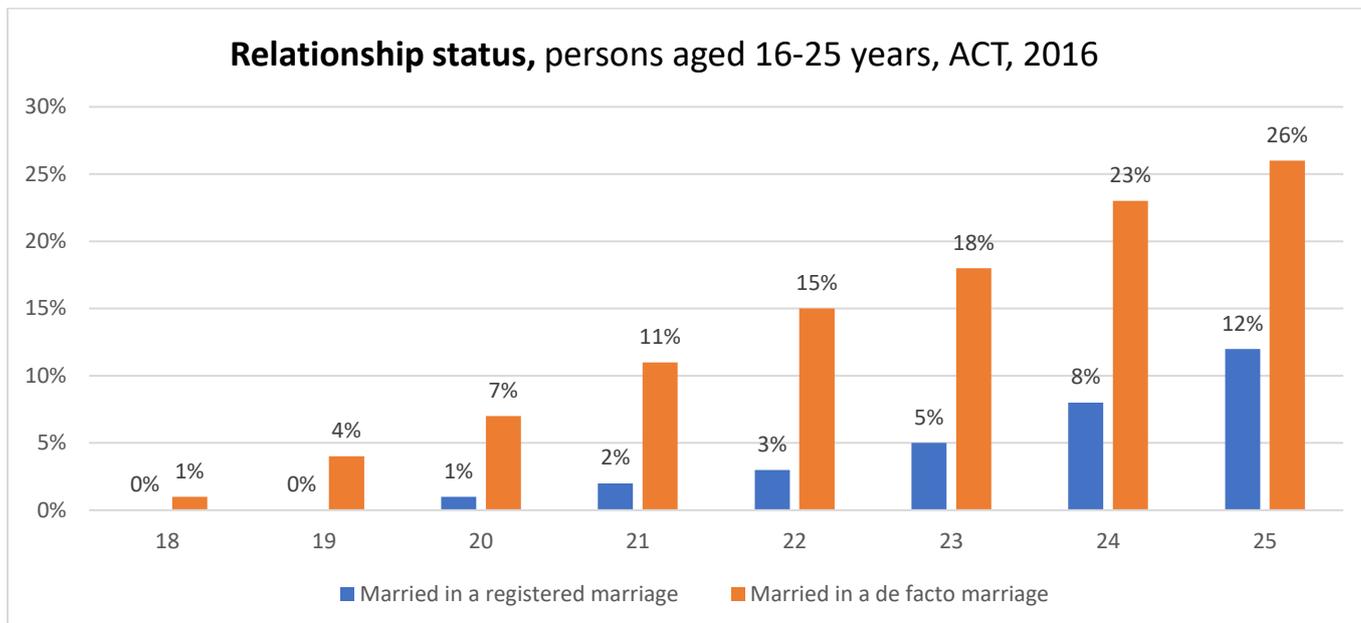
³ Australian Bureau of Statistics (2015) Cat. 4442.0. Family Characteristics and Transitions, Australia, 2012-13

⁴ Australian Institute of Family Studies (September 2018) Children in care. CFCA Resource Sheet

⁵ Campo, M & Commerford, J. (2016) Child Family Community Australia. Paper No 41.

⁶ Australian Bureau of Statistics (2016) Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

Relationship status, persons aged 16-25 years, ACT, 2016



Some young people and young adults also start families of their own. During 2016 in the ACT, there were 54 births to mothers aged 15-19 years, and 413 births to mothers aged 20-24 years. There were 21 births to fathers aged between 15-19 years, and 203 births to fathers aged 20-24 years.⁷

Although teenage mothers comprise a low proportion of all mothers (less than 1 per cent of all ACT mothers giving birth)⁸ they face particular needs and challenges including interruptions to their education, social isolation and financial hardship.

FRIENDS

Young people need opportunities to develop and maintain friendships in safe and supportive environments. A connection to community and close friendships are important protective factors for young people and can provide a buffer against life hardships.

Many young people experience loneliness to varying degrees. A recent Victorian study found that around 1 in 8 young people experience a very high intensity of loneliness.⁹

VOLUNTEERS

In 2016 in the ACT, there were 14,754 young people aged 15-25 years who had volunteered during the previous 12 months. 28 per cent of young people aged 15-17 years and 24 per cent of those aged 18-24 years had undertaken volunteer service during the previous 12 months.¹⁰

CULTURAL DIVERSITY

The majority of young people and young adults in the ACT were born in Australia (81% and 72% respectively), slightly higher than the national rate. North-East Asia was the birthplace of the next highest proportion of young people (5.5% and 12.9%) followed by South-East Asia (2.7% and 3.7%).¹¹

⁷ Australian Bureau of Statistics. ABS.Stat. Fertility by age.

⁸ ACT Government. ACT Maternal Perinatal Data Collection

⁹ VicHealth. Loneliness: a new public health challenge emerges. <https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness>

¹⁰ Australian Bureau of Statistics (2016) Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

¹¹ Australian Bureau of Statistics (2016) Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

Age	Australia	Oceania and Antarctica (excluding Australia)	North-West Europe	Southern and Eastern Europe	North Africa and the Middle East	South-East Asia	North-East Asia	Southern and Central Asia	Americas	Sub-Saharan Africa
15-19 years	81.4%	1.4%	2.2%	0.4%	1.1%	2.7%	5.5%	2.6%	1.2%	1.6%
20-24 years	72.4%	1.4%	2.1%	0.6%	0.9%	3.7%	12.9%	3.6%	1.1%	1.3%

YOUNG CARERS

Almost 40 per cent of teenagers aged 14-15 years report spending time caring for someone in their family or community who is elderly, has a health condition or a disability. Most provide care to someone outside of the home, such as grandparents. Those who provide care for a family member within the home are more likely to do so regularly, with more than half providing care on a daily basis, and 1 in 5 spending more than two hours per day on care activities.¹²

When compared to others in their age group, young people who provide intensive care (at least two hours per day) are on average more than a year behind in reading and numeracy, which has a detrimental impact on their long term employment prospects.¹³

The number of young people aged 15-25 years who provide unpaid assistance to a person with a disability is outlined below:¹⁴

Age	Number of carers	Proportion of age group
15 years of age	185	4.6%
16 years of age	188	4.6%
17 years of age	245	5.6%
18 years of age	275	5.6%
19 years of age	270	4.8%
20 years of age	267	4.7%
21 years of age	299	5.2%
22 years of age	297	5.0%
23 years of age	333	5.5%
24 years of age	327	5.6%
25 years of age	314	5.2%
TOTAL	2,992	5.1%

PHYSICAL ACTIVITY

Regular physical activity has many benefits for young people including the maintenance of a healthy weight, prevention and management of chronic diseases, improved mental health and mood, reduced stress and anxiety.

¹² Warren, D & Edwards, B (August 2017) Young Carers. Longitudinal Survey of Australian Children. ASR 2016 Chapter

¹³ Warren, D & Edwards, B (August 2017) Young Carers. Longitudinal Survey of Australian Children. ASR 2016 Chapter

¹⁴ Australian Bureau of Statistics (2016) Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

Results from 2005-2014 ACT Secondary Students' Alcohol and Drug Survey found that only 12% of high school children were meeting Australia's physical activity guidelines. Young men were more likely to be physically active than young women (13.5% v's 9.7% respectively).

Around 4 in 10 young adults (18-24 years) living in the ACT in 2014/2015 was overweight or obese.¹⁵

HEALTHY RELATIONSHIPS

In a national Mission Australia survey of 28,000 young people, respondents were asked to rank the value of family relationships, financial security, friendships (other than family), getting a job, physical health, mental health and school or study satisfaction. The results show that family relationships, and friendships (other than family) were the most highly valued.

In the same survey, young people nominated friends (85 per cent), parents or guardians (76 per cent) and relatives or family friends as their top sources of help for important issues in their lives. Other responses included GP or health professional (54 per cent), their brother/sister (53 per cent), internet (49 per cent) and teacher (38 per cent).

Adolescence is a time when dating values and ideals are formed and many young people experience romantic or sexual relationships for the first time.

Unsafe sexual practices place young people at risk of unplanned pregnancy and sexually transmitted infections. In 2013, 43% of sexually active young people (in Years 10–12) reported 'always' using condoms when they had sex in the previous year. A further 39% used condoms only 'sometimes' and 13% 'never' used condoms.¹⁶

Young people need safe and confidential access to sexual health information and services, and education about negotiating safe and consensual romantic and sexual relationships.

Almost half of all minors aged 9-16 years are exposed to sexual images on a regular basis. Young men are more likely to seek out pornography, and to seek it more often. The viewing of pornography can influence sexual practices, attitudes and ideals and may promote unsafe sex, sexual contact without the use of condoms, and the sanctioning of sexual violence or subjectification of women.¹⁷

3 out of 4 surveyed young Australians believe domestic violence is common or very common in Australia. Young men are more likely to believe that men should be the head of the household and be in charge of a relationship. Young people surveyed believed that the causes of domestic violence were disrespectful attitudes towards women, growing up in a violent household, the belief that men should be in control inside the home, use of alcohol and other drugs and mental health problems.¹⁸

Beliefs that justify, excuse, trivialise, or minimise violence, or those that shift blame to the perpetrator help to perpetuate domestic or dating violence. Around 1 in 4 of young people aged 16-24 years of age believed

¹⁵ Australian Bureau of Statistics (2016) National Health Survey 2014-15: First Results. Category Number 4264.0.55.001. Canberra.

¹⁶ Australian Institute of Health and Welfare (2016) Health of young Australians

¹⁷ Quadara, A & El-Murr, A & Latham, J. (Dec 2017) The effects of pornography on children and young people. Research Summary. Australian Institute of Family Studies

¹⁸ University of NSW for Youth Action & White Ribbon Australia (2014) Gender, Age and the Perceived Causes, Nature and Extent of Domestic and Dating Violence in Australian Society.

that partner violence could be excused if the perpetrator regrets it afterwards, or if the perpetrator has trouble controlling their anger. 1 in 5 believe that women often say no to sex when they mean yes. 1 in 2 young men believe that tracking a partner electronically without their consent is acceptable to some degree.¹⁹

72 per cent of surveyed young people aged 16 to 27 years who identify as LGBTQI have experiencing abuse because of their sexuality and/or gender identity.²⁰

TOBACCO

Tobacco smoking is the leading preventable cause of illness and death in Australia, contributing to the development of chronic diseases such as cancer, respiratory disease and heart disease.²¹ The purchase of tobacco products also presents a large drain on financial resources.

Teenage smoking rates have decreased substantially over the past two decades. The proportion of Australian secondary students aged 12 to 17 years who reported smoking tobacco in the past week decreased from 20 per cent in 1996 to 5 per cent in 2014. During the same time period, the proportion of students who had never smoked almost doubled from 44 per cent to 81 per cent.²²

For young adults aged 18-24 years, the proportion of people who smoked tobacco on a daily basis was 8.8 per cent in the ACT in 2014/2015.²³

ALCOHOL

Excessive alcohol use can place young people at short term risk of becoming a perpetrator or victim of violence, injury, involvement in unwanted sexual activity, road crashes, or criminal behaviour. Young people's alcohol use, if excessive, can also increase the long term risks of cancer, liver disease, stroke or alcohol dependence.

Between 1996 and 2014, there was a statistically significant decline in alcohol consumption for secondary students aged 12-17 years. Those that have 'ever' consumed alcohol decreased from 90% to 72%, while those that had consumed alcohol in the 'last week' has decreased from 8% to 5%.²⁴

A harm minimisation approach to alcohol use encompasses:

1. Supply reduction
2. Demand reduction through health promotion and education to increase awareness of health risks
3. Harm reduction through identifying and reducing alcohol related harm to self and others.

Some young people face particular life challenges due to someone else's excessive alcohol use, such as a parent or partner.

¹⁹ VicHealth (2015) Young Australian's Attitudes towards Violence Against Women

²⁰ Australian Research Alliance for Children and Youth (2018) Report Card 2018: The wellbeing of young Australians

²¹ Australian Institute of Health and Welfare (2018) Smoking. Behaviours & risk factors

²² Centre for Behavioural Research in Cancer, Cancer Council Victoria. Prepared for Drug Strategy Branch Australian Government Department of Health (2016) Australian Secondary School Drug and Alcohol Survey.

²³ Australian Bureau of Statistics (2016) National Health Survey 2014-15: First Results. Category Number 4264.0.55.001. ABS, Canberra.

²⁴ National Drug Strategy (2014) Australian Secondary School Drug and Alcohol survey

Young people experiencing mental health issues may use alcohol to self-medicate, while alcohol can exacerbate some mental health problems.

ILLICIT DRUGS

Illicit drug use can involve the use of illegal substances such as amphetamines, cocaine, ecstasy, heroin, hallucinogens, cannabis or the non-medical use of pharmaceutical drugs or other substances such as inhalants.

Illicit drug use can cause or exacerbate health conditions, and may lead to disability, involvement in the criminal justice system or even death.²⁵

In 2014, 16% of ACT secondary students aged 16-17 years reported using at least one illicit drug in the last month compared with 6% of secondary students aged 12-15 years.²⁶

Young people need access to relevant, accurate, and timely information about illicit drug demand reduction and harm reduction.

MENTAL HEALTH

In 2014/2015 in the ACT, young adults aged 18-24 years were the age group most likely to experience psychological distress. 31% of young adults experienced moderate distress, while 13% reported high or very high distress levels. Young women were at a higher risk of high or very high distress compared to young men (25 per cent compared to 14 per cent respectively).²⁷

Young people participating in a 2018 national survey by Mission Australia highlighted mental health as their top issue of concern.²⁸

In the 12 months prior to the Australian Child and Adolescent Survey of Mental Health and Wellbeing around one in seven Australian children and adolescents aged 4-17 years experienced a mental disorder.²⁹

Disorder	Males	Females
Anxiety disorder	6.3%	7.7%
Major depressive disorder	4.3%	5.8%
ADHD	9.8%	2.7%
Conduct disorder	2.6%	1.6%
Any mental disorder	15.9%	12.8%

Mental disorders were twice as prevalent in households of low income, compared to high income families, with a similar correlation between prevalence and the level of education of the primary carer. Children living with a single unemployed parent were almost three times more likely to have a mental disorder than children living in a family with two parents/carers who were employed.

²⁵ Australian Institute of Health and Welfare (2018) Illicit drugs, Behaviours & risk factors.

²⁶ Centre for Behavioural Research in Cancer Cancer Council Victoria (2014) ACT Secondary Students' Alcohol and Drug Survey

²⁷ Australian Bureau of Statistics (2016) National Health Survey 2014-15: First Results. Category Number 4264.0.55.001. ABS, Canberra.

²⁸ Mission Australia (2018) Youth survey report 2018

²⁹ Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

Adolescents aged 12-17 years with a major depressive disorder missed an average of 23 days in the past twelve months due to their condition, those with an anxiety disorder missed an average of 20 days, those with ADHD missed an average of 9 days, and those with a conduct disorder missed an average of 17 days.

65 per cent of young people aged 12-17 years with a mental disorder accessed a health service, school service, telephone counselling service or online personal support or counselling service during the previous 12 months.

Around 1 in 10 adolescents reported having ever self-harmed, with a higher proportion of females reporting self harm. Of those who had self-harmed in the past 12 months, more than 60 per cent had done so more than four times in the past.

Around 1 in 13 adolescents reported having seriously considered attempting suicide in the past 12 months.

HOMELESSNESS

Safe and secure housing is important for maintaining good physical and mental health, gaining and maintaining employment and achieving educational success. The experience of homelessness can result in serious emotional and financial challenges and can lead to exploitation and/or long term trauma.

For many, homelessness results from prior traumatic experiences, with 70 per cent of homeless young people having left home to escape family violence, child abuse or family breakdown.³⁰

One quarter of Australia's homeless population are aged between 12 and 24 years of age. Young people who are homeless live in severely crowded dwellings (60%), supported accommodation for the homeless (21%), with the remainder staying temporarily with other households "couch surfing" (10%), in a boarding house (6%), or improvised dwelling, tent or sleeping out (3%).³¹

In 2016-17 in the ACT, the rate of young people presenting alone to a Specialist Homelessness Service was 23 per 10,000. This was higher than the national average for this age group of 17 per 10,000.³²

There are currently more than 1,800 applications (of all ages) on the ACT Social Housing Waiting List.³³

The Youth Coalition of the ACT has revealed there are no accommodation services in the ACT for children under 16 years of age who are experiencing homelessness or at risk of homelessness, and have raised genuine concerns that these young people are highly vulnerable and at risk of harm.³⁴

SCREENTIME

The national guidelines on screen time recommend that young people use electronic media for entertainment purposes for only two hours or less each day. The ACT Secondary Students' Alcohol and Drug

³⁰ Youth Homelessness Matters. Yfoundations.

³¹ Mission Australia (2018) Young people's experiences of homelessness: Findings from the Youth Survey 2017.

³² Australian Institute of Health and Welfare Specialist homelessness services 2016-17: Australian Capital Territory

³³ http://www.communityservices.act.gov.au/hcs/services/social_housing/waiting_lists

³⁴ Youth Coalition of the ACT (2018) Submission to the ACT Budget 2019-2020

Survey found that in 2014, a majority (74 per cent) high school students exceed the guidelines during a given week.

YOUNG OFFENDERS

The rate of young people aged 10-17 in detention on an average day in the ACT in 2016-17 was 1.97 per 10,000 population.³⁵

Modifiable risk factors that place young people at risk of involvement of crime include being allowed out very often (particularly during the evening) without adult supervision, lack of clear and consistent parental limits and expectations, harsh or erratic parenting practices, mixing with antisocial peers, lack of pro-social models, academic failure, truancy, suspension, early school leaving, and poor impulse control.³⁶ As these risk factors are modifiable, they can be addressed successfully through community based programs.

Participation in highly structured activities, such as physical activity, is associated with low levels of antisocial behaviour, while participation in low/unstructured activities is associated with high levels of anti-social behaviour.³⁷

Positive role modelling and social norms of behaviour can be encouraged through sport and recreation programs that are available after school and in the evenings.³⁸

SCHOOL ATTENDANCE

The student attendance rate for Years 1-10 in the ACT in 2015 was 87 per cent for Aboriginal and Torres Strait Islander students and 93 per cent for non-Indigenous students, a difference of more than 6 percentage points.³⁹ Over 13 years of schooling, this difference equates to around 3 terms of learning opportunities missed.

NUMERACY AND LITERACY PERFORMANCE

The National Assessment Program – Literacy and Numeracy (NAPLAN) is an annual nationalised test measuring student performance in Years 3, 5, 7 and 9.

The 2017 results for the ACT are detailed below. These results show that in both Grade 7 and 9, young people significantly more likely to fall below the national minimum standard in reading, writing and numeracy were those who had parents with a low level of education and Aboriginal and Torres Strait Islander students.⁴⁰

Proportion of YEAR 7 students below the national minimum standard, 2017					
	Total students	Aboriginal and Torres Strait Islander students	Language Background Other Than English	Parental education of Year 11 or equivalent or below	Parental education of Bachelor degree or higher

³⁵ Australian Bureau of Statistics (2018) Youth Justice in Australia, 2016-17. Table S141c

³⁶ McLaren, K. NZ Ministry of Youth Affairs (2000) Tough is not enough: Getting smart about youth crime

³⁷ Centre for Parenting & Research, NSW Department of Community Services (2007) Early intervention strategies for children and young people 8 to 14 years

³⁸ Standing Committee on Aboriginal and Torres Strait Islander Affairs, House of Representatives (2011) Doing time – Time for Doing: Indigenous Youth in the Criminal Justice System

³⁹ Productivity Commission (2016) Table 4A.5.1 Overcoming Indigenous Disadvantage

⁴⁰ Australian Curriculum, Assessment and Reporting Authority (2017) National Assessment: Literacy and Numeracy Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2017

Reading	2.4%	10.5%	3.0%	13.1%	0.7%
Writing	8.3%	25.8%	5.7%	25.8%	4.0%
Numeracy	1.6%	8.4%	1.7%	9.2%	0.3%

Proportion of YEAR 9 students below the national minimum standard, 2017					
	Total students	Aboriginal and Torres Strait Islander students	Language Background Other Than English	Parental education of Year 11 or equivalent or below	Parental education of Bachelor degree or higher
Reading	4.0%	12.6%	5.0%	10.9%	1.7%
Writing	13.2%	33.3%	12.1%	26.9%	7.4%
Numeracy	1.8%	7.0%	1.7%	5.1%	0.7%

Although the ACT performed above the national average in recent NAPLAN tests, the majority of government schools in the ACT perform at a lower level than statistically similar schools in other jurisdictions around Australia. Underperformance is particularly evident in ACT low-socio-economic schools.⁴¹

SCHOOL ACTIVITIES

Young people who experience a sense of belonging to a school community are more likely to perform well in school and complete their high school studies.

Extracurricular activities such as music, art, drama, sport and leadership can boost school belonging and provide young people with an opportunity to develop a positive sense of achievement.

Some community services may be in a position to help with such initiatives, such as the provision of sexual health information, harm reduction information and the promotion of community involvement activities.

YEAR 12 ATTAINMENT

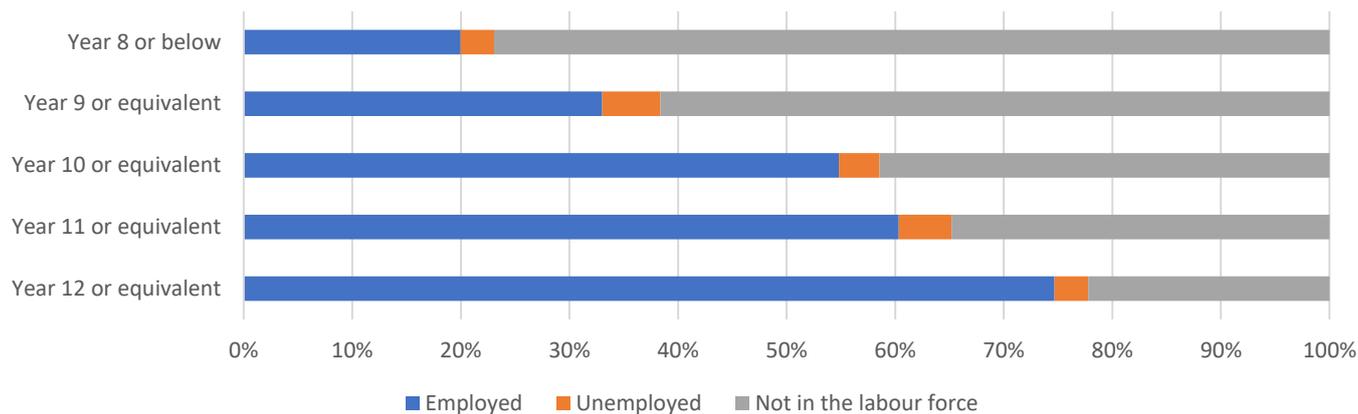
The attainment of Year 12 has a significant impact on long-term employment outcomes and income earning potential.

The impact of Year 12 attainment can be seen by examining labour force outcomes for the total working age population in the ACT. In 2016, 75 per cent of those who had completed Year 12 were employed (known as the employment to population ratio), compared to 55 per cent of those whose highest level of schooling was Year 10, and 20 per cent for those who had completed Year 8 or below. Those who had completed a lower level of schooling were significantly more likely to be unemployed as shown below:⁴²

⁴¹ Macintosh, A & Wilkinson, D (2018) Academic performance in ACT schools: An analysis of ACT school performance in NAPLAN over the period 2012-2016. Australian National University. ANU Law School Working Paper

⁴² Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

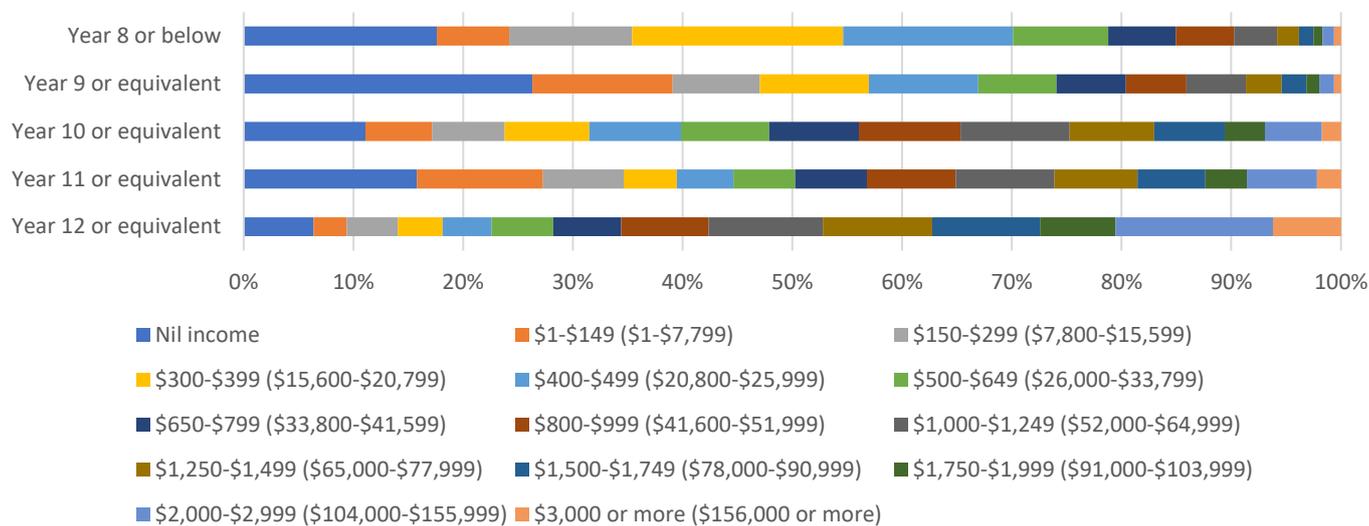
Labour force status by highest level of education completed, working age population, ACT, 2016



Schooling completion is significantly related to labour force participation. 22 per cent of those who had completed Year 12 were not in the labour force compared to 42 per cent of those who had only completed Year 10.⁴³

Income capacity is also affected by educational achievement. In 2016 in the ACT, of those of working age, those who had attained a Year 12 Certificate were more than twice as likely to be earning \$78,000 or more than those who had only completed Year 10 (37 per cent compared to 17 per cent respectively). Less than 4 per cent of adults whose highest level of completed schooling was Year 8 or below earned this same figure.⁴⁴

Income by highest level of schooling completed, ACT, 2016



In 2010, a compulsory education age of 17 years was introduced for all ACT students, whereby students became required to participate in full-time education, training or employment until either reaching 17 years of age or completing Year 12. Similar requirements were introduced in other jurisdictions around this time.

⁴³ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

⁴⁴ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

Between 2012 and 2017, the apparent Year 7 to Year 12 retention rate for the total student population in the ACT increased from 91 per cent to 95 per cent.⁴⁵ Consequently, more young adults are now entering the labour market with a Year 12 qualification, enabling greater opportunities for entering a wider range of job roles and increased opportunities to participate in post-secondary education options such as university.

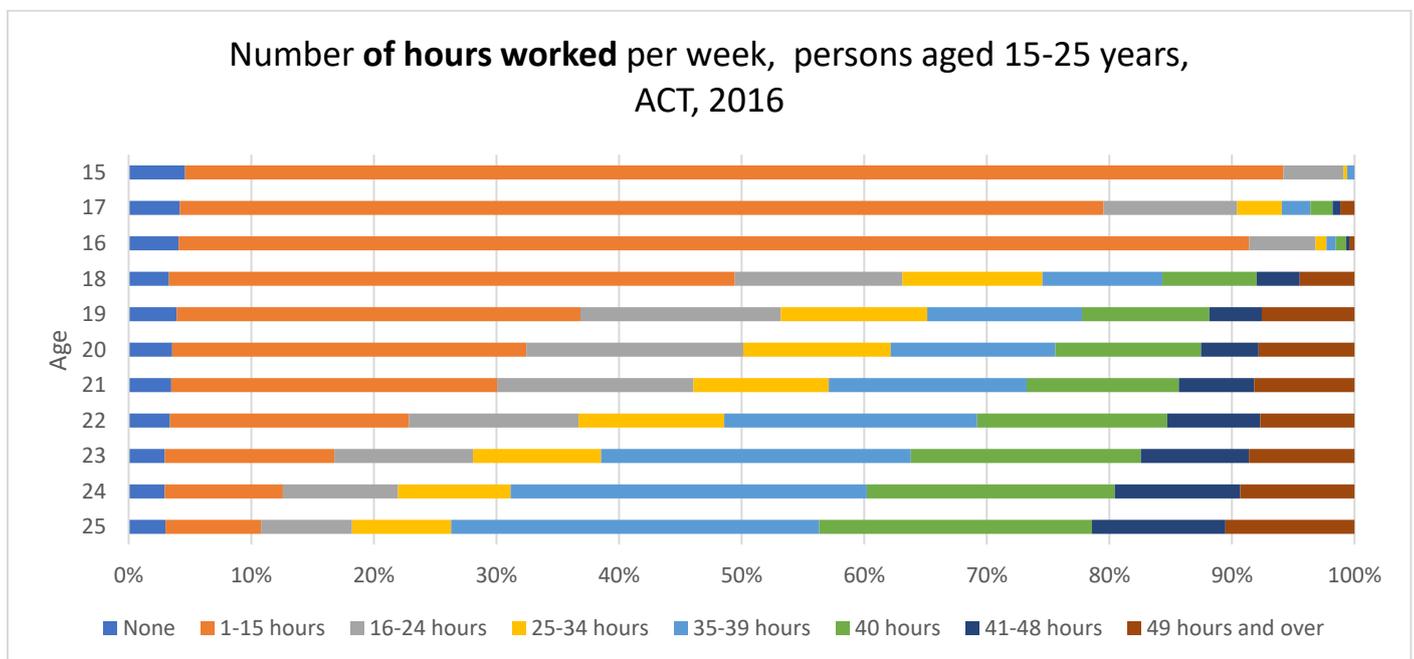
EMPLOYMENT

Many teenagers balance school studies with part time work such as babysitting, working in a family business, or formal employment with an employer. Employment provides many benefits such as financial income and increased financial independence, the development of skills, experiences and confidence, and exposure to the working world. Those that work a large number of hours may struggle to balance the demands of employment with academic responsibilities (such as studying for the HSC), social or family responsibilities.⁴⁶

Young people from jobless families, or other low socio-economic families typically report lower employment rates.⁴⁷

In the ACT, at the time of the 2016 Census, almost 1 in 4 young people aged 15 was employed, almost entirely on a part time basis. The proportion of employed young people rose to 1 in 3 by age 16. At age 18, more than half of all young adults were employed. Of these three-quarters worked on a part time basis, with the remainder working full time. By age 22, 70 per cent of young adults were employed, with more than half worked full time. By age 25, 80 per cent of young adults was employed, with three quarters working full time.⁴⁸

The number of hours worked each week, by age, is outlined below:



⁴⁵ Australian Bureau of Statistics (2017) Cat: 4221.0, Schools Australia

⁴⁶ Baxter, J & Warren, D (2017) Teen employment experiences. Longitudinal Study of Australian Children. ASR Chapter 16.

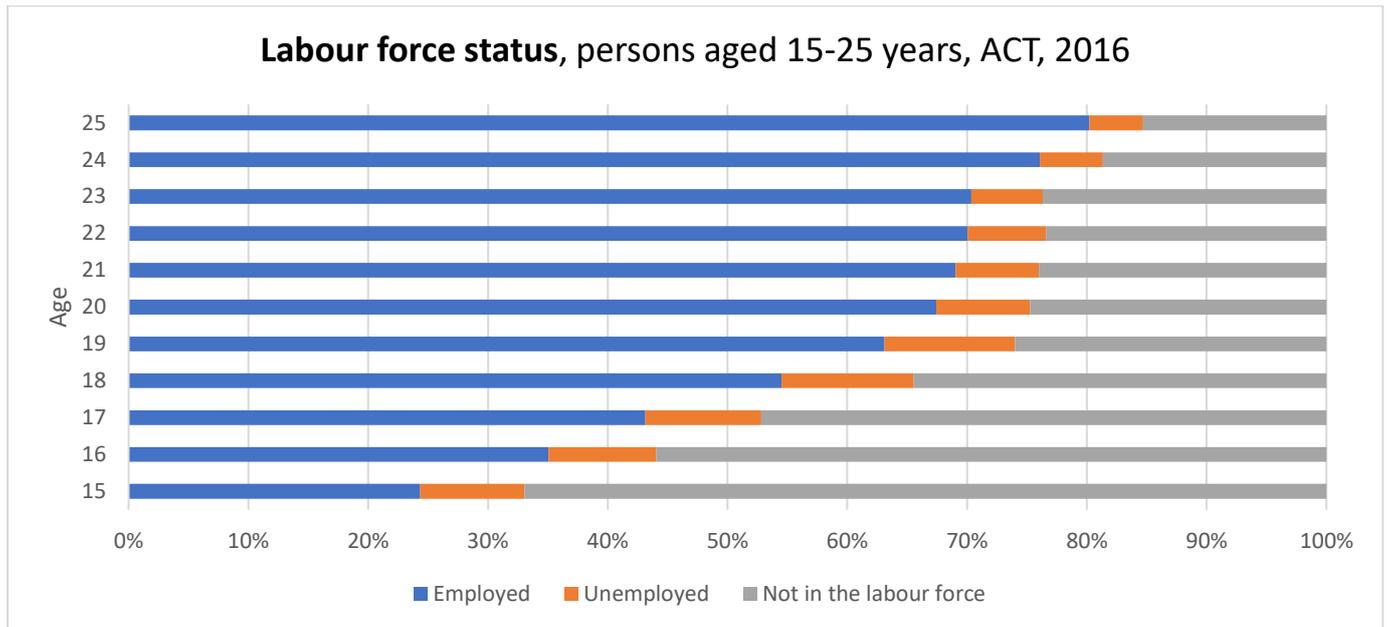
⁴⁷ Baxter, J & Warren, D (2017) Teen employment experiences. Longitudinal Study of Australian Children. ASR Chapter 16.

⁴⁸ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

An Australian study found that 1 out of 4 teenagers aged 14-15 years did not have a clear career goal. Those with a clear career goal were more likely to aspire for a professional or managerial job, particularly if they were from a family of higher socio-economic status. Some students aspired for careers that were unattainable given their likely level of educational achievement.⁴⁹

LABOUR FORCE STATUS

Labour force participation increases each year during early adulthood, primarily due to young adults being out of the labour force to undertake formal study. Other factors which exclude people from the labour force are caring for children or other family members, illness or disability that prevents them from working, undertaking home duties, or giving up looking for work (known as becoming a ‘discouraged job seeker’).

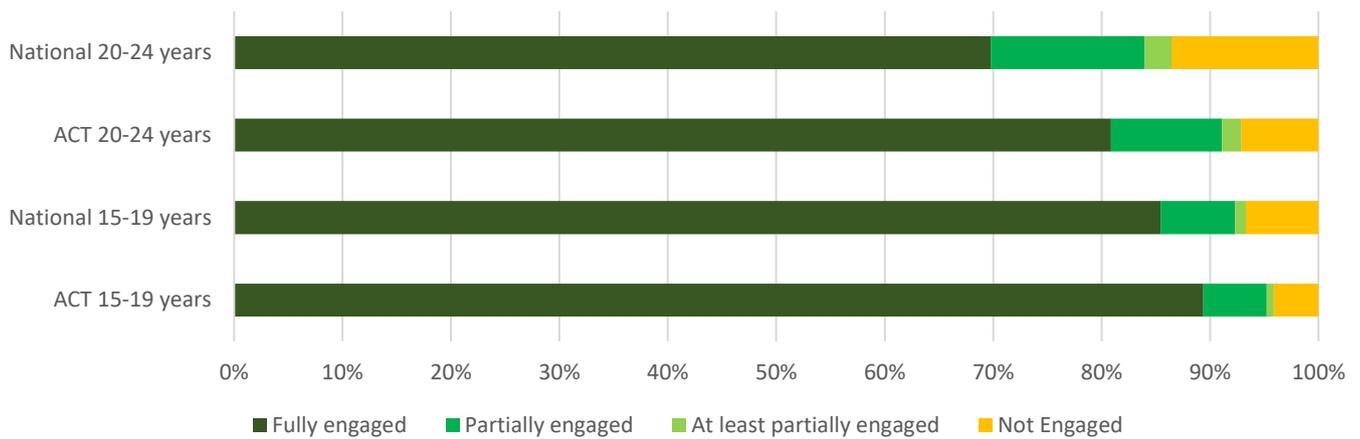


The ACT has a lower proportion of young people and young adults who are not engaged in either employment, education or training than nationally. 4.1 per cent of ACT young people aged 15-19 years were not engaged (6.7 per cent nationally), while 7.1 per cent of ACT young adults were not engaged (13.6 per cent nationally).⁵⁰

⁴⁹ Baxter, J (2017) The career aspirations of young adolescent boys and girls. Longitudinal Study of Australian Children. ASR 2016

⁵⁰ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data

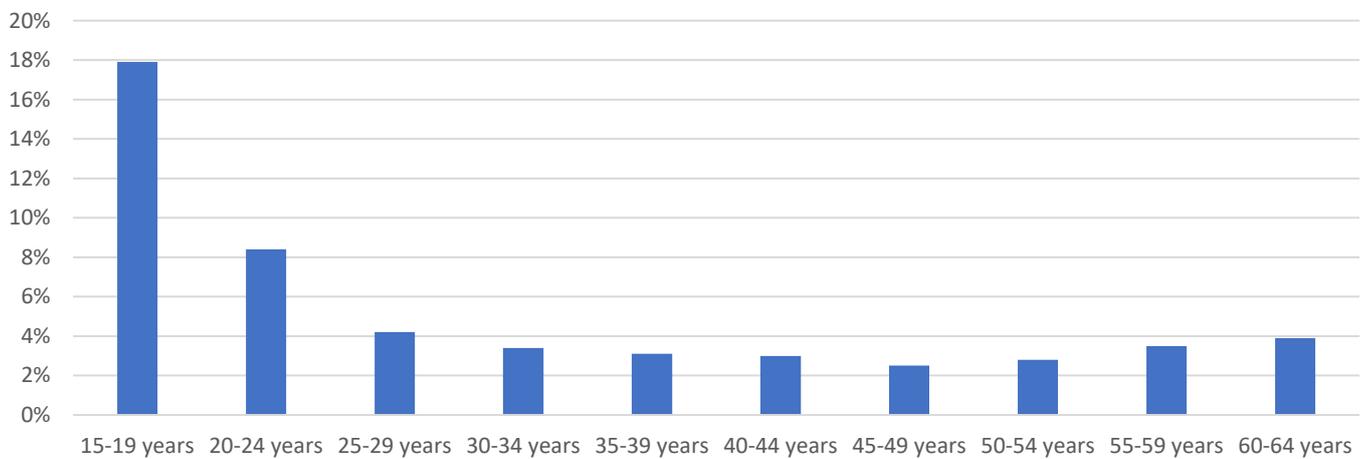
Engagement in employment, education and training, young people and young adults, ACT and Australia, 2016



UNEMPLOYMENT

Unemployment predominately affects younger people in the working age population. In the ACT in 2016, the unemployment rate among young people aged 15-19 years in the labour force was 17.9 per cent, compared to 20.1 per cent nationally. For young adults aged 20-24 years, the unemployment rate was 8.4 per cent in the ACT, compared to 11.9 per cent nationally.

Unemployment rate by age group, ACT, 2016

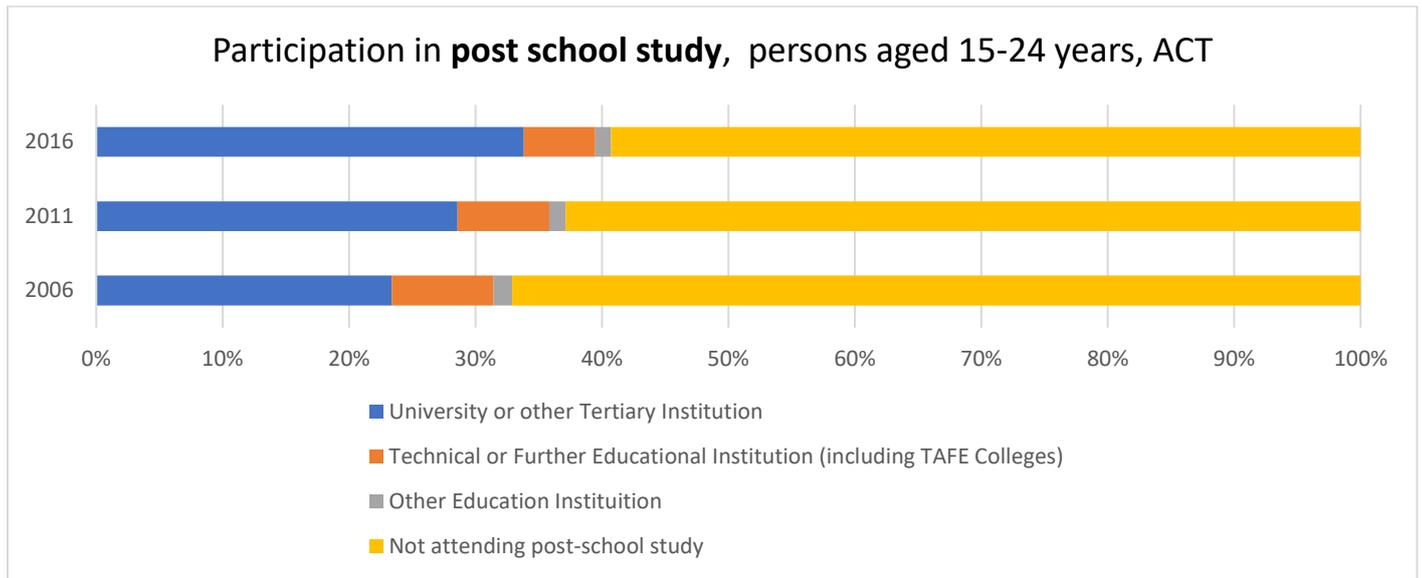


There is a need to assist young people to find meaningful employment.

POST-SCHOOL STUDY

Participation rates in post school study are increasing, particularly participation in university study.⁵¹ Further education is beneficial as the number of unskilled job opportunities are decreasing while skilled roles are growing.

⁵¹ Australian Bureau of Statistics 2016, Census of Population and Housing (2016), TableBuilder. Findings based on use of ABS TableBuilder data



CONCLUSION

This paper has presented a range of data and research evidence about the health and wellbeing of ACT young people 12 to 25 years of age. The evidence suggests that there are a range of opportunities for improving outcomes for children including the following types of programs:

1. Emergency accommodation, homelessness and housing support
2. Family support and support for young carers
3. Support for young people at risk of school failure
4. Socialisation opportunities
5. Creative art opportunities
6. Physical activity programs
7. Tobacco cessation programs
8. Harm reduction programs: alcohol and illicit drugs
9. Nutrition programs
10. Sexual health information
11. Mental health and wellbeing support
12. Support for young parents
13. Healthy relationship education
14. Prevention, diversion and rehabilitation of young offenders
15. Participation in decision making and community building activities
16. Employment assistance
17. Promotion of post school study options

A strong understanding of community need can shape the responses that are offered to young people, in turn informing workforce planning and development.