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Sydney South West Area Health Service

Youth Health Plan 2009 - 2013

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

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Chief Executive's message

Children and young people are our future. We know that for many, the social environments in which they grow up influence the health that they will enjoy in adulthood. By investing in the health of young people today, we will not only enhance their wellbeing and prevent illness, but also provide a solid basis for the families of subsequent generations and improved health in later years.

Sydney South West Area Health Service (SSWAHS) is home to almost a quarter of a million young people. The vast majority of our young people live healthy, happy and active lives and are resilient to the setbacks in life that can engender poor health. However, for some, risk-taking and experimentation, excessive alcohol or tobacco use and poor nutrition have both immediate and long term effects on their health. Small but significant numbers live with mental illness, injury or chronic illness. Those who are refugees or recently arrived migrants, in the care of the Department of Community Services, or homeless, may have additional health needs.

The public health system needs to invest where we have the greatest impact. With young people, this means working with the most disadvantaged and targeting services to those in most need. Such work is often long-term and intensive. In addition, to be effective, the health needs of young people must be addressed in partnership, both with young people and the agencies that work with them.

The SSWAHS Youth Health Plan has been developed in consultation with our local community and describes what we will do over the next five years to improve the health of all young people aged 12-24 years in SSWAHS, and particularly those that are disadvantaged.

Health services for young people will continue to focus on prevention and early intervention, assisting young people who face problems to get help earlier, before things get out of hand. The Plan makes recommendations for improving service access, and for strengthening youth health, mental health and drug health services. It includes recommendations to respond to equity and population growth and to build capacity in the health workforce.

The Health Service will also strengthen its work with local government, non-government organisations and the other human service agencies to improve the health of our younger citizens, celebrate their diversity and provide developmentally appropriate, accessible and effective health care, when it is needed.

Mike Wallace
Chief Executive

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Executive Summary

The Sydney South West Area Health Service (SSWAHS) Youth Health Plan 2009-2013 is the first youth health strategic plan for SSWAHS and takes a population health focus. Under the direction of a broadly-based steering committee, this Plan reviews the policy context, literature and demography; and a comprehensive community consultation process was undertaken to identify youth needs.

In 2006, SSWAHS had 236,335 young people aged 12-24 years, representing 18.2% of the population. The highest numbers of young people live in Fairfield, Liverpool, Bankstown and Campbelltown local government areas (LGAs); with numbers projected to grow to more than quarter of a million young people by 2013. Growth will be greatest in the Liverpool LGA.

SSWAHS has both advantaged areas and pockets of extreme socio-economic disadvantage. The health of young people in SSWAHS on average, is worse than that of young people in the rest of NSW.

Population groups

- In 2006, there were 3,778 Aboriginal or Torres Strait Islander young people in SSWAHS, representing 1.6% of the age group. Whilst Aboriginal communities have enormous strength and resilience, they also continue to experience significant socio-economic disadvantage. This leads to poorer health outcomes on a number of indicators, including mortality, teenage pregnancy, smoking, substance abuse, mental health, chronic illness and sexual health.
- 40% of the SSWAHS population speak a language other than English at home; with China, Vietnam, India, Iraq, the Philippines and Lebanon being major overseas birthplaces for young people. High need culturally and linguistically diverse (CALD) groups among young people in SSWAHS include the recently arrived and refugees, Arabic-speakers, Africans and Pacific Islanders.
- Young men have higher mortality rates than young women, particularly related to accidents and suicide. Young women are more prone to eating disorders; and sexual assault affects almost one in five young women.
- Young people in Out-of-Home Care (OOHC) have a high need for mental health, speech and dental services. On leaving OOHC they are mobile and vulnerable to homelessness. Young women, who have been in OOHC, are particularly likely to start their families young.
- Young people in contact with the criminal justice system are also a highly disadvantaged group, often with a background of abuse and neglect and incomplete education. Two in five have mental health issues and they are prone to substance abuse, injury and poor access to health care.

Health Issues

Under-age and binge drinking is the most prevalent drug health issue for young people in SSWAHS, with almost one third drinking at levels defined as risky. There is some evidence that this has been increasing in recent times, particularly for young women.

- Injury continues to be the leading cause of death for young people and the leading cause of hospital separations for young males. Young people are vulnerable to injury through risk–taking behaviour, participation in sport, driving inexperience and the prevalence of mental health problems. Young people are also more likely to be the victims of crime.
- Mental disorders account for almost half the disease burden in young people, with 14% of 12-17 year olds and 27% of 18-25 year olds experiencing these problems each year. Depression and related disorders, substance abuse, first onset psychosis and anxiety disorders are the most common mental disorders in young people. Whilst rates of suicide have been reducing, they are still of concern, with attempted suicides more common for

young women and completed suicides more common among young men. In addition, around 22% of adolescents live in a home where there is a parent affected by mental illness, an estimated 8% of young people have Attention Deficit Disorder and 3% have conduct disorders.

- A third of young people in SSWAHS are overweight or obese and there is a high intake of high-fat snacks and high-sugar drinks, and a low intake of vegetables.
- Oral health is often poor, reflecting socio-economic status, and declines in later adolescence and early adulthood
- Almost three in five SSWAHS young people report adequate physical activity, slightly less than for NSW
- Chlamydia is the fastest growing sexually transmitted disease and the major sexual health issue for young people in SSWAHS. Contraception, sex education and unplanned pregnancies continue to be issues for young people.
- Young people who are same sex attracted continue to be vulnerable to depression and mental health issues. Rates of HIV transmission, whilst low, are higher in this group.
- Around one quarter of young people in SSWAHS smoke tobacco
- Around 3% of births in SSWAHS are to teenage mothers, and these mothers are more likely to be Aboriginal and/or have a background in Out-of-Home Care
- Chronic conditions such as asthma affect around 10% of SSWAHS young people and diabetes affects about 4%, both higher than for NSW

Services for young people in SSWAHS

- Youth health services in SSWAHS provide a range of clinical, health promotion and group work interventions.
- Infant, Child and Adolescent Mental Health Services (ICAMHS) cater for the age group 0-17 years and include inpatient, Adolescent Community Mental Health, Youth Co-morbidity, School-Link and Children of Parents with a Mental Illness (COPMI) programs. SSWAHS also partners the *Headspace* youth mental health foundation initiatives in Macarthur and Central Sydney.
- Drug Health services are provided for adults aged 18 and over. 15% of Drug Health clients are under 24. Services include intake, assessment, counselling, withdrawal management, opioid treatment and harm minimisation.
- Sexual Health, Sexual Assault and Child Adolescent and Family teams in Community Health, also see significant number of young people.
- The *Youth Consultancy* is a specialist service for young people with chronic illness, based at Royal Prince Alfred Hospital.
- The age criteria for inpatient admissions to paediatrics wards varies, but is most commonly up to 16 years. Many paediatrics patients in SSWAHS also attend one of the two specialist children's hospitals in Sydney
- *Health Promoting Schools* is a program which works with schools to support them to become safe, happy and healthy places in which to live and learn. The current focus in secondary schools is mental health.
- There are more than 1,200 general practitioners in SSWAHS
- *Headspace* initiatives at Macarthur and Central Sydney, involve a consortium of service partners, including SSWAHS, in providing' one-stop shops' to address mild to moderate mental health and co-morbid drug health issues.
- There are also a multitude of non-Government organisations providing services to young people. Basic details about many of these organisations are provided in the service mapping in Appendix 3.

Community Consultations

A broad range of community consultations was undertaken to inform the development of the Plan and included 115 service providers in 8 locations and 124 young people from 9 different population groups. Information from previous consultation processes was also reviewed. Key

issues raised in the community consultations included alcohol and binge drinking, service access and 'youth-friendly' services, mental health, service information and promotion and sexual health. A draft of the Plan was also circulated for review and comment and this feedback has been incorporated into the final version of the Plan.

New directions

The Plan identifies 22 objectives and 74 strategies for action. These include:

- Improving prevention and early intervention - focusing on mental health, drug health, tobacco, injury, nutrition, physical activity and sexual health. For example, SSWAHS will work with service partners to increase health promotion and prevention programs targeting binge drinking and underage drinking in areas of socio-economic disadvantage, based on best practice
- Improving service access, referral pathways and the quality of care for people with chronic illness, who are Aboriginal, from CALD backgrounds, homeless or in Out-of-Home Care. For example, SSWAHS will establish a web-site for youth health services, that provides health and service information
- Strengthening primary health and continuing care, focussing on mental health, drug health, oral health and services for young parents. For example, SSWAHS will strengthen and expand the First Episode Psychosis, Community Adolescent Mental Health and Youth Co-morbidity programs
- Building partnerships with local government, non-government organisations and General Practice. For example, SSWAHS will partner with councils to provide service information, outreach clinics and health promotion
- Amalgamating Youth Health Services into a single service and management structure and ensuring equity based on need. For example SSWAHS will establish a Director of Youth Health position and utilise a targeted approach to service delivery
- Building capacity in the SSWAHS workforce. For example, SSWAHS will develop and/or identify a training program to make services more 'youth-friendly', and
- Ensuring services reflect population growth and promoting new service models and/or sources of funding. For example, SSWAHS will explore opportunites for further Headspace funding.

Appendices to the Plan include demographic tables and mapping of health and other services for young people in SSWAHS.

Chapter 1. Background

Sydney South West Area Health Service (SSWAHS) covers 15 local government areas (LGAs) and has a rapidly growing population. In the 5 year period 2009-2013, the number of young people aged 12-24 years in SSWAHS is expected to increase to more than quarter of a million.

The need to develop a SSWAHS youth health plan, with a population focus, was agreed in early 2007. This followed the creation of SSWAHS from the amalgamation of the former Central Sydney and South West Area Health Services in January 2005; and the publishing of the NSW Youth Action Plan – *The Way Forward: Supporting Young People in NSW* in 2006. There was also a perceived need to address best practice; develop a shared service philosophy and promote equity in service provision across SSWAHS; further strengthen relationships between youth health, mental health and drug health services; and to make mainstream services more 'youth-friendly'. It was further agreed that a youth health plan would consider health promotion and sustainable partnership programs with schools, transition issues for young people with a chronic illness, Aboriginal youth, oral health, sexual and reproductive health and increased coordination across the range of services provided for young people.

SSWAHS includes 5 Youth Health Services (Youthblock at Camperdown, Canterbury Multicultural Youth Health Service at Belmore, The Corner at Bankstown, Fairfield Liverpool Youth Health Team at Carramar and Traxside at Campbelltown). These services are managed by the Community Health service stream. In addition Mental Health (both the Infant Child and Adolescent Mental Health Service and Adult Mental Health Service), Drug Health, Sexual Health and Sexual Assault services see significant numbers of young people.

A scoping paper for the SSWAHS Youth Health Plan 2009-2013, was developed in late 2007 and a Steering Committee formed to oversee the development of the Plan. The Steering Committee met six times between December 2007 and October 2008. Steering Committee membership is outlined in Appendix 1.

A review of the youth health literature and relevant policy and planning documents was undertaken in early 2008. A broad community consultation process in May to August 2008, included seven meetings with 115 service providers across SSWAHS; nine meetings with 124 young people from a range of target groups; and surveys of service providers who could not attend the consultation meetings and of organisations working with Aboriginal youth.

Information from the literature review, demographic analysis and community consultations, along with feedback from Steering Committee members, was used to develop a Draft Action Plan in September 2008. Following review by the Steering Committee, the Draft SSWAHS Youth Health Plan was circulated for comment in November 2008.

The planning process did not include detailed consideration of the governance arrangements for Youth Health Services, inpatient needs of young people, or initiatives dependent on additional resources.

Chapter 2. The Policy Context for Youth Health

There are a range of policies and plans relevant to Youth Health services, including the NSW State Health Plan, the NSW Youth Action Plan; A New Direction for Sydney South West and the SSWAHS Community Health Plan. There are also a number of plans and policies with which the Youth Health Plan intersects, including plans in development. The key state and SSWAHS policies and plans are described below.

2.1 State and National Policy

2.1.1 NSW State Plan[1]

The NSW State Plan was launched in November 2006 (NSW Premiers Department, 2006). The Plan is focussed on outlining a clear direction for NSW and NSW Government services across five key areas of activity:

- Rights, respect and responsibility
- Delivering better services
- Fairness and opportunity
- Growing prosperity across NSW
- Environment for living

Within each of these areas, a range of goals are identified.

In relation to Health, the Plan focuses on improving prevention, early intervention and community based care, linked with avoiding hospital admissions. Specific priorities are also included focusing on Aboriginal health, mental health and child abuse/neglect.

2.1.2 A New Direction for NSW: State Health Plan Towards 2010[2]

The NSW State Health Plan (NSW Department of Health, 2007) has been developed to be consistent with the NSW State Plan, described in Section 3.1.1 above.

The NSW State Health Plan identifies the vision for NSW Health as being "Healthy People – Now and in the Future". Four key goals underpin the achievement of this vision, being to keep people healthy, to provide the health care that people need, to deliver high quality services, and to manage health services well.

Seven strategic directions have been identified, as the basis for planning and service delivery across the NSW Health system. They are:

- Make prevention everybody's business
- Create better experiences for people using health services
- Strengthen primary health and continuing care in the community
- Build regional and other partnerships for health
- Make smart choices about the costs and benefits of the health services
- Build a sustainable health workforce
- Be ready for new risks and opportunities

2.1.3 NSW Youth Action Plan[3]

The NSW Youth Action Plan highlights key actions that the NSW Government wishes to achieve in order to ensure that young people (aged 12 to 24 years) in NSW have opportunities for rewarding and positive lives. Actions are focused on the five key areas of Belonging to Family and Community; Learning and Earning; Feeling Good and Staying Healthy; Engaging in Culture, Sport and Recreation; and Feeling and Being Safe.

In relation to health, the NSW Youth Action Plan has a particular focus on addressing issues associated with mental health; drugs, tobacco and alcohol; sexual health; nutrition, weight

and exercise; and pregnancy and parenthood. It also includes a strong focus on Aboriginal Health, health promotion and youth participation (www.youth.nsw.gov.au).

2.1.4 Better Futures

The Better Futures Strategy is designed to increase the effectiveness of services for vulnerable young people aged 9-18 years across NSW. The Strategy enables the NSW Government to build on our increasing understanding of risks and protective factors for young people, complement existing services and programs, and encourage innovation and advancements in practice at the local level" (www.familiesfirst.nsw.gov.au). The Communities Division of the Department of Community Services (DoCS) is the lead agency for the Better Futures Strategy in Sydney south west.

2.1.5 NSW: A New Direction for Mental Health 2006-2011[4]

The NSW Mental Health Plan provides the strategic framework for NSW mental health services, with the underlying aim of improving the mental health of the NSW population. Young people aged 14-24 years are identified as a priority population group. The Plan focuses on the 4 main areas of promotion, prevention and early intervention; improving and integrating the care system; participation in the community and employment, including accommodation; and better workforce capacity.

2.1.6 Suicide: We Can All Make a Difference[5]

The NSW Suicide Prevention Strategy aims to:

- Increase communities' ability to prevent suicide
- Provide outreach and support for groups at higher risk
- Enhance the effectiveness of services in suicide prevention
- Provide support for people affected by suicide; and
- Improve information on suicide prevention.

Objectives include strengthening families, creating supportive and safe communities, making schools better for everyone and caring for vulnerable young people.

2.1.7 NSW Aboriginal Mental Health and Wellbeing Policy 2006-10[6]

The NSW Aboriginal Mental Health and Wellbeing Policy details strategies and actions for improving the mental health and social wellbeing of Aboriginal and Torres Strait Islander peoples, building on the resilience and capacity of Aboriginal communities.

These involve:

- Enhancing key working partnerships
- Ensuring accessible and responsive services
- Improving mental health for all ages (including children, adolescents, young people and families as identified priority groups)
- Increasing expertise and knowledge through data and evaluation, and
- Strengthening the Aboriginal mental health workforce, in absolute numbers and through training and skills development.

NSW Health will also develop a specific state-wide Child and Adolescent Mental Health Service Plan for Aboriginal children, families and young people.

2.1.8 Two Ways Together: the NSW Aboriginal Affairs Plan 2003-2012[7]

Two Ways Together (NSW Premier's Department 2005) aims to positively improve the lives of Aboriginal people in 7 priority areas. The first of these is health, along with education, economic development, justice, families and young people, culture and heritage and housing and infrastructure. The philosophy of the plan is based on the interrelationships between these priority areas and the flow on effects of positive outcomes.

2.1.9 Aboriginal Child, Youth and Family Strategy

The Aboriginal Child, Youth and Family Strategy (ACYFS) forms part of the Government's efforts to improve outcomes for Aboriginal children, young people and their families and communities. ACYFS focuses on better coordination and targeting of existing government and non-government resources, ensuring mainstream services are meeting the needs of Aboriginal people and testing new ways of supporting these communities" (www.familiesfirst.nsw.gov.au). The ACYFS is currently being developed in Sydney south west.

2.1.10 Drug and Alcohol Plan 2006-2010[8]

The NSW Drug and Alcohol Plan outlines the Government's commitment to reduce the problems caused by drug and alcohol use (excluding tobacco, which has its own Plan). There are 3 priority areas: prevention, brief and early intervention, and treatment and extended care.

Population groups with special needs that experience barriers in accessing care, include people with co-existing mental health and substance misuse disorders, Aboriginal people, same sex attracted young people, offenders, CALD communities and young people with emerging problems.

2.1.11 Youth Alcohol Action Plan 2001-2005[9]

The NSW Youth Alcohol Action Plan outlines the Government's commitment and approach to preventing and reducing alcohol use and associated harm by young people aged 12-24 years. It identifies four policy priorities: reducing alcohol consumption and frequency of intoxication among young people; reducing alcohol-related crime, violence, underage drinking and anti-social behaviour; reorienting programs to be responsive to young people; and developing supportive communities for young people.

2.1.12 National Injury Prevention and Safety Promotion Plan: 20014-2014[10]

The National Injury Prevention and Safety Promotion Plan aims to establish a framework for the injury prevention and safety promotion activities of government agencies, local government, the private sector, non-government organisations, communities and individuals. Young people are a specific target group. Strategies related to young people include:

- Advocate for investment in longitudinal, in-depth multi-disciplinary research that examines the interplay of risk factors that place young people, particularly young males at elevated risk of serious injury
- Promote collaborative planning with all levels of government, private sector and communities to provide safer environments and encourage safer behaviour by young people at work, on the roads, participating in sport and recreational activities, and while celebrating
- Ensure that interventions aimed at intentional and unintentional injuries among young people consider the role of alcohol
- Actively seek the advice and participation of young people in developing and conducting strategies to prevent the leading causes of death and disability in their age group, and
- Increase access to safer products and environments particularly regarding recreational facilities and transportation, with specific regard to disadvantaged young people in high risk settings and populations.

2.1.13 NSW Sexually Transmissible Infections Strategy 2006–2009[11]

The NSW Sexually Transmissible Infections Strategy aims to reduce the transmission of sexually transmissible infections (STIs) and morbidity associated with STIs. This will be achieved by increased community awareness and knowledge of STIs and ways of reducing the risk of transmission; increased use of condoms with casual sex partners; increased STI testing with priority population groups; and increased diagnosis and treatment of STIs. Disease priorities are gonorrhoea, infectious syphilis and Chlamydia.

Priority populations for the strategy are Aboriginal people, gay and other homosexually active men, young people, sex workers, people with HIV/AIDS, people who inject drugs and heterosexuals with recent partner change. Priority issues relate to health promotion, partnerships, prioritising access to public sexual health services, promoting testing and contact tracing, workforce development, research and surveillance

The Strategy indicates young people are a priority population owing to higher prevalence of STIs, lower rates of condom use and barriers to accessing health services. Sub-populations at particularly high risk included Aboriginal young people; young gay and other homosexually active young men; people with HIV/AIDS, people who inject drugs; and marginalised groups such as homeless young people, young people in correctional facilities and overseas born, street-based and male sex workers.

Specific strategies to be implemented by Area Health Services in relation to young people include:

- Increase the use of condoms with casual and new sexual partners
- Increase young people's access to general practice and other services
- Strengthen the capacity of schools and their community to implement sexual health education programs
- Create environments which support young people's sexual health.

2.1.14 Healthy Mouths, Healthy Lives – Australia's National Oral Health Plan 2004-2013[12]

The National Oral Health Plan aims to improve oral health status and to reduce the inequalities in oral health status across the Australian population. Four broad themes underpin the Plan: recognition that oral health is an integral part of general health; a population health approach; access to appropriate and affordable services – health promotion, prevention, early intervention and treatment; and education.

Strategies identified in the Plan relevant to young people include: continuation and/or expansion of school dental services to provide regular and timely check-ups and preventively focused oral health care for children and adolescents; developing oral health and health promotion models for inclusion in the training of health and community service practitioners and teachers; building community and health workforce capacity; and developing and implementing targeted health promotion and preventive programs for specific socioeconomically disadvantaged groups, using a community development approach. These groups include the homeless; people in institutions and correctional facilities; low income earners and their families; disadvantaged young adults; and disadvantaged people from Aboriginal, Torres Strait Islander and non-English speaking backgrounds.

2.2 SSWAHS Policies and Plans

SSWAHS has undertaken extensive analysis and consultation exercises to develop a range of plans and policies. The priorities identified and direction set in these plans have been used to inform the SSWAHS Youth Health Plan where relevant. Key documents are described below.

2.2.1 A New Direction for Sydney South West - Health Service Strategic Plan Towards 2010[13]

The SSWAHS Strategic Plan 2006 – 2010 is the first corporate plan for Sydney South West Area Health Service. The Plan is the premier planning document for the Area, setting the overall direction for the development and delivery of all services and systems within SSWAHS. The Plan is consistent with the NSW State Plan and the NSW State Health Plan and identifies numerous corporate objectives.

Service enhancement focus areas relevant to Youth Health include:

- Reducing smoking, drinking and illicit drug use
- Expanding health promotion programs addressing smoking, obesity, healthy eating, healthy drinking and physical activity
- Expanding *Health Promoting Schools*
- Further implementing and evaluating mental health promotion initiatives
- Improving health and education for Aboriginal people
- Active participation in *Better Futures* and *Aboriginal Child Youth and Family Strategy* initiatives
- Participating in community renewal activities, and

Expanding community involvement in local networks (eg youth participation).

2.2.2 SSWAHS Community Health Strategic Plan 2007-2012[14]

The SSWAHS Community Health Strategic Plan 2007-2012 identifies the vision for Community Health as being "An integrated and coordinated primary and community health care system working in partnerships to promote the health and wellbeing of our community."[15] The seven strategic directions reflect those used in the State Health Plan and SSWAHS Corporate Plan.

Objectives include:

- Reorienting existing services to have an increasing focus on prevention
- Expanding the range of preventative programs in line with emerging health and community needs
- Workining services that are flexible and responsive to identified needs
- Enhancing service integration across the continuum of care
- Investigating opportunities to expand Community Health services across the Area
- Delivering services in collaboration with a range of partners
- Engaging and involve stakeholders in the development of Community Health policies, plans and initiatives
- Providing evidence based services through the integration of best practice evidence with clinical expertise and client values

The five youth health services in SSWAHS are responsible to the Community Health management stream. The SSWAHS Community Health Strategic Plan 2007-2012 identifies current and emerging issues for youth health services as:

- Locational, cultural and physical barriers; and current referral, intake and appointment systems which limit access
- Increasing rates of health risk behaviour including alcohol and drug use, injury and unprotected sex
- Poor health literacy and capacity for advocacy amongst young people
- Opportunities to use technology such as SMS to engage young people
- Evaluation of the effectiveness of current health promotion and education initiatives for young people
- Further integration of youth health with other health services, other government and non-government organisations and GPs, to provide holistic care;
- Improved understanding of the social and cultural backgrounds of clients and potential clients
- Evaluation of the different models of care which are employed across the Area, to determine whether group or individual programs are more effective, and
- Vacancies in the youth health workforce which limit the capacity of the service to provide the full range of services required.

Projected future activity identifies that Youth Health services will continue to focus on the health needs of at risk young people. The Plan states that Youth Health is an area in which

the NSW Government has identified the need to improve outcomes, particularly in relation to mental health, drugs, tobacco and alcohol, sexual health, nutrition, weight and exercise, and pregnancy and parenthood. Achieving significant gains in this area will require an investment in youth health services, and other clinical services targeting young people. Flexibility in the design and delivery of youth health services for the future is also required to take into account changing demographic patterns and the unique needs of this group.

2.2.3 Improving Mental Health in Sydney South West, A Service Plan for 2007 to 2016 (Draft 2.3)

The SSWAHS Mental Health Plan provides a comprehensive planning tool that documents the mental health needs of the population to 2016 and sets out the priorities for service and facility development. Key issues include changing service delivery models; meeting the expectations of funders, consumers, carers, community and staff; implementing emerging policy directions; future resourcing requirements for service developments linked to service expansion; and the facility development required for service enhancement.

Enhancement funding is being provided for services that target rehabilitation and recovery, community emergency care, Aboriginal social and emotional wellbeing, co-morbidity with substance abuse, youth mental health and other priorities. Substantial Commonwealth funding is also being provided for services to be provided by non-Government organisations. Mental health services are provided for infants, children and adolescents: 0-17 years and their families; adults 18-64 years; and older people. However, youth aged 16–25 years are given a high priority in the allocation of recent funding.

The Draft Plan recommends:

- Expansion of the Adolescent Mental Health inpatient services at Concord (in 2008) and Liverpool or Campbelltown
- Expansion of the Commonwealth funded Headspace youth mental health initiative at Camperdown and Campbelltown
- Continue to support the uptake of MindMatters as a whole school approach to mental health promotion
- Improve collaboration between Mental Health and Drug Health Services and develop and support the youth co-morbidity project
- Enhance key working partnerships between the Area Mental Health Service and the Aboriginal Medical Services at Tharawal and Redfern
- Provide suicide prevention training to non-government organisations (NGOs) working with adolescents and support suicide prevention initiatives within youth health services
- Implement education and support programs for families and carers of young people with psychotic illnesses
- Enhance early intervention and co-morbid / substance abuse services for 16-25 year olds
- 115 (16%) of 733 FTE staffing positions to focus on young adults, with an overall increase of 248 FTEs, both by 2016
- Transfer the state-wide inpatient Eating Disorders Unit at RPAH to Concord, with expanded services

2.2.4 Draft SSWAHS Aboriginal Health Plan 2008-2012

The Draft SSWAHS Aboriginal Health Plan describes how SSWAHS will improve Aboriginal health over the next five years and make inroads towards closing the gap in life expectancy and health outcomes, within our generation.

Objectives for young people include providing health education, health promotion, case management and streamlined referral pathways through an Aboriginal youth worker model outreaching to youth gathering places, with strong inter-sectoral links; and supporting Aboriginal young people in schools, their families and broader communities through an inter-

sectoral model for health education and promotion in high needs schools and at community venues for children and youth.

Strategic directions being explored within planning processes and relevant to young people, include:

- Increase intra-service consultation for Aboriginal youth with high and complex needs
- Develop a promotional campaign about service availability for young people in SSWAHS and distribute Aboriginal-appropriate resources to service providers
- Develop community programs/strategies based on needs analysis
- Partner with Juvenile Justice to strengthen access to information and referral
- Partner with NGO youth services to reach Aboriginal youth with high and complex needs
- Partnership work to develop Youth Aboriginal Cultural Arts / Music program/s
- Partner with Department of Education and Training to:
    - Enhance school education Personal Development, Health and Physical Education (PDHPE) programs through Aboriginal Health Education Officers and other Aboriginal Health workers
    - Address school environment and connectedness to the school
    - Increase access to on the job training and job skills
    - Develop and extend social skills
    - Support young mothers completing their education
    - Review curricula on life skills and relationship issues
    - Consider ways of providing free contraception

2.2.5 Health Promotion Service Strategic Plan 2006-2011[16]

The Health Promotion Strategic Plan provides a framework for the Area's activity in prevention of non-communicable chronic diseases. The role of the Health Promotion Service is to develop, implement and evaluate community-based programs that improve and maintain population health and reduce inequalities in health outcomes. The four major priorities for the SSWAHS Health Promotion Service are tobacco control, physical activity and nutrition, injury prevention and safety promotion, and mental health. These four priority areas and their risk factors and determinants represent three quarters of the burden of ill-health of the residents of SSWAHS. In addition, two priority approaches are identified - health promotion with schools and addressing the social determinants of health.

Strategies in the Plan that specifically relate to young people include:

- Explore options to promote tobacco control interventions in young women
- Maintain priorities for mental health promotion including parenting and whole school mental health promotion. Continue to address through actions detailed in the Mental Health Promotion Implementation Plan 2004-08
- Continue to support alcohol-related injury prevention activities through local council and Roads and Traffic Authority Road Safety Committees
- Establish an Area-wide reference group for health promotion with schools which includes student representation
- Establish a coordinated approach for improving the health and wellbeing of school communities that complements student welfare policies of the educational sector
- Collaborate with the health and education sectors to develop an equity approach to health promotion with schools.

The Health Promotion Service has also developed an Aboriginal Health Promotion Action Plan 2008-2011 (draft).

2.2.6 SSWAHS Community Participation Framework[17]

The SSWAHS Community Participation Framework (SSWAHS, 2006) provides a structure in which SSWAHS can work with consumers, carers and the broader community to improve health service delivery. The framework is based around enabling consumers, carers and the

community to become actively involved in the planning, delivery and evaluation of health services; ensuring the community are well informed and that there is transparency and accountability in decision making.

2.2.7 Draft SSWAHS Maternity Services Plan 2008-2012

The Draft SSWAHS Maternity Services Plan identifies strategies that SSWAHS needs to implement over the next five to ten years to meet the projected growth in demand for maternity services, in addition to the growth expected in the South West Growth Centre.

The Plan identifies specific strategies for young women who are pregnant, including promoting SSWAHS antenatal and postnatal services for women under the age of 20 years, and developing links with NGOs and agencies providing care to young women.

2.2.8 Strategic Framework for HIV/AIDS and Related Programs (HARP) Funded Services 2008–2012[18]

The Strategic Framework for HARP Funded Services (SSWAHS, 2008) provides guidance on focus areas, strategies and working relationships in SSWAHS to meet national and state HIV/AIDS, STI and Hepatitis C strategic directions.

Young people are one of a number of target groups for the HARP Strategic Framework, due to their higher prevalence of STIs, higher rates of partner change and barriers to accessing health services. Young people are also often members of other priority populations, eg Aboriginal young people and young gay men.

The Framework's focus for service development with young people is to:

- Work with youth health services to improve access by priority population groups
- Build the capacity of the youth sector in relation to blood borne viruses and STIs
- Develop hepatitis C programs for young injectors
- Improve links between youth sector and sexual health clinics

2.2.9 SSWAHS Overweight and Obesity Prevention and Management Plan 2008-2012[19]

The SSWAHS Overweight and Obesity Prevention and Management Plan was developed to address increasing rates of overweight and obesity in the community; and provides a framework for the development of coordinated overweight and obesity services in SSWAHS. The major focus of the Plan is prevention of overweight and obesity in children aged 0-12 years; however child and adolescent overweight and obesity treatment and management up to 18 years, is one of three other foci for the Plan.

Strategies relating to adolescents include:

- group programs for Year 7 students
- promoting healthy eating and physical activity in Infant, Child and Adolescent Mental Health Service (ICAMHS) facilities
- ensuring growth parameters are recorded for ICAMHS patients who are prescribed psychotropic medications, and
- developing lifestyle packages for adolescents with a mental illness.

Other priority populations include the Aboriginal community, some culturally and linguistically diverse (CALD) groups and areas with greater socio-economic disadvantage, eg Macquarie Fields, Miller, Waterloo, Punchbowl and Yennora.

2.2.10 SSWAHS Carers Action Plan 2007-2012[20]

The SSWAHS Carers Action Plan articulates with the NSW Carers Action Plan and aims to improve support provided to carers. Priorities include: recognising, respecting and valuing

carers; identifying and supporting hidden carers (this includes young carers); improving services for carers and the people they care for; treating carers as partners in care; and supporting carers to combine caring and work.

Strategies relating to young people include:

- Improve identification and support to young carers
- Consult with young carers about their needs and concerns
- Incorporate strategies focusing on young carers in the Youth Health Plan. Consider young Aboriginal carers
- Implement strategies to improve support to young carers, such as resources and education for staff
- Expand and build on Children of Parents with a Mental Illness (COPMI) programs, with a stronger focus on Aboriginal and CALD children
- Systematically implement education and support for all new families and carers of young people with early psychosis and families of people with eating disorders and personality disorders; and
- Review current guidelines and practices focused on carers of young patients who are transitioning from paediatric to adult services and facilitate their implementation in SSWAHS.

2.2.11 SSWAHS Drug Health Plan

A SSWAHS Drug Health Plan is being developed in 2008/09. The Plan will include a focus on tobacco.

2.3 Better Practice in Youth Health

2.3.1 Better Practice Literature

There is considerable literature available to inform better practice in Youth Health and in community-based youth services.[21] [22] [23] [24] [25] [26] [27] This section of the Plan will focus primarily on reports developed by the NSW Centre for the Advancement of Adolescent Health (CAAH). It is noted that there are 15 Youth Health Services in NSW, with five of the seven Youth Health Services in metropolitan Sydney located in SSWAHS. Most Youth Health Services are located in disadvantaged areas.

Youth Health Services have a social view of health and value youth participation, capacity building, collaboration, evidence based practice, increasing access for disadvantaged groups, innovation and sustainability.

NSW CAAH's *Youth Health Better Practice Framework*[28] provides seven principles of youth health better practice, listed below. Fact sheets, with service checklists, practical ideas and strategies, case studies, and lists of resources, have been developed for each of these seven principles.

- Accessibility - effective service promotion; clear policies on confidentiality; safety respect and trust (addressing young people's self-consciousness and embarrassment in seeking assistance for health issues); affordability; physical access and flexibility of services (including opening hours); staff confidence, knowledge, skills and peer support
- Evidence-based approach – systematic planning; monitoring changes to context and practice; using 'what works'
- Youth Participation –reviewing policy and practice; supporting young people's development; acknowledgement of young people's contributions; appropriate representation (see also section 2.3.2)

- Collaboration and partnerships – setting collaborative goals; identifying partners, roles and responsibilities; planning and review; including young people and their organisations
- Professional development – planning and budget allocation; comprehensive induction processes; regular staff performance review and ongoing development; collaboration with other agencies; strong internal communication and knowledge transfer; young people's involvement and representation; identified training outcomes and performance goals
- Sustainability – long-term sustainability planning; mainstreaming; good practice and replicability of programs; advocacy
- Evaluation – clear aims and objectives; planned and systematic evaluation; baseline assessments; qualitative and quantitative analysis; participation and consumer feedback; cross-referencing of results; dissemination of results; applying them to practice.

2.3.2 Youth Participation

The *NSW Youth Action Plan* and the NSW Government have a strong commitment to youth participation[29] [30] and considerable literature is available to assist organisations to develop effective community participation by young people.[31] [32] [33] [34] [35] [36] [37] [38] [39]

The NSW Association of Adolescent Health states that participation involves:

- Identifying consumer expectations of the service
- Providing young people accessing the service with a clear idea of their rights and responsibilities
- Providing young people with a clear understanding of confidentiality policy and practice
- Involving young people in decisions relating to the priorities of the services through consultation and strategic planning processes
- Including young people in the ongoing development and evaluation of consumer feedback mechanisms
- Involving young people in the development of health education resources, and
- Providing young people with opportunities to participate in decisions relating to their own health care management[40]

Key benefits of youth participation include:

- Making better decisions when young people's opinions are heard; for example understanding young people's diverse needs and consequently improving service provision
- The development of community connections when young people are supported to participate in decisions affecting their lives
- Building partnerships between young people and other community members, and improving and strengthening communities as a result.

As with any consultation process it is important to set objectives and define the aims of the consultation process, consider the specific needs and interests of the participants and what supports can be put in place so that the process is engaging and accessible, and to address privacy and consent issues.

Methods of consultation may involve the traditional such as consultation forums, focus groups, surveys / questionnaires and interviews; and the less traditional such as internet discussions or feedback pages, postcards, youth peer consultation and arts programs.

Chapter 3. Demography and Health Needs of Young People in SSWAHS

3.1 Demography

There were 236,335 young people aged 12-24 years in SSWAHS in 2006, representing 18.2% of the population, compared to 17.4% for NSW.

The local government areas (LGAs) in Sydney South West with the highest number of young people were Fairfield (35,622), Liverpool (31,701), Bankstown (31,214) and Campbelltown (31,093). This reflects the four LGAs with the largest populations in SSWAHS. The total number of young people in Macarthur, comprising the LGAs of Campbelltown, Camden and Wollondilly, was 47,772.

The LGAs with the highest proportion of young people aged 12-24 years in 2006, were Campbelltown (21.8%), Strathfield (21.2%), Fairfield (19.8%) and Burwood (19.6%). More detailed population numbers for each LGA are provided in Table 1 and in Appendix 2.

Table 1: Population by age 12-24 years, Aboriginality and language other than English, 2006 Census

LGA / Area	Population aged 12-24 years	% population aged 12-24 years	% speaking a language other than English at home (total population)	Population Aboriginal identified (aged 12-24 years)	% Aboriginal population (aged 12-24 years)
Ashfield	6,226	15.5%	44.1%	44	0.7%
Bankstown	31,214	18.30%	50.3%	296	1.0%
Burwood	6,147	19.6%	54.8%	29	0.5%
Camden	9,165	18.6%	9.1%	208	2.3%
Campbelltown	31,093	21.8%	22.0%	1,081	3.5%
Canada Bay	9,405	14.3%	31.2%	49	0.5%
Canterbury	21,392	16.4%	62.3%	185	0.9%
Fairfield	35,622	19.8%	67.1%	301	0.8%
Leichhardt	5,450	11.2%	13.8%	105	1.9%
Liverpool	31,701	19.2%	45.7%	571	1.8%
Marrickville	10,191	14.2%	32.6%	276	2.7%
Strathfield	6,852	21.2%	55.8%	32	0.5%
Sydney (part)	17,824	19.3%	24.3%	271	1.6%
Wingecarribbee	6,539	15.6%	4.3%	144	2.2%
Wollondilly	7,514	18.7%	5.1%	186	2.5%
SSWAHS	236,335	18.2%	40.6%	3,788	1.6%
NSW	*1,141,208*	*17.4%*	20.1%	36,734	3.2%

Population projections from 2001 to 2016 indicate that the population aged 12–24 years in SSWAHS is expected to increase from 233,502 in 2001 to 236,335 in 2006; 241,365 in 2011; and 278,788 in 2016.[41] This represents a total increase of 19.4% over the 15 year period, or approximately 1.3% per year.

3.1.1 Aboriginal and Torres Strait Islanders

There were 3,778 Aboriginal or Torres Strait Islander young people aged 12-24 years in SSWAHS in 2006, representing 1.6% of this age group. The local government areas with the highest numbers of Aboriginal young people in 2006 were Campbelltown (1,081), Liverpool (571), Fairfield (301), Bankstown (296), Marrickville (276) and Sydney (part - 271). These were also the LGAs with the highest numbers of Aboriginal people for all age cohorts.

The Aboriginal and Torres Strait Islander population has a younger age structure than the general population, with 26.5% aged 12-24 years in 2006, compared with 18.2% for this age cohort in SSWAHS and 17.4% for all NSW. For more detail see Table 3 in Appendix 2.

3.1.2 Culturally and Linguistically Diverse Communities and Refugees

Two in five (40.6%) of people in SSWAHS speak a language other than English at home, which is twice the rate for NSW (20.1%).

For the population as a whole, the LGAs with the highest proportion of people speaking a language other than English at home in 2006 were Fairfield, Canterbury, Burwood, Bankstown, Liverpool and Ashfield. Again for the population as a whole, the major languages spoken in SSWAHS in 2006 were Arabic, Vietnamese, Cantonese, Italian, Greek and Mandarin.

Country of birth data for the age cohort 15-24 years is likely to under-enumerate young people of culturally and linguistically diverse backgrounds, as many will identify with the country of birth or language background of their parents, but be born in Australia. The major non-English speaking countries of birth for young people aged 15-24 years in SSWAHS in 2006 were China (3,133), Vietnam (1,759), India (1,460), Iraq (1,349), Philippines (1,084), Lebanon (1,084), Fiji (930), South Korea (787), Hong Kong (773), Thailand (585) and Indonesia (551).

The vast majority of young people speak English, with 6.8% of those aged 15-24 years speaking English poorly or not at all, predominantly new arrivals. A higher proportion of the total SSWAHS population will speak English poorly or not at all.

In the financial year 2004-5, 4,469 settlers arrived in NSW under the Humanitarian Program. In addition, around 1,000 people in NSW are granted asylum each year when already in Australia.[42] For the period 2005-2007, around a third of humanitarian arrivals to Australia, were aged 12-24 years.[43] Around 38% of refugees in NSW settle in SSWAHS.[44]

In the three year period 2004-2006, more than 4,300 people arrived under the Refugee and Humanitarian Program and settled in SSWAHS. Of these new arrivals, almost two thirds (64%), were aged under 30. 2,677 (63%) were born in Iraq, 492 (12%) were born in Sudan, 284 (7%) were born in Sierra Leone, 127 (3%) were born in other Southern and East Africa, and 90 (2.1%) were born in other Central and West Africa.[45] Data for 2006/07 for NSW, shows a higher proportion of arrivals from Sudan and a number of African countries (Democratic Republic of Congo, Liberia, Sierra Leone and Burundi), as well as Burma.[46]

Arabic-speakers are a very large community in SSWAHS and are concentrated in Bankstown (32,866), Canterbury (18,707), and Fairfield (11,573) LGAs. Arabic speakers may have come from one of a number of Arabic-speaking countries, including Lebanon, Iraq and Egypt. While a significant proportion of Arabic-speakers (or their parents or grand parents) will have originally been refugees, many Arabic-speaking young people in SSWAHS have been born in Australia and are second and third generation.

Chinese communities in SSWAHS may come from a number of birthplaces (eg China, Hong Kong, Vietnam etc) and speak a number of Chinese dialects, with Cantonese and Mandarin being the most common. Cantonese-speakers in SSWAHS are concentrated in Fairfield (9,988), Canterbury (7,624) and Bankstown (5,376) LGAs and a third (32%) of the Cantonese-speakers in NSW are resident in SSWAHS. Mandarin-speakers in SSWAHS are concentrated in Canterbury (6,743) and Fairfield (4,535) LGAs, and a third (32%) of the NSW community live in SSWAHS.

The Vietnamese community in SSWAHS is strongly concentrated in Fairfield LGA (30,666), which is home to 41% of the state's Vietnamese-speakers. 84% of Vietnamese-speakers in NSW live in SSWAHS.

For young people in SSWAHS, other less numerous but high need CALD groups include Africans and Pacific Islanders.

In SSWAHS, Africans are concentrated in Canterbury, Bankstown and Liverpool. A high proportion of African communities are children and young people.

Pacific Islanders (Maoris, Samoans, Tongans, Fijians and Cook Islanders) in SSWAHS are concentrated in Campbelltown, Canterbury, Fairfield, Liverpool and Bankstown LGA's. Fijian Indians (predominantly Hindi-speakers) are concentrated in Liverpool.

It is notable that SSWAHS is home to 54% of NSW's Arabic speakers, 45% of Pacific Islanders (by language) and a significant proportion of many African communities.
More detail re CALD communities is provided in Tables 5-9 in Appendix 2.

3.1.3 Education

There were 83,892 residents of SSWAHS in secondary schools in 2006, with 50,391 (60%) in government secondary schools, 22,306 (27%) in Catholic secondary schools and 11,195 (13%) in other non-Government secondary schools. Around 1,400 or 88% of Indigenous secondary school students, were in Government secondary schools.[47] By contrast, a slightly larger number of young people, approximately 98,000, were attending schools located in SSWAHS in 2006.

16,334 residents of SSWAHS aged 15-24 years were in TAFE, Technical or Further Educational institutions, with 45% full-time. 32,179 young people were at university or other tertiary institutions, with 88% full-time.

More detailed population numbers for type of educational institution by LGA are provided in Table 4, Appendix 2.

3.1.4 Employment and Unemployment

For NSW in 2006, 46.2% of 15-19 year olds were in the labour force, with 39.2% employed, 7.0% unemployed and seeking work, 48.5% not in the labour force and 5.3% not stated. Of those in the labour force in this age group, 11.9% were working fulltime (15% of males and 9% of females) and 23.5% worked part-time (19% of males and 28% of females).

Not surprisingly, as teenagers become young adults, a greater proportion are in the labour force and an increasing proportion work full–time. For NSW in 2006, 73.6% of 20-24 year olds were in the labour force, with 66.8% employed, 6.8% unemployed and seeking work, 19.0% not in the labour force and 7.4% not stated. Of those in the labour force, 40.7% were working fulltime (45% of males and 36% of females) and 21.5% worked part-time (18% of males and 25% of females). More detail is provided in Table 10, Appendix 2.

Some 11% of children aged 10-14 years are employed, with two thirds of these working 1-5 hours a week. The most common occupation for boys is delivering newspapers or leaflets and for girls, sales work. More than half worked for an employer and a third worked for a family business.[48]

Unemployment rates vary across SSWAHS, with the highest levels of unemployment in the LGAs of Campbelltown (9.9%), Fairfield (8.5%) and Bankstown (7%). These are above the NSW average of 6.1%. The LGAs of Fairfield, Liverpool, Bankstown, Campbelltown and

Canterbury also have the highest number of residents on Disability Support Pensions, Newstart Allowance and Youth Allowance.[49]

The present cohort of young people in Australia ('Generation Y') are more highly educated than any preceding generation at the same age. However a persistent group of young people, mostly early school leavers, are not engaged in either school or study. 14% of 15-19 year olds in 2006, were neither in full-time study or full-time work, and this statistic has barely shifted over the past decade, despite a 30 year low in the unemployment rate.[50] Those that are not fully engaged may be at risk of becoming long-term unemployed, underemployed or marginally attached to the labour force. As might be expected, the proportion of young people not fully engaged, increases with lower levels of school completion.[51]

Well over half of school students of working age, work part-time. Anecdotal evidence suggests many are employed in fast-food franchises, or in part-time and casual retail and hospitality jobs. Those that do work while they are still at school, have a higher chance of finding full-time employment on leaving school.
At age 20-24, around two thirds have completed year 12, 36% hold a post-school qualification of Certificate 111 or higher, 36% are studying for such a qualification and 53% are employed full-time.[52]

3.1.5 Housing

In 2006, almost one third (32.3%) of SSWAHS residents lived in rental properties compared to 29.5% for NSW. The largest proportion of public housing properties are located in the LGAs of Campbelltown (12.2%), the part of the City of Sydney included in SSWAHS (11.3%) and Bankstown (9.4%), each over double the NSW average (4.7%). More detail is provided in Table 11, Appendix 2.

Data on homelessness is provided in section 3.2.3.

3.1.6 Income

The LGAs in SSWAHS with the lowest gross household weekly income in 2006 were Fairfield with almost two thirds (64.2%) having a gross household income of less than $1000 per week, Canterbury (62.2%), Bankstown (60.4%), Wingecarribbee (57.3%) and Liverpool (55.6%).

More detailed data is provided in Table 12, Appendix 2.

3.1.7 Socioeconomic status / SEIFA

The Socio Economic Index for Areas (SEIFA) rankings for 2006 indicate that the metropolitan LGAs with the greatest socio-economic disadvantage are Fairfield, Campbelltown, Canterbury and Bankstown, with Fairfield continuing to have the fourth highest level of disadvantage of all 188 LGAs in NSW.[53]

3.1.8 Growth Areas in SSWAHS

As indicated above, the population aged 15–24 years in SSWAHS is expected to increase by 19.4% over the next 15 years, or approximately 1.3% a year, which is similar to the projected population growth for the whole population.

Population growth is projected to be greatest in Liverpool and Camden LGAs; and in land releases, such as Edmondson Park (26,000 people by 2012) and the South West Growth Centre Bringelly (an additional 90,000 by 2016 and 300,000 by 2030).

The projected household composition and age profile of the South West Growth Centre population indicates that the predominant household type will be a couple family with young

children, with a median age of 28 years. The age profile of growth areas is likely to reflect the affordability of housing, with first home buyers typically being young families and second and subsequent home buyers being slightly older, with primary school aged children.[54] However the population profile of other recently developed suburbs, such as Harrington Park, indicates a proportion of young people (16.9%) similar to that of SSWAHS as a whole (18.2%) in 2006.

This means that there is unlikely to be a higher than average growth in the youth component of the growth centre populations, within the 5 year period covered by the SSWAHS Youth Health Plan. However in the ensuing period, there are likely to be high rates of growth in the younger age groups, leading to increased demand for early childhood, child and youth health services.

3.2 Health Needs of Young People in SSWAHS

This section begins with an overview of young people's health in Australia and then details population groups and health issues in SSWAHS. Population groups include Aboriginal youth, culturally and linguistically diverse (CALD) and refugee youth, homeless youth, young men, young offenders and young women. Health issues include drug health, injury and violence, mental health, nutrition and obesity, oral health, physical activity, sexual health, tobacco, young parents, young people with chronic illness or disability, and young people, social capital and disadvantage. This section then concludes with data regarding health service utilisation by young people.

The Australian Institute of Health and Welfare report: *Young Australians: Their Health and Wellbeing 2007*[55] states:

> **"**Youth is a period of rapid emotional, physical and intellectual change, where young people progress from being dependent children to independent adults. It is also a critical time for establishing and reinforcing good health and social behaviours. Young people who are unable to make this transition smoothly can face significant difficulties in both the short and long term.…
>
> Most young Australians are healthy but there are still significant areas of concern, including mental health, chronic diseases such as asthma and diabetes, abuse, neglect and injuries. In addition, Aboriginal and Torres Strait Islander young people and young people from lower socio-economic backgrounds continue to be disadvantaged across a broad range of health and socioeconomic indicators."

For young Australians as a whole, strengths include:

- Life expectancy at birth has improved over the last 20 years with a gain of 5.6 years for males and 4 years for females
- Death rates among young people aged 12-24 years have halved, largely due to decreases in deaths due to injury including poisoning, suicide, transport accidents and drug dependence
- Over 90% of young people rate their health as excellent, very good or good
- Asthma prevalence and hospital separation rates for asthma have declined
- Melanoma incidence has decreased
- The apparent retention rate to Year 12 has increased substantially from 49% in 1986 to 75% in 2006; and the proportion of those aged 15–24 years with a post school qualification has increased from 23% to 26%
- 85% of young people aged 15-19 years and 76% of those aged 20-24, were participating full time in education and/or work in 2006.

Areas of concern include:

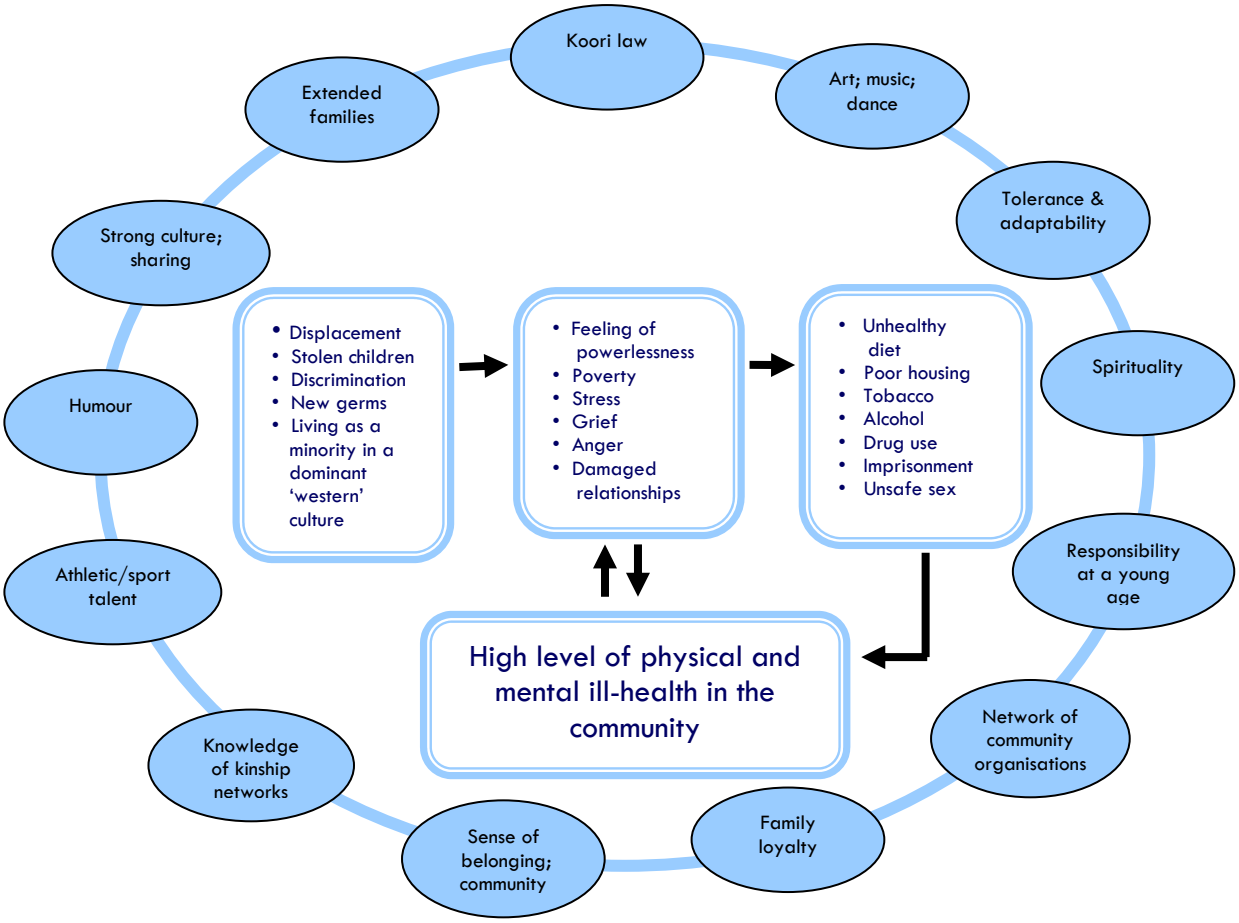
- Mental disorders account for almost 50% of the disease burden for young people, particularly for psychoactive substance abuse, schizophrenia and depression

- Injury continues to be the leading cause of death, accounting for two thirds of all deaths of young people in 2004
- 25% of young people were overweight or obese and less than half of young people were meeting recommended physical activity guidelines
- Less than half of young people were meeting daily vegetable consumption guidelines
- Almost one third of young people drank alcohol in amounts that put them at risk in the short-term and 11% were at risk from long-term harm.
- Around 17% of young people were current smokers and 13% were exposed to tobacco smoke inside their home
- Young mothers were more likely to smoke during pregnancy than mothers in other age groups
- Unemployment rates were 12.5% for 15-19 year olds and 6.3% for 20-24 year olds, compared to 17% for all ages in 2006, and
- Young adults aged 18-24 years accounted for 20% of the prison population
- Young Aboriginal and Torres Strait Islander Australians have higher rates of death (almost 4 times), injury (almost 5 times) and some chronic diseases (asthma 1.3 times and diabetes more than 3 times) compared with other young Australians.[56]

3.2.1 Aboriginal and Torres Strait Islander Youth

The determinants of health and well-being for Indigenous Australians are multi-factorial, with cultural, historical, environmental and socio-economic factors all contributing to poorer health and well-being. The socio-economic disadvantage experienced by Indigenous young Australians includes lower income, poorer educational outcomes, higher unemployment rates, poor housing and exposure to violence.

Despite their history, Aboriginal people have survived and have enormous resilience. Aboriginal organisations report that organised sports, the arts, and extended family and kinship networks are all strengths for Aboriginal communities and young people. The historic, socio-economic and resilience factors affecting Aboriginal health are illustrated in the following model.[57]



As with the Indigenous population as a whole, young Aboriginal and Torres Strait Islander people suffer poorer health than their non-Aboriginal counterparts. Young Indigenous people experience higher rates of death, injury and disability than other young Australians, and are more likely to live with certain chronic diseases. For young Aboriginal Australians:

- Death rates are 4 times higher than for non-Indigenous young people and for young Indigenous males are twice the rate for non-Indigenous females
- Indigenous women tend to give birth at younger ages than non-Indigenous women, with births to teenage mothers (under 20 years of age) more than five times more common
- Indigenous Australians aged 18-24 years were more than 1.5 times likely to have a disability or long-term health conditions compared with non-Indigenous people. Of these, 1 in 6 had a profound or severe core activity limitation, meaning that they always or sometimes needed assistance with at least one activity of everyday living (self-care, mobility or communication)
- Whilst chronic diseases affecting young Aboriginal Australians are similar to those affecting all young Australians, rates of asthma, diabetes and rheumatic fever are higher. 16% of young Aboriginal Australians report asthma, compared to 9% for all young Australians
- Lower proportions of Indigenous young people accessed primary care services – 15% of Indigenous young people consulted a GP or specialist and 3% consulted a dentist, compared with 17% and 6% of non-Indigenous young people respectively Conversely, Indigenous young people were more likely to use tertiary health care services, such as hospitals and more than twice as likely to use emergency departments and outpatients, than other young Australians

- Chlamydia and gonorrhoea were the most commonly reported sexually transmitted infections and rates are considerably higher among young Aboriginal Australians. Rates of hepatitis B, hepatitis C, infectious syphilis and HIV are also high in Aboriginal young people
- 50% of Indigenous young people aged 18-24 years were daily smokers compared with 26% of non-Indigenous young people
- Young Indigenous Australians are also more likely to be obese, be physically inactive, have poorer nutrition and higher rates of substance use, imprisonment and lower educational attainment
- Indigenous young people aged 12-17 years were 6 times as likely as other young Australians to be on care and protection orders and to be placed in out-of-home care
- The rate of homelessness is considerably higher among young Aboriginal Australians and they are over-represented among Supported Accommodation Assistance Program (SAAP) clients
- Indigenous young people experience higher rates of imprisonment and juvenile justice supervision.[58] [59] [60]

Aboriginal and Torres Strait Islander communities also have a high level of need related to mental health and wellbeing and relatively low levels of specialist mental health service utilisation. Numerous reports have emphasized the complex interrelationship of individual, historical, social, cultural, economic and environmental factors that influence the mental health and social and emotional well being of Aboriginal people. In addition, collective distress and trauma exist as underlying stressors to Aboriginal life. Children and young people in particular, continue to experience levels of distress that are too high and have poor physical health and emotional and social well being compared with the non-Aboriginal community.

A burden of grief, loss and trauma impacts on Aboriginal people, especially on members of the stolen generations. Sources of this burden included the forcible removal of children, the erosion of family and community structures, disproportionate rates of incarceration and frequent deaths affecting all members within extended kinship structures. Mental illness is often masked by, or associated with, alcohol and substance abuse and can lead to significant family dislocation and psychiatric disability.

Whilst information on mental health and some social and emotional well being indicators for Aboriginal people is (still) inadequate, there is data to show that, compared to other Australians, Aboriginal communities have:

- Rates of suicide and self-harm at least twice the national rates, particularly among young people
- Up to twice as many hospital separations for mental and behavioural disorders, with schizophrenia, psycho-active substance abuse, and reactions to severe stress and adjustment disorder, being the most common
- Hospital separations for ‘mental and behavioural disorders due to psychoactive substance use’ 4 times as high for males and three times as high for females
- High rates of imprisonment, of young males in particular, contributing to emotional distress and mental illness, making parents unavailable to their children, reducing chances of subsequent employment and leaving young men on their release, permanently alienated from their communities and more likely to turn to substance abuse and violence.[61]

3.2.2 Culturally and Linguistically Diverse and Refugee Youth

As indicated in section 3.1.2, 40.6% of people in SSWAHS speak a language other than English at home,[62] making SSWAHS the most ethnically diverse health area in Australia.[63]

Young people aged 15-24 years born overseas have lower mortality and morbidity rates than Australian-born youth – this may be due in part to the protective influence of cultural and family support. The needs of CALD and refugee youth vary, depending on their length of time in Australia,[64] their English language ability and the circumstances of migration.

Recently arrived migrant and refugee and young people experience a range of barriers to accessing health services, including lack of awareness of services and understanding of the system, communication difficulties, and lack of culturally appropriate services. They may also have difficulty communicating with doctors due to inadequate or inappropriate use of interpreters or not trusting confidentiality, and doctors not understanding their unique needs. Young women may have difficulty with requiring female doctors and interpreters and culturally appropriate treatment for sensitive issues.

Newly arrived migrant and refugee young people can experience behavioural and learning difficulties, depression, anxiety, post-traumatic stress disorder, psychosomatic disorders and identity issues. Psychological difficulties may manifest as social problems, behavioural disturbances, isolation, sleep and concentration issues, hopelessness and apathy, and delinquency. For some CALD groups it may be more appropriate to refer to 'emotional health' or 'well-being' rather than 'mental health', and services such as counselling may be unfamiliar.[65]

Whilst the health of second generation young people may more closely resemble that of the general population, they may continue to experience issues around identity, racism, and clash of cultural expectations. There is also the potential for increased stresses and conflict stemming from different levels of cultural affiliation between the generations; with the continuing influence of parental ethnic background varying with the specific culture involved and interaction with individual, familial and socio-economic factors.[66]

Sport and recreation activities promote social, mental and physical health and are an important tool for engaging young people, including those of CALD backgrounds. In addition, young people identify sport and recreation as one of their priority issues. Sport can assist with social connection, coping with traumatic experiences and racism. Arts and music programs can have similar benefits, with positive effects on self-esteem, confidence, language skills and friendships.[67]

The Centre for Multicultural Youth Issues (CYIN) in Victoria, states that health issues for migrant and refugee youth are best addressed through specialist youth health services and refers to The Corner Youth Health Service at Bankstown and Canterbury Multicultural Youth Health Service as good examples. In addition to the issues already identified, CYIN identifies the need for culturally appropriate information and services regarding sexual health and sexuality, drug health, health promotion and services for young CALD women who are pregnant or mothers. CYIN also identifies that other than specialised torture and trauma services, there are few mental health support services for CALD young people.[68]

In general, health issues for Pacific Islanders are similar to those for other Indigenous peoples. For Pacific Islander young people they have been identified as alcohol and other drugs, sexual health, teenage pregnancy, grief and loss, anger management, mental health, physical activity, and poor access to health services.[69]

Each year, some 4,000 people who have experienced persecution or other serious human rights abuses settle in New South Wales. Common refugee experiences include torture, war or civil unrest, the loss of family and friends through violence, and prolonged periods of deprivation. These experiences can have major implications for health status and the delivery of health care.[70]

The NSW Refugee Health Service reports that young refugees commonly have significant psychological health issues, poor oral health, nutritional deficiencies, untreated injuries from exposure to violence, parasitic and infectious diseases, poor past access to prevention programs such as immunisation, and sexually transmitted infections and unwanted pregnancies from sexual assault. Young women from some countries may also have undergone female genital mutilation, which can have long-term physical, psychological and social effects.[71] Further, refugees of African background may have major health needs, including high prevalence of malaria, schistomiasis, skin and scalp infections, eye problems, musculoskeletal conditions and gastrointestinal problems.

3.2.3 Homeless Youth

Data from the Supported Accommodation Assistance Program (SAAP) estimates that 1% of young people aged 12-24 years were considered to be homeless in 2001, representing 36% of the homeless population, with the rate of homelessness among Indigenous Australians nearly 4 times as high. Research by the RMIT University in Melbourne suggests similar figures, with numbers rising by about 1% a year. In addition to Indigenous communities, other groups over-represented in the young homeless population include young people from single parent and blended families and teenagers who have been in state care and protection.[72] Domestic violence (for families) and teenage pregnancy are also significant contributors to homelessness.[73]

A major study on youth homelessness in 2006, estimated that the proportion of homeless secondary school students in NSW was 0.8%; and reported that 34.1% of SAAP clients in NSW, for the period 2001-2006, were school students. This study also found that the number of homeless school students had dropped since 2001, with evidence of determined efforts being made to help students stay at school, and that it was now commonplace for schools to work with community agencies, in ways that were rare a decade ago.[74]

If these estimates are projected for SSWAHS, some 2,542 young people were ‘couch surfing’, living on the streets, or in temporary or makeshift accommodation in 2006. Service mapping for the Youth Health Plan identified a relatively large number of youth accommodation services in SSWAHS, which tends to support this data.

Homelessness is strongly associated with poor health, particularly mental illness. The social and physical conditions in which many homeless people live, contribute to, or exacerbate, their poor health.[75] Studies show that 50 percent of young people accessing housing or homeless agencies have one or more identifiable mental health issues, most commonly disorders of conduct, personality and learning. Other health issues for homeless young people are hygiene, contraception, malnutrition, drug and alcohol dependence and sex work issues.[76]

A 2003/04 survey of 170 street-based youth in the City of Sydney identified that their average age was 15.5 years, 60% were male and 40% female and the vast majority were using a combination of marijuana, heroin and speed.[77]

3.2.4 Young Men

Mortality rates for young males are twice as high as those for young females – with these deaths mostly due to accidents and suicide. Nearly half of young male injury deaths are due to road traffic accidents. Male suicide rates are 3 times higher than females. The rate of substance abuse disorders is also twice as high for males.[78] [79]

Marginalised young men have been described as “at risk of homelessness, mental illness, suicide and involvement in the criminal justice system.” This group is also likely to be poor socially and economically, involved in problematic drug use, often disconnected with their families, tend to have difficulties with mainstream education and ‘fitting in’ and struggle to

find motivation and hope. These problems are exacerbated for young men who are Indigenous, gay or transgender, have a mental illness or intellectual disability, have CALD backgrounds, or where there is intergenerational drug abuse and/or unemployment. Marginalised young people are likely to be over-represented in the most disadvantaged areas of SSWAHS, for example Claymore, Macquarie Fields, Redfern/Waterloo, Cabramatta, Miller and Villawood.[80]

Young men are (also) overrepresented in homeless and juvenile justice populations – further information about the health needs of these groups is included in Section 3.2.3 and 3.2.5. More detail re injury is provided in Section 3.2.8 and re disability in Section 3.2.15.

3.2.5 Young Offenders

Young people who come into contact with the criminal justice system represent a particularly disadvantaged population, characterised by high levels of socio-economic stress, physical abuse and childhood neglect. Childhood neglect is considered to be one of the strongest predictors of later youth offending. There are a number of family and community factors leading to neglect, including economic hardship, housing inadequacy, poor social support networks, and poor family functioning.

Young offenders often have significant physical and mental health needs and many have engaged in health risk behaviours from an early age.[81]

According to a study of NSW Young People (aged under 20) on Community Orders by the University of Sydney in 2006, the most common offences were 'other assault', robbery and aggravated assault. The study reported that the health needs of this group did not differ substantially from young people in custody. It found:

- 27% had one or more parents who had been imprisoned
- whilst abuse and neglect were considered under-reported, 46% reported emotional abuse and 50% emotional neglect, 31% reported physical abuse and 37% physical neglect, and 14% reported sexual abuse
- IQ was in the low average range with up to 15% having an intellectual disability
- 56% had left school before commencing year 10, 60% had not attended school regularly and 89% had been suspended from school
- 62% could read at a low average age or better
- 78% of males and 79% of females rated their health as 'good', 'very good' or 'excellent'
- Asthma, ear infections, sleeping problems and fatigue were relatively common
- 81% were smokers and 25% smoked more than 20 cigarettes per day
- 89% had used cannabis, 47% at least weekly
- 31% engaged in binge drinking at least weekly
- 7% males and 17% of females had injected drugs in the previous 12 months
- 40% reported severe symptoms consistent with a clinical psychiatric disorder with substance abuse disorder (26%) and conduct disorder (19%) being the most prevalent; and 25% had distress scores suggestive of a depressive or anxiety-related disorder
- 15% of males and 28% of females had intentionally hurt or injured themselves, with 8% of males and 18% of females having attempted suicide
- 20% had not seen a doctor in the community in the last 12 months, and 21% believed they had a medical problem in the last 12 months but did not seek treatment
- Aboriginal and Torres Strait Islanders comprised 34% of young *offenders* in NSW.[82]

Young men aged 17-24 years comprise about 27% of the total *inmate* population in correctional facilities in NSW and Aboriginal and Torres Strait Islander people comprise about 13%. Personality disorder remains the single most common diagnosis among people seen by prison psychiatrists in Australia. In addition, 73% of males and 83% of females identify alcohol and other drug problems as having led to their imprisonment. Inmates have a risk of suicide 5 to 7 times higher than the general population.[83]

3.2.6 Young people in Out-of-Home Care

Out-of Home-Care (OOHC) refers to the residential care and control of a child or young person at a place other than their usual home, for a period in excess of 14 days, by a person other than a parent or relative, where the care and control is provided under an order of the Children's Court or where the young person is a protected person as defined by the Care Act. Designated agencies, including the Department of Community Services, provide placement, supervision and support services and are responsible for the authorisation of carers who have responsibility for the daily care and control of the child or young person whilst in OOHC.[84] The rate of Aboriginal children and young persons in OOHC, remains significantly higher than for all children and young persons in the state.

Studies show that children and young persons entering care have a high prevalence of acute and chronic health problems and developmental disabilities. Once in OOHC they have significantly poorer outcomes in relation to visual defects, dental health, hearing impairments, speech development, immunisation, mental, emotional and behavioural health. For adolescents in OOHC attention problems and aggressive and delinquent behaviour are 6 to 7 times as high as their peers and depression is significantly higher, particularly for boys. The Children in Care study stated that more than half of boys and girls in OOHC had clinically significant mental health difficulties, with complex disturbances, including multiple presentation of conduct problems and defiance, attachment disturbance , attention deficit/hyperactivity and trauma related anxiety. There is also a strong relationship between placement instability and high mental health service usage by children in care.[85] [86]

The Report of the Special Commission of Enquiry into Child Protection Services in NSW[87] was released in November 2008. Recommendations that relate specifically to young people and health services include:

- Within 30 days of entering Out-of-Home Care (OOHC), all young persons should receive a comprehensive multi-disciplinary health and development assessment, which should be repeated annually.
- There should be sufficient health services, including speech therapy, mental health and dental services, available to treat, as a matter of priority, young people in OOHC.
- The introduction of centralised electronic health records as a priority.

These recommendations are likely to require some shifting of resources to implement.

Further studies show that young people leaving out-of-home care are often poorly equipped in their ability to cope with the transitions they have to make in a short period of time. Compared to those their age in the general population, they:

- had lived on average in 8 places in the subsequent 4-5 years (in comparison 50% of their age mates were still at the same address)
- were half as likely to have finished school and a third as likely to be in full-time work or study, or combined part-time work and study; and
- were twice as likely to be living on a low income.

Of the young women, one in three were pregnant or had had children by the age of 20 (compared to 2% in the general population) and by the age of 24, more than half (57%) had children, compared with 6% in the general population.

Young people did much better if they were at least 18 on leaving care, had already completed secondary schooling, had support from those around them and were able to maintain some continuity in their relationships and living arrangements.

An interagency approach is needed, which includes access to dental treatment, physical and mental health care; as well as specific support for young parents.[88]

3.2.7 Young Women

Rates of depressive disorders are 4 times higher for young females and females are 2.5 times more likely than males to be hospitalised for self-inflicted injuries.[89]

Eating disorders are also more likely to affect females than males and commonly have their onset in the adolescent and young adult period, with more than 90% of those with eating disorders being young women aged 12-25 years. Anorexia nervosa is the third most common illness among adolescent girls (after obesity and asthma) and one in 100 adolescent girls develop the disorder, which causes more deaths than any other psychiatric disorder. It is estimated that one in five female students are bulimic.[90] [91]

Sexual assault is also overwhelmingly an issue for young women. The National Women's Safety Survey, conducted by the Australian Bureau of Statistics in 1996[92] found that 19% of young women aged 18-24 had experienced an incidence of violence in the previous 12 months, compared to 7.1% of all women 18 years and over. 4.9% of women experienced physical violence and 1.9% sexual violence. 99% of the perpetrators of sexual violence were men. Only 15% of women who identified an incidence of sexual assault had reported the incident to police.[93] [94]

Young refugee young women are particularly vulnerable to sexual assault during their migration experience. They may also have to contend with further community rejection due to their status as 'chaste women' being compromised.[95]

Data for medical presentations to SSWAHS Sexual Assault Services for 2003-2007 indicates that 35.7% of clients were aged 12-24 years,[96] (predominantly 16-24 years, as children, particularly those aged less than 14 years, are referred to specialist Child Sexual Assault services). 38% of medical presentations to the Sexual Assault Service at Liverpool in 2007 were for 16-24 year olds.[97]

The 2006 International Violence Against Women Survey found that 57% of Australian women reported some level of physical/sexual harm over their life. Young women and men aged 18-24 years had experienced violence at higher rates than older women and men. Since the age of 15, 25% of women and 10% of men had experienced unwanted sexual touching and 15% of women and 5% of men had experienced violence from a previous partner. Another study found that levels of physical dating violence increased with age, with 21% of 12-14 year olds who had had a boyfriend reporting they had experienced such violence compared to 42% of 19-20 year old girls.[98]

Data on domestic violence and young people aged 12-20 years, indicates that up to one quarter of young people in Australia have witnessed an incident of domestic violence against their mother or step-mother, with this being more common for young people of lower socio-economic status and Indigenous youth. About one in three young people reported physical violence in their personal relationships, with young women (30%) much more likely to report having been frightened or hurt than young men (12%). 14% of females and 3% of males reported that they had been sexually assaulted.[99]

"Domestic and family violence is very serious, very common and very deadly". Young people are affected by living in an environment where one parent abusers the other, they may be targets of violence occurring within the home, and they may be victims of abuse perpetrated by their own partner. Moreover, domestic violence is one of the highest causes of homelessness. It affects a vast number of young people, whether or not they have been a victim.[100]

National Crime Prevention research with young people found that "about one in three young people have witnessed incidents in the home that may be classified as physical domestic

violence". This is supported by other research such as the Personal Safety Survey, Australia, 2005 which found that 61% of women who experienced violence by a previous partner reported that they had children in their care during the relationship, and an estimated 36% said that these children had witnessed the violence.

Research conducted by the National Crime Prevention agency found that of the young people who had witnessed or were experiencing domestic violence; one third had not told anyone about it. Where they had told someone, this was most commonly friends. This indicates a significant need to provide information and assistance that may assist young people to take appropriate action when they experience violence and/or crime, and also to provide information to young people which could assist them to respond if a friend revealed they were experiencing violence themselves or in their family.[101]

A number of resources are available to inform violence *prevention* programs with young people.[102] [103]

3.2.8 Drug Health (Tobacco is discussed in section 3.2.14)

Alcohol and 'binge drinking' is arguably the biggest drug health issue for young people in Australia in 2008. Risky drinking has been defined as 7-10 standard drinks per day for adult males and 5-6 for females; high risk drinking as 11 or more drinks on any one day for males and 7 or more for females; and very high risk drinking as 20 or more drinks a day for males and 11 for females. Both high risk and very high risk drinking would meet the community perception of binge drinking, ie drinking to get drunk. There is no recommended safe level of alcohol consumption for people under the age of 18.

Alcohol use in young people is associated with higher rates of depression anxiety and suicide, assault and injury, sexually transmissible illnesses (STIs), unplanned pregnancy, sexual assault, domestic violence, drink driving and road injury, and use of illicit drugs. Longer term effects of high levels of alcohol use include heart disease, liver damage, high blood pressure, depression and impaired cognition.[104] [105] [106] [107] [108]

The 2005 NSW School Students Health Behaviours Survey (SSHBS) indicates that 68.8% of students aged 12-17 years in SSWAHS had consumed an alcoholic drink, and 27.6% had an alcoholic drink in the previous 4 weeks. 18.2% of students in SSWAHS were considered to be risk drinkers and 2.3% had engaged in high risk or binge drinking. Rates of drinking increased with age and they were lower in SSWAHS than for NSW. This survey reports that the rates of binge drinking among NSW secondary students have remained relatively stable over the last 20 years. As it is illegal to provide alcohol to people under the age of 18, the reported source of alcohol is also of interest – this was parents (32.8%), someone else (21.8%) or friends (20.3%).[109]

Of persons aged 16–24 years in SSWAHS, 28.9% reported levels of risk drinking, compared to 41.2% for NSW. Young women were considerably more likely to engage in risk drinking in SSWAHS, with 19.7% of males and 37.2% of females engaging in risk drinking compared to 42.7% for males and 39.6% for females for NSW.[110] For all age groups, the highest reported proportion of alcohol risk drinking behaviour was among young people aged 16-24 years, with 34% reporting high risk alcohol drinking behaviour in the last 4 weeks, in 2003.[111]

A 2008 Victorian study reported that 23% of males and 19% of females aged 16–24 years regularly (at least monthly) engaged in very high risk drinking. Liquor outlet density, particularly in regional and rural areas, was found to have an incremental effect on risk-drinking among young people. Young people from English-speaking backgrounds, who were working, living with a single parent or in an 'other' household type, who had experienced family conflict, who had initiated drinking at a young age or had higher levels of recreational

spending money, were also more likely to report very high-risk drinking than their counterparts.[112]

A 2004 Victorian survey reported that the current generation of drinkers starts younger, drinks more and indulges in binge drinking to a greater extent than any previous generation. Teenagers are now starting to drink alcohol more regularly at 14 years of age, a time when their brains are continuing to develop. Almost a third (32.2%) of young people aged 16-24 years reported drinking alcohol until they could not remember what happened at least once in the previous 12 months, 6.6% at least monthly and 1.8% at least weekly.[113]
Evidence as to whether binge drinking has increased is conflicting. A comprehensive review of the available literature and trends over time in 2008 found that the Australian Secondary Students Alcohol and Drug Survey and the Victorian Youth Alcohol and Drug Survey showed a significant increase in risky drinking for 16-17 year olds. It also found that alcohol-caused hospital admissions and emergency department presentations had increased substantially in the last 8 years for 16-24 year olds, particularly females aged 18-24. In contrast, the National Drug Strategy Household Survey showed little change.[114]

Additional confounding variables for youth binge drinking in SSWAHS could include ethnicity (alcohol use is generally lower in many of the larger CALD groups in SSWAHS), higher numbers of marginalised young people and the increasing prevalence of mental illness (both likely to increase alcohol consumption).

In the community consultations for the Youth Health Plan (reported in Chapter 5), alcohol and/or binge drinking were the most common issues identified by 44 (38%) of service providers and 59 (48%) of young people consulted. Service providers identified that increased problematic alcohol use resulted from the number of liquor outlets in regional locations, poor public transport, the opening of new large liquor outlets,; and was related to drinking in public spaces such as parks, crime, assaults and anti-social behaviour. It was noted that drinking had increased among young women and was an issue for Aboriginal and Torres Strait Islander and Pacific Islander young people. This is supported in the literature.[115]

Binge drinking has received considerable media attention in recent times. In March 2008, the Federal Government announced $53 million over 1-2 years, to tackle the “binge drinking epidemic among young Australians” including community-level initiatives targeting sporting organisations, “innovative early intervention and diversion programs” and a “hard-hitting” TV, radio and internet campaign.[116] Legislation has also been introduced to increase the tax on ready to drink spirits or ‘alco-pops’ which are popular with young women and under-age drinkers.[117]

The state-wide Nepean Youth Drug and Alcohol Service (based in Penrith), caters for 12-20 year olds, with some flexibility in age criteria according to client need. It provides a full range of Drug Health services, including inpatient and outpatient detoxification, health promotion and partnerships with NGOs. For the period August 2006 – August 2007, service user data indicates clients’ primary drug was cannabis (54%), alcohol (17%) and amphetamines (15%). 80% of clients were poly drug users, 84% were cannabis-dependent, 52% were alcohol dependent and 54% were amphetamine dependent. Most drug users commenced with alcohol.[118]

With regard to illicit drugs, cannabis is the most commonly used by young people, followed by amphetamines (including methamphetamine or Ice), ecstasy, cocaine and heroin.[119] Illicit drug use is most common in 20-25 year olds, with an estimated 12.4% using illicit drugs up to once a week.

The 2005 NSW SSBHS indicates that in the previous 4 weeks, 5.7% of students used marijuana or cannabis, 2.8% used sedatives or tranquillisers other than for medical reasons,

1.9% used amphetamines, 1.7% used ecstasy, 1.3% used hallucinogens, 1.1% used cocaine, 1.1% used steroids and 0.9% used heroin. Males were two to three times more likely than females to have used any of these drugs and drug use increased with age. SSWAHS had equivalent rates to NSW for heroin and was lower than the state average for other classes of illicit drugs.[120]

Consistent with a number of other studies, the 2002 NSW SSHBS indicates that recent substance use was associated with high psychological distress in secondary school students for all substances. Just over 8% of NSW secondary school students were found to have both engaged in recent substance use and experienced high levels of psychological distress and "this subgroup of students appears to constitute a potentially vulnerable minority of students in NSW schools that is at high risk of acute and long-term psychological and health problems".[121] Other studies have shown a link between substance use and a higher prevalence of psychiatric disorders, particularly cannabis use, for those with a pre-disposition for psychosis.[122]

Dual diagnosis or co-morbidity, where individuals have a co-existing mental health and substance abuse disorder, has been reported as between 50 and 70% for people with schizophrenia or bipolar disorder and is associated with poorer treatment outcomes. For adolescents and young people there is evidence that co-morbidity is becoming increasingly common and occurring at younger ages. Young people with co-morbidity are also overrepresented among the homeless and in the criminal justice system. Integrated treatment models are recommended as superior to sequential or parallel treatment models. Partnership approaches and the more holistic approach of youth health services are also seen as more effective forms of intervention.[123]

3.2.9 Injury and Violence

Injury is the single largest cause of lost years of life in Australia and causes severe morbidity in young people that may continue for the rest of their lives. Moreover, serious and life-threatening injuries occur most often in young people aged 15-24 years, with this age group representing 16% of all admissions for serious injury in the former SWSAHS over a 10 year period.[124] Young people are particularly vulnerable to injury through a combination of factors including involvement in risk taking behaviour, participation in sport, driving inexperience and the prevalence of mental health problems leading to self harm and risky behaviour. The risk of injury and the type of injury is strongly associated with age and gender, and is influenced by family socio-economic status and location.[125]

As mentioned in the introduction to Section 3.2 above, death rates among young people aged 12 -24 years have halved in recent years, largely due to decreases in deaths due to injury including poisoning, suicide, transport accidents and drug dependence. However injury continues to be the leading cause of death, accounting for two thirds of all deaths of young people in 2004; with transport accidents accounting for 45% and suicide accounting for 27% of all injury deaths. Injury was also the leading cause of hospital separations for young males and the fourth highest for young females in 2004-05. Transport accidents were the most common cause of injury for males and suicide was the most common cause for females.

The 1993 Crime and Safety Survey showed that persons in the age group 15-19 years were more likely to be a victim of a personal crime such as assault, sexual assault, and robbery. Young males were much more likely than young females to be victims of robbery and assault, whilst females were more likely to be victims of sexual assault and abduction. Young unemployed people were more likely to be victims than those employed.

In 1995, 19 (17%) of the victims of homicide in NSW were aged 15-24 years, 11,405 (30%) of the victims of assault were in this age group, 1,129 (30%) of the 2,602 reported victims of sexual assault were aged 15-24 years and 69 (39%) of the victims of kidnapping or

abduction were aged 15-24. Victimisation rates for robbery were 5.9% of young people aged 15-24 years, compared to 1.3% for all age groups; 11.2% for assault of young people, compared to 2.6% for all age groups; and 6.3% for sexual assault of young people, compared to 0.8% for all age groups.[126]

The 2006 ABS Personal Safety Survey found that 8.3% of Australians experienced some sort of violence in the previous 12 months. Both men and women were more likely to experience violence from male perpetrators. Women are more at risk of violence in the home from men they know, whilst men are most at risk in public spaces and licensed premises from men they don't know.[127] Injuries caused by violence to young people aged 15-24 years made up 8% of hospitalisations for this age group, with young men accounting for three quarters of these hospitalisations.[128]

The 2005 NSW School Students Health Behaviours Survey reported that 39.4% of students aged 12-17 years had had an injury in the last 6 months for which they had had to see a doctor, physiotherapist or health professional; and males were significantly more likely to have been affected than females. Whilst sport and physical activity provide health benefits, they also increase the risk of sports injuries. Amongst those students injured in the last 6 months, 46% were injured during sport (excluding school sport), 19.5% at leisure or play, 16.5% at a school activity (including school sport), and 3% whilst in paid employment. Students in SSWAHS (29%) were significantly more likely than those in NSW as a whole (19.5%), to have been injured at school.[129]

Further data concerning sexual assault is included in Section 3.2.6. Data concerning acquired brain injury is included in Section 3.2.15.

3.2.10 Mental Health

Mental health problems and/or problematic alcohol and substance abuse is the most important health issue affecting young Australians. Approximately 14% of 12-17 year olds and 27% of 18-25 year olds, experience these problems each year. 75% of mental health problems emerge before the age of 25 and up to 50% of substance abuse problems are preceded by mental health issues in young people. Overall mental health and substance abuse disorders account for 60-70% of the disease burden among 15-24 year olds. However, currently only one in four young people experiencing mental health problems actually receives professional help and even among young people with the most severe problems only half receive professional help.[130] [131] [132]

A number of mental disorders are first manifest in childhood and adolescence and many disorders that are diagnosed in adulthood have their origins in childhood. Common mental disorders found in children and young people include developmental disorders such as dyslexia or autism, behavioural disorders such as attention deficit/hyperactivity disorder and conduct disorders, depression, and schizophrenia. Mental disorders were the leading contributor to the burden of disease and injury among young Australians aged 15-24 years, with anxiety and depression being the most common for both males and females. Experiencing a mental disorder is associated with lower educational attainment, joblessness and poorer physical health.

A range of risk factors increase the likelihood that mental health problems will develop including genetic factors; marital discord between parents; social isolation; bullying at school; failure to achieve academically; physical, sexual and emotional abuse and neglect; and socioeconomic disadvantage. Protective factors include: problem-solving skills, family harmony, social support, a positive school environment, social networks and involvement in community groups.[133]

Certain demographic features of SSWAHS population are likely to contribute to a higher than average incidence of mental illness:

- higher levels of disadvantage
- concentrations of boarding houses, public rental housing and crisis accommodation which are commonly used by people with longstanding mental health problems
- significant numbers of refugees with torture and trauma backgrounds
- significant numbers of Aboriginal people with a high need for services and a lower service utilisation, and
- significant numbers of people from CALD backgrounds who are less likely to seek services due to the stigma associated with mental illness in their country of origin.[134]

Mental illness such as depression and related disorders, substance abuse, first onset psychosis and anxiety disorders pose a significant problem for young people and their families. Recent research suggests that up to 24% of adolescents experience depression by the time they are 18 years old.[135]

Evidence shows that mental health problems in childhood and adolescence are strongly predictive of poor mental health and social outcomes later in life.[136] The NSW Health – Prevention Initiatives for Child and Adolescent Mental Health – A Source Document 2002 provides information on a range of evidence-based programs for promoting the mental health and wellbeing of children and adolescents and preventing the development of mental health problems and disorders within a population health framework. Priority groups that are more vulnerable or who may have higher needs included children and adolescents in out–of-home care, those in contact with Juvenile Justice, those with developmental disabilities or chronic physical health problems and children of parents with mental illness.[137]

14.6% of young people aged 16–24 years in SSWAHS reported psychological distress, compared to 12.5% for all persons in this age group for NSW.[138] High psychological distress was reported by 16.6% of secondary students in 2005 and was reported more commonly among females than males (20.9% versus 12.2%). High psychological distress has been shown to be associated with increased rates of substance abuse and poor school performance. However, 37.5% of students experiencing high psychological distress did not talk to anyone.[139]

Youth suicide has been described as “the extreme manifestation of mental distress in young people”.[140] Rates of suicide among 15-24 year olds have been reducing over recent years and 58 males and 17 females died through suicide in NSW in 2004. This represents 8.7 per 100,000 population (14.1 deaths per 100,000 in males and 3.5 in females.) The difference between males and females is largely due to males using more lethal methods. In contrast there were 925 attempted suicide hospital separations for males in NSW in 2004/05 and 2,159 for females.[141] The NSW Suicide Prevention Strategy reports that for every person who dies from suicide there are another 30 to 40 people who have attempted suicide.

Those at higher risk of suicide include young men and women, particularly young men in rural areas; people with mental health problems or disorders, particularly depression; people who have attempted suicide before; people who use alcohol or other drugs at harmful levels; people who are homeless or living in refuges; people in custody; people who have been abused; Aboriginal and Torres Strait Islander people; young people who are gay or lesbian; unemployed people and others. Many young people in SSWAHS will fall into a number of these population groups.

Between 20-50 per cent of people who have attempted suicide have had contact with health services in the weeks before, most commonly hospital emergency departments and to a lesser extent, general practitioners (GPs). Emergency Departments and other emergency

services have important roles in suicide prevention, with people who have made a previous suicide attempt having a suicide risk up to 30 times that of the general population.[142]

8% of young people aged 12-17 years have Attention Deficit Hyperactivity Disorder, 3% had Conduct Disorder and around 16% of people with these conditions have both disorders.[143]

It has been estimated that 22% of children and adolescents live in homes where a parent is affected by a mental illness. Adolescents in this situation are at increased risk of developing mental health issues themselves, particularly mood disorders, and face disconnection from family, friends, school and their communities. They may also be carers for the affected parent and for other family members.[144]

A recent article in the *Medical Journal of Australia* surveyed young people and their parents regarding their intentions for seeking help if they were to develop a mental disorder. For adolescents 12-17 years, family was the main intended source of help, mentioned by 45%-60% (depending on the issue identified in a range of case-study vignettes) and GPs were mentioned by only a small minority (4-13%). For young adults 18-25 years, family was relatively less important (21%-31%) and GPs relatively more so (19-34%). By contrast, parents frequently mentioned GPs as an intended source of help for their children (40-72% of parents of adolescents and 61-76% of parents of young adults). For young people, the main barriers to seeking help were embarrassment or concern about what others might think, while the main barrier for parents was resistance from the child. The paper concludes that "Recent initiatives to extend the uptake of treatment for mental disorders have been centred around GPs as the initial point of help-seeking. Few young people see GPs as a preferred source of help, and action is needed to alter this perception or to reform mental health services to be more attractive to this age group." [145]

The mental health and wellbeing of Aboriginal and Torres Strait Islander young people is discussed in Section 3.2.1; and of homeless young people in Section 3.2.3. More detail re Eating Disorders is provided in Section 3.2.6.

3.2.11 Nutrition and Obesity

A third (33.6%) of young people aged 16–24 years in SSWAHS reported overweight or obesity, compared to 28.1% for all persons in this age group for NSW.[146] Data indicate a higher prevalence of overweight and obesity among Aboriginal and Torres Strait Islanders and people of Southern European, Pacific Island and Arabic cultural backgrounds, and amongst those experiencing the most socio-economic disadvantage.[147]

45.8% of young people aged 16–24 years in SSWAHS reported recommended fruit consumption, compared to 50.3% for all persons in this age group for NSW. Females ate more fruit than males. 1.9% of young people aged 16–24 years reported recommended vegetable consumption, compared to 3.9% for all persons in this age group for NSW.[148]

Around one quarter (24.2%) of secondary school students in NSW had consumed high-fat snacks more than 5 times in the previous week and a further 28.0 % had consumed these foods 4-5 times. A third (34.7%) had consumed high-fat fast food in the previous week, a quarter (24.2% had consumed such food twice in the previous week, and 4.5% had consumed such food 5 or more times. In addition, 21.9% had consumed high-sugar drinks more than 5 times in the previous week. [149]

3.2.12 Oral Health

Oral health is fundamental to overall health, well being and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. The impact of oral disease on people's every day lives is subtle and pervasive, influencing eating, sleep, work and social roles. Poor oral health is most evident among Aboriginal and

Torres Strait Islanders, people on low incomes, rural and remote populations, homeless youth and some immigrants, particularly refugees.

Australian's oral health status deteriorates rapidly in later adolescence and early adulthood, and the oral health status of Australian adults ranks second worst in the OECD. There is a fourfold increase in dental caries between 12 and 21 years of age, and almost half of teenagers have some signs of periodontal disease. At the same time, differences in oral health between groups in the Australian community become more marked. Data from public dental clinics (which only see people who hold a concession card) shows that young people aged 18-24 years had, on average, about 5 teeth with untreated decay.[150] [151]

According to the 2002 National Dental Telephone Interview Survey, 75% of young people aged 12-17 years had visited a dentist in the previous 12 months, compared to 53% of those aged 18-24 years. For 14% of 18-24 year olds, that last dental visit had been 2-5 years before the survey, and for 11% it had been 5 years or more.

A retrospective study of the oral health status and treatment needs of disadvantaged young people in inner western Sydney, 2001-2004, found that of 263 presentations, 88% required follow up with the dental hospital or community oral health services, although there was a high failure-to-attend rate of 33%. Over three quarters of those seen subsequently required scale or clean, or fillings and over one quarter underwent tooth extraction. Compared to findings from the National Dental Telephone Interview Survey, this client group were substantially more likely to require fillings (76% versus 28%) and overall males tended to have worse oral health than females. Of concern, was that nearly two thirds of the treatment group had not completed their treatment, primarily because they had failed to attend follow-up appointments.

The majority of dental services are private and tend to be relatively expensive. Where families have health insurance that includes dental care, young people are covered whilst they are still students and/or living with their parents. Demand for public dental care (eg for concession card holders) far outstrips supply and waiting lists tend to be very long, which may in itself contribute to patterns of decay. There is also a shortage of dental providers.

In SSWAHS, access to Oral Health services is governed through the NSW Health Priority Oral Health Program, with an emphasis on active oral health promotion. As public Oral Health services have limited resources, only disadvantaged populations are able to access them via the Priority Oral Health Program, which has weighting for socio-demographic determinants of poorer Oral Health. Additional access is provided through partnerships with specific funding arrangements, such as the Teen Dental Program which runs on Saturdays in Liverpool.

3.2.13 Physical Activity

The Australian Government physical activity recommendations are that children and young people should participate in at least 60 minutes (and up to several hours) of moderate to vigorous physical activity every day; and that children and young people should not spend more than 2 hours a day using electronic media for entertainment (eg computer games, Internet, TV), particularly during daylight hours.[152]

In SSWAHS, 59.3% of young people aged 16–24 years reported adequate physical activity (150 minutes a week), compared to 67% for all persons in this age group for NSW.[153] Lower levels of physical activity are reported in boys of Asian background, girls of Middle Eastern background and people from low income areas.[154]

The 2005 NSW School Students Health Behaviours Survey reports that 13.2% met the recommended level of physical activity, with males and younger students being more likely

to have adequate physical activity. The most common physical activities for male students were: walking for transport (51%), cycling (32%), gym or workouts (31.3%), soccer (30.3%), jogging (27.9%), swimming (26.2%) and cricket (22.6%). The most common activities for girls were walking for transport (56.4%) walking for pleasure (44.2%), dancing (34.6%), jogging (29.0%), swimming (28.2%), soccer (19.6%) and netball (19.0%). Students in SSWAHS (43.3%) were significantly less likely to walk for transport than all students in NSW (53.5%).[155]

3.2.14 Sexuality, Sexual & Reproductive Health

The 3rd National Survey of Secondary Students and Sexual Health, 2002, found that the majority of students had experienced some form of sexual activity such as deep kissing, genital touching or oral sex. 26% of Year 10 students and 47% of Year 12 students reported that they had had sexual intercourse,[156] with the average age for first intercourse being 16 years.[157]

90% of young people are reported as using contraception to avoid unwanted or unplanned pregnancies, with the contraceptive pill and condoms being the most common. Approximately 5% were using withdrawal as a method of contraception. Lack of contraception was more common among younger students.

In addition to the risk of unplanned pregnancies, sexually active young people may be at risk of sexually transmitted infections (STIs). Condom use is the most effective method of protection against STIs among sexually active people. 66% of Year 10 students and 42% of Year 12 students always used a condom, whilst 6% of Year 10 students and 11% of Year 12 students never used a condom.[158]

About one in 20 (5%) of young people report being same sex attracted, with 2% of most recent sexual encounters being same-sex encounters.[159] Across all age groups, research reports that about 10% of men and women are predominantly or exclusively homosexual. The period of 'coming out', when the same sex attracted young person becomes aware of their sexuality and tells others about it, can still be difficult for young people.

Gay, lesbian and bisexual men and women have unique issues in areas of reproductive health, parenting, mental health and substance use. They are also subject to a wide range of attitudes to homosexuality, from acceptance to hostility and homophobia.[160] Evidence suggests that gay, lesbian, bisexual and transgender young people are exposed to increased risk of depression, substance use, isolation and injury, due to violence and suicide.[161] In addition, 85% of all HIV transmission in Australia is believed to be through sexual contact between men, and rates of all three kinds of Hepatitis are more common in this group.[162]

The NSW STI Strategy 2006-2009 indicates that access to services is an important determinant of young people's experience of risk and that service providers have identified young people's access to sexual health care through general practice may be limited by:

- Lack of access to a Medicare card
- Concerns regarding confidentiality
- Difficulties in accessing appropriate transport
- Cost of treatment
- Lack of choice
- Declining rates of bulk billing GPs
- Fear of being judged or an unsupportive service.[163]

Talking Sexual Health – National Framework for Education about STIs, HIV/AIDS and Blood Borne Viruses in Secondary Schools provides an evidence-based framework for provision of

accurate and practical information to young people (in schools) to protect themselves from STIs, HIV/AIDS and blood borne viruses. This report reviews available research and finds:

- Most students have a good knowledge of HIV and AIDS but poor knowledge of STIs and hepatitis
- 20% of Year 10 and 48% of Year 12 students are sexually active, with either serial monogamy or a high turnover of sexual partners being the norm
- 22% of sexually active students had 3 or more partners in a year
- Between 8% and 11% of teenagers do not identify as exclusively heterosexual
- Alcohol and drug use are major predictors of unsafe sexual practices
- Of sexually active students in Years 10 and 12, 13% binge drink once a week or more, have casual sexual intercourse with casual partners and use condoms inconsistently or not at all
- Students are still relying on trust and monogamy as safe sex practices
- Many young people from culturally and linguistically diverse backgrounds are fully reliant on schools for sexual health information
- 46% of same sex attracted young people have been abused, with 70% of the abuse occurring in school by other students and 3% by teachers
- In Australia, the infection rate from hepatitis C far exceeds that of HIV/AIDS.[164]

Focus groups and in-depth interviews conducted with young people aged 14 to 24 years around sexual health and consent issues, indicated that young people knew about the biological aspects of sex, but would welcome information and discussion about the social aspects of negotiating sex and consent; and that there was little or no information about same sex education or safe sex practices for homosexual young men.[165]

The NSW Sexually Transmitted Infections Strategy 2006-2009, identifies the STIs of greatest concern as gonorrhoea, infectious syphilis and chlamydia.

In 2005, there were 1,914 notifications of chlamydia for SSWAHS; 433 notifications of gonorrhoea and 349 notifications of infectious syphilis. Men who have sex with men make up most of the notifications for gonorrhoea and syphilis.

In the 6 month period to the end of March 2006, 616 or 21% of clients at the Livingstone Road and Bigge Park sexual health services in SSWAHS, were aged under 25.[166]

Chlamydia is the fastest growing sexually transmitted disease, and the most common notifiable disease, in NSW. Although easily treated, if left untreated it can cause serious health problems including infertility; with young men and young women most at risk. SSWAHS Public Health Unit 2007 Notification Data for SSWAHS Residents indicates:

- 2,177 genital chlamydia notifications, with the majority of notifications occurring in the 20-29 year age group
- 111 notifications of infectious syphilis, which occurred mostly in homosexually active men aged 25-44 years
- 261 gonorrhoea notifications, again mostly in homosexually active men aged 20-39 years

The LGAs of Sydney (part) and Marrickville have significantly higher rates of selected communicable diseases than other LGAs in SSWAHS.[167]

Regular Pap tests are recommended for women who have ever had sexual intercourse, to screen for Cervical Cancer. 35.6% of 16-24 year old females in SSWAHS had had a Pap test in the previous two years compared with 51.9% for NSW.[168]

Cervical Cancer is related to infection with the Human Papilloma Virus (HPV) which is a STI. The first Cervical Cancer vaccine, Gardasil, protects against HPV Virus types which cause

70% of cervical cancer and 90% of genital warts and is recommended for girls, before they become sexually active, at ages 10-13 years. The vaccine is given in three doses over a six month period and the SSWAHS Public Health Unit commenced implementation in schools in SSWAHS in 2007. The phase in for current students will be completed by the end of 2008, with ongoing immunisation for Year 7 and 10 students from 2009.[169]

Abortion as an outcome of pregnancy, can indicate a lack of knowledge about access to or unwillingness to use contraception, to control fertility and avoid unwanted pregnancies, as well as a solution when contraception fails. Young women aged 20-24 years are the most likely of all age groups to have a termination, with young women under 20 making up 14.4% of all those having a Medicare funded termination. Where data is available, the indications are that the abortion rate for 15-19 year olds exceeds the teenage birth rate. Whilst young women with higher levels of education are more likely to resort to a termination when pregnancy is unwanted; Indigenous young women, particularly teenagers, rarely have the option to terminate a pregnancy, even when the pregnancy is the result of sexual abuse.[170]

3.2.15 Tobacco

In SSWAHS, just over one in five residents aged 16 years or more are current smokers, which is higher than the NSW average. 27% of males aged between 16 and 24 years smoke, compared to 25.5% of this age group for the whole of NSW. Smoking rates for young women aged 16-24 years in SSWAHS (27.4%) were lower than the state average (34.2%).

Smoking rates generally increase with greater levels of socio-economic disadvantage. Certain migrant communities have higher levels of smoking than people born in Australia, particularly the Arabic-speaking and Vietnamese communities.[171] Also, rates of smoking among Aboriginal and Torres Strait Islanders are almost twice as high as the rate of smoking in the non-Indigenous population. In addition, among people with schizophrenia, smoking rates have been found to be as high as 88%.[172] A study of young people on Community Service orders found similarly high levels of smoking for Juvenile Justice clients, with 81% being current smokers and 25% smoking more than 20 cigarettes per day.[173]

Overall, rates of smoking in young people have halved over the last 20 years. The 2005 NSW School Students Health Behaviours Survey reports that 28.3% of students in SSWAHS aged 12-17 years have ever smoked tobacco, compared to 32.8% for NSW. 7.7% (11.4% for NSW) had smoked tobacco in the last 4 weeks and 5.8% (8.4% for NSW) in the last week. The majority of these young people smoked up to 5 cigarettes a day and they were most commonly bought by a friend. However, 13.0% (21.3% for NSW) considered themselves addicted to smoking and 15.5% (35.9% for NSW) wanted to quit.[174]

Data from the 2005 NSW School Students Health Behaviours Survey in relation to other drugs is reported in section 3.2.7.

3.2.16 Young Parents

In SSWAHS for 2005, there were 605 births to young mothers aged 12-19 years of age, representing 3.1% of all births. In the same period, there were 24 births to young mothers in SSWAHS, where one or both parents were identified as Aboriginal or Torres Strait Islander.[175] Young mothers are most numerous in Campbelltown (144 in 2005/06), Liverpool (118), Bankstown (86) and Fairfield (81).[176]

In addition to the relatively high proportion of young parents who are Aboriginal, many young parents in SSWAHS are likely to be from culturally and linguistically diverse backgrounds, as for example, many Arabic-speaking[177] and Pacific Islander mothers start their families relatively young. As noted in Section 3.2.6, young women who have been in Out-of-Home Care are also likely to start their families comparatively young.

Young mothers are often vulnerable in a variety of social and emotional ways that may impact on the health of the infant and mother. They are more likely to be single, a smoker, to be living in an area of socioeconomic disadvantage and have fewer antenatal visits. For the baby there is a higher risk of medical complications, including prematurity, low birthweight, the need for neonatal intensive care, and neonatal death. According to NSW Health, there is a growing need for a greater focus on equity of access to ensure that the services provided to women from marginalised groups, who have the poorest outcomes, are more appropriate and better utilised.

Being a young parent is associated with socioeconomic disadvantage, for example disruption or cessation of schooling, and with inequalities in health. Young mothers are reported as needing increased social support, increased knowledge and referral to services and attention to mental health, utilising a strengths based approach.[178]

A report on *Barriers to Service Delivery for Young Pregnant Women and Mothers* identifies that the more barriers that a young woman faces and/or the more vulnerabilities she experiences, the more difficult it is for her to access services; and that the most effective services are those where there is a strong relationship with a service provider, which takes into account the complexity of these young women's lives at an individual level. Another study found that about a third of teenage mothers do very well, one third were coping and one third had severe difficulties, with the difference between the first and last groups identified as having good, practical, non-judgemental support.[179]

3.2.17 Young people with Chronic Illness or Disability

Almost two thirds (63%) of young Australians reported a long-term condition and a third (34%) reported more than one condition, with young females more likely to report a chronic illness than young males. Hay fever and allergic rhinitis was the most common long-term condition, followed by short-sightedness and asthma.[180]

Chronic illnesses for young people include asthma, diabetes Type 1, cancers, Crohn's Disease, Cerebral Palsy, Cystic Fibrosis, Epilepsy, and Communicable Diseases (eg HIV/AIDS, viral Hepatitis, Meningitis and sexually transmissible infections).

Rates of asthma and diabetes or high blood glucose among young people in SSWAHS, while low, were higher than those for NSW and there is some evidence they are increasing. 10.0% of young people aged 16–24 years in SSWAHS reported asthma, compared to 8.3% for all persons in this age group for NSW. 3.9% of young people aged 16–24 years reported diabetes or high blood glucose, compared to 1.5% for all persons in this age group for NSW.[181] [182]

Young Australians, Their Health and Wellbeing 2007 reports that for young people in Australia aged 12-24 years, there is a prevalence rate of 13% for asthma, 1% for epilepsy and between 0.2 and 0.4% for diabetes.[183]

Chronic illnesses and their management can create problems for young people as they move into adolescence. Concern about peer acceptance, social participation and relationships, along with the desire to move out of the sphere of parental control and in some cases risk taking and a resistance to the idea of their own mortality, can make the passage through adolescence difficult for some young people with these conditions. Their parents may also be affected.[184]

SSWAHS will be home to a number of young people living with congenital and /or chronic illness, who need to be supported in the transition of health care from a children's to an adult hospital, usually around 16 years of age.

The Youth Consultancy, a specialist service relating to young people with chronic illness based at Royal Prince Alfred Hospital, advises that chronic illness affects all the psychosocial challenges of adolescence and youth, namely independence, self-esteem and body image, identity, peer relationships, family relationships, sexuality and a young person's plans for the future. The Consultancy provides staff education and training, a Youth Care Plan and psychosocial health risk assessments, and 'The Chill' leisure and relaxation space.

Young people are less likely to have a severe disability than people in other age groups (2%). In SSWAHS in 2006, there were 1,971 young people aged 15-24 years with a profound or severe disability, defined as needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of disability lasting 6 months or more.[185]

Autism Spectrum Disorders (ASDs) Australia estimates a prevalence of ASDs of 60 per 100,000 population. In 2007, there were 1,284 students with a confirmed diagnosis of ASDs in NSW's public schools, of whom approximately 2,568 are likely to live in SSWAHS. 16% of these also had an intellectual disability.

Acquired brain injury (ABI) affects around 1.4% of 15-24 year olds in Australia and around twice as many males as females. Among those with the greatest disability, almost three quarters were males. More than nine in ten people have an ABI caused by accident or injury, with 55% being a road injury. Two thirds of people with an ABI under 65 years acquired their injury when they were aged under 25 years. People with ABI often have multiple disabilities, for example 80% have a physical disability, 42% have a psychiatric disability, 39% a sensory/speech disability and 29% an intellectual disability.[186]

In SSWAHS in 2006, there were 9,220 young people aged 15-24 years, who in the two weeks before census night, spent time providing unpaid care, help or assistance to family members or others because of a disability, long term illness or problems related to old age.[187] Anecdotal evidence suggests a high proportion of these will be caring for a person, usually a parent, with a mental illness.

3.2.18 Young People, Social Capital and Disadvantage

Low levels of local community social cohesion have been shown to be directly associated with high levels of disadvantage, poor health outcomes (including disability / sickness support, life expectancy, mental illness and suicide) and poor educational outcomes (including incomplete education, early school leaving and lack of qualifications). The defining characteristics of social cohesion are reported as volunteerism, membership of local groups, group action to improve community, ability to ask neighbours for help in difficult times, feeling safe walking in neighbourhood, agreeing people can be trusted, attendance at local community events and feeling valued by society.[188]

The SSWAHS Health Promotion Service Strategic Plan 2006-2011 identifies that trust has been found to be the component of social capital most closely related to health variables in disadvantaged areas.[189] The NSW Population Health Survey 2006, reported that 58.5% of young people aged 16–24 years felt that most people can be trusted, compared to 69.3% for NSW. 52.6% of young people in SSWAHS aged 16–24 years had attended at least one community event in the last 6 months, compared to 54% for NSW. 69.2% of young people aged 16–24 years had visited a neighbour at least once in the past week, compared to 67.4% for NSW.[190]

3.2.19 Health service utilisation by young people

Nationally, young people aged 15-24 years account for 9.6% of visits to a GP, and 12-14 year olds make up a further 2% of visits. Young women visit the GP more frequently than young men, particularly as they get older. The most common reasons for visiting a GP were

respiratory diseases including asthma, diseases of the skin or subcutaneous system and pregnancy and contraceptive matters, particularly for the 20-24 year old age group.

Nationally, around 8% of hospitalisations involve young people aged 15-24 years. The most common diagnostic categories for 12-19 year olds are external causes (for example injury), disease of the digestive system and diseases of the respiratory system, including asthma. Pregnancy related reasons become more common for 15 to 19 year olds and are the most common diagnostic category for hospitalisations involving 20-24 year olds.

Around half of young people aged 15-17 years are covered by private health insurance, predominantly through their family coverage, but this drops in the 18-24 year age group, when more young people are no longer classed as dependants and are therefore responsible for their own coverage. Slightly less than one third of young people in both age groups, had health care cards.[191] SSWAHS has lower rates of health insurance than the state average and is likely to have higher proportions of people with health care cards, including young people.

41.1% of young people in SSWAHS aged 16–24 years rated Emergency Department Care (in the last 12 months) as excellent, good or very good, compared to 78.6% for all persons in this age group for NSW. For hospital care, 68.7% of young people aged 16–24 years rated their care as excellent, good or very good, compared to 73.9% for NSW. For Community Health services, 67.1% of young people aged 16–24 years rated their care as excellent, good or very good, compared to 85.6% for NSW.[192] [193]

Chapter 4. Services for Young People in SSWAHS

4.1 SSWAHS Services for Young People

4.1.1 Youth Health Services

SSWAHS provides Youth Health services through the Youth Block Health & Resource Service at Camperdown, Canterbury Multicultural Youth Health Team at Belmore, The Corner Youth Health Service at Bankstown, Fairfield / Liverpool Youth Health Team (FLYHT) at Carramar and Traxside Youth Health Service at Campbelltown. There is currently no designated Youth Health Service in Wingecarribee, although services are provided to young people by the Wingecarribee Adolescent Mental Health team and Traxside (Macarthur).

Youth Health Services offer a range of clinical (counselling, nursing, medical) and group based interventions, as well as health promotion and population based initiatives for young people identified as 'at risk', in partnership with other government and non-government organisations. Referrals to the service come from a wide range of sources including youth refuges, welfare agencies, schools, the Department of Juvenile Justice, other Area Health Service facilities and services, the Department of Community Services and self-referral.

SSWAHS Youth Health Services work from a harm minimisation perspective and see clients who present with a range of issues, including depression, anxiety, eating disorders, trauma, psychosis, other mild to moderate mental health issues, grief and loss, sexuality, STIs, contraception, drugs, alcohol and tobacco.

Current staffing comprises: counsellors (psychologists and social workers), health education officers, nurses, and medical staff. However nursing and medical services are not currently provided at all sites. In February 2008 there were 45 fulltime equivalent (FTE) staff on the profile of designated Youth Health Services in SSWAHS including Bankstown 10.36 FTEs, Fairfield/Liverpool 11.53 FTEs, Campbelltown/ Macarthur 11.83 FTEs, Camperdown/ Inner West 9.07 FTEs and Canterbury 2.24 FTEs.

Community Health conducted an operational review of Youth Health Services, completed in February 2008, which recommended services target marginalised, 'in risk' and 'at risk' populations; with 100% targeted services; a focus on priority health issues (harm and injury, alcohol, illicit drugs, tobacco, mental health, sexual health, nutrition and physical activity); that services be amalgamated into a single management structure, under an area wide Director of Youth Health Services; that all services employ a combination of nursing, counselling and health promotion staff, with clinical pathways to youth friendly General Practitioners; and standardisation of workloads, client age criteria and intake processes.

A further restructure of Youth Health Services was being discussed in late 2008 and early 2009, to encompass the recommendations of the Report of the Special Commission of Inquiry into Child Protection Services in NSW (the Wood report) and the need for Area Health Services to provide health assessments for the Out-of-Home Care (OOHC) target group. This review process is to be completed by May 2009 and implemented by the end of 2009.

In February 2009, the proposed model of care involves targeting marginalised and at risk young people from the following population groups: Aboriginal, newly arrived CALD and refugees, young people living in areas of significant socio-economic disadvantage (eg Macquarie Fields), young people in OOHC, gay lesbian bisexual and transgender young people, young parents and young carers; around a number of specified priority health issues. Workloads will be standardised, services will be provided in partnership with a focus on outreach, and staffing will be standardised and multidisciplinary.

4.1.2 Mental Health

Child and Adolescent Mental Health services in SSWAHS cater for the age group 0-17 years.

- Adolescent mental health services are provided through a 10 bed adolescent mental health unit (Gna Ka Lun) at Campbelltown; a 12 bed adolescent mental health unit at the new Concord Centre for Mental Health, which opened in 2008; and the 24 residential beds and 10 day patient places at Rivendell Adolescent Unit (rehabilitation and tertiary referral service) also at Concord. There are also four Eating Disorder beds at Royal Prince Alfred Hospital at Camperdown, as well as a day program operating two days a week, both for the whole of NSW.
- Rivendell, in partnership with the specialist school program (SSP) on site, also provides outpatient support to the Sulman program (12 places) which provides medium long term educational tutorial support for adolescents with mental health problems (frequently ex Rivendell inpatients).
- The Infant, Child and Adolescent Mental Health Service (ICAMHS) provides community liaison, within business hours, for emergency department presentations at Bankstown, Campbelltown, Liverpool and Royal Prince Alfred hospitals in particular.
- Psychiatric Child and Adult consultation is available during normal working hours and after hours across the Area.
- Mobile and/or community-based Adolescent Mental Health teams operate for the inner west and Bankstown, Bowral, Campbelltown, Carramar and Rivendell outpatient service. In addition consultation is available to the Emergency Departments at Liverpool and Fairfield Hospitals.
- Child and adolescent psychiatric clinics are provided at Broadway Centre, Glebe and Marrickville Community Health Centre as well.
- Preventative services for adolescents include School-Link. Training and education is provided to school counsellors and teachers, TAFE counsellors, community health and adult mental health staff and NGO health and welfare workers regarding the symptoms, diagnosis and presentation of mental health disorders in young people. SSWAHS mental health services also provide information to, and work collaboratively with, the above to provide assessment, treatment and referral pathways for children and adolescents to ICAMHS services.
- Support and consultation is also provided to schools providing mental health promotion, prevention and early intervention programs, for example the Mind Matters program.
- Children of Parents with a Mental Illness (COPMI) in the north east of SSWAHS, which is staffed by adult community mental health staff and in collaboration with Rivendell site and staff, provides holiday scheduled day programs for children and adolescents 4-6 times a year. A similar program, Gaining Ground operates within the south west cluster of SSWAHS. It's role is to provide support programs for young people who care for someone, usually a parent, with a mental illness. These programs also consult and liaise with NGOs, schools and GPs.

Mental health services to persons aged 16-25 years are also provided through adult services for the 18-64 years age group.

- Following transfer of inpatient services from Rozelle to Concord in 2008, Mental Health adult inpatient services are provided at Concord (130 beds), Camperdown (40 beds), Bankstown (30 beds), Liverpool (64 beds) and Campbelltown (56 beds). The 20-bed Sub-Acute Mental Health Unit on the Campbelltown Hospital site targets a youth population.
- Community multi-disciplinary early intervention services are provided at Bankstown, Camperdown, Campbelltown, Canterbury, Croydon, Fairfield, Liverpool and Marrickville.
- Substance abuse for young people with mental disorders is being targeted through a pilot program linking with Area Drug Health Services. Two positions target assertive follow-up of young people exiting residential or inpatient drug treatment settings.

- There is a designated adolescent consumer worker and a separate young person's consumer representative at Rivendell on their management committee.

A multidisciplinary Youth Community Mental Health Team is being commissioned at Campbelltown in 2008. The team will have strong relationships with youth-focused health services, adolescent mental health services, early psychosis programs, and the Sub-Acute Mental Health Unit on the Campbelltown Hospital site.

SSWAHS is one of a consortium of service partners involved in two 'Headspace' youth mental health foundation initiatives in Macarthur (Campbelltown, Camden and Southern Highlands); and in Central Sydney (Redfern, Waterloo, Camperdown and Marrickville). SSWAHS service partners include youth health and mental health. For more information please see section 4.2.

The Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) is a state-wide service which helps refugees recover from their experiences and build a new life in Australia. Within SSWAHS, STARTTS is located in Carramar and Liverpool. Services include counselling (with specialist child and adolescent counsellors), group therapy, group activities and outings, camps and sports activities for children and young people, English classes and physiotherapy.[194]

4.1.3 Drug Health services

Drug Health services are generally provided for adults aged 18 and over; and 15% of Drug Health Service clients are aged 18-24 years.[195] Services include:

- Intake, assessment, counselling and referral
- Inpatient and community Withdrawal Management Services
- Opioid Treatment Program
- Harm Minimisation
- Court Diversion Program
- Residential Rehabilitation
- Perinatal and Family Drug Health
- Hospital Consultation and Liaison Services

Drug Health Services provide a range of counselling and psychological interventions which include a comprehensive assessment and referral where indicated. Counselling can be undertaken before, after, or concurrently with other drug health treatments. Counselling services are provided at Bankstown, Bowral, Campbelltown, Camperdown, Canterbury, Concord, Croydon, Liverpool, Narellan and Rosemeadow.

Inpatient withdrawal management (detoxification) services are provided at Fairfield and Concord Hospitals. Outpatient withdrawal management services are provided at Bankstown, Bowral, Campbelltown, Canterbury and Fairfield.

Drug and Alcohol Residential Rehabilitation (formerly Palm Court at Rozelle Hospital) is provided at Concord Hospital. A 15 bed 4 week residential rehabilitation program is available for people who are dependent on alcohol, opioids, psychostimulants and/or cannabis. Detoxification is necessary prior to admission.

The Magistrates Early Referral Into Treatment (MERIT) program is a local court based voluntary diversion program that targets adult defendants with illicit drug use problems who are eligible for release on bail and motivated to undertake drug treatment. Within SSWAHS, MERIT offices are located in Liverpool and Summer Hill and the program operates through a range of Courts.

Opioid Treatment Programs (eg Methadone, Buprenorphine/Naloxolone maintenance treatment) for people who are dependent on opioids, are provided at Bankstown, Campbelltown, Camperdown, Canterbury and Liverpool.

Specialist medical consultations for the medical management of drug health issues, not provided through pharmacotherapy or withdrawal management services, are also provided.

Harm minimisation programs which are responsible for the prevention of HIV/AIDS and hepatitis C and other drug related harms provide safe injecting equipment, brief interventions, health education and referral services. These programs are provided at four fixed sites in Bankstown, Canterbury, Liverpool and Redfern and at three mobile sites. In addition to the core services, the service outlet in Redfern provides assessments and referrals; screening for Blood Borne Viruses with associated counselling; Hepatitis B immunisation; case management; and women's health advice and referral. The program primarily operates on a drop-in basis. The type of intervention can vary, depending on the nature of inquiry.

Dual diagnosis services for people with both a drug health and mental health issue are also provided through dedicated Youth Co-morbidity positions in Camperdown, Bankstown/ Canterbury and Campbelltown, in collaboration with Mental Health Services.

Perinatal Drug Health Services provide care to pregnant women with drug and alcohol issues and their family. This service continues support for the mother, child and family during the first 2 years of the child's life.

In addition, drug and alcohol residential rehabilitation, counselling, health promotion and prevention services are provided through more than twenty NSW Health-funded NGOs located in SSWAHS.

4.1.4 Sexual Health services

A review of SSWAHS Sexual Health Service was undertaken in late 2006, with an Area Director of Sexual Health appointed in early 2009. There is now one Sexual Health Service with key clinical sites at Liverpool (Bigge Park Centre) and Camperdown (Royal Prince Alfred Sexual Health Clinic). Clinical services provide outpatient STI screening and management, HIV medicine and infectious hepatitis clinical care. Also provided are specialised clinics for men, Aboriginal women, Chinese and Vietnamese languages, sex workers and clients of drug rehabilitation services. A secondary needle and syringe program is also provided.

The Sexual Health Service also has a health promotion team spread across two sites, Liverpool and Camperdown. The team provides professional education and training, resource and policy development, community awareness campaigns and outreach education in relation to STIs, HIV and Hepatitis C. Programs are provided in partnership with relevant services. Specific health promotion portfolios include Aboriginal women and Aboriginal men (with an emphasis on young Aboriginal women and men), gay and homosexually active men, past and current injecting drug users, people living with HIV, people living with hepatitis C, sex workers, young people and general practice.

The Health-funded non government organization (NGO) Family Planning NSW (FPNSW), also provides a range of sexual and reproductive health services, including accredited professional training. Within SSWAHS, FPNSW is based in Ashfield (head office and clinical services) and Fairfield (multicultural services)

4.1.5 Other Community Health services to young people in SSWAHS

Youth Health Services and Sexual Health Services in SSWAHS are managed through the facility of Community Health. Other community health services for young people include services provided through the Child, Adolescent and Family Health; Community Health Nursing and Sexual Assault counselling teams. Community Counselling, Women's Health and Community Development services (such as 'The Hub' in Miller) whilst providing services to all age groups, will also see a component of young people. In addition, health promotion and partnership development are part of all Community Health services in SSWAHS.

Child, Adolescent and Family Health services are provided for children aged 0-18 years and their families. Services provided to adolescents (aged 12-18 years) include:

- Counselling services for adolescents and their families presenting with cognitive, social, behavioural and social problems
- Community medical services for assessment of developmental problems or suspected abuse; and follow-up of health issues such as Attention Deficit Hyperactivity Disorder. Child, Adolescent and Family Teams also provide medical services at YouthBlock
- Assistance with implementation of the Health Promoting Schools program including holiday programs with Adult Mental Health and limited school-based adolescent health services
- Sustained home visiting to teenage mothers and other mothers under the age of 25, identified as experiencing poverty, social isolation and/or disadvantage on the birth of their first child. This service is not currently available in all areas

In the south-west of SSWAHS, community counselling services are also provided for youth (and adults) with issues such as anxiety and depression, stress, grief and loss, domestic violence or interpersonal difficulties. This service is currently under review, with a view to developing a consistent care model across the area.

Sexual Assault counselling services are provided to adults and young people over the age of 14, in central Sydney (east and north of Canterbury LGA) and to all age groups in the remainder of SSWAHS. Priority is given to those who have been assaulted in the last seven days, children or young people under the age of 16 and young people aged 16-18 years. As noted in section 3.2.6, slightly more than a third of SSWAHS Sexual Assault service clients are aged 12-24 years.

Child Protection services are provided to children 0-18 years and their families who have been referred by the DoCS and priority is given to young children.

4.1.6 Youth Consultancy

The Youth Consultancy is a specialist service relating to young people with chronic illness based at Royal Prince Alfred Hospital. It aims to enhance the health and development outcomes for young people through clinical services and projects; staff education and training; policy and procedural consultancy; youth advocacy; and clinical research. In particular it:

- Provides advocacy, support and liaison for young people and their families
- Conducts psychosocial health risk assessments enabling appropriate referral, follow-up and support
- Provides medical consultation for growth and development issues;
- Facilitates peer support networks
- Provides resources and education on youth health and development to staff, clients and families
- Through the Clinical Nurse Consultant provides an expert resource on the developmental issues related to young people with chronic illness, area wide consultation on individual case management, links with other services that provide youth health care, monitors the Youth Care Plan

- Through an Occupational Therapist, provides self management assessment, goal setting, self esteem building, stress management and energy conversation
- Works with the Greater Metropolitan Clinical Taskforce Transition Coordinator to improve transition pathways in SSWAHS for young people with chronic illness and disability

4.1.7 Inpatient Paediatrics Wards

There are Inpatient Paediatric Wards at Bankstown, Bowral, Campbelltown, Canterbury, Fairfield, Liverpool and Royal Prince Alfred Hospitals. While age criteria for admissions to Paediatrics Wards varies across SSWAHS, it is generally 0–16 years. At Liverpool and Fairfield Hospitals it is up to 18 years and at Bowral it includes 18 year olds. Anecdotal information from the Nurse Unit Managers in Paediatrics indicates that common reasons for admission in the adolescent age group include the management of orthopaedic conditions, acute appendicitis, abdominal pain, general surgical procedures, asthma and cellulitis. At Bowral and Bankstown Hospitals, there are some admissions for mental health conditions, including Anorexia Nervosa.

Many Paediatrics patients resident in SSWAHS will attend the specialist Children's Hospitals at Westmead and Randwick, particularly for congenital and childhood onset chronic illnesses (eg Cystic Fibrosis, Diabetes Type 1) and cancer treatment. The Children's Hospitals admit patients up to 16 years of age.

Transition programs exist for the planned and coordinated move from paediatric care to the adult health system for those young people who will require ongoing medical care. The Youth Consultancy at Royal Prince Alfred Hospital provides transition consultancy for SSWAHS (see section 4.1.6).

SSWAHS patient flow data indicates that there were 21,867 separations for young people in SSWAHS aged 12-24 years in 2006/07, with 16,861 of these to SSWAHS hospitals. For further information, please see Table 13 in Appendix 2. The most common reasons for admissions were maternity related (particularly for20-24 year olds), renal dialysis, gastroenteritis, appendicectomy, abdominal pain, injury and poisoning (including drug overdoses) and mental health.

4.1.8 Health Promoting Schools

Health Promoting Schools programs work in partnership with the education sectors (public, Catholic and independent) to support schools in becoming safe, happy and healthy places in which to work and learn. All Health Promotion with Schools programs work in different ways to use the Health Promoting Schools framework, which is a whole school approach to health issues. The framework looks at the curriculum, the school policies, practices and environment and the links between school, home and community, so that all work together for the best possible outcomes.

Health promotion with schools is achieved through:
- Maintaining a generalist focus and not limiting the scope of approaches used in schools
- Providing leadership and facilitating collaboration and consultation with staff who work in other Health Promotion Service program areas, as well as other services/staff in the Area Health Service
- Gathering and sharing information regarding the most effective ways of working with school communities
- Collaboration and consultation with Child, Adolescent & Family Health staff who work in and with schools.

There are 475 schools across SSWAHS, including 110 secondary schools. The focus of current school health promotion in secondary schools is mental health promotion, through the Mind Mattters program.

The SSWAHS Health Promotion with School Steering Committee meets once each school term. Membership includes representatives from NSW Department of Education & Training (South West Sydney and Sydney Regions), Catholic Education Office (Sydney Archdiocese and Wollongong Diocese), NSW Association of Independent Schools, Federation of Parents and Citizens (P&C) Associations (South West Sydney Region), NSW Parent Council, Sydney Federation of Catholic School Parents, SSWAHS Health Promotion, Mental Health, Youth Health and Community Health. The Steering Committee reports to two Senior Officer Groups. Local working parties are formed when needed.
A Health Promoting Schools Buddy program began in 2004. Buddies have been recruited from Health Promotion, Community Health and Allied Health Services and are provided with training and ongoing support throughout all phases of the program. The health promotion personnel to support schools are based at Camperdown, Bankstown, Liverpool, Rosemeadow and Narellan. In addition, consultation and partnerships with other SSWAHS divisions and departments providing services to the school-aged population, are essential to school health promotion program planning.

4.2 General Practice

General Practitioners (GPs) play an essential role in providing primary health care services to the SSW community. Whilst in general, young people see a GP less often than other age groups, GPs remain the major first port of call for many health conditions for both young people themselves and their parents and families.

There are more than 1,200 GPs in Sydney south west and the majority belong to one of five local Divisions of General Practice.

A significant proportion of GPs in SSWAHS are bilingual, with bilingual GPs often heavily utilised by families of the same language and cultural background.

The two ‘Headspace’ initiatives currently funded in Macarthur and the Southern Highlands; and in Central Sydney (Redfern, Waterloo, Camperdown and Marrickville), will actively involve the local Divisions as service partners, with the Central Sydney General Practice Network being lead agency for the Central Sydney Headspace project. Headspace is also likely to involve identification of and training towards youth-friendly general practices.

4.3 HealthOne

HealthOne is a new NSW Government initiative bringing together GPs, community health workers, allied health practitioners and other medical professionals in ’one stop’ shops, outside the hospital environment. HealthOne will help the health system provide fair and speedy access to health care and enable services to focus on keeping people well and out of hospital, through prevention of disease and ill-health, early intervention strategies and continuing care for people with chronic illness.

HealthOne services will involve cooperation, service integration and often some degree of co-location of Divisions of General Practice, GPs and local community health services. HealthOne projects are currently underway in Elderslie & Canterbury. HealthOne Elderslie services are provided through the co-location of community health staff in local GP practices. HealthOne Canterbury will see the establishment of a purpose-built integrated primary care centre on the Canterbury Hospital campus with co-location of drug health services such as REPIDU. Further integrated primary care projects have been proposed for Leppington (to service the south-west growth corridor), Bowral and Croydon. All are likely to have a focus on adolescent and/or youth health through illness prevention and early intervention.

4.4 Headspace

SSWAHS is one of a consortium of service partners involved in two Headspace youth mental health foundation initiatives at Macarthur (Campbelltown, Camden and Southern Highlands); and in Central Sydney (Redfern, Waterloo, Camperdown and Marrickville). SSWAHS service partners include Youth Health, Mental Health (First Episode Psychosis, early intervention and dual diagnosis initiatives) and Drug Health. External service partners include Sydney University's Brain and Mind Research Institute (Headspace lead agency in Macarthur) and Central Sydney General Practice Network (Headspace lead agency in Central Sydney), youth-friendly accredited GPs, Access to Allied Psychology Services (ATAPS) providers, South Sydney Youth Service, other non-Government youth organisations, local government and the Redfern Waterloo Authority.

Headspace is a national initiative that aims to increase young people's uptake of mental health services by establishing its profile in each state using electronic and print media, to increase awareness of services available and their locations. It aims to enhance youth specific/friendly services which provide access, assessment and management of mild to moderate mental health and co-morbid drug health issues through 'one stop shops'. The one stop shop model integrates youth health, mental health and drug and alcohol services, incorporating youth-friendly accredited GPs, psychiatrists, youth workers, mental health nurses, psychologists, drug and alcohol workers, occupational therapists and social workers. These 'one stop shops' will also have the capacity for attendances by sessional workers from local employment, education, training, legal and youth accommodation services. The 'one stop shop' model of service delivery is a key focus of Headspace's approach.

Other components of Headspace include vocational and recovery services, which aim to link people back to education or employment pathways; collaboration with young people on the development of service and treatment planning; liaison and clinical consultation with community services including advocacy of youth mental health services; ongoing evaluation and service improvement; realignment of services to address co-morbid mental health needs; the establishment of common intake, assessment processes and referral evaluation protocols; and capacity building initiatives.

Formal Memorandums of Understanding and Service Agreements will exist between the lead agency and SSWAHS and with other key service partners.

Service sites for headspace (Campbelltown, Camden and Southern Highlands) include Campbelltown and Tahmoor (both co-located with SSWAHS Community Health services). Funding for Headspace Central Sydney was announced in January 2008 and the service was formally opened in October 2008. Service sites include Camperdown (co-located with Youthblock), Waterloo (to be co-located with South Sydney Youth Services); and Marrickville (to be co-located with Marrickville Youth Service).

Further detail re services for young people located in SSWAHS and service mapping, are provided in Appendix 3.

Chapter 5. Community Consultations

A broad range of community consultations were undertaken to inform the development of the SSWAHS Youth Health Plan. The consultations included:

- 3 service provider consultations in Ashfield, Hoxton Park and Narellan; 4 consultations with youth interagency meetings at Canterbury, Bankstown, Tahmoor and Moss Vale; and a consultation with Aboriginal service providers
- 9 consultations with young people: Aboriginal youth (Bowral), African refugees (Camperdown), girls (Belmore), Pacific Islander youth (Minto), same sex attracted youth (Bankstown), Specific Purpose School (Glenfield), young parents (Carramar), Youth Refuge (Bankstown), and young people with chronic illness (by phone)
- Surveys with 23 service providers who were unable to attend one of the consultation meetings, 56 Youth Health Service clients, and a Council Youth Advisory Group at Marrickville.

In addition to the above, previous consultations undertaken in the development of the Community Health Plan in 2006 included youth interagencies in the inner west, Liverpool and Fairfield; local government; SSWAHS staff; general practitioners; and the peak body NSW Association for Adolescent Health.

115 service providers and 124 young people participated in the consultations. Of the service providers: 43 were from NGO youth services or programs, 42 were SSWAHS staff, 12 were from local government, 8 from the Education sector, 6 from other NGOs or Government and 4 from the Police/Courts/Justice Health.

The major issues identified in the service provider consultations are indicated below by strategic direction. The figures in brackets indicate the number of times an issue was raised in the consultations process. For example (5/4), indicates the issue was mentioned 5 times in the service provider consultations and 4 times in the consultations with young people.

1. **Make prevention everybody's business**
   Sexual health (19/27), tobacco (10/24), injury and violence (10/8), obesity (6/25) and nutrition (9/11) were the most common issues raised.

   More health promotion around these issues was requested, along with work with schools.

   Existing programs that were recommended as useful and effective included: Belmore's Biggest Winner (physical activity and nutrition), Express Yourself (violence prevention), Liverpool Women's Health Centre peer education domestic violence prevention project, Rock and Water and Standing Strong programs in high schools (anger management and violence prevention), and the Resourceful Adolescent Program (resilience).

2. **Create better experiences for people using health services**
   Service access and youth-friendly services (33/32), service information and promotion (21/40); and issues for Aboriginal youth (12), CALD youth (12) and young women (4/11) were the most common issues raised.

   Suggestions included service locations accessible to pubic transport, extended hours, youth-friendly spaces, intake workers, drop-in services, Community Arts, increased service information and promotion, a web-site, directories, more outreach to youth services and the more isolated parts of SSWAHS; and improving services for Aboriginal youth, CALD youth, young women and young men.

3. **Strengthen primary health and continuing care in the community**

Alcohol and other drugs (44/59), in particular binge drinking (19/23) was the most common issue raised in the consultations process. Other issues were: mental health (27/40), co-morbidity (12/1), teenage pregnancy (16/13), homelessness (12/1), family breakdown (9/2) parenting of teenagers (3/5); chronic illness (3/4) and oral health (3/3).

Suggested strategies included: drug and alcohol prevention programs, mental health promotion, work with schools, partnerships, youth health services in Wollondilly / Wingecarribee, providing integrated services and addressing continuity of care issues; and enhancing services for pregnant teenagers and young parents, young people with chronic illness and dental services for homeless youth

4. **Build regional and other partnerships for health**
   Partnerships and collaboration (6), schools, General Practice (8) and youth worker training & support were the key issues raised.

   Improving partnerships and collaboration with schools, NGOs, local government, GPs and training on health issues for youth workers were recommended.

5. **Make smart choices about the costs and benefits of health and health support services**
   Issues raised included: lack of funding and staffing for youth health services (7/4); early intervention & prevention (7), lack of space and equipment (/6); long waiting lists (2/3); and gaps in services (3); along with insufficient services in Wollondilly (4/1), Wingecarribee (4), Ashfield (2), Marrickville (1/1) and Canterbury (2) area/s.

   Suggestions included increased resources for Youth Health, Wollondilly/ Wingecarribee and counselling services, youth-specific Drug Health services, Aboriginal and bilingual youth health workers, and equity of access to services across SSWAHS.

6. **Build a sustainable health workforce**
   There was a community perception that there was too much red tape in health services with suggestions to improve staff recruitment and retention in youth services and staff training within SSWAHS and the youth sector generally.

7. **Be ready for new risks and opportunities**
   There was concern around population growth in new development areas such as Oran Park and Turner Road, and whether there would be adequate resources for services in these areas and good access to services by public transport.

In general, young people raised similar health issues to service providers, with alcohol and other drugs, binge drinking and mental health, being the most common. Service access and youth-friendly services, and (poor) service information and promotion were also much more significant issues for young people. Young people also had a stronger focus on sexual health, obesity, smoking and eating disorders.

Suggested strategies focussed on: service advertising and promotion; providing fun, free and interesting activities; working with schools and employing more staff and counsellors.

A more detailed summary of the community consultations is available on the SSWAHS intranet, or from the SSWAHS Health Services Planning Unit.

A draft of the SSWAHS Youth Health Plan was circulated for both internal and external review in November 2008. Within SSWAHS, comments were received from Aboriginal Health, Canterbury Hospital, Community Health, Drug Health, Mental Health, Oral Health and Population Health / Health Promotion. Externally, comments were received from the NSW Centre for the Advancement of Adolescent Health (NSW CAAH) and Family Planning NSW.

Chapter 6. Action Plan

STRATEGIC DIRECTION 1 – MAKE PREVENTION EVERYBODY'S BUSINESS						
Objective	**Strategies**	**Performance Indicator**	**Lead & Partners**[1]	**Resources**	**Timeframe**	**Source**
1.1 Strengthen and enhance mental health promotion programs for young people	1.1.1 Increase number of secondary schools implementing *MindMatters*, including in the inner west, Southern Highlands, areas of socio-economic disadvantage and/or schools with high Aboriginal populations. Seek Commonwealth funding for *MindMatters* Indigenous Youth Leadership Program	• No. of schools implementing MindMatters & locations • Indigenous program funded & implemented	**HP**, MH, **Aboriginal Health**, DET	Within existing and seek C/w funding for expansion	Dec 2009 & ongoing	SPC, SC, HPSBP, AHPAP
	1.1.2 Expand Gaining Ground / Children of Parents with a Mental Illness (COPMI) programs across SSWAHS	• Gaining Ground / COPMI provided across SSWAHS	**MH**	Seek C/w funding for 2 FTE's	Dec 2010	SC, SPC, ICAMHS
	1.1.3 Further develop & implement evidence-based programs to increase resilience in young people, with specific programs targeting young people in Out-of Home Care, young homeless people & young carers	• Increased no. of programs & locations • % programs evaluated	**HP**, ICAMHS, YH, DH, NGOs, LG, DET, alternative education programs, NSW Police	Within existing	Dec 2009 & ongoing	HPSBP, SPC
	1.1.4 Continue to promote and provide education and support groups for same sex attracted youth and increase the knowledge skills and confidence of service providers to address the needs of this group	• No. of groups & locations • No. of professional development activities and no. of service providers completing same	**CH/YH**, SH, HARP, NGOs	Within existing	Dec 2009 & ongoing	SPC, YPC, SFHARPFS
1.2 Strengthen and enhance drug health promotion programs for young people	1.2.1 Work with service partners, including the Health-funded NGO Youth Solutions, to increase health promotion and prevention programs targeting binge drinking & underage drinking in areas of socio-economic disadvantage, based on best practice	• Evidence of relevant partnerships • Evidence of decrease in binge-drinking in targeted areas • Evidence of SSWAHS participation in media campaigns • No. of local liquor accords	**DH,** HP, CH/YH, ICAMHS, NSW Health, DOHA, Youth Solutions, NGOs, LG, NSW Police, local CPCs & CDATs	$84,000 DHS funding in 2008/09 to Youth Solutions & seek additional funding	Dec 2009 & ongoing	SPC, YPC, BDWP

[1] Lead agencies/services are indicated in bold font

STRATEGIC DIRECTION 1 – MAKE PREVENTION EVERYBODY'S BUSINESS						
Objective	**Strategies**	**Performance Indicator**	**Lead & Partners**	**Resources**	**Timeframe**	**Source**
1.3 Increase health promotion programs around tobacco, injury, nutrition and physical activity, in partnership with other services	1.3.1 Provide tobacco control and cessation programs for marginalised young people, including mental health clients, pregnant young women and Aboriginal youth	• No. of identified populations engaged in cessation programs, % stopping smoking	**HP**, YHS, NSW Cancer Council	Within existing & seek NSW CC funding	Dec 2009 & ongoing	SC, HPSP
	1.3.2 Work with service partners to support provision of evidence-based anger, stress management and violence prevention programs with schools, Juvenile Justice, young women and Aboriginal youth	• Increased no. of programs & locations • % programs evaluated	**YH,** MH/ICAMHS, **Aboriginal Health**, WH, Juvenile Justice, DET	Within existing	Dec 2009 & ongoing	SPC, YPC, BPL
	1.3.3 Work with service partners to develop & implement health promotion programs targeting injury prevention in young men and specifically motor vehicle accidents	• No. of programs & locations • % programs evaluated • Reduction in motor vehicle injuries in target group	**HP,** CH/YH, DH, LG, Roads & Traffic Authority	Within existing	Dec 2009 & ongoing	SC, SPC
	1.3.4 Implement nutrition education program and cooking classes re healthy eating on a budget for high need groups. Eg young people in refuges, mental health clients, young parents	• No. of young people engaged in groups, locations & target populations	**CH/Community Nutrition,** HP, CH/YH	Within existing	Dec 2009 & ongoing	SPC, OOPMP
	1.3.5 Provide evidence-based programs for young people from CALD and refugee backgrounds focused on physical activity	• No. of programs & locations • % of programs evaluated • Evidence of increased physical activity in target groups	**YH,** HP	Within existing & seek additional funding	Dec 2010 & ongoing	SC, SPC
1.4 Maintain and enhance sexual health promotion, early intervention and treatment programs for at risk and marginalised young people	1.4.1 Provide evidence based sexual health promotion programs for young people, especially those who are Aboriginal, women, in refuges, same sex attracted or in Out-of- Home Care	• Evidence of reductions in STI rates • Evidence of decrease in teenage pregnancy	**SH**, HARP, YH, HP	Within existing & seek additional funding	Dec 2009 & ongoing	SC, SPC, YPC
	1.4.2 Work with service partners, particularly Family Planning NSW, to increase knowledge, testing and treatment for Chlamydia	• No. of programs implemented & % evaluated • No. of young people accessing information, testing & treatment	**YH,** SH, HARP, FPNSW, NGOs, DET	Within existing	Dec 2009 & ongoing	SC, SPC

STRATEGIC DIRECTION 2 – CREATE BETTER EXPERIENCES FOR PEOPLE USING HEALTH SERVICES						
Objective	**Strategies**	**Performance Indicator**	**Lead and Partners**	**Resources**	**Timeframe**	**Source**
2.1 Improve service access and referral pathways	2.1.1 Improve access, continuity of care and referral pathways within and between Mental Health, Drug Health, Youth Health, Sexual Health and General Practice	• Referral pathways developed • Increased OOS for young people in SSWAHS and General Practice	MH, DH, CH/YH, CH/SH, Aboriginal Health, DGP, NGOs	Within existing	Dec 2009 & ongoing	SC, SPC, YPC
	2.1.2 Increase youth friendliness of health services by providing holistic services through 'one stop shops', drop-in services, services outside business hours and incorporating community arts programs	• Increased OOS for young people in SSWAHS • Increased no. of services providing 'youth-friendly' strategies	**CH/YH, MH, DH,** NGOs	Within existing	Dec 2009 & ongoing	SPC, YPC, BPL
	2.1.3 Establish a web-site for Youth Health Services, that provides health and service information. Develop culturally appropriate service information for high need CALD groups and the Aboriginal community	• Web-site established, no. of hits • Culturally appropriate information developed & disseminated	**CH/YH,** Media & Marketing, **Aboriginal Health,** Multicultural Health, NGOs	Within existing	Dec 2009 & ongoing	SPC, YPC, BPL
	2.1.4 Explore opportunities to co-locate Youth Health Services with other services for young people, including outreach services. Ensure services are accessible by public transport	• Increased no. of co-located & outreach services • Transport Access Guides developed for each YHS • Evidence of improved access to YHS's by public transport • Increased OOS for young people in SSWAHS	**CH/YH**, NGOs	Within existing	Dec 2009 & ongoing	CHP (co-locations) BPL
	2.1.5 Provide opportunities for youth participation in the design and delivery of health services for young people, including development of a youth participation policy and peer-support programs	• Evidence of increased youth participation • Policy developed • Increased no. of peer-support programs	**CH/YH, YC**	Within existing	Dec 2010 & ongoing	SC, YPC, CHP, BPL
	2.1.6 Review current confidentiality policies for youth health services and develop a standardised policy that is easy to understand and involves young people in the process	• Confidentiality policies in place in all YHSs • Evidence of participation by young people	**CH/YH,** CH/SH, CAAH, NGOs	Within existing	Dec 2009 & ongoing	SPC, YPC, BPL

STRATEGIC DIRECTION 2 – CREATE BETTER EXPERIENCES FOR PEOPLE USING HEALTH SERVICES						
Objective	**Strategies**	**Performance Indicator**	**Lead and Partners**	**Resources**	**Timeframe**	**Source**
2.2 Improve quality of care for young people with chronic illness & who are inpatients	2.2.1 Develop a transition care policy for young people with chronic illness who are transitioned from paediatric care to adult acute care facilities in SSWAHS. Involve young people in development of the policy	• Policy developed • Evidence of participation by young people	**YC**, CH/YH	Within existing	Dec 2010 & ongoing	
	2.2.2 Expand use of Youth Care Nursing Plan utilised at RPAH, to all acute care facilities in SSWAHS	• No. of acute care facilities implementing Youth Care Nursing Plan	**YC**, CH/YH	Within existing	Dec 2010 & ongoing	SC (Obj.)
	2.2.3 Explore opportunities to expand specialist consultancy services for young people with chronic illness, including a specialist counselling service	• Funding identified • Evidence of expansion of services, consistent with need	**YC,** YH, NGOs	Seek funding	Dec 2010 & ongoing	YPC
2.3 Improve service utilisation by Aboriginal Young People	2.3.1 Develop strategies to engage Aboriginal youth in health services, incorporating music, cultural activities and art	• No. of strategies developed • Increased OOS by Aboriginal youth • Identified Aboriginal health worker positions at Youthblock, FLYHT & Traxside YHS	**CH/YH,** Aboriginal Health, **HP, DH, MH, SH**	Within existing & seek funding		SC, SPC, BPL, AHP
	2.3.2 Increase the number of health promotion programs targeting Aboriginal young people	• No. of health promotion programs developed, % evaluated • Identified Aboriginal health worker positions at Youthblock, FLYHT & Traxside YHS	CH/YH, **HP**, **Aboriginal Health**, SH, HARP, DH, MH, NGOs	Seek funding	Dec 2009 & ongoing	SPC, YPC AHP
	2.3.3 Strengthen partnerships with NGO youth services with high Aboriginal populations and with Juvenile Justic	• Evidence of strengthened partnerships	**CH/YH,** MH/ICAMHS, **Aboriginal Health**	Within existing	Dec 2009 & ongoing	SPC, YPC AHP
	2.3.4 Increase holistic case management of Aboriginal young people to explore opportunities to access TAFE and other educational or employment opportunities	• Evidence of improved case management • % Aboriginal clients' engagement in employment or education	**Aboriginal Health,** MH/ICAMHS, CH/YH, DH	Within existing	Dec 2009 & ongoing	AHP

STRATEGIC DIRECTION 2 – CREATE BETTER EXPERIENCES FOR PEOPLE USING HEALTH SERVICES						
Objective	**Strategies**	**Performance Indicator**	**Lead and Partners**	**Resources**	**Timeframe**	**Source**
2.4 Improve service utilisation by young people from CALD and refugee backgrounds	2.4.1 Provide assertive outreach to new & emerging CALD groups, especially unaccompanied minors and refugees, re mental health, alcohol & other drugs and safe sex	• Increased programs • Numbers of young people & communities reached	**CH/YH, RHS,** MH/ICAMHS, HP, DH, Multicultural Health, LG	Within existing & external funding if available	Dec 2009 & ongoing	SPC, ICAMHS
	2.4.2 Explore opportunities to continue work with Pacific Islander youth in Macarthur, Canterbury & Bankstown; and African youth in Canterbury, Liverpool, Bankstown & Marrickville	• Programs established • Numbers of young people engaged & locations	**CH/YH,** Multicultural Health	Within existing & external if available	Dec 2009 & ongoing	SPC
	2.4.3 Increase the number of bilingual and/or bicultural staff in Youth Health, front-line and counselling positions, to reflect the services' catchment population	• Increased % of bilingual / bicultural staff in nominated services	**CH**, MH, DH	Within existing	Ongoing	SPC
2.5 Improve service utilisation by homeless young people	2.5.1 Provide a regular outreach function to local youth refuges and increase access to mental health and drug health services, as required	• Increased outreach services • Increased OOS by homeless young people in MH & DH services	**CH/YH**, MH, DH, Youth refuges, other NGOs	Within existing	Dec 2009 & ongoing	SPC, BPL
	2.5.2 Develop a means to identify and develop referral pathways for homeless young people presenting to Emergency Departments	• Referral pathways developed	**CH/YH, Social Work**, ICAMHS, NGOs	Within existing	Dec 2010 & ongoing	SC
	2.5.3 Maintain counselling services targeting young people at risk of homelessness	• Evidence of improved health outcomes for target group	**CH/YH,** ICAMHS	Within existing & IHSHY	Dec 2009 & ongoing	SC
2.6 Improve service utilisation by young people in DoCS Out-of-Home Care (OOHC)	2.6.1 Develop and formalise referral pathways between DoCS and youth health service providers	• Referral pathways developed • Increased OOS for OOHC clients	CH/YH, SOG**,**	Within existing	Dec 2009 & ongoing	RSCICPS
	2.6.2 Provide comprehensive multi-disciplinary health and development assessments for all young people entering OOHC; and repeat annually	• Increased OOS for OOHC clients • Evidence of improved health outcomes for target group	**CH/YH, Allied Health**	Within existing	Dec 2009 & ongoing	RSCICPS
	2.6.3 Review and prioritise provision of speech therapy, mental health and dental services for young people in OOHC	• Increased OOS for OOHC clients • Evidence of improved health outcomes for target group	**CH/YH, Allied Health, ICAMHS, Oral Health**	Within existing	Dec 2009 & ongoing	RSCICPS

STRATEGIC DIRECTION 2 – CREATE BETTER EXPERIENCES FOR PEOPLE USING HEALTH SERVICES						
Objective	**Strategies**	• **Performance Indicator**	**Lead and Partners**	**Resources**	**Timeframe**	**Source**
2.7 Provide gender-based services that improve service utilisation by young people	2.7.1 Improve access to health services for young men by providing male counsellors in Youth Health Services	• Increased no. of male counsellors • Increased OOS by young men	**CH**	Within existing	Dec 2009 & ongoing	SPC, BPL
	2.7.2 Continue to provide a state-wide specialist service for men who have been sexually assaulted	• Maintain and increase OOS by young men	**CH/SA**	Within existing	Ongoing	SC
	27.3 Ensure timely access to sexual assault counselling services for young women	• Increased OOS by young women	**CH/WH**	Within existing	Ongoing	SPC

STRATEGIC DIRECTION 3 – STRENGTHEN PRIMARY HEALTH AND CONTINUING CARE IN THE COMMUNITY						
Objective	**Strategies**	**Performance Indicator**	**Lead & Partners**	**Resources**	**Timeframe**	**Source**
3.1 Strengthen Mental Health service provision for young people	3.1.1 Seek ongoing funding from the Commonwealth to expand the School Link program across SSWAHS; and strengthen links between School Link and Youth Health Services to develop collaborative projects across SSWAHS	• Funding identified • School Link established across SSWAHS • Collaborative projects developed	**MH,** HP/HPS, CH/YH	1.5 FTEs	Dec 2009 & ongoing	ICAMHS
	3.1.2 Strengthen and expand the First Episode Psychosis program, Community Adolescent Mental Health and youth co-morbidity programs, and ensure access across SSWAHS	• First Episode Psychosis program established across SSWAHS • Increased OOS • Reduced duration of untreated psychosis in young people in SSWAHS	**MH**, CH/YH	Seek enhancement funding for Youth Co-morbidity & Youth Mental Health beyond 2010	Dec 2010 & ongoing	ICAMHS
	3.1.3 Support schools & families through development of a speciality service within ICAMHS for Autism Spectrum Disorders. Explore funding opportunities to expand this service	• Service established • Funding identified	**MH/ICAMHS,** DET, NGOs	Within existing, C/w funding to expand	Dec 2009 & ongoing	SPC, ICAMHS
	3.1.4 Increase re-engagement of clients in education and employment by: providing Mental Health specific tutorial programs based on Sulman Program across SSWAHS; expansion of Occupational Therapy positions; and developing youth-specific community rehabilitation programs which provide educational and vocational pathways	• Evidence of expansion of programs & strategies • % ICAMHS clients engaged in education or employment	**MH,** CH/YH, DET, TAFE	Seek enhancement funding from DET for Sulman Program	Ongoing	SC, SPC, DMHCSP,
	3.1.5 Develop a capacity for adolescent / youth post acute care and supported accommodation services	• Services established (by NGOs)	**MH,** NGOs	Within existing	Dec 2010 & ongoing	SC, DMHCSP
3.2 Strengthen Drug Health service provision for young people	3.2.1 Develop a referral pathway for young people under 18 who require Drug Health clinical services	• Referral pathways developed • Increased OOS	**DH**, CH/YH, MH/ICAMHS, YC	Within existing	Dec 2009 & ongoing	SC
	3.2.2 Assess feasibility and need for clinical service enhancement for young people with significant substance use disorders	• Proposal developed • Funding identified & service established (if relevant)	**DH,** MH/ICAMHS, CH/YH, YC	Seek funding	Dec 2009 & ongoing	BDWP, SC

STRATEGIC DIRECTION 3 – STRENGTHEN PRIMARY HEALTH AND CONTINUING CARE IN THE COMMUNITY						
Objective	**Strategies**	**Performance Indicator**	**Lead & Partners**	**Resources**	**Timeframe**	**Source**
	3.2.3 Provide Drug Health clinical consultancy services to youth health and adolescent mental health services	• Consultancy provided • Increased OOS by young people	**DH, ICAMHS,** CH/YH, Headspace	Within existing	Dec 2009 & ongoing	SC, SPC, BDWP
	3.2.4 Further develop skills of youth health & mainstream staff to provide drug and alcohol interventions	• Training program developed	**DH**, CH/YH, CEWD, MHDAO	Within existing & external if available	Dec 2010 & ongoing	SC, SPC, BDWP
3.3 Strengthen health and support services for young parents	3.3.1 Develop Area-wide specialty within ICAMHS for adolescent parents and link with *Safe Start*, *Brighter Futures* and DoCS	• Program established	**MH/ICAMHS,** CH/YH	Within existing	Dec 2010 & ongoing	SPC
	3.3.2 In partnership with relevant NGOs, provide coordinated support services for young parents	• Evidence of increased programs & coordination of services for young parents	**CH,** YH, Aboriginal Health, NGOs	Within existing	Dec 2010 & ongoing	SPC
	3.3.3 Work with DET to develop specific support programs for teenage mothers to continue their education	• School program/s established in SSWAHS	**HSSOG**, HP/HPS, YH, **Aboriginal Health**, DET	Within existing	Ongoing	SC, AHP
3.4 Improve access to Oral Health services for young people	3.4.1 Increase access to oral health services for Aboriginal young people, homeless young people and refugees and provide access to clinicians at or through Youth Health Services	• No. of YHS's providing access to Oral Health services • Increased OOS by young people	**OHS,** CH/YH	Seek funding	Dec 2010 & ongoing	SPC

STRATEGIC DIRECTION 4. BUILD REGIONAL AND OTHER PARTNERSHIPS FOR HEALTH						
Objective	**Strategies**	**Performance Indicator**	**Lead & partners**	**Resources**	**Timeframe**	**Source**
4.1 Develop and strengthen partnerships with NGOs, local government, other government agencies and General Practice, to deliver services to high need and at risk youth	4.1.1 Develop and formalise relationships with other Government and non-Government organisations to implement community development and health promotion programs, in response to emerging community needs	• No. of service agreements developed • No. of new programs developed & locations • No. of young people engaged	**CH, YH, HP,** ICAMHS, DH	Within existing	Dec 2010 & ongoing	SPC, CH Plan 1.2, BPL
	4.1.2 Further develop partnerships with NGOs, schools and TAFE and wherever possible include youth in the process	• Evidence of partnerships developed & youth participation	**CH/YH,** HPS, CP, NGOs	Within existing	Dec 2010 & ongoing	SC, SPC, YPC, BPL
	4.1.3 Work with Headspace and the Divisions of General Practice, particularly Central Sydney General Practice Network, to support training of GPs to be more youth-friendly and identify practices which bulk-bill	• Evidence of partnerships • Training provided, no. of GPs attending • No. of GPs identified • Evidence of increased OOS for young people by GPs in SSWAHS	**CH/YH,** Headspace, DGPs	Within existing	Dec 2010 & ongoing	SPC, BPL
	4.1.4 Provide RACGP accredited sexual health education to General Practitioners and Aboriginal controlled community health organizations, with emphasis on Chlamydia, other STIs and young people	• Annual training provided, nos. attending • Increased OOS for target group • Evidence of reductions in STI rates	**CH/SH,** HARP**,** Aboriginal Health, RACGP, ACCHOs, FPNSW, Australasian Society for HIV Medicine	Within existing	Dec 2009 & ongoing	SC, SPC
	4.1.5 Partner with Councils to provide service information, outreach clinics and health promotion activities and events	• Evidence of partnerships & programs	**CH/YH, HP, SH, WH,** LG	Within existing	Ongoing	SPC
	4.1.6 Continue to contribute to local government Social Plans and youth planning / strategies	• No. of Plans & Policies with SSWAHS contribution	**HSPU**, CH/YH, LG	Within existing	Ongoing	SPC
	4.1.7 Participate in community renewal projects across SSWAHS, including those for Redfern/ Waterloo, Macquarie Fields and Bonnyrigg	• Evidence of SSWAHS participation & health issues addressed	**HSPU**, **Aboriginal Health**	Within existing	Ongoing	AHP

STRATEGIC DIRECTION 5 - MAKE SMART CHOICES ABOUT THE COSTS AND BENEFITS OF HEALTH AND HEALTH SUPPORT SERVICES						
Objective	**Strategies**	**Performance Indicator**	**Lead & partners**	**Resources**	**Timeframe**	**Source**
5.1 Amalgamate Youth Health Services into a single service management structure and standardised model of care; & improve data collection for youth health services	5.1.1 Implement recommendations of SSWAHS Youth Health Review including: establish Director of Youth Health position, utilise a targeted approach to service delivery, review and standardise data collection systems, develop and implement key performance indicators, standardise workloads, review staff resources and provide a 5 day a week intake system	• Recommendations implemented	**CH**	Within existing & DOH funded project with NAAH	June 2009	Youth Health Review, SPC, BPL
5.2 Ensure equity in service provision across SSWAHS based on need and to reflect population growth	5.2.1 Review staffing of teams that provide services to youth to address access and equity, with adjustments for Aboriginality, ethnicity, homelessness, distance covered and population growth	• Review undertaken and outcomes implemented	**CH, MH, DH,** HP, **Aboriginal Health**	Within existing & enhancement funding to expand	Dec 2009	SPC
	5.2.2 Provide youth health services in Wollondilly and develop a youth health service in Wingecarribee to complement / enhance existing adolescent mental health service (Centre of Youth)	• Services established (may be outreach services)	**CH**, MH	Within existing & enhancement funding to expand	Dec 2009 (Wollondilly) Dec 2010 (Wingecarribee)	CH Plan, SPC

STRATEGIC DIRECTION 6 - BUILD A SUSTAINABLE HEALTH WORKFORCE						
Objective	**Strategies**	**Performance Indicator**	**Lead & Partners**	**Resources**	**Timeframe**	**Source**
6.1 Improve staff recruitment & retention in services for young people	6.1.1 Encourage staff participation in the SSWAHS Management Development Program and in education and career opportunities	• No. & % of staff in identified services who have completed Management Development Program • Improved staff retention in YHS's	**CH/YH, MH, YC**	Within existing	Ongoing	ICAMHS, SPC, BPL
	6.1.2 Provide identified career pathways for Youth Health staff, including secondments where staff can develop their skills in another specialist area	• Career pathways developed • No. & spread of staff participating in carer development opportunities	**CH/YH,** SH, DHS, MH, Child & Family counselling	Within existing	Dec 2009 & ongoing	SC, SPC
6.2 Build capacity among 'adult' workers in working with a youth population (eg Youth Health, ICAMHS, Sexual Health, Sexual Assault etc)	6.2.1 With the Centre for Education and Workforce Development (CEWD), develop and/or identify a training program re making mainstream services youth-friendly. Target services that see a significant proportion of young people	• Program developed • No. of staff completing	**CH/YH,** CEWD, ICAMHS, NSW CAAH	Within existing	Dec 2011	SPC, YPC, SC, BPL
	6.2.2 With CEWD and the Health Promotion Service, develop and/or identify training program/s re health promotion project planning, evaluation and evidence-based practice and strongly encourage all teams working with young people to attend	• Program developed • No. of staff completing	**CEWD, HP, CH/YH,** ICAMHS, NSW CAAH	Within existing	Dec 2009	BPL, SC
	6.2.3 Work with the peaks WSROC and YAPA to provide training for youth workers re emerging health issues. Promote Mental Health First Aid courses with staff in Youth Health Services and NGOs working with at risk young people	• Training developed • No. of youth workers attending	**CH/YH,** ICAMHS, CEWD, YC, WSROC, YAPA, NGOs	Within existing	Dec 2010	SPC, BPL
	6.2.4 Jointly develop an annual Youth Health seminar to showcase innovative and better practice, increase knowledge & skills and strengthen collaborative partnerships. Involve young people / schools as presenters. Consider commencing with youth mental health in 2009	• Annual showcase seminar established, no. attending • Evidence of youth participation in program & planning • Program evaluation completed & results incorporated in ensuing years	**CH/YH, ICAMHS**, DH, HP, YC, NSW CAAH, NGOs	Within existing	Dec 2009 & ongoing	BPL

STRATEGIC DIRECTION 6 - BUILD A SUSTAINABLE HEALTH WORKFORCE						
Objective	**Strategies**	**Performance Indicator**	**Lead & Partners**	**Resources**	**Timeframe**	**Source**
6.2 (continued)	6.2.5 Maintain and increase Aboriginal identified positions in Youth Health Services, ICAMHS and Drug Health Services	• Increase in Aboriginal identified positions in nominated services • Increased OOS for Aboriginal young people in SSWAHS	**CH, MH/ICAMHS, DH, Aboriginal Health**	Within existing	Dec 2010 & ongoing	SC, SPC, YPC, BPL, AHP, ICAMHS

STRATEGIC DIRECTION 7 - BE READY FOR NEW RISKS AND OPPORTUNITIES						
Objective	**Strategies**	**Performance Indicator**	**Lead & Partners**	**Resources**	**Timeframe**	**Source**
7.1 Ensure services reflect population growth and the development of new growth centre suburbs in Liverpool, Campbelltown & Camden LGAs	7.1.1 Ensure appropriate levels of service provision for youth in new development suburbs & areas with significant projected population growth (particularly Liverpool LGA) and adequate resources for this	• Increase in staffing, services &/or programs in identified LGAs (may include outreach services)	**CH**, HSPU, CH/YH	?	2009 & ongoing	SPC
	7.1.2 Engage with local councils and urban planning processes to improve public transport	• Evidence of engagement • Active Transport Policy developed	**HP, HSPU**, LG	Within existing	Ongoing	HPSP, SPC, YPC
7.2 Promote access to new service models and seek additional sources of funding for health services for young people	7.2.1 Continue to develop service networks and explore opportunities for further Headspace funding in south west Sydney (See also 3.1.9)	• Headspace programs maintained & increased	**MH**, DH, CH/YH, Headspace, NGOs	Within existing	Ongoing	SC, DMHCSP
	7.2.2 Explore opportunities created by the DOHA review of Innovative Health Services for Homeless Youth (IHSHY) funded services	• Report received and opportunities identified • Increase in IHSHY funding to SSWAHS	**CH**, MH, DH	Possible enhancement funding	June 2009	SC
	7.2.3 Explore opportunities created by NSW Health's Community Health Review, including review of core services and recommended models of care	• Report received and opportunities identified • Recommendations implemented	**CH,** HSPU, Population Health	Within existing	June 2009 & ongoing	SC
	7.2.4 Develop an ongoing forum or network to monitor implementation of this Plan and identify potential funding opportunities	• Forum established • Implementation monitored • % strategies implemented • Funding opportunities identified	**CH, MH, DH, HP, HSPU,** NGOs	Within existing	June 2009 & ongoing	SC

Appendix 1 SSWAHS Youth Health Plan Steering Committee Membership

Name	Position and organisation
Alison Derrett	Assistant General Manager, Community Health (from February 2008)
Angela Bennet	Mental Health Project Officer, Bankstown Division of General Practice
Anthony Stralow	Program Manager, Youthblock Health and Resource Service
Bernie Sarpong	A/Manager Multicultural Services, Family Planning NSW
Dell Cotter	Community representative, Consumer / Community Council
George Long	Deputy Director, Aboriginal Health
Giles Barton	Area Coordinator, Infant, Child and Adolescent Mental Health Service
Greg Stewart	Director, Population Health, Planning and Performance
Helen Dirkis	Health Promoting Schools Coordinator, Health Promotion Service
Karen Becker	Director, Drug Health Services
Kate Steinbeck	Director, Youth Consultancy
Katherine Moore	General Manager Community Health (from August 2008)
Kelly Walker	Team Manager, Traxside Youth Health Service (until July 2008)
Lou-Anne Blunden	Director, Health Services Planning
Lyn Bearlin	Senior Planner, Health Services Planning
Lynda Johnston	Manager, Community Participation
Sanjyot Vagholkhar	Staff Specialist, General Practice Unit, Fairfield Hospital
Scott Fanker	Operational Service Manager, Mental Health Services South West Cluster
Sharyn O'Grady	General Manager, Community Health (until May 2008)
Susie Purcell	Clinical Projects Manager, Drug Health Services (Feb. – May 2008)
Tarika Rivers	NGO Coordinator, Drug Health Services (Dec. 2007 & May – Aug. 2008)
Tim Carroll	Artistic Director, Bankstown Youth Development Service
Voula Kougelos	Service Manager, The Corner Youth Health Service (from Sep. 2008)

Appendix 2 Demographic Tables

Table 1 Young People aged 12-24 years by Local Government Area in SSWAHS, ABS Census 2006

Age (years):	Ashfield	Banks-town	Burwood	Camden	Campb-elltown	Canada Bay	Cant-erbury	Fairfield	Leich-hardt	Liverpool	Marrick-ville	Strath-field	Sydney (part)	Wingec-arribee	Wollon-dilly	SSWAHS
12	387	2,507	348	841	2,518	654	1,636	2,837	298	2,631	522	438	*352*	668	642	*17,279*
13	*391*	*2,480*	*336*	*897*	*2,486*	*652*	*1,547*	*2,785*	*329*	*2,659*	*568*	*485*	*367*	*655*	*715*	*17,352*
14	356	2,421	364	821	2,463	649	1,524	2,738	352	2,604	524	513	*376*	637	685	*17,027*
15	357	2,462	330	830	2,525	649	1,521	2,666	332	2,570	510	485	*440*	687	701	*17,065*
16	*408*	*2,450*	*384*	*778*	*2,620*	*649*	*1,494*	*2,833*	*333*	*2,438*	*579*	*470*	*441*	*698*	*658*	*17,233*
17	424	2,506	402	770	2,477	679	1,607	2,882	333	2,435	576	504	*570*	667	668	*17,500*
18	*397*	*2,377*	*437*	*700*	*2,330*	*648*	*1,573*	*2,661*	*321*	*2,315*	*660*	*440*	*1,218*	*507*	*598*	*17,182*
19	444	2,324	460	630	2,253	693	1,625	2,685	375	2,257	759	505	*1,847*	388	587	*17,832*
20	469	2,314	527	620	2,449	726	1,665	2,697	484	2,371	815	565	*2,103*	361	526	*18,692*
21	*563*	*2,427*	*574*	*602*	*2,374*	*764*	*1,720*	*2,762*	*520*	*2,308*	*1,030*	*594*	*2,314*	*356*	*477*	*19,385*
22	628	2,313	600	585	2,238	809	1,692	2,752	485	2,416	1,118	595	*2,287*	328	445	*19,291*
23	*693*	*2,307*	*646*	*529*	*2,354*	*881*	*1,860*	*2,749*	*566*	*2,338*	*1,218*	*650*	*2,613*	*305*	*450*	*20,159*
24	709	2,326	739	562	2,006	952	1,928	2,575	722	2,359	1,312	608	*2,896*	282	362	*20,338*
Totals 12-24 years	*6,226*	*31,214*	*6,147*	*9,165*	*31,093*	*9,405*	*21,392*	*35,622*	*5,450*	*31,701*	*10,191*	*6,852*	*17,824*	*6,539*	*7,514*	*236,335*

Table 2 Population projections for young people aged 12-24 years by Local Government Area and Youth Health Service in SSWAHS, 2006 Census

SSWAHS Youth Health Service (YHS)	LGA / Area	Population 12-24, 2006	Projected population 12-24, 2011	Population 12-24, 2016	Population change 2006 - 2016	Percentage change 2006 - 2016	Aboriginal population 12-24, 2006
Youth Block Health & Resource Service – Camperdown	Ashfield	6,226	6,232	6,762	536	8.6	44
	Burwood	6,147	6,128	6,858	711	11.6	29
	Canada Bay	9,405	6,142	7,357	-2,048	-21.8	49
	Leichhardt	5,450	6,686	7,235	1,785	32.8	105
	Marrickville	10,191	11,355	12,671	2,480	24.3	276
	Strathfield	6,852	7,546	9,014	2,162	31.6	32
	Sydney (part)	17,824	13,863	15,276	-2,548	-14.3	271
	Sub-totals Inner West	**62,095**	**57,952**	**65,173**	**3,078**	**5.0**	**806**
The Corner YHS – Bankstown & Canterbury Multicultural YHS – Belmore	Bankstown	31,214	32,486	37,385	6,171	19.8	296
	Canterbury	21,392	21,840	24,148	2,756	12.9	185
	Sub-totals Canterbury / Bankstown	**52,606**	**54,326**	**61,533**	**8,927**	**17.0**	**481**
Fairfield / Liverpool Youth Health Team (FLYHT) – Carramar	Fairfield	35,622	33,868	36,546	924	2.6	301
	Liverpool	31,701	36,624	45,464	13,763	43.4	571
	Sub-totals Fairfield / Liverpool	**67,323**	**70,492**	**82,010**	**14,687**	**21.8**	**872**
Traxside YHS – Campbelltown	Camden	9,165	11,552	16,382	7,217	78.8	208
	Campbelltown	31,093	30,782	34,918	3,825	12.3	1,081
	Wollondilly	7,514	8,441	9,853	2,339	31.1	186
	Sub-totals Macarthur	**47,772**	**50,775**	**61,153**	**13,381**	**28.0**	**1,475**
	Wingecarribbee	6,539	7,820	8,919	2,380	36.4	144
	SSWAHS	**236,335**	**241,365**	**278,788**	**42,453**	**9.7**	**3,788**

Table 3 SSWAHS Aboriginal Population by LGA and Age Cohorts 10-24 years - 2006 Census [1]

LGA	Measure	10-14	Estimate 12-14	15-19	20-24	Total 12-24	Totals all age groups	Percent-age 12-24
	Total Pop	1,911	1,147	1,981	3,048	6,176	39,667	15.57%
	Indigenous	19	11	18	15	44	194	22.89%
Ashfield	% Indigenous	0.99%	0.99%	0.91%	0.49%	0.72%	0.49%	
	Total Pop	12,424	7,454	12,132	11,766	31,352	170,489	18.39%
	Indigenous	149	89	115	92	296	1,124	26.37%
Bankstown	% Indigenous	1.20%	1.20%	0.95%	0.78%	0.95%	0.66%	
	Total Pop	1,745	1,047	2,004	3,097	6,148	30,926	19.88%
	Indigenous	13	8	7	14	29	120	24%
Burwood	% Indigenous	0.74%	0.74%	0.35%	0.45%	0.47%	0.39%	
	Total Pop	4,182	2,509	3,724	2,970	9,203	49,646	18.54%
	Indigenous	93	56	90	62	208	651	31.92%
Camden	% Indigenous	2.22%	2.22%	2.42%	2.09%	2.26%	1.31%	
	Total Pop	12,186	7,312	12,239	11,497	31,048	143,076	21.70%
	Indigenous	571	343	416	322	1,081	3,833	28.19%
Campbelltown	% Indigenous	4.69%	4.69%	3.40%	2.80%	3.48%	2.68%	
	Total Pop	3,290	1,974	3,318	4,153	9,445	65,743	14.37%
	Indigenous	18	11	19	19	49	215	22.70%
Canada Bay	% Indigenous	0.55%	0.55%	0.57%	0.46%	0.52%	0.33%	
	Total Pop	8,056	4,834	7,836	8,874	21,544	129,964	16.58%
	Indigenous	71	43	66	76	185	746	24.74%
Canterbury	% Indigenous	0.88%	0.88%	0.84%	0.86%	0.86%	0.57%	
	Total Pop	13,881	8,329	13,746	13,597	35,672	179,894	19.83%
	Indigenous	154	92	116	93	301	1,113	27.08%
Fairfield	% Indigenous	1.11%	1.11%	0.84%	0.68%	0.84%	0.62%	
	Total Pop	1,632	979	1,697	2,775	5,451	48,777	11.18%
	Indigenous	33	20	45	40	105	410	25.56%
Leichhardt	% Indigenous	2.02%	2.02%	2.65%	1.44%	1.92%	0.84%	
	Total Pop	13,555	8,133	12,048	11,829	32,010	164,605	19.45%
	Indigenous	305	183	221	167	571	2,194	26.03%
Liverpool	% Indigenous	2.25%	2.25%	1.83%	1.41%	1.78%	1.33%	
	Total Pop	2,671	1,603	3,054	5,541	10,198	71,813	14.20%
	Indigenous	112	67	103	106	276	1,078	25.62%
Marrickville	% Indigenous	4.19%	4.19%	3.37%	1.91%	2.71%	1.50%	
	Total Pop	2,306	1,384	2,404	3,008	6,796	31,983	21.25%
	Indigenous	8	5	15	12	32	85	37.41%
Strathfield	% Indigenous	0.35%	0.35%	0.62%	0.40%	0.47%	0.27%	
	Total Pop	1,874	1,124	4,247	11,920	17,291	87,843	19.68%
	Indigenous	109	65	103	103	271	1,026	26.45%
Sydney (part)	% Indigenous	5.82%	5.82%	2.43%	0.86%	1.57%	1.17%	
	Total Pop	3,395	2,037	3,236	2,290	7,563	40,344	18.75%
	Indigenous	100	60	80	46	186	762	24.41%
Wollondilly	% Indigenous	2.95%	2.95%	2.47%	2.01%	2.46%	1.89%	
	Total Pop	3,253	1,952	2,973	1,660	6,585	42,273	15.58%
	Indigenous	89	53	57	34	144	529	27.30%
Wingecarribee	% Indigenous	2.74%	2.74%	1.92%	2.05%	2.19%	1.25%	
	Total Pop	11,309	6,785	10,809	10,534	28,128	1,297,043	18.23%
SSWAHS	Indigenous	160	96	123	110	329	14,080	26.84%
Total	% Indigenous	1.41%	1.41%	1.14%	1.04%	1.17%	1.09%	
	Total Pop	446,562	267,937	439,861	431,853	1,139,651	6,549,178	17.40%
	Indigenous	18,262	10,957	14,905	10,872	36,734	138,506	26.52%
NSW Total	% Indigenous	4.09%	4.09%	3.39%	2.52%	3.22%	2.11%	

1 Census First Release data not taking into account the level of underenumeration estimated from the ABS Post Enumeration Survey and other factors which are included in the higher official Estimated Resident Population statistics. The 2005 ERP release estimated SSWAHS 2006 population as 1,424,330.

2 As data is only available for 10-14 year olds, figures for 12-14 year olds have been estimated as 3/5 of this age cohort

Table 4 Type of Educational Institution Attending (Full/Part-Time Student Status By LGA in SSWAHS, ABS Census 2006

	Ashfield	Banks-town	Bur-wood	Camden	Camp-belltown	Canada Bay	Canter-bury	Fairfield	Leich-hardt	Liver-pool	Marrick-ville	Strath-field	Sydney (part)	Wingeca-rribbee	Wollon-dilly	SSWAHS
Pre-school	482	2,763	382	1,279	2,564	973	1,820	2,295	744	2,972	778	342	595	837	948	19,774
Infants/Primary	*2,454*	14,740	2,063	5,410	14,071	4,149	10,080	15,307	2,330	16,728	3,462	2,370	*2185*	3,914	4,340	103,603
Secondary:																
Government	993	7,060	912	2,303	7,737	1,160	4,291	10,389	790	7,673	1,536	1,234	975	1,475	1,863	50,391
Catholic	623	3,398	600	991	2,815	1,469	2,476	2,953	440	2,949	788	632	505	934	733	22,306
Other Non Government	379	1,470	428	653	1,046	778	840	741	431	1,470	370	656	443	920	570	11,195
Total	*1,995*	11,928	1,940	3,947	11,598	3,407	7,607	14,083	1,661	12,092	2,694	2,522	*1923*	3,329	3,166	83,892
Technical or Further Educational Institution(a):																
Full-time student:																
Aged 15-24 years	224	994	243	180	777	246	910	1,365	141	942	393	209	585	97	122	7,428
Aged 25 years and over	227	563	192	53	372	153	662	710	113	518	335	199	450	54	36	4,637
Part-time student:													0			0
Aged 15-24 years	*169*	1,361	127	473	1,387	376	720	1,230	163	1,256	331	141	*309*	373	490	8,906
Aged 25 years and over	427	1,440	261	372	1,330	495	1,215	1,933	425	1,536	878	304	976	454	305	12,351
Student status not stated	20	99	12	13	70	24	96	167	7	104	34	10	34	10	13	713
Total	1,067	4,457	835	1,091	3,936	1,294	3,603	5,405	849	4,356	1,971	863	2354	988	966	34,035
University or other tertiary Institution:																
Full-time student:																
Aged 15-24 years	*1,337*	3,004	1,565	549	1,918	1,581	2,626	3,302	956	2,345	1,653	1,551	*5543*	127	406	28,463
Aged 25 years and over	601	592	592	107	451	402	972	422	487	421	1,106	428	2132	93	96	8,902
Part-time student:													0			0
Aged 15-24 years	145	401	124	75	353	227	317	536	149	370	259	148	490	57	65	3,716
Aged 25 years and over	663	903	339	376	785	1,087	856	640	1,251	895	1,666	382	2216	345	236	12,640
Student status not stated	*25*	69	31	0	34	28	92	80	7	64	37	30	*56*	3	8	564
Total	2,771	4,969	2,651	1,107	3,541	3,325	4,863	4,980	2,850	4,095	4,721	2,539	10437	625	811	54,285
Other type of Educational Institution:																
Full-time student	138	328	160	52	145	124	353	533	85	331	171	141	562	37	38	3,198
Part-time student	256	721	201	212	536	356	659	851	424	622	527	177	718	197	170	6,627
Full/Part-time student status not stated	9	54	3	8	30	4	38	106	0	55	21	12	11	6	0	357
Total	403	1,103	364	272	711	484	1,050	1,490	509	1,008	719	330	1291	240	208	10,182
Type of educational institution not stated	3,872	15,636	2,953	2,873	12,601	5,688	13,453	16,029	4,349	16,447	7,584	3,217	18277	3,027	2,623	128,629
Overseas visitors	508	749	463	140	456	561	945	571	524	521	755	468	3214	198	149	10,222
Total	**13,552**	**56,345**	**11,651**	**16,119**	**49,478**	**19,881**	**43,421**	**60,160**	**13,816**	**58,219**	**22,684**	**12,651**	**40276**	**13,158**	**13,211**	**444,622**

(a) Includes 'Technical and Further Educational Institution (including TAFE colleges)'.

Table 5 Country of Birth, 15-24 years, ranked numerically (> 500 persons) , ABS Census 2006																
	Ashfield	Banks-town	Burwood	Camden	Camp-belltown	Canada Bay	Canter-bury	Fairfield	Leich-hardt	Liver--pool	Marrick-ville	Strath-field	Sydney (part)	Wingec-arribbee	Wollon-dilly	Total SSWAHS
Australia	1,319	8,712	1,155	3,013	9,362	2,651	4,824	8,420	1,658	7,643	2,675	1,326	3,380	2,072	2,663	60,873
Country of birth not stated	257	874	264	130	814	326	675	869	218	977	482	289	1,777	115	171	8,238
Born elsewhere	142	370	120	31	366	67	619	470	23	547	144	107	268	6	0	3,280
China (excl. SARs and Taiwan Province)	391	247	424	22	49	210	581	177	23	69	106	262	507	41	4	3,113
Viet Nam	4	332	9	3	15	9	143	883	7	157	134	10	50	3	0	1,759
New Zealand	25	238	19	24	346	55	186	249	32	259	96	26	129	11	17	1,712
India	203	79	275	7	106	76	191	24	8	155	34	184	114	4	0	1,460
Iraq	0	59	0	5	25	3	23	901	0	330	0	0	3	0	0	1,349
Philippines	44	67	18	13	256	25	121	165	5	268	46	20	29	3	4	1,084
Lebanon	3	376	11	3	35	3	250	71	7	137	13	14	7	0	0	930
Fiji	5	61	3	8	130	6	68	84	0	391	14	12	10	0	0	792
Korea, Republic of (South)	30	52	108	3	6	100	150	7	6	3	15	201	98	8	0	787
Hong Kong (SAR of China)	45	77	60	0	27	57	97	67	12	37	36	62	170	26	0	773
United Kingdom	12	29	7	65	115	26	17	20	40	57	55	17	116	19	18	613
Thailand	20	37	6	3	56	21	16	248	8	56	28	6	80	0	0	585
Indonesia	14	42	16	4	11	14	107	33	4	28	30	14	230	4	0	551
Total 15-24 years	**2,628**	**12,035**	**2,587**	**3,390**	**12,157**	**3,773**	**8,394**	**13,798**	**2,126**	**12,117**	**4,119**	**2,778**	**7,631**	**2,330**	**2,909**	**92,772**

Table 6 Major Languages other than English Spoken at Home (> 2,000 persons) SSWAHS, ABS Census 2006

	Ashfield	Banks-town	Bur-wood	Camden	Campb-elltown	Canada Bay	Canter-bury	Fair-field	Leich-hardt	Liver-pool	Marrick-ville	Strath-field	Sydney (part)	Wingec-arribbee	Wollon-dilly	SSWAHS	NSW	SSWAHS % of NSW
Arabic	737	32,866	1,526	361	3,872	1,089	18,707	11,573	200	12,592	2,065	1,846	807	39	210	88,490	164,985	54%
Vietnamese	290	14,093	284	61	859	237	4,980	30,666	125	6,676	2,946	468	1015	33	19	62,752	74,587	84%
Cantonese	1,930	5,376	2,637	331	965	2,178	7,624	9,988	391	2,493	1,436	2,694	3015	140	60	41,258	129,605	32%
Italian	3,074	3,255	2,011	783	892	6,653	4,265	7,433	1,652	5,340	1,305	1,018	651	246	341	38,919	87,298	45%
Greek	953	6,518	1,120	168	878	1,927	13,515	1,347	718	2,798	4,608	704	1593	143	109	37,099	86,157	43%
Mandarin	3,490	3,266	3,132	81	727	1,789	6,743	4,535	307	1,518	1,155	2,047	3309	94	42	32,235	100,593	32%
Hindi	406	1,036	452	124	2,343	308	1,394	1,336	87	6,259	246	626	318	20	14	14,969	38,146	39%
Assyrian	11	204	53	43	82	40	83	10,981	15	2,051	39	7	10	0	10	13,629	16,137	84%
Korean	500	1,334	1,460	7	76	1,435	2,928	90	85	70	137	2,698	938	17	6	11,781	36,683	32%
Serbian	116	383	80	185	327	126	271	4,493	114	4,782	246	85	242	40	81	11,571	21,613	54%
Croatian	216	696	290	244	688	273	407	3,372	93	1,627	225	221	154	40	96	8,642	23,605	37%
Macedonian	19	2,983	27	52	335	46	636	1,529	71	1,781	504	20	103	32	10	8,148	28,940	28%
Khmer	20	188	18	19	407	6	41	5,894	7	1,225	29	24	33	4	8	7,923	8,770	90%
Tagalog (excludes Filipino)	358	562	160	84	1,612	135	986	1,107	64	1,864	312	107	200	9	19	7,579	29,216	26%
Samoan	15	868	30	31	2,433	10	741	1,189	7	1,373	94	26	34	0	14	6,865	12,908	53%
Portuguese	235	396	125	32	203	165	1,989	334	140	541	1,750	59	354	30	17	6,370	13,543	47%
Indonesian	182	622	167	32	362	169	1,809	238	72	393	502	140	1192	25	0	5,905	19,061	31%
Bengali	260	246	129	7	1,398	48	2,403	31	15	274	467	200	127	0	6	5,611	12,992	43%
Turkish	136	552	68	43	158	307	579	1,298	62	1,315	390	166	344	11	18	5,447	20,591	26%
Polish	310	856	179	87	662	155	267	860	74	1,120	160	108	234	50	25	5,147	15,496	33%
Filipino (excludes Tagalog)	274	359	87	69	1,088	101	534	679	52	1,070	174	99	156	11	20	4,773	18,259	26%
Lao	16	67	3	79	1,000	11	43	1,922	8	1,374	22	10	22	0	0	4,577	5,231	87%
Tamil	199	241	350	18	295	175	286	73	17	532	50	1,867	52	0	4	4,159	15,742	26%
Urdu	23	824	51	21	529	56	1,307	153	7	768	71	118	61	0	11	4,000	10,542	38%
Russian	125	242	215	53	332	198	137	542	51	206	89	235	1353	13	27	3,818	14,052	27%
French	130	407	89	77	519	156	435	285	240	495	245	42	472	76	34	3,702	15,184	24%
Maltese	43	292	38	229	215	102	187	1,253	107	767	115	28	95	14	182	3,667	14,344	26%
German	115	417	71	129	312	234	171	421	325	334	214	56	422	172	106	3,499	22,106	16%
Thai	175	205	106	41	277	174	253	581	121	319	436	58	658	21	15	3,440	10,286	33%
Tongan	81	382	90	18	530	25	670	531	35	238	327	75	131	7	11	3,151	8,501	37%
Teochew	31	165	37	0	21	36	77	2,101	13	152	31	44	43	4	0	2,755	3,515	78%

Table 7 Proficiency in English for persons born overseas by age 15-24 years, ABS Census 2006																
	Ashfield	Banks-town	Burwood	Camden	Campb-elltown	Canada Bay	Canter-bury	Fairfield	Leich-hardt	Liver-pool	Marrick-ville	Strath-field	Sydney (part)	Wingec-arribbee	Wollon-dilly	SSWAHS
Speaks English only	243	710	204	3	1,215	351	700	718	316	1,154	567	272	1352	98	110	8,013
Speaks other language and speaks English:																
Very well or well	1,590	3,955	1,876	4	2,541	1,077	4,474	7,609	247	5,457	1,263	1,791	3721	122	42	35,769
Not well or not at all	138	388	205	3	74	97	436	886	13	288	111	174	335	65	3	3,216
Proficiency in English not stated	12	42	25	0	35	18	44	90	4	75	14	23	30	3	0	415
Total	*1,740*	*4,385*	*2,106*	*7*	*2,650*	*1,192*	*4,954*	*8,585*	*264*	*5,820*	*1,388*	*1,988*	*4086*	*190*	*45*	39,400
Language and proficiency in English not stated	10	40	15	0	19	0	24	31	0	21	8	3	6	6	3	186
Total	**1,993**	**5,135**	**2,325**	**10**	**3,884**	**1,543**	**5,678**	**9,334**	**580**	**6,995**	**1,963**	**2,263**	**5444**	**294**	**158**	47,599
% speaking English poorly or not at all	6.9%	7.6%	8.8%	30.0%	1.9%	6.3%	7.7%	9.5%	2.2%	4.1%	5.7%	7.7%	6.2%	22.1%	1.9%	6.8%

Table 8 African Languages Spoken at Home by LGA in SSWAHS, ABS Census 2006*

	Ash-field	Banks-town	Bur-wood	Cam-den	Campb-elltown	Canada Bay	Canter-bury	Fairfield	Leich-hardt	Liver-pool	Marrick-ville	Strath-field	Sydney (part)	Wingec-arribbee	Wollon-dilly	SSWAHS	NSW	SSWAHS % of NSW
Afrikaans	3	52	3	32	190	37	29	12	24	78	9	10	57	14	3	553	3,599	15%
Akan	9	66	6	0	29	0	113	9	3	168	9	6	6	0	0	424	909	47%
Amharic	0	25	0	0	16	0	90	4	0	4	8	6	0	0	0	153	422	36%
Arabic **	737	32,866	1,526	361	3,872	1,089	18,707	11,573	200	12,592	2,065	1,846	807	39	210	88,490	164,985	54%
Bemba	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	4	41	10%
Dinka	0	22	0	0	0	0	77	63	0	6	11	7	0	0	0	186	1,809	10%
Ewe	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	46	9%
French **	130	407	89	77	519	156	435	285	240	495	245	42	472	76	34	3,702	15,184	24%
Ga	0	0	0	0	0	0	4	7	0	0	0	0	0	0	0	11	45	24%
Harari	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5	21	24%
Hausa	0	3	0	0	3	0	8	0	0	0	0	0	3	0	0	17	24	71%
Igbo	8	5	0	4	6	0	30	12	0	21	3	0	0	0	0	89	183	49%
Krio	0	57	0	0	0	0	92	4	0	4	7	0	0	0	0	164	380	43%
Kriol	3	6	0	0	0	0	3	0	0	0	4	0	0	0	0	16	50	32%
Ndebele	0	14	0	0	4	0	8	6	0	13	6	0	0	0	0	51	164	31%
Nuer	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	6	36	17%
Oromo	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	6	35	17%
Somali	0	73	0	18	5	0	134	22	0	45	0	4	0	0	0	301	794	38%
Swahili	16	6	0	0	10	12	24	55	0	7	19	10	34	0	0	193	619	31%
Tigrinya	0	10	0	0	16	0	36	0	0	5	3	0	0	0	0	70	154	45%
Tswana	6	0	0	0	6	0	4	0	0	0	0	0	5	0	0	21	114	18%
Yoruba	0	23	0	4	0	0	3	0	0	3	0	0	0	0	0	33	191	17%
Xhosa	0	7	0	0	0	0	0	0	0	0	0	0	3	0	0	10	33	30%
Zulu	0	4	0	0	0	0	0	0	0	15	0	0	3	0	0	22	102	22%
Total (excl. Arabic & French)	28	300	6	22	85	12	584	163	3	257	61	33	46	0	0	1,600	5,587	29%

Migrants and refugees from Burundi are likely to speak French, Kirundi and Swahili. Migrants and refugees from Ethiopia are likely to speak Amharic, Tigrinya and Oromo

Migrants and refugees from Eritrea are likely to speak Tigrinya. Migrants and refugees from Sierra Leone are likely to speak English, Krio and Kriol

Migrants and refugees from Somalia are likely to speak Somali.

Recent refugees from Southern Sudan are likely to speak Dinka and other languages. Earlier migrants and refugees from Northern Sudan are likely to speak Arabic.

* Not an exhaustive list

** Arabic and French will be spoken by people from a range of source countries

Table 9 Pacific Islander Languages Spoken at Home by LGA in SSWAHS, ABS Census 2006

	Ashfield	Banks-town	Bur-wood	Cam-den	Campb-elltown	Canada Bay	Canter-bury	Fairfield	Leich-hardt	Liver-pool	Marrick-ville	Strath-field	Sydney (part)	Wingec-arribbee	Wollon-dilly	SSWAHS	NSW	SSWAHS as % of NSW
Fijian	32	196	24	13	198	29	376	176	22	150	100	39	68	0	0	1,423	3,399	42%
Hindi *	406	1,036	452	124	2,343	308	1,394	1,336	87	6,259	246	626	318	20	14	14,969	38,146	39%
Maori (Cook Island)	8	119	7	3	173	0	289	22	5	53	48	11	3	0	0	741	1,500	49%
Maori (New Zealand)	11	111	17	0	115	14	105	59	3	70	45	17	39	4	0	610	2,266	27%
Niue	3	0	0	3	14	4	16	12	0	6	14	0	4	0	0	76	275	28%
Rotuman	0	0	0	0	14	0	5	6	0	3	6	0	0	0	0	34	172	
Samoan	15	868	30	31	2,433	10	741	1,189	7	1,373	94	26	34	0	14	6,865	12,908	53%
Tongan	81	382	90	18	530	25	670	531	35	238	327	75	131	7	11	3,151	8,501	37%
Total (excluding Hindi)	150	1,676	168	68	3,477	82	2,202	1,977	72	1,893	634	168	279	11	25	12,900	29,019	44%

* Hindi will be spoken by people from India, Fiji and other countries.

Table 10 Labour Force Status by Age 15-19 and 20-24 years for NSW, ABS Census 2006

	15-19 years	20-24 years	Total population	% 15-19 years	% 20-24 years
Employed, worked:					
Full-time(a)	52,313	175,654	1,879,628	11.9	40.7
Part-time	103,530	92,785	842,713	23.5	21.5
Employed, away from work(b)	7,470	8,768	103,525	1.7	2.0
Hours worked not stated	9,107	11,306	83,578	2.1	2.6
Total	*172,420*	*288,513*	*2,909,444*	39.2	66.8
Unemployed, looking for:					
Full-time work	14,737	18,857	115,165	3.4	4.4
Part-time work	15,842	10,649	67,994	3.6	2.5
Total	*30,579*	*29,506*	*183,159*	7.0	6.8
Total labour force	202,999	318,019	3,092,603	46.2	73.6
Not in the labour force	213,521	82,092	1,801,010	48.5	19.0
Labour force status not stated	23,343	31,745	356,648	5.3	7.4
Total	**439,863**	**431,856**	**5,250,261**	100.0	100.0

Table 11 Household Tenure Type by LGA, ABS Census 2006

	Ashfield	Banks-town	Bur-wood	Cam-den	Camp-belltown	Canada Bay	Canter-bury	Fair-field	Leich-hardt	Liver-pool	Marrick-ville	Strath-field	Sydney (part)	Wingecarri'bee	Wollon-dilly	SSWAHS	NSW
Fully owned	4,433	20,110	3,701	4,047	10,844	8,927	14,596	18,081	4,999	11,943	7,016	3,259	4404	6,423	4,118	126,901	810,706
Being purchased (a)	3,664	16,646	2,431	8,132	19,191	7,115	11,519	17,211	6,456	20,416	7,992	2,808	8066	5,363	6,439	143,449	742,157
Rented:																	
Real estate agent	4,786	6,875	2,669	1,951	6,299	5,463	10,533	8,263	5,700	7,544	8,735	2,878	12590	1,946	1,080	87,312	389,724
State or territory housing authority	216	5,383	312	315	5,838	648	2,682	4,180	893	4,081	826	449	4841	400	147	31,211	108,793
Person not in same household (b)	953	2,498	549	615	1,708	1,265	2,148	2,547	1,542	1,801	2,167	415	2715	661	493	22,077	129,519
Housing co-operative/community/church group	161	360	69	33	193	65	283	324	86	285	322	86	527	106	56	2,956	14,619
Other landlord type (c)	74	440	76	80	162	179	350	686	108	1,067	143	61	262	164	150	4,002	25,655
Landlord type not stated	96	419	77	74	282	166	315	373	133	384	202	69	332	135	110	3,167	19,120
Total	6,286	15,975	3,752	3,068	14,482	7,786	16,311	16,373	8,462	15,162	12,395	3,958	21267	3,412	2,036	150,725	*687,430*
Other tenure type(d)	132	338	45	145	234	132	233	219	77	236	123	61	205	142	88	2,410	19,259
Tenure type not stated	1,423	4,278	961	845	3,072	2,181	4,374	4,246	1,999	4,487	3,284	1,070	8819	878	701	42,618	68,666
Total	**15,938**	**57,347**	**10,890**	**16,237**	**47,823**	**26,141**	**47,033**	**56,130**	**21,993**	**52,244**	**30,810**	**11,156**	**42,761**	**16,218**	**13,382**	**466,103**	**2,328,218**
% households in rental housing	39.4	27.9	34.5	18.9	30.3	29.8	34.7	29.2	38.5	29.0	40.2	35.5	49.7	21.0	15.2	32.3	29.5
%households in public housing	1.4	9.4	2.9	1.9	12.2	2.5	5.7	7.4	4.1	7.8	2.7	4.0	11.3	2.5	1.1	6.7	4.7

(a) Includes dwellings 'Being purchased under a rent/buy scheme'.

(b) Comprises dwellings being rented from a parent/other relative or other person.

(c) Comprises dwellings being rented through a 'Residential park (includes caravan parks and marinas)', 'Employer-government (includes Defence Housing Authority)' and 'Employer-other employer' (private).

Table 12 Gross Household Weekly Income by LGA, ABS Census 2006

	Ash-field	Banks-town	Bur-wood	Cam-den	Campb-elltown	Canada Bay	Canter-bury	Fair-field	Leich-hardt	Liver-pool	Marrick -ville	Strath-field	Sydney (part)	Wingec arribee	Wollon-dilly	SSWAHS
Negative/Nil income	188	272	223	20	137	155	434	357	81	210	196	203	728	35	26	3,265
$1-$149	115	477	94	40	291	93	446	484	96	377	161	91	504	59	47	3,375
$150-$249	273	1,824	212	149	1,333	324	1,468	1,678	447	1,403	663	244	2,048	236	106	12,408
$250-$349	381	1,479	218	195	1,532	283	1,520	1,506	454	1,174	809	236	1,317	373	194	11,671
$350-$499	152	1,307	128	76	792	115	1,037	1,591	104	986	266	133	672	132	73	7,564
$500-$649	639	1,955	359	340	2,060	423	2,305	2,364	461	1,867	1,215	463	1,393	527	291	16,662
$650-$799	570	1,185	279	241	1,281	378	1,584	1,289	468	1,184	989	330	1,102	297	197	11,374
$800-$999	543	1,139	272	272	1,156	444	1,332	1,229	492	1,225	1,086	288	1,225	295	178	11,176
$1,000-$1,199	808	1,449	412	388	1,514	687	1,593	1,431	738	1,574	1,502	428	1,854	387	254	15,019
$1,200-$1,399	343	769	189	215	760	307	689	701	251	810	626	199	788	179	113	6,939
$1,400-$1,699	507	841	268	273	786	677	752	688	662	894	963	246	1,463	202	126	9,348
$1,700-$1,999	374	545	208	202	461	627	487	438	571	590	788	209	1,349	135	83	7,067
$2,000-$2,499	362	472	215	169	410	718	467	391	618	580	817	170	1,457	105	90	7,041
$2,500-$2,999	294	292	142	140	183	1,012	277	174	1,105	276	675	156	1,634	87	42	6,489
$3,000 or more	187	179	130	61	101	790	137	118	1,069	156	462	113	1,450	46	22	5,021
Partial income stated	418	1,179	309	219	1,140	623	1,250	1,369	690	1,350	945	332	1,600	242	148	11,814
All incomes not stated	123	595	92	65	526	127	510	542	150	495	229	110	672	72	47	4,355
Total	**6,277**	**15,959**	**3,750**	**3,065**	**14,463**	**7,783**	**16,288**	**16,350**	**8,457**	**15,151**	**12,392**	**3,951**	**21,256**	**3,409**	**2,037**	**150,588**
Percentage Gross Household Income																
Negative/Nil income	3.0	1.7	5.9	0.7	0.9	2.0	2.7	2.2	1.0	1.4	1.6	5.1	3.4	1.0	1.3	2.2
$1-$149	1.8	3.0	2.5	1.3	2.0	1.2	2.7	3.0	1.1	2.5	1.3	2.3	2.4	1.7	2.3	2.2
$150-$249	4.3	11.4	5.7	4.9	9.2	4.2	9.0	10.3	5.3	9.3	5.4	6.2	9.6	6.9	5.2	8.2
$250-$349	6.1	9.3	5.8	6.4	10.6	3.6	9.3	9.2	5.4	7.7	6.5	6.0	6.2	10.9	9.5	7.8
$350-$499	2.4	8.2	3.4	2.5	5.5	1.5	6.4	9.7	1.2	6.5	2.1	3.4	3.2	3.9	3.6	5.0
$500-$649	10.2	12.3	9.6	11.1	14.2	5.4	14.2	14.5	5.5	12.3	9.8	11.7	6.6	15.5	14.3	11.1
$650-$799	9.1	7.4	7.4	7.9	8.9	4.9	9.7	7.9	5.5	7.8	8.0	8.4	5.2	8.7	9.7	7.6
$800-$999	8.7	7.1	7.3	8.9	8.0	5.7	8.2	7.5	5.8	8.1	8.8	7.3	5.8	8.7	8.7	7.4
Subtotal $0-$999	45.6	60.4	47.6	43.5	59.3	28.5	62.2	64.2	30.8	55.6	43.5	50.3	42.3	57.3	54.6	51.5
$1,000-$1,199	12.9	9.1	11.0	12.7	10.5	8.8	9.8	8.8	8.7	10.4	12.1	10.8	8.7	11.4	12.5	10.0
$1,200-$1,399	5.5	4.8	5.0	7.0	5.3	3.9	4.2	4.3	3.0	5.3	5.1	5.0	3.7	5.3	5.5	4.6
$1,400-$1,699	8.1	5.3	7.1	8.9	5.4	8.7	4.6	4.2	7.8	5.9	7.8	6.2	6.9	5.9	6.2	6.2

Table 12 (continued) Gross Household Weekly Income by LGA, ABS Census 2006																
	Ash-field	Banks-town	Bur-wood	Cam-den	Campb-elltown	Canada Bay	Canter-bury	Fair-field	Leich-hardt	Liver-pool	Marrick -ville	Strath-field	Sydney (part)	Wingec arribee	Wollon-dilly	SSWAHS
$1,700-$1,999	6.0	3.4	5.5	6.6	3.2	8.1	3.0	2.7	6.8	3.9	6.4	5.3	6.3	4.0	4.1	4.7
$2,000-$2,499	5.8	3.0	5.7	5.5	2.8	9.2	2.9	2.4	7.3	3.8	6.6	4.3	6.9	3.1	4.4	4.7
$2,500-$2,999	4.7	1.8	3.8	4.6	1.3	13.0	1.7	1.1	13.1	1.8	5.4	3.9	7.7	2.6	2.1	4.3
$3,000 or more	3.0	1.1	3.5	2.0	0.7	10.2	0.8	0.7	12.6	1.0	3.7	2.9	6.8	1.3	1.1	3.3
Partial income stated	6.7	7.4	8.2	7.1	7.9	8.0	7.7	8.4	8.2	8.9	7.6	8.4	7.5	7.1	7.3	7.8
All incomes not stated	2.0	3.7	2.5	2.1	3.6	1.6	3.1	3.3	1.8	3.3	1.8	2.8	3.2	2.1	2.3	2.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 13 Separations for SSWAHS residents aged 12 to 24 years, 1/07/06 – 306/07, Flow Info		
Hospital	Separations	Bed Days
Liverpool	4,616	12,874
Campbelltown	2,981	12,628
Royal Prince Alfred	2,169	6,736
Bankstown/Lidcombe	2,119	6,298
Fairfield	1,411	3,204
Canterbury	1,120	2,535
Concord	728	1,284
Bowral	701	1,373
Camden	500	778
Rozelle	308	3,860
Thomas Walker (Rivendell)	124	1,479
RPAH Institute of Rheumatology & Orthopaedics	55	94
Balmain	29	29
Sub total SSWAHS hospitals	**16,861**	**53,172**
Children's Hospital, Westmead	1,075	**4,109**
Sydney Children's	496	1,532
All other NSW hospitals	3,308	8,920
Interstate hospitals	127	246
Total	**21,867**	**67,979**

Appendix 3 Mapping of services for young people located in SSWAHS

SSWAHS is one of a number of human service providers, with the Education sector being the major provider of human services to young people in NSW. This includes NSW Department of Education and Training (DET) secondary schools (at least 74 in SSWAHS), TAFE (13 in SSWAHS), Universities (3 in SSWAHS); Catholic Education secondary schools (21 in SSWAHS) and Independent Schools.

Local government is also a major service provider to young people, with all but some of the smaller Councils having Youth Centres and employing youth workers and/or youth-focussed community development staff. Local Government also takes a coordinating and planning role with services for young people, and auspices most of the youth inter-agency meetings.

There are also many non-government organisations providing a broad range of services to young people in SSW. Of these, local youth services, accommodation and drug and alcohol services are relatively well-developed in SSWAHS.

In the following listing of youth services located in Sydney south west, please note that:

- Services are listed in tables by local government area and in the following categories:
    i) Health services for young people including Youth Health Services, disability and chronic illness, drug and alcohol and street work programs, mental health, sexuality, sexual and reproductive health, gender-specific issues and young parents; and
    ii) Other services for youth including local government, NGOs, educational institutions, Aboriginal, accommodation and refuges, CALD and refugees, employment and training, and youth participation forums and inter-agencies
- SSWAHS services are indicated in bold
- Services that are not youth-specific or primarily for youth are indicated with an asterisk, including all SSWAHS Drug Health and Community Health services
- Services are listed by location and many cover a broader catchment area. The geographic area covered has been indicated by
    (L) local, eg one LGA or several suburbs
    (R) regional, eg the area covered by SSWAHS or sub-regional, eg central Sydney (East and north of Canterbury LGA) or south west Sydney (Bankstown – Wingecarribee LGAs
    (S) state-wide or across metropolitan Sydney
- In general, services are only included where they involve at least one full-time equivalent staff member and where the proportion of clients aged 12-24 years is greater than the proportion of this age group in the population (for practical purposes more than 20 per cent). Hence, Church based and other smaller services that offer a youth group one night a week, have not been included.

Health services for young people in SSWAHS by LGA

LGA and Population aged 12-24, 2006	SSWAHS Youth Health, Community Health and CAFT services	Disability & Chronic Illness	Drug & Alcohol and Street work programs	Mental Health	Sexuality, Sexual & Reproductive Health	Gender-specific issues (eg Sexual Assault services)	Young Parents
Ashfield 6,226		• Family Resource and Network Support (FRANS)* – Croydon (R)	• Family Drug Support* (counselling) – Ashfield (S)	• **Early Psychosis Intervention Program (EPIP)* - Croydon (L)** • Exodus Foundation – Youth Worker – Ashfield (R)	• Family Planning NSW* – Ashfield (S)	• Dympna House* (Child Sexual Assault counselling) – Haberfield (S)	
Bankstown 31,214	• **The Corner Youth Health Service – Bankstown (L)** • **Bankstown CHC & Child Adolescent & Family Health* (L)**	• Bankstown Handicapped Children's Centre* (support groups) - Bankstown	• **Youth Co-morbidity (Drug Health & Mental Health) position – Bankstown (L)** • **Drug Health counselling services* & Opioid Treatment Program*– Bankstown (L)** • Bankstown Multicultural Youth Service, street work programs – Bankstown (L) • Teen Challenge NSW Inc – Chester Hill (L)	• **Community Adolescent Mental Health Team – Bankstown (L)** • **Early Psychosis Intervention Program (EPIP)* – Bankstown (L)** • **Youth Co-morbidity (Drug Health & Mental Health) position – Bankstown (L)** • Psywest Clinic* – Department of Psychology, UWS, Milperra • Lifecare Counselling & Family Service* - Bankstown (R) • Mission Employment JPET Program* - Bankstown (R)	• **The Corner Youth Health Service, BSSAY Group – Bankstown (L)** • **Women's Health Nurse* - Bankstown (L)**	• **Bankstown Sexual Assault Service* - Bankstown (L)** • Bankstown Women's Health Centre, Child Sexual Assault worker* - Bankstown (L**)**	• **Young mothers Antenatal program – Bankstown (L)** • Centacare, Young Mothers Support Program – Bankstown (L)
Burwood 6,147	• **Croydon CHC & Child Adolescent & Family Health*- Croydon (L)**	• Department of Aging, Disability & Home Care, Metro South Region* - Burwood					
Camden 9,165	• **Narellan Community CHC * (L)**	• Mater Dei School (disability support groups)* - Camden (R)			• **Women's Health Nurse* – Tahmoor**		

LGA and Population aged 12-24, 2006	SSWAHS Youth Health, Community Health and CAFT services	Disability & Chronic Illness	Drug & Alcohol and Street work programs	Mental Health	Sexuality, Sexual & Reproductive Health	Gender-specific issues	Young Parents
Campbelltown 31,093	• **Traxside Youth Health Service [2]– Campbelltown (L)** • **Campbelltown CHC * (L)** • **Ingleburn CHC * (L)** • **Rosemeadow CHC * (L)**	• Macarthur Disability Services* - C'town (R)	• **Youth Co-morbidity (Drug Health & Mental Health) position – Campbelltown (L)** • **Drug Health counselling services* & Opioid Treatment Program*– Campbelltown (L)** • Mission Australia – South West Youth Services (prevention) – C'town (L) • Youth Solutions (prevention) – Ambarvale (R) • Youth Off the Streets (YOTS) Airds Outreach Program (L) • YOTS Macquarie Fields Outreach Program (L) • Juvenile Justice* - Campbelltown (R)	• **Gna Ka Lun Child and Adolescent Mental Health Unit – Campbelltown (R)** • **Sub-acute Mental Health Unit* - Campbelltown (R)** • **Community Adolescent Mental Health Team – Campbelltown (L)** • **Early Psychosis Intervention Program (EPIP)* - Campbelltown (L)** • **Youth Co-morbidity position – Campbelltown (R)** • **Eating Disorders Foundn. Macarthur Support Group* - Campbelltown (L)** • Headspace Macarthur Southern Highlands – Campbelltown (R)	• **Sexual Health Clinics* – Airds, Campbelltown, Reiby JJC (R)** • **Camp Queer – Campbelltown (R)** • WILMA Women's Health Centre – Rainbow Women's Group & other services* – Campbelltown (R) • Macarthur Gay & Lesbian Social Group* – Campbelltown (R)	• **Sexual Assault Service* -** Campbelltown **(L)** • **Macarthur Sexual Assault Service* - Rosemeadow (R)** • **Women's Health Nurse* - Ingleburn & Rosemeadow (L)**	• **Young Mum's Antenatal Program –** Campbelltown **(R)** • **Young Mother's Group –** Campbelltown **(R)** • Burnside (supported playgroup)* - Campbelltown (R) • Youth Off the Street (young mum's group) – Airds (R) • SCARBA – 'Wheely Good Fun'* & young mum's group – Ingleburn (R)
Canada Bay 9,405			• **Inpatient detoxification services* - Concord (R)** • **Residential rehabilitation service* - Concord (R)** • **Drug Health counselling services* - Concord (L)** • Youth Unlimited – Drummoyne (L)	• **Acute Adolescent Mental Health Unit – Concord (R)** • **Rivendell (acute & tertiary referral service) – Concord (R)** • **School Link – Concord (R)**			
Canterbury 21,392	• **Canterbury Multicultural Youth Health Service – Belmore (L)** • **Canterbury CHC & Child Adolescent & Family Health* (L)**		• **Youth Co-morbidity position – Canterbury (R)** • **Drug Health counselling services* & Opioid Treatment Program*– Canterbury (L)** • Barnardos Streetwork Program – Belmore (L) • Mission Australia, Reconnect program – Punchbowl (R)	• **Youth Co-morbidity position – Canterbury (R)** • Mission Australia, Reconnect program – Punchbowl (R)			

[2] Traxside provides services to Campbelltown, Camden and Wollondilly LGAs

LGA and Population aged 12-24, 2006	SSWAHS Youth Health, Community Health and CAFT services	Disability & Chronic Illness	Drug & Alcohol and Street work programs	Mental Health	Sexuality, Sexual & Reproductive Health	Gender-specific issues	Young Parents
Fairfield 35,622	• **Fairfield / Liverpool Youth Health Team (FLYHT) – Carramar** • **Cabramatta CHC * (L)** • **Fairfield CHC * (L)** • **Prairiewood CHC * (L)**	• Woodville Community Services, Disability Services* - Villawood	• **Drug Health Counselling Services (Pathways)* - Prairiewood (L)** • **Inpatient detoxification services* (Corella) – Prairiewood (R)** • **Fairfield Enhanced Care Team* - Prairiewood (L)** • Cabramatta Community Centre – Parents / Youth Drug & Alcohol Project – Cabramatta (L) • DoCS Cabramatta Street Team* – Cabramatta (L) • Drug Awareness, Rehabilitation and Management (Drug Arm NSW)* – Fairfield (S) • Follow-on Youth Recovery Support Team (FYRST) – Canley Vale (R) • Open Family Australia – Cabramatta (L) • South West Alternative Program (SWAP)* – Cabramatta (L)	• **Community Adolescent Mental Health Team – Carramar (L)**	• **Women's Health Nurse* - Carramar (L)** • Family Planning Multicultural Services* – Fairfield (S)	• Cabramatta Community Centre –Young Women's Project – Cabramatta (L)	• **Antenatal program for young mothers – Prairiewood (L)**
Leichhardt 5,450							
Liverpool 31,701	• **Hoxton Park CHC * (L)** • **Liverpool CHC * (L)** • **Miller CHC * (L)** • **Moorebank CHC * (L)** • **The Hub* - Miller (L)**	• Peer Support Programs, Share Care Inc – Heckenburg (R) • Young Adults Disabled Association – Liverpool (R)	• **Drug Health counselling services*, Opioid Treatment Program* & Health Connexions* (Needle and Syringe provision) – Liverpool (L)** • Youth Drug Court Program – Liverpool (R)	• **Community Adolescent Mental Health Team – Liverpool (L)** • **School Link – Liverpool (R)** • New Horizons, Miller Coffee Shop* (mental health shop front & youth training) (L**)**		• **Liverpool Sexual Assault Service* - Liverpool (R)** • Liverpool Women's Health Centre - Young Women's Violence Prevention project (L) • Rosebank Child Sexual Abuse Service Inc* – Liverpool (R)	• **Antenatal program for young mothers - Liverpool (L)** • Karitane, Young Parents 'Talking Realities' peer education project & Vietnamese Young Mothers group* - Liverpool (R)

LGA and Population aged 12-24, 2006	SSWAHS Youth Health, Community Health and CAFT services	Disability & Chronic Illness	Drug & Alcohol and Street work programs	Mental Health	Sexuality, Sexual & Reproductive Health	Gender-specific issues	Young Parents
Marrickville 10,191	• **Marrickville CHC & Child Adolescent & Family Health* (L)**		• Don Bosco Youth Hostel – Youth Off the Streets – Marrickville (R)	• **Child & Adolescent Psychiatry Clinic* - Marrickville (L)** • **Early Psychosis Intervention Program* - Marrickville (L)**	• Sydney Pride* - Erskineville (S) • Twenty10 GLBT Youth Support – Newtown (S)	• Edgeware Family Services* (Child & Adolescent Sexual Assault counselling) – Enmore (R) • Rosemount Youth & Family Services* (Sexual Assault counselling) – Marrickville (R)	
Strathfield 6,852							
Sydney (part) 17,824	• **Youth Block Health & Resource Service [3] – Camperdown (R)** • **Health Promoting Schools – Camperdown (R)** • **Youth Consultancy – Camperdown (R)** • **Sexual Health Clinic* – Marrickville & Newtown (L)** • **Camperdown CHC * (L)** • **Redfern CHC & Child Adolescent & Family Health* (L)**	• **Youth Consultancy Service – Camperdown (R)**	• **Drug Health counselling services* & Opioid Treatment Program* – Camperdown** • **Sexual Health Clinic – Marrickville & Newtown* (L)** • **REPIDU Harm Minimisation program* – at Redfern Sexual Health Clinic (L)** • Fact Tree Youth Service – Waterloo (L) • Redfern Waterloo Street Team (DOCS) - Redfern Waterloo (L)	• **Community Adolescent Mental Health Team – Camperdown (L)** • **Child & Adolescent Psychiatry Clinic* - Broadway & Glebe (L)** • **Early Psychosis Intervention Program (EPIP)* - Camperdown (L)** • **Eating Disorders Unit – Camperdown (S)** • **Youth Co-morbidity position – Camperdown (R)** • Brain & Mind Research Institute (research & clinical services) – Camperdown (S) • Headspace – Central Sydney (in partnership with SSWAHS & others (R) • South Sydney Youth Service - Waterloo (L)	• **Sexual Health Service* - Camperdown (R)** • **Women's Health Nurse* – Camperdown (R)** • Youth Accommodation Association, health outreach team (HOT) – Redfern (S)	• **Central Sydney Sexual Assault Service* - Camperdown (R)** • **Eating Disorders Unit* – Camperdown (S)** • Centacare Child Sexual Assault Program – Glebe • Theba Young Women's Service - Newtown (R)	• **Antenatal program for young mothers – Camperdown (L)** • **Young Parents Team (Early Childhood) – Camperdown (L)**

[3] Youth Block provides services to Ashfield, Burwood, Canada Bay, Canterbury, Leichhardt, Marrickville, Strathfield and part of Sydney LGAs.

LGA and Population aged 12-24, 2006	SSWAHS Youth Health, Community Health and CAFT services	Disability & Chronic Illness	Drug & Alcohol and Street work programs	Mental Health	Sexuality, Sexual & Reproductive Health	Gender-specific issues	Young Parents
Wingecarri-bee 6,539	• **Bowral CHC * (L)**		• **Drug Health counselling services* – Bowral (L)** • Triple Care Farm (residential rehab.) – Robertson (S)	• **Centre of Youth (COY), Community Adolescent Mental Health Team - Bowral (L)** • Adolescent & Family Counselling service* – Bowral (L) • Foundation House (YOTS) – Canyonleigh (S) • Triple Care Farm – Robertson (S)	• New Pathways (YOTS) – Sutton Forest (residential rehab. for young males with sexual behaviour problems) (S)	• **Sexual Assault Service* - Bowral**	• **Antenatal program for young mothers - Bowral (L)** • Wingecarribee Family Support Service, Young Parents Group – Bowral (L)
Wollondilly 7,514	• **Traxside Youth Health Service – Campbelltown (outreach services at Tahmoor) (L)**			• **Child Adolescent Mental Health Clinic* - Tahmoor** • Community Links Wollondilly (counselling, groups & project worker) – Tahmoor • 'headspace' – Macarthur, Campbelltown and Southern Highlands - Tahmoor (L) • Burnside (groups and school links) • Warragamba / Silverdale Neighbourhood Centre (family support worker)* – Warragamba (L)			• Community Links Wollondilly – young mum's group – Tahmoor (L) • Burnside (young mother's & family support groups) – Tahmoor (L)

LGA and Population aged 12-24, 2006	SSWAHS Youth Health, Community Health and CAFT services	Disability & Chronic Illness	Drug & Alcohol and Street work programs	Mental Health	Sexuality, Sexual & Reproductive Health	Gender-specific issues	Young Parents
Web-based Services (may be part of a larger service)		• Can Teen (www.canteen.org.au) • Starlight Foundation – web-based, facilitated group support for teenagers with a serious illness (www.livewire.org.au) • Carers NSW – Young Carers project (www.youngcarers.nsw.asn.au)	• Youth Drug Support (www.yds.org.au) • DrugInfoClearinghouse* (www.druginfo.adf.org.au) • Somazone (www.somazone.com.au) • www.drugsvibe.com.au/drugs/index.asp* • www.al-anon.alateen.org/Australia • Drug FX (www.drugpoint.org.au)	• Beyondblue and YBBlue (national depression initiative – (www.ybdblue.com.au • Children of Parentswith a mentalIllness (COPMI) * (www.copmi.net.au) • Headspace (www.headspace.org.au • Inspire Foundation (www.inspire.com.au) / • Reach Out! (www.reach.out.com.au)	• Family Planning NSW* • ACON (AIDS Council of NSW – www.acon.org.au) • PFLAG (Parents, Families and Friends of Lesbians and Gays – (www.pflagaustralia.org.au) • Likeitis (sex education for young people – (www.likeitis.org.uk)	• NSW Rape Crisis Centre* (Online counselling service)	
Telephone Counselling / Information Services (TCS / TIS)			• Alcohol & Drug Helpline * (TI & CS) - 1800 422 599 • Family Drug Support* (TCS) • Kids Help Line* (TCS) • Legal Aid Hotline for Young People – 1800 101 810	• Kids Help Line *(TCS) • Lifeline (TCS)	• Family Planning NSW* (TIS) • Gay & Lesbian Counselling Service* (TCS)	• NSW Rape Crisis Centre* (TCS)	

Other services for young people by Local Government Area

LGA and Population aged 12-24 years, 2006	Local & other Government Youth Services	NGO Youth Services	Secondary Education; Tertiary & TAFE institutions	Aboriginal	Accommodation & Refuges	CALD & Refugees	Employment & Training	Youth Participation & Inter-agencies
Ashfield 6,226	• Youth Development Officer – Ashfield (L) • No youth centre. Council contributes funding to Wesley Outreach Program	• Wesley Community Services Youth Outreach – Ashfield (L) • Youthworx – Croydon • Ashfield Youth Theatre – Ashfield	Ashfield BHS Bethlehem College De La Salle College Trinity GS					
Bankstown 31,214	• Youth Development Officer – Bankstown (L) • Bill Lovelee Youth Centre – Chester Hill (L)	• Bankstown Multicultural Youth Service – Bankstown (L) • Bankstown Youth Development Service – Bankstown (L) • Bankstown PCYC – Bankstown (L) • Home Bass Youth Centre – Bankstown (L) • Roundabout Youth Centre – Sefton (L)	Bankstown GHS Bankstown SC Bankstown GS Bass Hill HS Birrong BHS Birrong GHS Chester Hill HS Condell Park HS De La Salle College East Hills BHS East Hills GTHS La Salle CC Mt St Joseph S Picnic Point HS Punchbowl BHS Sefton HS Sir Joseph Banks HS Bankstown TAFE* Chullora TAFE* Padstow TAFE* University of Western Sydney* (Milperra)		• Centacare Young Women's Supported Accommodation – Bankstown (R) • Nick Kearns House – Bankstown (L) • Wruwallin House (Youth Refuge) – Bankstown (R)	• Sydney Indochinese Youth Refugee Support Service – Bankstown (R)	• MTC Work Solutions* - Bankstown (L)	• Bankstown Workers with Youth Network – Bankstown (L)
Burwood 6,147	• Youth Development Officer & Youth Outreach – Burwood (L)	• Burwood PCYC – Burwood (L)	Burwood GHS Christian Brothers BC MLC Burwood					
Camden 9,165	• Camden Area Youth Services – Narellan (L)		Camden HS Elderslie HS Macarthur AS Mt Annan HS					

LGA and Population aged 12-24 years, 2006	Local & other Government Youth Services	NGO Youth Services	Secondary Education; Tertiary & TAFE institutions	Aboriginal	Accommodation & Refuges	CALD & Refugees	Employment & Training	Youth Participation & Inter-agencies
Camden (continued)	• Camden Youth Cafe – Narellan (L)							
Campbell-town 31,093	• Ambarvale Youth Centre – Ambarvale (L) • Airds Bradbury Youth Centre – Airds (L) • Minto Youth Centre – Minto (L) • Raby Youth Centre – Raby (L) • The Drum Youth Resource Centre – Campbelltown (L)	• Campbelltown PCYC – Minto (L) • Claymore Youth Centre – Claymore (L) • Drama Katz Youth Theatre – Campbelltown (L) • Macarthur Reconnect (Burnside Macarthur Youth Services) – Campbelltown (L) • Risky Arts (Burnside Macarthur Youth Services) - Campbelltown (L)	Airds HS Ambarvale HS Ashraaful Madaaris HS Campbelltown HS Eagle Vale HS Elizabeth Macarthur HS Hurlstone AHS John Therry CHS Leumeah HS Robert Townson HS Sarah Redfern HS St Gregory's College St Patrick's College Thomas Riddell HS James Meehan HS Macquarie Fields HS Campbelltown TAFE* Macquarie Fields TAFE* University of Western Sydney* (Cmpbltwn.)	• **Aboriginal Health Education Officer, Traxside YHS – C'town (L)** • Campbelltown PCYC – Minto (L) • Murumali* - Campbelltown (L) • Tharawal Aboriginal Medical Service* - Airds (R)	• Allawah House Youth Refuge – Minto (L) • Uniting Care Stepping Stone Community – Campbelltown (L)		• MTC Work Solutions* - Campbelltown (L) • Macarthur Youth Commitment – Campbelltown (R)	• Youth Advisory Sub Committee – Campb'town (L)
Canada Bay 9,405	• City of Canada Bay, Youth Services Team - Concord (L) • City of Canada Bay, Youth Centre - Concord (L)	• Youth Unlimited – Drummoyne (L)	Concord HS Donremy College Rosebank College					
Canterbury 21,392	• Belmore Youth Resource Centre – Belmore (L) • City of Canterbury Community Worker - Youth Services – Belmore (L)	• Barnardos Canterbury / Marrickville Reconnect Program – Belmore (L) • Belmore PCYC-Belmore (L) • Fusion Australia – Campsie (L)	All Saints BC Belmore BHS Canterbury BHS Canterbury GHS Edgeware SSP Holy Spirit College Kingsgrove NHS Marist College Wiley Park GHS		• Barnardos Adolescent Services – Campsie (R) • Canterbury Youth Services – Punchbowl (L)		• MTC Work Solutions* - Belmore (L)	• Canterbury Workers with Youth Network – Campsie (L) • City of Canterbury Youth Council – Belmore (L)

LGA and Population aged 12-24 years, 2006	Local & other Government Youth Services	NGO Youth Services	Secondary Education; Tertiary & TAFE institutions	Aboriginal	Accommodation& Refuges	CALD & Refugees	Employment & Training	Youth Participation & Inter-agencies
Canterbury (cont.)		• Riverwood Community Centre Youth Service – Riverwood (L)						
Fairfield 35,622	• Bonnyrigg Youth Centre – Bonnyrigg (L) • Fairfield Youthlinx – Fairfield (L) • Fairfield Youthlinx – Fairfield (L)	• Fairfield / Cabramatta PCYC – Cabramatta (L) • Fairfield Community Resource Centre, Youth Services – Bonnyrigg (L) • Fairfield Multicultural Youth Project – Cabramatta (L) • The Bigg Rigg – Bonnyrigg (L) • Salvation Army Youthlink – Canley Vale (L) • Woodville Community Services, LOUD project* - Villawood	Bonnyrigg HS Bossley Park HS Cabramatta HS Canley Vale HS Fairfield HS Fairvale HS MaryMcKillop College Patrician Bros College Prairiewood HS St Johns Park HS Westfields SHS Wetherill Park TAFE	• **Youth Outreach Worker & Aboriginal Health Education Officer, FLYHT-Carramar (L)** • Woodville Commun-ity Services, Koori Project* - Villawood (L)	• Cabramatta Community Centre, Youth Housing Support Project – Cabramatta (L) • Centacare Crisis Accommodation Program – Fairfield (L) • Cornerstone Youth Accommodation Service – Frfld (L) • Fairfield Youth Accommodation Service – Wakeley (L) • Lotus House Indo Chinese Young Women's Refuge – Cabramatta (R) • Our House Youth Accommodation Service – Cabramatta (L) • Reconnect) – Cabramatta (L)	• Fairfield Multicultural Youth Project – Cabramatta (L) • Family Planning NSW Multicultural Services* – Fairfield (R) • Lotus House Indo Chinese Young Women's Refuge – Cabramatta (R)	• Café Horizons* – Cabramatta (L) • MTC Work Solutions* - Fairfield (L) • Open Family Links to Learning – Cabramatta (L) • VITEL – Canley Vale (L)	• Youth Advisory Committee - Wakeley (L) • Woodville Community Services, LOUD! project* - Villawood
Leichhardt 5,450	• Youth Development Officer – Leichhardt (L) • Drop In (Leichhardt Council) – Leichhardt (L)	• Balmain PCYC (L)	SSC, Balmain SSC, Leichhardt		• Leichhardt Community Youth Association – Rozelle (L) • Young People's Refuge – Leichhardt (L)	• Young People's Refuge (L)	• Inner West Skills Centre* - Rozelle (L) • Leichhardt Community Youth Assoc. - Rozelle (L)	• Inner West Youth Interagency – Leichhardt (R) • Inspire Foundation – Rozelle (S)
Liverpool 31,701	• The Space, Liverpool City Library - Liverpool (L)	• Liverpool – PCYC – Miller (L) • Youth Drop-in Centre – Mt Pritchard (L)	All Saints BC All Saints CC All Saints GC Ashcroft HS Casula HS Cecil Hills HS	• TAFE NSW Aboriginal Develop-ment Manager* - Miller (R)	• Centacare Youth Accommodation Services – Liverpool (R)	• **NSW Refugee Health Service – Liverpool*(S)**	• **Miller Coffee Shop* (MH shop front & youth training) (L)**	• Liverpool Youth Council – Liverpool (L)

LGA and Population aged 12-24 years, 2006	Local & other Government Youth Services	NGO Youth Services	Secondary Education; Tertiary & TAFE institutions	Aboriginal	Accommodation& Refuges	CALD & Refugees	Employment & Training	Youth Participation & Inter-agencies
Liverpool (continued)		• Powerhouse Youth Theatre – Fairfield (L)	Good Samaritan CC Holsworthy HS Hoxton Park HS James Busby HS Lawrence Hargraves HS Liverpool BHS Liverpool GHS Lurnea HS Miller HS Moorebank HS Liverpool TAFE* Miller TAFE*		• Liverpool Youth Accommodation Assistance Company (LYAAC) – Liverpool (L) • Liverpool Youth Refuge Incorporated – Liverpool (L)		• MTC Work Solutions* - Liverpool & Miller (L)	
Marrickville 10,191	• Department of Juvenile Justice – Intensive Programs Unit – Petersham (R)	• Marrickville Youth Resource Centre – Marrickville (L) • Rosemount Youth & Family Services – Marrickville (L) • Drop-in Centre, St Peters Anglican Church - St Peters (L) • Holy Trinity Youth Fitness Centre – Dulwich Hill (L)	Berne EC Casimir College Christian Brothers HS Dulwich HSVAD Fort St HS Marrickville HS Newington College Newtown HSPA Tempe HS Petersham TAFE*	• Inner West Aboriginal Commun-ity Company (IWACC)* (R)	• Arrunga Youth Services Inc – Petersham (L) • Don Bosco Youth Hostel – Youth Off the Streets – Marrickville (R) • Flo Harris Lodge – Lewisham (R) • Kingston House – Camperdown (R) • Rendu Youth Resource Centre – Petersham (R) • Stepping Stone House – Dulwich Hill (R) • Stretch-A-Family – Stanmore (R) • Twenty10 GLBT Youth Support – Newtown (S)		• **Marrickville Cottage (Mental Health Rehab & Recovery) Job Club* (L)** • MTC Work Solutions* - Marrickville (L)	• Marrickville Youth Council – Marrickville (L) • Marrickville Youth Interagency – Marrickville (L)
Strathfield 6,852	• Youth Development Officer & Youth Outreach Program – Strathfield (L)		Homebush BHS Strathfield GHS Sydney Adventist College St Patrick's College Strathfield South HS					

LGA and Population aged 12-24 years, 2006	Local & other Government Youth Services	NGO Youth Services	Secondary Education; Tertiary & TAFE institutions	Aboriginal	Accommodation& Refuges	CALD & Refugees	Employment & Training	Youth Participation & Inter-agencies
Sydney (part) 17,824	• Bidura Children's Court (S) • Erskineville Youth Centre – Erskineville (L) • Maybanke Youth Centre – Pyrmont (L) • Redfern Youth Service – Redfern (L)	• Centacare ALIVE Program – Glebe (L) • Fact Tree Youth Service – Waterloo (L) • Glebe-Leichhardt PCYC – Glebe (L) • Glebe Youth Service – Glebe (L) • Hillsong – Redfern (L) • NSW Association for Adolescent Health - Redfern (L) • PACT Youth Theatre – Erskineville (L) • Redfern Community Centre Youth Program Redfern (L) • South Sydney Youth Service – Waterloo (L) • South Sydney PCYC – Redfern (L) • WAYS Youth Service – Redfern(L)	Alexandria Park HS Green Square School JJ Cahill MHS St Scholastica's Sydney College SS SSC, Blackwattle Bay Central College Wollongong IC EORA College* Tranby College* Ultimo TAFE* University of Sydney* University of Technology Sydney* – Waterloo	• EORA College • Fact Tree Youth Service – Waterloo (L) • Naamoro Aboriginal Employment Service* - Redfern (R) • South Sydney Youth Service – Waterloo (L) • The Settlement Neighbour-hood Centre Muralappi Program – Darlington (L) • Tranby College* - Glebe	• Elsie's Women's Refuge* – Glebe (R) • Erskineville Youth Housing Inc. (L) • Lillian's - Erskineville (R) • Theba Young Women's Service - Newtown (R) • We Help Ourselves (WHOs)* – Chippendale (S) • Youth Accommodation Association (YAA) – Redfern (S)		• MTC Work Solutions* - Redfern (L) • Naamoro Aboriginal Employment Service* - Redfern (R) • WAYS Youth Unemployment Service – Chippendale (L)	
Wingecarri-bee 6,539	• Youth Liaison Facilitator - Moss Vale (L) • Dept. Juvenile Justice – Bowral (R)	• Bundanoon Youth Centre – Bundanoon (L) • Loseby Park Youth Centre- Bowral (L) • Southern Highlands Youth Arts Council – Bowral (L)	Bowral HS Chevalier College Frensham GHS Matthew Hogan School (YOTS) Moss Vale HS Oxley College Southern Highlands CS St Pauls IC The Highlands SPPS Moss Vale TAFE*	• Aboriginal Mental Health Worker* - Bowral (R)	• Southern Highlands Youth Accommodation Service – Bowral (L)		• Wingecarrib-ee Adolescent Survival Program (WASP) – Bowral (L) • The RAT Foundation) – Bowral (L)	• Wingecarribe e Youth Network – Bowral / Moss Vale(L) • Southern Highlands Youth Team – Bowral (L) • Southern Highlands Interagency – Mittagong (L)
Wollondilly 7,514		• Community Links Wollondilly, Youth Linx Service (L)	Picton HS Wollondilly AC					• Wollondilly Youth Services Network – Tahmoor (L)

Appendix 4 List of those consulted in the development of the SSWAHS Youth Health Plan

NAME	ORGANISATION
Camille Cavill	Ashfield Council
Fatima Kourouche	Australian Sports Commission
Thom Scire	Bankstown City Council
Rachel Wiles	Bankstown City YMCA
Henry Lim	Bankstown Community Health, SSWAHS
Roweaa Elsayed	Bankstown Multicultural Youth Services, SSWAHS
Andrew Palemene	Bankstown Multicultural Youth Services, SSWAHS
Lynda Lam	Bankstown Multicultural Youth Service, SSWAHS
NeilTrindall	Bankstown Youth Development Service
Jamie Alford	Barnardos Canterbury-Marrickville Street Work Program
Nicole Louis	Belmore Police and Citizens Youth Club
Mr Hans Pors	Broughton Anglican College
Charles	Cabramatta Community Centre
Mark	Cabramatta Community Centre
Ms Jodie Dench	Camden Council
Dean Williamson	Campbelltown City Council
Ms Hillie Higson	Campbelltown College of TAFE
Corrine Woolcocks	Campbelltown Family Support Services
Lisa Wilson Whatley	Canada Bay Council
Jono Noyes	Canterbury City Council
Marissa Borromeo	Canterbury City Council / Belmore Youth Resource Centre
Phillip Havea	Canterbury City Council / Belmore Youth Resource Centre
Ronda Malek	Canterbury Multicultural Youth Service
Adrian Ewsson	Catholic Education Office, Sydney
Cristy Hicban	Centre of Youth, SSWAHS
Angela Nees	Centre of Youth, SSWAHS
Roger Lurie	Centre of Youth, Wingecarribee, SSWAHS
Thung Vang	Chester Hill Neighbourhood Centre
Steve Harris	Community Adolescent Team, SSWAHS
Michelle Wood	Community Development Unit, AIDS Council of NSW
Rachelle Barber	Community Links Wollondilly
Kim Stace	Community Links Wollondilly
John Bartle	Community Links Wollondilly
Colleen Mitchell	Community Links Wollondilly
Larry Whipper	Community Links Wollondilly
Meri Carovska	Coolaburrroo Neighbourhood Centre
Paola Alvarez	Coolaburrroo Neighbourhood Centre
Dr Gilbert Whitton	Coopers Cottage Drug Health Services, Campbelltown, SSWAHS
Mark Landow	Coopers Cottage, SSWAHS
Melanie Finucane	Corella Drug Treatment Service, SSWAHS
Jeremy Freeman	Croydon Child & Family Health Service, SSWAHS
Glenda Rowan	Department of Education - Glenfield
Jan Chisholm	DET, Plannit Youth
Karon Dawson	DET South Western Sydney Region - Campbelltown
Lilly Maarbani	Drug Health Services, Bankstown, SSWAHS
Maggie Tynan	Drug Health Services, Campsie, SSWAHS
Greg Frost	Drug Health Services, Liverpool, SSWAHS
Yvonne Sutton	Drug Health Services, Liverpool, SSWAHS

NAME	ORGANISATION
Tarika Rivers	Drug Health Services, SSWAHS
Elizabeth Haines	Drug Health Services, SSWAHS
Dean Bell	Fact Tree Youth Service, Waterloo
Dr Desiree Boughtwood	Fairfield Drug Health Services, SSWAHS
George Bloomfield	Fairfield/Liverpool Youth Health Team (FLYHT), SSWAHS
Lissy Tresa	Fairfield/Liverpool Youth Health Team (FLYHT), SSWAHS
Sahba Delshad	Family Planning NSW, Fairfield
Sanjyot Vagholkhar	General Practice Unit, Fairfield Hospital
Vanessa Zabo	Gna Ka Lun / Coopers Cottage, SSWAHS
Bernardino Siry	Green Valley Local Area Command
Ms Susie Purcell	Headspace – Macarthur Southern Highlands
Brandon Bear	Health Outreach Team (HOT), Youth Accommodation Association
Helen Dirkis	Health Promotion, SSWAHS
Megan Brooks	HIV/AIDS & Related Programs (HARP), SSWAHS
Rachel Moss	Infant Child & Adolescent Mental Health Service, SSWAHS
Toni Anderson	Justice Health
Paul	Kari Aboriginal Resources, Liverpool
Joe Banno	Leichhardt Council / Inner West Youth Interagency
Mark Egan	Liverpool City Council
Erin Hoffman	Macarthur Diversity Services Inc
Greg Clark	Macarthur Mental Health Service, SSWAHS
Alexis Taylor	Macarthur Reconnect - Burnside
Dana Tyson	Marrickville Youth Resource Centre
Nazmul Ahasan	Mental Health Promotion, SSWAHS
David Hong	Mental Health Service, SSWAHS
Lily Lee	Mental Health Service, SSWAHS
Jamileh Ghazi	Mission Australia
Angela Manson	Multicultural Health Services, SSWAHS
Amanda Dawson	Northcott Disability Services
Ms Georgina Mills	Public Health, SSWAHS
Laura Clapham	Rosemount Youth & Family Services
Zena Najjar	Riverwood Community Centre
Ann Leeming	Salvation Army Youth Link
Julia Partington	Salvation Army Youth Link
Shane Brown	South Sydney Youth Services, Waterloo
Jane Barton	South Sydney Youth Services, Waterloo
Helena Paras	St Charbel's College
Therese King	The Corner Youth Health Service, SSWAHS
Slavica Risteska	The Corner Youth Health Service, SSWAHS
Peter Power	The Settlement, Darlington
Ms Regina Nagy	Traxside Youth Health Service, SSWAHS
Mr David Freeman	Traxside Youth Health Service, SSWAHS
Yvette Doyle	Uniting Care Burnside – The Drum Youth Resource Centre
Vaughan Bowie	University of Western Sydney / Resident
Hien Dang	Vietnamese Australian Welfare Association
Ms Kim McCausland	WILMA Women's Health Centre
Robyn Betland	Wingecarribee Community Health, Loseby Park Youth Centre, SSWAHS
Karena Rowley	Wingecarribee Family Support Service
Isabel MacMillan	Wingecarribee Mental Health, SSWAHS
Michelle Williams	Wingecarribee Shire Council
Fiona Devine	Wollondilly Council Shire
Joanne Naylor	Wruwallin House

NAME	ORGANISATION
Kate Steinbeck	Youth Consultancy, SSWAHS
Greg Soames	Youth Off The Streets
Nicole Smith	Young Parents Team, SSWAHS
Ms Debbie Roberts	Youth Solutions
Matt Morrissey	Youth Unlimited
GROUP	
5 young people	Bankstown Same Sex Attracted Youth (BSSAY) Group, SSWAHS
5 young people	Café Horizons
6 young people	Fairfield Young Parents Antenatal Program, SSWAHS
6 Aboriginal youth	Focus group held at Bowral
7 African youth	Focus group held at Camperdown
9 Pacific Islander youth	Focus group held at Ingleburn
8 young people	Girls Only group at Belmore, SSWAHS
8 young people	Specific Purpose School, Glenfield
40 young service users	Traxside Youth Health Service, Campbelltown, SSWAHS
6 young people	Wruwallin House Youth Refuge, Bankstown
8 young people with chronic illness	Youth Consultancy, Camperdown, SSWAHS
16 young service users	Youth Block Health and Resource Service, Camperdown, SSWAHS

List of Abbreviations:

ABI	Acquired Brain Injury
ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ACON	AIDS Council of NSW
ACYFS	Aboriginal Youth Child and Family Strategy
AHP	Aboriginal Health Plan (in development)
AHPAP	Aboriginal Health Promotion Action Plan (in development)
AIDB	AIDS and Infectious Diseases Branch, NSW Health
AIDS	Acquired Immune Deficiency Syndrome
ASDs	Autism Spectrum Disorders
ATAPS	Access to Allied Psychological Services
BC	Boys' College
BDWP	Binge drinking working party (met 16/9/08)
BHS	Boys' High School
BPL	Better Practice Literature
CAAH	NSW Centre for the Advancement of Adolescent Health
CAFT	Child, Adolescent and Family Team, SSWAHS
CALD	Culturally and Linguistically Diverse
CDAT	Community Drug Action Team
CEWD	Centre for Workforce Development, SSWAHS
CH	Community Health, SSWAHS
CHC	Community Health Centre
CHP	Community Health Plan
COPMI	Children of Parents with a Mental Illness
CP	Community Participation, SSWAHS
CPC	Crime Prevention Committee
C/W	Commonwealth
CYIN	Centre for Youth Issues Network
DET	NSW Department of Education
DGP	Division of General Practice
DH / DHS	Drug Health / Drug Health Services
DoCS	NSW Department of Community Services
DOH	NSW Department of Health
DOHA	Department of Health and Ageing (Commonwealth)
DMHCSP	Draft Mental Health Clinical Services Plan
DOCS	NSW Department of Community Services
FPNSW	Family Planning NSW
FTE	Full-time equivalent
FLYHT	Fairfield Liverpool Youth Health Team, SSWAHS
GHS	Girls' High School
GLBT	Gay, Lesbian, Bisexual, Transgender
GP	General Practitioner
GC	Girls' College
GS	Grammar School
HARP	HIV and Related Programs
HIV	Human Immunodeficiency Virus
HP	Health Promotion, SSWAHS
HPS	Health Promoting Schools
HPSBP	Health Promotion Service Business Plan
HPSP	Health Promotion Strategic Plan
HPV	Human Papilloma Virus
HS	High School

HSPA	High School for the Performing Arts
HSPU	Health Services Planning Unit, SSWAHS
HSVAD	High School for Visual Arts and Design
HSPU	Health Services Planning Unit, SSWAHS
HSSOG	Human Services Senior Officers Group
ICAMHS	Infant, Child and Adolescent Mental Health Service
IHSHY	Innovative Health Services for Homeless Youth
IWACC	Inner West Aboriginal Community Company
LG	Local Government
LGA	Local Government Area
MH	Mental Health, SSWAHS
MHDAO	Mental Health and Drug and Alcohol Office, NSW Department of Health
MOS	Metabolism and Obesity Service, SSWAHS
NAAH	NSW Association for Adolescent Health
NADA	Network of Alcohol and Drug Agencies
NGO	Non Government Organisation
NIP&SPP	National Injury Prevention and Safety Promotion Plan
NIS	NSW Immunisation Strategy 2007-10
No.	Number
NSS	NSW STIs Strategy 2006-2009
NSW	New South Wales
NSW CC	NSW Cancer Council
OECD	Organisation for Economic Co-operation and Development
OHS	Oral Health Service, SSWAHS
OOHC	Out-of-Home Care
OOPMP	SSWAHS Overweight and Obesity Prevention and Management Plan 2008-2012
OOS	Occasions of Service
PCYC	Police and Citizens Youth Club
PDHPE	Personal Development, Health and Physical Education
%	Percentage
PFLAG	Parents and Friends of Lesbians and Gays
PHU	Public Health Unit, SSWAHS
RACGP	Royal Australian College of General Practitioners
REPIDU	Resource and Education Program for Injecting Drug Users
RHS	NSW Refugee Health Service, SSWAHS
RMIT	Royal Melbourne Institute of Technology
RPAH	Royal Prince Alfred Hospital
RSCICPS	Report of the Special Commission of Inquiry into Child Protection Services in NSW
SA	Sexual Assault, SSWAHS
SAAP	Supported Accommodation Assistance Program
SC	Steering Committee
SD	Strategic Direction
SESIAHS	South East Sydney Illawarra Area Health Service
SH	Sexual Health, SSWAHS
SHS	Senior High School
SPC	Service provider consultations
SSHBS	School Students Health Behaviours Survey
SSP	Specialist School Program
SSWAHS	Sydney South West Area Health Service
STIs	Sexually Transmissible Infections
SW	Social Work, SSWAHS
TAFE	Technical and Further Education
TCS	Telephone Counselling Service
TIS	Telephone Information Service
WCH	Westmead Children's Hospital

WH	Women's Health, SSWAHS
WHNS	Women's Health and Neonatology Services, SSWAHS
WSROC	Western Sydney Regional Organisation of Councils
YAPA	Youth Action and Policy Association
YC	Youth Consultancy, SSWAHS
YH / YHS	Youth Health / Youth Health Service
YOTS	Youth Off the Streets
YPC	Young people's consultations

Endnotes

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