

Are we aware?

Understanding contemporary issues affecting young people on the Northern Beaches

Shane Eccleston



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UNDERSTANDING CONTEMPORARY ISSUES AFFECTING
YOUNG PEOPLE ON THE NORTHERN BEACHES

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1. INTRODUCTION

The Northern Beaches Youth Community Fund is an organisation affiliated with United Way and was established in 1996 as a community based charitable organisation wanting to address critical issues facing children and young people on the Northern Beaches.

The aim of this research was to update the *1999 Northern Beaches "Codes of Silence"* report by identifying the contemporary issues affecting young people – between 12-24 years of age – on the Northern Beaches.

The research incorporated a combination of both qualitative and quantitative methods including internet and online journal database searches, emails, informal face to face and telephone interviews, participant observations, statistical analysis and six in depth face to face interviews.

During the research process youth demographics and qualitative and quantitative data on issues affecting young people on the Northern Beaches were compiled. In this way the report aims to identify the ways in which these issues are affecting local youth: how do they manifest; in what ways are they perpetuated; how do they operate; what are the consequences?

The focus of the research provides an important sample of the major, minor, direct, indirect, inter-related and contemporary issues facing youth on the Northern Beaches. Given the time constraints of the project a number of important issues were unable to be researched.

This work aims to expand the current knowledge of the Northern Beaches Youth Community Fund, informing future organisational trajectories, initiatives and youth community commitments.

This project was undertaken as a major part of my assessment in the Community Research Elective through the UTS Shopfront and for my Bachelor of Communications (Social Inquiry) degree undertaken in the Faculty of Humanities and Social Sciences.

2. EXECUTIVE SUMMARY

This research project was conducted on behalf of the Northern Beaches Youth Community Fund with the aim of updating *The Northern Beaches "Codes of Silence"* report (1999).

The research project focused on the contemporary issues facing young people on the Northern Beaches between 12 and 24 years of age.

The research objectives were to:

- Identify local youth demographics and the prevalence, operations and manifestations of specific issues affecting youth on the Northern Beaches.
- Critically interrogate the relationships between social processes, youth demographics and youth related issues while developing a stronger understanding of the extent to which these issues affect young people on the Northern Beaches.
- Engage co-operatively, professionally and collaboratively with the Northern Beaches Youth Fund, local councils, local youth organisations and the local community.

The principal findings of the report are:

- The Northern Beaches ageing population is increasing while its youth population decreases, therefore socio-politically marginalising, alienating and disempowering local young people.
- The Northern Beaches has a predominately Anglo-Saxon Christian ethnic identity. Consequently, there needs to be greater inter-cultural and inter-ethnic understanding, awareness, sensitivity and acceptance of minority cultures and ethnicities.
- Drug and alcohol experimentation and abuse affects the majority of young people on the Northern Beaches, stemming from a high local drug and alcohol usage culture. Most young people are not aware of the dangers inherent in drug and alcohol experimentation and abuse and therefore fail to make informed decisions.
- Mental, emotional and psychological health is a hidden community issue that affects a number of young people. It is highly likely that many more young people are at risk of developing or are currently living with a mental, emotional and psychological disorder without diagnosis or appropriate treatment.
- Issues of homelessness and affordability of housing are most prevalent among local people without safe, reliable or sustainable support structures. Those with a low socio-economic status and those with high support needs (such as untreated drug and alcohol problems, disability or mental health issues).

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- There is an alarming increase in the prevalence and incidence of sexually transmitted infections (STI) among young people in NSW and the Northern Sydney Area. Furthermore, gay, lesbian, bisexual, transgender, transexual and intersex (GLBTI) young people are experiencing significant social and cultural inequities and inequalities. They often feel alienated, discriminated against or socio-politically and socio-culturally excluded by the local community.
 - Many issues affecting young people on the Northern Beaches are inter-related, complicating the identification of individual and community conceptions, manifestations and perpetuations of contemporary issues affecting local youth.
 - Many issues on the Northern Beaches are 'invisible'. Youth living with issues that are socially and communally invisible, marginal and stigmatised often live an invisible existence. They lack the socio-political and socio-economic capacities to proactively seek help, advice, assistance and support.

Principally the report recommends:

- Addressing attitudes toward youth and promoting community responsibilities.
- Strengthening, encouraging and supporting greater community approaches.
- Addressing issues of accessibility for young people on the Northern Beaches.
- Fostering, building and sustaining greater community and organisational networking with young people, within the local community and councils and amongst existing and future youth agencies.
- Designing, developing and managing a youth focused website.

The recommendations are expanded in the following section.

3. RECOMMENDATIONS

The following are detailed recommendations based on the findings of the report.

3.1 Attitudes toward youth and community responsibilities

- Greater community awareness, understanding and acceptance of the diverse and inter-related complexities, manifestations and operations of the issues affecting youth on the Northern Beaches including consequences such as social exclusion, disempowerment, disadvantage, alienation, isolation and inaccessibility.
- There is a need for a greater community acknowledgement of and awareness of the ongoing discrimination and stigmatisation toward minority youth sub groups (youth from culturally and linguistically diverse backgrounds, Indigenous youth, GLBTI youth, young people with an STI, homelessness youth and mentally ill youth). That there be greater community facilitation, support and sustainability for developing greater equality, equity, acceptance and empowerment for minority youth groups.
- That there be greater community acknowledgement and awareness of the changing social, political, sexual and economic landscapes and the extent to which these changes effect community attitudes toward and perceptions of local young people.
- That there be greater community promotion of positive and empathetic conceptions of youth to foster greater community cohesion, inclusiveness and sustainability of diversity.
- That there be greater provisions for the community to access and be more aware of the issues affecting local young people. Community empowerment will help build and sustain proactive community youth partnerships, encouraging greater community support for existing and future local youth services.

3.2 Addressing issues of accessibility

- Ensure that current youth services and facilities have a higher community profile: key areas for youth and their parents need to be identified so that information on youth issues, services and facilities are readily available.
- That there be greater consultation and collaboration with Northern Sydney Health's youth health consultants so that existing youth services and facilities are improved. A primary concern is the interior and exterior 'appearance' of current youth services and facilities. They need to be immediately identified as being 'youth friendly' otherwise young people will be less likely to proactively seek help, assistance or advice.
- That there be greater use of existing youth social networks to distribute information: youth are more likely to listen to their peers.

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- That there be greater support for peer education programs specifically designed for drug and alcohol experimentation and abuse. For example, the highly acclaimed peer education program Drug Safety Project (DSP) has been run by the Manly Drug Education Counselling Centre and fosters co-operative and collaborative community partnerships with youth, equipping them with the knowledge necessary to make informed decisions and minimise harm. Participants from the DSP then form a DSP network working collaboratively with the Pittwater Community Action Team, passing credible drug and alcohol information onto their peers. Feedback from DSP participants identified that local youth have been particularly responsive to this program. DSP members are often asked for information or advise young people about drugs and alcohol; they dispel drug and alcohol myths. When asked to record the type of people involved in conversations 49.6% were identified as being 'friends' and 36.8% 'peers' from a sample of 1000 conversations (DSP, 2004).
 - That there be greater recognition of critical service gaps, particularly for those young people between the ages of 18 and 24. There needs to be greater social, economic, political and cultural awareness, understanding, sensitivity and support for this age group.

3.3 Greater community and organisational networking with young people

- That there be greater networking between existing community and youth organisations on the Northern Beaches. Networking strategies need to be effective, efficient, realistic, reasonable and accessible.
- That the Northern Beaches Youth Community Fund join the Pittwater Community Drug Action Team to develop a stronger understanding of the causes, manifestations, operations and perpetuations of substance experimentation and abuse on the Northern Beaches.
- That the Northern Beaches Youth Community Fund liase with youth agencies listed in the Northern Beaches Youth Services Directory on an ongoing basis to build, develop and sustain strong inter-organisational partnerships and work collaboratively on inter-related youth issues.

3.4 Further research

Since the aim of this research project was to identify the issues affecting youth on the Northern Beaches, further research should be conducted into the causes of these issues. Since the Northern Beaches Youth Community Fund aims to direct 50% of their funding and resources to intervention and 50% to prevention, further research will give the organisation greater knowledge and capacities to determine where to direct their resources and funding for prevention. Further research could be conducted:

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- Into the issues that were not included in this project – determining the extent to which these issues affect youth, the causes of these issues and how inter-related these issues are.
 - Through surveys in all secondary schools on the Northern Beaches to determine the extent to which local young people identify with their issues, are proactive in seeking help and are aware of local youth services and facilities.
 - On youth issues not included in this report such as: crime; learning difficulties; suitable and unsuitable family environments; employment; disability (both physical and mental); inadequate funding of youth services and facilities; geography and transport; inadequate data, statistics or research specific to youth issue on Northern Beaches; inadequate youth knowledge of issues, services and ways of accessing help.

3.5 Primary recommendation

Based on the forgoing recommendations and considerations this report's primary recommendation is that the Northern Beaches Youth Community Fund design, manage, implement and promote a website that would become a virtual clearing house dedicated to providing information about the contemporary issues affecting local young people and contact details of local youth services, facilities and agencies on the Northern Beaches. A virtual clearing house could provide a central access point for youth-related information on community organisations, services, research as well as providing contact information. The aim would be to focus on youth as the primary audience therefore making a 'youth friendly' design essential and to focus on local community, councils, parents and local youth services and organizations as the secondary audience.

The 2001 Census identified that 70% of young people between the ages of 10 and 24 have access to and use the internet. For those who do not, there are other internet access facilities such as local libraries, internet cafes, friends, family, workplace, school, TAFE and university.

It is proposed that the clearing house would raise the profile of youth issues amongst local young people, parents and the community. This would make the community more aware and understanding of the issues affecting local youth.

The internet allows young people to find information, seek advice and get help discretely with anonymity and from the privacy of their homes. Young people can access information, seek help and find support without feeling embarrassed, ashamed, misunderstood, discriminated against or socially excluded. As well as addressing accessibility for youth, the clearing house would also serve to increase co-operative and collaborative partnerships and networks among existing and future local youth agencies, services and facilities.

As the clearing house would aim to provide both accurate and up to date information about youth issues and also contact details of youth services, facilities and organisations, the Northern Beaches Youth Community Fund could meet their objective of 50% prevention and 50% intervention. Making information accessible to local youth and various community

members would reflect a preventative approach because it would increase greater community awareness and understanding of contemporary youth issues. Providing contact details and advice on how to seek support and assistance the clearing house or resource also reflect an interventionist approach as it would act as an access point for youth actively seeking help.

Young people are, in general, most responsive to their peers. Therefore, if the clearing house was appropriately designed, managed and promoted it could use existing youth networks to distribute information. If local secondary schools were encouraged to promote the website to students and parents, the website would be able to access a vast cross section of youth sub groups therefore addressing a variety of youth issues, whether affecting minority or majority youth groups, empowering and equipping them with the knowledge necessary to make informed decisions and promote harm minimisation.

The website should also contain links to the most recent council needs assessments, social plans and youth liaison officers and the Northern Beaches Youth Services directory and other relevant youth services, facilities and organisations.

In summation, a successful youth clearing house would not only meet the organisational needs of the Northern Beaches Youth Community Fund. It would also address the above recommendations creating greater inter-council cohesion and community building and develop greater cooperation, support and knowledge amongst local young people living on the Northern Beaches.

4. METHODOLOGY

4.1 1999 Report reflections

The 1999 report *The Northern Beaches "Code of Silence"* identified the following as key issues facing youth on the Northern Beaches:

- Family
- Substance abuse
- Lack of facilities
- Negative media portrayal
- Suicide

4.2 Preliminary research

Having considered the findings of the 1999 report, it was decided that the following methods should form the basis for preliminary research:

- Internet and online journal database searches
- Email
- Informal telephone interviews
- Community interviews

From these preliminary inquiries, the current Pittwater, Warringah and Manly Council community social plans and needs assessments were analysed. In conjunction with this, the *2004 Youth Services Directory* identified additional issues currently being addressed by government, non-government and community based organisations. From this directory numerous government and non-government youth workers were contacted by email or informal telephone interviews. Having analysed this information the following were identified as additional issues facing youth on the Northern Beaches:

- Accessibility
- Age
- Crime
- Disability (both physical and mental)
- Employment
- Ethnicity
- Geography
- Homelessness and affordability of housing
- Inadequate data, statistics or research on Northern Beaches youth issues
- Inadequate funding of youth services and facilities

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- Inadequate youth knowledge of issues, services and means of accessing help
 - Learning difficulties
 - Mental health
 - Sexual health
 - Sexuality (including gay, lesbian, bisexual, transgender, transsexual and intersex issues)
 - Unsuitable family environments

It is apparent that there are numerous issues facing young people on the Northern Beaches. Additionally, many of these issues were inter-related, therefore exacerbating their complexities and the methodological choices.

4.3 Selecting 'issues'

The original research plan outlined that one of the objectives of the project was to identify and analyse one issue affecting youth on the Northern Beaches. However, having identified numerous inter-related issues it was decided to broaden the scope of the research to six topics.

Due to the inter-related complexities and significant number of issues affecting youth, time constraints and limited resources it was impossible to research all youth related issues on the Northern Beaches. The issues investigated in this report were chosen after repeated mention by other research, the community and local youth workers. They affect both minority and majority youth populations and are as follows:

- Ageing population
- Ethnicity
- Drugs and Alcohol
- Mental, emotional and psychological health
- Homelessness and affordability of housing
- Sexuality (including sexual health and sexual identity)

4.3.1 Ageing population

The social, political and cultural effects of an increasing ageing population were having on young people on the Northern Beaches was investigated. It became apparent that local youth were a demographic minority, thus constituting a political minority. Identifying and communicating these findings were crucial because they reinforced and legitimised the Northern Beaches Youth Community Fund's concerns about the under-representation of youth issues and illuminated the need for local youth agencies to address and represent local young people and their interests. Without socio-political and socio-economic representation support and commitment the issues affecting young people on the Northern Beaches would be exacerbated by young people's inabilities, lack of resources, lack of support and lack of knowledge to address them.

4.3.2 Ethnicity

The Australian Bureau of Statistics' Expanded Community Profiles on Pittwater, Warringah and Manly highlighted a number of important socio-cultural and socio-historical considerations that need to be considered. Issues of local identity focused on religious affiliation and country of birth: ethnicity is not defined by race, but by culture and the way in which cultural influences affect the way in which people conceptualise understandings of themselves, their communities and the communities around them.

During the study of ethnicity it became apparent that the Northern Beaches had a predominantly Anglo-Saxon and Christian culture which highlighted a need to consider local minority ethnicities and some of the issues for youth from a culturally and linguistically diverse (CALD) background.

4.3.3 Drugs and Alcohol

Background reading, internet and journal database searches, emails and informal interviews with local youth, local youth workers and health professionals all identified drugs and alcohol as the most significant issue affecting youth on the Northern Beaches. Given the enormity of the issue it was crucial that youth drugs and alcohol experimentation and abuse be researched.

4.3.4 Mental, emotional and psychological health

It became increasingly apparent that issues of mental, emotional and psychological health were becoming increasingly pertinent to international, federal and state health authorities. Preliminary research indicated that mental health is one of Australia's health priority areas. It was therefore important to see the conceptualisations, operations and manifestations of mental illness on the Northern Beaches.

Furthermore, numerous emails and informal telephone interviews identified the inextricable relationship between mental, emotional and psychological health and other youth issues such as drug and alcohol abuse, homelessness and sexuality.

4.3.5 Homelessness and affordability of housing

It was considered important to include research on issues currently being addressed by the Northern Beaches Youth Community Fund to allow their committee to assess their conceptions of and approaches toward local youth issues. How had these changed since the 1999 report and what were the contemporary considerations? Therefore, homelessness and affordability of housing was included in the project because the Northern Beaches Youth Community Fund had already communicated a particular interest in the issue and wanted to understand the contemporary operations and relevance of their concerns.

4.3.6 Sexuality (including sexual health and sexual identity)

Sexuality emerged as an important issue to consider for two reasons.

Firstly, preliminary research indicated that sexual health (particularly Sexually Transmitted Infections) was an area of significant concern for health professionals because the incidence and prevalence of sexual health problems in young people was increasing dramatically.

Secondly, the Manly Council Needs Assessment had identified the specific needs of gay, lesbian, bisexual, transgender, transsexual and intersex (GLBTI) issues. Manly Council identified that there was 'an increasing trend by several NSW councils to be inclusive of this group' (Ladd, 2004, p.3). It was therefore important to determine the issues facing Northern Beaches GLBTI young people. The inclusion of this group into local public policy has been very recent, therefore requiring further research, understanding and awareness in order to identify local GLBTI youth issues and devise strategies to address them, support and include local GLBTI young people.

4.4 Quantitative methods

Statistics were compiled from a range of sources including the Australian Bureau of Statistics, local council needs assessments and social plans, the internet and data supplied by health, youth or government agencies. For the purpose of this research, when using the Australian Bureau of Statistics overseas visitors were not included.

4.5 Qualitative methods

Interviews were conducted with youth workers as this would present an opportunity to capture numerous everyday 'lived experiences' of youth, communicating 'first hand' experiences without causing emotional harm or distress to youth still dealing with issues.

Therefore six in-depth formal face-to-face interviews were conducted; anecdotal evidence was extremely important because it helped 'humanise' the report, giving 'a face' or 'faces' to the quantitative findings.

Qualitative research questions were formulated in liaison with the Northern Beaches Youth Community Fund and arranged in a semi-structured way. This allowed for the exploration of unanticipated issues or re-addressing particular answers in light of new findings. A copy of the interview questions are included in Appendix 1.

During the research process several informal interviews were conducted by telephone. Several informal 'face-to-face' interviews were also conducted with local young people between the ages of 20 and 24 years. These informal interviews help establish further areas of inquiry, contextualised the research and expressed the concerns of the community.

Finally several informal participant observations were conducted and significant findings were included in this report.

4.6 Research problems

Throughout the research process there were numerous complications regarding the availability of quantitative data. Furthermore, some quantitative data had a number of inconsistencies and discrepancies. For example, suicide records are 'non-existent' (Morgan, 2005) because often suicide is recorded as 'drug over dose', 'road accident', or 'accident'. Similarly, mental illness, drug abuse and homelessness is hard to measure quantitatively because organisations treating these conditions have a primary responsibility of care, treatment, support and rehabilitation (not data gathering for research). If data is collected, it is only reflective of the number of youth treated or being treated for a clearly identifiable problem. Therefore failing to count for the immeasurable number of youth facing issues without support, treatment or intervention.

In addition, there was a high concentration of youth specific information, services and resources in Manly. These same concentrations were not reflected in Warringah and Pittwater and therefore made it harder to assess the operations and manifestations of youth issues in the Warringah and Pittwater areas. Furthermore, Manly Council had divided their youth needs assessments into sub-youth groups. Many of the youth organisations on the Northern Beaches were located at the Southern end of the Peninsula. Many were well networked with Manly Council's youth programs and each other; accessing this information and these services was extremely easy.

Conversely, Pittwater and Warringah Councils had very different youth social plans and lacked the number of localised youth services offered in Manly. This, therefore, made it difficult to assess the specific situations of youth living in Pittwater or Warringah.

4.7 Difficulties of defining 'youth'

The term 'youth' is difficult to define because it has very different parameters within a variety of different contexts. Legally an individual is considered an 'adult' at the age of 18. But the term 'adolescent' is inclusive of those aged between 18 and 21 years old. Several youth organisations found it hard to define 'youth'. Consequently definitions varied. However,

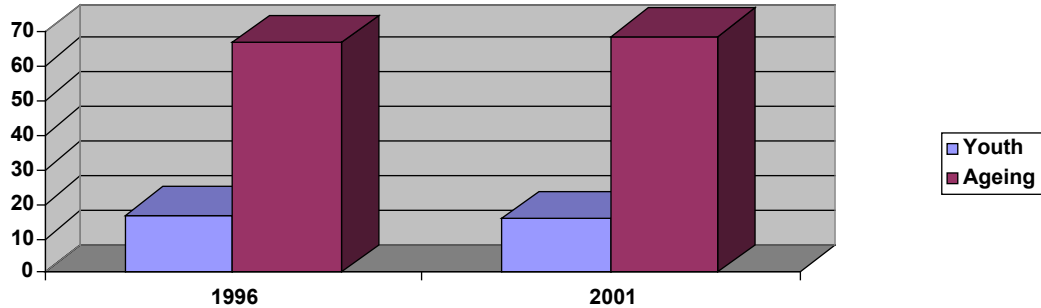
many of the youth orientated organisations interviewed or researched included people up to the age of 24. Also, an overwhelming majority of youth organisations identified that specific service gaps for 'youth' between the ages of 18 and 24 years. This group was identified as being massively disadvantaged due to lack of access, institutional provision gaps and policies that cater specifically for those under the age of 18 years.

Manly Council's needs assessments and social plans defined 'young people' as being between the ages of 12 and 24 years. Many youth organisations were located in the Manly Council area and numerous youth organisations cited Council conceptions of 'youth'. Council conceptions were often informing organisational conceptions of 'youth'.

In summation, this report has defined 'youth' and 'young people' as being inclusive of those individuals aged between 12 to 24 years of age. This definition was useful because it incorporated both early adolescence and young adulthood.

5. AGEING POPULATION CONSIDERATIONS

5.1 Pittwater

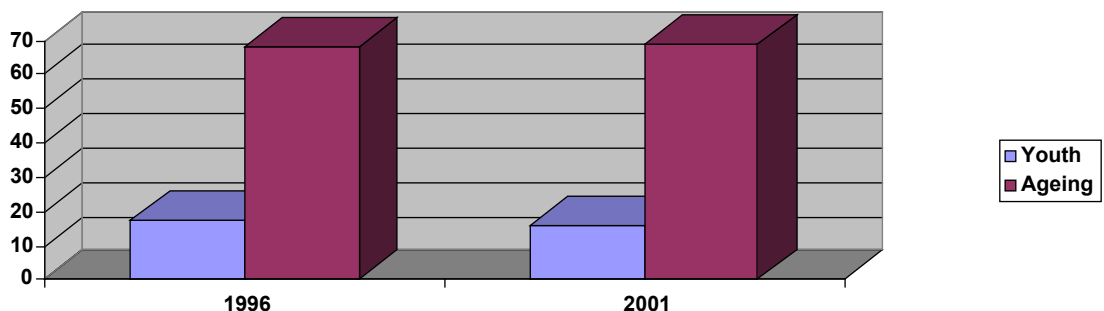


In the 1996 census, young people between the ages of 12 and 24 constituted 16.8% of the total population of Pittwater while those aged between 25 and 100 years or more constituted 66.6% of the total population of Pittwater.

In the 2001 census, young people between the ages of 12 and 24 constituted 15.7% of the total population of Pittwater. Those aged between 25 and 100 years or more constituted 68.5% of the total population of Pittwater.

Therefore, Pittwater has witnessed a 1.1% decrease in young people and a 1.9% increase in people aged 25 years and over between 1996 and 2001.

5.2 Warringah

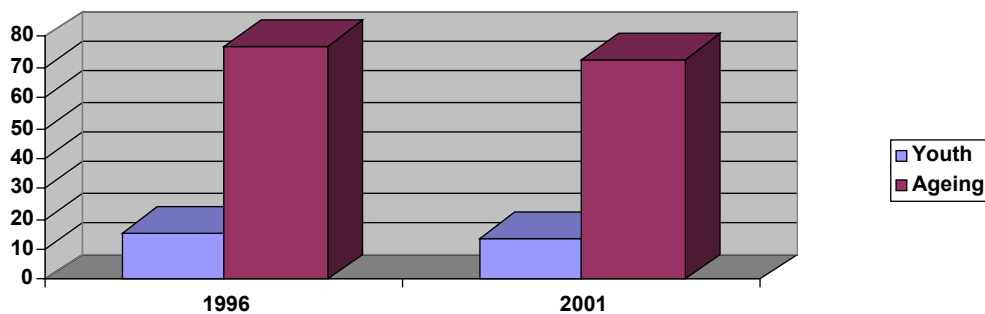


In the 1996 census, young people between the ages of 12 and 24 constituted 17.5% of the total population of Warringah. Those aged between 25 and 100 years or more constituted 68.1% of the total population of Warringah.

In the 2001 census, young people between the ages of 12 and 24 constituted 15.6% of the total population of Warringah. Those aged between 25 and 100 years or more constituted 69.2% of the total population of Warringah.

Therefore, Warringah has witnessed a 1.9% decrease in young people and a 1.1% increase in people aged 25 years and over between 1996 and 2001.

5.3 Manly



In the 1996 census, young people between the ages of 12 and 24 constituted 15.3% of the total population of Manly, while those aged between 25 and 100 years or more constituted 77.2% of the total population of Manly.

In the 2001 census, young people between the ages of 12 and 24 constituted 13.8% of the total population of Manly. Those aged between 25 and 100 years or more constituted 72.2% of the total population of Manly.

Therefore, Manly has witnessed a 1.5% decrease in young people and a 5% decrease in people aged 25 years and over between 1996 and 2001.

5.4 Declining youth populations

The changing nature of Australian age demographics is considerably important to youth on the Northern Beaches for two reasons.

Firstly, the increasing ageing population, locally, at state level and nationally, will politically marginalise young people between the ages of 12 and 24 because eventually they will constitute a voting minority. Consequently local, state and federal politicians, political parties and governments are more likely to tailor policies and advocacy campaigns to the address the specific needs of its ageing populations because they constitute the voting majority.

Secondly, youth are at risk of social marginalisation as those under the age of 18 have very limited legal rights and abilities to exercise political power. Those aged between 18 to 24 are less likely to hold positions of political power within government, community or business institutions.

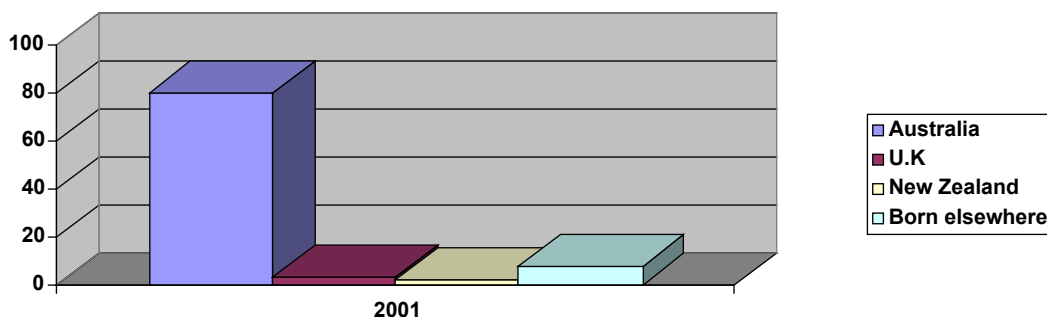
5.5 Significance

Constituting a voting minority, special consideration must be given to local youth issues in local communities. Failing to address these issues could have long-term social, cultural and economic effects. Furthermore, political disenfranchisement will lead to greater social disempowerment possibly resulting in a decreased sense of social responsibility or cohesiveness as a consequence of youth feeling disempowered, disenfranchised, disillusioned or forgotten by the voting majority and the governments that concentrate their policies on issues affecting Australia's ageing population.

6. ETHNICITY

6.1 Country of birthplace

Most people living on the Northern Beaches identify themselves as Caucasian. Research found that Caucasian appearance was the most prevalent and that much of the culture on the Northern Beaches reflected the values, beliefs and customs of a predominantly Caucasian community. Ethnic and cultural diversity was either non-existent or marginal in a number of local communities.



The above findings were supported by data gathered by the Australian Bureau of Statistics (ABS) Northern Beaches Community Profile. In the 2001 Census, 80.3% of those young people between the ages of 0 and 24 years of age living on the Northern Beaches were born in Australia. Although 8.1% did not state their country of birthplace and 2.4% were 'born elsewhere overseas' the combined total of those young people between 0 and 24 years of age born in Australia (80.3%), the United Kingdom (2.5%) and New Zealand (1.8%) equalled 84.6%. Excluding those who did not state their birth country (8.1%) and those 'born elsewhere overseas' (2.4%), the remaining 4.9% young people between the ages of 0 and 24 years old were born elsewhere – predominantly in Europe, Asia, North America and the Pacific.

Although being born in Australia, the United Kingdom or New Zealand is not indicative of being Caucasian it is indicative of a very Caucasian history. Anecdotal evidence, formal and informal interviews and participant observation indicated that it is apparent that Western Caucasian Christian global perspectives operate on the Northern Beaches.

6.2 Interview: Local multicultural youth worker

According to the local multicultural youth worker there are numerous issues affecting CALD youth on the Northern Beaches. Many of these issues are exacerbated by their minority population status. Often the need to provide for this group is overlooked because they do not constitute a visible social majority.

Whilst there are a number of youth services on the Northern Beaches, a tendency not to cater for ethnically diverse language and cultural practises make it difficult for ethnic youth to access appropriate services.

6.3 Recreation

Culture is inextricably linked to recreational interest and the provision of recreational facilities. If a local community organisation or council identifies that the majority of local youth are interested in a particular recreational activity they will be most likely to provide facilities that encourage this activity over minority interests. This can prove problematic for CALD youth because different ethnicities have different cultural and recreational interests.

The multicultural youth worker identified that surfing and skateboarding were very popular activities on the Northern Beaches and that the participants in these activities were predominately Caucasian. According to the multicultural youth worker 'Indian kids won't be skateboarding, neither would Tongans, Maoris or Chinese'. Another example is the case of an Indonesian Muslim girl who wanted to go swimming but could not swim publicly. There was no way to overcome this problem as there were not any pools nearby that had specific 'women's only' swimming sessions.

Additionally, if interested in existing recreational facilities many CALD youth face issues of accessibility. As indicated by one interviewee, 'a lot of parents work two jobs and are unable to take their kids [to recreational facilities], often older siblings look after younger ones and so they do not have time to do anything until the parents finish... but some recreational facilities are not open at night... I've tried getting them to open at night, but [these attempts have been unsuccessful]' (multicultural youth worker, 2005).

Finally, CALD youth therefore face a dual disempowerment. As the same youth worker noted, 'young people are already marginalised enough, without be unable to participate fully' (multicultural youth worker, 2005). In a number of cases youth from CALD backgrounds did not experience the same social inclusion, equality, equity and accessibility to services as non-CALD youth.

6.4 Language and issues of accessibility

In addition, CALD youth may not have forums in which to express themselves. According to the multicultural youth worker there is inadequate community consultation with ethnic communities and local youth services do not provide information in other languages or provide interpreters. When interpreters are provided communication problems arise because they are often unfamiliar with ethnic or cultural jargon and use formal speech.

The lack of information in languages other than English was noted throughout the research and acknowledged by a local adolescence psychologist who stated that: '[we] do not have brochures in other languages or interpreters, we've looked into it but it's never [been formally] addressed' (local adolescence psychologist, 2005).

6.5 Structural, institutional and community organisational responses to ethnic minorities

Although many youth services on the Northern Beaches network and collaborate, the multicultural youth worker argues that CALD youth are often absent from these partnerships because there is a lot of 'pre-prejudice, preventing organisations from functioning effectively' (multicultural youth worker, 2005), many organisations need to develop 'effective communications skills, [particularly in the areas of law enforcement]' (multicultural youth worker, 2005). According to the local multicultural youth worker, there is a lack of 'cultural competence' (multicultural youth worker, 2005), and a lack of interpreters within youth organisations and service providers; 'youth services have an absolute lack of confidence in how to deliver services, 30% of clientele are from Non-English Speaking Background but they do not have interpreters and do not consult with community... it's a hard basket' (multicultural youth worker, 2005).

6.6 Significance

Although CALD youth constitute a very small percentage of the total youth population their minority status only exacerbates issues of social exclusion, disempowerment and alienation. These have been identified as contributing to the high prevalence of issues affecting CALD youth on the Northern Beaches. Furthermore, social exclusion, disempowerment and alienation and inaccessibility issues not only exacerbate CALD youth disempowerment; it also makes it impossible to accurately measure the issues affecting CALD youth.

According to the multicultural youth worker, the above issues affect CALD youth on the Northern Beaches because they reflect structural inequalities, thus attributing to an unnecessary over-representation of CALD youth in the juvenile justice system and negative public profiles. Furthermore, if the local community fails to foster a climate of cultural awareness, understanding and sensitivity, then the Caucasian community itself will be distanced, isolated and alienated from ethnic minorities. This community is poorer for the minimalisation of cultural interaction and engagement.

7. DRUGS AND ALCOHOL

7.1 Synopsis

For many Northern Beaches youth agencies, drug and alcohol abuse is an issue of serious concern. These concerns are difficult to measure statistically because compiling complete, succinct and accurate drug and alcohol statistics was problematic for a variety of reasons. Drug and alcohol statistics on 'youth' are often varied because there are different definitions of 'youth'. And statistics gathered only identify those 'youth' recorded as having a drug or alcohol problem that was legally or medically recognised. Thus the statistics gathered are estimates based on the availability and accessibility of youth that have been identified as having engaged in substance abusive behaviour and therefore only reflects clearly identifiable substance abusive problems.

However, despite these quantitative inconsistencies and complications, there was substantive evidence to support numerous informal interviewees and community concerns that drug and alcohol substance abuse was an issue affecting youth on the Northern Beaches.

7.2 *The Northern Beaches "Code of Silence"*

In 1999 *The Northern Beaches "Code of Silence"* report identified that alcohol and cannabis use among youth on the Northern Beaches was of particular concern. It attributed this problem to the local 'beach culture'. The report noted that this rates as the second highest issue according to youth and the fourth most important issue for youth agencies in the area' (*The Northern Beaches "Code of Silence"*, 1999).

7.3 First hand anecdotal evidence

A local youth drug and alcohol worker supported the above statements and commented on the prevalence and seriousness of substance experimentation and abuse: 'oh my god [youth alcohol binge drinking and cannabis problems] are huge! ... The culture has always been and still is predominantly around cannabis use, it just is the culture... cannabis is huge... I've been on the northern beaches all my life and ever since I was a kid it's always been predominant' (local youth drug and alcohol worker, 2005).

7.4 Adult substance abuse culture

The substance abusive culture has also been identified in adult populations on the Northern Beaches. In 2000-2001 the *Manly Crime Prevention Plan* identified that the 'rate of "offensive conduct" incidents recorded by police in 1999 in the Manly Local Government area is significantly higher than the wider Sydney area, 62.6 per 100,000 compared to 29.4.' During 1999 police have indicated that reports of street offences has risen by 89.7%. A large degree of these offences count alcohol as a contributing factor' (*Manly Crime Prevention Plan*, 2001). Manly, the plan noted, 'rates as [a] relatively unsafe [area] at night time both statistically and perceptually' (*Manly Crime Prevention Plan*, 2001).

In addition to Manly, Pittwater and Warringah have also been identified as areas with cultures of substance abuse. Numerous local agencies have committed themselves to an inter-organisational partnership known as the Pittwater Community Drug Action Team, comprising of local bodies such as the police, Manly Drug Education and Counselling Centre and the NSW Premier's Department. This team has been established to address growing state and national concerns of substance abuse behaviour, prioritising and addressing local issues such as drink driving. Drink driving on the Northern Beaches is of particular concern for local agencies and authorities (local youth drug and alcohol worker, 2005).

7.5 The relationship between adult substance abusive culture and youth substance abusive culture

The above findings indicate that drug and alcohol substance abuse operates, and is a problem amongst, the adult population on the Northern Beaches. This is reflective of a much larger socio-cultural substance abusive culture. Adult behaviours inevitably influence youth experimentation. If there is a strong presence of substance abuse among adults then youth will perceive substance abuse to be 'normal' and 'adult'. Therefore, the concern for youth agencies is how to address the broader socio-cultural substance abusive culture and the ways in which youth understand and respond to this culture.

7.6 Inter-relating youth issues

The local youth drug and alcohol worker identified that there are a number of socio-cultural issues operating within the Northern Beaches. Consequently, youth issues are often inter-related and therefore require the assistance, support and intervention of more than one youth agency.

7.7 A misinformed rebellion?

The perception that youth are 'rebellious' (local youth drug and alcohol worker, 2005) and unwilling to listen to authority figures is problematic for a number of reasons.

Firstly, although recognising that young people 'experiment' to gain a sense of independence, the local youth drug and alcohol worker also recognised the dangers inherent for young people when they dismiss information necessary to make informed decisions.

Secondly, the local youth drug and alcohol worker argued that youth are unable to assess situations properly and therefore unable to predict the consequences of their experimentation and risk taking behaviours. It is therefore difficult to assess whether their actions are maximising or minimising harm to themselves or others.

7.8 The unanticipated consequences of drug and alcohol experimentation and abuse

According to the local youth drug and alcohol worker, youth engaging in substance experimentation or abuse are more likely to engage in risk taking behaviour. Some unanticipated consequences of these behaviours can include:

- Accidental road injury or deaths from drink driving or crossing the road while drunk or high.
- A reduced ability to perceive, process and respond to particular situations as they arise.
- Personal risk or risk to others is increased, possibly resulting in injury or death.
- The risk of unsafe sex practises while 'under the influences' of drugs or alcohol increases.

7.9 Getting 'smashed' and 'high' together

The local youth drug and alcohol worker believes the primary desire among youth is to socialise; 'young people... want to be together, that's all they want, to be together. They are usually very tight and supportive of each other and look out for each other. But having said that they take huge risks and they do not even know they are risks, they think they live in a very safe environment so its pretty scary' (local youth drug and alcohol worker, 2005).

7.10 Geography and transport

The local youth drug and alcohol worker also believes that the relative geographical isolation plays an enormous role in substance abuse, experimentation and risk taking behaviours among young people. This is particularly problematic for areas such as Pittwater which is a very isolated area. Places such as Avalon have 'got huge issues' (local youth drug and alcohol worker, 2005) with binge drinking at parties, in streets and in parks because the area is relatively isolated and has infrequent public transport at night.

7.11 Poly-drug use

A number of informal interviews identified poly drug use as a major problem amongst youth on the Northern Beaches. When asked about poly drug use the local youth drug and alcohol worker confirmed that it was a significant issue because youth are not educated on the effects of mixing substances.

7.12 'Don't call the ambulance!'

The local youth drug and alcohol worker was also concerned about an alarming trend and consensus among young people that ambulance officers automatically contact the police in the event of a drug overdose. Parents have also expressed this concern. This was most apparent in 1995 when local schoolgirl Anna Wood overdosed and died after taking just one ecstasy pill. Although it is uncertain whether Anna would have survived, many health

professionals agree that her chances of survival would have been significantly higher had she received immediate medical treatment. Anna's friends, however, were too scared to call for an ambulance.

The Manly Drug Education and Counselling Centre is currently addressing this issue through their school campaign 'don't hesitate to call the ambos'. The campaign aims to dispel youth myths about calling an ambulance.

7.13 Family fears, anxieties and responses to substance experimentation and abuse

Family approaches and responses to substance experimentation and abuse are also problematic for young people. The local youth drug and alcohol worker believes parents are usually unaware of or do not understand the latest drug trends and how these issues affect youth.

Often parents overreact or 'freak out' (local youth drug and alcohol worker, 2005) when they find evidence of substances they perceive to be harmful for their children. Often the line between substance experimentation and substance abuse (or the fear that experimental use will become addictive substance abuse) is blurred and parents feel disempowered and panic they do not know the 'right' or 'appropriate' action to take (local youth drug and alcohol worker, 2005).

In order to address the above issues, the Manly Drug Education and Counselling Centre runs programs that directly impacts on young people, families and the community. For example, the Centre runs a Parents Prepare Program which is peer educational. This program is free and involves a two-day workshop, making accessible accurate, locally relevant and credible information, dispelling the myths about drugs and alcohol and teaching parents how to discuss these issues openly with other parents and their children.

The Manly Drug Education and Counselling Centre also has a strong school education initiative, teaching students about the range of youth services and facilities available on the Northern Beaches. These educational programs identify where youth services and facilities are located, inform students that most of the services and facilities are free and do not require a Medicare card and that client privacy is respected and parents will not be informed unless in exceptional circumstances. These programs inform youth about 'all these great super things that kids need to hear because they do not know any of it' (local youth drug and alcohol worker, 2005).

7.14 Drugs and issues of accessibility

There are also a number of issues of accessibility that complicate the process of addressing youth substance abuse problems. The local youth drug and alcohol worker believes areas such as Pittwater are particularly problematic because there is a lack of services, facilitates or educational health infrastructure: 'up Pittwater way there are no sexual health services,

there is a drug and alcohol service in Mona Vale hospital, but what young person is going to go into a hospital?' (local youth drug and alcohol worker, 2005). This may also create additional apprehension for young people because currently there are strong community concerns that the hospital will be closed. Numerous high profile community rallies are being held to prevent the hospital's closure. This is problematic for young people because it questions the sustainability and reliability of youth services located at the hospital.

Other issues of accessibility include concerns among young people:

- That they need a Medicare card and do not have one.
- That their parents will be contacted.

Often youth access current services once the above myths have been dispelled and only after educational school seminars run by organizations such as the Manly Drug Education and Counselling Centre promote these services and programs. In this way, 'service and accessibility is a huge problem' (local youth drug and alcohol worker, 2005). These educational programs inform young people that and address each of the above concerns.

In addition, the local youth drug and alcohol worker believes that another primary issue hindering young people's access to youth services and organisations is that many are not identified as being 'youth friendly' by youth: 'the biggest key problem is young people not identifying them [youth services, agencies or facilities] as being youth friendly... so young people do not feel comfortable' (local youth drug and alcohol worker, 2005).

7.15 Addressing accessibility issues

The local youth drug and alcohol worker proposes that accessibility issues be addressed by having a one stop shop: 'Ideally what we'd like to see is a one stop shop... rather than just have us, have sexual health there, have mental health down there and be all over the place' (local youth drug and alcohol worker, 2005). The aim of a one stop shop would be to provide multiple youth services within the one building or campus.

In addition, the local youth drug and alcohol worker also commented on a current strategy that aims to address the lack of clearly identifiable 'youth friendly' services, facilities or agencies. This strategy was implemented by Northern Sydney Health, training youth under the age of 19 years of age to become youth health consultants. These youth consultants go to schools and youth services and one of their biggest jobs is to identify what is not 'youth friendly' about certain schools or youth services. Following this, they then present ideas back management. It is then up to management to address these issues and make changes to make the service more 'youth friendly'.

7.16 Local knowledge of youth services

During informal interviews youth were asked what youth services or facilities they were aware of. Many replied they did not feel there were any youth services or facilities available on the Northern Beaches. These responses were most common amongst youth living in Warringah and Pittwater as opposed to those living in Manly.

Other local young people identified a range of youth services and facilities that they were aware of on the Northern Beaches. It also became apparent that young people were most responsive to and sought the assistance of peers. Educating young people about youth services and facilities on the Northern Beaches as school was also beneficial for local youth because many felt they knew where to seek help if they needed it.

8. MENTAL, EMOTIONAL AND PSYCHOLOGICAL HEALTH

8.1 International, federal and state responses

Following the influential World Health Organisation's *Alma Ata Declaration* (1978) and the *Ottawa Charter for Health Promotion* (1986), Federal and State Australian health policies have aimed to address health inequalities and inequities with a new approach to public health promotion, promoting a holistic approach to health and co-operative and collaborative partnerships between health professionals, local communities and local governments. In 1994 the *Better Health Outcomes for Australians* report identified cardiovascular disease, cancer, injury and mental health as serious national health problems. In 1995-96 these four areas became the focus of *Australia's National Health Priority Areas*. Diabetes was also included, making a total of five national priority areas.

8.2 Contextualising mental health in Australia

Mental illness has been identified as a significant health problem within Australia. In 2001 the Australian Bureau of Statistics reported that 9.6% (1.8 million Australians) had identified themselves as having a long-term mental or behavioural problem.

However, these statistics reflect data collection and analysis of those people who identify themselves as, or have been identified with having, a mental health problem. Therefore the number of unidentified mentally ill people is immeasurable and must be taken into account. Mental illness is also a significant cause of homeless and without a residential address, mentally ill and homeless youth are very hard to 'track', survey and assess or treat.

It is estimated that one in five Australians suffer a significant mental disorder, most living with their illness undetected (Robinson, 2003 and Robinson and Searby, 2005). Furthermore, the national five year initiative, '*beyond blue: the national depression initiative*', reiterates that one in five Australia's will experience mental illness during their lifetime (*Beyond Blue*, 2005). It is also understood that 'Depression and anxiety are the most common complaints of all mental health issues. Together they account for most of the economic, social and personal costs of mental disorders in Australia, and internationally' (*Beyond Blue*, 2005, About Depression and Anxiety).

8.3 Mental health and youth

In 1998 the National Survey of Mental Health and Wellbeing identified that 14% of children and young people (aged 4-17 years) had a mental health problem. In the previous year, the National Health and Medical Research Council found that 'Depression and anxiety are the most common mental health problems in young people. At any point in time, between two to five per cent of young people will experience depression that is of sufficient severity to warrant treatment; and, around twenty per cent of young people will have experienced depression by the time they reach adulthood' (*Beyond Blue*, 2005, Young people and Depression).

However, many argue that the above findings should be higher. Robinson and the Federal government estimate that one in five Australians are living with a mental disorder. If this estimate were to be applied to youth, the statistics gathered on mentally ill youth would be considered very conservative. The legitimacy of these estimations must be taken into account because there is growing concern among social researchers, health and medical professionals and state and federal governments that the seriousness and prevalence of mental illness has not yet been realised. In light of these arguments, there should be greater local community understanding and identifications of the personal and social manifestations and operations of mental illness to ensure that there are adequate services to meet the specific demands of local young people suffering from mental illness.

As well as suffering from the effects and impacts of mental illness, affected young people are more likely to have 'increased levels of alcohol, cigarette, and other illicit substance use, lower levels of self esteem and increased levels of risk-taking behaviours' (Beyond Blue, 2005, Young people and Depression).

8.4 Implications of findings

Working on the estimate that 20% of the population is living with mental illness has massive implications for young people because youth have been identified as a group at particular risk of mental illness. Without treatment mental illness can have serious long-term effects. Beyond Blue notes that 'In the longer term, depression can reduce social and vocational opportunities for young people as a result of early school dropout and sporadic employment opportunities. Depression during adolescence increases the risk of depression in adulthood; and, is also a well-recognised risk factor for suicidal behaviour' (Beyond Blue, 2005, Young people and Depression page).

Therefore, in accordance with Federal and state health initiatives and growing concern about mental illness, the Northern Beaches community needs to be encouraged to understand the personal and social manifestations, operations and approaches to mental illness in the local youth population.

8.5 Suicide in Australia 2003

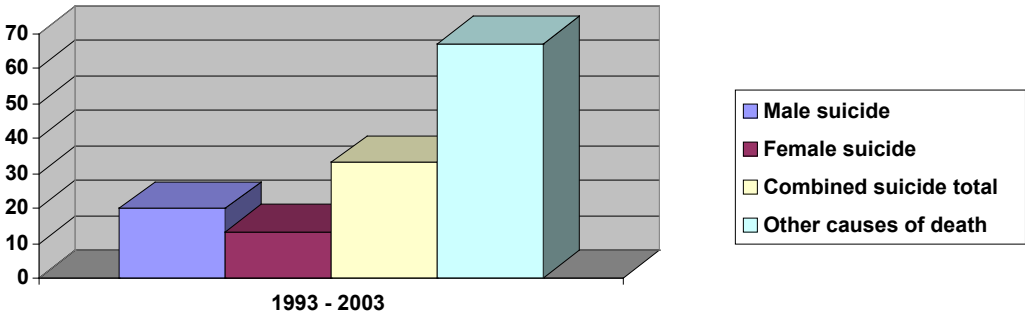
In 2003 the ABS identified that 1.7% of all deaths registered were attributed to suicide. According to the ABS suicide became Australia's leading cause of injury related death, overtaking road accidents. As the ABS has indicated, to 'be classified as suicide a death must be recognised as due to other than natural causes. It must also be established by coronial inquiry that death results from a deliberate act of the deceased with the intention of ending his or her own life' (ABS: *Suicides: Recent trends*, Australia, 2004, Introduction paragraph1)

In this way, suicide is difficult to measure. If someone dies of drug overdose or road accident his or her death may be included as an overdose or road accident because that is the primary cause of death. However, if his or her motive was suicide then overdosing or a road accident

becomes the means in which that person decided to end their life. Consequently, injury has been included in Australia's national health priority area. In 2001 the ABS indicated that suicide constituted the highest percentage of all injury related deaths: suicide accounted for 31% and transport accidents accounted for 25% of all injury related deaths.

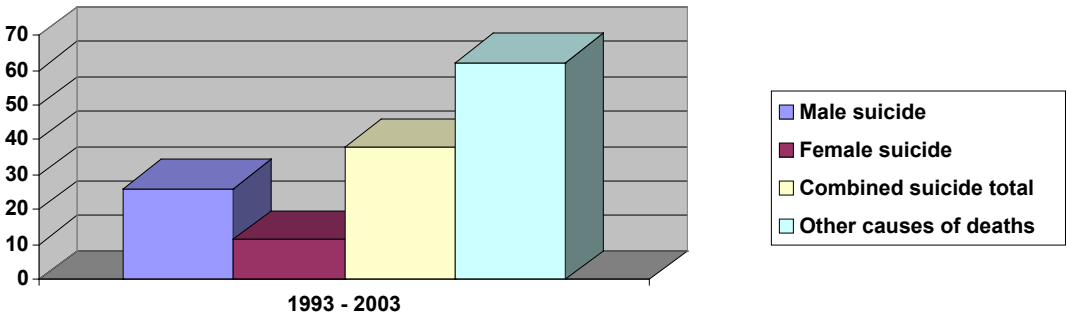
Furthermore, since 1992 the World Health Organisation has identified Australia as having one of the highest suicide and youth suicide rates in the developed world.

Australian suicide rates (15 to 19 years) 1993-2003



Suicide accounted for 19.9% of total male deaths and 13.1% of total female deaths registered for young people between the ages of 15 and 19 in 2003. Although these rates were lower in 2003 than for any year since 1993, suicide is still a significant cause of mortality for young people between 15 and 19 years of age.

Australian suicide rates (20 to 24 years) 1993-2003



Suicide accounted for 26.1% of total male deaths and 11.6% of total female deaths registered for young people between the ages of 20 and 24 years of age in 2003. Once again, although these rates were lower in 2003 than the corresponding rate for any year since 1993, suicide is still a significant cause of mortality for young people between 20 and 24 years of age.

8.6 Local responses: The Adolescent and Family Counselling Service (Manly)

The Adolescent and Family Counselling Service has identified numerous psychological and mental issues facing youth (10 to 25 year olds), providing services to an estimated 120 families each year. In 2003-2004 the annual *Manly Youth Council Report*, identified the most common issues facing youth counselled at the Adolescent and Family Counselling Service as 'family conflict (19.2%), behavioural issues (25%), anxiety and depression (9.8%), legal issues (3.3%) and separation and grief (8.6%)' as well as 'sexuality, physical and emotional abuse, social skills, difficulties at school, bullying, goal setting, sporting concerns and self esteem issues were also represented' (*Manly Youth Council Annual Report 2003-2004*). These trends were consistent with previous years, however according to the report anxiety, depression and separation grief had risen in comparison to previous years.

The 2003/2004 report also indicated 74% of clients were from English speaking backgrounds, 19.6% were from culturally and linguistically diverse backgrounds and 6.5% were from Aboriginal or Torres Strait Islander communities (*Manly Youth Council Annual Report 2003-2004*).

Furthermore, self-referrals – including young people, families or carers being aware of the service through previous clients, friends, family members, brochures or service directories – accounted for 34.8%, while the Department of Health and legal services, Northern Beaches Adolescent Services, Mona Vale Mental Health Services, Juvenile Justice, local Police Youth Liaison Officers, Department of Education, Burdekin Association and other community based organisations accounted for an accumulative total of 41.3% of total referrals. This statistic reflects an effective networking of local youth agencies, referring youth to other agencies if they are unable to address their specific needs (*Manly Youth Council Annual Report 2003-2004*).

8.7 Significance

The above results highlight the local prevalence and diverse manifestations and operations of mental illness among youth on the Northern Beaches.

8.8 Accessibility

Accessibility and the lack of service provisions for young people, especially those aged between 18 to 21 years, exacerbates youth problems. Issues of accessibility make it more difficult to implement early intervention strategies and programs, increasing the risk of youth developing serious and long-term mental health problems.

Although the national definition of an adolescent is a person aged between 12 and 18 years, the local adolescence psychologist explained that the Adolescent and Family Counselling Service has identified that mental health services are not acknowledging that 18 to 21

year olds require specialised approaches to treatment: they are 'still really young' (local adolescence psychologist, 2005). Therefore, the local adolescent psychologist argues that is important to extend the definition of youth to be inclusive of 18 to 21 year olds.

Although the Adolescent and Family Counselling Service offers free services, support and assistance, there are a number of accessibility inequities. For those aged between 18 and 21 years of age, the local youth drug and alcohol worker and the local adolescence psychologist argue that there is a lack of services available to adequately address the specific needs of this group. Self referral and referral from other youth organisations constitute 76.1% of the total referral sources to the Adolescent and Family Counselling Service. Therefore, issues of accessibility arise because if there is a lack of service provisions for mentally ill youth aged between 18 and 21 years of age. They are less likely to seek help, be less likely to have their illness identified and treated and thus less likely to overcome their mental illness.

Issues of accessibility are problematic for mentally, emotionally or psychologically ill youth because many of these conditions are treatable with early intervention. Although mental health issues are serious they are not pathological. As a local psychologist noted, 'we've got lower level problems that can be addressed' (local adolescence psychologist, 2005). Acknowledging that there is a lack of service provisions for 18 to 21 year olds reflects unnecessary structural inadequacies, not a clinical inability to treat these issues. These structural inadequacies result in inequalities that need to be addressed.

In addition, youth mental health issues are being complicated by the lack of parental guidance. Lengthy work hours and post work fatigue or stress often leave parents emotionally detached from their children. Emotionally absent parents are less likely to identify mental health problems and therefore less likely to seek early intervention services, resulting in the development of a serious mental health problem. The local adolescence psychologist reiterates this point with specific reference to fathers: 'there is a growing trend of absent father syndrome on the Northern Beaches... although the father may be physically present in their children's life, they are not emotionally present; consequently their children feel isolated, distanced and detached from their father' (local adolescence psychologist, 2005).

8.9 Parental disempowerment

The local adolescence psychologist argues that parental disempowerment is also a significant factor, often prolonging youth mental and emotional health problems. When parents identify problems youth are not always responsive. This is particularly disruptive and problematic for some families, devastated by the identification of a mental or emotional health problem or other issue such as drug experimentation or abuse. Parents usually become distressed, anxious and powerless: 'young people know what their rights are and parents do not feel like they have the power to discipline them anymore' (local adolescence psychologist, 2005). Young people threatening their parents exacerbate parental disempowerment. Such threats include: 'raise your voice at me and I'll call DOCS... and they do' (local adolescence psychologist, 2005).

According to the local adolescence psychologist, parents are usually lenient and inconsistent with their disciplining techniques because they feel distressed, anxious and powerless and feel their rights to parent have been taken away. The local adolescence psychologist uses the example of a 14 year old girl wanting to sleep over at her boyfriend's house and her parents giving in to her demands despite having the legal right to prohibit such demands. By giving in, parents give a lot of their parenting rights and power away. Youth are therefore less responsive to future parental intervention or advice.

8.10 Gender responses to mental, emotional and psychological issues

In the experience of the local adolescence psychologist responses to mental and emotional health issues are often gendered. The psychologist argues that females are more likely to talk about their issues and are concerned about their emotional state. Supportive groups of females are often very quick to identify emotional problems and help their friends address issues and seek help. Conversely, males are less likely to express or explore their emotional, mental or psychological state because it's not as socially acceptable. Males may find it difficult to talk during counselling sessions or in some cases remain silent for the whole session.

9. HOMELESSNESS AND AFFORDABILITY OF HOUSING

9.1 Synopsis: 2001 ABS findings

Australian house prices have increased significantly over the past nine years, so much so that the Australian house price index rose 71% between the years 1997-1998 and 2002-2003. Furthermore, Sydney has the highest estimated home value of any capital city in Australia. The following rental, loan repayment and individual income statistics were compiled by the 2001 ABS Census and analysed in relation to youth on the Northern Beaches.

Pittwater

In terms of the affordability of housing Pittwater's median monthly housing loan repayments were between \$1,600 and \$1,799. Only 7.3% of youth between the ages of 15-19 years of age and 55.2% between the ages of 20-24 had a monthly income comparable to this. Pittwater's median weekly rent was between \$300 and \$349. Only 13.2% of youth between the ages of 15-19 years of age and 65.1% between the ages of 20-24 had a weekly income of between \$300 and \$399.

Manly

In Manly the median monthly housing loan repayments was between \$1,800 and \$1,999. Only 3.1% of youth between the ages of 15 – 19 years of age and 42% between the ages of 20 – 24 had a monthly income comparable to this. Manly's median weekly rent was between \$300 and \$349. Only 13.2% of youth between the ages of 15 – 19 years of age and 65.1% between the ages of 20 – 24 had a weekly income of between \$300 and \$399.

Warringah

In Warringah the median monthly housing loan repayments was between \$1,400 and \$1,599. Only 13.2% of youth between the ages of 15-19 years of age and 65.1% between the ages of 20-24 had monthly income comparable to this. Warringah's median weekly rent was between \$250 and \$299. Only 20.2% of youth between the ages of 15-19 years of age and 73.3% between the ages of 20-24 had a weekly income of between \$200 and \$299.

9.1 Youth with 'low' weekly income on the Northern Beaches

Of those aged of those aged between 15 and 19 years of age 25.5% had no weekly income; 28.3% were earning between \$1 and \$79 a week; 14.3% did not state their weekly income. Conversely, 5.7% those aged between 20 and 24 years of age had no weekly income; 2.4% were earning between \$1 and \$79 a week; 7.8% did not state their weekly income.

9.2 Summary of analysis and important considerations

The above statistics clearly indicates that the overwhelming majority of youth between the ages of 15 to 19 years do not have comparable individual weekly and monthly income earnings. Therefore the overwhelming majority of youth between the ages of 15 to 19 years are unable to afford weekly rent or monthly loan repayments in Pittwater, Manly or Warringah with the assistance of a reliable support network, whether it be family or friends.

Conversely, more than half of youth between the ages of 20 to 24 years of age do have comparable individual weekly and monthly income earnings with local weekly rent or monthly loan repayments. However, once individual living costs and other expenses are considered the number of youth 20 to 24 years of age able to afford housing or accommodation would be significantly reduced. The ABS is unable to provide living costs and other expenses for youth. Furthermore these costs and expenses are impossible to estimate because they differ depending on individual circumstances. For example, youth paying car or tertiary education repayments would have lower spendable weekly income than those youth who do not have car or tertiary education repayments.

The above statistics therefore show that accommodation for youth between 15 and 19 years of age is unaffordable. Similarly, less than half of youth 19 to 24 year olds would be able to afford accommodation on the Northern Beaches.

In this way, homelessness and affordability of housing is most problematic for young people without a reliable, safe or sustainable support network. If they are unable to stay with family or share an apartment or a house with friends then local young people face considerable housing and accommodation complications.

9.3 Interview with local youth homelessness and accommodations worker

According to the local youth homelessness and accommodations worker, property and rental price increases have affected youth on the Northern Beaches considerably. Many young people cannot afford existing rental or loan repayment rates. Consequently, issues of homelessness occur in situations where young people have not the finances or support structures to secure appropriate and long-term accommodation. Alternatively, young people are forced to move out of the area. This is a 'huge issue because a lot of young people have grown up in the area and suddenly rental and sale prices shot up and they cannot afford it so they have to move out [to places] where they do not have their support network... long term residents move out and this effects community cohesion' (local youth homelessness and accommodations worker, 2005). Consequently, the local community is affected because if young people leave the area, the community will loose economically productive members of its community. Meanwhile its aging population continues to increase and this will create additional social and economic problems if these trends continue.

9.4 Accessibility issues

Although the associations such as the Burdekin Association provides affordable housing to those young people unable to live at home, often these organisations have to turn away young people with high support needs, including those with untreated drug and alcohol problems or mental health issues. Furthermore, youth in need of crisis accommodation are forced to look elsewhere because the Burdekin Association offers planned and medium term housing. Even eligible youth face issues of accessibility. Often there are lengthy waiting lists. Consequently youth look elsewhere for accommodation and assistance.

9.5 Localised mental illness and homelessness

Issues of affordability and accessibility are further exacerbated for young people with mental illness because their social and economic capacities and abilities to function effectively are severely reduced or diminished: 'over half of the youth we [Burdekin] help have a mental health issue' (local youth homelessness and accommodations worker, 2005).

9.6 The relationship between mental illness and homelessness

Dr Catherine Robinson has researched the relationship between homelessness and mental illness extensively. Her 2003 report *Understanding iterative homelessness: The case of people with mental disorders*, found that young people between the ages of 14 and 25 years of age constituted the largest percentage of research participants. Furthermore, one the key findings of the report was that 'People with mental disorders who are homeless experience wide-ranging and compounded disadvantage and social exclusion. Not only do they experience unstable and unsafe accommodation, but they are likely to have poor education, poor general health, extremely low income and experience imprisonment rates' (Robinson, 2003, p. 1). These findings have been reconfirmed in a more recent publication. (Robinson and Searby, 2005)

9.7 Iterative homelessness

Issues of mental health induced homelessness are exacerbated by the fluctuating mental state and living conditions of mentally ill people. Many mentally ill people, including youth, experience unstable accommodation. Iterative homelessness 'is [a] term used to refer to the repeated and ongoing loss of, or movement through accommodation in both the short and long term contexts of homelessness. Iterative homelessness is used... to highlight the fact that most homeless people do not sleep rough on the streets, though they may do so at times. Many remain tenuously housed at continuous risk of street-homelessness in their cycle through many different forms of tenuous and unacceptable forms of accommodation such as hostels, licensed and unlicensed boarding housing, caravan parks, staying with friends, etc' (Robinson, 2003, Terminology page).

Dr Robinson's report found that:

- 69% of periods of accommodation were for only 6 months or less and that
- 51% of homeless people staying on the streets or in squats in their last four forms of accommodation were aged 14 to 25 years of age.

9.8 Significance

Given the perceived affluence of the Northern Beaches the issue of homelessness and affordability of accommodation needs to be considered. The above statistics illuminate a lack of affordable housing for young people. Furthermore, specific causes of iterative homelessness need to be considered. Concerns were raised at numerous informal community discussions, illustrating that the community did not think homelessness was an issue.

Participant observations throughout the Northern Beaches also indicated that there was no visible presence of homelessness. There was no visible presence of youth homelessness and the community has a high perception of general affluence therefore making it difficult for the community to conceptualise or identify homelessness on the Northern Beaches. Iterative homelessness is therefore useful for conceptualising and understanding homelessness not as a 'fixed street presence' but rather a 'repeated and ongoing loss of accommodation through continued movement through short and long term periods of homelessness.'

Firstly, the presence of mental illness, as already examined under the mental and emotional health section of this report, is often personally and socially invisible.

Secondly, there is a lack of adequate resources or access to current mental health services, thus perpetuating mental illness and therefore also exacerbating homelessness.

Thirdly, mental illness is often stigmatised: people experiencing mental illness are therefore often socially excluded.

The same could be said for those young people without social or family support networks, disabled youth or those with substance abuse problems. Without recognition, support, housing or assistance these problems will be accelerated and exacerbated.

Therefore, the above findings illuminate how 'invisible' the presence of homelessness is on the Northern Beaches. Furthermore, if a homeless youth is also mentally ill, has no support network, is disabled or has a substance abuse problem, an indivisible socio-political dualism develops. This makes marginal and peripheral the political capacities of homeless youth, therefore disempowering and disadvantaging them.

9.9 Conclusion

Young people without safe, reliable or sustainable support structures, those with lower socio-economic status and those with high support needs (such as untreated drug and alcohol problems, disability or mental health issues) are at most risk of facing issues such as homelessness and affordability of accommodation on the Northern Beaches.

10. SEXUALITY

10.1 Synopsis

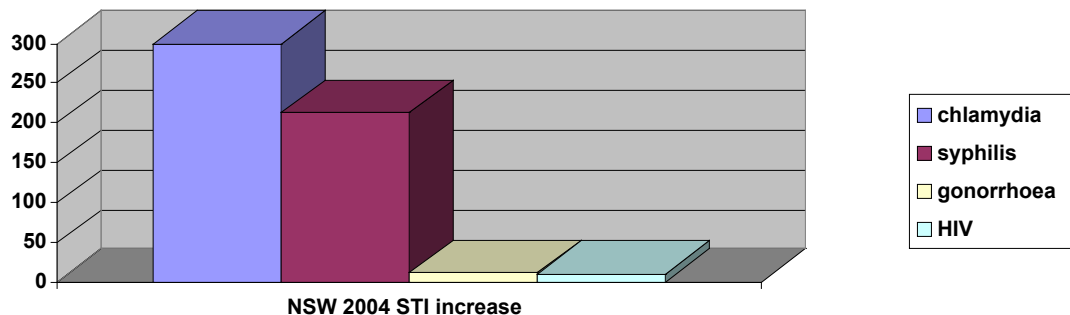
The issue of sexuality is a complicated one for youth on the Northern Beaches for two reasons.

Firstly, sexual health is of particular importance amongst young people for federal, state and local government, medical and health agencies.

Secondly, youth who identify as GLBTI believe that the Northern Beaches culture needs to be sensitive, aware, accepting and understanding of their issues.

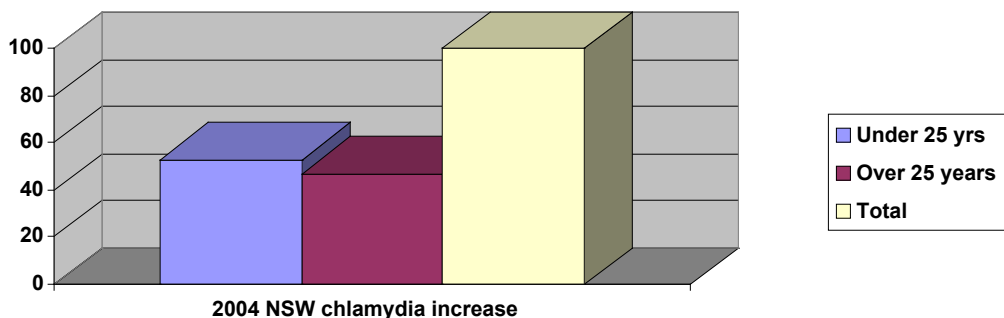
10.2 Sexual health

One of the most prominent sexual health issues among youth on the Northern Beaches is Sexually Transmitted Infections (STI). There are growing state and national government and medical concerns about the dramatic increase in certain STI. In 2002 the NSW Health Minister Craig Knowles reported that there had been additional 1,400 Gonorrhoea and 4,500 chlamydia cases reported in NSW within 12 months (Public Health Update: Alarming Rise in Sexually Transmitted Diseases, 2002).



Similarly, in 2004 NSW Health reported that there has been a 300% increase in people diagnosed with chlamydia in NSW over the past five years. Furthermore, between 1999 and 2003 infectious syphilis increased by 213%, gonorrhoea increased by 12% and HIV increased by 11% in NSW alone.

10.3 Youth



Alarming, in 2004, 53% of people diagnosed with chlamydia in NSW were under 25 years of age.

10.4 Cause for concern

Federal and state governments and health organisations are particularly concerned because many people are either unaware that they have an STI or are sexually active and unknowingly spread STI. The symptoms of some STI remain undetected for some time thus increasing the risk of sexually transmitting an unknown disease to an unsuspecting sexual partner. Furthermore, NSW chlamydia increases have been reported amongst homosexual, heterosexual, male and female populations. This reflects the insidious and non-socially discriminative operation and manifestation of infection.

10.5 Local cause for concern

A representative from the Northern Sydney HIV and Sexual Health Promotion Unit indicated that the increased incidence and prevalence of STI among youth on the Northern Beaches is of particular concern. These concerns have been mostly directed toward chlamydia. Consequently Northern Sydney Health devised a *Chlamydia Prevention Campaign* in 2003.

10.6 Sexual identity

Gay, lesbian, bisexual, transgender and intersex issues (GLBTI) are also problematic for youth because there is a very homophobic culture on the Northern Beaches. Consequently GLBTI youth feel isolated at school, at home and in society, often experiencing an identity crisis, worry about their future and facing a number of mental health issues such as depression and anxiety. Discrimination, isolation, loneliness, mental health, homophobia and suicide are the prominent issues facing GLBTI youth on the Northern Beaches.

10.7 Accessibility

The local youth drugs and alcohol worker believes that GLBTI youth face issues of accessibility because of the limited services available to GLBTI youth. Many youth services and organisations are not identified by GLBTI youth as being 'gay friendly': 'no wonder they do not want to go into an adolescent mental health service if they've got issues and talk to a counsellor because there's nothing around them that they can identify as gay friendly and everyone's straight and it's a straight world and how can they even begin to identify with a straight person, a clinical person, what their issues are' (local youth drugs and alcohol worker, 2005).

The local adolescence psychologist agrees arguing that GLBTI youth find it hard to address their issues because they are aware of societal homophobic prejudice. For example, GLBTI youth attending religious or private schools are often discriminated against by schools, prohibited to take same sex partners to school functions and suspended or expelled for expressing their sexuality openly.

10.8 Manly Council Needs Assessment

In 2004 the Manly Council conducted a *Gay, Lesbian, Bisexual, and Transgender Communities Needs Assessment* because of 'an increasing trend by several NSW councils to be inclusive of this group' (Ladd, 2004). This report found that there were legislative deficiencies in the NSW Anti-Discrimination Act because religious and non-government schools are exempt from the provisions of the Act. Often religious and non-government schools systematically discriminate against GLBTI youth on the basis of sexuality (Ladd, 2004).

The report also found that GLBTI youth had experienced verbal, physical, and emotional abuse and felt isolated, depressed and disempowered on the Northern Beaches.

10.9 Safe Places Initiative

To address the above issues, the report made numerous recommendations including the encouragement of the 'Safe Places Initiative' encouraging local community organisations and businesses to place pink triangle stickers on their buildings so GLBTI youth can identify the organisation or business as being 'gay friendly'. During research it was noted that a number of community organisations in Manly, although not directly affiliated with GLBTI issues, had adopted this approach. The Adolescent and Family Counselling Service and the Manly Drug Education and Counselling participated in this initiative.

10.10 The operations and manifestations of homophobia on the Northern Beaches

GLBTI youth also experienced structural inequalities, inequities and discrimination by youth and community organisations. For example, the Adolescence and Family Counselling Service's GLAM group – a gay, lesbian, bisexual, and transgender support and get together group - often coincides with other community organisation meetings. There have been occasions where there have been 'uproars if they [gay, lesbian, bisexual, and transgender youth] are holding hands or making too much noise, so there's always that conflict' (local adolescence psychologist, 2005).

Despite the success of the recent Queer Prom at the Manly Youth Centre the event could not be properly advertised. There was not overt community publicity because there was the fear of gatecrashers and homophobic motivated abuse, violence or discrimination.

Furthermore, GLBTI youth did not want to be identified by members of the community because of the fear of being discriminated against misunderstood or rejected.

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Appendix One

Firstly, I wanted to thank you for agreeing to participate in the interview. I just want to ask a few questions relating to issues facing youth on the Northern Beaches, your role and the role of your organisation in addressing these issues. If at anytime you want to stop the interview please let me know and we will stop immediately.

What do you think are the issues facing youth on the Northern Beaches?

Why do you think this?

Do you have any research or data or is your opinion based on experience?

How are funds and resources allocated?

How serious are these issues?

How do these issues affect youth?

How do these issues affect families?

How do these issues affect the community?

How do youth address these issues?

How do families address this issue?

How does the community address these issues?

How does your organisation address these issues?

How do youth find out about and access your organisation?

Is this effective?

Are there issues of accessibility?

What helps your organisation to function most effectively?

What prevents your organisation from functioning effectively?

What does your organisation need to improve in order to improve its services?

Do you think youth find it hard to ask for help?

Why / why not?

How do peers affect a youth's ability to address their own issues or seek help?

How do parents affect a youth's ability to address their own issues or seek help?

How do schools affect youth's ability to address their own issues or seek help?

What would you recommend to help youth address personal issues?

What can the community, government or other organisations do to address these issues?

How many people benefit from your program?

Are there particular demand that your program/organisation that cannot meet?

What are the criteria for measuring the success of your programs?

What additional programs would you implement if you had more funding?

How much extra funding would you require to implement the additional program?

Is there anything else you think is important that has not been mentioned?

Thank you for your time.