CONNECT CENTRAL CASTLEMAINE

Connect Central

Castlemaine

SERVICE PLAN FOR VULNERABLE YOUTH IN

MOUNT ALEXANDER SHIRE

2015 and 2016

30th June, 2015

'Advocate, seek funds, commit resources'

CONNECT CENTRAL CASTLEMAINE

Service Plan for Vulnerable Youth in Mount Alexander Shire

CONTENTS

1 INTRODUCTION, BACKGROUND & ACHIEVEMENTS

Connect Central Castlemaine (CCC) established in April 2010 works towards the following objectives:

1   Governance of Partnership and maintenance of the annual CCC Service Plan for Vulnerable Youth
2   Increase, develop and improve education and training options for vulnerable youth
3   Increase engagement levels in education and training by vulnerable youth
4   Identify Gaps in service delivery for vulnerable youth
5   Develop innovative practice and services for vulnerable youth
6   Ensure pathways to services are well integrated and conducive to uptake by vulnerable youth

Achievements ratified at the bi-annual Leadership Forum can be found at:
http://www.cdchcastlemaine.com.au/pdfs/AchievementPresentationCCC_2013_2014.pdf

2 VISION STATEMENT OF CONNECT CENTRAL CASTLEMAINE

Connect Central Castlemaine aims to empower our most vulnerable and disadvantaged young people to take control and shape their futures.

Using the recognised strength of rural communities to work closely together, we aim to provide a truly holistic youth service delivery model, by harnessing the collective capacities of individual organisation's that specialise in discrete aspects of the young person's family, educational and community life. By working as a collaboration of services that share responsibility for the wellbeing of individual clients, Connect Central Castlemaine will share information to identify and address service gaps, develop strategic and innovative solutions to common issues and integrate service delivery in a realistic way that puts the young person at the centre of the network.

Through stronger partnerships, we improve our joint capacity to create new projects and bring in new resources to meet the challenges of our unique rural youth community.

3 GOVERNANCE AND STRUCTURE OF CONNECT CENTRAL CASTLEMAINE

Connect Central Castlemaine meets bi-monthly and is supported administratively by Castlemaine District Community Health. Small grants from Mount Alexander Shire, School Focused Youth Service and DEECD Youth Partnerships have sustained some coordination of work over the last two to three years. The following organisations make up the membership of Connect Central Castlemaine:

Voting Partners
- Castlemaine District Community Health (CDCH)
- Mount Alexander Shire Council (MASC)
- Castlemaine Secondary College (CSC)
- Castlemaine and District Accommodation Resource Group CADARG (Castlemaine Health)
- Goldfield Local Learning and Employment Network (GLLEN)
- Bendigo TAFE- Southern region (TAFE)
- Castlemaine Community House   (CCH)
- Castlemaine Continuing Education (CCE)
- Central Victorian Primary Care Partnership (CVPCP)
- St Luke's Division of Anglicare Vic
- Castlemaine Police
- Schools Cluster Representative

Associate non-voting partners
- Centrelink Bendigo
- Department of Education and Training
- Bendigo Health - Child & Adolescent Mental Health Services (CAMHS)

Partnership consultation to be developed – current status
- General Practitioner (GP's)- connection Youth Counselling
- Indigenous community – The Meeting Place
- Culturally and Linguistically Diverse community (CALD)
- Disability Services – no development
- Local Independent Schools – no development
- Job Network Providers – much effort made, inviting sessions on No Wrong Door, had some links to Youth Connections

4 THE NEED FOR A YOUTH SERVICES PLAN

Services in Mount Alexander Shire such as community health, schools, family services, mental health and housing report high need from young people and disengagement and social isolation is evident in vulnerable youth.[1] Youth services such as Youth Connections and Rural Drug and Alcohol Outreach Youth Worker positions were defunded during 2014 leaving a gap in service delivery availability. The placement of a Mental Health Social Worker from Medicare Local at CDCH for 2014 proved most valuable in establishing referral links with vulnerable youth on mental health issues, taking referrals from schools, GP's, Family Services and general intake into CDCH. This replaced the extensive work that had been done to achieve a Youth Clinic[2]. However this position is now gone but replaced with an increase in the number of child and youth counselling sessions for mental health issues. The Coordination of limited resources calls for collaboration and innovation in program delivery for youth in Mount Alexander Shire. The No Wrong Door approach in the MAS and the FLO program at

---

[1] CDCH Youth Connections Reports 2013/14, CDCH Quality of Care Report 2013/14 CCC Report pg 22, http://www.cdchcastlemaine.com.au/pdfs/CDCH_Annual_Reports.pdf

[2] CDCH Quality of Care Report 2013/14 pg. 23

CSC are important features of the partnership work of CCC.[3] The RE-ENGAGE Survey second report of survey of 42 vulnerable young people was received June 2014, this gives CCC great local evidence to base and build a plan.[4]   VCOSS/YACVIC in its report Building the Scaffolding – Strengthening support for young people in Victoria included CCC as a case study. pg.96[5].

5   GOVERNMENT POLICY DIRECTIONS & LOCAL EVIDENCE

During 2009 and 2010, the **Department of Education and Early Childhood Development** undertook a review of alternative education provision in Victoria and commissioned a report by KPMG to inform the development of a consistent policy framework for **flexible learning options**. This involved a review of national and international literature and best practice, regional forums, site visits and targeted stakeholder consultations.

Victorian Mental Health Reform Strategy 2009–2019 - Implementation Plan 2009–2011 Building systematic capacity to intervene early in life is a cornerstone of the Victorian mental health reform strategy. Specialist mental health services, primary health and universal services all play key roles in achieving this outcome. By 2011, we will have taken important steps to:

• build consistent capacity for early identification and intervention through universal services, focusing on schools and early childhood service settings
• redesign specialist child and youth mental health services within a 0-25 year's framework
• deliver targeted mental health support to particular groups of highly vulnerable young people
• strengthen support for families where there is risk related to mental health and drug and alcohol problems.

The Victorian Public Health and Wellbeing Plan 2011-2015, launched in September 2011, aims to develop an effective prevention system, along with a strong and responsive healthcare system, to help reduce the growing burden of chronic disease and injury we are now facing, and support people to enjoy a greater sense of wellbeing.

Children and Youth Area Partnerships

Children and Youth Area Partnerships is a new approach, bringing together Victorian Government departments including the Departments of Education and Early Childhood; Health; Human Services; Justice; and Victoria Police to work with local government and the community sector to improve outcomes for vulnerable children and young people.

---

[3] http://www.cdchcastlemaine.com.au/pdfs/NoWrongDoorResourceDECEMBER2014.pdf
[4] http://www.cdchcastlemaine.com.au/pdfs/reengagereporV31170814.pdf
[5] http://www.yacvic.org.au/news/415-building-the-scaffolding-strengthening-support-for-young-people-in-victoria

This approach is important because it recognises that improving outcomes for vulnerable children and young people is a shared responsibility which requires better coordination across a range of partners and a focus on improving services and practice.

Area Partnerships will establish Working Groups to deliver on an identified work priority as required. Area Partnerships will also have a broader forum for community and sector engagement, to ensure that work priorities reflect the needs and knowledge of the local community.
There will be 17 Area Partnerships across Victoria. Eight launch sites have been established in the Mallee, Central Highlands, Southern Melbourne, Outer Eastern Melbourne, Ovens Murray, Inner Gippsland, Loddon and Western Melbourne Areas to develop and test the Area Partnership model.[6]

Victoria's Vulnerable Children – Our Shared Responsibility Strategy 2013-2022

The Victoria's Vulnerable Children – Our Shared Responsibility Strategy 2013-2022 is a whole-of-government strategy designed to drive broad, transformational change across government and the community to improve outcomes for vulnerable children and families.

The strategy outlines collaborative governance arrangements and a performance and accountability framework that provides a set of goals, key outcomes and indicators that aim to reduce the incidence of vulnerability.

The strategy draws together all parts of government that have a responsibility for the health, social and economic factors that can make someone vulnerable and potentially lead to child abuse and neglect. It is designed to drive the broad-based change required across government and in the community over the next decade.[7]

The Connect Central Castlemaine ReEngage Survey 2 June 2014 Report
A survey of 42 young vulnerable people in Mount Alexander Shire was undertaken as a CCC partnership project. The young people were interviewed within a supportive environment either in community places or at school. The areas chosen for questions were derived from 'workers in the field' knowledge of the broad range of factors young people mention which potentially affect disengagement from school. These were first determined in 2010 and then modified slightly for the 2nd benchmark survey in 2014. CCC determined 14 key recommendations would be prioritised in its work, they are:
1. Promote Mental Health programs in Secondary Schools
2. Strengthen Transition Programs from Primary to Secondary Schools
3. Strengthen links between schools and health services, including mental health.
4. Encourage inclusion of Stress management, Relaxation techniques, sleep hygiene, and body image issues in school curriculums.
5. Promote understanding of young people with multiple barriers to engagement.
6. Monitor safety and accessibility of abuse of young people reporting systems.
7. To support the Youth Response Team.
8. To support DEECD and schools in supporting parents to support their children in schools.

---

[6] http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/children,-youth-and-family-services/children-and-youth-area-partnerships

[7] http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/plans-and-strategies/children,-youth-and-family-services/victorias-vulnerable-children-strategy-2013

9.   To support the hands on learning approach of the FLO program.
10.   To support drug (including alcohol) education programs in schools
11.   To advocate for and obtain replacement personnel for the Youth Connections and Youth Alcohol and Other Drugs workers.
12.   To support the education community in encouraging students to remain in education and/or training until completion of Year 12 or its equivalent.
13.   To support the Mentor Programs.
14.   Continue support of Anti-Bullying programs.[8]

Improving School Attendance – Mount Alexander Summit Report 28th August 2014

A report of a workshop held on 21st August, 2014 gathered a very good attendance of schools from Mount Alexander shire. The report collated the thoughts of those attending on Reasons for not Attending School and discussed Collective actions to Increase Attendance. A working group has been formed to implement further recommendations from this workshop. This report can be obtained from Paul Frye at Castlemaine Secondary College or found at this link.[9]

The Mount Alexander Shire Council Health and Wellbeing Plan 2013-2017 was adopted in December 2013. The Plan identifies the health status of the Shire's diverse communities and sets out priorities to protect, promote and improve community health and wellbeing over the next four years. It can be located at **http://www.mountalexander.vic.gov.au/Files/Council_Plan/DOC_13_51174__MASC_public_health_and_wellbeing_plan_2013-2017_-_final_-_December_2013.pdf**

The Youth Engagement Charter was released by The Shire in 2013 and has been adopted by CCC as principals to follow when engaging and developing resources for young people.

HTTP://WWW.MOUNTALEXANDER.VIC.GOV.AU/FILES/MEDIA_RELEASES/YOUTHENGAGEMENTCHARTER-2013.PDF

6   DEMOGRAPHICS AND BACKGROUND DATA – MOUNT ALEXANDER SHIRE

THE POPULATION OF MOUNT ALEXANDER SHIRE AT THE **2011 CENSUS OF POPULATION AND HOUSING** WAS 17591.

- 798 were aged 0-4 years (4.54%)   and 3,112 were aged 5 – 19.(17.69% of the population).Of the latter, 2592 people aged between 5 and 19 were attending an educational institution.
- Overall, 22.23% of the population was aged between 0 and 19, and 37.66% were aged 55 years and over.
- 33.4% of the population completed Year 12 or equivalent.
- 77 people aged 19 or less identified themselves as indigenous.
- Between the Census periods 2001-11, Mount Alexander Shire had a population growth of 1418 i.e. approximately 142 people per year.

---

[8] http://www.cdchcastlemaine.com.au/pdfs/reengagereporV31170814.pdf

[9] http://www.cdchcastlemaine.com.au/pdfs/SchoolattendanceReport2012_14.pdf

- The population of Mount Alexander Shire is quite centralised with approximately two thirds of the population living in the Greater Castlemaine area, including the townships of Chewton, Campbell's Creek and Barkers Creek.

The 2012 Community Profile for the Central Victorian Health Alliance (CVHA)[10] highlights the following factors of relevance to youth disengagement and vulnerability in Mount Alexander Shire
Youth Engagement
This assessment of the engagement of young people aged 15-19 years old, who were not attending school found in 2011 that the level of 'fully engaged' (involved in full time work, training or study) young people within the CVHA region and MAS Shire (56.6%) was below the state figure (71.9%). The proportion of disengaged young people in MAS (26.6%) was higher than the state figure (15.4%).

Youth Engagement (2011)

Fully engaged (%)		Disengaged (%)
MAS	**56.6**	**26.6**
CGS	44.4	32.3
MRS	70.0	13.9
Loddon Mallee region	*61.8*	*21.5*
Victoria	**71.9**	**15.4**

- The rate of disengagement for 15-19 year olds was 9%, compared to 7% across regional Victoria ranking MASC at the sixth highest level of disengagement of the 79 LGAs. For 20-24 year olds, the level of disengagement was 19%, which was the eleventh highest ranking LGA in the State. Disengagement amongst young women aged 20-24 was higher still, possibly linked to teenage birth rates.
- Thirty percent (30%) only of 19-20 year olds were attending education or training, ranking MASC 61st out of 79 LGAs on this measure. Unemployment in 15-19 year olds was at 15%, slightly above the State average.
- Relatively high overall rates of social disadvantage and an above average level of blended families and housing stress (affecting 8-9% of families).
- Mount Alexander was one of only 8 LGAs with a significantly above average rate of alcohol/drug use and induced mental disorders (51 admissions)
- The median family income in 2008 was $ 917 per week, well below the Victorian average of $1,170.
- Indigenous as a percentage of 15 to 19 year olds in Central Goldfields Shire 9.3%; Greater Bendigo 10.8%; Mount Alexander Shire 7.7% (Victoria 6.8%). These young people live within a significantly disadvantaged indigenous population with high health and socio-economic disadvantage. Family and household income levels are low. The majority of the Indigenous population is either unemployed or not in the labour force and similar rates are reflected with Indigenous youth. (15 to 24 year old indigenous youth unemployed or not in the labour force CGS 81%; GB 59.6%; MAS 73.9; Victoria all 15 to 24 youth 40.6%).

---

[10] http://centralvicpcp.com.au/wp-content/uploads/2013/05/Summary-and-issues-CGS-2012-final.pdf

Shire of Mount Alexander Adolescent Community Profile 2010   Released May, 2011 by the Department of Education and Early Childhood Development. [11]

Key Indicator	Current Data – 2011 *Need 2015 update	Relates to Action Plan No.(Pg 18)
Work- Participation in employment for 15-25 years	Over the last five years, the percentage of early school leavers unemployed 6 months after leaving school in Loddon Mallee region has increased by 1.9 % points, from 11.8 in 2006 to 13.6 in 2010. (Training- 81 residents under 20 years in Traineeships at 6/2010 (BRIT) 12. 15-19 currently doing VCAL in Castlemaine) *Need update on 2015 data	ACTION GOALS 2 & 5
Education	In 2010, the Year 10-12 apparent retention rates of full-time equivalent students in the Loddon Mallee region was 77.6 per cent. Victorian average 82.4 per cent.	3
Year 12 attainment	In 2009, 69.5 per cent of young people aged 19 years in Mount Alexander had attained Year 12 or its equivalent. Victorian average 79.8 per cent.	
Absenteeism	On average, adolescent students attending government schools in Loddon Mallee region were absent 18.3 days during the 2009 school year. In 2009, the average number of absence days was highest for Year 9 students (25.1 average absence days), and lowest for Year 12 students (13.2 average absence days). In 2010, the highest mean school connectedness results for adolescent students in Mount Alexander was observed for Year 5 students (mean school connectedness score of 4.30) and the lowest mean score observed for Year 9 students (mean school connectedness score of 2.83). See Local CSC data on page 11 of this report.	
Health and disability 2009 statistics	• 63.2 per cent of sexually active adolescents surveyed in Loddon Mallee Region reported that they practiced safe sex by using a condom. This was higher than, but not significantly different to that reported across Victoria (58.1 per cent). • 7 per cent of 12-14 year old students and 22.4 per cent of 15-17 year old students in Loddon Mallee Region reported that they have had sexual intercourse. The mean age of initiation of sexual intercourse for adolescents in Victoria was 15 years old. • 77.2 per cent of adolescents in Loddon Mallee Region felt that they could access physical health services if needed. This was lower than, but not significantly different to the proportion reported across Victoria (79.4 per cent). •78.8 per cent of adolescents in Loddon Mallee Region felt that they could access dental health services if needed. This was higher than, but not significantly different to the proportion reported across Victoria	4

[11] http://www.education.vic.gov.au/Documents/about/research/acpmountalexander.pdf

	(78.3 per cent).	
Family Connection data 2009	81.5 per cent of adolescents surveyed in Loddon Mallee Region were living in families with healthy family functioning. Victorian average 83.1 %. 84.6 per cent of adolescents said they had someone to turn to for advice. Victorian average 86.1 %	5 & 3
Personal Safety	In 2009, 82.1 per cent of adolescents in Loddon Mallee Region reported feeling safe in their neighbourhood. This was lower than, but not significantly different to that reported across Victoria (82.4 per cent). • 14.4 per 1000 adolescents in Mount Alexander were victims of a reported crime. Victorian average 17.5 per 1000.	4 & 6 Explore whether ReEngage data gave us anything on this
Youth Justice	During 2009-2010, 2.1 per 1000 adolescents in the Loddon Mallee region were placed on community based orders. This was greater than the rate across Victoria (1.5 per 1000 adolescents).	Local Dept. partners identify this as low priority issue due to low numbers
Young people with mental illness affecting their ability to participate in employment Loddon Mallee Region 2009	• 50.0 per cent of adolescents reported being recently bullied. Victorian average 44.6 per cent. • The hospitalization rate for intentional self- harm was 1.0 per 1,000 adolescents. Victorian average 0.6 per 1,000 • 8.4 psychiatric hospitalizations per 1,000 adolescents in Mount Alexander. Victoria average 6.7 per 1,000. • 16.1 per cent of adolescents in MAS reported very high levels of psychological distress. Victorian average 13.0 %. • 58.5 per cent of adolescents surveyed had positive psychological development. Victorian average 61.1 %. • 70.3 per cent of adolescents felt that they could access mental health services if needed. Victorian average 70.4 %. *Need local data at 2015	4 & 6 This is CVPCP Community Profile data 2012 CAMHS explore for more local data. CDCH ATAPS data Need to link Primary School to Child Mental Health referrals at CDCH via GP.
Substance misuse Loddon Mallee Region 2009	•56.6 per cent of adolescents aged 12 to 14 had ever consumed alcohol, while 30.6 per cent had consumed alcohol in the past 30 days. Among older adolescents aged 15 to 17 years, the proportions were significantly higher, with 78.3 per cent having ever consumed alcohol and 61.2 per cent having done so in the last 30 days. •7.6 per cent of adolescents aged 12 to 14 had tried marijuana, 11.1 per cent had sniffed glue or chromed and 2.1 per cent had tried another form of illegal drugs. Among adolescents aged 15 to 17 years, 12.8 per cent had tried marijuana, 9.9 per cent had sniffed glue or chromed and 3.2 per cent had tried another form of illegal drugs. *Need local data at 2015	4 & 6 Check CSC implementing AOD curriculum Link to William Buckland Fdn project.
Teenage Pregnancy	There were less than five live births born to teenage women in Mount Alexander during 2008. As such, a teenage birth rate was not derived for this area.	Not priority updated data needed

Castlemaine Secondary College data

Year 12 retention data for previous years are as follows:

2015: Year's 7-12 retention between 2010 and 2015:
There were 128 students in Year 7 in 2010, and 89 remaining in Year 12 in 2015.
This is a CSC Years 7-12 retention rate of 69.5% compared with the 2014 state average of 88.4%

Retention rates between our year levels from

2011: 58.3% of year 7 enrolments in 2004 were retained to year 12 (State mean: 67.7%)
2010: 54.5% (State mean: 67.3%)
2009 – 73.1% (state mean: 67.4%)
2008 – 59.7% (state mean: 64.5%)

Attendance
2014: Average number of days absent per CSC student was 20.5.
State average for 2014 was 18.7 days absent per student.
2013 Data collected from CSC
18.3% of CSC students (123 out 671.3) were absent for more than 20% of the time in 2013.
In 2011, CSC students were absent from school for an average of 24.2 days each, (state mean of 17.4 days per student.)
CSC data for previous years was:
2010 – 27.3 days per student
2009 – Data only available for Year 10 (25.7 days per student)
2008 – 22.5 days per student
2007 – 17.9
2006 _13.5
  • 22% of students (188 out of 819) have an attendance less than 80% in 2010\
  • 13.8% of students (98 out of 712) have an attendance less than 80% in the first half of 2012
  • Absenteeism rates are increasing across all year levels, most dramatically in year 7, 8 and 9 where rates doubled
     between 2006 and 2008 taking the average number of days absence per EFT from well
    below the state mean to well above it.
  • Students at CSC are absent on average 5 to 6 days more frequently than the state average.
  • 32% of all students live in single parent households

Average retention rates : between year levels

2014 to 2015 are as follows:

Year 7 into 8 – 95%
Year 8 into 9 – 91%
Year 9 into 10 – 100%
Year 10 into 11 – 82%
Year 11 into 12- 79%

In 2010
between yr 7 and 8 99%
between years 8 and 9 94%
between year 9 and 10 94%
between year 10 and 11 86%
between yr 11 and 12 76%

**Factor in movement and transfer of students
To more larger regional schools such as
Bendigo.**

7   AUDIT OF CURRENT YOUTH SERVICE EFT IN MOUNT ALEXANDER SHIRE

Average annual effective full time (EFT) allocations and funds received (at time of writing 28-4-15) Youth Service Area	Service Name	EFT 2011	Funding 2012	EFT July 2013	Funding 2013/14	EFT Apl 15	Funding 2015
Disengaging from school, training and employment (including complex multiple needs)	Youth Connections	1.0	$89,000	1.0	89,000	1.0	0 ↓
	VCAL	1.0	$100,000	1.0	$100,000	1.0	100,000
	School(Student Wellbeing, Social Workers)	1.4	$100,000	1.6	$100,000	1.6	$100,000
	School Chaplain	1.0	$80,000	1.0	$80,000	1.0	$80,000
	Koori Support	0.2	$22,000	0	$22,000	0	$22,000
	Secondary School Service Officer (DEECD) Nurse	0.4	$30,000	0.4	$30,000	0.4	$30,000
Alternative education programs	CSC FLO group, Yapeen DEECD	1.0 equi	40,000		$20,000		$20,000
	Youth Partnerships DEECD/CCC project/SFYS		80,000		$40,000	0.5	40,000
Drug and Alcohol	CDCH Rural Outreach Drug Diversion Worker	0.5	$43,000	0.5	43,000	0	0 ↓
	YOUthinc unfunded						
Mental Health, depression, emotional wellbeing	CAMHS (0-18 yrs)	1.2	$130,000	1.2	$130,000	1.2	$130,000
Mental Health Youth Clinic specific	LMMML worker located at CDCH 3 days now withdrawn				Nil but 0.6 on site	0	↓
Family Conflict and disconnection, risk homelessn	St Luke's Reconnect	0.5	$52,000	0.5	54,000	0.5	$54,000
Crisis accommodation, Homelessness	CADARG	0.4	$29,000	0.9	$74,000	0.9	$74,000
Young Carers support		0.1	$10,000	0.1	$7,000	0	$5,000 ↓
Behavior management programs eg: anger	None						0
Young parents	MAFS Younger Mums Group/supported playgroup p/sh	0.06	$1000	0.06	$1000	0.06	$1600
Youth offending	No local funding - Regional						
Isolated at risk youth, disengaged from services	CDCH community development/	0.1	$6,000		0		0 ↓
	CDCH participation groups		$16,000		1,000		0
Community connections/participation events	MASC Shire Youth Development	1.0		1.0	$118,000	1.0	$118,000
	FreeZa	0.2		0.2		0.2	
Recreation/ events	MASC Youth Space activities pgm	0.2		0.2		0.2	
	MASC Engage Funding - CDCH			0.2		0.2	$14,000
Sexual Assault	No local service- telephone advice and CASA						
Family Violence	Refer to EASE	0.03					0
Parent education for mental health, behaviors	MAFS 2 pgms per year	< 0.02			$500		0
Other	National Phone lines Beyond Blue, Lifeline, Kids line						
TOTALS							

Connect Central Castlemaine Draft Service Plan for Vulnerable Youth 2015 and 2016   19-5-15

8   YOUTH DISENGAGEMENT IN MOUNT ALEXANDER SHIRE: SERVICE GAP IDENTIFICATION

School Engagement, retention and absenteeism:

There are a broad range of issues that impact on young people's engagement with school, their family and peers. These include; learning difficulties and gaps in learning due to frequent absences from school, lack of family support and value placed on education, financial and housing problems, family breakdown and stress, trauma or critical life events such as grief and loss, social and emotional problems such as anxiety and depression, (which can lead to social isolation), substance misuse, geographical isolation and lack of transport, having to care for siblings, and relationship issues such as bullying. Most often there are combinations of issues that create more complex and difficult situations for young people. These young people were being referred to Youth Connections but since this has ceased, these young people will be floating without any real dedicated assistance.

Castlemaine Secondary College data show:

Year 12 retention data for previous years are as follows:

2015: Year's 7-12 retention between 2010 and 2015:

There were 128 students in Year 7 in 2010, and 89 remaining in Year 12 in 2015.

This is a CSC Years 7-12 retention rate of 69.5% compared with the 2014 state average of 88.4%

Average retention rates: between year levels

2014 to 2015 are as follows:

Year 7 into 8 – 95%

Year 8 into 9 – 91%

Year 9 into 10 – 100%

Year 10 into 11 – 82%

Year 11 into 12- 79%

The ReEngage Survey 2014 showed the following as major indicators around disengagement (page 10 ranking 1 to 40 top ones identified here):

Stress in the Family, sustaining engagement in classes, alcohol consumption, feeling of lack of understanding by teachers and others, feeling sad a lot of the time, feeling of falling further behind in school, depression and anxiety, skipping classes, trouble with the police, I have difficulty with reading and writing, I feel worried a lot of the time, I struggle with the amount of work at school, I don't often get a good night's sleep and I use drugs on a regular basis.

CDCH Youth Counselling shows in 2014/15:

Issues that are regularly presented through Youth Counselling at CDCH include depression, anxiety, self- harm and social isolation. Bullying both cyber and actual are stated but rarely present this as the initial reason for referral. Drug and Alcohol use is often mentioned within the session. A regular issue that has presented has been the pressure to perform sexually… this has been stressed by both genders as an area of concern.

Academic pressure and stress related to parents mental health concerns are also major issues for young people.

Further Adolescent DEECD profile data for Mount Alexander Shire is located at http://cvha.com.au/admin/wp-content/uploads/2013/03/Mount-Alexander-Adolescent-Summary.pdf

Other Significant Youth References:

Mission Australia's National Survey of young Australians 2014[12] This year, 13,600 young Australians aged 15-19 took part in Mission Australia's 13th annual #youthsurvey.
The 2014 survey explored what young people value, their issues of concern, where they turn for help, their engagement in community activities and feelings about the future and included a particular focus on young people's aspirations.

The survey revealed that while over 8 in 10 young people felt that achieving career success and being financially independent were highly important, only around 6 in 10 of young people who highly valued these aspirations felt that they would be achievable.

At the same time, the issue of greatest personal concern for young people in 2014 was coping with stress, with more than one in three respondents expressing high levels of concern, highlighting the immense pressure young Australians are facing in their final years of school.

Other survey highlights
Around 80% of young people ranked education and hard work as the top two factors they believe will influence their career opportunities in the future
Almost 50% of young people believed where they live will affect the career opportunities available
More than 70% of young people ranked owning their own home as a key aspiration, and most felt this was also achievable despite falling rates of home ownership in Australia
Coping with stress is the number one personal concern for young people, alongside school or study problems. Young women in particular are increasingly overwhelmed with more than half saying they are either extremely or very concerned about coping with stress

The Australian Institute of Health and Welfare (AIHW) biannual report titled *Australia's health 2014* [13]

A long-term Australian study also found that the majority of young people were 'very satisfied' with their lives in 2011 (79% of 15-19 year olds and 69% of 20-24 year olds), an improvement from 2001 (73% and 64% respectively) (FYA 2013).

---

[12] https://missionaustralia.com.au/what-we-do-to-help-new/young-people/understanding-young-people/annual-youth-survey
[13] http://www.aihw.gov.au/australias-health/2014/

Connect Central Castlemaine Draft Service Plan for Vulnerable Youth 2015 and 2016   19-5-15

However, this is not the same for everyone. During this stage of life, health inequalities are likely to become embedded and to continue throughout life. Indigenous young people, refugees and young people living in areas of lowest socioeconomic status often have poorer outcomes, a higher prevalence of risk factors and worse health than the general youth population (AIHW 2011b). Youth is also a time when mental disorders may arise, particularly anxiety and depression, and concerns about body image. Attention Deficit/Hyperactivity Disorder often persists into adolescence as well (Sawyer & Patton 2011). See report section: 6.7 Youth health: the prime of life?

Victorian Council of Social Services/Youth Affairs Council of Victoria 2013 Report Building the Scaffolding Strengthening support for young people in Victoria states:

Building the Scaffolding – Strengthening support for young people in Victoria is a new joint research report by the Victorian Council of Social Service and the Youth Affairs Council of Victoria's (YACVic), examining how policy, planning and the delivery of youth support services could be strengthened to improve support for young people in Victoria.

 This research builds on work undertaken by VCOSS and YACVic in 2006 (which resulted in the report, *Who's Carrying the Can? A report into youth service gaps in Victoria*) to provide an up-to-date snapshot of issues affecting service provision to young people in Victoria and recommend ways forward to improve service delivery. Included in the report are findings from a 2012 survey of 213 community, school and government service providers in Victoria, exploring the availability of youth support services; gaps the currently exist in the provision of generalist and specialist services; the impact of such gaps on the health and wellbeing of young people; issues of access; the provision of services to children in the 'middle years' (i.e. 8 to 12 year olds) and ideas for improving the delivery of support services for young people. Building the Scaffolding makes a range of recommendations aimed at addressing systemic policy, funding and practice issues in order to improve the provision of support to Victorian young people across the universal and specialist service platforms.

8.1   Summary of Funding required to address most urgent youth service gaps

Discussions by Connect Central Castlemaine (CCC) have identified the following funding and program needs for improved young service provision. Funding received by DEECD in Youth Partnerships 2012/14 was valuable to progress work on CCC actions and evaluate most components, however this really is required annually to sustain the partnership and innovation in programs:

- Project Worker CCC for development/planning/project management/forums (1 EFT) $120,000   annual
- Rural Drug Diversion Youth Worker position for Castlemaine (shared with M/B at present) $45,000   annual
- Families to School Transitions Project (proposal developed to pilot a Model) $50,000   annual
- Flexible Learning Options program for Castlemaine Secondary College   internal $40,000   annual
- Flexible learning external program CSC 20 students x $3,000 $60,000   annual
- No Wrong Door – Youth Service Response 1.0 EFT $90,000 + $10,000 Brokerage $100,000   annual includes outreach capacity/YRT
- Mentoring Program funds need to be determined for ongoing sustainability $20,000   annual 0.2 EFT
- Youth Clinic Mental Health Service School Referral and GP Referral $50,000   annual 0.4 EFT

TOTAL IDENTIFIED   *$485,000*

Connect Central Castlemaine (CCC) Action Plan - Years of 2015 & 2016

GOAL	ACTIONS	PARTNERS RESPONSIBLE	KEY DATES 2015	2016
1. Governance of Partnership improved by sharing of partnership responsibilities, and increased engagement of partners.	1.1. Chairing meetings of CCC to be MASC rep. Minute taking to be rotated. 1.2. Rotate Venues. 1.3. Activities within meetings be aimed at engaging partners. Call for agenda items or presentations	Exec to organize timetable	•23 March, 2015 MASC •25 May, 2015 CDCH •27 July, 2015 CSC Blakely Road Campus •14 Sep, 2015 MASC •23 Nov, 2015 CSC	
	1.4. Partners check CCC actions are in alignment with own strategic goals	Partners	Jan/Feb 2015	Jan/Feb 2016
	1.5. Repeat application of VicHealth Partnership Tool.	Partners	Bi-Annually Dec 2015	-
	1.6 Review of the CCC MOU with partners at a leadership forum.	Partners.	Leadership Forum Aug 2015 dates to be confirmed	March 2016 MOU review
2 Increase, develop and improve education and training options for vulnerable youth	2.1 Explore ways to coordinate work experience placements, training and employment opportunities for students through Career Horizons	CSC, DET Bgo,MASC	Meeting planned. Need data and feasibility plan	
	2.2 Support Mount Alexander Training Community Hub (MATCH) for effective partnership, referral pathways for young people	CCE, CCH, Bendigo TAFE, Maldon CH,	Update at CCC July mtg - Need more info	
	2.3 Support the delivery of a Flexible Learning Option (FLO) program at CSC: 2.3.1 FLO program to engage parents in program (Re-Engage Rec: 8) 2.3.2 Support this partnership through attendance at Governance Group SFYS	CSC, CDCH, MASC, Quarterly mtg. Written report to CCC 6 monthly	SFYS funding April restart 2015 0.5 to Dec 15 Yr8&9	Seek Funding
	2.4 Support recommendations to come out of MAS Attendance Summit – Define link of Working Group to CCC due to common goals (Re-Engage Rec: 12)	DET, CSC, MASC	Report to CCC meetings	Report to CCC meetings

	GOAL	ACTIONS	PARTNERS RESPONSIBLE	KEY DATES 2015	2016
3	Increase engagement levels in education and training by vulnerable youth	3.1 Incorporate the Recommendations (14) from the Re-Engage Survey, then prioritize 4 each year to be implemented. (See appendix). First priority • 1, 2, & 9 (2.3) • 3, 5, & 14 3.2 Strengthen Transition Programs (2.)from Primary to Secondary and consider linkages with MAS Community Children's Network (MACCN) aims for transitions from kinder to primary	Exec MASC, CSC, CDCH	1. End April 2. End April 9. By April	3. March 5. April 14.Feb
4	Maximise availability of services for vulnerable youth	4.1 Due to reduction in Services in 2014 clarify referral Pathways in addition to Youth Response Team (Re-engage Rec: 7) in particular Counselling and GP Appointment access 4.2 Support CSC uptake of AOD curriculum and identify link to WBF Community Development Project at CDCH (RE-Engage Rec 10) 4.3 Identify possibility of services/ed for youth including Stress m/ment, relaxation, sleep, body image (ReEngage Rec: 4) a. Identify systems for reporting of abuse and share information (Re-Engage Rec: 6)	All. CDCH, CSC, CAMHS	April 2015	April 2015
5	Develop innovative practice and services for vulnerable youth	5.1 Support Mount Alexander Mentoring Network (Re-Engage Rec: 13)	CDCH,CSC, MASC	Feb 2015, May and quarterly	Quarterly
		5.2 Support the projects receiving funding from the "MASC Engage Program" i.e. FLO, The Meeting Place, Young West, the Youth Parliament, Youth Awards, Youth Engagement Charter.	MASC, CSC, Maldon CH, CDCH	April	April
6	Ensure pathways to services are well integrated and conducive to engagement with services	6.1 Review the ongoing support of the implementation of the No Wrong Door (NWD) model in Mount Alexander: • Annually update and distribute NWD resource material to agencies. Who, when • Consider Best Practice Education training and	No Wrong Door Working Group including CDCH, MASC, CADARG, others?	June	June

GOAL	ACTIONS	PARTNERS RESPONSIBLE	KEY DATES 2015	2016
	links to NWD practices and procedures. • Publicly demonstrate commitment to NWD practices by members. • Improve information to young people on the service system as outlined in NWD. Who, how?			
	6.2 Deliver an information session/ presentation to CSC teachers in early 2015 of services available for young people including the NWD and CDCH Youth Counselling. Incorporate GP's if possible	CDCH	April 2015	March 2015

APPENDIX 1
RE ENGAGE RECOMMENDATIONS LIST

Connect Central Castlemaine and Castlemaine Secondary College Re-Engage Survey 2014

The following is a reduction of the 49 recommendations that came out of the Re-Engage Survey 2014 into a more manageable number, 14. Many of the recommendations overlapped which helped in determining the key issues.

RE-ENGAGE RECOMMENDATIONS

1.   Promote Mental Health programs in Secondary Schools
2.   Strengthen Transition Programs from Primary to Secondary Schools
3.   Strengthen links between schools and health services, including mental health.
4.   Encourage inclusion of Stress management, Relaxation techniques, sleep hygiene, and body image issues in school curriculums.
5.   Promote understanding of young people with multiple barriers to engagement.
6.   Monitor safety and accessibility of abuse of young people reporting systems.
7.   To support the Youth Response Team.
8.   To support DEECD and schools in supporting parents to support their children in schools.
9.   To support the hands on learning approach of the FLO program.
10.   To support drug (including alcohol) education programs in schools
11.   To advocate for and obtain replacement personnel for the Youth Connections and Youth Alcohol and Other Drugs workers.
12.   To support the education community in encouraging students to remain in education and/or training until completion of Year 12 or its equivalent.
13.   To support the Mentor Programs.
14.   Continue support of Anti-Bullying programs.

Re Engage Survey 2014 Full Report: http://www.cdchcastlemaine.com.au/pdfs/reengagereporV31170814.pdf

This 2015-2016 Report printed June 2015.

Phone Castlemaine District Community Health on 5479 1000 for further information or email email@cdch.com.au

Or Cath Butler on cbutler@cdch.com.au