Preventing Youth Disengagement and Promoting Engagement

Prepared by Dr Jane Burns, Philippa Collin, Michelle Blanchard, Natasha De-Freitas & Sian Lloyd of the Inspire Foundation and ORYGEN Youth Health Research Centre
For the Australian Research Alliance for Children and Youth, August 2008
ABOUT ARACY

The Australian Research Alliance for Children and Youth (ARACY) was founded by a group of eminent experts and organisations in reaction to increasingly worrying trends in the wellbeing of Australia’s young people.

ARACY is a national organisation with members based across Australia.

ARACY asserts that by working together, rather than working in isolation, we are more likely to uncover solutions to the problems affecting children and young people.

ARACY is a broker of collaborations, a disseminator of ideas and an advocate for Australia’s future generation.

ARACY has two primary goals:

1. To promote collaborative research and agenda setting for children and young people
2. To promote the application of research to policy and practice for children and young people.

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Acknowledgements

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We would also like to thank the following organisations; the Youth Affairs Council of South Australia, Multicultural Youth SA, Migrant Resource Centre SA and The Hero Project for helping to promote the research forum in Adelaide to young people.

This paper sought to explore multiple perspectives in the evidence relating to youth disengagement; the thoughtful critiques, conversations and resources provided by the following individuals were invaluable. In alphabetical order we would like to thank; Professor Gavin Andrews, Professor Judith Bessant, Professor David Fergusson, Jason Grubisic, Michael Horn, Professor Helen Herman, Professor Ian Hickie, Lynne McGuigan, James McDougall, Professor Pat McGorry, Danielle Miller, John Moran, Professor Rob Moodie, Dr Craig Olsson, Professor George Patton, Professor Sven Silburn, Professor Fiona Stanley, Professor John Toumbourou, Geof Webb, Professor Johanna Wyn.
EXECUTIVE SUMMARY

The purpose of this review is to clarify the problem of youth disengagement and look to solutions across policy and practice. Commissioned by ARACY it aims to determine the nature, magnitude, issues and trends associated with youth disengagement.

Introduction

Debate on what constitutes or causes disengagement is wide. Two dominant perspectives on ‘youth’ prevail. One, the developmental approach considers youth as a transitional stage of preparation for adulthood. The other, a social approach, argues that youth identity is shaped by institutional process and social structures and argues that young people should be viewed and valued for what they contribute in the present.

This review does not seek to privilege one approach or another, but rather considers how individual and structural factors reflect and contribute to the experience of disengagement. In addition the perspectives of young people are included to provide insight into how the challenges of youth disengagement and exclusion can be met.

The Australian economy has entered its 17th year of strong economic growth with historically low levels of unemployment. Behind this story of prosperity is the experience of Australians who remain disadvantaged. Many of these are young people at risk of disengagement due to unemployment, low incomes, poor housing, crime, poor health and disability and family breakdown. At the same time the life experiences of young people have changed significantly over the last two decades, in part due to key structural changes brought about by late modernity.
Methodology

Whilst increasingly research and practice is inter-disciplinary, it is most common for assessments of youth disengagement to reinforce existing frameworks and dominant perspectives on both ‘the nature of youth’ and their relationship with social, economic, political and cultural institutions and processes. Furthermore, rarely does research, policy or program development involve young people or consider their views and perspectives as ‘lived experience’. This paper draws on: a systematic literature review; young people’s own views on disengagement and engagement; examples of program or policy initiatives that have targeted youth disengagement and exclusion.

Results

Disengagement is often framed as an individual problem and as a result responses to ‘the problem’ typically focus on the individual, rather than the structures, processes or settings in which young people interact and spend time.

Disengagement is not a linear process or a definitive destination; a young person may be disengaged from school but engaged with their family or peer group.

Structural factors play a significant part in exposing or protecting young people against risk factors: young people who are well resourced have access to education, employment opportunities and better health, while those who experience marginalisation (i.e. indigenous, culturally and linguistically diverse young people; young people living with an intellectual or learning disability; carers) have fewer opportunities to participate in community life and will experience disparities in access to health care, education and employment. As a consequence they will also experience higher rates of social and mental health problems.

Engagement as ‘youth participation’ should be seen as ‘a means’ as well as ‘an end’. The involvement of young people in decision making improves
policy, services and has positive outcomes for young people. A strong sense of agency and being able to make one's own decisions in regards to education, employment and health were key factors that impacted on young people feeling engaged. ‘Being told what to do’ and having few options contributes to disengagement.

A number of interconnected structural and individual factors such as poverty, exposure to violence, social isolation and lack of positive relationships with adults link disengagement with offending behaviour, gang membership, alcohol and drug use, mental illness and suicide. Conversely, social networks and structures that support diversity can provide support, influence and opportunities for engagement, thus facilitating links to others that promote a sense of belonging and meaningful connections, fostering social inclusion and reducing disengagement.

**Conclusions**

In trying to make sense of this complex literature one common theme emerged – young people who feel valued, who are provided with opportunities to participate and have the skills and capacity to participate and feel connected to family, friends and their community - are less likely to experience disengagement.

Reducing disengagement and promoting engagement is important for young people now and in the future. Young people who feel engaged and who are provided with opportunities to participate, experience a better quality of life and contribute to creating and building better communities. In the long term, young people who are valued and feel connected have better health and mental health as adults.

When young people are alienated or disengaged from activities and institutions which provide the opportunities to develop skills and experience positive relationships they are at greater risk of poor health, mental health difficulties and social problems.
The literature and perspectives of young people suggest that in addressing the structural and individual causes of exclusion and disengagement:

- Youth participation must be seen not only as an outcome, but also as a process for developing effective policy and programs that reduce youth exclusion and disengagement;

- Research should seek to understand what promotes engagement – as well as what causes experiences of disengagement;

- Policies should address multiple individual risk factors and work across settings (family, school, peer groups and community);

- Policies should also address social determinants through minimising structural disadvantage;

- Strategies must be developed that cut across policy silos;

- Successful strategies for addressing risk factors acknowledge community and connectedness as core components of youth experience and identity.

In addition, this review has exposed the following gaps and unanswered questions:

- How can continuous service-provision models reduce the risks of disengagement?

- How can policy and program approaches best respond to the changing social context – particularly the emergence of the Internet as an important setting for youth experience?

- How can policy best respond to diversity in order to minimise the added risk experienced by young people from particular backgrounds?
INTRODUCTION

This review has been commissioned by ARACY to clarify ‘the problem of youth disengagement’ and looks to determine the nature, magnitude, issues and trends associated with youth disengagement. A challenge associated with this brief, and indeed for ARACY, is that debate on what constitutes or causes disengagement is wide, reflecting the range of disciplines and methodological, ideological and epistemological lenses through which the experience of youth is studied. From the outset, the authors grappled with the tension between ‘disengagement’ and ‘exclusion’ – a challenge not easily resolved.

But there is a second challenge implicit in responding to the brief: defining ‘youth’. While the age range assigned to ‘young people’ differs, 12 – 25 years of age is commonly used in Australian youth policy to frame young people. This does not completely resolve the epistemological distinctions in the literature which conceptualise youth differently. The two dominant perspectives on ‘youth’ are:

- Developmental: Youth is a transitional stage of preparation for ‘adulthood’; understood as clearly identifiable processes which are universal and age-related (1); and, focuses on individual factors for ‘successful development’.

- Social Approach: Youth identity and experience is also shaped by institutional processes and social structures and young people should be viewed and valued for what they contribute in the present – not only what they will become in the future (2;3). This approach acknowledges that whilst developmental processes are important, traditional transitions (for example from study to work or unemployment, or from dependence on family to independent living or economic independence) and the strategies young people use to navigate these are distinct from previous generations (4;5). Therefore a ‘social generation’ approach compels us to explore both how young
people negotiate new social contexts and structures and how they make meaning through this process (6).

This review does not seek to privilege one approach or another, but rather considers how individual and structural factors reflect and contribute to the experience of disengagement. In addition, the authors have sought to include the perspectives of young people in order to consider how young people conceptualise and experience engagement and disengagement (7). This report does not pretend to cover the diversity and complexity of young people’s experience – or to generalise out from the views and experiences of a small group. However, a consideration of the literature in light of young people’s lived experiences provides insights into how the challenges of youth disengagement and exclusion can be met.

Despite the different approaches to studying the experience of youth, the evidence on the impact of disengagement and exclusion is clear: young people who are disengaged or excluded from their peers (8-15), schools (16-24), families (9;25-33) and communities (34-37) experience poorer health and mental health (38-47). They are at increased risk of long term unemployment, chronic alcohol and drug use, homelessness, mental illness and suicide. The subsequent social, health and mental health problems experienced by young people who are disengaged or excluded impact significantly on the broader community including increased health, justice and welfare system expenditure, lower social cohesion and loss of economic productivity.

However, young people should not only be seen in terms of what they will become in the future. When young people are valued for what they contribute in the present and exclusionary processes are challenged, the benefits to the individual and society are clear (2;48-52). Young people who feel connected, have opportunities to participate in meaningful activities, are included in decision making and feel safe and secure in supportive environments report better health and mental health. As a result they are more likely to be engaged in schooling, family life, positive peer relationships, civic activities, employment and contribute to the shaping and building of better communities.
It is increasingly recognised that young people’s ability to engage is shaped by institutional processes and social structures, as well as by their individual capacity (2;53;54). To understand both disengagement and engagement, research must consider the impact of both social change and the lived experiences of young people (55;56). This review looks to the broader social determinants that result in disengagement but also examines individual risk and protective factors across a number of domains including peers, families, schools, workplaces and the community.

Examining what works and how this evidence can be used to shape policy and practice is challenging. Literally thousands of programs have been trialled, internationally and in Australia, with many successfully showing reductions in crime, depression and substance use. This review attempts to consolidate that literature but also looks to policy imperatives and strategies that have targeted social determinants and have relevance to youth disengagement.

THE SOCIAL CONTEXT OF YOUTH EXPERIENCE

The life experiences of young people have changed significantly over the last two decades, in part due to key structural changes brought about by late modernity (53). Significant transformations in the social context of Australian young people affect the decisions they must make and the opportunities available to them. The Australian economy has entered its 17th year of strong economic growth with historically low levels of unemployment. Behind this story of prosperity is the experience of Australians who remain disadvantaged. Many of these are young people are at risk of disengagement due to unemployment, low incomes, poor housing, crime, poor health and disability and family breakdown. In combination, these problems can result in cycles of poverty, spanning generations and geographical regions (57). In addition, the following changes are shaping the experiences of young people in new and sometimes unpredictable ways:

- **Proliferation of technology, particularly the role of the internet and mobile phones.** In Australia, 92% of 15 to 17 year olds and 90% of 18 to
24 year olds use the internet and 88% of 15-25 year olds own a mobile phone (58;59). Though there are risks associated with internet use, there are also many opportunities for young people. Young people report that anonymity, accessibility and delivery modality are important in their online and offline interactions (60-65). Anonymity makes the internet an especially important setting for addressing sensitive or ‘stigmatised’ topics that result in disengagement, including mental health (66-69), sexuality and sexually transmitted diseases (70). However, differential access to high speed internet can further exclude those groups at greatest risk, for example young people in rural and remote communities (71;72); while text based content excludes young people with learning or intellectual disabilities and those with low literacy levels.

- **Changes in the social fabric of society.** A decline in affordable housing, increased levels of family breakdown, divorce, sole parent families and family conflict/violence (73-75).

- **An increasingly deregulated and unstable labour market.** This has resulted in increased casual, part-time and short term employment opportunities. It means young people have more flexibility – and greater job insecurity (76).

- **Increasing emphasis on ‘the individual’.** Young people have a perceived greater level of ‘life choices’ - but also higher levels of ‘insecurity’ (53).
METHODOLOGY

Whilst increasingly research and practice is inter-disciplinary, it is most common for assessments of youth disengagement to reinforce existing frameworks and dominant perspectives on both ‘the nature of youth’ and their relationship with social, economic, political and cultural institutions and processes. Furthermore, rarely does research, policy or program development involve young people or consider their views and perspectives as ‘lived experience’. In order to make sense of the wide range of literature and perspectives, this paper draws on:

- Young people’s own views on disengagement and engagement;
- A systematic review of the existing literature.

THE PERSPECTIVES OF YOUNG PEOPLE

Young people were invited through the following organisations to contribute to this review paper:

- The Inspire Foundation: Reach Out! (www.reachout.com.au) and ActNow (www.actnow.com.au) work with a diverse range of young people including those at risk of, or experiencing, mental health issues;

- The Hero Project: Primarily works with ‘disengaged & disenfranchised youth’ and young people at risk of, or experiencing, socio-economic disadvantage, disengaged from formal education and from Culturally and Linguistically Diverse (CaLD) backgrounds;

- The Migrant Resource Centre of South Australia: Works with young people from CaLD backgrounds including recently arrived migrants and refugees;

- Multicultural Youth South Australia: Works with CaLD, recently arrived migrants and refugees.
Broad demographic information on participants is presented below.

<table>
<thead>
<tr>
<th>Total number of participants (face to face and online forums)</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>12</td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
</tr>
<tr>
<td>Culturally and Linguistically Diverse Background</td>
<td>7</td>
</tr>
<tr>
<td>Aged 17 – 20</td>
<td>9</td>
</tr>
<tr>
<td>Aged 21 – 25</td>
<td>7</td>
</tr>
<tr>
<td>Age unspecified</td>
<td>1</td>
</tr>
</tbody>
</table>

Young people participated in this research in three key ways:

1. **Creation of short films and photographs** through the Inspire Foundation’s programs ([www.inspire.org.au](http://www.inspire.org.au)). In 2006-7 young people at risk of experiencing social, cultural and/or economic marginalisation were trained in digital film-making and photography and invited to submit entries to a national short film festival and digital photography competition. In photographs and films, young people narrated their experiences of family, relationships, gender, exclusion and inclusion, education, health and justice systems, violence, racism and multiculturalism, drug, alcohol and mental health issues. Analysis of 16 images and 2 films took place as part of the Young People’s Research Forum (See multimedia 1).

2. **Research Forum** Thirteen young people participated in a research forum held in Adelaide, South Australia. Participants were given 16 photographs and were asked to choose a photo to discuss in small groups. Participants also watched and discussed two films, one drama (chosen for its depiction of an engaged marginalised group) and a documentary on diverse young people’s hopes for the future. The forum specifically explored participants’:

   - Definitions of engagement, where and how it occurs.

   - Interpretations of key concepts in the literature relating to disengagement.
The group then “mapped out” a pathway of engagement.

3. Online Discussion Forums Following the Research Forum, forum attendees joined Reach Out! and ActNow participants in an online discussion to further explore issues of disengagement. Young people replied to questions posed by the researchers via an asynchronous bulletin board.

THE LITERATURE REVIEW

The following four domains were identified by ARACY in the call for tenders: (1) education, training and employment; (2) community; (3) health; and (4) civic participation. The multidisciplinary research team and young people provided search terms that reflected each domain (Appendix 1).

Electronic databases were searched including; Medline, Psychinfo, Sociological Abstracts, JSTOR, World Wide Political Science Abstracts, ProQuest and Google Scholar. Articles were searched from 2003-2008 inclusively. English language articles were selected. For this paper’s purpose, literature pertaining to young people aged 12 to 25 was considered. The initial search resulted in a total of 3,464 articles.

<table>
<thead>
<tr>
<th>Search Term</th>
<th>Articles</th>
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<tbody>
<tr>
<td>Young people and disengagement</td>
<td>655</td>
</tr>
<tr>
<td>Young people and disengagement and education and employment</td>
<td>552</td>
</tr>
<tr>
<td>Young people and disengagement and community</td>
<td>432</td>
</tr>
<tr>
<td>Young people and disengagement and health</td>
<td>652</td>
</tr>
<tr>
<td>Young people and disengagement and civic participation</td>
<td>1,173</td>
</tr>
</tbody>
</table>
RESULTS

DEFINING DISENGAGEMENT

Disengagement is often linked to individual attitudes, values, and competencies but youth engagement is also influenced by peers, family, school, community, culture and the media (77). Young people are also subject to a multitude of exclusionary processes which prevent them from engaging in a range of institutions, processes and settings (78). For example, young people involved in this project argued that assumptions about young people in general – and those from specific backgrounds – shaped the ways in which young people were both included and excluded.

“If you are wealthy and well educated, opportunities are given to you, you don’t have to work for the opportunities as much than if you were poor or uneducated or from a poorer socio-economic area. (Female, 19, face to face forum)

Disengagement is treated in the literature as both an indicator and a process that puts people at risk, as well as an outcome in and of itself. This review considers both perspectives and suggests that engagement is not a linear process or a definitive destination. A young person may be disengaged from school but engaged in employment, family or peer group (see Appendix 2 for case studies). With these caveats in mind, and borrowing from Canadian research, an ‘engagement spectrum’ was used to conceptualise the range of states of youth disengagement and engagement (79).

<table>
<thead>
<tr>
<th>Youth Engagement Spectrum</th>
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<tbody>
<tr>
<td>Disengaged</td>
</tr>
<tr>
<td>Engaged with Risk</td>
</tr>
<tr>
<td>Under-Engaged Youth</td>
</tr>
<tr>
<td>Engaged Youth</td>
</tr>
<tr>
<td>Highly Engaged</td>
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<tr>
<td>Over-Engaged</td>
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</tbody>
</table>
Disengaged – young people feel alienated or disconnected, unvalued or unable to contribute in a meaningful way. They may lack knowledge and skills or face structural barriers that limit their engagement, such as prejudice or limited resources and opportunities. Young people are also excluded from particular processes because they are considered to be deficient in skills or knowledge.

Engaged with Risk – young people feel connected and valued but their relationships or the activities they engage in put them at risk i.e. gang violence, drug and alcohol use. Because of this kind of engagement, they may be excluded from other ‘more appropriate’ or socially sanctioned forms of engagement.

Under-Engaged – young people are concerned about issues and want to be engaged in a range of settings but face barriers to participation (political, socio-economic, cultural, etc.). They lack access to resources and opportunities.

Engaged – young people are aware of issues, want to make a difference and are positively connected to institutions which support their engagement. They are moved to act in formal and/or informal contexts. They have access to resources and are motivated to engage with others.

Highly-Engaged – young people have a heightened understanding and involvement in issues of concern, and a strong desire and capacity to participate in conventional ways and institutions. These young people have significant experience and skills, are often turned to for advice and are seen as experts in youth experience. These young people are typically structurally privileged (through access to economic, educational and cultural resources).

Over-Engaged – young people undertake a high level of commitment and address focused issues of concern. Organisations often rely on these young people for their expertise and ability to ‘represent’ youth. Organisational expectations place these young people at risk of burn out or emotional stress.
STATISTICS EXPLORING YOUTH DISENGAGEMENT

Key statistics below demonstrate risk factors and processes of disengagement and processes of exclusion across multiple domains. For example, young people who are disengaged from school, work, family and community are at greater risk of homelessness, substance use, mental health issues and suicide, and young people who experience mental health difficulties (i.e. psychosis) coupled with drug and alcohol problems are at greater risk of entering the justice system or becoming homeless. This paper focuses on national data and more detailed figures are provided in Table 1:

- **32%** of young people did not complete year 12 in 2004; those who leave school early are less likely to find a job (80).

- **12.5%** of young people aged 15-19, and **6.3%** of 20-24 year olds were unemployed in 2006; the national rate was **4.4%** (80); chronic unemployment is a risk factor for depression and substance use. When these factors combine young people find themselves caught in a cycle of poverty.

- **21%** of children and young people live in households experiencing economic hardship, including low income and low wealth; young people are at risk of poverty and as a result they are less able to access services and have fewer participatory opportunities (81).

- More than a **quarter** of young people aged 14 to 19 yrs put themselves at risk of harm from alcohol once a month and nearly **10%** do so weekly. Problem drinking presents a challenging conundrum. On the one hand the majority of young people who drink do not feel disengaged, indeed substance use is a part of Australian culture. On the other excessive alcohol consumption places a young person at increased risk of mental health difficulties and subsequent social problems with peers and family (82).

- **One in six** 14 to 19 yr olds used an illicit drug in the last 12 months; while heroin use has dropped methamphetamine use has increased (82).
Research clearly shows strong associations between drug use and mental health difficulties – independent of self medication (41;83).

- Young people account for 20% of the total prison population, whilst only 10% of the overall population; in 2003-04 9,000 12 to 17 yr olds were under juvenile justice supervision and in 2006, 5,000 18 to 24 yr olds were in prison (80;84).

- 22,000 young people are homeless; one in two are turned away from emergency accommodation; young people who are homeless are more likely to experience mental health difficulties, drug and alcohol problems and are at high risk of unemployment and crime (85).

- One in five young people experience a mental health difficulty; 70% do not seek help from a professional (86;87); mental health difficulties have their onset in adolescence and often go untreated for 5-15 years resulting in problematic alcohol and drug use and impacting on family and peer relationships (83;88).

- While suicide rates have fallen hospitalisation rates for intentional self harm and emotional and behavioural problems have increased (89).

- 244 young people committed suicide in 2005; it is the second leading cause of death in young people (90).
Table 1: Key trends & statistics indicative of disengagement for young people

<table>
<thead>
<tr>
<th>Domain</th>
<th>Disengagement</th>
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<tbody>
<tr>
<td>Education, Training and Employment</td>
<td>There have been no changes in school completion rates in the last 20 years. 32% of young people do not complete Year 12. Young people who leave school early are less likely to find a job. 50% of young people who complete or finish school prior to Yr 10 and 40% of young people who complete Yr 11 are not fully engaged in study or work compared to 10% of young people who complete Yr 12. In 2006, 526,000 15-24 yr olds were not in full time education, training, or work (8% of 15 to 19 yrs and 12% 20 to 24 yrs). Girls still hold a significantly higher Year 12 retention rate (69% to 81%) and are more likely to be studying for a bachelor degree or diploma than males. However, this contrasts with the fact that employment opportunities for females have deteriorated. The youth unemployment rate is higher than the national average. In 2006 the rate for 15 to 19 yr olds was 12.5%, for 20 to 24 yr olds 6.3% and the national rate was 4.4%. Over the past thirty years the number of full-time jobs for young people has decreased and the number of part-time and causal jobs has increased. Young people represent 40% of causal workers but only make up 21% of the overall working population.</td>
</tr>
<tr>
<td>Community (80;84)</td>
<td>Young people are over represented in the prison population, accounting for 20% of the total prison population whilst only 10% of overall population. In 2003-04 9,000 12 to 17 yr olds were under juvenile justice supervision (549 per 100,000) and in 2006 5,000 18 to 24 yr olds were in prison (251 per 100,000). Males are more likely to be in prison than females (458 per 100,000 versus 31.1 per 100,000). Young Indigenous people are over represented in the prison population accounting for over a third of all 18 to 24 year olds in prison but only 3.3% of the total population of young people.</td>
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**Health Behaviours (80;224):**
125,000 (7.3%) 14 to 19 yr olds smoke daily (82). Teenage females, aged 14-19 are more likely to smoke daily than teenage males (8.7% and 6% respectively) and smoke more cigarettes (65 versus 53.3). Indigenous teenagers are more likely to smoke daily than non-indigenous (50% versus 26%).

**Substance Use (82), Depression & Suicide (80;82)**
More than a quarter of young people aged 14 to 19 yrs put themselves at risk of harm from alcohol once a month and nearly one in ten did so weekly. Teenage females were more likely than males to drink at risk of harm in the short term (9.5% versus 8.8%). Teenage females also drank at risk of long term harm 10.6% versus male 6.7% (national average 8.8%). Indigenous teenagers are more likely than non-indigenous to drink at risky levels (16% versus 14%).

One in six 14 to 19 yr olds had used an illicit drug in last 12 months, while heroin use has dropped methamphetamine use has increased. Teenage females are more likely to have used illicit drug than males (17.7% versus 15.6%). Teenage females are more likely to have used marijuana (22.1% versus 18%), meth/amphetamine (2.9% versus 1.4%), ecstasy (7.2% versus 4.8%), inhalants (2.4% versus 1.6%) and cocaine (2.5% versus 1.4%).

244 young people committed suicide in 2005; it is the second leading cause of death in young people (90).

**Civic Engagement (80;205;208;214;217)**
17-25 year olds are less likely to be enrolled to vote than any other age group (18% non enrolment versus 5% rest of the population).

In a national representative sample of 14 year olds, only half grasped the essential pre-conditions for a properly working democracy and there was only a weak understanding of civil rights.

Few young people are mobilised to join unions and even fewer are members of political parties. However, young people are interested and knowledgeable in political issues and engaged in a wide range of ‘new’ participatory activities.

Young people are committed to making a contribution to the community, but many do not consider their participatory acts to be ‘volunteering’. Young people prefer to focus on ‘making a difference’.

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**GROUPS AT INCREASED RISK**

Young people who experience marginalisation have fewer opportunities to participate in community activities, are more likely to experience disparities in access to health care, education and employment and, as a consequence, experience higher rates of social and mental health problems (80;91;92).
• **Indigenous young people:** are more likely to smoke daily (50% versus 26%) and drink at risky levels (16% versus 14%). Young Indigenous people account for **over a third** of all 18 to 24 year olds in prison but only 3.3% of the total population of young people. In 2004-05, the hospital separation rate for mental and behavioural disorders amongst Indigenous 12 to 24 year olds was **1.6 times** that of their non-Indigenous peers (80). While suicide completion rates were **3.8 (males) and 6.6 (females)** times the rate of their non-Indigenous counterparts (93).

• **Culturally and Linguistically Diverse (CaLD) young people:** experience barriers to accessing support services, discrimination and racism, poverty, family stress, and social exclusion (94-96).

• **Carers:** **11.6%** of young Australians care for someone due to disability and/or age. Furthermore, **23%** of young Australians living at home have a parent with a mental illness (80). Young people living with a parent with a mental illness may experience greater social isolation as a result of the stigma associated with mental illness as well as the challenges of managing their parents illness (97).

• **Individuals living with an intellectual disability:** affects **1% to 3%** of the population. Young people with an intellectual disability are more likely to experience physical and mental health problems (98;99). Co-occurring intellectual disability and psychopathology results in community residential placement failure, reduced occupational opportunity, and major restrictions in participation in recreational and educational programs (98-101).

• **Individuals living with a learning disability:** affects up to **10%** of the population (102). Young people with learning disabilities are at greater risk of emotional distress, suicide attempt and involvement in violence. Educational achievement is below that of peers (102;103).

• **Young people from low socio-economic backgrounds:** the most disadvantaged **3%** of Australians live in 68 localities. They have: **double** the rate of unemployment; **>2.5** times the rate of long term
unemployment; >2.5 times the rate of poor health outcomes; almost double the rate of disability support and psychiatric admissions; more than double the rate of criminal convictions; nearly 3 times the rate of imprisonment; and more than 3.5 times greater confirmed child maltreatment (74;104). Recurring features include: low family income; unemployment and long-term unemployment; limited computer use or internet access; early school leaving, incomplete year 12 and a lack of formal qualifications and disability or sickness support (104).

- **Young women:** are more likely to smoke daily than males (8.7% and 6% respectively); are more likely than males to drink at risk of harm in the short (9.5% versus 8.8%) and long term (10.6% versus 6.7%). Females are more likely to have used marijuana (22.1% versus 18%), meth/amphetamine (2.9% versus 1.4%), ecstasy (7.2% versus 4.8%), inhalants (2.4% versus 1.6%) and cocaine (2.5% versus 1.4%) (80).
### WHAT ARE THE PATHWAYS THAT LEAD TO DISENGAGEMENT?

Across the key domains many common factors can be identified that lead to either disengagement or engagement (Table 2). To understand the processes two broad, but complementary areas were examined: (1) social determinants (105) and (2) individual causal pathways (106).

**Table 2: Key factors associated with disengagement and engagement**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Disengagement</th>
<th>Engagement</th>
</tr>
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<tbody>
<tr>
<td>School (18;19:21-23:80:225)</td>
<td>Male, low SES, Indigenous, living in a rural or remote location, low rated school achievement, attend government school, attended multiple schools, exclusion from school because of cost, teenage pregnancy, drug use, low parental education, sole parent family, disabled, poor family attachment, working long hours in part-time job, family conflict, punitive parenting, poor school environment, irrelevant curriculum, poor teaching, and poor relationships with teachers.</td>
<td>Female, high wellbeing score, high self-assessed achievement score, good grades, low risk behaviour, high career aspirations, high family income, positive family relationships, parents working, small family, high parental expectations, tertiary educated parents, living with both natural parents, attend a non-government school, good relationships with teachers, positive school climate, sense of belonging at school, good peer relations, living in metro area, and access to ICT.</td>
</tr>
<tr>
<td>Unemployment (22:23:80:225-227)</td>
<td>Male, female early school leaver, low SES, Indigenous, living in a rural or remote location, low education attainment, early school leaver, mental health problems, disabled, no parent working, living in disadvantaged neighbourhood, and from a non-English speaking background.</td>
<td>Teenage male, high literacy and numeracy skills, at least one parent working, completed Year 12, tertiary qualifications, access to internet, live in an area with high employment, and high self-rated health status.</td>
</tr>
<tr>
<td>Substance Use (80:84;192:193)</td>
<td>Male, low SES, Indigenous, living in a rural or remote location, low rated school achievement, leaving school early, poor school attachment, anti-social behaviour, involvement in crime, sole parent family, poor family attachment, family conflict, punitive parenting, parents with substance use problems, favourable parental attitudes to drugs, living in a disadvantaged community, unemployed, underemployed, homeless, and friends with young people who take drugs.</td>
<td>Female, easy temperament, socially and emotionally competent, born outside Australia, school attachment, school achievement, prosocial peer group, positive parental relationships, strong family attachment, parental harmony, parental supervision, parental negative attitudes to drugs and alcohol, religious involvement, involved in sporting or community activities, and lack of access to drugs.</td>
</tr>
<tr>
<td>Domain</td>
<td>Disengagement</td>
<td>Engagement</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Suicide and Depression (80;228).</td>
<td>Male, low SES, Indigenous, living in rural or remote area, low educational achievement, high rates of absenteeism from school, attended multiple schools, unemployement, imprisonment, experience of child abuse, easy access to firearms, previous suicide attempts, depression, non-fatal deliberate self-harm, parental divorce, a family history of mental illness, low parental education, impaired parent-child relationship, punitive parenting, exposure to stressful life events, homeless, lack of social support, multiple diagnoses, previous contact with mental health services, and mental illness combined with harmful drug use.</td>
<td>Female, high SES, good coping skills, good problem solving skills, positive beliefs and values, perceived social support, positive peer group affiliation, school achievement, school attachment, employment, family cohesion, stable family environment and living with both biological parents.</td>
</tr>
<tr>
<td>Community (84;196;197;26;229;230).</td>
<td>Male, low SES, Indigenous, low rated school achievement, leaving school early, poor school attachment, sole parent family, poor family attachment, family conflict, low parental supervision, punitive parenting, childhood neglect and/or abuse, favourable parental attitudes to crime, living in a disadvantaged community, unemployed, underemployed, homeless, friends with antisocial peers, aggressive and/or volatile temperament style, early onset of antisocial behaviour, consistent poverty, lower social skills, reactive temperament, substance use, depression, being victimized or a victim of crime, negative attitudes towards police, and living in an area with cultural norms supporting violence and crime.</td>
<td>Female, easy temperament, strong moral beliefs, a strong cultural identity and ethnic pride, school achievement, sense of belonging to school, attachment to family, small family size, family harmony, supportive relationship with an adult, prosocial peer group, attachment to community, participation in church or community group, and opportunities for success.</td>
</tr>
<tr>
<td>Civic participation (86;87)</td>
<td>Male, low SES, low educational attainment, and CALD.</td>
<td>Female, high SES, English speaking background, high literacy skills, small family size, and access to ICT.</td>
</tr>
</tbody>
</table>
Social determinants

Social determinants underpin many of the processes associated with exclusion and disengagement. Social determinants include limited access to resources, high unemployment, low socio-economic status, poor or interrupted education, exposure to violence and discrimination, extreme poverty and social exclusion due to gender, age, ethnicity or geographic location. Evidence clearly shows that disparities between groups within a given population greatly affect the health and mental health status of the overall population (92;105;107). It is important to note, however:

- Not all young people who are at risk of social isolation, discrimination and poverty become disengaged from schooling, families, education or have a health, mental health or social difficulty.

- Many young people do not fit a classic profile of ‘societal risk’ for disengagement. For example, mental illnesses including psychosis and depression are often a result of a complex mix of individual (including genetic predisposition, biological vulnerability, temperament and personality), social, cultural, political and environmental factors.

- Families caring for young people with physical or intellectual disabilities often face economic burden due to ongoing medical expenses; carers report poorer mental health and well being; rates of parental conflict, separation and divorce are higher, and siblings are at increased risk of poor health and mental health outcomes. Carers often relinquish careers to advocate for, and on behalf of, children and young people with physical and intellectual disability (integration is not the same as inclusion).

A focus only on the broad social determinants fails to acknowledge the complex needs of individuals and their families.
Individual causal pathways

While social determinants may underpin disengagement at a population level understanding what puts at risk or protects a young person is complex and includes individual, family, school, education and community level risk factors. A model of ‘hypothetical pathways to disengagement’ is presented in Figure 1. This model draws on literature from longitudinal studies conducted in Australia and New Zealand that have followed young people from adolescence to young adulthood. Outcomes studied include suicidal behaviour (108-115), depression (116-126), substance use (127-137) and antisocial behaviours (138-142).
Researchers interested in longitudinal studies have spent decades studying the interactions between risk and protective factors and statisticians have produced sophisticated causal pathways that explain a variety of outcomes. This hypothetical model is a discussion piece only.
Key themes can be identified across the literature:

- A wide range of factors influence adolescent and young adult behaviour; across domains these include genetic, biological, environmental, familial, cultural and societal factors in both childhood and adolescence;

- Increased understanding of brain development in the first few years of life has resulted in a focus on social policies that support and protect infants and toddlers. There is now good evidence that brain development and biological processes are just as important in the adolescent years (143);

- Risk factors cluster in individuals, for example young people experiencing conflict at home are more likely to report poor school connectedness and increased conflict with teachers, poorer communication skills and poorer self-concept;

- Common risk factors can be identified for different problems. Poor family cohesion, increased parental conflict, poor social attachments to school or community and individual characteristics such as poor communication or poor coping skills are risk factors for multiple outcomes including alcohol and drug use, antisocial behaviour, anxiety, depression and suicide;

- Many problems co-occur; young people who drink are more likely to smoke; young people experiencing depression are at greater risk of drug and alcohol problems; young people experiencing mental health problems are more likely to experience physical health problems;

- Less is known about the mediating affect of protective factors on the development of poor health and mental health. However key factors include school and family connectedness, a sense of belonging and control and feeling valued (34;144-159).

The literature tends to focus on understanding risk processes, mediating factors or what might protect a young person from problem behaviours or
poor health outcomes. The literature rarely focuses on indicators of well-being. The Community Indicators Victoria Project (http://www.communityindicators.net.au/) has established indicators of community wellbeing across domains and policy areas. Of particular interest to understanding youth engagement is the role of volunteering, social support, feeling part of the community and parental involvement in schools in creating healthy, safe and inclusive communities. Furthermore, the project has also identified that strong communities are ones which are democratic and engaged. The community indicators in this domain include citizens having the opportunity to have a say on important issues, civic engagement and membership of local or community based organisations and decision making bodies.
WHAT ARE YOUNG PEOPLE SAYING ABOUT DISENGAGEMENT?

Young people contributed to the analysis of the literature via face to face and online forum discussions. In addition, when analysing the digital photographs and films produced by young people, they shared their personal views and experiences of exclusion and disengagement. The discussions have been analysed according to the domains used in the literature review with a particular view to drawing out what supports or creates barriers to engagement. From these discussions also emerge insights into the strategies employed by young people to address adversity.

Factors that promote engagement:

- Being part of a community and feeling valued.

One of the benefits of involving young people directly in the research was that they approached the question of disengagement from the reverse - by considering what engagement looks like. In general, forum participants indicated that feeling as though you are part of a community and are making a positive contribution helped to promote engagement:

"I think I feel engaged when I feel like I am in a safe, positive environment and when I am with other people or in contact with other people who are focusing on a similar issue to me."

Female, online forum

Feeling valued and safe can reinforce a young person’s sense of connection to a range of settings, institutions and processes. Forum participants acknowledged that feeling unwelcome, experiencing prejudice or disengagement in one setting (ie. school) can impact on their engagement in other settings (ie. employment, the community).
• Acknowledging diversity.

“So things that I might see as obstacles to being engaged would be completely different to what someone else might see. So for someone, not having money or having health issues might be a boundary but for someone completely different, not having friends or having a different background or something might be an issue.”

Female, face to face forum

Forum participants highlighted the need to recognise and respond to diversity and that a ‘one size fits all’ approach to policy and programs would reinforce some barriers to engagement experienced by certain groups.

• Having control and choice.

For some people, being able to make their own decisions in regards to education, employment and health were key factors. ‘Being told what to do’ and having few options to choose from were seen as contributing to disengagement. The following map, demonstrates the way in which young people felt engagement occurs (Figure 2).
During the discussion it was clear that participants wanted to be involved in developing the strategies for addressing issues of disengagement – in their own lives and those of their peers. Forum participants also felt empowered where programs, organisations or processes acknowledged their rights to be involved and publicly recognised the role that they played in decision making.

However, participants also describe engagement as a process where you create your own opportunities. In this way, engagement was conceptualised by some participants as individual responsibility. Regardless of the barriers, those who were engaged were considered to be those who had shown initiative in rising above people’s expectations of them. Nevertheless, there was recognition that particular barriers to engagement were experienced by young people from specific backgrounds – such as new arrivals:
“...if the walls of strength have already been pulled down by coming from another country – coming to a country where you don’t know the language or whatever, those stereotypes act as other walls that you need to get over and some people just don’t have the strength to get over. And it’s not a bad thing, but it is unfortunate that sometimes when it comes to stereotyping...a stereotype can be such a high wall that will prevent someone from doing something that they want to.”

Female, face to face forum

**Barriers to engagement:**

- Racism and prejudice

Stereotypes that reflected both racist and prejudiced views about particular groups and young people in general were believed to affect people’s desire to engage or disengage with particular institutions or processes. Participants spoke at length of the role that stereotyping and labelling plays in affecting engagement. The stereotyping of those from culturally diverse backgrounds, non-Australian-citizens and the socio-economically disadvantaged were discussed as barriers that prevented engagement.

“People seem to expect more from those that are from a higher socio-economic background or seem to expect that is what they will achieve. Whereas if someone is from a lower socio-economic background or has gone through difficulties they are more surprised if they get involved with stuff...”

Female, face to face forum

Additionally, there was concern that stereotypes perpetuated cycles of disengagement:

“Thank you for bringing up boundaries because where we come from, in the refugee community ... people listen to stereotypes. That usually has a very negative effect on them because I’d see people who are very young- Year 8 or Year 9 don’t strive to achieve something higher
because of the stereotypes... They think [you have to be] white or Australian... but we here are refugees, we can’t do that.”

Male, face to face forum

Though such feelings of exclusion were thought to contribute to disengagement, there was also disagreement about whether negative stereotypes act as barriers or incentives for engagement.

“I’m not Australian, I’m not a permanent resident, I’m here on a visa and English is my third language. The weird thing is... people always tell me that being an international student or not being a P.R (permanent resident) or Australian, you get very little chances. That’s not true for me... I’ve done so many things.”

Male, face to face forum

This forum participant’s experience supports the literature that finds that, over and above other social barriers such as language and culture, access to education is a determinant of social inclusion.

Strategies young people use

• Avoiding conflict

For some participants, the desire to avoid conflict could cause them to disengage from particular domains. For example, participants who were refugees or newly arrived indicated that if they did not have support from their family or community, then they would rather disengage or withdraw from certain activities or settings, rather than risk conflict.

“I tried to prove my parents wrong, but the thing is when you have a conflict at your family and it threatens the unity of your family and all that – it’s easier for young people to let it go rather than risk having a big problem at their house as it’s only going to escalate.”

Male, face to face forum
Whereas other participants indicated that rebelling against their family and fighting for what they wanted to do could result in greater engagement.

"Even if there is conflict, people want to prove someone wrong and then they become more engaged, that’s the way I see it."

Male, face to face forum

This idea of conflict and the belief that some young people have to continually fight against adversity surfaced throughout the forum. The participants identified this as a common theme in both films shown, although their subject matter was very different. In considering narratives of those who had successfully negotiated adversity, engagement was thought of as the process undertaken by the protagonist, rather than something that they ‘arrived at’ once they had addressed the challenge. It was also seen as an individual process and something that was the responsibility of the individual.

**Settings for engagement**

Young people were also asked to describe where and how they experienced engagement. Much of the discussion focused around the individual and young people also described engagement as an embodied experience – one which could take place in their eyes, hearts and minds. Discussion centred on social constructs and interests which included the media, the internet and other tools of communication including mobile phones. Very few spoke of school or employment as domains in which engagement occurred (Figure 3).
FIGURE 3, DOMAINS MAP

Physical Places of engagement:
Church, Organisation, Youth Centre, At home,
(picture of house), Communities, In the community, Parliament

Social Constructs:
Class, Society, Group, Friends, At community events, Comfort, outside

Media:
Online, Internet, watching the news

Biological:
Eyes, Heart & Brain

People Centric:
Anywhere quiet, I give up...everywhere!
Anywhere, everywhere... places of interest for young people,
(picture of two people speaking), During conversation,
Where there is diversity, People, Group of people,
(picture of circle of people), around other engaged

Interests:
In an oval, Common interest, Competitions, contests,
Forums, Rooms- Meeting, Conference, Small teams & Groups etc, Learning, In people’s excitement about things, respect
WHAT'S WORKING?

The question ‘what’s working?’ to prevent disengagement should be an easy one to answer and yet; there is no common literature that focuses on interventions for ‘disengagement’; academics have failed to reach consensus on what disengagement is; and, approaches across disciplines vary. In trying to make sense of this complex literature one common theme emerged – young people who feel valued, who are provided with opportunities to participate and have the skills and capacity to participate and who feel connected to family, friends and their community - are less likely to experience disengagement. It therefore becomes irrelevant to argue for one approach above another but rather it makes sense to draw on the strengths of a number of different but complementary approaches (Figure Four).
Employing A Participatory Approach To Reduce Disengagement

Youth participation is a key factor in youth engagement. When young people are directly involved in the development of services and programs, these are more likely to be relevant and able to meet their needs (160-169). Promoting engagement by focusing on social inclusion, connectedness and belonging can result in the prevention of physical and mental health problems as well as better educational performance, greater work productivity, improved relationships within families and safer communities (92;170;171). Where young people are alienated or disengaged from activities and institutions which provide the opportunities to develop skills and experience positive relationships they are at greater risk of poor health, mental health difficulties and social problems in both adolescence and adulthood (172-179).
Despite growing support for youth participation, the purpose and strategies are understood in several different ways in theory and in practice. Whilst youth participation is mentioned in federal government policy\(^2\) and forms a key policy area for many state and local governments\(^3\), outcome and impact measurement is rarely undertaken. An integrated account is urgently needed of the effects of youth participation, including its role across settings in promoting social inclusion, connectedness and belonging and thereby improving engagement. The impact of youth participation on young people, services and the community needs to be assessed in a collaborative, flexible, and systematic way with the view to derive principles and models of best practice that are applicable across settings (government, non-government, services and the corporate sectors).

**Policy and Practice That Impacts on Social Determinants**

Any response to youth disengagement needs to adopt policies that reduce disparities and address social determinants. Reducing poverty, increasing access to education, quality health care, employment and educational opportunities and promoting social inclusion, family cohesion, freedom from

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\(^2\) *Footprints to the Future, 2001; Stepping Forward Action Plan, 2002; Living Choices, 2003; and Contributing and Changing, 2004.*

\(^3\) *Department for Victorian Communities, 2006; Queensland Government Department of Communities; NSW Department of Community Services; The Northern Territory Chief Ministers Department, 2003; Moreland City Council Youth Strategy, 2004.*
discrimination and violence is fundamental to improving social capital (180-183). Two case studies provide examples:

**Australia’s Social Inclusion Agenda (2007)**

The Labour government argued, pre election:

‘To be socially included, all Australians must be given the opportunity to: secure a job; and access services; connect with others in life through family, friends, work, personal interests and local community; deal with personal crisis such as ill health, bereavement or the loss of a job, and have their voice heard.’ (184)

Social inclusion policies across the UK and Europe have focused on child poverty, jobless families, homelessness and housing quality, educational attainment, and employment rates amongst target communities such as lone parents, and the mature aged. Policies implemented using this approach have had a significant impact on poverty. One policy in the UK and Sweden, has focused on young people New Deal for Young People this has also been expanded to focus on young people with a disability. While a reduction in poverty is essential a very narrow focus on the early years, or a targeted approach that looks only at single issues such as caring for a parent with a mental illness or generational poverty misses the opportunity of truly including the voices of all young people in the development of policy and practice.

Youth participation research in the UK suggests that when a culture of participation is embraced in particular circumstances youth participation: improves services and enhances their ability to adapt to changing needs (implying that resources are maximised); improves service development and client support; increases use of services; and increases participatory practice (185;186).

**The Victorian Health Promotion Foundation**

The Victorian Health Promotion (VicHealth) has a holistic approach to health and aims to promote health by fostering change in social, economic, cultural, and physical environments. Therefore it partners with a range of
organisations including sport, health, planning, transport, local government, education, community and the arts to promote engagement (187-189). VicHealth program areas include physical activity, mental health and wellbeing, tobacco control, reducing alcohol misuse, healthy eating, planning healthy environments and health inequalities. VicHealth has a strong commitment to working with communities. For example through its mental health framework (which focuses on three key themes: social inclusion; over and above other social barriers such as language and culture freedom from discrimination and violence; and access to economic resources) it supports local community projects (190). Examples include – Community Arts Participation Scheme, Community Participation Scheme, and Building Bridges Scheme: Together We Do Better. The latter project aims to improve mental health and wellbeing by promoting positive contact between people from migrant and refugee backgrounds and others in the community. VicHealth’s premise for funding community projects is a belief that having supportive social relationships and networks, opportunities for active involvement in community activities, and a sense of being a part of a community is good for the health of individuals. Evaluation of the Back to Back theatre in Geelong - a regular theatre troupe of young people with disabilities (http://www.backtobacktheatre.com/index.html) indicated improvements in independence.

**Prevention, Early Intervention and Treatment**

Authors argue that youth disengagement and exclusion are often reflected in poor adolescent and young adult problem behaviours, the outcomes of which include: mental illness, drug and alcohol use, violence and crime, suicide and homelessness. It could also be argued that disengagement is an outcome in itself: disengagement from school, from political processes, from family. While it is beyond the scope of this document to examine the literature associated with every outcome (the suicide literature alone includes over 1000 references) five case studies have been chosen to illustrate promising approaches. In reviewing the literature some key themes emerged:
• Strategies across multiple settings are more effective. For example, media campaigns are more effective if they are supported by appropriate and available services and/or peer or family education in schools or homes;

• Interventions that are effective in reducing one risk factor or enhancing a protective factor are likely to impact on other risk and protective factors. For example, promoting increased communication skills and valuing diversity in families, schools and the community will reduce conflict between peers, parents and teachers;

• A successful intervention for one poor outcome has the capacity to yield multiple benefits. For example, community interventions that reduce behaviours such as crime and violence or drug and alcohol use will also reduce the level and severity of mental health problems.
CASE STUDY ONE: SUBSTANCE USE

This section draws on five major reviews (191-195). Combined knowledge suggests that efforts should focus on a mixture of macro and micro factors including the economic, social and cultural and physical environment. Cahill et al (2005) argues that promising programs ‘are those that direct their focus towards the reduction of risk and/or the building of protective factors’ (p.4) and that those interventions have more effect when they take into account the social context and settings of young people. Spooner (2001) also suggests that a collective response across services and government departments is necessary and that initiatives must ensure that communities can support and value young people - “...shift the focus from the negative to the positive. Work towards supporting young people to be happy, socially connected, and engaged in life, rather than focusing on negative outcomes such as drug use” (p.27) (193). A comprehensive summary of each report is provided in tables 3-5.

TABLE 3: A SUMMARY OF INTERVENTIONS FOR REDUCING ALCOHOL HARM

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effectiveness rating</th>
<th>Breadth of research support</th>
<th>Cost to implement and sustain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tax policies</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothecation</td>
<td>***</td>
<td>*</td>
<td>Low</td>
</tr>
<tr>
<td>Increasing taxes</td>
<td>***</td>
<td>***</td>
<td>Low</td>
</tr>
<tr>
<td>Taxation by alcohol content across all beverage classes</td>
<td>***</td>
<td>*</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early engagement</td>
<td>***</td>
<td>***</td>
<td>Low</td>
</tr>
<tr>
<td>Behavioural counselling</td>
<td>*</td>
<td>*</td>
<td>Moderate</td>
</tr>
<tr>
<td>Alcoholics anonymous</td>
<td>*</td>
<td>*</td>
<td>Low</td>
</tr>
<tr>
<td>Telephone assistance, internet</td>
<td>O</td>
<td>*</td>
<td>Moderate</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>**</td>
<td>**</td>
<td>Low</td>
</tr>
<tr>
<td>Brief interventions for risky levels of drinking</td>
<td>**</td>
<td>***</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>Licensed drinking environments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible serving of alcohol</td>
<td>*</td>
<td>**</td>
<td>Moderate</td>
</tr>
<tr>
<td>Liquor accords</td>
<td>**</td>
<td>**</td>
<td>High</td>
</tr>
<tr>
<td>Late trading hours</td>
<td>**</td>
<td>**</td>
<td>Low</td>
</tr>
<tr>
<td>Licensing restrictions</td>
<td>**</td>
<td>***</td>
<td>Low</td>
</tr>
<tr>
<td>Allocation of licenses by quota</td>
<td>**</td>
<td>***</td>
<td>Low</td>
</tr>
<tr>
<td>Community policing</td>
<td>*</td>
<td>*</td>
<td>High</td>
</tr>
<tr>
<td>Staggered closing times</td>
<td>*</td>
<td>*</td>
<td>High</td>
</tr>
</tbody>
</table>
### TABLE 4: EFFECTIVENESS OF POLICIES TO REDUCE DRINKING AMONG YOUNG PEOPLE

<table>
<thead>
<tr>
<th>Policy</th>
<th>Evidence for effectiveness</th>
<th>Generalisability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Health Policies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum drinking age</td>
<td>Strong evidence that increases in the minimum drinking age can have substantial effects in reducing drinking and involvement in alcohol-related crashes among young people. Enforcement of underage sales and drinking laws is key to this policy option.</td>
<td>Evidence primarily from one country</td>
</tr>
<tr>
<td>Taxation/price</td>
<td>Strong evidence that price increases are substantially related to reduction in youth drinking and drinking problems.</td>
<td>Evidence primarily from one country</td>
</tr>
<tr>
<td>Monopoly</td>
<td>Weak evidence that removing state monopolies increases sales to and consumption by young people. Moderately strong evidence that removing monopolies increases consumption in the general population.</td>
<td>Evidence from a few countries</td>
</tr>
<tr>
<td>Outlet density restrictions</td>
<td>Moderately strong evidence that increased outlet density increases drinking problems among young people.</td>
<td>Evidence limited to one country</td>
</tr>
<tr>
<td>Hours of sales</td>
<td>Mixed evidence that changes in hours of service can impact drinking and drinking problems among young people.</td>
<td>Evidence from several countries</td>
</tr>
<tr>
<td>Advertising restrictions</td>
<td>Inconclusive (primarily negative) evidence that advertising bans or restrictions reduce drinking or drinking problems among young people.</td>
<td>Evidence from several countries</td>
</tr>
</tbody>
</table>
### Harm Reduction Policies

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Evidence for effectiveness</th>
<th>Generalisability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero tolerance</td>
<td>Strong evidence that zero tolerance laws can reduce underage drinking, drinking and driving, and traffic crashes, if they are enforced.</td>
<td>Evidence from several countries</td>
</tr>
<tr>
<td>Graduated driver licensing</td>
<td>Strong evidence that graduated driver licensing can decrease drinking and driving among youth.</td>
<td>Evidence from a few countries</td>
</tr>
<tr>
<td>Random breath testing</td>
<td>Limited evidence that RBT can reduce drinking by young people.</td>
<td>Evidence from a few countries</td>
</tr>
<tr>
<td>Sobriety check points</td>
<td>Limited evidence that sobriety checkpoints can reduce drinking by young people. Strong evidence of effects on the general population.</td>
<td>Evidence from one country</td>
</tr>
<tr>
<td>Responsible beverages service</td>
<td>Some evidence that staff training decreases sales to minors. Moderately strong evidence that mandated RBS (especially outlet policy) can reduce intoxication and related problems in the general population.</td>
<td>Evidence from a few countries</td>
</tr>
<tr>
<td>Warning labels</td>
<td>Negative evidence that warning labels reduce drinking either among young people or the general population.</td>
<td>Evidence from one country</td>
</tr>
</tbody>
</table>

Source: Grube, J.W. and Nygaard, P. (2005) Alcohol Policy and Young People: Overview of Effective Interventions for Young People (192)

### TABLE 5: EFFECTIVE INTERVENTIONS FOR REDUCING DRUG AND ALCOHOL MISUSE

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Strength of evidence</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people (12-24)</td>
<td></td>
<td>Drug education based on social learning has short-term effects on intention and drug use but diminishes over time unless supplemented by other strategies – social marketing, community mobilisation or parent involvement. The timing of programs and inclusion of social influence processes appear to influence effectiveness. There are benefits in involving peers.</td>
</tr>
<tr>
<td>School-based drug education</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>School organization and behaviour management</td>
<td>□</td>
<td>Includes: transition programs, encouraging positive interpersonal relationships at school, ensuring effective discipline, maximising learning opportunities and maintaining drug free environments (good in primary schools but limited evidence for secondary schools). What evidence there is for secondary schools shows that high school organisation and behaviour management practices may influence drug use.</td>
</tr>
<tr>
<td>Intervention</td>
<td>Strength of Evidence</td>
<td>Comments</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Peer intervention and peer education</td>
<td></td>
<td>Evaluations have found it difficult to identify the specific contribution of peer intervention. They have the potential to reinforce attitudes and behaviours favourable to drug use. Peer educators need to be carefully selected and supported. Limited evidence available.</td>
</tr>
<tr>
<td>Youth support and recreation programs</td>
<td></td>
<td>Involving at risk young people in organised community based activity programs confers some protection against drug use.</td>
</tr>
<tr>
<td>Mentorship</td>
<td></td>
<td>Develop positive social relationships between young people and adults who can provide support and healthy role modelling. Can be organised through school or community organisations (Big Brother, Big Sister program).</td>
</tr>
<tr>
<td>Community-based drug education</td>
<td></td>
<td>The delivery of drug-related health education or information in community settings should be approached with caution. There has been little evaluation and, as with all types of drug education, community-based programs have the potential to exacerbate problems.</td>
</tr>
<tr>
<td>Preventive case management</td>
<td></td>
<td>Evaluations suggest that community mobilisation can achieve modest short-term reductions in alcohol and cannabis use, and possibly tobacco use, but there have been no evaluations of effects on other illicit drug use.</td>
</tr>
<tr>
<td>Community mobilization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social marketing</td>
<td>*</td>
<td>There is good evidence that the mass media strategies can convey a health promotional message to a high proportion of young people. The evidence does not support ‘one-off’ media campaigns to affect drug use but rather, the use of mass media in combination with other strategies such as school-based health education or community mobilisation.</td>
</tr>
<tr>
<td>Law, regulation and policing</td>
<td></td>
<td>Setting and enforcing laws and regulations regarding the minimum age at which youth can purchase and use tobacco and alcohol appear to be effective in delaying initial use. Strategies include social marketing to ensure regulations are understood, the use of minors as confederates to monitor retailer compliance, and the use of graded penalties and positive feedback for compliance. In states that have relaxed criminal penalties for cannabis use, there is no evidence that cannabis use has increased. There is limited evidence for effectiveness for illicit drugs.</td>
</tr>
<tr>
<td>Intervention</td>
<td>Strength of evidence</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Treatment</td>
<td>***</td>
<td>Treatment has impact on crime and health problems in the community. For alcohol – motivational interviewing, brief interventions, social skills training, community reinforcement approach, relapse prevention and some aversion therapies work. For illicit drug use – both physical and psychosocial aspects of drug dependence needs to be addressed. Effectiveness of treatments vary according to the drug and pattern of use. Investment in effective treatment programs should be a key ingredient of comprehensive prevention policies.</td>
</tr>
<tr>
<td>Brief interventions</td>
<td>***</td>
<td>Brief interventions such as motivational interviewing and relapse prevention offer a highly cost-effective strategy. They can be implemented by a range of professionals.</td>
</tr>
<tr>
<td>Community-based prevention programs</td>
<td>**</td>
<td>Includes health promotion messages, structural policy change and legislation. Most effective in changing health risk programs when using a range of interventions across a variety of contexts and settings. By changing the norms about alcohol use and alcohol harm, community mobilisation can facilitate structural changes that have a direct impact on harm. The evidence is strongest for programs that focus ultimately on structural and local regulatory change, such as providing incentives for responsible alcohol service.</td>
</tr>
</tbody>
</table>


**Key**

- □ Shows promising results but further research needed to evaluate its efficacy across larger groups.
- * Evidence for implementation. A sound theoretical rationale for the strategy, been accepted within service delivery organizations and meets with adequate consumer approval.
- ** Evidence for outcome effectiveness. Literature consistently reports positive outcomes in well controlled interventions. Also shows positive results at large-scale population level.
- *** Evidence for effective dissemination. Meets the evidence for outcomes criteria and also has been successfully implemented by service delivery agents.
Key findings suggest:

- Strategies should focus across multiple domains, including families, peers, school and the community;

- Whole of population strategies including community-based prevention programs, and structural policy change combined show a greater effect than any one alone;

- Running social marketing campaigns in conjunction with community-based interventions or school-based drug education programs are more effective than social marketing campaigns alone;

- Tax polices are both effective in reducing harm related to alcohol and are low cost and sustainable. For example; increasing the cost of alcohol through pricing or taxes; increasing the minimum drinking age; introducing alcohol outlet intensity restrictions; and changing hours of sales of alcohol (191;192).

- Young people at-risk should be involved in organised community-based activity programs;

- The development of positive social relationships between young people and adults who can provide support and healthy role modelling should be supported;

- Preventive case management and treatment for young people with multiple risk factors of illicit drug use should be implemented;

- Keeping young people connected to learning and/or work is essential;

- Strategies should be targeted across the lifespan;

- Strategies that reduce youth homelessness and prevent crime will also impact on substance use.
CASE STUDY TWO: COMMUNITY VIOLENCE

Three reviews argue that explanations of antisocial behaviour need to be multifaceted and complex and that single or simple solutions are not effective (84;196;197). They argue that strategies need to address structural, situational and personal factors and environmental contexts in which development takes place, particularly the family, peer and school contexts.

White argues there are two main approaches to understanding youth gangs – coercive (emphasis on law enforcement) and developmental (emphasis on enhancing the opportunities for young people). He states that the most comprehensive approach is a combination of both as participation in gangs is linked to racism, inequality, poverty, blocked opportunities and oppressive regulatory practices and cannot be solved solely through coercive law enforcement measures. White recommends a broad base of strategies that focus on family, school, the community, changing the environment and changing media perceptions of youth (Table 6).

TABLE 6: SUMMARY OF STRATEGIES AND INTERVENTIONS TO ADDRESS YOUTH GANGS

<table>
<thead>
<tr>
<th>Level</th>
<th>Strategy/intervention</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Address the local neighbourhood context (employment opportunities, community facilities &amp; amenities, social services &amp; housing patterns) is a crucial variable in shaping parental management.</td>
<td>Focus on structural factors that impinge upon families and shape parental management practices (eg resources available to them, stability of the family, family size and local community context).</td>
</tr>
<tr>
<td></td>
<td>Nurture positive familial relationships through financial, social &amp; institutional supports. Assist rather than penalise parents through the provision of crisis support services (that provide home visits) &amp; parenting skills programs.</td>
<td>Strong evidence to suggest that economic stress exerts a very disruptive effect on the parenting process, increasing the risk that parents will neglect or abuse their children or engage in discipline which is harsh, erratic and/or inconsistent.</td>
</tr>
<tr>
<td>Level</td>
<td>Strategy/Intervention</td>
<td>Comment</td>
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</tr>
<tr>
<td><strong>School</strong>&lt;br&gt;Student alienation within the school context, early anti-social behaviour at school, lack of commitment to school and academic failure are all associated with delinquency, also truancy and bullying.</td>
<td>Specific education in cross-cultural issues.</td>
<td>The aim is for backgrounds, cultures and patterns of different ethnic groups be understood by all groups of young people.</td>
</tr>
<tr>
<td></td>
<td>Anti-racist education.</td>
<td>In order that discrimination, prejudice, and unequal power relations can be discussed in an informative and empathetic manner.</td>
</tr>
<tr>
<td></td>
<td>Youth reconciliation projects.</td>
<td>The aim is to promote the diversity of cultures among young people, aim to reduce violence between them and provide opportunities to get to know each other.</td>
</tr>
<tr>
<td></td>
<td>Quality educational facilities and services.</td>
<td>Includes providing young people with individual and group support, and where anti-racist strategies are applied across the whole school population.</td>
</tr>
<tr>
<td></td>
<td>Conflict resolution and anti-violence strategies.</td>
<td>To address bullying behaviour and to reassure students of their safety and security.</td>
</tr>
<tr>
<td></td>
<td>Special provisions for young people who would normally be excluded.</td>
<td>To keep them connected to school and the community.</td>
</tr>
<tr>
<td></td>
<td>Anti-gang programmes in schools.</td>
<td>Includes in-school safety and control procedures, in-school enrichment procedures that make the school experience more meaningful, effective and enjoyable, and formal links to community-based programmes.</td>
</tr>
<tr>
<td><strong>Community-based approaches</strong></td>
<td>Youth facilities.</td>
<td>The aim is to provide young people with a safe place to hang out and provide a sense of belonging, identity, and self-worth.</td>
</tr>
<tr>
<td></td>
<td>Youth workers to provide supervised recreation and leisure activities.</td>
<td>Relationships built on trust and mutual respect. More effective when merged with wider community development interventions and citizen participation.</td>
</tr>
<tr>
<td></td>
<td>Urban renewal programs and community empowerment programs to increase work opportunities and civic participation.</td>
<td>The aim is to change the material situation and infrastructure of neighbourhoods and change perceptions and attitudes among residents and non-residents about the areas and develop a sense of pride. Most effective when they engage and involve young people and their communities in finding solutions to their own problems, with the support of advice and contributions by each tier of government.</td>
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</table>
### Preventing Youth Disengagement and Promoting Engagement

**Australian Research Alliance for Children & Youth**
- August 2008

<table>
<thead>
<tr>
<th>Level</th>
<th>Strategy/Intervention</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changing environments</strong>&lt;br&gt;--- To address the fear of gangs and their behaviour it is important to create social spaces that are appealing and safe. Making everyone feel welcome in a space is important to the creation of a sense of communal wellbeing and collective sharing.</td>
<td>Audit of the physical, social and regulatory environments, the types of amenities available and movements through public places.</td>
<td>Involve everyone in the audit and in creating the solutions.</td>
</tr>
<tr>
<td></td>
<td>Adoption of appropriate community policing practices and establishment of protocols for positive and constructive interaction.</td>
<td>Aim is to address aspects of policing culture to ensure that young people, regardless of appearance or background are treated with respect and dignity. Essential in restoring social peace.</td>
</tr>
<tr>
<td><strong>The media and changing perceptions of youth</strong>&lt;br&gt;--- Rationale - the media is directly implicated in both the formation and continued encouragement of youth gangs. It creates a cultural climate within negative perceptions of young people are in the foreground.</td>
<td>Review program and reporting content with a view to providing greater information and more rounded accounts of specific minority groups.</td>
<td>Gratuitous images and descriptions based on stereotypes are to be actively discouraged.</td>
</tr>
<tr>
<td></td>
<td>Report events and situations accurately and respond to specific groups in a non-racialised manner.</td>
<td></td>
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<tr>
<td></td>
<td>Adopt proactive campaigns.</td>
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</table>

White recommends that broad government strategies are necessary if the root causes of social problems and social conflict are to be addressed. Interrelated policies which acknowledge and attempt to transcend the unequal distribution of power and resources in current socio-structural arrangements are needed. These include: redistributing community resources, action on employment and job creation, acknowledgement of the importance of community space in the construction of social life and greater community involvement in local decision making, particularly public service provision. Importantly White states that we must see young people first and foremost as active, valued members of their communities.

The AIC (2002) review argues that although many young people participate in criminal activity at some point in time only a minority go on to be chronic offenders. Most juvenile crime stops without any need for intervention (over
two-thirds of juveniles offend just once before desisting, and a further 15% desist after committing two offences). They argue that early identification of youth at risk of offending and addressing their problems through preventive interventions may reduce the likelihood of their involvement in crime in the longer term. They recommend that the focus should be on young people who are already or who are likely to become prolific offenders and that it is important that the intervention be directed to a number of areas of influence – family, school and peers – and not just one individual area (Table 7).

TABLE 7: A SUMMARY OF INTERVENTIONS TO REDUCE YOUNG PEOPLE’S INVOLVEMENT IN CRIME

<table>
<thead>
<tr>
<th>Level</th>
<th>Strategy</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Social competence (cognitive-behavioural) training</td>
<td>Teaches new behaviours and thinking skills and encourages their use by selectively rewarding them, and ignoring or sanctioning other ways of thinking and acting. It has had positive outcomes in all settings and reviews suggest that this type of intervention should form an integral part of all programs to reduce and prevent offending.</td>
</tr>
<tr>
<td></td>
<td>Mediation (family group conferencing, restorative justice, and offender-victim mediation)</td>
<td>Following an offence, the offender and the victim, together with their supporters, are given the opportunities to meet in the presence of a trained facilitator. The aim is to encourage acceptance of responsibility by the offender and to reintegrate them back into their family and/or community. Evidence shows that it reduces reoffending particularly in first time offenders. It is important that the young person and their families feel involved in the process.</td>
</tr>
<tr>
<td></td>
<td>Diversion from courts through cautioning and warnings</td>
<td>Evidence has shown that between 60 and 80% of those cautioned have not reoffended.</td>
</tr>
<tr>
<td></td>
<td>Case management and intensive supervision while on probation</td>
<td>Has been effective where agencies work together. It has been shown to be less effective when the intervention is simply frequent contact with the young person.</td>
</tr>
<tr>
<td></td>
<td>Mentoring</td>
<td>Provide adult interaction. Mentors can develop strong bonds with juveniles at risk and the relationship is based on respect and support. Some positive short-term change has been observed among mentored youth.</td>
</tr>
</tbody>
</table>
### Level Strategy

#### School

**Changing structures or processes**

Involves changing the way the school is run. Includes altering and redefining the rules and procedures, reorganizing classes to provide greater flexibility in teaching, and using techniques to increase enthusiasm for learning and bonding to the school. Programs that reinforce pro-social and academic skills appear to be effective.

---

#### Community

**Comprehensive community-based programs**

Includes a range of interventions including education programs, after-school recreation programs, mentoring, employment schemes and case management. Evaluations have shown that crime fell in the target areas.

**Multi-system therapy (MST)**

Based in the community it identifies causes of offending and addresses risk factors by individually tailoring the program to work across all social systems relevant to the offender – family, school, community and peers. Research has shown that MST is a cost-effective intervention to reduce serious juvenile offending.

**Recreation programs**

Address risk factors such as alienation and association with delinquent peers and provide opportunities to learn new skills and bonding. Has a small effect in the short term to reducing offending among young people.

---

The review identified key principles for effective interventions:

- Programs addressing many risk factors have a greater effect that those addressing only one per intervention;
- Programs that work across social settings – within the family, school, peers and the community- can impact on the whole of the young person’s life;
- Programs that alter the way a young person thinks and acts are particularly effective. Offending behaviour is linked to deficiencies in thought processes, poor problem-solving and decision-making abilities and therefore social competence programs are beneficial;
- Programs containing skill-based components to increase educational attainment, and improve employment prospects and help the offender reintegrate into the community can have a positive impact;
• School-based programs focused on the way the school and class are run and emphasising behavioural skills appear to be effective;

• Programs should be culturally specific.

The NCP (1999) review states that criminal justice approaches that emphasise increased police numbers and punishment in most cases fail to effect significant reductions in crime. They recommend a shift from reactive policies based on detection and punishment towards prevention that address risk and protective factors. Like the two previous reviews they recommend that interventions need to be directed both to the problems experienced by the individual and to the features of that person’s social circumstances that encourage crime. The NCP favours a developmental approach targeting a range of interventions across different life stages.

NCP state that effective early intervention programs have the following key components:

• Are designed to divert pathways and produce long term effects;

• Are guided by an understanding of risk and protective factors in particular groups;

• Are aimed at providing support and skills to individuals and families;

• Aim to strengthen existing supports in families, schools and communities.

NCP concludes by recommending that the overall aim of crime prevention should be to create a more supportive, friendly and inclusive environment for children, young people and their families that promotes healthy, prosocial development.
CASE STUDY THREE: SCHOOL DISENGAGEMENT

Studies report that young people’s perspectives on engagement with school range from merely ‘showing up’ through to the extent to which young people identify and connect with their learning (16-21;77;198-200). Studies report the perspectives of young people who have ‘left school’ as either rejecting or feeling rejected by, the education system (198;201). Common themes that promote school engagement include (16-21; 198):

- **School structures**: School and class sizes, and different internal structures such as pastoral care, formal opportunities for decision-making and flexibility can help to foster positive and supportive relationships;

- **School curriculum**: Teaching and learning methods which foster cooperative and independent learning, interaction with peers and teachers, hands-on applications, choices between and within subjects, shared input to curriculum implementation, and opportunities for authentic and progressive assessment (199);

- **School ethos (or atmosphere)**: Overarching school ethos or 'atmosphere,' and the way in which this positive ethos is maintained is an important contributor to engagement;

- **School/teacher relationships**: Positive relationships between young people and individual teachers, which are respectful, non-judgemental and involve shared decision making are important in fostering engagement;

- **Peer/social relationships**: Schools need to both support and maintain positive relationships between young people and their peers;

- **Social structures**: It is important to recognise the broad, complex and multi-dimensional nature of young people’s lives. School engagement does not occur in isolation from health, justice and welfare systems or social, political and cultural context;
- **School facilities and resources**: Attractive and appropriate facilities, toilets, internet access, adequate teacher numbers demonstrates to young people that they are valued;

Collectively the studies conclude a number of key principles are necessary to promote school engagement:

- being responsive to young people's needs, while acknowledging that young people as a group are not homogenous and that their needs are often multidimensional and diverse;

- providing opportunities and support for young people to be involved in decision making both within the school environment and more broadly;

- relating to young people as individuals, in a way that is respectful and non-judgemental;

- maintaining flexibility, both in terms of the nature and delivery of learning, as well as in responding to young people's needs on an individual basis – this is particularly relevant for young people with a learning or intellectual disability.
CASE STUDY FOUR: CIVIC PARTICIPATION

'Civic engagement' refers to activities undertaken by individuals in the interest of the public good. These actions may be based in volunteering, activism, institutional politics or cultural acts. Research suggests that young people have increasingly retreated from traditional forms of political and community participation (202;203). However, there is also conflicting evidence that young people are interested in political issues and are engaging with civic life in new ways (204;205). In addition to limited and conflicting evidence, much of the literature treats Australian young people as a homogenous group. There is little information about the impact of diversity on participation and the few existing reports acknowledge that more research is needed to understand how cultural and ethnic background, socio-economic status, disability and other life experiences such as being a carer or living in care has on participation (206).

In the absence of any comprehensive research into all forms of civic engagement, this summary draws on a recent literature review on young people’s participation in democracy (115) and the following Australian studies that explore different forms of civic engagement: volunteering and community participation (206-211); political participation (205;212;213); and, voting (214-216). Key themes suggest that youth civic engagement can be promoted by:

- Supporting young people’s participation in social movement activities (215);
- Endorsing voluntary community service programs (but not compulsory ones) (210);
- Promoting more democratic processes and structures within schools (217);
- Utilising online spaces in which young people can interact and organise autonomously (205;212;213);
• Formalising participation policies that ensure that young people are included in decision making processes within government and non-government organisations (207);

• Linking participation opportunities to existing youth-serving or interest groups - particularly effective for young people from CaLD and refugee backgrounds (206).
CASE STUDY FIVE: YOUTH MENTAL HEALTH REFORM

In 1994 the United States Institute of Medicine published a seminal piece of work that was adopted and written into Australia’s 2nd National Mental Health Plan, the National Youth Suicide Prevention Strategy, and the National Action Plan for Depression (218;219). The preventive intervention spectrum covered health promotion, prevention, early intervention, treatment and maintenance and the authors argued that the most effective strategies would invest in all areas. The underlying framework adopted a ‘new public health approach’ and focused on the reduction of risk factors and the promotion of protective factors (106).

Over a decade later Australia has seen; a decline in the youth suicide rate of 56% (220); a major investment by government to fund mental health (221;222) and youth mental health (223); and a growing evidence base that supports a wide spectrum of approaches, from health promotion, prevention, early intervention through to treatment for mental health. A strong NGO sector, supported by corporate and private donors, has created innovative approaches to community awareness and youth engagement (Table 8).
TABLE 8: AUSTRALIAN APPROACHES TO PREVENTION, EARLY INTERVENTION AND THE TREATMENT OF YOUTH MENTAL HEALTH PROBLEMS, INCLUDING SUICIDE, DEPRESSION, ANXIETY AND DRUG AND ALCOHOL PROBLEMS

<table>
<thead>
<tr>
<th>Approach or Programs</th>
<th>Strength of evidence</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community awareness and advocacy</td>
<td>**</td>
<td>The concerted effort of National mental health organisations and peak bodies has seen systemic change in the Medicare system, for example access to psychological counselling. Community awareness initiatives have resulted in an increase in knowledge and a reduction in stigma. It is not clear if this has yet had an impact on, or changed behaviour in young people (231-234). Organisations including the Mental Health Council of Australia, SANE Australia and Suicide Prevention Australia have been instrumental in advocating with and for young people with a mental illness. Organisations such as beyondblue: the national depression initiative (235-238) <a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>, the Inspire Foundation [69;169;239;240] <a href="http://www.reachout.com.au">www.reachout.com.au</a> and HeadSpace [223;241;242]<a href="http://www.headspace.org.au">www.headspace.org.au</a> have specifically focused on reducing stigma and promoting help seeking in young people.</td>
</tr>
<tr>
<td>Strengthening community networks</td>
<td>***</td>
<td>Focused on developing empowering processes and building a sense of ownership and social responsibility within community members. Examples include Communities that Care, a strategy that uses local data on risk and protective factors to identify risk and develop and implement evidence based prevention programs that fit to the risk profile (84;192;243;244). The program has been implemented successfully in the US, Netherlands, Scotland and Wales. Locally the program has been trialled in the Mornington Peninsula Shire with promising results. Young people have reported a decline in: low community attachment; family conflict; community disorganisation; family history of substance abuse; favourable attitude towards drug use (student &amp; parents) and perceived risk of drug use. Young people also report increased: community opportunities; community rewards; family attachment; family opportunities; school opportunities; and school rewards for prosocial involvement (personal correspondence with Professor John Toumbourou). Resilient Families consists of core elements including curriculum and parent education and is designed to reduce levels of alcohol use. Findings suggest the program impacts on educational outcomes and builds within-family connectedness through increasing problem solving skills. The program did not impact on alcohol use (246).</td>
</tr>
<tr>
<td>Parent education</td>
<td>**</td>
<td>Strengthening families aimed to empower parents to assist one another to improve communication skills and relationships with adolescents. Results show increased maternal care, reductions in conflict with parents, reduced substance use, and less delinquency (245). The program has been successfully delivered across communities in the US.</td>
</tr>
<tr>
<td>Approach or Programs</td>
<td>Strength of evidence</td>
<td>Comments</td>
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<tr>
<td>Whole school approaches **</td>
<td>Designed to create long term systemic change in the school environment. Examples include The Gatehouse Project (247-252), Mindmatters (253-255), and beyondblue schools research initiative (256-258). Results suggest whole school approaches coupled with curriculum based skills building reduces rates of anxiety and depression (259). The Gatehouse Project showed reductions in substance use in successive cohorts.</td>
<td></td>
</tr>
<tr>
<td>Internet based CBT ***</td>
<td>MoodGYM is a free Internet-based cognitive behavior therapy intervention (<a href="http://moodgym.anu.edu.au">http://moodgym.anu.edu.au</a>) designed to treat and prevent depression in young people, available to all Internet users, and targeted to those who may have no formal contact with professional help services. Anxiety and depression scores decreased significantly as individuals progressed through the modules. MoodGYM has shown promising results in rural communities and for young men (260-264).</td>
<td></td>
</tr>
<tr>
<td>**</td>
<td>CLIMATE Schools provides health education courses which aim to empower students to gain knowledge about their health and wellbeing. Students learn about ways to avoid illness and to optimise their physical and mental health. Subjects cover anxiety, depression and drug and alcohol use. CLIMATE was developed by CRUFAD The stress course has been shown to improve coping and reduce distress, with benefits observable at follow up. The alcohol course improves attitudes to drinking and reduced binge drinking in girls with the benefits evident one year after the lessons. A course in cannabis is currently under test and a course in psychoactive drugs is in preparation (personal correspondence with Professor Gavin Andrews).</td>
<td></td>
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<tr>
<td>Role models and mentoring □</td>
<td>Reach Out Central (ROC) is a ‘serious’ game developed by the Inspire Foundation and based on the principles of cognitive behavioural therapy. An independent evaluation has been funded by beyondblue and early results look promising.</td>
<td></td>
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<tr>
<td>□</td>
<td>In 1994 Jim Stynes (AFL Football Legend) and film director Paul Currie established Reach (<a href="http://www.reach.org.au">www.reach.org.au</a>). The program provides training for young leaders and aims to connect young people with each other. Independent research, conducted by Monash University, shows that program participation results in improved self-esteem and a greater sense of control.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other organisations and Foundations have followed suite using role models to increase awareness of youth related issues. They include Whitelion, Sunrise Foundation, ARMtour, AFL role models program, the Inspire Foundation and beyondblue. Research is needed to determine the effectiveness of these programs.</td>
<td></td>
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### Early Intervention and Treatment Approaches

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<tr>
<th>Approach or Programs</th>
<th>Strength of evidence</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based curriculum skills building</td>
<td>***</td>
<td>Several reviews have examined schools based curriculum programs (258;265;266). Neil specifically examined 24 efficacy or effectiveness trials of 9 intervention programs from Australia. Most were based on cognitive behaviour therapy, interpersonal therapy or psychoeducation. Six were universal interventions, two were indicated programs and one was a treatment program. Most were associated with short-term improvements or symptom reduction at follow-up (259).</td>
</tr>
<tr>
<td>Education and Training for Professionals who work with young people</td>
<td>**</td>
<td>Researchers at the Centre for Adolescent Health and the Centre for the advancement of Adolescent Health have explored the importance of continuing medical education for GP’s particularly in relation to their engagement with young people. Results have been promising with long term improvements in GP’s attitudes, knowledge and behaviour (267-269). <a href="http://www.climategp.tv">www.climategp.tv</a> is a suite of web based programs to help people manage their chronic disorders under the supervision of their clinician. Each course consists of an illustrated story line of a person learning to manage that disorder, coupled with written text about the disorder and lifestyle changes that should be made by people with that disorder. Supervision by clinicians is used to enhance adherence to the programs. Courses cover anxiety (panic, social phobia, generalized anxiety disorder) and depression. Preliminary results show that it is effective and comparable to other established patient education materials (270).</td>
</tr>
<tr>
<td>Clinical Staging</td>
<td>***</td>
<td>Improved outcomes based on a staging approach (271) are more readily achievable, not only in psychotic disorders (272), but potentially in severe mood disorders (273;274), personality disorders (275), and substance use disorders (276). Furthermore by intervening early and focusing on a severe mental disorder, it has been possible to reduce the rate of transition from a functionally impaired prodromal state to a full-blown disorder (277).</td>
</tr>
<tr>
<td>Adolescent Health specific services</td>
<td>□</td>
<td>Headspace centres are community-based youth friendly health services for young people and their families. The centres employ a range of professionals who offer assistance on a number of issues including mental health, education, work, health and drug and alcohol issues. The aim is to provide timely coordinated care at no cost or at low cost (223;241). Each headspace centre encourages the input of young people, their families and carers to ensure that the service provided is accessible and appropriate. Headspace is committed to youth participation and has a Youth Reference Group comprising of young people from each state and territory. It provides young people with opportunities to meaningfully participate in headspace activities including involvement in planning and delivery of services, development of community awareness campaign, design of the website, and a role in the strategic direction of headspace (242).</td>
</tr>
</tbody>
</table>
Mental health is an issue for the entire community and requires a whole of community response. Sector responsibility should sit across portfolios with family and community services, educational institutions, workplaces, correctional services, emergency services, and the sports, arts and business sectors, as well as carers and consumer groups. An effective response to youth mental health requires partnerships that reach well beyond specialist mental health services or broader health services – although accessible, affordable and appropriate services are needed for young people who experience mental illnesses.

While mental health reform in Australia is progressing a disproportionate number of young people still do not access help for mental health difficulties; services are stretched with an uneven distribution of mental health professionals in major cities; and, to some degree energy is wasted on a debate about the evidence for promotion, prevention, early intervention and treatment strategies. An integrated research program trialling multiple components would ensure that an evidence base is collated while still ensuring that young people benefit from the receipt of state of the art and innovative programs and treatment.
CONCLUSIONS

To ‘clarify the problem of youth disengagement’, this review finds that:

- It is not easy to reconcile the different approaches to studying youth and disengagement. However, a dialectical approach to interdisciplinary inquiry can help to draw out the insights from a range of perspectives.

- Young people experience engagement and disengagement as a series of processes that cut across different dimensions of their lives.

- ‘Disengagement’ cannot only be understood as an outcome, but also as a process that leads to marginalisation and exclusion.

- Social determinants and individual risk factors both contribute to processes of disengagement.

- Regardless of their experiences, young people want to be connected and contribute to their communities.

In response, the literature and perspectives of young people suggest that in addressing the structural and individual causes of exclusion and disengagement:

- Youth participation must be seen not only as an outcome, but also as a process for developing effective policy and programs that reduce youth exclusion and disengagement.

- Research should seek to understand what promotes engagement – as well as what causes experiences of disengagement.

- Policies should seek to address multiple individual risk factors and work across settings (family, school, peer groups and community).

- Policies should also seek to address social determinants through minimising structural disadvantage.

- Strategies must be developed that cut across policy silos.
• Successful strategies for addressing risk factors acknowledge community and connectedness as core components of youth experience and identity.

In addition, this review has exposed the following gaps and unanswered questions:

• How can continuous service-provision models reduce the risks of disengagement?

• How can policy and program approaches best respond to the changing social context – particularly the emergence of the Internet as an important setting for youth experience?

• How can policy best respond to diversity in order to minimise the added risk experienced by young people from particular backgrounds?
### APPENDICES

#### Appendix 1: Domains and search terms used to review the literature

<table>
<thead>
<tr>
<th>Young People</th>
<th>AND</th>
<th>Disengagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td></td>
<td>Engagement (constructing, positive)</td>
</tr>
<tr>
<td>Young people</td>
<td></td>
<td>Disengagement (constructing)</td>
</tr>
<tr>
<td>Teen*</td>
<td></td>
<td>Empowerment</td>
</tr>
<tr>
<td>Adol*</td>
<td></td>
<td>Participation</td>
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<td></td>
<td></td>
<td>Decision-making</td>
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<td>Diversity</td>
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<td></td>
<td>Exclusion</td>
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<tr>
<td></td>
<td></td>
<td>Inclusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marginalization/Marginalisation</td>
</tr>
</tbody>
</table>

### DOMAIN OUTCOMES

<table>
<thead>
<tr>
<th>Education, Training and Employment</th>
<th>Community</th>
<th>Health</th>
<th>Civic Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educat*</td>
<td>Justice</td>
<td>Suicide</td>
<td>Civic engagement</td>
</tr>
<tr>
<td>Welfare</td>
<td>Crime</td>
<td>Suicidal Behav*</td>
<td>Civic participation</td>
</tr>
<tr>
<td>Employment</td>
<td>Juvenile Courts</td>
<td>Drug</td>
<td>Politics</td>
</tr>
<tr>
<td>Training</td>
<td>Anti Social Behav*</td>
<td>Alcohol</td>
<td>Volunt*</td>
</tr>
<tr>
<td>School</td>
<td>Race</td>
<td>Smoking</td>
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<tr>
<td>Tertiary</td>
<td>Refugees</td>
<td>Depression</td>
<td></td>
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<tr>
<td></td>
<td>CaLD</td>
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<td>Community</td>
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<td>Gender</td>
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<td>Culture</td>
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<td>Technology</td>
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<tr>
<td></td>
<td>Immigration/Immigrants</td>
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</tbody>
</table>
Appendix 2: Individual Case Studies

**Case Study One: An excerpt from a speech made by Tania Major 'Here I am', 2003**

When I was growing up in Kowanyama there were 15 people in my class. Today I am the only one that has gone to University, let alone finished secondary education. I’m also the only girl in my class who did not have a child at 15. Of the boys in my class seven have been incarcerated, two for murder, rape and assault. Of the 15 there are only three of us who are not alcoholics. ...... four of my class mates have already committed suicide. ...... The relationship between poor education and poor health is clear. People whose self-esteem and pride have been decimated by a sub-standard education system and a social system that creates an addiction to passive welfare have little reason to live healthy lives. As young people we are trying to take responsibility for our future. We are working with our Elders to address the terrible problems of grog, illicit drugs and violence. We are working hard to create economic, training and employment opportunities for ourselves. We are supporting our fellow young people to achieve their potential ......see us as equal partners in the huge task of rebuilding our families, communities and Cape York Peninsula.

**Case Study Two: A young man from rural South Australia**

Paul* was born in a small industrial lead smelting town. His mother and father both smoked. His father was an alcoholic. Paul’s father worked as a labourer at the smelters but was made redundant when Paul was 8. Paul’s parents divorced when he was 10 and Paul lived with his mother and older brother. Paul was popular at school; he played football, cricket and hockey. Paul’s grades were good in primary school but slowly deteriorated when he hit high school. Paul started smoking when he was 12; tried alcohol at 13 and by the time he was 15 was smoking marijuana daily – both before and after school. Paul was binge drinking Friday and Saturday night – this was ‘normal’ behaviour in a small country town. Paul left school at 16 and worked at the local abattoir. By the time he was 17 Paul was smoking marijuana 10-15 times a day. Paul took his own life at the age of 18.

**Case Study Three: A young woman from a metropolitan city**

Annabel* was the third child in a family of four. She had a happy childhood, growing up surrounded by a large extended family of cousins and family friends. Annabel’s father was a GP, her mother worked part time at the local hospital. Annabel attended a private girl’s school with her two sisters. Annabel’s grades were good; she had a large circle of friends, and played netball and tennis. Annabel studied hard and was accepted into medicine. Annabel deferred University and took a gap year, travelling and working in the UK and Europe. Annabel kept in touch with family and friends via email and Facebook. Nine months into her one year holiday friends became concerned with Annabel’s behaviour. Annabel was binge drinking 4 nights a week, took ecstasy every weekend and would often sleep with a different guy. Annabel returned to Australia to start University determined to get her life back on track. Six months later Annabel took an overdose of sleeping tablets. Annabel was eventually diagnosed with bipolar disorder.
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