RSDC
working with people to build better communities

2019

The Unmet Needs of Youth

EXECUTIVE SUMMARY

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Regional Social Development Coalition

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Acknowledgements

Introduction

Regional Social Development Coalition (RSDC) was established in 1974 as Mackay Regional Council of Social Development (MRCSD). Its aim has always been to support individuals and organisations across the Whitsunday, Isaac and Mackay regions to collaboratively identify, analyse and act on regional issues. RSDC acts as an intermediary between what is happening within the community, and the planning and policy processes at a higher level. RSDC's primary aim is to progress the best interests of the region and to ensure that the small, remote, and least resourced communities and the most disadvantaged people are included in both the processes and the benefits.

The project came about through youth workers and volunteers who work and support young people approaching RSDC regarding the widening gaps in youth support services. A youth sub-committee was formed from this group to steer the research.

Apart from agency involvement to assist with identifying unmet service needs, a key focus was to use a community participatory development approach to involve young people directly, particularly those most disadvantaged and disengaged in the community, and hear their thoughts and needs.

The study identified numerous barriers to delivering support to young people aged 12-25 years within the Mackay region. In many cases, the same issues arose in the service provider data and in the responses from young participants. These are all reported through the results and discussion sections of the report, along with possible actions for change suggested by respondents.

Methods

43 youth service providers participated in an anonymous online SurveyMonkey® survey, sharing their knowledge of barriers to service delivery, service gaps and potential solutions.

38 service providers from the youth sector attended a forum to hear the service provider survey results and to brainstorm potential solutions, vital foundations and priorities to address the problems and gaps identified.

48 young people were engaged through their participation in formal youth supports (YEYS group). This group is considered as the higher-risk group.

25 young people were engaged through their participation in youth development activities such as sports, Scouts and creative arts (YDO group). They are considered as the lower-risk group.

Each individual was assigned a rating of overall risk of vulnerability based on the Adapted Vulnerable Youth Framework (see Appendix 1) based on their experiences.

Protective factors and things young people found had helped them overcome difficulties were also reported.

Key Findings

Service Provider Viewpoint

The following points were the main findings from the service provider survey and service provider feedback forum. Providers were able to select more than one response to each question, therefore the percentages may not add up to one hundred percent.

What Support Do Young People Need?

The service providers who participated provide 8,291 support appointments to young people aged 12-25 in the Mackay region each month. This number does not include young people who access support from other providers, or those young people who cannot access support at all.

The primary type of support provided to young people each month is for mental health, with almost one thousand appointments provided monthly. The breakdown of youth support services provided each month are presented in Figure 1.
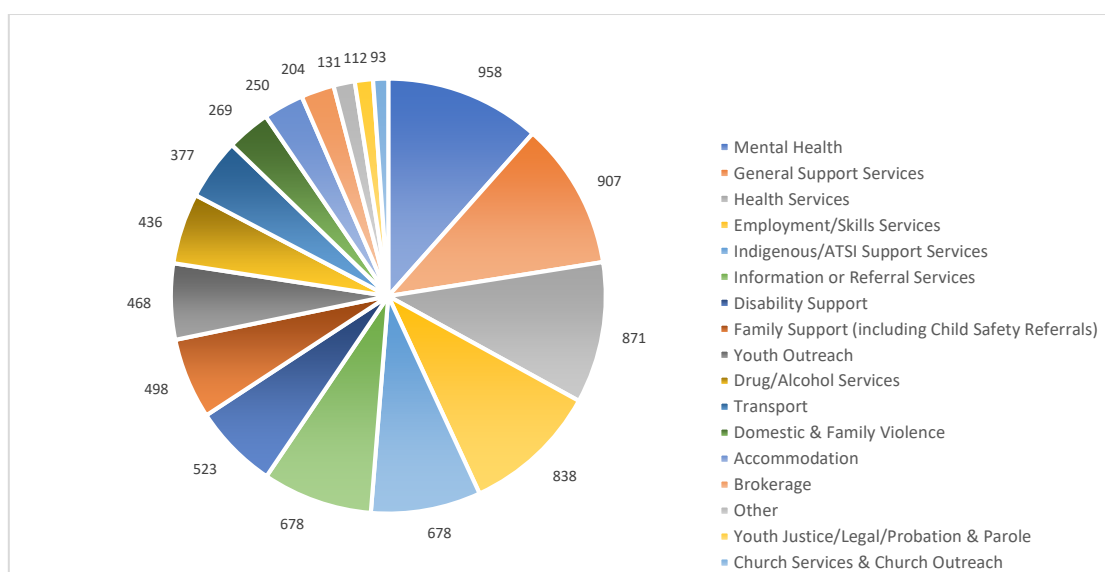
Figure 1: Number of Young People Supported in the Mackay Region in an Average Month

Average Waiting Time

63.9% of providers indicated their average current waiting time was only a few days, and some providers could deliver on the spot services or did not have a waiting list. However, these short waiting times only applied if the young person met the organisation's eligibility requirements, if the service was not at capacity, and/or if the staff required were available to deliver the service. Unfortunately, 25.1% of providers have waiting times of at least one month, and sometimes of more than six months before young people can be helped, and 18.6% of youth organisations are forced to stop accepting referrals when their service is at capacity or their waiting list is full. Figure 2 lists the average waiting time for youth support appointments in the Mackay region.
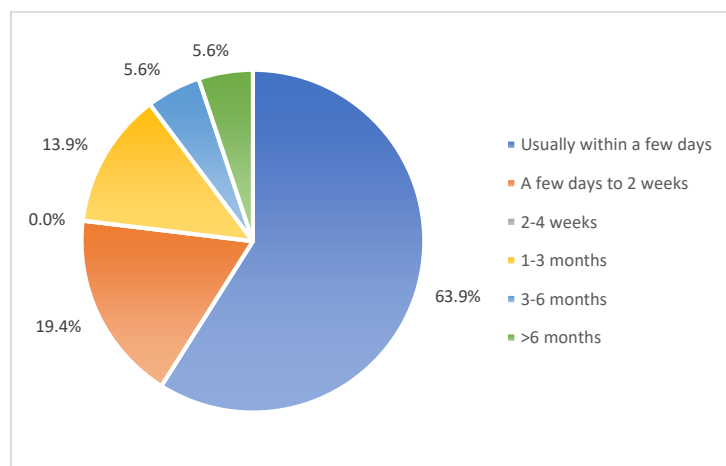
Figure 2: Average Time Young People Wait for Support in the Mackay Region

Barriers to Service Delivery

The most commonly encountered barriers to service delivery were:

❖ Young people lacking transport to get to appointments
❖ Limited funding and staff
❖ Not being able to provide outreach support and brokerage to young people
❖ Long waiting lists and services frequently being at capacity
❖ Not being able to support young people of all ages or provide all linked services
❖ Difficulty obtaining parental/guardian consent
❖ Hours of service provision and inability to provide flexible support
❖ Strict eligibility criteria prescribed in funding contracts.

Difficulties with collaboration and referral were a major barrier to supporting young people, with 61.9% of providers experiencing problems. Difficulties often arise due to lack of awareness of service availability, unclear referral protocols, lack of follow up after referral and consent and confidentiality issues.

The Mackay region was found to have numerous gaps in vital youth services. The complete list of unmet needs is detailed in Appendix 2. The greatest unmet youth service needs were identified as:

52.8% of service providers stated the region has insufficient youth emergency accommodation.

44.4% of providers stated that more outreach services to young people in outlying areas are needed, along with transport options to enable young people in outlying areas and within Mackay to access support.

33.3% of service providers indicated the region needs more specialised sexual assault, sexual abuse and sexual health services for young people, including programs for young perpetrators of sexual violence, male and female victims of sexual violence, and services and programs that do not require parental/guardian consent to access.

27.8% of service providers stated more specialist youth support services, including mental health and youth allied health support services, are needed.

19.4% of providers stated that access to immediate, specialist support was an unmet need for young people in the region.

14.3% of providers identified that there are not enough alternative schooling options available to educate the young people in the region who cannot attend mainstream school.

Young People's Experiences

Problems Faced

Young people from both groups experienced numerous difficulties, each of which influence their risk of vulnerability. The full list of risks and the proportion of young people who experienced them are tabled in Appendix 3.

Significant in the accounts of young people was a strongly felt need to be responded to as a whole person, rather than as just a single presenting issue. The current fragmentation of services does not address the complexity of issues young people face, or engage with them in a holistic manner.

"When young people get the help they need, they can build on it, get stronger, and get through it."

What Factors Influence a Young Person's Risk of Vulnerability?

Analysis of data collected directly from young people suggests that certain factors either increased or decreased their risk of vulnerability.

In the higher-risk group, a young person's risk of vulnerability increases sharply with age, while a much smaller increase in risk occurs with age in the lower-risk group. Through the teenage years and early adulthood, young people are exposed to an increasing range of risks such as negative peer influences, driving, sexual activity, alcohol and drugs.

Being female was associated with a slightly higher, although non-significant, risk of vulnerability, particularly in the higher-risk group.

Within the higher-risk group, indigenous participants had a slightly lower (although not statistically significant) risk of vulnerability than the non-indigenous young people. It is possible that young indigenous people have extended family networks for support, and/or that the different practice model within indigenous services provides better access and holistic care.

At age twelve, young people in the higher-risk group with disabilities or learning difficulties had 2.5 times higher risk of vulnerability than their peers, but their risk only increased by ~15% by age twenty-five. In contrast, the risk of vulnerability of those young people without disabilities or learning difficulties tripled between the ages of twelve and twenty-five, equivalent to that of those with disabilities. Data extrapolation shows that the risk of vulnerability of people without disabilities or learning difficulties in the higher-risk group will rapidly exceed that of people with disabilities after age twenty-five. It is believed that the early and ongoing support provided to young people with disabilities and learning difficulties may contribute to their much slower acceleration of risk.

Young people with disabilities or learning difficulties in the lower-risk group were at no greater risk of vulnerability than those young people without.

Young people with a supportive family environment had a much lower risk of vulnerability than those experiencing family conflict or who lacked family support. This effect was highly significant within the higher-risk group. Those people without family support had double the risk of vulnerability at age twelve, and triple the risk at age twenty-five, compared to their higher-risk peers who had a stable, supportive family environment. Remarkably, those young people in the higher-risk group with a stable, supportive family were at no greater risk

of vulnerability than those young people in the lower-risk group. Within the lower-risk group, although the difference was not statistically significant, those young people without strong family support experienced an increase in risk with age, while those with a supportive family environment experienced a decrease in risk of vulnerability with age. These results indicate the importance of family support in helping young people to avoid risk.

Addressing Unmet Needs: Service Provider Perspectives

As previously discussed, this research emerged from an increasing awareness expressed by youth service providers, young people and providers of informal youth supports that the needs of young people across the Mackay region were not being wholly met. Despite there being numerous excellent youth service providers in the region, they have found themselves increasingly constrained by funding, lack of qualified staff, referral difficulties, limits of service capacity, contractual requirements, and lack of specialist services in some areas. Eligibility for service is predefined in ways that leave some young people unable to access to support, and the complexity of supports required for some young people sometimes leaves these support needs unmet.

The unmet service needs identified by service providers and young people in this research were numerous. Additionally, as a regional centre, Mackay is not able to provide the wide spectrum of youth supports that young people in metropolitan areas have access to. While each issue identified is deserving of greater discussion, only the key themes from each portion of the research, particularly those that were common across at least two areas, have been discussed in detail here.

🏠 *Emergency Accommodation*

A severe shortage of emergency accommodation for young people was the primary unmet youth service need identified in the Mackay region. Young people experience homelessness due to a variety of reasons such as accommodation issues, unemployment, financial issues, domestic and family violence, relationship issues, health issues, mental illness, substance abuse, lack of support and transition from care (Homelessness Australia, ND) (Council to Homeless Persons, 2019). Without addressing these underlying factors, simply providing a place to sleep provides only a temporary Band Aid rather than a true solution. Similarly, homelessness can generate additional problems for young people, including poor physical and mental health, drug and alcohol abuse, poverty, trauma, social isolation and increased likelihood of becoming a victim of violence (Council to Homeless Persons, 2019). These other issues arising from the homelessness also need to be addressed in a holistic manner.

There are several models of youth emergency accommodation that exist in other areas that could be replicated in the region. Many of these, such as the Youth Foyers, provide holistic, wrap-around support to address all areas of need, rather than just providing a place to sleep. Providers also noted the potential for innovative use of existing accommodation to temporarily address youth homelessness and possibly circumvent some of the funding limitations.

📌 Several service providers committed to establishing a working group to address emergency accommodation in the Mackay and Whitsunday regions.

Sexual Assault / Sexual Abuse

Specialist sexual assault, sexual abuse and sexual health services and programs for minors, particularly those fifteen years and younger, were another largely unmet need identified. This includes programs for victims and perpetrators of sexual violence of both genders who are under the age of eighteen. Given that in 2004-2005, 14.9% of all perpetrators of sexual violence in Queensland were under the age of seventeen (Australian Institute of Family Studies B, 2006), and that rates interpersonal violence are increased in regional and rural areas (Victorian Centres Against Sexual Assault, 2019), such a program would be of great benefit within the Mackay region.

> With so many providers indicating that services and programs for young victims and perpetrators of sexual violence were a largely unmet need in the Mackay region, it would seem prudent to also investigate education programs for the prevention of sexual violence, perhaps in consultation with Education Queensland.

Mental Health

Mental health was the primary type of youth support provided within the region, with almost one thousand youth mental health appointments provided per month. However, both providers and young people cited long waiting lists or eligibility criteria preventing their mental health needs from being met. Of concern was that both providers and young people noted the lack of mental health evaluation and follow up care following self-harm, suicide attempts or suicidal ideation.

Mental health supports are also needed 24/7, and providers agreed that a local hotline or a local centre that provides around the clock support is needed. Regional data on self-harm and attempted suicide demonstrates that the majority of young people inflict self-harm and seek help for these injuries outside of business hours (see Appendix 4 and Appendix 5). This data certainly speaks to the need for accessible, 24/7 mental health support in the Mackay region.

Outreach & Flexible Support

Providing outreach services to schools, places where young people gather or where they feel safe and comfortable are examples of outreach and flexible service delivery that would be supported by many service providers. Flexible support also encompasses the ability to provide services outside of business hours to support young people in crisis. In offering flexible supports, relationships, engagement and trust may be built more readily with the young person, which are vital to the young person becoming invested in their own care.

Young people in outlying areas were found to be particularly disadvantaged by the combination of lack of support services in their area and by lack of transport into Mackay to access support. While the costs and time constraints of travelling to provide outreach are a major barrier for service providers to overcome, collaborative practice may help to address this.

📌 Several service providers committed to engaging in a working group to address provision of youth outreach support to outlying areas.

🚌 *Transport*

A lack of transport options for young people to access support both within Mackay and in outlying areas was a major issue identified by all stakeholder groups. While transport services simply don't exist or are infrequent in some areas and on some days, this issue is often compounded where young people lack family support to get to much-needed support appointments. Several excellent suggestions were tabled surrounding transport options. However, these relied heavily on public transport infrastructure that is currently limited or unavailable. Extension of current public transport services would require both increased funding and extensive consultation with all stakeholders, including the Mackay Regional Council, transport providers, youth service agencies and young people.

📌 Providers discussed that being able to provide outreach services would alleviate some of the limitations of transport availability. It is suggested the youth service outreach working group or another working group may be able to investigate a coordinated, collaborative solution to local transport options for young people to access support.

🤝 *Including Young People as Active Agents in Their Own Care*

At the community feedback forum, providers unanimously agreed that young people must be kept at the forefront of their own care, and that allowing them such input would encourage young people to become more invested in their own wellbeing. It was widely viewed that including them in decision-making regarding their own care helps to empower them, which is particularly important for those young people who have been disempowered as victims of abuse, trauma and violence. This empowerment is a vital step in building self-esteem and resilience in young people. However, young people would need to have access to information, be involved in a range of discussions and have access to peer groups where similar issues are discussed. This requires a different and ongoing relationship with support providers and practitioners, which is a model of service provision that is quite distinct from the traditional model of service delivery.

Addressing Unmet Needs: Young Peoples' Perspectives

Despite their traumatic and difficult life experiences, many young people demonstrated such strength, determination and resilience, as well as knowledge of exactly what they need to move forward and positively change their lives. However, there was no "One size fits all" solution. Each young person's experiences and needs have shaped their ability to cope with hardship, and each requires different supports and strategies to move forward. Notably, those young participants who

accessed existing youth hubs had greater exposure to youth development and esteem-building activities.

Areas of need identified by young people included:

- ❖ Non-clinical, non-judgemental support
- ❖ Approachable support workers who can relate to the young person's experiences
- ❖ Opportunities to engage in activities and avoid negative influences
- ❖ Positive role models and mentors
- ❖ Including young people as active agents in their own care
- ❖ Opportunities to contribute
- ❖ To be involved in work and community.

> Young people themselves identified that they need a place to belong, where they are not judged, and where they can interact with, and relate to, adults and peers in ways that support them through adversity and afford them opportunities to, "Become the best version of themselves."

> Implicit in young people's accounts were that ongoing, stable and supportive relationships are vital to enabling the above needs to be met.

In dealing with their challenges, young people's responses revealed the detrimental effects their experiences had on their self-esteem and resilience, and how they often utilised negative strategies to cope with adversity.

Bridging the Gaps: A Research Perspective

Embedded in young people's accounts of their struggles were several areas where the current service models are unable to respond adequately to their needs.

Family Support

Family support is considered to be a universal preventative against risky behaviours in young people, and also as a way to manage them (Queensland Government Department of Communities Child Safety and Disability Services, 2016). This research found that young people who experience ongoing family conflict and a lack of family support have significantly higher risk than those young people who have family support and stability. Notably, several young people in the research articulated that their supportive family had helped build their resilience, self-esteem and ability to deal with difficult situations, including avoiding risk and negative peer influences.

Providing support for families to build their capacity to support their at-risk young person is vital. Early intervention for young people and their families while problems are still emerging is crucial to prevent escalation (Queensland Government Department of Communities Child Safety and Disability Services, 2016) (Atkinson, 2018). Agencies suggested that teaching parenting skills and providing support from the earliest possible age were necessary to improving family support capabilities.

However, this is unlikely to be effective for those young people who have experienced an ongoing absence of family support. Where a lack of family support is a major barrier to young people accessing support, service providers identified that being able to flexibly support young people is crucial. The question remains as to how current policy and practice can formulate an adequate response to address this need for those young people who lack family support.

★ *Self-Esteem*

Young peoples' opinions of themselves are built up or broken down by numerous factors. Positive factors such as having a supportive family, social and community support, and a positive learning environment all build self-worth within young people (Government of South Australia, ND) (Currie, et al., 2012). Regular exposure to these protective factors, especially family support, builds resilience, increases one's ability to resist negative influences, and increases the likelihood of greater physical and mental health compared with those who are not exposed to these (Currie, et al., 2012).

In this research, the young people who had the highest self-esteem were not necessarily those who had avoided trauma, abuse or hardship. Rather, those who had the support of family, extended family, or other positive stable adult influences, and those who have had the opportunity to build confidence, skills, social skills and resilience through involvement in youth development activities, were more likely to have healthier self-esteem.

In the community forum, service providers discussed at length the need to build self-esteem, resilience, confidence and life skills in all young people, but particularly those who are at elevated risk of vulnerability. Informal supports such as sporting, cultural, creative and community activities, mentoring, and teaching positive coping strategies were noted by young people and providers alike as being vital in building self-esteem and resilience in young people.

📌 The effectiveness of programs to build these skills in young people in regional areas such as Mackay could be investigated by a working group or existing network.

💓 *Coping Strategies*

Within the Mackay region, young people who have experienced one or more traumatic life events, suffer from poor mental health or who lack family support had a high rate of utilising negative strategies such as drug and alcohol abuse, self-harm and suicidal behaviours, eating disorders and risky sexual behaviours to cope with adversity. This was particularly prevalent in the higher-risk group.

Drug & Alcohol Abuse

Both service providers and young people identified alcohol and other drugs as a major issue for young people within the Mackay community, including the need for more youth specific drug and alcohol counselling and rehabilitation programs.

Although not all drug and alcohol use is considered problematic, young people commonly misuse and abuse drugs and alcohol due to traumatic life events, domestic and family violence, family

conflict and disengagement from family, peer difficulties, mental health issues, homelessness, disengagement from school and sexual violence (Queensland Government Department of Communities Child Safety and Disability Services, 2016) (Hammersley, et al., 2003). Conversely, positive family and peer relationships, connection to education and community, resilience, a sense of belonging and positive self-esteem can protect young people from abusing drugs and alcohol (Queensland Government Department of Communities Child Safety and Disability Services, 2016) (Government of South Australia, ND). Addressing the underlying issues leading to drug or alcohol addiction, and those issues that stem from it, are as important as addressing the addiction itself.

> The rate of drug use for all participants in this study was 21.9% overall, and 33.3% in the higher-risk group. These figures are significantly higher than the 15.9% of people over fourteen in regional and remote areas who report using drugs (Australian Institute of Health and Welfare, 2019). Considering this high drug usage rate within the Mackay community, it is possible that an alternative and a whole of community response to addiction may need to be considered.

Self-Harm & Suicide

The proportion of young people in the study who reported inflicting self-harm, having suicidal ideation or attempting suicide was of high concern. Self-harm and attempted suicide are unhealthy strategies used to cope with traumatic life events (Queensland Government Department of Communities Child Safety and Disability Services, 2016), but also relate to poor mental health and a greater need for mental health supports for young people. Several young people involved in the research demonstrated that with the correct combination of supports, recovery is possible, even from severe, frequent self-harm and attempted suicides stemming from horrific abuse.

> "Young people might feel like there's no coming back from the bad stuff, but with the right help and support, there is."

Bullying

Young people in Mackay experienced bullying at almost double the rate that occurs in schools nationally. Bullying can negatively impact a young person's self-esteem, coping skills, academic performance, and mental health, and increase their risk of suicide (Relationships Australia, 2018) (Bullying No Way, 2019). Whilst all schools have anti-bullying policies in place, increased dialogue about the effectiveness of these strategies could be encouraged. In this research, having a supportive family who aids the young person in dealing with bullying was found to protect them against the negative consequences of bullying. Service providers and young people themselves also identified that the life skills, team building skills and confidence that are often gained through youth development activities such as Scouts, sports and mentoring of others helps young people deal with, and overcome, the negative effects of bullying.

> Dialogue between schools concerning their knowledge of the effectiveness of current anti-bullying strategies could be encouraged.

Disengagement from Education

A large proportion of the young people in the YEYS group engaged in truancy and experienced multiple disciplinary suspensions and one or more exclusions from school. Almost one-quarter had elected not to complete secondary school and did not engage in trades, training, apprenticeships or employment after exiting secondary school prior to graduation. Engagement in education is considered as a way to both prevent and manage vulnerability and risk in young people (Queensland Government Department of Communities Child Safety and Disability Services, 2016) (Government of South Australia, ND). In this research, lack of transport, lack of family support, financial strain or poverty, bullying, mental health issues or domestic or family violence were found to directly affect the school attendance of many young people.

Approximately 20.6% of secondary school-aged children in the Mackay region are not currently engaged in secondary school (see Appendix 6). It is unclear how many have taken an early exit for trades, training, apprenticeships or employment, and how many have simply disengaged from all education and employment. While Education Queensland has implemented a comprehensive strategy to prevent disengagement and promote re-engagement in education, given the reports of disengagement by young people in this study, it would be of benefit to better understand why young people in the Mackay region disengage, and also to identify effective strategies to prevent further disengagement.

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- In this research, 22.9% of young people in the higher-risk group had exited school prior to graduation and did not immediately engage in training, trades, apprenticeships or employment.

Resilience

Resilience is the ability to recover quickly following challenges and adversity, and each person's resilience is influenced by many factors. As with self-esteem, family, education, peers, community involvement, life events and individual factors can build or damage a young person's resilience.

Teaching young people resilience provides them with the tools to better deal with adversity and gives them self-confidence and a sense of achievement which have positive effects on self-esteem, and it is widely believed that early intervention to build resilience in young people may discourage them from negative behaviours (Queensland Government Department of Communities Child Safety and Disability Services, 2016). Numerous support providers stated that building resilience, confidence, coping strategies and life skills in young people was greatly needed to empower them to avoid risk, peer pressure and negative coping strategies. Some young people expressed that their experiences in accessing youth development activities had positively impacted their life skills, risk-avoidance skills, self-esteem and resilience.

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- Youth development activities such as arts, sport, Scouts, recreation, and cultural activities are considered as universal ways to both prevent and manage risk and

vulnerability through the modelling and teaching of many life skills, including resilience.

- Providers strongly supported non-traditional supports such as school-based chaplaincy-like programs, and programs that focus on building resilience, relationship and life-skills.

- Young people expressed a need for safe, friendly spaces, more positive role models and youth mentors.

Next Steps

All stakeholders involved in this research identified the fragmentation of the current youth service system, and that young people often fall into these gaps. Many of the gaps in services have gone unaddressed because they fall between the scope of existing services. In metropolitan areas, there may well be more specialist and more community-oriented services to fill these gaps, but in regional areas, funding, resources and services are sparse.

This points to the need for a regional area like Mackay to develop a comprehensive collaborative strategy and to work together to progress, maintain and review it. The endeavour to achieve gains beyond and between the current scope of existing agencies is collaborative structural work. To provide seamless, no wrong door access for young people requires agreement between services to reshape internal organisational processes such as intake and referral so as to improve alignment between agencies. This latter is often referred to as service integration. Consideration could also be given to a review of service delivery and practice approaches.

Interested community members are very active in the youth development area but are rarely included in youth sector discussions. Several service providers mentioned the need for more community involvement, yet this needs to be built over time, encouraged and appreciated. Currently, few agencies see community work of this kind as part of their scope.

In terms of taking immediate action, the following points emerged from the research.

Service Provider Directory

Implementation of a service provider directory that is kept up to date with a list of providers, services provided, hours of service, eligibility criteria and referral protocols would enhance collaboration. Without knowledge of service availability, providers are unable to collaborate to provide the best possible care for young people.

- Having an automatic registration to a service provider directory would improve service awareness, referral and delivery of support to young people.

📌 Several service providers committed to engaging in a working group to address provision of a single connect/call-in point for youth services.

Improved Referral Pathways

A clearer referral pathway would improve continuity of care for young people with complex needs, reduce the number of incorrect referrals and reduce the burden of follow-up for providers. Several suggestions for referral improvement were made by service providers.

- ❖ Implementation of a service provider directory that is kept up to date with a list of providers, services provided, hours of service, eligibility criteria and referral protocols.
- ❖ Improved feedback and follow-up from providers – just because a young person has been referred to another organisation, it does not mean the young person has received support.
- ❖ Implementation of automatic feedback to the referring provider to indicate whether the young person has presented, if the service is at capacity, and if the young person has been engaged in support.

Without implementing such processes and feedback systems, many young people will continue to fall through the cracks and not receive the support they need.

Staff & Staff Skilling

Although the need for additional staff and staff skilling is often dependant on organisations receiving additional funding, this is not always possible to access. Thus, providers need to be resourceful, collaborative and often innovative to address staffing issues.

- ❖ Mentorship and training of staff, both within organisations and from external organisations.
- ❖ Encouraging collaboration between services and referring young people to other organisations which have the necessary staff, training and programs to best support them.
- ❖ Fostering relationships between universities and other training organisations to encourage students undertaking studies or training in youth support, youth disability support or youth allied health to complete one or more student placements in regional areas such as Mackay.
- ❖ Government incentives to encourage specialist youth support staff to the region and remain here.

Service Capacity & Improved Access to Help

While capacity within an organisation may be increased by increasing staff or obtaining additional training and skill sets for current staff, it may also be increased by acquiring tools, equipment or other resources that extend an organisation's ability to provide services.

Other ways in which service capacity might be addressed are:

- ❖ To relax certain eligibility criteria for young people, in turn providing more young people with better and more immediate access to help.

❖ Improving service awareness and referral processes to reduce time spent searching for the appropriate support for a young person and following up incorrect referrals.

Over the course of months or years, small changes such as these would translate to increased capacity for youth support appointments across the sector.

An Expanded Repertoire of Practice Approaches

Young people have expressed their desire to be actively engaged in their own and each other's development, for positive interactions with peers, holistic support from adults, friendly environments where they feel comfortable, and a desire for opportunities to contribute to their community. These may be better served by taking more community-oriented approaches.

A Centralised Youth Support Hub

All parties strongly supported the premise that a youth hub to house all youth services, both formal and informal, would be an excellent way to address some of the unmet needs in youth services, including service awareness, collaboration and referral. While the Mackay region does have several small youth hubs, these are limited by space, staff and funding. There are several existing models for comprehensive, centralised support hubs, such as the Youth Foyers throughout Australia that provide wrap-around formal supports for many issues other than just the presenting issues, along with informal supports.

! Through ongoing relationships with core hub workers, young people could be supported to access specialist support.

! Young people identified that an accessible youth hub should focus on being a friendly, safe place to hang out where they could engage in youth development programs such as sports, arts and cultural activities, but where they could also access formal supports if needed.

📌 Due to the high-level support for a centralised youth hub, further investigation into funding, feasibility and models appropriate for a regional area should be undertaken by a working group.

Collaborative Approach to Funding

Approaching funding options innovatively may improve delivery of services within the youth sector. Exploring non-traditional options for funding from council and the mining, banking and commercial sectors may boost available funds for local programs, activities or staff training. Providers agreed that collaboratively exploring long-term funding was critical to the successful implementation and delivery of new programs to fill current service gaps, and for the continuation of current successful youth services and programs.

Future Directions for Research

Several issues were identified through this research as unmet needs or potential solutions to existing problems and are deserving of further investigation due to the likely severity of impact on young people and the Mackay community.

Disengagement from Education & Training

The finding that a high proportion of secondary school-aged youth in the region are not engaged in mainstream secondary school education deserves further examination. High rates of young people disengaging from education and training now are likely to have significant future impacts on the health, economy, crime rate, employment rate and even the social fabric of the Mackay region. Thus, understanding the true proportion of young people in the Mackay region who disengage from education and training at an early age, and the reasons why, is vital.

Family Support

The Unmet Needs of Youth research found that family support was an important indicator of a young person's risk of vulnerability, and that lack of family support significantly increases the risks to young people. Understanding the regional issues that have led to a breakdown of support for young people within their own family, and how best to build the capacity of families to support their young people, are critical to avoid exacerbation of risk and negative behaviours in young people which may negatively affect the community as a whole.

Alcohol & Other Drugs as a Community Issue

The prevalence of AODS use among young people involved in the higher-risk group was more than double the reported drug usage rate in regional and remote areas (Australian Institute of Health and Welfare, 2019), with many young people also reporting that their immediate family members abused drugs and/or alcohol. Further research into the strategies best suited to addressing drug usage by young people and their families in the Mackay region is needed.

In conclusion, other issues identified in this research such as the shortage of emergency accommodation also require significant attention and further investigation, but will take longer to address. It is suggested that the full report be used as an ongoing reference to ensure each of the regional unmet needs remain on the agenda for collaborative action into the future.

Recommendations

Despite the ongoing and dedicated efforts of service providers, there are numerous unmet needs and barriers to needs being met in the Mackay region. It is beyond the brief of this research project to prioritise them for action. The research has, however, provided a wealth of information which can guide the efforts of RSDC and participating agencies to meet and prioritise. Working groups involving all key stakeholders can then be established to inform and prioritise changes. Wherever possible, consulting again with young people would be important in informing them they have been heard and can continue to contribute. Service providers recognised at the forum that they need a strong

foundation to act from, and it may well be that an emerging collaborative impact project in the region would assist the process of building a regional foundation for the structural work of service collaboration and integration. Whilst participating agencies were clear that the ongoing work of improving the functioning of the youth service sector is something that needs to be led and acted upon through their own collaborative efforts, they would also welcome expertise and support from many quarters.

RSDC has made five recommendations following this research into the unmet needs of youth in the Mackay region.

Recommendation 1

Youth service providers are invited to take the Unmet Needs of Youth Executive Summary back to their organisation so as to facilitate an in-house discussion on the findings. All organisations are then invited to provide feedback to RSDC along with indication of their commitment to an ongoing process of collaboration and service integration as part of a strategy to meet the needs of young people across the region.

Recommendation 2

RSDC facilitate a process which enables youth organisations to come together to decide:

(i)   the priorities that they will work on collaboratively;
(ii) the structural arrangements (policy, organisational and committee) needed to support this work;
(iii) specific objectives and how they will be progressed, timeframes and performance criteria of the work; and
(iv) the training and professional development required to progress the work.

Recommendation 3

The Unmet Needs of Youth Project has clearly identified that young people have a contribution to make to youth-focused collaborations in Mackay. However, they believe their voices are rarely heard, and their input rarely has influence. It is recommended that services and interested stakeholders meet to consider how the results of this study can be fed back to young people, and how young people can be involved in monitoring improvements. Agencies could consider a youth participation strategy, to be progressed through an annual plan that ensures young people have opportunities to provide input, make contributions and provide feedback to enhance both formal youth support service and youth development opportunities.

Recommendation 4

This study is a first step towards collective consideration of the needs of young people in the region. Further research and collaborative work are necessary. It is recommended that agencies work together with RSDC to investigate and pursue financial investment options to carry the work forward.

This study is the first step in addressing the unmet needs of young people in the region. Due to the serious impacts to young people and the community as a whole, it is recommended that further investigation be conducted into the following issues in concert with key stakeholders.

    (i)   The disengagement of approximately one-fifth of the secondary school-aged population from secondary education.

    (ii) The breakdown of support for young people within their own family, and how best to build the capacity of families to support their young people.

    (iii) Establishing why young people and parents within the Mackay community are abusing drugs and alcohol and how to best provide them with effective support in addressing the underlying issues and the problems that stem from substance abuse.

Conclusions

Youth services in the Mackay region provide an average of 8,291 youth support appointments each month. Despite this, many needs go unmet, and services are often unable to reach those young people whose needs are greatest. Of all the service gaps identified in the Mackay region, youth accommodation, sexual abuse and sexual assault services, mental health, transport, outreach and flexible service delivery were viewed as being the highest priorities. Young people and some service providers identified that service capacity to engage holistically with young people would be more effective than clinically provided services. Many of the unmet service needs also require provision of wrap around support to address underlying issues and associated issues which arise from them.

Service providers are aware of the need for coordinated, collaborative and integrated care for young people, yet are constrained by a range of policy, funding and sectorial constraints. These include eligibility requirements, sector fragmentation, inadequate referral processes, competition for resources and human resource issues. However, all services expressed a willingness to work collaboratively to address these issues.

From a young person's perspective, the service provisions are fragmented and difficult to access. They would like more youth-friendly spaces where young people can gather, be supported, and engage with adults and peers to access opportunities and assist them in facing the challenges in their lives.

And what of the needs of the young people themselves?

"Starting from the ground up…young people need to…have people who care."

This report has presented a comprehensive look into the unmet needs of young people aged 12-25 years in the Mackay region. By utilising a participatory development approach, this research has heard from key stakeholders regarding what organisation-based changes need to occur within the youth sector to ensure coordinated, collaborative and integrated care for young people. It has also identified the major unmet service-based needs in the region. And finally, the research has recorded

the needs, voices and resilience of young people, many of whom are highly disadvantaged, disengaged and marginalised. In order to ensure these needs continue to be heard and met, the report has presented five recommendations for action, and RSDC will bring the youth sector and other key stakeholders together to address them.

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Appendix

Appendix 1 – Adapted Vulnerable Youth Framework

The Adapted Vulnerable Youth Framework combines the Vulnerable Youth Framework and Maslow's Hierarchy of Needs (Figure 3), and includes criteria for assigning rankings.

The Vulnerable Youth Framework allocates the level of a young person's vulnerability, risk and the complexity of interventions required to manage the issues according to a green-yellow-orange-red traffic light system (Government of South Australia, ND). Not all issues identified in the Unmet Needs of Youth project were listed in this table. Issues not already assigned a ranking in the Vulnerable Youth Framework were assigned a traffic light ranking according to existing items to which they were similar. Additionally, issues not already assigned a traffic light ranking in the Vulnerable Youth Framework were evaluated for their potential impacted on Maslow's Hierarchy of Needs (Hopper, 2019) and the complexity of interventions required to address them.

Maslow's Hierarchy of Needs acknowledges that there are a range of needs that an individual requires in order to survive (Hopper, 2019). The requirement to meet physiological needs and safety are relatively straightforward. However, the hierarchy also acknowledges that beyond a need to survive, individuals also require love and a sense that they belong to a group. Similarly, an individual's own sense of worth (esteem) and a desire to achieve (self-actualisation) are also important to an individual's overall wellbeing. If any of these needs are not met, or are at risk of not being met, then an individual may experience difficulties across other areas of need, increasing their risk of vulnerability.

A green ranking indicates common youth issues that can be managed through family, recreation, social and cultural support (Government of South Australia, ND). This includes issues that have minor or transient effects on any of Maslow's Hierarchy of Needs. A yellow ranking indicates the young person is experiencing additional problems which require early intervention, or the young person has limited support, and the problems have some greater on-going impacts on Maslow's Hierarchy of Needs. An orange ranking indicates factors that make the young person highly vulnerable, require comprehensive and coordinated interventions to modulate risk, and have significant effects on Maslow's Hierarchy of Needs. A red traffic light ranking indicates factors that have severe impacts on the young person and place them at high risk, requiring immediate and holistic intervention. Orange and red risk ratings also indicate that the young person may not have traditional supports (Johnson, et al., 2013) and that the young person's safety or basic physiological needs are likely to be significantly or severely impacted.

Not all youth issues were assigned a fixed risk ranking in the Adapted Vulnerable Youth Framework, but instead were assigned a sliding scale of risk according to the severity of the issue, the impact on a young person's wellbeing and the complexity of interventions required to moderate risk. Factors assigned a sliding scale of risk were self-esteem, mental health, health, bullying, family mental health, legal issues/crime, family legal issues/crime, risky sexual behaviours, homelessness, financial strain/poverty, school suspensions and expulsions, alcohol use, drug use, family member alcohol and drug use, disability, negative peer influences, self-harm and suicidal ideation/suicide attempts.

	ALL YOUNG PEOPLE Vulnerability managed through family, recreation, social and cultural support			
	Traumatic life events (death of a family member or close friend) Difficulty with peers Family breakdown or separation Adoption	**EXPERIENCING ADDITIONAL PROBLEMS** Vulnerability requires early interventions		
		Low-level truancy Family conflict Isolated from community Pregnant/teenage parent LGBTIQ+ Learning difficulties Few/no friends Minor sexual assault	**HIGHLY VULNERABLE** Requires comprehensive, coordinated interventions	
			Disengaged or isolated from family Unemployed Not enrolled in education Frequent truancy Domestic & family violence Sexual assault / abuse	**HIGH RISK** Criminal orders from Youth or Adult Court Out-of-home care / Child Safety involvement Multiple high risk behaviours Co-occurring problems Drug dealing
Bullying	Resolved or no effect on young person	Some effects on young person - occasionally affects daily life	Moderate effects on young person - Frequently affects daily life	Significant effects on young person - Significantly affects daily life
Self-Esteem	Lowered - sometimes affects daily life	Poor - frequently affects daily life	Very poor - leads to issues such as eating disorders	
Homelessness		Occasional couch-surfing	Homelessness	
Financial strain / Poverty		Financial strain	Poverty	
School Suspensions		1 to 5	>5	
School Expulsions		For non-violent behaviours	For violent behaviours	
Disability		Some effects on daily life and/or relationships	Frequently affects daily life and/or relationships	Severe effects on daily life and/or relationships
Negative Peer Influences		Minor - truancy, smoking, minor crime, minor alcohol	Moderate - emerging drug use, moderate crime, low-level violence	Severe - heavy drug influence, major crime, violence, gang association
Mental Health		Emerging - occasionally affects daily life / relationships	Moderate - Frequently affects daily life / relationships	Severe - significantly affects daily life / relationships
Family Mental Health		Some effects on young person	Moderate effects on young person	Significant effects on young person
Health		Some effects on daily life	Moderate effects on daily life	Significant effects on daily life
Risky Sexual Behaviours		Underage sex	Unprotected sex, multiple parters, sex under the influence of AODS	Prostitution
Alcohol Use		Social	Binge drinking	Alcoholism / dependence
Drug Use		Social	Weekly	Daily use or IV drug use
Family Legal Issues / Incarceration		Some effects on young person	Moderate effects on young person	Significant effects on young person
Youth Legal Issues / Incarceration / Crime		First contact with police / minor crime / warnings only	Ongoing criminal activity and/or Youth Justice involvement	Significant - repeated contact, violence, incarceration
Self-harm		1-2 minor episodes e.g. superficial cutting, no medical treatment required	>2 minor episodes / moderate episode requiring non-urgent medical attention	1 or more major episodes e.g. significant medical treatment required
Suicidal Ideology & Suicide Attempts			Suicidal ideology only	1 or more suicide attempts

Figure 3: Adapted Vulnerable Youth Framework

Although not included directly within the above Adapted Vulnerable Youth Framework, there are a number of factors which protect young people against vulnerability involving school, family, peers, community, life events and individual protective factors. A comprehensive list of factors known to protect young people against the risk of vulnerability can be found in Table 1. One protective factor is youth participation in community activities such as sport and recreation (Government of South Australia, ND). Youth Development (YD) activities such as sports, Scouts, the arts, skills development,

cultural programs, mentorship programs and recreational activities provide young people with the opportunity to develop a wide range of life skills and engage in positive experiences. YD activities enable young people to develop skills and abilities, social skills, resilience, leadership, a sense of accomplishment, and to participate within their communities. YD activities build a sense of belonging and connection in young people, and they benefit all young people regardless of their circumstances (Wierenga & Wyn, 2011).

Table 1: Factors Which Protect Young People Against Vulnerability

SOCIAL FACTORS	
Location	**Protective Factors**
Family	Nurturing, supportive attachments to family and extended kinship networks
	Parental supervision and interest in child's growth and development
	Parent access to relevant resources and support
School	Regular school attendance
	Positive relationships with teachers, coaches & peers
	Participation and achievement in school activities
	Access to personal, interactional and academic support
Peer	Associating with pro-social peers
ENVIRONMENTAL FACTORS	
Location	**Protective Factors**
Community	Stable and affordable housing
	Access to services
	Participation in community activities, such as sport and recreation
	Involvement with supporting adults
	Income security
Life Events	Avoiding, surviving and/or recovering from harm caused by loss or trauma
INDIVIDUAL FACTORS	
Location	**Protective Factors**
Individual	Pro-social attitudes
	Competent social skills
	Regard for self and others
	Substance avoidance
	Self-confidence
	Positive sense of identity and belonging
	Healthy diet and weight, physical activity, fitness and mental wellbeing
	Sexual health

Source: (Government of South Australia, ND)

Appendix 2 – Unmet Youth Service Needs in the Mackay Region

When asked about unmet youth service needs, 83.7% of respondents indicated there were one or more unmet needs in youth services in the Mackay region. Table 2 summarises these. Where considerable detail was provided around the unmet needs, further discussion is provided below. Providers were able to provide more than one answer, so the percentages do not add up to one hundred percent.

Table 2: Unmet Youth Service Needs Identified by Service Providers

Unmet Youth Service Need	Proportion of Providers	Unmet Youth Service Need	Proportion of Providers
Emergency accommodation for young people	52.8%	Therapy programs for creative arts (music, art etc)	5.6%
Specialised sexual health / abuse counselling/assault services/support	33.3%	Group programs for young people	5.6%
More specialist services for young people	27.8%	Flexibility on Government requirements due to mental health, homelessness, drug abuse or lack of supports	5.6%
Open door policy for service providers / immediate support available	19.4%	Youth centres / friendly drop-in centres with youth workers	5.6%
Limited number of service providers who provide support across outlying areas	19.4%	Education for young people on how to access help	5.6%
Alternate Learning / Flexible Learning / Tutoring	14.3%	Affordable housing (including with pets)	2.8%
Limited transport options for young people in outlying areas to access services in Mackay	13.9%	Lack of mentoring programs for young people outside the youth justice system	2.8%
Support services for young people in school	11.1%	Affordable counselling for <12 years (not private practice)	2.8%
Lack of transport options within Mackay for access to services	11.1%	Job readiness programs for young people requiring a high level of support	2.8%
Child safety services	11.1%	Bulk-billing GPs when the young person does not have a health care card	2.8%
AODS rehabilitation for <18 years	8.3%	Help navigating government departments	2.8%
DFV Counselling/programs for young people	8.3%	Greater awareness of available services	2.8%
Disability support services for young people	8.3%	Collaboration and information-sharing between services	2.8%
Culturally appropriate education facilities, counselling & therapy for young ATSI people	5.6%		

Emergency Accommodation

Over half (52.8%) of providers indicated that there is a lack of emergency accommodation for young people. Some providers included specific age ranges where emergency accommodation was needed e.g. <12years, <16years, 15-21years. Other providers noted emergency accommodation for young couples was needed, or for young people where short-term respite from parents was required due to family conflict or illness of parents or guardians. A need for homelessness support services was also noted.

Sexual Health/Sexual Abuse/Sexual Assault Services

The next greatest unmet service need was for specialized sexual health, sexual abuse, sexual assault counselling or support for young people, with 33.3% of providers indicating this was an unmet need in the region. Some respondents provided detail such as sexual assault services for <15years, sexual health services for <16years, sexual health and assault services that do not require parental consent to access, and programs for perpetrators of sexual assault who are <18years.

Other Specialist Services

Over one quarter (27.8%) of respondents indicated a lack of specific specialist services for young people. This included mental health, mental health outreach, trauma counselling, speech therapy, behavioural therapy and learner's permit programs.

Outreach to Outlying Areas

While 19.4% of providers identified a lack of youth services providing outreach to outlying areas, when consideration is given to the 13.9% of providers also identifying the limited transport options for young people in outlying areas to access services in Mackay as an issue (a total of 33.3%), youth in outlying areas are at considerable disadvantage when they need to access support.

Transport

Transport is a major unmet need for young people to be able to access support services. Providers noted that there are limited transport options for young people in outlying areas such as Sarina and the Pioneer Valley to access services within Mackay (13.9%), and also for young people within Mackay to access services (11.1%). This brings the total number of providers indicating that transport for young people to access services is an unmet need to 25%.

Alternate Learning

The scarcity of alternate learning services was identified as an unmet need by 14.3% of providers, including both junior and senior high school. Also identified by providers was a need for greater support to encourage and engage students at-risk of disengagement from mainstream school into alternate learning options, and to have more tutoring options available for students.

Domestic & Family Violence

DFV programs and counselling for young people are lacking. Providers noted that programs where the victims or perpetrators of DFV are <18years are needed in the region, as are programs where the perpetrator of DFV is female.

Child Safety Services

Additional need for Child Safety Services was identified by 11.1% of the service providers. There is need for additional foster carers and for more intensive family support to keep young people at home or to reunify them with their family. One provided noted that Child Safety do not always offer the mandated level of support to clients under the age of sixteen.

Appendix 3 – Comparison of Risk Factors Experienced by the YEYS and YDO Groups

Table 3 presents the problems young people in the Mackay region faced using the traffic-light rating of the Adapted Vulnerable Youth Framework (Appendix 1).

Table 3: Comparison of Risk Factors Between YEYS and YDO Groups

	Youth Engaged via Youth Services Group					Youth Development Opportunities Group				
	% Low Risk	% Add. Risk	% High Risk	% Very High Risk	Total % of Group Experiencing Risk	% Low Risk	% Add. Risk	% High Risk	% Very High Risk	Total % of Group Experiencing Risk
Poor Self-Esteem	14.6%	12.5%	10.4%		37.5%	28.0%	16.0%	0.0%		44.0%
Health Problems		6.3%	4.2%		10.4%		12.0%	4.0%		16.0%
LGBTIQ+		8.3%			8.3%		8.0%			8.0%
Family Breakdown or Separation	50.0%				50.0%	32.0%				32.0%
Death of Family Member	4.2%				4.2%	4.0%				4.0%
Adoption	2.1%				2.1%	0.0%				0.0%
Negative Peer Influences		4.2%	10.4%	6.3%	20.8%		4.0%	0.0%	0.0%	4.0%
Bullying	14.6%	12.5%	8.3%	8.3%	43.8%	28.0%	16.0%	0.0%	0.0%	44.0%
No/Few Friends		14.6%			14.6%		16.0%			16.0%
Skipping school		12.5%	39.6%		52.1%		0.0%	0.0%		0.0%
School Suspension		10.4%	27.1%		37.5%		8.0%	0.0%		8.0%
School Exclusion			25.0%		25.0%			4.0%		4.0%
Did Not Finish School			22.9%		22.9%			0.0%		0.0%
Unemployment (School Leavers Only)			95.2%		95.2%			40.0%		40.0%
Family Conflict / Isolation from Family		22.9%	25.0%		47.9%		16.0%	16.0%		32.0%
Lack of Family Support		33.3%			33.3%		8.0%			8.0%
Family Mental Health Issues		16.7%	6.3%	2.1%	25.0%		32.0%	20.0%	0.0%	52.0%
Family Member Drug Use / Alcoholism		22.9%	6.3%	4.2%	33.3%		4.0%	0.0%	12.0%	16.0%
Family Member Legal Issues / Incarceration		14.6%	22.9%	2.1%	39.6%		12.0%	4.0%	12.0%	28.0%
Homelessness		6.3%	14.6%		20.8%		4.0%	0.0%		4.0%
Financial Strain / Poverty		6.3%	14.6%		20.8%		12.0%	0.0%		12.0%
Risky Sexual Behaviours	0.0%	6.3%	2.1%		8.3%	4.0%	0.0%	0.0%		4.0%
Drug Use		16.7%	6.3%	10.4%	33.3%		0.0%	0.0%	0.0%	0.0%
Alcohol Use		22.9%	12.5%	0.0%	35.4%		20.0%	4.0%	0.0%	24.0%
Drug Dealing				10.4%	10.4%				0.0%	0.0%
Legal Issues / Crime / Jail		22.9%	14.6%	12.5%	50.0%		4.0%	4.0%	0.0%	8.0%
Teenage Parent		4.2%			4.2%		0.0%			0.0%
Mental Health Issues		16.7%	33.3%	6.3%	56.3%		44.0%	20.0%	0.0%	64.0%
Self-Harm		10.4%	8.3%	2.1%	20.8%		8.0%	0.0%	0.0%	8.0%
Suicidal Ideation / Attempted Suicide			8.3%	12.5%	20.8%			8.0%	4.0%	12.0%
Sexual Abuse / Sexual Assault	0.0%	8.3%			8.3%	4.0%	0.0%			4.0%
Neglect or Abandonment			10.4%		10.4%			12.0%		12.0%
Domestic and/or Family Violence			33.3%		33.3%			12.0%		12.0%
Child Safety Orders				31.3%	31.3%				12.0%	12.0%

As the number of participants in the YEYS and YDO groups differed, the proportion of young people, expressed as a percentage, were used to compare the prevalence, type and degree of risk between groups. The traffic light rating of the Adapted Vulnerable Youth Framework uses green to indicate lowest risk and greatest ease of managing risk, and red the highest possible risk and greatest requirement for comprehensive, coordinated interventions to manage risk. Where the total percentage of the young people who experienced a given risk factor was greater than ten percent different between groups, the prevalence was considered significantly different.

Appendix 4 – Day & Time of Presentation to the Emergency Department for Treatment for Self-Harm Injury

Data was obtained from the Queensland Injury Surveillance Unit (QISU) on self-harm and attempted suicide incidents among young people who presented to the Mackay and Sarina Emergency Departments between 1.7.14 – 30.6.16 (Queensland Injury Surveillance Unit, 2019). Data was analysed for the day and time that young people presented to the ED for help following self-harm, including attempted suicide. It must be noted that the data presented in Table 4 is the time of presentation to the emergency department and is not the actual time the injury occurred.

Table 4: Time of Day Young People Aged 12-25years Presented to the Mackay and Sarina Emergency Departments for Self-Harm or Attempted Suicide in 2014-2016

Day & Time of Presentation to ED for Self-Harm Injury									
Time of Presentation to ED	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL	% of Presentations
12AM-3AM	1	1	1	2	1	1	4	11	**9.5%**
3AM-6AM	0	1	2	1	0	1	6	11	**9.5%**
6AM-9AM	0	1	0	0	0	1	1	3	**2.6%**
9AM-12PM	1	2	0	1	2	2	3	11	**9.5%**
12PM-3PM	3	0	1	1	1	3	3	12	**10.3%**
3PM-6PM	4	3	5	4	2	1	1	20	**17.2%**
6PM-9PM	5	5	1	3	3	4	4	25	**21.6%**
9PM-12AM	3	6	4	1	3	2	4	23	**19.8%**
TOTAL	17	19	14	13	12	15	26		
% of Presentations	**14.7%**	**16.4%**	**12.1%**	**11.2%**	**10.3%**	**12.9%**	**22.4%**		

Data Source: (Queensland Injury Surveillance Unit, 2019)

The most common day of the week to present to hospital for self-harm was Sunday (22.4% of presentations), followed by Tuesdays (16.4% of presentations). The least common day young people presented for treatment for self-harm was Friday (10.3%). Approximately one-fifth (21.6%) of presentations occurred between 6pm and 9pm, and 19.8% occurred between 9pm-midnight on any night. Of interest, 15.5% of ED presentations for self-harm occurred in the hours directly after school finishes (3pm-6pm, Monday-Friday) potentially reflecting an increase in school students presenting. The lowest proportion of presentations (2.6%) occurred between 6am and 9am on any day.

If consideration is given to the time of day where most local help services are open (9am-6pm Monday to Friday), 62.9% of all presentations for self-harm and attempted suicide occurred outside of regular business hours.

Appendix 5: Delay Between Self-Harm Injury and Presentation to the Emergency Department

QISU data on the delay between the time of self-harm injury and the presentation of the young person to the Mackay or Sarina Hospital Emergency Departments between 1.7.14–30.6.16 was obtained for 105 of the 116 cases of self-harm in 12-25 year-olds that occurred during this period (Queensland Injury Surveillance Unit, 2019). The proportion of injuries presenting within one hour, between one and three hours, four and six hours, seven to nine hours or greater than twelve hours was calculated. The data is presented in Table 5.

Table 5: Delay Between the Time of Self-Harm Injury and Presentation to the Mackay or Sarina Emergency Departments

Injury Time	Time delay					Total
	<1 hour	1-3 hours	4-6 hours	7-9 hours	>12 hours	
12 AM	1	1				2
1 AM	4	1				5
2 AM		1				1
3 AM	2	1				3
4 AM	1	1				2
5 AM	2					2
8 AM	1	2		1		4
9 AM		2				2
10 AM		2	1			3
11 AM		1				1
12 PM	1	1	1			3
1 PM		3	1			4
2 PM	2	2			1	5
3 PM	3	1		1		5
4 PM	3	5	1		1	10
5 PM	2	3				5
6 PM	2	5			1	8
7 PM	3	2		2		7
8 PM	5	6			1	12
9 PM	3	3			1	7
10 PM	5	3			3	11
11 PM		1	1		1	3
Total	**40**	**47**	**5**	**4**	**9**	**105**
%	38.1%	44.8%	4.8%	3.8%	8.6%	

Data Source: (Queensland Injury Surveillance Unit, 2019)

The minimum time between time of injury and presentation to the ED was fifteen minutes, with the majority (82.9%) of young people inflicting self-harm presenting to the ED for medical treatment within three hours of injury. The average time between injury and hospital presentation was 3hrs 3mins and the median delay in presentation was 1hr 9mins. Alarmingly, 8.6% of young people delayed seeking medical attention for more than twelve hours, with the maximum delay between time of self-harm injury and presentation to hospital being 21hrs 40mins.

The pattern for the time of self-harm was reasonably similar to that of the time of presentation to the ED for medical assistance. Sunday was the most common day for self-harm injuries to occur (17.2%). However, Fridays were the least common day to self-harm (8.6%). The most common time for young people to self-harm was 6-9pm on any night followed by 9pm-midnight on any night (18.1%). The least common time for young people to self-harm was 6am-9am on any day (3.4% of injuries). After school (3pm-6pm, Monday-Friday) saw 14.3% of self-harm injuries occurring, and three-quarters of all self-harm incidents (75.1%) occurred outside of 9am-6pm, Monday to Friday.

Appendix 6: Young People Disengaged from Secondary School in the Mackay Region

Understanding how many young people in the Mackay region are disengaged from education is important in addressing other problems within the region such as unemployment, drug and alcohol abuse, crime and poverty.

Table 6 compares the projected number of secondary school students in the Mackay region in 2019 against the number of current secondary school enrolments. Based on this data, it is estimated that 2,177 people, or 20.6%, of secondary school age are disengaged from secondary school in the Mackay region. This proportion is significantly higher than the 12% of Queensland secondary students who exit school prior to graduation, but similar to the proportion of young regional Australians who did not complete secondary school in a 2005 study (Curtis & McMillan, 2008).

Table 6: Proportion of Young People of Engaged in or Disengaged from Secondary School in the Mackay Region in 2019

Secondary School	Full Time Enrolments (FTE)	Total FTE
PUBLIC SECONDARY SCHOOLS		
Mackay SHS	1,071	
Mackay North SHS	1,289	
Mackay Northern Beaches SHS	930	
Mirani SHS	842	
Pioneer SHS	530	
Sarina SHS	731	
Total Public Secondary School Enrolments		**5,393**
CATHOLIC SECONDARY SCHOOLS		
Mercy College	957	
St Patrick's College	442	
Holy Spirit College	810	
Total Catholic Secondary School Enrolments		**2,209**
INDEPENDENT SECONDARY SCHOOLS		
Whitsunday Anglican School	350	
Carlisle Adventist Christian College	116	
Mackay Christian College	346	
Total Independent Secondary School Enrolments		**812**
Public + Private + Independent FTE		**8,414**
Projected Secondary School-Aged Persons in Region 2019		**10,591**
Projected Secondary School-Aged Persons - Current 2019 Enrolments		**2,177**

Data Obtained From: (Queensland Government Statistician's Office, 2019)
(Australian Curriculum Assessment and Reporting Authority, ND)

The 20.6% of young people in the Mackay region who do not complete their secondary education does not account for young people who are being schooled via distance education or alternate learning, or those who have exited school early to engage in employment or training. At the time of

this report, the information on reasons for students exiting from secondary school prior to graduation can be recorded on OneSchool. However, after consultation with numerous public and private schools in the region, it was discovered that many young people record their reason for early school exit as "Other" or "Personal" or elect not to provide any reason for early exit to school staff. It is likely that stigma and judgement about leaving school early without the reason of training or employment may prevent young people from reporting that they are simply "dropping out". This makes it difficult to ascertain exactly how many young people are truly disengaging from education, training and employment in the Mackay region. Research has found that almost 30% of secondary school non-completers did not have immediate plans to enter training, trades, apprenticeships or employment (Curtis & McMillan, 2008). Thus, the potential number of eligible young people disengaged from secondary school in the Mackay region is alarming.