THE HEALTH AND WELFARE OF CHILDREN AND YOUNG PEOPLE

AIM:

To describe the major health problems of Australian children and youth. To provide a historical discussion of some relevant services. To suggest a more holistic and targeted regional management structure to meet community and individual service needs of children and youth.

HEALTH PROFILE OF CHILDREN AND YOUNG PEOPLE

The health and education levels in any community are major determinants of its economic capacity. The health of children in any community is in turn related to the general level of economic development and the wealth of their particular family. The education of women is an important factor in bringing about health and economic development as this also leads to the production of fewer but healthier and better-educated children. Australian children aged 0-14 are very healthy compared with children in many other parts of the world and Australia has child mortality rates well below average. During the period 1979 to 1998 infant mortality rates more than halved for both males and females, although the male infant mortality rate remained 20-30% higher than the female rate over the period. The decline in infant death appears related largely to reduction in sudden infant death syndrome. However, infant mortality among indigenous babies remains three to four times higher than for non-indigenous babies. While the dental health of Australian children is generally excellent due to fluoride in the water, immunisation rates are not sufficiently high to allow eradication of measles or to prevent regular outbreaks of whooping cough. In some states, government requirements have been introduced for all children to be immunised before commencing school. Immunisation is required against diphtheria, tetanus, whooping cough, poliomyelitis, measles, mumps and rubella.

Despite a substantial decline over the last decade, injury remains the leading cause of death among Australian children 0-14 years. Drowning and motor vehicle accidents are the leading cause of childhood death. Injury, which includes poisoning, is the third most common reason for hospitalisation, after respiratory conditions and conditions originating in the perinatal period. Accidental falls are the most common type of injury requiring hospitalisation. Around 16% of children aged 0-14 have asthma, and this is the leading contributor to the burden of disease for Australian children. According to the Australian Institute of Health and Welfare, some of the risk factors for poor health outcomes, particularly in the pre-school years, include difficult temperament, harsh parenting, abuse or neglect, parental mental illness or substance abuse, family conflict, low socio-economic status, and poor links with the community.

Mortality rates among people aged 14-24 years are lower than in other age groups, with the exception of children aged 1-14 years. Mortality rates have consistently declined in the 14-24 age group and disability rates are also comparatively low. The decline in death rates is mainly due to reduction in motor vehicle accident deaths. There have also been reductions in new HIV diagnoses among young people. Teenage fertility rates fell sharply between 1971 and 1997. Despite the improvements in youth health it appears that mental health disorders, including drug dependence disorders, are a major concern. Injury (including poisoning, accidents and suicide) is the leading cause of death for people aged 12-24 with two thirds of all deaths attributed to it. Alcohol dependence and motor vehicle accidents are the two leading causes of disease and injury. Suicide has not followed the decline which is seen for most other causes of death. Over the period 1979-98 the suicide rate rose by 40% although it has begun to fall more recently. The death rate from drug dependence among young people in 1998 was close to 5 times the 1979 rate but has since been reduced as a result of successful attempts to curtail availability of illegal drugs

such as heroin and to manage addiction. One in 5 males and one in 10 females aged 18 to 24 appear to have substance abuse disorders, with alcohol being the main problem. Chlamydia is the main sexually transmitted disease among young people. Notifications for chlamydia and gonococcal infection increased over the past ten years but syphilis notifications decreased.

Social and economic disadvantages such as poor education and unemployment, and social issues such as lack of connectedness, have been shown to have negative effects on the health of youth. Among young Australians there are nearly three male deaths for every female death. Higher death rates for young males from accident and suicide account for most of the difference. However, rates of depressive disorders are three times higher for young females than for young males, and female hospitalisation rates for attempted suicide are greater for females at all ages, despite the much higher suicide rate for males. The 20% of males in the lowest socio-economic group are 1.7 times more likely to die and 1.4 times more likely to be hospitalised than the 20% of males in the highest socio-economic group. This major socio-economic difference in death and hospitalisation is less pronounced for females. Death rates for young Aboriginal and Torres Strait Islander peoples are almost three times higher for males and twice as high for females as for their non-indigenous counterparts.

HISTORICAL CONTEXT OF CHILD HEALTH AND WELFARE DEVELOPMENT

In Australia, the provision of child welfare services such as child protection, substitute care (including adoptions), and other family support services has historically been the responsibility of State and Territory governments. In fact, however, support for orphaned or destitute children has often been provided by religious and charitable institutions. Prior to the rise of the feminist movement in the 1960s, the family was seldom publicly questioned or regulated, unless its members were Aboriginal. Before the 1970s, female virginity followed by heterosexual marriage was the only socially acceptable social option. Childbearing was acceptable and economically possible only within marriage. In most cases, nobody knew what went on inside the family except its members, and they usually kept silent unless they could hide unpalatable truths no longer. Police involvement in domestic violence occurred only if family distress became an obvious disturbance of the public peace.

Government funded health services for Australian children began in 1904 when a home visitor service was introduced to promote breast-feeding. This was followed by the establishment of the world's first antenatal clinic in Adelaide, followed by Sydney in 1912. These infant health services expanded after the First World War and school screenings of children's health were also introduced. The first Commonwealth income support for families with dependent children came in 1941 with the introduction of child endowment payment. This was the precursor of a range of child support payments for families and later for sole parents during the 1970s and 1980s, which were often also means tested. The introduction of the family allowance package in 1987 had the stated aim of eliminating child poverty by the year 2000. Its failure to achieve this goal also drew attention to the distributive role, which must be played by parents, if eradication of childhood poverty is to occur primarily as a result of income support paid to parents. Since 1995 means tested, additional family payments have had the stated aim of allowing women with young children to make choices about whether they remain at home or go back to work after the birth of children. Today the major state government departments responsible for dealing with child health and protection issues include the departments of health and community services, school education, housing and police. The Commonwealth Department of Social Security may provide pension related family support and work related assistance through its Centrelink offices and the supporting employment networks.

DEVELOPING A BROADER APPROACH TO CHILD CARE AND PROTECTION

During the 20th century, the birth of children developed from an inevitability after marriage, to a personal choice. During the 1960s the advent of the contraceptive pill coincided with the trend towards greater levels of female participation in education and work. A widespread movement for the equality of women also developed. In NSW in 1972, safe, legal abortions became available after a court judgment the previous year found that abortion was legal if a qualified doctor says it is necessary to preserve the woman's mental or physical health. The trend for women to have fewer children has continued throughout the twentieth century. Today Australia has 7.3 million households of which 70% contain no children under fifteen. The median age of the population is thirty-five. Australian women currently have an average of 1.7 babies each. In 2016 couple households without children are projected to become the most common of all family types, overtaking couples with children. Against this trend, Aboriginal people currently make up 2.1% of the population and their birth rates are much higher than in the rest of the population. A recent study of Cape York Aboriginal communities indicated that 46% of Aboriginal and Torres Strait Islanders in Queensland are under the age of eighteen.

With the advent of the Whitlam government in 1972 a range of new issues were put on the government's agenda primarily as a result of the women's movement lobbying for change. A supporting mother's benefit was introduced, (which was retitled the supporting parent's benefit in 1977, and the sole parent pension in 1989). This payment made it possible for a woman to care for her child even if it was born outside of marriage. Prior to this, 'illegitimacy' was a source of secrecy and shame. Unmarried pregnant women were forced immediately to marry the fathers of their children or went into hiding in church run homes and had their babies adopted immediately after birth. They seldom spoke to anyone of their ordeal. Abortion was illegal but many desperate women sought it anyway. Horrific as it undoubtedly was, the mass removal of Aboriginal children from their parents throughout the century needs to be understood in the light of the fact that prior to the 1970s, any woman who was not married would be automatically pressed to marry the father of her child, or relinquish the child at birth. What went on in marriages, on the other hand, received little or no scrutiny.

The Commonwealth Child Care Act was passed by the Liberal coalition government on the eve of the 1972 election, which brought the Whitlam Government to power. The new government greatly increased the funds available for child care and reversed the emphasis of the previous Commonwealth government by primarily funding long day care centres suitable for use by women in the paid work force. Previously, the lion's share of funding had gone to pre-schools, which were generally used by the children of housebound women from comparatively privileged backgrounds. The provision of informal care by extended family members or friends still remains the major source of non-parental child care today. However, the following community services also exist:

- **Centre-based, long day care services with an educational program** are run by government and the private sector, with government subsidy. They are for children under school age.
- **Family day care schemes** are available where women who are looking after their own pre-school children at home may take on the care of extra children for a fee. Local councils usually regulate this system and provide some back-up support to carers.
- **Outside school hours care services** are programs provided for primary school age children at times when parents might normally be working.

- **Occasional care services** for children under school age may operate from neighbourhood houses.
- **Pre-schools and kindergartens** provide educational programs to prepare children for school and operate on a short day sessional basis.
- **Playgroups** are groups of children under school age who meet under parental or caregiver supervision
- **Mobile services** take services such as child care, playgroups, toy and book library services and parental support and advice services to families in rural and remote areas

The price and accessibility of such services is a vital determinant of their level of use. The submission based model of establishing most of these current services has meant that much of the funding for them has gone to communities where women from higher socio-economic backgrounds have had the time and skills to write successful submissions. A regional planning approach to child care provision is necessary if services are to meet the needs of the comparatively large populations of children in more disadvantaged communities.

Providing good child care is an excellent way to support children and families confronting difficult circumstances. All three tiers of Australian government are currently involved in funding, regulating and providing child care services. The private sector may also run centres with government support. Since 1994 a condition of continued funding for services has been to register with the National Childcare Accreditation Council, and provide a self assessment of the quality of care provided, as measured by 52 specific criteria or principles. This assessment is validated by an external peer review appointed by the Council.

Currently services are expected to give preference to:

- Children in families where both parents (or a sole parent) is in the labour force or studying
- Children who have a disability or whose parents have a disability
- Children at risk of abuse or neglect
- Children of parents at home with more than one child under school age, and sole parents at home

Affordable children's services need to be extended to provide a more comprehensive network of community support, especially for families with special needs. The education and employment of adults in families where parents are without suitable work is also an important social goal which is related to reducing social inequality. The government's mutual obligation policy has this aim as well as the promotion of general wellbeing. It seeks to give single parents, unemployed people, those with disabilities and retirees better access to more flexible education and work options to improve their situation. Communications policy now needs to be conceptualised in a coordinated and related regional, community development context which cares better for children and families and helps them flourish. Sport and entertainment may also be considered from a coordinated perspective. Dispute resolution mechanisms which avoid the adversarial, distant and punitive practices of the traditional courts are vital. Guidelines for Australian family dispute resolution practitioners have recently been developed which may be helpful in this context.

THE INTRODUCTION OF CHILD PROTECTION SERVICES

Child welfare services can be grouped under two broad headings: child protection services and substitute care services. The former are designed to protect children from child abuse and neglect and to reduce the incidence of this within communities. Their origin is comparatively recent.

However, State welfare or community service departments and other church and welfare organizations have played a role in substitute care and adoption since the earliest days of white colonisation. Catholic, Anglican and other church agencies remain licensed to undertake these arrangements, as is Barnardos Australia. Adoptions in Australia have now fallen to a record low as a result of contraception, abortion and social acceptance of single parents. The fall is also related to the fact that step parents who were formerly encouraged to adopt, are now often recommended to become legal guardians instead. The Australian Institute of Health and Welfare indicates a peak of 9798 adoptions occurred in 1971-72, and that this had dropped to just over 500 by 2000/01. This fall in adoptions was almost totally due to a decline in local adoptions and most children now adopted come from overseas. Just over half of all adoptions in 2001 were inter-country adoptions.

Until the recent past family violence and neglect of children was usually ignored. For example, it was not until 1966 that the first article on abused children appeared in the Australian medical literature. Birrell described a maltreatment syndrome, involving physical injury and/or deprivation of nutrition, care and affection in circumstances, which indicated that such injury and/or deprivation was not accidental. In the same issue of the Medical Journal of Australia, Bialestock studied the less than optimal progress made by neglected babies in a state-run reception centre, and predicted similar progress in the privately run baby homes where many of them were headed. This was the first influential suggestion that some parents and the community were failing in their duty to care for children.

After the election of the Whitlam government the deliberations of the Royal Commission on Human Relationships brought to the public arena discussions on a range of formerly taboo topics such as domestic violence, rape, child abuse, and sexuality. This led to Commonwealth and State government support for refuges for women, and later for young people. Some community based accommodation, treatment, and counselling services were established and some correctional or mental health institutions were closed down. Formerly, the church and related charitable groups had been almost the only providers of assistance to people in need, but theirs was usually the traditional family focus. An editorial in the 1981 issue of Social Work sums up the position:

> Rape, incest, battering, abuse and harassment were all 'invisible' problems – concealed, condoned and protected by fear and silence prior to the women's movement. Despite social work's intimate involvement in matters of family relationships, mental health and child welfare, the profession was also silent.

All States and Territories except Western Australia and the Australian Capital Territory have now introduced systems for compulsory reporting of child abuse. Family court staff are also required to report all suspected cases under the Family Law Act of 1975. Mandatory requirements for medical practitioners to report physical and sexual abuse were introduced in NSW in 1977. Under the Children (Care and Protection) Act of 1987, teaching staff are also required to report suspected cases of abuse. Some specialist sexual assault services were also set up. Members of the community may also report suspected child abuse to the Department of Community Services. However, this has led to a flood of complaints from the community and it has become clear that government should now encourage establishment of effective community and family based systems of dealing with disturbance, because policing responses are often inadequate or punitive.

Across Australia, in 1993/94, State and Territory welfare departments received close to 75,000 reports of child abuse and neglect – an increase of 25% over the previous year and the number keeps rising. The highest number of reports come from friends and neighbours, followed by parents and guardians, followed by school personnel and police. In NSW over 2000 children and

young people were seen at NSW Health Sexual Assault Services in 1993/94. In contrast, health services for children at risk of physical abuse and neglect have been delivered through generic health services. An investigation of child abuse and neglect may be carried out by the Department of Community Services alone, by another agency, such as a hospital or police, or by both. After a case has been investigated the officer responsible determines an assessment outcome. Substantiated cases are assigned to one of four categories:

- Physical abuse (any non-accidental physical injury)
- Emotional abuse (any kind of psychologically damaging adult-child relationship)
- Sexual abuse (exposure to, or involvement in, sexual practices beyond the child's understanding or contrary to accepted community standards) and
- Neglect (within the bounds of cultural tradition, a failure to provide conditions essential for healthy development)

A child who is the subject of a substantiated case of child abuse or neglect may be placed under a 'care and protection order', placed in substitute care, or both. The order may be issued by a court, a children's panel, a Minister, or an authorised welfare department officer. The authority may determine that the child be made a ward of the State, with their legal guardianship transferred to government. Under a non-guardianship order the child may be placed under another type of care. Alternatively the authority may request that the parents provide proper care. In 1994 there were 12,750 children under care and protection orders across Australia. Major forms of child placement are:

- Foster care
- Parent/relative
- Residential care
- Corrective establishments

INCREASED SUPPORT FOR INDIVIDUAL CHOICE AND RESPONSIBILITY

The introduction of state anti-discrimination acts commenced in 1975. Over time these prohibited discrimination on a variety of grounds, including gender, race and ethnicity, family responsibility, sexual preference and disability. The passing of these acts was also symbolic of a coming era where the focus would increasingly be on individual choice rather than acceptance of the uniform requirement either for celibacy, or for long-term, heterosexual, monogamous marriage. The Family Law Act of 1975 introduced the no-fault divorce. Today 70% of marriages are preceded by a period of cohabitation. Divorce, single parenthood and blended families are much more common than in the past. As a proportion of all families with independent children, single-parent families are now over 16% and many two parent family are blended ones. The stated aim of contemporary family support policy is to provide parents with choice about how they combine paid work with their responsibilities for the care of young children. However, it seems clear from reported levels of child abuse and neglect that child care and related community based services are not yet established which support children and their parents effectively.

Since the 1970s Australia has experienced the demise of the social expectation that all males must be life-long breadwinners. On the other hand, the government has embarked upon an attempt to hold male parents economically accountable for the support of their children, whether or not they live together. In 1988 a Commonwealth child support scheme was introduced which aimed at ensuring that parents not living with children nevertheless contributed to their upkeep. The Family Law Act was amended to ensure the courts ordered more adequate levels of maintenance,

and a child support agency was established in the Australian taxation office to enforce regular and timely child support payments through the taxation system.

The rise of feminism, the decline of male employment and apprenticeship in manufacturing, and the increasing requirement for both sexes to remain studying and dependent on parents long past their sexual maturity, have undoubtedly produced new pressures and identity crises, especially for young people from lower socio-economic backgrounds. However, the apparently increasing patterns of suicide and drug abuse rates in young people also have to be clearly understood against a historical background of the traditional and coercive suppression of information about any deviation from the expectations of the dominant church and community. On the other hand, the comparative cultural acceptability of alcohol meant that in the past its effects were unlikely to be seen as a health problem. This is partly reflected, for example, in a level of motor accident and related death which was horrific during the 1950s, but which declined rapidly with the introduction of a range of preventive measures, including realistic driver safety promotions and punishments for drink driving.

TOWARDS A COORDINATED AND COMMUNITY BASED CHILD SAFETY NET

In 1989 the United Nations General Assembly unanimously endorsed the International Convention on the Rights of the Child (CROC) and Australia ratified it in 1990. The Convention affirms the right of children to special protection and opportunities and facilities for healthy, normal development. The Convention covers the areas of personal freedom, care, physical and personal integrity, standards of living, health and health services, the environment, education, play and leisure, justice, work, immigration and nationality, violent conflict, abduction and international obligations to promote children's rights.

In 1991 in Australia, the National Child Protection Council was established to focus on a national approach to the prevention of child abuse. The Council consisted of a Commonwealth government representative, a representative from each State/Territory and five community members with expertise in the area of prevention. The Council provides general and cross-portfolio advice to the government through Ministers for Community Services. Each State and Territory has its own branch of the National Child Protection Agency. The role of the Council is primarily to provide a framework for the implementation of programs to prevent child abuse. Primary prevention relates to programs targeted at the whole community. Secondary prevention seeks to target resources to populations deemed to be at risk. Tertiary prevention refers to interventions to help those who have already been abused. In 1994 the NSW health department also committed recurrent funding to area health services for the enhancement of physical abuse, emotional abuse and neglect services (PANOC). Area PANOC coordinator positions were established to develop relevant and appropriate service models in regional areas, and to implement strategies to improve the coordination, quality and scope of services for physical and emotional abuse and neglect. In 1995 that Commonwealth, State and Territory Ministers endorsed a National Child and Youth Health Policy with the aims of improving health, enabling equity of access to comprehensive services and improving the quality of health services.

According to a recent inquiry into the practice and provision of substitute care in NSW, the Department of Community Services currently provides a large proportion of such care, although it may also be provided by the voluntary sector. Kinship care, through child placement with relatives or other family members accounts for around 40% of total placements. Standards have been developed for substitute care services, and a code of conduct for group homes and refuges has also been written. However, the Department is currently a planner, funder, monitor, purchaser, broker, provider, and program and policy developer in regard to children's care needs.

Its regulatory and service management functions require clearer definition to ensure reliable and caring service management to meet children's needs. In 2004, as a result of continuing community criticism of the destructive effects of the adversarial court system on families and children, the Family Court commenced a pilot for a new children's cases program which has moved towards a more permissive application of the rules of evidence The pilot program will be evaluated to decide if the approach should be adopted more widely.

What is required now is a framework which effectively coordinates local government, state government and non-government child care and welfare related activities in a holistic fashion at a regional level, so that all children and their families can be supported much more comprehensively and effectively at the community level, than currently occurs. A requirement for out of home care plans developed in consultation with the child and relevant others need to exist for every child, whether they are cared for in family, group or institutional settings, and more funds should be available for one-on-one care for the most troubled or vulnerable young people and their families.

CRIME PREVENTION THROUGH BETTER CHILD AND YOUTH SUPPORT

If Australia seeks to prevent mental health problems, substance abuse and crime, it must do more about child neglect and abuse. Adult problems in self-perception, self-acceptance, and relationship to others can often be understood as the logical consequence of childhood disadvantage or maltreatment. Half of all offenders in NSW are below the age of twenty-five and young people also have the highest rates of personal crime victimisation. The Select Committee on the Increase in Prison Population Report (2000) provides information about the disabilities of prisoners, which suggests that crime is often connected with disadvantage or abuse in childhood. A recent study of all juvenile sex offenders in NSW showed they had multiple problems, including the intra-personal, social, educational and sexual. The researchers favoured treatment programs that address all the domains which impact upon a young person's offending, such as schools, peers and family, while stressing the offender's accountability with respect to their behaviour. Crime prevention should focus on the support of children and youth in communities, and also on the provision of individual support to particular high risk individuals. Green and Brown describe an interesting community project in Kyogle which has four strands. The first is based around giving young people something to do; the second relates to increasing communication between the generations; the third covers all aspects of living arrangements; and the fourth relates to harm minimisation.

TOWARDS A COMMUNITY BASED MANAGEMENT MODEL

In 2000 the NSW Health Council recommended that area health service plans which contain population profiles, including size and distribution; morbidity and mortality; socio-economic status and information about the aged, be established and implemented. This primary focus on hospital and aged care development needs to be accompanied by a holistic planning approach related to the health of children and youth.

Kendig and Duckett have proposed that all Commonwealth and State funds for aged care services be pooled into a single fund to be managed at regional level. A major advantage of this would be that the supply of care could be better tailored to local circumstances. It was also recommended that housing and aged care be funded separately, with funding streams for accommodation on one hand, and for living costs and care needs on the other. Care provision based on identified personal needs was recommended, which applies the current resident classification system for the elderly, irrespective of whether services are provided in residential care or in the home. The

community managed implementation of national standards should assist the development of a more coordinated, data driven, consultative, flexible and effective approach to improving services for the elderly. It seems most appropriate to take a coordinated approach to the provision of child, youth and related family support.

Community-based models for managing child and youth health should be established which include representatives of major stakeholders. For example, the recent Cape York Justice Study seems to offer good structure for a community based approach to child and youth health in general, rather than simply for Aboriginal communities. It recommends that each Aboriginal community develop simple action plans. A coordination unit established in Premiers Department would help with planning, prioritisation and costing. The report says that curbing alcohol and substance abuse, and breaches of the law, especially violent offences, should be priorities. Agencies assisting communities to implement their plans would be accountable to their respective Ministers and would make periodic progress reports to the coordination unit, which should also have the ability to divert funds between agencies. No advisory group or other expedient should be interposed between the coordination unit and the communities. Plans to support children and youth could be established in this community development context.

The Cape York approach might also be appropriate in regional NSW. The NSW Premier's department has set up a strategic projects division to lead and facilitate whole of government efforts to deliver tangible and sustainable social, environmental and economic benefits to the people of NSW. In the light of the close relationship between domestic stress, unemployment and poverty it also appears necessary for an emphasis to be placed on regional planning and development of a full and coordinated range of family planning and child support services. This is necessary to give young people more information and choice about their future, in line with the requirements of the Convention on the Rights of the Child. The Community Relations Commission and Principles of Multiculturalism Act (2000), which states that all individuals in NSW should have the greatest possible opportunity to contribute to, and participate in, all aspects of public life is also relevant in this context.

State health and community services departments have played a leading role in the development of services to prevent physical abuse, sexual abuse, emotional abuse and neglect of children. However, the key government agencies discussed below should be involved in developing more holistic and effective child care and protection systems, in partnerships with communities, non-government welfare organizations and industry:

Local government: is regulated by state Local Government Acts and is well equipped to play a broader role in crime prevention and in assisting the care of young children, especially those who are identified as being at risk. In NSW its role is primarily to provide the framework for an effective, efficient, environmentally responsible and open system of local government.

Schools, TAFE and Universities: The NSW government departments of health, and school education have recently collaborated with the Catholic Education Commission and the Association of Independent Schools to produce a manual called 'Towards a Health Promoting School'. It contains a range of steps to enable schools to plan their interface with homes and communities more effectively, in order to promote better welfare for all. Technical and further education institutions and universities should also be able to provide mentoring, research, planning, education, monitoring and assessment services related to community projects.

Police and Department of Juvenile Justice: In NSW the Young Offenders Act (1997) provides for a system of warnings, cautions and conferences for young people who the police suspect have

committed an offence. An independent unit within the Department of Juvenile Justice coordinates a related system of youth conferencing.

Centrelink and job network offices: Centrelink offices are run by the Commonwealth Department of Social Security and provide pension support to the unemployed, sole parents, people with disabilities, the elderly, students and carers. Job network offices provides assistance with job seeking. In late 1999 the Commonwealth introduced mutual obligation policy which means that the individual and community must each contribute to the wellbeing of the other. Many pension beneficiaries would probably be in a position to contribute to an effective community planned approach to improving the health and welfare of young people. It is important that everybody in a community has the opportunity to improve their own wellbeing and increase their enjoyment of life and independence through education, work and other service to met the needs of all.

CONCLUSION

The health of Australian children and youth is good and getting better. However, despite many improvements, it appears that mental health disorders are a major concern, particularly for Aboriginal people. Alcohol dependence and motor vehicle accident are the two leading causes of disease and injury. Youth suicide rates are high and so are death rate from drug dependence. One in 5 males and one in 10 females in the age group 18-24 have substance abuse disorders, with alcohol being the major problem. These statistics must partly be understood in historical context. Since the 1970s Australia has experienced the demise of traditional expectations about family and working life, including a reduction in suppression of information about deviations from the expectations of the dominant church and community. The Australian community is now more willing to recognize and address family problems and accept individual differences and personal choice. On the other hand, the rise in divorce and single parenthood requires transitions which create unhappiness for many. Adult problems in self-perception, self-acceptance, and relationship to others can often be understood as the logical consequence of childhood disadvantage and distress. It is clear that much more must be done to promote community health and to treat child neglect or abuse. A community-based management model should be established which includes representatives of key stakeholders, working in partnerships with charitable organizations and government. Child care and family support services should probably be based on a regionally pooled funding approach to management of identified community needs.

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