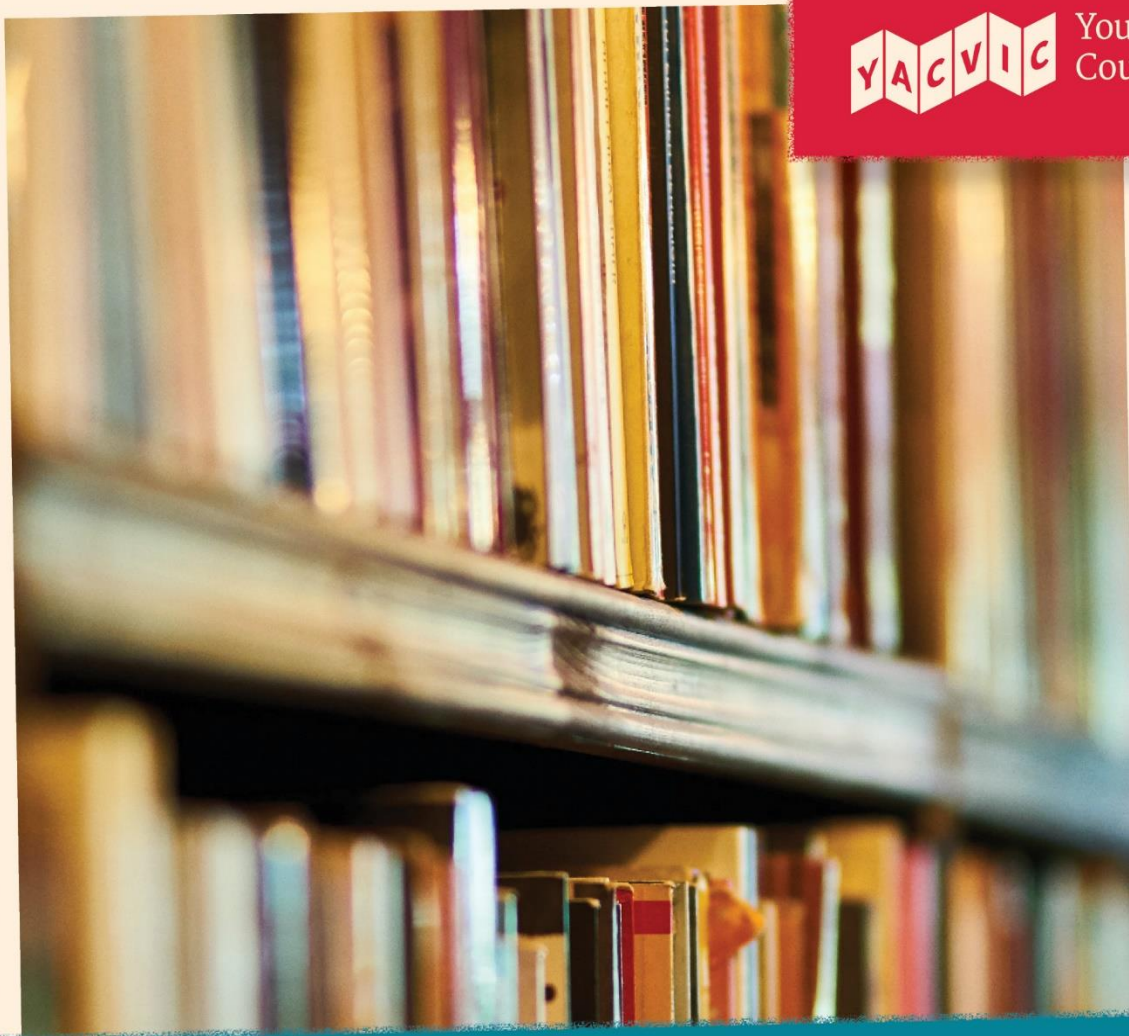




Youth Affairs
Council Victoria

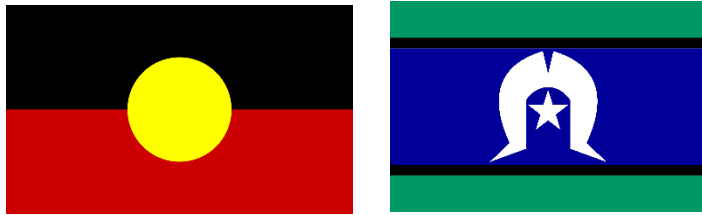


YACVic Submission:

Inquiry into the State Education System in Victoria

October 2023

Acknowledgement of Country



Our work takes place across Victoria.

YACVic's head office is on the lands of the Wurundjeri people of the Kulin Nation in Naarm (Melbourne). We also have offices on the lands of the Gunditjmara Nation in Warrnambool, and on the lands of the Wemba Wemba and Wadi Wadi Nations in Swan Hill.

YACVic pays our respects to Elders past and present for their wisdom, strength, support and leadership. Bunjil's lore states that those who walk on this land must care for Country and the waterways as well as care for the children and young people.

We stand in solidarity to pay respect to the ongoing culture and continued history of all Aboriginal and Torres Strait Islander nations. Sovereignty was never ceded.

This always was, and always will be, Aboriginal land.



About YACVic

Youth Affairs Council Victoria (YACVic) is the peak body and leading policy advocate for young people aged 12–25 and the youth sector in Victoria. Our vision is that young Victorians have their rights upheld and are valued as active participants in their communities. As a peak body, we work closely with young Victorians, and the sector that supports them, to deliver effective advocacy, events, training, resources and support – so that young people can live their best lives. We're driven by our valuable members and their vision for a positive future for young Victorians.

YACVic Rural is our advocacy and development arm focused on rural and regional young people and the youth sector throughout Victoria, with a physical presence in the Great South Coast and Southern Mallee regions.

About YDAS

Youth Disability and Advocacy Service (YDAS) is Victoria's only advocacy service that works directly with young people with disability to achieve their human rights. Young people aged 12–25 with disability can access our free individual advocacy service if they need advice or help.

YDAS also does ongoing systemic advocacy work to improve policy around issues that are important to young people with disability.



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YACVic Submission: Inquiry into the State Education System in Victoria

Introduction

School plays a crucial role in supporting children and young people's development, wellbeing and good mental health. Schools can set young people up to reach their full potential and lead healthy and fulfilling lives. To do this, schools must be safe, inclusive and supportive for all young people, regardless of their background or circumstance.

YACVic welcomes the opportunity to respond to the Victorian Department of Education *Inquiry into the State Education System in Victoria* ('the Inquiry').

YACVic's submission responds to the Inquiry's following terms of reference:

- (3) the current state of student wellbeing in Victoria, including but not limited to the impact of State Government interventions, following the onset of the COVID-19 pandemic, to address poor mental health in students, school refusal, and broader student disengagement; and,
- (5) examples of best practice in other jurisdictions and educational settings used to improve student learning outcomes and wellbeing.

Following on from the Royal Commission into Victoria's Mental Health System, we are pleased the Victorian Government have introduced a whole-of-school approach to supporting student wellbeing. While this indicates a shared understanding of the importance of supporting student mental health and wellbeing, many challenges remain.

To support ongoing reform this submission provides deep insight into the youth sector's experience of mental health and wellbeing in schools. This is followed by examples of best practice models and innovative practice to strengthen the capacity of teaching and welfare staff, and to identify and support those students who require specialised care to thrive.

Methodology

YACVic conducted four online consultations to inform our submission.

Participants included fourteen representatives from Victorian youth sector organisations, with specialist expertise in primary and secondary education, mental health and wellbeing, alcohol and other drugs (AOD), youth justice, student voice,



disability, family violence and Aboriginal health and education. This also included representation from rural and regional areas.

The submission has also been informed by recent consultations conducted by YACVic and the Youth Disability Advocacy Service (YDAS), including:

- [YACVic's submission to the Inquiry into the 2022 Flood Event in Victoria](#)
- [YACVic's submission to the Suicide Prevention and Response Strategy \(2022\)](#)
- [YDAS' submission to the Royal Commission into Violence, Abuse, Neglect, and Exploitation of Disabled people \(2022\)](#)

Summary of Recommendations

Poor mental health, school disengagement and 'school can't'

Recommendation 1: Shift the language of 'school refusal' to 'school can't'. The term 'school refusal' misrepresents a student's absence from school as an individual choice, rather than the result of multiple external and systemic factors.

Recommendation 2: Redefine attendance mandates to consider the young person's mental health and wellbeing and other presenting issues, such as homelessness, family violence, experiences of trauma and AOD use dependence.

Recommendation 3: Mainstream flexible in-school learning options to support students with diverse learning needs to remain supported and engaged in school. Flexible learning options to be individualised, student-centred and student-led to ensure they are appropriate and accessible for all young people.

School suspension and expulsion

Recommendation 4: Invest in place-based collaboration to support trauma-informed, early intervention and prevention initiatives for young people in schools, rather than reactive punitive responses. The Inquiry to note TARGET ZERO as a model for further exploration and scale.

Impact of COVID-19 and disasters on student wellbeing

Recommendation 5: Ensure education is inclusive and accessible to all young people, including those who do not benefit from mainstream school settings.

Recommendation 6: Increase funding and access to flexible and remote learning models.



Recommendation 7: Schools, supported by their community, to develop long-term, preventative and student co-designed plans for future disasters, to include:

- planning for school closures;
- supporting students to remain engaged with school or take time off; and,
- supporting schools to distribute accurate and timely information to student, families and carers about the disaster, including supports available.

Alcohol and other drug use, including vaping

Recommendation 8: Schools to provide health-based responses first to young people in schools who use AOD, with a focus on prevention, harm reduction, and service support.

Recommendation 9: Implement a comprehensive state-wide AOD teaching and welfare staff AOD education package, to include:

- the function of drug use in young people, the impact of stigma and co-occurring mental health and AOD use;
- best-practice responses to vaping, including integrating vaping education within broader alcohol and other drug school's education program; and,
- best-practice policy and procedure support.

Recommendation 10: Increase funding for youth workers in schools who are skilled in having conversations around AOD, to support young people who use AOD (including vaping) to access support when and if they need it.

Embedded services in schools

Recommendation 11: Increase funding and scale up the embedded services model in high-need schools, to support and respond to young people's co-occurring issues – such as mental health and AOD. Models to use a generalist youth work model and be based on best-practice principles including strength-based, person-centred, trauma-informed, family inclusive and intersectional.

Recommendation 12: Ensure all youth workers in schools are paid at Social Community, Home Care and Disability Services (SCHADS) award level, to increase job attractiveness, retention and workforce capacity.

Community-based support services

Recommendation 13: Fund schools adequately to have capacity to build relationships and collaborate with local youth and family support services and programs.



Recommendation 14: Increase investment and resources to youth and community services to:

- ensure staff are provided with manageable caseloads and secure contracts; and,
- scale up existing place-based programs to connect schools with community.

Recommendation 15: Invest in upstream support to identify and provide wrap-around support to children in early years of school at risk of educational disengagement.

Support for teachers and school staff

Recommendation 16: Provide regular and ongoing trauma-informed professional development to teachers and other school staff to better understand:

- the impacts of trauma on child brain development and its effect on behaviour; and,
- how to identify and respond to students impacted by trauma, such as adjusting their learning, having conversations about mental health and suicide, and linking them in with relevant services and supports.

Support for families, parents, and carers

Recommendation 17: Provide dedicated funding for schools to build positive and supportive relationships with parents, families, and/or carers. To strengthen:

- provision of information, education, and support on key adolescent-related issues – such as mental health, eating disorders, alcohol and other drugs and accessing support.
- partnerships with health promotion agencies to ensure widespread delivery of evidence-based information.

Support for Priority groups

Recommendation 18: Consider the different and unique learning, wellbeing, and accessibility needs of young people from priority groups. This requires ongoing consultation with community organisations with specialist expertise and lived experience in each priority group.

Recommendation 19: Co-design resources and training with young people in priority groups for teachers and other school staff to improve the school environment and reduce instances of bullying and harassment.



Disabled students

Recommendation 20: Use co-design methods with disabled students and ensure their voices and expertise are meaningfully included when developing educational policy or designing services.

Recommendation 21: Co-design and embed principles of disability inclusion and neurodiversity into Resilience, Rights and Respectful relationships curriculum to promote a meaningful, whole-of-school approach to address disability-related bullying and exclusion.

Recommendation 22: Ensure implementation of all recommendations regarding inclusive education from the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability's* Final Report,¹ including recommendations 7.1 – 7.15.

Support for middle years

Recommendation 23: Increase the availability of mental health and other support services for children in their middle years (8 to 12 years old).

Recommendation 24: Improve consistency of student information sharing between schools, particularly the flow of information from primary school to secondary school.

Youth voice in schools

Recommendation 25: Establish a student mental health taskforce to consult with students about their experiences and report back to government.



Key findings

1. Current State of Student Wellbeing

1.1 Poor mental health, school disengagement and ‘School Can’t’

What we heard:

Overwhelmingly, we heard there has been a rise in poor mental health among students, negatively impacting school engagement and learning outcomes. Specifically, an increase in youth suicide in some communities and more broadly self-harm, depression, and widespread social anxiety. Several participants spoke to the profound impacts of grief associated with youth suicide on young people, families, schools, and the broader community.

Participants highlighted young people are increasingly disengaging from school due to mental health challenges or perceived lack of safety at school. Importantly, some consultation attendees talked about reframing the language around school refusal, highlighting young people experience ‘school can’t.’ The language of ‘school can’t’ considers the anxiety, stress and sensory overwhelm experienced at the prospect of attending school, which can result in ongoing school absences.² Reframing ‘school refusal’ as ‘school can’t’ recognises the issues (and required solutions) are systemic, rather than being with the young person themselves.

Participants discussed groups more frequently experiencing mental health challenges, school disengagement, and ‘school can’t’ are disabled students, Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex and Asexual (LGBTQIA+) students, rural and regional students, and those with experiences of family violence.

Consistently, we heard many mainstream schools focus on attendance without considering wellbeing. We heard there is an urgent need to prioritise wellbeing and inclusive education, so all students can be supported. For example, through student-centred education approaches and flexible learning options. This may see schools work alongside students to develop Individual Education Plans (IEPs) that consider the young person’s current learning experience and needs, along with their presenting issues.

Participants spoke about the success they have seen when young people with poor school attendance lead their own timetabling and flexible workloads. Importantly, flexible learning must be student-led to maintain student agency, engagement, and support positive self-esteem.



What the evidence says:

When children and young people are supported to have positive mental health and wellbeing, they are better equipped to cope with life's stresses, meaningfully participate in day-to-day life and take on learning and social opportunities at school.³ Conversely, poor mental health and wellbeing can make it difficult for students to learn, engage with school and make meaningful social connections.⁴

As many as one in five children and young people are experiencing poor social and emotional wellbeing.⁵ Students experiencing poor mental health have double the number of absent school days; this means by Year 9 they are on average 1.5 – 2 years behind in learning outcomes.⁶

Statewide data indicates that up to 10,000 young people from Years 9 – 12 are disengaging from education each year.⁷ For a young person experiencing 'school can't,' the onsite educational environment is not a safe, inclusive and accessible learning environment.⁸ This can be linked to experiences such as childhood trauma, family violence, bullying, learning difficulties and poor mental health.⁹

Autistic students and students with Attention Deficit Hyperactivity Disorder (ADHD) are twice as likely to experience 'school can't.'¹⁰ Additionally, LGBTQIA+ students frequently experience negative school environments, discrimination, and bullying, leading to disengagement.¹¹

Poor mental health and wellbeing outcomes are also more pronounced for students in out of home care,¹² from historically marginalised and disadvantaged backgrounds, from rural and remote areas, and for First Nations students.¹³

To support student engagement and participation in learning, school must be a safe environment and inclusive of student's functional needs. For example, creation of IEPs including flexible workload, timetabling, and assessments.¹⁴

Recommendations:

- (1) Shift the language of 'school refusal' to 'school can't.' The term 'school refusal' misrepresents a student's absence from school as an individual choice, rather than the result of multiple external and systemic factors.
- (2) Redefine attendance mandates to consider the young person's mental health and wellbeing and other presenting issues, such as homelessness, family violence, experiences of trauma and AOD use dependence.
- (3) Mainstream flexible in-school learning options to support students with diverse learning needs to remain supported and engaged in school. Flexible learning options to be individualised, student-centred and student-led to ensure they are appropriate and accessible for all young people.



1.2 Complexity of need and best practice responses

What we heard:

We heard widespread consensus about an increase in adolescent violence at school and out of school, with participants discussing a rise in police call outs, affrays, and knife attacks. Participants also discussed a rise in bullying, cyberbullying, and peer-to-peer discrimination, with some attendees specifically noting racism and misogyny.

Consistently we heard children and young people are struggling to regulate their emotions, stress levels and behaviours, notably in relation to school-related stressors. For example, an inability to participate in exams due to high stress.

Participants discussed these behaviours in conjunction with increasing family and domestic violence – related to parental substance use and young people as both victims and perpetrators of violence. Additionally, we heard about increases in the complexity of co-occurring issues across mental health, family violence, and AOD, compounded by the current cost-of-living crisis.

Importantly, we heard there is an urgent need for schools to move away from punitive responses (suspension and expulsion), to understand and respond to the reasons behind these behaviours. It was emphasised by participants that when a young person in school needs the greatest support, they are instead given the message they are unimportant and unwanted.

Students require a student-centred, trauma-informed, health and community-service based response to address underlying causes of behaviour, rather than punitive measures. Participants also highlighted the need for schools to support emotional regulation early in children before they reach adolescence.

What the evidence says:

Neuroscience on brain development tells us adolescence is a risk period for emotional dysregulation and that learning to regulate emotions is a crucial skill for behaviour management and effective learning at school.¹⁵

We know school is not just about academic learning and cognitive engagement, but also about support, emotional and behavioural engagement, and social connectedness.¹⁶ During periods of COVID-19 remote learning, students' emotional and behavioural scaffolding by schools was limited, and further compounded by challenges at home – such as a rise in family violence.¹⁷

Consequently, experiences of emotional dysregulation and trauma impact mental ill-health, substance abuse, and other health issues.¹⁸ As well as ongoing negative impacts on learning ability, sense of belonging to the school community and educational engagement.¹⁹ Despite this, students report teachers have limited



understanding of the impacts of trauma on behaviour, which leads to exclusionary disciplinary responses and missed learning opportunities.²⁰

We know expulsions and suspensions are common disciplinary measures used in schools, and that they are disproportionately applied to certain groups.²¹

In 2021, 113 secondary school students were expelled:

- 9 identified as Aboriginal and Torres Strait Islander students
- 26 were funded through Program for Students with Disabilities
- 18 were in Out of Home Care
- 6 were migrant, refugee, asylum seeker background
- 16 were Culturally and Linguistically Diverse (CALD) students
- 33 had a Language Background Other than English
- 26 identified as female, 97 as male, 2 as non-binary/gender diverse.²²

We also know there is a correlation between expulsion of young people with diverse needs and their overrepresentation within the criminal justice system – termed the ‘school-to-prison pipeline.’²³ In 2019-2020, 68% of young people in custody were recorded as being expelled or suspended from school.²⁴

Schools and teachers must be supported to implement innovative, trauma-informed, and non-punitive responses, focusing on understanding the underlying causes of behaviour. Particularly, research has shown solving problems proactively, empathetically, and collaboratively with students has positive behavioural outcomes.²⁵

TARGET ZERO: An innovative service model to end the ‘school-to-prison pipeline’

TARGET ZERO is a place-based collective impact project that aims to reduce contact with the justice system through eliminating school suspensions and expulsions. The project is driven by the Centre for Multicultural Youth (CMY) and WestJustice and will be trialled at a pilot school in Melbourne’s Western suburbs.

The project has a shared goal of reducing the rate of offending and re-offending amongst 10 – 24-year-olds by addressing the underlying causes of youth interaction with the justice system.

The project is underpinned by whole of person, whole of family and whole of community frameworks, with a focus on collective multi-sector and cross-community partnerships. This means shared responsibility between the education system, the government, and the service sector to address the drivers of suspensions and expulsions. Interventions will wrap around the school, families, and the young people, with services co-ordinating to ensure they are mutually reinforcing.



The first phase of this project is to map the causes of and collective responses to expulsion, through an extensive co-design process with the service sector and the pilot school. Although in its initial phase, this project is an innovative example of place-based collective action to end the school to prison pipeline.

Recommendations:

(4) Invest in place-based collaboration to support trauma-informed, early intervention and prevention initiatives for young people in schools, rather than reactive punitive responses. The Inquiry to note TARGET ZERO as a model for further exploration and scale.

See also recommendation (11) and (16) for investing in trauma-informed learning environments.

1.3 Impact of COVID-19 and disasters on student wellbeing

What we heard:

Participants discussed some of the challenges associated with COVID-19 interventions and ongoing negative impacts on student wellbeing, mental health and learning outcomes.

During periods of remote and flexible student learning, we heard children and young people missed out on important opportunities to develop peer connection, role modelling, social learning and life skills. Many students struggled to transition back to face-to-face schooling, with consultation attendees reporting an increase in social anxiety and poor mental health.

We heard current Year 8 and Year 9 students – who transitioned from primary school to high school during periods of remote learning – are especially struggling. Participants also spoke to the impact on current Year 12's, highlighting increases in unscored Year 12's at schools they worked at. Some participants directly linked this to reduced emotional regulation and an inability to 'sit with stress'.

We also heard, for some students, the shift to remote learning during COVID-19 was positive. In some cases, the flexibility of remote learning better aligned with students' learning needs and provided an opportunity to have more autonomy over their learning.

Rural and regional participants also spoke to the impacts of disasters on poor mental health among students. They spoke about media reporting around Victoria's floods (2022) and fires as creating a sense of fear and foreboding amongst young



people. This can impact student engagement and requires schools to implement greater disaster preparedness.

See [YACVic's submission to the Inquiry into the 2022 Flood Event in Victoria](#) for our recommendations on disaster preparedness and responses for schools.²⁶

What the evidence says:

COVID-19 and associated school closures and remote learning negatively impacted many students, teachers, schools, and communities in various ways. And, for young people already vulnerable to poor outcomes in schooling or with multiple risk factors, it exacerbated existing educational inequalities.²⁷ For example, students disadvantaged by the digital divide were unable to access or engage with remote learning.²⁸

Emerging evidence has also pointed to the benefits of some flexible learning models that came out of COVID-19 as viable options for improving student educational engagement and outcomes.²⁹ For example, models to support remote learning, which better align with some student's diverse needs.³⁰

Recommendations:

- (5) Ensure education is inclusive and accessible to all young people, including those who do not benefit from mainstream school settings.
- (6) Increase funding and access to flexible and remote learning models.
- (7) Schools, supported by their community, to develop long-term, preventative and student co-designed plans for future disasters, to include:
 - planning for school closures;
 - supporting students to remain engaged with school or take time off; and,
 - supporting schools to distribute accurate and timely information to student, families and carers about the disaster, including supports available.

1.4 Alcohol and other drug use, including vaping

What we heard:

Participants spoke about schools providing punitive-based responses (suspensions and expulsions) as opposed to health-based service driven responses to AOD use, particularly in relation to vaping.



Services talked about their success supporting schools to provide health-based responses to student substance use. This aims to reduce and prevent AOD related harm in young people through:

- Identifying and actively engaging young people who require additional supports;
- Provision of harm reduction information;
- Supported referrals to AOD services; and,
- Embedded AOD youth workers in schools.

What the evidence says:

We know connection to school and a sense of belonging serves as a protective factor for use of AOD and that schools can play a role in preventing and delaying AOD use. For example, through implementing evidence-based AOD education programs.³¹ Here it should be noted vaping education provided as ‘one-off’ sessions can have the counter effect of normalising vaping. Vaping education should be delivered as part of the broader AOD education and should avoid fear or scare tactics as this is known to be ineffective and impacts teacher credibility.³²

We know young people use AOD for a range of reasons, along with developmentally appropriate risk taking these reasons may include to:

- build confidence
- lose weight
- fit in with peers
- sleep or study
- relax
- cope with trauma
- deal with emotional pain
- cope with mental ill health or physical pain.³³

Most young people who experiment with AOD don’t go on to experience significant harm.³⁴ For those who do require support for their substance use, stigma often serves as a barrier to accessing help.³⁵ Reducing stigma around substance use and having trusted workers create rapport and safe spaces to have conversations about their substance use can support young people to access the help they need when they need it.³⁶

Currently, AOD use in school often results in student suspension or expulsion.³⁷ Schools must be supported to implement a health-based response, noting the discussed correlation between punitive measures and youth engagement with the justice system.



Recommendations:


- (8) Schools to provide health-based responses first to young people in schools who use AOD, with a focus on prevention, harm reduction and service support.
- (9) Implement a comprehensive state-wide AOD teaching and welfare staff AOD education package, to include:
 - the function of drug use in young people, the impact of stigma and co-occurring mental health and AOD use;
 - best-practice responses to vaping, including integrating vaping education within broader alcohol and other drug school's education program; and,
 - best-practice policy and procedure support.
- (10) Increase funding for youth workers in schools who are skilled in having conversations around AOD, to support young people who use AOD (including vaping) to access support when and if they need it.

2. Student Access to Support Services and Programs

2.1 Barriers for students accessing support services

What we heard:

We know there are many barriers for children and young people to access and engage with support services. Participants discussed difficulties due to:

- limited mental health support options, including access to a variety of mental health supports both community-based and at school
 - limited service opening hours outside of school hours
 - limited transport options
 - the requirement of parental consent
 - being unaware of support services
 - confusion for young people about where and when to go for support
 - service fatigue and service disengagement for young people when 'too many' services are involved
 - lack of service cultural safety, including ability to support young people from a range of backgrounds
 - ongoing stigma related to accessing mental health support services
 - lack of support options for those who have left school
- 

- feeling unsafe to talk to school staff or the wellbeing team about their issues
- significant wait lists for services or teachers having to take on wellbeing roles, associated with staffing challenges and high caseloads
- silos between welfare and teaching departments (specifically year level coordinators), resulting in limited communication and transparency regarding student wellbeing needs and outcomes.

Participants talked about the role of schools being able to support better access. *See recommendation (11).*

What the evidence says:

It is well-documented young people are highly vulnerable to the emergence of mental ill health but face significant barriers to help-seeking and service access.³⁸ Evidence about these barriers aligns to what we heard in our service sector consultations, including lack of services, limited awareness of services, cost, system complexity, long-waitlists, lack of transport options, and stigma.³⁹

We also know marginalised young people experience greater barriers to service access, including those living in rural and regional locations, disabled students, migrants and refugees, and Aboriginal and Torres Strait Islander students.⁴⁰

2.2 Embedded services in schools

What we heard:

Schools play a critical role in delivering specialist intervention for children and young people across health, education and relational support.

To address service access barriers participants consistently spoke to the value of embedding support services within schools to improve early intervention and prevention, accessibility, student engagement and mental health outcomes.

Embedded services can include generalist youth workers, specialist drug and alcohol counsellors, or other professionals, working within schools, in the classrooms and alongside teachers and wellbeing staff.

Participants spoke to the following principles to successfully deliver the embedded services model:

1. Service providers are embedded into high-need schools

- Services are deeply embedded into high-need schools to respond to place-based needs, to identify and respond to a student's multiple and co-occurring issues and to support teaching and wellbeing staff.



- Services are on site at the school upwards of two days a week, giving practitioners time to build trust and rapport with students and teaching staff both inside and outside the classroom.
2. **Embedded services are flexible and adaptable**
 - Services are linked to the student not the school.
 - Services have assertive outreach capacity to support young people who have disengaged or left school, or who do not feel safe or comfortable with school-based service engagement.
 3. **Embedded services bridge the gap between school staff and the wellbeing team**
 - Services adopt a whole-of-school approach, helping to remove siloed team structures by bridging the communication gap between school staff and wellbeing teams.
 - Embedded services improve capacity building for teachers by facilitating the sharing of knowledge and skills, such as trauma-informed practice.


Empower Youth Program:

The Empower Youth Program, delivered by Swan Hill Rural City Council, uses a generalist youth worker approach to embed a youth worker into a rural school two days a week.

The youth worker provides comprehensive and tailored support to meet a young person's unique needs, with the goal of keeping them engaged in education, or exploring other avenues such as employment and additional training. This may include:

- Assisting with transportation to school, TAFE and appointments.
- In-classroom support.
- Providing accompaniment to appointments.
- Facilitating care team meetings with other service providers.
- Guiding access to NDIS and Centrelink support.
- Mediating and resolving family conflicts or misunderstandings.
- Cultivating life skills.
- Preparing for and transitioning into the workforce.
- Offering mental and emotional health support.
- Providing education and support on sexual and reproductive health.

Embedding the program within the school allows the youth worker to:



- Build unparalleled rapport and trust with young people, assisting them to navigate the service system and work towards their goals.
- Provide extra support and education to the wellbeing team through secondary consultation, along with wellbeing planning.
- Connect the school and students with other services providers and programs.

Crucially, the youth worker is not attached to the school, but to the young person. This flexibility allows the worker to provide in-community outreach to young people who have disengaged from the host school, and work with them until their goals are met.

What the evidence says:

Schools are uniquely placed to identify students that require extra support and are important sites for early intervention of childhood and adolescent mental health issues.⁴¹ However, schools and teaching staff feel under-supported and overwhelmed to ‘solve’ student wellbeing and mental health.⁴²

Attention must be given to the structure of schools, including embedding integrated services in schools upwards of two days a week to provide wrap-around holistic support for children and families.⁴³ Embedding specialist services in schools offers an opportunity to provide whole-of-school supports early, while also empowering school staff to identify and support students and families in need.

Additionally, while acknowledging all schools play an important role in supporting student mental health, a ‘blanket approach’ to the allocation of resources based on student numbers can often not reflect the complexity of individual schools or the level of support needed for high-need schools.⁴⁴ Therefore, additional resources are required for certain high-needs schools through placed-based embedded services.

Building Resilience via Advocacy, Counselling and Education (BRACE) Program:

Odyssey House’s *Building Resilience via Advocacy, Counselling and Education* (BRACE) program embeds an experienced drug and alcohol youth worker across eight high school sites to provide holistic support to young people with a focus on alcohol and other drug early intervention, prevention and harm reduction.

Key characteristics of BRACE includes in-school provision of:

- Alcohol and Other Drug screening and counselling (inclusive of support, referral and facilitation to other treatment and detox services where necessary)



- Mental health screening, support and referral
- 10-week drug and alcohol education program
- Secondary consultation and professional development for teaching and school welfare staff, including welfare staff professional development forums, formal and ad hoc secondary consultation
- Family/caregiver support and referral
- Wrap-around pro-social supports including skill building, peer leadership and connection camps.

The program is currently being evaluated by Deakin University.

Victoria University's evaluation of BRACE (2019) demonstrates this embedded services model supports student wellbeing alongside welfare capacity of schools in numerous ways. The evaluation reports the program:

- Supports positive outcomes for students across reduced substance use, mental health, emotional regulation and school engagement.
- Supports opportunities for proactive and early intervention with young people.
- Connects specialised contacts, knowledge, and services with schools.
- Strengthens pre-existing teams by increasing their understanding and recognition of young people with multiple and co-occurring issues.
- Supports teacher and wellbeing staff to respond and identify young people with complex issues by disseminating information and providing professional development training on substance use, mental health, and trauma.
- Through capacity building, ensures schools and classrooms are safe places for young people to build trusting relationships with school staff and clinicians to address their issues.⁴⁵

Recommendations:

- (11) Increase funding and scale up the embedded services model in high-need schools, to support and respond to young people's co-occurring issues – such as mental health and AOD. Models to use a generalist youth work model and be based on best-practice principles including strength-based, person-centred, trauma-informed, family inclusive and intersectional.



- (12) Ensure all youth workers in schools are paid at Social Community, Home Care and Disability Services (SCHADS) award level, to increase job attractiveness, retention and workforce capacity.

2.3 Community-based support services

What we heard:

Participants told us the community sector plays a significant role in supporting student learning outcomes, school engagement and mental health. We heard the importance of:

- Locally based and locally informed school in-reach services.
- The option of community-based services or outreach outside of school for privacy and anonymity.
- Creating safe wellbeing spaces. Participants noted some students do not feel safe with school staff, particularly in rural and regional areas where teachers are also providing wellbeing support.

Broadly, participants spoke to ongoing staffing challenges and lack of services, particularly for those in rural and regional areas. Some participants noted support services received significant increases in referrals during COVID-19, which have remained high while operating at reduced staffing levels. This has led to high workloads, burn out, and compassion fatigue, and is compounded by community sector funding insecurity and short-term contracts.

Participants overall saw Navigator as a positive program supporting students to re-engage with education, with its case management approach identified as a strength. However, participants also described challenges with the program, specifically barriers relating to parental consent, criteria for access and an absence of programmatic support.

Participants spoke to the potential defunding of School Focused Youth Services (SFYS), and the gap this will create. Particularly, the important role of SFYS in connecting schools with local community and local experience to support place-based responses.

Participants also spoke to the impact defunding SFYS will have on the Navigator program – anticipating higher and unsustainable demand on Navigator. Participants emphasised the need for SFYS service renewals, and emphasised the need for strong investment in upstream education engagement support for children in school foundation and early years.



Participants also spoke to the need for ongoing consultation with community services and better co-ordination between services funded by the Department of Education and the Department, specifically School Focused Youth Services.

What the evidence says:

While schools play an essential role in supporting positive mental health and wellbeing, much needs to be addressed outside the school gates. A student's sense of connection to their broader community has been identified as crucial for engagement and wellbeing.⁴⁶

Connection with community is especially important where the needs being addressed require culturally responsive practice – empowering local decision-making and enhancing partnership is essential for engaging First Nations students.⁴⁷

Community services have highlighted the importance of not 're-inventing the wheel' in terms of supporting student's school engagement, learning and wellbeing.⁴⁸ Largely, programs and initiatives have been discontinued due to funding cuts, not because intervention has been ineffective.⁴⁹

Schools in rural or regional and lower socio-economic areas continue to experience staffing shortages, are poorly funded and under resourced, and lack a network of services to support student needs.⁵⁰ There must be increased investment in scaling up existing, proven approaches.

Further, to avoid further system complexity for students, their families, and schools to navigate, community services have pointed to the need for a co-ordinated policy approach, and greater guidance on appropriate interventions and how these can be accessed.⁵¹

Recommendations:

- (13) Fund schools adequately to have capacity to build relationships and collaborate with local youth and family support services and programs.
- (14) Increase investment and resources to youth and community services to:
 - ensure staff are provided with manageable caseloads secure contracts; and,
 - scale up existing place-based programs to connect schools with community.
- (15) Invest in upstream support to identify and provide wrap-around support to children in early years of school at risk of educational disengagement.



3. Connection between school and community: support for teachers, families, parents and carers

3.1 Support for teachers and school staff

What we heard:

We know teachers play a crucial role in supporting student wellbeing and mental health. While acknowledging that supporting student wellbeing is not the primary role of teachers, participants emphasised the need for teachers to be empowered with the knowledge, information and training on how to identify and support students at risk of disengagement. Specifically, with supporting mental health and understanding trauma-driven behaviours.

In a discussion regarding the rise in youth suicide, several participants noted the role of teachers and school staff in supporting those affected by grief, citing the importance of trauma-informed training.

Embedding services in schools and connecting schools to wrap-around specialist support services was identified as key to capacity building and professional development for teachers to identify, understand and respond to trauma-driven behaviours.

Consultation attendees spoke to the significant issue of retaining teachers and school staff, particularly for rural and regional areas. Participants described how staffing shortages create challenges for students to build trust and respectful relationships with their teachers, as well as inconsistency in curriculum teaching.

What the evidence says:

A student's perceived connection to teachers and their school community is crucial for student engagement.⁵² When students feel unsupported by teachers, or that teachers only care about poor performance, they are more likely to disengage for being labelled as 'bad.'⁵³ Conversely, we know when students feel connected to their school and supported by their teachers they are more likely to stay engaged and have positive mental health outcomes.⁵⁴

The Productivity Commission's Inquiry into Mental Health (2020) identified several challenges for school staff and teachers in the delivery of mental health and wellbeing support:

- Teachers feeling under supported and overwhelmed by the expectation to resolve students' emotional and wellbeing issues.
- Lack of training, skills and planning for teachers to support student wellbeing.



- Overlapping programs and policies on wellbeing, and limited capacity or guidance to implement them.
- Little transparency on student wellbeing outcomes.
- Incoherent pathways for student support at school, including blurred responsibilities among staff.⁵⁵

Recommendations:

- (16) Provide regular and ongoing trauma-informed professional development to teachers and other school staff to better understand:
- the impacts of trauma on child brain development and its effect on behaviour; and
 - how to identify and respond to students impacted by trauma, such as adjusting their learning, having conversations about mental health and suicide and linking them in with relevant services and supports.

3.2 Support for families, parents, and carers

What we heard:

We heard parental engagement with school is crucial for supporting student wellbeing and engagement, noting that ‘the whole [of a child’s] eco system’ must be supported. Consultation attendees also spoke about how parental engagement can drop off during the transition from primary to high school.

We heard many parents and carers are looking for education and support across a range of areas including consent, sexting, health and mental health, alcohol and other drugs and suicide. But schools lack dedicated funding or resources to build positive relationships, connection and education opportunities for and with parents and carers.

What the evidence says:

Community services have highlighted the key role families, parents and carers play in supporting student wellbeing and engagement.⁵⁶ We know these relationships can be both protective and/or risk factors for children and young peoples’ educational outcomes.⁵⁷ Therefore, when supporting a young person, attention must be given to the needs of the whole family, as school engagement improves when family is supported to engage with school and learning.⁵⁸



Recommendations:

- (17) Provide dedicated funding for schools to build positive and supportive relationships with parents, families, and/or carers. To strengthen:
- provision of information, education, and support on key adolescent-related issues – such as mental health, eating disorders, alcohol and other drugs and accessing support.
 - partnerships with health promotion agencies to ensure widespread delivery of evidence-based information.

4. Inclusion and equity: Safe and supportive environment for all

4.1 Support for Priority groups


What the evidence says:

We know certain groups of young people experience worse educational outcomes than others, including:

- First Nations students;
- Students identifying as LGBTQIA+;
- Students from a non-English speaking background, including refugees and migrants;
- Disabled students;
- Students living in rural and regional areas;
- Students in out-of-home care;
- Students from disadvantaged backgrounds;
- Students experiencing housing insecurity or homelessness; and
- Students experiencing family violence.⁵⁹

Being part of multiple groups also increases educational inequity and barriers to support. For example, a refugee student living in a regional community is at a greater risk of poorer educational outcomes.⁶⁰

Addressing disproportionate under-achievement, social exclusion and mental ill-health among these groups requires both school-based and system-level reform.⁶¹ In school, experiences of bullying and feeling unsafe at school can lead to learning difficulties, school disengagement, feelings of anxiety and shame, loss of self-esteem and physical and emotional harm.⁶²



But equitable and safe education also requires tackling other system level change – such as poverty, racism, homelessness and housing insecurity, family violence and poor digital literacy.⁶³ Noting these are major barriers for students and their families to have a positive school experience and learning outcomes.⁶⁴

All students have different and unique learning and wellbeing needs. To better understand and support this requires working collaboratively with the community sector and with those with lived experience.⁶⁵

See [YACVic's submission to the Suicide Prevention and Response Strategy](#) for our recommendations on improving outcomes for LGBTIQ+ young people in schools.⁶⁶

YACVic also endorses the Centre for Multicultural Youth's (CMY's) submission to this Inquiry. Particularly, the need for greater investment in culturally responsive practice in schools – such as professional development for teachers, culture being viewed as a strength, and anti-racism practices.

Recommendations:

- (18) Consider the different and unique learning, wellbeing, and accessibility needs of young people from priority groups. This requires ongoing consultation with community organisations with specialist expertise and lived experience in each priority group.
- (19) Co-design resources and training with young people in priority groups for teachers and other school staff to improve the school environment and reduce instances of bullying and harassment.

4.2 Disabled students

What we heard:

This section is supported by the [Youth Disability and Advocacy Service's \(YDAS'\) 2022 submission to the Royal Commission into Violence, Abuse, Neglect, and Exploitation of Disabled people](#) (DRC).⁶⁷ This submission included input from disabled young people.

A combination of negative school experiences led to many participants feeling unsafe and excluded at school, making it difficult to remain engaged. For example, denial of reasonable adjustments and necessary supports, and significant bullying, harassment and humiliation by both other students and teachers.



What the evidence says:

Disabled students continue to be excluded from both government and non-government schools, due to lack of necessary supports and resources to accommodate them.⁶⁸

Children and Young People with Disability Australia (CYDA) found that 48.9% of disabled students do not receive adequate support in their education, and 10% of students do not receive any support at all for their disability.⁶⁹ Consequently, the responsibility of providing disabled students with adequate and consistent support throughout their schooling continues to fall on students and their families.⁷⁰

Disabled young people across Australia face higher rates of school-based bullying compared to their non-disabled peers.⁷¹ 43% of disabled young people experienced bullying in 2019, compared to only 19% of those without a disability.⁷²

As most disabled young people participate in mainstream schooling,⁷³ many are confronted with negative beliefs and stereotypes about disability from peers who do not share experiences of disability.⁷⁴ This ableism is made more complex when a young person faces intersecting experiences of discrimination such as racism, classism, homophobia, and transphobia.⁷⁵

Recommendations:

- (20) Use co-design methods with disabled students and ensure their voices and expertise are meaningfully included when developing educational policy or designing services.
- (21) Co-design and embed principles of disability inclusion and neurodiversity into Resilience, Rights and Respectful Relationships curriculum to promote a meaningful, whole-of-school approach to address disability-related bullying and exclusion.
- (22) Ensure implementation of all recommendations regarding inclusive education from the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability's* Final Report,⁷⁶ including recommendations 7.1 – 7.15.

4.3 Support for middle years

What we heard:

When children and young people are supported as early as possible, they have better life outcomes.⁷⁷ Participants discussed the need for increased mental health supports for children in their 'middle years' (8–12-year-olds), with participants



overwhelmingly noting the challenges they see for students starting secondary school due to lack of support in the middle years.

Participants highlighted the need for a smoother transition from and better connection between primary school to secondary school – particularly in terms of communicating student support and access needs, which often gets lost during this transition period meaning students have to ‘start again’ at high school.

To support this transition, participants discussed the need for better communication, data collection, and information sharing between schools. For example, the value of creating a ‘passport’ of student information, so new schools can easily access relevant information. Participants highlighted the need for careful design and thinking around this process, noting student and family/carer concerns around stigma as they transition into high school.

Recommendations:

- (23) Increase the availability of mental health and other support services for children in their middle years (8 to 12 years old).
- (24) Improve consistency of student information sharing between schools, particularly the flow of information from primary school to secondary school.

5. Youth Voice in Schools

What we heard:

Children and young people are the experts in their own lives and are best placed to understand their wellbeing and learning needs. Participants spoke to the importance of co-design with young people as a key driver for their school engagement. Specifically, involving young people in the design of individual learning plans and community programs.

What the evidence says:

Successful co-design with young people requires a commitment to sharing responsibility and decision-making roles. This process empowers young people and all other stakeholders to learn from each other and collectively create the best outcome.⁷⁸

Schools or government don’t always provide an opportunity for students to give feedback or be involved in the decision making about mental health programs in schools.⁷⁹ The Victorian Student Representative Council (VicSRC) calls for the need to establish a student mental health taskforce to consult with students about their



experiences and report back to government. This will help ensure timely and relevant feedback from students with lived experience to the government about how mental health programs and initiatives are working in schools.

Recommendations:

- (25) Establish a student mental health taskforce to consult with students about their experiences and report back to government.



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