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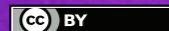
Australia's youth in brief



AIHW

The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

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Australia's youth at a glance

In 2020 (or based on the latest year of data):

3.2 million 15–24 year olds lived in Australia—1.5 million aged 15–19 and 1.7 million aged 20–24. Of these young people:



1 in 20 (5.1%) were Aboriginal and Torres Strait Islander



1 in 4 (25% or 814,000) were born overseas: **148,000** in China, **87,600** in India, **63,200** in New Zealand, **56,500** in England



1 in 11 (9.3%) had disability

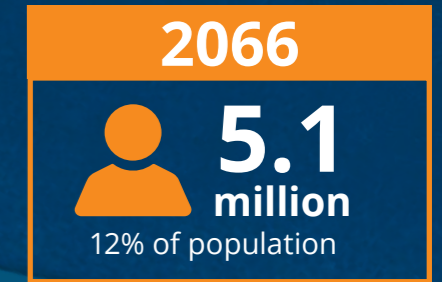
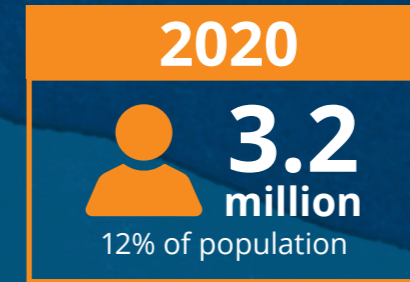
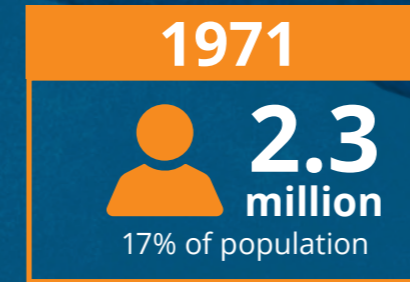


3 in 4 (75%) lived in *Major cities* and fewer than 1 in 50 (1.6%) lived in *Remote or Very remote areas* (53,000)



most lived in **New South Wales** (31%) or **Victoria** (27%)

While the number of young people has grown, the proportion of young people relative to the Australian population has been steadily falling. From 2021 to 2066, projections suggest that the number of young people will continue to grow but the proportion will remain much the same.



Updates to some of the above numbers will be available from the 2021 Census.

For 15 to 19 year olds:



Equity and discrimination, COVID-19 and mental health were the 3 most important issues facing Australia.



the top 3 issues of personal concern were education, mental health and COVID-19

Young people aged 15–24 are living in the parental home for longer, as either dependent students or non-dependants.

Young people living with a parent or parents

2007–08:
69%
 (or 2.0 million)

2017–18:
75%
 (or 2.3 million)



About **1 in 6** (17%) 20–24 year olds live with a husband, wife or partner. One in 25 (3.6%) live as a parent to any number of children under 15



Around **3,700** young people aged 12–24 permanently resettled under the Refugee and Humanitarian program in 2019–20



1

Introduction

Adolescence and young adulthood is a critical period in a person's life. Young people can experience rapid physical, social and emotional changes. For many, these changes occur while they are also making the transition from dependence to independence. This is a time for finishing school, pursuing further training and education, entering the workforce, moving out of the family home, and forming relationships.

However, the pathways from education to work, and from the parental home to independent living, have become more varied and complex, and often extend over longer periods than in the past.

Since early 2020, COVID-19 has emerged as a major health threat and disrupted almost all parts of society worldwide, including Australia. Data until June 2021 has shown that although case numbers are high among young Australians, deaths have been low compared to older age groups. However, it has had a substantial social and economic impact on young Australians, particularly in relation to psychological distress, educational disruption, unemployment, housing stress and safety. While data suggest some outcomes for young people have returned to pre-COVID-19 levels, ongoing monitoring is needed to fully understand the longer-term impact of the pandemic.

Australia's youth: in brief presents key findings from the main web report, *Australia's youth*. Both reports examine the most recent data available across 7 broad areas, or domains. These domains are based on the AIHW's people-centred data model— health, social support, education, employment, income and finance, housing and justice and safety. Some information on the impact of COVID-19 on young people is included throughout *Australia's youth: in brief* in the relevant domain. More detailed information is available in 'COVID-19 and the impact on young people' in *Australia's youth*.

As part of this report, the AIHW sought young people's perspectives through collaboration with the **Wellbeing, Health and Youth (WH&Y) Commission**—a group of young people aged 15–22 years with lived experience from a diverse range of socio-economic and ethnic backgrounds.

The WH&Y Commission provided input into the topics included in *Australia's Youth*, and drafted information pieces on 3 topics of particular importance to them and for which limited data are currently available. The topics are:

- **Climate change**
- **Discrimination, belonging and health**
- **The wellbeing of LGBTIQ + young people**

For more details, see *Australia's youth*.

The AIHW's people-centred data model acknowledges that although the different domains are reported separately, they are in fact inter-related—a young person's development and wellbeing occurs within the dynamic influences of the family, community and broader society.

People-centred model used for Australia's youth



This model provides a coherent framework for reporting on population groups that are especially vulnerable and often in greater need of health and welfare services and support. This includes young people:

- from Aboriginal and Torres Strait Islander backgrounds
- from culturally and linguistically diverse backgrounds, including those of refugee and asylum-seeker families
- with disability
- who identify as lesbian, gay, bisexual, trans and gender diverse, or who have intersex variations
- living or who have lived in out-of-home care
- who are incarcerated
- born into poverty
- experiencing socioeconomic disadvantage
- living in rural and remote communities.

Where possible, this report and the main report aim to present data for each domain for selected population groups. However, due to data availability, reporting has generally been limited to young people:

- from culturally and linguistically diverse backgrounds or born overseas
- living in different geographical areas (remoteness)
- living in areas with different socioeconomic characteristics.

Due to the extensive coverage of Indigenous young people and young people with disability in the recent AIHW publications [Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018](#) and [People with disability in Australia](#), these groups are not reported on here.

The report draws predominantly on:

- administrative data sets held by the AIHW
- national surveys by the Australian Bureau of Statistics
- specific national collections such as the National Assessment Program – Literacy and Numeracy.

As the impact of COVID-19 is still emerging, the report uses the best data available at the time to report on how it has affected young people. It draws on a number of new surveys and data sources that have been developed since the pandemic began. Some of these sources do have limitations, including small sample sizes.

The full impact of COVID-19 on young people is likely to be complex, long term, and will not be fully understood for some time. As many life trajectories are set in place during adolescence and young adulthood, having regular data collection in place to monitor the wellbeing of young people over time has become even more important.



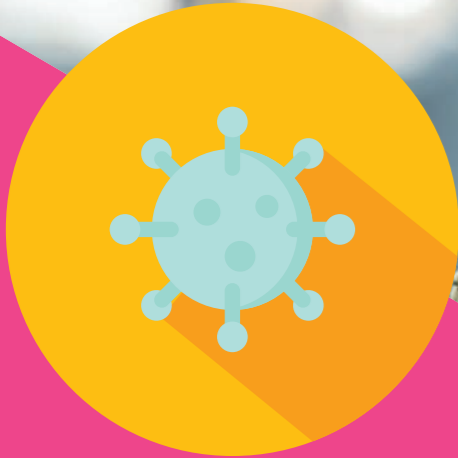
How do we define young people?

Australia's youth defines young people as aged 12–24. Where data for 12–24 year olds are not available or readily published, or the numbers are too small for robust reporting, a different age range (most commonly 15–24 years) is used.



2 COVID-19 and young people

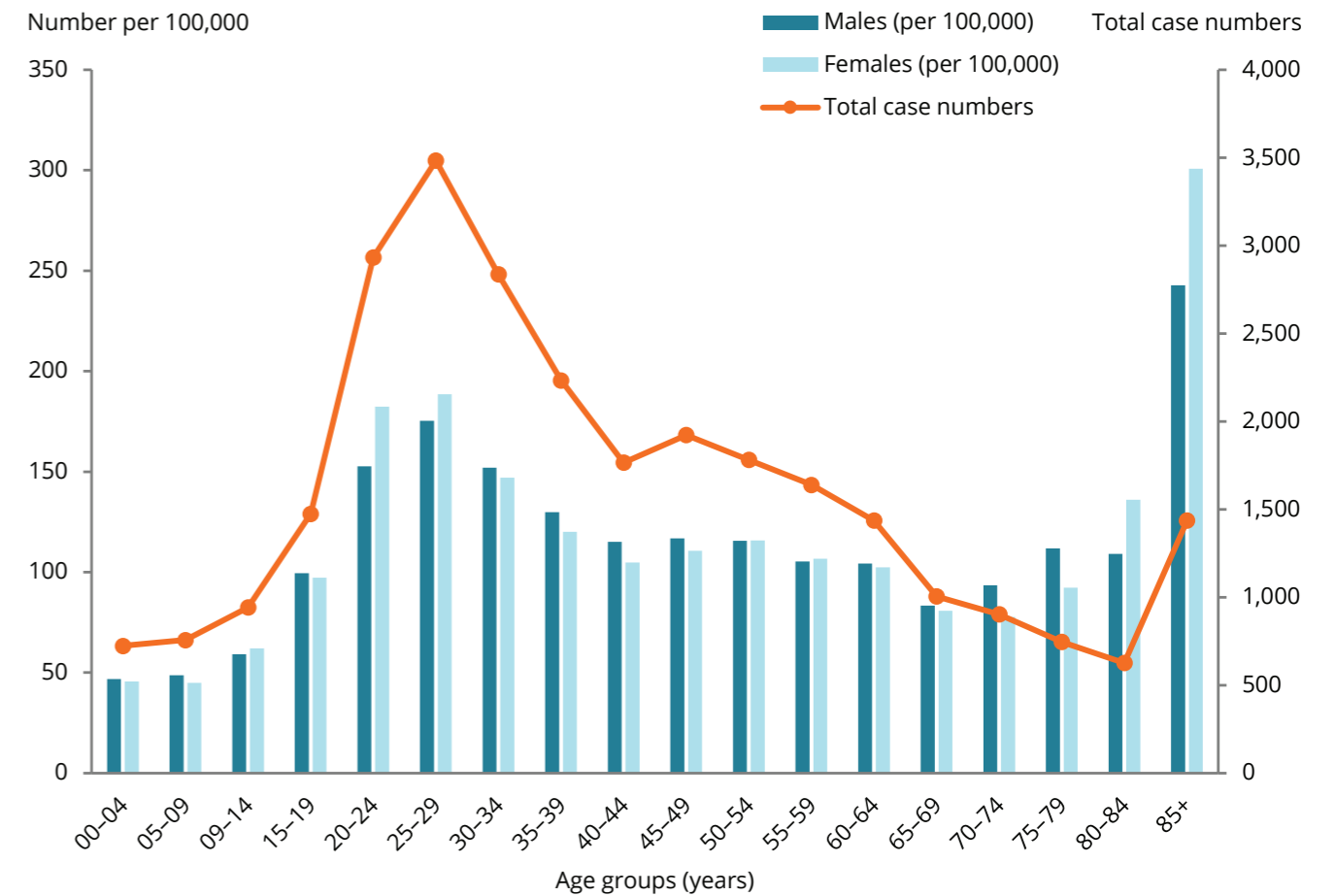
COVID-19 is a disease caused by the new coronavirus SARS-CoV-2. The first confirmed cases of COVID-19 were recorded in Australia in January 2020. March 2020 marked the beginning of the COVID-19 restrictions in Australia. At the time of publication, COVID-19 was still a considerable global threat, and some outbreaks continued to occur in Australia leading to short-term restrictions on non-essential activities.



At the end of December 2020, 15% of the more than 28,600 cases of COVID-19 in Australia were among young people aged 15 to 24. Across all 5-year age groups in the population, rates of confirmed cases of COVID-19 were highest among those aged 85 and over, followed by those aged 25–29 and those aged 20–24.

Between January and 16 June 2021, there were 187 cases among young people aged 15 to 24, making up 9.7% of the total 1,929 cases during this period. Across all 5-year age groups in the population, rates of confirmed cases have been highest among those aged 30–34, followed by those aged 35–39, and those aged 25–29.

Confirmed cases of COVID-19, by age and sex, 2020



Of the 910 deaths as at June 2021, one death was of a young adult (in the age group 20–29). There were no deaths among children and young people aged 0–19.



The importance of health literacy among young people in relation to public health messages has been particularly important since the COVID-19 pandemic began.

Staying informed about COVID-19

A UNICEF survey of young people aged 13–17, conducted in April and again in July–August 2020 included questions about how well they understood the COVID-19 pandemic, and where they got information about what was happening.

In July–August 2020:

- almost 2 in 3 (64%) felt they had a good understanding of what was happening by reading and watching the news and other announcements
- over 2 in 3 (69%) discussed developments with their family and carers, an increase from 58% in April
- around 2 in 5 (43%) felt confused by the volume of conflicting information.

Who do young people trust for information about COVID-19?



96% trust their parents and guardians



90% trust the Chief Medical Officers and federal and state health officials



88% trust teachers and schools



78% trust state and territory leaders



74% trust federal government leader



42% trust social media



3 Health and Lifestyle

Being in good physical health enables a person to actively take part in family life and social activities, education and employment, and to pursue their goals.

Health behaviours and patterns established during childhood and a person's early adult years can also have lifelong effects. For example, leading an active lifestyle and eating well are important for cardiorespiratory, metabolic and musculoskeletal health, and play a critical role in the prevention and treatment of diseases such as type 2 diabetes, heart disease and some cancers.

While there are some positive trends in the health behaviours of young people—rates of drinking, smoking and illicit use of drugs have fallen over the past 20 years—there is still room for improvement across many health measures. For example, injuries, many of which can be prevented by identifying and removing the cause or reducing exposure, contribute to a high number of deaths and hospitalisations.

There are also health inequalities depending on where young people live. Young people living in remote areas and lower socioeconomic areas often have poorer health outcomes than people living in cities and highest socioeconomic areas, respectively.

Overweight and obesity



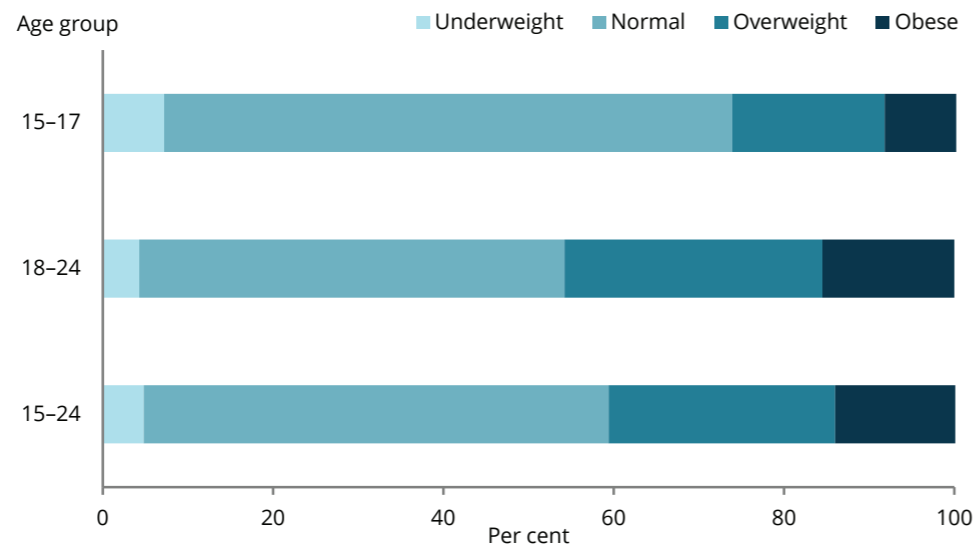
How many young people are overweight or obese?

According to the ABS National Health Survey, in 2017-18:

- more than 1 in 4 (27%) 15-17 year olds were either overweight or obese, higher than in 1995 (20%), but similar to 2007-08 (30%)
- more than 9 in 20 (46%) 18-24 year olds were either overweight or obese, higher than in 1995 (32%) and in 2007-08 (37%)

Body mass index (BMI) is used to measure overweight and obesity. It is calculated as the ratio of weight in kilograms divided by height in metres squared (kg/m²).

Body mass index category of young people, 2017-18



Why does it matter?

Being overweight or obese can have lifelong implications for a person's health and wellbeing. Young people with overweight and obesity are more likely to:

- become or remain obese as adults
- develop chronic conditions such as type 2 diabetes, cardiovascular disease and some cancers at an earlier age
- have poorer health-related quality of life, depression, and low self-esteem.

Overweight and obesity is influenced by a complex interplay of individual, family, community and societal factors including:

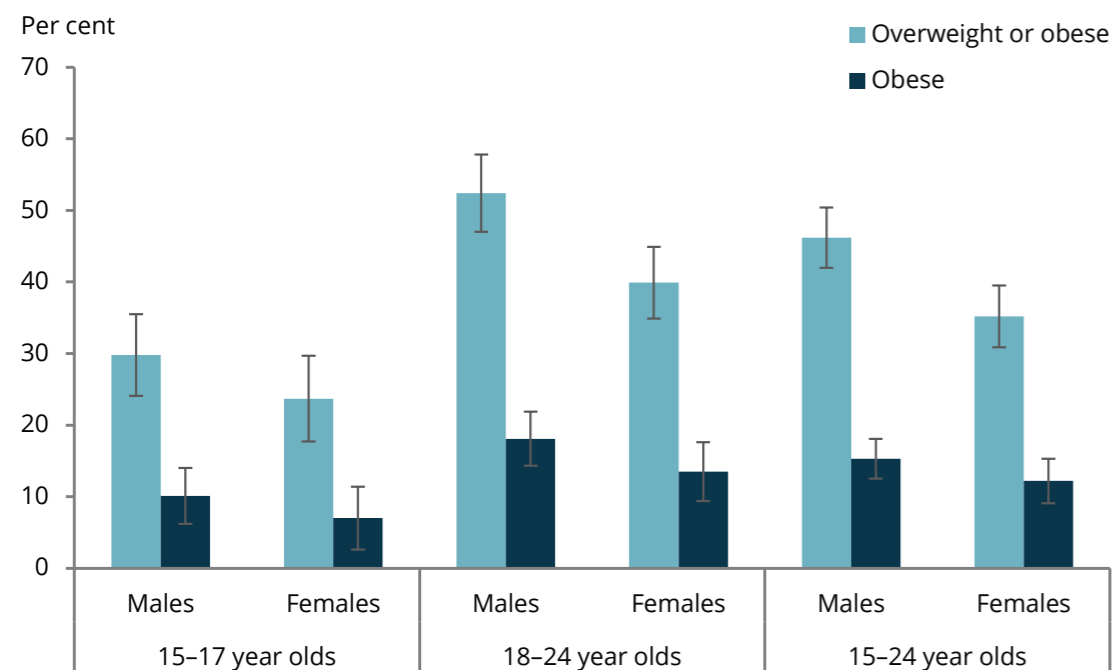
- the consumption of energy-dense food and drinks that are high in fat and/or sugar encourage energy intake that exceeds requirements
- low levels of physical activity
- high levels of sedentary behaviour
- socioenvironmental factors, that inhibit healthy dietary and physical activity patterns



In 2017-18, among 18-24 year olds, males were more likely to be overweight or obese than females (52% compared with 40%).



Overweight or obesity among 15–24 year olds, 2017–18



Young people living in lowest socioeconomic areas are twice as likely to be obese

In 2017–18, among young people aged 15–24:

- the proportion who were overweight or obese was higher among those living in the lowest socioeconomic areas (49%) than those in the highest areas (32%).
- the proportion who were obese was twice as high in the lowest socioeconomic areas compared with the highest areas (22% compared with 11%).

Nutrition

Are young people eating enough fruit and vegetables?



According to the ABS National Health Survey, in 2017–18, just over half (56%) of 15–18 year olds and less than half (45%) of 19–24 year olds met national guidelines for fruit consumption.

The proportion of young people that met the national vegetable guidelines for their age and sex was:

- **1 in 50** (2.0%*) for males aged 15–18
- **1 in 33** (3.0%*) for males aged 19–24
- **1 in 14** (7.2%) for females aged 15–18
- **1 in 17** (5.8%) for females aged 19–24

*Proportion has a relative standard error of 25% to 50% and should be used with caution.

How many serves are recommended?

The amount of food young people need for a diverse, balanced and healthy diet differs by age, sex and level of activity.

The Australian Dietary Guidelines (ADG) provide recommendations on how many serves of fruit and vegetables young people need.

The ADG recommend a minimum of 2 serves of fruit per day for males and females aged 12–24. The minimum recommended number of serves of vegetables and legumes per day is:

- 5½ for males aged 12–18 and 6 for males aged 19–24
- 5 for females aged 12–24.



Most young people have sugar-sweetened drinks every week

According to the ABS National Health Survey, in 2017–18, almost 7 in 10 (69%) young people aged 15–24 consumed sugar-sweetened drinks and/or diet drinks at least once a week.

Males aged 15–24 were more likely to have consumed sugar sweetened drinks once a week than females (68% and 53%, respectively). Consumption was also higher among those living in the lowest socioeconomic areas (69%) than those living in the highest socioeconomic areas (53%).

Physical activity

Do young people do enough physical activity?

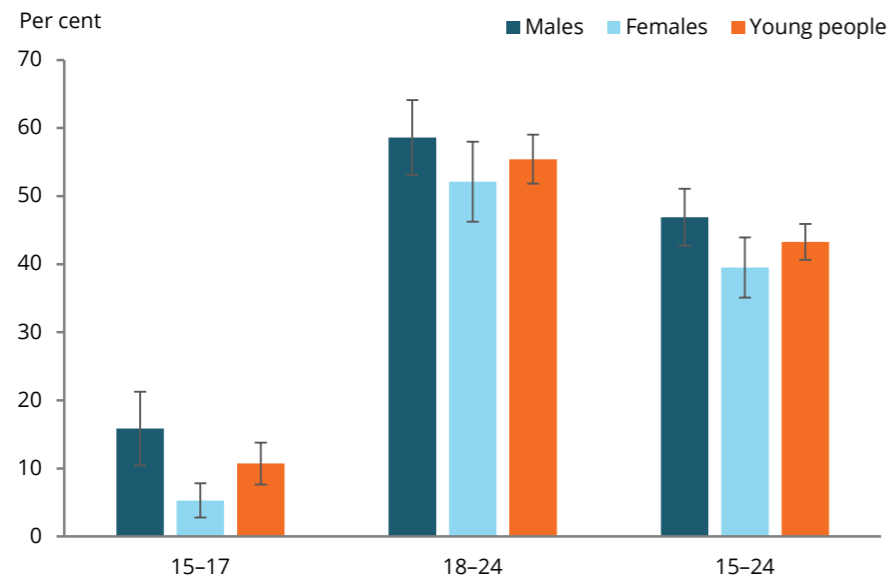
According to self-reported data from the ABS National Health Survey, in 2017–18, the proportion of young people who were sufficiently active (including workplace activity) was:

- just over 1 in 10 (11%) for 15–17 year olds, while just over 1 in 6 (16%) met the recommended muscle strengthening activity guidelines.
- more than half (55%) for 18–24 year olds, while more than 1 in 3 (36%) met the recommended muscle strengthening activity guidelines.

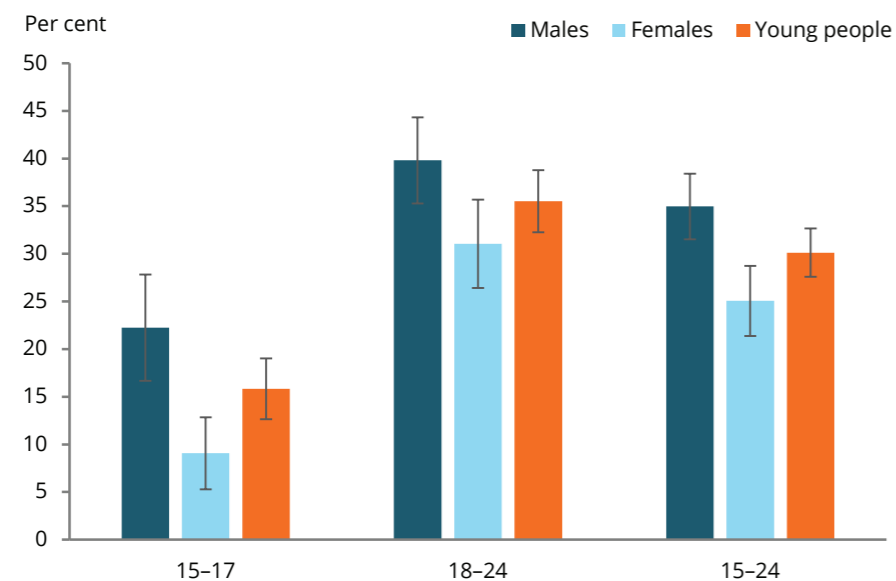
The higher proportion of 18–24 year olds who are sufficiently active is largely due to the different physical activity guidelines for this age group compared with those for 15–17 year olds (150 minutes of physical activity across the week compared with 420 minutes).



Proportion of young people who were sufficiently active, 2017-18



Proportion of young people who met the muscle strengthening guidelines, 2017-18



How much physical activity is recommended?

15-17 year olds



Physical activity

- Accumulate at least 60 minutes of moderate to vigorous activity per day, involving mainly aerobic activities at least 3 days per week
- Several hours of light physical activities
- Incorporate vigorous activities at least 3 days per week

18-24 year olds

- Accumulate 150 to 300 minutes of moderate intensity physical activity or 75 to 150 minutes of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities each week
- Be active on most, preferably all days every week.



Sedentary or recreational screen-based activity

- No more than 120 minutes of recreational screen use per day
- Break up long periods of sitting as often as possible

- Minimise the amount of time spent in prolonged periods
- Break up long periods of sitting as often as possible



Strength

- Muscle and bone strengthening activities at least 3 times a week

- Muscle strengthening activities at least 2 days a week

For this report sufficient physical activity is defined as:

- adolescents aged 15-17 who completed at least 60 minutes of physical activity per day
- young adults aged 18-24 who completed 150 minutes of moderate to vigorous physical activity across 5 or more days in the last week.





What types of physical activity are young people doing?


According to the 2019 AusPlay survey, the vast majority of young people took part in physical activity at least once a week over the previous 12 months:

- 89% (752,900) of those aged 15–17
- 83% (2 million) of those aged 18–24.


The most popular activities for young people aged 15–17 were:


 **fitness/gym**
(26%, or 220,200)


 **athletics, track and field**
(including jogging and running)
(25%, or 209,500)

 **football/soccer**
(22%, or 182,600)

The most popular activities for those aged 18–24 were:

 **fitness/gym**
(46%, or 1.1 million)

 **athletics, track and field**
(including jogging and running)
(23%, or 543,200)

 **walking (recreational)**
(22%, or 528,500).

Half of 16–17 year olds do not get enough sleep on school nights



The Australian Department of Health recommends between 8 and 10 hours sleep for young people aged 14–17.

Based on research from the Longitudinal Study of Australian Children (LSAC), in 2016, over half (52%) of 16–17 year olds did not get the required minimum hours of sleep on school nights.

Non-school nights provide opportunities for catch up on sleep missed during the week. While 16–17 year olds slept an average of 8.1 hours on a school night, on average they slept over an hour longer on a non-school night.

In 2017–18, the proportion of young people aged 15–24 who undertook sufficient:

- physical activity was higher in the highest socioeconomic areas (48%) than in the lowest socioeconomic areas (36%)
- muscle strengthening activities was higher in *Major cities* (33%) than in *Inner regional, outer regional and remote areas* combined (20%)
- muscle strengthening activities was higher in the highest socioeconomic areas (39%) than in the lowest socioeconomic areas (25%).

Alcohol, tobacco and other drugs



Alcohol, tobacco and illicit use of drugs can cause harm to young people's physical and psychological health, wellbeing and development.

Since 2001, rates of single-occasion risky drinking, daily smoking, and recent illicit use of drugs have all fallen for young Australians.

This report defines:

- single-occasion risky drinking as drinking more than 4 standard drinks on a single occasion
- lifetime risky drinking as drinking an average of more than 2 standard drinks per day

This report is based on the 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol. New guidelines were introduced in late 2020.



How many young people drink at risky levels?

According to the National Drug Strategy Household Survey, in 2019 among young people aged 14–24:

3 in 10 (30%) drank alcohol at levels that put them at risk of harm on that occasion (single-occasion risky drinkers) at least once a month in the 12 months before the survey

1 in 8 (13.1%) drank at levels that put them at risk of harm over their lifetime (lifetime risky drinkers).

For both measures, proportions were higher for males and for young people aged 18–24.

	Single occasion	Lifetime
Males	34%	18.7%
Females	25%	6.6%
14–17	8.9%	2.2%*
18–24	41%	18.8%

* Value has a relative standard error of 25% to 50% and should be used with caution.



1 in 10 (10.5%) young people consumed 11 or more drinks on a single occasion at least once a month, with the proportion for males 3 times as high as for females (15.3% and 5.3%, respectively).



1 in 5 (22%) young people consumed 11 or more drinks on a single occasion at least once a year, with the proportion 5 times as high for 18–24 year olds as 14–17 year olds (30% and 5.7%, respectively).



More than 1 in 3 (38%) of young people did not consume alcohol in the previous 12 months:

- males (38%) and females (39%) were equally likely to abstain
- more than 3 times as many 14–17 year olds (73%) abstained as 18–24 year olds (21%).

More than 8 in 10 young people have never smoked

In 2019, most young people aged 14 to 24 had never smoked (85%), 4.2% were occasional smokers (smoking weekly or less) and 6.8% were daily smokers:

- the proportion of males and females who smoked daily was similar (7.8% and 5.9%, respectively)
- young people aged 14–17 (97%) were more likely to have never smoked than 18–24 year olds (80%).

1 in 4 young people illicitly use a drug

In 2019, 24% of young people aged 14–24 engaged in illicit use of drugs (including pharmaceuticals) in the 12 months before the survey. Use was higher for :

- males (27%) than females (21%)
- 18–24 year olds (31%) than 14–17 year olds (9.7%).

The most commonly used illicit drugs (excluding pharmaceuticals) were:



marijuana/cannabis
(19.7%)



ecstasy
(7.6%)



cocaine
(7.3%)



How has use changed over time?

Since 2001, rates of risky drinking, daily smoking, and recent illicit use of drugs (including pharmaceuticals) have all fallen for young Australians aged 14–24.

	2001	2019
Single-occasion risky drinking	47%	30%
Lifetime risky drinking	25%	13.1%
Daily smoking	19.3%	6.8%
Illicit use of drugs (including pharmaceuticals)	32%	24%

For illicit use of drug (including pharmaceuticals), the greatest reduction occurred between 2001 and 2007 (32% to 22%), after which the proportion remained largely unchanged.

Sexually transmissible infections



Sexually transmitted infections (STIs), such as chlamydia, gonorrhoea and syphilis, can affect women and men of all ages, including some young people. However, young people are disproportionately represented in the number of notifications in a given year. In 2016, three-quarters (75%) of all chlamydia notifications occurred in young people aged 15–29 years.



Barriers to young people accessing prevention, testing, treatment and support for STIs include:

- underestimating the risk or seriousness of STIs
- the fear of stigmatisation
- financial cost.

According to the National Notifiable Diseases Surveillance System, in 2020, among young people aged 15–24:

- there were nearly 5 times as many notifications of chlamydia as other STIs (37,500 compared with 7,700 for gonorrhoea and about 871 for syphilis)
- chlamydia was nearly twice as common in females (nearly 23,900 notifications) as males (13,500)

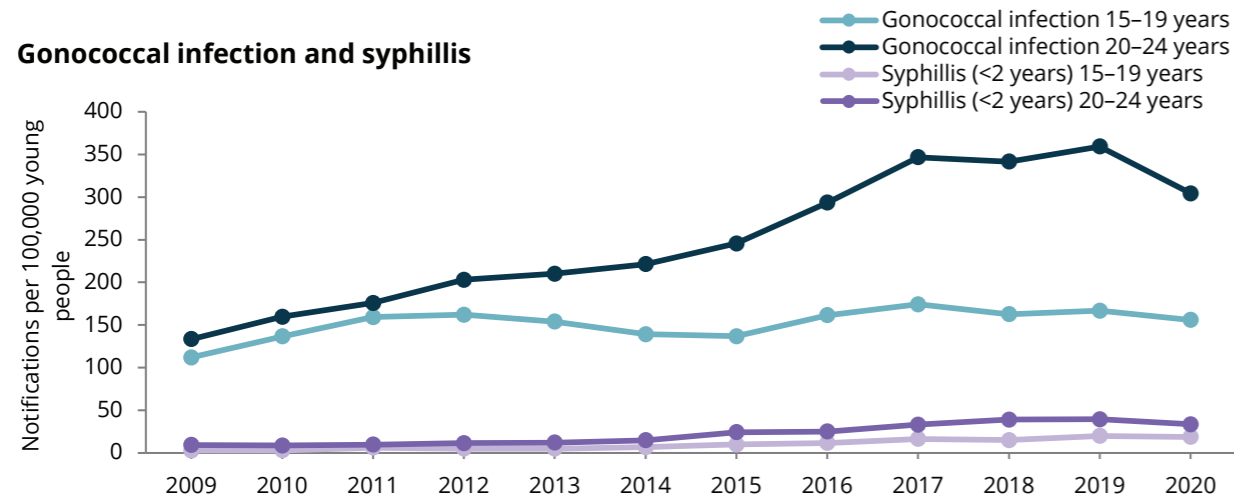
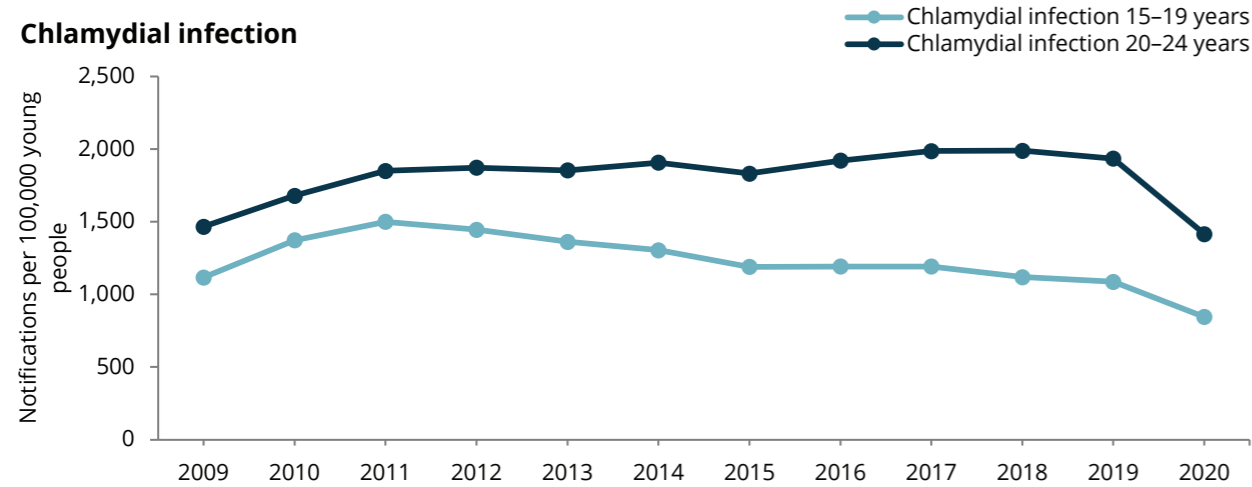
Gonorrhoea and syphilis were more common in males than females

	Gonorrhoea	Syphilis
Males	4,200	546
Females	3,500	324

From 2009 to 2020 the notification rate of:

- chlamydia fell for 15–19 year olds (from 1,117 to 846 per 100,000); for 20–24 year olds it rose from 2009 to 2019 (1,466 to 1,934 per 100,000) with a sharp decrease in 2020 (to 1,415 per 100,000)
- gonorrhoea for 15–19 year olds ranged between 112 and 174 per 100,000, with 156 in 2020; for 20–24 year olds it steadily increased from 2009 to 2019 (from 134 to 359 per 100,000), before decreasing in 2020 (to 304 per 100,000)
- syphilis rose by more than 4 times for both 15–19 and 20–24 year olds between 2009 and 2018 (from 3 to 15 per 100,000 and from 10 to 39 per 100,000, respectively) and has remained at similar rates since.

Rate of notifications for selected STIs among 15-24 year olds, 2009–2020



How common is human immunodeficiency virus and how has this changed over time?

In 2019, based on data from the Kirby Institute, among young people aged 15–24 there were 91 notifications of HIV:

- 20–24 year olds had more than 10 times as many notifications as 15–19 year olds (84 compared with 7, respectively)
- Males had more than 10 times as many notifications as females (83 compared with 7, respectively).

The majority of HIV notifications were reported with the exposure classification of male-to-male sexual contact (66 notifications). Other notifications were reported with their HIV exposure classified as:

- heterosexual contact (14 notifications)
- male-to-male sexual contact and injecting drug use (8)
- other or undetermined causes (3).

Between 2008 and 2019, the rate of cases among young people aged 15–24 varied, with consistently higher rates for males than females.

Most 15 year olds are vaccinated against human papillomavirus

The human papillomavirus (HPV) is a highly contagious virus transmitted through sexual contact that is the cause of most cervical cancers.

In 2017, 80% of females and 76% of males turning 15 years of age were fully vaccinated for HPV.

Over time the proportion of females and males who received the vaccinations has increased:

	2007	2013	2017
Females	74%	72%	80%
Males	–	30%	76%



Deaths



What are the leading causes of death for young people?

In 2019, there were about 1,300 deaths of young Australians aged 15–24—a rate of 41 per 100,000 young people. The death rate was more than twice as high for males (57 per 100,000 or 946 deaths) as females (23 per 100,000 or 370 deaths).

In 2017–2019, the vast majority of deaths were due to injuries (73%), followed by cancer (8.1%) and diseases of the nervous system (which includes cerebral palsy, multiple sclerosis and epilepsy (4.6%).

Just over half of all injury deaths (54%) were intentional, 43% were unintentional, and the remaining 3.8% were classified as ‘other’ (including undetermined intent). Suicide was the leading single cause of death, and accounted for 37% of all deaths.

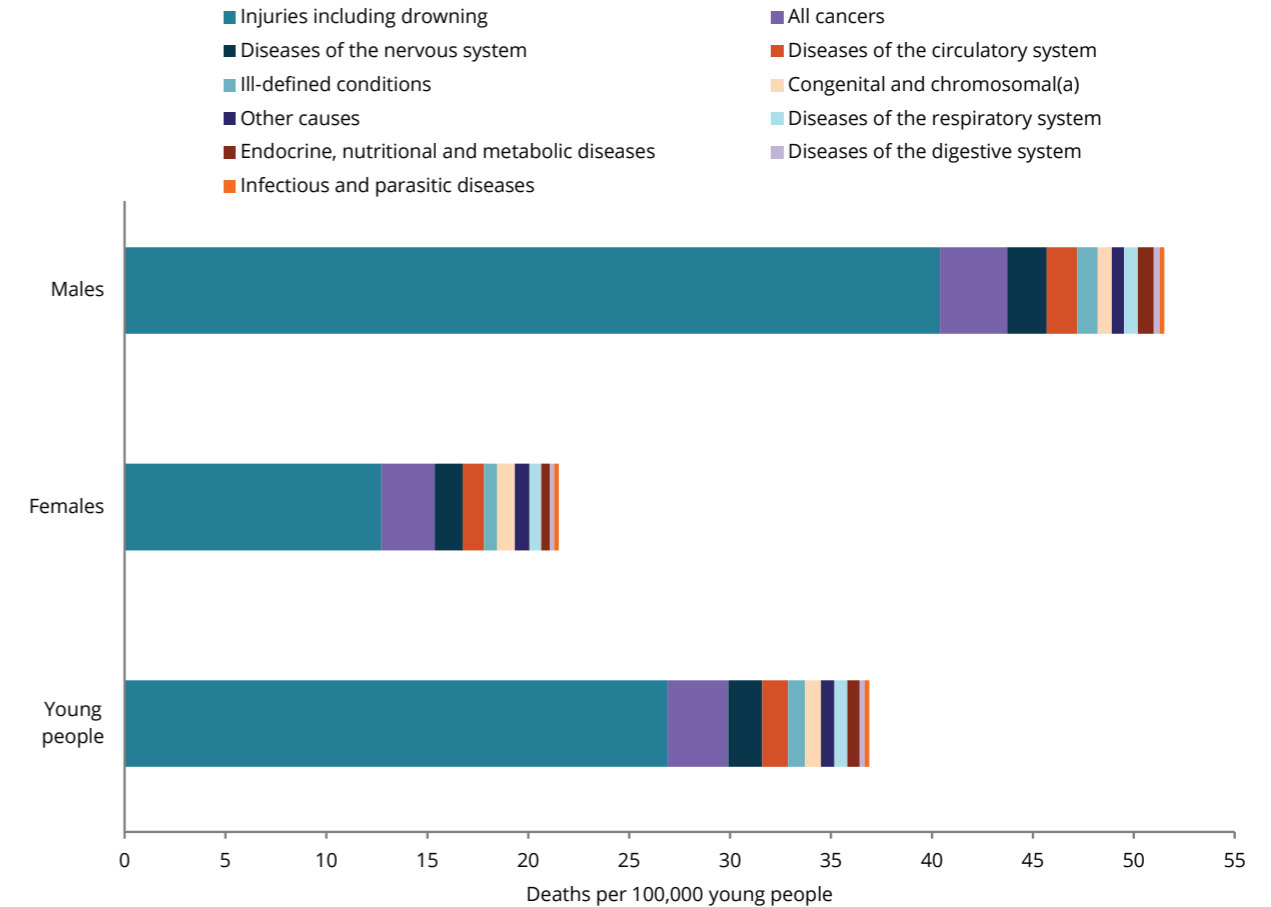
Intentional injury deaths include self-harm and assault. **Unintentional** injury deaths include transport accidents, accidental poisoning, drowning. Injury deaths classified as ‘**other**’ include those where the intent could not be determined.

For more on intentional self-harm injury deaths, see the **Mental health** section.

Over the 3-year period, the 3 leading causes of deaths were the same for males and females, however:

- the injury death rate for males was more than 3 times as high as the rate for females (40 and 13 per 100,000, respectively)
- the rate for cancer was a little higher among males than females (3.3 and 2.6 per 100,000 respectively).

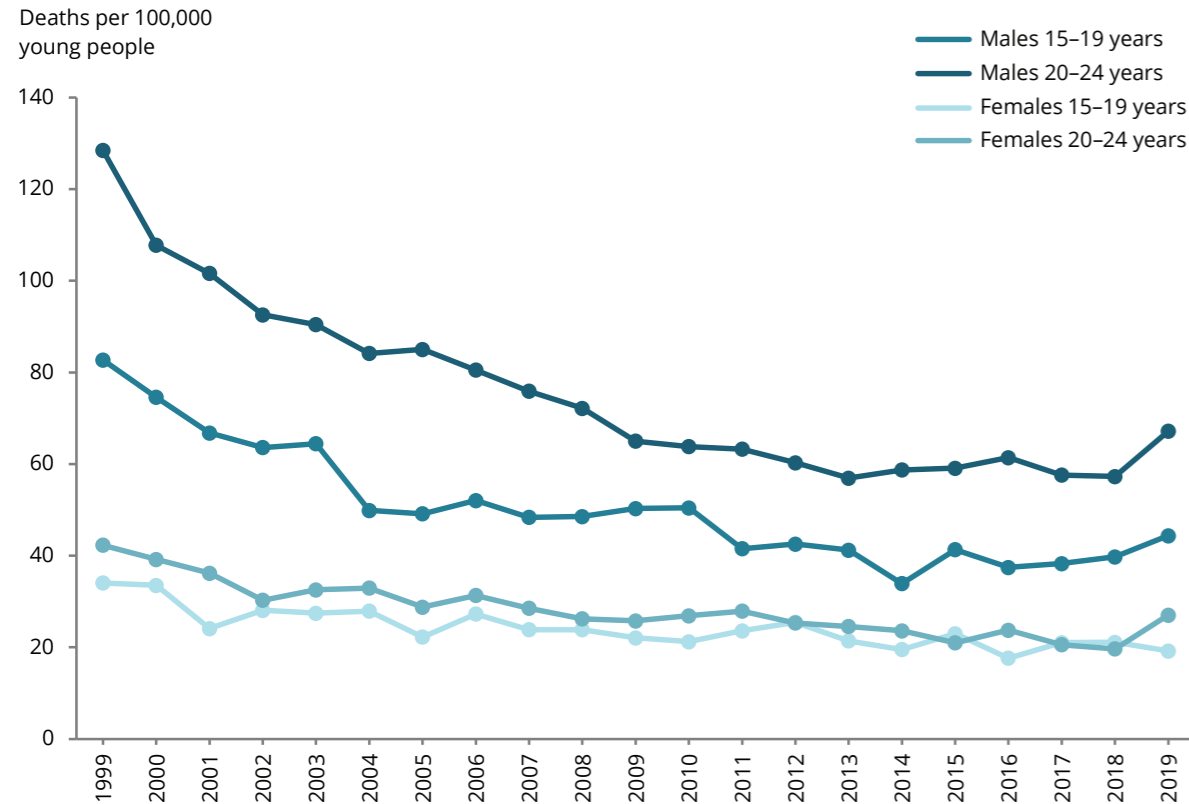
Leading causes of death among 15–24 year olds, 2017–2019



Between 1999 and 2019, the death rate for young people fell by 44%, dropping from 72 to 41 deaths per 100,000.

- The largest percentage decreases were for males aged 20–24 (48%, from 128 to 67 per 100,000) and males aged 15–19 (46%, from 83 to 44 per 100,000).
- The rate for females aged 15–19 fell from 34 to 19 per 100,000 (44%). The rate for young females aged 20–24 showed the smallest decrease (36%, from 42 to 27 per 100,000).

Death rates for 15–24 year olds, 1999 to 2019



Rates vary across birthplace, remoteness and socioeconomic areas

In 2019, among young people aged 15–24, the death rate was:

- 1.5 times as high among Australian-born young people (44 per 100,000) as those born overseas (30 per 100,000)
- 3.3 times as high in *Remote and very remote* areas (110 per 100,000) as *Major cities* (34 per 100,000)
- 1.9 times as high in the lowest socioeconomic areas (52 per 100,000) as the highest socioeconomic areas (27 per 100,000)

3 in 10 deaths among young people are from unintentional injuries

In 2017–2019, among young people aged 15–24, unintentional injury deaths contributed to almost 1 in 3 (32%) deaths.

In 2019:

- the rate of unintentional injury deaths for young males (19 per 100,000) was 3.8 times as high as that for young females (5.1 per 100,000). The higher death rate for males was consistent across age groups, however:

- the difference was greatest for 20–24 year olds, where the male rate was 3.9 times as high as the rate for females (23 compared with 5.9 per 100,000)
- in the 15–19 age group, the rate was 3.6 times as high for males as females (15 and 4.1 per 100,000, respectively)

Between 2007 and 2019, unintentional injury death rates for young people aged 15–24 fell from 18 to 12 deaths per 100,000.

In 2019, the 3 leading causes of unintentional injury death were:

- land transport accidents– 60% of unintentional injury deaths, at a rate of 7.4 per 100,000
- accidental poisoning – 20%, at a rate of 2.5 per 100,000
- accidental drowning – 8.0%, at a rate of 1.0 per 100,000.

The 3 leading causes accounted for nearly 9 in 10 unintentional injury deaths, and were the same for both sexes. However, the rates were higher for males.

	Death rates per 100,000 young people	
	Males	Females
Land transport accident	11.7	2.8
Accidental poisoning	3.6	1.3
Accidental drowning	1.6	0.4

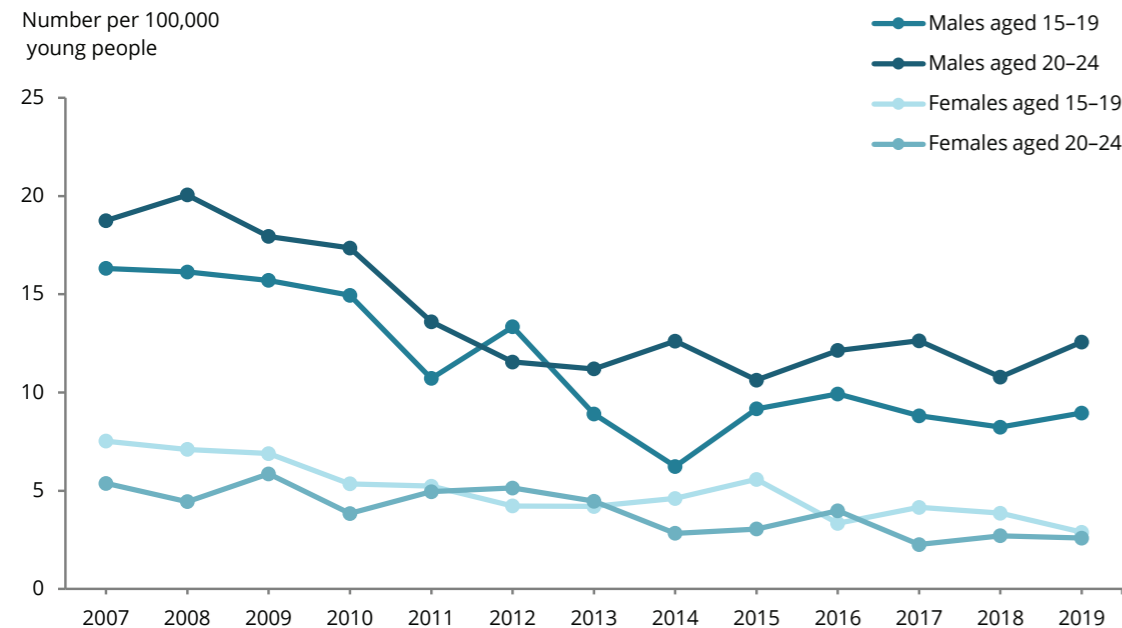
How many young people die on our roads?

In 2019:

- 1 in 5 (20%, or 225) motor vehicle deaths were of young people aged 15–24
- across 5-year age groups, the highest proportion of all motor vehicle deaths occurred among young people aged 20–24 (12%); those aged 15–19 accounted for 7.8% of deaths
- death rates for young people were much higher in:
 - *Inner regional areas* (11 per 100,000), *Outer regional areas* (18 per 100,000) and *Remote and very remote areas* (16 per 100,000) than in *Major cities* (4.3 per 100,000)
 - the lowest socioeconomic areas (12 per 100,000) than in the highest socioeconomic areas (1.9 per 100,000 respectively).

Between 2007 and 2019, the motor vehicle injury death rate for those aged 15–24 fell 43%, from 12 to 6.9 deaths per 100,000.

Motor vehicle injury death rates for 15–24 year olds, 2007–2019



Land transport accidents are also the most common reason for hospitalisation

As well as being a leading cause of unintentional injury death for young people, land transport accidents were also the most common reason (22%) for hospitalisation for unintentional injury in 2018–19.

How many young people are hospitalised for sports injuries?

In 2018–19, sports injuries accounted for 3 in 10 (31%, or 17,600) of all unintentional hospitalised injury cases for young people aged 15–24.

The rate for young people (543 per 100,000) was the highest of all age groups, and over twice that of children aged 0–14 (247 per 100,000) and 25–44 year olds (263 per 100,000).

Football codes (51%), motorcycling (6.3%), basketball (5.5%) cycling (5.4%), and skate boarding (3.6%) had the highest proportions of hospitalised injury cases overall. The top 3 differed by sex:

- for males, they were football codes (55%), motorcycling (7.7%) and cycling (6.3% respectively)
- for females, they were football codes (37%) netball (13%) and trail or general horseback riding (9.8%).



4 Mental health and wellbeing

How happy people are, and how satisfied they are with their lives, are important measures of their overall wellbeing. According to the 2020 Mission Australia Youth Survey, almost 3 in 5 (59%) young people aged 15–19 reported feeling happy or very happy with their life as a whole, similar to 2019 (61%). Males (66%) were more likely to report feeling happy or very happy than females (54%).



In 2020, respondents to the 2020 Mission Australia Youth Survey were asked for the first time to report how much of the time they felt stressed in the previous month:



2 in 5 young people (43%) said that they felt stressed either all of the time or most of the time

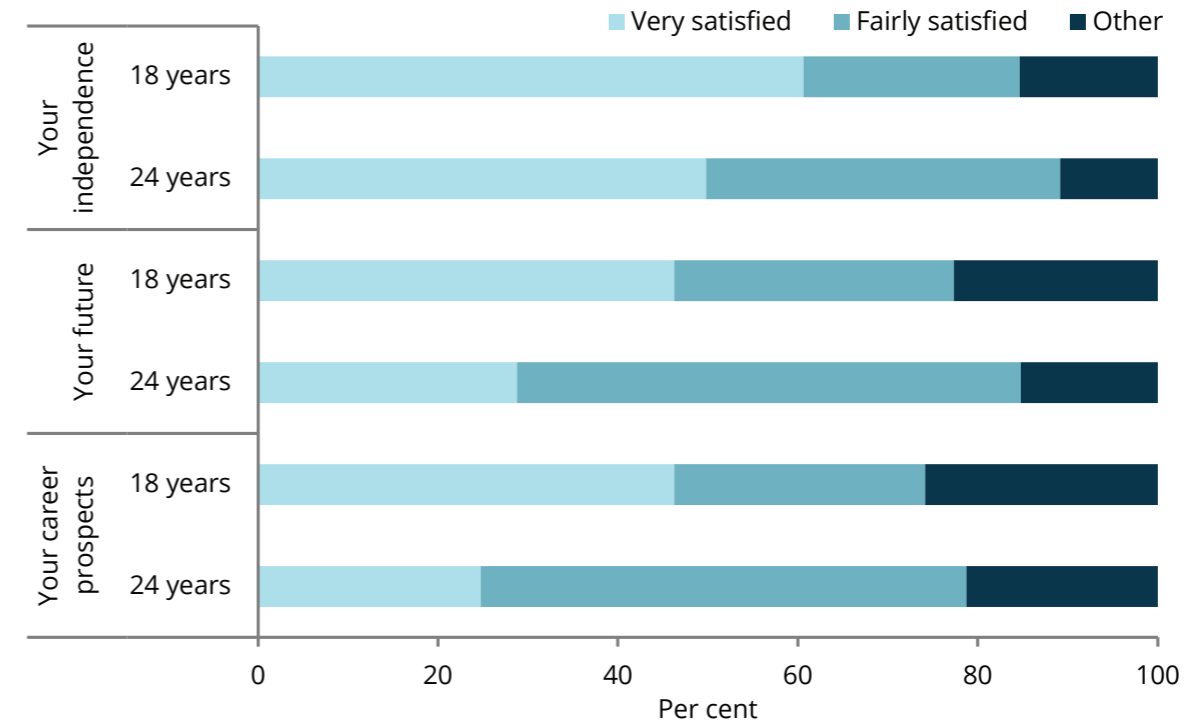


females (54%) were twice as likely as males (27%) to feel this way

In 2018, the Household, Income and Labour Dynamics in Australia survey asked participants how satisfied they were with their life on a scale of 0–10. The average score for young people aged 15–24 was 8.1—there has been little change since 2008.

The Longitudinal Surveys of Australian Youth also asks questions about how satisfied young people are with their lives as a whole, as well as with different aspects of their lives. In 2018, a high proportion of young people aged 18 and 24 were very or fairly satisfied with their level of independence (that is, being able to do what they want), their future and their career prospects.

Satisfaction with independence, the future and career prospects, 2018



Young people with disability are less likely to feel happy

Based on the 2019 Mission Australia Youth Survey, just over 2 in 5 (43%) young people aged 15–19 with disability indicated that they felt happy/very happy with their lives overall compared with 3 in 5 (62%) young people without disability.

Young people with disability were:



twice as likely to feel very sad/sad with life as a whole (24%) than those without disability (10%)



less likely to feel very positive or positive about the future (43%) than those without disability (59%).



Poor mental health can be associated with suicidal ideation, suicide plans and suicide attempts. In 2015, suicide and self-inflicted injury was the leading cause of the total burden of disease for young people aged 15–24, followed by anxiety disorders and depressive disorders.

Mental illness

Although most young people in Australia are happy and feel positive about the future, for some, poor mental health can have short and long-term implications for their wellbeing and ability to live fulfilling and productive lives.

Please carefully consider your needs when reading the following information about suicide and self-harm. If this report raises any issues for you, these services can help:

- Lifeline 13 11 14
- Suicide Call Back Service 1300 659 467
- Kids Helpline 1800 55 1800
- MensLine Australia 1300 78 99 78
- Beyond Blue 1300 22 4636.

Crisis support services can be reached 24 hours a day.

Psychological distress is an individual's overall level of psychological strain or pain. It is evidenced by psychological states such as depression, anxiety and anger.

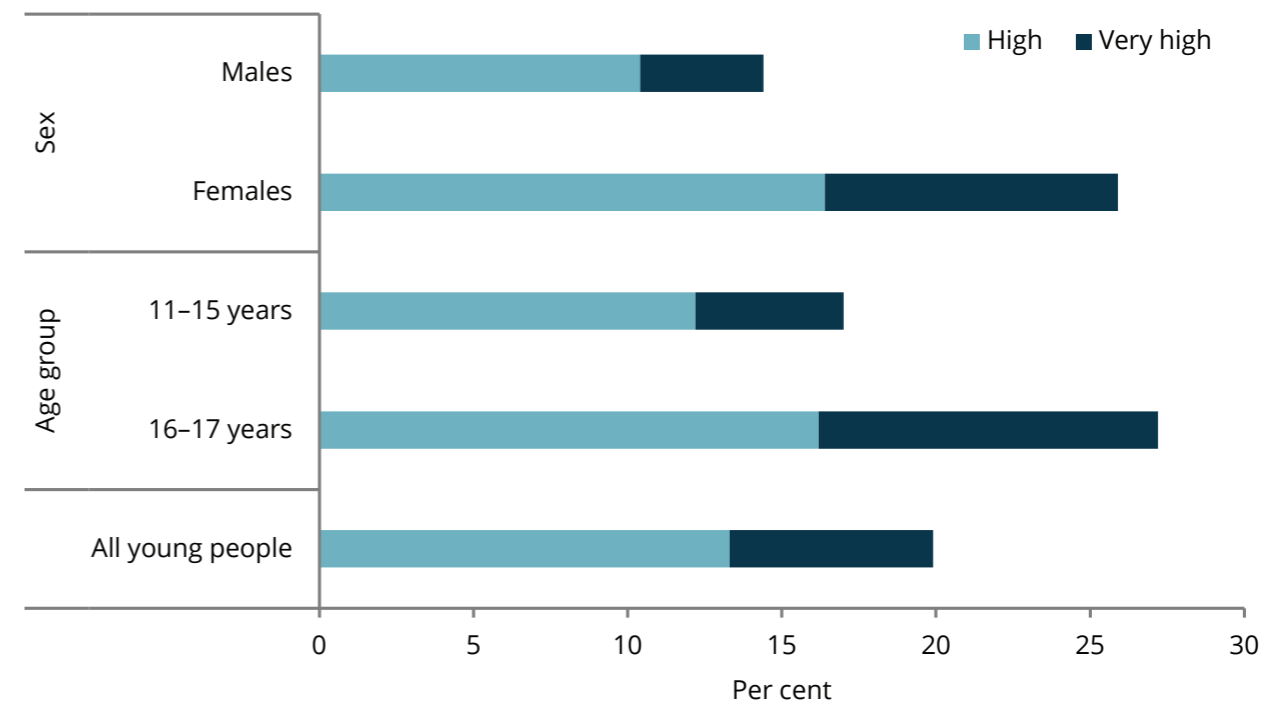
Mental illnesses (also referred to as mental health disorders) are diagnosable health conditions. They are health problems that affect how a person feels, thinks, behaves and interacts with others. Mental illness can vary in severity and duration, and may be episodic. However, most mental health disorders can be effectively treated, and earlier treatment leads to better outcomes.

Burden of disease measures how many years of life Australia loses to diseases either due to people dying early or living with ill health.

1 in 5 young people experience high levels of psychological distress

According to self-reported data in the Young Minds Matter survey, in 2013–14, 1 in 5 (20%) young people aged 11–17 had either high or very high levels of psychological distress (13% and 6.6% respectively). These levels were higher for females and 16–17 year olds.

Level of psychological distress among 11–17 year olds, 2013–14



According to the ABS National Health Survey, among young people aged 18–24:

- between 2011–12 and 2014–15, the rate of high or very high levels of psychological distress increased from 12% to 15%—the rate for females rose from 13% to 20%
- between 2014–15 and 2017–18, there was little change for those aged 18–24
- levels of psychological distress for females aged 18–24 were higher than all other age groups in 2014–15, and higher than those aged 35–44, 65–74 and 75 years and over in 2017–18.



COVID-19 took a toll on young people's levels of psychological distress

Findings from the COVID-19 Impact Monitoring Survey Program, from the Australian National University's (ANU) Centre for Social Research and Methods showed that COVID-19 had a negative effect on the mental health of many Australians, with young adults particularly affected. A comparison of pre-COVID-19 (February 2017) and April 2020 data showed that psychological distress worsened for those aged under 45, and those aged 18 to 24 in particular. The proportion of 18 to 24 year olds experiencing severe psychological distress increased from 14% in February 2017 to 22% in April 2020.

By January 2021, psychological distress had fallen for all age groups, with the average score for the whole of the population very similar to its level in February 2017. However, for those under 45, psychological distress remained higher in January 2021 than in February 2017.

Between January 2021 and April 2021, psychological distress for all Australian adults showed a continued decline, although the difference was not statistically significant. In April 2021, psychological distress of young Australians was significantly below what it was in April 2020 (the peak of the first wave of infections) but was still higher than in February 2017.

1 in 7 young people experienced mental illness in 2013-14

According to the reports by parents and carers in the Young Minds Matter survey, in 2013-14, among young people aged 12-17:

- an estimated 245,000 (14%) met the criteria for a medical diagnosis of a mental health disorder in the 12 months before the survey (males 16% and females 13%)
- anxiety and attention-deficit/hyperactivity disorder (ADHD) were the most common disorders (7.0% and 6.3% respectively). Anxiety was the most common disorder among girls (7.7%), and ADHD was the most common disorder among boys (9.8%).

The severity of impact of the mental illness was:



mild for more than 4 in 10 (44%)

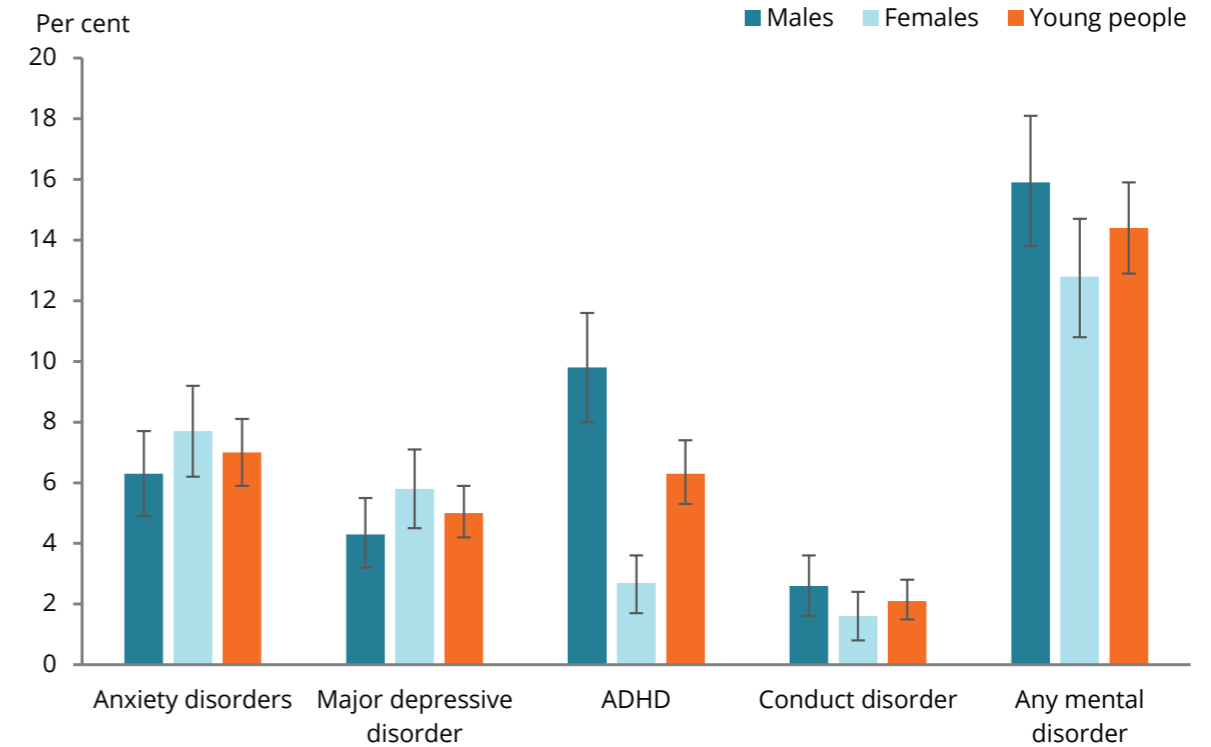


moderate for more than 3 in 10 (33%)



severe for more than 2 in 10 (23%).

Mental illness among 12-17 year olds, 2013-14



More recent data on self-reported mental and behavioural conditions is available from the ABS National Health Survey 2017-18 for young people aged 15-24:

- 1 in 4 (26%) reported having any long-term mental or behavioural condition, with the proportion higher among females (30%) than males (21%)
- the most common condition was anxiety disorders/feeling anxious, nervous or tense (17%) and depression/feeling depressed (12%)
- between 2014-15 and 2017-18, the proportion of young people reporting having any long-term mental or behavioural condition increased from 19% to 26%.

Some young people have higher rates of mental illness

In 2013–14, the prevalence of mental health disorders among young people aged 12–17 was:

- 2.5 times as high among young people born in Australia as those born overseas (16% and 6.2%, respectively)
- 1.6 times as high in *Outer regional* areas as in *Major cities* (21% and 13%, respectively)
- 2.3 times as high in areas of lowest socioeconomic status as in areas of highest socioeconomic status (23% and 9.9%, respectively).

How many young people use mental health services?

Although they comprise only 12% of the Australian population, in 2019–20, young people aged 12–24 made up 22% (587,000) of all people receiving Medicare-subsidised mental health-specific services, and accounted for:

- **20% (85,800)** of people receiving services from psychiatrists
- **22% (496,000)** of people receiving services from general practitioners
- **23% (127,000)** of people receiving services from clinical psychologists
- **24% (176,000)** of people receiving services from other psychologists
- **24% (27,600)** of people receiving services from other allied health providers.

In 2019–20, young people aged 12–24 also made up 25% (76,100) of presentations to emergency departments for mental-health-related care.

In 2018–19, they also accounted for:

- **28% (124,900)** of patients in community mental health care services.



1 in 10 young people have deliberately injured themselves

According to the Young Minds Matter survey, in 2013–14, around 1 in 10 (11%, or an estimated 186,000) young people aged 12–17 reported ever having deliberately injured themselves. Rates were higher among females and 16–17 year olds.

5.9% of young people (or an estimated 100,000) had self-harmed 4 or more times over their lifetime, and around 8% (or 137,000) had self-harmed in the last 12 months.

Around 1 in 13 (7.5%, or an estimated 128,000) young people had seriously considered attempting suicide in the previous 12 months.

Reporting of self-harm and suicidal behaviour among young people aged 12–17, 2013–14

Have ever self-harmed

Females	15%
Males	6.8%
12–15 year olds	8.2%
16–17 year olds	16%

Self-harmed 4 or more times

Females	9.2%
Males	2.8%
12–15 year olds	3.8%
16–17 year olds	9.8%

Self-harmed in the past 12 months

Females	12%
Males	4.0%
12–15 year olds	6.2%
16–17 year olds	12%

Seriously considered suicide in the previous 12 months

Females	11%
Males	4.5%

How many young people are hospitalised for self-harm?

Suicidal ideation or suicide attempts may result in admission to hospital for specialised mental health care. Hospital activity related to non-suicidal intentional self-harm and suicide attempts is reported as intentional self-harm.

In 2018–19, among young people aged 15–24:



self-harm accounted for more than 1 in 10 (13%, or 9,600) hospitalised cases for injuries (297 cases per 100,000 young people).



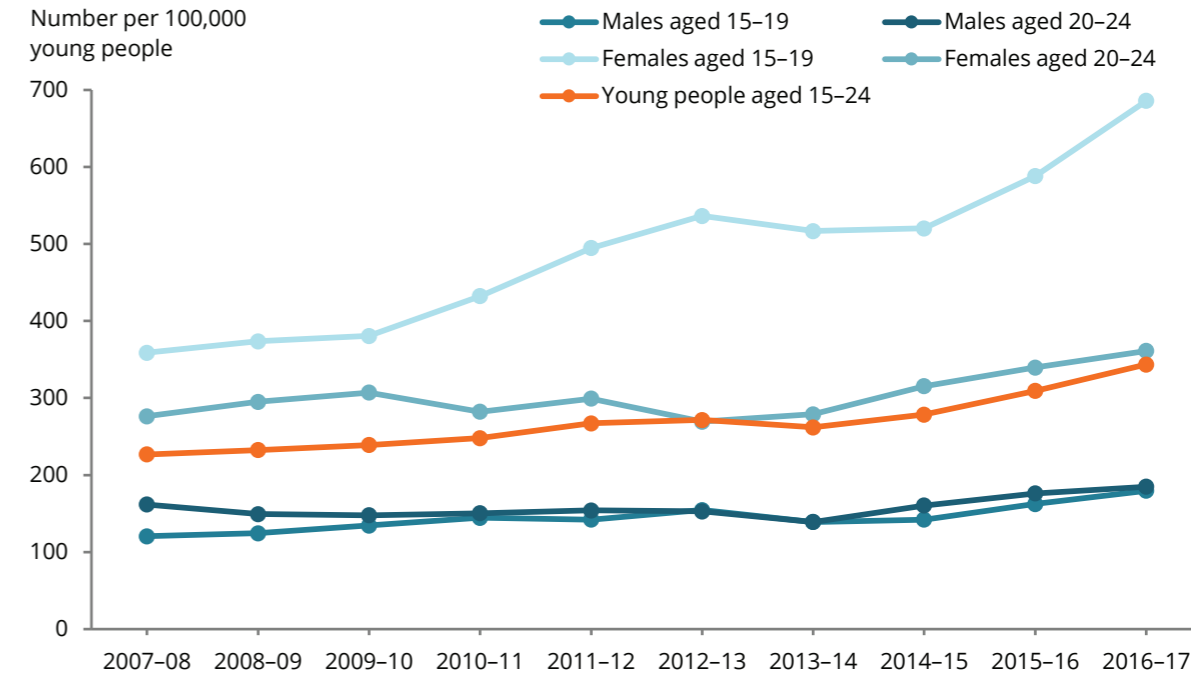
the rate for females was 2.7 times as high as that for all young males (437 compared with 164 per 100,000). For 15–19 year olds, the female rate was 3.5 times as high as that for males.

Between 2007–08 and 2016–17:



the greatest increase was for females aged 15–19 (from 359 per 100,000 in 2007–08 to 686 per 100,000 in 2016–17).

Hospitalised cases of self-harm for 15–24 year olds, 2007–08 to 2016–17



Note: Due to changes in data collection methods, hospitalised cases for injury from 2017–18 onwards should not be compared with previous years. See [Australia's youth](#) for more details.

In 2018–19, the rate of hospitalised cases for intentional self-harm was highest in *Remote areas* and lowest in *Major cities*.

In 2016–17, the rate was higher in the lowest socioeconomic areas.

Area	Cases per 100,000
Remoteness 2018–19	
Major cities	251
Inner regional	369
Outer regional	479
Remote	535
Very remote	442
Socioeconomic 2016–17	
Lowest socioeconomic	394
Highest socioeconomic	276

In 2019, the rate of deaths by suicide for young males was more than twice that for young females

In 2019, based on ABS Causes of Death data, among young people aged 15–24, there were 461 deaths due to suicide—a rate of 14 per 100,000 young people:

- The rate was much higher among males (20 per 100,000) than females (7.6 per 100,000).
- For both males and females, the rate was higher among 20–24 year olds (24 and 8.5 per 100,000, respectively) than 15–19 year olds (16 and 6.6 per 100,000, respectively).

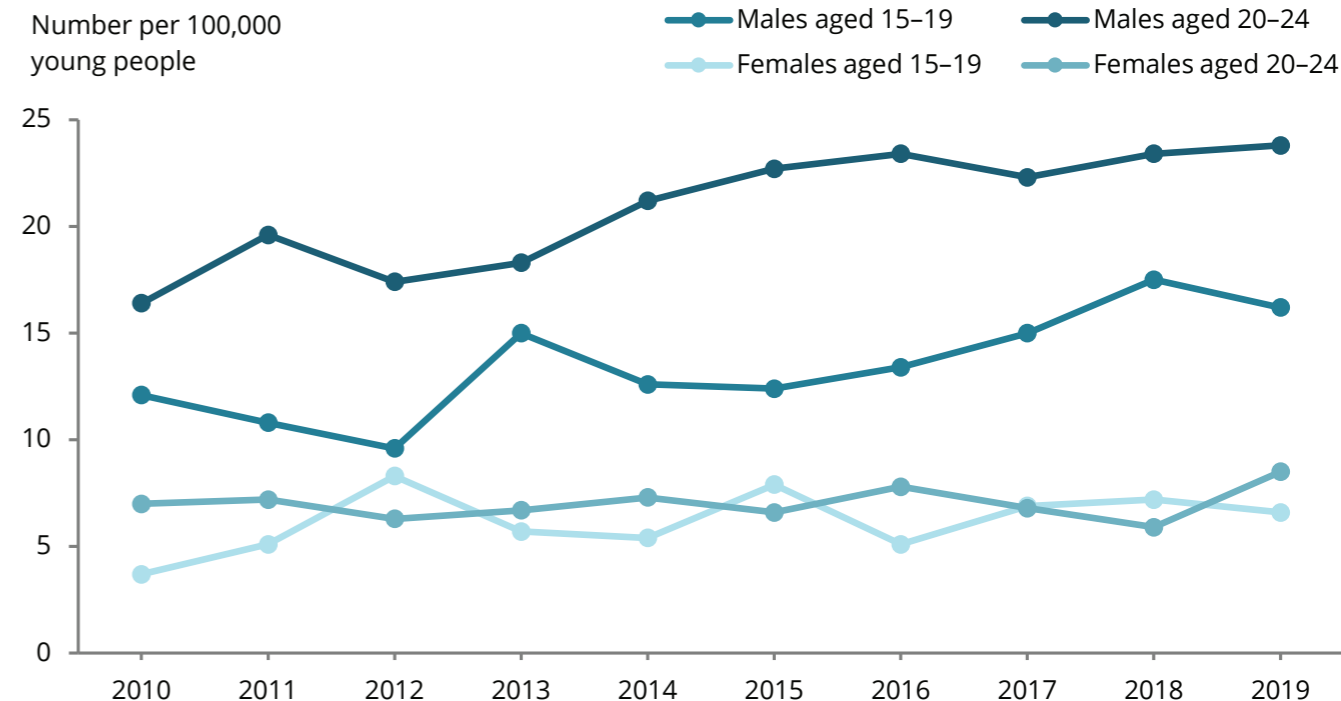
Between 2010 and 2019, among young people aged 15–24:

- the rate of death by suicide increased from 10 per 100,000 to 14 per 100,000 with rates consistently higher for males than females.

Caution should be exercised when analysing trends in deaths by suicide by young people (especially with regard to year-to-year changes) due to the small numbers of deaths by suicide each year.

Deaths attributed to suicide can be influenced by reporting practices, so care needs to be taken in interpreting results.

Deaths by suicide among 15–24 year olds, 2010–2019



Suspected deaths by suicide in New South Wales and Victoria were similar in 2020 and 2019

Data for suspected deaths by suicide in 2020 are available by age for Victoria and New South Wales.

The number of suspected deaths by suicide in 2020 for:

- New South Wales, was similar to 2019, both among those aged under 18 (30 and 31, respectively) and those aged 18–24 (94 compared with 109)
- Victoria was similar to that for 2019, both among those under the age of 18 (19 and 21, respectively) and those aged 18–24 (77 compared with 83).



5 Relationships and social support

The relationships young people have with their family, friends and intimate partners are crucial to their overall health and wellbeing. The quantity and quality of time spent with others, and how supported people feel, are important dimensions of quality of life.

During adolescence, the social networks of young people become more complex. As they become more independent from their families, young people spend more time with, and place greater value on, relationships with their peers and intimate partners. Adolescent romantic experiences can play an important role in the development of future romantic and marital relationships.



Most young people are satisfied with their relationship with parents

Although peer relationships and intimate relationships become more important in adolescence, immediate family relationships also continue to be of importance to young people. Having a close relationship with parents during adolescence can help teenagers develop higher levels of resilience by the time they are 16-17.

Based on the Longitudinal Study of Australian Children (LSAC), in 2016, an estimated:

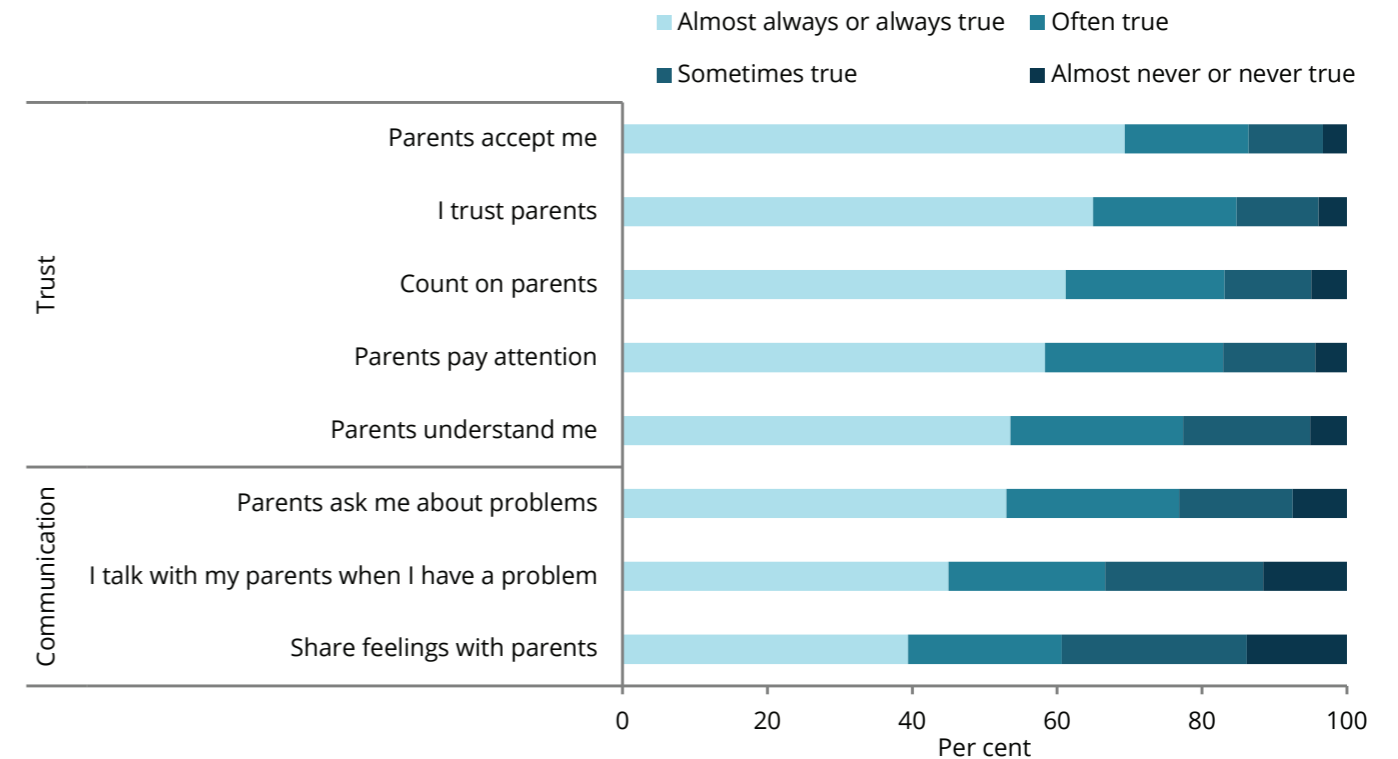


9 in 10 (86%) 16-17 year olds had parents who accepted them as they are.



three-quarters had parents who understood them or asked about their problems (77% respectively).

How well 16-17 year olds get along with parents, 2016



Whether a family yells at each other can be viewed as a measure of family conflict. Based on the LSAC, it is estimated that family members:

- never or hardly ever yelled at each other for almost half (47% or 113,000) of 16-17 year olds.
- often or always yelled at each other for 1 in 6 (16% or 37,800) 16-17 year olds.

According to the 2020 Mission Australia Youth Survey report, nearly 8 in 10 (79%) young people aged 15-19 rated their family's ability to get along as excellent, very good or good, compared with about 1 in 5 (22%) who rated it as either fair (15%) or poor (6.9%).



Many families grew closer during COVID-19

COVID-19 restrictions disrupted many families' usual routines, with educational institutions switching to remote learning, changes to caregiving arrangements, and people starting to work differently, including working from home, having reduced working hours or job loss.

In June 2020, The Royal Children's Hospital's National Child Health Poll of adults with children aged 0–17 showed that most felt some positive effects had occurred during COVID-19.

What did parents and caregivers say about their family relationships during COVID-19?

- 87% said their families spent more time together
- 80% said the pandemic had given them a chance to think about what was important to their family
- 75% said their families had become closer
- 42% said they felt more connected to their child

In May 2020, the ANU's COVID-19 Impact Monitoring Survey Program asked participants (aged 18 and over) how the quality of relationships with other people/family members in their household had changed since the spread of COVID-19. Findings showed that being a parent of a child in the household was associated with a higher probability of reporting an improvement in the relationships with other people/family members in the household (33%) compared with those who were not a parent of a child in the household (25%).

Despite these positive experiences, a change in family routines, increased parenting responsibilities, and financial stress can also put a lot of pressure on families. Between mid-March and mid-April 2020, the number of urgent applications for parenting-related disputes increased for the Family Court of Australia and the Federal Circuit Court of Australia.



4 in 5 young people say their friendships are important

Good peer relationships can lead to positive social, emotional and academic outcomes. An important benefit of having friends is the support they can provide in times of stress. On the other hand, negative peer influence, as well as isolation and lack of peer relationships, are risk factors for antisocial and problematic behaviours.

According to the 2020 Mission Australia Youth Survey report, more than 4 in 5 (83%) 15–19 year olds rated their friendships as either extremely important or very important, which was a little higher than the rating given to family (79%).

Based on data from LSAC, in 2016, most young people aged 16–17 (98%) had at least 1 good friend. For the vast majority it was almost always/often/sometimes true that:



they trusted their friends **(91%)**



their friends were good friends **(90%)**



their friends respected their feelings **(91%)**



their friends listened to what they had to say **(90%)**



their friends asked about their problems **(87%)**



their friends sensed when they were upset **(86%)**



their friends encourage them to talk **(80%)**



they told their friends about problems **(80%)**.

The LSAC survey asked young people 16–17 how much time they spent interacting with friends face-to-face or electronically. In 2016:

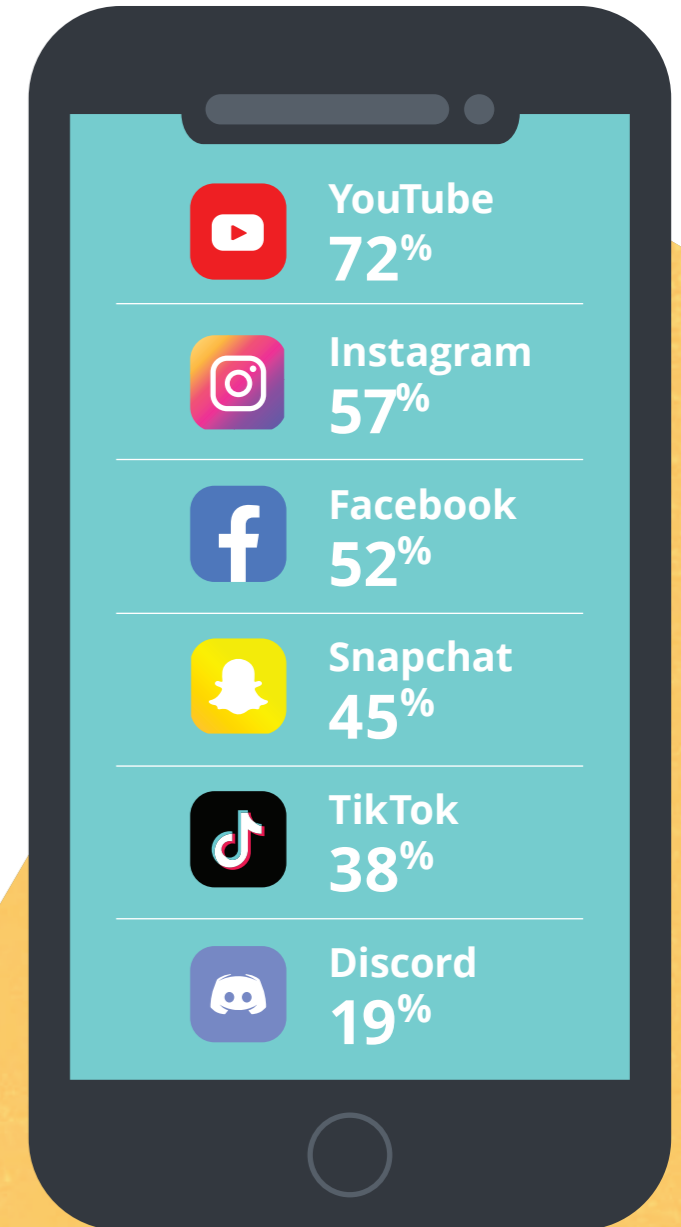
- face-to-face interaction was the most common form of interaction (42% of young people interacted face-to-face most of the time and 12% all or almost all of the time).
- more than one-third (38%) interacted face-to-face and electronically in equal share.
- just over 1 in 16 (5.9%) mostly interacted via electronic devices.
- less than 1% always or almost always interacted via electronic devices.

Most popular social media services

Social media services play an important role in keeping young people connected with family and friends.

Based on the eSafety Commissioner (eSafety) report, *The digital lives of Aussie teens*, in September 2020, young people aged 12–17 tended to use multiple (on average 4) social media services.

The most popular social media services were:



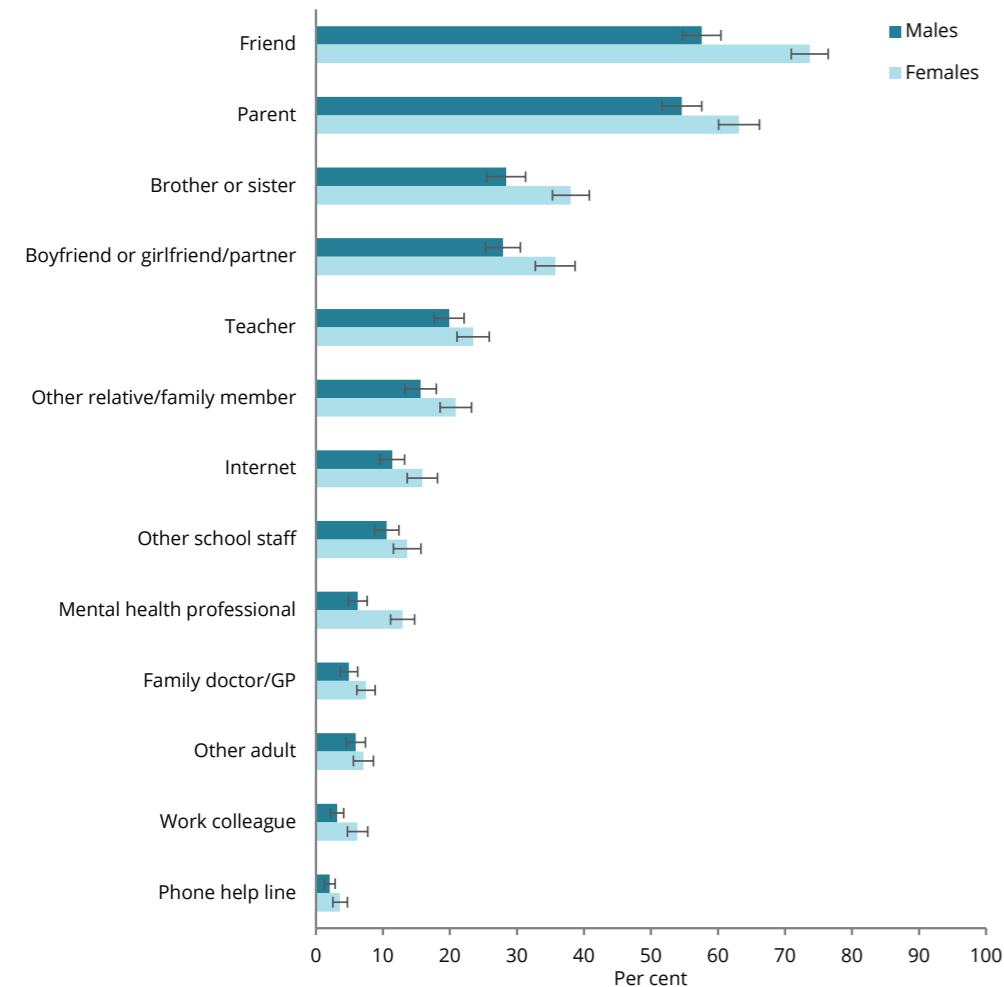
Who do young people turn to for help?

The LSAC asked young people 16–17 from whom they sought support in the last 12 months.

In 2016:

- young people were most likely to seek support from a friend (66%) followed by a parent (59%), brother or sister (33%), boyfriend/girlfriend (32%) or a teacher (22%).

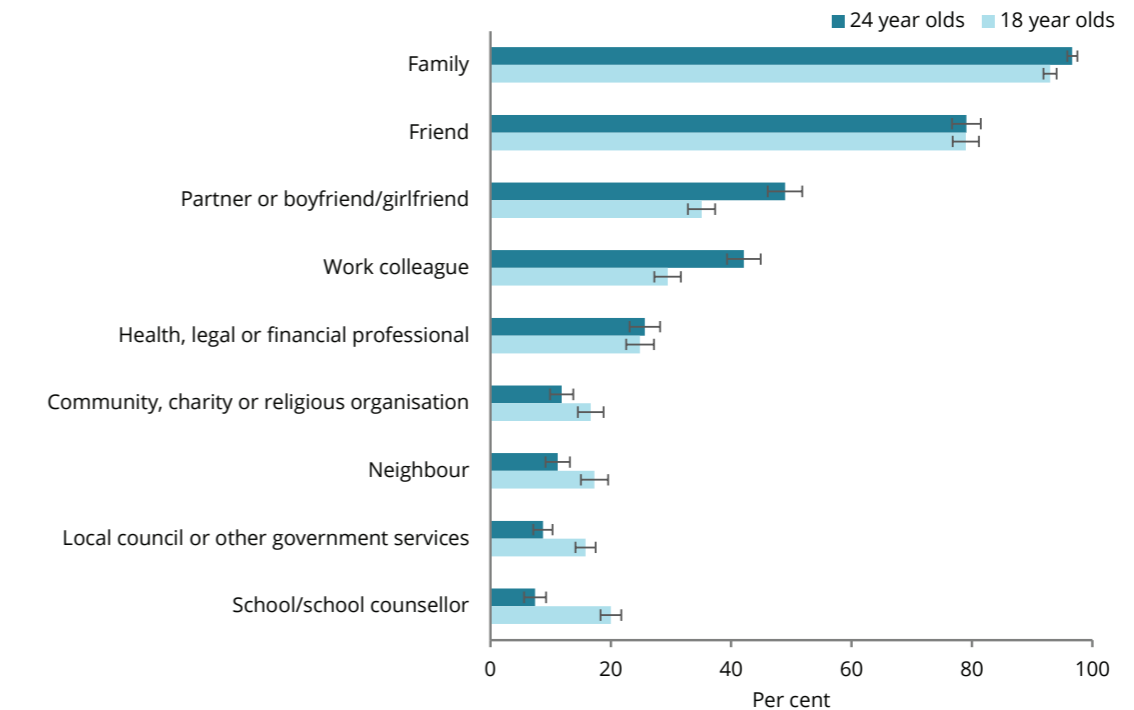
Sources of help for 16–17 year olds



According to Longitudinal Surveys of Australian Youth, in 2018, more than 9 in 10 (92%) 18 year olds and 24 year olds (94%) could ask someone for support in a crisis if they needed to.

Young people most commonly turned to a family member, a friend, or a partner or boyfriend/girlfriend.

Who young people turn to in time of crisis, 2018





Young people felt the impact of COVID-19 restrictions on their social lives

While some families grew closer, restrictions on gatherings, events and face-to-face contact affected young people.

Findings from UNICEF Australia's national survey showed that in July–August 2020, 42% of young people aged 13–17 said that COVID-19 and the associated response had negatively impacted their feeling of social connectedness.

This proportion was lower than the 70% recorded in April 2020 as the easing of restrictions across much of the country

at the end of June brought more structure and connectedness to young people's lives.

According to the ANU's COVID-19 Impact Monitoring Survey Program, between April and May 2020, there was a significant reduction in the level of loneliness across the whole population, with the exception of young people aged 18–24, for whom there was no significant reduction. In May and August 2020, young people aged 18–24 reported higher rates of loneliness than the whole adult population.

	18–24	All adults
May 2020	64%	36%
August 2020	66%	41%

Two-thirds of 16–17 year olds have had an intimate relationship

Developing an intimate relationship is an important development stage during late adolescence and early adulthood. Positive intimate relationships can help young people to achieve personal and shared goals and maintain a secure attachment.



According to findings from the LSAC, in 2016, among young people aged 16–17:

- around two-thirds (67% of males and 62% of females) reported having had at least one relationship. These results are lower than those from the 2018 National Survey of Secondary Students and Sexual Health where around 77% of 14–18 year olds reported having a relationship at some point in their lives
- 1 in 5 males and 1 in 4 females said that they currently had a boyfriend or girlfriend
- the majority of young people who reported having a boyfriend/girlfriend had one from the opposite sex (96% of both males and females)
- around half (51%) reported regularly staying over at each other's place
- more than 4 in 5 (84%) considered that they were in committed/exclusive relationships while the rest considered their relationships casual.

Young people's views on relationships and sexual activity

Based on data from the Household, Income and Labour Dynamics in Australia survey, in 2018, young people aged 15–24 were, on average, very satisfied with their relationship with their partners. On a scale of 0 to 10, the average satisfaction score was 8.5.

According to the 2018 National Survey of Secondary Students and Sexual Health, just under half (47%) of students in Years 10, 11 and 12 reported ever having engaged in sexual intercourse and were considered to be sexually active for the purposes of the study. Most reported positive feelings about their last sexual encounter, for example, they felt good (88%), happy (88%) and fantastic (73%).

Most students talk about sexual health

The majority of students discussed matters of sexual health before having sex:

- 81% talked about having sex
- 77% talked about using a condom
- 62% talked about avoiding pregnancy
- 48% talked about how to get sexual pleasure without intercourse
- 36% talked about avoiding sexually transmitted infections and 30% about avoiding human immunodeficiency virus (HIV)

Most sexually active students (62%) reported that they often (24%) or always (38%) used condoms in the previous 12 months.

Young females more likely to experience unwanted sexual behaviours and sexual harassment

- According to findings from the LSAC, in 2016, among 16–17 year olds, 1 in 2 (49%) females and nearly 1 in 3 males (31%) reported that they had experienced some form of unwanted sexual behaviours in the past 12 months (such as being told, showed or sent sexual pictures, stories or jokes that made them feel uncomfortable, or having someone make sexual gestures, rude remarks, use body language, touch or look at them in a way that embarrassed or upset them).
- Based on the 2016 Personal Safety Survey, among young people aged 18–24, females (38%) were twice as likely as young males (16%) to report sexual harassment in the 12 months before the survey.

What is sexual harassment?

Sexual harassment is when a person has experienced or been subjected to behaviour(s) which they found improper or unwanted, which made them feel uncomfortable, and/or were offensive due to their sexual nature.

What do young people think about gender roles?

Adolescence and young adulthood is a time when gender identities, roles and relationships are being formed.

Findings from the 2017 National Community Attitudes towards Violence against Women Survey showed that among young people aged 16 to 24:

- Very few young people supported rigid gender roles, stereotypes and expressions—only 1 in 20 (5%) agreed that if a woman earned more than her male partner, it was not good for the relationship.
- Almost 1 in 3 young people (31%) believed that women preferred a man to be in charge of a relationship, and this was more common among males (36%) than females (26%). However, the proportion of young people who agreed that men should take control in relationships fell from 22% to 17% between 2013 and 2017.



6 Education and employment

Secondary school is an important part of young people's lives. Their experiences and achievements at school have lasting effects on their wellbeing and opportunities for future education and employment.

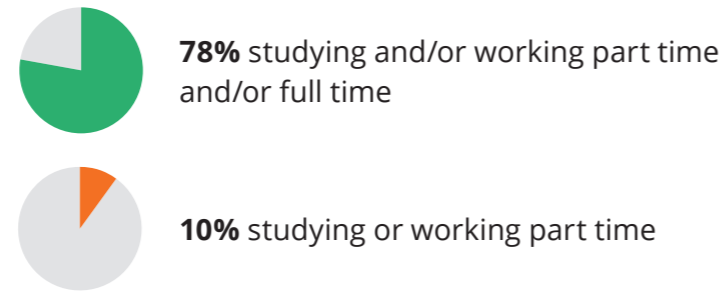
It is compulsory for young people to complete Year 10 or an approved equivalent and to continue full-time education, employment or training (or a combination) until they are at least 17 years old.

Most young people finish their schooling and successfully transition to jobs or further study. However, this transition can be a challenging time for young people, and those who are not engaged in work or education may be at risk of social or financial disadvantage.



Almost 9 in 10 young people are studying or working

In May 2020, a few months after COVID-19 restrictions were put in place, 88% of young people aged 15–24 were studying or working (or a combination of both), down from 92% in 2019:



The proportion of young people who were not in education, employment or training (NEET) was 12% (or an estimated 391,000 young people). This was higher than in 2019 (8.4% of all young people) and was the highest level in 16 years. However, the latest data show that 11% of young people were NEET in February 2021, which was similar to the rate seen in February 2020 before the onset of the pandemic.

In 2020, some groups were less likely to be studying or working, including those living in *Inner regional* areas and those in the lowest socioeconomic areas.

The proportion of young people who were considered NEET in May 2020:

Major cities	12%
Inner regional areas	15%
Highest socioeconomic areas	8.7%
Lowest socioeconomic areas	18%



Most Year 9 students attend school at least 90% of the time

In 2019, about 2 in 3 (65%) Year 9 students attended school at least 90% of the time.

More Year 9 students in non-government schools attended school at least 90% of the time than in government schools, and more in cities than in regional areas.



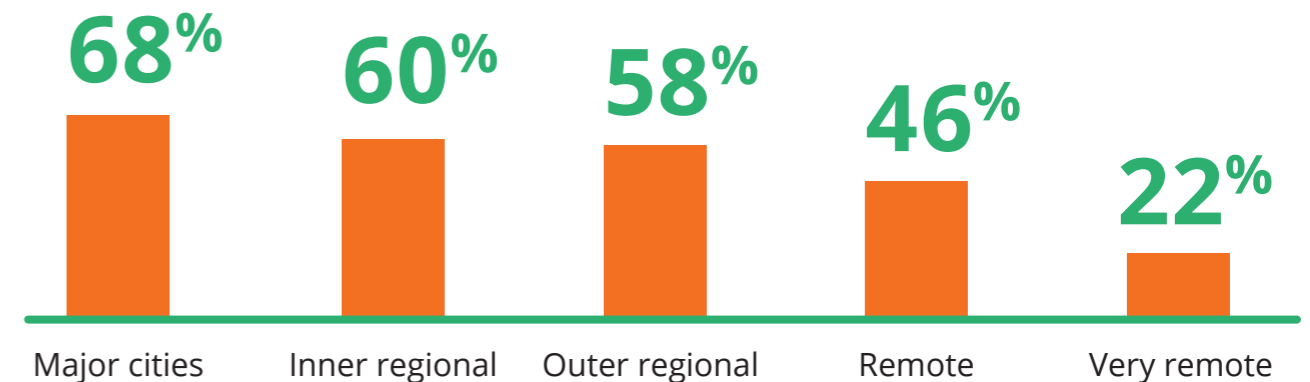
Proportion of Year 9 students who attend at least 90% of the time

73%

Non-government schools

60%

Government schools



Almost all Year 9 students meet the minimum standards for reading and numeracy

In 2019, 92% of Year 9 students met the minimum standard for reading and 96% met the minimum standard for numeracy. Since 2008 the proportion meeting the numeracy minimum standard has increased (94% to 96%). The proportion for reading has remained stable.



Reading:

94% of female students
89% of male students



Numeracy:

97% of female students
96% of male students

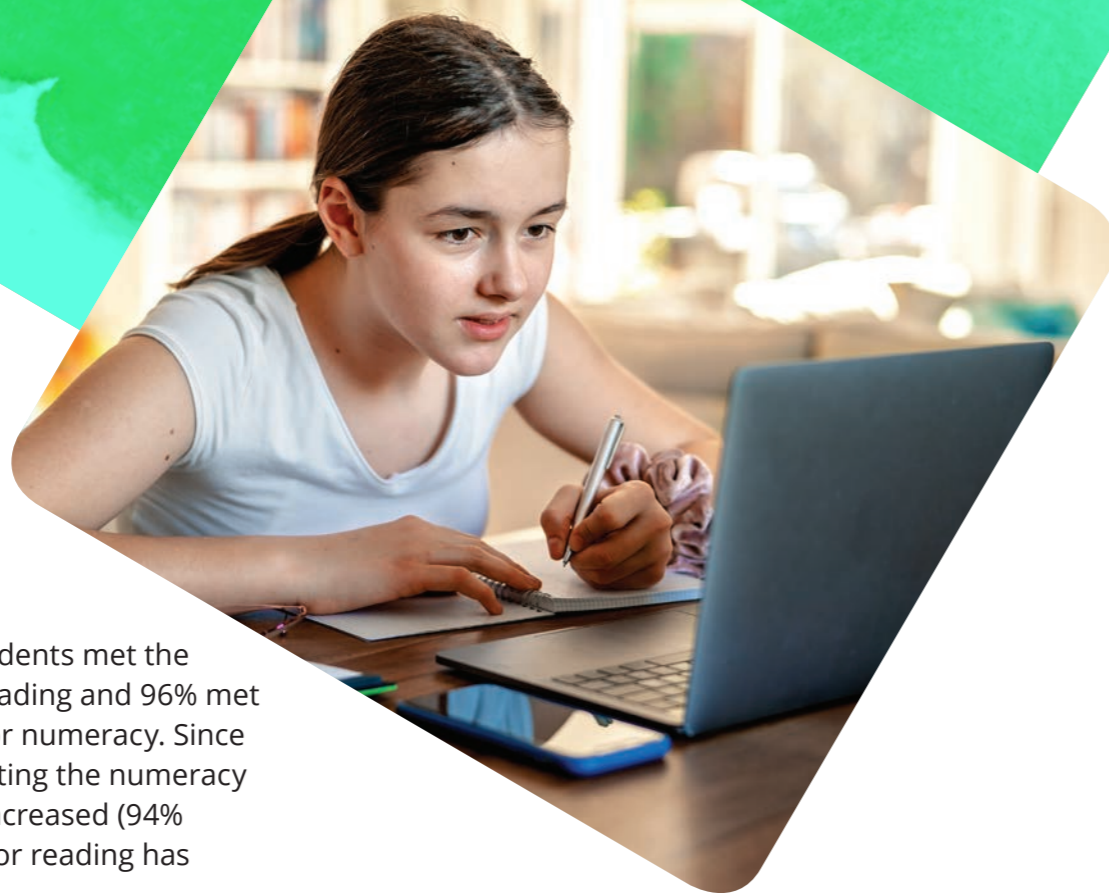
Between 2008 and 2019, among Year 9 students, the:

reading mean score remained relatively stable over time

578.0 in 2008
581.3 in 2019

numeracy score remained relatively stable over time

582.2 in 2008
592.1 in 2019



Reading and numeracy results are not the same for everyone

Some groups of Year 9 students had, on average, higher reading and numeracy scores than others. These included:



students living in *Major cities*



students whose parents have a bachelor's degree or higher



students whose parents work in senior management or as qualified professionals (such as dentists, teachers, lawyers and architects)

Students who were from a language background other than English generally had higher numeracy scores than students from English-speaking backgrounds. Scores for reading were similar for both groups.

Many students changed to at-home education during COVID-19 restrictions

Most states and territories (except the Northern Territory and Western Australia) closed schools for significant periods of time during COVID-19, with primary and secondary students shifting to remote learning. Education ministers cancelled NAPLAN in 2020 due to the ongoing disruptions to education.

University courses and most other post-school education were also delivered remotely.

Most 20–24 year olds have completed Year 12 or above

In 2020, 89% of young people aged 20–24 had completed Year 12 or equivalent, or achieved a Certificate III qualification or higher.

This was more common among:

- females compared with males (92% females, 87% males)
- people living in *Major cities* compared with *Inner regional areas* (92% *Major cities*, 79% *Inner regional*)
- people living in the highest socioeconomic areas compared with people in the lowest (95% in highest, 79% in lowest)

More than 1 in 3 young people study for non-school qualifications

In 2020, 36% of young people aged 15–24 were studying for non-school qualifications, up from 33% in 2011. It was more common for 20–24 year olds to be studying a non-school qualification than 15–19 year olds, and bachelor degrees were the most commonly studied qualifications.



Non-school qualifications include university studies or vocational education and training, including apprenticeships and traineeships.



2 in 5 females were studying a non-school qualification

Females were more likely to study a bachelor degree than males



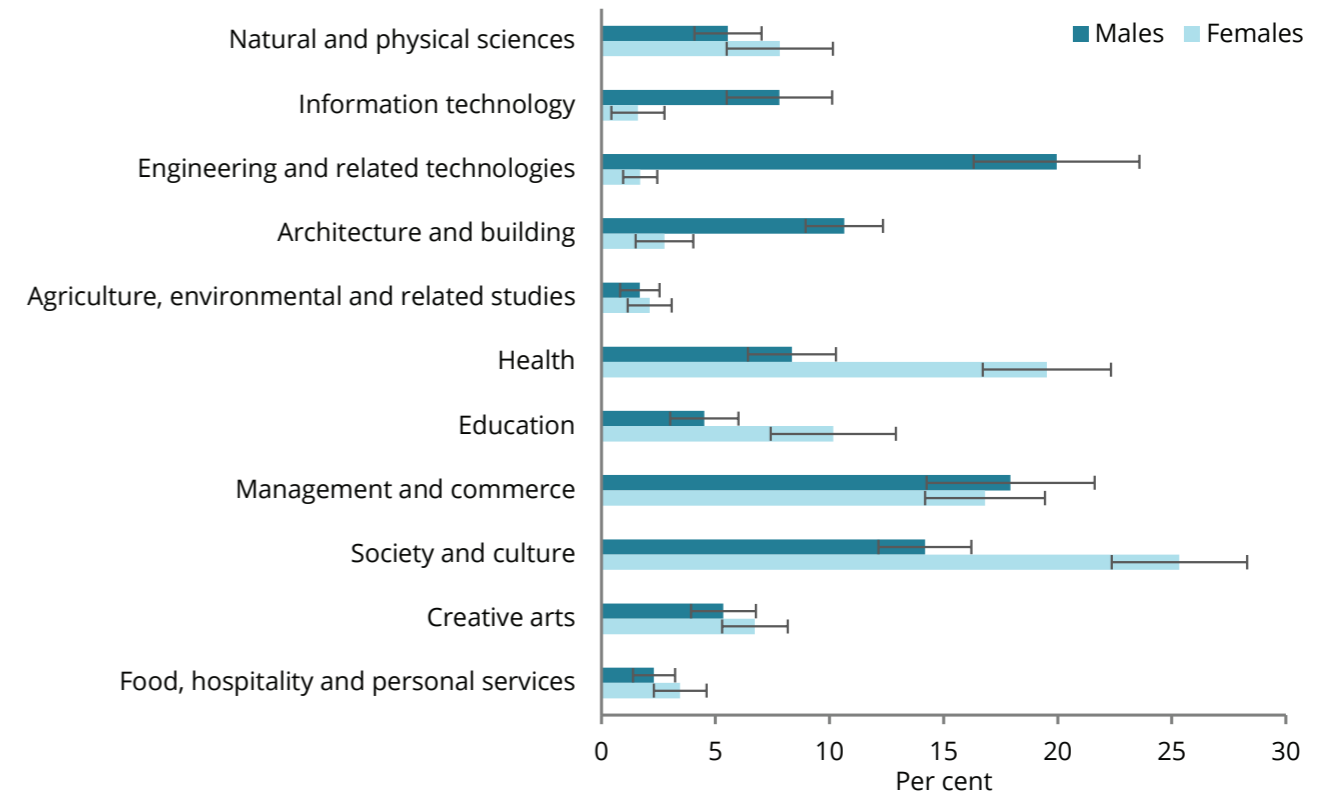
1 in 3 males were studying a non-school qualification

Males were more likely to study a Certificate III or IV than females

The proportion of young people aged 15–24 studying a bachelor degree increased from 2011 to 2016 (from 19% to 22%) and has since remained between 21–22%.

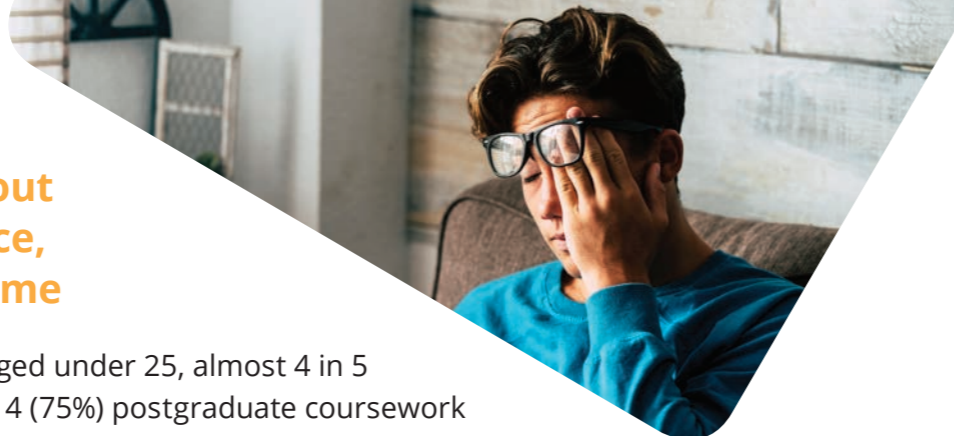
What fields do young people study?

In 2020, females were more likely than males to study society and culture, health, and education. Males were more likely to study engineering and related technologies, architecture and building, and information technology.



In 2020, around 2 in 5 (44%) young people aged 15–24 studying a non-school qualification were studying science, technology, engineering and mathematics (STEM) or STEM-related fields, compared with 41% in 2011.

This increase was due to a rise in the proportion of females studying STEM between 2011 and 2020 (from 26% to 35%). The proportion of males studying STEM remained steady (55% in 2011 and 54% in 2020).



Most higher education students feel positively about their educational experience, but stress is an issue for some

In 2019, of higher education students aged under 25, almost 4 in 5 (79%) undergraduate students and 3 in 4 (75%) postgraduate coursework students rated their experience as positive.

However, 19% of undergraduate students and 15% of postgraduate coursework students considered leaving their studies early, with health or stress the main reason for both groups.

How many young people are apprentices or trainees?

As at 30 June 2020, 5.7% of young people aged 15–24 were undertaking apprenticeships and traineeships.



181,300
apprentices
and trainees



140,100
males



41,200
females



3.1% (5,700)
had disability



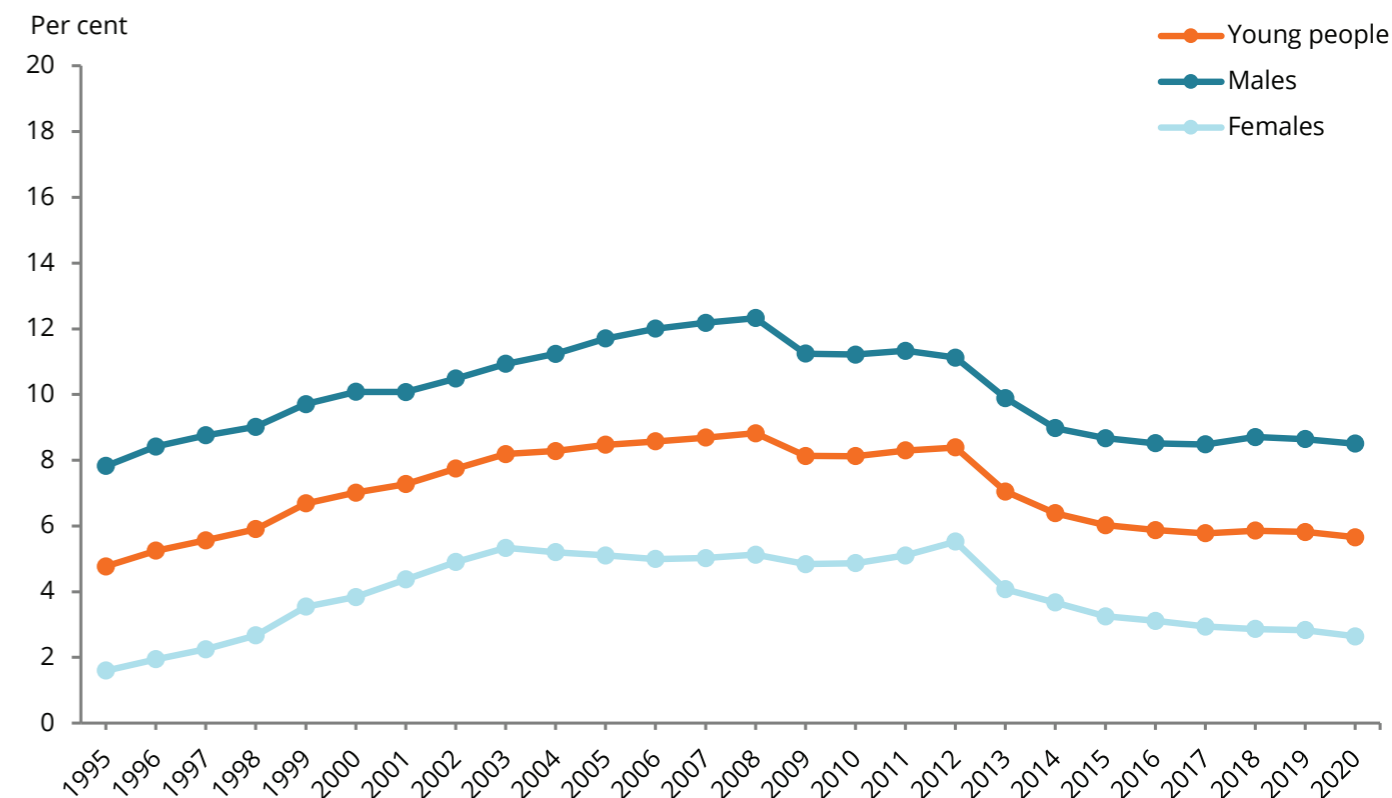
7 in 10
(74% or 134,00)
were studying a trade

From June 1995 to June 2020 the proportion of young people undertaking apprenticeships and traineeships increased from 4.8% to 5.7%.

The highest proportion was in 2008 (8.8%), coinciding with major reforms initiated by the former Council of Australian Governments to increase participation in VET.

A decrease from 2012 to 2013, coincided with the removal of incentive payments, including those for qualifications not on the National Skills Needs List.

Young people aged 15–24 undertaking apprenticeships and traineeships, by sex, June 1995 to June 2020





Pandemic impacted young people's employment

While COVID-19 has negatively affected many people's employment, young people have been particularly affected in the initial stages of the pandemic.

In March 2020, the Australian Government introduced the JobKeeper Payment; a temporary wage subsidy to help businesses keep trading and people employed. Of all individuals who received JobKeeper in April 2020, 12% were aged 24 or under. The proportion remained at 11–12% until October 2020, when it dropped to 10%. By February 2021, 9% of those receiving the JobKeeper Payment were aged 24 years or under. This underrepresentation of young people on the JobKeeper Payment is consistent with their considerably higher receipt of income support payments than other age groups.

Working young people hit hard by COVID-19

Monthly data shows that between March 2020 (when COVID-19 restrictions began) and May 2020, the employment ratio of young people aged 15–24 dropped by 10 percentage points (from 60% to 50%). This was more than 2 times the relative decrease experienced by the whole working-age population (aged 15–64) (from 74% to 70%).

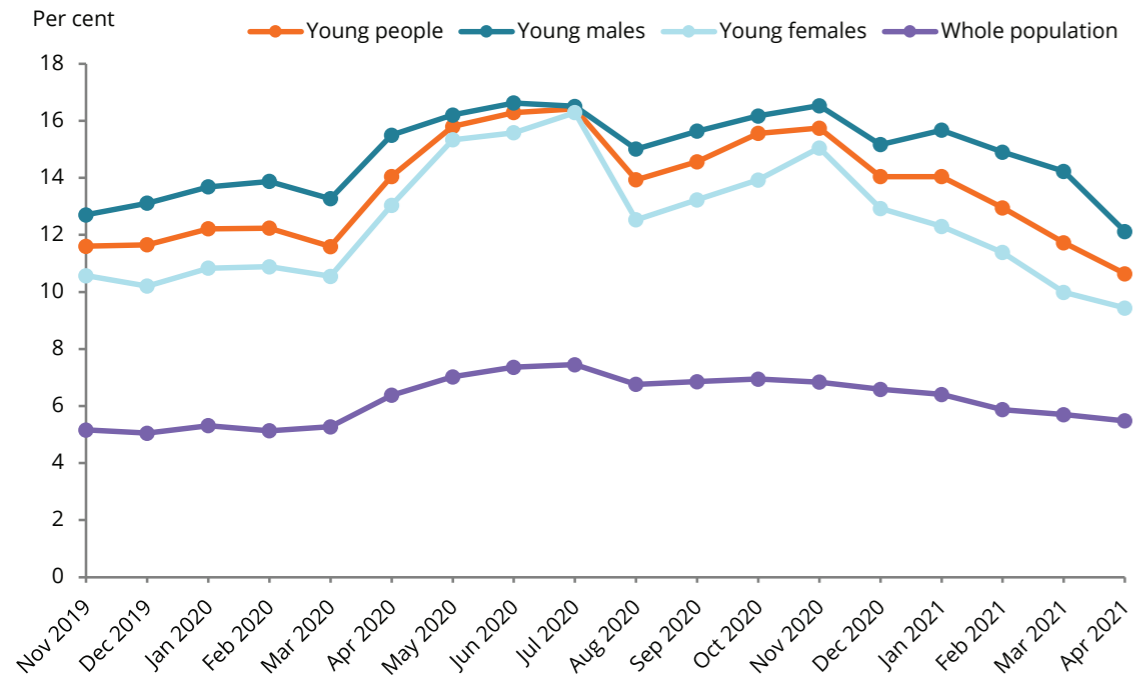
From May 2020, the employment ratio of young people aged 15–24 generally increased. As at April 2021, the employment ratio of young people was 61% compared with 60% in March 2020.

2020 had highest youth unemployment rate in almost 25 years

Monthly analysis of the unemployment rate for young people since the COVID-19 pandemic began in March 2020 showed the rate rose from 12% in March 2020 to 16% in May 2020, remaining at 16% in June 2020 and peaking at 16.4% in July 2020. The rate fell in August 2020 (14%), but returned to 16% in November 2020 (representing in part the effect of Victoria's increased restrictions from July 2020). In April 2021, the unemployment rate was 11% compared with 12% in March 2020.

A longer-term analysis of annual data from 1978 to 2020 for the reference month of June for each year showed that the unemployment rate of young people in 2020 (16%) was the highest rate of youth unemployment since 1997 (16%). (See 'Engagement in education or employment' in [Australia's youth](#) for more information).

Monthly unemployment rate among 15–24 year olds: November 2019 to April 2021



Labour force concepts and definitions

People are considered **employed** if they worked for 1 hour or more for pay, profit, commission, or payment in kind, or worked for 1 hour or more without pay in a family business or on a farm. The **employment to population ratio**, referred to as the employment ratio in this report, describes the proportion of all young people aged 15–24 who are employed.

People are considered **unemployed** if they are not currently working, but are actively looking for work or waiting to start a new job in the next 4 weeks. The **unemployment rate** describes the proportion of young people in the labour force that are unemployed.

People are **underemployed** if they are employed and want, and are available for, more hours of work than they currently have. The **underemployment rate** describes the proportion of young people in the labour force that are underemployed.

People are considered to be **participating in the labour force** if they are employed or unemployed but actively looking for work. The **participation rate** describes the proportion of all young people who are in the labour force (either employed or unemployed).

Seasonally adjusted data are used in this report for the employment ratio, unemployment rate, underemployment rate and participation rate.

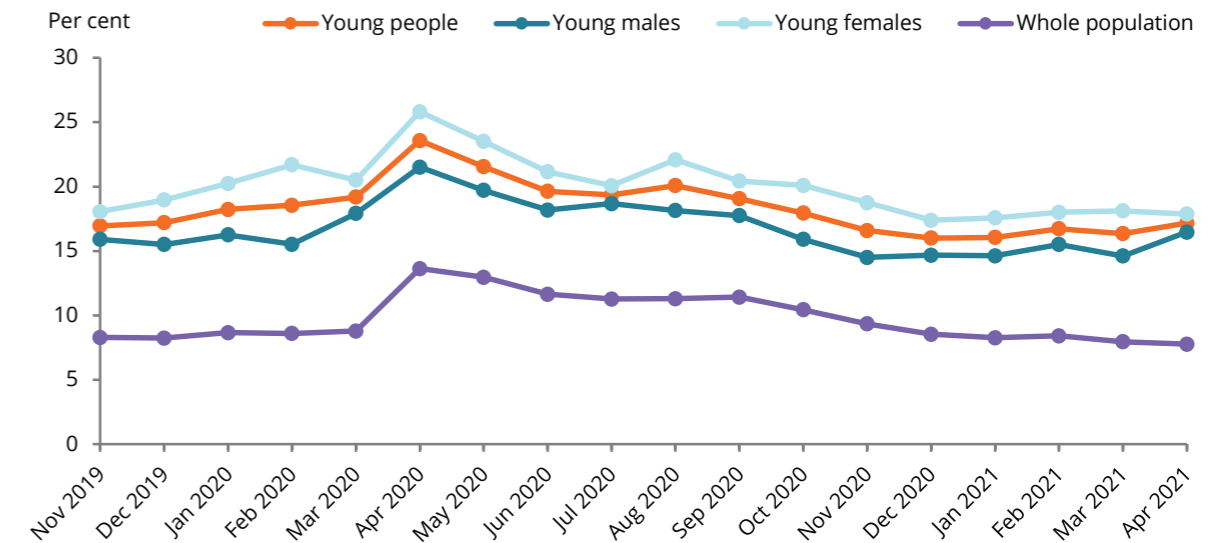


Over time, a growing number of young people want to work more hours

Monthly data since the COVID-19 pandemic began showed that the underemployment rate of young people rose substantially from March 2020 (19%) to April 2020 (24%). The rate then steadily fell, returning to a similar rate to March 2020 by June 2020 (20%). The rate has remained stable since (17% in April 2021).

A longer-term analysis of annual data from 1978 to 2020 for the reference month of June for each year shows that since 1978, the underemployment rate has steadily increased from 3.4% to 18% in 2019 with a rise in 2020 (to 20%) due to the COVID-19 pandemic (See 'Engagement in education or employment' in [Australia's youth](#) for more information).

Monthly underemployment rate among young people aged 15–24, November 2019 to January 2021



Fewer young people in the labour force during COVID-19

An analysis of monthly data showed that between March 2020 and May 2020, the participation rate of young people aged 15–24 fell by 8 percentage points (68% to 60%). The participation rate of the working-age population decreased by less (79% to 75%).

This indicates that some young people left the labour force over this period, suggesting that more people were not employed and had stopped actively looking for work.

By October 2020, the participation rate of young people had returned to pre-COVID levels (that is, March 2020) at 68%, and remained at this level in April 2021 (69%). This was also true for the working-age population.



7

Income & finance, homelessness & housing

Adolescence and early adulthood is usually a period of financial transition. During this time, the economic wellbeing of young people can be influenced by a range of factors, such as their income, employment status, and living situation. While some young people will still be fully dependent on their parents, they may also have their own income through part-time employment. Other young people may:

- live with their parent(s) but pay rent/board/utilities, and need their own income
- be financially independent, studying and/or working
- rely on government payments.

Young people do not always have the financial resources they need to afford essential household items or meet basic financial commitments. For example, young people who are not living with their parents are more likely to go without essential items and to experience financial stress than those who are living with their parents. For some young people, this financial strain can negatively affect their social participation and physical and mental health.

A young person's finances—and that of their family—can have a big bearing on their access to safe, stable and appropriate housing. Being homeless can lead to substantial harm to young people's health and wellbeing, whether as part of a family or alone.



How is a young person's financial position measured?

Young people's living arrangements and level of financial independence can vary greatly, so looking at both an individual's and a household's income can be useful to understand how they are faring financially.

Household income is calculated using the average disposable income of households per week, after taxes are deducted. This amount is adjusted (or equivalised), according to the number of people in a household (for example, a household with one person may be better off with the same income than a household of 5 people). This measure is used to determine which households are considered **low income** and which are considered **high income**.

Individual income is the average income per person in an age group. Individual income can be made up of wages from a job, government support payments, other sources of income (such as investments), or a combination of these.



How many young people live in low-income households?

In 2017–18, 1 in 7 (15%, or 464,000) young people aged 15–24 lived in a low-income household.

Low-income households with young people had an average weekly equivalised disposable income of just over \$416. In comparison, high-income households with young people had an average weekly equivalised income of nearly \$2,094.

1 in 8 young people go without essential items

In 2018, 1 in 8 (12%) young people aged 15–24 lived in households that were deprived of at least 2 essential items. This was lower for young people who lived with their parents (1 in 10, or 10%) and higher for those who did not live with their parents (1 in 5, or 19%). It was also more common among young people in the lowest socioeconomic areas (1 in 5, or 20%) than the highest socioeconomic areas (1 in 34, or 2.9%).

The most common essential household items young people did not have and could not afford were:



at least \$500 in savings for an emergency



home contents insurance.

What are essential items?

Essential items are those that are considered necessary for a person to have an acceptable standard of living.

This includes:

- medical and dental treatment when needed
- furniture in reasonable condition
- a decent and secure home
- medicines when prescribed by a doctor
- warm clothes and bedding, if it's cold
- a substantial meal at least once a day
- a telephone (landline or mobile)
- a washing machine
- a motor vehicle
- at least \$500 in savings for an emergency
- a separate bed for each child
- a hobby or a regular leisure activity for children
- home contents insurance.

How many young people experience financial stress?

In 2018, 1 in 10 (10%, or 337,000) of respondents aged 15–24 experienced financial stress.

Between 2008 and 2018, the proportion of young people experiencing financial stress remained steady (10.4% and 10.0%, respectively).



What is financial stress and how is it measured?

Financial stress refers to the difficulties that people have meeting basic financial commitments because they do not have enough money. In the Household, Income and Labour Dynamics in Australia (HILDA) survey, financial stress is measured by asking respondents aged over 15:

'Since January [survey year], did any of the following happen to you because of a shortage of money?

- Could not pay electricity, gas or telephone bills on time
- Could not pay the mortgage or rent on time
- Pawned or sold something
- Went without meals
- Was unable to heat home
- Asked for financial help from friends or family
- Asked for help from welfare/ community organisations.

Respondents are asked to indicate which of the 7 events had occurred. Experience of any one of these events can be considered an experience of financial stress, although some events, such as going without meals, can indicate more severe stress than other events, such as inability to pay bills on time. If a person has experienced 2 or more of the events, they can be classified as in financial stress.

Young people in particular are at increased risk of financial stress, and often have lower financial literacy to navigate cash flow problems or difficulties.

How is financial stress commonly experienced?

In 2018, the most common signs of financial stress experienced by young people aged 15–24 were:



asking for financial help from family or friends (14%, or 447,000)



not being able to pay electricity, gas or telephone bills on time (9.2%, or 288,000)



not being able to pay rent or mortgage on time (5.7%, or 177,000). Note that this estimate has a relative standard error over 25% and should be interpreted with caution.



Who experiences financial stress?

Some groups of young people were more likely to experience financial stress than others, including those who live independently from their parents and those in lower socioeconomic areas.

	Experienced financial stress
Living with parents	7.3% (186,000)
Not living with parents	21% (151,000)
Lowest socioeconomic areas	14% (72,500)
Highest socioeconomic areas	3.8% (26,800)

What income support can young people receive?

The main income support payments available to young people are:



student payments



unemployment payments



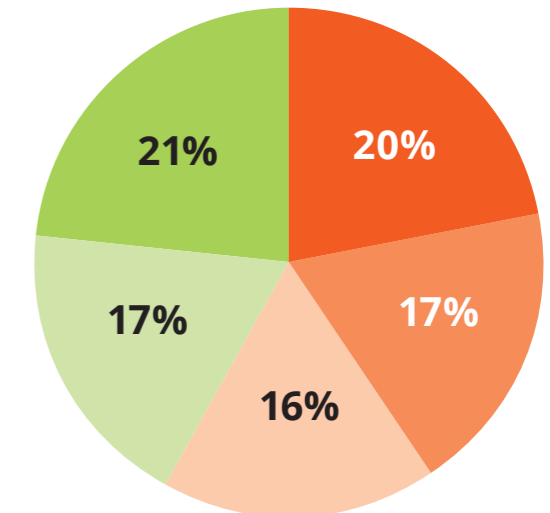
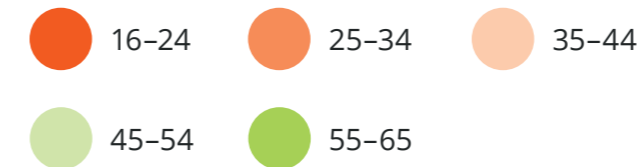
parenting payments







disability-related payments

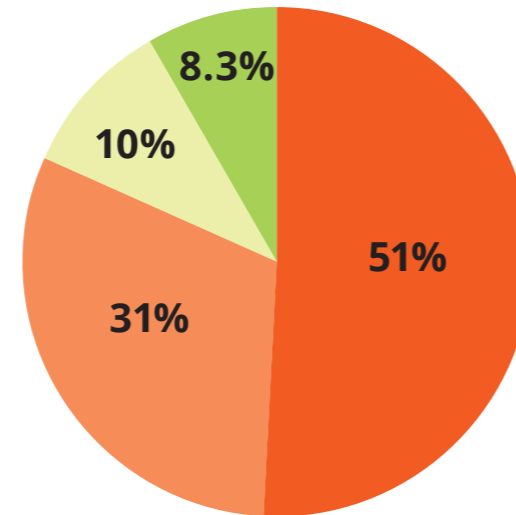
In December 2020, 1 in 5 (20%, or 567,700) young people aged 16–24 received an income support payment. Young people were slightly more likely to be receiving income support payments than those aged 25–54.

Proportion of people aged 16–64 receiving income support, December 2020



Of young people aged 16–24 on income support:

-  **1 in 2 (51%)** received unemployment payments
-  **1 in 3 (31%)** received student payments
-  **1 in 10 (10%)** young people received disability-related payments
-  **1 in 12 (8.3%)** received parenting payments



How has this changed?

In June 2020, 656,300 young people aged 16–24 received an income support payment, which was higher than in previous years (628,500 in 2011 and 417,700 in 2019).

The rise was largely driven by an increase in unemployment payments, reflecting the introduction of restrictions during the COVID-19 pandemic. From March–May 2020, the proportion of 16–24 year olds receiving unemployment payments more than doubled—from 5.6% to 11.5%. By March 2021, this proportion had fallen to 8.3%.

Before March 2020, the proportion of young people receiving income support payments had been steadily declining over the last decade, from 22% in 2010 to around 19–20% between 2012 and 2015, and 14% in 2019.

Access to government payments and income support became increasingly important for young people in 2020, due to their greater vulnerability to job loss in the wake of COVID-19 restrictions. See 'COVID-19 and young people' in [Australia's Youth](#) for more information about how COVID-19 has affected young people.

How many young people experience homelessness?

Access to safe, stable and appropriate housing is a fundamental human need. Being homeless exposes young people to sexual exploitation, violence and social isolation. Homeless young people also experience high levels of mental health problems including anxiety, depression, behavioural problems, and alcohol and drug misuse.

In 2016, young people aged 15–24 made up around 21% (or 1 in 5) of the homeless population (around 24,200 young people). Put another way, 0.8% of young people were homeless in 2016. This rose from 0.7% or 18,500 young people in 2006.

The forms of homelessness experienced by homeless young people:



58% (14,100 young people) – living in severely crowded dwellings



17% (4,200) – living in supported accommodation for the homeless



11% (2,700) – staying temporarily with other households (couch surfing)



11% (or 2,600) – staying in boarding houses and other temporary lodging

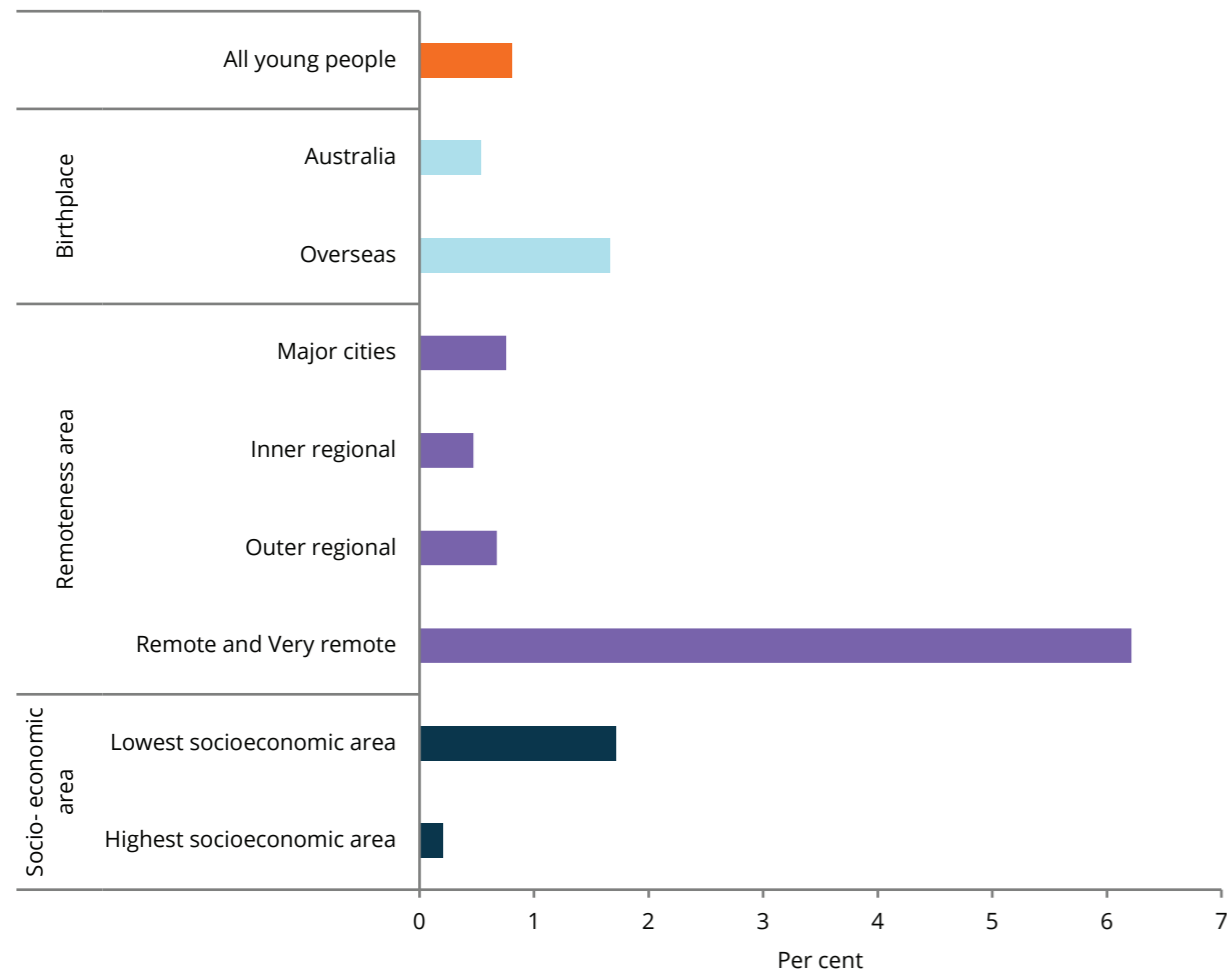


3.0% (720) – 'sleeping rough' (i.e. living in improvised dwellings, tents or sleeping out)

Who is more likely to experience homelessness?

Rates of homelessness are substantially higher among young people living in *Remote and very remote* areas, those living in the lowest socioeconomic areas, and those born overseas. Higher rates of homelessness in *Remote and very remote* areas were mainly due to higher rates of severe crowding among young people in these areas.

Proportion of young people aged 15–24 who are homeless, by population group, 2016



How many young people live in overcrowded housing?

In 2016, around 22,900 young people aged 15–24 lived in overcrowded housing (0.8% of young people). This was 1.6 times as high as in 2006 (0.5% or 12,500 young people).

Young people make up 28% of all people living in overcrowded housing while comprising 12% of the Australian population.



What is overcrowding?

Australia's youth uses the ABS definition that households are considered overcrowded if they are estimated to require 3 extra bedrooms according to the Canadian National Occupancy Standard:

- There should be no more than 2 people per bedroom
- Children aged under 5 of different sexes may share a bedroom
- Children aged 5 and over of opposite sex should have separate bedrooms
- Children under 18 of the same sex may share a bedroom
- Single household members aged 18 years and over should have a separate bedroom, as should parents or couples.

People living in overcrowded dwellings are at risk of homelessness.

Severe overcrowding is when 4 or more additional bedrooms are needed. It is considered a form of homelessness.

Who lives in overcrowded housing?

Some groups of young people are more likely to live in overcrowded housing than others. In 2016, rates of overcrowding were:



at least 3 times as high for those living in *Remote and Very remote* areas as those in *Outer regional areas, Major cities or Inner regional areas*



8 times as high for those living in the lowest socioeconomic areas as those in the highest socioeconomic areas



more than 5 times as high for young people born overseas as those born in Australia



In 2017–18, 3 in 10 young people living in lower income households experienced housing stress

Based on the ABS Survey of Income and Housing, in 2017–18, 28% (around 299,900) of young people aged 15–24 living in lower income households experienced housing stress.

The proportion was higher among those:

- aged 20–24 than those aged 15–19 (37% compared with 20%)
- not living with parents than those living with parents (45% compared with 22%). Note: the value for those not living with parents has a high margin of error (11 percentage points) and should be used with caution
- renters than owners (with or without a mortgage) (40% compared with 16%)
- living in *Major cities* (31%) than those living in *Inner regional areas* (17%).

Housing stress is when a lower income household is spending more than 30% of its gross household income on housing costs.

1 in 4 young people struggled to pay their housing costs during COVID-19

Based on the ANU's COVID-19 Impact Monitoring Survey Program, in May 2020, more than 1 in 4 (28%) young people aged 18–24 said they had not been able to pay their rent or mortgage on time in the previous 3 months. This compares with 15% of Australians adults overall and was considerably higher than the 10% in April 2020.

Young adults are more likely to be renters and less likely to be mortgage holders. In May 2020, among young renters:

- 44% reported not having been able to pay their rent on time over the previous 3 months. This compares with 27% of Australian adult renters overall.
- 21% attempted to reduce or defer their rental payments and, of these, just over half (53%) were successful. This compares with 17% of adults overall who attempted to reduce or defer their rental payments, of whom 73% were successful.

In April 2021, among Australians who were paying off a mortgage or renting, young people aged 18–24 were more likely to say they were struggling with these payments than other age groups. Among respondents who did not own their own home outright and who were not paying off a mortgage, young people (as well as those aged 45 and over, and particularly those aged 65 and over) were also more concerned about being able to afford to buy housing during their lifetime.



8 Justice and safety

Family relationships, where and how a young person lives, how they perform at school and at work, their social interactions, and whether they are safe from harm are among many factors that can have lifelong effects.

Most Australian teenagers and young adults feel safe and respected at home, at school and work, and when they are out socially with friends and family.

But some young people do not have this experience. They may be exposed to crime and violence, grow up in an unsafe environment, or experience bullying. These experiences can lead to a range of negative health, educational, social, emotional, behavioural, and housing outcomes that can affect a young person today, and into the future.



Exposure to crime can increase health and wellbeing risks

Young people who are exposed to crime, especially violent crime, or crime involving weapons, may have increased risk of:

- depression, anxiety and psychological disorders
- suicidal behaviour
- risk taking behaviours, for example, substance use and risky sexual behaviour
- chronic diseases, such as diabetes
- future victimisation and offending
- homelessness
- decreased academic achievement.

Young people who offend are more likely to have diminished educational attainment and social participation, interpersonal difficulties and are at higher risk of future offending.



How many young people experience violence?

The 2016 ABS Personal Safety Survey estimates that about 1 in 8 females (12%, or 129,000) and 1 in 9 males (11%, or 120,000) aged 18–24 years experienced physical and/or sexual violence at least once in the 12 months before the survey.

The proportion for young people aged 18-24, was higher than for any other age group.

The ABS Personal Safety Survey defines violence as any incident involving the occurrence, attempt or threat of either physical or sexual assault.

Females were more likely than males to experience sexual violence in the 12 months before the survey:



Females:
5.9% or 65,000



Males:
2.3% or 26,000

How many young people are victims of crime?

According to the ABS Recorded Crime—Victims, in 2019 there were:

- around **13,900 sexual assault, kidnapping/abduction, robbery and blackmail/extortion offences** against young people aged 15–24 recorded by police. More than two-thirds (69% or 9,600 cases) of these were for sexual assault
- around **28,800 other assault offences**, which included grievous bodily harm, torture and use of a weapon, perpetrated against young people (excludes Victoria and Queensland)
- **59 homicides and attempted murders** of young people aged 15–24. Almost half (47%, or 28) were classified as murder. There were 4 times as many male victims as female victims.

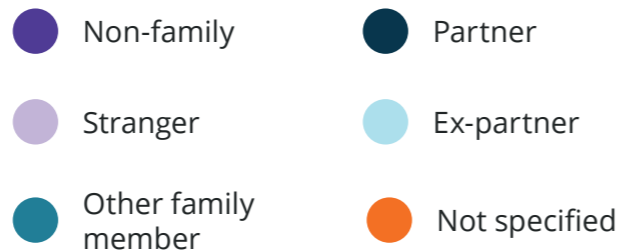
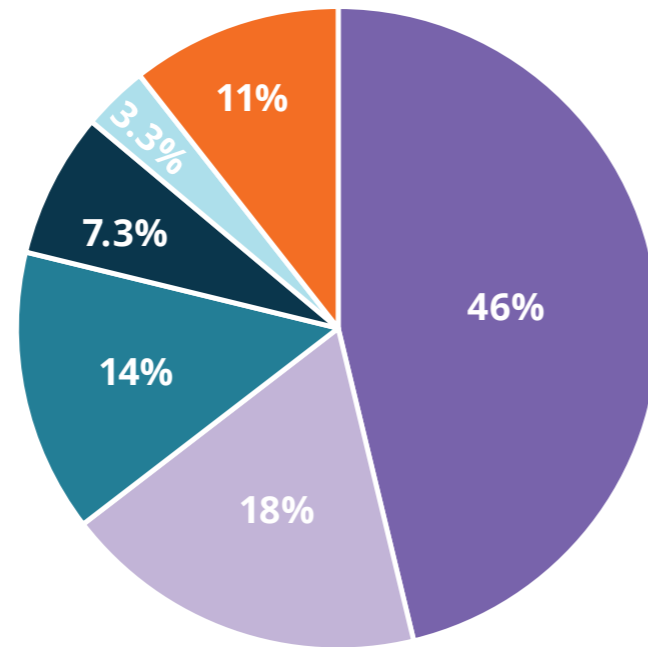
In ABS Recorded Crime—Victims data:

Sexual assault refers to any physical contact, or intent of contact, of a sexual nature directed toward another person where that person does not give consent, gives consent as a result of intimidation or deception, or consent is unable to be given because of youth, temporary/permanent (mental) incapacity or familial relationship.

Other assault refers to the direct infliction or threat of force, injury or violence where there is an apprehension that the threat could be enacted.



Victims of sexual assault aged 15–24 years by relationship, 2019



According to ABS Recorded Crime—Victims, in 2019, sexual assault:

- rates among young people aged 15–19 were 2.7 times as high as those aged 20–24
- rates among young people were highest of all age groups, and declined with increasing age
- rates among young females were 9 times as high as young males
- was most commonly perpetrated by someone known to the victim (71%, or 6,100 cases, excluding Western Australia)

In 2019, around 2,500 sexual assaults against young people were classified as family and domestic violence incidents. These were:

- 2.7 times as likely to be perpetrated against those aged 15–19 as those aged 20–24 (117 assaults per 100,000 young people aged 15–19 compared with 44 assaults per 100,000 young people aged 20–24)
- more than 11 times as likely to be perpetrated against females than males (145 per 100,000 females, compared with 13 per 100,000 males).

Young people in *Very remote* areas are more likely to be hospitalised after assault

In 2018–19, there were 4,900 cases of young people aged 15–24 being hospitalised due to assault.

Young people living in *Very remote* areas were 14 times as likely to be hospitalised as those in *Major cities* (1,654 per 100,000 compared with 116 per 100,000).

Have assault rates changed over time?

According to ABS Recorded Crime—Victims, the rate of police recorded sexual assault of young people aged 15–24 was relatively stable between 2010 and 2015, before an increase between 2015 and 2019 (from 234 per 100,000 young people to 294 per 100,000).

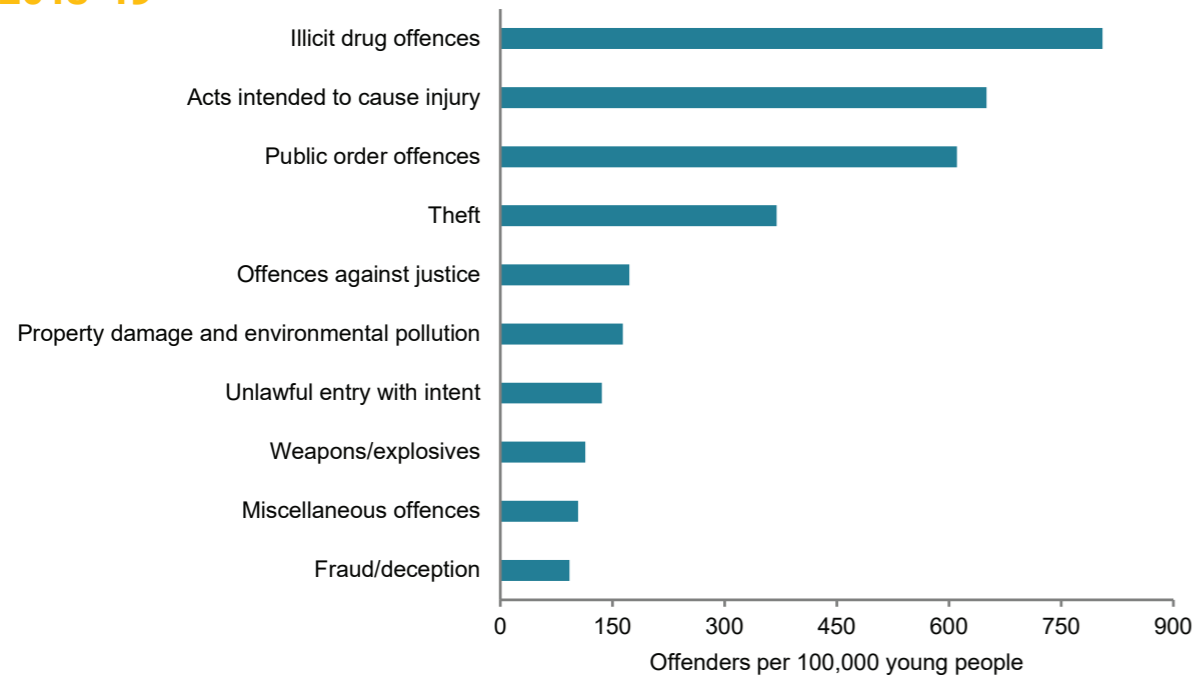
For other assault the national rate (excluding data for Victoria and Queensland) fell between 2016 and 2019 (from 1,798 assaults per 100,000 young people to 1,674 assaults per 100,000).

How many young people commit crime?

Data from the ABS Recorded Crime—Offenders shows that in 2018–19, around 124,000 young people aged 15–24 were proceeded against by police for one or more criminal offences. This represents a rate of around 3,800 offenders per 100,000 young people.

Three-quarters (75% or 93,200) of young offenders were male. The offender rate was higher among those 15–19 (4,100 per 100,000) than those aged 20–24 (3,600 per 100,000). The offender rate for those age 25–29 (3,000 per 100,000) was lower than both youth age groups—and offender rates continued to decrease with increasing age.

Ten most common offences among young people aged 15-24 years, 2018-19



In 2019-20, the number of youth offenders aged 10-17 was around 47,000, a rate of 1,914 offenders per 100,000, the lowest rate since the time series began in 2008-09 (3,187 per 100,000).

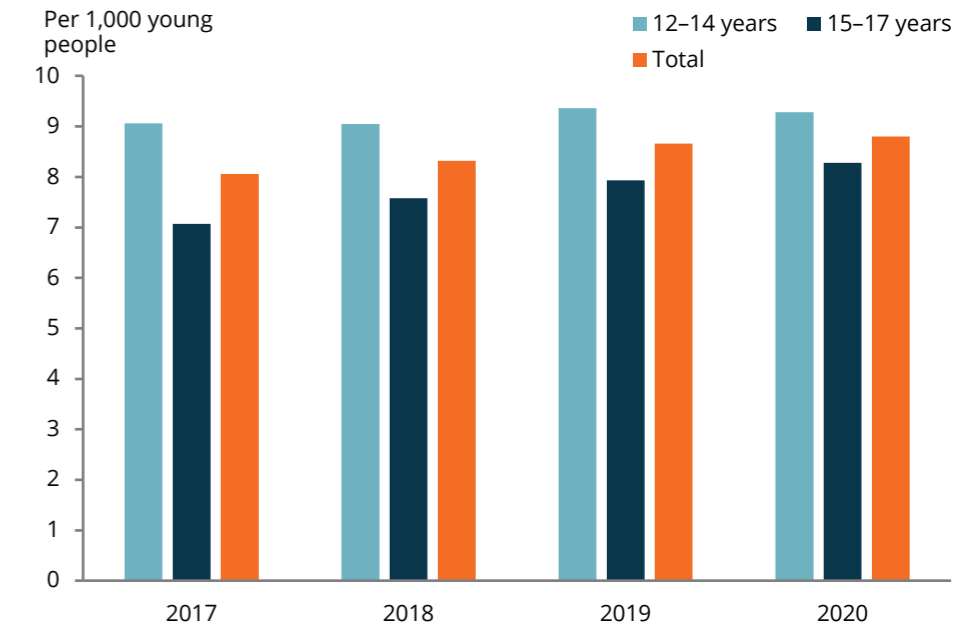
In Australia in 2017-18, the Australian Institute of Criminology's National Homicide Monitoring Program identified 40 homicide offenders aged 15-24 (excluding Australian Capital Territory)—or 1.3 offenders per 100,000 young people. This offender rate is lower than for people aged 25-34 (2.0 per 100,000) and 35-44 (1.7 per 100,000), but higher than all other age groups. Most (80%) youth homicide offenders were male.

How many young people are living in out-of-home care?

While most young people aged 12-17 live with one or both of their parents, sometimes parents are unable to care adequately for their children. In these cases, children may be placed in out-of-home care. Young people may also be placed in out-of-home care if a formal investigation found there was reasonable cause to believe the young person has or is likely to be harmed, abused or neglected.

At 30 June 2020, nearly 16,100 young people aged 12-17 were living in out-of-home care, a rate of 8.8 per 1,000 young people. Both the number and rate of young people in out-of-home care was higher than at 30 June 2017 (13,900 and 8.1 per 1,000, respectively) based on a nationally consistent definition. This increase follows a longer term trend between 2013 and 2017 of increasing numbers and rates of all children and young people in out-of-home care observed in state/territory data that used a number of different definitions and are not directly comparable.

Young people in out-of-home care, at 30 June 2017 to at 30 June 2020



Child abuse and neglect can have a wide range of significant adverse impacts on a child's development and later outcomes, including:

- reduced social skills
- poor school performance
- impaired language ability
- higher likelihood of criminal offending
- negative physical health outcomes
- mental health issues such as eating disorders, substance abuse, depression and suicide

Where do young people in out-of-home care live?

There are several types of living arrangements for out-of-home care:

- home-based care (accommodation in the home of a nominated and approved carer such as a relative/kin or foster carer)
- residential care (accommodation in a residential building with paid staff)
- independent living (accommodation as a private boarder or part of a lead tenant household with the relevant state/territory department retaining oversight of their welfare)
- family group homes (accommodation in a home provided by a department or community-sector agency with live-in carers who are subsidised or reimbursed for providing care)
- other (accommodation such as disability services, boarding schools, hospitals or hotel/motels)

At 30 June 2020, more than 4 in 5 (83%, or a rate of 7.3 per 1,000) young people in out-of-home care were living in home-based care. The proportion was higher among those aged 12–14 (88%, 8.1 per 1,000) than those aged 15–17 (77%, 6.4 per 1,000).

Transitioning to independence

The 2018 national survey of the views of young people (aged 8–17) in out-of-home care asked those aged 15–17 about the assistance they were receiving to prepare them for adult life.

Nearly two-thirds (64%) reported they were getting as much help as they needed to make decisions about their future, while 26% reported they were getting some help but wanted more.

Just over half (56%) reported getting the help they needed to stay in touch with culture and religion while 8 in 10 (82%) got the help they needed for keeping healthy.

Bullying and negative online experiences

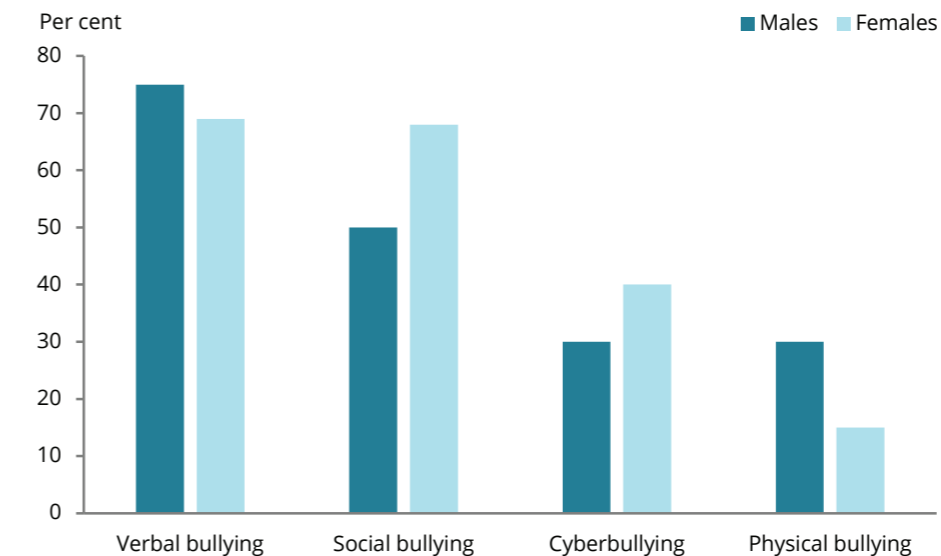
Bullying can have a wide range of negative outcomes on both victims and perpetrators, which can be severe and persist into adulthood. Research has found a relationship between bullying and depression, anxiety, suicidal ideation, low life satisfaction, greater risk of eating disorders, social and relationship difficulties and academic difficulties.

High rates of bullying across late childhood and early adolescence have been found for both boys and girls, but with greater persistence among girls.

According to the 2019 Mission Australia Youth Survey, just over 1 in 5 (21%) young people aged 15–19 reported experiencing bullying in the previous 12 months.

The most common type of bullying experienced in the 12 months before the survey was verbal (71%) followed by social (61%), cyberbullying (37%) and physical bullying (22%).

Type of bullying by sex, 2019



What is bullying?

Bullying is the repeated and intentional use of words or actions against someone or a group of people to cause distress and risk to their wellbeing.

Bullying can come in various forms: physical (including hitting or otherwise hurting someone), verbal (including name calling or insulting someone) and social (such as constantly excluding someone or sharing information or images that will have a harmful effect on the other person). Bullying can be overt or covert in nature and can happen either in person (face-to-face) or online (cyberbullying).

What is sexting?

Sexting is using digital technology to send and/or receive, nude or nearly nude images or videos. Sexting can be consensual or non-consensual.

Where do young people experience bullying?

Based on the Mission Australia Youth Survey, of those 15–19 year olds who had experienced bullying in the 12 months before the survey:

- 4 in 5 (80%) said that the bullying took place at school/TAFE/university, with similar proportions for males (82%) and females (79%)
- 1 in 3 (34%) said they had experienced bullying online/on social media. The proportion was higher among females (37%) than males (27%).

What helped young people to deal with bullying?

- Almost half (46%) of young people ignored the bullying
- More than 1 in 3 (37%) removed themselves from the situation
- 1 in 3 (34%) talked to close friends or family
- 1 in 3 (33%) distracted themselves through other activities
- 1 in 5 (20%) confronted the bully/ies
- 1 in 5 (18%) talked to a support person

4 in 10 young people have had a negative online experience

The eSafety report, *The digital lives of Aussie teens*, showed that in 2020 among young people aged 12–17, about 4 in 10 (44%) had had a negative online experience in the 6 months prior to September.

The top 3 negative experiences were:



being contacted by a stranger or someone they didn't know (30%)



being sent unwanted inappropriate content such as pornography or violent content (20%)



being deliberately excluded from events/social groups (16%).



Many young people have experience with sexting?

The e-Safety's 2017 Youth Digital Participation Survey collected data on a range of sexting behaviours among young people aged 14–17 in the 12 months to June 2017:

- more than 1 in 3 females (35%) and 1 in 5 males (22%) had experience with sexting (either consensual or non-consensual)
- about 1 in 6 (15%) were asked for a (nearly) nude image or video of themselves or received an unsolicited (nearly) nude image or video of someone
- 1 in 20 (5%) said they had sent a (nearly) nude image or video of themselves to someone else
- 1 in 20 (5%) either shared an image of someone else online or had shown it to others on their device during the 12 months to June 2017.



How many young people took action against unwanted sexting?

Nearly three-quarters of young people who received unwanted nude or nearly nude images or videos took at least one action:



almost half (49%) blocked the sender's account (64% females and 27% males)



almost 1 in 3 (31%) told their friends



almost 1 in 5 (19%) communicated or wrote something to the person who sent the images or videos (not face to face)



almost 1 in 6 (17%) told their parents



about 1 in 8 (13%) reported what happened to a website or social media company



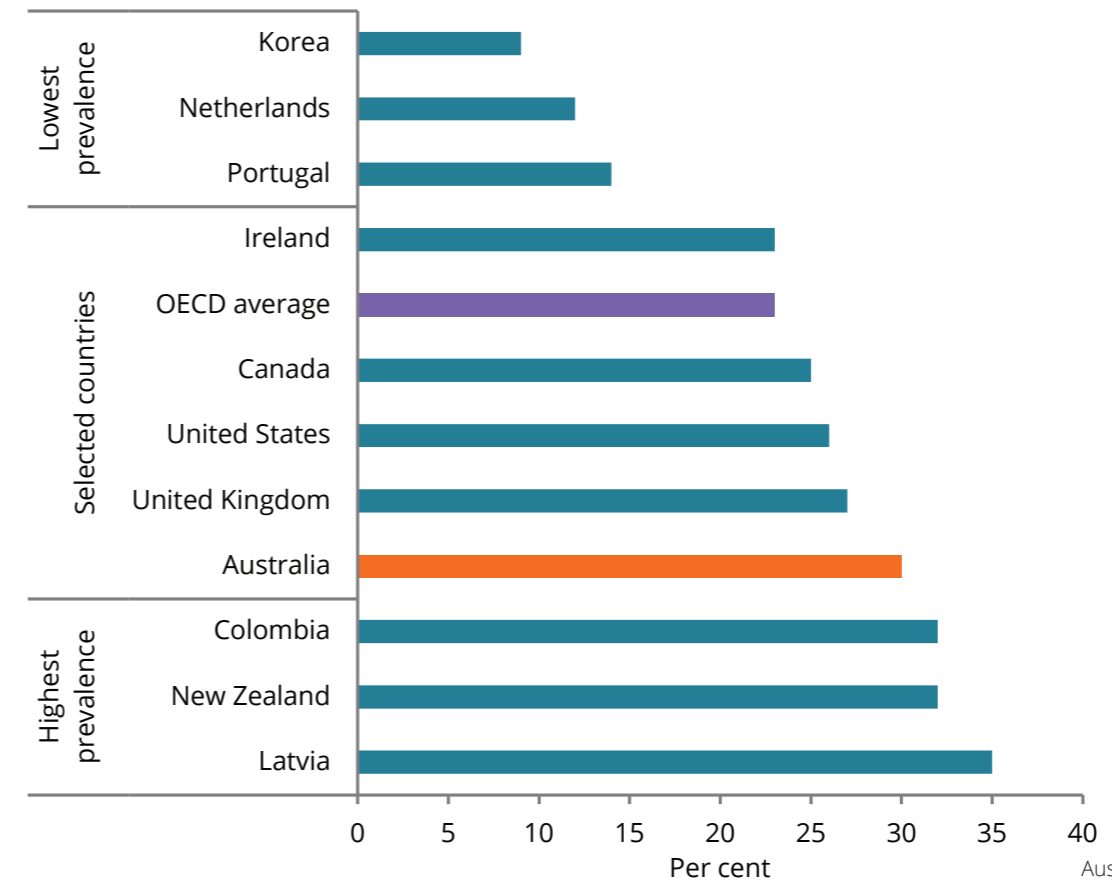
Close to 1 in 4 (23%) young people took no action (33% of males and 16% of females).



Young people more likely to be bullied in Australia than in many other countries

Based on data from the OECD's Programme for International Student Assessment 2018, the proportion of Australian students aged 15 who were bullied at least a few times a month was higher than the OECD average (30% compared with 23%).

Bullying across selected OECD countries, 2018

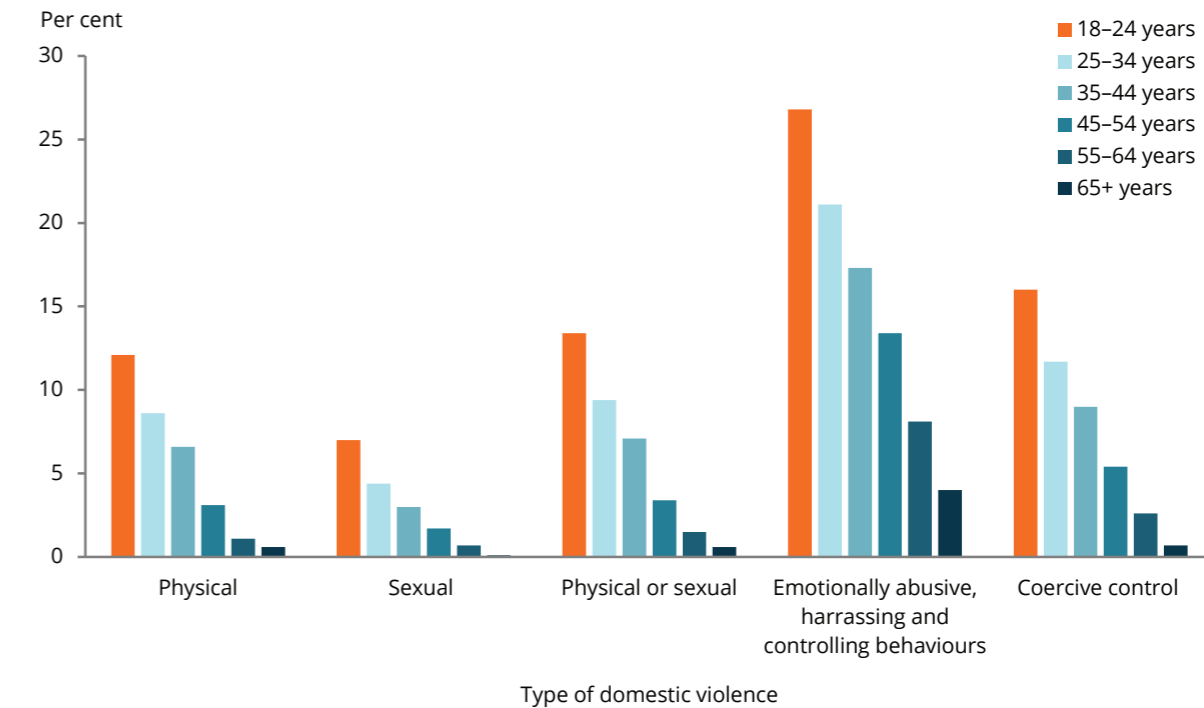




Has COVID-19 put young people at risk of harm?

Based on an Australian Institute of Criminology survey conducted in May–June 2020, more than 1 in 10 (13%) young women aged 18–24 reported experiencing physical or sexual violence by a current or former intimate partner in the 3 months before the survey. Among young women who experienced physical or sexual violence, for more than 1 in 3 (36%), it was the first time they had experienced the violence. Compared with other age groups, young women aged 18–24 had the highest rates across all types of domestic violence reported.

Prevalence of domestic violence, February–April 2020





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Data gaps

While much is known about the health and wellbeing of young people in Australia, there are notable gaps and limitations that affect national monitoring over time. In addition, there is a need for regular, holistic reporting on youth, particularly to understand the medium to longer term impact of COVID-19.



What are some of the other limitations?

- Existing data are often fragmented, incomplete and inconsistent. Policy and service delivery approaches for young people vary across Australia, involving multiple sectors and governments. This can influence the scope and consistency of data collection at a national level. Current data are generally available for specific services or life stages (for example, from hospitals and schools).
- There are data collection gaps in important areas. Greater collection and reporting of information about health and community services, for example, primary health care, sexual assault services, youth services and family domestic violence support services, could provide a more complete picture of service use by young people across Australia. It could also help inform service planning by identifying the most in-demand services and the key needs of young people accessing the services and using this with other data on prevalence and experiences, to predict demand and needs.
- There are no nationally agreed indicators to measure how young people transition through major development stages, or how they interact with services and move through different systems, or how these interactions influence outcomes.

Data are not readily available on several population groups, including young people:

- in refugee and asylum-seeker families
- from culturally and linguistically diverse backgrounds or children born overseas
- living and who have lived in out-of-home care
- who are incarcerated
- with disability
- who identify as lesbian, gay, bisexual, trans and gender diverse, or young people who have intersex variations
- in socioeconomically disadvantaged households.

Where some groups are included in surveys, the sample sizes are often too small for the data to be reliable.

- There are some enduring national integrated data sets to support cross-sectoral and pathways analysis. However, with no single, proven national approach to routinely linking Commonwealth and state and territory data there is limited ability to follow young people holistically through a wide range of data sources to assess their service use patterns and needs, outcomes, and related risk and protective factors.
- There is limited information routinely available at small geographic levels to inform local needs assessment and planning. High-quality data reported by geographical areas would provide information on issues such as how far young people travel to access services, and areas with higher rates of diseases, violence or low educational attainment to inform decisions about more targeted service delivery.

For more details on a range of topic-specific data gaps, see the main report, [Australia's youth](#).

What could be done to fill the gaps?

There are a number of options for improving national information on the wellbeing of young people, including to:

- enhance existing data sets
- create new data collections
- develop new health and wellbeing indicators and update existing national indicators
- share and link data safely, including from the Commonwealth, and states and territories
- undertake targeted work on selected population groups
- build on the information in [Australia's youth](#) to produce a national data and reporting platform to support collating, presenting and sharing of data across multiple domains and by location.





Adolescence and young adulthood is a critical period in a person's life. It is a time for finishing school, pursuing further training and education, entering the workforce, transitioning from dependence to independence and forming relationships. The foundations for future health and wellbeing are also laid down at this time. This report brings together a wide range of data on the wellbeing of young people aged 12–24, including data on the impact of COVID-19 on young people. It summarises the main findings from *Australia's youth*, available at <http://www.aihw.gov.au>

AIHW