Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health

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Australian Health Ministers’ Advisory Council
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*Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health* (the Framework) is a comprehensive document which sets a national direction for child and youth health in Australia. The contributions of a range of stakeholders who provided valuable input into the development of this Framework should be acknowledged; in particular the Standing Committee on Child and Youth Health (SCCYH) should be thanked for their leadership of this project. Through extensive national consultation many organisations and individuals participated in the development of this Framework.

Government and non-government sectors can use this Framework to guide their work which will help to ensure that all Australian children are given the opportunity to be healthy, safe and thriving. Funding for this work was provided by the Australian Health Ministers’ Advisory Council (AHMAC).

The Steering Committee that advised on the development of the Framework was drawn from membership of the SCCYH Health which is a Standing Committee of the Community Care and Population Health Principal Committee under AHMAC.

The Steering Committee was responsible for supporting New South Wales, as the host for the project, in the development of the Framework by:

1. Providing guidance on issues that arose relating to the project scope, target populations and priority populations.
2. Providing advice on additional sources of literature, evaluations, policy documents and other data to inform the project.
3. Providing timely comment and policy guidance on:
   a. documents developed during the course of the project; and
   b. engagement and consultation on strategies and processes.

The Steering Committee comprised:
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Purpose

Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health (the Framework) identifies the key strategic priorities for child and youth health in Australia for the next ten years.

The Framework is focused on outcomes for children and young people, and articulates a shared national vision of a future where all Australia’s children and young people are resilient, thriving and healthy. To achieve this, a common agenda and a collaborative approach are essential to generating the collective impact towards equitable health outcomes for Australia’s children and youth.

The intention of the Framework is to establish an overarching framework that draws together a range of disparate policy initiatives that seek to improve the health and wellbeing of children and young people.

Scope

The Framework establishes a national vision for child and youth health that recognises the collective impact that can be achieved through collaboration from a range of stakeholders including governments, clinicians, program managers, community health, policy makers, funders, consumers, peak bodies and non-government organisations.
In identifying the key strategic priorities for the best health outcomes for children and young people, the Framework addresses health for children and young people from preconception to 24 years of age. As the indicators currently available cover a variety of age ranges, there is no strict delineation in the defined age range between child and young people. However as a guide, the Australian Bureau of Statistics commonly uses the age groups 0-14 years for children and 15-24 years for young people.

**References**
The Framework has been informed by the findings of the reference document, *Twenty Years On: Measuring progress in child and youth health since 1992*. Work to chart the progress made in the past 20 years was carried out alongside the development of this Framework, establishing an evidence base for the Framework.

Where statements are unreferenced, the data has been drawn from *Twenty Years On*. The findings of *Twenty Years On* underpin the Framework, and it accompanies the Framework as the key reference.

This Framework also refers to other national Frameworks or Plans that impact the health of children and young people. These can be found listed in Appendix Two. This list is not exhaustive but highlights the relevant key Frameworks and Plans. Other key references are listed in Appendix Three.

**Implementation**
Action on improving the health of children and young people is a multi-agency and multi-government responsibility. For national action to be effective, it must be supported by all levels of government. Under the Framework, the Australian, state and territory governments will work together and through their jurisdictions to ensure that the strategic priorities are implemented.

This Framework references the work of the Australian Institute of Health and Welfare (AIHW) to facilitate the use of existing, established child and youth health indicators, ensuring that the Framework is robust and measurable. AIHW published the *Mapping of Children and Youth Indicator Reporting Framework*, drawing together existing indicators from a range of national frameworks, National Agreements and National Partnerships relevant to children and young people.

**Policy Context**
This Framework builds on the achievements since the *1992 Health Goals and Targets for Australian Children and Youth*, as well as the wealth of new information about continuing and emerging health issues, and the most effective ways to achieve population-level health improvements for children and young people. It will assist to establish national, evidence-based and measurable priorities to improve health outcomes for children and young people.

The Framework supports the implementation of the broad, high level strategies for improved health outcomes for all Australians, and aims to improve Australia’s health system. These include the *National Primary Health Care Strategic Framework*, *National Framework for Universal Child and Family Health Services*, *National Framework for Child and Family Health Services – secondary and tertiary services*, *National Strategic Framework for Rural and Remote Health*, the *National Framework for Protecting Australia’s Children*, *National Aboriginal and Torres Strait Islander Health*
Plan, Healthy Mouths Healthy Lives: Australia’s National Oral Health Plan 2015–2024 and the National Mental Health Strategy. The Framework draws from these documents and other sources, to focus attention on the health and wellbeing needs of children and young people and guide efforts to improve achievement of optimal health outcomes for children and young people.

Close consideration has been given to elements relevant to the work of the health sector from the diverse strategic initiatives including the Council of Australian Governments’ Early Development Agenda, Closing the Gap, National Security and Community Safety Reform Agenda, the Roadmap for National Mental Health Reform 2012-2022, and a host of others.

There are also a number of international policy drivers to which Australia is a signatory that provide standards or guides on the health, development and wellbeing of children and young people. These include the United Nations Convention on the Rights of the Child, the Organisation for Economic Co-operation and Development’s comparative reports on child wellbeing and World Health Organization policy statements.

The Framework aims to distil the elements of those plans that relate to children and young people’s health into a coordinated strategic guide for action for the child, youth and family health sector. It also aims to demonstrate the connections between the different issue-focused policies it covers and the achievement of improved outcomes for children and young people.

It is envisioned that new and developing policies will be strengthened by using the Framework as a guide and a point of connection with other policy initiatives.

**Child and Family Health System**

Australia has a system of free universal services for child and family health services based on the principles of primary health care. These services focus on increasing protective factors and reducing risks that impact on children and young people’s health and wellbeing and provide an opportunity to provide early identification and referral for those at risk to more specialised services. These services can be delivered through a variety of ways including through general practice, child and family health nurses, community health centres, allied health services and other settings. Primary health care is considered to be the gateway to the health care system. Within primary care, targeted responses work in tandem with universal services to address the additional needs that vulnerable communities, families and children may have. This approach of proportionate universalism aims to improve equity in health outcomes by reducing the steepness in the social gradient in health and references the 2010 Marmot Review, Fair Society, Healthy Lives.

Secondary level services are directed at people who have a particular issue, problem or concern, and who need help to manage or resolve this. There may be some level of risk involved if issues are not addressed. People may seek out the assistance or it may be provided by way of referral from either a universal or tertiary service. Secondary level health services form part of targeted services and may
fall outside the scope of practice of the universal health providers. Examples of secondary level
services include allied health intervention programs, developmental disability and inclusion support
services and parenting or family relationships programs. General practitioners play a significant role
in both accepting and making appropriate referrals.

Tertiary care covers specialist services and supports individually tailored responses that require a
high level of expertise. Examples include mental health care, paediatric care, drug and alcohol
treatment, and child protection support.
National Vision for Child and Youth Health

The child, youth, and family health sector has a major role in contributing to the achievement of improved outcomes for children and young people. Although the primary responsibility for raising children lies with their parents, carers and families, there is still a critical role for communities, non-government organisations and governments in shaping children’s early life experiences and their health and development.

Stakeholders from the Australian government, state and territory governments, service providers, community health, general practitioners, paediatric services, child and family health nurses all play an integral role in ensuring that children and young people are healthy, safe and thriving. In the 21st century, health professionals will work in partnership with parents as the experts on their children, providing the best possible conditions for children and young people to thrive.

From supporting and caring for families during the preconception period and from the moment a pregnancy is confirmed, throughout the early years, through school and adolescence into adulthood, the health sector works towards maintaining and improving health and wellbeing outcomes for children, young people and their families – outcomes that make a difference to their health and wellbeing for the rest of their lives.

The physical health of children and young people has always been a key concern, but over the last 20 years research has made clearer the connection between physical health, social and emotional wellbeing, environment and experience. For efforts to be effective, all these aspects must be addressed. We know more about the interaction between genetics and experience, about the lifetime effects of early deprivation and trauma. We know more about what contributes to vulnerability, but also more about what contributes to strength, resilience and optimal outcomes.

The review of progress against the 1992 Goals and Targets that was undertaken in the development of this Framework, Twenty years on: Measuring progress in child and youth health since 1992, demonstrated the significance of many of these changes. Data and the conclusions about outcomes achieved since 1992, drawn from that work, are woven throughout the Framework illustrating how success has been achieved in the past. The conclusions of that document also point to the importance of the key messages from the literature on emerging issues – that while we continue to address health deficits, our future focus needs to move beyond deficit based thinking to a philosophy of each child and family having access to the support they need for the best possible health, now and in their future.

For that reason, the national vision for the future encompasses not only a reduction in vulnerability and risk factors and the numbers or proportion of children and youth with poor outcomes, but goes further to a vision of the best possible outcomes.
Principles for selecting Strategic Priorities

This Framework adopts the eight principles for selecting strategic priorities from the *1992 Health Goals and Targets for Australian Children and Youth*. The principles remain effective and appropriate to guide the identification of strategic priorities and the strategic objectives.

The eight Principles include:

1. **Credible** - address important public health issues that are likely to remain current
2. **Clear** – easily appraised by, and relevant to, a wide general audience
3. **Selective** – the choice of topic should be used to highlight areas that are a priority for action
4. **Compatible** – with current public health strategies
5. **Achievable** – interventions should be available or potentially available
6. **Balanced** – monitor progress through a mixture of process and outcome measures
7. **Quantifiable** – national data is required. If necessary proxy indicators should be used or a specific recommendation made for the collection of data
8. **Ethical** – respect the autonomy of individuals and avoid unnecessary value judgements.

The Australian, state and territory governments will work together towards achieving the priorities and strategic objectives of the Framework, to provide Australian children and youth the best life chance, opportunities and health outcomes.
Guiding Principles
This Framework is underpinned by five guiding principles, which are considered critical to the development and delivery of effective health services for children and young people. The guiding principles have informed the development of the Strategic Priorities and are considered integral to implementation. They are:

- **Prevention and early intervention**: universal and targeted prevention services and early intervention for those identified as in need is best practice and essential for achieving optimal health outcomes
- **Strengths based approach**: health services for children, young people and families are delivered from a social health perspective, building on strengths, enabling children and young people to grow up thriving and resilient
- **Environment**: children and young people should grow up in healthy and safe families, environments and communities
- **Equity**: all children and young people in Australia should have appropriate access to health services to ensure equitable outcomes
- **Proportionate universalism**: the provision of health services must be universal, but with services provided at a level proportionate to need.

Figure 2: Guiding Principles of the Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health
The National Strategic Framework for Child and Youth Health

Figure 3: Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health Strategic Priorities
Strategic Priority One: Equip children and young people with the foundations for a healthy life

This Framework recognises the importance of prevention and early intervention to equip children with the foundations for a healthy life. Investment in the early years of child development provides an opportunity for significant health gains across the lifespan.

Evidence shows that intervening early in the life course to either prevent events that increase risk or address issues early is effective in preventing or reducing later health issues. Benefits of early life intervention include cumulative improvement to health outcomes in the long term.

This is particularly true for children from disadvantaged backgrounds; the earlier the intervention, the more effective it is likely to be. Sustained intervention that addresses multiple environmental risk factors simultaneously is most effective. In recent years, evidence on neurological development and epigenetics has provided a wealth of knowledge about the impact of negative environmental influences and experiences on development and on lifelong health outcomes, and also the impact of positive environmental factors and experiences as opportunities to build strength and resilience for a healthy life.

Implementation of a strong prevention and early intervention approach, and access to timely and effective primary health care, should see a reduction in hospital presentations for ambulatory sensitive care conditions. For example, vaccine preventable conditions; chronic conditions which can be managed through behavioural and lifestyle changes; and acute conditions that can be treated by primary care interventions such as antibiotics for dental infections.
1.1 Expectant mothers and children have optimal health

High quality antenatal care is associated with improved outcomes at birth, and over the last 20 years has been instrumental in the health improvements for children and young people. Implementation of the National Primary Maternity Services Framework and the National Clinical Practice Guidelines: Antenatal Care will assist in ensuring that high quality and consistent antenatal care is available to all mothers expecting a baby across Australia.

It is important that women are supported to be as healthy as possible during their pregnancy. This support will guarantee the best possible start in life for their child. Psychosocial aspects of health are important prenatal determinants of health in later life, and there is evidence that addressing social and psychological determinants of health in pregnancy for both mothers and fathers has a significant impact on the health of the baby. The National Perinatal Depression Initiative is an Australian Government funded initiative to improve the social and emotional wellbeing of families expecting and caring for a child.

There are well established links between low birth weight and increased risk of coronary heart disease, diabetes, hypertension and stroke in adulthood. It is clear from the evidence that the intrauterine environment and the caregiving that a child receives in their first years of life are critical foundations for a healthy life.

1.2 Children and young people are active, healthy and thriving

The reduction of preventable health issues resulting from lifestyle risk factors is a key priority with potential for significant positive impact. Poor diet, sedentary lifestyles, effects of increased screen time, and other issues contribute to poor health outcomes. Targeting risk factors in children and young people reduces preventable chronic disease in adulthood and equips children with the best life chances.

With poor nutrition and sedentary lifestyles increasing, obesity has been identified as an important health issue. Increasing physical activity, reducing screen based leisure activities and improving diet are amongst a number of evidence based interventions that could reduce the incidence of obesity and its associated comorbidities.
Sleep is essential to healthy brain development. Sleep, or a sleep deficit, has been associated with the development and severity of a range of physical, behavioural and other mental health issues. Young children who do not get enough sleep are at increased risk of becoming overweight, even after adjustment for initial weight status and multiple confounding factors. For children with existing conditions, such as attention deficit hyperactivity disorder, interventions that improve sleep are associated with improved behaviour, quality of life and functioning, with most benefits sustained to six months post-intervention. There are associated benefits for family functioning and parental wellbeing. In later childhood and adolescence, evidence is emerging on a negative association between technology use and sleep. Current recommendations include that children and adolescents should have a comfortable, quiet sleep environment, ‘wind down’ before bed away from television, mobile phones and computers, have a regular sleeping routine and get an adequate amount of sleep each night. The amount depends on their age.

Significant gains were made through the introduction of the SunSmart program in early childhood education and care environments and schools across Australia. However, over 75% of adolescents are still not using adequate sun protection while outdoors, and melanoma is the most common cancer in young Australians aged 15-29, making up 25% of all cancer cases in this age group.

1.3 Children and young people are immunised against preventable illness

Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

Immunisation of babies and their close contacts against vaccine preventable disease is central to protecting this vulnerable group. The full benefits of immunisation are only realised through sustained high participation rates. Further research is needed to ensure that data is collected on new vaccines that have become available, the rates of immunisation and effectiveness.
1.4 Children and young people have lower rates of preventable injury and mortality

Child mortality is a long-established measure of general child health, the overall health of the population, and the effectiveness of the health system. The overall infant mortality rate in Australia is low, and is still decreasing. In 2008, the Council of Australian Governments committed to halving the gap in infant mortality rates for Aboriginal and Torres Strait Islander children under five by 2018, and there has been a significant increase in investment and effort to implement evidence-based programs known to improve infant mortality since then. Sudden Infant Death Syndrome has been reduced to low levels in Australia; however further health gains are possible, particularly for Indigenous children, through maintaining awareness and reducing exposure to modifiable risk factors.

Injury remains the leading cause of death in children and youth and also a major cause of morbidity. Most injuries are preventable and it is important to strike a balance between creating a safe environment and an environment that is stimulating and conducive to child development. For older children (5-14 years), 46% of injury hospitalisations were the result of a fall and 16% were transport-related. The most common causes of injury hospitalisation for young adults aged 15-24 years were transport-related injuries (19%), falls (14%), assault (11%) and intentional self-harm (10%).

Accidental drowning remains a leading cause of childhood death, especially among 1–4 year olds.

1.5 Children and young people experience lower rates and impact of chronic disease

Health outcomes for children are improved with early detection and intervention in the earliest stages of chronic disease progression and development of a child. Chronic illness in children and youth include a range of conditions such as asthma, cancer, cerebral palsy, cystic fibrosis, dermatitis, allergies, obesity, diabetes and epilepsy which can interrupt normal child development. Chronic diseases are the leading cause of disability in the community.

Reduction of risk factors, early detection and treatment can reduce the prevalence of chronic disease in the population.

The management of chronic disease can be complex, costly and has a cumulative toll on these children and young people and their families that is psychological, social and economic in nature. Early
intervention and the provision of joined up support services can minimise the negative effects of children living with a chronic illness, and support their families.

1.6 Families with children and young people with disabilities are supported

A focus on pre-pregnancy and antenatal health of mothers has seen some improvement in the occurrence of new disability as the result of birth defects, low birth weight and prematurity, however there appears to have been a shift in the types of established disability since 1992, with a decline in disability from physical and chronic conditions and an increase in intellectual disability and learning disorders.

Reduction of the impact of disabilities and in some cases the prevalence of disabilities has been achieved in the past 20 years. The age of diagnosis of sensorineural hearing loss has dramatically decreased with the introduction of universal newborn hearing screening programs in Australia. The introduction of mandatory folic acid fortification and promotion of folate supplementation for women planning pregnancy has seen a decrease in the rates of neural tube defects from 3.6% to under 0.1%.

In 2011, the Productivity Commission released its final report on disability and support care recommending the need for major reform of disability services in Australia to better support people with disabilities. As a result, the National Disability Insurance Scheme has been established to provide people with disability with the full access to the support they need. The intention is to put people with disabilities, their families and carers at the centre of the scheme. The rollout is currently underway across Australia and initial feedback from participants indicates a 94% satisfaction rate.

In education, the Australian Government has put in place the Disability Standards for Education 2005 to ensure that students with disability can access and participate in education on the same basis as other students. The Standards explain the obligations of education and training providers towards students with disability. The Standards were formulated under the Disability Discrimination Act 1992 and came into effect in August 2005.
Strategic Priority Two: Support children and young people to become strong and resilient adults

Improve the social and emotional wellbeing of all children and youth by providing a safe and nurturing environment, a supportive family and increasing the capacity of families to provide the best future for their children and youth. The aim is for children and young people to be supported to become strong and resilient adults, able to cope with life challenges and able to make informed choices about their health.

The quality of a child’s earliest environments and the availability of appropriate experiences at the right stages of development are crucial determinants of the way a child’s brain architecture develops. Studies examining the impact of early life trauma and adverse experiences also show a link between those (largely preventable) factors and poor physical and mental health in later life.
2.1 Reduce the prevalence and impact of adverse childhood experiences

There is clear evidence of a strong, graded relationship between adverse events in childhood and poorer lifetime health outcomes – for both physical health and social and emotional wellbeing. In this context, adverse events relate to early childhood experiences such as exposure to recurrent physical abuse, recurrent severe emotional abuse, contact sexual abuse, or growing up in a household where: someone was in prison; the mother was treated violently; there was an alcoholic or a drug user; someone was chronically depressed, mentally ill, or suicidal; and/or at least one biological parent was lost to the child during childhood – regardless of cause. Such experiences in childhood have been shown to have a strong and cumulative correlation with a range of adult diseases or health issues decades later, including smoking, chronic obstructive pulmonary disease, intravenous drug use, and emotional disorders (eg self-defined current depression or suicide attempts). The more adverse experiences a person had been exposed to as a child, the higher the likelihood that they will experience heart disease, fractures, diabetes, obesity, unintended pregnancy, sexually transmitted diseases and alcoholism in adulthood¹.

Preventing exposure to adverse events is more effective than having to ameliorate the effects post exposure, or treat the chronic health problems associated with early exposure to adverse events. High quality family functioning is an important protective factor, and is included in three frameworks listed in AIHW’s Mapping of Children and Youth Indicator Reporting Frameworks 2013.

2.2 Children and young people are resilient and are supported in their social and emotional wellbeing

The social and emotional wellbeing of children and youth is a key facet in developing healthy and functional adults and evidence is showing that more work is required on the mental health of the youngest age group (0-5 year olds) where there traditionally has not been a focus.

The Australian Early Development Census (AEDC) social competence domain measures overall social competence; exhibiting responsibility and respect; approaches to learning; and readiness to explore new things. The emotional maturity domain includes pro-social and helping behaviour; anxious and fearful behaviour; aggressive behaviour; and hyperactivity and inattention. The AEDC states that a positive early childhood experience provides both short-term and long-term individual social and economic benefits for the child. Children with a positive early childhood experience are more likely to achieve a higher educational attainment as well as demonstrate high self-esteem and social development, and fewer social and health problems.

¹ Felitti, V 2002. The Relationship of Adverse Childhood Experiences to Adult Health: Turning gold into lead. San Diego: Kaiser Permanente Medical Care Program.
A report on work to develop a social and emotional wellbeing indicator under the *Children’s Headline Indicators* was published by AIHW in 2012, noting that a child’s social and emotional wellbeing is integral to their overall health, development and wellbeing. Children with high levels of social and emotional wellbeing are more likely to successfully negotiate physical, intellectual and social challenges during childhood and adolescence.

2.3 Children and young people are supported in their mental health needs

Mental health is a key health issue for young people in the developed world, with the prevalence of diagnosable mental health disorders rising sharply after puberty. There is an urgent need to address the prevalence of mental ill health as developmental trajectories are set early, and opportunities for intervention are most effective and cost effective while children are young. Specially-targeted early intervention programs can address underlying difficulties for children and young people with emerging mental health issues which can include a spectrum of cognitive, behavioural and emotional disorders, covering cognitive impairment, disabilities, phobias, panic attacks, depressive disorders, drug-related harm, anxiety, eating disorders, schizophrenia, psychoses and personality disorders.

The *Fourth National Mental Health Plan* includes a reporting framework against a range of indicators, and *The Roadmap for National Mental Health Reform 2012–22* also includes performance indicators and reporting requirements.

2.4 Young people reduce risk behaviours such as smoking, drug and alcohol use

Harmful drug and alcohol use may include alcohol and licit drugs, such as pharmaceuticals used for non-medical purposes, and illicit drugs. Though substance use is not always harmful to health, some drugs are particularly harmful to adolescent brain development and there is a strong association between substance use and other health issues. Though protective factors such as strong family relationships, feeling supported, a sense of belonging, and other factors, can prevent harmful drug use, young people should be empowered to make their own informed decisions about the risks associated the substance use.

The adolescent brain is particularly susceptible to the damaging effects of alcohol abuse. The younger a person starts drinking, the higher the risk of that person becoming alcohol dependent. The proportion of children and youth using alcohol on a weekly basis decreased significantly for all age groups between 1989 and 2011, and for those aged 13, 14, and 15 it reduced by half. The proportion of children and youth never using alcohol has also increased. For young people aged 16
the rate reduced from 30.9% in 1989 to 28.3% in 2011, indicating that more work is required to reduce weekly use of alcohol in this age group.

Binge drinking and its associated risky behaviours continues to be a problem, with 15-19 year olds having the highest hospitalisation rates for acute intoxication from alcohol of any age group followed by 20-24 year olds.

The prevalence of smoking has decreased. However, some groups such as young people from lower socioeconomic status are more likely to smoke.

Continuing and further work is required to ensure that young people are aware of the health risks of smoking, drug and alcohol use and to further decrease the rates of harmful substance use.

2.5 Young people make sound choices about their sexual and reproductive health

Young people should have a clear understanding of their sexual and reproductive health. With the biological and psychosocial changes in adolescent development, issues such as sexual identity, sexual health and safe sex become critical areas of knowledge for young people as they face new choices and situations. At age 15, young people can access their own Medicare card and are starting to engage with the health care system without their parents or caregivers on a range of matters.

For the health system, it is critical to ensure that young people feel comfortable and able to engage with a supportive health care system and have access to sexual health services and GPs who are often the first port of call for sexual health testing for young people.

Education on sex and reproductive health should be complemented by access to contraception, counselling and confidential health services, particularly in rural and remote areas.

Sexually transmitted infection remains an issue with rates of chlamydia rising nearly fivefold since 1998, reflecting an increase in testing but also true increases in chlamydia transmission. Young people aged 15-24 years have rates of chlamydia notification many times higher than any other age group. Syphilis and gonococcal notifications have also increased significantly in recent years, and young people are again over-represented.
Strategic Priority Three: Support children and young people to live in healthy and safe homes, communities and environments

Research has identified that the health of the population and the state of the environment are closely linked. The natural and built environment has been identified as a major determinant of health, and a major influence on health-related behaviours. Environmental factors influence our health through exposure to physical, chemical and biological risk factors or by triggering behavioural changes. Individuals, organisations and government, through their intervention in the environment, play a vital role in exacerbating or mitigating health risks.

Having a healthy and safe environment that is conducive to learning, play and growth is beneficial to the development of motor and social skills, such as child friendly neighbourhoods with adequate play areas, safe pathways, public transport, and good air and water quality. Though some aspects are outside of the scope of the Framework, the environment is a critical factor to the health of children and young people. Partnerships and interagency collaboration is key to achieving the best health outcomes for children and young people.
3.1 Families and caregivers have the parenting skills appropriate to the needs of their child from infancy to adulthood

Families and caregivers have significant influence on the development of children into strong and resilient adults. The parenting needs of children and young people varies as their development progresses, and support, particularly through key transitional periods, is crucial to good development. Accordingly, resources should be targeted towards parental support services and providing carers and families with the tools and services they need to raise resilient children and youth and foster positive family relationships and support networks.

The aim of a public health approach to protecting children is to shift the focus away from a narrow band of children requiring statutory intervention toward addressing the needs of all families, and to move the population distribution on risk factors toward the positive end for all families. The aim of shifting the profile of all families in this way is to reduce the number that would be at risk of statutory intervention and improve the daily lives of many children.

3.2 Children and young people are free from violence, abuse and neglect

A key principle under the National Framework for Protecting Australia’s Children is that children are raised in a safe environment free of neglect and abuse. Abuse and neglect have significant physical, social and psychological consequences and can lead to impaired development and future health outcomes. Addressing the known risk factors is key to preventing child abuse and neglect. Many of the factors that research has shown to be associated with abuse and neglect are related to parental relationships or behaviours such as domestic violence, alcohol and drug abuse, and mental health issues. Rates of substantiated cases of abuse and neglect have increased since 1999, as has the number of children and young people in out of home care; both of these groups are vulnerable to poor health and social outcomes, in addition to experiencing the trauma of abuse. The complexity of the issues emphasise the need for interagency, cross sectoral partnerships and approaches that begin to work towards reducing the number of children who experience violence, abuse and neglect.

While most violence and abuse occurs in the home, it is also important that children and young people are provided with safe environments in their communities, at school and online. Bullying can be detrimental to children and young people’s mental and physical health, causing victims to be
socially isolated and vulnerable. The impact of bullying on victims in key stages of development can have far reaching effects into adulthood and their educational attainment, resilience and wellbeing. With advances in technology, bullying has moved beyond the bounds of school walls, into the home through the use of other forms of media. In a study of bullying in Australian schools, being bullied every few weeks or more often (considered to be frequent) overtly and/or covertly during the last term at school is a fairly common experience, affecting approximately one in four Year 4 to Year 9 Australian students (27%). Frequent school bullying was highest among Year 5 (32%) and Year 8 (29%) students. 7-10% of students reported they were bullied by means of technology over the school term.  

3.3 Children and young people are supported to reach their optimal development

Children and young people should be supported through the key transitional periods of development and in their education to reach their optimal development. Families play a key role in preparing and supporting children and young people in their development, though they are one of many factors. Ideally, a collaborative approach between the key influences in a child’s life including their families, educators and their community will provide the best conditions for a child’s readiness for their first transition into schooling. ‘Engaging parents in education’ is a pillar in the Students First schools education reform agenda.

The Australian Early Development Census (AEDC) shows how young Australian children have developed as they start their first year of full-time education. In both 2009 and 2012, the majority of Australian children were doing well on each of the five AEDC developmental domains of:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills (school-based)
- Communication skills and general knowledge

In 2012, approximately one in five Australian children (22%) was developmentally vulnerable on one or more domains, an improvement compared with 23.6% in 2009. In 2012, 10.8% children were developmentally vulnerable on two or more domains, an improvement compared with 11.8% in 2009.

Data from the 2009 and 2012 collections show that the majority of Australian Indigenous children are developmentally on track on each of the five AEDC developmental domains but they are more likely to be developmentally vulnerable than non-Indigenous children, so further work is required in this area.

3.4 Children and young people use media and technology safely and appropriately

Children and young people should use media and technology safely and with appropriate parental guidance and monitoring. The emergence of electronic media and in particular, media that is targeted at children and young people, has given rise to a number of new considerations in how

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2 Australian Covert Bullying Prevalence Study, Child Health Promotion Research Centre, Edith Cowan University, May 2009
children are raised, entertained, taught, marketed to and how they interact with other children online.

Parents of children under the age of two should minimise and monitor screen time as excessive screen time may cause issues in vision, development of motor skills, the development of social and emotional skills at a critical point in brain development.

For children and young people, the use of digital media should be monitored by families to ensure that they are engaging with technology safely and appropriately. Though there are educational benefits to the use of technology, from a health perspective, there are a number of issues for children and young people to be aware of such as safety, online bullying, sedentary lifestyles increasing the rates of obesity, poor vision and the impact of online antisocial behaviour on mental health.

3.5 Children and young people have appropriate housing and sanitation

The literature suggests that a child’s capacity to realise their full potential is significantly reduced when being raised in an environment of poverty with improper housing and sanitation. It is critical that services provided to children and youth are designed so that the health needs of the most vulnerable and at risk are appropriately addressed. Children and young people living in rural and remote areas are at particular risk because of inadequate housing and related infrastructure.

The link between poor housing and health outcomes is well established. Overcrowding, poor living conditions, inadequate utilities for washing and cooking, sewage and disposal systems, and poor access to clean water can impact on mental and physical health. Families living in inadequate housing are at greater risk of respiratory disease, infectious diseases, and may be exposed to environmental pollutants from toxic building materials.

Access to essential services such as water, electricity, sewerage and waste collection is taken for granted by most Australians. However, in remote Indigenous communities, the standard of these services is generally below what Australians have in most other locations. In 2006, only 28% of people living in remote Indigenous communities had access to town water, and the majority (54%) relied on bore water. The proportion of people using town water had increased significantly from 2001, when it was only 12%.

Further work to improve the quality of housing and related infrastructure is essential to improve equity in health outcomes.

3.6 Children and young people live in an environment free of pollutants and toxins detrimental to their health

The natural and built environments in which children and young people live and their health are inextricably linked, affecting children and young people in their key developmental stages, and have far reaching consequences into adulthood. Many of the environmental factors such as exposure to pollutants, sun
exposure, toxic building materials and air quality are modifiable and steps to improve these are underway.

Significant progress was made in enhancing air quality, enhancing water quality, improving the availability of appropriate recreation facilities for children and young people, increasing child-friendliness of the urban environment, and improving the availability of safe transport to school in the past twenty years. Less progress was made against targets for noise pollution and availability of public transport.
Strategic Priority Four: Children and young people have equitable access to health care services and equitable health outcomes

To promote equitable health outcomes for children and young people, the health system must adopt a range of strategies, for example, improving the equity of access to health care services to reduce the disparity in health outcomes resulting from the social determinants of health.

There is growing recognition of the complex interplay of biological, lifestyle, socioeconomic, social and environmental factors impacting on an individual’s health and wellbeing, many of which are modifiable to some extent by access to health care and other interventions. The social determinants of health are as diverse as education, geographical location, transport and road infrastructure, housing and socioeconomic status.

The mechanisms by which socioeconomic status influences health status are complex and varied. Overall, people from the most disadvantaged areas are more likely to have low birth weight babies, report high or very high levels of psychological distress, and have a higher proportion of potentially preventable hospitalisations than those from the least disadvantaged areas. They are more likely to be overweight or obese, to smoke daily, and to drink alcohol at levels that put them at risk of long-term harm. They are also more likely to defer seeing a general practitioner due to the cost, and are more likely to report longer waiting times.
4.1 Vulnerable children and young people have access to services and support for the best possible health outcomes

Since 1992, there has been significant progress in developing a better understanding of the role of disadvantage experienced early in life plays in increasing vulnerability and determining health outcomes throughout adolescence and adulthood. The importance of improving the health of the most vulnerable and disadvantaged, and reducing the gap between the disadvantaged and advantaged, to benefit the whole population has also become clearer.

Risk factors that increase vulnerability, and protective factors that increase resilience, have both been shown to be cumulative in effect, and both the number of risks (or protective factors) and the spacing between the experiences of those risks plays a role in influencing the outcomes. Although gains have been made in health outcomes across Australia, evidence continues to show that some population groups continue to have poorer health and welfare outcomes, particularly those from Aboriginal and Torres Strait Islander background, refugees, people from culturally and linguistically diverse backgrounds, people living in rural and remote areas, children in out-of-home care and young people in detention.

Other at-risk populations are less visible and less accessible. Children of mothers and fathers who experience psychosocial distress, depression and anxiety in the perinatal period are at risk of poor parent-infant attachment, compromised infant mental health and delays in development. However, as with many types of vulnerability, postnatal depression is not confined to any particular social or economic grouping. While parents in the poorest 10% of the population may be more likely to experience depression, the greatest numbers of depressed parents are in the middle income deciles. This can provide challenges for those service providers seeking to identify children and families who are vulnerable early on to prevent poor parent and child outcomes. The evidence is that for vulnerable groups, the greatest benefits are likely to accrue from coordinated, multi-agency action to address their disadvantage and its impact on their health and wellbeing outcomes.

As more reliable methods of early identification of those families and children who will benefit most from intervention are refined, health service provision will need to be developed to ensure that these groups have the access to services and interventions they need, when it can have the most benefit.

Access to primary health care is measured by AIHW which creates a geospatial index of access to general practitioners relative to need for primary health care. Most recently, the measure showed that the Indigenous and non-Indigenous populations display markedly different distributions of predicted need for health care by remoteness. On average, the predicted needs of the Indigenous population increase with remoteness, but the predicted needs of the non-Indigenous population are

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similar in major cities, inner regional and outer regional areas and then fall in remote and very remote areas. This demonstrates the need to improve and better target primary health care to the population groups and where the need is most marked.

**Aboriginal and Torres Strait Islander**

Aboriginal and Torres Strait Islander children and young people experience higher death rates, higher injury rates than the national average, higher rates of placement in out-of-home-care and are less likely to have achieved reading and numeracy minimum standards. Further work in this area is required to close the gap and reduce inequitable health outcomes for Aboriginal and Torres Strait Islanders.

**4.2 Adapt services to the diversity of health care needs of children and young people**

Though gains have been made in health outcomes across Australia, evidence shows that some population groups continue to have poorer health and welfare outcomes, particularly those from Aboriginal and Torres Strait Islander background, refugees, people from culturally and linguistically diverse backgrounds, people living in rural and remote areas, and children in out-of-home care.

These diverse groups have correspondingly diverse health care needs, and may require access to services which meet their health needs in a culturally or developmentally appropriate manner. Services therefore need to consult with and consider the needs of their local populations, to be flexible and adaptable in order to ensure access and efficacy.

This includes a need for services to ensure that their staff are equipped and educated to provide appropriate responses to the needs of the local population, as well as a responsibility for all health and partner services to strive to develop innovative models of service and care delivery that more effectively engage children, young people and their families and provide the support and intervention required to improve their health and wellbeing outcomes.

Across Australia, achieving these outcomes will happen through innovating to discover, evaluate and reproduce effective ways of delivering culturally appropriate care to our diverse cultural groups; youth friendly services; child and family friendly services; coordinated care pathways; and a seamless patient journey for those who need it from primary health care through to tertiary care, and back home again where possible.

**4.3 Children and young people with complex health care needs are supported**

Recognising that children and young people with complex health needs are highly diverse, the best outcomes can be achieved when governments work in partnership with other sectors and non-government bodies to identify the populations experiencing disadvantage, their needs and how to address those inequities to improve their health outcomes. Coordinated, multi-sector action addresses social and economic factors that sit outside of the scope of the Australian health care system.
Children and young people with a disability and those with complex or chronic health care needs and their families may experience particular challenges in accessing health care and equity of health outcomes. Timely and coordinated access to prevention, early intervention, psychosocial support and other health care services that meet their health and wellbeing needs can effectively avoid unnecessary stress on families under enormous pressure. As the number of services required increases, so navigation of the health system may become more difficult. Integration across health services and coordination with services provided by other agencies are critical to seamless service provision for this group.

4.4 Children and young people are supported through times of transition

A number of transition points occur across the lifespan which represent times of significant change for individual children, young people and families, and often coincide with transitions in health care services available. Shifts in service provision at times of personal change can create vulnerabilities and barriers to accessing appropriate services.

The first of these transitions occurs for the family shortly after a child’s birth, when care is transferred from maternity to community based child health services (including public, child and family health, general practitioners and some non-government organisations). This may be an opportunity to establish links for ongoing child health services, or it may be missed.

The next transition for a child will be when they reach adolescence, and experience the corresponding physical and psychosocial changes which accompany this process. At this point, the young person may require different health services, such as sexual health or drug and alcohol services, and they may wish to access services confidentially and/or independently from their parents, including by applying for their own Medicare card. This transition continues into early adulthood. These are periods of vulnerability for risk taking behaviours which may have health consequences, including in relation to sexual health, drugs and alcohol and injury, as well as being a time when mental health problems may first manifest themselves.

These progressions from childhood to adolescence and on to early adulthood may overlap with a transition from paediatric to adult health care services. For children and young people with chronic and complex health care needs this transition may be particularly challenging, and require navigation of a new system of health care and new providers – one which acknowledges their growing autonomy and new health issues such as sexual health, but is no longer family-centred and developmentally focused. During these times young people may be vulnerable to disengagement or “dropping out” of services and to flow-on effects such as lower medication compliance.

It is critical that health services be cognisant of these times of personal change, and provide age and developmentally appropriate health services. It is also important that where changes in health care service provision occur, such as from maternity to child health and paediatrics to adult health care, and that transitions are made as seamless as possible and support is provided throughout the transition period.
Strategic Priority Five: Improve systems to optimise the health outcomes of children and young people

Systemic changes to the way the health system works for consumers can optimise the health outcomes for children and young people by minimising the complexities of how the health system works and leveraging the opportunities that emerging technology offer.

As research continues to emerge showing the range of influences on health outcomes, it is apparent that collaboration between the agencies, non-government agencies and community health bodies is important and there is scope to maximise the collective impact that systemic change and interagency collaboration can have on health outcomes.
5.1 Work with other agencies to streamline and align systems to put children and young people at the centre of their own care and the health care system

There is scope for greater interagency collaboration to streamline and align systems to manage information more efficiently and ensure that the children and young people are at the heart of the care they are receiving. In part this may encompass patient centred care but also systemic changes for wrap around services. Patient centred care has been shown to lead to improvements in health quality and outcomes by increasing safety, cost effectiveness and patient, family and staff satisfaction. The Australian Commission of Safety and Quality in Healthcare notes that partnerships between health services organisations, health professionals, patients, families and carers result in clinical benefits including decreased mortality, decreased readmission rates, decreased rates of health care acquired infections, improved adherence to treatment regimens and improved functional status.

How consumers and professionals seek, collect and use information has changed significantly with the rise of new technologies such as mobile devices, the internet and social media. Traditional paper based forms of media compete with the popularity, diversity and speed of new media forms. Consequently, the delivery and use of health information needs to keep pace with the changes in how consumers seek information. Initiatives such as e-Health and home monitoring applications present opportunities to utilise new technology and enable equitable access to information.

Technology also offers governments opportunities such as telehealth, better data collection which will facilitate improved follow up and chronic disease management, screening, and health promotion via new media and data analysis. Technological advances offer opportunities to build new infrastructure and have a presence in remote geographic areas where it is not practicable to build physical infrastructure. Governments can utilise improved technology to reach consumers and professionals in isolated or remote areas in order to deliver services to children and youth, and for better access to patient information and data linkage across sectors.

With the introduction of the Personally Controlled Electronic Health Record (PCEHR) from birth to adulthood, patients are now able to access and control their health information and records. This system places the individual in control of their own health records and enables the child and their family to take responsibility for managing health and seeking health care. A nationally consistent PCEHR enables data linkage and information sharing across the services and informs coordinated health care responses.

5.2 Implement evidence based policies, programs and practice

To achieve better health outcomes, implementation of evidence-based policies, programs and practice with clear evaluation and accountability frameworks is essential. Evidence-based practice is increasingly recognised as fundamental to underpinning policy and program development. Evidence based practice in policy and program development ensures that research, evaluation, program monitoring continually feeds back into the policy development process and
adds greater rigour and accountability to policy decision making processes. For health professionals, evidence based practice integrates their clinical expertise, research and evidence, information from the practice context and the client’s circumstances and values to make clinical decisions. The aim for this Strategic Objective is to engender an evidence based approach towards health care for children and youth.

5.3 Invest in research and monitoring of children and young people’s health

The availability of a sound and evolving evidence base is an important foundation for effective policy. It is critical that research continues to be undertaken on children and young people’s health and the outcomes of interventions. It is also important that this research keeps up to date with the implications for the unique needs of children and young people in developing fields such as epigenetics.

Underpinning this is the need for quality, up to date data across a wide range of measures to facilitate the monitoring of children and young people’s health and to evaluate the efficacy of policies and programs in impacting on health outcomes.

5.4 Embed health literacy principles into healthcare policy and services

In 2006, the Australian Bureau of Statistics found that almost 60% of adult Australians have low health literacy, which means they are not able to effectively exercise their choice or voice when making health care decisions. People with inadequate health literacy have poorer levels of knowledge and understanding about their condition, are less likely to attend appointments, are less adherent to medication regimens and health behaviour advice, make more medication errors and perform worse at self-care activities.

Poor health literacy is also an increasing concern due to the diversity of sources of health information now available to consumers. Empowering individuals to understand and discern the quality and accuracy of sources of health information available is now a new consideration when delivering health promotion.

Coordinated effort across sectors to reach consumers seeking information, whether through social media or other means, is required to ensure that families, children and young people can develop greater health literacy through the use of new media vehicles.

The Australian Commission for Safety and Quality in Healthcare has developed a National Statement on Health Literacy which highlights the importance of health literacy in ensuring safe and high quality care, supports the need for a coordinated and collaborative approach to address health literacy and sets out possible actions to improve health literacy. The Statement separates health literacy into two components, individual health literacy and the health literacy environment which reflect the two main factors that influence how a person accesses, understands and uses that information. Further work is ongoing to identify appropriate national measurements of health literacy.

5.5 Work collaboratively with other agencies and community health bodies to reduce disadvantage as a result of social determinants of health

Social determinants influence the health of individuals and communities and affect the sustainability and accessibility of health services. The health care system must alleviate and accommodate the system challenges presented by social determinants creating disadvantage, by working in partnership with other agencies, utilising opportunities presented by new technology and using existing resources. The National Primary Healthcare Strategic Framework identifies a range of actions to address social determinants of health and wellbeing, including health promotion, prevention, screening, early intervention, targeting known lifestyle-related health risk factors, and research into new technologies to increase the use of home based monitoring, treatment and support.

All health service providers across Australia are working to find innovative ways to meet service demand within existing resources; to better meet the needs of those who require assistance most; and to find new ways of providing effective and accessible services.

5.6 Encourage interagency and intergovernmental collaboration and coordination for improved health outcomes for children and young people

The aim for cross-sector and intergovernmental collaboration and coordination is to enable improved health outcomes for children and young people and a holistic and systemic approach to child development encompassing health, education and social and emotional wellbeing outcomes.

Strategic and systematic collaboration can offer a range of opportunities such as cross-sector partnerships, and collaborative arrangements to deliver wrap around services for children and young people.

Collaboration between services can improve the usage of services through information sharing and referrals, reaching vulnerable or at risk families that otherwise may not come in contact with the services available in other agencies and thereby increase access and uptake to other services. Collaborative approaches benefit families in raising their awareness of other services and providing a gateway to additional targeted services.
# Appendix One: Strategic priorities, objectives and actions

## Strategic Priority One: Equip children and young people with the foundations for a healthy life

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
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| **1.1 Expectant mothers and children have optimal health** | 1.1.1 Babies and expectant mothers have optimal health outcomes through the provision of optimal care throughout pregnancy, birth and the perinatal period  
1.1.2 Health professionals engage with fathers in the families that they work with  
1.1.3 Screening and referrals for perinatal and postnatal depression should be provided to mothers  
1.1.4 Increase breastfeeding rates  
1.1.5 Reduce the prevalence of Fetal Alcohol Spectrum Disorder |
| **1.2 Children and young people are active, healthy and thriving** | 1.2.1 Encourage children and young people to be physically active  
1.2.2 Provide children and young people with an appropriate diet  
1.2.3 Increase the proportion of children and young people with a healthy weight  
1.2.4 Encourage children and young people to get adequate sleep and have good sleep hygiene  
1.2.5 Provide the support for children, young people and their families to develop the skills, knowledge and capacity to understand health information and navigate the health system to make decisions on their own health |
| **1.3 Children and young people are immunised against preventable illnesses** | 1.3.1 Increase immunisation coverage for all age groups |
| **1.4 Children and young people have lower rates of preventable injury and mortality** | 1.4.1 Reduce drownings  
1.4.2 Reduce motor vehicle accidents, including driveway runovers  
1.4.3 Reduce falls  
1.4.4 Reduce self-harm and suicide |
| **1.5 Children and young people experience lower rates and impact of chronic disease** | 1.5.1 Reduce the prevalence of chronic conditions including asthma, allergies and diabetes  
1.5.2 Reduce the number of children and young people visiting hospital for preventable illnesses and management of chronic conditions  
1.5.3 Improve the oral health of children and young people |
| **1.6 Families with children and young people with disabilities are supported** | 1.6.1 Support children and young people with disabilities to thrive  
1.6.2 Reduce the prevalence of disability where possible  
1.6.3 Families are given support where needed |
### Strategic Priority Two: Support children and young people to become strong and resilient adults

| 2.1 Reduce the prevalence and impact of adverse childhood experiences | 2.1.1 Identify and support families where children and young people experience traumatic or adverse events such as recurrent abuse, or growing up with a parent experiencing domestic violence, with a mental illness, in gaol, or deceased  
2.1.2 Provide support for children and young people in out-of-home-care |
|---|---|
| 2.2 Children and young people are thriving and are supported in their social and emotional wellbeing | 2.2.1 Support children and young people to adapt and deal with daily challenges  
2.2.2 Support children and young people to become socially competent  
2.2.3 Support children and young people to become emotionally mature  
2.2.4 Support children and young people to thrive |
| 2.3 Children and young people are supported in their mental health needs | 2.3.1 Support children and young people to have good mental health  
2.3.2 Support children and young people’s access to mental health services appropriate to their age and need |
| 2.4 Young people reduce risk behaviours such as smoking, drug and alcohol use | 2.4.1 Young people are aware of the risks of smoking and drug and alcohol use  
2.4.2 Reduce the prevalence of drug and alcohol use in young people, including binge drinking and associated risky behaviours  
2.4.3 Reduce the prevalence of smoking in young people |
| 2.5 Young people make sound choices about their sexual and reproductive health | 2.5.1 Equip young people with the knowledge and skills on safe sexual and reproductive health behaviours  
2.5.2 Young people have access to appropriate sexual health services  
2.5.3 Reduce the prevalence of sexually transmitted infections in young people |
Strategic Priority Three: Support children and young people to live in healthy and safe homes, communities and environments

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<thead>
<tr>
<th>3.1 Families and caregivers have the parenting skills appropriate to the needs of their child from infancy to adulthood</th>
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<tr>
<td>3.1.1 Support caregivers to develop skills to support their child’s development</td>
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<td>3.1.2 Support caregivers to develop skills to support the young person’s resilience and participation</td>
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<th>3.2 Children and young people are free from violence, abuse and neglect</th>
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<tr>
<td>3.2.1 Reduce violence, abuse and neglect in the family</td>
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<td>3.2.2 Work towards safer communities</td>
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<td>3.2.3 Support safe school environments</td>
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<td>3.2.4 Support access to online environments that are free from violence, exploitation and abuse</td>
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<th>3.3 Children and young people are supported to reach their optimal development</th>
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<tr>
<td>3.3.1 Increase the proportion of children with optimal development when they start school and are ‘on track’ (AEDC)</td>
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<td>3.3.2 Support children and young people to reach their optimal educational attainment</td>
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<td>3.3.3 Support children, young people and families with additional developmental needs</td>
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<td>3.3.4 Support children and young people through key transitions in their lives</td>
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<th>3.4 Children and young people use media and technology safely and appropriately</th>
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<tr>
<td>3.4.1 Support children and young people to accurately interpret and understand information sources online</td>
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<td>3.4.2 Encourage children and young people to use appropriate levels of screen time</td>
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<td>3.4.3 Reduce the prevalence and impact of gaming</td>
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<td>3.4.4 Reduce the negative impacts of online media, including bullying, violence and sexualisation</td>
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<th>3.5 Children and young people have appropriate housing and sanitation</th>
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<tr>
<td>3.5.1 Reduce the number of children and young people living in households that are overcrowded</td>
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<td>3.5.2 Provide children and young people with access to clean running water and sanitation</td>
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<th>3.6 Children and young people live in an environment free of pollutants and toxins detrimental to their health</th>
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<tr>
<td>3.6.1 Children, young people and their families are aware of the risks from environmental pollutants and toxins</td>
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<tr>
<td>3.6.2 Children and young people have minimal exposure to environmental risk factors to their health</td>
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<td>3.6.3 Remain cognisant of the emerging research on the relationship between genes and environment and how this interplay affects health (epigenetics)</td>
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Strategic Priority Four: Children and young people have equitable access to health care services and equitable health outcomes

| 4.1 Vulnerable children and young people have access to services and support for the best possible health outcomes |
|---|---|
| 4.1.1 Work towards equitable access for all children and young people to primary health care services as the gateway to appropriate health care |
| 4.1.2 Children and young people who are vulnerable to poor health outcomes are identified as early as possible |
| 4.1.3 Children and young people identified as at risk of poorer outcomes have access to services and programs that meet their health and developmental needs, so that they have the best possible outcomes |

| 4.2 Adapt services to the diversity of health care needs of children and young people |
|---|---|
| 4.2.1 Children and young people have access to services that consider and adapt to the diverse nature of their cultural, physical and emotional needs |
| 4.2.2 Children and young people have patient centred services that work in collaboration with other agencies |

| 4.3 Children and young people with complex health care needs are supported |
|---|---|
| 4.3.1 Children and young people with chronic and complex conditions, and their families, have timely and coordinated access to prevention, early intervention, psychosocial support and other health care services that meet their health and wellbeing needs |

| 4.4 Children and young people are supported through periods of transition in life and care |
|---|---|
| 4.4.1 Families are supported in the service transition from maternity to community child health services |
| 4.4.2 Families are supported in the service transition from paediatric to adult health care |
| 4.4.3 Children are supported through the key developmental transitions from childhood to adolescence |
| 4.4.4 Young people are supported in the developmental transitions from adolescence to early adulthood |

Strategic Priority Five: Improve systems to optimise the health outcomes of children and young people

| 5.1 Work with other agencies to streamline and align systems to put children and young people at the centre of their own care and the health care system |
|---|---|
| 5.2 Implement evidence based policies, programs and practice |
| 5.3 Invest in research and monitoring of children and young people’s health |
| 5.4 Embed health literacy principles into healthcare policy and services |
| 5.5 Work collaboratively with other agencies and community health bodies to reduce disadvantage as a result of social determinants of health |
| 5.6 Encourage interagency and intergovernmental collaboration and coordination for improved health outcomes for children and young people |
Appendix Two: National Frameworks

- National Framework for Universal Child and Family Health Services
- National Framework for Child and Family Health Services – secondary and tertiary services
- National Primary Healthcare Strategic Framework
- National Strategic Framework for Rural and Remote Health
- Australian Safety and Quality Framework for Health Care
- National Safety and Quality Health Service Standards
- Australian Safety and Quality Goals for Health Care
- National Statement on Health Literacy
- Protecting Australia from Communicable Diseases: Everybody’s business (2004)
- National Immunisation Strategy
- National Tobacco Strategy 2012-2018
- National Disability Strategy 2010-2020
- National Road Safety Strategy 2011-2020
- National Safe Schools Framework
- Protecting Children is Everyone’s Business, National Framework for Protecting Australia’s Children 2009–2020
- National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Roadmap for National Mental Health Reform 2012-2022
- National Suicide Prevention Strategy
- National Mental Health Strategy
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- National Framework for Neonatal Hearing Screening
- Commonwealth Fetal Alcohol Spectrum Disorder Action Plan
- National Perinatal Depression Initiative
- National Primary Maternity Services Framework
- The Third National Sexually Transmissible Infections Strategy 2014-2017
Appendix Three: Key References

International

- Convention on the Rights of the Child, United Nations
- Definition of Health: the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, 1946, World Health Organisation

Australian

- Twenty Years On: Measuring progress in child and youth health since 1992
- Charter on the Rights of Children and Young People in Healthcare Services in Australia, Children’s Healthcare Australasia
- The Nest: A National Plan for Child and Youth Wellbeing, Australian Research Alliance for Children and Youth