

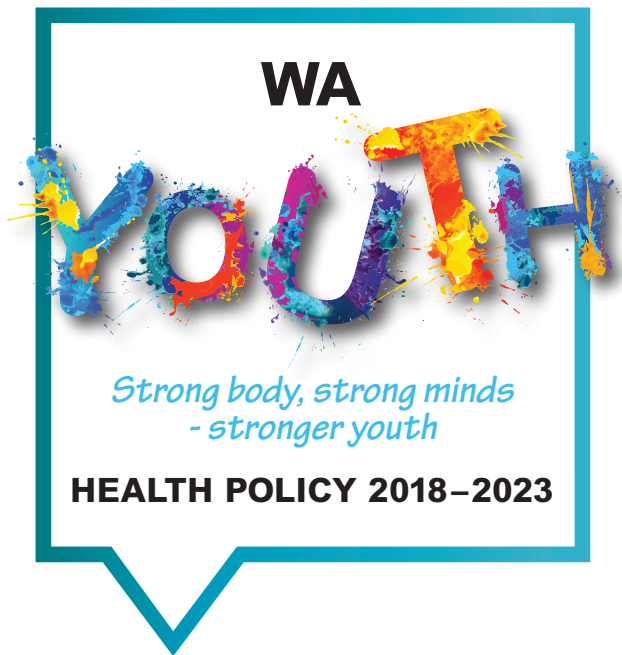


WA



*Strong body, strong minds
- stronger youth*

HEALTH POLICY 2018–2023



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Acknowledgements

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Others we would like to thank for their significant contributions to this Policy are:

- Ari Gillespie, Artist, Balcatta Senior High for the use of his artwork
- The young people who attended and contributed to the youth community conversations across WA
- Those who participated in, and provided feedback as part of the Policy consultation process
- The Minister for Youth's Western Australian Ministerial Youth Advisory Council
- Aboriginal Health Policy Directorate
- Consumer and Community Health Research Network
- Commissioner for Children and Young People
- Telethon Kids Institute
- Youth Health and Wellbeing Alliance
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We would like to acknowledge the *Young People's Experiences with Health Services: Final Report*¹ which provided valuable insight into young people's interactions with health services and informed the Policy.

Minister's Foreword

I am pleased to introduce the *Western Australian Youth Health Policy 2018-2023* – the first youth health policy in our State.

The importance of this Policy cannot be overestimated.

As of 2016, there were nearly half a million young people aged 10 to 24 years living in Western Australia.

During this period of physical and emotional growth, young people develop behaviours that have consequences for their future health.

They also have specific health needs which need to be supported by mainstream health services.

This Policy is a significant step towards improving the health and wellbeing of all young people in Western Australia, including vulnerable young people at risk of poor health and wellbeing.

It was written in consultation with young people, who shared their views about how they define 'health' and how health services could most effectively address their needs.

Young people see health as a holistic concept that includes physical, mental, emotional and social aspects.

For them, being healthy involves issues ranging from eating well and exercising to maintaining good self-esteem and being resilient.

To help young people achieve these aims, this Policy looks to the next five years and includes three goals and seven priorities for action relating to the health and wellbeing of young people in WA

These goals and priorities will guide the WA health system, health services, communities, young people and their families, carers and support networks in their future work.

I would like to thank everyone who contributed to this Policy, from the many agencies – both government and non-government, to the hundreds of young people who participated in consultation initiatives.

In particular, I would like to acknowledge the Child and Youth Health Network for its role in developing this policy, and in fostering the collaboration needed to provide equitable, effective and coordinated health services for young Western Australians.

Hon Roger Cook MLA

Deputy Premier, Minister for Health, Minister for Mental Health



A message from the Ministerial Youth Advisory Council

The Minister for Youth's Western Australian Youth Advisory Council (MYAC) is WA's peak youth council that consists of 16 young people (aged 16 to 24).

RESPECT HONESTY LISTENING RIGHTS PRIVACY

In the past, young people have struggled to find health services that provide them with respectful and honest conversations about their health and wellbeing. We believe that this Policy will empower WA youth to develop the confidence necessary to speak up and make strong decisions surrounding their health.

We are looking forward to young people being respected and feeling able to have honest conversations about their mental and physical health. This is an opportunity for WA youth to be empowered to make their own choices.

Youth have the voice to speak up and choose their futures.

[The Ministerial Youth Advisory Council](#)



Overview



The *Western Australian Youth Health Policy 2018-2023* (the Policy) was developed by the Child and Youth Health Network to demonstrate the WA health system's commitment towards achieving the shared vision and strategic priorities of the [Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health](#).²

The Policy aims to drive equitable, effective and coordinated health services that optimise the health and wellbeing of young people in WA.

The Policy provides a platform to articulate the voices of young people, providing insight in to their health experiences and needs. These views and ideas have been integral to informing the Policy, with participation from young people central to its development.

A broad range of young people were invited to provide their views on what they need to achieve positive health and wellbeing, and how services can most effectively address their needs. This occurred through a series of face-to-face community conversations held across metropolitan, regional and rural WA. Findings are found within the [WA's Young People Have a Say Community Conversations Report](#).³ Quotes from these community conversations have been used throughout the Policy.

The Policy also draws on the WA Commissioner for Children and Young People's work on youth health. In 2013 the Commissioner's office initiated a project to review the available evidence on best practice in youth health policy and service delivery and consult young people about their experiences with health services.¹ Over 1,000 young people from diverse backgrounds were consulted about their experiences with health services, their views on what works well, and where they would like to see improvements. The findings were presented in the [Young People's Experiences with Health Services: Final Report](#).¹ This led to the publication of the Commissioner for Children and Young People's [Position Statement on Youth Health](#)⁴ that advocated for improving the approach to youth health in WA.

Young people in WA define being healthy in holistic terms, encompassing mental, emotional and social dimensions.¹ Optimal health in young people translates to⁵:

- better educational outcomes
- more successful transition to full-time work
- fewer challenges parenting their own families
- development of healthy adult lifestyles.

Three goals and seven priorities for action relating to the health and wellbeing of young people aged 10 to 24 years in WA over the next five years are articulated in the Policy. These goals and priorities aim to guide the WA health system, health services, communities, young people and their families, carers and support networks to effectively meet the health and wellbeing needs of young people in WA.

There is a strong rationale for the focus on youth health and wellbeing and the development of the goals and priorities within the Policy. This is explored in detail in the [WA Youth Health Policy Companion Resource](#).⁶

 [Refer to Companion Resource](#)

Language and terminology

Youth / young people

For the purpose of the Policy, the terms 'youth' and 'young people' are interchangeable and defined as persons aged 10 to 24 years.

[Refer to Companion Resource](#)

Early intervention, engagement and promotion of healthy behaviours throughout this period assist in building the foundations for health which can shape the health trajectory of an individual across their life course. The Policy therefore extends to those aged 10 to 24 years old.

Priority youth populations

Priority youth populations is the term used within the Policy to highlight vulnerable young people who may have complex needs and are at higher risk of:

- poor health and wellbeing outcomes
- greater barriers to access and/or
- health risk behaviours.

The priority youth populations listed in the Policy reflect some of those groups who experience inequalities in health and wellbeing outcomes as a consequence of determinants such as marginalisation, poverty and gender. The list is not exhaustive; populations may overlap and encompass varying characteristics and experiences.

[Refer to Companion Resource](#)

Family and carers

It is important to consider the role of families and carers when providing health care to young people. Families and carers have the primary role in safeguarding and promoting the wellbeing of young people and should be supported in carrying out their role. Young people can themselves be carers, providing care to their family members. Families and carers must be listened to, respected and positively responded to given their pivotal role. Throughout the Policy, the term young people, their families and carers is used referring to biological parents, carers, legal guardians, and those who provide care to a young person in State care. Others who are a part of the young person's informal support structure are referred to as support network i.e. friends, teachers etc.

Health services

In the Policy, health services refer to services for maintaining, improving, restoring or managing people's physical and mental health and wellbeing. Health services are provided in both the government and non-government sectors.



Health professionals, administrative and other support staff

For the purpose of the Policy the terms health professionals, administrative and other support staff refer to all persons employed to provide services for the purpose of maintaining, improving, restoring or managing the health and wellbeing of an individual.

Refer to the [Glossary of terms](#) for a comprehensive list of key terms and their intended meaning within the context of the Policy.

Audience

The primary audience of the Policy is the WA health system.⁷

It is anticipated the Policy will be useful to young people, their families and carers, community and advocacy groups, health professionals, general practice and those who work at a service young people access.

Improvements in youth health require the involvement of a range of agencies beyond the WA health system working collaboratively to achieve common goals. Therefore, it is recommended that the approaches outlined within the Policy are adopted across multiple sectors with a shared interest and responsibility. This includes but is not limited to:

- other Western Australian government agencies including the Department of Communities (Child Protection and Family Support, Housing), Department of Education, Department of Justice, Department of Planning, Lands and Heritage, Public Transport Authority and WA Police
- commissioning bodies including the Mental Health Commission and the WA Primary Health Alliance
- charitable organisations
- educational bodies
- non-government organisations.

The WA health system is comprised of the Department of Health, Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, Quadriplegic Centre and Health Support Services) and to the extent that contracted health entities provide health services to the State, the contracted health entities.⁷

Recommendations for applying the Policy

The Policy outlines the key elements to improve health services for young people, including:

- providing youth friendly health services
- improving access to health services
- building knowledge and promoting participation
- achieving equitable health outcomes
- collecting comprehensive data
- building skills for effective interactions with young people.

It is the intent of the Policy to inform local planning, delivery and evaluation strategies for health services and programs including targeted approaches for priority youth populations at higher risk of poor health.

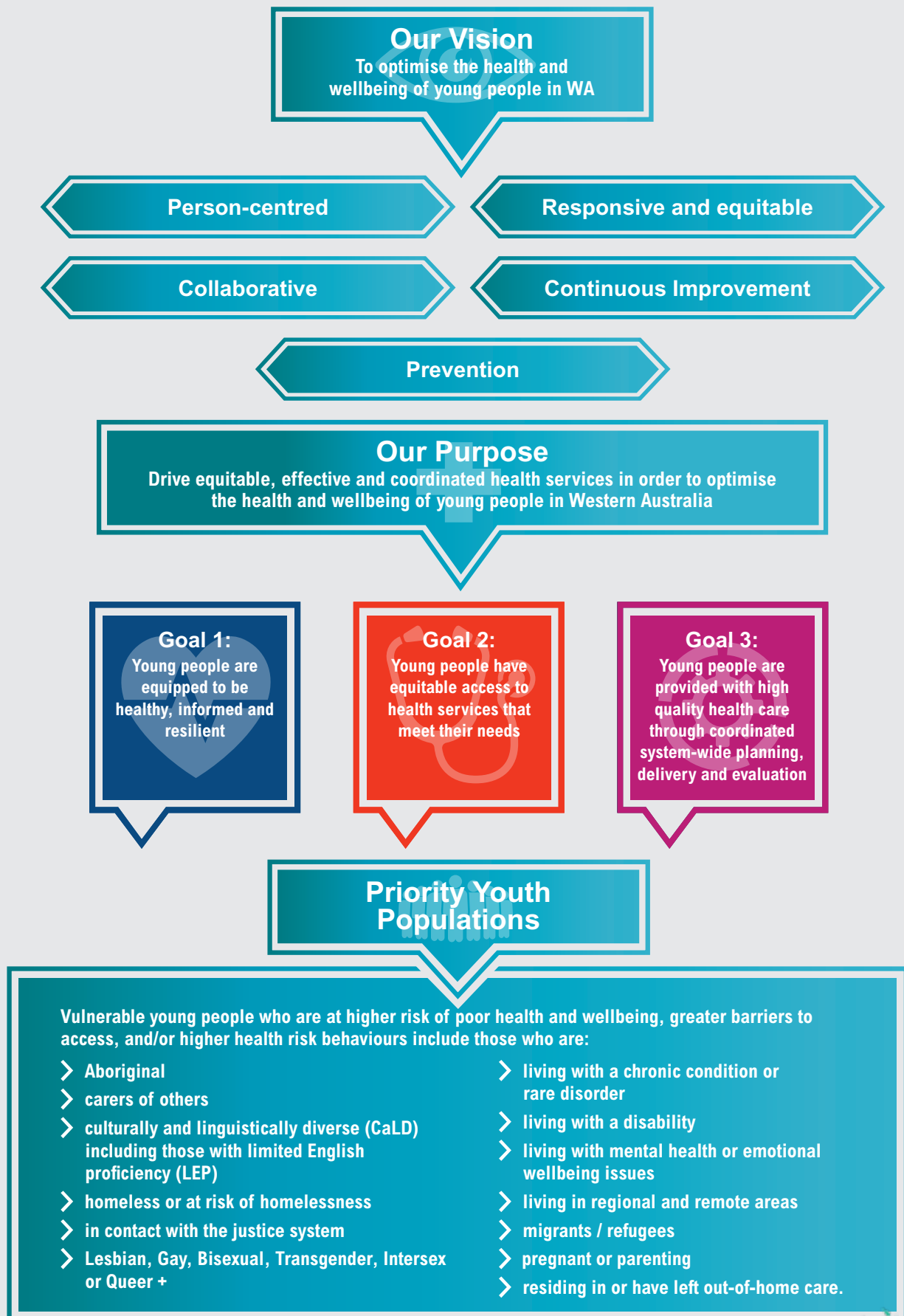
The Policy is to be used by the Department of Health as the System Manager to inform purchasing, modelling, performance and planning. The Department of Health as the System Manager will play a facilitation role in supporting health services to implement the Policy.

It is recommended that Health Service Providers and health services use the [Youth Friendly Health Service Checklist](#) to establish a clear plan to achieve the goals of the Policy.

For the greatest benefits to youth health and wellbeing it is recommended that the Policy is adopted as a multi-agency approach.

The Policy complements a range of policies, frameworks and strategies that address other aspects relevant to youth health in WA. Some of these are listed in [Appendix 1](#).

Policy snapshot



Guiding principles

The Policy aligns with the *Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health*² localising its strategic priorities to achieve improved health outcomes for young people in WA. The following principles are intended to guide the approach of key stakeholders when delivering health services to young people.

Person-centred

A participatory approach places young people at the centre of their own health and wellbeing.

Young people are supported to participate in the decisions that affect them. Young people are involved in a meaningful way in the planning, delivery and evaluation of youth health services.

Responsive and equitable

Equitable access to health services optimises the health and wellbeing of all young people.

Health services and strategies are responsive to the holistic health needs of all young people, recognising all forms of diversity across WA.

Collaborative

A shared commitment to youth health improves health outcomes of young people.

Action on improving youth health will be the collective responsibility of multiple government and non-government organisations, communities, young people and their support networks.

Continuous improvement

Continuous improvement processes achieve quality programs and services for young people.

Young people and their support networks, consumer advisory groups and other stakeholders are empowered to contribute to the ongoing development, implementation, evaluation and review of programs and services.

Prevention

The opportunity for significant health gains across the lifespan exists through early intervention.

Targeted prevention and early intervention strategies will aim to reduce adverse outcomes and risks to the health and wellbeing of young people.

The Policy

Vision

To optimise the health and wellbeing of young people in WA.

Purpose

The Policy aims to drive equitable, effective and coordinated health services that optimise the health and wellbeing of young people in WA.

Goals and priorities

The Policy focuses on the goals that the WA health system is able to influence directly. It is recognised that the development of partnerships and interagency collaboration are essential to achieving the best health outcomes for young people.

A commitment to focus on the fundamental determinants of youth health is required for young people to enjoy optimal health and wellbeing achieving the vision of [The Nest action agenda](#) where youth⁸:

- are loved and safe
- have material basics
- are healthy
- are learning
- are participating
- have a positive sense of culture and identity.

This is a joint responsibility of parents, carers and families, multiple Government departments, non-government organisations, agencies and communities.

Three goals have been developed to achieve the shared vision and strategic priorities of the [Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health](#)² with reference to the specific needs of young people in WA. Priorities for action are identified which outline what is required to achieve each goal.

Goals and priorities for youth health in WA

Goal 1:

Young people are equipped to be healthy, informed and resilient

Goal 2:

Young people have equitable access to health services that meet their needs

Goal 3:

Young people are provided with high quality health care through coordinated system-wide planning, delivery and evaluation

Priorities for action one

Young people are equipped with the knowledge, skills and behaviours to optimise their health and wellbeing

Young people have access to youth friendly health services

Young people are supported by a health system that is committed to continuous improvement in youth health and wellbeing

Priorities for action two

Young people are empowered to participate in decisions that affect their health and wellbeing

Young people are recognised as being diverse with distinct and specific health needs

Young people are supported by a workforce that is equipped with the knowledge, skills and understanding to improve youth health outcomes

Priorities for action three

Young people with complex and ongoing health and wellbeing needs are supported to optimise transition from paediatric to adult care



Goal 1: Young people are equipped to be healthy, informed and resilient

Priority 1.1: Young people are equipped with the knowledge, skills and behaviours to optimise their health and wellbeing

The WA health system is committed to supporting young people to build the foundation for a healthier future. To achieve this, young people require education, resources and support to improve their health literacy and build resilience.

Health literacy refers to an individual's capacity to obtain, process, and understand basic health information and services needed to⁹:

- ▶ navigate the health system (including filling out forms) and find information
- ▶ process the usefulness and meaning of information
- ▶ share information and communicate needs and preferences with health services
- ▶ engage in self-management when faced with an illness or disease
- ▶ understand the choices and make informed health decisions
- ▶ seek appropriate and timely care.

Low levels of health literacy are associated with¹⁰:

- ▶ poorer health outcomes including increased hospitalisation and emergency care
- ▶ reduced uptake of immunisation
- ▶ reduced ability to take medication as prescribed and interpret medication labels
- ▶ reduced ability to interpret health messages.

“ Help us to understand things. Walk through steps, explain things in different ways so that it is understood, check in to ensure we understand. ”

The responsibility for improving health literacy lies with multiple agencies including the WA health system and the Department of Education. Within the WA health system, health professionals, support staff and health services have the opportunity to ensure young people can navigate services and health information is available, accessible and understood.

Involvement of primary care providers, such as General Practitioners (GPs) and support staff, is essential to address this priority as they are generally the most commonly visited health professional by young people.¹ Regardless of the reason for the initial

School nurses and other health professionals who work closely with young people have an important role in supporting them to improve their health literacy.

presentation, GPs should take the opportunity to holistically explore and discuss the young person's health including mental health, sexual and reproductive health, drugs, and alcohol.¹¹ All consultations provide the opportunity for knowledge building, brief intervention and service linking.

To work toward achieving optimal health, young people have recommended health information is³:

- designed with young people
- simple, positive, and easy to understand
- practical
- easy to find, credible and up-to-date
- available in a range of formats (online, printed, flyers, brochures, short videos, apps)
- centrally located in a 'one stop shop' which includes a service directory and web chat options
- promoted through social media platforms, schools, and other youth service providers.

“ Use plain language. Health information delivered in a youth appropriate way. No doctor language or jargon. ”

This will support young people, when developmentally appropriate, to learn how to:

- form partnerships with health professionals
- access and navigate health services and health information
- make decisions to help them lead healthy lives
- take responsibility for their health care.

Adolescence is a time when exploratory behaviours become more normal. Such behaviours are an important learning process, however they have the potential to adversely affect health.¹²

Young people need resilience to improve their health and wellbeing. Resilience is the ability to cope or ‘bounce back’ after encountering negative events, difficult situations, challenges or adversity.¹³

Building resilience involves behaviours, thoughts and actions that can be learned, such as¹³:

- problem solving and decision making skills
- setting realistic goals and plans
- taking a positive self-view and having confidence in own strengths and abilities
- skills in stress management
- interpersonal skills that facilitate effective engagement with others.

The capacity to build resilience does not lie with the individual alone.¹³ Young people build resilience when they have supportive and trusting networks such as family, carers, friends and community. This is particularly important during periods of adversity.

Young people must be able to navigate their way to the psychological, physical and cultural resources that sustain their wellbeing.

“ Health messaging should use positive language and take a balanced approach, i.e. not just focusing on eliminating bad behaviours but also developing healthy behaviours. ”

Health services can directly support young people to build resilience and increase their health literacy by:

- implementing sustained, high quality and age appropriate education campaigns, designed with young people (distributed universally to preserve anonymity) which cover the key factors that impact on youth health including:

[Refer to Companion Resource](#)

- ▶ being sunsmart
 - ▶ body image and eating disorders
 - ▶ getting enough sleep
 - ▶ injury and poisoning
 - ▶ nutrition
 - ▶ optimising mental health
 - ▶ oral health
 - ▶ overweight and obesity
 - ▶ physical activity
 - ▶ sexual and reproductive health
 - ▶ smoking, drug and alcohol use
 - ▶ use of electronic and social media e.g. cyberbullying and sexting.
- implementing appropriate targeted prevention and early intervention strategies
 - providing clear and up-to-date health service information and links to other relevant youth friendly health services
 - involving young people in decisions about their health and wellbeing
 - including families and carers in discussions when appropriate
 - including school nurses and other primary care providers in discussions, when appropriate
 - providing health professionals and support staff with information and training on age and developmentally appropriate language and engagement techniques.

Priority 1.1 – Young people are equipped with the knowledge, skills and behaviours to optimise their health and wellbeing

No.	Outcomes required to achieve this priority
1.1.1	Campaigns regarding health promoting and harm minimising behaviours target young people, using accurate evidence-based messages
1.1.2	Health professionals routinely promote healthy lifestyles and behaviours, and use every consultation as an opportunity for brief intervention
1.1.3	Health professionals use a strengths-based approach to foster resilience and enhance protective factors for optimal mental health
1.1.4	Health professionals provide information to assist young people to recognise signs of mental health difficulties and how to access mental health support
1.1.5	Health professionals and support staff link young people to credible, culturally and developmentally appropriate health information and resources, via a range of media including electronic technologies
1.1.6	Young people are immunised against preventable illness



Priority 1.2: Young people are empowered to participate in decisions that affect their health and wellbeing

The WA health system is committed to building the capacity of young people to participate in actions and decisions about their own health and wellbeing.

This involves:

- taking a person-centred and strengths-based approach
- fostering self-management skills
- being responsive to the values, preferences and needs of young people
- developing respectful, trusting and collaborative partnerships between young people and health professionals
- recognising cultural determinants
- promotion of cultural identity
- engaging the young person in decision making, planning, goal setting and evaluation of their care.

“ *Listen to us and give us choices.* ”

To increase trust and participation, young people must know their rights in relation to accessing and using health services. This includes the concept of consent and information about privacy and the confidentiality of their health information in addition to its potential limits.

[Refer to Companion Resource](#)



Between infancy and adulthood, parent or carer influence and responsibility reduce in proportion with the young person's maturity, intellectual capacity, understanding of concepts and ability to make decisions.

[Refer to Companion Resource](#)

Self-management is a term that refers to an individual's capacity to be actively involved in their own care. It involves the young person:

- knowing about and taking responsibility for their own health and wellbeing status
- monitoring and managing symptoms of disease
- setting goals and sharing decision making about their health care with health professionals
- following agreed health care plans
- managing the impact of any health conditions on their physical, emotional and social life
- managing the impact of mental health issues and/or drug and alcohol use on health and wellbeing
- accessing health services for themselves without the assistance of their families or carers, where appropriate.

“ *Still need help from someone trustworthy but want to start doing things for ourselves.* ”

Health services can directly support young people to actively participate in their own health care by:

- taking a strengths-based approach which builds on the existing positive qualities, strengths, capabilities and resources of young people
- training health professionals, administrative and other support staff to assist young people to self-manage their health
- providing programs and services to facilitate self-management by young people
- developing strategies for care planning, negotiating the health system, risk reduction and behaviour change
- providing linkages to resources in the medical, disability and community sectors, as required
- providing opportunities for young people to mentor other young people
- involving a youth peer workforce in service delivery.

“ Offer a peer support/buddy system where you can talk with someone who has knowledge of the issue you are experiencing. ”



Priority Area 1.2: Young people are empowered to participate in decisions that affect their health and wellbeing

No.	Outcomes required to achieve this priority
1.2.1	Health professionals, administrative and other support staff prioritise the needs of young people in relation to their health and wellbeing and develop respectful, trusting and collaborative professional relationships
1.2.2	Health professionals, administrative and other support staff assist young people to actively participate in their health care in an age appropriate way, and with consideration of their capacity and maturity
1.2.3	Health professionals, administrative and other support staff clearly and routinely inform young people about the confidentiality of their health information and limitations to confidentiality, their rights and the need for consent in relation to their health care
1.2.4	Health services, health professionals, administrative and other support staff share information with young people on: obtaining a Medicare card, understanding bulk billing, accessing affordable health care, using private health insurance and the National Disability Insurance Scheme



Goal 2: Young people have equitable access to health services that meet their needs

Priority 2.1: Young people have access to youth friendly health services

The WA health system recognises that health services for young people should reflect their needs. To ensure health services are youth friendly, young people are to be engaged in decision making around:

- > service planning and design
- > service delivery and evaluation
- > quality improvement and patient safety.

The approaches used to engage young people in decision making should be youth friendly.

 For tips on how to do this see resources on page 32

Young carers often support someone using an adult health service; this should be recognised in the planning, delivery and evaluation of adult health services to support their capacity to provide care.



The Young People's Experiences with Health Services: Final Report identified key barriers to accessing health services experienced by young people which include¹:

- > embarrassment / not wanting others to find out
- > cost
- > uncertainty over access
- > confidentiality or privacy concerns.

Young people reported stigma as a major barrier to accessing health services particularly in relation to sexual health, gender diversity, illicit drug use and mental health issues.³

Aspects of service provision which were most influential on a young person's overall experience were¹:

- > being treated with respect
- > feeling comfortable
- > feeling the service wants to help
- > receiving enough information
- > the service being a welcoming place.

 *Confidentiality is an issue because most young people do not know their rights. Needs to be addressed with more accessible youth focused information available in a range of formats.* 

Young people identified the following characteristics of a youth friendly health service¹:

- > free or low cost
- > offer flexible hours of operation, including after hours
- > offer longer consultations if required
- > unbooked appointments are available
- > allow unaccompanied visits
- > are easily reached by young people (close to public transport, areas frequented by young people, mobile or accessible online or via phone)
- > access to Wi-Fi.

Other suggested characteristics include:

- > young people have a choice of health professional gender
- > closely linked to other youth friendly services that provide affordable care
- > telehealth/telemedicine services are available
- > offer access to gender neutral facilities (for example, bathrooms, changing rooms and parent rooms where applicable to the service)
- > use plain, easy-to-understand language
- > services ensure physical accessibility and an inclusive and welcoming environment.

Digital technologies should be utilised to minimise barriers to accessing quality health information and services, particularly for those living in rural and remote areas or isolated communities. Young people have suggested this can be achieved through³:

- > easily accessible online health education resources in a variety of formats
- > reliable service directories and links
- > online booking systems
- > SMS booking confirmation and reminders
- > telehealth/telemedicine consultations where appropriate
- > investment in access to digital technologies
- > use of app-based technologies.

Health services can directly support young people to better access health services by implementing the following seven principles from the New South Wales Centre for the Advancement of Adolescent Health¹⁴ which support the findings of the WA report *Young People's Experiences with Health Services: Final Report*.¹

1. Access facilitation – ensuring services are accessible and responsive to the needs of all young people.
2. Evidenced-based approach – services are developed based on reliable assessment of need, in accordance with evidence of best practice, and effectiveness.
3. Youth participation – young people should be actively involved at each stage of youth service planning and evaluation in a manner which fosters ownership and reflects the diversity of young people.
4. Collaborations and partnerships – service providers should work together to improve resources, enhance holistic service delivery, and reach common goals.
5. Professional development – all staff working at a service young people access should receive appropriate training.
6. Sustainability – a commitment of resources is required to ensure sustainability of programs. Potential partnerships and collaboration opportunities should be explored.
7. Evaluation – services should be evaluated against their goals, objectives and indicators to ensure their continued relevance, effectiveness and viability.

Priority Area 2.1: Young people have access to youth friendly health services

No.	Outcomes required to achieve this priority
2.1.1	Young people are meaningfully involved in the co-planning, design and evaluation of youth health services, programs and facilities
2.1.2	Health service planners recognise the needs of young people in service design and planning
2.1.3	Digital technologies are utilised when engaging with young people
2.1.4	Health services are promoted using youth friendly communication campaigns developed collaboratively with young people
2.1.5	Confidentiality and privacy rights of young people are widely promoted and marketed
2.1.6	Health professionals and support staff undertake professional development to acquire the skills needed to engage effectively with young people
2.1.7	Health services work collaboratively with other organisations to improve care coordination and enable better access to the services young people need



Priority 2.2: Young people are recognised as being diverse with distinct and specific health needs

The WA health system recognises young people are diverse with unique health needs. Given the developmental changes which occur during transition from childhood to adulthood, young people are vulnerable to specific health issues.⁵ These include:



- mental health disorders
- suicide
- injuries
- unplanned pregnancy
- misuse of drugs and alcohol
- sexually transmitted infections
- body image and nutrition issues.

While these health issues are experienced by the broader youth population *Our future: a Lancet commission on adolescent health and wellbeing*¹⁵ highlights the marked differences in youth health as a consequence of determinants such as poverty, gender, and social marginalisation¹⁶. Several priority youth populations in WA live with poorer health and wellbeing outcomes, greater barriers to access, and/or higher health risk behaviours. They include vulnerable young people who are:

- Aboriginal
- carers of others
- culturally and linguistically diverse (CaLD) including those with limited English proficiency (LEP)
- homeless or at risk of homelessness
- in contact with the justice system
- Lesbian, Gay, Bisexual, Transgender, Intersex or Queer +
- living with a chronic condition or rare disorder
- living with a disability
- living with mental health or emotional wellbeing issues
- living in regional and remote areas
- migrants / refugees
- pregnant or parenting
- residing in or have left out-of-home care.



 [Refer to Companion Resource](#)

The *Young People's Experiences with Health Services: Final Report*¹ highlights that while most young people in WA have good experiences with health services overall, those from vulnerable or disadvantaged groups tend to have less positive overall experiences. Young people identifying with minority or marginalised populations may also experience discrimination which can lead to further disengagement and reduced health outcomes.¹⁶

 *They need to understand that sometimes we are having a bad day or have a sick child. The last thing we need is to deal with health care workers or receptionists who don't have patience or understanding. Allow us time to talk and explain before cutting us off and be understanding of our situations.* 

For these groups, access to health care is complicated by psychosocial factors which include¹⁶:

- inadequate access to financial support
- lack of or disengagement from education or employment
- lack of safe or adequate housing
- mistrust of health services
- stigma related to mental health issues
- language barriers.

 *Can be difficult to find safe health professionals which prevents access to services and causes more isolation.* 

Health services can directly support young people with diverse and distinct health needs by:

- involving young people from priority youth populations in the planning, design and implementation of services relevant to their needs
- developing services around the holistic model of health and wellbeing
- providing flexibility in the time and location of health service delivery
- developing, implementing and displaying cultural respect and inclusion policies
- supporting trans young people who access gender diversity services and require ongoing support to transition from paediatric to adult care
- recognising and including kinship groups and extended families as part of a young person's health needs
- encouraging continued contact with support networks for social and emotional wellbeing
- consistently offering language services, interpreters, printed materials and visual education tools for people who have limited English proficiency or low literacy levels and others who need them
- providing trauma-informed care and practice
- providing access to age and developmentally appropriate services and facilities for young people, including emergency and inpatient mental health care
- expanding specialist youth and community based services to support young people with mental health issues
- providing collaborative case management between local, state and government agencies when a young person requires multi agency support, with the young person at the centre
- providing continuity of care for young people in contact with the justice system
- improving research, population surveys and collecting accurate, contemporary and localised data on the physical and mental health of all young people in WA, including priority youth populations.

Health services can help young people feel confident to attend a service by:

- *signalling that the service is a safe service for them. For example displaying the following:*



- *displaying and advertising inclusivity policies as flyers or posters*
- *using age and developmentally appropriate language*
- *including disability access information on websites.*

Source: Ministerial Youth Advisory Council



Priority Area 2.2: Young people are recognised as being diverse with distinct and specific health needs

No.	Outcomes required to achieve this priority
2.2.1	Data is collected to determine and prioritise the diverse health needs of young people
2.2.2	Youth participation and data informs service planning and delivery to ensure valuable and effective services for priority youth populations
2.2.3	Health services are accessible and culturally safe places for Aboriginal young people, recognising the importance of culture and connection to country, spirituality, family and community ¹⁷
2.2.4	Health services are accessible and culturally safe for young people from culturally and linguistically diverse backgrounds including those with limited English proficiency
2.2.5	Health professionals undertake comprehensive adolescent health assessments in young people who: <ul style="list-style-type: none">▶ enter the youth justice system▶ are in out-of-home care.
2.2.6	Outreach services provide comprehensive adolescent health assessments for young people who are homeless or at risk of homelessness
2.2.7	At risk young parents and their infants receive comprehensive postnatal support



Priority 2.3: Young people with complex and ongoing health and wellbeing needs are supported to optimise transition from paediatric to adult care

The WA health system recognises the importance of transition, as indicated by the inclusion of ‘transition’ as a priority area in the most recent *WA Health Clinical Services Framework (2014–2024)*.¹⁸

The term, ‘transition’ is used to describe the process of planning, preparing and moving from a paediatric health care service to an adult health care service.¹⁹ There is increasing evidence that over this period young people are particularly at risk of²⁰:

- suboptimal medical follow up
- reduced treatment adherence
- increased service costs resulting in poorer health outcomes.

“ (There is a need for) information and support around transition. Can be socially isolating, especially with a disability that isn’t well understood. ”

Communication processes and tools are central to supporting person-centred care for the young person as they transition to adult services. Key styles of communication that will build a young person’s confidence to self-manage their health include²¹:

- openness
- transparency
- collaboration and a willingness to work together.

Transition is a process and should encompass a holistic and collaborative approach that is supported by both adult and paediatric services.

The principles for successful transition and transfer have been outlined in the *Paediatric Chronic Diseases Transition Framework (2009)*.²⁰ These principles include:

- **Planned and coordinated care** – Planning should begin in early adolescence. It should involve coordination between health services throughout and should be clear to the young person, their families, carers and health professionals. The process, responsibilities and steps involved should be clearly defined.
- **Readiness for transition** – This will occur at different times and pace for all young people. Young people need to be equipped with appropriate and adequate knowledge to self-manage their condition, allowing them to flourish in adult life.
- **Ownership of transition by the young adult when possible** – A young person needs preparation and support to take ownership and responsibility for their health condition and care requirements to progress safely to autonomy.
- **Shared responsibility by all involved in the transition** – Partnerships between paediatric and adult specialist health services, primary health carers, school and community health care professionals, patients and their families or carer are needed to ensure a collaborative and consistent approach to transition. GPs and other primary health professionals need to be consistently included in the planning and implementation of transition plans.
- **Accessibility and availability of appropriate services** – Youth friendly services are required in all health settings. Specialist liaison and intervention services need to be identified and strengthened for vulnerable youth populations.

Health services can directly support young people to transition from paediatric to adult care by:

- implementing the strategies laid out in the *Paediatric Chronic Diseases Transition Framework (2009)*²⁰
- recognising that transition is a continuous process
- clearly identifying who is/are responsible for transition coordination responsibilities
- developing and implementing individual transition plans that:
 - ▶ consider developmental needs and vulnerabilities
 - ▶ encompass a holistic and collaborative approach
 - ▶ are developed in partnership with the young person, their family or carer
 - ▶ are available to and understood by the young person, their family or carer and all relevant health professionals and services
 - ▶ provide opportunity for regular feedback from the young person, their family or carer which informs updates to the plan
- evaluating transition programs to inform service planning
- establishing a state-wide transition coordination network for coordinators to collaborate and share learnings.

Priority Area 2.3: Young people with complex and ongoing health and wellbeing needs are supported to optimise transition from paediatric to adult care

No.	Outcomes required to achieve this priority
2.3.1	Health Service Providers develop an agreed systematic and formal transition process for all young people living with complex and ongoing health and wellbeing needs, starting in early adolescence
2.3.2	Agreed standardisation of transition ages across health services
2.3.3	Health services working with young people living with complex and ongoing health and wellbeing needs commit to the development and implementation of transition programs
2.3.4	Health Service Providers assign transition coordination responsibilities to a position based in a paediatric and an adult health service
2.3.5	All young people and their families or carer are aware of the assigned health professional responsible for supporting their transition
2.3.6	A transition readiness checklist is completed at regular intervals from early adolescence
2.3.7	Health services provide resources covering transition and associated services available to young people and their families or carer
2.3.8	Health Service Providers monitor and evaluate transition processes to inform future planning, policy and services
2.3.9	Young people living with complex and ongoing health and wellbeing needs are supported to develop skills to manage their health as early as possible to aid transition



Goal 3: Young people are provided with high quality health care through coordinated system-wide planning, delivery and evaluation

Priority 3.1: Young people are supported by a health system that is committed to continuous improvement in youth health and wellbeing

The WA health system recognises that the health and wellbeing of young people can be maximised through:

- delivery of youth friendly health services
- investing in evidence based practice
- clear monitoring and evaluation at program and system level.

Research and evaluation add rigour and accountability to service planning and ensure continual improvement of services. Co-design and co-production approaches have the capacity to drive change that will lead to improved outcomes for young people and their families.²² Participation by young people, their families and carers can be achieved through:

- Youth advisory committees or representation within a consumer advisory group
- patient reported experience measures (PREMS)²³
- patient reported outcome measures (PROMS)²⁴
- [Patient Opinion Australia](#)
- inclusive engagement techniques which extend to priority population groups and are age appropriate.

“*Designed for youth (youth pattern and design) – not written by a 50 year old for a 50 year old.*”

Consideration should also be given to investing in research and monitoring of young people's health. Sharing of data between agencies will allow a greater understanding of the complexities of young people's health and the health system requirements to address their unique needs. Ensuring health services have patient reporting systems that capture necessary information and allow for patient data to be linked will also assist with providing a holistic view of youth health across services and agencies.

An identified Youth Health Advocate within an organisation can positively influence the health and wellbeing of the young people it provides services for. A Youth Health Advocate should:

- champion support for the provision of youth friendly services
- increase staff knowledge of youth health competencies
- support development of appropriate policies and processes
- act as a liaison between youth representatives, service planners and health executives
- inform and conduct monitoring and evaluation.

Health services can directly support young people to improve their health and wellbeing by:

- ensuring monitoring and evaluation is carried out from all aspects of care (system planning, service delivery and patient experience)
- providing opportunities for young people to give feedback and taking appropriate action in response
- investing in research and monitoring of young people's health to identify emerging trends and changing needs, including the identification of priority youth populations
- allocating the role of a youth health advocate to identify, advise on and champion support for the needs of young people
- sharing accurate, contemporary and localised data on the health and wellbeing of young people between agencies such as housing, health, justice and child protection for service planning.

Priority Area 3.1: Young people are supported by health systems that are committed to continuous improvement in youth health and wellbeing

No.	Outcomes required to achieve this priority
3.1.1	Young people participate in planning, development, delivery and evaluation of youth specific services, resources and campaigns
3.1.2	Priority youth populations are identified and considered in service and program development, evaluation and improvement
3.1.3	Data collection, sharing and analysis informs improvements in service delivery
3.1.4	Young people and their family and carers are provided opportunities to give feedback
3.1.5	A youth health advocate is identified within each organisation

Priority 3.2: Young people are supported by a workforce that is equipped with the knowledge, skills and understanding to improve health outcomes

The WA health system recognises the importance of embedding training of health professionals and support staff as part of the comprehensive approach to providing youth friendly and accessible health services. Young people have highlighted the need to be³:

- respected
- provided with an opportunity to have honest conversations about their health and wellbeing
- listened to and given the opportunity and time to ask questions
- have their rights regarding privacy acknowledged and acted upon
- supported to build independence.

“ *It takes a leap of faith to go and see a health professional e.g. stigma of mental health, worried about getting judged.* ”

“ *People who care stand out from the rest and make such a difference.* ”

To optimise the health and wellbeing of young people, the requirement of an appropriately skilled workforce needs to be recognised in workforce planning. Training of health professionals in youth health competencies should begin in the tertiary education setting, and continue with ongoing training opportunities in the workplace. Health professionals should undertake professional development for delivering care to young people.

Building and involving a youth peer workforce can²⁵:

- support recovery of a person's whole self
- provide opportunities to foster hope and optimism
- inspire empowerment and self-determination through shared experiences.

It is recognised that more Aboriginal people working in the health system are required to help address the significant health issues faced by Aboriginal people. Having a competent health workforce with appropriate skills to address the health needs of young Aboriginal people is important.¹⁷

Health services can directly support young people to engage more effectively with health professionals, improving accessibility to health services and information by providing comprehensive workforce education and training programs which include:

- a holistic health and wellbeing approach
- an understanding and appreciation of young people's developmental needs
- an understanding of appropriate referral and navigation pathways for young people
- normative adolescent exploratory behaviours
- recognition of diverse needs
- cultural competencies
- respectful and empathic engagement techniques
- use of age and developmentally appropriate language
- confidentiality and consent requirements
- management of sensitive and difficult issues.

Support staff working with young people must be provided with the tools and practical guidance to engage with young people to meet their needs and work effectively.

“ *Build relationships. Have an interest/ knowledge of other things going on in a young person's life. Take a holistic approach.* ”

Priority Area 3.2: Young people are supported by a workforce that is equipped with the knowledge, skills and understanding to improve health outcomes

No.	Outcomes required to achieve this priority
3.2.1	Sustainable systems for the education, training, mentoring and supervision of all health professionals working with young people are implemented to achieve an understanding of youth health competencies
3.2.2	Support staff are provided with professional development to enhance their knowledge, and skills of working with young people
3.2.3	Young people and their family or carer participate in the design and delivery of workforce training and development
3.2.4	Increase utilisation and number of Aboriginal health professionals and support staff working with young people as per the WA Health Aboriginal Workforce Strategy ²⁶



Monitoring progress in WA

The Policy aims to drive equitable, effective and coordinated health services that optimise the health and wellbeing of young people in WA. Goals, priorities and outcomes have been identified throughout the Policy to achieve this aim.

It is imperative that all organisations delivering services to young people consider the outcomes listed within the Policy and implement strategies to achieve these within the context of their individual organisation.

To assist the WA health system with assessing progress in achieving optimal health and wellbeing for young people the following requirements, responsibilities and timeframes have been established to direct immediate action with the broader outcomes being worked toward over the next five years.

Youth Friendly Health Service Checklist						
No.	Requirements	Policy link	Responsibility	Achieved	By when	Supporting Resources
1	Identify the youth health advocate within your organisation who has responsibility and accountability for overseeing and evaluating youth friendly health services.	Priority 3.1	Health Service Providers Health Services	<input type="checkbox"/>	October 2018	NSW Health - Youth health advisory groups and networks
2	Develop a youth friendly health service plan which:	Priority 3.1	Health Service Providers Health Services			This plan may form part of a service's overarching strategic plan
	<ul style="list-style-type: none"> defines and articulates the aims and objectives of youth health service delivery 			<input type="checkbox"/>	December 2018	
	<ul style="list-style-type: none"> outlines priorities and key strategies to optimise youth health and wellbeing 			<input type="checkbox"/>	December 2018	WA's Young People Have a Say Community Conversation Report Young People's Experiences with Health Services: Final Report
	<ul style="list-style-type: none"> measures the value of services to young people using evaluation to inform service improvements. 			<input type="checkbox"/>	April 2019	Patient Opinion Australia Patient-reported outcome measures: Literature review ACI PRMs Program

Youth Friendly Health Service Checklist

No.	Requirements	Policy link	Responsibility	Achieved	By when	Supporting Resources
3	<p>Young people are active co-creators in the design, delivery and review of services, policies and programs that affect them.</p> <p>This may be achieved through development of or engagement with a youth advisory committee, or representation from a consumer advisory group.</p>	<p>Priority 2.1</p> <p>Priority 2.2</p> <p>Priority 3.1</p>	<p>Health Service Providers</p> <hr/> <p>Health Services</p>	<input type="checkbox"/>	<p>December 2018</p>	<p>You Matter, A guideline to support engagement with consumers, carers, communities and clinicians in health</p> <p>Young People's Experiences with Health Services: Final Report</p> <p>Advocacy and advisory group examples:</p> <p>The Youth Affairs Council of WA</p> <p>Youth Disability Advocacy Network</p> <p>Telethon Kids Institute Youth Advisory Group</p> <p>WA Minister for Youth – Ministerial Youth Advisory Council</p> <p>Child and Adolescent Health Service Youth Advisory Council</p> <p>Orygen – The National Centre of Excellence in Youth Mental Health</p> <p>Building a youth peer workforce:</p> <p>Orygen – Youth peer work toolkit</p> <p>headspace Youth Peer Support Worker roles</p> <p>Freedom Centre – a peer-run drop in centre</p> <p>For tips on how to engage with young people:</p> <p>Commissioner for Children and Young People – Involving children and young people: participation guidelines</p> <p>Commissioner for Children and Young People – Engaging with Aboriginal children and young people toolkit</p> <p>Department of Communities – Youth participation kit – for young people</p> <p>Department of Communities – Youth participation kit – for organisations</p> <p>Western Australian Association for Mental Health – The Design Station, A Guide to Collaborative Design Processes</p> <p>Orygen – Youth partnerships in research toolkit and Principles of youth participation video</p>

Youth Friendly Health Service Checklist

No.	Requirements	Policy link	Responsibility	Achieved	By when	Supporting Resources
4	Policies relating to confidentiality, privacy, mature minor status and consent are easily accessible to young people.	Priority 1.2 Priority 2.1	Health Service Providers <hr/> Health Services	<input type="checkbox"/>	December 2018	The Child and Adolescent Health Service – Working with Youth, a legal resource for community based health workers RACP – A Training Resource in Adolescent Health – Topic 2: Ethical and Legal Issues Raising Children Network – Teenage health care: your child’s rights and responsibilities
5	Demonstrate increased numbers of staff who have undertaken youth health training.	Priority 1.1 Priority 1.2 Priority 2.1 Priority 3.2	Health Service Providers <hr/> Health Services	<input type="checkbox"/>	April 2019	RACP – Adolescent and Young Adult Medicine online resources RACP – Professional Development Resources in Adolescent and Young Adult Health AMA (WA) Youth Friendly Doctor Training Western Australian Clinical Training Network – Simulation scenario demonstrating an adolescent psychiatric risk assessment Western Australian Clinical Training Network – Simulation scenario demonstrating an adolescent HEADSS assessment NSW Health – Youth Health and Wellbeing Training The Department of Health – Training frontline workers: young people, alcohol & drugs, Module 4 working with young people Youth Affairs Council of WA-Training and professional development opportunities Freedom Centre Training

Youth Friendly Health Service Checklist

No.	Requirements	Policy link	Responsibility	Achieved	By when	Supporting Resources
6	<p>Support optimal transition of young people with mental health and chronic physical conditions from paediatric to adult care:</p> <ul style="list-style-type: none"> Identify who is/ are responsible for transition coordination responsibilities develop and implement individual transition plans that: <ul style="list-style-type: none"> consider developmental needs and vulnerabilities encompass a holistic and collaborative approach are developed in partnership with the young person, their family or carer are available to and understood by the young person, their family or carer and all relevant health professionals and services provide opportunity for regular feedback from the young person, their family or carer which informs updates to the plan. 	Priority 2.3	Health Service Providers	<input type="checkbox"/>	December 2018	<p>WA Child and Youth Health Network – Paediatric Chronic Diseases Transition Framework</p> <p>Agency for Clinical Innovation – Key Principles for Transition of Young People from Paediatric to Adult Health Care</p>



Future for youth health in WA

The Policy focuses on the goals the WA health system is able to influence directly. For young people to achieve optimal health and wellbeing, a multiagency commitment to focus on the fundamental determinants of youth health is essential where youth⁸:

- are loved and safe
- have material basics
- are healthy
- are learning
- are participating
- have a positive sense of culture and identity.

[Refer to Companion Resource](#)

Through advocacy and partnerships across sectors and all levels of government the Department of Health as the System Manager aims to:

- positively influence the determinants of health and wellbeing for young people in WA
- deliver integrated and coordinated care for young people in WA.

Multiple Government departments, non-government organisations and agencies are collectively accountable for the provision of services that meet the needs of young people including healthy and safe homes, communities and environments. Partnerships and interagency collaboration must be optimised to improve the health outcomes of young people, particularly priority youth populations.

[Refer to Companion Resource](#)

To achieve multiagency collaboration and accountability, a biannual symposium, with independent oversight, attended by senior representatives from key Government departments and non-government organisations involved with young people is recommended. Steps to achieve the following outcomes are to be discussed:

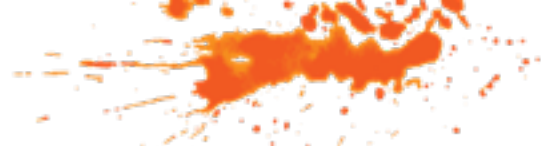
- strategies for addressing the determinants of youth health
- progress in achieving the recommended outcomes of the Youth Health Policy
- strategies to increase the number of young people completing Y10⁶
- strategies to reduce the number of young people:
 - ▶ in out-of-home care
 - ▶ involved in road traffic accidents
 - ▶ in contact with the justice system
 - ▶ who are abused
 - ▶ who are homeless
 - ▶ who are obese or overweight
 - ▶ who die by suicide
 - ▶ with mental health issues
 - ▶ with teenage pregnancies.

Future Vision

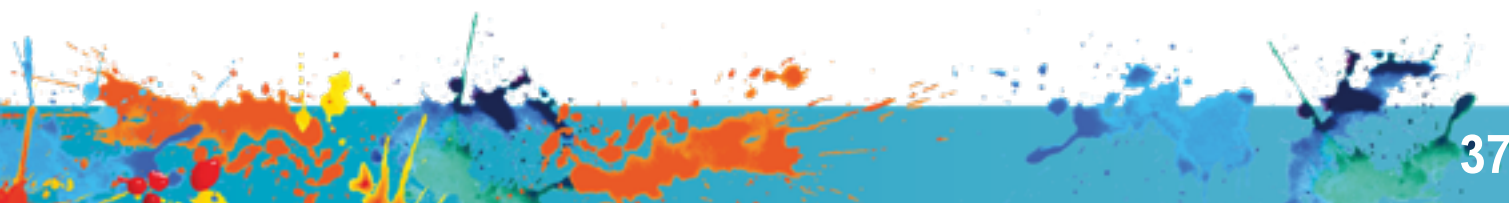
Development of a WA Strategic Plan for young people involving high level cross government collaboration to ensure young people in WA have optimal health and wellbeing.

Glossary of terms

Acronym/term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Access	Within the Policy, access refers to physical environment and attitudinal accessibility. When reviewing accessibility, consideration needs to be given to how well a person can be engaged to participate.
Carer	Carers are people who provide ongoing unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged. ²⁷ A carer may also refer to a person who provides care for a child residing in out-of-home care. Carers can be of any age.
Comprehensive adolescent health assessments	Assessment of physical, sexual and mental health, including a HEADSS assessment, hearing and vision screening, examination by a dentist, psychometric testing, speech and language assessment and trauma screening.
Comprehensive postnatal support	Evidence-based policies, programs and resources to support young parents which include ²⁸ : <ul style="list-style-type: none"> ➤ multidisciplinary antenatal clinics and physical and psychological support ➤ sustained and non-judgemental postnatal support: centre based and home visits ➤ coordinated advice about housing, health, income support, education, training and employment ➤ access to schools with flexible curricula, timetabling and help with childcare ➤ quality sex and relationships education ➤ access to playgroups or young parent's group.²⁹
Cyberbullying	Covert bullying used primarily by young people to harm others using technology such as: social networking sites, other chat-rooms, mobile phones, websites and web-cameras. ³⁰
Department of Health as System Manager	The <i>Health Services Act 2016</i> establishes the Department of Health, led by the Director General, as the System Manager responsible for the overall management and strategic direction of the WA health system, ensuring the delivery of high quality, safe and timely health services. ³¹
Disability	Disability is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment. ³²
Exploratory behaviour	Behaviour reflective of a period associated with exploration, experimentation and potential health risk (e.g. smoking, drug and alcohol use).



Acronym/term	Definition
HEADSS Assessment	HEADSS is the mnemonic for Home, Education and Employment, (Eating and exercise), Activities and peers, Drugs, Sexuality, Suicide and depression, Safety, Spirituality. ³³
Health and Wellbeing	A state of physical, emotional, social and cultural wellbeing. Young people in WA define being healthy in holistic terms, encompassing mental, emotional and social dimensions. ¹
Health literacy	How people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. ¹⁰
Health professionals, administrative and other support staff	Health professionals are those employed to provide services for the purpose of maintaining, improving, restoring or managing the health and wellbeing of an individual. This includes medical practitioners, nurses, social workers, psychologists, psychiatrists, all other allied health workers and Aboriginal Health Workers. In the Policy, administrative and other support staff refers to those who may interact with young people through their role, for example, medical reception and clerical staff.
Health services	A service for maintaining, improving, restoring or managing people's physical and mental health and wellbeing. It may include ⁷ : (a) a health service that is provided to a person at a hospital or any other place; (b) a service dealing with public health, including a programme or activity for: a. the prevention and control of disease or sickness; or b. the prevention of injury; or c. the protection and promotion of health; (c) a support service for a health service; (d) the provision of goods for a health service.
Health Service Provider	Established under section 32 of the <i>Health Services Act 2016</i> and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service CAHS (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), Quadriplegic Centre and Health Support Services (HSS). ⁷
Homelessness	Homelessness includes people who are sleeping rough, as well as people staying in temporary, unstable or substandard accommodation. ³⁴
Lesbian, Gay, Bisexual, Trans, Intersex or Queer +	Lesbian, Gay, Bisexual, Trans, Intersex, Queer and questioning or otherwise diverse in their sexuality or gender. It is recognised that many people and communities have additional ways of describing their distinct histories, experiences, and needs beyond the six letters in LGBTIQ. ³⁵
RACP	The Royal Australasian College of Physicians.
System Manager	The term used for the Department CEO to reflect this role as being responsible for the overall management of the WA health system (see section 19 <i>Health Services Act 2016</i>). ⁷



Acronym/term	Definition
Support network	Individuals identified by a young person as significant in their daily life. This may include friends, teachers, coaches, religious or spiritual leaders, community or cultural leaders.
Trans	"Trans individuals describe their gender in different ways. We use the word trans to be open to people who describe themselves as transgender or transsexual or as having a transgender or transsexual experience or history. Trans people generally experience or identify their gender as not matching their sex assigned at birth. This includes people who identify as transgender, non-binary, agender, genderqueer and more." ³⁶
Transition	Transition is used to describe the process of planning, preparing and moving from a paediatric health care service to an adult health care service.
Trauma-informed care and practice	Trauma Informed Care and Practice (TICP) is an approach which recognises and acknowledges trauma and its prevalence, alongside awareness and sensitivity to its dynamics, in all aspects of service delivery. ³⁷
Vulnerable	Those who are physically or psychologically disadvantaged. Refers to the situation of individuals, households or communities who are exposed to potential adversity from one or more risks. Some underlying causes of vulnerability include ³⁸ : <ul style="list-style-type: none"> ➤ barriers to participation ➤ disadvantage ➤ discrimination ➤ inadequate access to resources and livelihoods ➤ inequality ➤ poor governance ➤ social exclusion.
WA health system	The WA health system is comprised of the Department, Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, Quadriplegic Centre and Health Support Services) and to the extent that contracted health entities provide health services to the State, the contracted health entities. ⁷
WHO	World Health Organisation.
Youth peer workforce	A peer worker is defined as someone who is engaged to utilise their lived experience to inform their work. ³⁹ In this context they would also be a person of similar age to their peer. A youth peer workforce may provide social, emotional and practical support. ⁴⁰ <p>Peer support workers²⁵:</p> <ul style="list-style-type: none"> ➤ may use personal stories, struggles and successes to support others ➤ try to minimise imbalances of power which can provide the opportunity for mutual learning and growth ➤ aim to inspire hope, support recovery and frame experiences in a positive light.
Youth priority populations	Young people who are reported as having reduced health and wellbeing outcomes, increased barriers to access or increased health risk behaviours.

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Appendices

Appendix 1: Complementary policies, frameworks and strategies

The Policy complements a range of policies, frameworks and strategies that address other aspects relevant to youth health in WA. These include:

Overarching

WA Health Strategic Intent 2015–2020.

This document outlines WA's strategic priorities to deliver a safe, high quality, sustainable health system for all Western Australians.

http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/About%20WA%20Health/wa_health_strategic_intent14052015.pdf

Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health 2015.

This framework identifies the key strategic priorities for child and youth health in Australia from 2015-2025. The WA Youth Health Policy 2018-2023 demonstrates the WA health system's commitment to achieving these strategic priorities at a local level.

<http://www.coaghealthcouncil.gov.au/Portals/0/Healthy%20Safe%20and%20Thriving%20-%20National%20Strategic%20Framework%20for%20Child%20and%20Youth%20Health.pdf>

Aboriginal Health

WA Aboriginal Health and Wellbeing Framework 2015-2030.

This framework identifies key guiding principles, strategic directions and priority areas for 2015-2030, to improve the health and wellbeing of Aboriginal people in Western Australia.

http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.pdf

Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015 – 2030. This guide is a companion document to inform the application and use of the *WA Aboriginal Health and Wellbeing Framework 2015-2030*.

<http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/13283-implementation-guide-final.pdf>

Cultural Respect Framework 2016 – 2026 for Aboriginal and Torres Strait Islander Health. This framework aims to support the corporate health governance, organisational management and delivery of the Australian health system to further embed safe, accessible and culturally responsive services.

http://www.coaghealthcouncil.gov.au/Portals/0/National%20Cultural%20Respect%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%202016_2026_2.pdf

WA Health Aboriginal Workforce Strategy 2014 – 2024.

This strategy aims to develop a strong, skilled and growing Aboriginal health workforce across WA Health including clinical, non-clinical and leadership roles.

http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/workforce_strategy.pdf

Carers

Carers Recognition Act.

<https://www.carerswa.asn.au/resources/CRA-2004.pdf>

This Act and Charter recognise the role of carers, and provide mechanisms for their involvement in the development and provision of services that impact on them and the people they care for.

WA Carers Strategy 2016. This strategy builds on the foundations laid by the *Carers Recognition Act 2004* and other supportive legislation and policies. It outlines outcomes to support Western Australian carers.

<https://www.dlgs.wa.gov.au/Publications/Documents/WA-Carers-Strategy.pdf>

Child Protection and Family Support

Department for Child Protection and Family Support, At Risk Youth Strategy 2015-2018.

This strategy guides the Department's ongoing role in planning and delivering services that support and encourage young people to reach their potential and promote safety in the community.

<https://www.dcp.wa.gov.au/Organisation/Documents/At%20Risk%20Youth%20Strategy%202015-2018.pdf>

Building Safe and Strong Families, Earlier Intervention and Family Support Strategy 2016. This strategy provides a framework for the alignment of the service system to meet the current needs of families most vulnerable to their children entering out-of-home care. Importantly it builds on the strategies and services that have been effective in meeting the needs of vulnerable families and sets out a plan to re-align those that need to be more targeted and effective.

<https://www.dcp.wa.gov.au/ChildrenInCare/Documents/Building%20Safe%20and%20Strong%20Families%20-%20Earlier%20Intervention%20and%20Family%20Support%20Strategy.pdf>

Disability

WA Disability Health Framework 2015-2025

Improving the health care of people with disability. This framework and toolkit provides direction to WA Health and its partners on policy development and service delivery to achieve improved health outcomes for people with disability.

http://ww2.health.wa.gov.au/Articles/A_E/Disability-Health-Network

Health Promotion

Western Australian Health Promotion Strategic Framework 2017-2021. This framework is a five year plan to reduce preventable chronic disease and injury in WA communities.

<http://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/HPSF/WA-Health-Promotion-Strategic-Framework-2017-2021.pdf>

Mental health, suicide prevention and alcohol and other drugs:

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. This plan outlines the optimal mix and level of mental health, alcohol and other drug services required to meet the needs of Western Australians from 2015-2025. It is the Mental Health Commission's key planning tool for the mental health, alcohol and other drug sector.

www.mentalhealth.wa.gov.au/ThePlan.aspx

Suicide Prevention 2020, Together We Can Save Lives. This document provides a strategy for prevention based on suicide statistics in Western Australia, contributing factors to suicide across life stages and evidence-based prevention and intervention approaches.

<https://www.mhc.wa.gov.au/media/1220/suicide-prevention-2020-strategy-final.pdf>

National Drug Strategy 2017-2026. This document provides a national framework which identifies priorities relating to alcohol, tobacco and other drugs, guides action by governments in partnership with service providers and the community, and outlines a national commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies.

[http://www.health.gov.au/internet/main/publishing.nsf/nt/55E4796388E9EDE5CA25808F00035035/\\$File/National-Drug-Strategy-2017-2026.pdf](http://www.health.gov.au/internet/main/publishing.nsf/nt/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf)

Appendix 2: WA Youth Health Policy Working Group members

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