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Australian federal, state and territory policy on the health and wellbeing of young people: A scoping review

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ABSTRACT

Background: The health and wellbeing of young people are critical for the future of society but the extent to which they are addressed by overarching Australian Federal, State and Territory health policy is difficult to determine. Analysing high-level youth health policy will help establish how Australian governments are articulating and prioritising issues and may guide local and international health agendas.

Methods: This scoping review aimed to determine the extent, range and nature of Australian high-level government policy focused on the general health and wellbeing of the general population of young people. Policies published by Australian Federal, State, or Territory government departments between 2008 and 2019 were thematically analysed employing Braun and Clark's six-step recursive framework.

Findings: Twelve policy documents met inclusion criteria. Three meta-themes emerged, comprising policy development, youth health challenges, and policy goals. Policy goals fell into three ubiquitous and overarching categories focused on supporting public health, promoting equity, and improving the health system for young people.

Conclusions: A number of youth-specific health policies have been developed by Australian governments in recent years. Whilst goals and strategies are clearly articulated, more can be done to ensure a youth voice in policy development. The policy goals of supporting public health, promoting equity and improving the health system deserve consideration from other countries developing youth health policies.

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1. Introduction

It is critical to ensure the health, wellbeing, safety, security, and productivity of young people (12 to 24 years) within society. High-level Australian Federal, State, and Territory policies play a crucial role in supporting the health and wellbeing of young Australians. However, the extent to which young people are supported by these current policies is difficult to determine. Limited academic review of the Australian health policy landscape relevant to young people has been undertaken with the most current research examining policy up to 2013 [1]. Since this time, there have been strong global calls for greater reporting and policy focus on the health and wellbeing of youth and young adults [2–4]. However, it still remains unclear whether current high-level Australian policies attend to the health and wellbeing requirements of young people and represent a comprehensive and nationally consistent approach. This field of policy is the focus of the current review.

1.1. The Australian context

The Commonwealth of Australia is comprised of six States (New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia) and two major mainland Territories (the Australian Capital Territory and the Northern Territory). Table 1 pro-

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Table 1
Demographic statistics for Australian States and Territories (2016 Census).

	NSW	VIC	QLD	WA	SA	TAS	NT	ACT
People	7,480,228	5,926,624	4,703,193	2,474,410	1,676,653	509,965	228,833	397,397
Area Km^2	801,150	227,444	1,729,742	2,527,013	984,321	68,401	1,347,791	2,358
People per Km^2	9.34	26.06	2.72	0.98	1.70	7.46	0.17	168.53
Male	49.3%	49.1%	49.4%	50.0%	49.3%	48.9%	51.8%	49.3%
Female	50.7%	50.9%	50.6%	50.0%	50.7%	51.1%	48.2%	50.7%
Aboriginal and/or Torres Strait Islander	2.9%	0.8%	4.0%	3.1%	2.0%	4.6%	25.5%	1.6%
10 to 24 years	18.4%	18.8%	19.4%	18.7%	18.1%	17.9%	20.1%	19.70%
Median age	38	37	37	36	40	42	32	35
Average people per household	2.6	2.6	2.6	2.6	2.4	2.3	2.9	2.5
Median weekly household income	$1,486	$1,419	$1,402	$1,595	$1,206	$1,100	$1,983	$2,070
Median monthly mortgage	$1,986	$1,728	$1,733	$1,993	$1,491	$1,300	$2,167	$2,058
Median weekly rent	$380	$325	$330	$347	$260	$230	$315	$380

Table 2
Roles of government in the Australian health system.

Federal government	State and Territory government	Local government
Development of National health policy Medicare Pharmaceutical Benefits Scheme (PBS) Provision of State and Territory funding for public hospital services Provision of funding for population-specific services (e.g. residential aged care) Provision of funding for health and medical research Regulation of medicines and medical devices (e.g. Therapeutic Goods Administration) Regulation and access to private health insurance	Development of State health policy Public Hospital funding and management Private Hospital (and other private health services) regulation and licencing Regulation of products with health impacts (i.e. alcohol, tobacco) Delivery of community-based prevention services Management of ambulance services	Development of local policy and guidelines Delivery of community and home-based health and support services Environmental health services (for example, waste disposal, water fluoridation) Public health activities

vides demographic statistics on these Australian States and Territories sourced from the 2016 Census [5].

The Australian health system is supported by a broad mix of service providers and health professionals funded largely by Australian Federal, State and Territory governments with support from private for-profit and not-for-profit sectors [6]. Australia has a universal health insurance scheme (Medicare) that provides free hospital services for public patients and rebates for accessing particular services provided by private practitioners (e.g. General Practitioners). Medicare also supports the Pharmaceutical Benefits Scheme (PBS) which subsidises approved prescription medicines [6,7]. States manage hospitals, health institutions and health services through Primary Health Networks [8]. All levels of government share responsibility in training and regulating the health workforce, monitoring quality of healthcare, funding programs and services and responding to national emergencies [8]. Table 2 summarises the key roles of government within the Australian health system [6–8].

1.2. Why focus on young people?

The interval between childhood and young adulthood represents a significant phase of transition, comprising remarkable development across biological, psychosocial and environmental spheres [9–12]. This period is considered a critical time for health and wellbeing where lifelong health behaviours and attitudes develop, and patterns of engagement with health services become established [9–11]. Developmentally related health-risks emerge during this time, as a result of increasing autonomy and independence, changing peer interactions, greater requirements for emotional and behavioural regulation, and neurocognitive changes [11]. More recent issues relate to rises in anxiety and self-harm and problems relevant to technological developments (such as cyber bullying, online privacy and sexting) [10,11].

Poor physical and psychological health during adolescence and young adulthood can have profound impacts on a person's health and wellbeing across the life-course [11,13]. Consequences can be far-reaching for educational achievement, social and emotional development, and the attainment of life goals [14]. Fortunately, evidence indicates that prioritising health at this stage can deliver long-term positive impacts for health, wellbeing and social outcomes [11,13], and furthermore can have implications for future progeny [11]. Together, these observations demonstrate strong opportunities to safeguard both the current and future wellbeing of society through a focus on young people.

However, the Australian health system continues to divide services into paediatric and adult populations with limited service provision focusing on the transitional adolescent and young adult years [15,16]. This is unfortunate given the aforementioned impacts of poor health during this life stage. Research suggests that health service requirements for young people are unique yet, to date, young people appear under-represented when considering healthcare policy, expenditure, research, and practice innovations both in Australia and overseas [4,10,13]. Worldwide, nations are at varying stages of policy development within the youth and young adult health space [2,17]. A review of current Australian health policy for youth will allow examination of policy progress within this country and may provide useful learnings for other nations establishing policy in this area.

1.3. Why focus on policy?

Policies (used here to describe government policies, frameworks, plans, strategies, or blueprints) play a critical role in shaping the health system and can help counter entrenched inequity. They are used to identify needs, direct funding, influence governance structures, guide change, promote innovation and support implementation. High-level health policy sets the agenda for the prioritisation of health issues and funding and directs the formu-

lation of lower-level localised and/or issue-specific guidelines and actions [18,19]. For example, acknowledgement of youth suicide as an important issue within high-level policy is likely to assist increased funding opportunities and encourage development of programs and services or the generation of suicide-specific policies.

Successful policies target clearly-defined challenges that are broadly acknowledged at the time of policy development [18]. They are carefully considered, evidence-informed, supported by champions and stewards, and should have sufficiently broad appeal to endure changes of government [18]. Strategies for achieving policy goals include health care services improvements (including improvements to workforce, health service quality, health service access, and collaboration), individual level action (including health promotion, management and prevention efforts), cross-sector action, addressing the social determinants of health, reducing social inequalities, research, policy development and governance, community engagement, and changes to environmental health [1,20]. Targets for policy action may include reducing individual risk or health burden within at-risk populations, illness-groups, other specific groups, or the general population. Alternatively, a target may focus on the promotion of equity through the reduction of societal health equity gaps or levelling of health inequity gradients [1,20].

The inclusion of stakeholders directly impacted by policy is critical, and this is especially important when devising and implementing policy for under-represented groups such as adolescents and young adults [10,11]. Together, the above indicates that a strong policy document within the area of youth health should be informed by evidence, identify clear targets of change, provide clearly-defined goals, and attempt to engage young people in the development, planning, and execution of policy recommendations.

A deliberative examination of high-level strategic policies relevant to the general health and wellbeing of young people in Australia will help researchers and policy makers ascertain the coverage of current youth health policy and will help determine how Australian governments are articulating and prioritising youth health and wellbeing issues.

2. Materials and methods

2.1. Aim

The aim of this study was to determine the extent, range and nature of recent Australian government policy focused on the health and wellbeing of young people. The two research questions posed for this study were:

1) What is the coverage of Australian Federal, State and Territory policies specific to the general health and wellbeing of Australian young people published between 2008 and 2019?
2) What are the key themes in Australian Federal, State and Territory policies specific to the general health and wellbeing of Australian young people published between 2008 and 2019?

2.2. Design

A scoping review [21–23] was considered the most appropriate methodology for this study given the broad and exploratory nature of the research questions. Scoping reviews are an alternative to traditional systematic reviews and can be used to identify the extent of available knowledge in a given field, map key concepts, detect gaps, clarify working definitions, report on specific issues, and define the conceptual boundaries of a topic [21,23–26]. The current study utilised the first 5 steps of the scoping review process outlined by Arksey and O'Malley [22]. These steps are 1) identify research question, 2) identify relevant publications, 3) select publications, 4) chart data, and 5) collate, summarise and report on data.

2.3. Search strategy

The search strategy for the scoping review was developed to identify high-level Federal, State, and Territory policy documents relevant to Australian youth health and wellbeing. To ensure a concentrated focus on high-level policies, this scoping review was restricted to documents relevant to general health and wellbeing (rather than specific health issues such as mental health) and the general population of young people (rather than specific populations such as Indigenous youth). The nature of policy documentation necessitated a search of websites rather than academic databases. Policy documents were retained if they were relevant to the general health and wellbeing of the general population of young Australians (rather than specific health issues or populations such as mental health or Indigenous youth). A broader age range (8 to 25 years) was used to define 'young people' in our policy search due to the absence of clear-cut definitions [9–11].

This scope differs from the prior review conducted by Phillips et al [1] in that it excludes policies addressing specific health issues (e.g. sexual health, obesity) and broader social policies that made mention of youth health (e.g. child friendly cities). This divergence in scope reflects the different foci of these studies. Whilst Phillips et al focus on the consideration of social determinants within policies relevant to youth health [1], this review provides as deliberative examination of key themes within high-level government policies that explicitly target youth health and wellbeing.

2.4. Inclusion criteria

Publications were included in the review if these fitted the following inclusion criteria:

- Prospective plan, policy, strategy, blueprint or framework
- Australian Federal, State, or Territory government department publication
- Specific to general health and wellbeing
- Specific to young people (target 8 to 25 years)
- Published between 2008 and 2019 to ensure relevance and currency
- Expired or rescinded publications were included
- Publications that did not specify age criteria were included if the policy indicated that adolescents and/or young adults were the target

2.5. Exclusion criteria

Publications were excluded from the review if they fitted the following exclusion criteria:

- Published prior to 2008 or after 2019
- Policies focused on specific health issues (such as mental health)
- Policies focused on specific populations (such as Indigenous youth)
- Non-government publications

2.6. Website identification

A comprehensive list of Australian Federal and State government departments and agencies was established using the following Australian government directories:

- https://www.directory.gov.au/departments-and-agencies
- https://www.australia.gov.au/about-government/states-territories-and-local-government

A total of 791 individual Australian government websites were identified through these directories. Review of these websites by

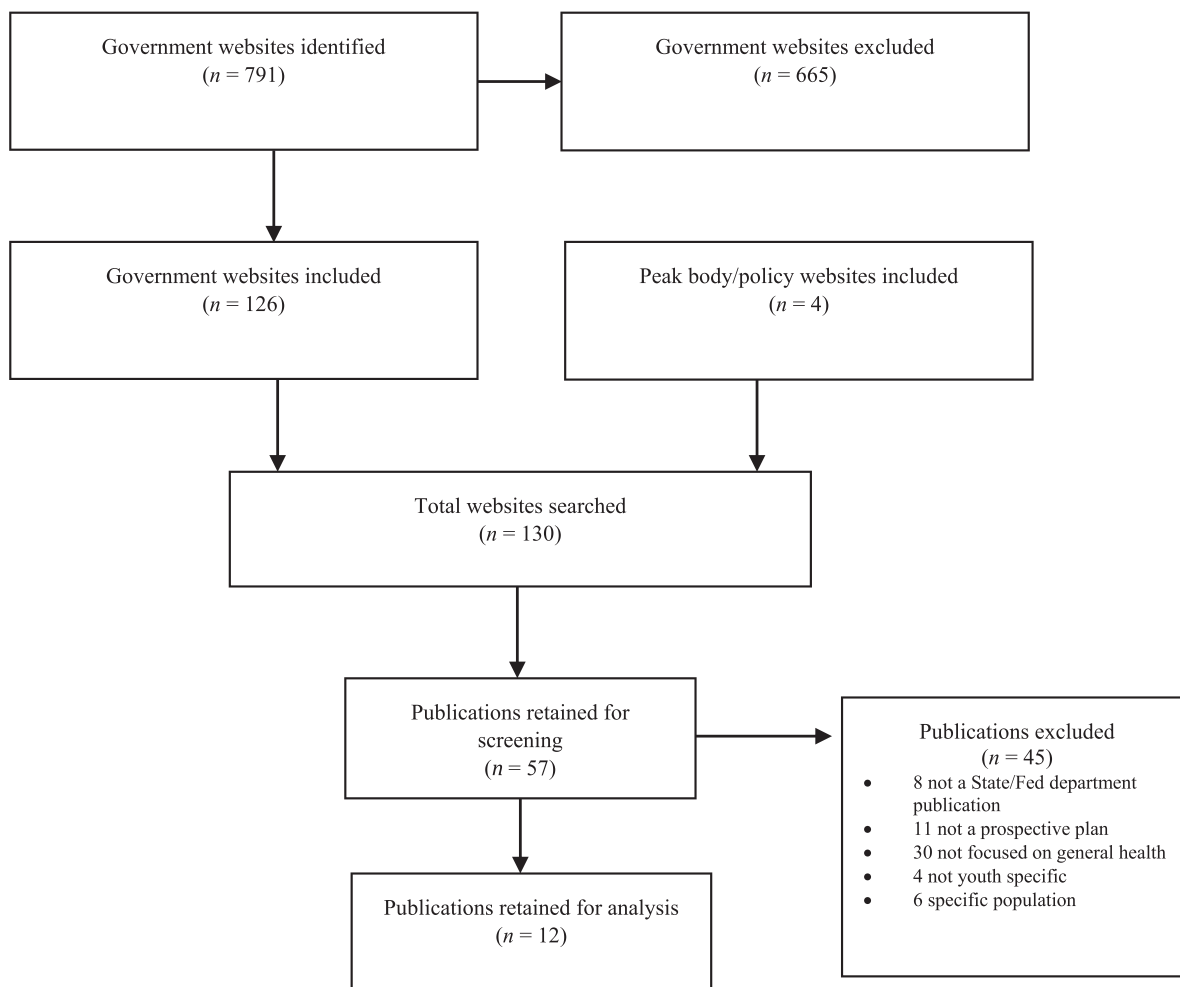

Fig. 1. Search outputs (adapted from Moher et al [44]).

the research team led to the identification of 126 websites holding potentially relevant documentation. Websites of departments and/or agencies were excluded if they were deemed by the research team to not be health-related (e.g. National Gallery of Australia, National Parks and Wildlife Advisory Council, Tourism Australia). A further 4 relevant peak body and policy websites were identified as additional sources for government policy documents:

- Australian Policy Observatory https://apo.org.au
- Australian Association for Adolescent Health http://www.aaah.org.au
- Student Wellbeing Hub https://studentwellbeinghub.edu.au
- Youth Policy.org http://www.youthpolicy.org

2.7. Website search strategy

A single member of the research team conducted independent searches of the included websites using a two-step protocol:

- Step 1: the researcher navigated to a publications or policy page (if available) and screened to identify relevant documents.
- Step 2: the website search tool was used to find additional relevant publications. Numerous search strings were created for each website search using combinations of keywords (Box 1):

Publications were saved for screening against inclusion criteria if the title indicated the publication was broadly associated with the general health and wellbeing of youth in Australia. The searching, screening and review process is set out in Fig. 1.

Box 1: Search terms.

- Young OR
- Youth OR
- Teen OR
- Child OR
- Adolescent

AND

- Health OR
- Wellbeing OR
- Risk

OR

- Framework OR
- Plan OR
- Policy OR
- Strategy OR
- Blueprint

2.8. Thematic analysis of policies

Structured thematic analysis of the policy documents employed the 6-step recursive framework set out by Braun and Clarke [27]. The 6 steps are 1) familiarising with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining

Table 3
Included publications.

Policy	Date	Government	Origin
National Action Plan for the Health of Children and Young People [32]	2019	National	Department of Health
Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health Framework [33]	2015	National	Coalition of Australian Governments (COAG) Health Council
National Framework for Child and Family Health Services – Secondary and Tertiary Services [34]	2015	National	Coalition of Australian Governments (COAG) Health Council
The NSW Youth Health Framework [35]	2017	NSW	Department of Health
Healthy Safe and Well: A Strategic Health Plan for Children, Young People and Families [36]	2014	NSW	Department of Health
Healthy Bodies, Healthy Minds, Vibrant Futures: NSW Youth Health Policy [37]	2010	NSW	Department of Health
VicHealth's Strategy to Promote Young People's Health and Wellbeing [38]	2017	VIC	VicHealth
Children's Health and Wellbeing Services Plan [39]	2018	QLD	Department of Health
WA Youth Health Policy: Strong Body, Strong Minds, Stronger Youth [40]	2018	WA	Department of Health
Our Children Our Future: A Framework for Child and Youth Health Services in Western Australia [41]	2008	WA	Department of Health
Tasmanian Youth Health Service Framework [42]			
2008	TAS	Department of Health and Human Services	
Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan [43]	2018	NT	Department of Health

and naming themes, and, 6) producing the report. This approach provides a practical and flexible method for organising and richly describing a broad dataset without imposing a pre-ordained data structure or theoretical framework and is particularly useful when exploring under-researched areas [27–29].

Analysis was conducted in NVivo 12 [30] to identify, examine and report on themes and patterns. Initial coding of the qualitative data was performed by a single researcher using an inductive (i.e. data driven) approach [27,28,31]. Text within policy documents was highlighted in NVivo and nodes were created. These nodes were then grouped semantically into hierarchical themes that were reviewed and edited by the research team in an iterative fashion. Once general agreement on themes was met the themes were named and defined. Themes were then organised into overarching meta-themes to explain results in a succinct and meaningful way. Multiple coding of text allowed researchers to explore relationships between codes using matrix coding analysis. The lead investigator maintained an audit trail throughout the review process.

3. Results

3.1. Policy coverage

As Fig. 1 illustrates, a total of 12 policy documents (Table 3) were retained for inclusion in the review [32–43]. The Federal government, five States and one Territory had policies that matched inclusion criteria. No policy documents that matched our inclusion criteria were found for the Australian Capital Territory (ACT) or South Australia (SA).

A plot of the time periods covered by individual policies (Fig. 2) shows that a number of youth-specific Australian health policies have been developed in recent years [32–43], particularly since the 2013 cut-off utilised by Phillips et al's review of policies [1]. As the timeline shows, the Australian Federal, New South Wales, Victorian, Northern Territory, Western Australian and Queensland governments all published policies within the 2017-2019 period with many of these retaining currency past 2020 [32,35,38–40,43]. Tasmania's most recent policy expired in 2011 [42] and the Victorian youth health policy in 2020 [38].

The specified age range of interest for the policies varied. Fig. 3 demonstrates that the majority were focused on the 12 to 24-year age group but other policies covered the period between preconception to 24 years, birth to 24 years, 10 to 24 years and 12 to 25-years. The National Framework for Child and Family Health Services [34], the Western Australian Framework for Child and Youth Services [41] and the Queensland Children's Health and Wellbeing Services Plan [39] did not stipulate specific age ranges but referred to, and presented data on children and youth.

3.2. Thematic analysis

Thematic analysis of the policy documents identified three meta-themes that accounted for the majority of qualitative codes. The first meta-theme centred on *policy development*. This described policy makers' interpretation and understanding of youth health and the approaches employed to grasp this. The second meta-theme centred on *youth health challenges*. This theme outlined the key health concerns for youth, socioecological factors related to poor health and specific at-risk populations. The third meta-theme centred on *policy goals.* It focused on changes considered necessary to the health system and broader community to better support and promote youth health and wellbeing and the strategies and targets of action to achieve change.

3.3. Meta-theme one: policy development

Themes within the policy development meta-theme focused on how youth health policy was created including how health is defined within policy documents and how policy makers' understanding of youth health was informed.

3.3.1. Defining 'health'

Policy definitions of health were broadly conceptualised using a 'strengths-based' approach with a focus on physical and mental health, resilience, social wellbeing, personal safety, growth, developmental goals, community involvement and life satisfaction [32–43]. Policy makers' understanding of health clearly extended beyond simple definitions of physical or mental health and incorporated concepts related to quality of life and thriving communities. Life-course approaches (that recognise health needs, risks and influences vary at different stages of life) were explicitly discussed in some policies [33,40]. These policies acknowledged the cumulative impact that factors affecting preconception and early child-

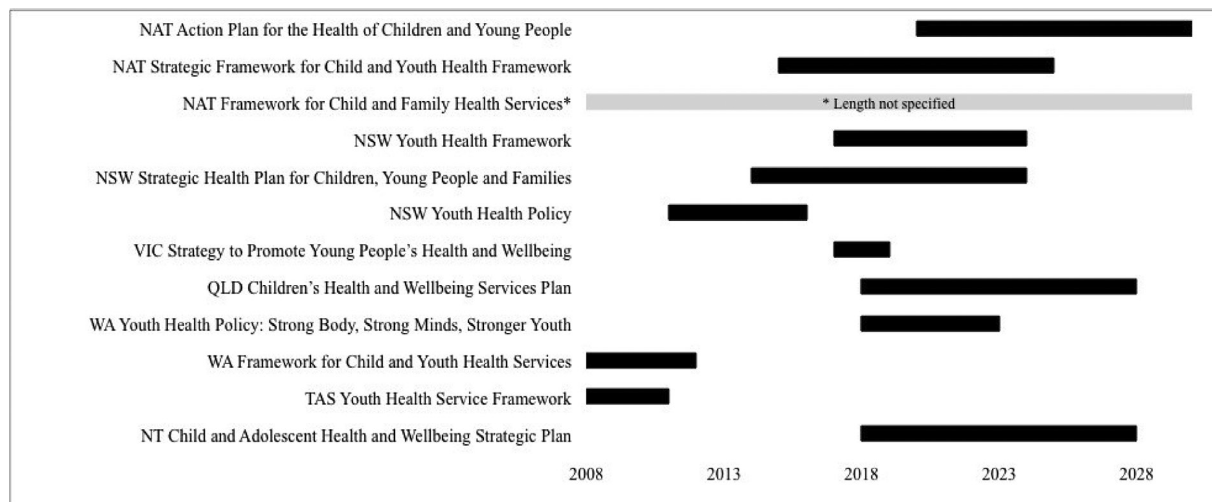

Fig. 2. Period covered by policies.

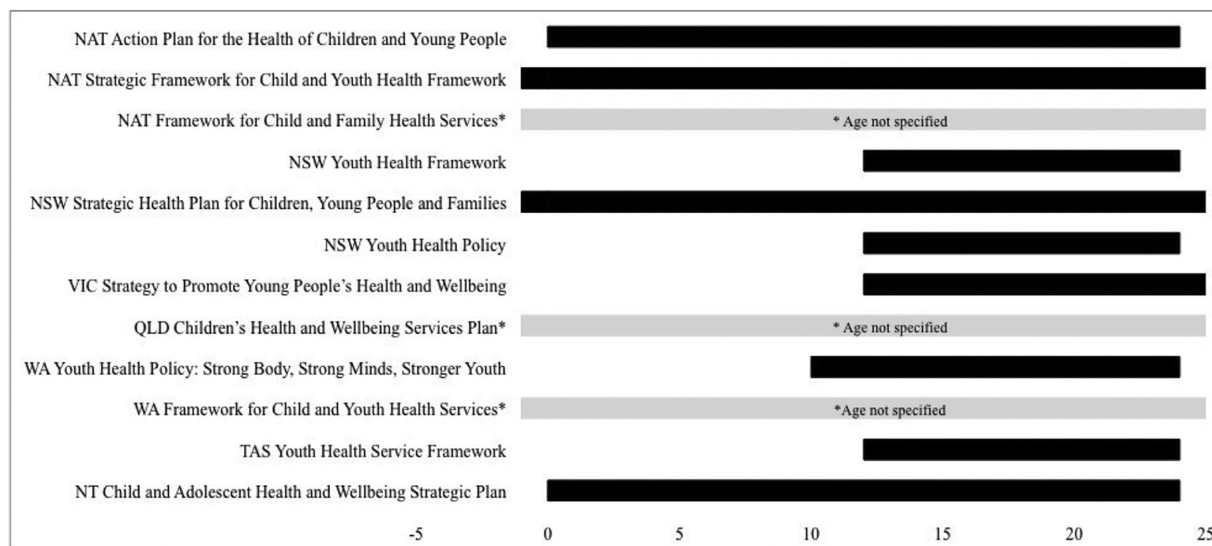

Fig. 3. Age range of policies' focus.

hood have on youth, and indicated an appreciation of the long-term impacts of youth health status on adult outcomes.

3.3.2. Policy consultation

All policy documents were developed in consultation with experts and/or advocacy groups [32–43]. However, only 6 of the 12 documents explicitly indicated that youth were consulted during policy development [35,37–40,43]. Some of these policies featured quite extensive consultation. For example, the New South Wales Youth Health Framework [35] was guided by the large-scale NSW Access studies which examined youth access and usage of health services [45–47]. Similarly, the Western Australian Youth Health Policy [40] was guided by face to face community consultations with youth, along with survey responses from over 1,000 young people and feedback from the Western Australian Youth Advisory Council [48]. This indicated that whilst some good progress has been achieved, further work is required to meet the call for greater youth consultation in the development of policy [46,47].

3.3.3. Research and evidence base

The development of policy featured strong research underpinnings. Across policies, epidemiological data were often utilised to examine key health issues and the need to use evidence informed services was repeatedly underlined [32–43]. For example, twenty years of epidemiological research and data were utilised in development of the National Strategic Framework for Child and Youth Health [49]. The majority of publications also referenced other government frameworks, plans and policies covering a range of issues relevant to the health and wellbeing of young people [32–43]. This underlined the broad and complex setting within which youth health sits.

3.4. Meta-theme two: youth health challenges

The second meta-theme arising from analysis of the policy documents focused on the key challenges relevant to youth health. This included key health concerns for young people, the socio-ecological determinants of health and at-risk groups, and health systems issues that may impact outcomes.

3.4.1. Key health concerns

Key health concerns for youth were identified in all of the publications and included issues such as accident and injury, mental health, suicide, sexual and reproductive health, chronic conditions, domestic and sexual violence, and substance misuse [32–43]. New and emerging issues related to technological advancements (e.g.

Table 4
Key Health Concerns.

•Accident and Injury [32-43] •Body Image [32,35,36,40,42] •Bullying and Emotional Abuse [32-36, 40,43] •Chronic Conditions [32-37, 39-43] •Cognitive, Physical, Social and Emotional Development [32-39, 41-43] •Cultural Connection and Identity [37,38,40,43] •Dental and Oral Health [32,33,35,36,39-43] •Diet and Healthy Eating [32,33,35-39, 41,43] •Digital Safety and Screen Time [32,33,36,40,43] •Disability [32-43] •Domestic Violence, Abuse and Neglect [32-39, 41-43]	•Education, civic and workforce participation [32-35, 37-41, 43] •Exercise and Physical Activity [32,33,35-41, 43] •Family Functioning and Parenting [32-35, 37-41, 43] •Gambling [35,38] •Health Literacy [32-35, 39,40,43] •Healthy Relationships [32,37,38,42,43] •Immunisation [32-36, 39-41] Mental Health and Trauma [32-43] •Mortality [32-37, 39,41-43] Overweight and Obesity [32-41, 43]	•Resilience and Wellbeing [32-40, 42,43] •Risky Behaviours [32,33,35-38, 40-43] •Sexual Assault and Interpersonal Violence [32,35-38, 41-43] •Sexual, Reproductive Health and Pregnancy [32,33,35-38, 40-43] •Sleep [32,33,36,40] •Social Inclusion and Loneliness [34,35,37,38,40,43] •Stress [35,36,40] •Substance Misuse [32-43] •Suicide and Self-Harm [32-37, 39-41, 43] •Sun Exposure and Skin Checks [33,37,39-41]

Table 5
Socioecological determinants, at-risk populations, and health system issues.

Socio-ecological determinants	At-risk populations	Health system
•Social and economic conditions [32-43] •Early childhood development [32-34, 36,38-41, 43] •Education [32-43] •Healthy settings [32-34, 36-41, 43] •Access to health services [32-43] •Socio-cultural conditions [32-41, 43] •Environmental, corporate and global forces [32-34, 38,39,43] •Intersectionality [32,34,35,37,38,41,43]	•Aboriginal and/or Torres Strait Islander [32-41, 43] •Child Protection System or Out of Home Care Involvement [32-35, 37,39,40,43] •Culturally and Linguistically Diverse [32-34, 36-41, 43] •Geographically Rural, Remote or Isolated [32-38, 40,41,43] •Homeless or at-risk of Homelessness [32,35-40, 43] •Justice System Involvement [32,33,35,37,40,43] •LGBTQIA+ [32,35,37-40, 43] •Living with Chronic Illness or Disability [32,35,37-41, 43] •Living with Mental Illness [35-37, 40,41,43] •Migrants and Refugees [32-35, 37,39,40] •Pregnant or Parenting [35,37,39,40] •Socio-Economically Disadvantaged [32-39, 41,43] •Transitioning between Healthcare Services [37,43] •Unstable or Unsafe Family or Home Environment [32-37, 39,43]. •Women and Girls [38,43] Young Carers [35,37,40]	•System and service quality [32-37, 39-43] •System and service reach and accessibility [32-37, 39-43] •System and service integration and information sharing [32-37, 39-43] •System and service navigation and referral pathways [33-35, 37,39-41, 43] •Workforce [32-37, 39-43] •Funding models, policy and governance [32-36, 38-43] •Infrastructure and technology [32-34, 39,40,42] •Research, evidence and program evaluations [32-43]

healthy and safe use of social media and related technology) were also touched on [32,33,36,40,43]. Table 4 outlines the most commonly cited health concerns within the reviewed policies.

3.4.2. Socio-ecological determinants of health and at-risk groups

All policies identified factors impacting health outcomes for young people including the socio-ecological determinants of health and/or at-risk populations [32–43] (See Table 5). The socio-ecological determinants outlined within the documents fit into the categories developed in prior analyses of Australian health policies [1,20]. These were; social and economic conditions, early-childhood development, education, healthy settings, health services access, socio-cultural conditions, and environmental, corporate and global forces. The majority of policies also identified populations at-risk for poor health [32–41,43]. The most commonly cited at-risk populations are presented in Table 5. The impact of intersectionality (i.e. the presence of multiple socioecological risk factors/belonging to multiple at-risk groups) was also touched on in some policies [32,34,35,37,38,41,43].

3.4.3. Health system issues

All polices discussed health system and service issues [32–43]. These included system and service quality for young people [30–35,37–41], limitations of service reach and accessibility [30–35,37–41], siloed services and information sharing [30–35,37–41], complex navigation and referral pathways [31–33,35,37–39,41], workforce constraints [30-35, 37–41], funding models, policy and governance [30–34,36–41], infrastructure and technology availabilities [30–32,37,38,40] and limited research, evidence and program evaluations [30–41].

Overall, there was similarity in the challenges outlined by the reviewed policies, but some local variation was also evident. This was particularly the case for Northern Territory policy [43] which included a greater focus on regional issues related to geographical remoteness and the importance of cultural connection for Aboriginal and Torres Strait Islander young people. This policy focus likely reflects the higher comparative proportion of Aboriginal and Torres Strait Islander people and the smaller population density of this region (See Table 1).

3.5. Meta-theme three: policy goals

Thematic analysis uncovered three broad and inter-related policy goals that were ubiquitous across policies [32–43]. These goals were 1) supporting public health, 2) promoting health equity and, 3) improving the health system. The strategies for achieving policy goals and target populations fell into the categories of policy action developed in prior analyses of Australian health policies [1,20] (see Table 6).

3.5.1. Goal 1: supporting public health

The reviewed policies featured a strong focus on supporting public health through prevention, intervention and management of health issues and encouraging engagement in healthy activities

Table 6
Policy goals, strategies and targets.

Policy goals	Policy strategies	Policy targets
•Support Public Health •Promote Health Equity •Improve Health System	•Workforce development •Health service quality •Health service access •Health service collaboration •Health promotion/prevention •Cross-sector action •Social determinants of health •Social inequalities •Research •Policy/governance •Community engagement •Environmental health	•*Health gains* •At-risk populations •Illness groups •Other specific groups •General population •*Promote equity* •Reduce health equity gap •Level health equity gradient

[32–43]. Federal publications tended to have the greatest focus on supporting public health as a policy goal when compared to State and Territory publications (i.e. greater proportion of codes for supporting public health than promoting health equity or improving the health system). This likely reflects the differing roles of government within the Australian health system outlined in Table 2.

The publications featured numerous approaches for supporting public health including health messaging, provision of health information, education, and broader community initiatives. The policies underlined the importance of action at key time points and known transitional stages (e.g. exits from homecare, transition from paediatric to adult services, starting employment, starting independent living) [32–36,38,41,43]. Target populations for policy intervention were identified and included the general population of youth, at-risk populations and specific illness groups [32–43].

The majority of the proposed public health promotion strategies within policies focused on the general population of youth [32–43]. These strategies focused on a broad range of health concerns and tended to target individual-level actions or cross-sector collaboration. Individual-level actions primarily centred on generating public health awareness, encouraging positive health behaviours and reducing health risk behaviours:

- "Young people are immunised against preventable illnesses" [33].
- "Guide appropriate screen time viewing for infants, children and young people to counter any negative impact on health, including weight, sleep and development" [36].

Cross-sector strategies to support health within the general population of youth commonly focused on health promotion and education efforts through school and community programs:

- "Support delivery of quality school-based alcohol and other drug education programs such as School Health and Alcohol Harm Reduction Project" [43].
- "Assist schools and local communities to create age-appropriate health promotion programs" [36].

The second most commonly cited target group for public health interventions were identified at-risk populations [32–36,38–41,43]. Cross-sector activities were highlighted as a method to reduce risk within these priority groups with strategies primarily focused on early detection of those at-risk, and intervening early to minimise harm and/or prevent progression to disease:

- "Collaborate with existing early learning institutions and schools to strengthen early education and promote opportunities to screen children and young people who may be at high-risk" [32].
- "Work with partner agencies to better care for those at risk of domestic and family violence, sexual assault, or child abuse and neglect" [36].

Community engagement and policy efforts were also highlighted as important for supporting public health, particularly when working with disadvantaged and/or under-represented groups:

- "Including kinship groups and extended families as part of a young person's health needs" [40]
- "Encourage the involvement of Indigenous, CALD and socially and economically disadvantaged community members in the development of culturally and linguistically responsive child and youth health policy" [41].

Finally, actions to support health for illness groups focused on managing the likelihood and severity of disease-related complications and/or promoting quality of life for young people with complex cases or chronic conditions [32–35,38,40,41]. Strategies targeting these groups tended to focus on building effective self-management practices through patient education:

- "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" [40].
- "Support alternative approaches to improving appropriate participation in self-management by children, youth and their families, including: Targeted and appropriate social marketing and health promotion" [41].

3.5.2. Goal 2: promoting equity

The second policy goal that emerged from the thematic analysis focused on promoting health equity in Australia [32–43]. This theme centred on the importance of a fair health system for all Australians that monitors inequities and strives to reduce them. Strategies to promote equity largely concentrated on producing health gains within the specific at-risk populations outlined in Table 5. The most common strategies for promoting health equity focused on improving health service access, health service quality, and workforce development to meet the needs of equity groups [32–43]. Some strategies for tackling the socio-ecological determinants of health were recommended, however, these approaches were much less prevalent within the reviewed documents. This finding is consistent with Phillips et al's earlier review of Australian health policies [1].

Strategies targeting health service access to build equity focused on the affordability, awareness, availability, reach and geographical location of health services and facilities [32–43]. Key aspirations included affordable health services, physical access for people living with disability, access to specialised health services, reduced

travel times, provision of outreach services, flexible opening hours, extended telehealth to regional and remote communities, strengthening community-based services, and provision of services for patients and families required to travel away from home:

- "Expand the Better Access initiative, which provides video-conferenced mental health services to people in regional, rural and remote areas." [32].
- "Develop strategies and policies to improve access to transport for Indigenous, CALD and socio-economically-disadvantaged children and youth and their families to attend outpatient services in the metropolitan area" [41].

Approaches for improving equity through health service quality focused on increasing the appropriateness and inclusiveness of health services for young Australians. At a minimum, all policies espoused the importance of respectful and non-discriminatory approaches within the health system [32–36,38–41,43]. These policies called for services that acknowledge, respect and embrace diverse values, with particular focus given to service quality improvements for Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse (CALD) backgrounds, and young people from the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Other community (LGBTQIA+). It was argued that Australian health services need to engage in inclusive, LGBTQIA+ friendly, culturally safe, and trauma informed practices and provide interpretation services where required:

- "Customise care to be culturally inclusive, age-appropriate and responsive to diversity" [36].
- "Secondary and tertiary child and family health services are responsive to the diverse values, beliefs and behaviours of children and families and provide care that is culturally safe and trauma informed" [34].

Strategies targeting the health workforce largely focused on building a diverse range of personnel (with particular focus on attracting and developing Aboriginal and Torres Strait Islander health professionals) and providing training opportunities for developing inclusive, culturally-competent and culturally-safe work practices [32–43]:

- "Aim to increase the number of Aboriginal health professionals and Aboriginal health workers undertaking specialist training in child and adolescent health" [41].
- "Build capacity to adapt and customise care to ages, developmental stages, special needs, and those who are gender variant and sexuality diverse" [36].

Equity strategies targeting the socio-ecological determinants of health were mainly discussed in relation to specific at-risk groups with the majority of strategies targeting individuals living in geographically remote areas or health gaps for Aboriginal and Torres Strait Islanders [32–34,40,41,43]. The Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan cited the most strategies targeting the socio-ecological determinants of health [43]. This likely reflected the unique population, geography and social issues within the Territory (e.g. reduced education completion rates and socio-economic disadvantage related to geographical remoteness) [5,43]. The most commonly targeted socio-ecological determinants within the reviewed policies were housing, education, employment and food supply [32–34,40,41,43]:

- "Improve access to nutritious, reasonably priced food for people in remote areas and socially and economically disadvantaged groups" [41].
- "Increasing youth digital skills development and career opportunities for women and Aboriginal people" [43].

3.5.3. Goal 3: improving the health system

The third policy goal emerging from thematic analysis emphasised the importance of improving the health system for young people [32–43]. Key strategies included improvements to health service quality, increased health service collaboration, workforce development, community engagement, and research. Strategies tended to target the general population although specific attention was also given to at-risk populations and illness groups (e.g. young people living with a chronic condition or patients transitioning between paediatric and adult services). State and Territory publications placed greater focus on improving the health system when compared to Federal publications (i.e. greater proportion of codes for improving the health system than promoting health equity or supporting public health). Again, this is likely due to the differing roles and focus of governments within the Australian health system (see Table 2).

Strategies for improving service quality focused primarily on the concept of 'youth friendly' health services [32–35,37,39–43]. These were described as welcoming, confidential and non-judgemental services that place the young person at the centre of care and involve them in decisions regarding their health [35,37,40]. Policies recommended the utilisation of technology to improve healthcare practices and engagement of young people. Electronic and mobile booking and communication options were explored as methods to improve the consumer experience, with technology and social media providing opportunities to improve youth engagement and information sharing. A key goal of these strategies was to ensure that young people experience the health system as positive, respectful, supportive and empowering:

- "Improving the consumer interface through technology e.g. utilising health kiosks, bedside entertainment, social platforms and healthcare apps" [39].
- "Making the spaces services are provided in comfortable and welcoming for young people" [37].

Health service collaboration strategies focused on creating integrated and navigable services with reduced health service fragmentation and greater continuum of care [32–43]. Approaches included development of clear referral pathways, locally coordinated services, improved information sharing (including the linkage of health records and other client information), co-location of multidisciplinary teams, joint appointments across services, and the appointment of youth health co-ordinators with skills to assist patient navigation and meet specific family needs [35–37,39,41]:

- "Increasing the use of the Connected Care and Nurse Navigator programs to support children with complex and chronic conditions" [39].
- "Promote the co-location of service providers working with children and youth, such as general practitioners, child development, mental health, community health, private hospital and other non-government services in order to facilitate greater co-operation" [41].

Strengthening the workforce was another commonly proposed strategy to improve the health system for young people [32,34,35,37,39–41]. Key strategies focused on attracting and retaining skilled personnel, building a diverse workforce, up-skilling and mentoring, ongoing professional development, workplace culture, boosting clinician skills using technology, preventing burnout, absenteeism and turnover, providing training in evidence-based child health, and encouraging greater emphasis on youth health in undergraduate degrees:

- "Use technology to boost clinician skills via access to specialist advice, peer review, simulation and video" [36].

- “Providing health professionals and support staff with information and training on age and developmentally appropriate language and engagement techniques” [40].

Community engagement and research strategies were also devised to improve the health system for young people [32–37,39–43]. Community engagement strategies typically focused on including greater youth consultation and co-design in service planning and new health service development [32,36,38,39,42]. Research strategies focused on building a forward-thinking research agenda to understand need, expand the evidence base, and develop innovative health interventions and service models [32–37,39–43]:

- “Opportunities will be created for young people to participate in designing, developing and delivering health programs for other young people, and to contribute their experiences to evaluation processes” [37].
- “Research international best practice in remote support (including online support, peer networks, telehealth) for children who live remotely and have chronic and complex conditions” [32].

4. Discussion

This scoping review highlights recent developments in the production of Australian youth health policy. The last academic review of this area examined policy documents published up to 2013 [1]. Since this time, there have been 9 high-level policy documents published by Australian Federal, State and Territory governments that focus specifically on the health and wellbeing of the general population of young people. Furthermore, whilst policy documents that matched our inclusion criteria were not identified for the Australian Capital Territory (ACT) or South Australia (SA), it is important to note that these governments both have policies that focus on either general population health [50,51] or youth more broadly [52,53], and a children’s health services plan is currently in development for the ACT [54].

Recent youth health policy development arguably indicates greater consideration and prioritisation of this group at a policy level within Australia. At a minimum, this suggests an awareness of the unique developmental aspects of the health and wellbeing of young people, which require distinctive policy and service requirements. The study findings reported here are likely of use to researchers and policy makers in countries other than Australia. A number of countries are in the process of developing national youth health frameworks [2,3] and the challenges, goals, strategies and targets highlighted in Australian policies are likely to have some cross-national relevance. Critical examination of the general themes within Australian youth health policies allows for a more detailed consideration of what aspects of youth health and wellbeing are developmentally unique and hence may necessitate further research and policy action.

A broad finding of this research is that the development of Australian youth health policies and the articulation of key health challenges have been generally strong. The reviewed policies conceptualised health using strength-based approaches, and featured strong research underpinnings that utilised evidence and consultation with experts and/or advocacy groups to identify policy challenges, goals, targets and strategies. They acknowledged a broad range of health concerns for young people, and identified socio-ecological determinants and health systems issues that may impact a young person’s health and wellbeing. This sets a strong knowledge base for developing effective and targeted policy strategies and actions.

However, it is important to note that only 6 of the 12 reviewed documents explicitly indicated that youth were consulted during policy development [35,37–40,43]. This showed that whilst some progress has been achieved, further work is required to meet the call for greater youth consultation in the construction of policy [46,47]. While consumer involvement is applicable across all age groups, the youth voice has often been ignored in the past with parents and providers making decisions on the behalf of young people to define what matters regarding their health and wellbeing [10]. Continued work is required to ensure young people have agency in decisions related to their health, including the development of health policy.

The need to ensure a voice for youth in research and policy development has prompted the establishment of the Wellbeing, Health and Youth (WH&Y) Young Peoples’ Commission [55], an innovation funded through an Australian National Health and Medical Research Council (NHMRC) Centre of Research Excellence with which the authors are connected. The Young People’s Commission consists of a group of volunteer youth who are available to advise on and guide research agendas, advocacy efforts, and policy. The commission allows policymakers across governments to seek the advice and participation of young people in policy development in an ongoing manner. This provides a voice for young people regarding their health and wellbeing and represents a resource for researchers and policy makers to develop stronger policy through the active engagement of young people. The authors strongly argue for this method of youth engagement and encourage researchers, advocacy groups and policy makers from abroad to consider utilising similar approaches within their home countries.

Another key finding from this research is that there were three clear and ubiquitous policy goals for youth health in Australia. All youth health policies emphasised the goals of supporting public health, promoting health equity and improving the health system. The emergence of these overarching policy goals within the reviewed documents suggests a broad consensus across Federal, State and Territory governments and indicates that these priorities may be of interest to other countries developing youth health policies. While it could be argued that these are sound aspirations for any age group, there are features here that are developmentally unique to young people which deserve consideration in future policy iterations.

The policy goal of supporting youth health through public health promotion and prevention approaches should be lauded. Health issues for this age group are often hidden and have tended to be viewed as the young person’s fault and/or considered as transitory rather than treated as the foundations of long-term health and wellbeing [11]. A policy focus on supporting youth health through public health approaches gives political credence to existing evidence that demonstrates adolescence is a critical time-point where interventions can help maintain health-gains made in childhood and can prevent, establish, or reaffirm health behaviours that safeguard future wellbeing [11,13]. Adolescence also represents a unique time-point where a large proportion of the overall age cohort can still be efficiently reached through public health campaigns within a single setting, namely, schools. From a public health perspective, the utilisation of schools provides numerous opportunities to support and protect the health and wellbeing of young people into the future. The authors argue that continued development, research and evaluation of school-based public health programs should continue to be supported through policy to ensure that this window of opportunity is used to maximum benefit.

The second policy goal of promoting health equity for young Australians is also praiseworthy. It was encouraging to see that all policies highlighted structural and socio-ecological barriers to health and identified at-risk populations who require specific policy attention. Acknowledgement of the impacts of intersectionality within certain policies suggests some appreciation of the compounding risk factors for young Australians living with entrenched inequity, and the multi-faceted policy responses required to address these.

As found in prior reviews of Australian health policy [1], strategies to tackle health equity issues focused on health services and/or individual actions and less on addressing the socio-ecological determinants of health. However, this finding may be affected by the scope and inclusion criteria for the current review. A focus on health services and/or individual actions likely reflects the departmental remits of the reviewed health policies and the scope of changes that policy authors could effectively implement or control. It is also feasible that cross-sector policies not included in this review may focus on these broader structural issues where health outcomes remain an important driver of policy development. Nevertheless, the authors contend that a greater focus on socio-ecological factors within health policy would lend additional political weight to these issues and may provoke greater action and change. Further consideration of these broader structural issues affecting health, and specific strategies to address these, would thus benefit future iterations of Australian youth health policy.

The third policy goal of improving the health system for young people is critical and requires further action. It was encouraging to see policies underline the importance of improving service quality and collaboration and strengthening the workforce. Nevertheless, health system access, integration and navigation for youth continues to be compromised by the relative invisibility of adolescent and young adult needs within the binary (paediatric vs. adult) Australian health system [15,16,56]. Although Australia currently maintains some designated youth services such as headspace (mental health provider), community youth health services for young people at risk of homelessness, youth cancer services and a number of transition care services for chronic physical illness these exist as 'special cases' rather than a comprehensive system to support the health of young people. The authors contend that further research and policy work is warranted to examine the potential benefits and challenges of expanding and mainstreaming the development of dedicated health services for young people within Australia.

Limitations to this scoping review include the focus of its scope on high-level, general health policies with the exclusion of population or disease-specific policies. This potentially excluded relevant documents or content. However, the narrower focus allowed for a deliberative examination of high-level strategic documents to determine how Australian governments are generally articulating and broadly prioritising youth health and wellbeing issues. A second limitation is that a single researcher conducted the majority of searching, coding and qualitative interpretation of policy documents, which incurred some risk for bias or error. However, other members of the author team were consulted on an ongoing basis and reviewed each stage of the methods and analyses to reduce any risk of bias. Finally, this review of policy documentation is limited in that it does not allow for an examination of policy implementation. Whilst some polices provided detailed implementation plans, it is impossible to determine the success of policy implementation through document analysis alone. Future research is thus required to determine the effectiveness of policy translation within the Australian youth health space.

5. Conclusions

The development of a nationally consistent and evidence-based framework for the health of young people is a commendable aspiration for Australian policy makers. By acknowledging this population as a distinct segment with specific needs, policy makers can develop goals, strategies, and recommendations that improve health outcomes for young people in this country. The current review indicates a number of youth-specific health policies have been developed by Australian governments in recent years and this could indicate greater consideration and prioritisation of this group.

The results of our review lead us to a number of recommendations for future policy and practice. First, we recommend that countries developing youth health policies consider the policy goals of supporting public health, promoting equity and improving the health system as key priorities for attention. Second, we urge policy makers to seek out, build, and/or utilise resources such as the WH&Y Young Peoples' Commission to ensure a youth voice in policy development. Third, we suggest that Australian policy should continue to support public health promotion and prevention efforts within schools where young people can be efficiently captured. Fourth, we recommend greater targeting of socioecological determinants within health policies that can improve outcomes for disadvantaged youth. Fifth, we recommend exploring the potential of expanding and mainstreaming the development of dedicated health services for young people within Australia. Finally, we suggest that further research is needed to determine the barriers and enablers of successful policy implementation within the Australian youth health space. In following these recommendations, researchers, health workers and policy makers can help champion the importance of health within the second decade of life.

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Declaration of Competing Interest

The authors of this publication declare no conflicts of interest.

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