

## **IMPROVING THE HEALTH OF SCHOOL-AGED CHILDREN AND YOUNG PEOPLE POLICY**

For the purposes of this policy the population age group of children and young people is considered to be those eligible for school entry across Australia, that is, approximately 5-18 years (inclusive) of age.

### ***The Public Health Association of Australia notes that:***

1. The child population of Australia, (defined by the Australian Bureau of Statistics as aged between 5 and 19 years) accounts for approximately 4.05 million, or 20.9% of the total population of Australia.<sup>1</sup> Indigenous children, aged 0-14 years, account for 39% of the Indigenous Australian population and 4.5% of the total Australian child population.<sup>2</sup>
2. The United Nations Convention on the Rights of the Child enshrines the rights of the child to include the highest attainable standard of health, to an education on the basis of equal opportunity and without discrimination (article 2, article 28) reinforcing that all children residing in Australia, regardless of their immigration status, are entitled to an education.<sup>3</sup>
3. The majority of Australian children are generally healthy. However, the state of our Indigenous children is comparatively poor (see related policies and position statements on Aboriginal and Torres Strait Islander Peoples' Health and Food Security). Childhood is a period of rapid development and is formative for health and well-being and health behaviours throughout the life course<sup>4,5</sup>. The importance of reducing the factors that put the health of children and young people at risk and enhancing the factors that protect children is necessary for healthy growth and development of children and young people. Health gains have not been distributed equally. Indicators of health and well-being show adverse trends among children and young people, with children and young people from families with lower socio-economic status or an Indigenous background likely to experience a higher risk of disease, injury and death than other Australian children.<sup>2,6</sup>
4. Children and young people's health, development and well-being are determined by physical, social, emotional, environmental and economic influences. Families exert the biggest influence on children's growth and development, while schools are also an important part of networks that support children in reaching their potential<sup>7</sup> and support and influence public health outcomes for them.<sup>8</sup>

5. Childhood disadvantage adversely affects child health, life circumstances and health in adulthood. Improvements to children's health can come from acting early in life and early in the pathways of the development of children and young people.<sup>9</sup>
6. The range of public health issues for children, aged 5-18 years, includes poverty and health inequalities,<sup>10,11</sup> overweight and obesity,<sup>12</sup> healthy eating and physical activity,<sup>13</sup> psychosocial and emotional health,<sup>14,15</sup> behaviour and development,<sup>16</sup> tobacco, alcohol and drug use,<sup>17</sup> child protection and injury prevention<sup>18</sup> and oral health.<sup>19</sup>
7. A number of national policies provide strategic approaches to key public health issues and have a major interest for school-aged children and young people, these include:
  - *Healthy Weight 2008*;<sup>20</sup>
  - *Eat Well Australia: An Agenda for Action for Public Health Nutrition, 2000-2010 including the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan*;<sup>21</sup>
  - *National Mental Health Plan 2003-2008*;
  - *National Drug Strategic Framework*;
  - *National Injury Prevention & Safety Promotion Plan: 2004-2014*;
  - *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments*;
  - *National Oral Health Plan 2004-2013*;
  - several child protection initiatives; and
  - *National Public Health Strategic Framework for Children*.<sup>22</sup>

Reference to children and young people, and uptake of these strategies varies at a national level.

8. Schools are a key site for students to develop the knowledge, skills and attitudes necessary to establish and maintain a healthy lifestyle.<sup>23</sup> At the broadest level, literacy acquisition increases the likelihood of longer engagement in formal education, affecting current and future health.<sup>24</sup> The school setting is also important for health promotion, illness prevention, early detection of conditions and early intervention provided by school nursing, medical and oral health services; and school staff via health curriculum requirements. Schools are an important setting for public health interventions, such as immunisations, particularly in adolescent age groups when their use of GP services drop. Schools are also a crucial setting for access to vulnerable populations, such as newly arriving refugee children. For this group, school may be the only service providing screening and/or immunisation. Settings associated with schools, such as vacation care, recreation transport, primary health care and community settings are also useful to promote health for children and young people.<sup>25</sup>
9. Investments in both education and health are maximised if the school environment is a healthy place to learn and work for both students and school staff. Adverse experiences within the school setting, such as bullying, will compromise student learning, staff health and family interactions.<sup>26</sup>

10. A significant proportion of public health concerns for school-aged children could be addressed effectively within the school environment with systematic and integrated frameworks of health promotion; and effective, sustainable communication/referral systems between teachers, parents and associated health professionals. The National Health and Medical Research Council (NH&MRC) statement on Effective School Health Promotion: Towards Health Promoting Schools (1996)<sup>27</sup> provides a framework for the integration and recognition of the health of children and young people within the school community and environment. A range of potential models exist, which place schools at the centre of improving the health of children and young people.<sup>28,29</sup>

***The Public Health Association of Australia affirms the following principles:***

11. Governments, communities, schools and families should place the improvement of the health of all children and young people as a critical parameter of community growth, particularly for children and young people experiencing disadvantage and health inequalities.
12. The contribution of school-aged children, parents, families and school communities to the health and well-being of children and young people, in partnership with the health sector and others, must be recognised and harnessed in all strategies and plans bearing on child health.
13. Government, private sector and community investment in population-based approaches to the health of school-aged children is central to addressing health and well-being issues for children and young people at the broadest level in order to gain greater health equity, reduced social exclusion, increased prosperity and enhanced overall community well-being.
14. Strategies and plans addressing the health and well-being of children and young people must recognise and put in place mechanisms that strengthen the protective factors for healthy growth and development and reduce the risks associated with poor health and well-being in this population group.
15. Partnerships across the health and education sectors, and between government and non-government sectors and with communities should be strengthened to develop sustainable capacities encouraging interaction and collaboration to improve the health of school-aged children.
16. Health and education professionals, welfare and support agencies and communities should be recognised and used as advocates for the health and well-being of school-aged children and young people.

***The Public Health Association of Australia believes the following steps should be taken:***

17. International agreements that promote and protect the human rights of school-aged children, incorporating the health and well-being of children and young people should actively and publicly be endorsed by all levels of government, the private sector and non-government organisations.

18. The development of a core set of nationally consistent standards for monitoring children's health, development and wellbeing should include indicators for both primary and secondary school-aged children. Continuing efforts to strengthen a national focus on supporting research and evaluation in children's health, development and well-being should also monitor social and cultural impacts on the health and well-being of school-aged children.
19. Such data collection should also be coordinated across existing and future issue specific initiatives.
20. In developing approaches to increasing the health and well-being of children and young people, all stakeholders need to acknowledge and reinforce integration and coordination of efforts including service delivery.
21. Long-term investment, in particular appropriate allocation of resources across all sectors that can affect the health and well-being of school-aged children and young people is necessary (e.g. health, education, justice, welfare, urban planning, transport, sport and recreation).
22. Financial barriers to accessing primary health care should be minimised for this group (e.g. bulk billing at general practices and sexual health clinics should be put in place for this group).
23. Appropriate training and access to health and well-being information must be provided to health, education and welfare professionals to inform their interactions with this group.
24. Cross-sectoral professional development should be implemented, particularly in areas where parts of curricula are common to health and education professionals.
25. School-based health promoting initiatives shown to be effective should be extended.

***The Public Health Association of Australia resolves that:***

26. The Child Health Special Interest Group and the National Secretariat will write to the State/Territory Directors of Public Health asking for them to ensure that:
  - children and young people's health is given priority as a public health necessity;
  - a comprehensive and integrated framework for reporting on children and young people's health is developed in conjunction with the Australian Institute of Health and Welfare and that it is applicable to the variety of national public health strategies and plans that affect the health and well-being of children and young people;
  - States and Territories coordinate efforts between health and education sectors in order to ensure an integrated effort at increasing children and young people's health;

- States and Territories, in conjunction with the Commonwealth provide appropriate funding for child and young people's health, with priority being given to effecting change where social and economic determinants of health can be shown to be depriving children and young people of maximum potential health;
  - The Child Health SIG and the National Secretariat will write to the Deans of Universities with health and education programs, seeking cross education especially on issues of health determinants, health promoting schools and intersectoral involvement in improving the health and well-being of children and young people.
27. The Child Health SIG and the Secretariat will write to the Australian Minister and all State/Territory Ministers for health requesting Ministers to support incentives to ensure that all consultations for children and young people (anyone under 18) are bulk billed and/or have a 100% rebate.
28. The Child Health SIG and the National Secretariat advocate via all possible means for all children and young people's health consultations to be fully rebated (e.g. inquiries, via coordinated actions with other health stakeholders, letters to Ministers etc).

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