Feeling Good

Submission to NSW Health’s Health Futures Project

Commission for Children and Young People

June 2006
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THE NSW COMMISSION FOR CHILDREN AND YOUNG PEOPLE

The NSW Commission for Children and Young People (‘the Commission’) promotes the safety, welfare and well-being of children and young people in NSW.

The Commission was established by the Commission for Children and Young People Act 1998 (NSW) (‘the Act’). Section 10 of the Act lays down three statutory principles which govern the work of the Commission:

• the safety, welfare and well-being of children are the paramount considerations;
• the views of children are to be given serious consideration and taken into account; and
• a co-operative relationship between children and their families and community is important to the safety, welfare and well-being of children.

Section 12 of the Act requires the Commission to give priority to the interests and needs of vulnerable children. Children are defined in the Act as all people under the age of 18 years.

Section 11(d) of the Act provides that one of the principal functions of the Commission is to make recommendations to government and non-government agencies on legislation, policies, practices and services affecting children.

INTRODUCTION

The Commission is pleased to contribute to the Health Futures project to help set long term directions for the State’s health system for the next 20 years.

Between August 2005 and February 2006, the Commission spoke with over 200 children and young people aged 4 -18 years about what health means to them. The consultations provided us with invaluable information on children and young people’s perceptions of health. Quotes from these and other relevant consultations appear throughout this document.

A recent University of Sydney study found very similar views to those we found in these consultations.

This submission also reflects the findings from other Commission projects, including our study of Children’s Understandings of Well Being; our response to the United Nations National Plan of Action, A World Fit for Children; our Report of an Inquiry into the Best Means of Assisting Children with No-one to Turn To; a submission to the NSW Parliamentary Inquiry into Children,

**Young People and the Built Environment;** and consultations held with children and young people prior to the NSW Summit on Alcohol Abuse (2003).

**OVERVIEW**
The broad approach adopted by the Health Futures Project is encouraging, as it promotes open discussion on future strategic decisions of the health care system. This submission adopts a similar approach.

A similar approach is adopted in this submission, which assumes that a health system should aim to keep healthy people healthy, and to make unhealthy people healthy, or at least healthier. It adopts children and young people’s broad definition of health, and their view that health equates with general well-being.

The submission has three chapters reflecting the three major strategic changes we believe are necessary to improve the health system for children, young people, their families, and communities:

1. **It’s about keeping “kids feeling good”**
   The first chapter shows that for children and young people, ‘health’ is about “feeling good” or general well-being, rather than the provision of services to treat illness, disease, or injury. This is not surprising given that the majority of children are born healthy and identify as healthy. A sustainable health system should seek to keep people feeling good by supporting and maintaining well-being throughout life, beginning with investment in the critical early years. Healthier children grow into healthier adults, giving rise to a healthier population and a society with better social, economic, and health outcomes.

2. **We’re all responsible for keeping “kids feeling good”**
   Chapter two argues that working collaboratively is core health business and key to achieving good health outcomes in a time of demographic, social and economic changes. It considers the societal impacts on children’s and young people’s well-being. Using kids’ broad perception of health, it focuses on how governments, non-government organisations, professions, communities, and families can co-operate to keep kids feeling good.

3. **How to keep “kids feeling good”**
   Although children and young people are likely to be healthier than older people, they are not invulnerable. They are susceptible to illness, disease, and injury. Six operating principles are recommended to keep children and young people feeling good and to support them when they aren’t feeling good, including those suffering from illness, disease, or injury:
   - Focus more on children and young people
   - Help children and families manage their own health
   - Provide services close to children and young people
   - Provide services that are personalised and individualised to the child or young person
Communicate directly with children and young people; and
Communicate in new ways

As is well demonstrated in NSW Health’s discussion paper *Fit for the Future*, the current health system is not sustainable in the medium to long term.

For that reason, we do not propose making the current system work better nor modifying it to make it more robust, flexible or responsive. By 2025, we will simply not be able to afford a health system focussed on running hospitals and outpatient services to treat illness, disease, and injury, even if they are run better and smarter than at present.

We believe that the challenges of the twenty first century require a fundamentally different approach to promoting, maintaining and improving the health of the NSW population - and the key to the health of the population is the health of its children.

We are suggesting a new focus on health by our society, and changed roles for the health system and some of its component parts. We have not attempted to draw up a detailed blueprint of a new services system, but rather to propose directions and strategies which can be developed over the next two decades.

We realise that some of these proposed roles have not traditionally been seen as part of the health system, and that undertaking them will require significant reallocation of resources and priorities within the system.

Convincing internal and external stakeholders of the need to change will not be easy, and will take many years. Fortunately, the Health Futures project has a twenty year timeframe.
1. It’s about keeping “kids feeling good”

Children and young people’s understanding and experience of “health” is generally different to that of adults. The way the NSW Health system currently works and operates is often inconsistent with children’s positive and life-affirming view of what constitutes “health”.

If we are going to engage with children and young people in maintaining and improving their health, we need to understand “health” from their perspective.

Messages to children and young people about health are unlikely to be effective if they are based on an adult’s understanding of health; they will make limited sense to children and young people.

Children and young people’s definition of health: “kids feeling good”

Our current health system concentrates on the prevention, diagnosis and treatment of illness, disease, and injury. It generally defines a healthy person as one devoid of illness, disease, and injury.

However, children and young people do not define health in this way, though they accept that health is bolstered by the absence of illness, disease, and injury. They identify being healthy and being treated for illness as two related but separate parts of their lives: “health” is part of the practical care their families provide for them; “treating the sick” is what health professionals do.

This difference in perceptions was exemplified during our consultations for this project. Many adults told us that young people regarded themselves as invulnerable, so it would be difficult to engage them in discussions about health. On the contrary, we found that all the diverse children and young people we spoke with were very keen to talk about “health”. They were, however, much less interested in talking about “illness”.

Children and young people say very clearly that, to them, health is about well-being and feeling good.

“It’s interesting when you talk to young people like us and older people - the majority would probably say cancer, sickness, hospitals, ambulances, but when we talk to young people they tell us it just is not all about physical stuff, it’s about being happy and just general well-being.”

(boy, 16)

1.1 Health means well-being to kids

Depending on their age, backgrounds, and experiences, children and young people’s definition of health may vary slightly. Nonetheless, they all see health and well-being as aspects of a single concept. They do not readily make a distinction between physical health and mental health, which they see as
intimately connected through the inter-related nature of mind, body, and spirit. “Health” extends far beyond the absence of illness, disease and injury.

“It’s more holistic, a mix between the physical and psychological” (girl, 15)

“Health = being mentally fit” (boy, 17)

Children and young people see a healthy person as someone who has the physical and mental capacity to do what they want; so it is possible to be sick while you are healthy.

“You know you are healthy when you can go about your everyday business with no problem” (girl, 14)

“It’s just being able to function properly in society, like, it is about being able to do the sorts of things you want to do” (boy, 16)

For children and young people, the important issue is overall well-being; physical “health” is less central to them. In fact, “kids feeling good” is seen as the outcome of emotional, mental and physical health.

When children and young people were asked to design the components of a healthy person, their responses demonstrated their broad perception of health and their equation of health with well-being:

“Happy”
“Energetic”
“Social”
“Fit”
“Not being sunburned”
“Good self-esteem”
“Drinking water”
“Skinniness”
“Not drinking alcohol or taking drugs”

“Relationships with family and friends”
“Good genes”
“Friends”
“Vitality”
“Resilience”
“Soccer ball”
“Good food and exercise”
“Confidence and balance”
“Knowledge”

Younger children tended to focus on healthy food and exercise while adolescents’ responses focussed on “wellbeing” and “mental health”.

As is well known, some groups of children and young people – Indigenous kids, those in care or juvenile detention, the homeless, refugee children –
have lives with much lower health status than other children and young people.

Our experience, however, borne out again by our consultations on this project, is that despite the difficult life experiences of these children and young people, their needs and aspirations are not very different from those of other children.

In some cases, service responses to them will be different, and specialist services will be needed, though even then the response needs to be about the individual child, not about a category to which the child belongs.

These children and young people share their less disadvantaged counterparts’ understanding of health, well-being and feeling good and their vision of how “health” could be better in the future.

“It’s about feeling good” (girl, 16)

1.2 What well-being (and “health”) means to kids

The Commission’s current research Children’s Understandings of Well-being has found that for children, physical health is only one of many components of well-being.

Children and young people gain a sense of well-being from:

- Having a sense of agency and some control over their lives
- Feeling emotionally and physically safe and secure
- Having a positive sense of self and feeling that they are a good person
- Being active
- Being able to cope with adversity
- Having enough material and economic resources
- Being physically healthy
- A good environment
- An understanding of social responsibility and morality

This is what “kids feeling good”, and therefore “health”, means to children and young people.

The fact that children think about health as broadly as this is not surprising. The great majority of children in NSW are physically healthy and identify as such. Thus, when they aren’t “feeling good” it is less likely to be a consequence of a problem related to their physical health.

In order to understand children’s experiences of health, we need to understand how these components of well-being impact on them. They are

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2 The Children’s Understanding of Well-being project explores children and young people’s perceptions and understandings of what constitutes well-being. It is a collaborative research project between the Commission and the University of Western Sydney. At the time of writing, the study’s results have not been published.
considered below. As all of these components impact on health, a health system has a role, even if it is indirect, in influencing them.

Children identify the first three of these components (agency, security and sense of self) as fundamental to their well-being: a lens through which they understand their world. They provide a means to understand the remaining six components, which contribute to children’s well-being, though without having to be present in the child’s life at all times.

1.2.1 Agency
Children identify having the power to influence or make decisions that will affect them as essential to their well-being. This includes being able to make choices in everyday situations and influence everyday occurrences at home and at school. They understand that, especially when they are younger, adults should generally set limits and that adults may make the final decision. They like the opportunity to negotiate decisions with adults and react negatively to being told what to do without a chance to discuss it.

“my parents make me eat it (broccoli) but I put it in my pocket or feed it to the dog”

(girl, 9)

As children grow and develop, they assume more responsibility for decisions in their lives, including decisions about their health.

“As I was growing up I had a family doctor. When I was old enough to realise he was quite silly I went out and found a doctor I liked and can communicate with.”

(girl, 17)

“Children should have a say in how they receive advice about their health and which services they receive. This is because they would feel more comfortable and would be more likely to use these services.”

(boy, 14)

1.2.2 Safety and Security
Relationships, particularly within a family, are key to children’s health and well-being. They create security, stability and provide love.

“If you had a good father and a good mother, then you’d be laughin’”

(girl, 15)

“I run with my step mum. It’s fun and keeps us fit. We feel that we can tell each other anything. If I ever have a problem I can go to someone immediately”

(girl, 16)

Stable and caring peer groups are increasingly important as children grow and develop. Children don’t like being singled out or excluded from peer groups and this can be humiliating and emotionally damaging.
“I am always with friends which means I am happy”

(boy, 13)

Physical safety may be as significant as emotional security. Your perception of whether you live in a safe or unsafe neighbourhood can impact on whether you feel good:

“I live in a medium sized house in a generally quiet neighbourhood which I think is a good thing because I feel safe”

(boy, 16)

“The atmosphere and people can create a sense of fear”

(girl, 15)

1.2.3 A Positive Sense of Self
Kids’ wellbeing is dependent on a positive sense of self which comes from being a good person, feeling appreciated and fitting in.

“What contributes to health? Acceptance, balance, exercise, feeling good about yourself, positive relationships, confidence, happy and fit, doing what makes you happy.”

(boy, 14)

Being appreciated, acknowledged and thanked are important for wellbeing, as are being yourself and being true to yourself.

“I am happy with my personal identity and that is an integral part of my health.”

(girl, 17)

1.2.4 Being Physically Active
Physical activity is seen by kids as having mental as well as physical benefits; it is about having something interesting to do with your time, as well as being fit.

For children, being active is important so they have the energy to do what they need to do.

“Just being able to function properly in society, like, being physically fit is also about being able to do the sorts of things you want to do”

(boy, 15)

Organised sport is seen as the main way to get “exercise”. Unstructured outdoor activities and play are considered important because they’re interesting and keep your mind active.

1.2.5 Coping with Adversity
Children believe there should be people you can ‘fall back on’ and who can provide practical assistance to deal with adversity. This will often be a parent or sibling.
“My dad and sisters, they’re really strong physically and emotionally and we help each other through tough times, we’re very close”
(boy, 16)

“I can talk to my older half-sister, because my parents both work full-time and I can ring her anytime. She’s always at home because she’s got a little three year old; she’s always around when I need her. Even though she lives in Adelaide I know I can always ring her to talk…”
(boy, 11)

Having a close friend to confide in who is able to listen and empathise is also important for children.

1.2.6 Material and Economic Resources
Even quite young children realise that there is a need for households and families to have enough money to provide a reasonable standard of living.

“If you don’t have a house to live in, your living could be unhealthy”
(girl, 15)

“…because sausage rolls will always be cheaper so you go for that as opposed to expensive or hard to prepare healthy food.”
(boy, 17)

They are often aware of parents not having enough money. They can tell by the sorts of resources and goods at their disposal, but also through observing the anxiety and stress of their parents. Poverty also carries the emotional costs of shame and exclusion.

“…cause you don’t have money to buy the food”
(girl, 15)

1.2.7 Being Physically Healthy
For kids being physically healthy includes lifestyle, feeling well and eating in a healthy way.

“An apple a day keeps the doctor away”
(girl, 9)

“The doctor said you have two options – you either cark it early after having a major heart attack – or you can get off your butt and get active… so I’m like ok, I’ll go and exercise”
(boy, 18)

Children are aware of societal tensions around eating. Their choices and eating patterns are affected by advertising, access to nutritious food, parents’ income, time, and work patterns. Fast food advertisements are extremely influential for children, who say they create pressure to give in to temptation to eat unhealthy foods. Children understand the links between what you eat, eating patterns, effects on your body, and body image.
“Obesity is a mental health issue too… people make fun of you or you feel down because of it” (boy, 13)

“With my mother with 7 kids and only one parent working… automatically my food turns into cheap, fast cooking meals which are fatty” (girl, 16)

1.2.8 A Good Environment
Children like to have homes and public places that are planned and designed to facilitate fun times with people, where they can relax and be themselves.

“I live near a park so I am able to get regular exercise without travelling great distances” (boy, 17)

“I have a backyard with trees and a nice comfy couch. Whenever I am feeling sick, stressed or need head space to crack a creative assignment I can go and chill in the sun and collect my thoughts” (girl, 17)

Environments that are noisy, unhygienic and traffic-dense lessen their well-being; those with greenery, especially trees, and running water promote it.

“I go to school next to polluted water and the fish market so we get some bad smells and I also live next to the city west link (fumes)” (boy, 15)

“Pollution and rubbish are scattered around my local area. The atmosphere and people can create a sense of fear.” (girl, 16)

1.2.9 Social Responsibility and Morality
Finally, children’s well-being is affected by whether they feel they are behaving properly and being responsible. They like to be able to help around the house and help their friends, but they also want to be honest and fair, and to be a good local and global citizen.

“It’s disgusting to see that another human being does not have the time for somebody else that is suffering. People will see someone in the street who is acting a bit funny and they’ll laugh and get a kick out of it. That’s ignorance and it’s wrong.” (girl, 14)

1.3 The implications of this understanding of health
These findings about the well-being and health of children and young people provide some useful insights for the future of the health system.
Despite our society’s increasing prosperity and our rapidly increasing expenditure on the health system in recent decades, the news about children’s health status is equivocal.

The Australian Institute of Health and Welfare has reported trend data against 15 indicators of child health. They found changes for the better against seven indicators (relating to death rates, dental health and tobacco), no change against six indicators (injury hospitalisations, asthma, cancer, leukemia survival, low birthweight and vaccinations) and changes for the worse against two indicators (diabetes and obesity).

There is clearly scope for a health system to do more to maximise the health of children and young people so they will be healthy and productive now and as adults in the future. It seems likely that an illness, disease, injury focus has not engaged children, young people and their families, nor is it the best way to promote and maintain the health and well-being of kids and families.

The majority of children are born healthy and keep feeling good as they grow and develop.

If we are to keep “kids feeling good”, and help them feel better when they do not, we need to reflect on what children have said about their life experience and structure it into our health system.

Based on children and young people’s reports of their lived experience, we believe that the following factors need to be considered as the health system is reshaped:

- Children and young people see their health and well-being as an interconnected, organic whole. They have difficulty understanding, let alone navigating, a system which is segmented into illness and injury specialities and components.
- A consistent, predictable and warm relationship with at least one caring adult is necessary for a child to deal with life’s adversities.
- Children and young people turn to their parents and family, not professional health care providers, for health support and care. Parents need to be supported and recognised as partners in protecting children’s health.
- Children learn to make life choices, including health choices, and develop skills in making them, through experience, adult modelling and guidance and access to resources and information.
- The health system and health professionals need to be visible and present early in children’s lives in positive, “feeling good” contexts. Otherwise the health system may have connotations of negativity and limited relevance to the child, who may be reluctant to use the system.

The current health care system is not built around keeping “kids feeling good” by addressing factors such as these. While many other players and systems

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can influence these factors, the health system can take the lead in “kids feeling good” and in encouraging other systems to do so.

1.4 Early years investment - keeping “kids feeling good”

The health system is faced with new challenges such as the ageing population. Unless it changes fundamentally, it will be overburdened with, and eventually overwhelmed by many patients whose health problems could have been prevented when they were younger. Keeping people feeling good throughout the lifecourse, beginning with the critical early years, is the key to a sustainable health system.

Research now demonstrates conclusively that the patterns of health and illness throughout life are influenced strongly by patterns that are established early in life. Biological and environmental risk and protective factors, together with early life experiences, affect people’s long term health and disease outcomes.

In short, the health of NSW’s ageing population depends largely on how healthy they have been as children. Healthier children make for healthier older people and a healthier and more productive population overall.

“How will services handle the waiting lists when they are already long now and there will only be more people and maybe new diseases? The way to combat that is to have preventative techniques so you don’t have people getting sick and having to wait for operations.”

(boy, 17)

NSW’s ageing population has potentially overwhelming economic implications. One of the most effective and efficient strategies to address it is to shift the health system’s priorities from treatments of later stages of disease and at the end of life, to the promotion of early, more effective, preventive interventions focused on maximising and developing optimal health – and on keeping “kids feeling good”.

Research demonstrates that brain development in the early years of life, including in utero, significantly affects physical and mental health and the onset of future illness and disease. With regard to physical health, brain development impacts on outcomes such as coronary heart disease, blood pressure, type II diabetes, immune pathways, and obesity. Similarly, brain development in the early years has an impact on mental health outcomes including anti-social behaviour, violence, drug and alcohol abuse and smoking.4

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Barker and his colleagues point to the importance of early life factors as risks for chronic disease in adults. They showed that low birth weight, together with weight gain in the first year of life, are associated with cardiovascular disease, diabetes, and hypertension in the fifth and sixth decades of life. There is an accumulating body of evidence suggesting that problems and risk factors can be identified reliably early in childhood, and effective intervention improves the developmental trajectory and ultimate life outcomes.

Public policies aiming to achieve a healthy ageing population and reduced expenditure later in life are best based on strategies promoting increased investment in early childhood.

Investment in social support and improved health outcomes for mothers, babies and their families will keep “kids feeling good”. Early years’ investment protects children from harm, but also gives children physical strength, resilience and emotional coping skills.

Investing in the early years provides the best returns of any health investment. In addition, the economic benefits from investments in early childhood are quantifiable and can be substantial; benefit cost ratios of 8:1 are not uncommon for early years interventions.

There is a growing body of work on early years’ investment which are now being taken seriously in public policy. Our attitudes and resource allocation practices need to shift to accommodate this new knowledge. A comparable shift in public attitudes has taken place on environmental policies due to work that started 20 years ago.

Over the next 20 years, the NSW health system can take a leadership role in driving population based early years’ investment and wellbeing principles as the foundation of good health. This will necessarily include changing the “can’t afford it mentality” and changing community, professional and bureaucratic attitudes that these strategies are, at best, add-ons to the current reactive, illness-based model.

**Summary - Chapter one**

- For children and young people, “health” is about “kids feeling good”, being able to do what you want to do and being happy, secure and connected. To kids, health is well-being, not an add-on to well-being.

- A health system which engages children and young people and promotes their health needs to be about things that matter to them: the factors that

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contribute to feeling good and well-being. They will not engage with, nor use properly, a system that is about sickness.

- The health system has a valid, indeed essential, role in promoting and supporting, alone and with other systems, those factors which contribute to “kids feeling good”.

- Population based investment in the early years of life needs to be significantly increased. A sustainable health system in the context of an ageing population will be not be achievable without a focus on well-being and redirection of resources into the most effective health investment: investment in the early years.
2. We’re all responsible for keeping “kids feeling good”

The well-being of children and young people is a complex and broad concept, and most of the numerous influences on their well-being are outside the health system.

Keeping “kids feeling good” is not the health care system’s sole responsibility. It is everyone’s job - even if they don’t realise it at the moment.

The health system cannot support children and young people’s well-being on its own, but it can take the lead in identifying those who can contribute to keeping kids feeling good and mobilising them to engage in coordinated action, particularly early in the life of the child.

Children and young people live within families who live within communities. They attend school, are involved in many other social and sporting activities and as they get older they commence employment. They and their families interact with the built and natural environment and are affected by the economy and other forces. They are bombarded with conflicting messages about health and what will make them feel good.

It is within this context that children and young people are subjected to the risk and protective factors that influence their health and well-being.

Many parts of our current health system work in isolation from kids’ larger context, and are usually reactive, coming into play when things go wrong – the focus on illness, disease, and injury.

To keep “kids feeling good”, the health system needs to interact more with families, schools, employers, community organisations, the private sector and other decision makers to assist and influence their activities, so they help achieve better health outcomes.

At the same time, these organisations need to be conscious that they play an important role in maintaining and improving children and young people’s health. They need to make decisions that have a positive impact on kids’ health and arm children and young people with the means to make healthy choices for themselves.

2.1 Kids’ primary health providers

Children and young people rarely seek help from people they don’t know and haven’t yet learned to trust or believe they can influence.

“They are strangers; it feels weird” (girl, 8)

They are concerned about privacy, often more so than adults. Many see the current health care system as costly and primarily about physical illness. They are often reluctant to engage with the health system; many children and
young people we spoke to had not seen a health professional in several years. Some adolescents we spoke with cannot remember ever having visited a GP.

“I don’t go to a GP. I haven’t been sick for 2 years. I get the flu and I get over it – there’s no time to go to the doctor. Mum doesn’t take me to the doctor unless I’m bleeding to death and vomiting my guts up everywhere” (boy, 16)

It seems that the health care system is not the primary provider of health care and support for children and young people.

As children and young people grow, develop, and make the transition into adulthood they become more experienced, more independent, and more likely to seek and access services, including health services, directly. However, until this transition is achieved, children and young people rely on others outside the health system to maintain their well-being and to keep them feeling good.

“I end up eating what my parents buy” (boy, 15)

“Parents have a responsibility to look after their children’s health. That’s how kids learn how to look after themselves, they learn from their parents” (girl, 17)

The people that children and young people rely on are those with whom they have the strongest relationships. They include parents, other family members, friends and other supportive adults in settings such as child care centres and schools. These strong relationships are the ultimate protective factor for children and young people’s health.

“Relationships are the most important thing” (boy, 16)

Conversely, a child who has no strong relationships with an adult, and especially one with poor relationships with parents, is at significant risk of not feeling good.

“Sleeping is hard because of the noise and fighting and arguing - and the pressure, stress, smoking cigarettes and my parents work late.” (girl, 16)

Children and young people have identified the factors they think are needed to develop and maintain strong relationships, including: spending time and being available; trust and privacy; listening, understanding and not being judgmental; and being able to give practical support and helpful suggestions when needed. Children and young people tend to find these qualities in family members and peers.

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“If I am not getting along with my friends and boyfriend it makes it hard.”
(girl, 15)

So for the health system to keep kids healthy it needs to strengthen the relationships between children, young people, and their primary health care providers, and to use them as allies in the maintenance of children and young people’s well-being. In particular, there is great scope for the health system to develop strong and active partnerships with families, schools and child care services.

2.1.1 Families
As parents are frontline health providers and supporters for children and young people, stresses that can weaken the parent-child relationship need to be addressed.

“Mum and dad… they give you medication when you need it. Give you the right sort of food to eat. Make you walk.”
(girl, 7)

A significant stressor is loss of time parents and children can spend together, and the barriers this can cause to communication. Time shortages have arisen from increased numbers of single parent families, increased numbers of children with two parents who live apart, increased labour force participation by mothers and the long and/or unpredictable hours worked by parents.

Financial hardship and poverty strain relationships that support children and young people, and jeopardise their well-being. While overall wealth is increasing in Australia, the gaps between rich and poor are also increasing. Evidence shows that nations with larger social and economic disparities between individuals have poorer health outcomes than nations with more equal distribution of wealth.

“Mum tries hard but she does not support me financially and emotionally… she’s not a strong figure to look up to.”
(girl, 16)

It is in the health system’s interests that parents and families are adequately supported to help raise children. If relationships within the family fail, then the key health maintainer and provider for children and young people’s health also fails.

“I’ve been on the run from my parents and their bullshit. They’d cracked my foot and I had nothing but the clothes on my back and my mobile. I went to the doctor’s to have it looked at and possibly fixed but couldn’t as I didn’t have a Medicare card or the $50 to see a doctor so I was

turned away without a second thought and now I have a permanently damaged foot and go through agony after certain things.” (girl, 17)

Our society may be losing touch with the idea that bringing up children and maintaining their well-being is at least partly a communal activity, and that parenthood is a ‘social act’\(^\text{12}\). There are some expectations that families should function self-sufficiently in caring for children, with external intervention only when families fail at this task\(^\text{13}\). This ignores the reality that families are not, and never have been, independent or self-sufficient.

Since families play the key role in the health of children and young people, supporting families and reducing the stresses on them, individually and systemically, is an important role for the health system.

Child and maternal health services already play an important role in getting the parent-child relationship off to a good start. In very dysfunctional families, sustained home visiting by nurses combined with developmental opportunities for the infant and child through quality early childhood education and care services helps parents to develop these critical relationships with their children before poor parenting patterns are further entrenched.

Child and maternal health services provide a possible model which could be developed into much longer term and more diverse supportive interactions between families and health services, helping families to sustain and strengthen parent-child relationships through middle childhood and adolescence, possibly by building on the success of existing parenting programs such as Triple P.

\subsection*{2.1.2 Schools and Early Education and Care Services}

Children and young people spend a significant amount of time in early childhood education and care services and schools. For a child, they are often the next best thing to families – and, unfortunately for some children, sometimes they are better.

Inevitably, given the presence of schools and early childhood education and care services in children and young people’s lives, they are, after families, the most likely institutions to meet kids’ needs for strong and supportive relationships with caring adults.

Evidence shows that caring school environments are associated with positive health and well-being among children and young people. A feeling of


connectedness to school helps to protect adolescents against emotional distress, suicidality, violence, substance abuse and sexual adventurism.\textsuperscript{14}

“Teachers can improve things though if they’re cool and supportive, and they don’t stress you out further”  \hspace{1cm} (girl, 16)

“School? Stress! No motivation! Teachers, lots of work to do, food at canteen, wagging, not wanting to go to class”  \hspace{1cm} (boy, 15)

Schools and early childhood education and care services have always been actively involved in educating children and young people about health and have played a major role in maintaining children and young people’s health, though their contribution has not always been adequately acknowledged.

“A good PDHPE teacher makes all the difference – we had a really open teacher who was happy to help and answer questions”  \hspace{1cm} (boy, 13)

The role of schools and early childhood education and care services in health has often been seen primarily as the education of students about health. While this role is important and should continue, the health system could engage more intimately with these institutions so they are recognised and function as sites of primary health care and support of children’s health well-being. The current Health Promoting Schools model has had some real successes and is worth extending to all schools and resourcing at higher levels.

“You feel happy when you are healthy because you get to go to school.”  \hspace{1cm} (girl, 8)

\subsection*{2.2 Examples of other influencers of children and young people’s health}

\subsubsection*{2.2.1 The built and natural environment}

Access to a range of environments is important if children and young people are to feel good.

Children and young people say they feel better if they can walk or ride a bike to parks, schools, shops, libraries, swimming pools and spaces where they can hang out and create their own fun and adventure. They enjoy being around friendly people, knowing their neighbours, having friends close by and having a mixed, diverse community.

Children and young people need to feel safe in their environment and they are reluctant to spend time outside if they do not feel safe. They do not feel safe around people who behave ‘strangely’ or people using drugs and alcohol and they fear becoming a victim of theft and/or violence. They also feel unsafe in dark and poorly lit and isolated places. Their parents also restrict their children’s movements out of fear of what might happen to them.

Being active in their environment is another theme about which children and young people have strong views. They value informal ‘play’ and recreation, and also enjoy organised sport, for its health and stress relief value. They like spaces where ‘play’ and ‘sport’ can happen.

Lack of transport - private or public - limits children and young people’s access to what their community has to offer. Young people told us that they found public transport to be expensive, unreliable, inconvenient and sometimes scary. Many children and young people with disabilities and parents/carers with prams and strollers face physical barriers to accessing public transport.

Overall, the built and natural environment can affect children’s ability to play, be physically active, socialise and feel safe. The potential impact on their health and well-being is clear.

> “On this really annoying road, there is a Subway restaurant and directly across the road there is a McDonalds. So what are you going to pick first? I’d be more prone to pick the Maccas. I reckon to help me out, get the Maccas away from Subway” (boy, 17)

Planners, developers, architects, local governments, arts, sporting and recreational bodies and transport providers all impact on children’s health and well being through the decisions they make. Stronger linkages with the health system could well help reduce stresses on children and families, prevent health problems and provide more opportunities for kids to feel good.

### 2.2.2 Business and industry

The private sector impacts significantly on the well-being of children and young people through the nature and delivery of their services and products, their employment practices for parents and young workers, and the messages sent to children and young people through products, packaging and advertising.

Products can be healthy or unhealthy, targeted and marketed appropriately or not, and made available and priced in ways that assist or disadvantage children and young people. Advertising may inadvertently create pressures on kids to behave in particular ways and stigmatise those who do not.
Employers can be rigid or flexible about working hours, which can affect the amount and quality of time their employers can spend with their children.

“Career-focused parents are ignorant of their children’s health. They are tired, and not around as much. There needs to be more consideration by employers for parents who have kids to take care of.” (girl, 13)

Employers can also take account of the inexperience and needs of their teenage workforce and make young people’s early experiences of work positive ones.

In all these ways, business organisations can have an effect on the health and well-being of children. At a time of increasing awareness of social responsibility among corporations, there may be scope for the health system to forge alliances with the private sector and help that sector promote children and young people’s health and well-being.

On the other hand, if working collaboratively with business is not sufficient to reduce threats to kids’ health and well-being, it may be necessary to increase regulation in areas such as safety standards, advertising, promotion, labelling and young people’s working hours. The additional burden to business of increased regulation can be justified by avoiding the long term costs to the community’s health status and the economic costs to the health system.

2.3 Working collaboratively to keep “kids feeling good”

Since the long term health of our society depends on the well-being of our children, and there are many influencers of children’s well-being, it is important that all those influencers work together, led by the health system.

“Adults in professions such as medical, teaching, sports coaching, the media all impact on kids’ health in some way or another. It’s important they understand kids and how we operate and not attempt to change how we operate.” (girl, 17)

However, there are significant barriers to the development of coordinated, collaborative responses to address the needs of children and young people to feel good.

These barriers include demarcation of organisational and professional boundaries, rigid funding streams, unequal or poorly-understood working relationships, simplistic and short term approaches, traditional views about “responsibility” for issues, and agency priorities.

There are so many government, non-government and private sector agencies with the ability to impact on children’s well-being for good or ill that it is not surprising that it is difficult to co-ordinate activity. Some of these agencies may have little or no conscious interest in children’s well-being.
This is a major challenge for the health system if we are to have the childhood well-being which is a necessary precursor to a healthy community in the future. To generate health outcomes for children and society, the barriers hindering collaboration must be overcome.

Often, the response to such problems is a cross-sector memorandum of understanding or joint interagency guidelines for practice. While such documents can be useful tools, they can rarely address the real issues of the relationships between practitioners and “ownership” of issues.

These more fundamental barriers to collaborative work require a change in organisational cultures and the way practitioners, professions and organisations conceptualise children’s well-being. This is a significant workforce issue for the health system and related professions and sectors; organisational cultural change needs to be complemented with changes to the way people who work with children and families are trained and the expectations new graduates have about the nature of their work and working relationships.

They need to understand the need to work together, to want to work together and to embed cross-sector work in their day to day practice.

**Summary - Chapter two**

- The ability of children and young people to feel good depends on many factors and influences; the levers to change many of these lie outside the traditional health system.

- A sustainable healthy population cannot be achieved by the health system acting alone, or with the limited support of other influencers.

- Since healthy childhood and positive early development are prerequisites for a sustainable healthy population, the health system needs to focus on supporting the key external influencers of children’s health and well-being.

- The health system needs to develop ways to engage all parents, schools and early childhood education and care centres as partners in helping kids feel good.

- The health system needs to develop ways to influence decision making in sectors which impact on children's health such as urban design, transport advertising, sport, employment practices and income support, including by regulation.

- Collaboration to improve the well-being of children and young people needs to occur across organisations, sectors, disciplines and professions; this is an issue of organisational and professional cultures, approaches and training, as well as of individual practice.
3. How to keep “kids feeling good”

Although the vast majority of children and young people are healthy and identify as healthy, they are not invulnerable. They are susceptible to problems that can detract from their health and well-being. While strategic approaches to keeping kids healthy is the first objective outlined in this submission, this chapter focuses on service delivery to keep kids feeling good, and to help them feel better when they don’t.

The operating principles for health services listed below are based on feedback from children and young people about their own health, their experiences of the health system and what they would like to see in a healthy world. These principles are translatable to other types of service for children and young people, not just those based in the traditional health system.

We believe it is important that NSW Health apply these principles in the short to medium term. Often children and young people will only give us a few small windows of opportunity to influence their choices.

“I went into hospital at 5pm and waited till 6am to be seen to – it was a broken leg, and only one Panadol was given to me in the mean time”

(girl, 14)

If we miss those opportunities, or children’s experiences with health services are poor, the choices they then make may be very costly, with wide ranging and long lasting impacts.

“I’ve learnt to deal with things myself. I’m over counsellors”

(girl, 17)

“If you have a bad experience with the health system you could be put off ever going again”

(boy, 15)

Health Care Operating Principles for Children & Young People

Six operating principles are recommended to keep children and young people feeling good, or to help them feel better when they don’t:

1. Focus more on children and young people
2. Help children and families manage their own health
3. Provide services close to children and young people
4. Provide services that are personalised and individualised
5. Communicate directly with children and young people
6. Communicate in new ways

3.1 Focus more on children and young people

Children and young people should be given higher priority and more resources than they are accorded at present. They will live longer than adults and therefore will experience more than older people. Investment in the early
years gives the best health returns. Healthy kids mean healthy adults. Healthy adults reduce costs and reduce needs for services and can better contribute to the economy and to supporting the ageing population.

To an extent, health services have been ‘captured’ by adults. Most services are designed around adult needs, or at best are based on adult assumptions of what children want and need.

Children and young people are not miniature adults. They have different physical, intellectual, and emotional abilities and needs, and different biochemistries. What works for adults often won’t work for children.

“they could take kids first when you are waiting” (girl, 7)

We know that a small amount of time or resources invested effectively in a younger person can have multiplied effects for them in later life and generate long term savings for the health system by preventing later problems. We need to invest urgently in developing interventions and service approaches designed for infants, children and young people rather than for smaller adults.

“I like the nurses who take care of me and have a magic wand that puts all the kids to sleep.” (girl, 5)

3.2 Help children and families manage their own health

Parents manage the health and well-being of younger children. Young people tell us that responsibility shifts from parents to themselves as they grow older and start to participate in, and then make, their own choices. This developmental continuum of responsibility and decision-making is important to developing ways to support kids’ health and well-being.

Children, young people and their families look after their own health and the role of the health system is to support kids and families in managing their own well-being.

Educating children and young people about “health” does not appear be the key problem. A significant misconception is that children and young people who experience poor health or engage in practices that jeopardise their health do so because of some lack in their education. In our experience this is not often the case; education about health in NSW schools appears to be effective.

Young people say that they understand the difference between a healthy choice and an unhealthy one, and they have the information they need to distinguish between them. When they make unhealthy choices, it is often not for lack of knowledge but because don’t have the means (money, transport, confidence, equipment) to make healthy choices or because they actively choose the unhealthy option, having weighed up the potential good and bad effects.
For children and young people, potential good and bad effects of the choices they make are largely about today and the immediate future; they rarely think about their lives years into the future. They rarely take in messages about harm that may manifest decades later. This is not a result of any lack of education; it is a function of the stage of normal human development they have reached.

Familiarity with health services and practitioners could help children and young people overcome their reluctance to use services. It would be useful for the health system to be involved in the things that families do, perhaps by routinely having a ‘health presence’ at sporting events, in recreation areas, shopping centres, and schools.

There are opportunities for the health system to build knowledge and confidence on those occasions when families do come into contact with a GP, a community nurse or a hospital. At present, the encounters can sometimes strike children as an alien, highly specialised, painful and time consuming experience, to be avoided in future. There is scope for making these encounters more comprehensible and less stressful, so children develop a better understanding of how health services can be helpful, less frightening and more approachable.

“I was scared because I went to have my appendix out, and I wasn’t quite sure what was happening, and I couldn’t walk the next morning.”

(boy, 9)

In particular it would be useful for the system to adopt ways to help children and young people, who see health and well-being as a single concept, understand how to use the disparate and complex array of health services – which often makes no sense to them and which defeats many adults. Services could be structured and organised differently. A possibility is non-threatening service which helps kids locate nutritious food, dental care, and good physical activity programs, for example, simply and cheaply.

Kids can be discouraged by a bad experience with the health system. If they find their contact unhelpful, embarrassing or perplexing, they will be reluctant to use services again.

3.3 Provide services close to and appropriate for children and young people

Children and young people are not as mobile as most adults and often cannot afford transport over even moderate distances. They will not use services they cannot get to safely, cheaply and reasonably quickly.

Accessible and affordable public transport, parking, and location close to other services are important, as are physical accessibility for parents with strollers, those with disabilities or for young children who tire easily. Parents
need to be able to see their small children when using health service premises.

“Having good access to a service, good transport. On a main bus route. The receptionist knowing about the closest public transport, making sure the young person is informed about how to get there.”

(girl, 16)

Physical proximity is one important factor, but other factors can make children and young people more likely to use a health service. Having a routine health presence in kids’ everyday lives, as described above, is one. Others include:

**Affordability:** Many adults think that most health services are available to everybody at reasonable cost via Medicare, public hospitals, the Pharmaceutical Benefits Scheme and so on. Young people have little understanding of how the system and individual services are financed. They say that they do not understand Medicare, private insurance, how to get a personal card, pay for a visit to a doctor, and/or claim a rebate. Not understanding how to pay for services, or knowing what they will cost, mean that young people are reluctant to use even basic services like GP consultations.

“A lot of young people can’t afford to pay to go see a service. That makes young people nervous, thinking “I’ve got no money, how am I going to pay?”

(boy, 17)

Pharmacists, dentists, orthodontists, opticians, nutritionists, physiotherapists, dermatologists, drug and alcohol counsellors, detoxification services and psychologists are unaffordable for a significant proportion of low to middle income families.

“Quite often it is too expensive to buy medication. So if I feel better I will save the rest for the next time I get sick. I know it’s wrong but I (and all my friends) do it all the time’.

(girl, 15)

**Availability:** Young people can only use services if they are available on days and at times that suit them, particularly if they have part-time jobs, or have to travel to a major town from a smaller town or rural area. It is important that services check how they are getting home and that they are not stranded without transport.

“Health bureaucrats assume that children have parents who can regularly take them to appointments etc. This is not the case.”

(girl, 17)

Young people and working parents of younger children prefer services to be available outside traditional working hours.
“Young people have school, TAFE, whatever and by the time you finish at 3.30 you can’t get there in time.”  (boy, 16)

Privacy: Privacy is very important for young people. Concerns about confidentiality sometimes prevent them from using health services.

Our consultations found that young people are more likely to turn to a close friend or peer group, rather than their parents, to confide in or to seek advice about some issues. While they will readily talk to parents about physical health, nutrition and physical activity, they can be reluctant to do so with concerns such as depression, anxiety, sexuality, sexually transmitted diseases and violence. Some young people may need to discuss events occurring within their family, such as alcohol abuse, violence and other family dysfunction.

“If I had a rash in a private place I would not go to my family doctor, maybe he would tell my parents.”  (boy, 15)

Often, young people with these health problems will visit a health practitioner they and their family have never used before, as a result of concerns about their family finding out. This is particularly the case in small rural towns and for children who live in one culture at home and a different culture in their social life outside the home. Many adolescents have deliberately chosen to visit a GP not linked to their family and outside their culture in order to preserve privacy and anonymity.

“I would do some research on the net first and then go to a non-Korean GP”  (girl, 16)

Of course, this option is not open to kids who don’t have their own Medicare card. Many of them appear not to seek treatment at all.

Students generally do not voluntarily go to a school counsellor for help, because they don’t want their friends to see them or label them as ‘losers’.

“I would be too embarrassed to go there…I wouldn’t want someone to see me going there.”  (girl, 15)

Some schools are developing ways of ‘normalising’ school counsellors to overcome this barrier. These emerging models may be useful as examples of good practice for other health services.

Young people staying in hospital will sometimes need privacy. Ward accommodation needs to be flexible enough to provide personal space when needed. They would also prefer not to be placed in wards with adults.

“I was scared because there were all these people with like, half an eye”  (boy, 10)
“You don’t want to watch old people die around you. Old people tend to be much sicker”

(girl, 11)

**Style and Tone:** As with all client-focussed services, there is a need to see the relationship from the client’s perspective.

“What makes them good? – warm hands, understanding, someone who will listen and explain well. Not too emotional – you don’t want them upset.”

(boy, 16)

Follow-up and personalised feedback is important to make sure messages are heard, actions taken, and to reassure and provide encouragement to parents, children and young people.

Since kids’ physical environments are important to their well-being, the physical layout of health service premises, including waiting areas, should be comfortable and interesting.

“approachable, friendly reception, having bright colourful posters and signs, inviting, magazines, lollies”

(girl, 17)

“I like playing computer games with other kids in the ward.”

(boy, 7)

**Culture:** Children and young people may have some cultural needs in addition to those of adults of the same cultural background.

The time necessary for effective communication may be greater. Parents and/or children may need interpreters, and have a quite limited understanding of the technicalities of the health advice being given.

“My mum doesn’t speak good English so he (the GP) talks to me too”

(girl, 12)

On some occasions it may be appropriate to see a family as a group, at other times it may be better to see a young person alone to ensure privacy.

Practitioners need skills to manage these situations, particularly where there is intergenerational cultural tension in a family.

### 3.4 Provide services that are personalised and individualised

Children and young people like face to face contact and need to be able to develop relationships with people who work in health, even if it’s just a short meeting. Young people tend to visit a person not a service. They go to see ‘Chris’, not to the diabetes clinic.
“I have a spina bifida doctor I see every couple of years. I enjoy seeing her cause she’s thorough and she’s friendly. She treats you like a person, not an object. She takes time out to listen to you.” (girl, 17)

“Being able to choose who you want to see, male or female. It puts you off even going because you don’t know who you might get.” (girl, 15)

Young people, particularly those in rural areas, need to be given personal appointments that are adhered to and would prefer not to wait for lengthy periods at clinics. Apart from benefits such as time efficiency, this provides greater privacy and personalised meetings. Public transport may be non-existent or limited to early morning/mid-afternoon school-related timetables so adhering to a schedule is important for the child’s safety.

3.5 Communicate directly with children and young people

Children and young people react very badly to practitioners talking to their parents about them, rather than to them. It is possible to talk directly to quite young children and address them personally. Similarly, older children and adolescents like to be addressed respectfully and warmly. A conversational tone without technical terms, but not too patronising is preferred by children and young people.

“I like it when our doctor talks to me, but mostly he talks to mum and gives me a lolly at the end.” (girl, 6)

Children and young people need to be treated as individuals and to participate in discussions that concern them. They have views on most matters to do with their well-being. In areas where they are not so knowledgeable it is possible to take some time informing and educating them about what is happening and then ask for their opinions and preferences.

“I leave not knowing anything” (boy, 10)

Even young children prefer to participate in decisions that affect their lives. There are well-developed strategies for embedding effective participation in practice. Examples such as the TAKING PARTICIPATION seriously kit are available on the Commission’s website.

As stated previously, there is often an assumption that children and young people make unhealthy lifestyle choices because of a lack of information or education. While in some cases this may be a factor, it is more likely that other barriers exist, such as social disadvantage, cost and lack of access to healthier options, services or transport. Children and young people need more that ‘just don’t do it’ to convince them and to strengthen their resolve against peer, media and cultural pressures.
Children and young people will be healthier and feel better if practitioners communicate using developmentally appropriate language and concepts, check that information has been received, and explain as well as instruct.

“Doctors just say “take this” and don’t tell you what it is…especially guys won’t ask.”

(girl, 15)

3.6 Communicate in new ways

The future of health will be shaped in part by major technological changes such as telemedicine, remote diagnosis, non-invasive surgery, and so on. Investment will also be required in communication technology for the techn-literate generations of the future. Children and young people are already using communication technology fluently in ways that are still unfamiliar or awkward for most health practitioners and other adults. For example, most young people in the Commission’s Health Futures consultations said that the first thing they do when deciding what to do about a personal health problem is look on the Internet.

Communicating with kids in the future will mean an ongoing process to keep in touch with young people, make messages meaningful and present information in new and interesting formats.

“People are reluctant to pick up a pamphlet with all their friends watching. They don’t want all their friends watching and hassling them.”

(boy, 16)

While the internet, television, radio, magazines, and mobile phone services can all be used, the appropriate methods may change. On the internet, it may already be more effective to communicate health information to children and young people through web discussion boards, blog sites, pop ups, and MSN than through agency or issue homepages. Podcasts, SMS text broadcasts, mobile phone information services, reality TV, and subscription television programs may all be more effective than traditional communication channels.

“more messages about health, on TV, on the Internet and, like, MSN”

(boy, 14)

Through technology, young people have access to much more information and mis-information about health. They will be increasingly likely to self-medicate and self-mis-medicate. This may have implications for the extent and nature of the demand for health services.

Anonymous and confidential telephone advice and chat room advice are sources of information and personal advice that are appreciated and used by many young people, though isolated or very low income young people may not have access to phones, or if they do, it cannot be assumed that it is possible for them to make a phone call to discuss private matters.
In the same way that many adults complain about phone menus and automated services, young people also prefer to speak to a person. If a reply or feedback is promised, it is important to deliver on that promise. This is particularly the case for services related to emotional issues or mental illness.

Children and young people take notice of information presented in interesting ways. For example, they are not interested in how many kilojoules are in an item of junk food, but they would like to know how much exercise you need to do to use up all the kilojoules in that item.

Older children and young people turn to their friends for help and in turn are asked to advise a friend on a health or personal matter. It is therefore very important to ensure that general health and well-being advice is available in mainstream media where young people are likely to see it and understand what is being said, so they can advise and support each other appropriately.

**Existing Service Guidelines**

The above six principles were developed by the Commission based on what young people told us during Health Futures and other consultations. Many health professionals will not find them surprising.

The Centre for Advancement of Adolescent Health has already done some excellent work in these issues for adolescents, such as its access principles, the *GP Resource Kit* and the *Youth Health Better Practice Framework* 15.

The challenge for the health system is to embed such principles for children, young people and their families in all services which promote, maintain or improve children and young people’s health and well-being.

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CONCLUSION: WAYS FORWARD

Our current health system has evolved for various historical, institutional and funding reasons and has been operating with the intention of maximising health outcomes for all. It is being challenged by social, demographic and technological change.

The current system will not be sustainable over twenty more years of increasingly rapid change. We are no longer able to afford, economically or socially, a health system designed around running hospitals and providing outpatient services.

The Commission believes there needs to be a fundamental change in the way the health system conceptualises health, delivers health services and works with other systems to promote, maintain and improve health and wellbeing. Modifying and improving the current system will not be enough.

In twenty years time, and for decades beyond that, NSW will need a healthy, competent, productive community to support an ageing population.

A prerequisite for a healthy, competent, productive society is healthy, happy children and young people who develop appropriately.

Investing in children and families, particularly on a whole-of-population basis in the critical early years, is the only apparent way to develop a population that can sustain such a large number of elderly people.

A redirection of health priorities and resources to children and young people will benefit society as a whole. In twenty years, we will have a healthier and more productive adult population, save money, and be using scarce resources where they are most needed, rather than in preventable clinical and disease-related expenditure.

We need a health system that is relevant to the needs of children and young people and their families. It needs to engage them by focussing on what matters to them – feeling good, not illness.

There are many people and services in the current health system already working successfully in these directions. However, they are sometimes seen as peripheral or not core-business; they are certainly not driving the health system now.

We will need a cultural change, not just in the health system and other providers, but in the community’s expectations of the health system.

The Health Futures timeframe of 20 years allows this process to happen, though work will need to start soon.
In summary, we propose that the health system be transformed over the next twenty years so that:

- The system treats children and young people as its priority, with a focus on keeping “kids feeling good” through promoting and maintaining their health and well-being
- Significant resources are redirected and invested on a population basis in the early years of life
- Children, young people and their families are recognised as, and resourced to be, the primary promoters and maintainers of health and wellbeing for kids.
- Schools and early childhood education and care services are recognised as, and resourced to be, key promoters and maintainers of health and wellbeing for kids.
- Practitioners in the health system and other human, environment and economic service systems understand that working across sectors and disciplines is a fundamental part of meeting the needs of their clients.
- It is recognised as core business of the health system to advocate for decisions that promote and maintain health and wellbeing of children and young people in any fields which could impact on kids’ wellbeing, including the built and natural environment, transport, advertising and marketing, safety standards, industrial relations and income support.
- Services keep “kids feeling good”, or to make them feel better, are based on principles such as those listed in chapter 3 of this submission.