The Health of Young Australians
A national health policy for children and young people

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**Foreword**

*The Health of Young Australians* is a joint statement by the Health Ministers of the Commonwealth, States and Territories of Australia which is intended to set a clear direction for the future development of health and health related services for children and young people in Australia. It aims to ensure that appropriate services are readily accessible to all children, young people, their families and other caregivers.

This policy is the result of work over a number of years by individuals, community groups, professional bodies, the Commonwealth Government and State and Territory Governments. The views and recommendations of parents and young Australians, other carers and advocates and health service providers, which emerged during the consultation process, represent a major contribution to this policy.

*The Health of Young Australians* recognises that, as a population sub-group, children and young people have particular health problems and needs and that positive investments are needed to maintain and promote their health and well being. It further recognises that these investments must be made within a framework of ongoing care that is aware of, and responsive to, the changing needs that arise as the individual person progresses through the developmental stages of childhood, adolescence and early adulthood.

Health outcomes for young Australians are influenced by factors outside the health system. The policy promotes awareness of, and commitment to, developing strong links with other agencies and the community in general as a means of improving the health of young Australians.

The policy is cognisant of differing roles and responsibilities at State and Commonwealth levels in health and health related planning and service delivery and is not prescriptive in nature. It is concerned rather to identify key areas in which action might be undertaken to improve the health of young Australians.

These action areas are consistent with the broader reform agenda being developed by COAG, the Council of Australian Governments. COAG is seeking to promote both improved health gain for consumers and cost-effectiveness for all governments through changes to the way in which health and community services are organised and funded.

The Australian Health Ministers commend to you this very important policy statement. It represents our vision for the development and maintenance of the health of young Australians for the next decade. The directions set down in the national policy will result in a significant improvement in the protection,
treatment, care and quality of life for children and young people in Australia.

**Australian Health Ministers June 1995**

**Executive summary**

- This national policy, *The Health of Young Australians*, represents the first formal commitment by Commonwealth, State and Territory Governments to work cooperatively to promote, maintain and improve the health status of all Australian children and young people. It has been prepared by a working party of the Australian Health Ministers' Advisory Council and will be followed by a related implementation plan.

- Children and young people represent a country's future. They are also important, now, as valued members of society, each with unique characteristics and potential to contribute to family and community. A significant theme flowing through the policy is that investment in the health of young Australians is crucial to the attainment and maintenance of high quality health outcomes for all Australians, both now and in the future.

- Good health does not happen automatically. Ongoing, positive investments are needed for an infant to grow into a competent, participating member of the community. Children and young people are particularly vulnerable because they are dependent on their families and on the community in general to ensure that their health needs are met.

- A set of health goals and targets for Australian children and young people was prepared in 1992, and included a strong recommendation that there should be a national plan of action to address the health needs of young people. This policy and the implementation plan affirm the priorities outlined in the *Health Goals and Targets for Australian Children and Youth*, and the importance of goals and targets generally for improving health outcomes.

- A policy specifically for children and young people is necessary if the health system is to be able to respond properly to the special, and sometimes unique, ways in which health and health service issues manifest themselves for children and young people. The policy recognises that timely interventions and continuity of care are needed regardless of who is responsible for funding, delivering and administering services, and that clear pathways are needed through the health system for individuals. This is especially so for those who have a chronic illness or disability.

- The policy recognises that much of the ill health and injury evident among children and young people is potentially preventable and that the health of young Australians is influenced by a wide range of social, cultural, physical and economic environmental determinants. Although many of these wider determinants are clearly outside the direct control of the health sector, the policy's proposed strategic directions include ways in which the health sector can cooperate with and influence other sectors which impact on health.

- A national policy is not necessarily about committing the community to spending additional money on health services. Rather it is about ensuring the best use of existing resources by achieving the right balance between health education and prevention, early intervention, treatment, rehabilitation, continuing care and palliation, training and research.

- The starting point for action to improve the health of young Australians should be the adoption by States, Territories and the Commonwealth of a common vision, core principles and proposed strategies clearly focused on definable outcomes. Discussion in the policy covers a wide range of concerns about specific health issues, health service issues, special needs groups, and factors beyond the health system which impact on the health of children and young people.

- A number of key areas for action emerge from the discussion, and proposals for possible strategic directions are grouped as follows:
  - Promotion of healthy supportive environments for children and young people through appropriate policies, programs and services by all levels of government and the community;
- Provision of health services that have both a customer focus and a commitment to the participation of young people and families in decisions about health and health care;
- Development of a balanced approach at all levels of government between those strategies which actively promote good health through environmental and behavioural change, and those which provide care and treatment for ill health;
- Reduction of inequities in the availability of, and access to, the range of health services appropriate to the needs of young Australians;
- Greater coordination and collaboration within the health sector and between health and other sectors through the development of cooperative strategies to improve the health of children and young people;
- Regular monitoring of the health of children and young people complemented by research targeting priority issues for the health of children and young people; and
- Development of a workforce with the skills and knowledge to work effectively in the maintenance and enhancement of the health of young Australians together with increased emphasis on the training needs of people whose work relates to the health of children and young people.

**Section one**

**A national health policy for young Australians**

**Introduction**

Children and young people represent a country's future. They are also important, now, as valued members of society, each with unique characteristics and potential to contribute positively to family and community.

Evidence shows, however, that there are significant inequalities in health status among children and young people in Australia and that, without appropriate action, these health inequalities are likely to persist into adult life.

Australia is a dynamic society undergoing rapid change. The health of the young is profoundly affected by the social, economic and physical environments in which they live. Steps need to be taken to ensure that the health and well being of young Australians will continue to be maintained and enhanced as Australia moves into the twenty-first century.

**Target group**

Children and young people under 25 years of age represent almost 40 per cent of the Australian population. This policy is for these young Australians, from birth up to and including 24 years of age.

**What is health?**

The Constitution of the World Health Organization describes health as:

'a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity'.

The Ottawa Charter prepared at the Second World Health Organization International Conference in 1986 expanded on this concept and defined health as:

'the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and, on the other, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is a positive concept emphasising social and physical resources, as well as physical capacity'.


The national policy recognises these broader definitions of health. Placing the national policy within a social health framework is consistent with both these definitions and with recommendations that arose during the national public consultations undertaken as part of the development of this policy. Desirable outcomes from the policy need to be framed in a context of accepting that:

- the health of children and young people is influenced by a broad range of family, social, educational, environmental, economic, religious, cultural and biological factors;
- health and well being, as distinct from the narrower concept of absence of illness, are best achieved by attention to a number of stages and levels of care which focus on improving health outcomes. These include health promotion; prevention; early intervention; access to appropriate and affordable services through the strengthening of primary health care; and the maintenance of high quality treatment services for injury, illness and disability; and
- consumer participation in decision-making and cooperation between relevant agencies of government, health professionals, non-government organisations and the community are essential to this approach.

**Are young Australians healthy?**

According to conventional measures such as mortality and morbidity, most young Australians enjoy good health. Although figures from different sources vary somewhat, it is clear that death rates among infants have been substantially reduced; death and injury resulting from external causes such as accidents, although still unacceptably high, have declined significantly; and many diseases can now be prevented or successfully treated.

Despite this progress, the national public consultations in 1994 revealed serious concerns about the health of children and young people. Community representatives, parents, child advocates, young people and health professionals all drew attention to the vulnerability of children and young people in general and to the impact on health of problems such as child abuse and neglect; developmental, behavioural and emotional problems; health damaging behaviours, suicide and attempted suicide; and the late recognition and management of mental health problems and disorders.

Recent reports show that significant health differentials are developing among young Australians. The Australian Institute of Health and Welfare (AIHW), in *Health differentials among Australian Children* (2), 1995, claims that there is:

'clear evidence of poorer health among Australian children in socioeconomically disadvantaged families (as measured by family income or area of residence), children in families where no parent is employed and children in single parent families'.

While improvements are occurring in health care for Aboriginal and Torres Strait Islander children and young people, their health status remains far below that of the general population.

In its report *An Overview of Aboriginal and Torres Strait Islander Health*, (3) AIHW shows that throughout the age range of this policy (that is 0 to 24 years), the annual death rates for young Aboriginal people in Western Australia, South Australia and Northern Territory were at least double those for the same age groups in the Australian population as a whole for the years 1990, 1991 and 1992.

Of considerable concern are the rates for 15 to 24 year olds where the Aboriginal death rate was 402 for males and 156 for females per 100,000, compared with rates of 108 for total males and 41 for total females in this age range in Australia. Likewise, infant mortality was much higher with annual rates of 2681 male and 2485 female deaths for Aboriginal babies compared with death rates of 789 male and 622 female deaths per 100,000 in the general population for the same period.

Other groups with special health needs include young Australians from non-English speaking backgrounds, particularly recent arrivals; those with disabilities and/or chronic illness; the economically disadvantaged and the homeless.
How does Australia compare with other industrialised countries?

The reports of the United Nations International Children's Emergency Fund (UNICEF), Progress of Nations (4)(5), issued in 1993 and 1994, show that in some key areas Australia's achievements compare unfavourably with those of other industrialised nations;

- the immunisation rate among young Australians for measles, mumps and rubella, at 68 per cent, is well below the UNICEF goal of 90 per cent. Twenty-six out of the 28 industrialised nations listed in the report have an immunisation rate higher than Australia's;
- Australia has an infant mortality rate of 8.2 deaths per 1000 live births, compared with Japan as the world leader with a rate of 4.6 deaths per 1000 live births;
- the rate of completed suicide among young Australians (16.4 deaths per 100,000 young people 15 to 24 years of age, according to the 1993 report) is among the highest in the industrialised world;
- the number of Australian infants dying because of child abuse and neglect is higher than in several comparable countries. The rate in Canada, for example, is almost half the Australian rate; and
- Australia ranks third highest (for an industrialised nation) for the number of children living in poverty.

Working Paper No. 34, (6) from the Australian National Centre for Epidemiology and Population Health shows that:

'the health status of Aboriginal Australians is considerably worse [overall] than other comparable Fourth World' peoples'.

The statistics used to support this claim include infant mortality rates for Australian Aboriginals around 24 per 1000 live births compared with those for Canadian Indians (21.8), Maoris (18) or US Indians (9.8). The policy recognises, however, that there are encouraging signs of improvement in some areas of Australia.

The 1994 UNICEF report also draws attention to the difficulties experienced in obtaining data for key health indicators from member countries, observing that while extensive reporting is usually undertaken on the economic well being of countries, few countries, if any, produce similar reports on the health and well being of their children and young people.

In Australia, comprehensive data is not available about the incidence of ill health among young Australians. Moreover, few measures of good health or of the social indicators for a healthy society are produced on a regular basis in this country.

Purpose of a national health policy for young Australians

A national policy for young Australians represents a commitment by Commonwealth, State and Territory governments and other leading agencies to work cooperatively together to maximise the health and development potential of all young Australians, irrespective of location, background or family circumstances.

A national policy provides an agreed framework for improvements in the health of young Australians by suggesting key action areas and desirable outcomes within these action areas. It articulates clear principles to guide these developments.

A national policy is not necessarily about committing the community to spending additional money on health services. Rather it is about ensuring the best use of existing resources by achieving the right balance of resources in health education and prevention, early intervention, treatment, rehabilitation, extended and palliative care, training and research.

Support for a national health policy for young Australians

Developing a national health policy for young Australians at this time complements recent national initiatives relating to health in general.
Goals and Targets for Australia's Health in the Year 2000 and Beyond (7) have been developed as part of cooperative Commonwealth, State and Territory endeavours to improve the health of all Australians and reduce the level of health inequalities in our society. At the same time, Health Goals and Targets for Australian Children and Youth (8) were also prepared. This report strongly recommended a national plan of action to address the health needs of young Australians.

The Australian Health Ministers' Forum has endorsed a National Health Policy (9) addressing health issues for Australians in general. It represents the agreement between Commonwealth, State and Territory governments on aims, principles and framework to guide future development of the Australian health system, including the development and implementation of strategies to achieve the national Goals and Targets for Australia's Health in the Year 2000 and Beyond (7).

The Australian Health Ministers' Advisory Council (AHMAC) established a Working Party in October 1993 to develop a national health policy to specifically address health issues that are pertinent to children and young people in Australia.

Consultants were engaged to assist with the early stages of this process. Their report, Health for a Generation, (10) was prepared following meetings with key stakeholders throughout the country. It showed strong support for increased government attention to the maintenance and promotion of good health for young Australians and drew attention to violence, deprivation and alienation as key themes underlying many health issues for young Australians in the 1990s.

Later, in 1994, the Working Party consulted widely with key stakeholders, professional and community organisations, parents, children and young people throughout Australia. Over 6000 people participated in these public consultations. Their responses identified many areas of concern about current health provisions and were supportive of changing the approach to health care for young Australians.

All of this occurred within a wider context of awareness that there is currently no national focus on the health of young Australians and no national structure for monitoring progress in addressing their health needs. Children and young people under 18 years of age have no political voice and need advocacy to support them.

Also, while good health is important for everyone, attention to health during childhood and adolescence has the added dimension of being an investment in good health in adulthood. Childhood, adolescence and the teen years are times of rapid physical, intellectual, emotional and social development; illness, neglect, abuse and injury can impede developmental processes and have substantial effects, in some cases continuing into adulthood.

At a broader level, society has the responsibility to ensure and protect the rights of children and young people to good health. As a signatory to the United Nations Convention on the Rights of the Child, Australia has formally recognised the rights of young Australians and its responsibilities as a nation to provide for their health and well being. Australia's National Program of Action, Our Children, Our Future (11) was written in response to the 1991 World Declaration on the Survival, Protection and Development of Children. The challenges posed in this document support the development of a national health policy to specifically target the health needs of Australian children and young people.

Section two

Where action is needed

Setting the context

Good health does not happen automatically. Ongoing, positive investments are needed for an infant to grow and develop into a competent, participating adult member of the community. When, for whatever reason, such investment is not made, the resilient will cope, but many will not. Many more may carry into adulthood physical and/or emotional disabilities that could have been prevented.

Children and young people are particularly vulnerable because they are dependent on their families and on the community in general to ensure that their health needs are met. As they mature, guidance is needed to help them take responsibility for their own health needs.
This policy recognises that much of the ill health and injury evident among children and young people is potentially preventable and that the health of young Australians is influenced by a wide range of social, cultural and economic environmental determinants. Although many of these wider determinants are clearly outside the direct control of the health sector, the outcomes proposed for this policy must include ways in which the health sector can cooperate with and influence other sectors that impact on health.

Consideration is given in this section, firstly to the broader health framework and then to specific health and health services issues, according to the developmental stage of the child and young person, and also as they have been identified in other relevant documents, policies and conventions.

Social and environmental determinants of health

Background

In the fifty years since the end of the Second World War there have been major demographic, social and economic changes affecting the lives of young Australians. The pace of change is not likely to diminish in the coming years. Significant changes include:

• an increasingly diverse and rich cultural mix in the Australian population with correspondingly diversified attitudes to health and health care;
• increasing family breakup and greater diversity in family structures including growing numbers of blended families and families headed by a sole parent;
• greater diversity in patterns of child care and increasing numbers of children receiving long periods of care and support outside the family home due to increasing participation of women in the workforce;
• major structural changes in the economy, particularly in rural areas;
• growth in unemployment, affecting both families and young people themselves as they endeavour to establish independence in society;
• significant numbers of children and young people now living in households whose main source of income is social security benefits;
• longer involvement of young Australians in formal education, increasing the time of financial dependence;
• changing patterns of leisure within families including the emergence of television, home videos and, more recently, computers as significant sources of information and entertainment for young Australians;
• increased awareness of the extent and effect of interpersonal violence on families and communities;
• rapid advances in knowledge and the introduction of new technology, particularly in areas such as health care, transport and mass communication;
• a shift from institutional to community based care for young Australians with chronic illnesses or physical or mental disabilities and the increasing integration of these children and young people into mainstream services; and
• growth and increasing complexity in the range and specialisation of health and community services, which can pose difficulties in coordination for service providers and problems for families and young people in obtaining effective access to services.

The health of young Australians needs to be considered within this broader context of ongoing social and environmental change. For the purposes of this document, social and environmental factors are considered under three main headings: family, community and cultural setting; economic factors; and physical environment.
**Family, community and cultural setting**

The social structures in which children and young people grow and develop have a profound effect on their health and well being. Their good health depends on the support, care, understanding and nurturing they receive. Families play a crucial role in providing these emotional and material supports, including the cultural heritage essential to the well being and development of children and young people.

Children and young people participate in and learn from the behaviour patterns of their own family, of their peer groups, the school and the wider community in lifestyle matters such as eating and drinking habits. Within families, health and ill-health behaviours are modeled. The role of parents/carers as the primary source of health care and health education must be respected. Parents/carers need support in providing an optimum environment for their children's growth and development, particularly where a child has a disability or is at risk of developing long-term health problems.

While acknowledging the crucial role of families in maintaining health and well being, problems within families, including poverty and physical, sexual and other forms of abuse, can lead to poor physical and emotional health and, in too many cases, to homelessness among young people. Research shows that, despite the disturbing number of child abuse and neglect cases reported (over 50,000 per year), many are still not reported. Participants in the public consultations for this policy identified unemployment, violence and lack of adequate care as themes that underlie many current health issues among young Australians. Stresses on families and family breakdown have been identified as major factors in the alienation of many young Australians.

As children and young people grow and develop they become increasingly independent of their families. Many will leave home and some will become parents themselves during this period of their lives. They need particular care and support if they are to develop competence in managing their own health needs and those of the next generation. This care and support needs to come not only from the health sector but also from the broader community in areas such as income maintenance, skills development and, where appropriate, flexibility in working arrangements.

Community settings provide many opportunities for preventive care, health promotion, information and support; and responses to alienation and depression. The National Health Strategy paper, *Pathways to Better Health*, (12) points out that community based initiatives are particularly useful in influencing the environmental and social determinants of ill health and unhealthy lifestyles. It also assesses the economic contribution from previous health promotion activities in Australia and concludes:

>'There is good evidence that prevention has reduced many untimely deaths, and has reduced morbidity and disability. There is also good evidence of the cost savings already achieved... [and that these] outweigh the costs of prevention'.

The community, and its representatives in government, have collective responsibility for the broad determinants of health that lie outside the responsibilities of the health sector. These cover a wide range of issues, including the provision of child care and other forms of parental support; urban planning and infrastructure; housing; education; legislation; employment and income maintenance; environmental protection and information technology, including the media and advertising. Collaboration is needed to ensure that the community works effectively together to promote health among young Australians.

Schools can play a particularly important health role in the community through the provision of supportive, safe environments; the promotion of safe and healthy lifestyles; and the fostering of a positive feeling of community among staff, students and parents. School experiences have a profound effect on shaping self esteem, assertiveness, expectation of success, and confidence in participating in community life. Physical education, health education and personal development modules need to form part of the core curricula at each stage of the educative processes.

Cultural diversity within Australian society must be recognised and accommodated in terms of health status and care, and in the appropriate provision of services. It is well documented that cultural insensitivity on the part of health workers can discourage people from using available services. Young
refugees from war-torn countries have particular needs, their experiences often contributing to mental health problems and requiring special support.

This policy includes a strong focus on the health needs of young Australians of Aboriginal and Torres Strait Islander background. It draws attention to what has already been widely acknowledged, namely that the health status of Aboriginal and Torres Strait Islander children and young people remains far below that of the general Australian population and that particular and different approaches are required to ensure that their needs are adequately addressed.

This policy strongly supports the development of specific strategies for responding to the health needs of Aboriginal and Torres Strait Islander children and young people at the Commonwealth, State and Territory levels. It further recognises that Aboriginal and Torres Strait Islander peoples need to be involved in the development and implementation of appropriate strategies.

**Economic factors**

In any society resources are limited and choices have to be made between desirable but competing expectations, such as those that exist between health care and economic development. It is important, however, that a society does not promote economic growth that benefits one section of the community but has adverse effects on the health of children and young people.

Links between poor health, substandard housing, unemployment and economic disadvantage have long been recognised.

The National Health Strategy paper, *Enough to Make You Sick* (13), provides evidence of the problems and inequalities in health experienced by economically disadvantaged Australians, noting that:

- they have the poorest health; and
- their poor health makes them major users of primary and acute care services but they are the lowest users of preventive services.

It also found that young Australians with no parent employed are 10 per cent more likely to have serious chronic illnesses than those with one or more parents employed.

For many people of school-age poor employment prospects influence their self esteem, participation and performance at school. Unemployment of both young people themselves and/or their parent(s) is closely associated with poor health and health damaging lifestyles. Low wages or benefit payments for young people can particularly disadvantage young Australians who live independently or cannot depend on their families for support.

Young Australians living in economically disadvantaged circumstances may face, through their parents/carers or independently, many barriers in accessing effective health care. These include:

- difficulties in finding appropriate medical and other services;
- language and communication barriers;
- lack of services, particularly in rural or remote areas;
- difficulties in meeting costs of medical care, medications and associated items;
- problems related to transport, location of services and accommodation for rural people when accessing health services; and
- inability to independently obtain medical care without an individual Medicare card.

They also can face serious barriers to ongoing good health through limited ability to obtain good nutrition, participate in physical activities or follow other health promoting practices.

Homeless young people experience very poor health due to both environmental and economic factors. Common problems include malnutrition, chronic infections, sexually transmitted diseases, physical and sexual abuse and mental illness. The Human Rights and Equal Opportunities Commission Inquiry, *Our
Homeless Children, (14) found that homeless young people are reluctant to use mainstream health services because they find them too judgmental and insensitive to their needs.

Physical environment

The fundamental physical prerequisites for good health include:

- clean air and water;
- adequate shelter;
- personal safety;
- sanitation; and
- adequate nutrition.

Too many young Australians are homeless or live in substandard accommodation, with inadequate water and washing facilities; poor sanitation and sewerage disposal; limited food supply or storage; and sub optimal food preparation facilities.

Many factors in the physical environment impact on the health and safety of young Australians. Lead, industrial pollutants and passively inhaled cigarette smoke are recognised as influences on health during the developmental years. Thousands of young Australians are believed to have blood lead levels above the level associated with increased risks of learning difficulties and behaviour problems. Homeless young people are particularly likely to be exposed to unhygienic, insecure and violent environments.

Safety issues for young Australians are extensive. Much has been achieved, particularly through education and legislation. However, achievement is not uniform throughout Australia in areas such as:

- reduction of environmental hazards;
- motor vehicle restraints, speed limits, road design;
- fencing of swimming pools;
- education in road and water safety;
- use of bicycle helmets;
- standards for toys, child care environments, school buildings and playground equipment;
- protection from the ultraviolet rays of the sun;
- labeling of poisons and access to poisons information services;
- support for development of driving skills; and
- availability of guns, particularly in rural areas.

Geographic factors also affect health status. In rural areas, for example, low family incomes and high transport costs combine to reduce access to health and community services. This is compounded by the high cost of food and other essentials. Reduced employment prospects contribute to depression in young people. The incidence of completed and attempted suicide among young people in rural areas is of particular concern. Isolation in remote areas, particularly for Aboriginal and Torres Strait Islander people, severely limits the availability of public health measures and health services for children and young people.

The health sector, by its own internal coordination and by collaborating with other sectors, can influence some of the physical environmental factors that affect the health of young Australians.

Health care issues

This policy acknowledges the need for equity in the provision of all levels of health and health related services.
Given the particular vulnerability of children and young people, it is imperative that there be clear pathways through the health system, providing continuity of health care regardless of who is responsible for funding, delivering or administering services. Continuity of care requires teamwork between consumers and primary health care services including general practitioners, nurses and other personnel in community health, allied health, pharmacy, health education, crisis intervention, respite and rehabilitation. It also requires better integration between primary health care, specialist and hospital services together with active involvement of young Australians and, where appropriate, parents/carers in decision making about that health care.

This policy further recognises the need for specific health services designed to meet the needs of children and young people at each stage in their development and the need for equity in the provision of all levels of health and allied services for young Australians. It draws attention to the need to make adequate provisions for the health needs of particularly vulnerable children and young people, including those of Aboriginal or Torres Strait Islander backgrounds.

Chronically ill, disabled and disadvantaged children and young people need particular provisions for their specific vulnerabilities.

Related to these service requirements for young Australians are other factors that may impact on their health, either through their families and carers or directly as they get older. Some are:

- limited resources to manage personal health care;
- dependence on financial and personal support from others;
- limited capacity to access or utilise services effectively;
- issues regarding rights and informed decision making; and
- little or no ability to control or ameliorate social and environmental impacts on personal health and well being.

These factors impact more heavily on children and young people with multiple health problems and disabilities.

In the public consultations on the draft policy nearly three quarters of respondents indicated some areas of satisfaction with health care, the main reason for satisfaction being the quality of the service and treatment received. Over 40 per cent of respondents also indicated dissatisfaction with aspects of health care, the most common concern being about the attitude to patients of doctors and other health workers, and what was perceived as a lack of understanding by these professionals of certain health issues and of the complexity of customers' problems.

Difficulties most frequently reported included:

- services not open at suitable times;
- services not being available or difficult to get to and not well coordinated;
- staff lacking skills in working with parents/carers, children and/or young people;
- staff not seeking customers' views about service and treatment issues; and
- staff being judgmental or insensitive to customers' personal situations and needs.

Proposals most frequently nominated by respondents to improve the health of children and young people involved:

- better health education in schools;
- changes to health services including making them less expensive and easier to access;
- more services in rural areas;
- more health information in the media, and better information in general about health matters and health services;
more training and support for parents/carers; and

a greater emphasis on healthy lifestyles throughout the community.

Innovative strategies need to be promoted to overcome existing barriers to effective health care for young Australians. Harm reduction/minimisation programs such as the National Campaign Against Drug Abuse are proving to be effective health promotion strategies for young people, while several new models of service delivery have been developed under the joint Commonwealth/State initiative, the Innovative Health Services for Homeless Youth program.

National monitoring of the health status of young Australians would contribute significantly towards the identification of need, especially among those who live in disadvantaged circumstances. A better balance between relatively inexpensive, community based, preventive care and the more costly provision of individual treatments could assist families, children and young people to take more responsibility for their own health care.

Health concerns according to age groups

Health concerns vary in significance for individual young Australians, both in terms of the particular concern and in relation to the stage of development that the individual has reached. As the young person grows and develops, a range of health and health service issues will emerge, changing in importance as the young person matures.

Patterns of health and health care behaviours are established prior to adulthood. There is increasing recognition that good health and skills for healthy living are the outcome of a continuous process during the formative years of childhood and the transitional period to adulthood. In this section, key health and health care needs are described within standard age groups. The major policy focus, however, is the ongoing personal development that characterises the age range covered by this policy and the need, within service delivery, for health care to be provided in accordance with customer needs and characterised by coordination and continuity in care irrespective of chronological age.

Infancy and early childhood

Predominant issues relate to the need for parents/carers to acquire skills, information and support to cope with the demands of parenting and family functioning.

The birth of a healthy infant depends on the physical and emotional well being of the mother. Adequate antenatal care including information on nutrition, the influence of tobacco, alcohol and other drugs on pregnancy and realistic expectations of normal infant behaviour are essential prerequisites.

Significant health issues of infancy and childhood include low birth weight, maternal postnatal depression, sudden infant death syndrome, nutritional problems, respiratory and gastrointestinal illness, unintentional poisoning and injuries, developmental problems and child abuse and neglect.

Important health care issues include access to antenatal care; support and encouragement for breastfeeding; timely and appropriate immunisation; friendly, nonjudgmental advice on common childhood problems such as feeding difficulties, sleep and behaviour patterns; and child health surveillance and preventive services.

Access to high quality child care becomes an important health issue, as does support and guidance for parents/carers. Sole parents/carers with young children have particular health needs for themselves and their children. Children with disabilities, and their parents/carers, need access to a coordinated range of appropriate and timely intervention services.

Primary school years

Primary school children continue to need an ongoing, caring parental relationship, good nutrition, a safe and interesting environment and schooling of good quality which is responsive to the child's needs.
Opportunities exist to provide the foundations for good health in areas such as nutrition, physical activity, hygiene and mental health and well being.

Infections frequently occur in this age group and are of particular concern in Aboriginal and Torres Strait Islander children. Asthma is very common. Children in this age group continue to suffer from accidental injury and various forms of abuse and neglect, including violence at home and elsewhere.

Health care needs to be available within a multidisciplinary environment to effectively address developmental, communication, learning and behaviour problems. Services for common childhood illnesses and injuries need to be family centred, well-coordinated, nonstigmatising and timely in their interventions.

**Adolescence**

The early teen years are a time of very rapid growth and development. Young people need guidelines within which to express their growing independence with safety. They are also developing an understanding of health, the resolution of conflict and gender related behaviour. Inappropriate gender role models and problem solving by aggression and violence, learnt at this stage, contribute to school violence, unsuccessful relationships and family and peer group violence.

As the young person progresses through adolescence and the early teen years, emotional health becomes a more dominant issue. Doubts and uncertainties surrounding the physical and emotional changes at puberty will arise. Relationships with their families, peers and communities will change. Young people experience increased self consciousness at this time and often develop concerns about sexuality, personal appearance, especially acne, and body image. They may suffer from low self-esteem and social alienation, and some will become homeless. Mental health problems such as depression or schizophrenia may emerge for the first time.

Health care needs to be readily accessible and sensitive to the problems of this age group. Specialised skills are required for early recognition and intervention. Adolescents with chronic illness require specialised hospital services which recognise their need for privacy, socialisation, education and independence.

**Late teens and early adulthood**

Many of the health issues from the early teens continue into the late teens and early adulthood. For most 15 to 24 year olds, a significant difference will be the shift of responsibility for personal health care from the family to the individual and many will need to assume responsibility for their personal health in an environment of limited financial resources.

A key task for young Australians in this age group is to establish a meaningful identity in social, cultural, sexual and vocational terms. There is also the need to establish an adequate income and achieve, if possible, financial independence.

Health compromising behaviour and aggression, uncontained or impulsive means of resolving conflict or dealing with frustration and alienation, are mirrored in the health problems in this age group. Smoking and misuse of alcohol, including binge drinking, are widespread throughout the late teen years. By age 15, one third of young people have experimented with smoking, and the rate is increasing in young females.

Gay and lesbian young people are particularly vulnerable to feelings of isolation and lack of self worth. Many become victims of verbal and physical abuse.

Eating disorders are a particular health issue for young women. Many report that they are dissatisfied with their appearance and that they limit food intake to reduce weight. Anorexia nervosa and bulimia can be life threatening and even minor eating disorders at this stage in development can lead to long term problems such as osteoporosis.

Some young people will become parents during this time. This means that the young parents have the additional developmental task of new family formation, together with the need to continue their own education and social and emotional development.
Although pregnancy rates among young women are declining overall, disadvantaged young women who have babies often have few personal resources, make less use of antenatal care and lack information about risk factors that can impact on the health of mother and baby.

Injuries are a major health issue for this age group, particularly for young males, including fatal and nonfatal injuries sustained in traffic accidents, sporting activities, peer group violence or self harming behaviour. Injuries causing permanent disability are frequently involved. While death rates from motor vehicle accidents have declined significantly in recent years, motor vehicle accidents continue to be the leading cause of death among those in the 15 to 24 year old age group.

Among young men 15 to 24 year old the rate of completed suicides has increased from 19 per 100,000 in 1982 to 27 per 100,000 in 1992. The rate of completed suicides is much less for girls and young women but evidence suggests that the rates of attempted suicide are increasing, particularly in young women of this age group. The number of deaths from suicide among young people are rapidly approaching a similar level to those for deaths from traffic accidents.

The health care issues for this age group are wide ranging and need sensitive management. Their emotional health clearly requires particular attention. Health services specifically for young people provide valuable assistance for those moving towards self management of health and health care needs.

Other relevant reports and policies

The national health policy for young Australians needs to build upon, and draw together, the insights, recommendations and strategies from other national documents and policies as well as recommendations in international conventions to which Australia is a signatory. These are too numerous to describe in detail in this context but three warrant particular mention.

The Health Goals and Targets for Australian Children and Youth (8) report was completed in 1992 following considerable consultation. It focuses on major causes of ill health and injury, with a particular emphasis on preventable conditions which affect a great number in the population, have significant long term consequences, or relate to areas where many consider Australia should be doing better than at present.

The National Health and Medical Research Council's Review of Child Health Surveillance and Screening (15) released in 1993 provided a sequence and content for nationally consistent and universal screening of infants and children. It recommended that a national body be set up to ensure coordination of programs, foster research and evaluation and establish a minimum data set.

Health for a Generation (10), 1994, raised a number of key concerns which it recommended this policy should address. These include:

…the importance of improving the health of children and young people of Aboriginal and Torres Strait Islander background, with attention to cultural preservation and empowerment;

• specific health issues for people living in remote and isolated areas;
• resources and support needed to promote good health among particular groups of disadvantaged young Australians; and
• the importance of support for parents/carers in maintaining and promoting the health of children and young people.

Other key documents relating to the health of young Australians include the National Health Policy (9), National Youth Policy (16), Goals and Targets for Australia's Health in the Year 2000 and Beyond (7), Better Health Outcomes for Australians (17), National Aboriginal Health Strategy (18), National Mental Health Policy (19), National Immunisation Strategy (20), National Drug Strategic Plan (21), National Rural Health Strategy (22), Food and Nutrition Policy (23), Dietary Guidelines for Children and Adolescents (24), Staying Healthy in Child Care (25), Preventing Child Abuse: a National Strategy (26) and Our Children. Our Future (11).

Because of its focus on young Australians as a population group, a national health policy for young Australians will provide opportunities to support appropriate initiatives for children and young people
arising in these and other relevant national reports and international conventions. It will also provide a framework for work in other contexts relating to the health of young Australians in the future.

Section three
Making it happen

In 1994 the Australian Health Ministers committed themselves in the National Health Policy (9) ‘to raise the health of Australians to equal the best in the world.’

Discussion so far in this policy clearly shows that much needs to be done if young Australians are to participate in this vision of good health for all.

This policy proposes that the starting point for action to improve the health of young Australians should be the adoption by States, Territories and the Commonwealth of a common vision, core principles and shared framework and strategies clearly focused on definable outcomes.

While this vision and framework need to be consistent with the National Health Policy, particular recognition also needs to be given to the vulnerability that characterises children and young people in society and to the critical role that the developmental years play in establishing the foundations, skills and attitudes needed for optimum health throughout life.

Policy aim

To promote, maintain and improve the health of all Australian children and young people.

Policy principles

Consistent with the wider definition of health upon which this policy is based, is the acceptance of a range of internationally recognised principles for the protection and development of children and young people. These include recognition of the need for:

- acceptance by government and the community at large of the responsibility to protect and promote the health and well being of all children and young people;
- access to appropriate health care regardless of personal or family finances, age, gender, sexual orientation, religion, social or cultural factors or geographic location;
- health services to be provided in a manner which recognises the developmental, emotional, cultural and social needs of young Australians, with special attention to those who are in situations of particular disadvantage;
- active participation of children, young people, parents/carers and where appropriate, advocates, in health planning and service delivery;
- provision for the special needs of young Australians with disabilities and/or chronic illness;
- attention to the emotional and mental health and well being of young Australians;
- provision for the special needs of indigenous young Australians;
- specific provisions to redress the inequalities in health status experienced by some groups of young Australians;
- particular emphasis on the role of primary health care services in communities;
- continuity in health care;
- readily available and understandable information on health and health care;
• a high standard and accessible range of comprehensive health services;
• independent access to health care;
• privacy, confidentiality and informed consent;
• the role of families in providing sound foundations for health and development;
• children and young people to develop in a loving, supportive environment;
• protection from neglect, abuse, violence, maltreatment and exploitation in any form;
• participation in education, sport, recreation and cultural activities; and
• adequate housing, sanitation, nutrition, clean air and water.

Policy framework

The policy framework is concerned with refocusing the health system towards promoting the health status of children and young people through the pursuit of improved health outcomes. It seeks to more effectively meet the health needs of young Australians, reduce inequalities in health and make cost effective use of scarce resources. It recognises that timely interventions and continuity of care are needed regardless of who is responsible for funding, delivering or administering services. The framework also seeks to provide clear pathways through the health system for individual customers.

This framework focuses on children and young people as a population group with particular health problems and needs. It recognises that progress through the developmental stages of childhood and adolescence is of itself a key health outcome. Moreover, the framework acknowledges that these dynamically changing developmental stages impact significantly on the health needs of children and young people.

Health outcomes are also influenced by factors outside the health system. The framework promotes awareness of, and commitment to, developing strong links with other agencies and the community in general as a means of improving the health of young Australians.

Health outcomes

Health goals and targets are a key element in achieving a national approach to improving health outcomes. An important starting point for improving health outcomes for young Australians is the Health Goals and Targets for Australian Children and Youth (8) published in 1992, which recommended the following five key goals:

• reduce the frequency of preventable mortality
  - this referred in particular to mortality from injury and suicide, Aboriginal infant mortality and sudden infant death syndrome;

• reduce the impact of disability, including reductions in the occurrence of new disability and in the impact of established disabilities
  - discussion covered congenital abnormalities, low birth weight, prematurity, chronic illness, intellectual disability, physical disability and learning disorders;

• reduce the incidence of vaccine preventable diseases;

• reduce the impact of conditions occurring in adulthood which have their early manifestations in childhood or the teen years
  - discussion here covered conditions associated with sub optimal nutrition and/or fitness (for example: cardiovascular disease; diabetes mellitus and osteoporosis); alcohol and tobacco use; unprotected sexual activity (for example: unplanned pregnancy; sexually
transmitted diseases including chlamydia trachomatis, Hepatitis B and HIV/AIDS); and excessive exposure to sunlight;

- enhance family and social functioning
  - issues covered included parenting and the well being of children and young people; child abuse and neglect; importance of adequate housing and family income; importance of education for development; youth employment; enhancing the physical and social environments;
  - another dimension in this fifth goal is its links to every other goal listed.

Identifying goals and setting targets is an important first step in defining and measuring health outcomes but is not sufficient in itself to improve health outcomes for young Australians. For this reason, this policy also includes proposals for action such as:

- the establishment or enhancement of baseline and ongoing data collections;
- research on, and distribution of information about, relevant health and health care issues;
- the development of strategies for making some fundamental changes to the structure of the health system; and broader performance measurement to inform and evaluate the system restructuring being proposed.

Key action areas

The discussion in Section Two covered a wide range of concerns about specific health issues, health service issues, special needs groups, and factors beyond the health sector which impact on health for young Australians. A number of key areas for action emerge from this, and are set out below together with proposals for possible strategic directions.

This presentation is not intended to convey any particular priority order for action. Rather it aims to put forward a wide range of suggestions for responding to the special, and in some cases unique, ways in which health and health service issues are manifested for young Australians.

The seven areas for action are as follows:

- healthy, supportive environments;
- customer focused and participative health services;
- a balanced approach;
- addressing inequities;
- coordination and collaboration;
- research, information and monitoring; and
- workforce and training.

Healthy, supportive environments for children and young people

Objective

Awareness in the community and at all levels of government of the health needs of young Australians which is reflected in policies, programs and services that impact on the health of children and young people.

Strategic directions

- Government and community based initiatives to address health impacts of physical,
environmental, social and economic factors.

- Continuing commitment by governments to the alleviation of all forms of disadvantage, including the provision of income maintenance for those experiencing serious financial difficulties.
- Specific attention to the health needs of young Australians in all relevant national and State health policies.
- Recognition of the role of parents/carers as a vital source of health care and health education and in providing the material and emotional environments to sustain the growth and development of children and young people.
- Particular support for young Australians with disabilities, developmental delays, learning difficulties, injury and chronic illness and for their parents/carers.
- Work environments which recognise the multiple roles of parents/carers and the occupational health and safety needs of young employees.
- Development of health promotion and prevention strategies for parents/carers, children and young people at the national, State and Territory levels.
- Promotion of child care, preschools, schools, colleges and tertiary institutions as health enhancing environments for children and young people.
- Promotion of healthy lifestyles through initiatives which enhance family and social functioning and influence advertising and media images.
- Portability of decisions between States and Territories in matters relating to protection from exploitation, neglect, abuse and violence as well as to relevant product safety and environmental issues.

Customer focused and participative health services

Objective

Health services that have both a customer focus and a commitment to the participation of young people and families in decisions about health and health care at all levels

Strategic directions

- Involvement of young people, parents/carers and advocates for children in systemic changes which will ensure the delivery of appropriate standards of care and service through:
  - participation in health planning and decision making through formal consultations and membership of advisory and management committees;
  - active involvement in the design and evaluation of services;
  - knowledge of, and input to, quality assurance processes; and
  - the provision of mechanisms such as patients' charters which inform customers of their rights and responsibilities within the health system, including health care that recognises, responds to and involves children, young people and their families in a manner compatible with their lifestyles and stages of development, and also the need for informed consent.
- Health professionals skilled in working with families, children and young people, with respect for their right to privacy and confidentiality, and the ability and willingness to support them to make informed decisions.
- Skills based training for children and young people and parents/carers in matters relating to healthy lifestyles and health care, including the management of ill health and of chronic conditions together with the skills needed for active participation in health planning, both at the individual and...
community levels.

- Ready access to quality information for parents/carers and young Australians to enable them to make informed decisions about healthy lifestyles and about when to seek professional assistance.
- Provision of appropriate complaints mechanisms.

**A balanced approach Objective**

**A balanced approach at all levels of government to health planning and service delivery for young Australians.**

**Strategic directions**

- A better balance of funding and service delivery between strategies that actively promote good health through environmental and behavioural change (harm minimisation, prevention and health promotion activities) and initiatives that provide care, treatment, rehabilitation and palliation for ill health, injury and disabilities.
- An equitable share of the health budget for children and young people, in proportion to their needs and numbers.
- Promotion of initiatives at different stages of childhood, adolescence and the early adult years that will contribute to more comprehensive and better coordinated prevention and early intervention programs.
- Development of networks of integrated health, health related, community and social services for young Australians at the local level.

**Addressing inequalities**

**Objective**

**Availability of, and access to, the range of health services appropriate to the needs of all young Australians.**

**Strategic directions**

- Specific provisions to enhance the accessibility, affordability and appropriateness of health care for those young Australians experiencing ongoing poor health status, and/or disadvantage due to social or cultural background, gender, sexual orientation, location or disability.
- Improved health status for young Aboriginal and Torres Strait Islander people through improved environmental conditions and targeted health and health related services that are culturally appropriate and relevant to their needs.
- Reduction of the impact of disability and chronic illness on the health and well being of young Australians with disability or chronic illnesses and of their families.
- Enhanced, and where appropriate, new responses to address more recently acknowledged health issues, including mental health issues and suicide, health damaging behaviours, alienation of young people, child abuse and neglect, behavioural and emotional problems and learning difficulties.
- Better identification of, and improved access to, services for young people who are at risk, in substitute care or detention, or otherwise not living within a family setting.
Coordination and collaboration

Objective

Cooperative strategies within the health sector and between health and other sectors to improve the health of children and young people.

Strategic directions

- Clarification of roles and responsibilities of Commonwealth, State and Local Government to improve structural and financial arrangements relating to health care for children and young people.
- Collaboration between health and other sectors of government such as education and welfare in initiatives to promote the health of children and young people.
- Cooperation between governments, expert bodies and consumers in developing practice guidelines aimed at improving the quality of health care and health outcomes for children and young people.
- Effective and cooperative involvement of the nongovernmental and private sectors in health planning and service delivery.
- Linkages at all levels within health agencies and with other agencies to provide coordinated services for children and young people.
- Improved continuity of care for children and young people through a coordinated range of approaches such as case management and better defined pathways within the network of health and related services.
- Promotion of interdisciplinary approaches to service delivery.

Research, information and monitoring

Objective

Research, data collection and monitoring focused on the health of children and young people.

Strategic directions

- Collections of data including measures of changes over time in the health status of children and young people, together with regular public reporting and dissemination of results.
  - These measures would include agreed frameworks identified in national health goals and target documents, together with other appropriate health indicators as they are identified and as collection mechanisms are established.
- Use of this data to:
  - guide priorities within health care delivery;
  - evaluate health services and programs;
  - feed into mechanisms aimed at improving the standards of health care delivery and health outcomes for children and young people;
  - refocus research towards population based needs and priorities; and
  - inform communities, health providers and customers.
- Particular monitoring of the health status of disadvantaged young Australians to inform planning and service delivery.
Increased emphasis within existing health research funding on factors affecting the health of children and young people.

Targeted funding for research on acknowledged social and behavioural health issues such as child abuse and neglect, behaviour problems, health compromising behaviours and suicide prevention.

Research into the use and effectiveness of health services in improving health outcomes and distribution of this information to the community in general.

Coordinated and effective information systems supporting the implementation of this policy and the monitoring of its impact.

Research into the impact of social and economic changes on the health status of young Australians.

Workforce and training

Objective

A workforce with the skills and knowledge to work effectively in the maintenance and enhancement of the health of young Australians.

Strategic directions

- Competency based training programs for health workers in the health needs of children and young people.
- Promotion of community based training and experience for health workers.
- Training of health workers to be more sensitive to differing cultural perspectives on health.
- Development of career pathways for workers with training in health care for children and young people.
- Examination of possible workforce issues arising out of the impact of this policy.
- Training in human development and the health needs of children and young people for those who work with young Australians, especially at the primary health care level, to enable them to recognise problems and institute timely interventions.
- Training in health issues for people outside the health sector who work with children and young people.
- The development of skills necessary for working in multidisciplinary teams and for effective communication with young people and their parents/carers.
- Mechanisms for the effective dissemination of information relating to the health of children and young people among health workers, health managers and customers, and the community at large.

References

(1) Department of Health, Housing and Community Services, 1992: Health Goals and Targets for Australian Children and Youth, Canberra.


(7) Nutbeam, D., Wise, M., Bauman, A., Harris E. & Leeder S., 1993: Goals and Targets for Australian's Health in the Year 2000 and Beyond, AGPS, Canberra.


(9) Australian Health Ministers' Forum, 1994: National Health Policy, State Health Publication No. P(P) 94-156, [No publisher or place given].


(15) National Health and Medical Research Council, 1993: Review of Child Health Surveillance and Screening, AGPS, Canberra.


(21) Department of Health, Housing, Local Government and Community Services, [No date], National Drug Strategic Plan 1993-97, AGPS, Canberra.


(23) Department of Health, Housing and Community Services, 1992: Food and Nutrition Policy, AGPS, Canberra.


(25) National Health and Medical Research Council, 1994: Staying Healthy in Child Care, AGPS, Canberra.

Appendix
AHMAC Working Party on Child and Youth Health

Membership

Commonwealth
Ms Marion Powall, Chairperson
Dr Margaret Dean

State Representatives

New South Wales
Dr Elisabeth Murphy (November 1993 to August 1994)
Ms Barbara Wellesley (from August 1994)
Ms Megan Wilson (November 1993 to August 1994)
Ms Carmel McKeough (from August 1994)

Victoria
Ms Carol Blair
Dr Jane Greacen
Professor Glenn Bowes

Queensland
Dr Kim Murphy
Ms Cobie Rudd

Western Australia
Dr Dianne McCavanagh

South Australia
Mr. Jim Birch
Mr. Andrew Stanley

Tasmania
Professor Allan Carmichael

Northern Territory
Dr Alan Ruben
Ms Cheryl Rae
Dr Jim Thurley

*Australian Capital Territory*
Ms Jill Farrelly

*Other Representatives*

*Aboriginal and Torres Strait Islander Commission*
Commissioner Steve Gordon (from May 1994)
Ms Audrey Kinnear (November 1993 to December 1994)
Ms Colleen Prideaux (from January 1995)

*Consumers Health Forum*
Ms Barabra Pursehouse (February 1994 to September 1994)
Ms Mary MacGregor

*National Health and Medical Research Council*
Professor Robert Kosky

*Secretariat*
Mr. Jim Kennedy (November 1993 to June 1994)
Ms Merrilyn Woodward (July 1994 to March 1995)
Ms Rita Gill