



BETTER FUTURES FOR YOUNG PEOPLE

A discussion paper

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caah
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B ackground

The wellbeing of young people in New South Wales has a major impact on the social and economic health of our State. Today's youth are tomorrow's leaders, parents and workforce, and their future is shaped by the opportunities we provide for them today. Most parents make significant personal investments in their children's future. Governments, too, invest extensively in the development of children and young people – education, sport and recreational activities, arts and cultural activities, health care services, welfare and housing services have all been established to support children and young people to achieve a successful transition to adulthood.

In addition to the investment by families and government, a wide range of targeted initiatives, programs and non-government organisations have formed to address specific developmental needs of adolescents. Examples include organisations established to provide recreational activities, or to support young people addicted to drugs, or to address the needs of young people with schizophrenia.

However, despite the considerable familial and social investments – both universal and targeted – in the development of children and young people, there is growing concern that in Australia (as in many other nations), many are not receiving the developmental support they need for safe and successful passage to adulthood.

Investing in the health of young people project

In May 2002, the *NSW Centre for the Advancement of Adolescent Health* (CAAH) brought together around 20 individuals concerned with the health and wellbeing of young people, representing a wide range of governmental, NGO and community sectors. The purpose of assembling this key informants group was to review the evidence and collective experience of resilience-based interventions, including *Families First*, and develop a paper entitled *Investing in the health of young people* for presentation to government. In the aftermath of the workshop, CAAH made contact with the *Office of Children and Young People* concerning the *Better Futures Regional Framework*, which elegantly espouses a set of principles similar to those identified by CAAH's key informants. CAAH was invited to undertake joint planning for a roundtable discussion forum on the subject, *Better Futures for Young People: What works? Why?*. We have developed this paper to provide background for participants in the roundtable to aid their discussions on:

- evidence about the social, economic and environmental determinants of positive development for young people aged 9 – 18 years; and
- evidence of effective interventions to ensure the developmental wellbeing of young people aged 9 – 18 years.

S uccessful transition from childhood to adult life

Resilience

A concept that has gained authority in research circles is “resilience”, that is, the ability to bounce back from tough times. Two ideas are central to resilience research. First is the belief that damage in early childhood and adolescence can be repaired in the right circumstances. Second is the conviction that children and young people are capable of escaping the cycles of violence, poverty and failure that may have characterised their parent’s lives.¹

Australian and US research into resiliency has focused on developmental pathways and has found that interventions early in developmental pathways and at crucial transition points can make a difference, eg birth, commencing school, transition from primary to high school, leaving school and entry into employment.²

The pathways model emphasises the importance of family, community and other social networks in shaping human development. Individual, family, school and community characteristics interact as risk and protective factors that combine to have a cumulative effect on an individual’s capacity to deal with problems in their daily lives. This model implies that interventions that reduce risk factors and enhance protective factors in each of these domains have the best prospects for success.

So far, the evidence points to the overwhelming importance of boosting protective factors in individuals, families and communities. There is a wealth of evidence to suggest that this can have a more profound impact on the life course of children who grow up under adverse conditions than do specific risk factors or stressful life events.³

Some of the most commonly cited protective factors include a strong sense of connectedness to parents, family, school, community institutions, adults outside the family, the development and enhancement of academic and social competence, and involvement in extracurricular activities that create multiple friendship networks.⁴ In other words, children and young people who are connected to their families, friends, schools and communities are more resilient, more able to make the most of their opportunities and to overcome barriers.

¹ S. Rockwell, 1998 “Overcoming four myths that prevent fostering resilience” in *Reaching Today’s Youth* Vol2 (2); E. Werner & R. Smith, (1992). *Vulnerable but invincible: A study of resilient children* New York: McGraw Hill; R. Blum 2002 *Reducing the Risk: Factors that Improve the Outcomes in the Lives of Young People* Paper presented to Ausyouth National Provider Reference Group Workshop.

² National Crime Prevention (1999) *Pathways to Prevention: Development and early intervention approaches to crime in Australia*. Canberra:NCP; D. Keating & C. Hetzman (1999) *Developmental Health and the Wealth of Nations: Social, Biological and Educational Dynamics* New York: Guildford Press.

³ E. Werner & R. Smith, (1992). *Vulnerable but invincible: A study of resilient children* New York: McGraw Hill.

⁴ Resnick M, Bearman P, Blum R, et al. *Protecting young people from harm: findings from the National Longitudinal Study of Adolescent Health*. *JAMA* 1997; 278: 823-832. Cited in: Resnick M. Protective factors, resiliency, and healthy youth development. *Adolescent Medicine* 2000; 11(1): 157-164.

The requirements for healthy development

Pittman⁵ identifies five key competency areas which are necessary for the successful transition from childhood, through adolescence to adult life.

1. **health/physical competence**
 - current health status (mental and physical)
 - health literacy
2. **personal/social competence**
 - intrapersonal skills
 - interpersonal skills
 - coping/system skills
 - judgement skills
3. **cognitive/creative competence**
 - broad base of knowledge
 - ability to appreciate and participate in creative expression
 - good oral and written language skills
 - problem-solving and analytical skills
 - ability to learn, interest in learning and achieving
4. **vocational competence**
 - broad understanding and awareness of vocational options
 - knowledge and concrete steps needed to realise choices
 - adequate preparation for chosen career
 - understanding of the value and function of work and leisure
5. **citizenship competence (ethics and participation)**
 - understanding of the history, challenges and values of the nation, community and culture
 - respect for different communities and cultures respected within the nation
 - desire and commitment to be involved in efforts that contribute to the broader good.

Konopka has articulated eight elements that are critical to healthy adolescent development, including the need for young people to:

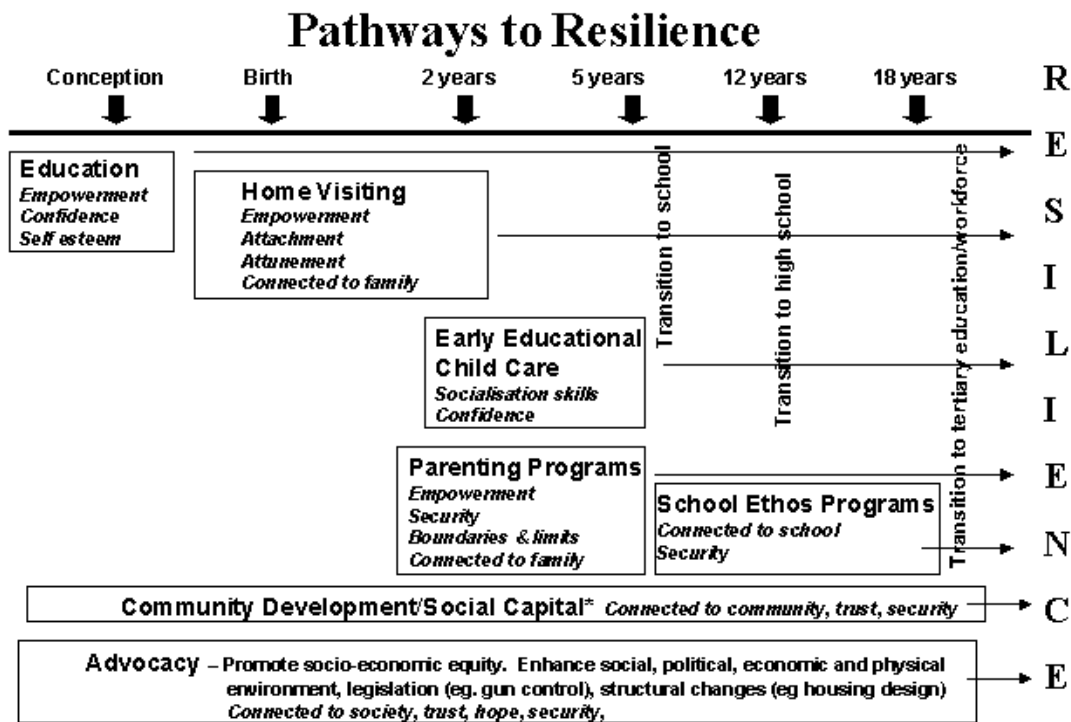
- participate as citizens, as household members, as workers, as responsible members of society;
- gain experience in decision-making;
- interact with peers and acquire a sense of belonging;
- reflect on self, in relation to others, and to discover self by looking outward as well as inward;
- discuss conflicting values and formulate one's own value system;
- experiment with one's own identity, with relationships to other people, with ideas: to try out various roles without having to commit oneself irrevocably;
- develop a feeling of accountability in the context of a relationship among equals;
- and cultivate a capacity to enjoy life.⁶

All reaffirm the centrality of resilience to the positive health and wellbeing of children and young people. See Figure 1 and 2, *Pathways to Resilience*.

⁵ Pittman K. *A new vision: promoting youth development*. Cited in: Pittman K, Irby M. Promoting investment in life skills for youth: beyond indicators for survival and problem prevention. In: Ben-Arieh A, Wintersberger H. *Monitoring and measuring the state of children – beyond survival*. Vienna: European Centre for Social Welfare Policy Research, 1996.

⁶ Konopka G. Requirements for healthy development of adolescent youth. *Adolescence* 1973; 8: 1-26.

Figure 1⁷

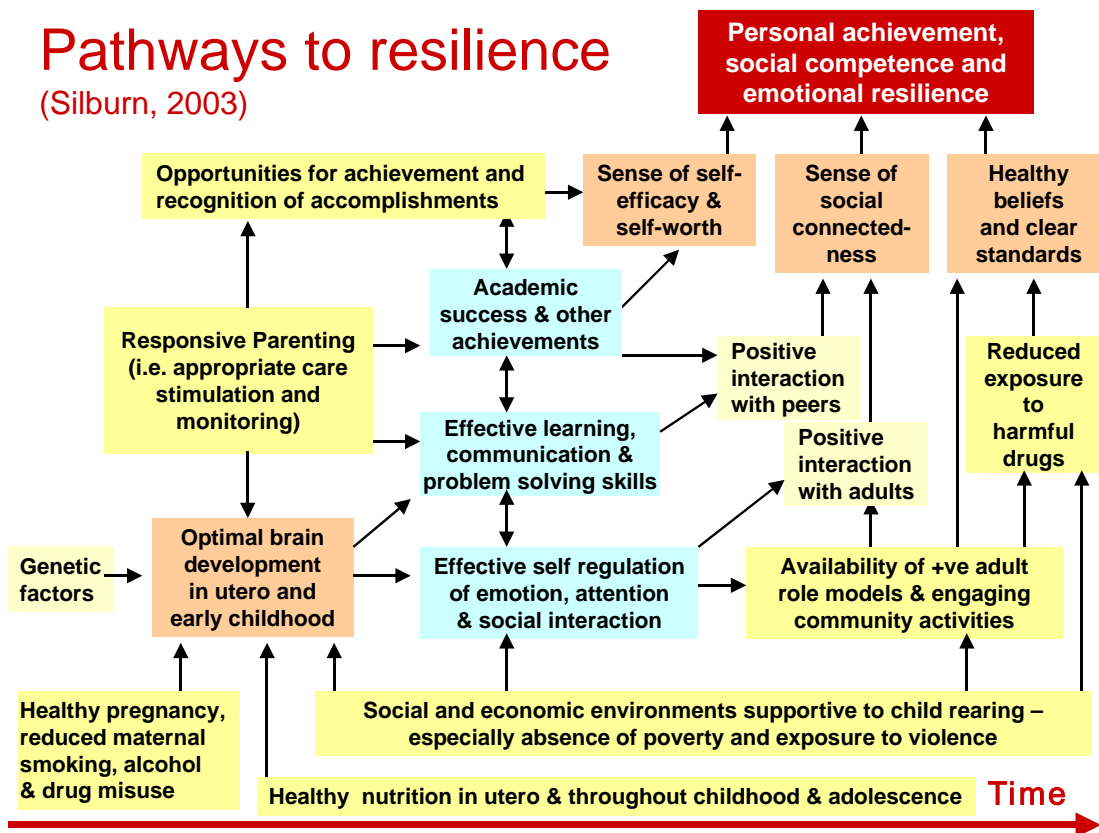


*' Schools As Community' type programs

Figure 2⁸

Pathways to resilience

(Silburn, 2003)



⁷ Alperstein G & Raman S. Promoting mental health and emotional well-being among children and youth: a role for community child health? *Child: Care, Health & Development* 2003; 4:269-274.

⁸ Silburn SR. (2003) Current Developments in Australian Suicide Prevention. Keynote address presented at the 1st Asia-Pacific Injury Prevention Conference & 6th National Conference on Injury Prevention and Control, 18-20 March 2003, Perth Western Australia.

Building evidence of effective interventions

A systems approach to intervention

The health sector has focused a great deal of attention in recent years on building an evidence base to support practice across the continuum from health promotion to secondary and tertiary clinical care. There has been significant investment in the research and evaluation that has been necessary to develop and strengthen the evidence bases for interventions ranging from surgery, to drug therapy, to health promotion. The bodies of evidence are growing, and there is healthy debate in the sector about the criteria used to define the quality of evidence and about the research methods used to compile evidence.

From the fields of public health and health promotion much has been learned about effective interventions to reduce risk behaviours, to create healthy environments, and to influence public policy for health. The principles of effective intervention are now widely accepted⁹ and apply equally well to the area of youth health and well being. These are:

- engagement of all stakeholders in policy/program development and implementation;
- use of multiple strategies sustained over time;
- emphasis on building high levels of community support for change; accompanied by
- policy/environmental change and reinforcement/enforcement.

Recently, however, it has become clear that being able to bring about improvements in the health of relatively small segments of a population (e.g. a single school community) does not often translate into sustained, routine action across the whole population. This is of concern given that the most effective public health interventions in Australia in recent years demonstrate that it is only when interventions that influence the environments and norms of the whole population are combined with targeted interventions for specific groups that it is possible to bring about population-level improvements in health.

The implications of this for youth work as a whole are significant. Firstly, it requires agencies to effectively plan for and integrate youth needs into their core business, rather than respond to youth problems with new or add-on programs and services. Secondly, it requires an appreciation of the appropriate mix of universal and targeted services needed to optimise youth health and well-being in a given region. The *Families First* initiative is a clear example of this strategic approach.

Families First

Government initiatives in child health and wellbeing are based on a developmental approach. *Families First* is an early intervention and prevention strategy that aims to support families to raise children to their full potential. It links early intervention and prevention services and community development programs to form a comprehensive service network capable of providing wide-ranging support to families raising children.¹⁰ *Families First* involves Area Health Services and the Departments of Health, Ageing and Disability, Community Services, Education and Training, Housing, non-government agencies funded by the government and communities working together.

⁹ International Union for Health Promotion and Education. *The evidence of health promotion effectiveness: shaping public health in a new Europe*. Report for the European Commission. Brussels/Luxembourg: International Union for Health Promotion and Education, 1999.

¹⁰ NSW Department of Health. *The Start of Good Health: Improving the Health of Children in NSW*, 1999.

Families First focuses on improving outcomes for children and families through population-based preventative interventions that draw on the evidence of what works. This is a significant shift from delivering 'reactive' services to 'high risk' families or individuals (and an 'output' focus), which has dominated service provision by human service departments and non government agencies.

Families First relies on government and non-government agencies jointly owning and improving the service system. This means having interagency structures and processes for planning, service development, delivery, evaluation and performance reporting.¹¹

Planning considers both the existing investment in early childhood services and the development of new service models. It looks at how well our existing investment meets the needs of children and families today, reflects contemporary research and contributes to improving children's outcomes. This enables the development of an early childhood service network where improvements are made to current practices and where new services are incorporated into an existing, but improved and better coordinated, service system (therefore preventing the development of a 'parallel' system of new services only).

Four years on from commencing *Families First*, it has taken substantial effort and commitment of staff across many professions at local, regional and state levels to apply the evidence, reshape practices and build service networks. Many lessons have been learnt from *Families First* and its efforts to improve early childhood service systems, including the benefits of:

- articulating from the outset the research base and that it will have implications for existing practices
- increasing the knowledge of staff and their participation in processes to redevelop their roles, interventions with families and working relationships across professions and agencies
- having strong leadership at all levels to drive and manage change.

Creating conditions for all young people to be healthy and experience optimal well-being

Similar principles to those guiding the *Families First* initiative can be applied to interventions to create conditions in which older children and young people have the opportunities they need to develop life competencies. A combination of approaches is needed: universal approaches, extra support for vulnerable and marginalised young people, improved networking among services to plan and deliver services and programs jointly, and improved resourcing to communities to build or extend capacity to support youth health and well-being.

To bring about the broad social change that is necessary to create the conditions in which all youth are able to achieve and maintain health and well-being it will be necessary to develop interventions that:

- create environments – physical, social and economic - that enable, motivate, encourage and support young people to acquire the competencies they need to enjoy a full and satisfying life now, as well as for successful transition to adulthood;
- ensure the active participation of children and young people in changing the conditions in which they live and play, including, as they get older, participating in civic life;
- ensure that children and young people develop the personal knowledge and skills they need; and
- reorient existing programs and identify additional services that require new investment to meet the needs of children and young people more effectively.¹²

These same strategies have been echoed in the NSW Youth Policy 2002-2006 which identifies citizenship, education, training and employment, safety and health, and community facilities as the principal areas of activity to improve the health and well-being of young people in NSW.

¹¹ Harris E, Wise M, Hawe P, Finlay P, Nutbeam D. *Working together: intersectoral action for health*. Sydney, Canberra: Australian Centre for Health Promotion, Department of Human Services and Health, 1995.

¹² Adapted from: *The Ottawa Charter for Health Promotion*. Ottawa: Canadian Public Health Association, World Health Organization, 1986.

Better Futures Regional Strategy: fields of activity

The *Better Futures Regional Strategy* has used the evidence about factors that are known to enable children and young people to attain the resilience they need to negotiate the challenges in their own lives successfully, and to achieve successful adulthood, to identify three fields of activity:

- keeping young people at school and improving their educational attainment;
- strengthening key protective factors for young people and reducing risks;
- supporting young people at very high risk.

Field 1: Keeping young people at school and improving their educational attainment: evidence for intervention

Why is keeping young people at school and improving their educational attainment important for their futures?

There is overwhelming evidence of the relationship between education, health and well-being among children, adolescents and adults. The important role of education as a mechanism for breaking the inter-generational cycle of poverty is well established.¹³ Achieving high education is always associated with greater wellbeing.¹⁴

The centrality of positive school experiences to youth health and well-being, and to their subsequent life chances in relation to employment, income, community participation, health and crime, mean that all sectors have a strong commitment to ensuring that all young people complete school successfully.

A key to improved educational outcomes is literacy. There is significant disparity in literacy levels among students in Australian primary and secondary schools, particularly in primary school years and particularly for Indigenous and male students. A national survey of literacy among students in Year 3 and Year 5 revealed that the top ten per cent of students are working about five year levels ahead of the bottom ten per cent.¹⁵

¹³ Keating D, Hertzman C. (eds) *Developmental health and the wealth of nations*. New York, London: The Guilford Press, 1999.

¹⁴ Institute for Child Health Research. *Developmental Health and Well-being: Australia's Future. Paper presented to the Prime Minister's Science, Engineering and Innovation Council, 2001.*
<http://www.dest.gov.au/science/pmseic/meetings/7thmeeting.htm>

¹⁵ Masters & Forster 1997. Cited in: Institute for Child Health Research. *Developmental health and well being: Australia's future*. p. 11.

Socio-economic disadvantage is not a decisive indicator of educational and literacy outcomes, however parental involvement in education is. US research examining characteristics in families of high achieving, poor, African American children found that the parents expectation of involvement in their child's education and frequent contact with the school, as well as the child's exposure to stimulating, supportive school teachers, were the critical elements of their educational success.¹⁶

There is strong evidence that young people who are well connected to their school communities (peers, teachers, coaches, counsellors and other parents, for example) are more likely to complete school, and to be less likely to engage in behaviours that pose risks to their health and wellbeing.¹⁷

The evidence from both the education and health sectors points to the need to focus, principally, on the school as the target for intervention, with a view to creating an environment that creates opportunities for all young people to achieve and sustain connectedness with:

- peers
- respected adults (e.g. teachers, counsellors, coaches, other parents)
- school councils and opportunities for student leadership
- school-based activities
- and that provide them with opportunities to celebrate achievements in a range of areas and to solve problems effectively, with support and encouragement.

Supporting vulnerable young people through school

Although most children and young people do connect with school and complete their schooling, there is a significant number who disconnect from formal schooling and whose life experiences then make it difficult or impossible for them to 'reconnect' and to complete their education. One in three students does not complete Year 12.

There are many reasons for this – cultural insensitivity, physical and mental health problems that preclude their active participation in school life (including building relationships with their peers and teachers), violent or disrupted family lives, and difficulties with language to name but a few. Other factors involved in early school leaving include poor lower school achievements, low income or unskilled socioeconomic background, strong dislike of school and rural or regional locations. Early school leavers are less likely to participate in the labour force and more likely to be unemployed than year 12 leavers.

Identifying, reaching and responding to the needs of these children and young people are significant challenges. Many sectors have developed services and programs to ensure the material, physical and social well-being of these young people. The educational sector is now beginning to address the possible services and programs it needs to support vulnerable young people to complete school.

A key concept that service providers and evaluators need to consider is that of the "full-service school". This concept regards the school campus as a key site for connection with a broad range of interventions including: health services; counselling; accommodation; breakfast clubs; homework support; and job placement.¹⁸

¹⁶ Garnezy (1991) cited in *Protective Factors Within Families in School Violence Prevention* <http://www.mentalhealth.org/schoolviolence/part1chp13.asp>

¹⁷ Glover S, Burns J, Patton G. The Gatehouse Project: The scope of school-based intervention for the prevention of adolescent depression. *Family Matters* 1998; Patton G, Glover S, Butler H, Bond L, Bowers G. The Gatehouse Project: building the capacity for mental health promotion in secondary schools. *Australia New Zealand Journal of Psychiatry*, 1999.

¹⁸ Sercombe H, et. al. *Youth and the Future: Effective Youth Services for the year 2015*. A report to the National Youth Affairs Research Scheme. Canberra:2002.

QUESTIONS

What are the risk factors associated with young people's disconnectedness from school?

What interventions have been found to be effective in encouraging and supporting vulnerable young people to remain connected to school? e.g.

- strengthening parenting skills
- supporting young people through key transitions
- celebrating cultural, linguistic, racial and religious diversity
- providing creative and theatrical experiences

What interventions have been found to be effective in supporting vulnerable young people to complete their schooling successfully?

Field 2: Strengthening key protective factors for young people and reducing risks

Developing resilience in young people to ensure that they attain the competencies they need for life and successful transition to adulthood has not yet been the focus of sufficient, controlled and evaluated interventions to provide a strong evidence base.

However, there is a strong body of evidence of the factors that are available in communities and families that appear to enable children and young people to become resilient. Given that the need is urgent and the risk of 'doing harm' is minimal, it is important to develop and implement interventions that are based on clear understanding of the issue to be addressed (e.g. need for greater access to safe, fun recreational facilities). These should be evaluated using rigorous research methods.

Many of these interventions are 'environmental' – creating environments in which children and young people are able to develop the competencies they need and to reduce the extent to which they are exposed to 'toxic' environments – social or physical. For example, boredom has been identified as a significant contributor to young people becoming involved in risk taking behaviour, in particularly rural and outer suburban communities. The concept of leisure boredom and social disconnection has been linked as a significant contributor to youth alcohol consumption, drug use and suicide.¹⁹

Youth development programs are an important aspect of helping at-risk young people learn life skills, to be productive and to connect with others. However, as Connell and Aber point out, the pathways to active citizenship, social responsibility and participation are not as clearly understood as those to economic self-sufficiency or family and social health.²⁰ Four principles of youth development are dominant in the literature: feelings of motivation and competence; connectedness to others and to society; a belief in control over one's fate in life; and pride in cultural heritage and identity.

¹⁹ Spooner C, Hall W, Lynskey M. *Structural Determinants of Youth Drug Use*. Canberra: ANCD Research Paper 2, 2001.

²⁰ Connell, Aber, L. How do Urban Communities Affect Youth? Using Social Science Research to Inform the Design and Evaluation of Comprehensive Community Initiatives. In: Connell J, Kubisch A, Schorr L, Weiss C. *New Approaches to Evaluating Community Initiatives: Concepts, Methods and Contexts*. Aspen: The Aspen Institute, 1995. pp 93-125.

QUESTIONS

What are the key elements of environments (social, physical, economic) that provide children and young people and their families with the opportunities to develop the competencies they need to lead healthy lives?

What intervention programs have been proven to be effective in improving parenting skills among all parents?

What intervention programs have been proven to be effective in improving parenting skills among parents identified as 'at risk' – e.g. existing mental illness?

What interventions have been proven to be effective in reducing problem behaviours in children and young people?

Field 3: Supporting young people 'at very high risk'

Early intervention to identify at-risk adolescents would improve the health and well-being of today's adolescents and tomorrow's adults. Such interventions include services to prevent these behaviours before they begin; change these behaviours among adolescents who engage in them; or reduce their impact.²¹

The youth services and health sectors provide a range of specialist services to reach and support young people 'at very high risk' of engaging in self-harming or anti-social behaviours. These include: structured recreation, personal development and community integration programs; relationships counselling; substance abuse programs; mental health services; crisis, supported and longer term accommodation options; special needs education and training services; and post-release support services for young people who have been in juvenile detention.²²

Researchers do not yet fully understand the relationship between disadvantage and youth crime. The balance of evidence suggests that economic and social stress increase the risk of involvement in crime by increasing the motivation to offend. Weatherburn and Lind argue that the link between economic and social stress and crime is not offender motivation but the increased incidence of poor parenting, neglect and abuse.²³

The determinants of crime and drug use are complex and interrelated. Issues such as the co-existence of substance abuse and mental health problems are significant in understanding the complexities. We know that this affects at least twenty per cent of people with mental disorders.²⁴ This has implications for policy and for program delivery. Most notably, for example, drug misuse is

²¹ Park MJ, Macdonald TM, Ozer EM, Burg SJ, Millstein SG, Brindis CD, Irwin CE Jr. *Investing in Clinical Preventive Health Services for Adolescents*. San Francisco, CA: University of California, San Francisco, Policy Information and Analysis Centre for Middle Childhood and Adolescence, & National Adolescent Health Information Centre, 2001.

²² Booth M, Bernard D, Quine S, Kang M, Usherwood T, Alperstein G, Beasley L, Bennet D. (2002). *Access to health care among NSW adolescents*. Sydney: NSW Centre for the Advancement of Adolescent Health. The Children's Hospital at Westmead. ISBN 0-95779-513-0 (published report)

²³ Weatherburn D, Lind B *Delinquent-Prone Communities*. Cambridge: Cambridge University Press, 2000.

²⁴ Andrews G, et.al. *The Mental Health of Australians*. Canberra: Commonwealth Department of Health and Aged Care, 1999.

linked to a range of environmental risk factors. Despite compelling evidence that they don't work, single risk-factor approaches that rely on inoculating youth from using drugs continue to be used.²⁵

Again, based on anecdotal evidence, these services are most effective when their approach includes a strong community development program with outreach components, and that aim to deal holistically with multiple risk factors in a young person's life. Promising results are being achieved by supporting young people to be happy, socially connected and engaged in life, rather than focusing on their presenting problems. Family interventions that improve parent-child communication, parental role-modelling and parenting skills as a selective strategy for at-risk families also appear to be a promising form of prevention.

QUESTIONS

Is it possible to identify early, young people at risk?

If so, what mechanisms have been used?

What is the evidence that the early identification of young people at risk has led to improved outcomes? What could be done to introduce such mechanisms system-wide?

What is the best balance that could be achieved between mainstream and specialist in the care and support of young people at risk?

²⁵ Spooner C, Hall W, Lynskey M. *Structural Determinants of Youth Drug Use*. Canberra: ANCD Research Paper 2, 2001.

Features of Successful Programs

What does the research imply for improving the effectiveness of youth programs and services? A number of issues emerge. The evidence suggests that programs that are effective in preventing and reducing at-risk behaviours have several characteristics in common. They:

- address multiple risk and protective factors;
- work at all levels of influence: the individual, the family and the local and macro environments;
- build on existing community resources through integrated case management, strong referral networks and brokerage systems to link young people and their families to the services they need;
- focus on the positive outcomes desired by young people, not the negative behaviours that adults want to prevent;
- target interventions for high-risk groups;
- can offer timely interventions. For young people this can mean within 24 – 48 hours of seeking help;
- offer services during hours that suit young people – after school, in the evening, on weekends and in places where young people congregate; and
- involve young people in their development and management.

The evidence also suggests that effective interventions to enhance the likelihood of young people's successful transition to adult life must:

- build and enhance the personal knowledge, skills, values, beliefs and self efficacy of children and young people;
- ensure that government policies, institutions and processes enable and support children and young people to acquire these competencies;
- ensure that children and young people who are at risk of not acquiring these competencies receive high quality, evidence-based care and support; and
- ensure that children and young people who are already experiencing significant problems are cared for, supported and assisted.

A ssessing progress

The *Better Futures Strategy* is a significant contribution to improving the wellbeing of young people in New South Wales. The Strategy is an exciting example of government working with a range of partners to take an evidence-based approach to building the social, educational, and health interventions that have been shown to support young people to enjoy their lives and to negotiate, successfully, their transitions to adulthood. The Strategy is an important example of moving beyond 'the problem' to implementing effective solutions.

It will be necessary to ensure that the implementation of the Strategy includes evaluation that enables assessment of progress toward the achievement of its goals and objectives.

Some early steps in assessing progress will include tracking its implementation and identifying the specific intervention programs that emerge in each of the Fields of Activity.

A further step will be that of defining a research and evaluation framework that will guide the development of the measurements and monitoring systems to assess the impact of the policy on the wellbeing of young people. This is a challenging task. However, there is a growing body of literature and experience in a range of disciplines and areas that will assist.^{26 27 28}

²⁶ McIntyre S. Evidence based policy making. *British Medical Journal* 2003; 326: 5-6.

²⁷ Offord D, Chmura Kraemer, Kazdin A, Jensen P, Harrington R, Gardner J. *Lowering the burden of suffering: monitoring the benefits of clinical, targeted, and universal approaches*. In: Keating D, Hertzman C. (eds) *Developmental health and the wealth of nations*. New York, London: The Guilford Press, 1999.

²⁸ Rootman I, Goodstadt M, Hyndman B, McQueen D, Potvin L, Springett J, Ziglio E. (eds). *Evaluation in health promotion: principles and perspectives*. WHO Regional Publications, European Series, No. 92. Denmark: World Health Organization, 2001.

Lead agencies

Office of Children and Young People

The *Office of Children and Young People* is a New South Wales Government agency which provides policy advice to the Premier and the Minister Assisting the Premier on Youth. The Office also coordinates the development of policies and programs which affect the lives of children and young people in this state. As part of The Cabinet Office, the *Office of Children and Young People* is at the centre of Government policy-making processes. From this key position, the Office is able to consider and contribute to policy proposals put forward by all Government departments or agencies. Through the development and implementation of the *NSW Youth Policy 2002-2006* and *The Better Futures Regional Strategy* the Office has positively influenced the outcomes for children and young people in this state.

NSW Centre for the Advancement of adolescent Health

The *NSW Centre for the Advancement of Adolescent Health* (CAAH) is a public health initiative of the Department of Adolescent Medicine at the Children's Hospital at Westmead. As a key recommendation of the NSW youth health policy, *Young People's Health: Our Future (1998)*, CAAH was established in December 1998 to provide 'an organised, multi-sectoral approach to improving the health of young people in NSW'. CAAH's mission is: *to protect and promote the health of young people living in New South Wales through research, policy development, promoting good practice, developing and sustaining effective networks, educating professionals, informing and empowering young people and their carers and engaging in advocacy on behalf of young people.*