**Tasmanian Child and Youth Wellbeing Framework**

**Version 1.0**

June 2017

## Introduction

Ensuring the wellbeing of children and young people and the resilience of families in Tasmania is a collective and shared responsibility.

The Tasmanian Child and Youth Wellbeing Framework presents a contemporary and accessible definition of child wellbeing to ensure that everyone, in all parts of Tasmania’s service and support system as well as in the broader community, has a strong, common understanding of child and youth wellbeing.

The Framework is intended to provide the foundation for an ongoing discussion on child and youth wellbeing. It is a living document that will evolve over time to reflect our maturing collective understanding of this crucially important topic.

In releasing this first version of the Framework, we fully appreciate that individuals and organisations will have differing views on how to define and talk about child and youth wellbeing and we encourage and welcome your input on how we can improve and expand on this document.

Despite these inevitable differences, our vision for the Framework is that, whatever the views of the organisation or individual on child and youth wellbeing, we are all able to speak the same language and share a common understanding of the broad elements of wellbeing, in order to inform a cohesive, robust approach to the design and delivery of services for children, young people and their families in Tasmania.

## Child and Youth Wellbeing

Wellbeing is a complex and multi-dimensional concept that encompasses physical, social and psychological aspects.

A child or young person’s psychological wellbeing comes from feeling safe, cared for and valued and a child’s wellbeing is the shared responsibility of the entire community.

In the same way, children’s wellbeing outcomes are influenced by their family, networks, wider community and broader societal factors.

For the purposes of this framework, wellbeing encompasses the developmental stages of children and young people across multiple environments such as home, school and community as well as the individual and relational characteristics of the child.

Wellbeing is emergent and develops cumulatively over time. Relationships are critical to the development of wellbeing; and secure, predictable and loving attachments from early life are of particular importance.

Children and young people have a right to be heard and need to be recognised and treated as active participants in the development of their own wellbeing.

The wellbeing of Tasmania’s children and young people is of critical importance. Wellbeing influences the way that children and young people interact with other people and their environments. When a child has a strong sense of wellbeing they will be more resilient and more able to approach their interactions with others in a positive and optimistic way. They will learn better, be healthier, happier and more confident. In contrast, where a child has poor overall wellbeing they may lack capacity to deal with challenges and may have poor interactions with others.

## Defining Child and Youth Wellbeing - The Six Domains

*The Nest*, a national, evidence based initiative on child and youth wellbeing developed by the Australian Research Alliance for Children and Young People (ARACY) articulates a vision for the wellbeing of Australia’s Children and Young People based on the following six ‘domains.’

|  |  |  |
| --- | --- | --- |
| **Being loved and safe** |  | **Having material basics** |
|  |  |  |
| **Being healthy** |  | **Learning** |
|  |  |  |
| **Participating** |  | **Having a positive sense of culture and identity** |
|  |  |  |

These six domains can be adapted into a definition of child and youth wellbeing:

*Wellbeing refers to a state where a child or young person feels loved and safe; has access to material basics; has their physical, mental and emotional health needs met; is learning and participating; and has a positive sense of culture and identity.*

The six domains are a simple way of presenting a complex concept. There are significant inter‑relationships between the domains; and it is highly likely that individual services will be focused on improving outcomes across multiple domains, due to these inter-relationships. A child’s participation in education would fall within the **learning** domain; but the child’s ability to confidently engage with education will rely heavily on their having a supportive home environment (**being loved and safe**) and having access to educational materials (**having material basics**).

The below section attempts to further define these domains; providing some basic descriptors of what wellbeing may include under each of the six domains.

These descriptors provide an indication of what contributes to a child’s wellbeing in each domain. Some descriptors are objectively more important than others; but they all contribute to some extent to a child’s wellbeing. These descriptors are intended to be flexible because they need to be capable of application to various purposes across the service system, including: underpinning a common definition of child wellbeing; informing service design and delivery; and supporting consistent outcomes measurement.

**Being loved and safe**

**Being loved and safe means that children and young people:**

* Have a stable and supportive home environment
* Feel safe, secure and protected at home and in the community
* Feel valued and respected
* Have positive, trusted relationships with other people
* Have a voice and the ability to raise concerns

**Having material basics**

**Having material basics means that children and young people:**

* Have access to adequate, stable housing
* Have access to nutritious food and clean water
* Have access to education/training materials
* Have access to adequate clothing and footwear
* Have access to materials to support participation in activities
* Have access to adequate heating/cooling

**Being healthy**

**Being healthy means that children and young people:**

* Feel as healthy as they can, mentally and physically
* Are emotionally well, happy and supported
* Are as physically active as they can be
* Have access to appropriate health services
* Are immunised

**Learning**

**Learning means children and young people:**

* Are attending and engaging in education, training or employment
* Are participating in early childhood education (for younger children)
* Are developing literacy and numeracy skills appropriate to age
* Are supported to learn by their caregiver

**Participating**

**Participating means children and young people:**

* Are able to engage with peers and community groups
* Are able to take part in organised activities, including sport
* Are able to use and engage with technology and social media
* Are able have a say and to have that opinion be heard and valued

**Having a positive sense of culture and identity**

**Having a positive sense of culture and identity means children and young people:**

* Can find out about family and personal history
* Can find out about cultural knowledge
* Can talk to community leaders/Elders
* Feel like they ‘belong’
* Have a positive sense of self-identity and self-esteem
* Are able to keep in touch with cultural or spiritual practices

## Developmental Indicator Areas

Recent years have seen a rapid expansion of knowledge on the development of children, particularly with regard to the detrimental impact of neglect and abuse on the developing brain. As they move from infancy to early adulthood, children go through distinct periods in brain development where multiple changes in the brain are taking place. These changes and progressions are strongly influenced by prenatal events, quality of relationships and environmental circumstances during the child’s early life.

Brains develop over time, beginning before birth and continuing into adulthood; however the child’s relationships and environments in the first few years of their life impact heavily on the development of the architecture of the brain, which forms the foundation for the child’s future learning, health and behaviour.

Identifying and responding to developmental issues will vary depending on a range of circumstances, including the age of the child. While it is recognised that development commences from conception and continues through to early adulthood, this framework breaks down some broad developmental indicator areas across three key developmental stages: 5 years and under; 6 to 12 years; and 13 years and over.

These broad developmental indicator areas are presented against the six wellbeing domains, to provide some guidance as to what wellbeing encompasses at each stage of a child’s development. It is acknowledged that, in this first version of the Framework, these indicator areas are very unlikely to provide a full comprehensive account of the various areas that make up a child’s overall wellbeing at each stage of their development. It is therefore expected and intended that this section will be subject to the most development as the Framework continues to evolve over time.

## 5 Years and Under

Infancy is a time for children to develop attachments and bonds with caregivers that will assist them in developing their self-esteem and their ability to relate positively to others. Early experiences and relationships impact on brain development during this period and can have a long-term effect on the life-long wellbeing of the child.

The toddler years include rapid development in motor skills, language development and social‑emotional regulation. Children learn to walk and develop their fine motor skills. They rapidly acquire the ability to verbally communicate, modulate their emotions and interact with their peers.

In this developmental period, the focus of any service response will often be on supporting the primary caregiver(s). A young child’s primary drive is towards attachment, not safety, so they will adapt to and accommodate whatever parenting style they experience; meaning services will often focus on improving the primary caregiver’s capacity to provide the child with stable, positive relationships and environments.

| **Domain** | **Developmental Indicator Areas** |
| --- | --- |
| **Being loved and safe** | * Child feels safe in their home and community environment
* Caregiver regularly initiates and participates in positive interactions with child
* Caregiver provides a safe, stable and nurturing environment
* Child demonstrates an attachment to primary caregiver(s)
* Child is provided opportunities to raise concerns and have their concerns addressed
 |
| **Having material basics** | * Caregiver providing access to adequate clothing and footwear
* Caregiver providing access to adequate mental stimulation
* Caregiver providing access to healthy food in sufficient quantities
* Caregiver providing appropriate housing and adequate heating/cooling
 |
| **Being healthy** | * Child is a healthy weight for their age and height
* Child is emotionally and mentally well, happy and supported
* Caregiver encourages and provides opportunity for unstructured physical exercise and play, including in the natural environment
* Caregiver engages with health services as needed, including the child health and parenting service and oral health services
* Child is fully immunised
 |

| **Domain** | **Developmental Indicator Areas** |
| --- | --- |
| **Learning** | * Caregiver encourages home-based or early learning or provides appropriate childcare
* Caregiver provides a stimulating play environment appropriate to the child’s age
* Child is developing age-appropriate language and literacy
 |
| **Participating** | * Caregiver encourages and facilitates participation in social activities, whether structured (eg play group) or unstructured (eg visits to a park or library)
* Child is provided with opportunities to meaningfully participate in decisions
* Child is encouraged to have a voice
 |
| **Having a positive sense of culture and identity** | * Child’s environment is culturally appropriate
* Child is forming relationships with family members (as appropriate)
* Child’s emerging sense of personal identity is encouraged and supported
 |

6 to 12 Years

School aged children gradually gain their independence during these formative years. They learn how to make good choices, exercise self-discipline and fine tune their gross and fine motor skills. As the brain matures it has a reduced capacity for plasticity and becomes more specialised in order to deal with more complex tasks.

In this developmental period, the focus of any service response will often be on supporting the caregiver and the child as a family unit. If the child has been exposed to trauma or toxic stress early in life they may suffer developmental delays that continue to impact their development throughout their school years. This may reduce the child’s ability to communicate, learn, be mobile, make good decisions, manage stress and care for themselves.

| **Domain** | **Developmental Indicator Areas** |
| --- | --- |
| **Being loved and safe** | * Child feels safe in their home and community environment
* Child demonstrates strong relationships with certain individuals, particularly primary caregivers
* Caregiver provides a safe, stable and nurturing environment
* Child demonstrates an attachment to primary caregiver(s)
* Child is provided opportunities to raise concerns and have their concerns addressed
 |
| **Having material basics** | * Caregiver providing access to adequate clothing and footwear
* Child has access to educational materials
* Caregiver providing access to healthy food in sufficient quantities
* Caregiver providing appropriate housing and adequate heating/cooling
 |
| **Being healthy** | * Child is a healthy weight for their age and height
* Child is emotionally and mentally well, happy and supported
* Child is permitted and encouraged to engage in structured or unstructured exercise and play, including in the natural environment
* Caregiver engages with health services as needed, including oral health services
* Child is fully immunised
* Child is physically and socially active
 |

| **Domain** | **Developmental Indicator Areas** |
| --- | --- |
| **Learning** | * Child is receiving an education
* If attending a school, the child attends regularly, with minimal unexplained absences
* Child demonstrates positive and ethical behaviour
* Child is developing age-appropriate language and literacy
 |
| **Participating** | * Child is permitted and encouraged to engage in organised activities, including sport
* Child is able to form positive relationships with peers
* Child is permitted and encouraged to engage with their community
* Child is provided with opportunities to meaningfully participate in decisions
* Child is encouraged to have a voice
 |
| **Having a positive sense of culture and identity** | * Child’s growing sense of personal identity is supported
* Child’s environment, including educational environment, is culturally appropriate
* Child is supported to understand their family history
* Child is supported to satisfy any interest in their identity or culture
* Child’s environment is free from bullying or victimisation
 |

13 Years and Over

The adolescent years are characterised by a surge in independence, changes to body shape and an influx of hormonal changes. Young people will have a strong urge to start defining who they are and developing their skills in preparation for entry into the workforce or further education. Although still developing, by this age the young person’s brain is less flexible and harder to alter than that of a younger child.

In this developmental period, the focus of any service response will often be on supporting the young person themselves. Intensive interventions may be required to deal with behaviours and developmental problems that have become entrenched, underlining the need for early intervention wherever possible. While supporting a positive family environment is still important, the focus of support services are likely to shift towards supporting young people to overcome trauma from earlier stages, and to make positive choices as they transition into adulthood.

| **Domain** | **Developmental Indicator Areas** |
| --- | --- |
| **Being loved and safe** | * Child feels safe in their home and community environment
* Although conflict with family may be more likely, this does not turn into violence or aggression
* Child has a growing level of independence from caregivers
* Child is able to identify at least one person who they can rely on for support and assistance
* Child has access to a safe, stable and nurturing environment
* Child is provided opportunities to raise concerns and have their concerns addressed
 |
| **Having material basics** | * Child has access to educational or training materials
* Child has access to healthy food in sufficient quantities; including increasing need for certain nutrients such as calcium and iron
* Child has access to appropriate housing and adequate heating/cooling
* Child has access to adequate clothing and footwear
 |
| **Being healthy** | * Child is a healthy weight for their age and height
* Child is physically and socially active
* Child is emotionally and mentally well, happy and supported
* Child is able to access health services, including oral health services, when needed and is supported to do so
* Child is fully immunised
* Child avoids smoking or engaging in risky alcohol/drug use; or is supported to give up smoking or risky alcohol/drug use
 |
| **Learning** | * Child is receiving an education
* If attending a school, the child attends regularly, with minimal unexplained absences
* Child is developing age-appropriate language and literacy
* Child demonstrates positive and ethical behaviour
 |
| **Participating** | * Child is able to engage in organised activities, including sport
* Child is able to satisfy emotional or social needs outside of family group (eg by spending time with peers)
* Child is permitted and encouraged to engage with their community
* Child is provided with opportunities to meaningfully participate in decisions
* Child is encouraged to have a voice
 |
| **Having a positive sense of culture and identity** | * Child’s sense of personal identity is supported
* Child is supported to understand their family history
* Child is supported to satisfy any interest in their identity or culture
* Child’s environment, including educational environment, is culturally appropriate
* Child’s environment is free from bullying or victimisation
 |

**Using the Framework**

The Child and Youth Wellbeing Framework provides a common language for Government, non-government organisations, the private sector and the community.  It has no single application, but rather should be used as a foundation tool for talking about child and youth wellbeing, designing programs that promote wellbeing or for holding ourselves collectively to account for delivering better outcomes for children and young people in Tasmania.

The State Government will continue to build partnerships across the community to embed the Child and Youth Wellbeing Framework into policies and services.  We will continue to build on the Framework through the development of common outcomes for children and young people and common indicators to track progress in priority areas.

Ongoing collective ownership of the framework is important.  The State Government will work with partners on a process for keeping the framework consistent with current understanding of wellbeing of children and young people and relevant to the Tasmania community, government and service system.

*The Tasmanian Child and Youth Wellbeing Framework has been produced by the Tasmanian Government for collaborative application across the broader Tasmanian children’s service system. The Tasmanian Government will be actively seeking partners to commit to aligning their language, outcomes, and the design and delivery of their services with the Framework.*

*Comments / Queries / Feedback:* *CPSRedesignTeam@dhhs.tas.gov.au*

*The Tasmanian Child and Youth Wellbeing Framework is based on* The Nest*, the Australian Research Alliance for Children and Young People’s (ARACY) national initiative on child and youth wellbeing.* The Nest *is supported by a significant evidence base and was a product of collective action involving more than 4 000 Australians. Further information on* The Nest*, including the Action Agenda, Technical Document and Literature Review is available at* [www.aracy.org.au](http://www.aracy.org.au).

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