

# Beyond Adolescent Friendly Health Care

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**Melbourne  
Children's**

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in child and  
adolescent health



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# Outline

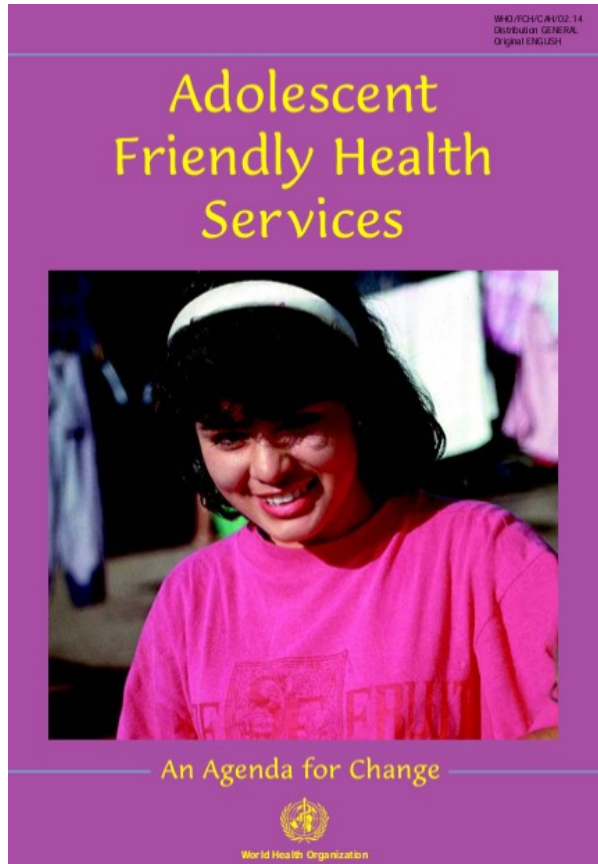
## Beyond Adolescent Friendly Health Care

Global Standards for Quality Health Care (2025)

2<sup>nd</sup> Lancet Commission on Adolescent Health and Wellbeing (2052)

What can the world learn from Australia's new social media laws?

# Adolescent Friendly Health Care

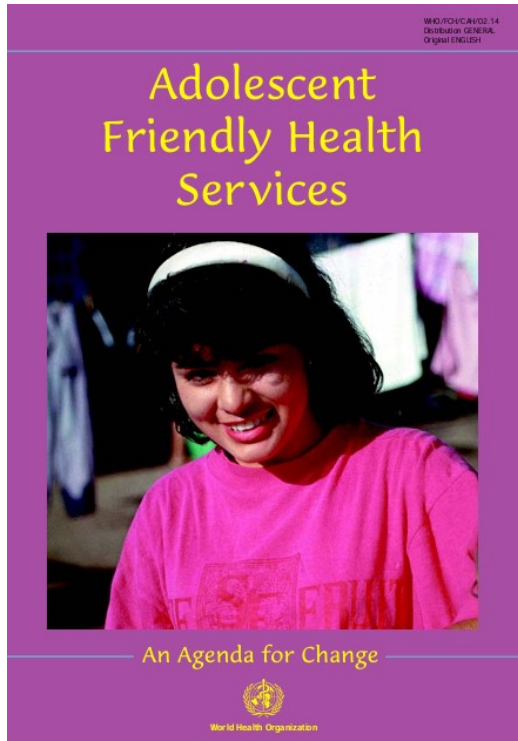


2002

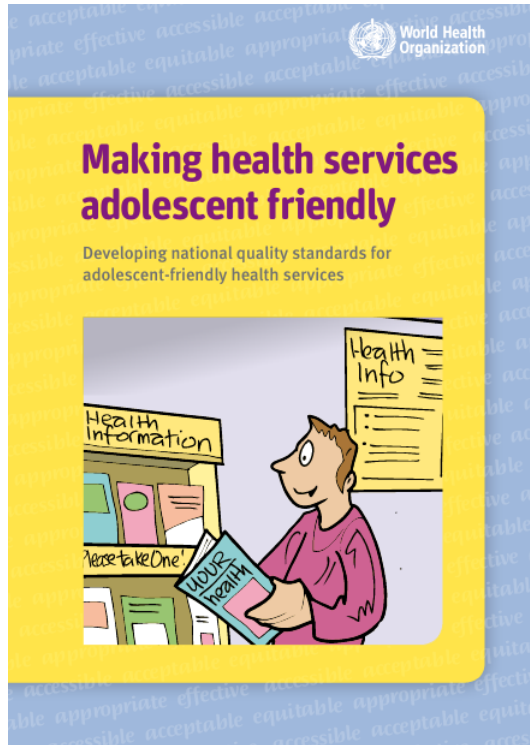
- A WHO framework for improving adolescent health outcomes in every country
  - Appropriate, acceptable, accessible, effective, equitable care
  - Primary health services
  - Sexual and reproductive health care
  - Youth Centres

Sawyer SM, Sabet F, Baltag V.  
Beyond Adolescent Friendly Health Services.  
J Adol Health 2025

2002



2012



2015



## Time to revise

- Evolving health landscape  
Telemedicine, COVID-19
- Align with other WHO frameworks to strengthen health systems

Global Competency and Outcomes Framework for Universal Health Coverage, 2022

# Development of the new Global Standards

## 2015 Global Standards

A comprehensive guidance for primary health care to provide good quality healthcare to adolescents



## Needs Assessment

Global consultations with adolescents, adolescent health professionals and policy makers

## Landscape Analysis

Evidence review of the peer reviewed literature and national policy documents

## Iterative drafting, consultation, and validation

Inputs from the Technical Advisory Group

Public consultation on the draft

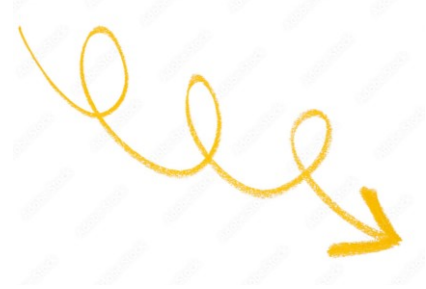
Collaboration between WHO, Centre for Adolescent Health (Melbourne, Australia), and the International Association for Adolescent Health

# Global standards for quality health care services for adolescents

Second edition

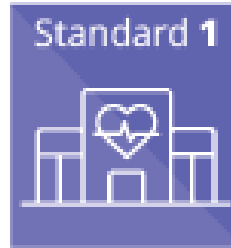


Adolescent Friendly Health Care



Adolescent-Responsive Care

# Global Standards



**Adolescent-centred care**



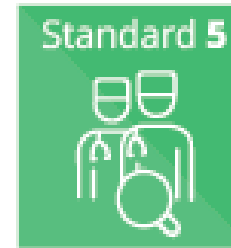
**Developmentally responsive care**



**Inclusive, confidential, respectful and safe care**



**Family and community engagement**



**Competent workforce**



**Comprehensive health benefit package of care**



**Data-informed and youth-engaged practice**




**Welcoming physical environment**



**Accessible service delivery platforms**

## Standard 2 – Developmentally responsive care

 <p>Standard 2</p>	<p>Standard 2: Developmentally responsive care</p>	<p>Health care is individualized and responsive to the developmental needs of the adolescent, with seamless support for their transition to adult health care.</p>
	<p>Statement 2.1</p>	<p>Health care is delivered in a way that responds and adapts to the evolving physical, cognitive, emotional and social development of adolescents.</p>
	<p>Statement 2.2</p>	<p>Beyond attention to their presenting concern, adolescents and their caregivers receive health education, counselling and anticipatory guidance that meets their developmental needs (for example, puberty, social transitions) and cognitive capacity.</p>
	<p>Statement 2.3</p>	<p>Health services and caregivers assist adolescents to successfully transition to adult services by supporting increased autonomy and ensuring that continuity of care from child to adult services is prioritized.</p>

# 2 Developmentally responsive care



Health care is individualized and responsive to the developmental needs of the adolescent, with seamless support for their transition to adult health care.

## Intent

"Developmentally responsive care" ensures that health services address adolescents' unique developmental needs, supporting their transition from dependent to more independent health management through tailored education, counselling and anticipatory guidance on relevant topics (for example, puberty, mental health). It emphasizes involving caregivers in consultations and decision-making when appropriate, while respecting adolescents' preferences and readiness for autonomy as it develops. This standard recognizes that cognitive capacity, knowledge and support needs will develop at different times for each individual and are not directly tied to age. It also highlights the importance of smooth transitions from paediatric to adult services that prioritize continuity of care.

"They need to understand that we are young and need to stay in school and therefore can't just take a day off. We prefer to talk to the same doctor or nurse each time as they will know us better. They also need to know we may need to have our parents involved as well"

## Statement 2.1

Health care is delivered in a way that responds and adapts to the evolving physical, cognitive, emotional and social development of adolescents.

Rationale: Health care must adapt to adolescents' evolving cognitive, emotional and social needs, which change with growing maturation. Developmentally responsive care assesses individual capacity rather than relying solely on age, offering tailored information, resources, and choices.

Adolescents increasingly seek involvement in health decisions, but their preferences are often overshadowed by caregivers or providers. Centring adolescents in their care is essential, while also recognizing the supportive role of caregivers. Gradually reducing reliance on caregivers and their influence can foster adolescent autonomy, but caregivers' involvement should align with the adolescent's needs, ensuring a supportive (rather than a leading) role in consultations.

## Practice example

The 17-year-old twins Akmal and Mohammed attend the health service. Akmal has a moderate intellectual disability, while Mohammed does not. Their caregivers continue to attend all appointments with Akmal, and providers present information in very simple language with visual resources. Akmal is offered limited choice, as he becomes overwhelmed easily, but the doctor supports him to choose one of two options wherever possible. For Mohammed's appointment, the caregivers mostly wait outside while he sees the doctor alone. Sometimes he calls his

Input criteria	Process criteria	Output criteria
National and service-level policies support adolescent-centred care.	Adolescents are engaged in discussions about their illness and its treatment according to their capacity.	Adolescents are satisfied with their involvement in care decisions and the responsiveness of services to their needs.
Notes and clinical documentation proformas include space to record adolescent preferences for care and caregiver involvement.	Care plans are tailored to the adolescent's health needs and preferences, including those concerning caregiver involvement.	Adolescents are capable and empowered to manage their health, consistent with their level of development.
The health service has age-appropriate health information materials and tools to support health literacy and shared decision-making.	Health workers progressively increase adolescents' and caregivers' expectations of adolescents' responsibility for their own care as their skills in communication and health management improve.	Adolescents are aware of available services and how to access them.
The health service has guidance for health workers to obtain informed consent from adolescents, in line with their developmental capacity and national laws. This includes training to assess developing capacity and autonomy.	Health workers provide age-appropriate information to support adolescents' capacity and health literacy.	Adolescents are health-literate appropriate to their age.
	Health workers always obtain informed consent or assent from adolescents.	

# Global Standards for Quality Health Services for Adolescents

Not a general guide to quality health care (eg geographical proximity, respectful care, cost, and continuity of care are important for all age groups)

Target audience is policy-makers and service managers in charge of adolescent health programs and their quality improvement

Focus on the specific manifestation of these for adolescents (eg geographical proximity implies linkages with schools) and emphasizes the elements that may disproportionately affect adolescents' willingness to engage with care (eg lack of confidentiality)

Secondary audience is people involved in advocacy with the goal of improving the quality of care and resource allocation to adolescents

- health workforce
- individuals and organizations supporting governments and the private sector

# Global standards for quality health care services for adolescents



World Health Organization | UNAIDS | unesco | unicef for every child | UN WOMEN

# Competency and outcomes framework for adolescent health and well-being



World Health Organization | UNAIDS | unicef for every child | unesco | UN WOMEN



# THE LANCET

May 2016

www.thelancet.com

Our future: a *Lancet* Commission on adolescent health and wellbeing



"This generation of adolescents and young adults can transform all of our futures; there is no more pressing task in global health than ensuring they have the resources to do so."



A Commission by *The Lancet*

2016

# THE LANCET

May 2025

www.thelancet.com

A call to action: the second *Lancet* Commission on adolescent health and wellbeing



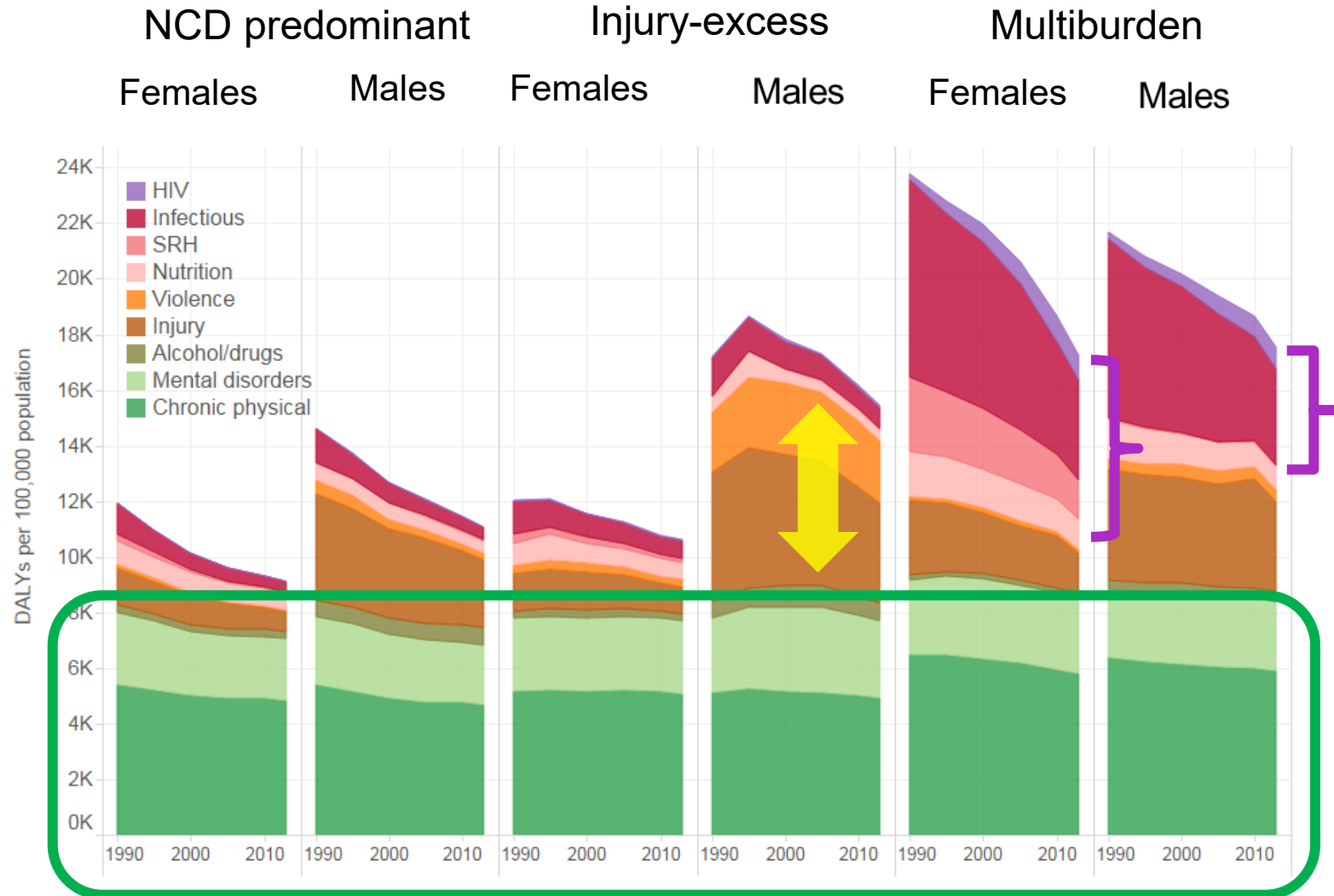
"The investments made in this generation of adolescents will determine our human and planetary futures, for good or for ill. The time to act is now."

A Commission by *The Lancet*

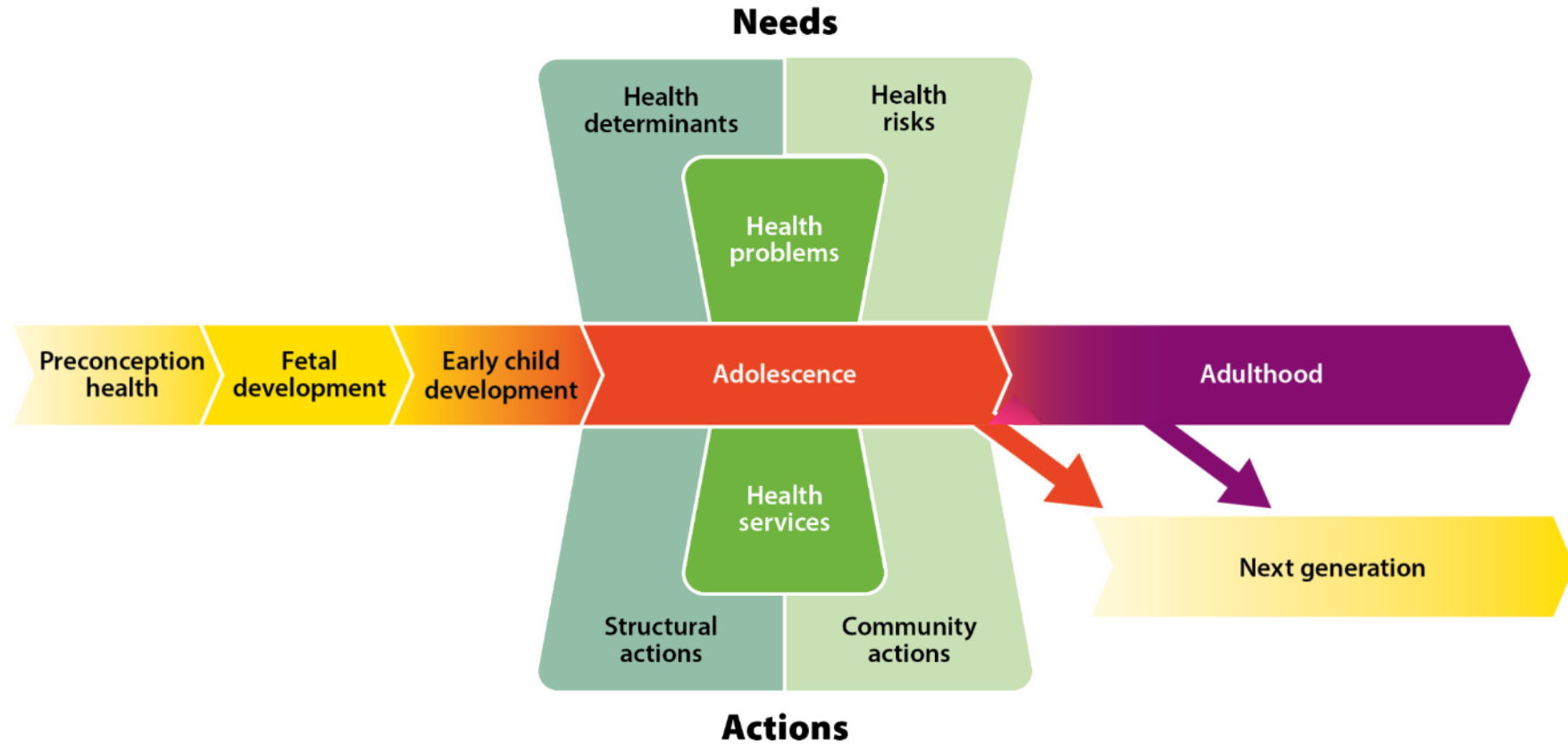
2025

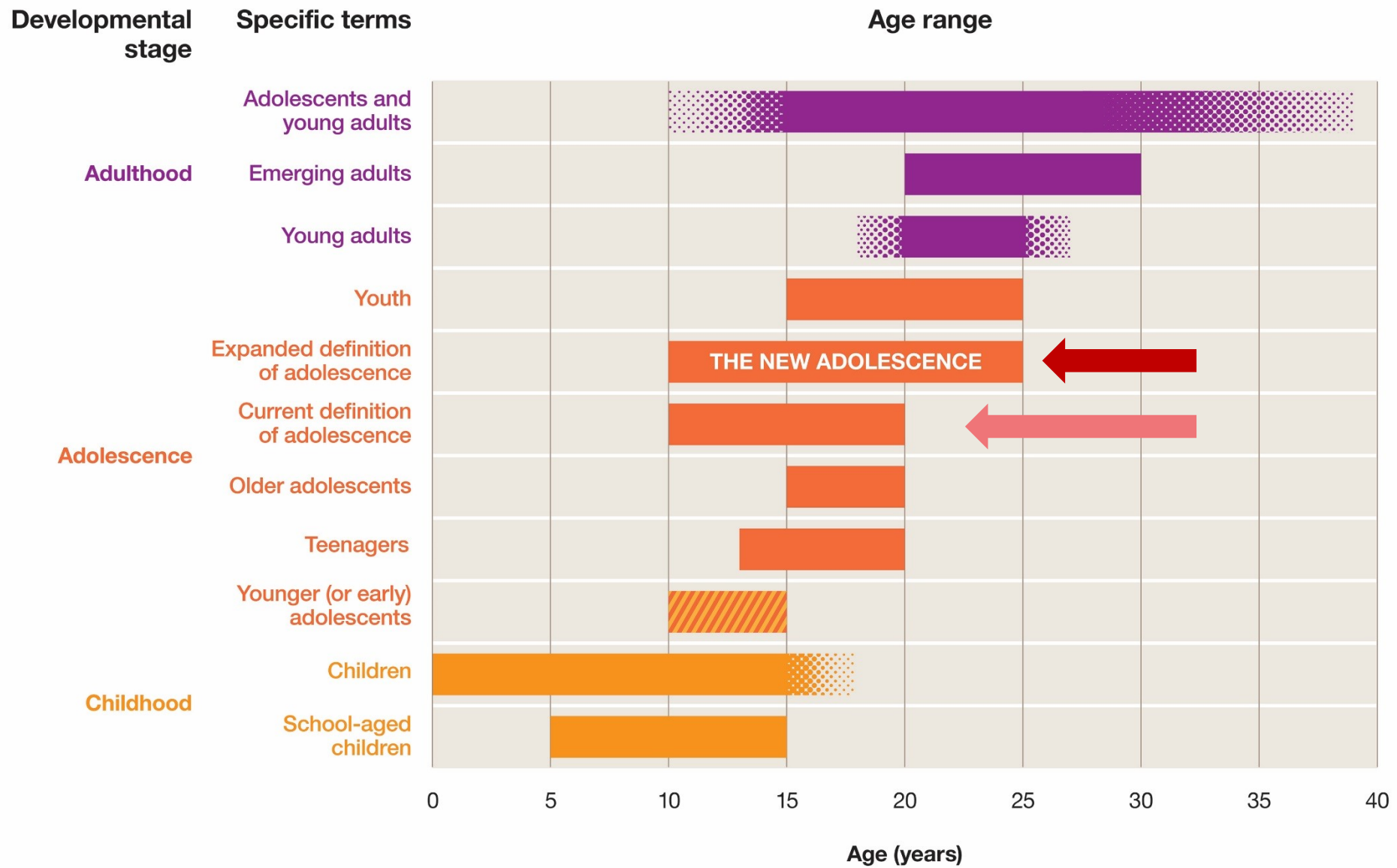
# Disease burden by country groups and gender, 1990-2013

3



# Investing in the triple dividend





Sawyer SM et al. The Age of Adolescence. Lancet 2018

# Adolescents face new threats



- Changing family expectations for education, employment, income
- Social media, technology and AI opens windows on the wider world, but brings the gaze of the world 24/7
- Less economically certain times
- More combative world
- Physically degrading world from climate change, environmental degradation, pollution
- Growing commercial determinants



A call to action: the second *Lancet* Commission on adolescent health and wellbeing

# THE LANCET

May, 2025

www.thelancet.com

## A call to action: the second Lancet Commission on adolescent health and wellbeing



"The investments made in this generation of adolescents will determine our human and planetary futures, for good or for ill. The time to act is now."

A Commission by The Lancet



Read the report



# Youth Commissioners led the development of a Meaningful Youth Engagement for Research checklist

Nagata JM, Imbago-Jácome D, Choonara S, Talebloo J, Memon Z, O'Sullivan M, Sawyer SM, Baird S. Reporting of research with adolescent and youth engagement. *Lancet Child & Adolescent Health*. 2025

	Item	Example
Authorship	If applicable, list adolescents and youth as authors if they fulfil ICMJE authorship criteria; detail the criteria fulfilled	All authors were involved in paper conceptualisation. JMN was involved in interpretation of data. JMN, JT, and ZM wrote the first draft, which was critically revised by all authors.
Acknowledgments	List adolescents and youth in acknowledgments if they did not fulfil ICMJE criteria.	Thank you to the adolescent and youth reviewers of the second Lancet Commission on Adolescent Health and Wellbeing—Vinicius Gaby, Nikita Ghodke, Shatyam Issur, Jonta Kamara, Nojus Saad, and Hamaiyal Sana—who participated in discussions leading to the conception of the reporting checklist and provided critical feedback on the checklist from their perspective.
Aim	If applicable, report the aim of adolescent and youth engagement in the study	Through our work with the second Lancet Commission on Adolescent Health and Wellbeing, it became apparent that more explicit guidance would be valuable for researchers. Previous work proposed the use of checklists to improve reporting of patient and public involvement in research, including lived experiences. Here, we build off this previous work by adapting it for adolescents and youth to develop a checklist for reporting adolescent and youth engagement in peer-reviewed research papers.
Methods		
Adolescents engaged	Provide a description of adolescents and youth involved with the engagement activity in the study	The research-reporting checklist involved ten Youth Commissioners, all younger than 35 years, who were recruited as part of the broader Commission. The Youth Commissioners represented diverse backgrounds and had professional experiences in adolescent health and wellbeing. Youth Commissioner JMN additionally recruited youth researchers ZM and JT to contribute to this specific research-reporting checklist. In addition, six youth reviewers provided feedback on the broader meaningful adolescent and youth engagement checklist, <sup>7</sup> which led to the conceptualisation of this research-specific checklist.
Stages of involvement	Report on how adolescents and youth were engaged at different stages of the study	Youth Commissioners were engaged at multiple stages of the process. Initially, they participated in discussions that led to the conceptualisation of a meaningful adolescent and youth engagement best-practices checklist, and then they helped to draft the meaningful adolescent and youth engagement best-practices checklist. When the need for a specific research-reporting checklist was recognised, Youth Commissioners were involved in the design and development process. They also contributed to the refinement and finalisation of the checklist through multiple review stages.
Level or nature of involvement	Report the level or nature of adolescent and youth engagement used at different stages of the study	The Youth Commissioners were engaged in a consultative and co-creative capacity throughout the process. They participated in meetings over several months to discuss and refine the checklist. Their roles included reviewing literature, drafting the checklist and this Comment, and shaping the checklist structure.
Discussion and conclusions		
Overall influence	If applicable, comment on the extent to which adolescent and youth engagement influenced the study overall	The research-reporting checklist emanated from Lancet Youth Commissioners as part of the broader Commission. Youth Commissioners were involved in conceptualisation, literature review, creation, and editing of the checklist. Commissioners and Youth Commissioners felt it was essential to incorporate and receive feedback from youth voices and therefore youth reviewers were recruited and invited to the final in-person Commission meeting as a practice.
Critical reflection	If applicable, comment critically on the study: reflect on things that went well and limitations of the process of adolescent and youth engagement (eg, challenges, barriers)	Although we engaged Youth Commissioners and youth reviewers from diverse backgrounds (in terms of geographical distribution and discipline) in the co-creation of this research-reporting checklist, its development was shaped by the existing infrastructure and timing of the second Lancet Commission on Adolescent Health and Wellbeing, which we were involved in as Youth Commissioners, Commissioners, and youth researchers. Youth Commissioners and reviewers were all at least age 18 years because of the need for international travel and the complexity of the engagement and task. Future efforts could involve a broader coalition of adolescent and youth researchers, including younger adolescents, in both the development, refinement, and endorsement of a research-reporting checklist to facilitate broader research community buy-in and promote wider uptake. Future research could also assess whether this checklist is used and if the checklist is thought to contribute to meaningful participation in research.
Adapted from Staniszewska et al (2017). <sup>9</sup> Researchers can include a column for page numbers as a part of the checklist to track where the checklist is being integrated into their research. Because of the conventions of Comment pieces in this journal, this article does not have formal sections (ie, introduction, methods, results, and discussion). However, we provide an example of how we would write up these sections as if it were an original research article. ICMJE=International Committee of Medical Journal Editors.		
<b>Table: Checklist for reporting research with adolescent and youth engagement</b>		

# Australia's Online Safety Amendment Bill

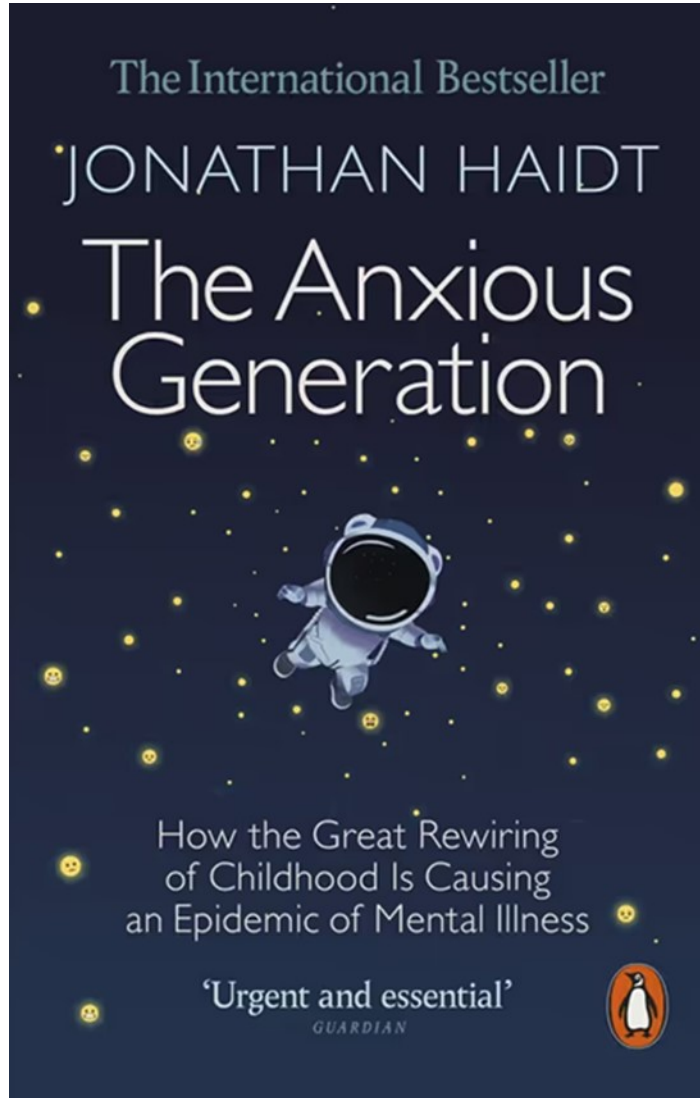
- Legislation passed in Nov 2024 to restrict access to social media in <16-yr-olds by requiring social media companies to implement age assurance technologies
- 'Evidence informed'
- Implemented on December 10<sup>th</sup> 2025
- Overseen by Australia's eSafety Commission



# Australian public health policy



- Road safety
  - Compulsory safety belt laws (1970s)
  - Random breath testing laws for 0.05% blood alcohol (1970s)
- Infectious diseases
  - HIV epidemic - harm minimization response (1980s)
  - School-based HPV vaccination program (2007)
  - COVID lock downs (2020s)
- Substance use
  - Comprehensive tobacco advertising bans (1990s)
  - Tobacco plain packaging (2011)
- Violence
  - Gun law reforms (1990s, 2026)



2024

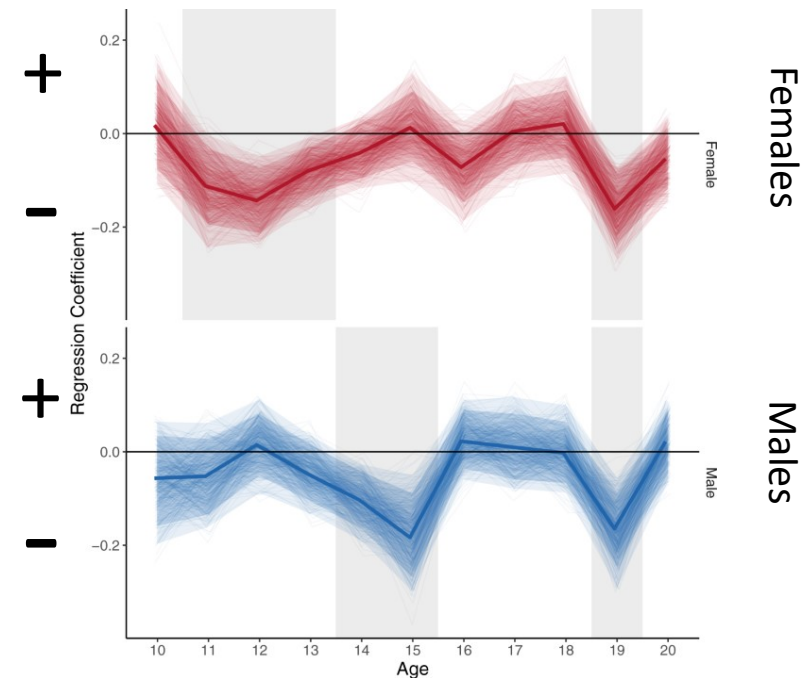


# Social media and mental health

## Moving beyond adolescence as a whole

- Links between social media use and depression, anxiety, self harm and poor life satisfaction
- Effect sizes are generally small
- Subgroups with increased risk  
Younger adolescents

*Effects of social media on life satisfaction across 10-21 years*



# Might some adolescents particularly benefit from access to social media?

- Neurodiverse
- LGBTIQ+
- Geographically isolated
- Indigenous



Might they also be at greater risk?

# Age restricted social media platform

- Definition
  - If the sole or significant purpose of the service is to enable online social interaction between 2 or more end-users
  - If the service allows end-users to link to, or interact with, some or all of the other end-users
  - If the service allows end-users to post material on the service
- Currently excludes messaging, online games, services that primarily function to support the education and health of end-users
- Companies are required to determine if their platforms meet the criteria
  - Snapchat, TikTok, Instagram, Facebook, Threads, X, YouTube, Reddit, Kick, Twitch
- Fines of up to AUS\$50 million (US\$35 million) for companies that do not take reasonable steps to comply
  - no punishment of young people or parents

# Implementation challenges: age assurance

Choice of age assurance technologies not indicated in legislation (rapidly evolving)

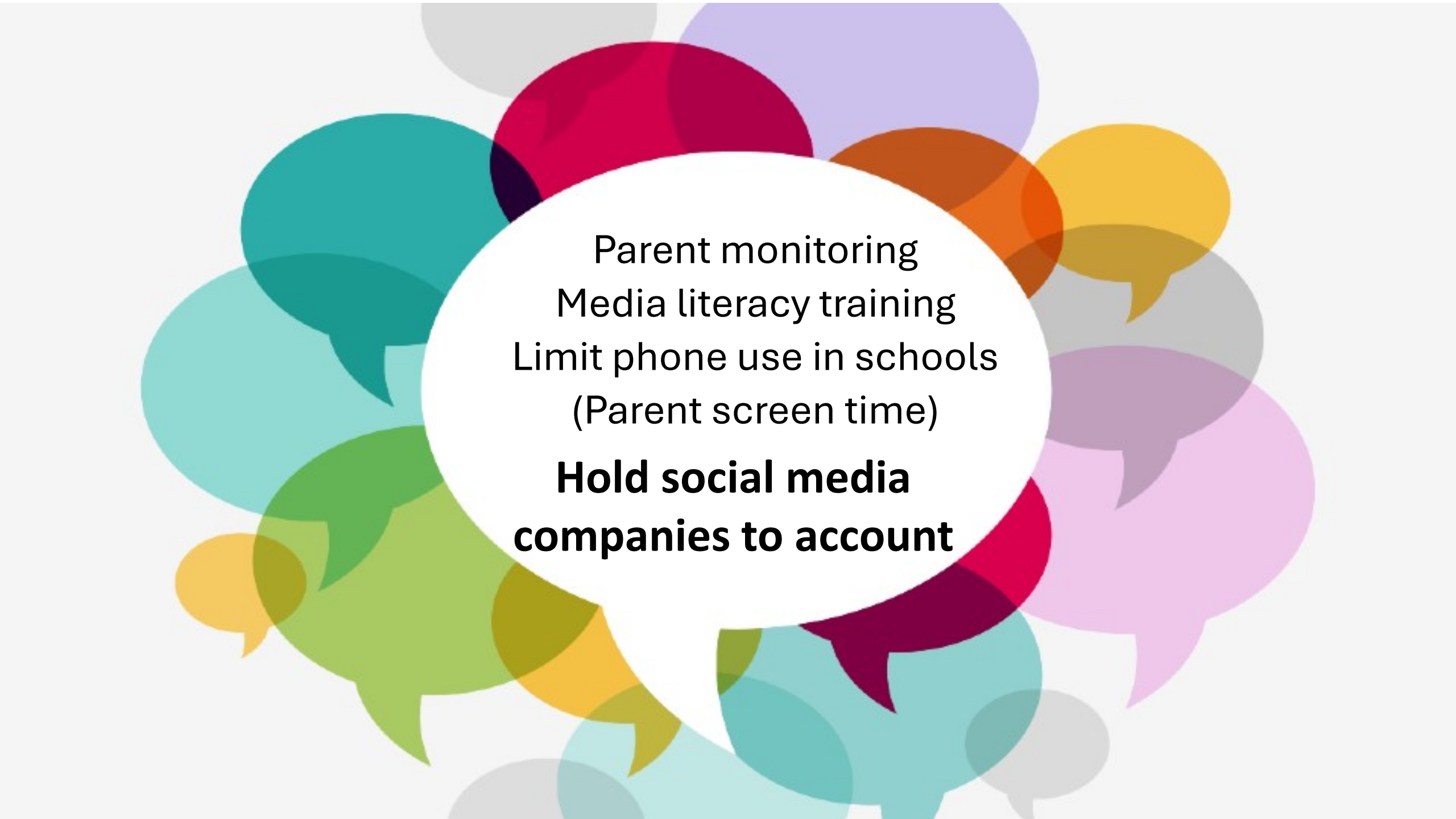
- Self-declaration not allowed
- No waiver for parent consent
  - >80% of Australian 8–12-year-olds use social media
  - >90% children under 13 had parent help to set up their SM accounts
- AI-based age estimation
- Behavioural verification (analysis of browsing history to infer age)
- Formal age verification with identity documents (Australia does not have an identity card)

# Formal evaluation by the eSafety Commission

## Stanford University's Department of Communication

- Mixed methods study
- Longitudinal cohort study
  - Sample of 4000 dyads - parents, adolescents (10-16 yr olds)
  - Baseline, 6 months, 12 months, 18 months, 24 months
  - Family conflict, adolescent mental health, behaviours
  - Includes an objective measurement of SM use
  - Oversampling – indigenous, rural, neurodiverse, mental health issues, LGBTIQ+

## Academic Advisory Committee (half Australian, half international)



Parent monitoring  
Media literacy training  
Limit phone use in schools  
(Parent screen time)

**Hold social media  
companies to account**


# Every industry is regulated

- Pharmaceuticals
- Food safety
- Transport safety
- Alcohol
- Media (cinema, TV, radio)

Why have we expected that social media companies would *self-regulate*?



# New policy territory...



Social media firms have come 'kicking and screaming' to the ban, says Australia's eSafety boss  
BBC News, Jan 23, 2026

- Pushback from tech companies
  - Reddit – current high court challenge
  - Meta - wants exemption for parental approval and wants age verification to occur at the app store level (to lower the burden of compliance by companies)
- Pushback from US government
  - Australia's eSafety Commissioner was threatened with contempt if she failed to testify to a US congress House Committee about Australia's social media laws
  - US visa sanctions imposed on 5 European public servants involved in regulating tech companies (due to “coercion” of US social media platforms into censoring viewpoints they oppose)

# Slow burn not a silver bullet

- Change social norms about the ‘right’ age to access social media
- Many unknowns
  - Disproportionately negative impacts on marginalized groups?
  - Exposure to greater online harms from ‘workarounds’?
  - Shift focus from platform responsibilities?
  - Reduce emphasis on harm reduction approaches (eg education)?
- Changing the nature of conversations that are being had around the world about children’s online safety and access to social media

## Social media age restrictions hub

The Australian Government is protecting young Australians at a critical stage of their development, through world-first social media age restrictions in effect from 10 December. Find information in this hub to help you understand and prepare for the change.



### Information for young people

Explore advice for under-18s, including what to do with existing accounts.



### Reach out for help

24/7 support from Kids Helpline and other services for young people dealing with the change.



### Information for families

Find resources and conversation starters for your family.



### Which platforms are age-restricted?

Find out which platforms currently meet the assessment criteria.



### Information from platforms

Links to details of age restriction processes on each platform.



### Frequently asked questions

Find out the facts about how the restrictions will work.



### Information for educators

Use the resources and information to help your students with the change.



### Register for a webinar

Live information sessions for parents, carers and educators.



### Regulatory guidance for online services

Guidelines for industry on reasonable steps to comply with legislation.



### About the implementation

Self-assessment, consultation and background information.



### About the evaluation

Learn about how we are measuring the impact of the social media age restrictions.



### Awareness campaign

Learn about the Australian Government's national campaign.



# Australia's eSafety Commission

<https://www.esafety.gov.au>



**TECH**



Study online,  
in your  
own time,  
anywhere  
in the world.

Advancing adolescent  
health in a changing world



CRICOS 00116K



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MELBOURNE