# Wellbeing and Safety Program Logic 2 (young people)

| Current Situation | Evidence | ACTIVITIES AND SERVICES | Outputs | Theory of Change | client Outcomes |
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| Target group:  Young people aged 10 – 24 transitioning from childhood to adulthood, particularly those facing disadvantage, including:   * Children and young people at risk of disengagement from school, family and community. * Young parents with known vulnerabilities or who are experiencing a number of hardships. * Children and young people affected by a mental health condition/s.   Particularly vulnerable groups include people living regionally, Aboriginal children, families or communities, LGBTIQA+ people, people with disability and/or people from culturally and linguistically diverse communities, including migrants and refugees.  Young people are at the life stage where they experience significant physical, emotional, psychological, cognitive and social changes. They may also face a range of challenges including increased poverty and housing insecurity, homelessness, disengagement from education and an increase in mental health issues, and cost of living increases.  **Family Violence**  Family Violence is one of the most common issues presenting in child protection notifications in Australia.[[1]](#footnote-2) The presence of Family Violence makes the child more likely to experience physical and sexual abuse and all forms of neglect.[[2]](#footnote-3)  A study found that young people who had witnessed abuse between family members and been subjected to targeted abuse were more than 9 times more likely to use violence in the home than those who had not experienced any child abuse.[[3]](#footnote-4)  Young people are at the life stage where they experience significant physical, emotional, psychological, cognitive and social changes. Exposure to Family Violence as well as a form of harm in itself, significantly impairs limits the ability of young people to navigate and manage these changes. Young people may also face a range of challenges because of Family Violence including increased poverty and housing insecurity, homelessness, disengagement from education and an increase in mental health conditions.  **Mental health**  In the period 2020-22, 38.8% of young people aged 16-24 experienced a mental disorder that lasted for 12 months or more[[4]](#footnote-5). Young people aged 16-24 are more likely to have a substance use disorder than other age groups[[5]](#footnote-6).  Young people have the highest rates of hospitalisation for intentional self-harm. In 2021-22 the rate for young people aged 15–19 was 389 hospitalisations per 100,000 population, the highest of all age groups[[6]](#footnote-7).  Suicide is the leading cause of death for Australians aged 15-24. In 2022, deaths by suicide represented 30.9% of all deaths in young people aged 15–17 years and 32.4% of all deaths in those aged 18–24 years[[7]](#footnote-8).  **School engagement and attendance**  Disengagement from school can negatively impact young people’s educational and employment outcomes in the future.  In 2021, approximately one in twelve secondary school students were suspended, with 32,547 short suspensions and 12,505 long suspensions issued[[8]](#footnote-9).  **Interactions with the justice system**  Young people are more likely to have interactions with the criminal justice system than adults[[9]](#footnote-10).  The social, educational, emotional, health and safety risks affecting young people make these years critical for increasing engagement and providing early supports. Strengthening protective factors and responding to known risks and vulnerabilities will enable young people to thrive and reach their full potential.  In alignment with the rights-based approach, it is essential that young people are involved in the design of these supports and are encouraged to be active members of their community. | Socioemotional wellbeing is essential for our overall health and wellbeing. Socioemotional wellbeing is a state of wellbeing that encompasses personality traits and skills that characterise a person’s relationships in a social environment.  Programs that seek to improve socioemotional wellbeing build behavioural and emotional strengths and the ability to adapt and deal with daily challenges and respond positively to adversity while leading a fulfilling life.[[10]](#footnote-11)  Young people who are socioemotionally well and competent have been found to:   * communicate well * have healthy relationships * be confident * perform better at school * take on and persist with challenging tasks; and * be resilient against life stressors.[[11]](#footnote-12)   Five core components are common across evidence-based programs that foster socioemotional wellbeing in young people aged 10-24:   * self-concept, self-efficacy and confidence * mindfulness and self-regulation * prosocial skills and relationship building * building motivation and monitoring behavioural change * building knowledge and awareness for socioemotional wellbeing   (DCJ Evidence Portal: [Youth Socioemotional Wellbeing Evidence Review](https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-evidence-reviews/youth-socioemotional-wellbeing--evidence-review.html))  Authentic relationships built on trust and mutual respect form the foundation of good youth work practice, together with having an ecological focus, encouraging personal agency, and fostering alternative possibilities.  Many youth work interventions directly or indirectly foster empowerment and agency in young people. Rights-based approaches, and recognition of the need to give primacy to youth voice and participation in decision making are critical to empowering young people and safeguarding their rights.  A synthesis of elements of best practice in youth work include:   * connectivity: development of programs and services that are long term, sustainable and relationship based, birthed and sourced from within the community * strengths-based approach: embracing notions of independence and autonomy among services for young people * capacity building: ability to build capacity in terms of staff professional development, effective research, evaluation and information gathering and sharing, and leadership in the area of governance and management * contextual and systemic considerations: consideration of macro-contexts including economic, political and social and cultural factors.   (DCJ Evidence Portal: [Agency and Empowerment Evidence Review](https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-evidence-reviews/youth-work-agency-and-empowerment-evidence-review.html)) | The following [five core components](https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-evidence-reviews/youth-socioemotional-wellbeing--evidence-review/youth-socioemotional-wellbeing--core-components.html) are essential to fostering socioemotional wellbeing outcomes for young people aged 10-24.  These components can be tailored to the local needs of communities, the individual preferences of clients, and availability of service system resources (including referral pathways). Each core component has [flexible activities](https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-evidence-reviews/youth-socioemotional-wellbeing--evidence-review/youth-socioemotional-wellbeing--core-components.html) that describe different ways it can be implemented.  The core components are:   1. [**Self-concept,**](https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-evidence-reviews/preventing-child-maltreatment/core-components/engagement.html) **self-efficacy and confidence**   Self-concept, self-efficacy[[12]](#footnote-13) and confidence is achieved through positive self-identity, body image, cultural connectedness and identity.   1. **Mindfulness and self-regulation**   This provides strategies to enable self-regulation, stress management and emotional regulation.   1. **Prosocial skills and relationship building**   Build social skills required to positively interact with peers and community members through fostering communication and engaged learning with others.   1. **Building motivation and monitoring behavioural change**   Motivate behavioural change or attitude and monitor and document behavioural changes over time.   1. [**Building**](https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-evidence-reviews/preventing-child-maltreatment/core-components/building-supportive-relationships-and-social-networks.html) **knowledge and awareness for socioemotional wellbeing**   Structured or unstructured learning and development activities that underpin the other core components and are delivered through the following service types:   * Counselling * Education, skills training * Information, advice and referral * Mentoring and peer support * Specialist support * Youth individualised support | As per contracted service deliverables | Young people who are socioemotionally well and competent have been found to:   * communicate well * have healthy relationships * be confident * perform better at school * take on and persist with challenging tasks; and * be resilient against life stressors.[[13]](#footnote-14)   **Self-concept, self-efficacy and confidence**  Building self-awareness and skills critical to dealing with difficult situations, embracing connection to self and culture, and fostering autonomy and independence is critical for young peoples’ self-concept, self-efficacy and confidence.  **Mindfulness and self-regulation**  Honing body awareness and strategies for calming the body, managing emotions and relieving stress is critical for young peoples’ mindfulness and self-regulation.  **Prosocial skills and relationship-building**  Build social skills required to positively interact with peers and community members through fostering communication and engaged learning with others. Peer learning and support activities where young people learn with their peers. Engagement with community and skill-building critical to establishing and maintaining healthy relationships.  **Building motivation and monitoring behavioural change**  Motivate a behavioural change or attitude and/or monitor and document behavioural changes over time. Encourage young people to consider and change otherwise risky behavioural choices, or to plan to make healthy choices that promote their socioemotional wellbeing. | **Empowerment**  increased client reported self-determination  **Social and Community**  increased participation in community events  increased sense of belonging to their community  **Education and Skills**  increased school attendance and achievement  **Economic**  sustained participation in employment  **Safety**  reduced risk of entry into the child protection and justice systems  increased safety from Family Violence and (longer term) reduced rates of Family Violence.  **Health**  improved health of children and young people  improved parental health  **Home**  sustained safe and stable housing |
| **Building knowledge and awareness for socioemotional wellbeing**  Structured or unstructured learning and development activities that underpin the other core components (includes activities to enable critical thinking, metacognition and self-regulation, addressing risks, promote healthy relationships, consider social norms).  Youth work interventions directly or indirectly foster empowerment and agency in young people, through a broad range of supportive practices and activities conducted with young people, across a range of different settings.  Critical to youth work practice is:   * a practice that places young people and their interests first * a relational practice, where the youth worker operates alongside the young person in their context * an empowering practice that advocates for, and facilitates a young person's independence, participation in society, connectedness and realisation of their rights * voluntary, participatory, responsive, and contextual.   Authentic relationships built on trust and mutual respect form the foundation of good youth work practice, together with having an ecological focus, encouraging personal agency, and fostering alternative possibilities.  **Connectivity**  Develop programs and services that are long-term, sustainable, relationship-based, birthed and sourced from within the community.  **Strengths based**  Embrace notions of independence and autonomy among services for young people.  **Capacity building**  Build capacity in terms of staff professional development, effective research, evaluation and information gathering and sharing, and leadership in the area of governance and management.  **Contextual and systemic considerations**  Consider macrocontexts including economic, political and social and cultural factors.    (The four key elements of best practice in youth work (DCJ Evidence Portal: [Agency and Empowerment Evidence Review](https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-evidence-reviews/youth-work-agency-and-empowerment-evidence-review.html)))  ) |

1. The Australian Research Alliance for Children and Youth (ARACY), 2015, Better systems, better chances: A review of research and practice for prevention and early intervention, <https://www.aracy.org.au/publications-resources/command/download_file/id/274/filename/Better-systems-better-chances.pdf>. [↑](#footnote-ref-2)
2. Australian Institute of Health and Welfare. (2022). Australia’s children. Retrieved from: https://www.aihw.gov.au/reports/children-youth/australias-children [↑](#footnote-ref-3)
3. K Fitz-Gibbon, S Meyer, J Maher, and S Roberts, Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts, Research report 15/2022, ANROWS, 2022. Retrieved from <https://www.anrows.org.au/publication/adolescent-family-violence-in-australia-a-national-study-of-prevalence-history-of-childhood-victimisation-and-impacts/> [↑](#footnote-ref-4)
4. Australian Bureau of Statistics (2023) National Study of Mental Health and Wellbeing, available at: https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release#key-statistics [↑](#footnote-ref-5)
5. Ibid. [↑](#footnote-ref-6)
6. Australian Institute of Health and Welfare (2023) Suicide & self-harm monitoring: Intentional self-harm hospitalisations among young people, available at:https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/intentional-self-harm-hospitalisations-among-young [↑](#footnote-ref-7)
7. Australian Institute of Health and Welfare (2023) Suicide & self-harm monitoring: Deaths by suicide among young people, available at: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-among-young-people [↑](#footnote-ref-8)
8. NSW Department of Education (2017) Suspensions and expulsions in NSW government schools (2005-2022), available at: https://data.cese.nsw.gov.au/data/dataset/suspensions-and-expulsions-in-nsw-government-schools [↑](#footnote-ref-9)
9. NSW Bureau of Crime Statistics and Research (2024) NSW Local Government Area excel crime tables, available at: https://www.bocsar.nsw.gov.au/Pages/bocsar\_crime\_stats/bocsar\_lgaexceltables.aspx [↑](#footnote-ref-10)
10. Australian Institute of Health and Welfare (2012) *Social and emotional wellbeing: development of a Children’s Headline Indicator.* Cat. no. PHE 158. Canberra: Australian Institute of Health and Welfare. [↑](#footnote-ref-11)
11. Ibid. [↑](#footnote-ref-12)
12. Self-efficacy refers to subjective judgments of one’s capabilities to organise and execute courses of action to attain designated goals (Bandura, 1977, 1997). In other words, self-efficacy relates to a person’s perception of “how well can I do something?” rather than “what am I like?” [↑](#footnote-ref-13)
13. Australian Institute of Health and Welfare (2012) *Social and emotional wellbeing: development of a Children’s Headline Indicator.* Cat. no. PHE 158. Canberra: Australian Institute of Health and Welfare. [↑](#footnote-ref-14)