

EDUCATIONfirstYOUTHfoyer

Health and Wellbeing Offer Conceptual Framework



Brotherhood of St Laurence
Working for an Australia free of poverty





On the cover

'Six Degrees of Separation' by Miss Christinaray Nadya Weetra
(Warumungu, Arrernte; b. 1992, Darwin, NT)

'Just like the meaning of the painting's name I wanted to show how everything around us is connected to each other, how we go to the same places as the people before us. That's why I did children, women and men sitting around the meeting ground, in each and every place, to represent a type of cycle we all go through.'

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The Education First Youth Foyer Health and Wellbeing Offer Conceptual Framework has been developed in partnership by Hanover Welfare Services and the Brotherhood of St Laurence.

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The EFY Foyer Health and Wellbeing Offer draws on the PERMA Model (see p. 4) developed by Professor Martin Seligman and adopted by Geelong Grammar School (GGS) into a Positive Education framework. PERMA is drawn from extensive and diverse research in the broad field of positive psychology, and in the

GGS context it is embedded into the pedagogy and school culture. Reflecting this influence on our thinking, the EFY Foyer description of PERMA draws on the extensive and comprehensive work of GGS.

We would like to thank the staff at GGS, particularly Charlie Scadamme, Justin Robinson, Steve Andrews and Paige Williams, for generously sharing their expertise and research in positive psychology and youth wellbeing.

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Abbreviations

BSL	Brotherhood of St Laurence	PERMA	Positive emotion, Engagement, Relationships, Meaning and Accomplishment
DEECD	Department of Education and Early Childhood Development (Victoria)	STIs	sexually transmitted infections
DHS	Department of Human Services (Victoria)	TAFE	Technical and Further Education
DI	Developing Independence	WHO	World Health Organization
EFY Foyer	Education First Youth Foyer	YACVic	Youth Affairs Council of Victoria
GGS	Geelong Grammar School	YDW	Youth Development Worker
OT	Open Talent		

About the EFY Foyer 6 Service Offers Conceptual Frameworks

A key component of the Education First Youth Foyer Model is the provision of 6 Service Offers in the areas of:



Education

Creating a bridge to mainstream education for young people



Employment

Providing young people with access to real-world work experience and job opportunities



Health and Wellbeing

Focusing on developing young people's capacity to thrive



Social Connections

Encouraging thriving relationships that support young people to achieve their goals



Civic Participation

Facilitating young people to give back to their community



Housing and Living Skills

Assisting young people to access and sustain housing

The inclusion and development of these 6 Service Offers in the EFY Foyer Model is grounded in research and practice evidence that highlights the role of these domains in facilitating young people's successful transition to adulthood.

Conceptual frameworks have been developed for each of the 6 Offers, which provide an addendum to the EFY Foyer Practice Framework.¹ They detail the different components and processes of each Offer, the rationale for their development and delivery, and demonstrate how the Offers link to each other and to the broader EFY Foyer Model and the Open Talent (OT) approach currently being used in the EFY Foyers.

As such, they provide a more detailed understanding of the rationale behind the development and delivery of the Service Offer components of the model and the evidence base upon which they are built.

This conceptual framework for the Health and Wellbeing Offer also outlines the practice model, the operational approaches and some of the tools that can be used to implement this particular Offer. It is designed for use by EFY Foyer practitioners, educators, those developing and delivering youth services and other stakeholders, including government and non-government agencies, businesses and philanthropists.

¹ S. Mallett, S. James, N. McTiernan & J. Buick 2014, *Education First Youth Foyer Practice Framework*, Hanover Welfare Services and Brotherhood of St Laurence (BSL), Melbourne.

The EFY Foyer Model

Developed by the BSL and Hanover, with funding from the Victorian Government, the EFY Foyer Model is currently being piloted in three Victorian EFY Foyers – at the TAFE (Technical and Further Education) campuses of Holmesglen, in the eastern Melbourne suburb of Glen Waverley, at Kangan, in the northern suburb of Broadmeadows, and at Shepparton in central Victoria.

The Model has a number of key features that differentiate it from other Foyers in Australia and overseas:

- 1 Education First** – Engagement in education and/or training is the priority. Stable accommodation and support are the means to facilitate young people's engagement in education and employment.
- 2 An Open Talent approach** – EFY Foyers embed an Open Talent approach in all practices, processes and tools from the development stage. Founded on advantaged thinking this approach promotes and builds young people's skills and capacities.
- 3 A multidisciplinary, 24/7 staff team** – Who work to coach and develop young people rather than adopting a traditional case management approach.
- 4 Mainstream** – EFY Foyers prioritise engagement in mainstream education and services, as demonstrated by:
 - their location on TAFE campuses, which ensures they are comparable to other university-style student accommodation
 - their engagement with the 6 Service Offers.
- 5 Viable Model** – With student accommodation for 40 people, EFY Foyers have sufficient scale to ensure:
 - the financial viability of the Model
 - the potential for replication and reform to programs for youth in transition
 - the ability to attract philanthropic and corporate funding, resources and opportunities.

6 Evidence informed – Developed, implemented, reviewed and evaluated with reference to available evidence on the experience, needs and good practice models for young people.

7 Governed through 'top-down and bottom-up' partnerships – This includes essential government departments: Victorian Department of Education and Early Childhood Development and the Department of Human Services (DHS), community service agencies, education and training institutions, employer bodies, local government, business, service clubs and philanthropy, and community programs. These partnerships are underpinned by key, signed-off agreements.

Key terminology

Why language matters

How we view and value young people in the wider society influences the way we work with them, which in turn influences their ability to access opportunities and resources. If we consider engagement in education, employment and independent housing as critical achievements for transitioning young people, then service offerings designed to realise these outcomes are crucial – and changes to public perceptions about young people will follow. Conversely, if we define young people as at risk, provide crisis management and report on crisis interventions, this provides wider society with a very different view of them.

The following key terms provide an overview of some of the terminology used by those involved with the EFY Foyers to develop and promote the capacities, talents and potential of young people.

Advantaged Thinking

Advantaged Thinking is a shift in the way we think about, and respond to, young people experiencing disadvantage and exclusion. It is a shift away from deficit, disadvantaged or problem-saturated thinking and acting, towards identifying, developing and, most importantly, investing in the skills, capabilities and assets of these young people.

Through the EFY Foyer's 6 Service Offers young people's skills are identified, developed and, invested in to enable them to build sustainable livelihoods. The goal is to build young people's capacity to make positive decisions in their lives and to think and act on their own behalf. It is reflected in the language that EFY Foyer staff use when having conversations with, and describing, the young people with whom they work.

Open Talent

The Open Talent approach was developed by Colin Falconer of the Foyer Federation in the UK and is founded on the understanding that everyone has talents and abilities – not just those people in elite sporting, artistic or academic programs – and that not all of these talents are recognised or valued in the same way. For some, especially those struggling to transition to adulthood, there has been little or no investment in building their talents or skills. Open Talent asserts that instead of investing in these young people's problems, the community needs to re-direct investment to building and nurturing their abilities and harnessing them for personal as well as social good.

Service-connected

To avoid the language of disadvantage, a key term introduced in this document is 'service-connected'. This term is used to describe young people who, as a result of disadvantage, are clients of the State and/or are supported by the community services system (e.g., DHS, Centrelink and/or Department of Justice).

This term is considered to be a more accurate and positive descriptor of a young person than terms like 'disadvantaged' or 'disconnected'. It is a temporary descriptor as it is the aim of the EFY Foyer for students to transition to independence so that they will no longer be 'service-connected' but 'independent young people who are connected' to mainstream community resources, their peers, places of employment and/or institutions of learning.

Family-connected

The term 'family-connected' is used across the 6 Service Offers to differentiate between young people who are service-connected and those who are primarily connected and supported by their families. Family-connected young people represent the majority of youth in Australia – they have 'good enough' support and are largely independent from the welfare system. They have a safe and stable family home, at least one parent, guardian or relative on whom they can rely and turn to for support, a social and/or professional network they can utilise if required and relative economic security.

Mainstream services

The term 'mainstream services' refers to services that are available to the general community and typically designed, delivered funded and/or regulated by government. This includes health services such as hospitals and GPs, as well as specialist mental health services, State schools, TAFEs and public universities, national job service agencies and careers curriculum delivered in schools and available on careers websites.

Mainstream education

'Mainstream education' includes both compulsory and post-compulsory education. It includes those opportunities that are State regulated, government supported, and designed for the educational development of young people. For example, both primary and secondary State schooling are regulated by the Victorian Department of Education, funded by the Victorian Government and designed specifically for children and young people aged 5–18.

Mainstream education also includes post-compulsory, tertiary opportunities that are government supported and facilitated by formal, accredited educational institutions, for example, TAFEs, universities and apprenticeships/traineeships, but not private colleges.

Co-design

Each of the 6 Service Offers has been co-designed, peer reviewed and delivered in partnership with key community or business partners. 'Co-design' refers to a collaborative development and design process to ensure that the proposed initiatives and outcomes are realistic and tangible.

Shared delivery

The 5 Key Partnerships of the EFY Foyer Model – Business, Government, Services, Community and Philanthropy – provide the foundations for shared-delivery of the EFY Foyer program to, and good outcomes for, students. Developing quality, purposeful and sustainable partnerships is core to the EFY Foyer model, and this is actualised by actively sharing delivery of services and outcomes.

The aim of a shared-delivery model is to ensure that students are included and engaged in mainstream services and programs, as opposed to being relegated to community-delivered alternatives. It is therefore critical that the EFY Foyers and staff do not provide and deliver all of the requisite activities, services and programs to students, but rather that a number of key external partnerships are developed to share their delivery across each of the 6 Service Offers. This will serve to broaden students' networks, increase their social and personal capabilities, and work against welfare or service dependency.

PERMA (Positive emotion, Engagement, Relationships, Meaning, Achievement)

PERMA is a Positive Education framework that is drawn from the positive psychology movement, in particular the work of Martin Seligman.² The EFY Foyers have adopted a version of PERMA based on the Geelong Grammar School model,³ which focuses on six key domains for optimal wellbeing: positive emotion, positive engagement, positive health, positive purpose, positive relationships and positive accomplishment. The EFY Foyer has adapted this GGS model and created its own key domains – the 6 Service Offers.

Flourishing

Flourishing is the end goal of the PERMA model, with the six associated domains of PERMA central to the promotion of flourishing. Flourishing refers to feeling good and doing good; it is the sense that life is going well, even in the face of difficult emotions, circumstances or experiences.⁴ At EFY Foyers, students should be flourishing when they are happy, have strong social relationships, can identify and reach their goals, are confident and valued by others, and can give something back to their community and others.

Health

The World Health Organization defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.⁵

Wellbeing

Wellbeing is defined as the experience of good mental, physical, emotional and social health, and the 'ability to have a good quality of life'.⁶ Wellbeing is a subjective experience that is related to experiencing good health.

² M. E. P. Seligman 2011, *Flourish: A Visionary New Understanding of Happiness and Wellbeing – And How to Achieve It*, Nicholas Brealey Publishing, London.

³ Geelong Grammar School (GGS) 2013, 'Model for Positive Education'. Available at: <http://www.ggs.vic.edu.au/School/Positive-Education/Model-for-Positive-Education>.

⁴ Seligman 2011, op. cit.

⁵ World Health Organization (WHO) 1946, *Preamble to the Constitution of the World Health Organization*, WHO, Geneva.

⁶ R. Anderson 2012, 'What is health and wellbeing?', *Training Journal*, May:28–32

Introduction to the 6 Service Offers

Purpose of the 6 Service Offers

Each of the 6 Service Offers are stand-alone programs within the Education First Youth Foyer Model, but are all also interconnected. Through their engagement with the Offers, Foyer students will build the foundations for a sustainable livelihood through:

- developing their talents, skills and qualifications to further their personal goals and aspirations
- accumulating an Address Book of contacts and networks that builds their social capital and social connection
- developing the understanding, skills and capacities needed to thrive.

Each of the Offers invests in structural and individual level interventions to achieve these aims. This includes access to training, activities, opportunities, networks and resources that are flexibly delivered and tailored to each student's needs and aspirations over their time in the EFY Foyer and after they leave.

Common features of the 6 Service Offers

The 6 Service Offers are all structured around the key components of the EFY Foyer Model and, as such, each share the following features.

Underpinned by an Open Talent and Advantaged Thinking approach

The OT and Advantaged Thinking approaches articulate a new way of working with young people who have experienced disadvantage. Both approaches invest in the potential of young people by providing opportunities that foster the development of talents and abilities.

In the EFY Foyer, OT and Advantaged Thinking are operationalised through the 6 Service Offers. The Offers focus on developing young people's assets, on co-creating solutions, and on providing real jobs, real education and real community connections.⁷ The 6 Offers integrate individual, familial, communal and structural ways of working to achieve sustainable outcomes for young people.

Providing real-world and mainstream opportunities

Each of the 6 Service Offers is grounded in providing 'real-world' and 'mainstream' opportunities. 'Real-world' opportunities are those that are readily available to young people who are family-connected, but which are often denied to those who experience homelessness and disadvantage. Many young people who are estranged from their families are also excluded from mainstream services. The EFY Foyer connects these young people to mainstream services and opportunities including, but not limited to: mainstream education delivered at expert and high-quality institutions; informed careers advice, work experience and meaningful employment; and physical health and recreation activities (e.g., gyms, sporting teams, specialist classes). These opportunities are considered vital to enabling young people to thrive.

⁷ Mallett et al. 2014, op. cit.

Co-designed, shared delivery and facilitated by 5 Key Partnerships

Diverse, strong and effective community connection and partnerships are essential for the Foyer to deliver real-world opportunities to students through each of the 6 Service Offers, and to leveraging access to resources, extended networks and services. The 5 Key Partnerships of the EFY Foyer model – Business, Government, Services, Community and Philanthropy – provide the foundations for the development and shared delivery of services and outcomes to students.

In addition to the provision of resources and opportunities, these partnerships are critical to the design and delivery of each of the Offers, which are co-designed, peer reviewed and delivered in partnership with an expert institution, organisation or business.

Fostering mutual accountability

Together, the 6 Service Offers constitute a program of activities and opportunities at the EFY Foyer that are formalised in a reciprocal ‘something for something deal’ between students and the EFY Foyer staff. ‘The Deal’ is an agreement between the young person and the EFY Foyer that activates the rights and responsibilities of both parties. Students are primarily accountable for remaining engaged in education, training and employment, contributing to the wider community and for responsibly maintaining their accommodation within the Foyer. The EFY Foyer is responsible for promoting a safe and secure environment that gives students access to opportunities, resources and networks to enable them to use their talents and to make personal change.

The reciprocity inherent in ‘the Deal’ expresses shared ownership of the Foyer program. By holding high expectations of the students, ‘the Deal’ demonstrates that young people are valued citizens with something to offer the community. It also provides them with opportunities to advocate for policy and program change. As such, ‘the Deal’ aims to empower students and promote the transition to independence.

Providing a core skill set

In addition to opportunities, networks and resources, young people need key skills, assets, attributes and character capabilities to make the transition to adulthood and to flourish. These skills are needed to participate in education, in work and in the broader community. Through engagement with the 6 Service Offers, students will develop core personal and social skills, as well as capabilities that foster agency. A range of practical skills relevant to each particular Offer will also be developed. Each of the Offers will contribute to, and reinforce, the development of particular skills while also demonstrating their use in a range of contexts.

Education First Youth Foyer Key Partnerships

B Business

S Services

P Philanthropy

G Government

C Community

Part 1: Overview and Rationale of the Health and Wellbeing Offer

Young Australians are increasingly aware of the importance of their health, and the way in which health and wellbeing encompasses not just the physical, but also the emotional, mental and social. A study in 2007 that conducted a series of interviews with young people in rural Victoria found that most respondents saw wellbeing as a multi-factorial state of being, with relational, psychological and physical dimensions.⁸ The psychological dimensions included having and achieving goals, 'living life to the fullest' and 'believing in yourself'.⁹ In the words of one respondent, a feeling of wellbeing is:

*being sound of body and not having to be concerned about where your next meal's coming from; having a solid foundation from which you can join the community; being sound of mind, or even if you're not, be happy with who you are; having a group that you feel you're a part of something, an important part of wellbeing because nobody survives by themselves.*¹⁰

There is also a growing body of evidence that young Australians want to be involved in decision-making about their health and wellbeing. Victorian young people's advocacy group Youth Affairs Council of Victoria or YACVic highlights some of the benefits of involving young people in decision making, such as building skills, increasing social networks, engaging young people in learning and providing an improved sense of belonging, resilience and optimism.¹¹

According to YACVic, there are also benefits to those communities and groups working collaboratively with young people.¹² These include better community health, increasing care for the local environment, building mutual respect and improving social cohesion.

What is also clear is that young people are increasingly tech-savvy and looking to Internet and mobile-based technologies to form relationships, connect with others and seek advice about their health and wellbeing. About 76 per cent of young Victorians regularly use social networking technologies online compared with 45 per cent of the wider population.¹³ Social networks, text messaging, applications and the like provide an environment in which many young people feel the most comfortable and able to be themselves.¹⁴ This environment has enabled the Internet to become an especially important source of health information for the young.

For example, a UK-based qualitative study that conducted interviews with older teenagers about their health behaviours found that many respondents rated anonymity of online use as important because:

*young people don't really want to ask their doctors (in person) about this stuff... they'd rather do it anonymously, because they might feel a bit embarrassed because their doctor is much older than them.*¹⁵

8 L. Bourke & P. Geldens 2007, 'What does wellbeing mean? Perspectives of wellbeing among young people & youth workers in rural Victoria', *Youth Studies Australia*, 26(1):41–9.

9 *ibid.*, p. 44.

10 *ibid.*, p. 45.

11 Youth Affairs Council of Victoria (YACVic) 2014, 'The benefits of involving young people'. Accessed on 3 May 2014 at: <http://yerp.yacvic.org.au/why-it-matters/involve-young-people/the-benefits-of-involving-young-people>.

12 *ibid.*

13 Department of Human Services (DHS) Victoria 2012, *Engage, Involve, Create. Youth Statement*, DHS, Victorian Government, Melbourne, pp. 7–8.

14 A. J. Campbell & F. Robards 2012, *Using Technologies Safely and Effectively to Promote Young People's Wellbeing: A Better Practice Guide for Services*, NSW Centre for the Advancement of Adolescent Health, Westmead and Young and Well Cooperative Research Centre, Abbotsford, Vic. pp. 5–10.

15 G. Fergie, K. Hunt & S. Hilton 2013, 'What young people want from health-related online resources: A focus group study', *Journal of Youth Studies*, 16(5):579–96.

Another young person in the study thought that:

*social media is most likely to have personal opinions I think and the more informative like official sites... have dry facts about the illness or any other problem you might have, so you kind of should look at both, to have the facts and then see how other people react to that.*¹⁶

These comments tend to illustrate the resourcefulness of many young people to interpret, and make use of, multiple Internet resources.

There is also a rising awareness of the importance of good mental health among young people, particularly as it relates to issues at school and opportunities for experiencing life to the fullest.¹⁷ Studies have found that ‘people with mental illness have low levels of high school completion, low levels of labour force participation and high rates of unemployment levels’, in spite of their desire to complete their education and enter the workforce.¹⁸

In Victoria, there are some innovative programs that have been able to provide insight into what young people want in relation to their mental health. One

such program, Headspace, applies a youth friendly framework to its mental health services for young people by placing an emphasis on being accessible, acceptable and appropriate for its young clients. The designers of the program felt that many young people with mental health problems were deterred from seeking help because of access issues, a lack of autonomy in decision-making and embarrassment in disclosing information, and a perceived lack of confidence in the skill of health professionals to work with, or allow enough time for, young people.¹⁹

In fact, it is the survey responses of Headspace’s young clients themselves who may provide the greatest insight into some of the things that young people are looking for in mental health services. One respondent wrote that ‘they don’t treat you like a virus, they treat you like you’re a someone, like you’re a person’,²⁰ while another commented that ‘The first time I [came to Headspace] I was like really nervous and paranoid, but it looked like a real kid-friendly place and that put me at ease’.²¹

¹⁶ *ibid.*

¹⁷ Bourke & Geldens, *op. cit.*, pp. 41–9.

¹⁸ Orygen Youth Health 2014, *Tell Them They’re Dreaming. Work, Education and Young People with Mental Illness in Australia*, Orygen Youth Health Research Centre, Melbourne, p. 10.

¹⁹ K. Muir & A. Powell 2012, ‘Walking a well-being tightrope: Young people in Australia’, *Journal of Population Research*, 29:293–313.

²⁰ *ibid.*

²¹ *ibid.*

1.1 Overview of the Health and Wellbeing Offer

The following definitions are used throughout this document:

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.²²

Wellbeing is a subjective experience which is related to experiencing good health.²³

Vision

The Health and Wellbeing Offer seeks to build and promote positive health among all students. Through engagement in the Offer, students are supported to access, engage in and develop the skills to build positive physical, mental and emotional health.

Purpose

*Flourishing = feeling good and doing good*²⁴

The Health and Wellbeing Offer holds an important position across the other five Service Offers. In order for young people to achieve their goals in education, employment, social connectedness, civic participation and housing and living skills they need to be flourishing. By holding health and wellbeing as a central component of the Offers the aim is for those young people accepted into the EFY Foyer as students to develop the skills, capabilities and resources needed for them to thrive and flourish. When students have reached this position they will be much better placed to achieve the goals identified through the other five Offers, most especially in education.

Students will flourish and thrive by:

- 1 developing meaningful health and wellbeing goals and aspirations and plans to achieve them
- 2 participating in health and wellbeing programs to develop sustainable habits for optimal physical and psychological health
- 3 learning and putting into practice the necessary skills to adopt healthy, sustainable lifestyles
- 4 strengthening their networks and social and community connections to facilitate health and wellbeing outcomes and sustain healthy lifestyles
- 5 accessing ongoing health and wellbeing opportunities both in Foyer and post-Foyer.

The EFY Foyer will assist students to flourish and thrive by:

- recognising, enabling and resourcing their capacity to make positive changes relating to their health and wellbeing
- assisting them to develop the skills to thrive in life
- providing them with advice and assistance, often from formal and informal sources, to develop realistic health and wellbeing aspirations and goals
- enabling access to the right people and networks to develop their social capital and achieve their health and wellbeing goals
- fostering relationships with EFY Foyer staff, mentors, volunteers and external agencies, as this can have a profoundly positive impact on young people's health and wellbeing, life skills and life chances
- brokering access to a range of health and wellbeing opportunities to enable young people to thrive, including access to group work programs, one-on-one coaching meetings, information sessions, inspirational talks and referral to specialist services.

²² WHO 1946, op. cit.

²³ Anderson, op. cit.

²⁴ F. A. Huppert & T. T. So 2013, 'Flourishing across Europe: Application of a new conceptual framework for defining well-being,' *Social Indicators Research*, 110(3):837–61.

Supporting health and wellbeing through a shared delivery model

The 5 Key Partnerships are an essential component of the EFY Foyer Model and, through the mechanism of shared delivery, provide the operational framework for all 6 Offers. Shared delivery of the 6 Service Offers requires an agreement between the EFY Foyer and its mainstream partners to collaborate in the development and sharing of the delivery of services and outcomes to students. In the context of the Health and Wellbeing Offer, key partnerships are formed with agencies delivering services and support in the areas of physical health (e.g., Ladder), mental health (e.g., Headspace) and emotional health (e.g., Reachout).

While we recognise that EFY Foyer staff deliver elements of the Offer through a suite of tools and resources, this alone is not sufficient to reach our vision. Developing partnerships with external agencies is critical as, without them, the EFY Foyer would be operating outside of the mainstream service system, thereby missing out on 'real-world' opportunities for success and achievement.

To support young people to access, engage in and develop the skills to build positive physical, mental and emotional health the following are required:

- shared delivery of the Health and Wellbeing Offer
- ongoing personalised coaching, goal-setting and planning
- brokerage for additional activities/specialist support/ courses (via 'the Deal')
- Internal and External Opportunities to further develop health and wellbeing skills and goals (e.g., through EFY Foyer activities or offsite opportunities)
- EFY Foyer health and wellbeing groups
- mentoring
- calendars of health and wellbeing events/open days and opportunities.

“

Developing partnerships with external agencies is critical as, without them, the EFY Foyer would be operating outside of the mainstream service system, thereby missing out on 'real-world' opportunities for success and achievement. ”

1.2 Why a new health and wellbeing offer is needed

Young people and health and wellbeing in Australia

The health and wellbeing of young people is clearly important. As the World Health Organization (WHO)²⁵ definition states, health and wellbeing 'is more than the absence of disease' or the presence of good physical health. That is not to say that the absence of disease or infirmity in young people is not important, but good health and wellbeing also needs to include mental and emotional dimensions as well as physical. It must also incorporate a social model of health that recognises there are causes of health inequities for young people that lie outside of an individual's direct control.²⁶

The social model of health used by the EFY Foyer is based on that of the WHO, which recognises that:

the poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life.²⁷

In this way, a consideration of the health and wellbeing of young people needs to include markers beyond what is measurable on nation-wide disease and hospital admissions data.

There are myriad reasons for promoting positive health and wellbeing among young people in Australia – after all, they are the future of the nation. It is known that healthy youths tend to take healthier behaviours into adulthood,²⁸ and that this creates a more productive and healthier society in the long run. Healthy young people are more likely to achieve higher educational outcomes, successfully transition into the workforce, have fewer issues starting and raising their own families and become more actively engaged in their communities.²⁹ In other words, young people who have good health and wellbeing are more likely to flourish in life, and be able to cope better with the challenges and changes thrown at them.

Young Australians are generally healthy, but there are areas of concern

The good news is that most young people in Australia consider themselves to be healthy. In the Australian General Social Survey of 2010, more than 90 per cent of those aged 18–24 years self-rated their health as good or better, with less than 8 per cent rating it as poor or fair.³⁰ Of the young people surveyed 78 per cent felt delighted, pleased or mostly satisfied with their lives.³¹

²⁵ WHO 1946, op. cit.

²⁶ Victorian Health Promotion Foundation (VicHealth) 2003, *Promoting Young People's Mental Health and Wellbeing through Participation in Economic Activities: Key Learnings and Promising Practices. Mental Health Promotion Plan 1999–2002*, VicHealth, Melbourne. Accessed 5 March 2014 at: <http://www.vichealth.vic.gov.au/~media/ProgramsandProjects/Publications/Attachments/VHP%20youth.ashx>.

²⁷ Commission on Social Determinants of Health 2008, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health*, WHO, Geneva, p. 1.

²⁸ Australian Institute of Health and Welfare (AIHW) 2011, *Young Australians: Their Health and Wellbeing 2011*, AIHW, Canberra. Accessed on 27 February 2014 at: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737419259>.

²⁹ K. Muir, K. Mullan, A. Powell, S. Flaxman, D. Thompson & M. Griffiths 2009, *State of Australia's Young People: A Report on the Social, Economic, Health and Family Lives of Young People*, Department of Education, Employment and Workplace Relations and Social Policy Research Centre, University of New South Wales, Sydney, pp. 12–19.

³⁰ Australian Bureau of Statistics (ABS) 2010, *General Social Survey: User Guide, Australia, 2010*, Cat. No. 4159.0.55.002, ABS, Canberra. Accessed on 14 February 2014 at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0?OpenDocument>.

³¹ *ibid.*

There is also broader evidence, across many indicators, that on a number of key health indicators outcomes for Australian youths are improving. For example, asthma hospitalisations are decreasing, death rates are down for injuries, and trends are favourable for lower rates of smoking and illicit drug use among Australian youths.³²

Despite these improvements in health, there remain significant areas of ongoing concern, including the rising rates of youth diabetes, obesity and sexually transmitted infections (STIs), as well as high rates of mental disorders.³³ More specifically:

- **Mental health:** 26 per cent of young people aged 16–24 years surveyed in 2007 had experienced at least one mental disorder in the previous 12 months, and females were more likely than males to be affected. Anxiety disorders were the most commonly reported at 15 per cent, followed by substance use disorders (13%) and affective disorders (6%).³⁴
- **Overweight/Obesity:** 35 per cent of young people aged 12–24 years surveyed in 2007–2008 were overweight or obese.³⁵
- **STIs:** There was a fourfold increase in the rate of STI notifications for chlamydia, donovanosis, gonorrhoea and syphilis among young people in 2008 compared to 1998. There was also an increase in HIV rates, of which 62 per cent of new cases for HIV were from men who have sex with men.³⁶

Of particular concern are the evident health inequities between mainstream young Australians and those on the margins of the community who generally

experience poorer health and wellbeing. In particular, young people living in low socio-economic areas, especially those in rural and remote locations, experience poorer oral health outcomes, greater rates of obesity and higher teenage birth rates and receive poorer nutrition than youths in higher socio-economic areas.³⁷ Aboriginal and Torres Strait islander youths also register poorer health and wellbeing across numerous markers, including a higher likelihood of being homeless and a greater reliance on social and public housing.³⁸ Similarly, those with experience of statutory care – including out of home care, engagement in the juvenile justice system, or drug and alcohol services – are also known to have poorer health and wellbeing than their mainstream peers.³⁹

The health and wellbeing of young people experiencing homelessness

Not all young people in Australia have the same opportunities to achieve good health and wellbeing. Some, as a result of their life experiences, are put at increased risk of poorer outcomes than their peers.⁴⁰ A range of national and international evidence, as outlined in this section, suggests that young people at risk of or experiencing homelessness are especially vulnerable to having a poorer health status than their mainstream peers.

In Victoria, almost 4000 young Victorians experience homelessness on any given night.⁴¹ Young people experience homelessness for a variety of reasons but most commonly because of conflict with parents, violence at home, anxiety and depression, drug

³² *ibid.*, pp. 16–46.

³³ *ibid.*, pp. 16–74.

³⁴ *ibid.*, p. 14.

³⁵ *ibid.*, pp. 62–4.

³⁶ AIHW, *op. cit.*, pp. 50–2.

³⁷ *ibid.*, pp. 16–74.

³⁸ DHS Victoria 2011, *Human Services: The Case for Change*, DHS, Victorian Government, Melbourne, p. 7.

³⁹ *ibid.*, pp. 7–12.

⁴⁰ Foundation for Young Australians (FYA) 2011, *How Young People are Faring 2011*, FYA, Melbourne, pp. 60–5.

⁴¹ Australian Bureau of Statistics 2011, *Census – Estimating Homelessness 2011*, Cat. No. 2049.0, ABS, Canberra (ABS reports this figure is likely to be a significant underestimation).

“

... young people at risk of or experiencing homelessness are especially vulnerable to having a poorer health status than their mainstream peers. ”

or alcohol use (their own or that of another family member) or the desire for independence.⁴² In the July–December quarter 2012 just over 10,000 18–24 year-olds (and 2500 15–17 year olds) used specialist homelessness services in Victoria.

A study of 400 homeless young people recruited from youth, homeless or general services around Melbourne reported that 67 per cent of those surveyed considered their health to be good or excellent, which is significantly lower than in the broader youth population where the rate is closer to 90 per cent.⁴³ Drug and alcohol use was also much higher in the study sample; for example, more than 70 per cent of the sample smoked tobacco on a daily basis – five times the national average in the same age category.⁴⁴

Dangerous drug and alcohol and sexual practices place homeless young people at a greater risk of acquiring diseases such as HIV, Hepatitis C and STIs,

which is highly concerning for the long-term health consequences of this group.⁴⁵ Unsafe injecting is the most common mode of transmission for Hepatitis C and young people who experience homelessness have elevated rates of this disease compared to their non-homeless peers.⁴⁶ Another outcome associated with high levels of drug use among young people experiencing homelessness is an increased risk of suicide.⁴⁷

The evidence also suggests that young people faced with precarious housing issues are particularly challenged during adolescence and the transition to adulthood and are more vulnerable to poorer mental health. Adolescence is frequently viewed as a critical life stage in terms of the emergence and trajectory of mental illness.⁴⁸ Young people at risk of homelessness have also been found to have worryingly high rates of psychological distresses and psychiatric disorders.⁴⁹

42 S. Mallett, D. Rosenthal, D. Keys & P. Myers 2006, *Moving out, Moving on: Young People's Pathways in and through Homelessness in Melbourne, Key Findings*, Key Centre for Women's Health in Society, The University of Melbourne, Melbourne, pp. 4–10.

43 B. Rossiter, S. Mallett, P. P. Myers & D. Rosenthal 2003, *Living Well? Homeless Young People in Melbourne*, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, p. 31.

44 *ibid.*, pp. 18–19.

45 *ibid.*, pp. 17–29.

46 S. Mallett, J. Edwards, D. Keys, P. Myers & D. Rosenthal 2003, *Disrupting Stereotypes: Young People, Drug Use and Homelessness*, Key Centre for Women's Health in Society, The University of Melbourne, Melbourne, pp. 2–6.

47 *ibid.*, pp. 2–6.

48 P. Paus, M. Keshavan & J. N. Giedd 2008, 'Why do many psychiatric disorders emerge during adolescence?', *National Review of Neurosciences*, 9(12):947–57.

49 G. W. Kamieniecki 2001, 'Prevalence of psychological distress and psychiatric disorders among homeless youth in Australia: A comparative review', *Australian and New Zealand Journal of Psychiatry*, 35:352–8.

A 2011 Melbourne-based study⁵⁰ investigated the relationship between precarious housing and health inequalities, and found that those with poorer housing had poorer mental health. People in the study in the lowest quintile (bottom 20%) for mental health scores were twice as likely to live in a poor quality dwelling compared to those in the top quintile.⁵¹ Furthermore, those in the lowest quintile for physical health scores were more likely to live in a poor quality or overcrowded dwelling compared with those in the top quintile.⁵²

It is also likely that young Victorian men and women experiencing precarious housing situations may be exposed to greater social stigma and challenges to accessing adequate health care, and this may be exacerbated in rural settings.⁵³ Two projects that ran out of rural centres in New South Wales found that homeless youths in these areas commonly had fewer support networks and less employment and education options than their urban peers. They also found that these youths preferred to stay in their rural region to receive services because their connections to family and friends were essential to their wellbeing.⁵⁴

All of these factors, and more, can exact a toll on the health and wellbeing of young people experiencing homelessness or precarious housing. In addition to the significant personal costs to individuals, the health and wellbeing stresses of this population can also have significant social and financial costs to the wider Australian society.

1.3 The 'standard health and wellbeing offer'

There is an integral relationship between young people's health and wellbeing and their transition to adulthood. During this period of their life they experience multiple physical, emotional, intellectual and social changes.⁵⁵ They acquire a range of skills and behaviours, face significant life events and make decisions that can influence their physical and psychological health, social development and employment opportunities.⁵⁶ The vast majority of young people do make a good transition to adulthood while dealing with a variety of life changes, which include finishing study and schooling, forming relationships, participating in post-compulsory education, entering the workforce and/or leaving home.

There are a number of health and wellbeing-related policies and services that help young people make a healthy transition to adulthood, which together could be considered to make up a 'standard health and wellbeing offer' for young people in Victoria. The *Victorian Public Health and Wellbeing Plan* was developed to meet the requirements under Victoria's *Public Health and Wellbeing Act 2008*, that a State plan be developed in this area every four years. The plan is not directed specifically at young people, but rather takes a 'life course' approach directing health improvement opportunities at all stages of the life course: from the early years, through childhood and adolescence, adulthood, and into older age. The aim 'is to achieve lasting improvements in the health of all Victorians, with a particular emphasis on the needs of those who are worse off and experiencing poorer health than others in our community'.⁵⁷

⁵⁰ S. Mallett, R. Bentley, E. Baker, K. Mason, D. Keys, V. Kolar & L. Krnjacki 2011, *Precarious Housing and Health Inequalities: What Are the Links?*, Hanover Welfare Services, The University of Melbourne, University of Adelaide and Melbourne Citymission, Australia.

⁵¹ *ibid.*, p. 10.

⁵² *ibid.*, pp. 10–11.

⁵³ J. Farrin, M. Dollard & M. Cheers 2005, 'Homeless youth in the country', *Youth Studies Australia*, 24(3):32.

⁵⁴ Australian Housing and Urban Research Institute (AHURI) 2006, 'Youth homelessness in rural Australia', *AHURI Research & Policy Bulletin*, 82:2–3.

⁵⁵ VicHealth, *op. cit.*

⁵⁶ WHO 2010, 'Fact sheet no. 345: Adolescents – Health risks and solutions'. Available at: <http://www.who.int/mediacentre/factsheets/fs345/en/>.

⁵⁷ Department of Health (DoH) Victoria 2011, *Victorian Public Health and Wellbeing Plan 2011–2015*, DoH, Victorian Government, Melbourne. Available at: <http://www.health.vic.gov.au/prevention/vphwplan>.

Some of the initiatives listed under this plan are specifically directed at young people such as the Victorian Child and Adolescent Monitoring System, and school curriculum-based initiatives such as healthy eating, oral health, mental health awareness, physical education and social and emotional learning curriculum and materials. Sex education and drug education and information are also mandated within the Victorian curriculum.

Nationally, there are also a number of health services specifically directed at adolescents and young adults. Headspace is one such initiative. A national mental health foundation, Headspace provides general, emotional and mental health information and advice, counselling and drug and alcohol services to young people between the ages of 12–25.⁵⁸ It is pitched as an early intervention and prevention service that provides a youth-friendly framework that is affordable, accessible and appropriate for young people. This is aimed at ensuring young people have somewhere to go for help before mental health issues escalate into chronic or ongoing conditions. In addition, there is a growing range of online information, advice and referral services directed specifically at young people. This includes sites such as Youth Beyond Blue, Kids Helpline, Lifeline, depressioNET and Reach Out! These services provide online counselling and advice, information and resources, tools and apps for promoting health and wellbeing, self-assessment tools and access to services and agencies.⁵⁹

There are also a number of specialist mental health services such as Community Child and Adolescent Mental Health Services, Intensive Mobile Youth Outreach Services and Mobile Support and Treatment Teams, all of which provide 'intensive outreach mental health case management and support to young people

who display substantial and prolonged psychological disturbance, have complex needs which may include challenging, at risk and suicidal behaviour'.⁶⁰ These services work with young people who have been difficult to engage using less intensive treatment approaches, and have typically experienced a serious mental illness.

The Psychiatric Disability, Rehabilitation and Support Services include a range of youth-specific residential, home-based outreach and support programs for people experiencing a serious mental illness and those over 16 years of age who also have problematic drug and alcohol use. Youth Early Psychosis Services are also being established as specialist sub-programs within Adult Mental Health Services to address the specific needs of young people (aged 16–25) who are at risk of, or experiencing, first-episode psychosis. These services are targeted at those with complex and severe mental health issues, and also treat those with co-occurring drug and alcohol problems.

Both Federal and State Governments, local councils, schools and community groups facilitate physical health initiatives through providing infrastructure such as recreational parks, sporting grounds and community sporting clubs, competitions and activities. Advertising campaigns and online information about physical activities, diet and nutrition are also part of the public provision of services directed at young people.

There is also a range of specific services and legislation directed at promoting and protecting young people's health and safety both within and outside the family system. An overview of the health and wellbeing Victorian-specific legislation and initiatives directed at young people is included in Table 1 overleaf.

⁵⁸ Headspace National Youth Mental Health Foundation 2014a, 'About Headspace'. Available at: <http://www.headspace.org.au/about-headspace>.

⁵⁹ DHS 2014a, 'Youth Central'. Accessed on 7 October 2014 at: <http://www.youthcentral.vic.gov.au/health-relationships/mental-health>.

⁶⁰ DHS 2014b, 'Youth mental health services'. Available at: <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/youth-specific/youth-mental-health-services>.

Table 1: Overview of Victorian responses to youth homelessness, health and wellbeing

Victorian legislation ⁶¹	Victorian initiatives
<p>Principal Acts</p> <ul style="list-style-type: none"> • <i>Children, Youth and Families Act 2005</i> • <i>Public Health and Wellbeing Act 2008</i> <hr/> <p>Corresponding Acts and legislation</p> <ul style="list-style-type: none"> • <i>Working with Children Act 2005</i> • <i>Child Wellbeing and Safety Act 2005</i> • <i>The Charter of Human Rights and Responsibilities Act 2006</i> (overseen by the Victorian Children's Rights Commissioner) • The Office of the Child Safety Commissioner's Child Safety Policy • <i>Family Law Act 1975</i> 	<ul style="list-style-type: none"> • Victorian Health and Wellbeing Plan • Victorian Health Priorities Framework 2012–2022 • Victorian Homelessness Strategy • Youth Homelessness Action Plans 1 and 2 (Creating Connections 2006–2010) • Youth Partnerships (2011) • Integrated Family Violence System • Victorian Child and Adolescent Monitoring System • 35 desired outcomes under the Victorian Children and Youth Outcomes Framework • Guidelines for Victorian Schools: Supporting Children, Young People and their Families • Victorian Consumer Charter (by DHS, rights and responsibilities for community-managed housing and homelessness services in 2006) • Innovative Health Service for Homeless Youth⁶²

“Some populations of young Australians face unique challenges that do not allow them the support and experiences to thrive through times of transition.”

⁶¹ Victorian Government 2014, 'Victorian legislation and parliamentary documents'. Accessed on 5 June 2014 at: <http://www.legislation.vic.gov.au/>.

⁶² DoH Victoria 2014, 'Innovative health services for homeless youth'. Accessed on 10 June 2014 at: <http://www.health.vic.gov.au/pch/cyf/ihshy.htm>.

1.4 The results of the ‘standard health and wellbeing offer’

The above suite of programs, services and policies make up the standard ‘health and wellbeing offer’ that young people in Australia receive, and the supports they provide assist most of them to make a healthy transition to adulthood. However, there is some evidence that a small proportion of young people need more help at this stage of their lives. Sawyer et al. have noted that young people with poor health, especially those with poor mental health, are at a greater risk of performing badly at school and in their relationships.⁶³ This time of transition also ‘varies depending on where [young people] live, as well as on their personal characteristics and family backgrounds’.⁶⁴ This can be further complicated by external forces such as their social, economic and technological environments. The pervasiveness of social media and the weakening of the local labour market in the wake of the Global Financial Crisis, for example, present new challenges for youths in Australia that may compound their ability to cope with this transition.⁶⁵

Some populations of young Australians face unique challenges that do not allow them the support and experiences to thrive through times of transition. Youths at risk of homelessness who are dependent on the service sector are more likely to face challenges in the transition to adulthood than their family-connected peers. In the absence of a supportive environment that fosters positive experiences during this time, young people are more susceptible to poorer mental and physical health.⁶⁶ This indicates the need for a service system that is well equipped to promote experiences that improve the health and wellbeing of young people at risk of homelessness.

Comparing support: Family-connected and service-connected young people

The support of one’s family and its extended networks usually provides young people with a range of emotional, financial and material supports, as well as a reliable source of formal and informal information, advice and role modelling. While the levels of support available differ between families and their own available resources, financial support will almost always include access to health services. Emotional support can include assistance with goal setting and decision making, and navigating friendships and relationships. In addition, the security of a family home usually allows young people to take risks and to make mistakes, while maintaining financial and housing stability. Many mainstream health and wellbeing services contain an implicit assumption about the presence of familial and extended network support.

Standard programs and supports for young people that assume at least a base level of family support will, however, often fail to meet the needs of those relying solely on public or community services. Furthermore, while there are a number of additional program and policy supports targeted at young people experiencing disadvantage, these often fail to address adequately or systematically the multiple and complex barriers to good health and wellbeing faced by many service-connected young people. To have the same level of opportunity as their family-connected counterparts, service-connected young people need a range of additional formal and structural supports that alleviate economic, cultural and social barriers, as well as more personalised services such as advice, coaching and mentoring. Family support is also critical in ensuring the prevention of, or early intervention in, any number of health issues that could turn into chronic or long-term conditions.

⁶³ M. G. Sawyer, F. M. Arney, P. A. Baghurst, J. J. Clark, B. W. Graetz, R. J. Kosky, B. Nurcombe, G. C. Patton, M. R. Prior, B. Raphael, J. Rey, L. C. Whaites & S. R. Zubrick 2000, *The Mental Health of Young People in Australia: The Child and Adolescent Component of the National Survey for Mental Health and Wellbeing*, AusInfo/Mental Health and Special Programs Branch, Canberra, pp. 1–5.

⁶⁴ FYA, op. cit., p. 64.

⁶⁵ *ibid.*, pp. 14–15.

⁶⁶ Paus et al., op. cit., pp. 947–57.

The following figure represents the average support networks that ‘family-connected’ young people receive in comparison to those who are service-connected.

As is shown, the level, extent and continuity of support available to service-connected young people is marginal compared to those who are family-connected.

Figure 1
‘Family-connected’ compared to ‘service-connected’ support networks



1.5 Summary of the barriers to health and wellbeing support

Failure to address root causes of health inequities

The Australian Government has set out its aim to halve overall homelessness by 2020 in its White Paper, *The Road Home*.⁶⁷ Also implicit in this paper is the importance of engaging youths in education and training programs. In Victoria, the Creating Connections component of the *Victorian Homelessness Action Plan* focused on supporting 'innovative approaches to homelessness', on investigating 'models that focus specifically on early intervention and prevention' and which 'better target resources when and where they are most needed and where they will make the biggest difference'.⁶⁸ Within Creating Connections, there was also an emphasis on improved educational outcomes for young people. However, the authors found that 'despite a 39 per cent increase in expenditure over the past five years, we have not seen a reduction in the number of clients accessing services and are therefore no longer homeless'.⁶⁹ All of this suggests that the current service system in Victoria might not be adequately addressing the root causes of youth homelessness and the associated health inequities.

The current service system is fragmented

Within this context the Victorian Minister for Community Services, the Hon. Mary Wooldridge MP, commissioned a consultation process, undertaken by Professor Peter Shergold,⁷⁰ to review how to create more people-centred approaches and delivery models to a range of services and programs, and to build the capabilities of those using the services. Among Shergold's key recommendations was a need to emphasise collaborative partnerships in service delivery, to provide greater empowerment of service users 'in the control of the services they require to live a full and independent life', and to increase the emphasis on programs that target crisis prevention through early intervention.⁷¹

Furthermore, clients may have limited 'influence over the decisions about the type of supports that are offered to them or how they are delivered, which may encourage feelings of dependency and powerlessness'.⁷² The Shergold report acknowledges the current fragmentation of service delivery and highlights the need for a change in the approach to working with service users.

Deficit-based programs

Over time, young people trapped in cyclical homelessness are at risk of becoming frequent users of the mental health, drug and alcohol, and sexual health services at significant cost to themselves and the wider community.⁷³ The first national census of homeless school students in 1995 addressed the issue of cyclical homelessness by highlighting the importance of early intervention approaches and the promotion of services that build prevention capacity.⁷⁴

⁶⁷ Department of Social Services (DSS) 2008, *The Road Home: The Australian Government White Paper on Homelessness*, DSS, Australian Government, Canberra. Accessed on 2 March 2014 at: <http://www.dss.gov.au/our-responsibilities/housing-support/programs-services/homelessness/the-road-home-the-australian-government-white-paper-on-homelessness-0>.

⁶⁸ Victorian Government 2011, *Victorian Homelessness Action Plan 2011–2015*, Victorian Government, Melbourne, pp. 1–10.

⁶⁹ *ibid.*

⁷⁰ P. Shergold 2013, *Towards a more Effective and Sustainable Community Services System*, Victorian Council of Social Services and DHS, Melbourne, pp. 6–22.

⁷¹ *ibid.*

⁷² DSS, *op. cit.*

⁷³ Mallett et al. 2011, *op. cit.*, pp. 4–10.

⁷⁴ D. Mackenzie & C. Chamberlain 2008, *Australian Census Analytic Program: Counting the Homeless, Australia 2006*, ABS Catalogue No. 2050.0, ABS, Canberra, pp. 17–25.

As a consequence, following the national Census in 1996, the Howard Coalition Government set up the piloting of 26 early intervention projects. Since then there has been a steady shift in at-risk youth homelessness policy towards early intervention and preventative strategies.⁷⁵ As the Australian Government Department of Social Services has recently acknowledged, more attention needs to be paid to moving young people out of disadvantage by building on their strengths and capabilities.⁷⁶

Providing early, well-coordinated and strengths-based service models appears to be critical to improving to the health and wellbeing of young people at risk of homelessness. Across Victoria and Australia, there are currently a range of such programs that work towards reducing youth homelessness, including: Education First Youth Foyers; the Reconnect program that uses community-based early-intervention services to target 12–18 year olds who are homeless or at risk of homelessness; Outreach teams in Adelaide; Mission Australia and other partnerships; and programs which incorporate public, community, business and elected representatives to assist homeless youths out of patterns of cyclical homelessness.⁷⁷

Within current programs addressing youth homelessness in Victoria, there are often aspects of positive health and wellbeing promotion. However, none of these programs have a systematically rolled-out approach to the promotion of positive health and wellbeing, nor is there a focus on prioritising these aspects moving forward. Many continue to address health and wellbeing more from the deficits-based end of the spectrum, with an abundance of programs aimed at managing drug and alcohol issues and mental ill health.

Interventions promoting positive health and wellbeing may help young people to thrive

Without an environment that fosters positive experiences and support, young people are more susceptible to poorer mental and physical health. Researcher Johanna Wyn has gone even further to argue that positive health and wellbeing among young people is associated with improved opportunities for engaging in education and training, which can help to bring young people out of cyclical homelessness.⁷⁸ This provides a basis for the argument that interventions emphasising positive health and wellbeing can act as enablers for helping young people experiencing homelessness to thrive.

While it appears there will always be a need for programs that focus on crisis management in homelessness, there is an inherent value in developing healthier young people equipped with skills to thrive through a sometimes turbulent transition into adulthood. What is needed is a greater emphasis on programs that can deliver preventative, positive and empowering life skills for improving the health and wellbeing of service-connected young people in Australia. With youth homelessness and health and wellbeing inextricably linked,⁷⁹ innovative interventions are needed that can provide sustainable pathways out of homelessness and into thriving lives, marked by positive health and wellbeing outcomes in the present and into adulthood.

⁷⁵ *ibid.*

⁷⁶ DSS, *op. cit.*

⁷⁷ J. Johns 2012, 'Paved with good intentions: "The Road Home" and the irreducible minimum of homelessness in Australia', *Agenda*, 19(1):41–57.

⁷⁸ J. Wyn 2009, 'Young people's wellbeing: Contradictions in managing the healthy self', *Australian Council for Health, Physical Education and Recreation Incorporated (ACHPER) Lifestyles Journal*, 56(1):5–9.

⁷⁹ YACVic 2013, *Building the Scaffolding: Strengthening Support for Young People in Victoria*. Accessed on 20 May 2014 at: <http://www.yacvic.org.au/news/415-building-the-scaffolding-strengthening-support-for-young-people-in-victoria>.

1.6 What young people need to succeed in health and wellbeing

With emerging evidence suggesting that young people require positive health and wellbeing approaches to succeed and flourish, Wyn has warned that by not dedicating services to their promotion, young people may be missing out on the positive associations that good health carries over to other areas of life, especially to improved education and training outcomes.⁸⁰ This is not to mention the intrinsic value that positive health and wellbeing skills bring in helping individuals to thrive. The promotion of positive health and wellbeing in young people can lead to more socially engaged and productive lives in adulthood.⁸¹

The peak body for youth affairs in Victoria, the Youth Affairs Council of Victoria (YACVic),⁸² has also declared its support for adequate professional training and resources to be made available for youth-appropriate programs promoting positive health and wellbeing. YACVic believes that improving the health and wellbeing of young people can be

especially transformative among those experiencing disadvantage, and can work to ‘holistically support children and young people’s wellbeing and educational engagement’.⁸³

Looking outside of Australia, the Marmot Review⁸⁴ in the UK has also identified the empowerment of young people as a key component of its strategy for reducing health inequalities and making a fairer society. Sir Michael Marmot et al. felt that:

*central to our vision is the full development of people’s capabilities across the social gradient. Without life skills and readiness for work, as well as educational achievement, young people will not be able to fulfil their full potential, to flourish and take control over their lives.*⁸⁵

It is becoming clear that young people are able to thrive when they are empowered to be part of the solution. They also need a supportive environment and positive experiences to develop the necessary skills to successfully take responsibility for their own safety, health and wellbeing.⁸⁶ With these systems in place, young people will be able to flourish and thrive.

“

...the current service system in Victoria might not be adequately addressing the root causes of youth homelessness and the associated health inequities”

⁸⁰ Wyn, op. cit., pp. 5–9.

⁸¹ Muir et al., op. cit., pp. 12–19.

⁸² YACVic 2013, op. cit.

⁸³ *ibid.*

⁸⁴ M. G. Marmot, J. Allen, G. Goldblatt, T. Boyce, D. McNeish, M. Grady & I. Geddes 2010, *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010*, The Marmot Review, UK.

⁸⁵ *ibid.*, p. 19.

⁸⁶ J. C. Coleman & L. B. Hendry 1990, *The Nature of Adolescence*, Routledge, London.



EFY Foyer student Shannon with Youth Development Worker Connie at Broadmeadows
Photography Dani Burley

Part 2: Theories and Frameworks

2.1 EFY Foyer theoretical framework

A core set of theoretical perspectives and approaches informs the Health and Wellbeing Offer delivered through the Education First Youth Foyer. The theoretical framework for the EFY Foyer Model articulates a number of ideological ‘shifts’ required to break down the barriers of disadvantage and social exclusion for service-connected young people. In summary, they are:

- moving from deficit to advantaged thinking at a systems level
- investing in building young people’s abilities, developing their assets and co-creating solutions that enable them to achieve independent adulthood
- adopting an inclusive growth approach to economic development
- recognising that young people’s capacity for economic and social participation will be realised through investment in opportunities that enable them to develop the three dimensions of social capital – bonding, bridging and linking
- valuing service-connected young people as social citizens who are able and expected to contribute to the development of their own lives, as well as to the lives of others, including those in the wider community.

In addition to these broad, systemic shifts a core set of theoretical perspectives inform the Health and Wellbeing Offer. These include: the social model of health, social determinants of health, health inequities, youth transitions, and adolescent development and coaching pedagogy. These frameworks are underpinned by a number of approaches including the PERMA model, Open Talent, resilience and harm minimisation.

2.2 Health and wellbeing theories and frameworks

A Positive Psychology approach

Key to the positive psychology approach is the understanding:

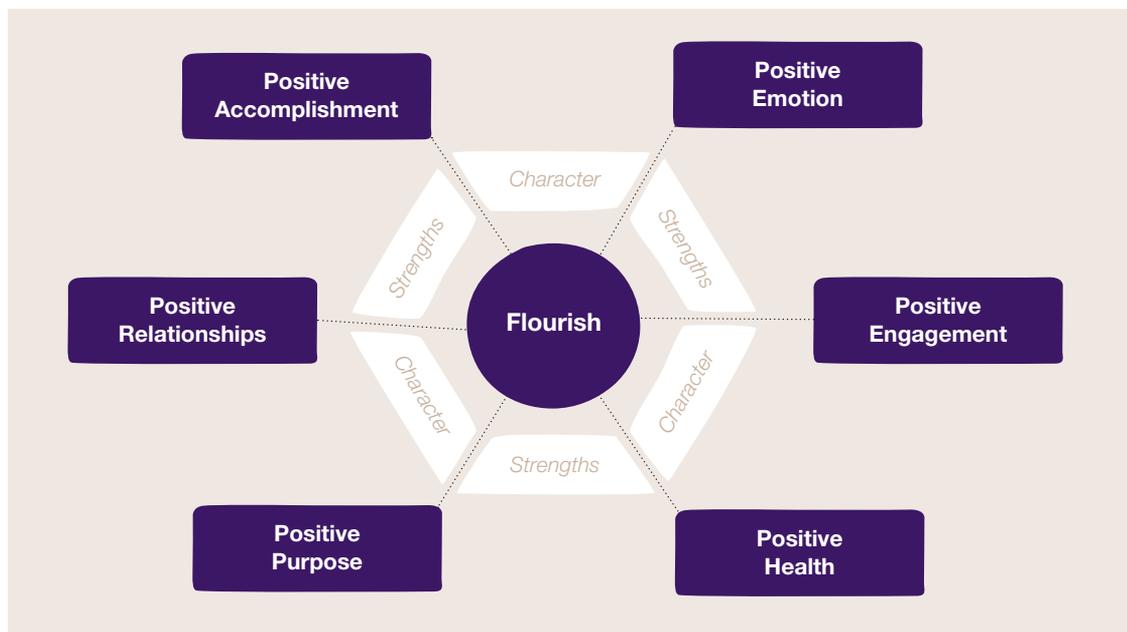
*that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves and to enhance their experiences of love, work and play.*⁸⁷

Seligman, one of the founders of positive psychology, asserts that people commonly have particular hopes or aspirations in relation to their lives – they want to live meaningful lives, have the chance to develop their potential and enjoy positive experiences.

The EFY Foyer Model is not just about achieving happiness. At its core it is equipping people with the skills to flourish rather than simply to cope or survive. As such it takes a pro-active, preventative rather than a re-active approach to health and wellbeing. It attempts to prevent mental health issues or at least skill people to respond and act constructively to mental health challenges.

Of course the Health and Wellbeing Offer does not just focus on mental health or positive emotions and so on, but includes physical health and wellbeing, relationships, purpose, meaning and spiritual health. The model resonates with the ambition of the EFY Foyer program and the Open Talent approach that aims to invest in young people’s skills and capabilities.

The PERMA Model and the Positive Education framework



The EFY Foyer Health and Wellbeing Offer draws on the PERMA model developed by Seligman and adopted by Geelong Grammar School into a Positive Education framework.⁸⁸ PERMA is drawn from extensive and diverse research in the broad field of positive psychology. In the GGS context it is complemented by education.

*Positive Education brings together the science of positive psychology with best practice teaching and learning to encourage and support schools and individuals within their communities to flourish.*⁸⁹

The PERMA model focuses on five elements for optimal wellbeing, which the rich and diverse evidence base suggests are the prerequisites for flourishing:

- **Positive** emotion
- **Positive** Engagement
- **Positive** Relationships
- **Positive** Meaning
- **Positive** Accomplishment.

Developed in collaboration with Seligman, the model has subsequently been influenced by other experts in the field and domains have been added. In adopting GGS's adaptation of the model, the EFY Foyer focuses on the following six domains: positive emotion, positive engagement, positive health, positive purpose, positive relationships and positive accomplishment.

⁸⁸ Seligman 2011, op. cit.

⁸⁹ GGS 2011, 'Positive Education resources'. Available at: <http://www.ggs.vic.edu.au/School/Positive-Education/Resources>.

An ambitious framework

The Positive Education framework is ambitious. Its development in the EFY Foyer context is particularly ambitious. The challenge for EFY Foyer is to implement aspects of the Positive Education approach with students who have very different life circumstances to their counterparts at Geelong Grammar School.

Flourishing is the end goal or aim of Positive Education. Quite simply put, flourishing refers to feeling good and doing good; it is the sense that life is going well, even in the face of difficult emotions, circumstances or experiences.⁹⁰

Feeling good encompasses a range of experiences and feelings including contentment about the past and present, a sense of hope for the future, a positive view of oneself/one's identity, a sense of value and purpose, as well as strength and capacity to deal with difficult life circumstances and feelings in a constructive, healthy way. This does not mean that people do not or will not experience difficult emotions or life circumstances; rather that they have the personal skills to deal with them.

Doing good encompasses a wide range of experiences including a sense of fulfilment, of being valued and valuable to others, and a commitment (matched with skills) to give back to or contribute to others including the wider community. At EFY Foyer students may be flourishing when they are happy, have strong social relationships, can identify and reach their goals and are confident and valued by others, and can give something back to their community and others.

Resourcing young people, enabling opportunities

Key to the Positive Education framework is the understanding that people can learn the skills and develop the mindsets that promote wellbeing. What we know from Open Talent is that skill building alone is not sufficient to affect one's feeling of wellbeing. Service-connected young people, unlike many of their home-based and/or wealthier peers, will also need the

resources and Internal and External Opportunities and networks to maximise wellbeing.

As part of the EFY Foyer team's commitment to 'the Deal', Youth Development Workers (YDWs) will be available onsite to support, encourage, motivate and guide students, as well as to broker access to real opportunities, experiences, networks and resources. Providing young people with resources and opportunities, along with appropriate coaching and guidance, allows them to unlock their potential and become independent, yet connected, citizens.

Partnerships

At the EFY Foyer, key strategic partnerships will be developed with those agencies and services that will enable students to progress and achieve their health and wellbeing goals, such as: mental health agencies, community health centres, local councils, local sporting groups, State sporting bodies, family violence services, drug and alcohol agencies, therapeutic services and TAFE student services. The Health and Wellbeing Offer will be supported by these agencies and services in the provision of information, motivational talks, group work programs and specialist advice and guidance to students. The aspiration is that students will accumulate and leave EFY Foyer with an address book of contacts and resources around health and wellbeing to enable them to build up their social capital in this area.

Evidence that the GGS model of Positive Education works

The GGS model of Positive Education is underpinned by a growing body of research on the importance of developing and promoting optimal developmental pathways. Anecdotal evidence suggests that there have been improvements in young people's educational attainment alongside increases in positive health and wellbeing. As a general wellbeing indicator, the flourishing scale developed by Huppert and So is completed regularly by GGS staff and students.⁹¹ The Australian Council for Educational Research Social-Emotional Wellbeing (SEW) Survey has also

⁹⁰ Huppert & So, op. cit.

⁹¹ *ibid.*

been used at the school to provide a profile of students' current needs and wellbeing.⁹²

However, as a relatively new field there are still many gaps in what is known. With new research findings emerging every day, GGS acknowledges that rigorous evaluation is now needed to explore the impact of Positive Education programs on students, staff and the school community. The school is currently embarking on a three-year longitudinal research program directed by Dr Dianne Vella-Bodrick from the University of Melbourne and Associate Professor Nikki Rickard from Monash University. The study is following Year 9 students across three years, from 2013–2015, to determine the effects of Positive Education on their daily functioning and wellbeing using a mixed methods approach, including surveys, biosamples, focus groups and experience sampling. This research will provide invaluable insight into how the six domains of Positive Education influence students' thoughts, feelings and behaviours.⁹³ Although the research is in its preliminary phase, initial findings suggest the Positive Education framework does support increased wellbeing.

The EFY Foyer has clearly identified student outcomes in the Health and Wellbeing Offer (see Figure 3, p. 30–1), which relate to a broader evaluation project being undertaken by the research teams at the BSL and Hanover. This is the first Australian evaluation to include a longitudinal component, collecting data for up to three years. Critically, it is also the first EFY Foyer evaluation to include a comparison group.

The evaluation will assess the effectiveness of the model in achieving sustainable outcomes for young people at risk of or experiencing homelessness in the areas of education and training, employment, health and wellbeing, civic participation, social connections,

and housing and living skills. EFY Foyer student outcomes will be assessed through a longitudinal mixed method study that tracks students' progress from their successful entry into an EFY Foyer to 12 months after their exit from Foyer housing. This comprehensive and robust evaluation will provide important evidence on both the effectiveness of the model and the potential applicability of its key elements more broadly for youth services.

Coaching pedagogy

The pedagogy of coaching has been described as an 'informal approach to learning based on experience' that applies theories of constructivism and experiential learning.⁹⁴ The 'learning cycle' articulated by the experiential learning theorist Kolb is specifically noted in the literature, due to its emphasis on demonstration, practical experience and reflection.⁹⁵ A representation of the 'learning cycle' is presented in Figure 2.

Coaching is the act of enabling and empowering individuals to reach their potential, and it is usually delivered in one-on-one settings (as opposed to classroom or group settings). According to Collett⁹⁶ its key attributes are that:

- **Coaching is relational:** The relationship between coach and coachee is 'one of developing trust, attending respectfully and with sensitivity to the powerful emotions involved in deep, professional learning.'⁹⁷
- **Coaching is dynamic:** 'Although the coach may have a plan, the coaching that happens will change in response to the coachee's progress, and the type of coaching required will change over time, as the coachee develops new skills.'⁹⁸

⁹² Australian Council for Educational Research (ACER) 2003, *Social–Emotional Wellbeing (SEW) Survey*, ACER, Camberwell, Vic. Available at: <http://www.acer.edu.au/sew>.

⁹³ M. Norrish, P. Williams, M. O'Connor & J. Robinson 2013, 'An applied framework for Positive Education', *International Journal of Wellbeing*, 3(2):147–61.

⁹⁴ J. Jameson 2012, 'Coaching as a pedagogical approach', in A. Brown, L. Browne, K. Collett, C. Devereux & J. Jameson 2012, *Insights No. 1, The Role of Coaching in Vocational Education and Training*, City and Guilds Centre for Skills Development, London, p. 58.

⁹⁵ D. A. Kolb 1984, *Experiential Learning: Experience as the Source of Learning and Development*, Prentice Hall, Englewood Cliffs, NJ.

⁹⁶ K. Collett 2012, 'What is coaching', in Brown et al. op. cit., pp. 8–19.

⁹⁷ *ibid.*, pp. 11–12.

⁹⁸ *ibid.*, p. 12.

- **Coaching is co-productive:** 'Both the coach and the coachee must be actively engaged in creating the learning experience. Both of them must bring some understanding of the task at hand, and a willingness and ability to reflect on the learning experience.'⁹⁹
- **Coaching is performance or outcomes-focused:** The coach and coachee work with direct, shared examples of practice to enhance the coachee's performance. The targeted, goal-orientated approach distinguishes coaching from the subjective focus of counselling at one end, and the less individualised focus of classroom teaching (which is not individualised to the same extent) at the other.¹⁰⁰

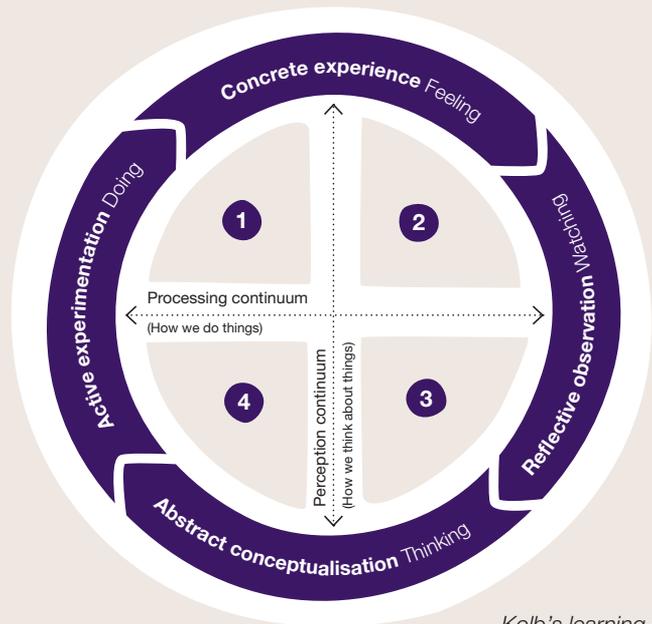
In the EFY Foyer, the pedagogy of coaching is integrated into the way that key staff communicate with and 'teach' Foyer students.

The reasons for this are threefold:

- 1 YDWs are a key contact for all Foyer students. However, they are not educationalists or teachers, and as such are not required to plan, assess or formally teach. In the context of supporting young people to achieve their health and wellbeing goals, their function is to provide 'learner support'. Evidence indicates that coaching is an effective practice to achieve learner success.
- 2 As providers of 'learner support', YDWs are able to fill the critical gap left when family members or supportive others are not available to or able to provide positive support, encouragement, reinforcement and motivation.
- 3 YDWs are well placed to coach students towards developing a vision, becoming self-motivated and being able to self-navigate, trouble-shoot and build networks.

Figure 2
Coaching as a pedagogical approach

- 1 Accommodation (feel and do)
Activists
- 2 Diverging (feel and watch)
Reflectors
- 3 Assimilating (think and watch)
Theorists
- 4 Converging (think and do)
Reflectors



Kolb's learning cycle

99 *ibid.*, pp. 12–13.

100 *ibid.*, p. 14.

Social Model of Health

This model espouses that in order to improve health, it is essential to address the social conditions that make ill health more prevalent among some groups than others. Its underlying philosophy is that health differentials between individuals and social groups are the result of a complex mixture of behavioural, cultural and structural factors, which together impact on health.

Health inequities

The social determinants of health are the conditions of daily living that determine a person's chances of maintaining good health. In short, the overall life circumstances of some population groups – their social, economic and environmental conditions – mean they have a much poorer chance of achieving good health outcomes. Researchers such as Miranda Roe, for example, assert that the most disadvantaged groups have the poorest health and the highest exposure to health-damaging risk factors.¹⁰¹

The EFY Foyer recognises that young people come from diverse backgrounds with unique experiences of culture, daily living and wealth. Many have undergone housing disruption and transience and not had the opportunity to experience stable family life. They may have had restricted access to health services due to social and economic circumstances, Indigenous status and ethnicity, gender, early life development and exclusion. The goal at Foyer is to reduce the barriers to young people's full participation in health and wellbeing programs to enable them to grow and thrive.

Harm minimisation

The EFY Foyer adopts a harm minimisation approach in line with the WHO's policy on alcohol and other drugs and the Australian National Drug Strategy.¹⁰² The focus of this strategy is on reducing the negative health, social and economic consequences of alcohol and other drug use on both individuals and the community.

A harm minimisation approach considers the actual harms associated with the use of a particular drug (rather than just the drug use itself), and how these harms can be minimised or reduced. Harm minimisation considers the intersection between the person using the drug, the drug itself and the environment and circumstances in which they use.¹⁰³ Harm minimisation focuses on reducing the harmful consequences of drug use through:

- demand reduction
- supply control
- safe choices.¹⁰⁴

This approach recognises that drugs are, and will continue to be, a part of our society. Thus, its core goal is to focus on reducing their negative impacts.

The EFY Foyer program, however, has set out a more ambitious approach than just harm minimisation. Utilising Open Talent/Advantaged Thinking with a Positive Education approach, staff will work with young people to move away from simply coping with managing the harm to their health wrought by alcohol and drugs to maximising their health and wellbeing. In assisting young people to navigate through the levels of livelihood – from surviving towards thriving – the EFY Foyer starts with where the young person is at. The overall aim is to equip students with the skills to be independent, to provide them with the opportunities to establish resources and support systems, and enable them to have fulfilling and sustainable lives.

While students at the EFY Foyer should be effectively managing their drug use, it is acknowledged that there may be times when young people require additional support to overcome an alcohol and/or drug challenge. Through a range of practice tools – including the EFY Foyer alcohol and other drugs procedure, brief screens, safety plans and fact sheets – Foyer staff will work with students to build personal skills and develop strategies to manage their drug and/or alcohol use.

¹⁰¹ M. Roe 1995, *Working Together to Improve Health: A Team Handbook*, Centre for Primary Health Care, University of Queensland, Brisbane.

¹⁰² Australian Government 2011, *National Drug Strategy 2010–2015*, Australian Government, Canberra. Accessed on 9 March 2014 at: <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/national-drug-strategic-framework-lp>.

¹⁰³ Hanover Welfare Services 2011, *Homeless Drug Dependency Program: Program Manual* (unpub. ms), Hanover Welfare Services, Melbourne.

¹⁰⁴ Australian Government, op. cit.

Part 3: The Health and Wellbeing Offer Model and Practice Approach

3.1 The EFY Foyer Health and Wellbeing Offer

The Health and Wellbeing Offer:

- seeks to build and promote positive health among all students
- takes a proactive, preventative rather than a re-active approach to health and wellbeing
- supports young people to access, engage in, and develop the skills to build positive physical, mental and emotional health.

Key components

There are three broad aspects of health explored in the Health and Wellbeing Offer:

- 1 Physical health
- 2 Mental health
- 3 Emotional health

These three aspects of health are explored through the lens of two key complementary approaches – Positive Education and Open Talent/Advantaged Thinking.

Principles of the Health and Wellbeing Offer

The Health and Wellbeing Offer draws on the PERMA model developed by Seligman¹⁰⁵ (**P**ositive emotion, **E**ngagement, **R**elationships, **M**eaning, **A**chievement) and adapted by Geelong Grammar School into a Positive Education framework. The EFY Foyer has adopted and adapted the GGS model, which focuses on the following six domains for optimal health and wellbeing:

- **Positive emotion** – Experiencing positive emotions can lead to healthy engagement with the environment and to flourishing.¹⁰⁶
- **Positive engagement** – Students who are engaged are curious, motivated, interested, are persistent in the face of challenges and experience, and flourishing.¹⁰⁷
- **Positive health** – To flourish, students need to develop and practise sustainable habits for optimal physical and psychological health.¹⁰⁸
- **Positive purpose** – To flourish, young people need to understand, believe in and service something greater than themselves, and deliberately engage in activities for the benefit of others.¹⁰⁹
- **Positive relationships** – Social relationships and connections are critical to flourishing.¹¹⁰
- **Positive accomplishment** – Working towards meaningful goals, being motivated to persist despite challenges and setbacks, and the achievement of competence and success is key to flourishing.¹¹¹

¹⁰⁵ Seligman 2011, op. cit.

¹⁰⁶ B. L. Fredrickson 2004, 'The broaden-and-build theory of positive emotions', *Philosophical Transactions of the Royal Society B: Biological Sciences*, 359:1367–77; B. L. Fredrickson 2009, *Positivity*, Random House, New York.

¹⁰⁷ R. M. Ryan & E. L. Deci 2000, 'Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being', *American Psychologist*, 55:68–78.

¹⁰⁸ GGS 2011, op. cit.

¹⁰⁹ *ibid.*

¹¹⁰ C. Hassed 2008, *The Essence of Health*, Ebury Press, North Sydney; U. Bronfenbrenner 2005, *Making Human Beings Human: Bioecological Perspectives on Human Development*, Sage Publications, Thousand Oaks, CA.

¹¹¹ GGS 2011, op. cit.

Activities and outcomes

The activities and outcomes of the EFY Foyer Health and Wellbeing Offer are outlined below in Figure 3.



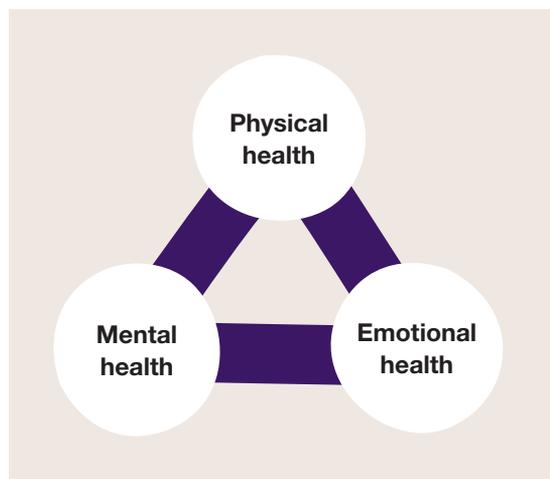


3.2 Implementing the Health and Wellbeing Offer

The Health and Wellbeing Offer promotes wellbeing rather than simply managing health problems. This does not mean that health challenges will be overlooked. Rather the focus is on enabling students to recognise their individual skills and talents, strengths and capabilities and utilise these as resources in progressing through challenging situations.

The EFY Foyer is not a specialist health/mental health service. Where a student requires a specialist response to a health challenge, clear referral pathways will be established with health and mental health services to allow for a smooth transition to the necessary supports.

Exploring the three aspects of health



Physical health

The WHO defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure – including activities undertaken while working, playing, carrying out household chores, travelling, and engaging in recreational pursuits.¹¹²

At the EFY Foyer, physical health encompasses activity and exercise, diet and nutrition, self-care and healthy habits. The goal is for young people to have access to opportunities:

- to build identity alongside developing important social skills such as teamwork, leadership, decision-making and trust – skills that are transferable to other areas of a young person's life including work, study and daily living
- for social interaction through strengthening relationships and building stronger communities, thereby enabling students to feel a sense of belonging and collective identity with their community
- for self-expression, stress relief, achievement as well as encouraging the adoption of healthy behaviours (e.g., avoidance of alcohol and drugs, tobacco etc.)
- to learn about the importance of nutrition and diet on physical health and overall wellbeing through a suite of nutritional programs that will enable students to develop skills in planning, purchasing and preparing healthy, nutritious meals.

The aim of the EFY Foyer is to support students to overcome barriers to full participation in physical health by:

- holding high aspirations for them
- enabling them to develop the skills for daily living
- connecting them with the right people and opportunities to support them to achieve their physical health goals
- enabling them to develop the skills and habits to maintain a healthy lifestyle.

Increasing young people's participation and engagement in physical activity will be seen as the cornerstone of a healthy lifestyle at EFY Foyer.

Emotional health

At the EFY Foyer, emotional health is defined as the ability to regulate feelings and emotions, as well as to recognise other people's feelings and emotion, and to use this information to guide thinking and actions. This definition suggests that emotions can be used to guide logical thinking and goal-oriented actions. Emotional health is promoted at Foyer because we believe it is life enhancing and enables young people to thrive. By promoting emotional health, the EFY Foyer program is preventing the development of ill health.

Salovey and Mayer¹¹³ refer to the concept of 'utilising all emotions', which means experiencing both positive and painful emotions to realise a greater goal. According to this perspective all emotions can be useful and instrumental to one's personal development and self-growth. EFY Foyer recognises that students need to adopt a mindset of working with rather than against their emotions. Thus, students are encouraged to sort through their 'emotional baggage' as a way for them to take an inventory of all the cognitive processes that are driving their behaviours, and whether or not they are in their best interests. By having access to the staff at the EFY Foyer, and a suite of tools through the Health and Wellbeing Offer, students will have opportunities:

- to develop high-quality relationships
- to engage in acts of kindness and altruism
- to dispute negative thought patterns
- to explore their strengths
- to learn mindfulness techniques
- to practise gratitude
- to visualise future hopes and dreams.

The goal is for young people to develop a better understanding of the impact their emotions have on their thoughts, behaviours and how they interact with others and the world around them.

Mental health

At EFY Foyers we see mental health as 'being able to work and study to your full potential, cope with day-to-day life stresses, be involved in your community, and live your life in a free and satisfying way'.¹¹⁴ The Foyer's approach to mental health is guided by the following statements:

- The current mental health system is not adequately resourced to deal with young people who have mild to moderate mental challenges.
- EFY Foyer recognises the importance of early intervention with mental health.
- The EFY Foyer acknowledges it is not a mental health service and any specialist response to mental health is outside its area of expertise. Therefore, it has well-developed partnerships with specialist services to link young people to the support they require
- EFY Foyer's response to mental health is the promotion of positive health. A suite of tools is available to workers to enable them to intervene early to support students with mental health challenges. These include brief screens, assessment guides, safety plans, fact sheets and activities utilising the OT approach and Positive Psychology/Positive Education tools.

To summarise the three broad aspects of health

Health is achieved when a person is physically, mentally and emotionally well. To reach a state of complete physical, mental and emotional wellbeing, an individual must be able to identify and to realise their aspirations, to satisfy needs, and to change or cope with their environment.

113 P. Salovey & J. D. Mayer 1990, *Emotional Intelligence. Imagination, Cognition and Personality*, Baywood Publishing Co., Amityville, NY. Accessed on 10 March 2014 at: http://www.unh.edu/emotional_intelligence/EI%20Assets/Reprints...EI%20Proper/EI1990%20Emotional%20Intelligence.pdf.

114 Headspace 2014b, *Fact Sheet 18: What is Mental Health?*. Accessed on 15 March 2014 at: <http://www.headspace.org.au/>.

Exploring the six domains of Positive Education

The Positive Education framework has six domains each with their own assumptions and practices.

Positive Emotion

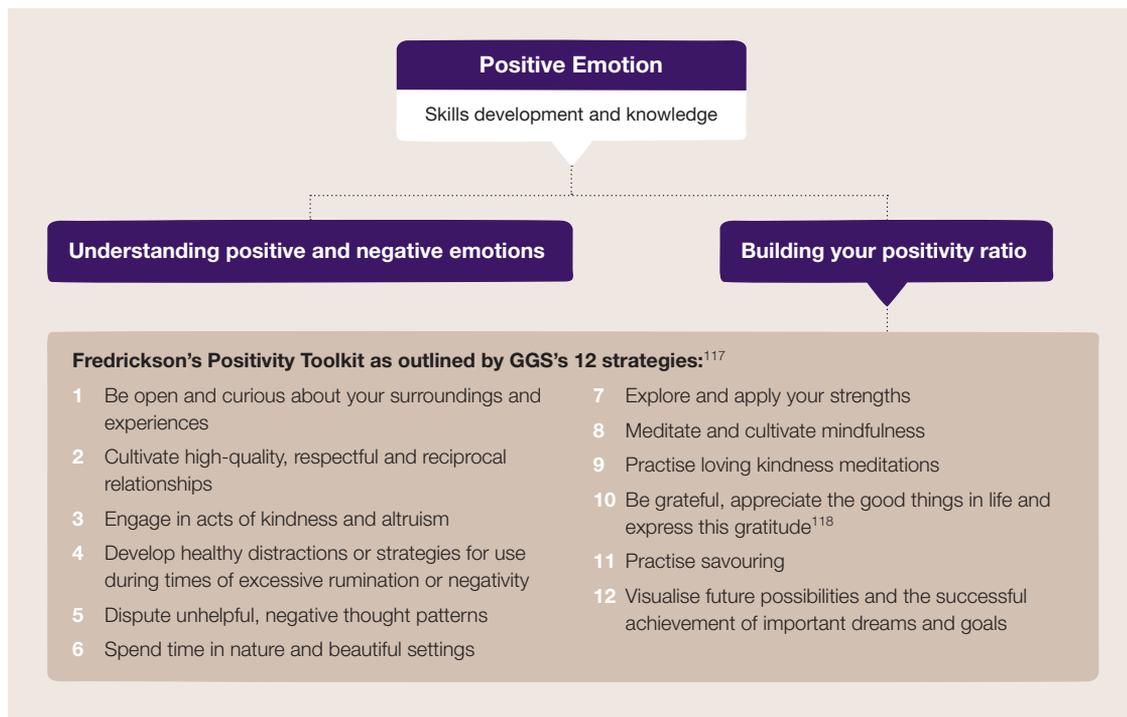
The positive emotion domain assists students to anticipate, experience, prolong and build positive emotional experiences, as well as responding to negative emotions in a positive way.¹¹⁵

The following are key points useful for YDWs working with students at the EFY Foyer:

- research suggests that the frequency of positive emotions may need to outweigh the frequency of negative emotions because humans display a negativity bias

- this ratio is critical to wellbeing, although everyone can raise their emotional ratio¹¹⁶
- experiencing negative emotions may be a daily occurrence for some students, so the goal is to equip them with the skills to respond to negative emotions in a healthy, adaptive way.

At EFY Foyer the aspiration is to develop positive emotions so they outweigh negative emotions to ensure resilience is enhanced, growth is rapid, and students become physically, psychologically, and socially equipped to flourish and thrive. Although one aim is to enable students to build and experience positive emotions, it is understood that negative emotions should not be avoided or suppressed. Students will learn that all emotions are valid and important and that it is normal to have variations in emotional experience.



¹¹⁵ GGS 2011, op. cit.

¹¹⁶ R. F. Baumeister, E. Bratslavsky, C. Finkenauer & K. D. Vohs 2001, 'Bad is stronger than good', *Review of General Psychology*, 5:323–70. Accessed on 10 March 2014 at: <http://www.carlsonmba.umn.edu/Assets/71516.pdf>.

¹¹⁷ Fredrickson 2009, op. cit.

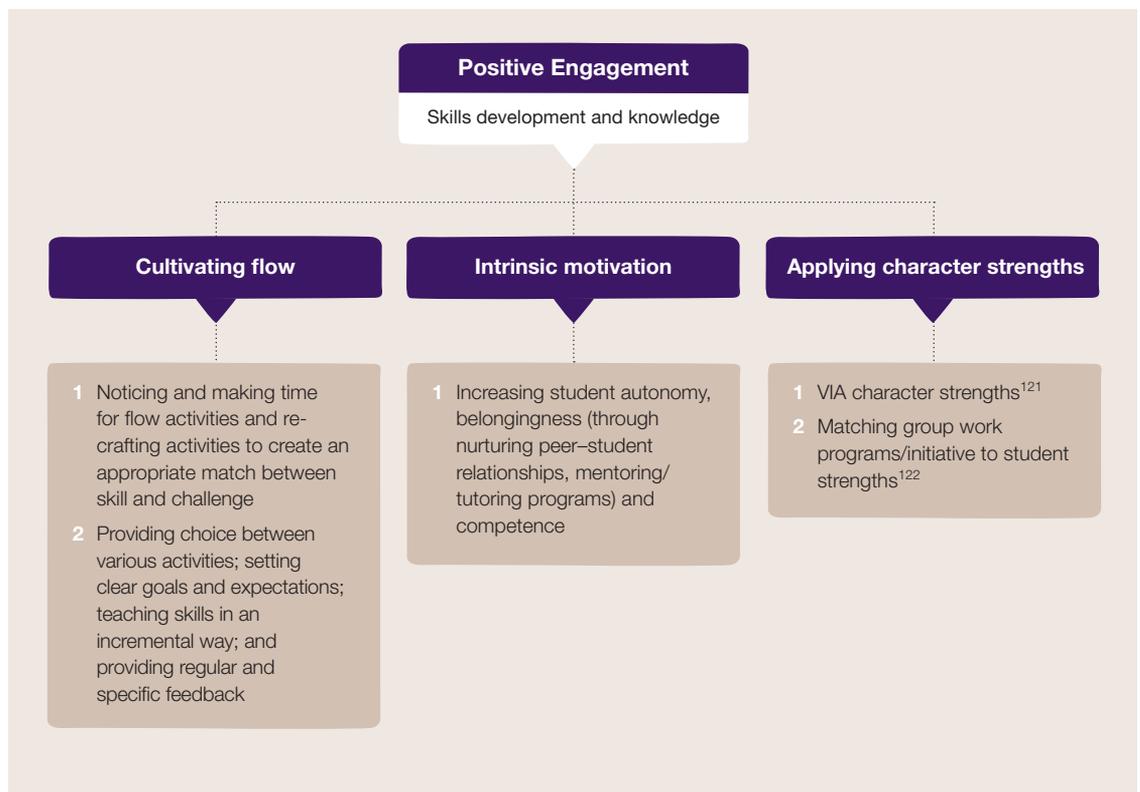
¹¹⁸ See K. Howells 2012, *Gratitude in Education: A Radical View*, Sense Publishers, Rotterdam for discussion on how expressing gratitude increases positive emotion.

Positive Engagement

At EFY Foyer the focus of the positive engagement domain is on assisting students to understand and experience complete immersion in activities as peak experiences through understanding the nature of engagement, the pathways to it and the function it has on individual wellbeing.¹¹⁹

The following are key points useful for YDWs working with students at the EFY Foyer:

- the research tells us that engaged students are curious, motivated, interested, persistent in the face of challenges and likely to complete school more successfully than disengaged students¹²⁰
- with positive engagement there are three things to consider:
 - flow – the peak experience of engagement when people are most immersed, focused and energised
 - intrinsic motivation – students are motivated when they participate in activities they enjoy and find rewarding
 - signature strengths – all young people have strengths and something to offer to themselves, their peers, family and the community. Through the OT approach and five practice areas students' strengths will be recognised, developed and utilised.



¹¹⁹ GGS 2011, op. cit.

¹²⁰ Ryan & Deci, op. cit.

¹²¹ VIA Institute 2014, 'Character strengths'. Available at: <http://www.viacharacter.org/www/Character-Strengths#nav>.

¹²² GGS 2011, op. cit.

Positive Health

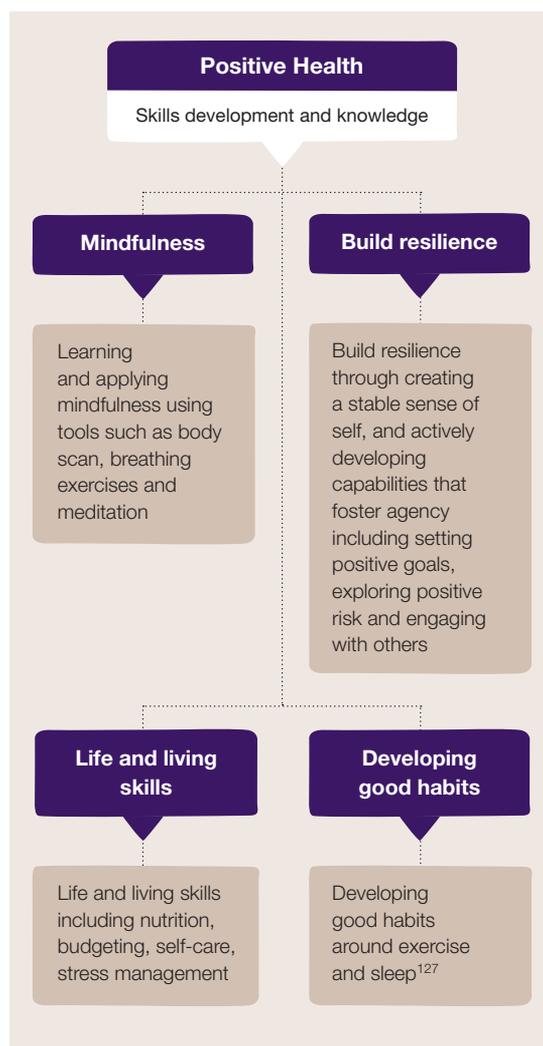
The positive health domain aims to assist students to develop a healthy mind and body. Students living healthy, energetic and resilient lives is essential to flourishing.

The following are key points useful for YDWs working with students at the EFY Foyer:

- students need access to information, experiences and programs to build skills in particular health-promoting areas including:
 - mindfulness – defined as paying non-judgmental attention to what one is experiencing in the present moment
 - optimism – relates to people’s expectations about the future, with the goal for students to cultivate a sense of oneself as worthwhile and to look forward to a promising future
 - resilience – defined as ‘the ability to grow and thrive in the face of challenges and bounce back from adversity. Resilience enables you to take calculated risks and capitalize on opportunities’.¹²³ Resilient people are known to be healthier and live longer, be more successful at school and in jobs, happier in relationships and less prone to depression.
- there is a body of evidence that confirms the importance of nutrition, exercise, sleep, sexual health and stress management on mental and physical health.¹²⁴

Although the EFY Foyer program adopts a resilience-led approach it goes further than resilience alone by seeking out young people’s strengths and talents and utilising these and other learned skills to respond to life’s adversities. EFY Foyer strives to enable young people to identify who they are now, and who they want to be in the future and what they want to do. Through their EFY Foyer journey, students engage with a series of questions that encourage them to develop

a good, or stable enough, sense of self so they can successfully navigate the world and their futures.¹²⁵ In addition to building positive emotion, at EFY Foyer, this includes developing of emotional capabilities that foster agency, including the ability to make commitments, making positive goals and choices, exploring positive risks and engaging with others.¹²⁶



¹²³ K. J. Reivich, M. E. P. Seligman & S. McBride 2011, 'Master resilience training in the U.S. Army', *American Psychologist*, 66:23–34.

¹²⁴ Hassed, op. cit., pp. 66–77.

¹²⁵ Mallett et al. 2014, op. cit., p. 49.

¹²⁶ ibid.

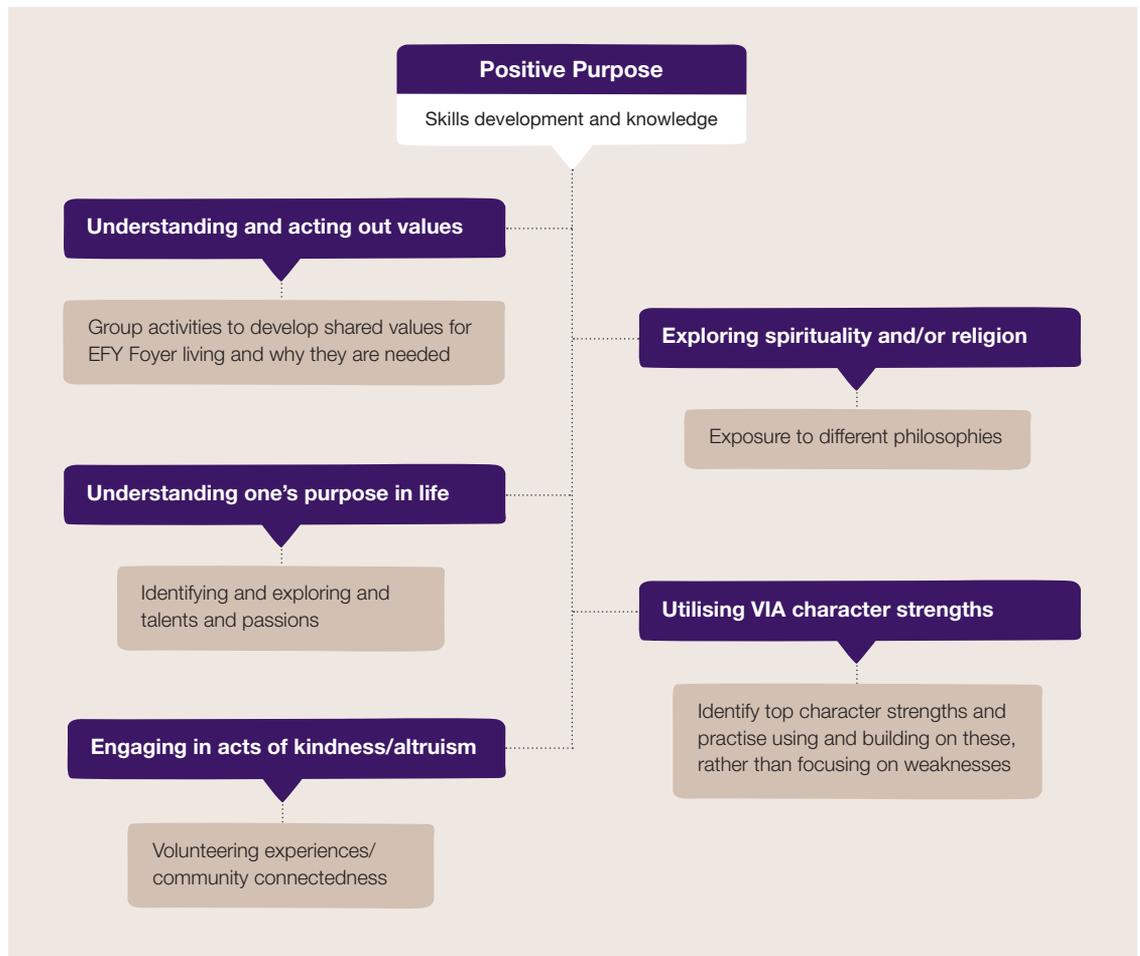
¹²⁷ GGS 2011, op. cit.

Positive Purpose

Positive purpose is defined as understanding, believing in and serving something greater than ourselves and deliberately engaging in activities for the benefit of others.¹²⁸ Purpose provides students with a vision of life and an understanding of what they can contribute and give back to society. Inherent in positive purpose is the notion of meaning or having a strong sense of self and where one fits in the world.

The following key points are useful for YDWs working with students at the EFY Foyer:

- create opportunities for students to explore different experiences and philosophies that can broaden their knowledge base and help them identify goals and values that resonate with them
- make accessible to students a range of role models – including YDWs, coaches, mentors, inspirational speakers and others – who can help them identify areas of passion and interest and assist with the development of a strong sense of purpose
- assist students to feel a sense of community and belonging, to understand their value and purpose in life and to develop genuine altruism so they feel like they are making a difference in the lives of others.

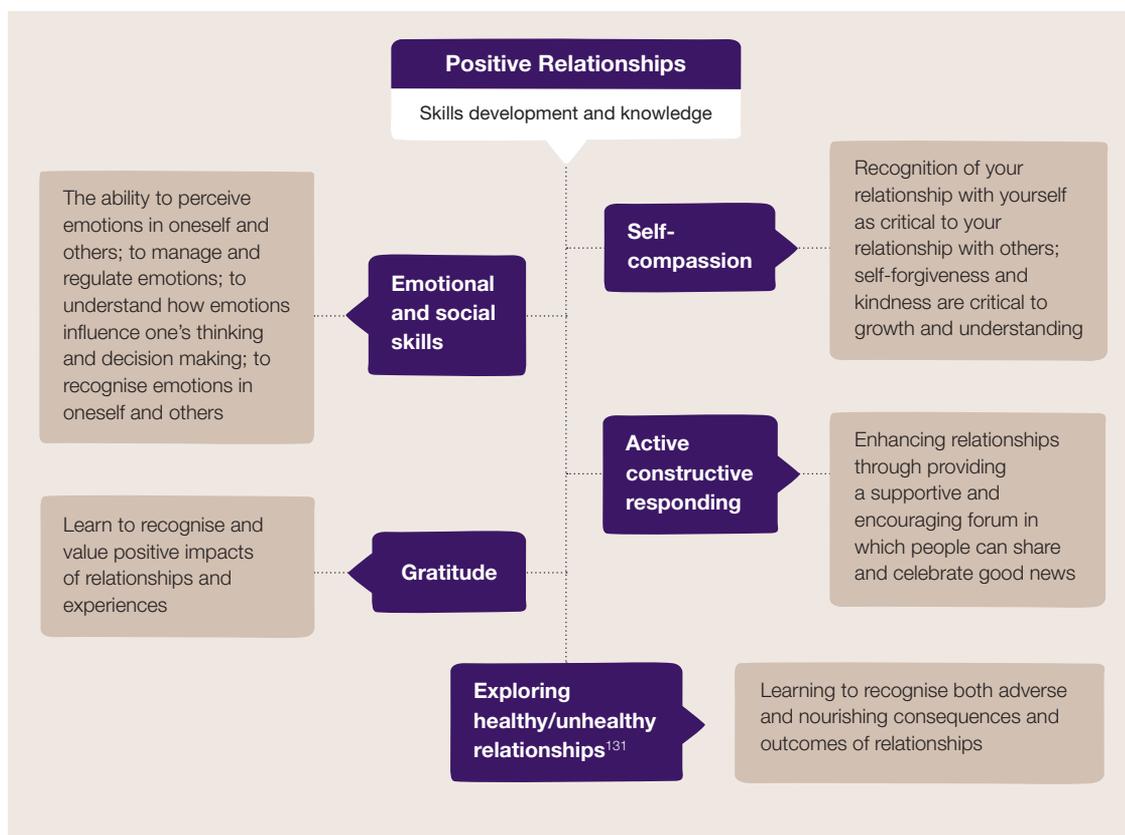


Positive Relationships

Recognition, and a sense of belonging and connection are fundamental to wellbeing. Being valued, loved and respected by others creates a sense of self-esteem and self-worth that protects against feelings of social isolation, depression and anxiety and can also motivate and inspire young people to set and accomplish goals. They act as a buffer, enabling people to navigate and cope with challenging life circumstances and feelings.¹²⁹

The following key points are useful for YDWs working with students at the EFY Foyer:

- the goal is to enable students to create and promote strong and nourishing relationships with themselves and others by encouraging and developing social and emotional skills
- EFY Foyers recognise that relationships are fundamental to wellbeing and flourishing
- relationships at EFY Foyer will be authentic and transparent and based on the values of openness, honesty and truthfulness
- students will be encouraged to develop positive relationships with their YDWs, family and peers by having opportunities to develop skills in self-awareness and self-expression, communication and relationships
- EFY Foyers recognise that as some relationships high in stress or conflict may actually have a detrimental impact on health,¹³⁰ students will be assisted to explore the difference between healthy and unhealthy relationships.



¹²⁹ Hassed, op. cit.; M. D. Resnick et al. 1997, 'Protecting adolescents from harm', *JAMA*, 278:823–32.

¹³⁰ S. Cohen 2004, 'Social relationships and health', *American Psychologist*, 59:676.

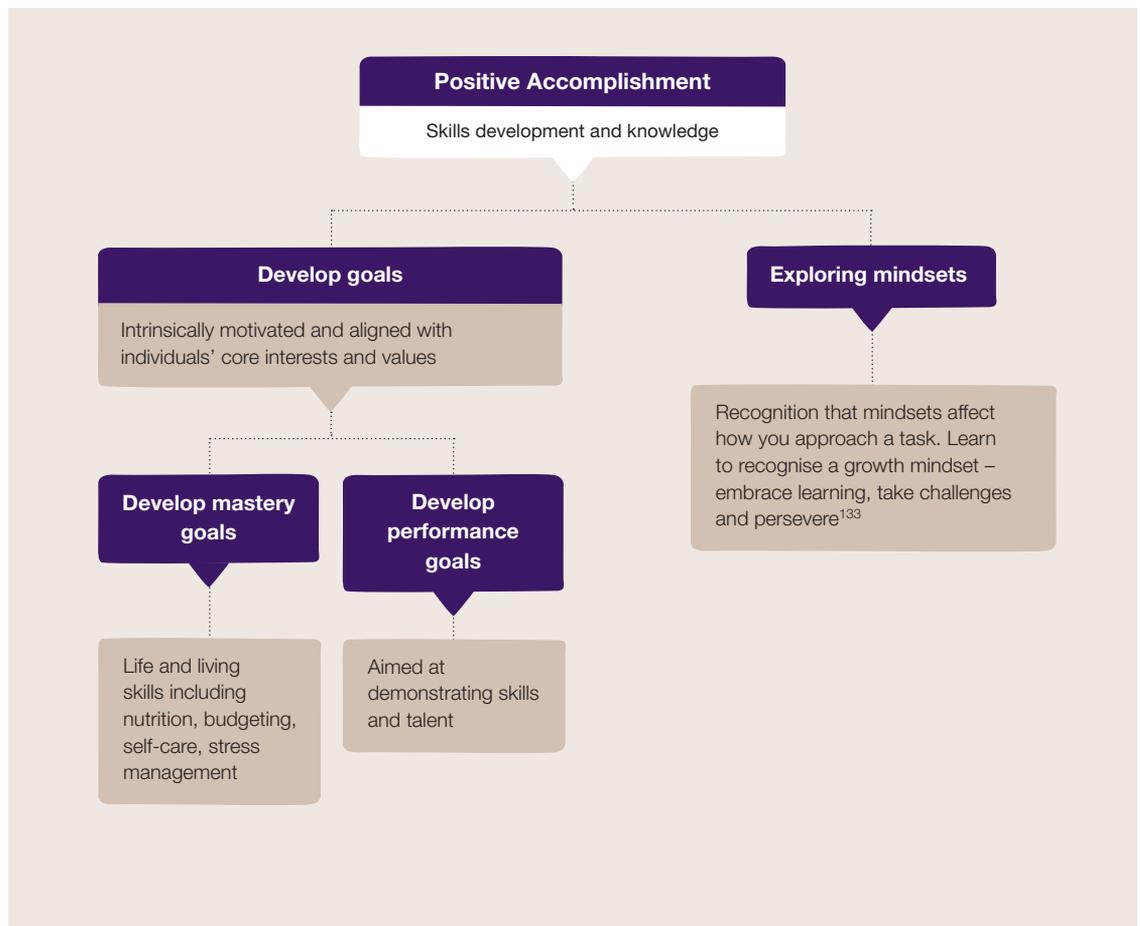
¹³¹ GGS 2011, op. cit.

Positive Accomplishment

This domain seeks to help students develop their potential through striving for and achieving meaningful goals. EFY Foyer recognises that it is essential to equip students with the resources, skills and opportunities to enable them to develop goals, work towards their achievement, relish the joy of accomplishment and cope well with challenges and disappointments.

The following key points are useful for YDWs working with students at the EFY Foyer:

- goals can be short, medium or long term and can encompass the following areas: personal, academic, creative, social or environmental
- at EFY Foyer, accomplishment begins with the Certificate of Recognition of Informal Learning¹³² and is recognised and valued at each stage of the EFY Foyer journey
- if goals are developed by the young person in line with their core interests and values they should then have a desire to achieve them
- recognise that accomplishment allows young people the opportunity to realise their potential, and to challenge their mindset and how they view themselves and the world around them.

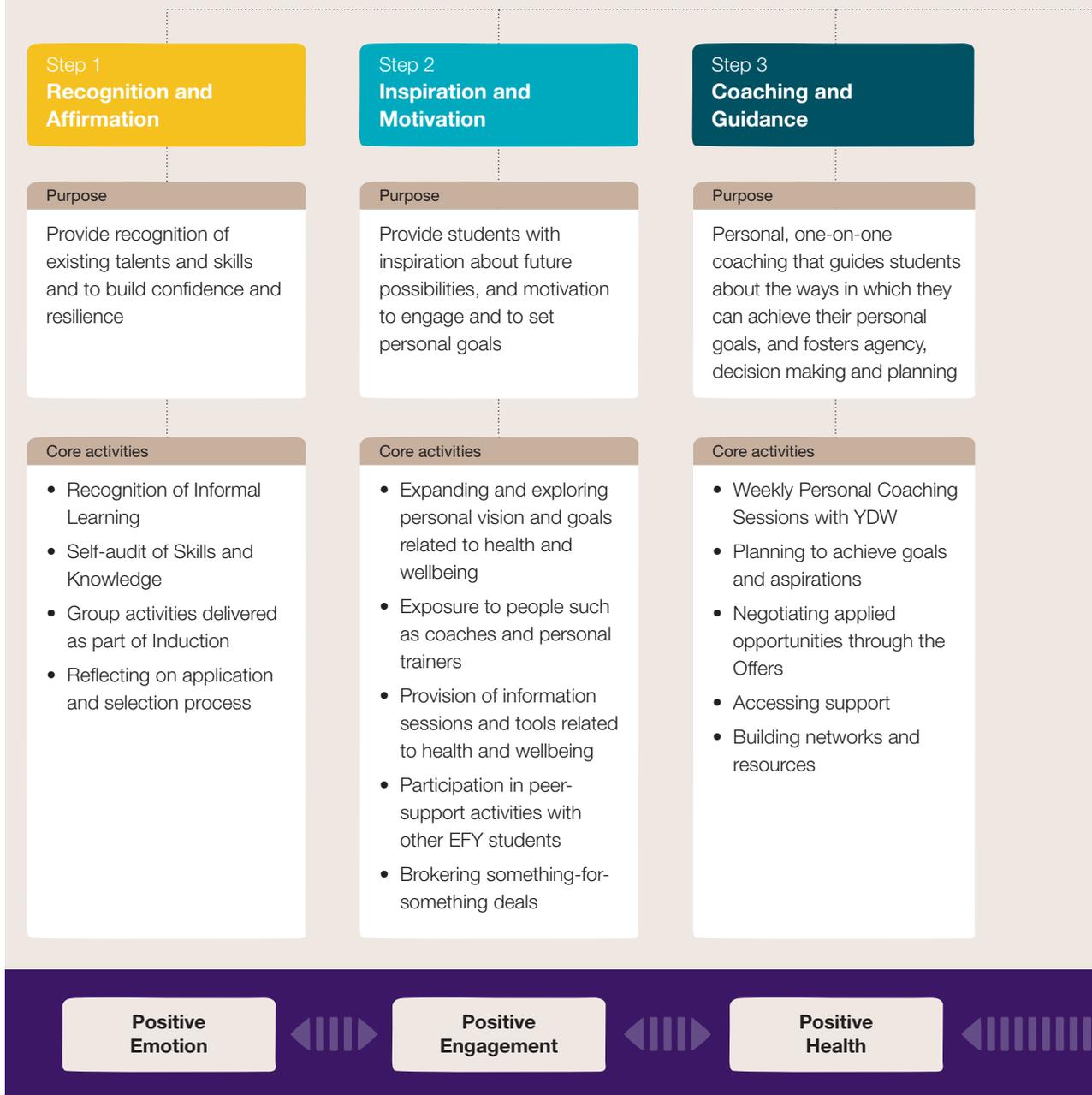


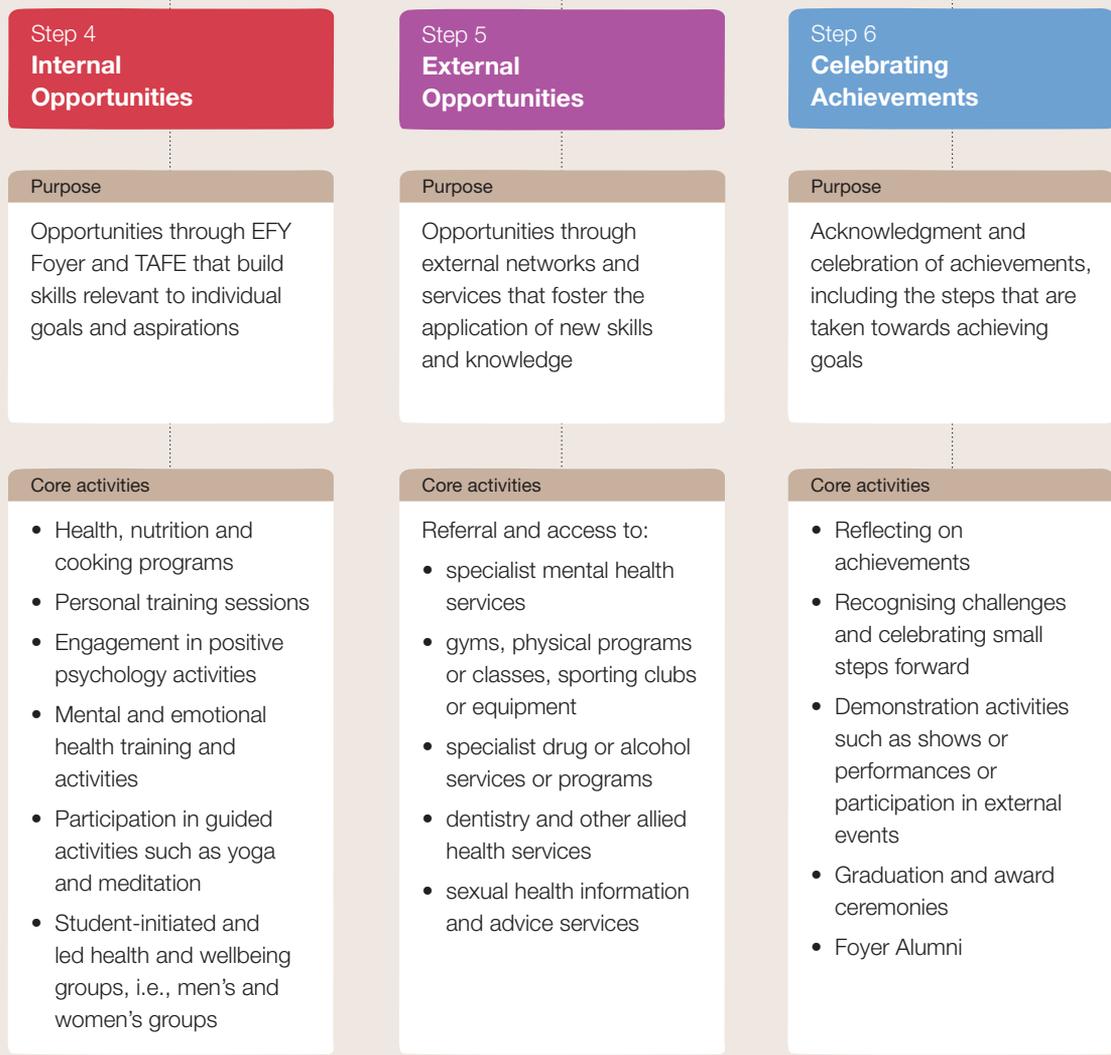
¹³² J. Buick 2014, *Certificate 1 in Developing Independence Toolkit: Trainers' Manual and Learning Plan*, Brotherhood of St Laurence and Hanover Welfare Services, Melbourne.

¹³³ GGS 2011, op. cit.

3.3 Key practice elements

Figure 4
Health and Wellbeing Offer practice model





Practice assumptions and explanations

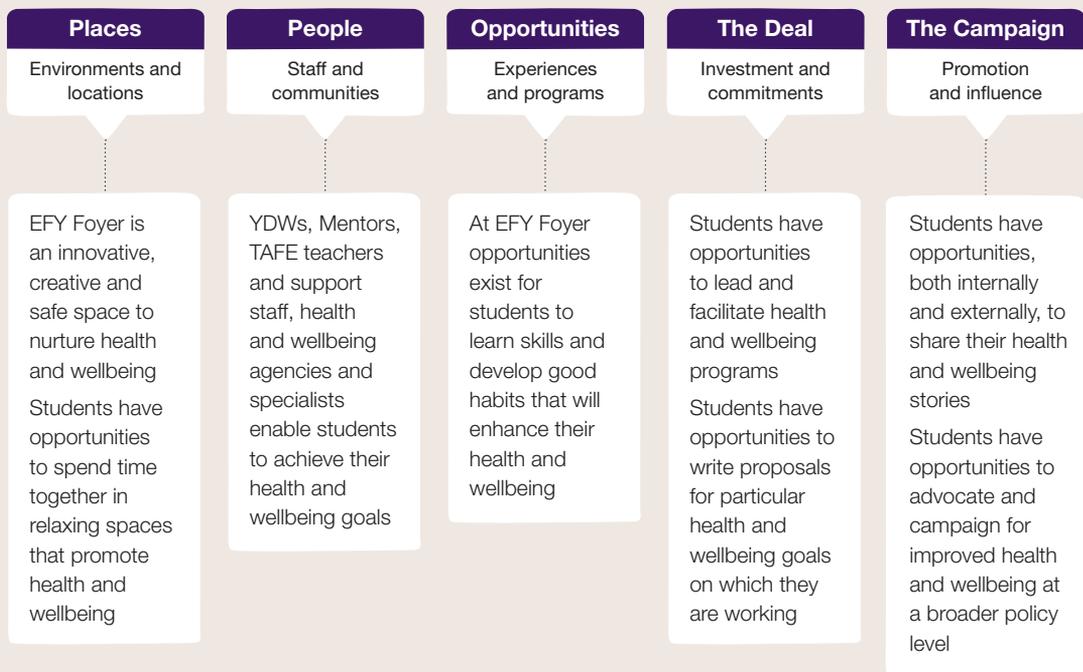
Each of the 6 Service Offers employs a common set of broad practice steps as a way of engaging students and maximising their potential for positive outcomes. Each step or aspect of this practice is also informed by an evidence base that underlines the importance of this form of engagement. These steps also align with Open Talent and Positive Education approaches.

The Open Talent approach

The Open Talent/Advantaged Thinking approach is operationalised through the five practice areas – Places, People, Opportunities, the Deal and the Campaign. Figure 5 below gives a snapshot of how these practice areas intersect with the Health and Wellbeing Offer.

Figure 5

Open Talent and the Health and Wellbeing Offer



Recognition and Affirmation

Many young people who are service-connected have been exposed to disruptive and often devastating experiences. While many have been traumatised by these experiences, most, if not all, have also acquired deep insight about themselves as well as skills that are largely unrecognised or unacknowledged by themselves or others. Acknowledging these experiences and skills provides the foundations for all 6 Service Offers. .

The EFY Foyer believes that talking about strengths creates opportunities for students to revel in what is right with them, not dwell on what is wrong with them, thereby allowing them to thrive. Recognising and acknowledging these skills and strengths gives students a base on which to build – to develop their confidence and to start developing aspirations for the future. The overall goal at this stage is to explore, recognise and acknowledge individual strengths and use these as the building blocks for thriving lives. By utilising the concepts of recognition and affirmation, EFY Foyer staff will work with young people on further developing their strengths as well as addressing their challenges.

Inspiration and Motivation

A sense of inspiration and motivation are essential for students to achieve key personal and program outcomes, including short-, medium- and long-term health and wellbeing outcomes. The most effective form of motivation is internally driven when people feel inspired and enabled to reach their goals. In a Ted Talk clip, 'The Puzzle of Motivation',¹³⁴ Daniel Pink tells us that people are intrinsically motivated and desire to do things when they like them, find them exciting and interesting, and are part of something important that matters.

He suggests that personal motivation is created and maintained by these three elements:

- establishing the capacity for autonomy or self-direction (over a task or goal, the time, means or techniques and the team to achieve it)
- the opportunity to strive for mastery (through mindset shift, recognition of the struggle it takes and that full mastery is rarely attainable)
- a sense of purpose, especially in the common good.¹³⁵

These three elements are viewed as the building blocks of motivation. Students will be given autonomy to find out what they are interested in and passionate about. This may be through meeting people and engaging in activities they would not ordinarily access or leading peer groups in areas in which they have an interest or skill. There will be opportunities for them to develop self-awareness, self-expression and social awareness skills to build their confidence in pursuing their aspirations and dreams. The EFY Foyer program encourages each of these aspects of motivation through requiring students to develop their own individualised Learning Plan and goals, motivating them to achieve through an advantaged thinking approach and engaging them in meaningful activities that promote active citizenship.

Inspiration has many sources, including from the key people in one's life as well as those not personally known, such as celebrities or local or community figures. Art, music, nature and engagement in fulfilling activities can also be sources of inspiration. Exposing young people, particularly those who have not had a stable home life, to a range of people, occupations and activities can help to inspire them about life's possibilities and their potential to change their trajectories.

¹³⁴ D. Pink 2009a, 'The Puzzle of Motivation', Ted Talk clip. Accessed on 5 May 2014 at: http://www.ted.com/talks/dan_pink_on_motivation.

¹³⁵ D. Pink 2009b, *Drive: The Surprising Truth about What Motivates Us*, Riverhead Books, New York.

The EFY Foyer program also develops and fosters student motivation and inspiration through its Open Talent and Advantaged Thinking coaching and personal planning approach, tracked through the student's personal Learning Plan. This plan and its related activities focus on developing student talents and capabilities. Evidence suggests that focusing on these, rather than on deficits and barriers, gives people confidence as well as hope for the future. Once young people are able to recognise their own capabilities, they often gain confidence and motivation to develop these interests further or are inspired to pursue other interests and passions.¹³⁶ This does not mean that student needs or problems are overlooked – rather, they are simply not the focus.

Coaching and Guidance

Young people experiencing homelessness are forced into independence at an early age. They may not be emotionally or financially ready for independent living, and indeed may be grappling with common adolescent concerns, compounded by recently experienced crisis or trauma.¹³⁷ In addition to disrupted experiences of education, young people who have experienced family breakdown have also often missed out on positive relationship modelling and on critical developmental guidance and support.¹³⁸ Providing both formal and informal guidance and support mechanisms are vital to establishing the necessary connections and supports required in the transition from adolescence to adulthood.

The Health and Wellbeing Offer recognises the importance of connectedness and thriving relationships for students. The EFY Foyer's Youth Development Workers provide information about the range of

ways students can build positive physical, mental and emotional health. This is done both formally and informally through the provision of mentors, group work activities, speakers and seminars, and through the expert advice of professionals as well as through interaction with peers and exposure to positive role models.

Coaching support

The Education First Youth Foyer Model provides coaching support for all aspects of a student's development while in the EFY Foyer. The 6 Service Offers are designed to work together to enable students to develop the necessary suite of skills and connections to reach their potential and build the foundations for a sustainable livelihood.

Youth Development Workers are the key coaches for students, providing assistance and support across all aspects of living at the EFY Foyer. By using an Advantaged Thinking approach they work to build aspiration, confidence and motivation through tailoring activities and opportunities that meet the specific needs and goals of individuals. This includes sourcing inspirational speakers, leading health and wellbeing activities, assisting students to set health and wellbeing goals, and linking them to a range of health providers in the areas of physical, mental and emotional health.

TAFE teachers and support staff will play a critical support role through providing health and wellbeing activities at TAFE that EFY Foyer students can access, as well as support and encouragement to students around completion of their health and wellbeing goals.

Mentors will be provided for EFY Foyer students in a range of functions and capacities. There will also be **peer mentor** roles to enable those who have benefited from the EFY Foyer to share their experience and expertise guiding those who are just starting out.

¹³⁶ C. Falconer 2009, 'An Advantaged Thinking approach'. Available at: <http://www.advantagedthinking.blogspot.com>.

¹³⁷ Kamieniecki, op. cit.

¹³⁸ DHS 2008, *Vulnerable Youth Framework Discussion Paper*, Victoria Government, Melbourne.

¹³⁹ Falconer, op. cit.

Internal Opportunities

Providing opportunities, resources and experiences is part of the EFY Foyer team's commitment to 'the Deal'. This is based on the understanding that young people who are or who have experienced disadvantage are limited by their lack of resources and opportunities, rather than by a lack of potential.¹³⁹

The EFY Foyer program recognises that access to the right people, information, activities and resources enables young people to develop the skills required to build and sustain a positive and healthy life. Providing students with the opportunities, experiences and networks already available to family-connected young people is a critical component of ensuring their future independence.

Internal Opportunities are geared towards helping students work on specific goals, to broaden their knowledge and to build and apply their skills within the familiar setting of Foyer – depending on their needs and capabilities. Internal Opportunities will include access to physical and recreational activities, a healthy diet, cooking and nutrition classes, and access to information, tools and techniques to promote positive health and wellbeing, cultivate healthy habits and build emotional resilience. Personalised coaching, and access to equipment, memberships or groups to pursue individual goals will also be facilitated.

“ Celebrating achievements can help students to recognise their strengths and growing asset base, thereby encouraging them to promote themselves and improve their health and wellbeing. ”

External Opportunities

These provide students with opportunities to build and apply their knowledge and skills within an external setting, accessed through the networks associated with each of the 6 Service Offers. Students will learn about health and wellbeing opportunities, how to access them and make them meaningful to their lives. Depending on their individual needs and goals this could include access to specialist physical, psychological, sexual health and dentistry services, community groups or sporting programs.

It is envisaged that the people who students will meet outside of the Foyer, and the external services they will access through the Health and Wellbeing Offer, will inspire them to go beyond managing their health to a place of flourishing i.e., *feeling good and doing good*.¹⁴⁰

Celebrating Achievements

Throughout each stage of the Health and Wellbeing Offer, students' achievements will be acknowledged and celebrated. Students are working towards both short-term and long-term health and wellbeing goals, but will often need to undertake a number of steps before these goals can be achieved. Recognising and celebrating these incremental steps increases students' confidence about their own abilities, their capacity to achieve the next step and their potential in the future. Celebrating achievements can help students to recognise their strengths and growing asset base, thereby encouraging them to promote themselves and improve their health and wellbeing.

Strategic supports

EFY Foyer Partners include a broad range of organisations – such as government, education and health services, businesses and community and philanthropic organisations – that will contribute to supporting students in all aspects of their development. In addition to providing mentoring, experience and opportunities for students, these organisations will be able to provide physical and mental health and wellbeing supports, financial and in-kind support and access to existing programs and services.

Partnership Engagement is a critical role in terms of brokering and recruiting individuals and organisations willing to provide knowledge, expertise and/or opportunities for students. Maintaining these relationships and ensuring they are mutually beneficial is also critical to ongoing community and organisational engagement with the EFY Foyer. This role could be incorporated into existing positions or be made a dedicated resource, but either way it needs to be specifically acknowledged and accounted for in terms of allocating time and resources.

Part 4: Overview of the Health and Wellbeing Offer's Tools and Resources

The Education First Youth Foyer Health and Wellbeing Offer is supported by a suite of practical tools for use in operationalising the Offer. They are specifically designed for use of Youth Development Workers, Team Leaders, Developing Independence Teachers and volunteers in the EFY Foyer context, but may also be useful to other workers and teachers in youth settings.

All of the following tools and resources have been developed to support the students and staff involved with the EFY Foyers. An overview of these tools and resources is provided here, all of which can be accessed at: efyfoyers.org.au.

Vision of the Health and Wellbeing Offer

The Health and Wellbeing Offer seeks to build and promote positive health among all students. Through engagement in the Offer, students are supported to access, engage in and develop the skills to build positive physical, mental and emotional health.

How the Health and Wellbeing Offer supports students to develop positive health and wellbeing practices so they can flourish and thrive

- 1 **'The Deal'** is an agreement signed by all EFY Foyer students that they must engage in education and/or training for the duration of their residency.
- 2 **Early intervention tools and resources** include brief screens, assessment guides, safety planning tools, policy and procedures, and fact sheets in the areas of family violence, mental health, suicide and self-harm, and alcohol and other drugs.
- 3 **Coaching framework** formalises the positive, outcomes-focused relationship between EFY Foyer students and staff and provides a weekly one-hour space for each student to engage in tailored goal setting, planning and skill development with their YDW.
- 4 **Certificate I in Developing Independence Toolkit** supports students to set goals and aspirations, their plans to achieve them and grows their networks and experiences.
- 5 **Internal Opportunities** provide activities that encourage students to develop healthy physical, emotional and mental habits, and promote wellbeing through helping students to realise their aspirations, to satisfy their needs and to change or cope with their environment.
- 6 **External Opportunities** connect students to community, public and specialised services, networks and resources.
- 7 **Celebrating Achievements** is a critical part of the EFY Foyer Model that ensures small and big achievements are recognised and supported as part of a student's development.

4.1 Early intervention tools and resources

EFY Foyer staff work with young people to promote positive health. This does not mean that staff avoid dealing with difficult issues or challenges that young people face. Rather, workers are trained to deal with a range of issues that enable them to intervene early to prevent escalation of health issues and to help students learn positive strategies and habits to manage their mental and emotional health challenges.

They do this by utilising Open Talent and Positive Education/Positive Psychology approaches, and a myriad of tailor-made tools and resources. These include screening and assessment guides and policies, procedures, information sheets and plans in relation to alcohol and other drugs, mental health, suicide and self-harm risk, and family violence. Workers are taken through each of these tools and resources and given training on how to use them and in what circumstances.

These early intervention tools and resources are available online for workers to access at any time and include:

Early intervention tools and resources

Foyer_Alcohol and Other Drugs Brief Screen	Foyer_Better Health Fact Sheet
Foyer_Alcohol and Other Drugs Change Questions	Foyer_Mental Health Safety Plan Worker Guide
Foyer_Alcohol and Other Drugs Fact Sheet	Foyer_Mental Health Safety Plan
Foyer_Alcohol and Other Drugs Flowchart	Foyer_Mindfulness Tool
Foyer_Alcohol and Other Drugs Procedure	Foyer_Self-harm Brief Screen
Foyer_Alcohol and Other Drugs Flowchart	Foyer_Self-harm Fact Sheet
Foyer_Alcohol and Other Drugs Safety Plan	Foyer_Suicide Fact Sheet
Foyer_Family Violence Fact Sheet_Committing	Foyer_Suicide and Self-harm Procedure
Foyer_Family Violence Fact Sheet_Experiencing	Foyer_Suicide and Self-harm flowchart
Foyer_Family Violence Procedure	Foyer_Suicide and Self-harm Safety Plan Guide
Foyer_Family Violence flowchart	Foyer_Suicide and Self-harm Safety Plan
Foyer_Family Violence Safety Plan Worker Guide	Foyer_Suicide Brief Screen
Foyer_Family Violence Safety Plan	EFY Foyer Developing Mindsets Tool
Foyer_Mental Health Assessment Guide	EFY Foyer Character Strengths Tool
Foyer_Mental Health Flowchart	EFY Foyer Gratitude Tool
Foyer_Mental Health Procedure	EFY Foyer Mindfulness Tool

4.2 Coaching framework

The way that EFY Foyer staff, mentors and group facilitators work with students is central to ensuring the integrity of the Open Talent approach, and we aim to enable staff, mentors and others involved with Foyer to work in ways that develop their capacity to innovate and lead change.

A wide range of methods – including positive psychology, mindfulness techniques, narrative-based approaches, motivational interviewing, solutions-focused therapy, life coaching and group work methodologies – have informed the development of the EFY Foyer Coaching Framework. It is described as youth-focused coaching, which is distinct from models designed for adults such as leadership coaching, vocational coaching and life coaching.

Youth-focused coaching marks a move away from a traditional, deficit-based, case-management approach towards one that is 'aspirational' and goal-oriented. Such coaching does not replace all other forms of professional health and wellbeing services and supports. Rather, this approach clarifies and reshapes the activities of non-clinical staff in EFY Foyers, such as Youth Development Workers and Team Leaders, whose roles integrate personalised coaching, assisted planning and group work facilitation.

Coaching in the EFY Foyer is led by YDWs and Team Leaders, with the process structured and focused on a clear set of objectives and goals. It is relational and task orientated, and driven by the self-articulated goals of the young person. It requires a shared investment from both the Personal Coach (YDW or Team Leader) and the young person being coached. In a coaching relationship, it is the Coach's role to:

- recognise and improve the skills, abilities and/or knowledge of the young people they are coaching
- have expectations, and make demands, of them
- motivate them
- facilitate further opportunities for the young people to develop skills.

The Coach can also play an important role in supporting young people to arrive at a place where they are building in all areas of their life. The Foyer Federation recognises four distinct levels of livelihood, which map where young people may be on a continuum from surviving towards thriving. These four levels are:

- **Surviving** – a life defined by deficit and day-to-day sustainability
- **Coping** – a life limited by deficit and short-term sustainability
- **Building** – a life moving from deficit to asset and mid-term sustainability
- **Thriving** – a life defined by asset and long-term sustainability.

The EFY Foyer approach towards coaching supports young people to move from states of 'surviving to thriving' through regular Personalised Coaching sessions.

Coaching Manual

The Coaching Manual provides an insight into the thinking and theory behind youth-focused coaching, as well as practical exercises and tools to use with young people in a coaching context.

Training

All EFY Foyer staff undertake Induction Training when they commence in a Foyer role. Supplementing the core units of Induction Training are a number of electives, which includes coaching modules that provide practical, hands-on training designed to up-skill staff as Personal Coaches.

4.3 Certificate I in Developing Independence Toolkit

Certificate I in Developing Independence

The Certificate I in Developing Independence (or Cert. 1 in DI) is a key component and driver of the Education First Youth Foyer Model. It is a mandatory course, formally accredited by the Victorian Registration and Qualifications Authority, in which students accepted into the EFY Foyer will enrol on their second day of induction.

The Cert. 1 in DI fills a significant gap in the current education and training system by providing a formal, supportive and accredited space for young people to develop core life management skills – such as goal setting, planning and dealing with conflict – as well as recognising and validating their existing skills, talents and aspirations.

Through a combination of personal coaching around education and career planning, enhanced by engagement in group activities at the EFY Foyer, the Cert. 1 in DI provides a solid platform from which young people can independently begin to navigate their own career and personal development journeys. It aims to provide a launch-pad from which to engage with the EFY Foyer's 6 Service Offers:



Education



Employment



Health and Wellbeing



Social Connections



Civic Participation



Housing and Living Skills

4.4 Internal Opportunities

The Health and Wellbeing Offer provides access to opportunities that are relevant to a young person's goals and aspirations and provides them with the necessary resources and skills to allow them to unlock their potential to be productive and independent, yet connected, citizens.

In the context of the Health and Wellbeing Offer, these opportunities include:

- health, nutrition and cooking programs
- personal training sessions
- training and activities directed at developing healthy emotional and psychological habits.

The Health and Wellbeing Offer also provides a range of tools that help YDWs organise activities and groups within the Foyer to develop students' health and wellbeing. These currently include:

• **EFY Foyer Mindfulness Tool**

Mindfulness is about training to pay attention in a specific way. In this toolkit young people will find information on how to get started with mindfulness, with a range of activities they can try on their own or in a group. There are also audio recordings they can listen to alongside APP suggestions, YouTube clips and other resources.

• **EFY Foyer Gratitude Tool**

Gratitude is about appreciating the good things in life. It is a really important part of building happiness. There are a range of activities for young people to engage with, starting small and then moving into more in-depth activities, and a myriad of resources available to enable them to learn and grow in this area.

• **EFY Foyer Developing Mindsets Tool**

A mindset is a perspective people take to things in their life. Mindsets can be developed with effort. Doing so involves the power of the brain to change itself. This toolkit allows young people to explore their mindsets and gives them access to a range of activities and resources to enable them to develop a growth mindset.

- **EFY Foyer Character Strengths Tool**

Strengths are the best parts of a person's personality. For young people figuring out what their strengths are, and finding ways to use them more in your everyday life, is a key way to increase your happiness, wellbeing and success. This toolkit has a range of individual and group activities to enable young people to recognise, understand and develop their strengths.

“

The goal at EFY Foyer is to reduce the barriers to young people's full participation in health and wellbeing programs.. ”

4.5 External Opportunities

External Opportunities provide students with the chance to build and apply their knowledge and skills within an external setting. They can also broaden students' scope to build networks and connections that can sustain their aspirations in life.

The objective is that students leave the EFY Foyer with an Address book of contacts and resources that they have accumulated throughout their stay. For the Health and Wellbeing Offer this includes giving students the opportunity to connect with people, resources and services that inspire them to go beyond managing their health to achieving their health and wellbeing aspirations.

Given that all students enter Foyer with different needs and priorities, External Opportunities are highly personalised and relevant to each individual. Within the context of the Health and Wellbeing Offer, External Opportunities could include referral and access:

- to specialist mental health services
- to specialist physical programs or activities such as gyms and sporting clubs or equipment
- to specialist drug and alcohol services or programs
- to dentistry and other allied health services
- to sexual health information and advice services.

All of the tools and resources referred to herein can be accessed at: efyfoyers.org.au.

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