What does wellbeing mean?

Perspectives of wellbeing among young people & youth workers in rural Victoria

Wellbeing is a well-used but ill-defined term in youth research. This paper describes research that explored the ways in which young people and youth workers define wellbeing. The findings suggest that both groups agreed that wellbeing was a multidimensional concept; however, the young people were more likely to consider wellbeing to be influenced by individual factors, such as the state of their relationships, while the youth workers were more likely to emphasise the importance of structural factors. The different focuses of young people and youth workers may mean that each group works toward different but not necessarily contradictory goals. In fact, the goals may complement each other.

In the past decade, the youth field has placed great emphasis on young people’s wellbeing. Youth workers as well as policymakers, teachers, parents and researchers have highlighted concerns about young people’s wellbeing and the need for improvement in this area (Bourke 2003; Eckersley, Wierenga & Wyn 2006; Glendinning et al. 2003; Glover et al. 1998). However, the concept of wellbeing has not been clearly defined, theorised or measured (Diener 1984; Ryff 1989), especially when applied to young people (Ben-Arieh 2005). If significant attention is to be given to improving young people’s wellbeing, it is important to understand what wellbeing means and, therefore, what it is that is being improved.

This paper contributes to this goal by identifying the perspectives of wellbeing held by a group of young people from a regional Victorian centre (see Bourke & Geldens 2006) and a sample of youth workers from non-metropolitan Victoria. The research explores the ways in which young people define wellbeing and the dimensions that impact on their sense of wellbeing, while at the same time documenting the ways that youth workers define the concept and the factors that impact on their clients’ wellbeing. Understanding the perspectives held by these groups has implications for the development of programs that seek to improve young people’s wellbeing.

by
Lisa Bourke & Paula Geldens
Perspectives of wellbeing

The concept of wellbeing is strongly connected to health (Easthope & White 2006). The term “health” can be used to broadly describe a state influenced by social, cultural, behavioural and emotional phenomena, including physical and mental health, social participation, education, income, social in/exclusion, housing, diet, substance use and other behaviours (Australian Institute of Health & Welfare (AIHW) 2003). However, health generally focuses on a specific condition while wellbeing allows for a comprehensive examination of health-related issues. Despite its usefulness, the term wellbeing is rarely defined in discussions of “health and wellbeing”. Most commonly, it is used in reference to indicators that focus on outcomes, risks, protective factors and health determinants (see AIHW 2003).

The most detailed and specific discussions of wellbeing are found in the psychological literature. “Subjective wellbeing”, or an individual’s perspective on their own wellbeing, is said to represent their quality of life, quality of relationships, meanings, achievements and individual values (Diener & Eunkook 2000). Subjective wellbeing “can represent the degree to which people in each society are accomplishing the values they hold dear” (Diener & Eunkook 2000, p.4). Most commonly, subjective wellbeing is said to comprise two key dimensions: first, cognitive assessments or satisfaction, and second, positive affect or feelings of happiness (Headey 1998; Ryff 1989; Sagiv & Schwartz 2000; Triandis 2000). Many researchers argue that structural aspects of people’s lives and life events do not have a strong impact on levels of subjective wellbeing and that the latter remain relatively consistent over one’s lifetime (Cummins 2000; Ryff 1989; Sagiv & Schwartz 2000).

While health professionals tend to seek causal factors that affect individual health and wellbeing, and psychologists focus on individual perceptions, goals and happiness, youth researchers have discussed wellbeing in terms of broader meanings in young people’s lives and how these impact on individual behaviours (White & Wyn 2004). Youth researchers have analysed wellbeing as an assessment of young people’s needs, lifestyles and quality of life. This holistic perspective incorporates individual, cultural and spiritual aspects as well as physical health, mental health, emotional wellbeing, social support, participation and inclusion, and financial wellbeing (Eckersley, Wierenga & Wyn 2006; White & Wyn 2004): “The very distinction between mind and body, between mental, physical, and social elements of life for young people may be part of the problem, because they mask the real, complex struggles that young people have in making a life” (White & Wyn 2004, p.215). A focus on individual elements that influence health and happiness ignores the role that social processes play in wellbeing. For example, the outcome of homelessness is a result of one or more social processes, such as an unsafe home environment (White & Wyn 2004). For youth researchers, the concept of wellbeing acknowledges not only outcomes and emotions, but also highlights difficulties in social processes that are at the heart of young people’s lives (White & Wyn 2004). However, while youth researchers employ the concept of wellbeing in relation to the experiences and social processes of young people, there is no consistent definition and theoretical approaches are still being developed (Eckersley, Wierenga & Wyn 2006).

It is clear that wellbeing is often not defined or theorised well. Rather than imposing a definition, this study adopted a grounded approach to identify the ways in which young people and youth workers understand wellbeing.

Methods

The aim of the research was to explore the understandings of young people and youth workers in relation to wellbeing. Approval for the research was obtained from the University of Melbourne’s Human Research Ethics Committee. The research undertaken in the schools was approved by the Department of Education, Victoria, and permission to undertake the research in the schools was obtained from the principals of the schools involved. Data collection was undertaken in two phases within the period 2002–2004.
Phase 1: Young people
In 2002–2003, a series of interviews were conducted with young people residing in or near the regional centre of Shepparton, Victoria (see Bourke & Geldens 2006). The city (population 35,000) is a multicultural and growing regional centre located 190km north of Melbourne in an agricultural area. Young people were sampled via two methods. A total of 90 students in Years 11 and 12 were selected from three local secondary schools in Shepparton: two public and one private. In each of the three schools, 30 students were randomly selected and asked to participate in the study. Random selection was used to ensure the sample was diverse rather than only young people who were responding to the researcher. Fifty-six of the students – those who provided their own and a parent or guardian’s written consent – were interviewed. This was a response rate of 62%. In addition, another 29 young people were purposely sampled through four local youth services/agencies. Young people were invited by workers to participate, responded to flyers or were asked by researchers when researchers were invited into group settings. This sampling allowed the research to access young people who were young mothers, from refugee families, not at school, living in foster care, unemployed and/or living independently. Written consent was sought from all participants. In total, 85 young people aged 16–24 participated in interviews ranging in length from 30 to 90 minutes, which were conducted by one of four interviewers.

Phase 2: Youth workers
To obtain a similar-sized sample of youth workers, the study area was extended beyond the Shepparton area; however, it was restricted to rural and regional Victoria to maintain the rural perspective (see Geldens & Bourke 2006). Face-to-face interviews were impractical and it was believed that a mail survey would achieve a low response rate. It was decided to use a telephone survey covering all areas of Victoria except Melbourne, Geelong and Ballarat. Internet searches were used to identify youth agencies and other organisations that employed youth workers. For example, all local government and health service websites were reviewed for listings of youth programs and positions, links to other organisations were followed, and searches of other sites were also conducted. When youth organisations and workers were contacted, they were asked to nominate other youth positions in their local area. Most youth organisations or positions were identified by several of these approaches, which ensured that most employers of youth workers in non-metropolitan Victoria were contacted. Each organisation on the list which employed a youth worker (a youth-specific position of half-time or more) was contacted and the CEO or equivalent was asked for permission to interview the worker. A standard set of information was provided over the telephone, and in writing if requested. The CEO provided the names of all youth workers who worked at least half time. From this list, one youth worker was randomly selected, telephoned and asked for an interview. Again, a standard set of information, including terms of participation, was provided to the worker over the telephone, and in writing if requested. In addition, explicit verbal consent for participation was obtained.

A total of 107 youth workers completed the telephone interview. Interviews were conducted by one of two researchers. All the youth workers invited to participate agreed to do so, and all but one CEO gave permission for staff to be interviewed. Notes were taken as accurately as possible during the interviews.

The data
In all interviews, participants were asked “What does the term wellbeing mean to you?” Interviewers were trained to encourage respondents to discuss meanings of wellbeing, definitions, contributing factors as well as enhancers of and barriers to wellbeing. Because young people had been previously asked about themselves, they talked about their own wellbeing. Youth workers, on the other hand, were interviewed about their work and all related the concept to young people while some also discussed wellbeing in terms of themselves, their family and/or their community. Regardless, all responses identifying meanings, understandings and definitions of wellbeing were analysed and where more than one dimension was discussed, all components of these definitions were
coded. Data were managed and analysed with the assistance of Nvivo (qualitative research analysis software).

Findings
Young people’s perspectives of wellbeing
In response to the question “What does wellbeing mean to you?” most of the 85 young people provided explanations of wellbeing that contained multiple dimensions. The key aspects of wellbeing for young people were relationships, psychological dimensions and physical health (see Table 1). Many also stated that wellbeing is a multidimensional concept. A number of young people identified environmental or structural dimensions of wellbeing while some talked about emotional aspects, and a few identified spiritual issues. Only six could not offer any criteria for wellbeing. It was noted that the young people from the schools were more comfortable in discussing wellbeing than those from local services, who identified fewer aspects. However, overall, most of the young people found it hard to define wellbeing, and gave only short answers, which resembled lists of factors.

<table>
<thead>
<tr>
<th>DIMENSIONS OF WELLBEING</th>
<th>SCHOOL STUDENTS</th>
<th>SERVICE USERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MALES (n=85)</td>
<td>FEMALES (n=85)</td>
</tr>
<tr>
<td>Relationships</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>Psychological dimensions</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>Physical dimensions</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Holistic/multidimensional</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Environmental dimensions</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Emotional dimensions</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Don’t know/can’t explain</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Spiritual dimensions</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

* Some respondents gave more than one answer.

Relationships contributed to the wellbeing of the young people. “Supportive” relationships with family and friends were most commonly talked about, but relationships with partners, teachers and counsellors were also mentioned. In one young person’s words, “having loving people around you” contributed to wellbeing. Many talked about how having an interpersonal relationship in which they had someone to confide in, talk to, listen to, laugh with, relax with and have fun with strengthened their wellbeing: “having people to talk really helps”. For some, this strength came from family: “family are there for me and if I didn’t have them I would fall apart,” while for others this came from friends: “our group of friends is really good because you can just ping each other up and have a ball on the phone”. There was also acknowledgment of how, in the case of conflict, tension or separation, interpersonal relationships could detract from wellbeing. One young man spoke of dropping out of school because “the teachers didn’t like me”, another struggled to make friends because “we move a lot”, while another had considered self harm because of the tension between her mother and her mother’s partner. Relationships were frequently mentioned by students, and given more importance and emphasis by young women.

The psychological dimensions identified by young people included having and achieving goals; “living life to the fullest”, “being happy”, having a “positive attitude” and “believing in yourself”. When referring to what they wanted out of life, the responses of young people included: “I want to be happy, I don’t care about anything else”, while others talked extensively about careers, education, travel and self-growth. Another young person referred to wellbeing in terms of “being a good person” or “being respected” and said it was “how I am in my life”, while another described wellbeing as “how I feel about my life”. For one young person, not knowing “what I want to do next year” detracted from their wellbeing. Most young people mentioned psychological and personal dimensions of wellbeing; however, school students identified goals, hobbies, fun and focus on the self more frequently than service users.

Young people also talked about physical health as an important part of wellbeing. Most mentioned “health” generally and went on to mention diet, fitness and being free from illness. One young person said her wellbeing was “very good” because “I am happy with what I am eating and stuff like that”. “Smoking”,

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**Table 1** Dimensions of wellbeing identified by young respondents
“drinking”, “eating the wrong foods” and being “lazy” or “unfit” were issues said to detract from wellbeing because of their detrimental impacts on health and other dimensions of wellbeing. “Stress” and “pressure”, which were attributed to school, work and too little time, also detracted from young people’s physical health and their wellbeing; “you struggle to find time for yourself”. The majority of young people who mentioned physical health also talked about other dimensions of wellbeing.

Over half of these young people defined and spoke about wellbeing as a distinctly holistic, multidimensional and interconnected experience. Many identified a list of factors that contributed to their wellbeing:

Wellbeing is like enjoying life, having a lot of people around you, having respect, health, money and all that stuff.

[Wellbeing is] generally feeling good about things, like being healthy, living how you want, um, being happy, being well.

It’s like, ah, what state you are in mentally and physically and like how you live and how you think …

[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.

It was also noted that various areas of one’s life impact on others:

I suppose it’s sort of a psychological and physiological sort of thing. Got to look after the insides and the outsides to be well. Sometimes it’s kind of hard because you just get in those kind of moods where you get angry and upset and stuff. Eat junk food and stuff and wreck your whole balance.

Examples were given of how being tired impacted on relationships, achievements, work and study, and how conflict impacted on other relationships, work, study, attitudes and feelings. Although students who had studied wellbeing as part of the ‘Health’ curriculum could recall few of the definitions given to them in class, they were more likely to identify physical, psychological and emotional attributes of wellbeing.

The multidimensional aspects of wellbeing, and its complexity, were highlighted when young people talked about their own wellbeing as opposed to disembodied definitions:

I get anxiety about school because I want to do really well … Mum was about to go on 10 days away and I started crying and I told her and she said I better go see someone about it.

Clearly, wellbeing for these young people consisted not only of issues in life but their emotional responses to them, which could not be considered separately.

Environmental, contextual and/or structural factors were mentioned by some, particularly safe environments at school, home and work, as well as access to opportunities and a sense of “freedom” and “global issues”. For example, one respondent said, “how you’re treated at home affects your whole life”. These issues were present for both school and service users, but a higher proportion of service users mentioned and talked at length about structural issues, including “being safe”, “having a job” and “having a place to live, food in the fridge …”.

References to emotional dimensions most commonly included feeling “stressed” or “depressed”, having good mental health, and more general comments about the role of emotions and feelings in wellbeing. These were often connected with other dimensions. For example, some talked about balancing emotions and the role of emotions in relationships, a few talked about experiences with depression, and others talked about dealing with emotions, particularly anger, when things were not going well. Only four students identified spiritual issues as important to wellbeing.
Youth workers’ perspective of wellbeing

One hundred and four of the 107 youth workers interviewed discussed the meaning of “wellbeing”. The most important dimensions identified by this group were psychological, social environments, emotions and mental health, and physical health, with many also talking about the holistic nature of the concept (see Table 2).

The youth workers most commonly identified psychological dimensions or aspects of the self as key elements of wellbeing, including “a positive attitude”, “feeling good about oneself”, “having goals, direction or a future” and/or “being happy”. Some talked about young people’s “ability to cope” especially in the “not so happy times” as a key determinant of young people’s wellbeing. Many discussed how important it was for young people to have a healthy relationship with themselves, particularly in regard to their attitudes, feelings and ability to look after these aspects of the self.

**TABLE 2** Dimensions of wellbeing identified by youth workers

<table>
<thead>
<tr>
<th>DIMENSIONS OF WELLBEING</th>
<th>TOTAL* (n=104)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological/self dimensions</td>
<td>65</td>
</tr>
<tr>
<td>Contexts and social environments</td>
<td>48</td>
</tr>
<tr>
<td>Emotional dimensions/mental health</td>
<td>47</td>
</tr>
<tr>
<td>Holistic/harmony/balance</td>
<td>44</td>
</tr>
<tr>
<td>Physical dimensions or health</td>
<td>40</td>
</tr>
<tr>
<td>Spiritual dimensions</td>
<td>18</td>
</tr>
<tr>
<td>Relationships</td>
<td>14</td>
</tr>
<tr>
<td>Sexual dimensions</td>
<td>2</td>
</tr>
<tr>
<td>Economic</td>
<td>1</td>
</tr>
</tbody>
</table>

* Some respondents gave more than one answer.

Youth workers also talked about various social environments as being important to wellbeing, including “safe environments”, “supportive environments” and “respectful” social systems. One stated that wellbeing “means to have safe, secure accommodation and to be supported so that [you] can move out into the wider world with some confidence and chance of employment”. Others mentioned a “sense of belonging” and young people being “respected”, “valued” or “part of the local community”. For a small number, belonging was the basis of wellbeing.

Emotions, feelings and mental health were also commonly mentioned, including “having a good mental state”, “being aware of feelings” and “being emotionally well”. Some distinguished between “emotional health” and “mental health”. One suggested that a focus on emotions was more appropriate than on mental health. Some were clearly concerned about young people’s mental health and their ability to establish and/or maintain emotional stability.

Wellbeing as a “holistic” concept requiring a “balance” or “harmony” between many aspects of life was also important to many. For example, there was talk of “wellbeing as a holistic concept … comprising the emotional, physical and spiritual” and also of “harmony between the physical, mental and social”. The focus of these responses was on the interrelationship between different aspects of wellbeing that together contributed to a person’s overall level of wellbeing:

Wellbeing means holistic wellbeing. Maybe healthy physically but if things aren’t going well mentally then they are not OK. Being happy with life, where you are. Mental may not be good, which affects them physically, spiritually as well as meaning, being happy with themselves.

Physical health was also mentioned commonly, most often in general terms, but some also talked about aspects of wellbeing in terms of freedom from illness and substance dependence, and being fit. Some youth workers felt that spiritual dimensions were important, while for others relationships, including “supportive relationships” and “good families”, were vital.

It was apparent that some youth workers found it difficult to define wellbeing, while for others it was less complex. For many, categorising the various dimensions was difficult, and their responses reflected the complexity of the lives lead by the young people they worked with:

To me, it is a person living and working in an
environment they are content and comfortable [with]. If a young person is happy being a criminal and can deal with the consequences, that is wellbeing. Prison can be better than home for some. Main things of wellbeing are [being] happy, comfortable in their environment, free from judgment.

Comparison of these perspectives: Young people and youth workers

There were some similarities, but also striking differences, in the ways that young people from a rural region and rural youth workers from across the same state conceptualised wellbeing. Youth workers were more comfortable and articulate in describing wellbeing and able to give more comprehensive responses. Despite this, both groups described wellbeing as multidimensional, used similar dimensions and placed importance on the self. Some dimensions, however, were emphasised more by one group than the other (see Table 3). For example, young people emphasised relationships, while youth workers felt that social environments, emotions and feelings, and spiritual issues and belonging, were more important. Young people talked more about themselves, their families and friends, their goals and sense of self, while youth workers were more focused on social environments, opportunities and mental health. The young people tended to talk more about the present while the youth workers spoke more about social processes and young people’s lives over time. While both groups talked about the concept being multidimensional, youth workers were more likely to think that some aspects of wellbeing could be good while others needed improving, but young people were more likely to feel that if one aspect of wellbeing was poor, it affected all the other dimensions.

Discussion

Overall, both young people and youth workers emphasised personal goals, a focus on the self, environments, health, emotions and how these interact as the basis of wellbeing. As Easthope & White (2006) identified, relationships are important to young people’s sense of wellbeing, as are social contexts, including friendships, family support, community perceptions of young people, opportunities for education and employment, and a sense of belonging. Again, similar to Easthope & White (2006), this study found that wellbeing differs from health. As noted by many of the youth workers, the social dimension plays a strong role in young people’s wellbeing (Easthope & White 2006). While the dimensions prioritised by these two groups differed, both groups were clear about the holistic nature of the concept of wellbeing and the interrelationships between its dimensions. Many participants, more commonly young people, conceived of wellbeing as encompassing multiple, interdependent aspects that needed to be balanced to attain high levels of wellbeing. It is the multidimensional aspect that makes the concept different from others used in practice (Diener & Eunook 2000; White & Wyn 2004) (such as health, happiness, or specific issues), but perhaps this is what makes it appropriate for the field of youth work. At the same time, the holistic nature of the concept has also meant it is vague and, to date, not well understood.

TABLE 3 Percentage of young people and youth workers identifying various dimensions of wellbeing

<table>
<thead>
<tr>
<th>DIMENSIONS OF WELLBEING</th>
<th>YOUNG PEOPLE* (n=79)</th>
<th>YOUNG WORKERS* (n=104)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships</td>
<td>87%</td>
<td>14%</td>
</tr>
<tr>
<td>Psychological/self dimensions</td>
<td>86%</td>
<td>63%</td>
</tr>
<tr>
<td>Physical dimensions or health</td>
<td>68%</td>
<td>39%</td>
</tr>
<tr>
<td>Holistic/harmony/balance</td>
<td>66%</td>
<td>42%</td>
</tr>
<tr>
<td>Contexts and social environments</td>
<td>57%</td>
<td>46%</td>
</tr>
<tr>
<td>Emotional dimensions</td>
<td>44%</td>
<td>45%</td>
</tr>
<tr>
<td>Spiritual dimensions</td>
<td>5%</td>
<td>17%</td>
</tr>
</tbody>
</table>

* Some respondents gave more than one answer.

This study contributes and compares the understandings of young people and youth workers around the concept of wellbeing. While most of the young people interviewed were not clients of the youth workers, the comparison highlights some important differences in understandings between youth workers and young people from rural areas of Victoria. Clearly, the young people were more focused on themselves, their goals, their relationships and the present.
The youth workers did not ignore these aspects but talked about wellbeing as more structurally determined, and placed more emphasis on social environments, opportunities and young people’s responses to these contexts. The results suggest that while young people are more focused on the self and their own negotiations to reach their goals, youth workers are more focused on the contexts in which young people seek these goals. The implication is that young people do not attempt to change their environment but accept it regardless of what it is or might become, whereas youth workers seek to improve the social context. Young people recruited from the youth services identified structural issues more than those recruited from the schools, even when facing the same issue, which suggests they may have been made aware of structural issues or that young people with more structural perspectives may be more likely to seek the assistance of youth services.

The different focuses of young people and youth workers may mean that each group works toward different but not necessarily contradictory goals. In fact, the goals may compliment each other. For example, if a young person is focused on a conflictual relationship, a worker might emphasise other relationships, support and social environments, which may be beneficial for that young person. It can be argued that addressing structural change, particularly at the community level, is an effective way of enhancing wellbeing. That is, it may be appropriate for youth workers to adopt a broader perspective in their practice than the individual level. However, there may be times that worker and client goals are inconsistent because they have different understandings of the foundations of young people’s wellbeing. The recommendation of this study is, therefore, that youth workers reflect on their assumptions of wellbeing and their impact on clients throughout their practice.

The different focuses reflect different discourses. Young people embraced a more individualised discourse, focusing on the present, on their goals, their perspectives and their relationships (see also Veenhoven 1999; White & Wyn 2004). In a recent Australian study, White & Wyn (2004) found that young people were more individualised, were continually making choices for themselves, were less focused on traditional pathways to adulthood and careers, and were more oriented towards self-management than young people in the past. At the same time, young people were more likely to internalise or blame themselves for problems (White & Wyn 2004). On the other hand, youth workers in this study focused on the structural conditions and social processes that produce individual outcomes. These contrasting perspectives are also reflected in youth research models, where young people can be viewed either as influenced by structures and cultures or as social actors who make decisions which shape their lives (Miles 2000; Wyn & White 2000). There is “a paradoxical relationship between perceived choice and agency among young people at an individual level and the structural conditions of young people’s lives” (Wyn & White 2000, p.166) that has not been resolved at a theoretical or practice level.

In conclusion, the study found that young people and youth workers agree that wellbeing is multidimensional, and that key dimensions include relationships, psychological factors, health, social environments and emotions. However, young people indicated that aspects of the self and their relationships were more important to their wellbeing while youth workers focused on social contexts and emotions. This implies that young people may be uncritical or unaware of the role of their social contexts and, as such, unlikely to seek to address structural dimensions that impact their wellbeing. The findings also suggest that young people felt they could control their wellbeing, while youth workers felt that young people’s wellbeing was connected to, if not produced by, their social environments. It may be that both are working toward different goals in relation to wellbeing. While divergent discourses underpin these perspectives, it is unclear whether or not these differences compliment or contradict each other in practice.

Acknowledgments
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References


Another YSA article on wellbeing …


Australia 21, a non-profit research company, and the Australian Youth Research Centre carried out a crossdisciplinary project to better understand the points of convergence and divergence in the commentaries and evidence on young people’s wellbeing.

The results suggest a need for a greater focus in both research and policy on the ‘big picture’ of the broad social changes reshaping life today – total health and wellbeing, not just ill health; the whole population of youth, not only the marginalised and at-risk; and the social and cultural resources that are as important to wellbeing as material and economic resources. This article is a summary of edited excerpts from the report.