

What are Effective Interventions for Building Resilience among At-Risk Youth?

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Table of Contents

<i>Key Messages</i>	1
<i>Executive Summary</i>	2
<i>1 Issue</i>	5
<i>2 Context</i>	6
<i>3 Definition of Resilience</i>	6
<i>4 Literature Review Question</i>	7
<i>5 Literature Search</i>	7
<i>6 Relevance Assessment</i>	8
<i>7 Search Results</i>	8
<i>8 Critical Appraisal</i>	8
<i>9 Description of Included Studies</i>	9
<i>10 Synthesis of Findings</i>	11
<i>11 Applicability and Transferability</i>	17
<i>12 Recommendations</i>	20
<i>References</i>	22
<i>Appendices</i>	24
<i>Appendix A: An Ecological Understanding of Resilience</i>	25
<i>Appendix B: Stepping Up Strategic Framework for Ontario’s Youth</i>	26
<i>Appendix C: Search Strategy</i>	27
<i>Appendix D: Literature Search Flowchart</i>	33
<i>Appendix E: Data Extraction Tables</i>	34
<i>Appendix F: Applicability & Transferability Worksheet</i>	40

Key Messages

1. Efforts to build resilience in youth should focus on the environment and systems surrounding youth. Resilience should not be thought of or portrayed as an individual characteristic.
2. Use terminology such as “marginalized youth”, “youth with multiple barriers” or “youth in challenging contexts” as opposed to “at-risk youth”. This supports the shift in identifying solutions beyond the individual level to the broader environment and system.
3. The following components can be built into strategies and initiatives that intend to build resilience in youth:
 - Build upon youth’s social, emotional and personal competence skills.
 - Promote self-efficacy of youth through helping them to define their own outcomes and involving them in the development of services they receive.
 - Offering parenting programs that include family-centered concepts such as positive parenting, family management, bonding and parent-child communications.
 - Ensuring that each youth served has at least one secure relationship with an adult caregiver that is predictable and stable.
 - Supporting youth in their ability to build social capital and connectedness with resources in their community.
4. There is limited empirical evidence of the effectiveness of resilience building interventions at the community or systems level. More research and evaluation is required for determining effectiveness and impact.

Executive Summary

Research Question

What are effective interventions for building resilience among at-risk youth?

Context

A subset of Peel's youth population are growing up in circumstances that challenge their ability to stay on a positive life-course trajectory into adulthood (i.e. are at-risk). For example, 16% of Peel children under the age of 18 live in a low income household (5); 5,655 dependent children accessed an emergency or victims of family violence shelter in Peel in 2012 (6); and Peel Children's Aid Society provided care for 926 children in 2012 and investigated 7,217 reports of child abuse and neglect (7). By focusing on prevention and building resilience among these youth, costs to the health care, justice, child protection and social assistance systems can be minimized in the future. The Community Health Initiatives Team (CHI team) in Health Services collaborates with and supports youth organizations in Peel Region that strive to prevent youth violence and build resilience among at-risk youth.

Methods and Results

A search of both the academic and grey literature yielded 91 results. Of these results, 89 were excluded based on primary and secondary relevance assessment. The remaining practice guide and literature review were appraised as moderate quality and were included in this rapid review. There are limitations to the application of these findings due to the lack of empirical evidence of effectiveness reported in the literature review and practice guide.

Synthesis of Key Findings

Evidence from the practice guide and the literature review identified themes common to interventions and resilience-enhancing factors at the individual, family and community levels.

At the individual level, interventions focused on building the child or adolescent's social, emotional or personal competence were efficacious for building resilience. For the specific at-risk group of youth in foster care, helping them to define their own outcomes and contribute to the development of the services they receive can build self-esteem and self-efficacy, and in turn build resilience.

At the family level, having a stable emotional connection and a predictable relationship with an adult caregiver are strong predictors of positive adolescent outcomes. Effective interventions included family-centered concepts such as positive parenting training, family management, bonding and parent-child communications.

At the community level, fostering connectedness with community resources and people in one's neighbourhood can build collective resilience beyond individual and family factors. Three types of promising strategies for building resilience at the community level are suggested: building social capital, service learning, and organized community youth activities.

Conclusion and Recommendations

Based on the rapid review findings and a discussion with team members and external community partners to assess the applicability and transferability of the evidence, the Community Health Initiatives Team should take the following actions:

1. Share knowledge with youth-serving community organizations in Peel about the nature and scope of resilience and its influence on positive outcomes for at-risk youth. Current theoretical views on resilience points towards the adaptation of the environment and systems surrounding youth, as opposed to changes at the individual level. Resilience should not be thought of or portrayed as an individual characteristic.

2. Move away from using the term “at-risk” youth in the CHI Team’s continued efforts to support youth-serving organizations. Using terminology such as “marginalized youth”, “youth with multiple barriers” or “youth in challenging contexts” supports the shift in identifying solutions beyond the individual to the broader environment and system.
3. Encourage and support youth-serving community organizations to implement initiatives that build resilience among at-risk youth including strategies such as:
 - a. Offering programs and services which build upon the youth’s social, emotional and personal competence skills.
 - b. Promoting self-efficacy of youth through helping them to define their own outcomes and involving them in the development of services they receive.
 - c. Offering parenting programs that include family-centered concepts such as positive parenting, family management, bonding and parent-child communications.
 - d. Ensuring that each youth served has at least one secure relationship with an adult caregiver that is predictable and stable.
 - e. Supporting youth in their ability to build social capital and connectedness with resources in their community.
4. Encourage and support youth-serving community organizations in Peel with evaluating resilience-building interventions for determining effectiveness and impact. Encourage and support the sharing of evaluation results, particularly interventions that draw upon the community as a source of resilience through building social capital, service learning and organized community youth activities due to insufficient evidence for these interventions.

1 Issue

The Community Health Initiatives (CHI) Team is mandated to support and collaborate with community organizations to prevent youth violence in Peel Region.

In 2013, the Ontario government released *Stepping Up – A Strategic Framework to Help Ontario’s Youth Succeed (Stepping Up Framework)*, a plan which evolved out of previous provincial youth violence prevention plans for municipalities and community organizations to apply locally (1,2,3) (Refer to Appendix A for a summary of the themes and priority outcomes of the framework). The *Stepping Up Framework* includes a focus on youth who are at greater risk for poor life outcomes. The Ontario Trillium Foundation has been contracted to administer the *Youth Opportunities Fund*, a \$5M annual grant program based on the *Stepping Up Framework* and is targeted at the greater Toronto area, including Peel. During the first granting cycle of the *Youth Opportunities Fund* in 2013, only \$75,000 out of the \$5M were leveraged for the Peel region despite 18 applications put forth by Peel organizations. This unsuccessful result could be partly due to poor alignment of the proposals with the desired outcomes of the fund. The lack of funding poses challenges to the advancement of community-based youth violence prevention efforts in Peel Region.

The purpose of this review is to identify effective approaches to building resilience among at-risk youth. The results will be shared with youth organizations in Peel to help them prepare for future funding opportunities and develop effective programs.

2 Context

The CHI Team transfers research and evidence-informed practices to community-based organizations, with the goal of enhancing effective delivery of youth violence prevention initiatives. Focusing on prevention can minimize costs to the health care, justice, child protection and social assistance systems in the future (2).

In 2011, there were 318,605 children and youth between the ages of one and 18 years living in Peel, making up 25% of the region's total population (4). While most children and youth in Peel are thriving and well, some are growing up in circumstances that challenge their ability to stay on a positive trajectory into adulthood. These circumstances include exposure to family violence, substance abuse, mental health issues, poverty, discrimination, marginalization and living in foster care. For example, 16% of Peel children under the age of 18 lived in a low-income household in 2011 (5); 5,655 dependent children accessed an emergency or victims of family violence shelter in Peel in 2012 (6); and Peel Children's Aid Society provided care for 926 children in 2012 and investigated 7,217 reports of child abuse and neglect (7).

The large body of literature on adolescent health shows that children and youth faced with these kinds of adversities are at greater risk of poor outcomes such as engaging in violent acts themselves, conflict with the law, low educational attainment and self-harming behaviours (8).

3 Definition of Resilience

In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural and physical resources that sustain their well-being, and their capacity, individually and collectively, to negotiate for these resources to be provided and experienced in a culturally meaningful way (9,10). The current

theoretical understanding of resilience points towards an ecological model and the adaptation of bio-, micro-, meso-, exo- and macro systems as opposed to changes only at the individual level (10). It also requires an appreciation of the multiple reciprocal relationships among elements of the individual's environment (10). Refer to Appendix A for more description of the concept of resilience.

4 Literature Review Question

The question addressed in this review is:

“What interventions are effective for building resilience among at-risk youth?”

Population: at-risk children and youth (up to age 24 years)

Intervention: any intervention that aims to influence resilience

Comparison: none

Outcome: resilience

5 Literature Search

Databases and the grey literature sources were searched in October and November 2013. Databases included Criminal Justice (2002 to November 2013), Sociological Abstracts (2002 to November 2013), and OVID Medline (2002 to November 2013). Grey literature included TRIP, Health-Evidence.org, Center for Disease Control and Prevention, Center for Reviews and Dissemination York, Campbell Collaboration, and Google Scholar. The grey literature search was restricted to publications in English after the year 2000. Refer to Appendix B for the complete search strategy.

6 Relevance Assessment

Two reviewers independently reviewed titles and abstracts to determine eligibility for inclusion in the review. Discrepancies were discussed and a mutually agreed decision was made. Papers that qualified for full-text review were selected if they were guidelines, systematic reviews and/or meta analyses, literature reviews, and if they met the following inclusion criteria: published in English, included children and youth up to the age of 24 years in the study population, and assessed or discussed the effectiveness of resilience interventions. Papers that focused on youth with chronic illnesses, from military families, and in natural disasters or war situations were excluded.

7 Search Results

The search identified 91 potentially relevant papers; nine were excluded as duplicates, leaving 82 for primary relevance assessment. Following primary relevance assessment, 72 were excluded, leaving 13 for full-text review. Following full-text review, three papers were relevant: one summary, one synthesis and one literature review. Refer to Appendix C for the literature search flowchart.

8 Critical Appraisal

Each paper was independently appraised by two reviewers and discrepancies were resolved through discussion and consultation with a third reviewer. The AGREE II Tool was used to assess the summary which was determined to be of moderate quality (11). The Health-Evidence Quality Assessment Tool was used to assess the systematic review which was of weak quality and therefore excluded (12). Through discussion, it was decided to use the Peel Public Health

book review tool to assess the literature review which was appraised as moderate quality (13). In total, two papers of moderate quality were included in the review.

9 Description of Included Studies

The research included to answer the literature review question comes from social work research rather than health or medical research. Social work research differs from health research, particularly in the use of quantitative methods, the write up of interventions and description of methods. In some cases, it is not appropriate or ethical to use study designs such as randomized control trials in social, health or human services research, making it difficult to have conclusive evidence of effectiveness for interventions. This issue is discussed directly within one of the knowledge reviews used to inform the Social Care Institute for Excellence (SCIE) Practice Guide (11) included in this review:

“...in social work, there are clearly serious ethical problems in, for example, randomly allocating children to adoption or foster care. There are also practical problems in getting adequate sample sizes to have a reasonable chance of showing an effect. The allocation to different treatments is rarely made ‘blind’ (a desirable refinement in medical trials). A particularly fundamental difficulty is that of defining the context of the treatment and the treatment itself” (15).

Further, in the field of social work, value is placed on a balance of evidence to round out rigorous research evidence including professional opinion, theory and consumer views which is reflected in the included studies for this review.

The following literature review and summary were included:

- Literature Review (2011) – Enhancing Resilience among Young People: the Role of Communities and Asset-Building Approaches (13).

- SCIE Practice Guide (2004) - Promoting Resilience in Fostered Children and Young People (11).

Literature Review: Enhancing Resilience among Young People: The Role of Communities and Asset-building Approaches to Intervention (13)

The authors used theory to describe the evidence on how resilience influences adolescent health, reviewed and synthesized the literature on risk and protective factors shown to empirically influence resilience; and discussed implications for resilience-building interventions. A total of 240 theoretical and empirical papers and books were referenced. Details about primary study settings and populations were not included. The literature was synthesized according to the following high-level categories: psychological theories of resilience, theories of family resilience, theories of community resilience, factors that promote positive outcomes in youth (subdivided into three categories reflecting research about the individual, family and community as a resource for resilience), and recommendations for research and practice. Within the section about factors that promote positive outcomes in youth, the paper also provides a list of specific “efficacious and cost effective” and “promising” programs.

SCIE Practice Guide: Promoting Resilience in Fostered Children and Young People (11)

This practice guide is from the Social Care Institute for Excellence (SCIE) in the United Kingdom (UK) and primarily draws its evidence from two commissioned reviews by SCIE to formulate its recommendations on what professionals can do to promote resilience-enhancing factors among children and youth in the foster care system, a specific sub-group of at-risk youth.

The first commissioned review titled *Innovative, tried and tested. A review of good practice in fostering* drew on consultations with representatives from the statutory, voluntary and

independent fostering agencies across the UK to identify and collect examples of good practices in fostering (14).

The second commissioned review, *Fostering success: An exploration of the research literature in foster care* is described as a scoping review, providing a summary of the main trends in the field of social care (15).

The literature search methods for this practice guide were detailed in its appendix, in addition to commentary in the methodology section about challenges with research in the field of social work. A total of 92 theoretical and empirical papers, policy documents and SCIE knowledge reviews were referenced directly in this practice guide. The recommendations were informed by research evidence, expert knowledge and end user/population input. Details about primary study settings, populations and interventions were not included. The practice guide summarizes resilience-enhancing factors at the individual level and within the family and community context as they relate to providing foster care.

10 Synthesis of Findings

Consistent themes emerged across the two papers in terms of factors that contribute to building resilience in at-risk youth and which were the basis of interventions that practitioners can incorporate into their programming and service delivery. The main themes were as follows:

a) Intrapersonal factors as a source of resilience.

Research continues to emerge on the complex interactions among biology, the environment and adversity. Resilience is not a personality trait, even though there are factors at the individual level that can be a resource for resilience (13). Research demonstrates that early social experiences can influence gene expression in the developing brain, contributing to the idea

that early childhood experiences can shape the development of resilience factors for individuals such as coping and problem-solving skills in the face of adversity (13). Five of the ten programs listed as efficacious and cost effective in the literature review had interventions that included building the child or adolescent’s social, emotional, personal and peer relationship competence skills (13). All of these programs were multi-pronged, meaning that they had multiple interventions going on simultaneously with different target groups (e.g. parents, teachers and students) to ultimately effect positive outcomes amongst the students. Table One lists these programs with details about their target population, the intervention and outcomes as described in the literature review (13). Specific study details and empirical evidence of effectiveness were not provided for these interventions in the literature review.

Table One. Programs Building Intrapersonal Skills

Program	Population	Intervention	Outcomes
Seattle Social Development Project	1 st to 6 th graders	Teacher training to manage classroom and promote students’ bonding to school, parent training in child management and to support child’s educational development, and child social and emotional skill development.	Improved adult functioning; reduced mental health problems, crime, substance use, and risky sexual practices at 21 years of age.
Iowa Strengthening Families Program	6 th graders	Enhance parenting skills, parent-child communication, family cohesiveness, involvement of child in family activities, adolescent social skill development, and peer relationship building.	Reduced substance use at 12 th grade follow-up.
Project Northland	Middle to high school students	Social behavioral curricula in school, parent involvement, peer leadership, community-wide task force to reduce access to alcohol.	Reduced alcohol use.
Life Skills Training	High school students	School-based program to influence knowledge and attitude, enhance social and personal competence skills for resisting social pressures to alcohol, tobacco and other drugs.	Prevents substance use.
Child Development Project	Elementary school students	School-based intervention to foster social, cognitive and ethical development of students.	Increased pro-social behavior; reduced problem behavior.

The SCIE practice guide about foster care highlights self-esteem and self-efficacy as resilience enhancing factors (11). For example, helping children and youth in foster care to define their own outcomes and involve them in the development of the services they receive were suggested to promote self-efficacy. Both of these strategies allude to the notion of giving youth a voice and demonstrating to youth that they can influence the world around them which can also contribute to a sense of stability and control (11). When consulting with service participants, organizations should be clear about the child's level of influence (i.e. what children may or may not be able to change) to ensure meaningful involvement in decision-making (12).

b) Family and secure attachments as a source of resilience.

An authoritative/positive parenting style, stable family unit, and building strong parent-child attachments are viewed as resilience-enhancing factors. Stable emotional connections and a predictable relationship with at least one responsible adult caregiver are strong predictors of positive adolescent outcomes (13). The adult caregiver is typically a parent or family relative, but other caring adult figures such as a foster care provider can also fulfill this role. These family-centered concepts were also seen in six of ten multi-pronged programs listed as being efficacious and cost effective in the literature review (13). Specifically, six of the program interventions included activities such as positive parenting training, encouraging parental involvement and positive parent-child interactions, family management, bonding and parent-child communications. In addition, one of the programs included interventions focused on building a supportive relationship with a mentor. Table Two lists these programs with details about their target population, the intervention and outcomes as described in the literature review (13). Specific study details and empirical evidence of effectiveness were not provided for these interventions in the literature review.

Table Two. Programs building secure attachments with parents and care givers.

Program	Population	Intervention	Outcomes
Seattle Social Development Project	1 st to 6 th graders	Teacher training to manage classroom and promote students' bonding to school, parent training in child management and to support child's educational development , and child social/emotional skill development.	Improved adult functioning; reduced mental health problems, crime, substance use, and risky sexual practices at 21 years of age.
Adolescent Transition Program	Middle school students.	School-based, family-centered intervention supporting positive parenting practices and enhancing family-school communication.	Reduced problem behaviors and prevents drug use.
Iowa Strengthening Families Program	6 th graders	Enhance parenting skills, parent-child communication, family cohesiveness, involvement of child in family activities , adolescent social skill development, and peer relationship building.	Reduced substance use at 12 th grade follow-up.
Project Northland	Middle to high school students	Social behavioral curricula in school, parent involvement , peer leadership, community-wide task force to reduce access to alcohol.	Reduced alcohol use.
Guiding Good Choices	4 th to 8 th graders	Teach parents effective family management and parent-child interaction skills; improve family bonding.	Prevents substance abuse among teens.
Family Matters	12 to 14 year olds	Family directed program that includes mailing booklets to families and telephone discussions with health educators to motivate families and improve parent-child communications.	Reduced adolescent alcohol and tobacco use.

In the distinct situation of promoting resilience in fostered children and youth, specific strategies were provided to recruit and retain the right foster caregivers in order to maximize the likelihood of developing secure attachments (11). Recruitment strategies included: word of mouth, small cash incentives, including foster caregivers in campaigns and targeted schemes such as recruiting foster care givers of similar racial or ethnic background to the children in need of care (11). Retention strategies included: frequent contact with social workers, treating care givers as colleagues, guaranteed respite care, out-of-hours telephone helplines and easy to contact advice, well-managed payment systems, higher than average rates of pay, and training with other caregivers to develop social networks (11). Kinship care and contact with birth

families was discussed as being very situation-specific, requiring a decision about whether these care options would contribute to the child's sense of emotional permanence and security (11).

c) Community as a source of resilience

The immediate community is viewed as an external resource that can contribute to resilience beyond individual or family factors. Community resources such as good schools, libraries, recreation facilities, churches and other organizations can contribute to a community's collective resilience by providing spaces where residents can be engaged, build and sustain social support networks and organizational linkages (13). On the other hand, community disorder can have a negative effect, adversely affecting individuals, families and social relationships. Resilience at the individual and family levels may not be enough if the community does not provide these resources and opportunities for positive youth development (13). Three community-level strategies for building resilience among youth were described in the literature review; all were categorized as promising strategies for which efficacy and cost-effectiveness had not been well-established, requiring more rigorous evaluation (13):

- i. *Building resilience through social capital.* Social capital can be defined as networks or links between groups or individuals with shared norms, values and understandings that facilitate co-operation (16). While the definition of social capital can vary, the main aspects include citizenship, 'neighbourliness', social networks and civic participation (17). Some research has demonstrated that children living in high-support neighbourhoods (as measured by parents reporting that neighbours watch out for each other, people in the neighbourhood help each other out and children are safe in the neighbourhood) report greater participation in community activities and greater feelings of connectedness to family and peers compared to their counterparts in low-support neighbourhoods (13).

Neighbourhood connectedness is related to being connected in other ways as well, such as to parents, peers and other societal institutions. While the causal relationship is unclear, connections in the community may foster developing relationships in other contexts and vice versa. This concept of building social capital and connectedness to one's community was seen in several of the strategies categorized by the literature review as promising for building resilience such as community gardens, service learning programs, and participatory community research projects (13). Common intervention elements to these promising programs are: engaging youth in organized community service; bringing community members together with youth; skill-building opportunities for youth; and the opportunity for youth to present their concerns about a community problem and help identify and be a part of the solution (13). Positive results of these programs include building community social capital, fostering civic engagement in youth, and empowering youth to advocate for their needs and the betterment of their community (13).

In the special circumstance of children and youth in the foster care system, the notion of connectedness and social capital beyond the family is corroborated. For example, having concentrated support through the education and foster care systems to focus on the child's personal education plan and the presence of specialized educational supports (e.g. counsellors and psychologists) seems to produce better educational outcomes for foster-cared youth (11).

- ii. *Building resilience through service learning.* This type of strategy involves active learning of content knowledge and skills while also helping others. Some research has demonstrated positive outcomes for students engaging in service learning such as

providing opportunities for community engagement, increased civic engagement and protective effects on adolescent behaviour including reducing both student arrests and adolescent pregnancy (13).

- iii. *Building resilience through organized community youth activities.* Organized community and extracurricular activities for youth can facilitate personal growth and development (e.g. identity exploration and development, goal attainment, time management, problem solving and emotional, cognitive and/or physical skills); strengthen interpersonal bonds and relationship-building skills with peers; and build adult connections to acquire social capital that can translate into accessing assistance and information (e.g. finding a job or educational opportunities) (13). Cautions regarding youth involvement in organized activities include situations where there is a high degree of stress that exceeds their capacity to adapt, if activities are not pro-social in nature, or if there is a negative interaction with the adult leader. In these circumstances, the potential for negative experiences exists which is why activities and adult-child interactions need to be monitored.

Overall, the main theme for building youth resilience intervening at the community level is about fostering connectedness and building social capital at school, in one's neighbourhood and with important adults.

11 Applicability and Transferability

Following the findings of the rapid review, a meeting was held to discuss the applicability and transferability of the evidence. In attendance were: senior management and staff from the Strategic Policy Planning and Initiatives Division in Health Services; management from the

Community Partnerships Division in Human Services; and representatives from the Ontario Ministry of Children and Youth Services, Ontario Trillium Foundation and the Peel Children's Aid Society. These representatives offered both an end-user perspective and a "system-manager" perspective to the use of the research. Key discussion points from the meeting are described below and in Appendix E.

Applicability

There was acknowledgement from the group that there would be strong political acceptance and leverage for continuing to support and build resilience among at-risk youth in Peel. Regional Council has prioritized youth violence prevention, neighbourhood capacity building efforts and positive youth development overall (e.g. through supporting the Peel Child and Youth Initiative), to which the findings of this report align. There is also good alignment to provincial strategic plans and funding streams, particularly the Ministry of Children and Youth Services' *Stepping Up: A Strategic Framework to Help Ontario's Youth Succeed* and the Ontario Trillium Foundation's *Youth Opportunities Fund*.

Concern was expressed about the term 'resilience' on several fronts. One, it seems to still carry connotations of a personal characteristic and, if not defined appropriately, could potentially put the focus of efforts on the individual rather than the broader environment or "system" that youth are located within. Two, resilience can be a difficult concept to operationalize in terms of designing interventions and demonstrating impact. The other concern raised was about using the term "at-risk youth." Representatives asked whether youth would define themselves this way or want to be defined this way. In the social service field, the language is moving away from the term "at-risk youth" towards "young people facing barriers or challenges." The group identified that the evidence regarding the importance of communities and neighbourhoods to support

resilience would be palatable. They also agreed with the notion that investing in individuals beyond the zero to six age cohort is still worthwhile – that there is still opportunity to change and improve the life trajectory of youth with barriers and challenging contexts during later childhood and adolescence.

In terms of available resources for local implementation, discussion pointed towards the capacity limitations of the Peel non-profit sector in terms of its ability to fully capitalize on research findings and funding opportunities to deliver the best services possible to their clients. There may be flaws and/or gaps in the broader system of agencies and organizations that serve youth. For example, are the right services being provided by the right organizations? We need to better understand the landscape or “eco-system” of organizations in Peel, large and small, that support positive youth development and that also serves at-risk youth.

The findings of this rapid review align well to Regional and provincial directions for supporting and investing in youth development, as well as the desire to work collaboratively across sectors to address complex health and social service issues.

Transferability

It is difficult to pinpoint exact figures of prevalence of “at-risk youth” in the Peel Region. Peel does have a slightly younger population compared to Ontario overall, with young families and a high immigrant population which poses unique intervention considerations for community-based organizations in Peel. The interventions assessed in this rapid review were conducted in the United States and United Kingdom, and in the school setting. The interventions seemed appropriate to the Peel context. Community-based organizations would likely have to consider cultural factors and the transferability of school-based interventions to the community setting upon implementation. Conducting an assessment of the system of service providers could be

helpful to ensure adequate reach and coverage of the at-risk youth population in Peel with appropriate services and supports to build resilience.

12 Recommendations

Based on the rapid review findings, the Community Health Initiatives Team should take the following actions:

1. Share knowledge with youth-serving community organizations in Peel about the nature and scope of resilience and its influence on positive outcomes for at-risk youth. Current theoretical views on resilience points towards the adaptation of the environment and systems surrounding youth, as opposed to changes at the individual level. Resilience should not be thought of or portrayed as an individual characteristic.
2. Move away from using the term “at-risk” youth in the CHI Team’s continued efforts to support youth-serving organizations. Using terminology such as “marginalized youth”, “youth with multiple barriers” or “youth in challenging contexts” supports the shift in identifying solutions beyond the individual to the broader environment and system.
3. Encourage and support youth-serving community organizations to implement initiatives that build resilience among at-risk youth including strategies such as:
 - Offering programs and services which build upon the youth’s social, emotional and personal competence skills.
 - Promoting self-efficacy of youth through helping them to define their own outcomes and involving them in the development of services they receive.

- Offering parenting programs that include family-centered concepts such as positive parenting, family management, bonding and parent-child communications.
 - Ensuring that each youth served has at least one secure relationship with an adult caregiver that is predictable and stable.
 - Supporting youth in their ability to build social capital and connectedness with resources in their community.
4. Encourage and support youth-serving community organizations in Peel with evaluating resilience-building interventions for determining effectiveness and impact. Encourage and support the sharing of evaluation results, particularly interventions that draw upon the community as a source of resilience through building social capital, service learning and organized community youth activities due to insufficient evidence for these interventions.

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18. Brofenbrenner, U. & Ceci, S.J. (1994). Nature-nurture reconceptualised in developmental perspective: a biological model. *Psychological Review*, 101, 568-586.
19. Brofenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage.

Appendices

Appendix A: An Ecological Understanding of Resilience

Appendix B: Stepping Up: A Strategic Framework to Health Ontario's Youth Succeed

Appendix C: Search Strategy

Appendix D: Literature Search Flowchart

Appendix E: Data Extraction Tables

Appendix F: Applicability & Transferability Worksheet

APPENDIX A: An Ecological Understanding of Resilience

The concept of resilience is currently defined and discussed within a bio-social-ecological systems model of human development (10). The levels of influence in the systems model are briefly described below.

Biosystems and Resilience – refers to the proximal processes and interactions between individuals and their environment that influence gene expression. According to Bronfenbrenner and Ceci (18), ‘there are a number of proximal processes through which genetic potentials for effective psychological functioning are actualized’ (p.568) (10, 18). These proximal processes are ‘mechanisms of person-environment interaction through which genotypes for developmental competence are transformed into phenotypes’ (10, 19).

Microsystems and resilience – refers to activities, roles and inter-personal relations where the developing person is directly involved with particular physical and material features like the family, school, class, neighbourhood or church (10).

Meso-systems and resilience – refers to interactions between microsystems. For example, families and schools working together to mutually support a young person’s positive development or educators and mental health care providers working across systems to support youth-in-care with complex needs (10). The idea is that multiple microsystems exchange resources and collaborate to enhance the young person’s growth and mitigate risk exposure.

Exo-systems and resilience – refers to the different distal social interactions that have the potential to influence child development indirectly (10). For example, communities that facilitate social networks between parental microsystems provide caregivers with a set of potentially supportive relationships that makes it easier for them to sustain the provision of quality child rearing.

APPENDIX B: Stepping Up - A Strategic Framework to Help Ontario's Youth Succeed

Stepping Up: A Strategic Framework to Help Ontario's Youth Succeed



Themes

Priority Outcomes

Health & Wellness

- 1 Ontario youth are physically healthy.
- 2 Ontario youth feel mentally well.
- 3 Ontario youth make choices that support healthy and safe development.

Strong, Supportive Friends & Families

- 4 Ontario youth have families and guardians equipped to help them thrive.
- 5 Ontario youth have at least one consistent, caring adult in their lives.
- 6 Ontario youth form and maintain healthy, close relationships.

Education, Training & Apprenticeships

- 7 Ontario youth achieve academic success.
- 8 Ontario youth have educational experiences that respond to their needs and prepare them to lead.
- 9 Ontario youth access diverse training and apprenticeship opportunities.

Employment & Entrepreneurship

- 10 Ontario youth have opportunities for meaningful employment experiences.
- 11 Ontario youth have the skills and resources needed to develop a successful career or business.
- 12 Ontario youth are safe and supported at work.

Diversity, Social Inclusion & Safety

- 13 Ontario youth experience social inclusion and value diversity.
- 14 Ontario youth feel safe at home, at school, online and in their communities.
- 15 Ontario youth respect, and are respected by, the law and justice system.

Civic Engagement & Youth Leadership

- 16 Ontario youth play a role in informing the decisions that affect them.
- 17 Ontario youth are engaged in their communities.
- 18 Ontario youth leverage their assets to address social issues.

Coordinated & Youth-Friendly Communities

- 19 Ontario youth have access to safe spaces that provide quality opportunities for play and recreation.
- 20 Ontario youth know about and easily navigate resources in their communities.

A Sustained Commitment to Supporting Ontario's Youth

- ➔ Ontario's Profile of Youth Wellbeing
- ➔ Cross-Cutting Actions

Appendix C: Search Strategy

Database: Ovid MEDLINE(R) <1946 to October Week 5 2013>, Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations <November 08, 2013>, PsycINFO <2002 to November Week 1 2013>

Search Strategy:

-
- 1 resilience.ti,ab. (15488)
 - 2 exp resilience,psychological/ (6823)
 - 3 exp at risk populations/ (14565)
 - 4 exp vulnerable populations/ (5813)
 - 5 exp homeless persons/ (6531)
 - 6 exp homeless youth/ (998)
 - 7 homeless.sh. (2523)
 - 8 at risk.ti. (14635)
 - 9 high risk.ti. (25785)
 - 10 marginalized.ti. (448)
 - 11 disadvantaged.ti. (1853)
 - 12 vulnerable.ti. (4081)
 - 13 exp adolescent/ (1627629)
 - 14 adolescent.tw. (122043)
 - 15 teen*.tw. (31474)
 - 16 young adult*.tw. (77138)
 - 17 children.tw. (909173)
 - 18 child.tw. (327530)
 - 19 youth.tw. (71051)
 - 20 1 or 2 (17268)
 - 21 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 (70278)
 - 22 13 or 14 or 15 or 16 or 17 or 18 or 19 (2524359)
 - 23 meta-analysis.mp,pt. (91350)
 - 24 systematic review.tw. (54731)
 - 25 review.ti. (326126)
 - 26 exp guideline/ (25320)
 - 27 guideline.ti. (8184)
 - 28 23 or 24 or 25 or 26 or 27 (440197)
 - 29 20 and 21 and 22 (499)
 - 30 28 and 29 (24)
 - 31 limit 30 to english language (23)
 - 32 limit 31 to yr="2002 -Current" (22)

Database: Sociological Abstracts

Result List: S1 AND S2 AND S3 AND S4: EBSCOhost - Microsoft Internet Explorer provided by ROP - Working for You

http://web.ebscohost.com/ehost/results?sid=eecd86da-0c9f-45a3-bc2d-6375244a1ec0%40sessionmgr115&vid=638bk=18&hid=208bquery=((AB+(review))&C

File Edit View Favorites Tools Help

Result List: S1 AND S2 AND S3 AND S4: EBSCOhost

Print Search History | Retrieve Searches | Retrieve Alerts | Save Searches / Alerts

Select / deselect all **Search with AND** **Search with OR** **Delete Searches** **Refresh Search Results**

Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/> S6	S1 AND S2 AND S3 AND S4	Limiters - Date of Publication: 20020101-20141231 Search modes - Boolean/Phrase	View Results (30) View Details Edit
<input type="checkbox"/> S5	S1 AND S2 AND S3 AND S4	Search modes - Boolean/Phrase	View Results (45) View Details Edit
<input type="checkbox"/> S4	AB risk OR AB vulnerable OR AB disadvantaged OR AB marginalized	Search modes - Boolean/Phrase	View Results (95,944) View Details Edit
<input type="checkbox"/> S3	TI youth OR TI adoles* OR TI teen* OR TI "young adult*" OR TI child*	Search modes - Boolean/Phrase	View Results (131,601) View Details Edit
<input type="checkbox"/> S2	TI resilience OR AB resilience	Search modes - Boolean/Phrase	View Results (3,241) View Details Edit
<input type="checkbox"/> S1	AB review OR AB "meta-analysis" OR AB guideline	Search modes - Boolean/Phrase	View Results (579,148) View Details Edit

Refine Results **Search Results: 1 - 30 of 30** Relevance Page Options Share

Current Search: Boolean/Phrase

1. **Military Children from Birth to Five Years.**
By: Ososky, Joy D.; Chartrand, Molinda M. *Future of Children*, Fall 2013, Vol. 23 Issue 2, p61-77, 17p

Folder has items: Social Policy for Childre..., Journey From...

Done, but with errors on page. Internet 100% 4:04 PM

start Vivaldi, Antonio: The... Result List: S1 AND S... Electronic Journal Coll... American Journal of P... Inbox - Microsoft Out...

Database: Criminal Justice Database

Result List: AB review OR AB "meta-analysis" OR AB guideline: EBSCOhost - Mozilla Firefox

Search with AND Search with OR Delete Searches Refresh Search Results

Search ID#	Search Terms	Search Options	Actions
S11	S8 and S9	Limiters - Publication Date: 20020101-20131231 Search modes - Boolean/Phrase	View Results (26) View Details Edit
S10	S8 and S9	Search modes - Boolean/Phrase	View Results (27) View Details Edit
S9	AB review OR AB "meta-analysis" OR AB guideline	Search modes - Boolean/Phrase	View Results (84,267) View Details Edit
S8	S1 and S7	Search modes - Boolean/Phrase	View Results (236) View Details Edit
S7	S2 or S3 or S4 or S5 or S6	Search modes - Boolean/Phrase	View Results (30,427) View Details Edit
S6	TI child*	Search modes - Boolean/Phrase	View Results (18,131) View Details Edit
S5	TI "young adult"	Search modes - Boolean/Phrase	View Results (821) View Details Edit
S4	TI teen*	Search modes - Boolean/Phrase	View Results (776) View Details Edit
S3	TI adolesc*	Search modes - Boolean/Phrase	View Results (7,899) View Details Edit
S2	TI youth	Search modes - Boolean/Phrase	View Results (4,661) View Details Edit
S1	TI resilience OR AB resilience	Search modes - Boolean/Phrase	View Results (936) View Details Edit

Refine Results Search Results: 21 - 26 of 26 Relevance Page Options Share Folder has items

Grey Literature Web Searching Checklist

Requestor	Karen LeMoine
Date	November 18, 2013
PICOT/Search Strategy	Resilience youth /risk

Resource	
TRIP database	
Page Title	Location
Effectiveness of school social work from a risk and resilience perspective	http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=12001005431
Young people and mental health: a systematic review of research on barriers and facilitators	http://eppi.ioe.ac.uk/EPPIWebContent/hp/reports/mental_health/mental_health.pdf

Promoting resilience in fostered children and young people	http://www.scie.org.uk/publications/guides/guide06/
--	---

Resource	
Google Scholar	
Page Title	Location
Promoting Resilience in Children and Youth: Preventive Interventions and Their Interface with Neuroscience	http://onlinelibrary.wiley.com/doi/10.1196/annals.1376.013/abstract?deniedAccessCustomisedMessage=&userIsAuthenticated=false 12.1 Annals of the New York Academy of Sciences Volume 1094, Resilience in Children pages 139–150, December 2006
Psychological resilience in disadvantaged youth: A critical overview	http://www.tandfonline.com/doi/abs/10.1080/00050060410001660281
Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health	http://www.sciencedirect.com/science/article/pii/S0277953609003785
Mentoring adolescent foster youth: promoting resilience during developmental transitions	http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2006.00427.x/abstract?deniedAccessCustomisedMessage=&userIsAuthenticated=false

Resource	
Health Evidence	
Page Title	Location
Effectiveness of school social work from a risk and resilience perspective	Citation: Early, T.J., & Vonk, M.E. (2001). Effectiveness of school social work from a risk and resilience perspective. <i>Social Work in Education</i> , 23(1), 9-31.

Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people	http://www.ncbi.nlm.nih.gov/pubmed/23450609?dopt=Abstract Cochrane Database Syst Rev. 2013 Feb 28
Enhancing resilience among young people: the role of communities and asset-building approaches to intervention	Citation: Davies, S. L., Thind, H. R., Chandler, S. D., & Tucker, J. A. (2011). Enhancing resilience among young people: The role of communities and asset-building approaches to intervention. <i>Adolescent Medicine</i> , 402-440.

Resource	
CDC	
Page Title	Location
WELCOME TO THRIVE: THE TOOL FOR HEALTH AND RESILIENCE IN VULNERABLE ENVIRONMENTS	Prevention Institute : Thrive http://thrive.preventioninstitute.org/thrive/index.php

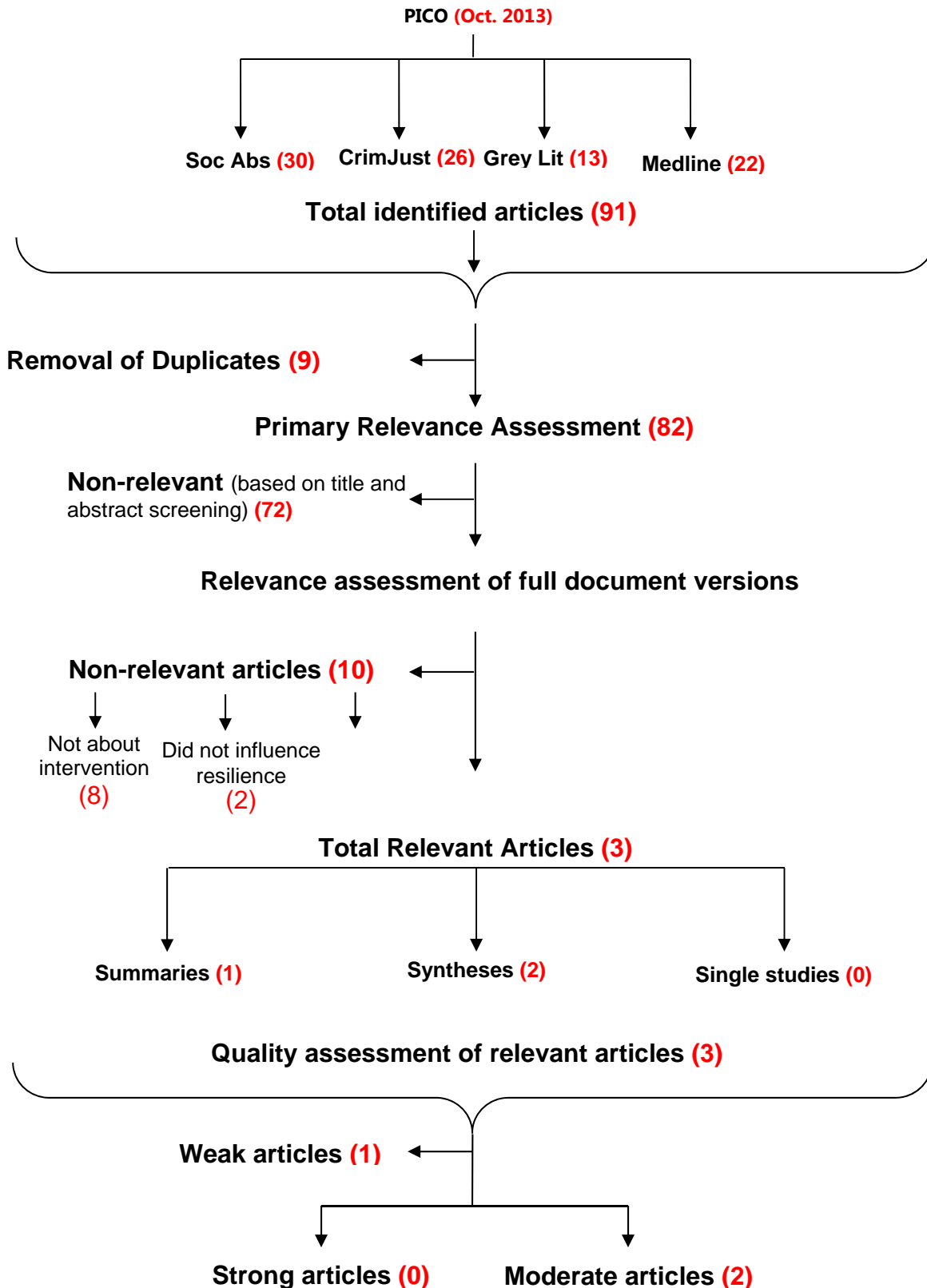
Resource	
Center for Reviews and Dissemination York	
Page Title	Location
Building resilience through school-based health promotion: a systematic review [Preview]	http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=12013047835&UserID=0#.Uo-BRVNjPAk

Resource	
Campbell Collaboration	
Page Title	Location
Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street connected children and young people	www.campbellcollaboration.org/lib/download/2277/

Websites searched

- National Guideline Clearinghouse
- Registered Nurses Association of Ontario
- World Health Organization (WHO)
- National Institute for Health and Clinical Excellence (NICE)
- CDC – The Community Guide
- Center for Reviews and Dissemination
- EPPI
- NCCMT (National Collaborating Centre for Methods and Tools) Public Health portal
- The Campbell Collaboration
- Guideline Advisory Committee
- The TRIP database
- Public Health Agency of Canada
- Google Scholar (first 5 pages, limited to current year)
- DuckDuckGo (first 20 returns)

Appendix D: Literature Search Flowchart



Appendix E: Data Extraction Tables

Data	Data Extraction Details
Article #1 (Summary)	
General Information and Quality Rating	
1. Author(s) and Date	Bostock, L. (Social Care Institute for Excellence) (2004)
2. Title	Promoting resilience in fostered children and young people
3. Country	UK
4. Quality rating	Moderate (using Agree II Tool)
5. Objectives of Summary	<ul style="list-style-type: none"> • To give professionals in the field of foster care guidance on resilience-enhancing factors. • To give professionals practical examples of how to promote resilience-enhancing factors for children and youth in the foster care system.
Details	
Number of Studies included	Not specified. A total of 92 articles were referenced directly in the summary.
Types of Studies	Not specified
Search Period	Not specified.
Working Definition of Resilience	The qualities that cushion a vulnerable child from the worst effects of adversity and that may help a child or young person cope, survive and even thrive in the face of great hurt or disadvantage.
Theoretical Frameworks	Not explicitly stated, however, it presents resilience-enhancing factors at multiple levels of influence including individual, family and community, alluding to a social ecological framework.
Analytic Framework	<ul style="list-style-type: none"> • The guide drew from two other commissioned reviews by the Social Care Institute for Excellence (SCIE): Knowledge Review 4: Innovative, tried and tested. A review of good practice in fostering, and Knowledge Review 5: Fostering Success: An exploration of the research literature in foster care. • All of the SCIE guides use a combination of research evidence, expert knowledge and end user/population input to formulate their recommendations. (The SCIE Advisory Group on Fostering has also provided a crucial source of knowledge on the features of a child and family-focused fostering service (see Appendix 1 for a list of participants). Contributions from children and young people who use fostering services have shaped this work). • Key findings are presented in summary form, illustrating key points. Both research and practice examples are referenced for each key theme.

Results

Main Results

Individual Self-Esteem and Self-Efficacy as a Resilience-Enhancing Factor

- **Promote self-esteem through building strong attachments with children and youth.** Strong attachments between young people and foster carers shown to be strongly protective against offending behaviour. Self-esteem is a building block of resilience flowing from positive attachment experiences, and feeling successful in a variety of circumstances. Attachments can be built with various adults that can demonstrate concern and caring for foster cared young people (e.g. foster carers, teachers, residential workers, etc.).
- **Promote self-esteem through endorsing a positive image of children and youth in the foster care system.** The “social care system” should actively promote a positive image of fostered young people in the community. Practice examples are highlighted that centre on exhibiting the talents of fostered young people (e.g. art exhibitions such as The Well-being, Creativity and Play Project, and Kids Company).
- **Promote self-efficacy through helping young people define their own outcomes.** A sense of direction is important to at-risk youth in order to provide a sense of stability and control. Research suggests that opportunities to define their own outcomes and influence their own care plans teaches them that their opinion is valuable and can teach them how to influence, negotiate and problem-solve. Examples include:
 - involving children in discussions about their needs and future
 - have them contribute to their care plans
 - ensure young people fully understand the reasons for entering care, their rights while in care, and how they can influence planning for their own future.
 - view young people as a resource in the solution-seeking process.
 - encourage young people to make choices, declare preferences, and define outcomes for themselves.
- **Promote self-efficacy through involving young people in service development.** The voices of young people to inform services can be included in a variety of ways such as questionnaires, e-mail, meetings with senior management and local councilors, and formal and informal consultations. Harnessing technology to improve communications and establishing “e-communities” between families, care service providers and young people is also mentioned as a practice example whereby young people have influenced the design of online services and e-communities specifically for children in foster care (e.g. Care Zone, Kids in Care Together, Tunnel Light Project).
- **Promote self-efficacy through genuine consultation practices.** Evidence suggests that the young person’s influence on the care system is still confined to the core triangle of care: the young person, foster carer, and the social worker. The participation of young people is having little impact on decisions made in relation to agency policy and practice. Service user participation in decision-making or consultations should relate clearly to a decision that an organization plans and is willing to make based on the views of the people they are consulting. Example initiative provided that emphasized the revitalized focus on what children want from the care system, vs. focusing on organizational performance targets (The Blueprint Project). By not genuinely using the voice of young people to inform service delivery and policy, self-efficacy can

Main Results cont'd (Summary #1)	<p>be eroded.</p> <p>Promoting Caring Relationships as a Resilience-Enhancing Factor</p> <ul style="list-style-type: none"> • Recruiting and retaining the “right” foster carers to ensure the development of secure attachments. Effective recruitment strategies are given (e.g. word-of-mouth, small cash incentives, including foster carers in campaigns and targeted schemes such as recruiting foster carers of similar race or ethnic backgrounds to the children in need of care). Retention factors are given (e.g. frequent contact with social workers; treating carers as colleagues; guaranteed respite care; out-of-hours telephone helplines and easy contact to advice; well managed payment systems, higher than average rates of pay; and training with other carers to develop informal social networks). Kinship care and contact with birth family needs to be considered and provided very carefully – situation specific. “Careful consideration should be paid to the relative strengths and weaknesses of kinship and non-kinship care, focusing on ways to support the placement so that the young person can achieve emotional permanence or a sense of security from being loved.” • The provision of contact with birth families. Research suggests that contact with birth families requires careful management and supervision to prevent potential disruption to the young people’s placement. In order to ensure a secure base for children two important means of providing a determined link between foster children and the birth family are: a) making more use of, as well as supporting, family and friends’ carers (i.e. kinship care), and b) developing both supportive and therapeutic foster care schemes. <p>Community Attachments/ Positive Experience at School as a Resilience-Enhancing Factor</p> <ul style="list-style-type: none"> • Supporting Success in School. Research literature suggests some agreement on factors that are likely to produce improved educational outcomes for looked-after children, including the presence of educational supports, contact with an educational psychologist/counsellors, living in an environment that is conducive to academic success (e.g. caregivers get involved, provide support and a conducive environment), and setting high expectations for foster-care youth. • School Staff/Supports/Mentors. Mentors can offer advice, guidance and support to young people, helping them to build on existing talents and abilities and develop new one. • Minimizing Changing Schools and Experiences of Bullying and Exclusion. • Practice/Policy Issues of Foster Care. Designated staff in the education system and foster care system to focus on personal education plans – concentrated support to the children and foster carers.
Data	Data Extraction Details
Article #2 (Synthesis)	
General Information and Quality Rating	
1. Author(s) and Date	Davies, Thind, Chandler & Tucker (2011)
2. Title	Enhancing Resilience among Young People: The Role of Communities and Asset-building Approaches to Intervention
3. Country	US
4. Quality rating	Moderate (using Peel Public Health Book Review tool)
5. Objectives of Summary	<ul style="list-style-type: none"> • To discuss how resilience influences adolescent health.

	<ul style="list-style-type: none"> Summarize literature on risk and protective factors shown to empirically influence resilience at the adolescent, family and community level. To discuss implications of findings for the practice of adolescent medicine and offer new directions and promising approaches for reaching and engaging at-risk youth in resilience-building interventions. To understand resilience-based strategies as they affect adolescent health and have lasting impact on health into adulthood.
Details of Summary	
Number of Studies included	<ul style="list-style-type: none"> A total of 240 articles were referenced directly in the synthesis. 14 studies are referenced in Table 4 that describes 10 different programs/interventions deemed efficacious and cost effective at improving a variety of outcomes among children and youth. 10 studies are referenced in Table 5 that describes 8 different strategies/interventions deemed promising, whereby the efficacy and cost-effectiveness is not well established.
Types of Studies	Not specified.
Search Period	Not specified.
Working Definition of Resilience	The dynamic process that leads to positive adaptation within the context of significant adversity. It is shaped by ecological factors and the presence of adversity distinguishes resilience from other social management processes or personality traits. Protective factors can coexist along with risk factors and are requisite for resilience to occur. Thus, resilience represents an interaction between risk and protective factors that fosters positive outcomes or lessens/averts negative outcomes. It is considered to be a dynamic, modifiable process that can be enhanced through intervention.
Theoretical Frameworks	<ul style="list-style-type: none"> Several theories of resilience are presented in this synthesis, but notes that the basic premise underlying all frameworks used in resiliency research is that multiple contextual factors are constantly shaping the perceptions, attitudes, beliefs and behaviours of young people across the socio-demographic spectrum, both directly and indirectly. Influences on adolescent risk and protective behaviours exist across multiple contexts- individual; micro-system *(e.g. family, peers, classroom); meso-system (e.g. community, schools religious and youth organizations); and macro-system levels (e.g. media, policy, government agencies).
Analytic Framework	<ul style="list-style-type: none"> Key findings are presented in summary form, illustrating key points. Both research and practice examples are referenced for each key theme.
Results	
Main results	<p>The Individual as a Resource for Resilience</p> <ul style="list-style-type: none"> Protective factors at the individual level appear to be context and situation specific. High risk youth can be resilient in some domains but exhibit problem behaviours in others. Factors leading to a positive outcome in one situation may or

may not prove to be protective in another situation.

- New research on resilience continues to emerge on the complex and dynamic relationships among biology, environment and adversity. E.g. early social interactions can influence gene expression in the developing brain. Overall, some associations between neurodevelopment and social context.
- Cumulative research on resilience suggests that a balance of risk and protection - not the absence of all risk – is desirable. If instilled before risk exposure, protective factors can buffer the influence of inevitable negative experiences for adolescents.

The Family as a Resource for Resilience

- Numerous studies shown the protective effects of positive family factors on adolescent risk behaviours, and several long-term follow-up studies demonstrate how the family continues to confer protection into adulthood. Specific aspects of family that have demonstrated effects on risk and resilience include: parenting style, family structure, and parent-child bonding.
 - *Parenting Style.* Authoritative/positive parenting styles seem to be the most associated with contributing to the development of self-regulation and resistance efficacy among children and reduction of risky adolescent behaviour (e.g. consistent discipline, parental monitoring, and positive communication patterns). Positive parenting practices can prevent children from being exposed to life stressors and supporting coping responses.
 - *Family structure.* Longitudinal research suggests the financial, educational and social disadvantages commonly experiencing by single parent families seem to be the direct determinants of why children from single-parent households have been associated with a series of negative outcomes. However, intra-family dysfunction in a two-parent household can be more disruptive than stable and loving relationships in a single parent household.
 - *Parent-Child Bonding.* The strongest predictors of positive adolescent outcomes are a stable emotional connection and a consistent, predictable relationship with at least one responsible adult caregiver (most commonly a parent or other family relative). Resiliency research has indicated that in the absence of parents, other caring adult figures can fulfill various critical functions needed to buffer adolescents against multiple threats.

The Community as a Resource for Resilience

- Communities can build collective resilience by engaging neighbourhood residents in protective efforts to reduce risk, build organizational linkages, and create and sustain social support networks. Individual or family protective factors may not be enough if the community does not provide appropriate resources and opportunities for youth development.
- Community disorder can have a trickle-down effect, adversely affecting individuals, families and social relationships. While community resources such as good schools, libraries, recreation facilities, health care facilities churches and other organizations contribute to resilience. Specific strategies at the community level for building resilience include: social capital, service learning and organized community youth activities.
 - *Building resilience through social capital.* Children living in high-support neighbourhoods more likely to report greater

feelings of connectedness to family, peers and greater participation in community activities. Some research to show that youth from low income families/neighbourhoods may have fewer opportunities to develop positive connected relationships in the community (based on low-income parents reporting less ability to draw on social networks in their community).

- *Building resilience through service learning.* Service learning involves active learning of content knowledge and skills while helping others. Shown to foster civic responsibility and can build social capital within the family and community. Some research demonstrates protective effects on adolescent behaviour, including reduced student arrests and adolescent pregnancies.

- *Building resilience through organized community youth activities.* Positive youth activities can facilitate identity exploration and positive identity development, skill development in the planning for goal attainment, time management and problem solving. Organized youth activities offer opportunity to build adult connections and expand peer networks. Only caution is around potential negative experiences if there is a high degree of stress that exceeds the individual's capacity to adapt, if activities are accessible to risks or in contexts where risk behaviours are perceived as normative, or if there is a negative interaction with adult leaders/coaches.

In Table 4 that presented 10 efficacious and cost-effective programs for a variety of outcomes: eight of them were delivered in schools, one delivered directly to families and one was community or school based mentoring. Six of the programs included interventions that focused on the family (e.g. parent training/supporting positive parenting, parental involvement, family management, parent-child interactions, family bonding, parent-child communication). Four of the programs included interventions that focused on the child/adolescents' social/emotional/personal competence skills. Two of the programs include interventions that focused on teacher/classroom behaviour management. One program included interventions focused on mentoring/building a supportive relationship.

In Table 5 that presented 8 promising program/strategies where efficacy and cost effectiveness is not well-established: three of the interventions were service learning programs, three were a participatory research method (photo voice/visual voice) to engage youth to voice concerns and get involved in community solutions; one was a community garden intended to provide leadership and skill-building opportunities and the other was the use of social media to contribute to social connectedness. All of these "promising" programs/interventions listed fit the category of the community as a resource for resilience, some focused directly on fostering youth empowerment, voice, and skill building, and others building social capital in the community.

Appendix F: Applicability & Transferability Worksheet

Factors	Questions	Notes
Applicability (feasibility)		
Political acceptability or leverage	<ul style="list-style-type: none"> • Will the intervention be allowed or supported in current political climate? • What will the public relations impact be for local government? • Will this program enhance the stature of the organization? <ul style="list-style-type: none"> ◦ <i>For example, are there reasons to do the program that relate to increasing the profile and/or creative a positive image of the organization?</i> • Will the public and target groups accept and support the intervention in its current format? 	<ul style="list-style-type: none"> • Regional Council has identified youth violence prevention as a priority, in addition to the capacity building of neighbourhoods. • Regional Council would support the alignment of this paper's results to the neighbourhood capacity building efforts. • Good alignment of results to provincial strategic plans – particularly the Ministry of Child and Youth Service “Stepping Up” strategic framework which focuses on positive youth development and the Youth Opportunities Fund. • Other organizations in Peel (e.g. boards of education, Children’s Aid Society, Peel Child and Youth Initiative and more broadly) are supportive of positive youth development initiatives and the idea of including youth at the decision-making table.
Social acceptability	<ul style="list-style-type: none"> • Will the target population find the intervention socially acceptable? Is it ethical? <ul style="list-style-type: none"> ◦ <i>Consider how the program would be perceived by the population.</i> ◦ <i>Consider the language and tone of the key messages.</i> ◦ <i>Consider any assumptions you might have made about the population. Are they supported by the literature?</i> ◦ <i>Consider the impact of your program and key messages on non-target groups.</i> 	<ul style="list-style-type: none"> • Findings seemed to align well to agencies serving youth and what they would consider to be key concepts of supporting positive youth development. • Question about resilience as an outcome in intervention research – hard to operationalize. • Resilience often perceived as being very individually focused – would need to ensure that it is not communicated as a personality trait, but something that can be influenced by factors external to the individual. • Position it within systems thinking – keep the focus on systemic barriers. • Give careful consideration to the term “at-risk youth”. Youth may not want to be perceived as such. In professional practice, the language is moving towards “young people facing barriers”. • The focus on communities and neighbourhoods to

		<p>support resilience would likely be palatable.</p> <ul style="list-style-type: none"> • School system as the “setting” for intervention all the time may be challenging. Again, looping back to notion of systemic barriers and what communities can do. • Good messaging that youth can still be “changeable” – all is not lost on youth after the 0-6 age cohort. Need to continue to support youth into the older years, and ensure youth continue to feel supported – there is still opportunity to change life trajectories at the stage of adolescence.
<p>Available essential resources (personnel and financial)</p>	<ul style="list-style-type: none"> • Who/what is available/ essential for the local implementation? • Are they adequately trained? If not, is training available and affordable? • What is needed to tailor the intervention locally? • What are the full costs? <ul style="list-style-type: none"> ◦ <i>Consider: in-kind staffing, supplies, systems, space requirements for staff, training, and technology/administrative supports.</i> • Are the incremental health benefits worth the costs of the intervention? <ul style="list-style-type: none"> ◦ <i>Consider any available cost-benefit analyses that could help gauge the health benefits of the intervention.</i> • <i>Consider the cost of the program relative to the number of people that benefit/receive the intervention.</i> 	<ul style="list-style-type: none"> • Capacity of the non-profit sector in Peel is limited in regards to the process of applying for funding and implementing programs. • The Region of Peel is not in a position of service delivery on this particular issue. Rather, it partners with and supports the sectors in Peel that would provide the direct service delivery. • CHI Team provides evidence-informed decision-making support to agencies in Peel that serve youth – can continue to provide this support and perhaps help in assessing the broader capacity limitations that exist within the system. • Ministry of Children and Youth Services will be also be launching a research and evaluation hub to support local agencies and organizations implement and evaluate programs and interventions that support positive youth development. • Need to better understand the “eco-system” or “web” of services and providers in Peel for the youth population.
<p>Organizational expertise and capacity</p>	<ul style="list-style-type: none"> • Is the intervention to be offered in line with organizations’ strategic or operational plans? Or with Ministry plans and funding (e.g. Stepping Up: A Strategic Framework to Help Ontario’s Youth Succeed; Youth Opportunities Fund)? • Does the intervention conform to existing legislation or regulations (either local or provincial)? • Does the intervention overlap with existing programs or is it symbiotic (i.e., both internally and externally)? • Does the intervention lend itself to cross- 	<ul style="list-style-type: none"> • Yes, in line with Ministry plans and funding. • As previously mentioned, there are capacity issues in the non-profit sector in Peel that would potentially be the ones to uptake the recommendations of this report. • Need to better assess the landscape regarding which organizations are doing what in Peel (i.e. the eco-system), and see right services are being delivered by the right agencies. • Large proportion of Executive Directors in Peel will retire in the next 5 years.

	<p>departmental/divisional collaboration? Or cross-organizational collaboration?</p> <ul style="list-style-type: none"> • Any organizational barriers/structural issues or approval processes to be addressed? • Is the organization motivated (learning organization)? 	<ul style="list-style-type: none"> • Funders could support grant writing. • Strong mandate from Regional Council to be a system manager rather than a service provider (in Human Services). Also a strong push to work collaboratively, across departments within the Region and with external partners.
Transferability (generalizability)		
Magnitude of health issue in local setting	<ul style="list-style-type: none"> • What is the baseline prevalence of the health issue locally? • What is the difference in prevalence of the health issue (risk status) between study and local settings? <ul style="list-style-type: none"> • <i>Consider the Comprehensive Health Status Report, and related epidemiological reports.</i> 	<ul style="list-style-type: none"> • Difficult to pinpoint exact figures of prevalence of “at-risk youth” or “youth facing multiple barriers”. • Peel has a slightly younger population compared to the province overall. Many young families and a high immigrant population in Peel pose unique challenges that need to be considered in the design and implementation of services and supports.
Magnitude of the “reach” and cost effectiveness of the intervention above	<ul style="list-style-type: none"> • Will the intervention appropriately reach the priority population(s)? <ul style="list-style-type: none"> ○ What will be the coverage of the priority population(s)? 	<ul style="list-style-type: none"> • Refer back to issue about the web of services assessment. Could potentially get better reach and coverage through ensuring that the right agencies are offering the right services.
Target population characteristics	<ul style="list-style-type: none"> • Are they comparable to the study population? • Will any difference in characteristics (e.g., ethnicity, socio-demographic variables, number of persons affected) impact intervention effectiveness locally? <ul style="list-style-type: none"> ○ <i>Consider if there are any important differences between the studies and the population in Peel (i.e., consider demographic, behavioural and other contextual factors).</i> 	<ul style="list-style-type: none"> • Studies looked at in the rapid review were conducted in the U.S and did not provide detailed socio-demographics. • The interventions seem appropriate for our population, however, in implementation, cultural factors would likely need to be considered – looping back to the roles of large mainstream organizations and small grassroots organizations that may have closer ties to various cultural communities in implementing various services. • Most interventions were conducting in the school setting. Community-based organizations would have to assess the transferability of the interventions to their context.

Worksheet adapted from: Buffet C., Ciliska D., and Thomas H. National Collaborating Centre for Methods and Tools. November 2007. *Can I Use this Evidence in my Program Decision? - Assessing Applicability and Transferability of Evidence.*