Vulnerable Children and Youth

Best Practices Research Project

FINAL REPORT

FOR DISTRIBUTION

April 1, 2013

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Submitted to

Children’s Legal & Educational Resource Centre,

McMan Youth, Family and Community Services Association

City of Calgary Youth Employment Centre

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Executive Summary

The Vulnerable Children and Youth Best Practices Research was commissioned by a group of community agencies, including Children’s Legal and Educational Resource Centre (CLERC), the City of Calgary Youth Employment Centre (YEC) and McMan Youth, Family and Community Services Association (McMan). The research was intended to contribute to FCSS Best Practice research in working with vulnerable children and youth and help inform effective services for this population. The focus of the research was loosely based on the populations and areas of service currently represented within the sponsoring agencies’ FCSS funded programs.

Research shows that the vulnerabilities of children and youth can be expressed as a continuum starting with minimal risks at one end, progressing to high risk, imminent risk and ending with “at risk” cases where the child/youth is already engaging in or experiencing serious issues such as homelessness or criminal behaviour. The FCSS definition of vulnerable children and youth includes within it the full range of vulnerabilities expressed within the continuum, including children and youth considered “at risk”.

Researchers point out that “activity in any at-risk category can both escalate as well as generalize to other categories” (McWhirter et al, 2004). For example, being homeless can lead to greater exposure to illicit drugs and substance abuse which can in turn lead to delinquency. The risk factors impacting vulnerable children and youth seldom occur in isolation. Vulnerable children and youth often have a number of underlying issues related to the presenting issue, and these occur in the context of a complex background environment (e.g. family discord, poverty, etc.).

Research for this study was based on the FCSS definitions for best and promising practice as follows (Cooper, 2009): “‘Best Practices’ refer to programs or components of programs or delivery methods that have been identified as effective (i.e. produce significant reductions in poor outcomes or associated risk factors or significant increase in positive outcomes or associated protective factors) by repeated methodologically sound studies using an experimental (RCT) or quasi-experimental design. ‘Promising practices’ refer to programs or components of programs or delivery methods that have been identified as effective (‘effective’ as defined above) in at least one well-designed and methodologically sound study using at least a pre-post design with a large sample of participants that has been subject to peer review.”

Extensive review of the research literature and best practice websites found a number of best and promising practice examples for working with vulnerable children and youth. General best practice program types include:
- child/youth social skills training programs;
- parent training programs;
- wraparound or intensive case management approaches;
- several different family therapy approaches;
- community based mentoring; and
- individual cognitive-behavioural counselling.

In addition to these models, we found some evidence-based practices in specific program areas addressed by the agencies:

- comprehensive educational-vocational programs;
- pre-employment training; and
- legal representation to help address youth civil matters.

In three other specific areas, there was too little evaluation research to identify evidence-based practices, although there is some research that points to the potential benefits of these services:

- a youth housing model that provides independent living options with social work support;
- providing children in family situations involving high conflict divorce with a voice in the process, through legal representation or other means; and
- programs for Aboriginal youth that fully integrate cultural components into program delivery.

Details of best practice program types and specific program models can be found in the body of the report.

It should be noted that some fields of practice are much more likely to have rigorous research than others. Juvenile justice, crime prevention, and mental health interventions tend to be well-researched. Other fields, such as employment services, Aboriginal programs, and especially legal services, have few examples of rigorous research using experimental or quasi-experimental designs. Programs offered by community agencies for “at risk” vulnerable children and youth who present a variety of different problems with links to many different systems (education, health, mental health, corrections) tend to be less well researched than
those offered within large systems with more homogeneous clientele. Therefore, it is not always possible to tell whether a particular practice is likely to work because the evidence does not exist, one way or the other.

With this in mind, one theme that emerged strongly in the literature is the importance of implementation quality. This means that programs should be well documented, so that the program can be implemented consistently, and staff are trained and supervised in the program model. Monitoring can be undertaken to compare program delivery to what was intended, and corrective actions can be taken when quality falls off. These actions in turn will enhance the likelihood of achieving desired outcomes for vulnerable youth.

For those newer innovative projects where there is little or no research available to confirm best practice standards, funders might consider supporting the move from innovation to best practice by supporting training, capacity-building, and evaluation. In this way, best practice programming can become both an outcome (i.e. alignment with existing best practice models) and a process (i.e. quality implementation, evaluation, capacity-building). The primary goal in moving to best practice is to provide the most effective service interventions that will produce the best possible outcomes for vulnerable children and youth.
1 Introduction

1.1 Purpose of the Study

The study was commissioned by a group of community agencies, including Children’s Legal and Educational Resource Centre (CLERC), the City of Calgary Youth Employment Centre (YEC) and McMan Youth, Family and Community Services Association (McMan), who received funding from FCSS to research and study best and promising practices for working with vulnerable children and youth. The results of this study will contribute to the update of the FCSS Research Brief on vulnerable youth, in order to better inform service delivery and ultimately outcome measurement for this population.

The project objectives are:

1. To identify gaps in the current research described in the FCSS research brief in the area of vulnerable children and youth.

2. To conduct a literature review to identify best and promising practices for vulnerable children 6 – 11 years of age, and youth 12 – 17 and 18 – 24 years of age.

3. To identify the implications of the literature review for practices in the three agencies. This may ultimately lead to new approaches or methods for working with the population, or to a refinement of existing ones.

1.2 Programs/Services Offered by the Agencies Commissioning the Study

FCSS allocates funding to the following programs within the three agencies. These programs have other funding sources as well, so the FCSS contribution comprises a portion of the full cost of the programs.

- **McMan**: Hope Homes, KICKSTART/RESTART, Youth Alternative Program
- **City of Calgary Youth Employment Centre**: Vulnerable Youth Outreach Program (VYOP)
- **CLERC**: Outreach Support Service for Youth (OSSY)

The services offered can be described as:

- Life skills/pre-employment group programs, which include work experience (also referred to as a mentorship) and case management;
• Legal advice and representation, with linkages to social supports and information, for children whose parents are engaged in custody disputes;
• Legal advice and representation, with linkages to social supports and information, for youth in areas such as education, employment, identity, entitlement to various social benefits;
• Provision of a variety of housing options for youth not living with their families
• Supportive counseling for at risk and marginalized youth;
• Wraparound case management for at risk and marginalized youth; and
• Group programs focused on crime prevention and leadership development.

Some, but not all of these program types are referenced in the current FCSS research briefs as best or promising practices. The goal for this study is to review literature specific to ‘vulnerable children and youth’ that will supplement the FCSS research briefs and provide best and promising practice examples that the agencies can use as a guide to program improvement and outcome measurement.

1.3 Methodology

Research for this study was based on the FCSS definitions for best and promising practice as follows (Cooper, 2009):

“‘Best Practices’ refer to programs or components of programs or delivery methods that have been identified as effective (i.e. produce significant reductions in poor outcomes or associated risk factors or significant increase in positive outcomes or associated protective factors) by repeated methodologically sound studies using an experimental (RCT) or quasi-experimental design.

‘Promising practices’ refer to programs or components of programs or delivery methods that have been identified as effective (‘effective’ as defined above) in at least one well-designed and methodologically sound study using at least a pre-post design with a large sample of participants that has been subject to peer review.”

We used two major sources in our search for best practices: academic databases and best practices registries. Social Service Abstracts was our primary database.¹ We restricted our search to documents published since 2002, in order to focus on the most recent evidence, although we did follow up on earlier documents cited in the articles found in the databases.

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¹ Social Services Abstracts indexes over 1406 serials and publications focused on social work, human services, and related areas, including social welfare, social policy, and community development.
For legal services, we expanded our search into other databases, including Hein On-Line, PAIS (Public Affairs Information Service) International, Family Studies Abstracts, and Social Work Abstracts.

We also consulted best practice registries for programs for at risk or vulnerable youth. These registries are maintained by government or non-profit organizations that review the research evidence for programs in their area of interest (e.g. education, child welfare, violence prevention) and publish lists of programs that have been judged to meet explicit criteria of effectiveness. For references and further information on methodology please see Appendix A.

2 Vulnerable Children and Youth

For the purposes of this review, we sought evidence-based programs and approaches for vulnerable children and youth from the following age groups: children from 6 to 11 years of age, adolescents (12 – 17), and young adults (18 -24), reflecting the clients seen by the three agencies.

FCSS defines ‘vulnerable children and youth’ as follows:

*Individuals aged 0 – 18 who live alone or are homeless, live in families experiencing chronic, low-income, live in dysfunctional families, experience or have experienced or witness or have witnessed abuse and/or trauma, lack interpersonal and social skills, have cognitive deficits and/or emotional or mental health issues, are not engaged in or succeeding at school, experience low sense of belonging in school or community.*

This definition describes many of the risk factors that impede positive youth development. As shown in Table 1 below, the same risk factors may be implicated in a variety of child and youth health and behavior problems that get in the way of success in life.
Table 1: Risk Factors for Adolescent Problem Behaviour

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression and Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of drugs</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of firearms</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community laws and norms favorable toward drug use, firearms, and crime</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media portrayals of violence</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitions and mobility</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Low neighborhood attachment and community disorganization</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Extreme economic deprivation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family history of the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family management problems</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family conflict</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Favorable parental attitudes and involvement in the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>School</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic failure beginning in late elementary school</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lack of commitment to school</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Individual/Peer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early and persistent antisocial behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rebelliousness</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Friends who engage in the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Favorable attitudes toward the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Early initiation of the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Constitutional (e.g., genetic, biological factors such as temperament, intelligence)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Because of the overlap of risk factors, as shown above, addressing family conflict may prevent delinquency as well as teen pregnancy, and addressing lack of commitment to or failure in school may prevent both substance abuse and violence. This overlapping of risk factors and impacts influenced our approach to the best practices review. While a program might be labeled as a substance abuse prevention or intervention program, it might at the same time prevent other problems, depending on the risk factors addressed, so we cast our net broadly.

Youth that fall within the definition of ‘vulnerable youth’ may be more or less vulnerable, or at risk, depending both on the number of risk factors they may have, and the degree of impairment or severity in any one area. For example, one teen may be a member of a family characterized by high conflict, but still attending school, while another may be on the street.

It is helpful to think in terms of a continuum of risk or vulnerability, as is shown in the figure below. The diagram below illustrates levels of risk, from minimal risk (e.g. middle school students’ risk of experimenting with ‘gateway drugs’), through to ‘at risk category behaviour’ such as youth who are already engaged in unsafe sexual practices or substance abuse, or have dropped out of school.²

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² Other ‘risk categories’ described by McWhirter et al (2004) include juvenile delinquency and gangs, school shooters, and youth suicide. These are acknowledged by the authors to constitute not a complete list but one that represents other problems as well.
While it might be questioned whether those young people at the far right of the continuum are ‘at risk’, since they are already engaged in high-risk behaviours, McWhirter (2004) points out that “activity in any at-risk category can both escalate as well as generalize to other categories” (p. 9). For example, being homeless can lead to greater exposure to illicit drugs and substance abuse, which can in turn lead to delinquency.
The clients served by the three agencies are captured within the FCSS definition of vulnerable youth, and, according to the continuum of risk, are represented on the right hand side, from ‘high risk characteristics’ through ‘imminent risk’ to ‘at risk category activity’. For example, clients of Hope Homes are homeless, or close to being so; children involved in high conflict divorces and receiving service from CLERC have generally experienced abuse and/or trauma in their families as a result of the divorce; and most participants in YEC’s ‘Aboriginal Born to Be’ program have already dropped out of school.

Figure 2 below maps different prevention and intervention strategies against the continuum of risk, showing that ‘indicated prevention’ strategies, and sometimes ‘treatment’ or ‘second chance approaches’ are the ones suited to the level of risk of the clients of the three agencies for whom this review is being undertaken.

**Figure 2: Risk, Approaches, and Prevention Continuums**

In the same way that one ‘problem behaviour’ may be a risk factor for another problem behavior, what is ‘intervention’ in one context (individual therapy) may be ‘prevention’ in another (crime prevention). According to Greenwood (2008), “Most of the interventions that have been shown to prevent the onset of or continued involvement in delinquency were first developed by researchers or academics outside of the juvenile justice field to deal with other problem behaviours such as child abuse, misbehaviour in school, school failure, drug or alcohol abuse, or failure in foster care placement. However, because all these targeted behaviours are closely related, and often antecedent to delinquency, programs developed to prevent them have also turned out to prevent delinquency.” (p. 196)

This study covers children and youth from age 6 to age 24. As was seen earlier, FCSS’ definition of vulnerable children and youth goes to age 18. All three agencies – McMan, CLERC and YEC – serve young people up to age 24 for at least some of their programs. While outside the age range of the FCSS ‘vulnerable youth’ definition, they share many of the risk factors common to younger youth. Since they are generally only loosely connected to school or employment, they face serious challenges in making a successful transition to adulthood, where the ultimate goal is to have a meaningful job capable of supporting them and ultimately their families. This falls within the scope of the FCSS Research Brief on Adult Personal Capacity and Self Sufficiency (Cooper, 2009).

3 Evidence-Based Practices

3.1 General Best Practices for Vulnerable Youth

There are a large number of problem conditions represented among the children and youth that arrive at the doors of the three agencies. Most of the youth served have a variety of risk factors simultaneously, as well as potential unidentified and/or undiagnosed issues. Underlying the presenting problems frequently lie other issues related to the risk factors such as family difficulties, school underperformance etc. For this reason we looked very broadly for best practices. We found that some models that had been effective in one area were also effective (with some modifications) in other areas. An approach might be reported in the addictions literature as being effective in reducing substance abuse, but because it touches on risk factors common to a variety of problems (e.g. family conflict or dysfunction) might well work for a variety of problems.

We found that the fields with the best-researched approaches were juvenile justice and crime prevention and child and youth mental health. These fields have many studies with rigorous
evaluations, programs that have been carefully researched and documented so that they can be replicated elsewhere, and many reviews and meta-analyses combining several studies and looking for common elements across effective approaches. Less well-researched fields include youth employment, homeless youth, legal services, and Aboriginal approaches. While there are many programs ‘out there’ that can be accessed by various websites, even some with an infrastructure for implementation and training, there are few that have been evaluated.

Some of the approaches we found are very individualized, which fits well with the broad range of problems presenting to the agencies. These include family therapy, individual cognitive behavioural therapy, intensive case management or wraparound, and community-based mentoring. Others, social skills training for children and youth, and parent training, are delivered in groups and so require a critical mass of participants who share similar problems, needs, or goals.

Finally, we found that it was rare to find one program type in isolation. More and more, programs seem to combine several different elements to affect the different systems contributing to the problems faced by vulnerable children and youth. So, for example, child and parent training are usually combined; case management may be provided alongside family therapy; individual family therapy may be combined with parent groups; and employment training and educational upgrading go hand in hand. In the legal area, where it was hard to find evaluated programs, legal services are often combined with social work or mental health services.

The table below identifies the general program types that have been shown through evaluations to meet FCSS’ criteria for evidence-based practice for youth with multiple risk factors. Examples of particular programs are provided within each category. Such programs tend to be ‘outstanding performers’ within a larger category (Greenwood, 2004), and are generally characterized by the existence of documented procedures, adherence to which can be monitored to ensure that the program is implemented in a way that is likely to produce the expected results. Detailed descriptions of each approach, together with references for the evaluations and for implementation, are found after the table. This is followed by a section on evidence-based practices for particular problem areas addressed by the three agencies commissioning the review.
## Table 2: Evidence Based Programs or Approaches

<table>
<thead>
<tr>
<th>Program type</th>
<th>Brief Description</th>
<th>Sample Programs</th>
<th>Target group where effectiveness has been demonstrated</th>
<th>Outcomes where effectiveness has been demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/youth social skills training</td>
<td><strong>Social skills training</strong> for children and youth typically is offered as a “structured program with a limited number of sessions, teaching nonaggressive modes of social perception, attribution, self-control, anger management, victim empathy, interpersonal problem solving, interaction, and related skills.” (Losel and Beelman, 2003) Usually but not only offered in groups.</td>
<td>All the specific programs we were able to locate included at least a parent component and sometimes a school component as well. These include Coping Power, SNAP, Fast Track, and The Incredible Years.</td>
<td>Children and youth at risk of delinquent behavior (“indicated prevention” point on the risk continuum) Children and youth from preschool to age 18, with evidence of greater sustained effects with either under 6 or over 12 years. Children and youth with internalizing (e.g. anxiety, depression) as well as externalizing (e.g. anti-social behavior) problems</td>
<td>Antisocial behavior and related outcomes Social and social-cognitive skills Self esteem Anxiety and depression</td>
</tr>
<tr>
<td>Parent Training</td>
<td><strong>Parent training</strong> programs involve educating parents on specific management skills. For children already exhibiting signs of problems, the groups usually employ a behavioural or cognitive-behavioural approach. Programs are designed to help parents learn to recognize both pro-social and antisocial behaviors, employ social learning techniques (e.g., positive reinforcement, ignoring, distraction, punishment), and improve family problem-solving skills. Groups are highly structured, and generally include parents only, in small groups led by a skilled trainer or clinician.</td>
<td>Triple-P Parenting (e.g. level 4) Oregon Model, Parent Management Training The Incredible Years Parenting Program</td>
<td>Children and young adolescents from 3 – 14 or 15 years</td>
<td>Reduction in early conduct problems (e.g. disruptive and aggressive behavior, an unwillingness or inability to perform school work, few positive interactions with adults; poor social skills, emotional volatility) Improved parenting skills Improved parent mental health (e.g., stress, anxiety, depression, sense of confidence)</td>
</tr>
<tr>
<td>Program type</td>
<td>Brief Description</td>
<td>Sample Programs</td>
<td>Target group where effectiveness has been demonstrated</td>
<td>Outcomes where effectiveness has been demonstrated</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Wraparound or Intensive Case Management           | **Case management** is designed to help individuals or families have their needs met when these needs are complex and may involve several service systems (e.g. mental health, child welfare, juvenile justice, special education, etc.). It involves an *individualized approach* to the youth/family’s needs. In **strengths-based case management**, the case manager engages the client in a collaborative effort aimed at accomplishing their goals; **Wraparound** adds another element, where the family, service providers, and members of the family’s social support network form a collaborative team. In both cases, a plan is developed to meet the particular needs of the child, youth, and/or family, and the case manager/team implements the plan over a period of months, making revisions as necessary. | High-fidelity or full-fidelity wraparound  
Wraparound Milwaukee  
Strengths-Based Case Management and Brief Strengths-Based Case Management | Foster children  
Delinquent youth  
Children and youth from preschool to 18 years  
Children with serious emotional disorders  
Homeless youth  
Young adults with substance abuse issues  
Youth with mental health needs | Reduce school absences and suspensions  
Fewer incidents or running away from home  
Fewer assaults, less likely to be picked up by police  
Improved behavioural and mood functioning  
Move to less restrictive placements  
Improved academic performance  
Lower seriousness and impact of mental illness  
Increased likelihood of entering substance abuse treatment within a defined eligibility period |
## Vulnerable Children and Youth Best Practice Research

<table>
<thead>
<tr>
<th>Program type</th>
<th>Brief Description</th>
<th>Sample Programs</th>
<th>Target group where effectiveness has been demonstrated</th>
<th>Outcomes where effectiveness has been demonstrated</th>
</tr>
</thead>
</table>
| **Family therapy**    | **Family therapy** focuses on improving maladaptive patterns of family interaction and communication. It is typically implemented with youth diagnosed with emotional and behavioural problems such as conduct disorder, depression, and school or social problems. The program is usually conducted by trained therapists with the parents and child together, although various combinations may exist. | Functional Family Therapy  
Brief Strategic Family Therapy  
Multidimensional Family Therapy  
Ecologically-Based Family Therapy | At risk youth 11 to 18  
Has been shown to be equally effective with various minority groups (e.g. African American, Hispanic, American Indian) | Preventing reoffending by youth involved in the justice system for both delinquency and ‘status offences’ (e.g. truancy, running away)  
Reducing foster care or institutional placement  
Improved family functioning and cohesion  
Reduction in substance abuse  
Improved school performance |
| **Community-based Mentoring** | **Mentoring** involves a relationship over a prolonged period of time between two or more people where an older, caring, more experienced individual provides help to the younger person as he or she goes through life. The goal of mentoring is to support the development of healthy individuals by addressing the need for positive adult contact, thus reducing risk factors and enhancing protective factors for problem behavior. | Big Brothers Big Sisters Community-Based Mentoring  
Friends for Youth | Children in foster care who have experienced child abuse  
Youth who have committed juvenile offences  
Youth referred by teachers, counselors, probation officers, mental health workers, Children's Protective Services, and other youth professionals as being “at-risk” due to challenges at home, at school, or in their neighborhood. Age range 6-18 | Reduction in substance abuse  
Decrease in anti-social behavior  
Improved academic performance and improved school attendance  
Improved relationships with parents |
<table>
<thead>
<tr>
<th>Program type</th>
<th>Brief Description</th>
<th>Sample Programs</th>
<th>Target group where effectiveness has been demonstrated</th>
<th>Outcomes where effectiveness has been demonstrated</th>
</tr>
</thead>
</table>
| Individual cognitive-behavioural counselling     | **Cognitive-behavioural therapy** is an approach that can be offered individually as well as in groups. It is a problem-focused approach to helping people identify and change the dysfunctional beliefs, thoughts, and patterns of behavior that contribute to their problems. It is active, problem focused, and goal directed. | Adolescent Community reinforcement Approach (ACRA)  
Problem-Solving Skills Training  
CBT for depressed adolescents                                                                 | Homeless youth 14 -22 years of age  
Substance-abusing youth 12 – 18 years  
Children between 5 and 12 years of age with conduct disorder  
12-18 year old adolescents                                                                 | Decrease in substance abuse  
Reduced internalizing and externalizing problems  
Increased coping  
Increased housing stability  
Decrease in disruptive behavior, increase in pro social behavior  
Reduction in depression and suicidal thinking and behavior. |
3.1.1 Characteristics of General Evidence-Based Programs

In this section we provide details of the various approaches and information regarding the evaluations that have led to them being called best or promising practices.

Social Skills Training for Children and Youth
Losel and Beelman (2003, 2006) conducted a meta-analysis of social skills programs aimed at preventing anti-social behavior among children and youth (0 – 18 years) who had not yet committed offences. All programs had been evaluated using a randomized design. Most of these were group programs using a cognitive-behavioural approach, although some were characterized as “counselling, care and therapy” programs.

Ogilvie and Allard (2011) describe common features of cognitive-behavioural approaches for young offenders. They note that they are typically psycho-educational in nature and target different aspects of functioning related to offending. Content varies between programs but may include motivation for change; problem solving; consequential thinking; assertiveness training; dealing with emotions; belief systems and rationalizations; perception and reality; communication and relationship skills; love and family dynamics; peer refusal skills; victim awareness; anger and stress management; and addiction and relapse prevention (p. 142-143)

- Losel and Beelman’s conclusion was that such programs have a positive though small effect. The following characteristics were associated with the best outcomes: Use of a cognitive-behavioural approach, i.e. incorporate strategies such as modeling, rehearsal, practice and feedback. Other counselling approaches also had a positive effect, but this was not as lasting.
- Better effects for longer, more intensive programs (e.g. at least 11 sessions for at least 3 months).
- Effects lasted longer for younger (under 6 years) or older children (13 and up).
- No significant difference depending on who offered the groups (e.g. teachers, psycho-social professionals) or the setting in which it was offered.
- Best effects for children exhibiting multiple risk factors.
- Most programs use a manualized curriculum.

Another meta-analysis (Durlak and Wells, 1998), this time in the mental health field, covered indicated prevention programs for children and adolescents focusing on improved behavioural and social functioning across a broad range of behaviours (not just anti-social behaviour, as in
the first study). Studies had to include a control group. Most of the interventions were delivered to groups, in a school setting. The overall conclusion was that such programs are effective in decreasing presenting problem (e.g. anxiety, depression, disruptive behavior) and increasing competencies (e.g. social skills, coping abilities, interpersonal problem-solving, and self-esteem). In the view of the authors, the latter effects were particularly important because “completing an intervention feeling more self-confident and possessing more effective coping abilities leaves participants in a better position to withstand future stress or negative environmental pressures than if the program only reduced problems or symptoms” (p. 789). The review’s conclusions were similar to those of Losel and Beelman:

- Effects were higher for children under 7 years and over 11 years of age.
- Cognitive-behavioural programs were significantly more effective than either behavioural treatment or non-behavioural treatment in reducing presenting problems. While behavioural treatment was more effective in increasing competencies the difference was not significant.
- In this study, dosage (calculated as number of sessions times length of session) was not related to the size of the effect (which could perhaps be explained by the broader range of problem types included).
- No difference whether offered individually or in a group (although more often offered in a group).

Losel and Beelman, in concluding their review, noted that effect sizes were not large for social skills training, and suggested that “Larger effects of prevention can be expected only when programs are combined and applied multi-modally in various risk areas. Examples are combinations of child skills training, parent training, or school-oriented prevention” (p. 98).

The specific program examples all combined child and parent components. One such program is Stop Now and Plan (SNAP). SNAP is a Canadian crime prevention program designed for children between 6 and 11 years of age who have committed offences or are at risk of doing so. It is skill-based, teaching children how to control their impulses. A 10-session children’s group is combined with a parent’s group, which teaches parents the same skills the children are learning so as to reinforce positive behavior. Other components (e.g. working with teachers, friendly visiting, in-home family work) are added where needed.

Implementation references:
SNAP website: http://www.stopnowandplan.com/

Evaluation references:
The SNAP program profile, including a description of the evaluation data used to assign a program rating, can be found at www.ojjdp.gov/mpg.
Parent Training
In a recent meta-analysis, Furlong et al (2011) found that behavioural and cognitive-behavioural group programs for parents have a positive effect on conduct problems for children up to 12 years of age.

Programs typically involve an interactive and collaborative format in which parents learn key behavioural principles and parenting skills (for example, play, praise, rewards, discipline), as well as how to reframe unhelpful cognitive perceptions about their child or about child management in general. There is generally a curriculum guide. Video presentations of effective and ineffective ways of parenting may be included; short lectures and discussions can be used to identify parenting principles, together with interactive exercises and role-playing of the parenting behavior to be changed. Homework is usually assigned, and may include charting and monitoring of parenting and children's behavior.

Programs vary in duration, from 4 to 24 weekly group sessions, with longer programs affording more time for practice and for building peer support. The Basic Parent Training for Incredible Years is 14 weeks; the Advanced (for more severe situations) is 26-30 weeks. Triple-P Parenting is offered in a variety of formats, and for different levels of problem behavior; Standard Triple P (Level 4), for families concerned about their child’s or teen’s behavior and who require intensive training in positive parenting, is 10 weeks long.

Some programs may incorporate additional material on parent-related stress factors and social support. In addition, some tackle barriers to attendance by providing transport and childcare facilities for participating parents (for example, the Incredible Years). Group size is typically 12 – 16 parents. Groups generally have two co-facilitators, with a variety of backgrounds (e.g. psychology, social work, teaching or nursing). The three program examples cited here (Incredible Years, Parent Management Training Oregon, and Triple-P Parenting) all require training and certification.

While not found in the Furlong study, a second meta-analysis (Lundahl et al, 2006) found that while parent training overall was found to be an effective strategy in addressing children’s disruptive behavior, it was less effective for low income parents. Further analysis revealed that parent training delivered on an individual basis was more effective for these families. The authors noted, “While not the focus of this study and speculative in nature, it may be that the relative benefit of social support derived from group members is minor compared to the benefit of gaining a more thorough understanding of your own child’s behavior and an individualized plan for managing that behavior. Additionally, the presumed benefit of social support found in groups may be weighed against the one-on-one relationship with the person delivering individual parent training and the increased flexibility of this delivery mode” (p. 98).
Herrenhkohl (2011) notes the implementation challenges for family based programs (compared to those based in schools, for example, where there is a ‘captive audience’). These include getting families to attend and stick with programs, due to, among other things, logistical, employment, and financial barriers. An individualized approach may make it easier to overcome these challenges. Some programs (e.g. Parent Management Training, Oregon) include sessions for individual families as well as group sessions.

As noted in the previous section, programs that combine parent-focused and child-focused (and sometimes teacher-focused) interventions tend to be more successful than either component on its own (Rose et al, 2009; Mbwana, 2009). The Incredible Years is one such example (Webster-Stratton and Hammond, 1997).

Similarly with older youth (i.e. 12 years and over, a joint focus has been found to be more effective than either parent-only or child-only programs (Terzian et al, 2009). The way in which this occurs, however, may be different. For example, elements of a parent training approach have been combined with groups consisting of parents and youth together, for older youth, and individual family therapy sessions. One example of this approach is Parenting with Love and Limits, designed for youth between 10 and 18 years of age. This program consists of 6 group sessions of two hours each, in which parents and youth meet together for the first hour and separately for the second hour. Techniques learned in the group sessions are practiced in the individual family sessions, the number of which depends on need.

A review article summarizing the results of randomized studies including parent involvement for adolescents (Terzian et al, 2009) noted that programs incorporating parent involvement should include at least five sessions, and use a skills-training approach for less at-risk teens, and a family therapy or individual therapy approach with parent involvement for more at-risk youth. Family therapy will be discussed later in the report.

**Implementation references:**

Parent Management Training, Oregon website [www.isii.net](http://www.isii.net)

The Incredible Years website [www.incredibleyears.com](http://www.incredibleyears.com)

Triple-P Parenting website: [www.triplep.net](http://www.triplep.net)

Parenting with Love and Limits website: [www.gopll.com](http://www.gopll.com)
Evaluation references:

Program profiles for The Incredible Years, Parent Management Training, Oregon and Triple-P Parenting may be found at the California Clearinghouse for Evidence-Based Practice in Child Welfare website at http://www.cebc4cw.org. Each profile describes the evaluation data considered in assigning a program rating. Parenting with Love and Limits is profiled in the OJJDP Model Programs Guide (www.ojjdp.org/mpg) that similarly provides evaluation data.

Intensive Case Management/Wraparound
Case management may be defined as “a coordinated and integrated approach to service delivery, intended to provide ongoing supportive care and to help people access the resources they need for living and functioning in the community” (Vanderplasschen et al, 2007, p. 82). This approach has been developed and used extensively in the fields of mental health, substance abuse treatment, and with homeless adults. Originally it consisted primarily of ‘service brokerage’ which linked people to services; over the years, different approaches have been developed, some of which go well beyond the concept of linking to services and incorporate actual help-giving by the case manager (Rapp and Goscha, 2004). Examples of these newer approaches are intensive case management, clinical/rehabilitation case management, assertive community treatment, and strengths-based case management and are described in a review by Vanderplasschen et al (2007) of services for adults with substance abuse problems. Wraparound is a style of case management developed particularly for youth.

Wraparound meets FCSS criteria for an evidence-based practice (Bruns and Suter, 2010). While there is some variation across particular programs, wraparound programs generally share the following characteristics:

- **A collaborative, community-based interagency initiative**, usually with one specific agency taking the lead in coordinating the wraparound effort.

- **A formal interagency agreement** that records the design of the wraparound initiative and spells out exactly how it will work, including, for example, how services will be delivered and paid for and what resources will be committed by various groups.

- **Care coordinators** who are responsible for helping participants create a customized treatment program and for guiding youth and their families through the process of accessing services and reaching their goals.

- **Child and family teams** consisting of family members, paid service providers, and other informal supports (e.g. teachers, friends).
• **An individualized plan of care** developed and implemented collectively by all the members of the child and family team. This plan of care identifies the child’s specific strengths and challenges in different areas, targets specific goals for them, and outlines the steps necessary to achieve those goals. It also spells out the role each team member (including the child and family) will have in carrying out the plan.

• **Systematic, outcomes-based services.** Almost all wraparound programs require clearly defined performance measures, which are used to track the progress of the wraparound initiative and guide its evolution over time.

• **A strengths based approach**, with the family taking the lead in identifying desired outcomes and ways of achieving them

• **A structured approach** including engagement (formation of the team, developing policies and ways of working, stabilizing crises); plan development, implementation, and transition/disengagement.

Intensity of services in Wraparound varies. Engagement and initial planning may require two 60-90 minute sessions with the family and two team sessions during the first month. The team continues to meet, usually once per month or more for the early phases, and decreasing thereafter. The care coordinator, facilitator, and parent partner could have other contacts with the youth and family as necessary. Duration is as long as is needed, with the average at about 14 months. Care coordinators have at least a Bachelor’s level degree. Some programs also hire ‘parent advocates’ or ‘parent partners’ with no particular academic qualifications. An average caseload for a care coordinator is 10 – 15 families.

**Strengths-based case management (SBCM)** has been shown to be effective in improving social functioning and reducing symptoms among adults with mental health and substance abuse problems (Vanderplasschen, 2007; Rapp and Goschen, 2004). A time-limited form of strengths-based case management, Brief Strengths-Based Case Management for Substance Abuse, has been found to be effective with young adults (as well as older adults). It was designed to improve overall client functioning and reduce barriers such as transportation, child care, and social support, thus enabling clients to gain entrance to treatment within a defined eligibility period (after which a new assessment process is required and continuity of care is compromised). Brief SBCM shares the basic principles of SBCM, but is limited to five sessions. The case manager helps the client identify personal skills, abilities, and assets through discussion; supports client decision-making so that the client sets treatment goals and determines how the goals will be met; encourages clients to seek informal sources of assistance; and works to resolve barriers to treatment, such as lack of transportation, child care, and social support. Sessions typically average 90 minutes, with some requiring more time.
Regular SBCM (for one year) was implemented in a feasibility study with high risk adolescents who had run away from home (Arnold et al, 2007). While no outcome results exist, an implementation evaluation found that the model was a good fit with adolescents in that it has a strong theoretical base, but allows for individual flexibility; it is offered out in the community; the case manager-client relationship is primary; and it focuses on strengths.

**Implementation references:**

National Wraparound Initiative website: [www.nwi/pdx/edu](http://www.nwi/pdx/edu)


**Evaluation references:**

Wraparound Program Profile, California Clearinghouse for Evidence Based Practice in Child Welfare (CEBP) provides the evaluation evidence: [http://www.cebc4cw.org/program/wraparound/detailed](http://www.cebc4cw.org/program/wraparound/detailed)

A similar summary, but including more recent references, is found in:


**Family Therapy**

Family therapy as a general model has been found to be effective through meta-analysis (Greenwood, 2008). Several specific family therapy programs have very high effectiveness ratings from the various evidence-based practice registries. For example, **Functional Family Therapy** (FFT) is one of only eleven ‘model’ programs out of 900 or so programs reviewed by Blueprints for Violence Prevention. Other models, such as **Brief Strategic Family Therapy** (BSFT), **Multi-dimensional Family Therapy** (MDFT), and **Ecologically-Based Family Therapy** (EBFT), have lower ratings (based on the number and rigor of their evaluations) but all meet FCSS’ criteria for best or promising practices.

Family therapy is based on the assumption that family interactions and communication patterns play a role in protecting children from negative influences, or, conversely, contribute
to the evolution of behavior problems. Therefore, it is the interactions that are the subject of intervention, with the ultimate objective being to reduce risk factors and address problem behaviours such as substance abuse, poor school performance, aggression, and depression.

Family therapy is generally a short term intervention (i.e. 3 to 4 months in duration) although more difficult situations may require more time. Sometimes both whole-family and individual sessions occur within the same meeting. The work is generally structured in phases, including engaging the youth and family in treatment and developing an alliance with the counsellor, assessing the particular needs, problems and strengths of the youth/family, restructuring family interactions and patterns, learning new skills and behaviours, and generalizing these new skills to real-world situations. Techniques may include helping families develop skills in parenting and behavior management, conflict resolution, or communication.

In addition to the general features described above, EBFT includes therapeutic case management in which the therapist coordinates meetings with or access to other services needed by the youth or family. Another interesting feature of EBFT is that it originated from work with substance-abusing adolescents who have run away from home, and thus incorporates a focus on emotional re-connection within the family. EBFT is conducted in the home. (MDFT is also offered in the home, while FFT can be offered either in the office or at home.)

Family therapy requires qualified staff. This can mean a Master’s degree (e.g. MDFT), or other professional background (e.g. probation officer, nurse, social worker, as in FFT). In EBFT, no specific educational qualifications are required, but an understanding of family dynamics and of the social systems in which youth are engaged is important. The programs described here follow a manual and require training and often certification from the program. EBFT appears to have the loosest requirements here as it does not have an infrastructure for ensuring program fidelity.

References

Program profiles for FFT, BSFT, and EBFT can be found at the California Clearinghouse for Evidence-Based Practice in Child Welfare (http://www.cebc4cw.org). Each includes a description of the evaluation studies used to establish the program rating, as well as information on program implementation.

Similarly, the Program Profile for MDFT is at OJJDP’s Model Programs Guide (www.ojjdp.gov/mpg)

Websites: FFT website: http://www.fftinc.com/
Community-based Mentoring

Our literature review (Rhodes, 2008; Tolan et al, 2008; Rhodes and Lowe, 2008; Dubois et al, 2010; Eby al, 2008; OJJDP [a];) found little to update the conclusions reached in the FCSS Research Brief on youth mentoring. While mentoring programs may differ, the following elements have been identified as being linked to increased effectiveness:

- Ongoing supervision and training for mentors and monitoring of the match relationship.
- More hours per week and over a longer time period.
- A strong relationship characterized by emotional support.
- Volunteers who either have a background in a helping role, or who volunteer because of a desire for professional development.
- Combining mentoring with other interventions.
- Obtaining parental support and communication, without their active engagement.
- A balance between setting structure and goals, and responding to youth desire.
- While earlier meta-analysis suggested that mentoring might be more effective with youth who are not at the highest risk, a more recent meta-analysis (Tolan, 2008) found that mentoring did have an effect, albeit still modest, with youth who were already involved in delinquency or at risk to become so because of other risk factors such as aggression, drug use, or school failure.

Big Brother Big Sisters Community-Based mentoring offers individual sessions about 4 hours long, 3 or 4 times per month for at least one year. Similarly, the expectation at Friends for Youth is weekly 3-hour sessions.

While mentors are volunteers, coordination (e.g. volunteer recruitment, training, match support) is provided by Bachelor’s degree level staff. Because of the difficulty in finding sufficient numbers of mentors, innovative and aggressive volunteer recruitment strategies are needed. Strategies to prevent volunteer drop-out are also important, since it has been shown that youth whose match ended earlier than expected actually experienced negative effects (OJJDP [a])

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3 We have not included school-based mentoring because of the nature of the agencies commissioning this review.
Implementation references

Big Brothers Big Sisters America website:  www.bbbs.org


Evaluation references:

Program profiles for both BBBS and Friends for Youth can be found on the California Clearinghouse for Evidence-Based Practices website at http://www.cebc4cw.org/ . These profiles contain descriptions of evaluation evidence used to arrive at the program rating.

Individual cognitive-behavioural counselling

The use of the cognitive-behavioural therapy approach has been discussed above in relation to skills groups for children and youth, and parent training programs. CBT can also be offered in individual sessions that incorporate the same elements of helping people overcome negative or distorted thinking patterns, and teaching specific skills. It emphasizes finding solutions to problems rather than expressing feelings. Individual CBT has been identified as an evidence-based practice for adolescent depression (Clarke, et al, 2003) as well as conduct disorder (Kazdin, 2003). It is usually short term (i.e. 16 – 20 sessions) and is delivered by a trained therapist who usually possesses a master’s degree.

One particular model that seems relevant to the population served by the agencies who commissioned this review is the Adolescent Community Reinforcement Approach (ACRA), because it has been shown to have positive results with homeless youth living on the street (Slesnick et al, 2007). Homeless youth typically have a wide variety of mental health problems, mostly undiagnosed (as compared to youth presenting at a mental health clinic, for example). ACRA was developed to reduce substance abuse first among adults and then among adolescents.

In the study described above, sessions could be delivered to the youth alone, caregiver alone, or youth and caregiver together. Twelve sessions, plus an optional 4 sessions specifically devoted to HIV/AIDS, were offered. Because of frequent no-shows, these sessions were typically spread out over 6 months. Those delivering the treatment should have at least a bachelor’s degree in a clinical field. Strong general counselling skills and a willingness to learn a manualized approach and receive ongoing feedback on performance are critical.
The approach is very individualized, and is based on a treatment plan developed between the therapist and the youth, which targets areas of greatest need, such as housing, medical care, job finding, social relations, psychiatric issues, and/or legal problems. The sessions are purposeful and focused on the targets of the plan, teaching skills, practicing them (e.g. through role plays) and generalizing to other situations. Helping youth make linkages to other systems (e.g. employment, medical care) is an important part of the approach.

Authors of the homeless youth implementation of this model (Slesnick et al, 2007) reported that youth were engaged into treatment and responded positively to the intervention. This was attributed to “an open door policy, engagement of youth slowly and without pressure through a drop-in center, and employing charismatic, informed therapists” (p. 1249).

References:


Slesnick, Natasha; Prestopnik, Jillian; Meyers, Robert; and Glassman, Michael (2007) Treatment outcome for street-living, homeless youth. Addictive Behaviors 32, 1237-1251.
3.2 Particular Issue Areas and Populations

This section of the report presents our findings with respect to more narrowly-defined populations or service areas, as represented among the three agencies commissioning this review.

3.2.1 Homeless Youth

Homeless or street youth have multiple needs, the most immediate of which is generally to find housing. Then, because these youth typically have a host of other difficulties which accompany their homeless status (e.g. substance abuse, school dropout, conflict with or estrangement from family, physical and mental health issues, involvement in illegal activities, risky sexual behaviour, victimization) (Altena, 2010) there are a variety of other potential areas for intervention.

Slesnick et al (2007) cite Chamberlain and Mackenzie (2004) who propose that youth go through four stages before they self-identify as a homeless person, and that interventions should be matched to these stages. In the first stage, youth are ‘at risk’ of becoming homeless, in many cases because of family conflicts, so family interventions are important. In stage two, the youth runs away from home, and interventions can focus on family reconciliation. The third stage is when the youth no longer considers himself/herself to be part of the family. In the final stage, the youth experiences sustained periods of homelessness. In these latter two stages, providing housing (with supports) for the youth is called for. We found a small number of evaluations of services appropriate to each of these stages. Our review of the literature yielded two recent review articles (Altena et al, 2010; Slesnick et al, 2009) on programs and interventions for homeless youth. While there are a small number of good quality studies, these tend to be small single-site studies. The practices described below can therefore best be described as ‘promising’ according to FCSS’ definition, since intervention research with homeless and street youth is still in its early stages (Ferguson and Xie, 2008).

Case management: Cauce (1994), in one of the few evaluated programs, compared regular case management and intensive case management (‘Project Passage’) for homeless youth. The intensive case management model resembled the ‘wraparound’ model in having a treatment team comprised of the youth, his or her family or family substitute (e.g. ‘street family’), agency representatives, and other social supports. Other differences with ‘regular’ case management included more highly trained staff (i.e. MSW) smaller caseloads, and access to discretionary funds that could be used for recreation, transportation, equipment or clothing needed to find a
job, school fees, etc. The study found that both intensive and regular case management had positive effects on problem behaviour, substance use, depression, and self esteem. Intensive case management yielded slightly better results for aggression, externalizing behaviours, and life satisfaction. One suggested reason for the absence of larger differences between the intensive case management and regular case management was that there could have been uncontrolled diffusion of benefits or unplanned adoption of some of the new approaches by the “treatment as usual” control group, since both were housed in the same agency. On the other hand, it could be that both regular and intensive case management were effective.

**Family-focused interventions:** Slesnick (2008) reported on the results of an evaluation of Ecologically Based Family Therapy (EBFT) with youth aged 12 – 17. EBFT youth reported greater reductions in overall substance abuse compared to youth assigned to treatment as usual through the shelter. Other problems such as internalizing and externalizing behaviours, family relations, and communication improved in both conditions. A third group of participants received Functional Family Therapy (FFT) and experienced some improvement, but less so than the EBFT group, and were less engaged in treatment.

**Individual Cognitive Behavioural Therapy:** Slesnick et al (2007, 2008) evaluated a cognitive-behavioural counselling intervention called the Adolescent Community Reinforcement Approach (ACRA) with homeless youth living on the street. ACRA was designed to reduce drug abuse, but has shown positive effects on other outcomes. Both the intervention group and the control group received services through a drop in centre (e.g. day use area, food, showers, clothing and case management to link to community resources). The research showed that the intervention group improved significantly more than the control group on measures of substance abuse, time in stable housing, and depression and internalizing behaviours compared to a control group who received treatment as usual. Both groups improved in other domains such as internalizing and externalizing problems, and emotion and task-oriented coping.

**Housing:** While supported housing has been recommended for homeless youth (e.g. Vancouver Youth Housing Study [Kraus et al, 2007]), Collaborative Community Health Research Centre [2002]) we were not able to find any with evaluations that meet FCSS criteria. As several authors (Altena et al, 2010; Slesnick et al, 2009; Toro et al, 2007) have noted, very few interventions for the homeless, and for homeless youth in particular, have been rigorously evaluated.

One evaluation of an independent living program, The Bridge, is reported in the review article by Altena et al (2010). This evaluation compared a structured and supervised residential

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4 The evaluation was not reported in a peer-reviewed journal and we were unable to locate any information on the nature of the intervention.
program with associated services (i.e. GED and vocational preparation, and counselling) to the services package alone, and found that, at follow-up, program youth were significantly more often employed and in school or had obtained a high school diploma, and were significantly more often in stable living situations than were control youth. Other outcomes included a trend in program youth toward less alienation or emotional problems compared to control youth, but no significant changes in sense of personal control.

The **Lighthouse Independent Living Project**, which provides a variety of housing options including scattered site apartments, shared-home placements, and supervised apartments, has been described in the academic literature (Kroner and Mares, 2009), and outcomes presented; however, these are from post-test only. Evaluation results showed that at discharge, 60% of participants had completed high school/GED program, 31% were employed or had completed a vocational training program, and 33% were independently housed. Clients with four or more risk factors were less likely to have completed high school/GED program, less likely to be employed, and less likely to be independently housed than those with fewer risk factors. Older clients (ages 19–20 at program entry) showed better outcomes than younger clients. Female clients were more likely to be living independently at discharge, while no other gender or racial/ethnic group differences in outcomes were found.

Lighthouse Independent Living Program’s housing options include primarily scattered site apartments, as well as supervised apartments, and shared homes. Each young person has an assigned social worker, who sees them at least twice a week. The social workers do case management and work to develop a treatment team and support network for each client. There is a social worker on call 24 hours a day for emergencies.

On average, clients are in the program for ten months, although this was because of funding restrictions, and the program felt that longer stays could lead to better outcomes (Kroner and Mares, 2009). The following best practices were identified in a review article (Collaborative Health Research Centre, 2002):

- Youth must agree to pay rent, based on their ability to pay, contribute a percentage of their income to a savings account, and choose between attending school and finding employment
- Youth also are responsible for participating in maintaining the program, by conducting activities such as assigning responsibilities among themselves for various tasks related to facility upkeep, and participating in interviews with new youth entering the program and providing input on acceptance decision
- Youth make their own decisions, for example, regarding education versus employment and are supported by staff in their decisions
The recent evaluation by the Mental Health Commission of Canada (2012) of ‘housing first’, an approach that combines housing with intensive case management services for homeless people, is one example of a rigorous evaluation design. This initiative does not specifically serve youth, and preliminary results show that the study sample includes only a small proportion of young adults\(^5\). However, preliminary results after one year are promising in terms of increasing housing stability and reducing service usage for project participants compared to a control group. Services provided by ‘At Home/Chez Soi’ include subsidized housing in a unit of the person’s choice, plus support services. Clients with ‘moderate’ needs\(^6\) receive Intensive Case Management, consisting of outreach and service brokerage to connect to other services, and, depending on the individual, a ‘basket of services and supports’ provided either by the team or through referral. Staff to client ratio is 1:15 or 1:16 and clients receive weekly visits.

### 3.2.2 Education and Employment

Lack of attachment to school (including both engagement and performance) is a key risk factor for many other problems, including delinquency, teen pregnancy, and substance abuse (Hawkins, 2006). In addition, completion of schooling, entering the workforce, and establishing financial independence are key developmental tasks for youth in the transition to adulthood (United Way of Calgary, 2011).

According to the agencies commissioning this review, many of the clients they see have problems with school: either they are doing poorly, not attending regularly, dropping in and out, or have dropped out a long time ago. We therefore looked for programs that dealt with strengthening or re-establishing the connection to school.

A recent meta-analysis by the Campbell Collaboration (Wilson et al, 2011) reviewed dropout prevention and intervention programs. Those programs included in the review were for school-aged children and youth expected to attend school up to the end of grade 12 (or equivalent in international studies), which had school completion/dropout prevention as an explicit focus, and were conducted either in schools or in the community. Studies had to employ an experimental or strong quasi-experimental design. A wide range of program types were considered in the review, ranging from school or classroom restructuring to alternative schools, to cognitive behavioural programs.

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\(^5\) Age was reported only in broad categories, with ‘34 and under’ the youngest. 33\% of the sample fell into this category.

\(^6\) As compared with those with serious mental health issues, who receive more intensive services.
The conclusion of the meta-analysis was that *all types of programs are effective* in preventing school dropout/promoting school completion. Of particular interest to our study are those with a community component (as compared, for example, with entirely school-based interventions such as school or class restructuring). Three types - community service programs (planning and carrying out a community service project, typically in conjunction with weekly life skills curriculum), vocational programs (coursework, internships, or employment oriented towards career interests), and mentoring/counselling programs (where adult mentors or trained counsellors helped with career/work or personal issues) - were represented in the analysis, which found that, overall, dropout rates were reduced from 21% (average of the comparison groups) to 13% or less. Programs offered in the schools or in school plus community were somewhat more effective, meaning that partnerships with schools are key. Demographic characteristics of the target populations (e.g. age, ethnicity) did not appear to have a significant impact on program effectiveness. The authors concluded, “The results from this systematic review suggest that the particular program strategy chosen makes less of a difference in eventual outcome than selecting a strategy that can be implemented successfully by the school or agency” (Wilson et al, 2011, p. 53).

The meta-analysis did not name the particular programs included in the review. However, several of the evidence-based practices identified earlier in this report have been found to have positive effects on school attachment. These include Wraparound, Family Therapy, and Mentoring, in which counsellors or mentors may advocate for the youth with the school, arrange for special accommodations or admission to alternate programs, or teach problem-solving skills to youth and support him or her in their use.

At the school and community level, there are many examples of comprehensive programs in which school and community partners collaborate to keep youth in school or reconnect youth with school. Only a small number have been rigorously evaluated and identified as best practices. We mention them briefly here, recognizing that they are outside the scope of the agencies requesting this review, in order to illustrate the potential benefits of collaboration in achieving the desired outcome of increasing school attachment and completion.

The What Works Clearinghouse of the US Department of Education applies rigorous criteria to identify programs that work. Two examples of those that meet these criteria are Career Academies and High School Redirection. Career Academies is a major school change initiative that reorganizes students into smaller ‘schools within a school’ where they have a theme,

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7 What Works Clearinghouse (http://ies.ed.gov/ncee/wwc/topics.aspx)
around which courses are organized, and vocational courses and academic subjects all contribute to the theme. These initiatives include partnerships with local employers who provide internships and mentoring. An eight-year evaluation showed notable reductions in dropping out for at-risk youth. Furthermore, participants (primarily males) self-reported significantly higher monthly earnings, months worked, hours worked per week, and hourly wages than control youth (Heinrich and Holzer, 2010).

High School Redirection is an alternative school model, characterized by small class sizes with individualized instruction by teachers who are encouraged to act as mentors, an emphasis on accelerated credit accumulation and intensive remedial reading, and on-site child care. Although the program is no longer operating, these characteristics are shared by many alternative schools currently in operation across North America.

The Wilson meta-analysis described earlier included a separate meta-analysis on programs for teen parents. We report on it here because of the City of Calgary Youth Employment Centre’s program at the Louise Dean Centre. We note that CLERC also provides services to students at Louise Dean as Legal support has been identified as a need for Louise Dean students. The most common type of program for teen parents was a ‘multi-service package’. This program type generally included a wide range of services for the young mothers, including remedial education or GED preparation, vocational or other employment-related training, case management, and health and day care services. A second category was labeled ‘attendance monitoring and contingency programs’. Many of these provided financial incentives for teen mothers to return to school, or tied the receipt of welfare payments to school attendance. These programs also tended to be quite comprehensive, and frequently included case management, transportation assistance, and child care services.

Duration and frequency of these programs varied (e.g. weekly, daily) and in the end did not seem to make a difference in outcome. Neither did the program type (note that both were comprehensive) make a difference. Overall, high school graduation rates were increased from 26% to 39%. What did make a difference was implementation quality (the authors noted any implementation difficulties noted in the studies reviewed). Quality of implementation has been found to be an important predictor of program effectiveness in many studies, and will be discussed in a later section.

An example of one such comprehensive evidence-based program for teen mothers is New Chance. This program was reviewed and found by the What Works Clearinghouse to be

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potentially effective in helping young mothers to complete school. It included education, pre-
employment and occupational training, case management, child care, and other support
services.

Youth who are disconnected from school or work have been the subject of many
comprehensive educational/job training programs, particularly in the US. National funding has
been provided to help high school dropouts improve their educational attainment and labour
market outcomes, through some combination of education, training, employment, counseling,
and social services. These include Job Corps, JobWorks, the National Guard Youth Challenge
Program, Community Employment Training Centers and YouthBuild. The programs are
implemented at the local level (with variation in program delivery within certain guidelines) but
most of the evaluations have involved multiple sites and very large samples. In a review of
randomized studies completed to date, Bloom (2010) concluded that while results are mixed,
there are some positive findings on which to build, a conclusion shared by the authors of a
second review (Heinrich and Holzer, 2010).

The evaluations reviewed included programs that relied heavily on paid work experience,
others that focused more on job training or education, and still others that combined two or
more of these elements. Overall, while programs may have produced positive effects on
educational completion (e.g. GED, trades certificate or diploma), and/or short term earning
gains (especially for programs that offered paid work opportunities), in most cases these were
not sustained over the long term. One exception is for the Job Corps, where participants 20 and
older did maintain their gains. While not all these evaluations measured effects on other
outcomes, some that did found modest decreases in crime convictions, psycho-social
development, pregnancy rates, and measures of personal and social responsibility.

Bloom concluded that “it is difficult to draw cross-cutting lessons from the evaluations .... For
example, the data do not support clear conclusions about whether paid work, a residential
structure, or other program design elements are associated with more positive results in
random-assignment studies” (p.98). Some of the lessons from these evaluations included:

- The GED in itself is insufficient to move participants out of poverty; the aim of such
  programs is increasingly to help former dropouts obtain postsecondary education
  (whether through community colleges or through trades [for the less academically
  oriented]) which then leads to higher incomes
- Failure to show long term effects on earnings (either because they were not measured
  or because short term gains were not sustained) may suggest that more attention

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10 The National Guard Youth Challenge program also had small effects on employment after 21 months. We do not
describe this program because its quasi-military nature makes it quite different from the Canadian context.
needs to be paid to supporting graduates in the transition out of the program into the world of work, by building linkages to post-secondary education, allowing youth to maintain contact with the program after they graduate, or incorporating a post-program mentoring phase.

- Programs may need to broaden their focus beyond jobs and education, to address other domains such as social and emotional issues, ethnic identity, and civic engagement. In Bloom’s words, “….programs may help to fill gaps [in developmental areas] by exposing youth to responsible, caring adult role models, by creating a safe, positive group identity among participants, and by giving young people opportunities to act as leaders and to contribute to the broader society” (p. 99).

Another review of the same programs (Heinrich and Holzer, 2009) pointed out that many programs had difficulty implementing programs the way they were designed, and particularly, in retaining youth in the programs long enough to obtain job placement assistance. Gains at some sites were not replicated in others, and sites with higher fidelity to the program model generally had better results.

In his concluding section, Bloom makes several recommendations. One of the areas he covers is how to engage disconnected youth, who may not find their way to programs operated in the employment and education systems. Ideas mentioned here include financial incentives for participation, neighbourhood-level programs, opportunities for youth to provide visible services for their communities, and incorporating a youth voice into the design and operation of programs. He does not mention the importance of working with organizations that already have contact with such youth, to act as bridges or gateways to these programs. This is a role that is filled by all of the organizations who commissioned this review.

While enrolment in a program that is aimed at helping a youth develop the educational qualifications (whether academic or trades-oriented) necessary to get a good job is the preferred option in helping youth in their transition to adulthood, some youth come to the attention of services because they are looking for a job. They may need it to meet daily expenses such as food and housing, or even to continue with their schooling. We looked for examples of approaches or programs working with vulnerable youth to prepare them to find a job, since they face many barriers (lack of high school graduation, but also personal and social barriers such as substance abuse, mental health problems, and lack of life skills).

We found only two job readiness programs that met FCSS criteria: Jobs for Youth (JFY) and 70,001. These were short-term programs that served economically disadvantaged high school dropouts between 16 and 21 years of age. The JFY program provided job counseling, workshops on job search and job readiness, limited competency-based education in math and reading, and job placement. 70,001 offered similar services but had a more structured, longer classroom
component (3 – 4 weeks) and gave more attention to GED classes both before and after job placement. In comparison, JFY aimed to provide quick job placement and the opportunity to learn positive work habits on the job itself.

The evaluation (Silkman et al, 1983; Lah et al, 1986) used a quasi-experimental design to assess outcomes, with follow-up up to 24-40 months after program participation. The sample included almost 1000 participants at baseline (as well as a comparison group) in six different sites. The conclusion was that well-run pre-employment programs such as 70,001 can:

- place disadvantaged, out-of-school youth in private sector jobs, allowing them to gain in earnings;
- attract youth to job-readiness training activities without paying a stipend;
- increase youth earnings, at least temporarily, relative to a comparison group;
- Increase GED attainment and
- work for youth under 18 as well as for older youth.

Because of the short-term nature of the benefits, and the fact that the jobs obtained were not ‘good’ jobs (i.e. with stability and opportunity for advancement), the authors concluded that “(a)dditional interventions might be required subsequent to pre-employment experience to sustain the earnings gains produced by the program. Especially for youth under 18 years of age, pre-employment programs like 70,001 may be only the first step in a series of necessary interventions” (Lah et al, 1986, p. 97).

The table below summarizes the information on the programs discussed above. Detailed descriptions are found following the table.
### Table 3: Evidence-Based Programs in the Area of Education and Employment

<table>
<thead>
<tr>
<th>Program type</th>
<th>Brief Description</th>
<th>Sample Programs</th>
<th>Target group where effectiveness has been demonstrated</th>
<th>Outcomes where effectiveness has been demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive educational-vocational programs</strong></td>
<td>These programs combine education (usually focused on GED) and occupational (i.e. trades) skills training with support services (e.g. child care, transportation, counselling) to facilitate participation and retain youth in the program.</td>
<td>Job Corps, Job Start, Youth Build</td>
<td>Economically or educationally disadvantaged young adults 16 – 24</td>
<td>Completion of high school or receipt of GED Short term earnings gains (longer terms for youth 19 and over) Reduction in arrest, conviction, incarceration rates</td>
</tr>
<tr>
<td><strong>Pre-employment training</strong></td>
<td>Pre-employment training programs are usually offered to disadvantaged youth who are not yet ‘job-ready’ because of additional barriers (e.g. high school dropout, lack of life skills). Program components may include life skills training focused on skills for getting and keeping a job, placement assistance, supported employment, encouragement to obtain high school qualifications, and so on.</td>
<td>Project 70.001, Jobs for Youth</td>
<td>High school dropouts 16 – 21 years of age</td>
<td>Increased employment and short term earnings gains (up to 24 mos.) Increased likelihood of obtaining a GED</td>
</tr>
</tbody>
</table>

**Comprehensive education/vocational programs**
Successful employment training programs for at-risk youth prepare participants for employment through education and skills training, provide counseling and other support services, provide job placements, and make supports available to help participants retain their employment. Supports can include tutoring, internships, job shadowing, work experience, adult mentoring and comprehensive guidance and counselling. This comprehensive approach requires collaboration among an array of service agencies and providers.
Job Corps, JOBSTART, and Youth Build are three such comprehensive programs that have been funded nationally and delivered in many communities in the US. Job Corps participants are between 16 and 24 years of age and spend on average about 8 months in the program, receiving more than a thousand hours of education and training. After an assessment of skills and interests, participants receive an individualized mix of vocational (e.g. trades) and academic instruction (e.g. GED) designed to meet their needs. Most but not all Job Corps sites include residential services. Placement services are provided starting during the program and continuing for up to six months after.

JOBSTART (no longer in operation) provided a long-term combination of basic skills education, occupational training, support services, and job placement assistance to low-skilled dropouts between 17 and 21 years of age, including those who were on social assistance, experiencing family poverty, or homeless —but at a lower level of intensity than Job Corps and in a nonresidential setting. JOBSTART participants received at least 200 hours of basic education and 500 hours of occupational training. Transportation and child care were provided to participants.

The YouthBuild program also targets out-of-school youth ages 16 to 24. It includes youth who have been in conflict with the law, are aging out of foster care, and are low income. Participants can attain a GED or high school diploma, typically in alternative schools with small class sizes and an emphasis on individualized instruction. In YouthBuild's job-training program, participants work in construction jobs building affordable housing for low-income and homeless people in their communities. Participants spend six months to two years in the program. Throughout the program, youth participate in counseling, peer support groups, and life-planning exercises that are intended to encourage them to overcome negative habits and pursue life goals. A leadership development component is also included, teaching skills such as decision-making, group facilitation, public speaking, and negotiating. They also participate in governance (e.g. on the Board, in project planning groups).

Two review articles (Partee, 2007; Collura, 2010) have identified key elements of youth employment programs that work, based on these programs and a small number of others. These include the following:

- A clear statement of purpose and goals, including who is to be served, what the desired outcomes are, and the strategies for achieving them;
- Adherence to positive youth development principles such as adopting a strengths-based orientation, developing relationships with caring, knowledgeable adults (both with staff and with community members), building responsibility and leadership skills, and providing age-appropriate activities;
- High standards and expectations, coupled with supports for achieving them;
• Focus on employability skills, such as basic reading writing and math; job-finding and job retention skills; career development skills, leadership and personal development, job-specific, and personal qualities;

• A comprehensive, holistic approach to address varying needs, both in terms of particular components (e.g., academic instruction, life skills instruction, mentoring, child care, work experience and internships) and how they are delivered (e.g., extended hours, individualized attention, hands-on instruction, enrichment activities, culturally-sensitive activities, recognition/rewards, peer support);

• Providing opportunities for youth to contribute to their communities in positive ways;

• Work-based learning, adding “authenticity” and “relevance” to the learning experience and ensuring that skills learned are likely to lead to employment;

• Long-term support and follow-up of six months or more, providing opportunities for young people to continue relationships with caring, knowledgeable adults and bridge the critical early months of employment;

• Financial incentives and/or communicating to youth the financial consequences of their decisions; and

• Quality implementation and continuous improvement based on sound management and evaluation. Evaluation should not just focus on the number of job placements but include documentation of the broad range of competencies gained in different areas.

References:

Program Profiles for Job Corps and JOBSTART, can be found on the What Works Clearinghouse website at http://ies.ed.gov/ncee/wwc/topics.aspx

YouthBuild: a randomized evaluation is currently in progress. An earlier evaluation using a quasi-experimental design is:


Programs Offering Pre-Employment Training for Youth

Pre-employment training programs have more modest goals: help youth find jobs in the short term. Such programs fill a need when youth want a job now, and are not ready to make the kind of long term commitment required by the comprehensive programs described above, and can provide recognition and skills which may serve as protective factors against risk behaviours (OJJDP [b]).
We found no recent evaluations of such programs that met FCSS criteria; the only two programs - Jobs for Youth (JFY) and 70,001- we found were evaluated in the 1980’s and little detail is available on the nature of the intervention. These were short-term programs that served economically disadvantaged high school dropouts between 16 and 21 years of age. Both programs had multiple sites in various parts of the country. Both programs sought and received job requests from employers and referred participants, with lesser (JFY) or greater (70,001) attempts to match youth to jobs.

The JFY program provided job counseling, workshops on job search (e.g., resumes, interviews, help wanted ads) and job readiness, and job placement. Youth were encouraged, if they appeared motivated, to attend the educational program, which consisted of individually-paced competency modules. No information is available on the duration of the program. Once a job had been found for the youth, staff stayed in contact with him or her, and with the employer, in order to provide support.

70,001 offered similar services but had a more structured, longer classroom component (up to 3 – 4 weeks of pre-employment training). The educational program consisted of a pre-GED curriculum. In comparison, JFY aimed to provide quick job placement and the opportunity to learn positive work habits on the job itself. A distinguishing feature of both programs was that participants received no financial compensation for attending.

References:


Lah, David; Wolf, Wendy; Kelley, John; Christian, Susan; and Good, Jerene. (1986) Longer Term Impacts of Pre-Employment Services on the Earnings of Disadvantaged Youth. Evaluation and Program Planning 9, 85-97
3.2.3 Legal Services for Children and Youth

**Children affected by custody disputes between parents:** Divorce is known to be a risk factor for child adjustment, affecting academic achievement, behavioural and emotional problems, and relationship difficulties (Amato, 2010). While most children face a couple of years of difficulties and then adapt to divorce, approximately 20-25% are at risk for developing more serious problems such as mood disorders and conduct disorders (Pruett, 2009), and for longer term negative outcomes such as externalizing behaviours, internalizing problems, poorer academic achievement, and problematic social relationships (Lansford, 2009). One of the predictors of later problems is frequent and continuing conflict during the divorce itself and beyond, particularly when the conflict is about the children, occurs in the presence of the children, or pressures them to take sides (Pruett, 2009).

For this reason, services and interventions have been developed in the mental health and legal systems to assist children affected by divorce, and by custody disputes. Therapeutic interventions include psycho-educational or therapy groups for children, family counselling, and education sessions for parents to help parents become aware of children’s needs and how to help them through this difficult time.

Outcomes for parent-child programs are mixed. Birnbaum (2009), citing several different studies, found “little empirical evidence that the programs improve the quantity of nonresidential parent-child contact, foster quality parent-child contact, reduce inter-parental conflict, improve co-parenting, reduce re-litigation and/or improve outcomes for children” (p. 21), in part because of the absence of high-quality studies. On the other hand, Kelly and Emery (2003), citing Haine et al (2003), reported positive results such as child externalizing and internalizing behaviours and child self-esteem for child-focused programs, and reductions in child psychological and behavioural problems, improvements in mother-child relationship quality and discipline, and changed attitudes toward father-child relationships and visiting in mother-focused programs. We found two programs in the evidence-based registries that demonstrated positive outcomes for children. These are the **Children in the Middle** program and the **Children of Divorce Intervention Program** (CODIP). Children in the Middle was a court-ordered program consisting of both a parent educational group component (one or two sessions) and parent-child sessions facilitated by a family counsellor (4 to 10 sessions over 2 to 4 months). CODIP was a 12 to 15 session group program for children from K through grade 8. Both Children in the Middle and CODIP used a skills-based approach.

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Within the legal system, a variety of alternative dispute resolution mechanisms have been developed, both to reduce conflict and its effects on the family and in particular, the children, and to avoid the high costs associated with lengthy court proceedings. These include various forms of mediation as well as collaborative family law (where parents and their lawyers engage in a process together to resolve the dispute without proceeding to court). Due to lack of research in the area, little evidence exists on the effectiveness of these approaches and which work best for children (although see later for a comparison of traditional and child-inclusive mediation).

Another way of addressing the needs of children affected by the divorce of their parents is through including the children’s needs and preferences in the decision-making process regarding custody and access. While there has been little evaluation of effectiveness or appropriateness, there are several different ways in which this can be done (Bertrand et al, 2012), some of which are more direct than others:

- Through a report prepared by a court-appointed mental health professional (social worker or psychologist – often called an evaluator or assessor) after a series of interviews with the child. This report may focus solely on the wishes and perceptions of the child, though more commonly it is part of a broader report about the child’s best interests;
- Through a report (or affidavit) prepared by a neutral lawyer or mental health professional after a single interview with a child;
- Through testimony of a mental health professional who has interviewed the child and is retained by a parent;
- Having a lawyer for the child;
- Having the child testify in court;
- Having an interview of the child by the judge in chambers;
- Allowing parties (i.e., parents) to testify about what the child has told them (i.e., hearsay evidence) through their oral testimony (or video/audiotape) or by calling other witnesses (e.g., teachers); and
- Allowing the child (or parent) to submit a letter, e-mail or videotaped statement.

In addition, there are various means of incorporating the voice of the child into alternative dispute resolution processes such as mediation. Our literature search revealed little research evidence on the effectiveness of any of these interventions, and many calls for better evaluation research (e.g. Birnbaum, 2009; Saini, 2008; Fitzgerald and Graham, 2011).
The strongest evidence for considering children’s needs and wishes comes from Australia (McIntosh, 2007; McIntosh et al, 2008), in research regarding child-inclusive mediation. This model includes consultation with the child affected by the separation as to their experiences of their parents’ divorce, while removing any burden of decision-making, and feeds back – with the child’s permission – information to the parents so that this can be taken into account in the mediation.

McIntosh’s research compared child-inclusive mediation with mediation that focused on the children’s needs but did not meet with the children to hear their experiences. While both groups improved over the twelve month period (e.g. conflict was reduced, children were less distressed), child-inclusive mediation was found to produce more positive benefits. In particular, children in the child-inclusive group were significantly more content and less inclined to want a different arrangement than those in the other mediation group. There was also greater stability in the lives of the children in the child-inclusive mediation group. The research also found that the arrangements reached after child-inclusive mediation were more durable than those in the other group. Children in the child-inclusive mediation also reported a more available relationship and greater closeness to their fathers one year later than did the children in the other mediation group. Mother-child relationships were also either preserved or improved.

We are particularly interested in child legal representation because of the services offered by CLERC, but were unable to find any evaluations at all, rigorous or not, of legal representation of children in custody disputes. There are many articles in the literature which support the consideration of children’s views and preferences in custody and access matters, and we briefly review them here.

The primary rationale for including the voice of the child is based on a human rights argument, as contained in the UN Convention on the Rights of the Child, ratified by Canada in 2001.

Article 12 of the U.N. Convention on the Rights of the Child states:

12(1) State parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

(2) For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or
through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.¹²

Separation or divorce involves decisions that will affect children’s lives in a major way (e.g. where they will live, what school they will go to, when and how often they will see each parent) and thus this context provides a clear instance of where the Articles will apply.

Listening to children’s needs and wishes has also been justified on the basis that it will lead to better decisions (e.g., that result in more durable arrangements) because of fuller information as well as provide psychological and social benefits to the child from being heard/supported in their parents’ litigation, or avoid negative consequences that may occur in the absence of consulting the child. (For a comprehensive discussion of these arguments see Birnbaum, 2009.)

We therefore reviewed the literature on the impacts of divorce (e.g. Pruett, 2009; Lansford, 2009; Kelly and Emery, 2003) to see whether children’s participation in the decisions regarding custody and access was linked to differences in outcomes. We were not able to find any studies comparing outcomes for children when children were given a voice and when they were not, since empirical research in the area is in its infancy, as noted by O’Connor (2004) and Fitzgerald and Graham (2011). Among the factors that have been shown to be related to better outcomes are low levels of conflict between the parents, or ability to encapsulate the conflict so as to protect children, positive relationships with both custodial and non-custodial parents, and positive parenting practices. It is potentially by affecting these mediating factors that consulting the child could be shown to have a positive impact on children’s well-being.

The literature that does exist, and that is most often cited, is almost entirely in the form of surveys or in-depth interviews with children whose parents have divorced. A recent review (Birnbaum and Saini, 2012) found 35 qualitative studies over the past 20 years that sought children’s experiences of their parents’ divorce, and their thoughts about participation in the process. Kelly (2002) cites several studies, some of which include children whose parents have divorced recently, where the majority consistently say they feel children should have a say in decisions about custody and access, and others that studied young adults who, looking back on the divorce, expressed regret that their wishes were not listened to and who described what they would have liked to see had they been consulted. Fitzgerald and Graham (2011) cite several more recent studies with similar findings, and also note that children who had experienced violence, abuse or conflict situations are more likely to want to have their voices heard, feeling less able to rely on their parents to make good decisions on their behalf. These

¹²http://www.cirp.org/library/ethics/UN-convention
same studies generally find that when children are not given a say, they are left feeling angry, confused, lonely, upset and sad (Fitzgerald and Graham, 2011).

In what is described (Parkinson and Cashmore, 2008) as the only empirical study on the consequences of children’s not being heard, Kaltenborn (2001) conducted a longitudinal study that followed up with children about the long-term outcomes of arrangements made against children’s preferences and attachments. Some children adapted, some actively strove to change their situation, and a third group reported significant difficulties and trajectories of suffering. The conclusion of the study was that listening to the preferences of the children regarding where they would live and with whom, based on their attachments, was of primary importance. However, while this was an in depth study involving interviews with the children and review of court and custody assessors’ records, the number of children whose voice had not been heeded was very small (n=6).

One of the theories used to support listening to children is that being heard will help children have more control over decisions, thus leading to better mental health (e.g., Kelly, 2002). A recent systematic review of ‘empowerment’ programs for youth (Morton and Montgomery, 2011), while not directly related to whether or not incorporating children’s voice in legal proceedings produces positive outcomes, may be instructive since the underlying rationale for the two is similar, based both on rights and on theorized benefits.

This review sought to determine whether youth empowerment programs (YEPs) - defined as “interventions that regularly involve young people as partners and participants in the decision-making processes that determine program design, planning, and/or implementation” (p. 9) - produced positive improvements in self-efficacy (the extent to which one feels capable) and self-esteem (self-worth). Other secondary outcomes included social supports, social skills, emotional intelligence, academic performance and anti-social behavior. To be included in the review, studies had to use an experimental or strong quasi-experimental design (where control and intervention groups were equivalent at baseline).

The authors reviewed a large number of studies that make claims for empowerment approaches, and the theory of change underlying them. However, very few studies met the inclusion criteria for the review, either because they did not fully comply with the definition of an empowerment approach, or because the design was not at the required level of rigor. The study found that the programs failed to show a positive intervention effect on self-esteem or self-efficacy, although there was limited evidence of a positive effect on social skills and anti-social behavior. The authors concluded with a call for more rigorous evaluations of impact, saying, “Given the relative nascency of impact evaluation in the YEP field, this review’s findings should be interpreted as a stimulus for further research investment and action rather than a basis for generalizable conclusions about the effects of youth empowerment “(p. 45).
The literature provided some guidance as to how to ensure effective representation of children. While based on the studies of children described earlier, rather than evaluation research, they are mentioned here. Gollop et al (2000), in a study which interviewed children about their involvement in custody and access arrangements after their parents’ divorce, noted that children commented negatively on their experiences with their lawyer. The authors stated children need a “sympathetic lawyer who takes the time to listen to and inform them, understand their views, advocate for them, and advise them of the outcome, in order for them to express their view” (p. 398). They stressed the need to ensure that lawyers representing children develop skills for communicating with children.

Another area for training is to ensure that the children clearly understand the role of the lawyer and what is confidential and what isn’t (Cashmore, 2003). According to Cashmore, lawyers for children should “explain to their clients what they will say in court, how they will say it, and ask whether this is what they expect them to say. After the hearing, they should be under an obligation to explain to the child what they had said and if that was any different from what the child had expected, what their reasons were” (p. 170).

In terms of recommended practices for children’s lawyers and other professionals whose job is to provide information to decision makers (whether the parents are in mediation or in court), O’Connor (2004) notes that experts tend to agree that younger children should never be directly asked questions such as “Whom do you want to live with?” Moreover, when children state preferences, as older children usually do, the experts urge that the children’s wishes be balanced against the professional’s knowledge of the family context.

Kelly and Emery (2003) provide a recommendation as to what is needed to assist children and youth affected by their parents’ divorce:

*Whatever its specific nature or focus, interventions are more likely to benefit children from divorced families if they seek to contain parental conflict, promote authoritative and close relationships between children and both of their parents, enhance economic stability in the post-divorce family, and, when, appropriate, involve children in effective interventions that help them have a voice in shaping more individualized and helpful access arrangements. (p. 360)*

The literature is clear that legal representation of children is one means of several available to ensure that the voice of the child is heard. Timms (2003) states, “What children themselves want, and what is clearly needed, is a spectrum of services of information, support, consultation and, where necessary, representation” (p. 174).
Finally, with respect to the need for evaluation, Birnbaum (2009) calls for a first step to establish “a clear theoretical and conceptual framework that links child developmental theory, risk and resiliency theory and family relationships post-separation and/or divorce with best practice approaches to child-inclusive mediation and other ADR [alternative dispute resolution] processes” (p. 64 - parentheses added). The empowerment literature reviewed by Morton and Montgomery (2011) could provide a useful contribution to this effort. This would be followed by evaluations of different models, using both quantitative and qualitative methods, and exploring outcomes related to children and their relationships with their parents.

**Legal Advice and Representation for Vulnerable Youth:** The other area within which we sought best practices regarding legal services was in the provision of advice and representation to youth who are generally in conflict with their parents or living on their own, for such areas as education, teen pregnancy and adoption, and immigration, related to their rights, ability to sign agreements or give consents, and so on. We found one program **TeamChild**, offered in several US states, that provided legal representation in civil matters to youth, for which one evaluation was found in a peer-reviewed journal (Norrbin, 2004), and another, unpublished evaluation was cited elsewhere (OJJDP, 1998). The rationale for the program is that:

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.....unstable home situations, mental or physical health problems, drug or alcohol addictions and unmet educational needs are often factors contributing to a juvenile’s problem behavior. Indeed, young people who are having problems in school are much more likely to get in trouble, and youth who do not have access to needed mental health services are at an increased risk for delinquent behavior and other problems.(Arthur, cited in Norrbin, 2004, p. 202)
```

The two most common areas where civil legal issues affect juvenile offenders are school discipline and access to special education services, and receipt of mental health services to which they are entitled. A quasi-experimental evaluation of TeamChild in Florida showed a modest effect on recidivism outcomes for a very needy, difficult group of clients who had committed several offences and had a host of other family and mental health problems. The study used a comparison group and chose to measure only recidivism outcomes because the focus was on cost-benefit and easily monetizable outcomes. The authors noted, however, that “it is likely that changes in criminal behavior resulting from the program are related to other program successes in the areas of education, mental health, and other social services that cannot be adequately measured “(p. 206).
An earlier evaluation of TeamChild in Washington State (unpublished report cited in OJJDP, 1998) measured a wider variety of outcomes. The findings demonstrated that Project TeamChild was successful in facilitating school reentry. Virtually every youth who was not in school when Project TeamChild opened that youth's case was reinstated by the time the case was closed. The study also found that Project TeamChild clients showed better stability and direction in their school, mental health, family, and employment status, and were less likely to be rearrested, violate probation, or be convicted of new crimes.

**Table 4: Evidence-Based Practices in Providing Legal Services to Vulnerable Children/Youth**

<table>
<thead>
<tr>
<th>Program type</th>
<th>Brief Description</th>
<th>Sample Programs</th>
<th>Target group where effectiveness has been demonstrated</th>
<th>Outcomes where effectiveness has been demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal services for children and youth</td>
<td>Providing legal advice and representation to youth, who are often in conflict with or estranged from their families, is designed to help them obtain services and benefits to which they are entitled, and to remove obstacles in the way of their achieving social and psychological outcomes and successfully transitioning to adulthood.</td>
<td>Project TeamChild</td>
<td>Youth who have had contact with the criminal justice system 12 to 18 years of age.</td>
<td>Decrease in arrest rate of recidivating youth (Florida study) Decrease in recidivism (Seattle study) Return to school Increased access to mental health services</td>
</tr>
</tbody>
</table>

**Programs Offering Legal Advice and Representation for Vulnerable Youth**

Originally founded in Washington State as a collaborative initiative between public defense and civil legal services, TeamChild is now a separate nonprofit organization. The model has been replicated in Connecticut, Florida, Kentucky, North Carolina, Ohio, and West Virginia.

Project TeamChild provides advocacy, both in and out of the courtroom, on civil matters for youth who are involved in the juvenile criminal justice system. Most commonly this involves addressing education, mental health, and other support service needs. For example, the project may seek readmission to school or other educational alternatives for expelled students,
obtain specialized assessment and services, or devise individualized programs and agreements that satisfy the needs of both school and student, eliminating the necessity for suspension or expulsion.

For children with multiple problems, TeamChild lawyers bring together representatives from numerous agencies to devise plans that address these children's educational, mental health, medical, and housing needs comprehensively rather than in a piecemeal fashion.

Volunteer tutors and mentors also play a critical role in Project TeamChild's success by providing encouragement and support to children. In Connecticut, the Team Child model has been enhanced by the addition of multi-disciplinary teams consisting of medical and mental health professionals who meet monthly with the lawyers to discuss cases and develop plans for meeting the child’s needs. Legal representation is seen as a means to an end - a positive educational, health, or other outcome for the child.

Implementation References:
TeamChild website (Washington): www.teamchild.org
Centre for Children’s Advocacy (Connecticut replication): www.kidscounsel.org,


Evaluation References:

3.2.4  Aboriginal youth

Very little was found in the literature regarding evidence-based practices for Aboriginal youth. Many projects have been developed in Canada for Aboriginal youth (funded by the National Crime Prevention Centre [Public Safety Canada], National Anti-Drug Strategy [Health Canada], and Human Resources and Social Development Canada [HRSDC]) but few have been the subject of the rigorous evaluations necessary to consider them as evidence-based practices.

Our literature search yielded five programs that meet FCSS’ definition of ‘promising practices’ and were designed specifically for Aboriginal youth (referred to in the US as American Indian/Alaska Native). They are all primarily school-based, tend to focus on specific outcomes such as substance abuse or suicide prevention, and are frequently universal programs or are delivered to lower risk young people than those served by the agencies that commissioned this review. However, because we were interested in how Aboriginal culture was incorporated into their programs, we describe them briefly here. The five programs are:

- Project Venture (ages 11-13, 14-21)
- American Indian (Zuni) Lifeskills Development Program (ages 14-19)
- Bicultural Competence Skills Approach (ages 9 – 11)
- Native American Prevention Project against AIDS and Substance Abuse (ages 12 -18)
- Red Cliff Wellness Violence Prevention Curriculum (versions for grades K-3, 4-6, 7-12)

These programs used Aboriginal staff, sometimes as co-facilitators with non-Aboriginal staff). Sessions included Native American values, legends, and stories (Bicultural Competence). Program materials utilized American Indian examples and images (Native American Prevention Project) or involved Elders who might say a prayer, or invoke tribal values and beliefs (Zuni Lifeskills). Talking circles (Red Cliff) were used for discussions in small groups.

A detailed description of the development of the Zuni Lifeskills Curriculum is provided by Lafromboise and Lewis (2008). They describe how culture influenced the selection of the intervention model - life skills training- since it included small group work, seen as compatible with traditional modes of helping; role modeling by adults who described effective ways of coping with adversity; and particular skills valued in the culture that could be taught in addition

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13 A sixth program, entitled Fourth R - Uniting Our Nations: Relationship-Based Programming for Aboriginal Youth, is cited in the Public Health Agency of Canada’s Best Practices Portal as a promising practice for Aboriginal youth. However, while the Fourth R (a curriculum-based violence prevention program for middle-school students) has been evaluated using a quasi-experimental design, and shown positive effects on delinquency and dating violence, the Aboriginal Version (which also incorporates other components such as peer mentoring and a leadership course) has not yet implemented this level of evaluation. This program was developed in Canada. See http://66.240.150.14/intervention/714/view-eng.html
to other new skills. The authors provide their reflections on how they might have succeeded in obtaining more community buy-in, for example, by involving traditional healers more fully, and providing more opportunities for parent involvement.

The National Crime Prevention Centre has selected Project Venture as one of the promising practices that it will fund, and evaluate, and it is currently being implemented in several sites in Canada. Because it is more than a classroom-based intervention, and therefore might have some more generalizable features, we describe it briefly here.

Project Venture draws upon traditional Aboriginal values—such as learning from the natural world, spiritual awareness, family, and respect—to promote healthy, pro-social development. In addition to classroom sessions (20 over the school year), Project Venture also includes a summer camp focusing on adventure activities, weekly outdoor activities during the year, and a service learning component where the youth work with Elders or complete art activities for the community. Project components are designed to develop personal and social skills and competence, as well as leadership qualities. After youth have been in the program for a year they can return as peer leaders. The program incorporates cultural elements such as a “rite of passage” that builds on traditional ceremonies for coming of age, holistic learning, community building, role modeling and intergenerational community events, and indirect teaching (storytelling and metaphors) to reflect on activities.

In the U.S., the effectiveness of programs with minority groups, of which Aboriginal people form a very small part, is certainly an issue. For example, one of the criteria used by the Washington State Institute for Public Policy (WSIPP) in distinguishing an ‘evidence based practice’ (the highest level) from a ‘research based practice’ (next highest level) is ‘heterogeneity’. This means that in order to be considered an ‘evidence based practice’ the percentage of ethnic/racial minority participants in the outcome study must be at least equal to the percentage of these minorities in Washington State (Washington State Institute for Public Policy, 2012). This is intended to ensure that the practices have been tested with minority youth.

Of relevance to our review, the following programs – identified earlier in our list of programs - have met the heterogeneity criteria: Functional Family Therapy, Big Brother Big Sisters Community Based Mentoring, various kinds of Cognitive Behavioural Therapy, Brief Strategic Family Therapy, and Full Fidelity Wraparound.

In its recent review of evidence-based practices, WSIPP noted the absence of culturally-based programs within the inventory, because of the lack of rigorous evaluations. Its review concluded with a plan to work with agencies in the state, particularly those operating programs specifically with minority groups (including tribal governments) to put forward programs that
might meet WSIPP’s definition of ‘promising programs’. ‘Promising’, to WBIPP, means a program that “based on statistical analyses or a well-established theory of change [italics added], shows potential for meeting the ‘evidence-based’ or ‘research-based’ criteria, which could include the use of a program that is evidence-based for outcomes other than the alternative use “ (WSIPP 2012, p. 4). Providing technical assistance to help these programs on the pathway to becoming evidence-based is part of the strategy.

The National Crime Prevention Centre (NCPC) has adopted a similar strategy. Because of the lack of programs for Aboriginal children and youth that meet the criteria for evidence-based practices, NCPC has identified a category called “innovative programs’ which it recommends for implementation and rigorous evaluation in order to add to the evidence base.

One such program is the Circle of Courage, developed by Martin Broken Leg and Larry Brendtro and described in detail in the book Reclaiming Youth at Risk (Brendtro et al, 2002). The approach has resonated strongly among Canadian Aboriginal groups and has been incorporated into many programs across the country. It is best viewed as an approach or intervention philosophy, rather than a fixed program. The underlying theory is that youth at risk have four major needs (generally depicted as occupying the four quadrants of a traditional medicine wheel): mastery, belonging, autonomy, and generosity. Focusing on these needs suggests interventions aimed at meeting each of them: for example, skills training to develop mastery or competence, positive social-recreational programs that develop a sense of belonging, or community service projects that develop generosity. Project Venture’s components can be seen as reflecting these four needs.

In addition to specific programs developed for Aboriginal youth, our literature review produced several articles that addressed the value or relative effectiveness of culturally-specific programming. Weisz et al (2005), compiled the results of several reviews of culturally-tailored prevention and intervention programs for minority groups, and concluded, “There is some evidence that adapting programs for specific ethnic groups leads to small increments in program effectiveness…. and larger increments in family utilization of programs “ (p. 641). That is, culturally-based programs can increase the engagement and satisfaction of youth from particular cultural backgrounds (Springer et al, 2004).

An analysis of national evaluation data from the US Community Substance Abuse Prevention Program [CSAP] (a multi-site evaluation with control groups at each site), sheds some light on how these effects may be realized. Springer et al (2004) found that culturally specific

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14 See, for example, [www.activecircle.ca](http://www.activecircle.ca) (sport and recreation programs). Several projects funded by the National Crime Prevention Centre such as Ka Ni Kahnichik in Winnipeg employed the Circle of Courage approach. See [www.kanikanichihk.ca](http://www.kanikanichihk.ca)
programming\textsuperscript{15} was associated with both increased engagement in programming (engagement being defined as satisfaction with the program and participants’ assessment of the importance of the program in their lives) as well as the desired program outcomes (in this case, substance abuse). The authors identified how the culturally specific programming manifested itself, both in terms of the amount of time spent on it (as a proportion of overall programming time), what types of activities were particularly culturally specific (e.g. recreational activities with particular cultural resonance, incorporating cultural concepts into information sessions or skill building sessions) and also the extent of program coherence (defined as the extent to which program theory is explicit, articulated, and actually used to focus multiple activities on program objectives).

Culturally specific programming as a whole was found to produce better outcomes than non-culturally specific programming. Within the culturally-specific programs themselves, those that had the most coherent theory of change, spent the greatest amount of time on cultural content, and used cultural content comprehensively across a variety of program activities had the greatest effect sizes. In the American CSAP context, Afro-Centric programs were the most effective, as they embodied most of these principles, but the implication is that by incorporating some of these features, programs directed at other specific groups could realize similar results.

\textsuperscript{15} For the purposes of the study, culturally specific was defined as “an approach [to prevention] that makes use of skills, resources, and knowledge that are pertinent and responsive to the cultural values and norms, strengths, needs, and self-determined goals relative to . . . prevention in a specifically identified cultural community” (p. 4).
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Stewart, Anna; Allard, Troy; and Dennison, Susan (Eds.). (2011). *Evidence Based Policy and Practice in Youth Justice*. Annandale, New South Wales, Australia: The Federation Press.


Toro, Paul; Dworksky, Amy; and Fowler, P.J. (2007). *Homeless Youth in the US: Recent Research Findings and Intervention Approaches*. Paper prepared for the National Symposium on


Best Practice Websites

Blueprints for Violence Prevention (Center for the Study and Prevention of Violence at the University of Colorado) (www.colorado.edu/cspv/blueprints)

California Clearinghouse for Evidence-Based Practices in Child Welfare (http://www.cebc4cw.org/)


Child Trends/LINKS (www.childtrends.org)

Find Youth Info (http://www.findyouthinfo.gov/program-directory)

National Crime Prevention Centre (www.publicsafetycanada/ncpc)


RAND Corporation – Promising Practices Network (http://www.promisingpractices.net/)

Substance Abuse and Mental Health Services Administration (SAMHSA) – National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov)


What Works Clearinghouse (http://ies.ed.gov/ncee/wwc/topics.aspx)
Appendix A: Details of Methodology

**Literature Search**

Using Social Service Abstracts as our primary database and restricting our search to documents published since 2002, we did multiple searches, using various combinations of keywords as noted below:

**General searches**

<table>
<thead>
<tr>
<th>Vulnerable children, youth</th>
<th>Program</th>
<th>Evidence-base, evidence-based practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>At-risk children, youth</td>
<td>Intervention</td>
<td>Best practice(s)</td>
</tr>
<tr>
<td>High-risk children, youth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**More specific searches**

<table>
<thead>
<tr>
<th>Vulnerable children, youth</th>
<th>Program</th>
<th>Employment, pre-employment, employment readiness, job, life skills, living skills(^{16})</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>At-risk children, youth</td>
<td>Intervention</td>
<td>School attachment, re-attachment, reconnect, dropout</td>
<td>Outcome(s)</td>
</tr>
<tr>
<td>High-risk children, youth</td>
<td>Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disconnected youth (^{17})</td>
<td>Homeless</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                                |                          | Aboriginal, native American, American Indian                                     |
|                                |                          | Mentoring                                                                         |
|                                |                          | Case management                                                                    |
|                                |                          | Counselling                                                                        |

For legal services, we expanded our search into other databases, including Hein On-Line, PAIS (Public Affairs Information Service) International, Family Studies Abstracts, and Social Work Abstracts. We used the following search terms:

\(^{16}\) For the education and employment related searches, we expanded to other databases as we found little in Social Services Abstracts. These included ERIC and PsychINFO.

\(^{17}\) For education and employment-related searches only
We then scanned the abstracts, and excluded those that were not about programs that had been researched at the level of rigor required by FCSS\(^\text{18}\). We then obtained full-text copies of the remaining articles. Some other articles were excluded at that time because again, the research was not at the required level, or the article was about a program based primarily in a non-community agency setting such as a school or institution, or a universal program, aimed at all youth, not just those at risk.

We also searched the reference lists of the identified articles, and followed up on promising-sounding titles.

When we read about a program, we checked to see if it was in one of the best practices websites (see below) and obtained program summaries where these existed. Where more information was needed, we then consulted references provided in the program summaries.

**Best practices registries**

We also consulted best practice registries for programs for at risk or vulnerable youth. Their sponsoring organizations review the research evidence for programs in their area of interest (e.g. education, child welfare, violence prevention) and publish lists of programs that have been judged to meet explicit criteria of effectiveness. The following sites were used in our review:

- **Blueprints for Violence** Prevention (Center for the Study and Prevention of Violence at the University of Colorado) reviews programs that seek to prevent violence and drug abuse to determine which are exemplary and grounded in evidence.

\(^{18}\) The minimum level is that described by FCSS in its definition of Promising Practices: programs or components of programs or delivery methods that have been identified as effective (i.e. produce significant reductions in poor outcomes or associated risk factors or significant increases in positive outcomes or associated protective factors) in at least one well-designed and methodologically sound study using at least a pre-post design with a large sample of participants that has been subject to peer review.
• **California Clearinghouse for Evidence-Based Practices in Child Welfare (California Department of Social Services Office of Child Abuse Prevention)** reviews child welfare-related programs being used or marketed in California, or recommended by topic experts.

• **Canadian Best Practices Portal (Public Health Agency of Canada)** lists interventions in a variety of areas (e.g. mental health, Aboriginal services, early childhood development, injury prevention, health promotion) under the broad title of ‘population health’. Not all the interventions listed meet FCSS criteria.  

• **LINKS (Lifecourse Interventions to Nurture Kids Successfully) database** (Child Trends). This resource summarizes evaluations of programs that work (or not) to enhance children’s development from infancy to young adulthood.

• **National Crime Prevention Centre (Public Safety Canada)** has published two compendia of model and promising crime prevention practices, which it encourages community-based programs to implement and evaluate to expand the knowledge base of what works.

• **Model Programs Guide (Office for Justice and Juvenile Delinquency Prevention [OJJDP])** has a database of exemplary, effective, and promising programs in all areas of juvenile justice ranging from prevention through to incarceration and re-entry.

• **Promising Practices Network (RAND Corporation)** research-based information on what works to improve the lives of children and families, including physical and mental health, education, and economic security.

• **National Registry of Evidence-Based Programs and Practices (Substance Abuse and Mental Health Services Administration [SAMHSA])** lists programs for all age groups, focused on mental health and substance abuse prevention and intervention.

• **Washington State Institute of Public Policy** publishes an inventory of evidence-based, research-based, and promising practices in the areas of child welfare, mental health, and juvenile justice, in order to assess State-funded services and move them gradually towards using more evidence-based and research-based approaches.

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19 This site is different from the other sites in that it includes programs with qualitative research designs. We were interested in this site because it identifies Canadian programs that may not be found elsewhere. We used the FCSS criteria when seeking programs on this site.
• **What Works Clearinghouse (US Department of Education)** assesses interventions in the educational domain.

In addition to obtaining individual program descriptions (as described above) we searched these websites using keywords available on the sites (e.g. particular age groups, issue areas, outcomes, program types, etc.). Because these websites contain best practices that may go beyond the scope of this review (e.g. violence prevention across all age groups, settings) we reviewed lists of programs and excluded those that (a) were outside the age range (6 – 24), (b) were universal prevention models, (c) were primarily school based and (d) occurred primarily in schools or other institutional settings. Most of these websites use criteria similar to those used by FCSS, if not more rigorous, but others include programs that have a lower level of evaluation. Each time, we checked the program summary to make sure that the research met FCSS criteria.

Some of these websites also included overviews or review articles related to particular program types (e.g. vocational interventions), age groups (e.g. what works for older youth 18 – 24) and so on, and we reviewed these articles, several of which pointed to individual programs which we then reviewed.
This report was prepared for

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