This document summarizes the report called Promising Practices to Help Children and Youth who have been Exposed to Violence.

It presents violence against children and youth, a complex public health problem that affects communities all around the world. Violence can create devastating mental health outcomes for young people and break families and communities apart. To tackle this problem, a coordinated effort to share lessons learned and document best practices for addressing young peoples’ mental health needs, is urgently needed. The goal of this knowledge synthesis report is to showcase what researchers, practitioners and communities already know in helping young people to cope in the face of violence and in preventing further exposure to the many negative mental health outcomes that are linked with violence.
The CYCC Network

The CYCC Network is a national body with an international reach. We bring together community groups, front line practitioners, government officials, and researchers, all working with children and youth in challenging contexts (CYCC) throughout diverse Canadian communities.

We know how to help kids do well in their lives. Now we just need to share what we know with each other. The CYCC Network represents a combination of local commitment, combined with a national and international platform.

Knowledge Mobilization

Put simply, “knowledge mobilization” is the process of taking really good ideas and turning them into action. And then taking practices and linking them with theory. It means that good research doesn’t have to just end up on a library shelf. It also means that communities across the country are sharing their ideas of what works with at-risk kids.

Resilience

The capacity of young people to navigate their way to the psychological, social, cultural and physical resources they need for well-being. Resilience is also their capacity as individuals, and collectively within communities, to negotiate for these resources to be provided and experienced in culturally meaningful ways.

Best Practices

Best Practices emerge when programs and other interventions use evidence-informed practice, and combine these findings with the right mix of programming elements that fit community needs and assets.
Knowledge

To truly provide the best service and interventions for at-risk young people, diverse types of knowledge need to be shared and integrated. Academic research (evidence-informed practice) needs to be linked to what service providers are learning (practice-based evidence) and to local community knowledge.

* arrows show the flow of knowledge
Historical oppression

Populations who have been historically exposed to continuous levels of violence and mass trauma such as colonialism, war, genocide, and slavery, typically display higher rates of mental health illness such as suicide ideation, depression, anxiety, and alcohol and substance abuse. Historical oppression can create cycles of violence and trauma within individuals, relationships and communities that can be passed on from one generation to the next.

Marginalization

Marginalization is the process by which individuals or groups live at the periphery of society because of their exclusion from the economic, social, political, and/or cultural arenas of everyday life. This process is linked to social status and can have a significant impact on how resources are accessed and mobilized, and how decisions are negotiated and made.

Social Exclusion

Social exclusion is exclusion from economic, social, political and/or cultural arenas or everyday life because of indicators such as gender, ethnicity, race, and class. It can be experienced at a personal, community or institutional level.

As with historical oppression, marginalization and poverty, experiencing social exclusion can lead to low self-esteem, feelings of hopelessness and depression, and increased risk-taking behaviours, as well as other adverse mental health outcomes.

Poverty

Poverty may be one of a range of factors that increase the vulnerability of children and youth.
A Note on Ethical Considerations

Ethical considerations must be taken into account when working with children and youth. These considerations include harm reduction (the benefit must outweigh the risks), informed consent, engagement of children and youth, and program design and content development competence.

Populations of Children and Youth that are included in the definition of children and youth in challenging context:

› Children and youth affected by war
  » Child soldiers
  » Children and youth in military families
  » Refugee children and youth
› Children and youth affected by natural disasters
› Immigrant children and youth
› Children and youth subject to maltreatment
› Children and youth in alternative care
  » Children and youth in institutions
  » Youth in juvenile detention
› Aboriginal children and youth
› Homeless children and youth
› Youth gangs
› Child labourers
  » Children and youth in the workplace
  » Children and youth who have been trafficked
› Children and youth living with health-related challenges
  » Children and youth living with chronic illness
  » Children and youth living with mental illness
What is Violence?

Every day, children and youth around the world witness and suffer from the effects of violence on their mental health. Violence cuts across geographic, class, cultural and religious boundaries and young people experience it in their homes, schools and communities. Families, communities and nations are all affected, making it a public health problem of global proportions.

The CYCC Network uses the World Health Organization’s definition of violence:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, and deprivation.¹

This definition includes direct displays of violent behaviour, whether self-inflicted, interpersonal or collective, as well as threats and intimidation.
Why violence happens – its root causes – is challenging to map out. It is influenced and shaped by the relationships that young people have, their living environments at home, in school and in their community, and by individual factors such as biology and personal history. Inequalities such as poverty, disease, racism and gender make up the social and cultural settings where violence is imbedded.

Political and/or economic instability, rapid urbanisation, environmental insecurity and globalization have all been linked to a gradual erosion of protections available to children and youth.

Children and youth experience and are exposed to a wide range of different types of violence, ranging from sexual trafficking and armed conflict to daily repeated small acts such as insults that can also be very hurtful. Exposure may increase with age as youth find themselves more often in unsupervised and potentially vulnerable environments. Some acts of violence can be unexpected and isolated, but many are repeated and carried out by people young people know and should be able to trust.

Families have the greatest potential to protect children and provide for their safety, but the home can also be a place where parents and other family members use violence. This can include physical and sexual abuse, emotional maltreatment, neglect and exposure to intimate partner violence.

In a survey conducted in 35 high- or middle-income countries and regions, roughly 34 percent of youth reported being bullied at least once in the past two months.

Violence in schools can be done at the hands of teachers and peers. Bullying and peer victimization are common. Corporal and other forms of degrading punishment are still allowed in over 80 countries.
In countries where they aren’t, laws are often not effectively enforced.³

Child maltreatment is one of the leading causes for a young person’s entry into institutional care, but these settings can also be sites of violence from caregivers and other children. Staff may “discipline” young people, for example, with beatings, restraints or by locking them up.³

Communities can be places of protection and friendship for young people, but they can also support a culture of violence. Living in communities recovering from war, or those affected by poverty, social inequality and crime, can increase a young person’s exposure to violence and their chances of being drawn into criminal activity and organized gangs.¹⁰ The availability of small arms and weapons and the abuse of alcohol and drugs are also associated with community violence.¹

In 2010 there were an estimated 215 million child labourers reported worldwide. Of these, 115 million were engaged in hazardous work...¹¹

Violence in the workplace affects millions of young people who work both legally and illegally. It can be used to coerce, punish or control them.¹⁴ Slavery, prostitution and pornography, trafficking and the forced recruitment of children for use in armed conflict are considered to be among the worst forms of child labour. Other types, such as domestic labour, is largely unregulated and girls and young women report physical punishment, humiliation and sexual harassment.³

These environments – home, school, community – overlap in intricate ways. Witnessing or experiencing physical abuse in the home, for example, can send the message to a young person that violence is an acceptable means of solving conflict.¹ Sexual abuse is most commonly committed in the home, yet it also happens in schools, workplaces and other community locations.³
Violence has lifelong impacts on a young person’s mental health. Although the consequences may vary according to the nature and severity of the violence inflicted, the short- and long-term repercussions are very often serious and damaging. The effects can last well into adulthood.¹²⁻¹⁴

Here’s some of what we know:

› Childhood trauma can impact brain structure. It may eventually affect key brain controls that regulate stress management, memory functioning and learning.¹², ¹⁵, ¹⁶

› Exposure to violence can result in post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse, risky sexual behaviour, suicidal behaviour and difficulties maintaining healthy relationships later in life.¹²⁻¹⁶, ¹⁷

› Exposure to violence can result in a greater tendency to exhibit aggressive behaviour towards peers and intimate partners.¹²

“The economic cost of child abuse to both individuals and society in 1998 was an estimated $15.7 billion.”¹⁸

› Child maltreatment is linked to higher rates of social assistance and unemployment, lower peak earnings, and high healthcare and sickness allowance costs.¹⁹

› Violence reduces economic productivity and adds financial pressure to government-funded services such as child protection services, health care and the criminal justice systems.¹

› In Canada, the cost of addressing mental health problems generally is conservatively estimated at $50 billion a year.²⁰ And yet, only one in five Canadian youth report receiving the mental health services they need.²¹
WORKING WITH CHILDREN AND YOUTH EXPOSED TO VIOLENCE

There are many different ways to reduce the harms experienced by young people exposed to violence and to help them feel safer in their families, schools and communities. Interventions or programs generally fall into one of three categories: mental health promotion, prevention and treatment.

The CYCC Network supports an integrated health promotion approach to prevent and treat the effects of violence.
Where there is no struggle, there is no strength.

Mental health promotion refers to the actions taken to strengthen mental health. Mental health is generally viewed as a capacity to enjoy life, use one’s abilities to achieve goals, contribute to community, deal with life’s challenges and bounce back from difficult times, and form and sustain relationships with others.22

Mental health promotion programs generally address the needs of the general population, and for children and youth, nurturing resilience is a core promotion activity. Resilience is bolstered by using a strengths-based approach with individuals, and the familial, societal and cultural settings from which individual strengths derive.

Individual

A strengths-based approach at an individual level means focusing on the full spectrum of strengths a young person has for overcoming past problems and for navigating the resources they have available to them through their families, peers and community.23

It works well when it is integrated into skill-based programming. At-risk youth get support meeting basic needs and programming helps increase their sense of self-worth.25

...draw on strengths within families and in other relationships...

The Youth Advocate Program (YAP) in Halifax, Canada, uses a relational strengths-based approach with youth at risk for gang involvement. Many of the youth have substance abuse problems, are prone to aggressive behaviour and have been exposed to some form of family violence. Family counselling is one of several program elements designed to strengthen the relationships youth have with their family and peers. The program decreases peer problems and improves family relationships.27

Relationships

Relational strengths-based approaches draw on strengths within families and in other relationships that children and youth have. Positive aspects of a parent-child relationship or a family’s ability to problem-solve, for example, might be built upon. Supports could include improving access to social networks and resources in the community.26

It works well when it is integrated into skill-based programming.

The Sierra Leone Red Cross Child Advocacy and Rehabilitation Project uses a strengths-based approach to work with severely war-affected children and youth. Counselling and skill development in areas such as carpentry and cloth weaving allow youth to (re)gain trust and acceptance from their community.

In some Aboriginal communities, the approach has led to improved self-esteem, perseverance and other positive behaviours.23
works with girls and their families to reduce responses to trauma, develop supports in schools and families, and help build the girls’ coping behaviours. Focusing on the girls’ personal relationships with family and friends improves their overall well-being.28

**Contextual strengths-based approaches**

Mental health can also be promoted by focusing on strengths within the local community. Work in this area looks at harmful community-level risk factors such as social inequalities, community or neighbourhood-level violence and stigma. Gaps between socially isolated, at-risk youth and their peers, schools and community organizations are identified in order to increase supports and resources. Organizations use participatory decision-making structures that empower youth and reduce stigma, as well as creative mediums such as art and drama therapy and community-based healing ceremonies.

...culturally-relevant programming is prioritized with some population groups...

The use of culturally-relevant programming is prioritized with some population groups, such as former child soldiers and in Aboriginal communities, as a way to foster community reintegration, reconciliation, and healing.29-32 This model recognizes that the emotional well-being of children and youth can often be improved through non-medical solutions, such as secure and supportive family relationships, a predictable and safe environment, political and economic security, and spiritual faith and beliefs.

In Sierra Leone, field workers developed a dance/movement therapy group with twelve 15-18 year old orphaned, socially isolated, former child soldiers. Using dance, movement and group rituals, participants communicated their own histories, current lives and desires for the future. At the end, the young men put on a play in their community to illustrate their own war time victimization, their participation as perpetrators and their desire for forgiveness.

...culturally relevant strengths-based approaches typically honour a more holistic interpretation of mental health...

These culturally relevant strengths-based approaches typically honour a more holistic interpretation of mental health that looks at the mental, physical, social and spiritual aspects of wellness at an individual, family and community level. In many Aboriginal communities this can include the use of songs, natural medicines, sweat lodges and spiritual work with elders to help heal young people and fellow community members from trauma.
An ounce of prevention is worth a pound of cure.

Strengths-based approaches are also used to prevent mental health problems. Prevention programs target subgroups or individuals within a population believed to be at a higher risk of developing mental health distress or disability. Like promotion programs, they can focus on the individual, relationships, and/or contexts such as community.

Individual

Prevention programs that focus on individual behaviour change generally consist of education and skills development. The goal is to sensitize at-risk young people to the effects of violence, help them feel comfortable about seeking support, and introduce simple coping and problem-solving strategies.

Individual-oriented programs are commonly used in schools and other community-based settings. They can be a good way to build awareness of violence and its effects and their effectiveness increases when they are part of a broad, multi-tiered mental health program.

Family and peer relationships

Strengthening family and peer relationships programs prevents violence by developing stronger positive relationships that vulnerable children can rely on.

Programs that focus on families with challenges identify and develop family strengths that can promote positive child development and prevent or reduce violence. The approach is linked to reductions in depression and suicidal behaviour, dating violence, substance abuse, poor performance at school, and aggression.

The CAFES program (Youth Coffee and Family Education and Support) worked with Bosnian youth and their families who were new to Chicago, Illinois. Families participated in culturally-sensitive, community-based education and support groups that helped them develop meaningful relationships with family and community members.

Context

Prevention programs that focus on context are used for the general population who may be at risk for future mental health problems. They are often used in the aftermath of mass violence or trauma such as armed conflict or disaster. Children’s resiliency is bolstered by drawing upon strengths at the family and community levels. Programming is usually culturally specific and can include educational supports, recreational activities, and/or community rebuilding projects.
The best way out is through.

Treatment programs are used after children and youth have experienced or witnessed violence. They include a wide range of therapies and clinical interventions that can involve the individual, the young person and his or her family, or larger group sessions based out of clinics, schools or community organizations. What follows is a snapshot of these interventions.

First response debriefing

First response debriefing – or “psychological first aid” – is used soon after a traumatic event has taken place. Its purpose is to help young people understand that their reactions to trauma are normal and expected, to provide individual counselling and to help develop problem-solving skills.

...help young people understand that their reactions to trauma are normal and expected...

Schools often use first response debriefing after suicides, accidental death or emergencies. Its use in school settings is questioned, since some studies on adults found it to be either ineffective or even potentially harmful.

The Child and Family Traumatic Stress Intervention (CFTSI) program out of the Yale Childhood Violent Trauma Center is a type of first response debriefing that is being used in child advocacy centres and children’s mental health clinics in some cities in the United States. Children and their families/caregivers receive emotional support, help with developing coping skills, and assistance meeting practical needs within 30 days after traumatic events such as abuse, domestic violence and motor vehicle accidents. The program helps to reduce symptoms of posttraumatic stress disorder.

Trauma-specific cognitive behavioural therapy (CBT)

Trauma-specific cognitive behavioural therapy (CBT) can be called the current “standard of care” for traumatized children and youth. It focuses on helping the young person challenge and change their patterns of thinking and beliefs so as to decrease emotional distress. Trained counsellors use a variety of CBT techniques to achieve this in individual, family and group therapy settings.

...helping the young person challenge and change their patterns of thinking and beliefs so as to decrease emotional distress...

There is considerable evidence backing CBT as an effective treatment approach. For children who have experienced sexual abuse it has been found to improve posttraumatic stress disorder (PTSD) symptoms, depression, behavior problems and...
distress.\textsuperscript{53, 54} It has also been used with young people exposed to physical abuse and maltreatment, and those with addictions.\textsuperscript{55-57}

Narrative exposure therapy, testimonial psychotherapy, and eye movement desensitization and reprocessing (EMDR) are variations of CBT that have been successfully used with young people who are affected by war, displacement and disasters.

The \textbf{Cognitive Behavioural Intervention in Schools (CBITS) program} uses CBT with diverse ethnic youth attending inner-city schools who are exposed to community violence. Used throughout the United States and in several other countries, CBITS combines education with individual and group therapy sessions. It is based in strong collaborations between community members, school staff and researchers. The program is flexible to local needs, reduces stigma associated with seeking help and promotes collaboration.\textsuperscript{58}

\textbf{The use of art is particularly useful in work with immigrant, refugee and war-affected children and youth...}

CBT is often used with arts-based or expressive therapies that use play, writing, art, music, poetry, drama, role-playing, dance and other forms of self-expression to help young people work through trauma. The use of art is particularly useful in work with immigrant, refugee and war-affected children and youth and who may have difficulty responding to treatment because of communication or cultural barriers.\textsuperscript{31, 34, 47, 59-66}

The \textbf{Phoenix Centre for Children and Families} in Pembroke, Canada, uses CBT with creative activities such as scrapbooking to help youth express themselves about serious issues. The model helps reduce traumatic distress, self-harm and substance use, and it is more effective when parents are involved.\textsuperscript{67}

\textbf{Child-parent/family therapies}

Working with youth and their families is another treatment approach, particularly for young people who have been exposed to violence by their parents/caregivers. Family treatment models include parent-child interaction therapy, multidimensional treatment foster care and kinship care. These models can be effective ways to improve how parents/caregivers interact with their children, and to reduce children’s symptoms of externalizing disorders and the risk of renewed abuse.\textsuperscript{68}

\textbf{Some child-parent interventions focus on helping parents improve their parenting practices and ability to help their children cope with trauma.}

Some child-parent interventions focus on helping
AROUND THE WORLD

- Phoenix Centre for Children and Families
  Pembroke, Canada
- Sierra Leone Red Cross
  Sierra Leone
- Youth Advocate Program
  Halifax, Canada
- CFTSI
  New Haven, USA
- Yale Childhood Violent Tauma Center
  New Haven, USA
- Minnesota Runaway Intervention Program
  St. Paul, USA
- CAFES Program
  Chicago, USA
- Cognitive Behavioural Intervention in Schools
  Los Angeles, USA
Send us your examples

Help us fill in the gaps to get the complete picture.

If you know of a program that targets child and youth mental health following exposure to violence please send us an email (cycc@dal.ca) and we will add it to the online report.

Note: this map shows the location of the programs listed in this report. This is not an exhaustive list of programs, nor are they endorsed by the CYCC Network in any way.
parents improve their parenting practices and ability to help their children cope with trauma. Studies have found mixed results ranging from insufficient evidence to support their use, to evidence that they help reduce the trauma symptoms of parents and improve children’s mental health.69, 70

Parent-Child Interaction Therapy (PCIT) and Child-Parent Psychotherapy (CPP) focus on enhancing how children and parents behave with one another. Parents learn to observe their child’s behaviour and how to support his/her emotional development. There may be joint therapeutic sessions. PCIT has been found to be effective in lowering the risk of abuse in families where a caregiver has a history of being maltreated.68-72 CPP has been successfully used with children exposed to domestic violence, maltreated infants and culturally diverse groups of foster care youth.

Intergenerational Trauma Treatment Model (ITTM) is a relatively new approach. It is based on the view that caregivers of traumatized children may have histories of chronic and/or unresolved trauma that can unintentionally be passed on to the children in their care. ITTM is being used with victims of inter-familial violence and those involved in the Canadian child welfare system. Early findings show some positive mental health outcomes for caregivers and children.73

Medication
There is limited evidence behind the use of prescribed medications to treat children and youth who are traumatized by violence.74 Pharmacological treatments are often considered as a last resort.75

Other trauma-informed therapies
There are many innovative treatments being used with children and youth that are not well documented. Here’s two worth mentioning:

- **Equine-assisted therapy** uses the therapeutic effect of connecting with horses to help young people recover from trauma. The Phoenix Centre for Families & Children integrates uses it with families who are unresponsive to conventional therapies.

- **Mindfulness**, derived from Eastern-based spiritual and philosophical systems of thought, involves breathing exercises, meditation and/or yoga as a way to heighten a young person’s sense of awareness and to increase resilience to distress.
Integrated approaches

At-risk young people have multiple needs. The more we learn about the complexities of violence against children and youth, the greater the call to integrate approaches. Counselling may have little impact, for example, if a young person continues to be exposed to violence because they lack adequate shelter.

**The more we learn about the complexities of violence against children and youth, the greater the call to integrate approaches.**

Integration means greater coordination and collaboration between multiple systems that are each designed to reduce violence against young people. This is already happening in many mental healthcare settings. Many practitioners are reaching out to families and communities to support the mental health and well-being of the young person they are supporting. Aspects of mental health promotion and prevention are included in clinical work.

**Multi-systemic Family Therapy (MST) and Ecologically-based Family Therapy (EBFT) are two examples of integration.** With MST, a treatment team works closely with families, school, peers, neighbours and community organizations. The treatment may focus on creating cognitive and/or behavioural change, improving school performance, enhancing communication skills and family and peer relations, and/or extending social networks. EBFT also integrates treatment with a wide range of services based on the child’s and family’s needs.

Integration needs to be done carefully so that protective factors are not overgeneralized across cultures. This is important because currently, the majority of research is still based on Western models of trauma and resilience. But how a family deals with crisis and stress, for example, is culturally based. When interventions are integrated, the models need to be flexible enough to allow for the rich diversity of experiences to emerge.
While much is known about violence and its damaging impact on the mental health of children and youth, there is much more that remains to be understood.

Many of the approaches outlined in this report need more research and evaluation behind them. This is especially true for mental health promotion, prevention, and integrated approaches that have outcomes that are challenging to measure. Their significant potential, however, merits much greater investment from governments and research institutions.

Knowledge about some contexts for violence is just being uncovered, such as how children with disabilities experience violence and the violence that happens in the aftermath of disasters. After the 2010 earthquake in Haiti, for example, children and women in camps for displaced people were found to be at the highest risk of interpersonal and sexual violence.

Current literature is still dominated by Western-based approaches that reflect the woefully inadequate availability of culturally sensitive programming. Studies on immigrant and refugee young people arriving to Canada, for example, found that many services failed to address issues like racism and institutional discrimination. A deeper understanding is needed about how interventions can be used across a variety of socio-cultural contexts. Targeting at-risk groups needs to be carefully planned so as to not alienate or stigmatize them.

Finally, funders and policymakers need to acknowledge that scientifically rigorous research takes time to produce. Funding emerging and promising practices is as important as supporting clinically-proven ones. Policymakers also need to support mental health promotion work that is innovative and community strengths-based, especially in resource-poor environments.
CONCLUSIONS

Organizations around the world are already hard at work making a difference in the lives of vulnerable children and youth who are impacted by violence. They are helping to build strong and stable families, schools and communities that support each other and nurture resilience. Building upon these practices and breaking down disciplinary barriers among researchers, practitioners and communities will significantly promote knowledge and practice in this area.

A comprehensive approach that integrates mental health promotion, prevention and treatment is urgently needed. Collaboration across multiple systems and with diverse partners that include the children, youth, families and communities who are affected, will continue to have the greatest impact.

“breaking down disciplinary barriers...will significantly promote knowledge and practice in this area.”

“A comprehensive approach that integrates mental health promotion, prevention and treatment is urgently needed.”
Many service providers, researchers and communities are already actively working to reduce the harmful impacts of violence on children and youth. This checklist can help your organization follow best practices.

### Checklist for helping children and youth who have been exposed to violence

<table>
<thead>
<tr>
<th>1. Integrated, multi-level approaches to mental health care are essential to addressing the complex needs of children and youth in challenging contexts.</th>
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</thead>
<tbody>
<tr>
<td>Wherever possible, we integrate elements of mental health promotion, prevention and treatment into the services we deliver.</td>
</tr>
<tr>
<td>We have partnerships with local services that provide interventions in mental health promotion, prevention and treatment.</td>
</tr>
<tr>
<td>We are connected to and/or collaborate with local, regional and national partners that do work in mental health promotion, prevention, and treatment in order to further a comprehensive approach.</td>
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<thead>
<tr>
<th>2. Strengths-based approaches to mental health promotion, prevention and treatment build protective factors among at-risk youth and their families and communities.</th>
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<tbody>
<tr>
<td>We provide staff and volunteers with education and training on using a strengths-based approach.</td>
</tr>
<tr>
<td>We use a coordinated strengths-based approach to increase resiliency among young people, their families and communities. This can include opportunities for skill building and for developing healthy, supportive relationships.</td>
</tr>
<tr>
<td>Because a caregiver’s wellbeing is essential to a child’s wellbeing, we provide services or referrals to services that can help caregivers heal from their own trauma.</td>
</tr>
<tr>
<td>We promote the use of a strengths-based approach with our partners.</td>
</tr>
</tbody>
</table>
**Checklist for helping children and youth who have been exposed to violence**

3. **Interventions need to be relevant to the needs of at-risk young people from diverse contexts, cultures and genders.**
   - Our staff receive regular training on delivering culturally sensitive services. Our organization strives towards cultural competence.
   - We engage youth and their families from different genders, cultures and contexts so that our programming reflects their needs.
   - We are in touch with cultural leaders in our community and we ask them to help shape our programming (i.e. Elders, spiritual leaders).
   - We have and follow a protocol for checking that children and youth from diverse cultural and linguistic backgrounds can understand resources (spoken and written). Where possible, translators are available who can be trusted by young people.
   - Where possible, our services are offered using a variety of mediums such as arts-based programming to help ensure children and youth have access to services despite communication and cultural barriers.

4. **Engaging young people, families and communities will result in more effective services.**
   - We have and follow a Youth Engagement Plan (see CYCC Network paper on Youth Engagement).
   - We use a participatory approach to ensure program elements are matched to local needs and assets within the community.

5. **Program monitoring and evaluation are important to overall program and organizational effectiveness.**
   - A monitoring and evaluation plan has been developed. It is integrated into the design and delivery of our program(s).
   - A Logic Model is developed that will help us identify if we are making progress on reaching our objectives.
   - Young people are involved in program monitoring and evaluation as per our Youth Engagement Model.

6. **We contribute to knowledge building so that others can learn from what we are doing.**
   - We are documenting as best we can our process so that we can share what we are learning.
   - We are connected to other organizations that work in the area of mental health so that we can share and learn from each other.

7. **We follow an ethical framework when working with children and youth to prevent stigma and further vulnerability and risk. This includes when we involve them in research and evaluation.**


18. Bowlus et al., 2003. p. 91)


27. Personal communication with Sharon Martin, Program Manager, Youth Advocate Program. Halifax, Nova Scotia.


FIND THIS REPORT AND MORE ONLINE

This summary document is one of three reports of its kind. Other topics in the series include youth engagement and using technology. Please go to our website to view these summary document or the full reports that give an in depth review of evidence and full list of references on these topics.

This document should be referenced as follows:


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