SUMMARY DOCUMENT

CREATING SUPPORTIVE ENVIRONMENTS FOR CHILDREN AND YOUTH WITH COMPLEX NEEDS

CYCC Network
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Guiding question for this report:

What kinds of integrated, multidimensional services and supports work best for children and youth with complex needs in challenging contexts?

This document presents a summary of the information found in the CYCC Network's knowledge synthesis report Creating Supportive Environments for Children and Youth with Complex Needs. Many children and youth have 'complex needs' with multi-dimensional problems. Addressing these challenges require complex intervention strategies involving a variety of services and supports. This report brings together existing research and practice based knowledge to explore how we can work together to create holistic, supportive environments where young people can thrive.

CORE CONCEPTS

The CYCC Network

The CYCC Network is a national body with an international reach. We bring together youth, 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

"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.

To improve mental health and well-being for vulnerable and at-risk children and youth in Canada and around the world.
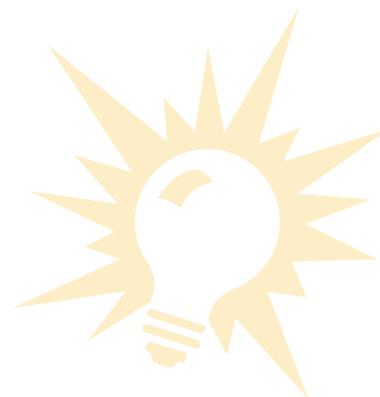
Resilience

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.
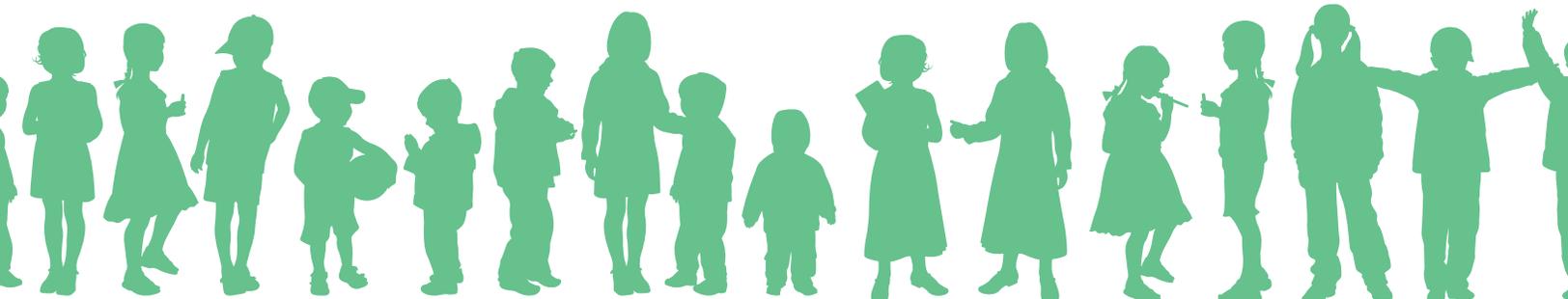
Knowledge Diagram

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.

FEEDBACK LOOP

EVIDENCE BASED PRACTISE

PRACTISE BASED EVIDENCE

LOCAL KNOWLEDGE

FEEDBACK LOOP
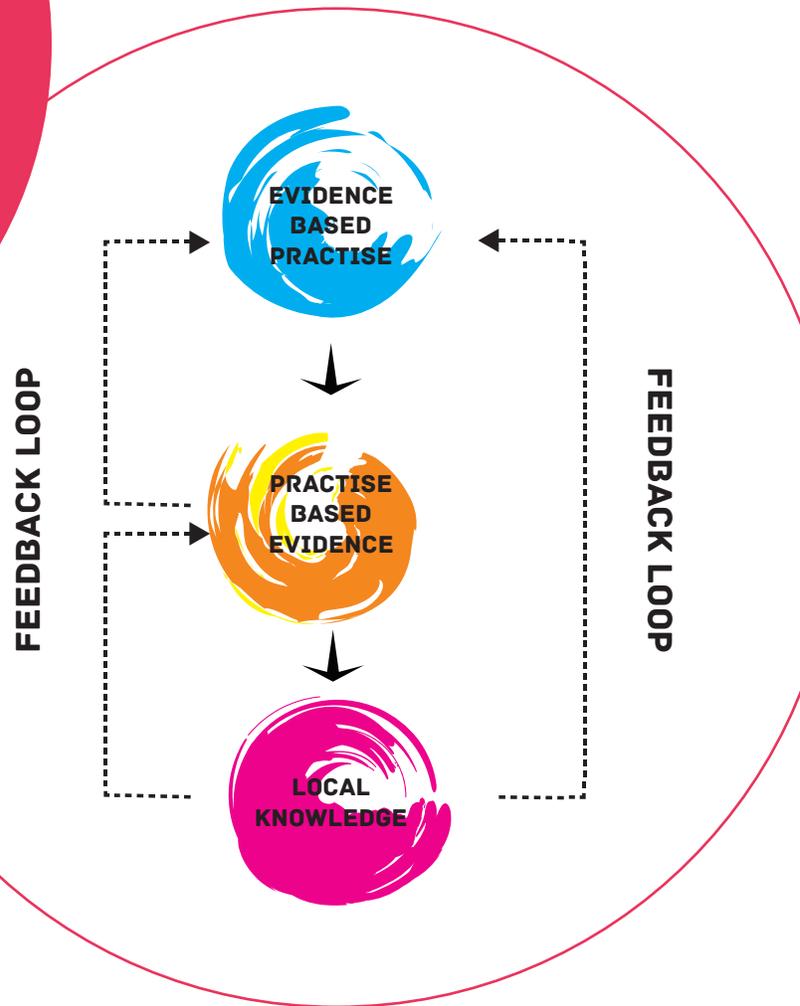
*arrows show the flow of knowledge

CORE CONCEPTS CON'T

Populations

Vulnerable children and youth are not all the same; they differ in terms of their experiences, contexts, and cultures. They face common threats to their mental health that come from constraints and challenges built into their community and societal structures. No young person or population of young people is inherently more vulnerable than another. It is the contexts in which they reside that makes them more vulnerable.

These populations may include:

- **Children and youth affected by war (e.g. child soldiers, refugees)**
- **Children and youth in military families**
- **Children and youth affected by natural disasters**
- **Immigrant children and youth**
- **Children and youth subject to maltreatment**
- **Children and youth in alternative care (e.g. juvenile justice system)**

- **Aboriginal children and youth**
- **Homeless children and youth**
- **Youth gangs**
- **Child labourers in the workplace or who have been trafficked**
- **Children and youth living with health-related challenges (i.e. chronic or mental illness)**

Creating Supportive Environments for Children and Youth With Complex Needs

These factors often intersect, such that a child or youth is likely to experience several stressors at once.

Some of the common factors that shape these contexts are:

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 is another factor that increases the vulnerability of children and youth.

THE SITUATION

Mental health is a primary concern among Canadian children and youth.14 to 25 per cent of children and youth are estimated to experience mental health issues[1], and 70% of adults with mental health issues are believed to have developed symptoms during early childhood or adolescence. Many children and youth have 'complex needs' with multi-dimensional problems that require complex intervention strategies – there is no one-size-fits-all solution.

CanChild Centre for Childhood Disability Research defines children with complex needs as "children with multiple health/developmental needs that require multiple services from multiple sectors, in multiple locations"[2]. These children and youth lack sufficient mental health care and other social support services in Canada.[3] This is a result of a number of factors including family dynamics, fragmentation of services, stigma, lack of adequate resources, and shortage of mental health professionals[4].

The problem is even worse among marginalized groups, including immigrant and Aboriginal youth, who have unique complexities associated with their mental wellbeing and social marginalization. Studies have connected the failure to adequately provide a caring environment for children and youth living with mental illness to other complex physical, mental, and social issues, including homelessness and suicide[5].

CORE ELEMENTS OF EFFECTIVE INTERVENTIONS LEADING TO SUPPORTIVE ENVIRONMENTS

7 Core elements have been identified:

1 Family centred
2 Community-based
3 Integration of services
4 Youth engagement
5 Cultural competency
6 Sensitivity to gender and sexual orientation
7 Staff competency

FAMILY-CENTRED

Family-centred interventions emphasize the strength of family members, viewing them as full collaborators who can bring tangible change in the lives of children and youth with complex needs[10]. Healthy family relationships shield children and youth from developing anti-social behaviours, while poor family management, like weak parent-child communication, low warmth, or poor parenting skills, has a negative impact on the physical and mental development of a child[11]. In fact, this literature review reveals that poor family functioning is a key factor for adolescent conduct disorder and risk behaviours[12]. A family-centred program maintains protective factors while reducing risk factors in the family and broader environment[13]. It can, in certain contexts, enhance positive family relationships by improving communication and problem solving skills[14].

SOCIAL ECOLOGICAL THEORY

Bronfenbrenner's social ecological theory[6] has been developed and applied to multiple interventions with young people. It "places the individual and an individual's patterns of behaviour as being part of and shaped by larger systems of influence"[7], and revolves around four components of ecological systems: the individual, relationship, community and society systems[8], as detailed in Figure 1. Interventions should consider these interdependent components when addressing treatment and behavioural issues[9].


Societal · Community · Relationship · Individual
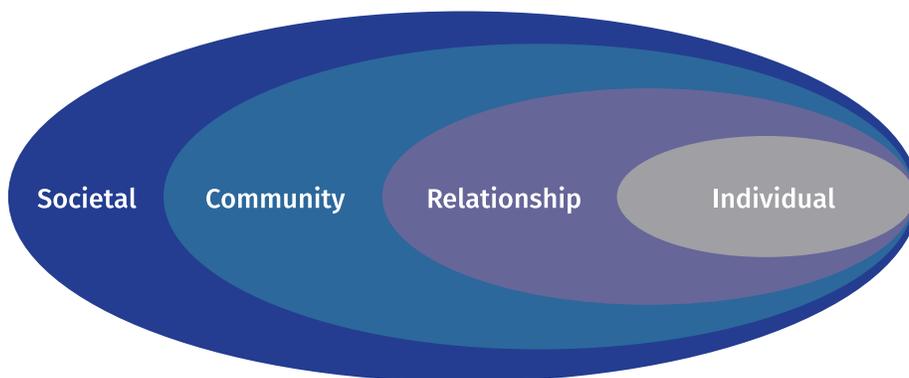
Figure 1: Social Ecological Model (Dahlberg & Krug 2002; p12)

Case Study: Ottawa Inuit Children's Centre

Established in August 2005, the Ottawa Inuit Children's Centre (OICC) is a multiservice community organization that offers a wide range of programs and services for Inuit children, youth and their families. To achieve its overall objectives, OICC works towards increasing access to culturally-based services for the Inuit community through educational, recreational and social support services across the city of Ottawa. Some of its key interventions include preschool, family literacy, community outreach, Inuit kindergarten class, after-school youth programming, language programming (Inuktitut/English) and cultural resources.

OICC engages youth between the ages of 13-18 and has a Youth Steering Committee (YSC) currently made up of 15 Inuit teenagers. In addition to providing direct social support and services to Inuit children, youth and their families, OICC also advocates for their interests and needs in the urban community. Currently, OICC has 32 staff members dedicated to creating supportive environment for Inuit children, youth and their families. OICC provide staff members with training programs to equip them with the necessary skills and knowledge. The training programs cover various topics such as mental health first aid, art therapy, collaborative problem solving, early learning for every child today, and managing resistance. The low staff turn-over guarantees a continuum of care and enhances access to services to children, youth and their families and creates strong relationships between the OICC and the community.

COMMUNITY-BASED

Children and youth are embedded in multiple systems that have direct and indirect influences on their behaviour and upbringing[15]. Community-centred interventions target multiple ecological systems, addressing the complex problems within these systems that contribute to the child and youth's situation[16]. Factors such as poverty, fragile community, deviant peers, and neighborhood characteristics can lead to complex problems, which include mental illness and behavioural and conduct disorders such as serious behavior problems, juvenile delinquency, and adolescent substance abuse[17]. These factors are interconnected, dynamic, and reciprocal[18].

Community-centred interventions facilitate easy access to services since they are placed in the most inclusive, most accessible, and least restrictive settings, which are close to the children, youth and their families[19]. Such interventions create social connections and support for families by identifying, strengthening, and utilizing children and youth's natural support network including family members, peers, school and community[20].

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Case Study: (Community Health Centres CHCs):

CHCs in Ontario operate using a community-based model. CHCs provide primary health care and other social services for vulnerable populations using an interdisciplinary team model. CHCs address a number of factors that have direct effect on health, such as education, employment, income, social support, environment, and housing. CHCs' interdisciplinary teams include physicians, nurse practitioners, social workers, counsellors, health promoters, and dietitians. Governed by community members, they offer a wide range of community-based programs/services including health care, language and settlement programs specifically for immigrants and refugees, parenting education, counselling, drop-in programs for youth, sexual health education, anti-racism programs, domestic violence prevention and treatment. Using an integrated service approach, CHCs registered positive impact by addressing the health and other social-economic needs of vulnerable population such as individuals with low incomes, the homeless, and the elderly.

INTEGRATION OF SERVICES

Fragmentation of service delivery is one of the major challenges facing children and youth with mental health problems in Canada[21]. These challenges are even worse for children and youth with complex needs who require coordinated services between sectors such as, mental health, education, children's rehabilitation, child welfare, youth justice, and child care. Achieving service integration has been deemed "one of the most active fields of health care inquiry in Canada"[22].

Different levels of integration include:
• Individual clinicians
• Programs and services
• Systems
• Vertical vs. horizontal
• Co-location

Integrating the various programs and services ultimately increases access to services and leads to greater satisfaction with services for children, youth and their families[23]. It also leads to improved continuity of care and systems outcomes[24]. Ultimately, this collaborative work between service providers, children, youth, and their families creates a mutually supportive environment for children and youth with complex needs[25].

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Case Study: SchoolsPlus

An example of an integrated service for children and youth is SchoolsPlus in Nova Scotia. It is a comprehensive and interagency collaboration with a view to facilitate the delivery of services and supports for children, youth, and families in schools. The vision of SchoolsPlus is that "schools become a convenient place for government and other community services to be delivered to families" (SchoolsPlus, 2014). SchoolsPlus has sites in all eight school boards in the province, and brings a range of services such as mentoring, social work, homework support and justice services into schools where children, youth and families can easily access them. It focuses on issues of mental health and addiction services for children, youth and families and to this effect, mental health clinicians were placed in some schools. (Davidson, & Coniglio, 2013).

YOUTH ENGAGEMENT[26]

Meaningful youth engagement improves the mental health and wellbeing of the youth, because it enhances positive relationships with adults and creates self-pride and confidence[27]. This happens "when [youth] are involved in activities that they believe to have purpose, when they show commitment to what they are doing, and they demonstrate gained knowledge of the activity"[28].

Programs that use a strengths-based approach can empower meaningful participation of youth and help them improve risk factors[29]. "All children and adults have skills, capacities, and talents that can be used for movement toward their aspirations, the meeting of their challenges, and amplifying the quality of their lives"[30]. The approach places the focus on the strengths of an individual as opposed to emphasizing problems, vulnerabilities, and deficits[31].

An example of a youth engagement strategy is HeartWood Centre for Community Youth Development, based in Halifax, NS. Through a participation action research project with young people across the province of Nova Scotia, HeartWood created a framework for community youth development (see Figure). This framework, renamed the HeartWood Circle of Awesomeness by the youth involved, is a tool allowing people to review the active and meaningful participation of young people in a program or organization.
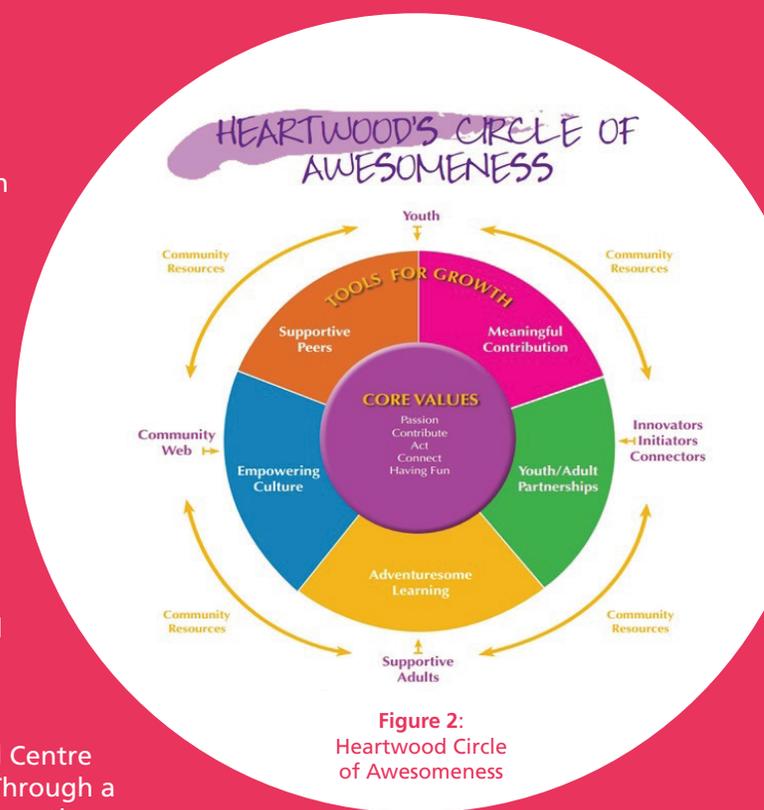

Figure 2: Heartwood Circle of Awesomeness

Case Study: Phoenix Youth Programs

Phoenix is a community-centred organization based in Halifax, NS since 1987. This not-for-profit agency provides a caring and supportive environment for at risk and homeless youth 12 – 24 years through various programs and services that value the potential in youth and help them find healthy and fulfilling lives. The core programmes at Phoenix include prevention support, food and shelter (short and long term), counseling and advocacy, employment and learning programs, parent support, therapeutic recreation, outreach services, and medical support. Phoenix strives to break the cycle of youth homelessness using integrated, multi-dimensional and holistic program-ming and services. Phoenix partners with the community in Halifax to create a supportive and caring environment for vulnerable youth. Phoenix focuses on fostering youth development through actively engaging youth in creative programming like art, pottery, theatre, music and singing. These and other innovative programs and services such as life skills development, leadership development, and employ-ment coaching help youth become confident in their abilities to break the cycle of poverty and homeless-ness, as they become independent.

CULTURAL COMPETENCE

Cultural values define developmental norms and help inform how to address emotional, behavioral, and mental distress[32]. When cultural bias or a lack of understanding exists, it can contribute to inadequate care and services[33]. As such, cultural competence is one of the core principles of effective evidence-based intervention models. It is an essential priority in order to reduce inequalities and disparities in health care and other social services, and to ensure access to equitable services to culturally diverse communities[34]. Programs and services must also be contextual and in harmony with the culture, values and beliefs of culturally diverse children, youth and their families[35].

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Case Study: Wabano Centre for Aboriginal Health

The Wabano Centre for Aboriginal Health in Ottawa, Ontario provides innovative, holistic, and culturally-appropriate community health, social and cultural programs for Aboriginal people in the Ottawa area. Some of the culturally-focused programs for First Nations, Métis and Inuit youth include child and youth centred mental health programs, after school programs, mentoring, wilderness camps, traditional sports, young offender diversion and reintegration. These activities help children and youth to reconnect with their cultural identity, appreciate the importance of life, learn about the harmful effects of drugs & alcohol, and encourage positive contributions to the community through learning traditional values. The Centre also carries out community diversion programs for children and youth who are in conflict with the law and uses culturally appropriate programming to reintegrate youthwho have already been in conflict with the law in their community.

SENSITIVITY TO GENDER AND SEXUAL ORIENTATION

Gender and sexual orientation influence how children and youth experience challenging situations, express their emotions, and how they respond to intervention programs or services[36]. As a result, programs and services must take gender and sexual identity into account. A child and youth's gender or sexual orientation should not be grounds for discrimination and unequal treatment during service provision[37]. This is particularly true for marginalized groups such as immigrants, sexual minorities, homeless, and street involved children and youth who are susceptible to various forms of discrimination when accessing services[38].

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Case Study: The Gender Equality Lens Guide

The Gender Equality Lens Guide developed by the City for All Women Initiative (CAWI) and the City of Ottawa is an example of a practical tool that is helpful in planning, policy making, programming and service delivery. According to this guide, a gender equality lens is "a way of looking at the work we do so as to identify ways of supporting the well-being of women and men (girls and boys); taking special care to ensure inclusion of the full diversity of women". This lens helps us reflect how women and men (girls and boys) are affected by social problems, policies or services and how our work can address or reduce any differences and inequalities. Acknowledging the differences and inequalities between women and men (girls and boys), particularly marginalized social groups such as Aboriginal, visible minorities, people living with disabilities, low-income, and immigrants, the guide is a tool for considering inequalities at every stage of the planning and service delivery process to ensure inclusion of the full diversity of women and men (girls and boys) as decision makers and recipients of services (City of Ottawa & City for All Women Initiative, 2008).

STAFF COMPETENCE

Having staff trained and competent at providing effective service delivery is another core element for creating a supportive environment for children and youth. Once service provision starts, on-going, on-the-job training needs to be provided to staff in order to enhance the quality of service delivery and to equip them with the necessary skills and knowledge to meet the complex needs of children and youth[39]. Close regular supervision of staff is also essential in order to help them learn to cope with their work demands, overcome treatment barriers, and develop effective treatment strategies[40].

Staff must also be trained to empower youth and allow for meaningful youth engagement. Youth at the Laing House Workshop[41] argued that there is a great need to reduce power imbalances between staff and their clients. Youth empowerment redresses these imbalances by offering youth control and agency through-out service delivery. Staff competence also includes familiarity with differences linked to one's identity such as gender and sexuality as discussed above. Finally, staff competence also requires retention of staff in order to provide a continuity of care[42].

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Case Study: Hincks-Dellcrest Centre

The Hincks-Dellcrest Centre is a children's mental health treatment, research and academic facility based in Toronto, Ontario. The Centre provides mental health services to infants, children, youth, and their families. Its approach to mental health treatment is attentive to children, youth and families with complex needs. The Centre is in the process of a transformation aimed at redesigning its clinical model and establishing a continuous quality improvement approach to service, including its research and training mandates. This new model is responsive to the specific needs of each child and family and aims to provide personalized care, with after care and family support embedded in its outpatient, in-home and out of home intensive service models.

The Centre has extensive in-house knowledge and skills in the design and delivery of prevention and early intervention support for communities. Through its Gail Appel Institute, the largest training organization dedicated to mental health professionals in Canada, it has delivered advanced education for approximately 80,000 learners since 2000. In addition to continuing education, the Institute invests in community programming for caregivers and those who work with children, such as educators. Trained mental health professionals take their expertise back to their communities allowing them to provide better services. Additionally, the Institute recently established a new seminar series for families, aimed at educating and supporting families coping with complex mental health needs.

EVIDENCE-BASED MODELS

CHILD AND YOUTH FOCUSED INTERVENTIONS

These interventions focus on the individual young person and provide therapeutic treatment for mental health and conduct disorders such as anxiety and post-traumatic stress disorder. Models of these interventions include:

a. Cognitive Behavioural Therapy
b. Trauma-Focused Cognitive-Behavioural
   Therapy
c. Art Therapy

FAMILY-CENTRED INTERVENTIONS

Family-centred interventions target both the individual child or youth and his/her family.

Family-centred interventions aim at improving positive family relationships and creating a functional family through increasing the level of support provided by caregivers and parents. Models of these interventions include:

a. Functional Family Therapy
b. Multidimensional Family Therapy

COMMUNITY-BASED INTERVENTIONS

Community-based interventions focus on factors that have influence on the young person's conduct, behaviour and overall development such as peer, school and community. Models of these interventions include:

a. Multi-systemic Therapy
b. Wraparound
c. Child Advocacy Centres (CACs)

Detailed examples of these Evidence Based Models can be found in our full report Creating Supportive Environments for Children and Youth with Complex Needs (2015).

CONCLUSIONS

The interaction of mental health challenges with other physical, emotional, or social issues can further compromise the well-being of children and youth. It is because of their complex needs that the provision of services from different disciplines across various service sectors is crucial. Approaching the various aspects of a child and youth's life through a holistic, ecologically comprehensive manner provides a unique opportunity to protect supportive factors and, at the same time, address risk factors. Family focused, community-centred and integrated services are the core principles identified here as critical for effective interventions with young people. The passion and commitment to create supportive environments for children and youth is one that must be shared by service providers if such a goal is to be realized.

POLICY CHECKLIST

This checklist is designed to help organisations, researchers, communities, caregivers and individuals create supportive environments for young people. You can use this checklist as a tool to help you implement the recommendations from the CYCC Network's report Creating Supportive Environments for Children and Youth with Complex Needs into your programs and practices.

Creating Supportive Environments	✓
1. Children need to be placed at the center of programs and organisations	
Our programs and services are child and youth-centered. Our organisation provides services that take the contexts of children, youth and their families into account and programs accordingly.	
Our organisation provides therapeutic treatments (CBT, TF-CBT, FFT, and MDFT) in non-clinical settings in order to reach young people in their environment.	
2. Caregivers need to be strengthened, supported and included throughout the entire care process	
Our programs and services aim to strengthen the capacities of parents and caregivers.	
Children are taught how to stay safe and have personal safety plans	
Our programming includes parents and caregivers in decision-making and information sharing.	
Our programming works to develop the abilities of parents and caregivers to support the children and youth they care for.	
3. Youth need to be engaged in creating the programs they are a part of	
We ensure youth participation in designing, implementing and monitoring phases of programs and services.	
Our organisation actively involves youth in designing, implementing and monitoring the programs and services that they are a part of.	
Our organisation works to ensure that youth are invested in the treatment processes that they are a part of.	

4. Organisations need to integrate and collaborate in order to effectively address complex needs

Our programs and services address the complex needs of young people by integrating existing programs and multiple services.	
Our programs strive to actively collaborate with other organizations in the sector to deliver programming to children and youth with complex needs.	
Our staff engages in ongoing training to remain knowledgeable about other organisations that deliver programming and services.	

5. Interventions need to be holistic and context sensitive

Our programs and services are not delivered in isolation. Treatment takes into account the social, cultural and material context of the young person receiving treatment.	
Our programs and services are located within a broad ecological framework and work to address emotional, physical, cognitive, social, spiritual, cultural and environmental factors that affect the experiences of children and youth.	
Our programs and services are attentive to all factors that may shape the experiences of the youth we serve. These include (but are not limited to): culture, gender, sexual orientation, language of children, and material circumstances.	

6. Early interventions need to be a priority in program design and approach

We make every effort to intervene early in the life of a child, in order to reduce the chance of a young person developing concurrent disorders.	
Our program works to identify at-risk youth and provide relevant interventions early in their lives.	
Our organisation recognises the preventative possibilities of early interventions.	

7. Organisations need to regularly monitor and evaluate their programs and services

Our organisation monitors and evaluates our programs and services. We use this information to improve programming.	
Our organisation provides follow-up evaluation and regular program evaluation.	

REFERENCES

[1](Ministry of Children and Youth Services- Ontario, 2006; Waddell, 2007; Waddell, McEwan, Shepherd, Offord, & Hua, 2005)

[2](Burnside 2012; p. 11).

[3](Boydell, Bullock, & Goering, 2009; Kirby, & Keon, 2006; Waddell, 2007).

[4](Boydell, Bullock, & Goering, 2009; Kirby, & Keon, 2006)

[5](Gaetz, O'Grady, Buccieri, Karabanow, & Marsolais, 2013; Kirby, & Keon, 2006)

[6]Bronfenbrenner's social ecological theory (1979)

[7](Sheidow, & Woodford, 2003, p. 258)

[8](Painter, 2010; Robbins, & Szapocznik, 2000; Schoenwald, Brown, & Henggeler, 2000)

[9](Painter, 2010; Schoenwald, Brown, & Henggeler, 2000)

[10](Henggeler, & Sheidow, 2012; Sheidow, & Woodford, 2003)

[11](Baldwin, Christian, Berkeljon, & Shadish, 2012; Thompson, Pomeroy, & Gober, 2005)

[12](Baldwin, Christian, Berkeljon, & Shadish, 2012; Thompson, Pomeroy, & Gober, 2005)

[13](Baldwin, Christian, Berkeljon, & Shadish, 2012; Liddle, Dakof, Henderson, & Rowe, 2011)

[14](Henggeler, & Sheidow, 2012; Liddle, Dakof, Henderson, & Rowe, 2011; Thompson, Pomeroy, & Gober, 2005).

[15](Liddle, Rowe, Dakof, Henderson, & Greenbaum, 2005)

[16](Painter, 2009; Pane, White, Nadorff, Grills-Taquechel, & Stanley, 2013)

[17](Letourneau, et al., 2009; Liddle, Rowe, Dakof, Henderson, & Greenbaum, 2005; Waldron, & Turner, 2008)

[18](Liddle, Rowe, Dakof, Henderson, & Greenbaum, 2005; Waldron, & Turner, 2008).

[19](Painter, 2009; Stambaugh, et al., 2007).

[20](Henggeler, & Sheidow, 2012; Schmied, & Tully, 2009; Suter, & Bruns, 2009).

[21](Boydell, Bullock, & Goering, 2009; Waddell, 2007; Waddell, McEwan, Shepherd, Offord, David, & Hua, 2005)

[22](Leatt, 2002 cited in Boydell, Bullock, & Goering, 2009, p. 12)

[23](Cheung, Bennett, Bullock, Soberman, & Kozloff, 2010)

[24](Cheung, Bennett, Bullock, Soberman, & Kozloff, 2010).

[25](Anderson-Butcher, & Ashton, 2004; Boydell, Bullock, & Goering, 2009)

[26]For more examples of how youth engagement can be incorporated into programs and services, please refer to the CYCC Network report on Youth Engagement (Zinck et al. 2013), available on their website.

[27](Dyer, & Pereira, 2011; Shen, Campbell, Reed, & Sheridan, 2006)

[28](Dyer, & Pereira, 2011, p. 6)

[29](Hammond, 2010 & 2012; Kurtz, & Linnemann, 2006; Thompson, McManus, & Voss, 2006)

[30]Saleebey (2008) paragraph 8

[31]Hammond, 2010)

[32](Pumariega, Rogers, & Rothe, 2005; Rothe, Pumariega, & Rogers, 2008)

[33](IWK Health Centre, 2006; Pumariega, Rogers, & Rothe, 2005)

[34](IWK Health Centre, 2006)

[35](Evenson, 2009; Gaetz, O'Grady, Buccieri, Karabanow, & Marsolais, 2013; Pumariega, Rogers, & Rothe, 2005; Ungar, 2005)

[36](Gaetz, O'Grady, Buccieri, Karabanow, & Marsolais, 2013; IOM, 2009)

[37](Gaetz, O'Grady, Buccieri, Karabanow, & Marsolais, 2013; IOM, 2009)

[38](Abramovich, 2012; Evenson, 2009; Gaetz, O'Grady, Buccieri, Karabanow, & Marsolais, 2013

[39](Bruns, Rast, Peterson, Walker, & Bosworth, 2006; Painter, 2010)

[40](Bruns, Rast, Peterson, Walker, & Bosworth, 2006; Mitchell-Herzfeld, et al., 2008; Painter, 2010)

[41]Laing House workshop, (2014)

[42](Burnside, 2012; Ungar, 2005; Watson, Carter, Manion, 2014)

FIND THIS REPORT AND MORE ONLINE

This summary document is one of seven reports of its kind. Please go to our website to view these summaries or to find the full reports that give an in depth review of evidence and a full list of references on these topics.

This document should be referenced as follows:

CYCC Network (2014). Promising Practices for Violence Prevention to Help Children in Disasters and Complex Emergencies. Retrieved from http://cyccnetwork.org/en/violenceprevention
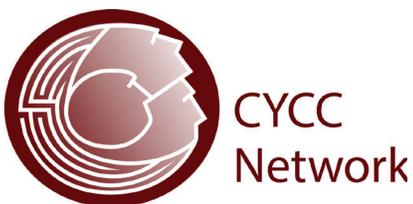
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