

Toronto Urban Health Fund Child and Youth Resiliency Funding Guide (2017-20)

Toronto Public Health recognizes that building resiliency is an effective strategy for building on the strengths that children and youth already have to address risk taking behaviours and working toward a goal of ensuring healthy and safe development of children and youth. The Toronto Urban Health Fund (TUHF) Child and Youth Resiliency stream supports community-based prevention interventions for high-risk children and youth with the aim of preventing or delaying the onset of risk behaviours such as substance use and unsafe sex.

What is resilience?

Resilience refers to the ability of individuals to cope successfully in the face of stressful or risky situations as well as the ability to "bounce back" from difficulties they encounter. Research finds that resilient children and youth have a combination of internal and external developmental strengths or assets. Internal assets include a sense of empowerment (e.g., sense of safety and control), self-control (restraint and resistance skills), cultural sensitivity and awareness, self-concept (e.g., self-efficacy and self-esteem), and social sensitivity (e.g., empathy for others).ⁱ External assets include factors such as family (e.g., caring and supportive adults), peers (e.g., positive relationships and influence), school (e.g., strong school attachment, caring school climate), and community (e.g., caring neighbourhood which values youth).ⁱⁱ

Research consistently finds that youth with a high number of developmental assets are more likely to engage in constructive activities (e.g., school success, demonstrates leadership, maintain good health), and less likely to engage in risky behaviours (e.g., substance use, school problems, violence).ⁱⁱⁱ It is important to note that building resiliency does not mean eliminating risk. Children and youth must be exposed to some element of stress and risk in order to develop resiliency skills.

Why resiliency?

Children living in families where substance use is an issue are at higher risk for developing these issues later in life.^{iv} Further, the brains of children and adolescents are still developing and research finds that the earlier they start using psychoactive substances, the more likely they are to develop substance use issues later in life.^v In addition, in Toronto, youth are disproportionately affected by high rates of STIs, specifically chlamydia and gonorrhea;^{vi} while injuries and deaths attributed to alcohol/other drug use continue to be problematic. There is growing evidence that early initiation of sexual activity and substance use contributes to higher levels of negative health, social and behavioural outcomes.^{vii}

These outcomes include physical and mental health issues, violence and other aggressive behaviours, and adjustment problems in the family, school and workplace. Health and social issues include unplanned pregnancies, transmission of STIs (including HIV), emotional and social trauma, substance use, and injuries and death related to alcohol/other drug use.

Research has identified three key assets that contribute the most to helping children and youth thrive and avoid engaging in high-risk behaviours later in life. These three areas are: a) promoting psychological and emotional well being; b) enhancing personal and social competence; and c) promoting strong attachment to caring and effective parents, schools and communities.^{viii}

Toronto Public Health is therefore targeting funding to resiliency-based prevention initiatives aimed at preventing or delaying risky sexual and substance use behaviours until such time as the individual is cognitively, emotionally, and physically ready for the potential consequences. It is acknowledged that for some individuals a goal of abstaining from or delaying sexual activity or substance use until they reach the legal age is not always realistic.

Who are the target populations?

The Child and Youth Resiliency stream supports resiliency initiatives aimed at the following groups:

- Children and youth with history of family members and/or caregivers using alcohol or other substances
- Children and youth with behavioural, mental health, and/or social challenges
- Children and youth excluded from school or with poor school engagement
- Children and youth who have been involved with the criminal justice system
- Children and youth in care under protection services or foster care
- Children and youth from racialized groups residing in designated Neighbourhood Improvement Areas (NIA)s or those facing extreme socio-economic disadvantage
- Children and youth facing challenges related to their identity including (but not limited to) race, sexuality, gender identity and gender expression
- Children and youth from First Nations, Inuit and Métis populations

What has worked?

Effective prevention interventions are evidence-based and focus on building resiliency and increasing developmental assets for children and youth. Examples of effective interventions include the following^{ix}:

- 1) Social resistance skills training is focused on increasing awareness of social influences such as peer and media pressures, and teaching skills to effectively resist and respond to such pressures.
- 2) Normative education involves providing children and youth with a more accurate picture of the prevalence of sexual and substance use activities to counter their perception that smoking, drinking, sex, and the use of alcohol/other drugs are normative behaviours for their age.
- 3) Competence enhancement skills training involves teaching youth a combination of life and social skills. These skills include problem solving and decision making, skills for enhancing self-control and self-esteem, adaptive coping strategies for relieving stress and anxiety, and social and assertive skills. This type of training is often provided through youth engagement activities such as arts, music, theatre, dance and sports.
- 4) Family-based interventions can involve parents only but is most effective when they involve both parents/caregivers and children/youth together. Programming includes enhancing family bonding and communication skills, helping children to develop pro-social skills and social resistance skills, rule-setting techniques, and strategies to help children reduce aggressive or antisocial behaviors.

Funding objectives

Toronto Public Health supports a comprehensive approach to building resiliency in children and youth and in addressing risk-taking behaviours. The following funding objectives were developed as achievable outcomes for the interventions identified above:

- To increase knowledge and awareness of behaviors that may put children and youth at risk of HIV transmission and substance use
- To equip children and youth with the skills to successfully negotiate and navigate situations should they choose to or engage in behaviours that may put them at risk of HIV transmission
- To promote social and emotional competence for children and youth
- To increase the practise of healthy behaviours by identifying and working with children and youth's strengths and assets that contribute to avoiding or reducing vulnerability
- To increase children and youth engagement and access to supportive community resources and services that promote health

Funding allocations

Funding is targeted to selective prevention interventions delivered to high-risk children and youth with the aim of preventing or delaying the onset of high-risk behaviours. Funding decisions will ensure that community-based programming complements, augments, and addresses gaps in existing school-based sexual health and substance use prevention programming. The main goal of the program is to ensure health promotion strategies are reaching vulnerable and marginalized youth that may not be served through mainstream programming. Funded projects may be delivered as after-school, weekend, and summer programs.

Toronto Public Health continues to support the development of community-based responses that build resiliency and address risk-taking behaviours among children and youth. With the combination of evidence-based approaches and the community's skills in identifying and implementing innovative and relevant interventions, our collective efforts will help reduce substance use and STI/HIV transmission in Toronto.

(Updated 8-9-2016)

ⁱ Resiliency Canada (2001) *Youth Resiliency Framework*.

ⁱⁱ Resiliency Canada (2001), *ibid*.

ⁱⁱⁱ Search Institute. Retrieved Nov 6, 2013: <http://www.search-institute.org/research/developmental-assets>.

^{iv} Fergus, S. and Zimmerman, M.A. (2005) Adolescent Resilience: A Framework for Understanding Healthy Development in the Face of Risk. *Annual Review of Public Health*. 26:399-419.

^v United Nations Office on Drugs and Crime (2013). *International Standards on Drug Use Prevention*.

^{vi} Toronto Public Health, *Sexually Transmitted and Bloodborne Infections, Communicable Diseases in Toronto*, 2012.

^{vii} Fergus, S. (2005), *ibid*.

^{viii} United Nations Office on Drugs and Crime (2013), *ibid*.

^{ix} Griffin, K. and Botvin, G. (2010). *Evidence-based interventions for preventing substance use disorders in adolescents*. National Institutes of Health.