Youth Strategy Framework for LGL

Acknowledgements

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Stepping Together:
A Strategic Framework to Help LGL's Youth Succeed

Vision:

Together, we will support LGL youth to become healthy, safe, hopeful, engaged, educated and contributing members of their communities (Government of Ontario, 2014).

Introduction:

> *"Youth" is best understood as a period of transition from the dependence of childhood to adulthood's independence and awareness of our interdependence as members of a community. Youth is a more fluid category than a fixed age-group (UNESCO, 2015)*

The period of youth is characterized by rapid and significant developmental changes. These changes often begin with puberty, followed by more mature thinking and reasoning, more intense emotional responses, expansion of their peer groups, and the development of romantic relationships (Government of Ontario, 2012). At the same time, youth are challenged with a constantly changing, complex world where they are expected to make important decisions, and navigate through a number of transitions (e.g., into and out of high school; into post-secondary education/job market; leaving their family and establishing independence) (Government of Ontario, 2012). Due to all of these changes that youth have to negotiate, it has many of us who care about youth asking the question: How can we support and empower youth to make decisions that positively impact their health and well-being, while avoiding risky behaviours?

There is increasing evidence that suggests moving away from trying to prevent specific risk behaviours through education and awareness-based approaches, and moving towards solutions that strengthen young people's resilience and enhance the protective factors in their environments (OPHA, 2011).

> *"…parents, communities and decision makers should move beyond a deficit-focused model of youth development (ensuring that youth are problem-free) and toward a coordinated and asset-focused approach that seeks to prepare youth to thrive as family and community members, leaders and contributors to the province and our future." - (Government of Ontario, 2012)*

Protective factors can be considered the opposite of a risk factor. A term used interchangeably with protective factors is "assets." So-called "asset-based" approaches put the emphasis on the positive (protective), not the negative (risk). Protective factors increase the likelihood that young people will be resilient and achieve positive outcomes related to their health, education and development; while risk factors decrease the likelihood of a young person becoming resilient and achieving desired outcomes (Development, 2015).

About the "Stepping Together" Strategic Framework:

The "Stepping Together" strategic framework is grounded in evidence on positive youth development and a population health approach.

Positive Youth Development

Positive youth development is an approach where communities intentionally help young people to develop into their full potential. The core components of this approach include a strengths-based focus on creating opportunities, learning experiences, and supports that enable youth to feel connected to others, prepared for life events (though the development of competencies), and enable youth to be engaged in meaningful activities (U.S. Government).

Population Health Approach

According to the Public Health Agency of Canada, a population health approach aims to improve the health of the entire population and to reduce inequities among population groups; it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. The population health approach combines the entire spectrum of health interventions -- from prevention and promotion to health protection, diagnosis, treatment and care. The approach focuses efforts on root causes, and acknowledges that the earlier action is taken, the greater the potential for improvements in population health (Public Health Agency of Canada, 2012).

To align with this evidence, we have developed a strategic framework for youth that focuses on addressing the social determinants of health (root causes), and creating supportive environments and positive opportunities- as a means of enhancing protective factors (within the main themes of: Physical Activity, Healthy Eating, and Mental Well-Being and Resiliency). By focusing our collaborative efforts in this way, it is anticipated that we will have a greater impact on our youth's overall health (population health outcomes), than if we were to solely focus on changing individual behaviours.

> *"We are led to believe that factors affecting health depend first and foremost on the individual, who enjoys freedom of will. However, on closer inspection, it appears the personal choices are conditioned by factors such as education, income, social status and the neighborhood or village we call home".*
> *(Sante and Services Sociaux Quebec, 2007).*

This framework has been developed for our Communities of Service. It is not a step by step recipe for supporting and working with youth, rather it is a road map to help guide, focus, and maximize collaborative actions to support the development of healthy, caring, responsible, and resilient youth.

The information presented is based on peer-reviewed and gray literature, as well as, the experiential knowledge of a core team of Public Health professionals. In addition, the framework is consistent with:

- Health Unit's principles, goals, population health outcomes and strategies, as outlined in our Strategic Plan for Population Health 2019-2022.

- Local initiatives and priorities such as: the Developmental Asset and youth engagement work of our children's planning tables; United Way's "All that Kids Can Be" Strategy; work of local municipalities (e.g. PlayWorks Youth Friendly Designation); Healthy Communities Partnership vision; resiliency initiatives within our local school boards.

- Provincial priorities and principles as outlined in the following Government of Ontario documents: "Stepping Up" Strategic Framework for Youth; "Stepping Stones" a resource on youth development; Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health & Addictions Strategy; OPHA Youth Engagement Toolkit.

- Locally Driven Collaborative Project- "Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health"

- Locally Driven Collaborative Project - "Making Something out of Nothing: Food literacy among youth, young pregnant women and young parents who are at risk for poor health"

Understanding the Framework:

The framework goes beyond addressing the needs and risks (deficit-based) of LGL youth. It promotes health and puts an emphasis on enhancing protective factors (asset-based) in the areas of healthy eating, physical activity, and mental well-being & resiliency, while addressing environments and the social determinants of health (SDOH). While the framework places an emphasis on "promotion" and "SDOH", it is important to note that intervening at a variety of levels is essential within a population health approach.

To better understand the framework, a diagram was designed. The following section describes the different pieces of the diagram, and how they relate to each other.
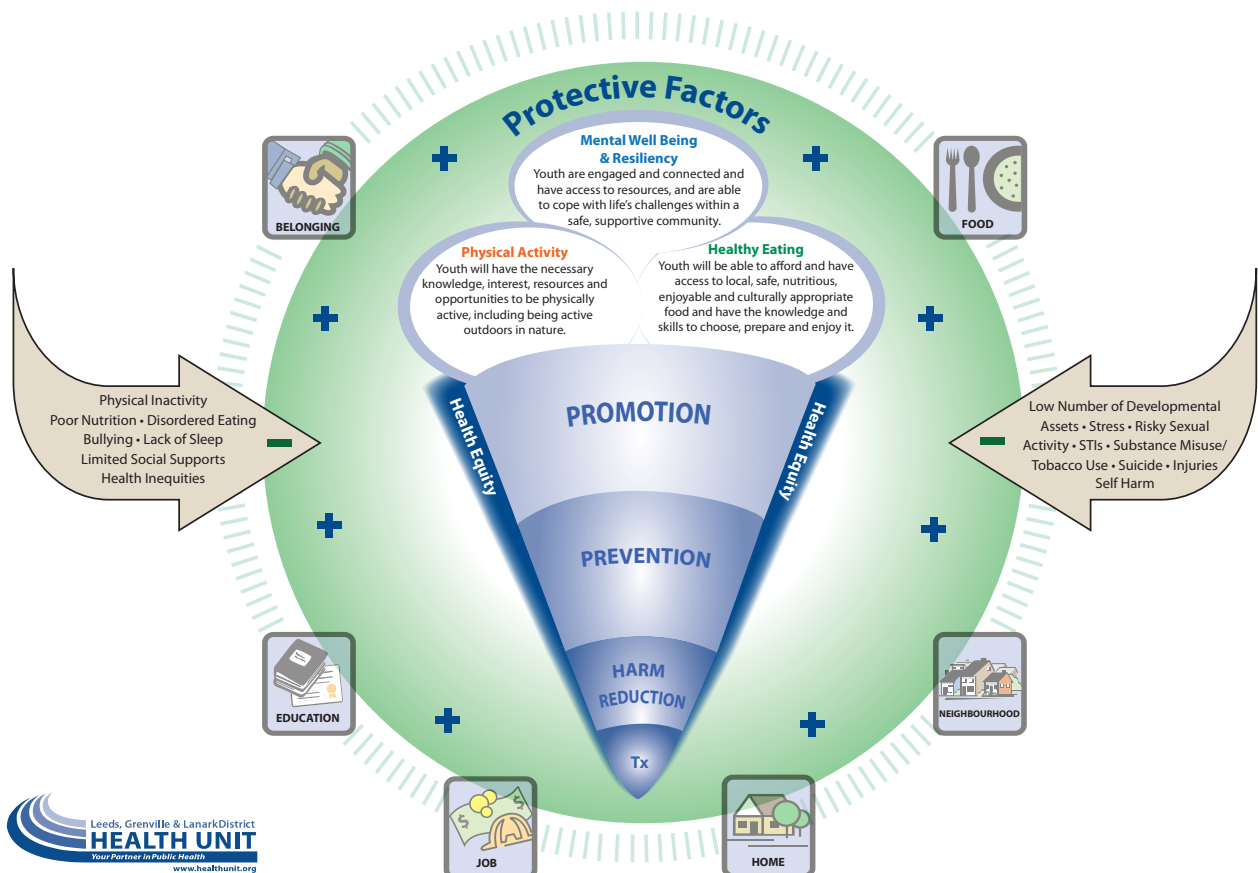
- The cone inside the green circle, along with the icons outside of the circle, represents the work we do in public health (services, programs and initiatives). When we refer to "the work we do in public health", we recognize that we cannot do our work alone, and that working with our community partners and youth is essential!

- The divisions within the cone represent the different types of work we do.

  - **Promotion:** The goal is to promote health rather than prevent problems. It involves optimizing health to improve quality of life. We do this by focusing on solutions that strengthen young people's resilience and enhancing the protective factors in their environments- with an emphasis on: Mental Well-being and Resiliency, Physical Activity & Healthy Eating.

  - **Prevention:** The goal is to protect against illness rather than enhancing well-being. It involves minimizing the development of health problems.

  - **Harm Reduction:** Aims to keep people safe and minimize death, disease, and injury from high risk behavior.

  - **Treatment:** The manner in which something or a disease is cared for or dealt with.

- The icons around the outside of the circle represent the Social Determinants of Health (SDOH). The SDOH are the socioeconomic conditions in which people live, learn, work and play, that shape youth/population health. Eliminating social and economic inequities helps to build factors that protect against disease and promote health and well-being. The placement of these icons acknowledges the foundational and 'protective' role that the SDOH play in the health of youth, and our community.

- The larger "promotion" section represents work at a population level versus more targeted work, as you move down to the tip of the cone.

- "Health Equity" along the side of the cone represents the lens we look through, and efforts we take to ensure our programs and services are equitable and accessible (e.g. subsidized birth control).

- The arrows with the minus signs represent risks/negative influencers for youth.

- Everything inside and around the circle represent the positive influencers to help youth to succeed (reduce risks and build healthy, successful and resilient youth).

Six Guiding Principles and Concepts for Practice:

To support this framework, we have identified the following guiding principles. The concepts outlined below are intended to provide recommended practices which will build the foundation for implementing our strategic framework. For more information on each principle, click on the underlined titles or see Appendix B of this document.

Engage Youth - This involves staff practicing in self-reflection with regards to their feelings about youth; creating youth friendly environments (e.g. warm, welcoming, inclusive environments where youth can have meaningful roles and input); and engaging, empowering and building capacity of youth.

Strive for Health Equity - Health equity means working toward the highest level of health for all people. It requires actively addressing inequities or unjust differences in health outcomes among population groups. By addressing the social determinants of health, and ensuring service provision is barrier-free, inclusive and culturally responsive, we are working towards health equity; where all youth in our communities have good opportunities to be healthy.

Strengthen relationships with "influencers of youth"(e.g. school staff, parents, youth leaders, coaches, peer leaders) - This involves building positive relationships with 'influencers of youth" and involving them throughout the planning process.

Build capacity of "influencers of youth" (e.g. school staff, parents, youth leaders, coaches, peer leaders) - This involves identifying, promoting, and building positive role models in the community and strengthening their health related skills, competencies and abilities.

Focus on Strengths & Protective Factors - This involves using a strengths-based approach- acknowledging that all people/communities have assets and strengths and using that as a starting point to build on. It also involves putting an emphasis on the positive (protective) factors that contribute to outcomes- another word for protective factors is "assets".

Use a Health Promotion Approach that is Comprehensive - This includes using a multi-component approach- based on the Ottawa Charter or Foundations for a Healthy schools Framework. In general these frameworks include components such as: building healthy public policy; strengthening community action; creating supportive (physical & social) environments; developing personal skills; re-orienting health services.

Guiding Principle 1:
Engage Youth

Description:

Youth Engagement is a community empowerment approach. It creates safe spaces where they can discuss issues that affect their lives and take action (OPHA toolkit 2010). As adult allies, we must practice self-reflection to support a positive approach to youth development and engagement.

Practicing youth engagement requires adults to value youth, their knowledge and experiences, and share power with them. The youth engagement process is a fluid, non-linear progression that requires patience and will vary depending on the adult ally facilitating, the youth involved and the community in which they live. A youth friendly environment is inclusive, respects autonomy and diversity and is essential to sustain meaningful youth engagement and positive youth development. Both the physical and social environments are important factors to consider when fostering youth engagement. Frequent and purposeful self-reflection for the adult ally involved is required to ensure an effective approach and a conducive environment for meaningful youth engagement.

Evidence Informed Recommendations:

When working with youth, incorporate the recommendations specific to youth engagement, youth friendly environments and self-reflection found in the OPHA Youth Engagement Toolkit and the RNAO Best Practice Guideline; Enhancing Healthy Adolescent Development.

Local Experiences:

Youth Friendly Designation in Town of Gananoque

Youth Engagement Squad (EKIOC- Leeds & Grenville)

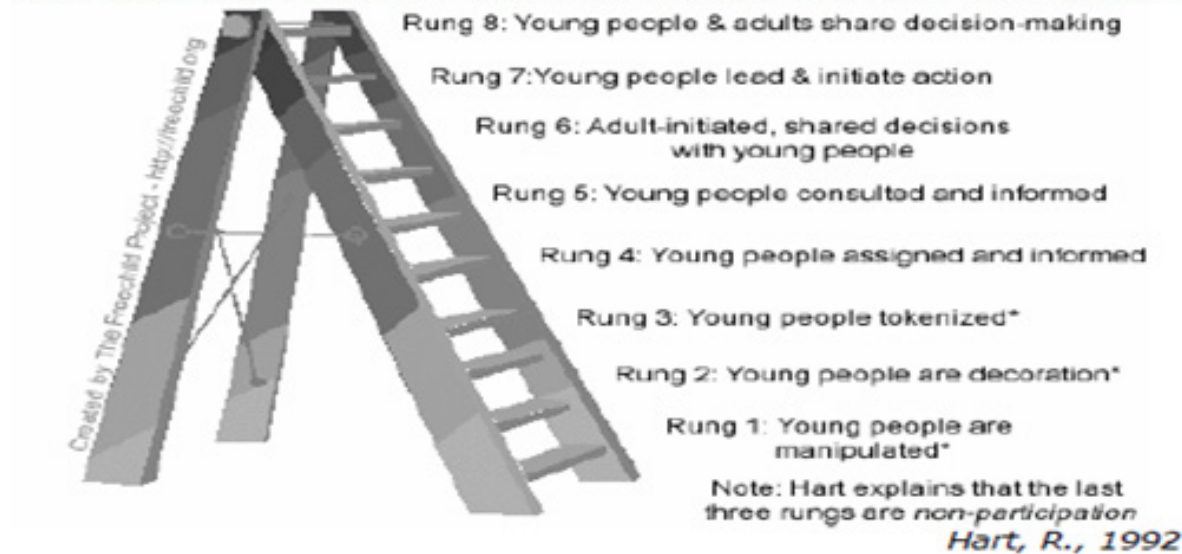Smoke Free Ontario - Regional Youth Engagement Coalition

Training:

- Youth Advocacy Training Institute (YATI)
    - Engage 2.0 Training: Principles and Practices of Meaningful Youth Engagement
    - Youth Development Certificate Program

Tools:

- Ontario Public Health Association. (2011). Youth Engagement Toolkit – Working with Middle School Students to Enhance Protective Factors and Resiliency: A Resource for Health Professionals working with Young People. OPHA: Toronto.
- Engage 2.0 Participant Handbook: Principles & Practices of Meaningful Youth Engagement
- Adult Allies in Action: Centres of Excellence for Children's Well-Being
- Enhancing Healthy Adolescent Development (2010); RNAO Best Practice Guideline; Ontario Ministry of Health and Long Term Care
- Roger Harts Ladder of Young People's Participation

Figure 3: Roger Harts Ladder of Young People's Participation

Rung 8: Young people & adults share decision-making

Rung 7: Young people lead & initiate action

Rung 6: Adult-initiated, shared decisions with young people

Rung 5: Young people consulted and informed

Rung 4: Young people assigned and informed

Rung 3: Young people tokenized*

Rung 2: Young people are decoration*

Rung 1: Young people are manipulated*

Note: Hart explains that the last three rungs are *non-participation*

Hart, R., 1992

Created by The Freechild Project • http://freechild.org

Indicators of SUCCESS:

- Staff will complete the adult ally self-reflection tool(R).
- Staff will modify current practice based on reflection (R).
- Staff will participate in Youth Advocacy/Engagement training(R).
- Staff will be able to apply Hart's Ladder to guide all youth interactions through adult ally reflection, assessment, intervention, development and evaluation (YE).
- Staff will identify youth friendly spaces and places in the community (using the guidelines listed under evidence informed recommendations) (YFE).

Guiding Principle 2:
Strive for Health Equity

Description:

Health equity means working toward the highest level of health for all people. It requires actively addressing inequities or unjust differences in health outcomes among population groups. Healthy equity is not the same as health equality.

The **Social Determinants of Health** are the socioeconomic conditions that shape individual and population health; they are the conditions in which people live, learn, work and play. By addressing the social determinants of health, we are working towards health equity; where all members of our communities have good opportunities to be healthy.
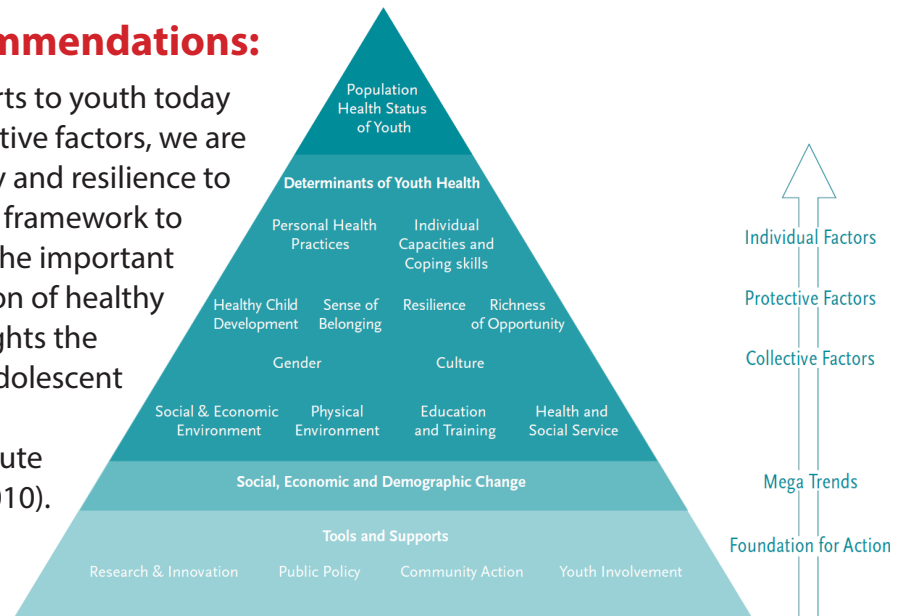
© 2014, Saskatoon Health Region

Health equity means that everyone can realize their own potential. There should be no barriers to a healthy life because of how much money you make, where you live, your culture, gender or age. Health equity in a community means each individual has or can access what they need to reach the apple from the tree.

Evidence informed recommendations:

By providing resources and supports to youth today to build their collective and protective factors, we are shaping youth's individual capacity and resilience to meet challenges as they grow. The framework to the right provides an overview of the important considerations regarding promotion of healthy adolescent development. It highlights the SDOH as underlying elements in adolescent development, and recognizes the underlying conditions that contribute to healthy development (RNAO, 2010).

Population Health Status of Youth

Determinants of Youth Health

Personal Health Practices · Individual Capacities and Coping skills

Healthy Child Development · Sense of Belonging · Resilience · Richness of Opportunity

Gender · Culture

Social & Economic Environment · Physical Environment · Education and Training · Health and Social Service

Social, Economic and Demographic Change

Tools and Supports

Research & Innovation · Public Policy · Community Action · Youth Involvement

Individual Factors

Protective Factors

Collective Factors

Mega Trends

Foundation for Action

Conceptual Framework for Youth Health Status (RNAO, 2010)

The most critical issues facing youth as they grow are associated with broad determinants of health:

- Income and social status
- Social and economic environment
- Education
- Physical environment
- Employment and working conditions

Public health interventions often have powerful impacts at the individual level, and when we act from an equity perspective the impacts can ripple out to create broader change. Evidence is mounting that an upstream approach to health – one that addresses youth's access to the determinants of health – will benefit everyone. Here are some actions we can take to contribute to an upstream shift:

- Challenge our assumptions about the causes of health and illness: Perform self-reflection of one's own biases, personal values and beliefs and how they affect others (RNAO, 2007).
- Watch for and address lifestyle drift: By changing our focus to creating environments that support healthy development, healthy living choices, and health equity, we will have a greater impact on our youth's health overall, than if we were to solely focus on changing individual behaviours (NCCDH, 2014).
- Find people outside your own circle and work together: Engage with partners who want to take action to reduce income inequality and poverty, unsafe working and living conditions and systematic discrimination in youth (NCCDH, 2014).
- Instill respect for diversity and provide culturally-appropriate supports: Promote diversity and equity by providing opportunities for youth to develop an appreciation of and respect for the differences of others. Consider stigma and barriers for youth with disabilities, special needs or mental health conditions and modify programs and services that support positive development (Stepping Up).

Training:

- CNA Social Determinants of Health e-Learning Course
- What are the Social Determinants of Health?
- Let's Start a Conversation about Health… and Not Talk About Healthcare at All
- Resource Guide
- Bridges Out of Poverty

Tools:

- Connecting Link

- Poverty: A Clinical Tool for Primary Care in Ontario
- From the Margins to the Middle: D.I.Y. Health Equity Kit

Indicators of Success:

- Staff will be able to reflect and act on ways to be inclusive in all aspects of one's practice (RNAO, 2007).
- Staff will recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.
- Staff will address population diversity when planning, implementing, adapting and evaluating public health programs and policies.
- Staff will apply culturally relevant and appropriate approaches with people from diverse cultural, socio-economic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities (PHAC Core Competencies).

Guiding Principle 3:
Strengthen Relationships with "Influencers of Youth"

Description:

In order to have an impact on the health and resiliency of youth, Health Unit staff will build and sustain positive relationships with influencers of youth. The strength of community lies in the strength of the connections and partnerships that we have with each other. Influencers of youth include students/peers, school staff, parents, family members, coaches, community members, government staff and health agencies. Building these connections takes time and is necessary (Community Toolbox).

Evidence informed recommendations:

Partnership and Collaboration in schools

The development of positive working relationships with all school stakeholders (students, parents, school staff and administrators, school council, school board staff and community partners) is fundamental to all Healthy Schools work and critical for success. It is important to establish and maintain relationships at all levels. Strong relationships are needed to proceed with creating health-supporting environments, developing healthy policies, curriculum resources, or any other aspect of health promotion work (School Health Guidance Document 2010).

School/Community Partnership development should:

- Include influencers of youth that represent and mirror the diversity of the community
- Be based on a mutual understanding of the roles and responsibilities of all partners
- Be based on common goals and strong relationships among all partners
- Identifying strengths, skills and passion of partners (e.g., Asset Based Community Development)
- Learning what relationships and potential influence that partners may have
- Have time to develop; be flexible and adaptable
- Encourage a partnership which gathers, analyzes, tracks and shares successes & information in order to build on experiences
- Recognize and celebrate diversity and uniqueness of the community

This recommendation is congruent with establishing and maintaining effective partnerships and collaborations, a core competency for public health workers.

Local Experiences:

- Recognize that the project /process may take longer than you may like when involving multiple stakeholders, however, the outcomes are well worth it!

Training:

- Some videos by John McKnight-A Community Developer
- Podcasts on Asset Based Community Development
- Identifying Stakeholders

Tools:

- The Community Tool Box: Chapter 3, Section 1. Developing a Plan for Assessing Local Needs and Resources (stakeholders are our resource)
- The Community Tool Box: Chapter 14, Section 7. Building and Sustaining Relationships
- Asset Based Community Development tools
- Vibrant Communities Canada

Indicators of Success:

- Staff will have an understanding of, and be able to practice Asset Based Community Development/Strength Based Practice.
- Staff will be able to identify key partners/influencers of youth within your community.
- Staff will have established relationships with key partners in the community.
- Staff will have relationships with key partners in the community that are nurtured and sustained over time.
- Staff will have the ability to work collaboratively with partners on common goals.
- Staff will have access to a network of people/partners within the community and will make connections between contacts.

Guiding Principle 4:
Build Capacity of "Influencers of Youth"

Description:

Influencers of youth as adult allies and mentors will have a more positive impact on youth if they are equipped with a strong understanding of the developmental needs of youth. Health Unit staff work to strengthen the knowledge, health related skills, competencies and abilities of the "influencers of youth" (e.g., school staff, parents, youth leaders, peers, coaches). As a result influencer of youth will be better able to educate youth and advocate for/with youth. Health Unit staff will promote and support Influencers of youth to become positive role models in order to engage healthy and resilient youth.

Evidence informed recommendations:

Brain science tells us that the early adolescent brain is highly receptive; early adolescence is the formative period for social and emotional skills, values and empathy, which develop rapidly in a very short time. This time of rapid change, along with the power of parents and teachers as influencers in young teens' lives allow interventions during this time to greatly influence healthy choices and impact risky behaviors (Start Strong: Building Healthy Teen Relationships). However, adolescents are also impacted by the attitudes and behaviours of those around them. Influencers of youth need to be aware that their own attitudes and behaviours are being observed. Striving to be a positive role model shows young people how to be resilient and reinforces healthy attitudes and behaviours.

Being deliberate and purposeful in your actions as an influencer of youth will ensure that a developmental relationship is established. A Developmental Relationship is a close connection between a young person and an adult or between a young person and a peer that powerfully and positively shapes the young person's identity and helps the young person develop a thriving mindset.

1. Young people with supportive parents, schools and communities – whatever their income or background- are more likely to earn higher grades, have a stronger sense of identity and self-efficacy, and have an easier time empathizing and regulating their emotions.

2. Influencers of youth benefit from having a strong understanding of the developmental needs of young people, and access to resources that help them make the most of their relationships.

3. Influencers of youth teach young people many important life skills (e.g., to resolve conflicts, manage stress, manage time, prepare food and do laundry).

Local Experiences:

Experience tells us that in order to build capacity of influencers of youth we must meet them where they are at. Just because someone is an influencer of youth, we should not assume that they have the knowledge, skills, attitudes and beliefs to positively influence them.

Often there are ideal opportunities to build the skills of role models (influencers of youth) before they embark on education or skill building programs with children and youth. They will have more success if they are feeling more prepared for the work they are doing.

Training:

- In house Role Modeling training can be provided by previously trained staff to teams or through orientation of new staff as required.
- YATI training –The Youth Advocacy Training Institute provides exciting and interactive learning experiences that equip youth, young adults, and adults working with youth with the knowledge and skills necessary to prevent and reduce tobacco use, promote health and advocate for positive change in their communities through youth engagement.
- Video on Developmental Relationships-Search Institute

Tools:

- The following resources are Tools for Teachers, Parents and People who work with Children and Youth that give quick tips and ideas on how to role model, problem solve and teach children and youth re: media literacy, healthy eating, physical activity and healthy body image.
    - A Tool for every Teacher resource
    - A Tool for every Teacher PowerPoint presentation for training
    - A Tool for every Parent
    - A Tool for Everyone working with Children and Youth
- The Nutritious Tools for Schools website provides a variety of resources for schools to use to build positive role modeling.
- Stepping Stones (Accessed July 2015)
    - A resource on Youth Development: Part 3 Positive Youth Development, Ministry of Health Ontario
    - Supporting youth development: Developmental map
    - Early Adolescence (12-14 yrs)
    - Adolescence (13-19 yrs)
    - Early adulthood (17-25 yrs)

Indicators of Success:

- Staff will be able to identify and promote opportunities to educate and engage role models, and enhance their influence on the children and youth they know and work with.
- Staff will have good knowledge about ages and stages of youth development, developmental assets and developmental relationships.
- Staff will become role models not only for the youth but for other influencers of youth.

Guiding Principle 5

Use a Strengths/Asset-Based Approach to Enhance Protective Factors

Description:

A strengths/asset-based approach puts the emphasis on the positive (protective factors), not the negative (risk factors) and acknowledges that all youth and communities have strengths/ assets, resources, and the ability to recover from adversity (as opposed to emphasizing problems, vulnerabilities, and deficits). By doing so, we are more likely to build healthy and resilient youth.

Strengths-Based Approach

A strengths/asset-based approach is a perspective more than a set of hard and fast rules. It strives to lead with the positive; it values trust, respect, relationships, opportunities and intentionality. A strengths approach does not attempt to ignore the problems and difficulties. Rather, it attempts

to identify the positive basis of the youth and/or community's resources and strengths that will lay the basis to address the challenges. It is an approach that avoids labeling and casts health care providers as partners rather than experts, authorities, and directors of the change process (Hammond & Zimmerman, 2012).

Protective Factors

Protective factors are characteristics of individuals, their families and their communities or environments that increase the likelihood that a young person will be healthy and resilient. In essence, protective factors help to protect children and youth from the negative effects of risk factors. They are also referred to as "assets" or "strengths" (Barankin & Khanlou, 2007).

Evidence informed recommendations:

Strengths-Based Approach

Researchers and practitioners have developed the following principles that serve as the foundation for guiding and implementing strength-based practice (Hammond & Zimmerman, 2012).

1. An absolute belief that every person has potential and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are - not their limitations (not, I will believe when I see – rather, I believe and I will see).

2. What we focus on becomes one's reality – focus on strength, not labels – seeing challenges as capacity fostering (not something to avoid) creates hope and optimism.

3. The language we use creates our reality both for the care providers and the children, youth and their families.

4. Belief that change is inevitable – all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.

5. Positive change occurs in the context of authentic relationships - people need to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacity building– not fixing.

6. Person's perspective of reality is primary (their story) – therefore, need to value and start the change process with what is important to the person – their story, not the expert.

7. People have more confidence and comfort to journey to the future (the unknown) when they are invited to start with what they already know.

8. Capacity building is a process and a goal– a life long journey that is dynamic as opposed to static.

9. It is important to value differences and the essential need to collaborate – effective change is a collaborative, inclusive and participatory process – "it takes a village to raise a child". Refer to Guiding Principles 3 & 4.

Protective Factors (Assets)

Building assets and/or resiliency in youth, as well as providing youth with opportunities to be engaged, are protective factors that promote positive youth development and prevent youth from engaging in risk-taking behaviours (Registered Nurses Association of Ontario, 2010).

The Developmental Assets Framework from the Search Institute consists of 40 Developmental Assets. This evidenced based framework identifies skills, experiences, relationships, and behaviours that enable young people to build assets to become resilient. The assets are categorized into internal and external assets (Search Institute, 2015).

External Assets focus on external structures, relationships, and activities that create a positive environment for young people. The external asset categories are as follows:

- Support
- Empowerment
- Boundaries & Expectations
- Constructive Use of Time

Internal Assets reflect internal values, skills, and beliefs that young people also need to fully engage with and function in the world around them. The internal asset categories are as follows:

- Commitment to Learning
- Positive Values
- Social Competencies
- Positive Identity

Another evidenced based framework that may be used to build assets/protective factors is Resiliency Initiative's Developmental Strengths.

Training:

Strengths-Based Approach

- At Risk to At Potential- Slides from Dr. Wayne Hammond's Presentation from 2012
- Strength-Based Approach to Assessing and Building Resiliency In Complex Children and Youth

Protective Factors

- The Power of Assets PowerPoint Presentation
- Developmental Assets YouTube Video

Tools:

Strengths-Based Approach

- Principles of Strengths Based Practice
- Strength-Based and Deficit-Based Concepts –A Comparison
- Mapping A Pathway For Embedding A Strengths-Based Approach In Public Health Practice
- Creating Strengths Based Classrooms and Schools

Protective Factors

- Search Institute's Developmental Assets
- Resiliency Initiative's Developmental Strengths
- Growing Up Resilient: Ways to Build Resilience in Children and Youth
- Book: Great Places to Learn (Loan it out from Tawnya Boileau, Brockville)
- Book: Strong Staff, Strong Students (Loan it out from Tawnya Boileau, Brockville)
- Book: What Kids Need to Succeed (Loan it out from Tawnya Boileau, Brockville)

Indicators of Success:

- Staff will be able to describe the "core principles" of strengths based practice.
- Staff will be able to reflect on and discuss their personal beliefs about resilience and strength-based principles.
- Staff will have an understanding of, and be able to practice using a Strength Based approach.
- Staff will be able to see the "glass half full" and focus on solutions/protective factors instead of problems/ risk factors.
- Staff will answer "Almost Always like Me" to most of the questions in the Strengths Based Aptitude Questionnaire on Pgs. 93 & 94 of: Mapping A Pathway For Embedding A Strengths-Based Approach In Public Health Practice.
- Staff will have an understanding of, and be able to apply the Developmental Assets framework and/or Developmental Strengths framework.

Guiding Principle 6:
## Use a Health Promotion Approach that is Comprehensive

Description:

"Health promotion is the process of enabling people to increase control over, and to improve, their health" (Ottawa Charter). Health Promotion action should be done through a comprehensive approach as they are more effective than single-track approaches. There are a number of comprehensive frameworks that can be used for different settings. In general these frameworks include variations of the components of the Ottawa Charter such as: building healthy public policy; strengthening community action; creating supportive (physical & social) environments; developing personal skills, and re-orienting health services. It is also important to ensure strategies target various levels of stakeholders and address all contributing factors such as the social determinants of health.

Evidence informed recommendations:

Health Promotion Approach

When developing a strategy that will enable people to improve their health, it is important to answer three key questions; "WHAT should we take action on?" "HOW should we take action?", and "WITH WHOM should we act?"
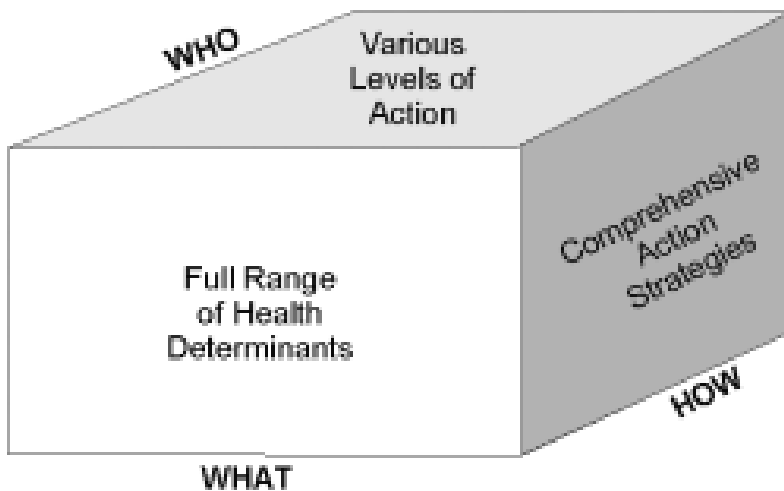
Public Health Agency of Canada. An Integrated Model of Population Health and Health Promotion (accessed 10 June 2015).

Comprehensive Approach in School Setting

Comprehensive school health is an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way. It goes beyond the classroom and encompasses the whole school environment with actions addressing four distinct but inter-related pillars that provide a strong foundation for comprehensive school health:

- Curriculum, Teaching & Learning
- School & Classroom Leadership
- Student Engagement

- Social & Physical Environments
- Home, School & Community Partnerships

When actions in all pillars are harmonized, students are supported to realize their full potential as learners – and as healthy, productive members of society.

- Schools Ontario Ministry of Education (2014) Foundations for a Healthy School (accessed 3 June 2015)
- The Pan Canadian Joint Consortium for School Health website for the comprehensive school framework (accessed 3 June 2015)

Comprehensive Approach for the community setting

The Ottawa Charter is another comprehensive framework that is well suited for use in a community setting. It looks at the prerequisites for health, advocacy, enabling equity and mediating coordinated action among all concerned parties. The components for action are:

- Build Healthy Public Policy
- Create Supportive Environments
- Strengthen Community Action
- Develop Personal Skills
- Reorient Health Services

A brief article that describes four categories of community based interventions McLeroy K, et al. American J Public Health. 2003, April; 93(4):529-533 (accessed 3 June 2015).

Training:

Health Promotion Approach that is comprehensive:
- PHO - Health Promotion Foundations Course
- PHO Health Promotion - Short Audio Presentations
- Health Promotion Page at Public Health Ontario website

Tools:
- Ontario Public Health Standards School Health Guidance Document (p8)
- Healthy Schools 2020 website with information, tools and resources

Indicators of Success:
- Staff member can describe what Health Promotion means and can explain the importance of delivering strategies in a comprehensive approach.
- Staff member is comfortable with the different components of a comprehensive approach (one or more models above) and is able to identify through a consultation with a community partner which component(s) the activities they discuss, fit under.
- Staff person is able to identify components that a school or community might not have covered and is able to recommend strategies to make their efforts more comprehensive and effective.

Glossary:

Cultural Diversity: Variation between people in terms of a range of factors such as ethnicity, national origin, race, gender, ability, age, physical characteristics, religion, values, beliefs, sexual orientation, socio-economic class or life experiences.

Equity: All people can reach their full potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance (unjust social circumstances).

Health inequities: The unfair and avoidable differences in health status seen within and between populations. By focusing our work on the social determinants of health, we can improve health equity.

Lifestyle Drift: The tendency for policy to start off recognizing the need for action on upstream social determinants of health inequalities only to drift downstream to focus largely on individual lifestyle factors (http://jpubhealth.oxfordjournals.org/content/32/2/148.full).

Social Determinants of Health: The economic and social conditions that influence the health of individuals and communities (Raphael 2010). They are the conditions in which people are born, grow, live, work and age (CSDH, 2008).

Strengths-Based Approach: Focus on individual and/or community strengths that place emphasis on meaningful relationships and activities.

Youth Development: The process through which young people acquire the cognitive, social and emotional skills and abilities required to navigate life. Youth engagement provides the opportunity for youth development to happen.

Youth Empowerment: The outcome by which young people, as change agents, gain the ability, authority, and agency to make decisions and implement change to impact their own lives and the lives of other individuals, organizations and communities. Empowerment is the result of meaningful youth engagement.

Youth Engagement: Acknowledges that young people have valuable perspectives and can offer keen insight into the issues they face. YE views youth not as recipients of service, but as citizens engaged and involved in the processes that affect them.

Youth Participation: This is a pre-cursor to engagement; inviting youth to contribute and join the process, opening up to the idea of engagement. Participation requires less commitment than engagement.

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