

Addressing Youth Violence

An Intersectoral, Integrated Approach for Western Nova Scotia Phase I Report



Prepared by Sharing Strengths
October 18, 2002

We gratefully acknowledge funding support from Human Resources Development Canada
and Western Regional Child and Youth Action Committee

ACKNOWLEDGEMENTS

The funding for the development of an intersectoral intervention for addressing youth violence in Western Nova Scotia has been provided by Human Resources Development Canada. Special thanks to Belinda Tupper, Allan Martin, and Janet Steele for your continuing support, insight, and assistance.

Thank you also to the consultants who worked tirelessly and enthusiastically on the development of this intervention, dedicating their considerable time, thoughtfulness, and wisdom to the project: Barbara Kaiser and Judy Rasminsky.

Thank you to Ken Schwartz and Two Planks and a Passion Theatre Company, and to the young actors who courageously and articulately portrayed their perspectives on issues of youth violence at the Regional Stakeholders Consultation: A.J. West, Breahnn Teasdale, Katie Belliveau, Katie Sullivan, and Megan MacBride.

Many people from a variety of sectors across Western Nova Scotia have contributed their time and expertise to this project. Thank you to all Child and Youth Intersectoral Working Group members for your collaboration and perspective. Sincere and heartfelt thanks to the Addressing Youth Violence Advisory Group members, who contributed their time and expertise because they care deeply about children and youth, and are committed to making a difference in their lives. Thank you:

Allen Hume	Annapolis Valley Regional School Board Anti-Violence Committee
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Cari Patterson (Co-Chair)	Sharing Strengths
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Jane Lutes	Annapolis Valley Regional School Board Anti-Violence Committee
John Hinton	NS Dept. of Community Services, Children's Aid Society, Shelburne
Paula Lunn	Annapolis Valley Regional School Board Anti-Violence Committee
Rita van Vulpen	Mental Health Services, Annapolis Valley District Health Authority
Yvonne Banks	Conseil Scolaire Acadien Provincial

And thank you to the very capable women who provided administrative support throughout the project: Vicki Crowell and Terry-Lynn Pascal.

Finally, we extend our gratitude to the people across Western Nova Scotia who participated in the development of this intervention, by completing surveys, being interviewed, and/or participating in the consultation. Your passion and candor have contributed to the quality of this work. We look forward to working with you in Phase II.

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EXECUTIVE SUMMARY

Addressing Youth Violence is a two-phase collaborative initiative of three Western Nova Scotia organizations with a focus on children and youth:

- The **Child and Youth Intersectoral Working Group (CYIWG)**, a collective of regional public service decision makers whose purpose it is to collaboratively identify, discuss, and take action on shared objectives for the well-being of children and youth through targeted initiatives in joint planning, service delivery, and intersectoral policy development. Member organizations represented include: the Annapolis Valley District Health Authority, the Annapolis Valley Regional School Board, the Association of Executive Directors of Family and Children's Services Agencies, le Conseil Scolaire Acadien Provincial, the South Shore District Health Authority, the South West Nova District Health Authority, the South Shore District School Board, the Tri-County District School Board, the Nova Scotia Department of Community Services, the Nova Scotia Department of Justice, the Nova Scotia Sport and Recreation Commission, and Human Resources Development Canada. In carrying out its mandate, CYIWG serves as the operations committee of the Western Regional Child and Youth Action Committee, which is one of four regional bodies of the umbrella Nova Scotia Child and Youth Action Committee.
- The **Western Regional Child and Youth Action Committee**, a group of senior regional officials from the provincial government departments of Community Services, Education, Health, and Justice along with the Nova Scotia Sport and Recreation Commission and the Nova Scotia Youth Secretariat agencies who are committed to ensuring coordinated policy development and comprehensive service delivery to achieve the best possible life outcomes for children and youth across the province. Through a formal Memorandum of Understanding between departments, Western Region CAYAC members promote and facilitate inter-departmental initiatives and remove barriers that inhibit cooperative efforts to improve services for children and youth.

Western Regional CAYAC undertakes NSCAYAC initiatives across western Nova Scotia, as well as pursuing regionally identified priorities and mounting collaborative public sector and community efforts to address these.

- **Sharing Strengths**, a not-for-profit organization with a mandate to build community capacity to promote child and youth health in Western Nova Scotia. Sharing Strengths uses a community-capacity building approach, and works with communities to promote factors in individuals, families, schools, and communities that make and keep children and youth well.

In January 2001, these groups identified and prioritized the need to develop a collaborative strategy for addressing violence among young people aged 0-21 in Western Nova Scotia. With funding support from Human Resources Development Canada, we initiated a two-phase project. The purpose of Phase I of *Addressing Youth Violence* has been to develop a research-based, tailor-made, intersectoral intervention to address the problem of violence in children from 0 to 18 years of age in Western Nova Scotia. We used several methods to inform the development of the intervention:

- Reviewing best practices for addressing/preventing youth violence;
- Surveying service providers across the region;
- Interviewing key informants from Western Nova Scotia and beyond;
- Conducting an environmental scan of existing initiatives in Western Nova Scotia;
- Developing a profile of relevant child and youth indicators for the region; and
- Hosting a regional Stakeholders Consultation.

This report summarizes the information we gathered, describes the intervention we developed, and lays the groundwork for Phase II of *Addressing Youth Violence*, which focuses on implementing and evaluating the intervention in three pilot communities in Western Nova Scotia.

The goals of the intervention are to:

- Promote the positive development of children and youth;
- Reduce risk factors and increase protective factors in children's lives;
- Reduce problem behaviours; and
- Reduce aggression and promote social competence by changing attitudes and behaviours that contribute to violence.

The success of the intervention that has been developed will depend largely upon the commitment of all the stakeholders and their ability to implement the selected programs as they were designed.

At the end of the pilot intervention, CYIWG members will reflect on the learnings ("What has been learned" or "what they have learned" from the pilot test and consider how to best move forward for maximum benefit across the region. Meanwhile, capacity to address youth violence will have been enhanced in the three pilot communities, and the integrated work can continue.

INTRODUCTION

Background on the Project

In January 2001, CYIWG, Sharing Strengths, and Western CAYAC identified the need to address the issue of youth violence in Western Nova Scotia. As a result of our discussions, we developed a proposal for funding the development of a research-based, comprehensive, made-in-Western Nova Scotia approach for addressing and preventing youth violence. Once funding from HRDC was confirmed, we formed an Advisory Group for the project. This group included representatives from a broad range of perspectives and sectors across the region.

We hired two consultants with a great deal of expertise in the field of challenging behaviours in children and youth, and with regular consultation with CYIWG members, began the development of the intervention.

This report provides a summary of the information we gathered and describes the intervention we have designed for pilot testing and evaluation in three Western Nova Scotia communities.

Defining the Problem of Youth Violence

Youth violence refers to serious and extreme behaviour (which may be physical and/or emotional) that is intended to cause injury to another person. For the purposes of this project, we defined violence as encompassing a broad range of troubling behaviours and attitudes, including serious aggression, physical attacks, bullying, suicide, dangerous use of drugs and/or alcohol, and other hazardous interpersonal behaviours. Because of the important role of the school in the evidence-based interventions that we reviewed, we have concentrated on youth violence where the perpetrator, the victim or both are under 18 years of age.

Violence among young people is increasing, regardless of where they live. In every community, whether it is a small town, a city, a neatly groomed suburb, or an isolated rural region, there are youth who are involved in violence (Surgeon General, n.d.). Statistics Canada (1998) data reveal that the number of youth charged with violent crimes in 1998 was 10 times higher than in 1988, a much greater increase than the 6 percent found in the adult population. At present, the resources to assist young people who experience and participate in violence in rural communities are inadequate (Carter et al., 2001)

Defining the Population

Research indicates that violence increases dramatically in the second decade of life, peaking during late adolescence and dropping off again sharply by the early twenties. Some youth with violent behaviour may have followed a childhood-onset trajectory, becoming violent early in their lives and escalating their rate of aggression during adolescence. But over half of all youth who behave violently begin their aggressive behaviour in mid-to-late adolescence (Surgeon General, n.d.).

There are numerous theories about why violence begins in adolescence, but a few themes run throughout most of them (Elliott & Tolan, 1999; Pepler & Slaby, 1994):

- Developmentally, puberty is accompanied by major physical and emotional changes that alter a young person's relationships and patterns of interaction with others.
- The transition into adolescence begins the move toward independence from parents and the need to establish one's own values, personal and sexual identity, and the skills and competencies necessary to compete in adult society.
- The criteria for success and acceptance among peers and adults change: Independence requires young people to renegotiate family rules and degree of supervision by parents, a process that can generate conflict and withdrawal from parents. At the same time, social networks expand, and relationships with peers and adults in new social contexts equal or exceed in importance the relationships with parents.

Adapting to all of these changes can generate great stress, feelings of rejection, and anger at perceived or real failure. Young people may be attracted to violent behaviour as a way of asserting their independence, gaining the attention and respect of peers, compensating for limited personal competencies, or as a response to restricted opportunities for success at school or in the community (Surgeon General, n.d.).

The literature review of best practices and programs for preventing and responding to youth violence (please see Appendix 1) covered children and youth aged 0 to 18. In order to fulfill the mandate of addressing the problem of remediation as well as prevention, combined with the fact that adolescence is an age group at risk and underserved, the Addressing Youth Violence Advisory Group recommended that the pilot intervention address youth between the ages of 11 and 14.

METHODOLOGY FOR DEVELOPING THE INTERVENTION

Because local ownership is a vital component of successful prevention interventions (Catalano, Arthur et al., 1998), we used a very collaborative process to design this intervention and facilitate regional ownership and buy-in for implementation in pilot communities in Phase II.

Our first activity was to conduct a **comprehensive review of the literature** that identifies best practices for addressing youth violence and examines a range of evidence-based approaches, from preventive to remedial, that have proven to be effective. (The complete literature review is attached in Appendix 1).

Our second task was to collect and synthesize available **quantitative indicator data** from multiple sources to identify trends and precipitating factors and to document the incidence of youth violence in Western Nova Scotia. The information we gathered is compiled in the form of a regional profile (which is attached in Appendix 2). This indicator profile also serves as a baseline measure of child and youth indicators prior to the implementation of any intervention.

Next we conducted an **environmental scan** of existing initiatives in Western Nova Scotia to produce an inventory of local programs, projects, organizations, services and interest groups whose mandates include addressing youth violence (the summary of this scan is attached in Appendix 3).

When the first three initiatives were completed, we conducted **key informant interviews** with a representative sample of youth, parents, educators, police, probation officers, mental health professionals, and community service providers. The purpose of the interviews was to obtain qualitative information profiling the incidence of youth violence in the region and its impact on youth, victims, families, schools and communities. (The key interview responses are summarized in Appendix 4.) The key informant interviews also helped to identify the existing supports and potential barriers to developing an inclusive intervention.

In order to engage members of the community who have a stake in healthy futures for children and youth, and to establish a shared vision and collaborative spirit, we held a day-long **Regional Stakeholders Consultation** with stakeholders from across the region. At the Consultation we presented the information we'd gathered using the methods described above. Using a local theatre company and a group of young actors, we portrayed a youth perspective on youth violence. We also sought input and feedback from participants on existing initiatives, programs to be incorporated into a local intervention, and on indicators of success, and provided opportunities for continuing involvement throughout the second phase of *Addressing Youth Violence*.

Youth, parents, public service agencies, community-based organizations, and managers and frontline service providers of relevant federal and provincial government departments took part in the Consultation. (The Consultation Report is attached in Appendix 5.)

Finally, we formed a small working group to develop an **evaluation framework** for testing the intervention in Phase II of the project (which is attached in Appendix 6).

Together, the information we gathered through these collaborative processes provided the foundation for developing the intersectoral and multi-faceted intervention strategy (*Addressing Youth Violence Intervention, or AYVI*) to be pilot-tested with youth, families, and communities in three sites in western Nova Scotia.

THE INTERVENTION

Characteristics of the Intervention

The intervention created for Phase II of the project, *Addressing Youth Violence Intervention (AYVI)*, is based upon rigorous research from a variety of fields including psychology, education, public health, medicine, and organizational development. Both proactive and remedial, it requires commitment and participation from all members of the community who have a stake in healthy futures for children and youth: youth, parents, schools, law enforcement agencies, justice, restorative justice, local youth and family service agencies, the business community, and elected officials.

The intervention recognizes the importance of addressing the primary societal influences on youth violence such as poverty, gender inequality, media violence, racism and discrimination (Stroick, 2002) and is designed to promote tolerance among young people living in Western Nova Scotia.

The programs selected for use as part of this intervention have been proven effective in addressing aggressive and violent behaviours, but in addition they have related secondary prevention effects that foster protective factors and mitigate risk factors. By promoting social and community development, these programs may also result in improved educational achievement and social adjustment and decreased substance abuse, truancy, gang membership, and/or susceptibility to victimization.

Because addressing youth violence is such a complex task, it must address all youth as well as those at greater risk. This intervention provides *universal* programs that will be offered to all young people in the pilot study as well as *targeted* programs designed specifically for children at risk and/or identified offenders and their families.

During the pilot project, the primary focus of the intervention will be on the school setting because this is where it is easiest to reach young people and where they spend many of their waking hours. The intervention also includes programs for families and other sectors of the community that have contact with youth and families. In addition, the project will have programs for young people who, due to their problem behaviour, are not attending school or are in residential facilities managed by the Department of Community Services.

The Rationale – Basis in Literature

Our intervention is based upon several key findings in the research.

The literature supports the use of a population health model, which offers a practical, goal-oriented, and community-based approach to promoting and maintaining health, identifying problems and developing solutions for entire population groups. The population health approach to violence presents an effective and appealing alternative to an exclusive focus on rehabilitation. It concentrates instead on primary prevention, identifying behavioural, environmental, and

biological risk factors associated with violence and taking steps to protect individuals and communities from these risks. Table 1 summarizes key risk factors for violence at individual, family, peer/school, and community levels of analysis.

Table 1: Key Risk Factors for Violence (Based on Surgeon General Report n.d.)

INDIVIDUAL	FAMILY	PEER/SCHOOL	COMMUNITY
history of early aggressive behaviour	poor parent-child relationship	association with peers engaged in high risk or problem behaviour	poverty and diminished economic opportunity
beliefs supportive of violence	harsh and/or inconsistent punishment	low commitment to school	high levels of transiency and family disruption
social-cognitive deficits	poor monitoring or supervision of children	academic failure	exposure to violence
	violence in the family		
	parental drug/alcohol abuse		
	poor emotional attachment to parents or caregivers		

The ecological context is important for preventing and remediating youth violence. The literature indicates that effective interventions involve not only young people themselves but also those who interact with them – individuals, families, schools, community members and groups, recreational programs, public health agencies, mental health agencies, the media, and the society. An intervention therefore has a better chance of being effective if it is comprehensive – that is, it addresses several levels of risk at the same time (Greenberg et al., 2001; Thornton, Craft, Dahlberg, Lynch, and Baer, 2000). If it addresses the individual and her/his family, school, peer group, and community (or any combination of these), it is more likely to be successful (Greenberg et al., 2001). Intervention on a single level simply does not have enough strength to overcome the powerful multiple forces that go into creating aggressive and violent behaviour (Thornton et al., 2000). In addition, an intervention in just one area may not generalize to other areas of a young person’s life (Tremblay, LeMarquand, and Vitaro, 1999; Wasserman and Miller, 1998).

At the same time that it identifies risks, research has begun to identify protective factors that buffer the effects of risk. To be effective, interventions must be addressed to specific causes of violence or to the risk and protective factors for violence. An intervention should aim to reduce risk factors and enhance protective factors (Greenberg et al., 2001; Kazdin, 1994; Wasserman and Miller, 1998).

Programs designed to teach and reinforce social skills have been found to reduce delinquency if they focus on developing a range of competencies, including self-control, stress management, responsible decision-making, problem solving, and communication skills. They should use cognitive-behavioural training methods such as feedback, positive reinforcement, role-playing, and behavioural rehearsal (Catalano, Arthur et al., 1998; Gottfredson, n.d.; Hawkins et al., 1998; Sherman et al., 1997).

Programs that focus primarily on improving employability skills and job placement have generally not been successful in reducing delinquency.

Local ownership is a vital component of successful prevention interventions (Catalano, Arthur et al., 1998). It reduces social disorganization, promotes strong community norms against antisocial behaviour, and encourages investment in prevention (Catalano, Arthur et al., 1998). When the relationships among children, parents, schools, social institutions, and community members are strong, positive, and working effectively, they improve the ability of a community to meet the needs of its members, according to the National Crime Prevention Council of Canada (1997).

In order for any intervention to be effective, it must be intensive and sustained over a long period of time (Greenberg et al., 2001; Tremblay et al., 1999). Long-term funding and commitment are therefore essential.

It is important to note that even good violence prevention programs do not reduce the rate of violence by more than 30 to 40 percent, according to the Center for the Study and Prevention of Violence at the University of Colorado, which reviewed 450 violence prevention programs (Alexander et al., 2000; Olds, 1998; Webster-Stratton, 2000).

Outline of the Intervention

The intervention we've developed is holistic, comprehensive, and integrated. It will take place over a three-year period in each of three pilot communities in Western Nova Scotia, and includes several components:

- Selection of pilot communities;
- The development of a local advisory group in each pilot community (which will include representatives from across sectors) to guide the implementation;
- Assessing risk and protective factors in the pilot communities;
- Assessing community strengths;
- Working with the local advisory groups to choose from selected best practice programs in four categories to be included in the community-specific intervention;
- Developing indicator profiles specific to each pilot community;
- Developing protocols for sharing information among service providers;
- Providing program-specific training for service providers in each of the pilot communities; and

- Tailoring the evaluation framework to each pilot community.

Intervention Objectives

Using the information gathered in the consultative processes described above, and in consultation with the Addressing Youth Violence Advisory Committee, we formulated the following general objectives for Phase II:

- To develop a core staff that is adequately trained to deliver programs that address/prevent violence;
- To improve the ability of partnering youth support organizations to share relevant information and coordinate supports for youth;
- To decrease incidents of violent behaviour in youth;
- To support young people making healthy lifestyle choices as an alternative to violence;
- To increase community members' understanding of children/youth who may be at risk for violent behavior.

Pilot communities will be selecting from best practice programs in four categories to be included in their local intervention: youth programs, school programs, community programs, and family programs. The objectives for each category of program are as follows:

Youth Program Objectives:

- To help young people's further development of social and life skills.

School Program Objectives:

- To create and maintain a positive, welcoming, and mutually respectful school climate;
- To increase the number of students who complete their grade;
- To reduce the number of suspensions and expulsions in the pilot schools;
- To increase opportunities for young people to feel successful academically;
- To create an infrastructure that reduces bullying incidents, such as physical bullying, ostracism, relational bullying and targeting individuals;
- To enhance school discipline and classroom management;
- To reduce the amount of work missed by teachers related to violence;
- To improve communication and strengthen the relationships among students, school, parents, and community;
- To facilitate the transition from elementary to middle school and from middle school to high school.

Community Program Objectives:

- To strengthen community capacity to address and prevent youth violence;
- To increase participation rates of youth considered at risk of violent behaviour in community activities;
- To reduce the amount of work missed by parents and community workers related to violence.

Family Program Objectives:

- To improve parent/child attachment and family relations, communication and organization;
- To reduce the incidence of child/parent abuse and/or neglect;
- To increase parental involvement in their children's lives.

The intervention is outlined over the next two pages.

Table 2: ADDRESSING YOUTH VIOLENCE: PILOT INTERVENTION OUTLINE FOR PHASE II

	YEAR ONE (November 2002 – August 2003)	YEAR TWO (September 2003 – August 2004)	YEAR THREE (September 2004 – August 2005)
Selection of Pilot Schools	CYIWG Committee: Develop an application and process for selection of pilot schools.		
Local Intersectoral Group	Establish local intersectoral groups. Develop relationships, understanding, commitment, and promote intervention in each community. Initiation: Discuss intervention process, ensure shared understanding of the purpose of the intervention, define roles and responsibilities, resources and strengths of various stakeholders. Ongoing: Each community will meet to develop collaborative spirit and share expertise.	Maintain relationships, understanding, and access available expertise. Ongoing meetings with those involved in the intervention as needed.	Maintain relationships, understanding, and access available expertise. Ongoing meetings with those involved in the intervention as needed.
Assessing Risk and Protective Factors	Communities that Care: Administer survey to students at each pilot school.		Communities that Care: Administer a post- survey to students at each pilot school.
Assessing Community Strengths	Community Capacity Measurement: Administer survey to local intersectoral group at each pilot site.		Community Capacity Measurement: Administer a post-survey to the local intersectoral group at each pilot school.
Select programs for community-specific intervention	Based on the survey report, the local intersectoral group, with the assistance of the intervention consultant, will select the intervention components (universal and targeted, whole school and individual, family and community based).	Implement programs.	Intervention continues.

	YEAR ONE (November 2002 – August 2003)	YEAR TWO (September 2003 – August 2004)	YEAR THREE (September 2004 – August 2005)
Indicator profiles	Using a youth, parent, teacher survey and PHRU data develop profile and baseline measures that identify existing: demographics, determinants of health, risk and protective factors, the use of alcohol, tobacco and other drugs (ATOD) prevalence rates, and existing resources.		Using youth, parent, teacher survey and PHRU data develop profile with follow up measurements of demographics, determinants of health, risk and protective factors, ATOD prevalence rates, and existing resources.
Develop protocols	1) Protocol for sharing information among departments and between sectors. 2) Develop a crisis response plan.	As needed.	As needed.
Training	Provide training to resource people and program delivery staff as well as parents where applicable. Provide train-the-trainer programs to existing community and school resource staff.	Provide train-the- trainer programs for community and school resource people and selected frontline staff who are already familiar with the programs. Booster training if needed.	Booster training.
Evaluation	Tailor evaluation framework for each community, select instruments, conduct pre-tests, surveys and questionnaires.	Formative evaluation: Reflect on learnings	Outcome evaluation – Post-tests, surveys, and questionnaires. Analyze data.

Intervention Components

Selection of Pilot Sites

We are planning to pilot test and evaluate the intervention in three communities in western Nova Scotia. We will invite interested communities with middle school-aged children to apply to become a pilot site for the intervention. Once we have identified and selected interested communities, we will work with them to choose the programs they would like to incorporate into their local intervention and negotiate with CYIWG members to commit the staff time and resources required to implement the programs. When funding is secured for Phase II, we will begin to work with the three communities to implement the intervention.

We will encourage schools in selected communities to join the League of Peaceful Schools, a national organization with headquarters in Bedford, Nova Scotia. This group, which is well respected in the community, will be able to provide support to school administrators, teachers, students, and parents; and these new-member schools should soon be able to make a positive contribution to the organization based on their experience with the Addressing Youth Violence Intervention.

Formation of Local Intersectoral Advisory Committees

Once the pilot communities have been selected, we will focus on building relationships with local advisory groups. Because of their work with Sharing Strengths, many communities already have intersectoral working groups with a focus on child and youth health.

If they are in place in the communities selected as pilot sites, we will begin by approaching the intersectoral groups already in existence. We anticipate that, with the assistance of the group members, and with the support of CYIWG members and the overall project advisory group, more people may be invited to join these groups and participate in the local advisory group for this project.

Assessing Risk and Protective Factors

Because each community is different and the people who live there know it best, it is vitally important for the community itself to figure out what and whom to target in an intervention. The local intersectoral advisory group will play a critical role in tailoring the intervention to the local community. Risk and protective factors in the community have to be identified and prioritized (Catalano, Arthur et al., 1998) so that prevention programs can address the highest priority risk factors, as the experts advise (Catalano, Arthur et al., 1998).

The *Addressing Youth Violence Intervention (AYVI)* has been designed to recognize both the similarities and the differences among communities. Students in the selected communities' schools will complete a survey that includes questions about general demographics, as well as questions relating to risk and protective factors in the individual, peer group, school, family, and community. Developed by the organization Communities That Care, the survey has been widely tested and used in the U.S. Communities That Care will analyse the data collected and prepare a

general profile of community strengths and challenges as well as a profile of each school community.

Assessing Community Strengths

The local intersectoral advisory group will complete the Community Capacity Measure developed by Sharing Strengths. This survey assists communities in identifying the inherent strengths they can mobilize to address child and youth health and areas they may wish to take steps to improve on over time.

When the surveys are complete, we will hold a meeting in each of the pilot communities to share the results with key stakeholders and practitioners (teachers, public and mental health professionals, community workers, police, etc.) who will be directly involved in the implementation of AYVI. The information in the surveys will help build consensus among diverse community stakeholders about goals and priorities and guide the selection of appropriate programs from among those identified in the literature review. The local advisory groups will then decide which of the best practice programs to include in their community-specific interventions.

Selecting Programs for Community-Specific Interventions

We have developed a menu of programs for the pilot sites to draw upon when tailoring the intervention to their particular area. The programs that we have selected for use in this intervention are research-based, effective, and address the issues and concerns raised in the literature. They fall into four major categories:

- Programs that are based in the *community* (including mentoring and recreational programs).
- *Whole-school* or *environmental* programs that are concerned with altering a school's social context. In this section there is a subcategory of strategies for teachers and other adults who work with youth.
- Programs that are aimed at *parents and families*.
- Programs that affect the behaviour of *individual* youth (including peer strategies and strategies aimed at gang membership).

In addition, programs within each major group are divided into *universal* (for everyone in the setting) or *selective* (for a high-risk population) and *indicated* (for a population already in crisis). Many programs target more than one domain (e.g., families and youth; or the whole school and individual students), and this is indicated in the program's description. Several of the programs have multiple areas of focus. All meet the following criteria:

- They all address research-based **risk factors** for violence as well as overlapping risk factors for substance abuse, delinquency, school drop-out, bullying, and/or gang membership.

- They all increase **protective factors** by strengthening healthy beliefs and clear standards for behaviour, building attachments to family, school and the community, and providing youth with factual information and skills to identify and resist risky situations. Skills development may include academic instruction, vocational education, or social skills training designed to facilitate positive peer interaction, anger management, or a prosocial work ethic.
- They have all demonstrated significant effects on risk and protective factors in controlled studies.

We have included those programs that are rated highest and have been recognized as the most effective by researchers in the field of child and youth violence. We have not included any programs that have not been found to be effective.

What follows is a summary of relevant information from the literature about each type of program. (A complete description of each individual program and information about how it is rated is attached in Appendix 7.)

Literature Highlights on Best Practice Programs

I. COMMUNITY-BASED PROGRAMS

According to the National Crime Prevention Council Canada (1997), “Fundamentally crime prevention is about creating or strengthening the spirit of community.” Communities can promote personal development and psychological well-being and stimulate healthy interactions within the family and the environment (Garbarino et al., 1998). The public health approach to violence prevention advocates using community-based methods to identify problems and develop solutions (Hamburg, 1998).

Because violence prevention is such a complex problem, no one setting can provide it effectively alone (National Crime Prevention Council, 1997). Efforts must be comprehensive, coordinated, and sustained over several years, and they must suit the community’s needs and build on its strengths, reducing its unique risk factors and increasing its protective factors (Catalano, Arthur et al., 1998; National Crime Prevention Council, 1997). When there are interventions on multiple fronts, they reinforce and maintain one another (Catalano, Arthur et al., 1998). Communities are in the best position to take charge of these ventures (National Crime Prevention Council, 1997).

The mobilization of the community is thought to increase the impact of the intervention by reducing social disorganization, promoting the protective factors of social bonding and strong norms against antisocial behaviour, and creating community ownership and investment in prevention activities (Catalano, Arthur et al., 1998; Howell and Hawkins, 1998; Peters and Russell, 1996).

Mentoring

Research shows that a positive relationship with an adult who supervises and guides a child's behaviour is a key protective factor against violence – and that not having such an adult is a risk factor. Mentoring – pairing a youngster with a supportive, non-judgmental adult role model – is one way to protect her/him. Mentoring can improve school attendance and performance, reduce violent behaviour and the likelihood of drug use, and improve relationships with friends and family (Thornton et al., 2000).

It is often used with children who live in low-income or single-parent families, with children who are victims of neglect or abuse, with children whose parents abuse drugs or alcohol, or with children who are lacking in self-esteem or social skills. It is not suitable, however, for children with severe behaviour problems, who need the help of a professional (Thornton et al., 2000).

A mentoring program can be based in the community or the mentoring pair can meet at a single site like a school or an organization. Although it is not yet clear that site-based mentoring works as well, it has certain advantages: it requires fewer hours from the mentors, and they have better support and supervision. Both kinds of mentoring demand that the family support the presence of the mentor in the child's life, and both require a commitment from the community, which must supply both the human resources and the funds to make the program work. And it is essential for the mentors to have support and supervision (Thornton et al., 2000).

Recreational Programs

Recreational programs as an intervention for violence prevention are very controversial, and at present there is very little evidence about their effectiveness (Sherman, n.d.a). The evidence so far suggests that school-based recreation programs are not effective (Gottfredson, n.d.), but community-based programs may be. At the least, they prevent the adolescents who attend from participating in violent or antisocial activities during the time they are physically at the program, but the programs don't seem to have a long-term effect (Gottfredson, n.d.; Howell and Hawkins, 1998; Tremblay et al., 1999). However, there are no longitudinal studies of recreational programs, and those that exist are in a way contradictory.

In theory, recreational programs (in both schools and the community) should work because they offer the protective factors of providing youth with exposure to prosocial peers, skills, competence, and positive relationships with nurturing adults (Catalano, Arthur et al., 1998). To accomplish these goals, the programs must succeed in recruiting the youth who are at risk as well as normally developing youth (Gottfredson, n.d.), offer a wide choice of interesting and developmentally appropriate activities, and staff the program with well trained people who are tuned into youths' interests and aspirations and who treat them with respect (Chaiken, 1998). Youth should be involved in setting the rules and planning the activities (Chaiken, 1998). Such programs remain risky, however, if they group high risk youths together. In any case, it is important to remember that recreational programs by themselves can have little effect.

Restorative Justice

Family group conferencing, a method developed from a Maori tradition in New Zealand, is now often used as a diversion from the court process for juvenile offenders. It can also be used for discipline issues such as bullying.

Family group conferencing falls under the heading of restorative justice and provides a way for the people most affected by a crime – the victim, the offender, and the family, friends, and key supporters of both – to decide how to resolve a criminal incident (Restorative Justice On-Line Notebook, n.d.). Brought together by a trained facilitator, they describe how they have been hurt by the offense and how that hurt can be remedied. Participation is voluntary, and the offender must admit to the offense (Restorative Justice On-Line Notebook, n.d.).

According to the Restorative Justice On-Line Notebook of the National Justice Institute in the U.S. (n.d.), the goals of family group conferencing include:

- Providing an opportunity for the victim to be directly involved in the discussion of the offense and in decisions regarding appropriate sanctions for the offender.
- Increasing the offender's awareness of the human impact of his or her behavior and providing an opportunity to take full responsibility for it.
- Engaging the collective responsibility of the offender's support system for making amends and shaping the offender's future behavior.
- Allowing both offender and victim to reconnect to key community support systems.

A study in New Zealand found that families of offenders participate more actively in the justice process when they are involved in family group conferencing, and offenders, victims, and families find the conferencing helpful. Preliminary studies in the U.S. also show that victims are satisfied and that offenders comply with the agreements that are made in conferences (Restorative Justice On-Line Notebook, n.d.). Because participation is voluntary and the youth who opt for family group conferencing are self-selected, it is difficult to determine whether there is actually less recidivism with this method, a Pennsylvania police study of family group conferencing concluded (McCold and Wachtel, 1998).

With the help of the Canadian National Crime Prevention Centre, the Nova Scotia Department of Justice is currently running a collaborative restorative justice project for young offenders and their victims. Community-based organizations are responsible for setting up a restorative justice system that suits the community's needs. The rural areas of Annapolis Valley and Cumberland County are included in Phase 1 (Crime Prevention Projects in Nova Scotia, 2000).

II. WHOLE-SCHOOL, SOCIAL CONTEXT PROGRAMS

These programs, which are also called *environmental change* strategies, involve reorganization of the school to make the climate more welcoming and less conducive to violent behaviour. They involve administrators, as well as teachers, students, other staff, and often parents.

Research shows that a school's social context is extremely important (Thornton et al., 2000). Certain school characteristics foster non-violent behaviour. These are:

- Teachers, administrators, and students working together to create policies, solve problems, and govern. This leads to higher morale, less disorder, and more bonding to the school (Anderson, 1998; Flaherty, 2001; Gottfredson, n.d.; Lawrence, 1998).
- Clear policies and rules that are consistently and fairly enforced. When there are clear consequences for violating rules and rewards for meeting expectations, there is more positive behaviour (Anderson, 1998; DiGiulio, 2001; Flaherty, 2001; Hawkins et al., 1998).
- Consistent leadership and strong administrative support for teachers. Teachers who do not feel supported use more punishment, which leads to more behaviour problems (Flaherty, 2001; Thornton et al., 2000).
- Teachers trained in classroom management and teaching practices that provide all students with opportunities to experience success (Aronson, 2000; Flaherty, 2001; Hawkins et al., 1998). Strategies such as continuous progress, tutoring, computer-assisted learning, cooperative learning, and a curriculum that allows for student differences and meets their needs improve academic performance and increase bonding. Poor performance is a risk factor for aggressive and antisocial behaviour (Hawkins et al., 1998; Tremblay and Craig, 1995).
- Students feeling “bonded” to the school – that is, they feel they belong and people care about them. A welcoming and supportive climate increases the chances that students will succeed academically and protects them from high risk behaviours such as substance abuse and aggression. Low attachment is a risk factor for antisocial behaviour (Anderson, 1998; Catalano, Arthur et al., 1998; Hawkins et al., 1998).
- Students are actively engaged in academic and after-school activities (Flaherty, 2001; Thornton et al., 2000).
- A strong academic mission (Hawkins et al., 1998).
- Clear informal non-violent and prosocial norms and expectations (above and beyond the rules). One way to achieve this is to focus on the positive and use positive reinforcement rather than punitive methods of control (Hawkins et al., 1998; Thornton et al., 2000). Another is to teach students skills for living with non-violent norms – emotional regulation, problem solving, anger management, and conflict resolution (Hawkins et al., 1998).

III. PROGRAMS FOR TEACHERS AND OTHER ADULTS WHO WORK WITH YOUTH

Responding effectively to a young person who is out of control is very difficult. All too often well-meaning adults become part of the problem instead of part of the solution. The program recommended in this intervention has been used widely in Canada and allows adults to develop the skills they need to prevent aggressive behaviour and help aggressive or assaultive youth de-escalate and return to the group successfully.

IV. PROGRAMS FOR PARENTS AND FAMILIES

Universal Interventions

Enhancing family protective factors is especially important in middle school. This is a time when peers are becoming increasingly prominent in youngsters' lives, and they are exposed to more risk (Spoth and Redman, 1996). If families are experiencing economic problems, the family-related risks are higher as well (Spoth and Redman, 1996). Enhancing family protective factors is also important because antisocial and aggressive behaviour that surfaces in early adolescence may be a harbinger of antisocial and aggressive behaviour to come (Greenberg et al., 1999). Because many children experience adjustment problems as they become teenagers and move to middle school, in general parents are more receptive to change: they are ready to participate in a prevention program (Kumpfer, 1999).

Improving parenting skills has an effect on children's ability to cope, as well as on their disruptive behaviour and delinquency (Tremblay and Craig, 1995). There is not one best family intervention (Kumpfer, 1999); it is important to select the program that suits the needs of the population. The U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) (Kumpfer, 1999) finds these best practices in family programs:

- They are comprehensive. Because they address more risk and protective factors, they are more likely to be effective.
- They are family-focussed. Programs that focus on families seem to be more effective than programs that focus on either parents or children. They offer training in parenting skills to parents and training in social skills to youth, and they include joint activities and family support.
- They are long term.
- They provide a sufficient dosage or intensity. This is critical to effectiveness; it takes time to learn new skills. (A higher dosage and more time are required for the families of youth at high risk or who are already experiencing difficulties.)
- They are tailored to the child's developmental age. With the parents of young teens, it is important to deal with issues such as growing independence, rebellious behaviour, and

sexuality. Family relationships, positive communication, and monitoring should be stressed.

- They are tailored to the family's culture and the family's specific needs.
- The staff must be well trained. The effectiveness of the program is also linked to the trainer's ability to be empathetic and caring.

The intervention should reframe the underlying motives for behaviour in non-pejorative ways, for example, as a need to belong, to feel competent, to reduce fear (Thornton et al., 2000). It should increase positive and decrease negative communication with family and peers, and it should improve the parents' ability to identify positive role models for their child and minimize negative influences on him (Thornton et al., 2000).

In addition, role playing should be taught and practised during the sessions and at home (Kumpfer, 1999). Videos of families demonstrating appropriate and inappropriate parenting skills stimulate discussion and make the intervention more effective and attractive to the parents, even when they're self-administered (Kumpfer, 1999). A graduation ceremony and booster sessions also help (Thornton et al., 2000).

Family strategies should also be linked to school strategies (Thornton et al., 2000).

Selective and/or Indicated Interventions

The best practices for universal prevention programs for parents and families (explained above) also apply to interventions for families where there is a young adolescent at high risk or who is already in trouble. But a universal prevention program is not enough. Although after about age 12 association with antisocial peers becomes the strongest predictor of late-onset adolescent violence, in young adolescents a poor parent-child relationship is more important, according to Howell and Hawkins (1998). There is often poor family management, low involvement of the parent with the child, low bonding to the family, harsh and inconsistent punishment, a failure to set expectations for behaviour, and a failure to monitor the child's behaviour (Thornton et al., 2000). With this group of youth, there is frequently an escalating coercive cycle in the family (Thornton et al., 2000). The parents use ineffective discipline, which leads to and reinforces aggressive behaviour, which sets off the ineffective discipline once again.

To break this cycle, it's essential to teach the parents new responses to their child's negative actions (Thornton et al., 2000). Such parents feel out of control and demoralized, and the fundamental principle in an intervention is to empower them, to improve their sense of self-control and self-efficacy and make them feel accountable for their youngster's improvements (Thornton et al., 2000). According to the NCIPC (Thornton et al., 2000), parents must have:

- Information that will help them to understand and react appropriately to their child's behaviour.

- Training in how to nurture their child, communicate effectively, negotiate family rules and consequences, reinforce prosocial behaviour, discipline without violence, and give effective consequences.

Families of at-risk adolescents may be hard to recruit. To encourage them to participate, it is a good idea to offer incentives and supports such as transportation, child care, money, and refreshments or meals (Kumpfer, 1999; Thornton et al., 2000). Local businesses may be asked to contribute products that would interest participants. The leader – who should have a neutral title such as “facilitator” or “session leader” – should schedule meetings at a time and place that are convenient for parents; build on their existing knowledge; model the behaviour being taught; use interactive teaching methods; offer opportunities for parents to ask questions, give feedback, and practice skills; and explain the theories behind the intervention. It’s also a good idea to have activities to involve parents, such as homework assignments (Thornton et al., 2000).

For families of youngsters at high risk or who are already experiencing serious difficulties, individual, home-based family intervention is most effective (Thornton et al., 2000).

In order to have long-term effects, it is also important to address the problems in parents’ lives: isolation, stress, depression, marital conflict, financial problems (Guerra et al., 1994; Thornton et al., 2000).

V. PROGRAMS FOR INDIVIDUAL YOUTH

Universal Interventions

Strategies that influence the social context of schools work hand in hand with strategies that focus on changing the behaviour of individual students – and the knowledge, skills, beliefs, and attitudes related to that behaviour (Gottfredson, n.d.). Social context and individual interventions reinforce one another (Peters and Russell, 1996).

Programs that employ social cognitive methods are the most effective with individual youth (Guerra et al., 1994). Building on the social learning theory of Albert Bandura and the work of the behaviourists, they address the beliefs that support aggressive behaviour and teach negotiation, decision-making, identifying and managing feelings, anticipating the consequences of aggressive behaviour, finding non-violent alternatives to aggressive behaviour, and moral reasoning. They use modelling, role play, reinforcement, feedback, and rehearsal (Thornton et al., 2000).

Programs that promote positive youth development address social cognitive skills as well as three other concepts (Catalano, Berglund et al., 1998):

- Competence, or the youth’s capacity to acquire developmentally appropriate skills across social, emotional, cognitive, behavioural, and moral dimensions.

- Self-efficacy, or the youth's perception that s/he can achieve her/his goals through her/his own actions.
- Prosocial norms, or the delivery of messages about healthy expectations from peers or adults or about knowing how to respond appropriately to negative peer influences.

Bonding to others, opportunities for social involvement, and recognition for positive behaviour were also found to be important.

Like other strategies, social cognitive strategies are more effective when they are more comprehensive, intensive, and long-lasting (Greenberg et al., 1999; Thornton et al., 2000). Teachers or leaders must be well trained, believe in the effectiveness of the program, and implement it faithfully (Greenberg et al., 1999; Thornton et al., 2000).

Selective and Indicated Strategies

A universal strategy can be useful for youth who are at risk or for youth who are already in trouble, but it is not enough on its own. In addition, these young people need a more powerful intervention, with a higher dosage (Guerra et al., 1994; Tremblay et al., 1999). An intervention for high-risk youth should follow the same principles as the universal programs described above. It should include youth who are at low risk, who can model appropriate behaviour (Tremblay et al., 1999). In order to avoid stigmatizing the youth who attend, the program should have a positive name, such as Promoting Social Acceptance, or Promoting School Performance (Tremblay et al., 1999).

Training

When implementing an intervention program that has already been proven to work, it is important to replicate it exactly (Thornton et al., 2000). Programs that have been modified or are used incorrectly do not work nearly as well. Proper training is therefore critical (Thornton et al., 2000). It is also crucial to have buy-in from the professionals on the front line as well as from administrators because when the people who are implementing a program don't believe in it, it is far less likely to be successful (Slaby, 1998; Thornton et al., 2000). Appropriate training helps to secure this commitment from staff.

It is not easy to recruit well-trained staff who understand the intervention and its limitations. Because properly qualified people are in short supply, it makes more sense to involve people who are already in the system to implement the intervention.

Key informant interviews conducted for the addressing youth violence intervention indicated that training frontline staff is most effective when there is a relationship between the trainer and those who are being trained. In order to meet this requirement and the requirement of sustainability, the *Addressing Youth Violence Intervention* uses a train-the-trainer model. Existing resource personnel from the agencies involved in the implementation of the AYVI will attend in-depth workshops provided by the selected programs in order to acquire the understanding and expertise they need to train frontline staff in their own organizations. In addition, the train-the-trainer model enables resource personnel to provide ongoing support to their staff through coaching and booster workshops.

Costs of Purchasing Programs and Implementation

New evidence makes a compelling case that intervention programs are cost-effective because they reduce the number of young offenders and the likelihood that youths will become repeat offenders (Surgeon General, n.d.). Given this evidence, it is in everyone's best interest to implement anti-violence and violence prevention programs. Reclaiming youths from a violent lifestyle has clear advantages over warehousing them in prisons and training schools.

The train-the-trainer model is considerably less expensive than having to repeat training sessions with a selected program's own trainers, which may also entail paying travel and hotel expenses as well as the cost of the trainers. Once AYVI trainers have been trained, they will continue to be available to supervise and support frontline staff, to give booster sessions, and to train new personnel. When considering the actual cost of training, one must also add in the cost of replacing both the trainers and the trainees during the training period. Using resource staff already in place and professional development days previously set aside will reduce training costs to some degree, but it would be irresponsible not to consider the impact of adding more responsibilities to already full job descriptions. There must be incentives built into the training aspect of the program to encourage participation and minimize burn-out. These can be as simple as selecting a comfortable and inviting venue for the training to bonuses after personnel have completed the training sessions effectively with the frontline staff. However, incentives may not

be sufficient, and it may be necessary to hire additional staff in order to meet the increased responsibilities created as a result of implementing the anti-violence intervention.

We have prepared an outline of the costs of implementing each program (where available), which is attached in Appendix 8. In some cases there is no training available; in others the training cannot be delivered on site and requires a select group of trainers to travel. In addition, there is often an additional cost of purchasing a particular program or curriculum. The number of days required for trainer and trainee workshops is indicated, but the cost of replacement staff is not included. The initial training costs will be high; they will decline each year as only booster training will be required.

Evaluation

Highlights from the Literature

Most violence prevention programs currently used in schools, communities, and the justice system have not been subjected to systematic scientific evaluation, so their effectiveness—or lack of effectiveness—is unknown. Using an ineffective program is a waste of money, and given the additional evidence that some well-intentioned programs have proven to be harmful, it is imperative to use programs that have been scientifically evaluated and to evaluate any intervention that is being used in a new setting. According to the U.S. Surgeon General’s report on youth violence (n.d.), “Appropriately designed and conducted research offers a factual basis, rather than opinion, for proposing and debating social policy.” It is therefore critical to devise ways of giving people with diverse interests (including parents, teachers, and others) a voice in identifying urgent research questions and to inform them about the conclusions drawn from research (Carter et al., 2001).

Evaluation should be built into an intervention from the start so that there is a way to tell whether it is effective. Evaluation and regular monitoring also make it possible to improve an intervention and to assess whether it is being applied faithfully (Thornton et al., 2000; Tremblay et al., 1999).

“The key question is ‘did it work?’ This is the question in which most funders and potential consumers of the programs are interested,” writes Dr. Leslie Tutty of the University of Calgary in her report “Evaluating School-Based Prevention Programs: The Basics” (2002). Most researchers want to answer three basic questions: (1) Is an observed effect real or should it be attributed to chance? (2) If the effect is real, how large is it? (3) Is the effect large enough to be useful? (Cunningham, 2002).

Sound research methods are costly but crucial to conducting an evaluation that can provide the information necessary to determine whether or not the intervention is effective and worth the investment. There are several key components to effective evaluation.

Without a basis of comparison, any outcome that the evaluation measures is relatively meaningless. A control group is the best basis of comparison (Cunningham, 2002). An experimental design with random assignment of subjects to different levels of intervention is most reliable. Next in reliability is a quasi-experimental design where there are non-randomly assigned comparison groups whose participants are closely similar to those in the intervention group.

It is important to note any differences in the groups before the intervention begins so that they will not be considered a result of the intervention itself (Catalano, Berglund, Ryan, Lonczak, and Hawkins, 1998). When there is more than one site, it is important to control for any differences among the sample and/or control groups before the intervention begins.

Applying the same programs and methods to more than one site allows investigators to determine not only the impact of the intervention, but also how the implementation context affects the quality of service delivery. Having several sites also makes it possible to have a larger sample, which is important to getting reliable results (Cunningham, 2002).

There must be a means of measuring the fidelity of a program's implementation in order to validate the outcome measures of the intervention (Cunningham, 2002).

Evaluators and data collectors should be independent of the developer of the program as well as the agencies and schools that are delivering it (Cunningham, 2002). Tutty writes, "Because of the potential bias (whether real or perceived) when program staff conduct the research, internal evaluations are not as highly regarded as those conducted by external personnel. Further, program staff rarely has the expertise or time to design a strong evaluation or conduct the appropriate data analysis" (2002, p. 3).

Research questions should be answered in terms of real and measurable behaviour (e.g., are students who receive the intervention less likely to be suspended than students who don't receive it?). Outcomes measures could include official statistics (e.g., number of days absent, number of days tardy, suspensions, grades) as well as multiple perspectives (e.g., rating of behaviour by objective observers, teachers, parents, and youth). Self-reports of knowledge, attitudes or behaviour can provide useful information but should not be the principal outcome measure used (Cunningham, 2002). It is important to use more than one indicator of outcome because stakeholders have different priorities and also because it is rarely possible to summarize the effectiveness of a program with only one variable. All outcomes, even those that are contrary to the hypothesis, should be reported (Cunningham, 2002).

It is important to use appropriate measurement tools. Standardized measures whose validity and reliability that have already been tested are the most appropriate (Tutty, 2002).

Because good research takes time, the research evaluation design should account for attrition, burnout and the resulting turnover of the delivery staff (Carter et al., 2001)

It is important to follow up over a long period in order to ascertain the full effects of an intervention (Tremblay et al., 1999). Some interventions are effective in the short term but not in the long term, and others have a lag or sleeper effect with results that show up years later (Greenberg, Domitrovich, and Bumbarger, 2001).

Developing the Evaluation Framework

Early on in this process the Addressing Youth Violence Advisory Group recognized that we needed to focus our evaluation on information that would be most relevant to stakeholders in Western Nova Scotia. The process for developing our evaluation included:

- Reviewing the best practice literature for information about evaluating violence prevention programs;
- Asking participants at the Regional Stakeholder Consultation for their input and ideas about what a successful intervention would look like;
- Discussing the draft evaluation framework with the Addressing Youth Violence Advisory Group;
- Forming a small working group of interested stakeholders to provide input and comment on the evolving evaluation framework; and
- Presenting the evaluation framework to the Research and Evaluation Committee at Sharing Strengths to draw on the members' expertise.

The evaluation framework we developed can be found in Appendix 6. When the intervention is implemented in each of the three pilot communities, the evaluation framework will have to be shaped to meet the needs of each community.

INFRASTRUCTURE TO SUPPORT THE INTERVENTION

The proposed infrastructure for *Addressing Youth Violence Intervention* is outlined below in Figure 1.

The infrastructure has been developed as a supportive mechanism that will enable the training period and initial implementation to run smoothly and effectively. AVYI is designed to be a sustainable and eventually self-managing intervention. However, any intervention or strategy is only as effective as its implementation. A coordinator who is aware of the issues related to youth violence and has attended all the training sessions is essential in order to ensure the integrity of each program's initial implementation. All too often people feel as though they are working on their own and are inclined to lose their enthusiasm when there are problems. Once the programs are in place and the service providers are feeling comfortable with the content and delivery, peer networking and capacity building can begin to replace the role of the intervention consultant.

Committees

In recognition of the need for ongoing collaboration on several levels the following committees will be formed:

Overall Implementation Advisory Committee - This committee will serve throughout Phase II in an overall project advisory capacity. Their recommendations will be passed on to CYIWG. The committee will include people who were involved in the Phase I Advisory Committee, representatives from each site, and others who have indicated an interest in participating in Phase II.

Local Intersectoral Advisory Groups - The role of the Local Intersectoral Advisory Groups will be to ensure that the implementation of the AYVI reflects the capacity, needs and spirit of their community. Each site will have a local intersectoral committee made up of service providers from each sector that is involved in the implementation process of the AYVI: Education, Justice, Sports/Recreation, Addictions, Mental Health Services, Public Health Services, Community Services, Family and Children's Services, Housing, and HRDC.

Research and Evaluation Committee - In order to ensure the integrity of the research and evaluation components of the project, we will draw on the expertise of the Sharing Strengths Research and Evaluation Committee. We will form an R/E subcommittee for this project, which will include CYIWG/CAYAC members and staff.

Staff

The infrastructure will include the following staff positions:

Coordinator/Manager

The coordinator/manager will be responsible for all administrative aspects of the project. S/he will provide overall administration and project management, support for project staff, liaise with

Advisory Groups, link with existing community groups, handle funds, organize logistics, and coordinate educational events.

Intervention Consultant

The Intervention Consultant will have expertise in addressing youth violence, knowledge of existing programs, experience working with groups, good leadership skills, the ability to facilitate collaboration, knowledge/experience/participation in training sessions, and be responsible for quality control and supporting knowledge/skill-building in each pilot site.

Research/Evaluation Coordinator

The Research/Evaluation Coordinator will develop the project logic model, design research and evaluation tools, coordinate research activities, and develop research and evaluation learning opportunities for pilot sites.

Administrative Assistant (Half time)

The Administrative Assistant will provide administrative support to the project.

External Evaluator (Consultant)

The External Evaluator will collect and analyze the evaluation data and prepare evaluation reports.

Figure 1 - Addressing Youth Violence Intervention - Proposed Organizational Chart

AYVI Advisory Committee

(includes people involved in Phase I Advisory Committee,
 Consultation participants who indicated an interest, other key players to be identified)
 Overall project advisory role

Research and Evaluation Committee

(people with research/evaluation expertise
 linked with Sharing Strengths R/E Committee and CYIWG)

Local Advisory Groups

Intersectoral Committees in each of the three pilot sites will make decisions about local implementation

Staff needed:

Intervention Consultant

Expertise in addressing youth violence
 Knowledge of existing programs
 Knowledge/experience/participation in training sessions
 Responsible for quality control
 Supporting knowledge/skill-building in each pilot site

Coordinator

Overall administration, project management
 Support for project staff
 Liaise with Advisory Groups
 Link with existing community groups
 Responsible for funds
 Organize logistics
 Coordinate educational events etc

Research/Evaluation Coordinator

Develop logic model
 Design research and evaluation tools
 Coordinate research activities
 Learning opportunities for pilot sites

Administrative Assistant

(Half time)
 Administrative support to the project

External Evaluator

(Part time)
 Collect and Analyze data
 Prepare Evaluation reports

REFERENCES

- Alexander, J., Pugh, C., Parsons, B., & Sexton, T. (2000). *Blueprints for violence prevention, Book 3, Functional family therapy*. Boulder: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.
- Anderson, D. C. (1998). Curriculum, culture, and community: The challenge of school violence. In M. Tonry & M. H. Moore (Eds.) *Youth violence, vol. 24* (pp. 317-363) in M. Tonry (Ed.), *Crime and justice: A review of research*. Chicago: University of Chicago Press.
- Aronson, E. (2000). *Nobody left to hate: Teaching compassion after Columbine*. New York: Worth.
- Berk, L. E. (2000). *Child development* (5th ed.) Boston: Allyn & Bacon.
- Catalano, R. F., Arthur, M. W., Hawkins, J. D., Berglund, L., & Olson, J. J. (1998). Comprehensive community- and school-based interventions to prevent antisocial behavior. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 248-283). Thousand Oaks, CA: Sage.
- Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., & Hawkins, J. D. (1998). *Positive youth development in the United States: Research findings on evaluations of positive youth development programs*. Seattle: Social Development Research Group, University of Washington, School of Social Work. Retrieved July 18, 2002, from <http://aspe.hhs.gov/hsp/PositiveYouthDev99/index.htm>
- Carter, R., Blood, L., & Campbell, M. (2001). *Youth justice feasibility study: A proposal for an integrated assessment and treatment service for conduct disorder/antisocial youth in Nova Scotia*. Submitted to Children and Youth Action Committee of Nova Scotia and Justice Canada (File # 6133-5-23).
- Centre for Children and Families in the Justice System (London Family Court Clinic Inc.)(2002). *Seeking effective interventions for serious young offenders: Interim results of a four-year randomized study of Multisystemic Therapy in Ontario, Canada*. London, ON: Author.
- Center for the Study and Prevention of Violence (2001). *Safe Communities -- Safe Schools: What is a safe school?* Retrieved July 15, 2002, from <http://www.colorado.edu/cspv/factsheets/SCSS%20What%20is%20Safe%20School.html>
- Chaiken, M. R. (1998). Tailoring established after-school programs to meet urban realities. In D. S. Elliott, B. A. Hamburg, & K. R. Williams (Eds.), *Violence in American schools: A new perspective* (pp. 348-375). New York: Cambridge University Press.

- Cooper, W. O., Lutenbacher, M., & Faccia, K. (2000). Components of effective youth violence prevention programs for 7- to 14-year-olds. *Archives of Pediatric and Adolescent Medicine, 154*, 1134-1139.
- Cunningham, A. (June 2002). Lessons learned from a randomized study of Multisystemic Therapy in Canada. In *One Step Forward*. London, ON: Centre for Children and Families in the Justice System, London Family Court Clinic Inc. Retrieved September 15 from www.lfcc.on.ca
- DiGiulio, R. C. (2001). *Educate, medicate, or litigate? What teachers, parents, and administrators must do about student behavior*. Thousand Oaks, CA: Corwin Press.
- Elliott, D.S., & Tolan, P. (1998). Youth violence prevention, intervention, and social policy: An overview. In Flannery, D.J. and Huff, C.R., Eds. *Youth Violence*. Washington, D.C.: American Psychiatric Press, Inc.
- Fink, P. J. (2001). Problems with and solutions for school violence: The Philadelphia experience." In M. Shafii and S. L. Shafii, Eds., *School Violence: Assessment, Management, Prevention*. Washington, DC: American Psychiatric Publishing.
- Flaherty, L. T. (2001). School violence and the school environment. In M. Shafii & S. L. Shafii (Eds.), *School violence: Assessment, management, prevention* (pp. 25-51). Washington, DC: American Psychiatric Publishing.
- Garbarino, J., Kostelny, K. & Barry, F. (1998). Neighborhood-based programs. In P. K. Trickett & C. J. Schellenbach (Eds.), *Violence against children in the family and the community* (pp. 287-314). Washington, DC: American Psychological Association.
- Gottfredson, D. (n.d.). School-based crime prevention. In L. W. Sherman, D. Gottfredson, D. MacKenzie, J. Eck, P. Bushway (Eds.), *Preventing crime: What works, what doesn't, what's promising. A report to the United States Congress prepared for the National Institute of Justice*. Retrieved June 18, 2002, from <http://www.ncjrs.org/works/>
- Greenberg, M. T., Domitrovich, C., & Bumbarger, B. (2000). Prevention of mental disorders in school-age children: Current status of the field. *Prevention and Treatment, 4*, article 1. Retrieved July 22, 2002, from <http://journals.apa.org/prevention/volume4/pre0040001a.html>
- Guerra, N. G., Tolan, P. H., & Hammond, W. R. (1994). Prevention and treatment of adolescent violence. In L. D. Eron, J. H. Gentry, & P. Schlegel (Eds.), *Reason to hope: A psychosocial perspective on violence & youth* (pp. 383-403). Washington, DC: American Psychological Association.

- Hamburg, M. A. (1998). Youth violence is a public health concern. In D. S. Elliott, B. A. Hamburg, & K. R. Williams (Eds.), *Violence in American schools: A new perspective* (pp. 31-54). New York: Cambridge University Press.
- Hawkins, J. D., Farrington, D. P., & Catalano, R. F. (1998). Reducing violence through the schools. In D. S. Elliott, B. A. Hamburg, & K. R. Williams (Eds.), *Violence in American schools: A new perspective* (pp. 188-216). New York: Cambridge University Press.
- Henggeler, S. W. (1998, 2001). *Blueprints for violence prevention, Multisystemic therapy*. Boulder: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.
- Howell, J. C. (1998). Promising programs for youth gang violence prevention and intervention. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 284-312). Thousand Oaks, CA: Sage.
- Howell, J. C., & Hawkins, J. D. (1998). Prevention of youth violence. In M. Tonry & M. H. Moore (Eds.) *Youth violence, vol. 24* (pp. 263-315) in M. Tonry (Ed.), *Crime and justice: A review of research*. Chicago: University of Chicago Press.
- Kazdin, A. E. (1994). Interventions for aggressive and antisocial children. In L. D. Eron, J. H. Gentry, & P. Schlegel (Eds.), *Reason to hope: A psychosocial perspective on violence & youth* (pp. 341-382). Washington, DC: American Psychological Association.
- Krisberg, B., & Howell, J. C. (1998). The impact of the juvenile justice system and prospects for graduated sanctions in a comprehensive strategy. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 346-366). Thousand Oaks, CA: Sage.
- Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. Prepared for the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. Retrieved July 15, 2002, from http://www.strengtheningfamilies.org/html/literature_review_1999.pdf
- Lawrence, R. (1998). *School crime and juvenile justice*. New York: Oxford University Press.
- Lipsey, M. W., & Wilson, D. B. (1998). Effective intervention for serious juvenile offenders: A synthesis of research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 313-345). Thousand Oaks, CA: Sage.

- National Crime Prevention Council Canada (1997). *Preventing crime by investing in families and communities: Promoting positive outcomes in youth 12 to 18 years old*. Ottawa: Author.
- Offord, D. R. (1996). The state of prevention and early intervention. In R. DeV. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 329-344). Thousand Oaks, CA: Sage.
- Olds, D. (1998). *Blueprints for violence prevention, Prenatal and infancy home visitation by nurses*. Boulder: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.
- Olds, D., Henderson, C. R. Jr., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., et al. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association*, 280, 1238-1244.
- Pepler, D. J., & Slaby, R. G. (1994). Theoretical and developmental perspectives on youth and violence. In L. D. Eron, J. H. Gentry, & P. Schlegal (Eds.), *Reason to hope: A psychosocial perspective on violence and youth* (pp. 27_58). Washington, DC: American Psychological Association.
- Peters, R. DeV., & Russell, C. C. (1996). Promoting development and preventing disorder: The Better Beginnings, Better Futures project. In R. DeV. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 19-47). Thousand Oaks, CA: Sage.
- Research and Education for Solutions to Violence and Abuse (RESOLVE) (2002). *School-based violence prevention programs: A resource manual*. Retrieved October 10, 2002, from www.ucalgary.ca/resolve/violenceprevention/
- Sherman, L. W. (n.d.a). Communities and crime prevention. In L. W. Sherman, D. Gottfredson, D. MacKenzie, J. Eck, P. Bushway (Eds.), *Preventing crime: What works, what doesn't, what's promising. A report to the United States Congress prepared for the National Institute of Justice*. Retrieved June 18, 2002, from <http://www.ncjrs.org/works/>
- Sherman, L. W. (n.d.b). Family-based crime prevention. In L. W. Sherman, D. Gottfredson, D. MacKenzie, J. Eck, P. Bushway (Eds.), *Preventing crime: What works, what doesn't, what's promising. A report to the United States Congress prepared for the National Institute of Justice*. Retrieved June 18, 2002, from <http://www.ncjrs.org/works/>
- Slaby, R. G. (1998). Preventing youth violence through research-guided intervention. In P. K. Trickett & C. J. Schellenbach (Eds.), *Violence against children in the family and the community* (pp. 371-399). Washington, DC: American Psychological Association.

- Spoth, R., & Redmond, C. (1996). Illustrating a framework for rural prevention research: Project Family studies of rural family participation and outcomes. In R. DeV. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 299-328). Thousand Oaks, CA: Sage.
- Stroick, S. M. (2002). *Action on crime prevention: A multimedia profile of NCPC pilot projects, CPRN Discussion Paper No. F/24*. Ottawa: Canadian Policy Research Networks.
- Surgeon General (n.d.). *Youth violence: A report of the Surgeon General*. Retrieved October 10, 2002, from www.mentalhealth.org/youthviolence/surgeongeneral/SG_Site/home.asp
- Thornberry, T. P. (1998). Membership in youth gangs and involvement in serious and violent offending. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 146-166). Thousand Oaks, CA: Sage.
- Thornton, T. N., Craft, C. A., Dahlberg, L. L., Lynch, B. S., & Baer, K. (2000). *Best practices of youth violence prevention: A sourcebook for community action*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved July 15, 2002, from <http://www.cdc.gov/ncipc/dvp/bestpractices.htm>
- Tremblay, R. E., & Craig, W. M. (1995). Developmental crime prevention. In M. Tonry & D. P. Farrington (Eds.), *Building a safer society: Strategic approaches to crime prevention, vol. 19* (pp. 151-236) in M. Tonry (Ed.), *Crime and justice: A review of research*. Chicago: University of Chicago Press.
- Tremblay, R. E., Masse, L. C., Pagani, L., & Vitaro, F. (1996). From childhood physical aggression to adolescent maladjustment: The Montreal prevention experiment. In R. DeV. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 268-298). Thousand Oaks, CA: Sage.
- Tremblay, R. E., LeMarquand, D., & Vitaro, F. (1999). The prevention of oppositional defiant disorder and conduct disorder. In H. C. Quay & A. E. Hogan (Eds.), *Handbook of disruptive behavior disorders* (pp. 525-555). New York: Kluwer Academic/Plenum.
- Tutty, L. (2002). *Evaluating school-based prevention programs: The basics*. Retrieved September 15, 2002, from www.ucalgary.ca/resolve/violenceprevention/English/evaluate.htm
- Wasserman, G. A., & Miller, L. S. (1998). The prevention of serious and violent juvenile offending. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 197-247). Thousand Oaks, CA: Sage.

Webster-Stratton, C. (2001, *Blueprints for violence prevention, The incredible years: Parent, teacher and child training series*. Boulder: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

Yoshikawa, H. (1994). Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks. *Psychological Bulletin*, *115*, 28-54.