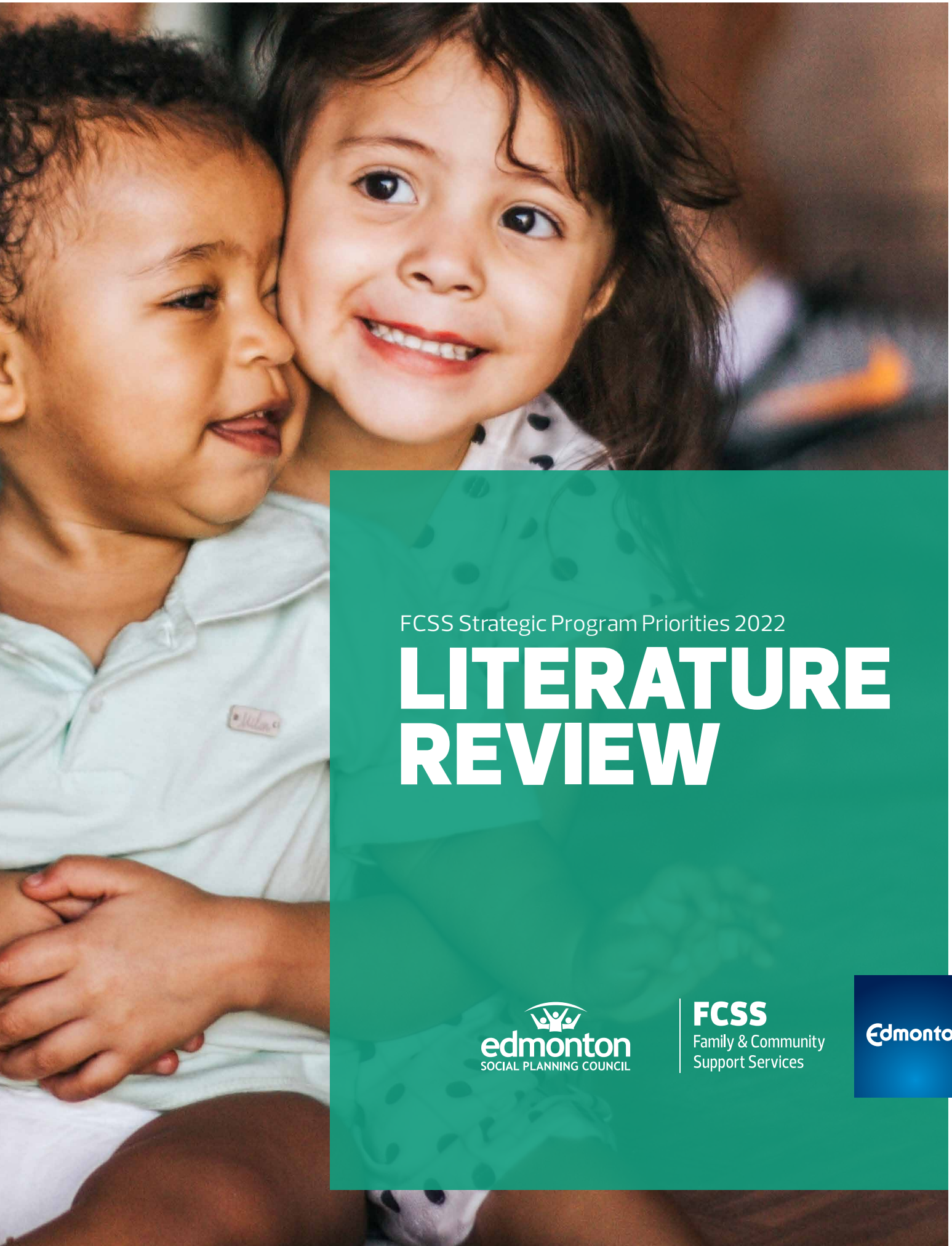

FCSS Strategic Program Priorities 2022

LITERATURE REVIEW

edmonton SOCIAL PLANNING COUNCIL

FCSS
Family & Community Support Services

Edmonton

TABLE OF CONTENTS

Acknowledgement:
The Edmonton Social Planning Council is an independent, non-profit, non-partisan social research organization, with registered charitable status. Our focus is social research, particularly in the areas of low income and poverty. This Literature Review was written by the Edmonton Social Planning Council on behalf of Edmonton Family & Community Support Services.

SOCIAL INCLUSION

There is no single definition of social inclusion. In general, a community that is socially inclusive encompasses values of respect, dignity, and empowerment. Though often explored in terms of economic inclusion, social inclusion is more than accessing income and employment; it speaks to capacity, well-being, and participation in community. It is an approach to ensure that everybody is "able to participate as valued, respected, and contributing members of society. . . . [and] calls for a validation and recognition of diversity as well as a recognition of the commonality of lived experiences" (Mitchell & Shillington, 2002, p. viii–ix).

Conversely, exclusion from social, cultural, and recreational activities increases isolation, which restricts an individual's ability to build meaningful relationships and establish a sense of belonging (Hamfelt, 2019). Factors that can result in social exclusion, or marginalization, are varied—including struggles with health and mental health, financial instability, education, housing, and food security.

Social inclusion has been used as a framework to address public policy in Canada since the 1980s. Inclusion programming addresses a number of populations, including youth, immigrants and refugees, Indigenous peoples, LGBTQ2S+ folk, people experiencing homelessness, older adults, and many others. Ideally, inclusion-based programs and services acknowledge intersectionalities across and within populations and communities. That is, people may live with multiple identities (e.g., gender, race, or sexual identity), which can lead to numerous experiences of discrimination (such as racism, sexism, ableism, and classism). Intersectionality is a frame of analysis to "account for multiple grounds of identity when considering how the social world is constructed" (Crenshaw, 1991, p. 1245). Coined by American academic Kimberlé Crenshaw, the term has developed over time to recognize how various forms of identity and discrimination combine and overlap in complex and cumulative ways. This literature review will take a look at how the four FCSS program priorities listed below intersect with social inclusion in particular, and narrows in on particular sub-populations to address issues and best practices. Although the concept of intersectionality runs throughout the four sections, it is beyond the scope of this review to include it as a frame of analysis. It is, however, important to note the intensifying effect of multiple oppressions structured around identity that can harm and disadvantage so many individuals.

Many of the limitations of this review are due to restrictions in time and resources. Each section highlights only a selection of affected sub-populations based on their prevalence within the literature, though there are many more groups that are equally impacted. Sections call attention to some of the more common issues addressed by research, but lack deep analysis or exploration due to limited capacity. Furthermore, only English language sources published as of 2010 (with a few exceptions) were included, with a cap of five sources per sub-population and/or issue. Evidence from peer-reviewed articles and grey literature has been included, though priority was given to findings from academic research.

In this review, the following topics are discussed: Section 1 explores social emotional development among children and adults, and how positive experiences shape the foundation of an individual's capacity to cope. Section 2 looks into positive mental health and the importance of community and surroundings. In Section 3, healthy relationships are discussed through the lens of family violence prevention. Finally, Section 4 explores poverty reduction and homelessness prevention—two discrete but closely related topics.

SECTION 1:
HEALTHY SOCIAL EMOTIONAL DEVELOPMENT

WHAT IS SOCIAL EMOTIONAL DEVELOPMENT?

Social emotional development is a foundational part of child development and education. Under this overarching framework is the process of learning skills. This learning is the approach by which children gain skills and knowledge to develop identity, manage personal emotions, build relationships, and make responsible decisions later in life—often referred to as social emotional learning (SEL) (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2020; Center on the Developing Child at Harvard University [CDCHU], 2016).

Research shows that SEL starts early in life—thus, the first years of a child's life are some of the most important. In the first five years, "the foundations of social competence that are developed . . . are linked to emotional well-being and affect a child's later ability to functionally adapt in school and to form successful relationships throughout life" (National Scientific Council on the Developing Child [NSCDC], 2004b, p. 1). This is also a time when children learn to cope, socialize, and develop a sense of self.

SEL functions best when families, schools, and communities collaborate to create environments and opportunities for learning that are meaningful, reliable, and sustainable (CASEL, 2020; Goldberg et al., 2018). Unfortunately, SEL is still relatively ignored in terms of essential skills to teach in early learning. Research studies have shown that programs with a strong SEL component offer significant benefits for children, and should be supported until a child reaches adulthood to reinforce the long-term effects (Mahoney et al., 2018). Establishing strong social emotional skills means that as individuals age, they have foundations on which to build healthy relationships (be these romantic, or with mentors and peers), to cope with mental health challenges in various environments (such as school or employment), and to engage with practices that can prevent experiences of homelessness and poverty.

SOCIAL EMOTIONAL DEVELOPMENT AND SOCIAL INCLUSION

The outcomes from this period of child development can deeply impact how children perceive themselves and are perceived by others. The feelings of inclusion felt by children contribute to their overall well-being. Though most studies focus on SEL in the classroom, there is evidence that community programs are just as vital in delivering SEL-based activities to enhance a child's overall social emotional development (CDCHU, 2016). According to one study, "communities and families can focus resources to ensure children and youth experience safety, physical and emotional well-being, sense of purpose and belonging, and skill acquisition with the recognition that these are core elements for healthy development" (McDonald et al., 2020, p. 6). What matters most are the relationships that develop to create the environment in which children develop (NSCDC, 2004a).

Since SEL establishes the foundation for emotional needs, investing in the inclusion of SEL to create more comprehensive child development models will have positive long-term effects. The social skills learned through SEL underpin strong friendships and relationships, making SEL an essential skill for adulthood, affecting employment, collaboration, group membership, and parenthood (Centre for the Study of Social Policy [CSSP], n.d.). Having a network of friends, family, or peers is a proven form of protection against adverse life experiences (McDonald et al., 2020).

THE RESEARCH: CHILD DEVELOPMENT

Research on social emotional development once focused on school readiness among children, but it has since shifted to show evidence that links "young children's social-emotional competence and their cognitive development, language skills, mental health and school success" (CSSP, n.d., p. 9).

There are countless studies that explore neuroscience and epigenetics as they relate to SEL (see Francis, 2011 and Shonkoff & Phillips, 2000) , as well as the role of schools and teachers in SEL. However, these are beyond the scope of this review. Instead, this section will focus on what research says about SEL as it relates to the ability and capacity to form social relationships and gain a sense of inclusion.

There are several components to SEL (strategies, targets, etc.). Three of the most common focus areas are brain architecture (the initial building blocks), serve & return (a process of communication), and executive function (information management), explored further here.

Brain Architecture

The first five years of an infant's life are vital in shaping the building blocks for brain development (NSCDC, 2004b). The foundational structure of the brain begins developing before birth and continues well into adulthood. Establishing a strong or weak foundation on which to build long-term structure affects outcomes in health, learning, and behaviour (CDCHU, 2016); essentially, the brain scaffolds learning experiences in all areas of life. This foundation will almost certainly affect outcomes such as

> *self-confidence and sound mental health, motivation to learn, achievement in school and later in the workplace, the ability to control aggressive impulses and resolve conflicts in nonviolent ways, behaviors that affect physical health risks, and the capacity to develop and sustain friendships and close relationships and ultimately become a successful parent. (CDCHU, 2016, p. 8)*

To ensure that brain architecture is established in an effective manner for positive long-term results, the types of activities and experiences children have in their early years must be suitable for their stage of development. Activities such as individual play and reading picture books are foundational skill-building. Children can then gradually and comfortably move on to playing with others and reading books with text.

Positive environments support brain growth through healthy social interactions and relationships (NSCDC, 2004b). These connections support resiliency (against adversity) and a child's ability to develop coping mechanisms to respond to stress (CDCHU, 2016). "Providing the right ingredients for healthy development from the start produces better outcomes than trying to fix problems later" (CDCHU, 2016, p. 12).

Serve and Return

An early form of skill-building, serve and return is a process in which infants and children will initiate some form of interaction (eye contact, facial expressions, gestures, babbling, or touch) and the caregiver will respond in a positive way (speaking, laughing, sharing a toy or a cuddle, or playing a game like peekaboo) (Garcia & Weiss, 2016). These interactions establish trust and relationship-building skills, and are techniques that new parents can use to promote a child's SEL skills.

Children who lack serve and return interactions may end up with brain development deficiencies, ultimately affecting their overall skills and abilities, behaviour, and health. Support that would encourage families, communities, and programming to offer strong SEL experiences can put children at lower risk of experiencing negative environments that impair developmental processes.

Scientific studies have proven that healthy relationships between children and their caregivers stimulate brain development. Positive relationships and interactions teach children how to manage emotions and react to stress; negative relationships increase anxiety and poor behaviours, which can endure into adulthood (McCann et al., 2021).

Executive Function

More advanced skills are known as executive function (EF), and they serve as the brain's "air traffic control" centre. That is to say, these skills support the ability to plan, monitor, and manage discrete sources of information simultaneously. There are three core EFs: inhibition, working memory, and cognitive flexibility (Diamond, 2012). Like overall SEL, the skills and broader abilities that come with these EFs are critical for school achievement, employment, relationships, parenting, and well-being. Addressing deficiencies in EF development will ensure individuals have the tools necessary to face adversity later in life.

With regular practice, EF skills are flexible enough to improve over time. Research shows that children who have poor executive function improve the most when exposed to interventions, through exercise, curriculum, or technology while gaining emotional and social skills (Diamond, 2012). These interventions create opportunities for children to build skills to match those of their peers. Ultimately, the most successful EF programming will challenge children, engage them in meaningful and exciting ways, and offer a sense of social inclusion and belonging (Diamond, 2012).

Other factors

SEL is closely tied to mental health (a topic discussed further in **Section 2**). In British Columbia, a decade-long study exploring mental health and SEL in the education system has shown that adequate training for teachers is one of the most effective methods of prevention and early intervention that produces positive, long-term SEL outcomes (Hymel et al., 2017). Integrating intentional SEL learning into early learning curriculum leads to positive long-term outcomes in social emotional skills, ultimately improving overall mental health (Hymel et al., 2017; Mahoney et al., 2018). The British Columbia study confirmed what other researchers have recommended: that SEL must incorporate collective efforts by the education system, communities, and families.

Establishing SEL skills early in life is also vital to building healthy relationships later in life shaped by caring for others and reducing violence and negative behaviours (Dozois et al., 2016). For more on this, see the section on healthy relationships in **Section 3**.

COVID-19 AND SOCIAL EMOTIONAL DEVELOPMENT

COVID-19 caused extreme disruption in children's learning progress. Under lockdowns, many children were isolated from friends, teachers, and community leaders. Extracurricular activities were abruptly suspended, leading to lower levels of physical and social activity, ultimately affecting children's mental health (McDonald et al., 2020).

For children with cognitive or physical disabilities, public health measures meant limited access to specialist therapies, facilities, and equipment. Research by Theis et al. (2021) confirmed that this negatively impacted individuals due to reduced social interactions (with peers or therapists), physical activity, and overall mental health. The outcomes from this study highlight the importance of addressing the particular needs of individuals as restrictions are lifted.

In Alberta, a University of Calgary study showed that during the pandemic, nearly half of all children reported increased connection with their parents and siblings (44%) but significantly decreased connection with friends (76%) (McDonald et al., 2020). "The fundamental need to belong is an undercurrent for optimal development across the life course, and innovative strategies to foster connections during a pandemic are imperative" (McDonald et al., 2020, p. 6). Investing in SEL is an innovative strategy that will establish foundational skills in young children who were impacted by limited social and learning opportunities due to the public health restrictions that were imposed for more than a year.

Moving forward, child development assessments will help to determine the impacts of the pandemic on SEL skills. Considering the recent changes to public health measures that have removed rules affecting social gatherings, and with vaccination intake increasing and businesses re-opening, researchers will have more opportunities to study the outcomes of the pandemic on child development. In due time, more research will emerge around the impact of the COVID-19 pandemic on social emotional development. This remains an area of uncertainty and concern.

CONCLUSION

The years before children enter the classroom are key for the development of social emotional skills. Children who have frequent negative experiences and lack environmental support during this period are typically slower to build these skills and therefore at a disadvantage in comparison with their peers (Garcia & Weiss, 2016).

SEL is foundational to healthy brain development and allows children to gain essential skills and knowledge through positive relationships and interactions. Brain architecture (participating in activities that are suitable to various stages of development), serve and return (encouraging interactions and building trust), and executive function (learning to manage complex information) are all essential focus areas to develop the skills and knowledge necessary for general well-being and perceived belonging. The healthy promotion of social emotional development among children leads directly to later abilities to build healthy relationships with others in life—be they friends, romantic partners, or mentors.

Healthy brain development in childhood promotes cognitive, emotional, and social capabilities. These components, working together, establish a strong foundation for the advancement of identity, stable emotions, and strong relationships. Collaborations between communities, families, and schools will help create all-encompassing environments in which children can develop and feel a sense of inclusion.

SECTION 2: POSITIVE MENTAL HEALTH

WHAT IS POSITIVE MENTAL HEALTH?

Mental health can be defined as "psychological and emotional well-being. It is a necessary resource for living a healthy life and a main factor in overall health" (Public Health Agency of Canada [PHAC], 2020). Mental health affects how people react to life experiences and cope with adverse events; good mental health within a larger population is vital for positive social development and engagement. However, according to the Canadian Mental Health Association (CMHA), one in five people in Canada experiences a mental health issue each year (CMHA, 2019).

According to PHAC, positive mental health is "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity" (PHAC, 2014). Successful pathways to positive mental health often use the approach of mental health promotion. Mental health promotion addresses the strengths, capacity, and resources of individuals and communities to improve the causes and outcomes of their mental health (Clarke et al., 2015). It takes a proactive approach using a combination of interventions that build individual skills, create supportive environments, and address community resilience (CMHA, 2019).

An overarching goal of mental health promotion is to attain positive mental health among individuals and communities. This section, therefore, focuses on promotion as a means to positive mental health.

SOCIAL INCLUSION AND POSITIVE MENTAL HEALTH

Social inclusion has been positioned to help combat mental health stigmas and discrimination—through the promotion of inclusion, people with mental health challenges feel a stronger sense of belonging in their communities and are encouraged to participate more (Hunting et al., 2015). Research findings provide evidence of the positive correlation between general health indicators/outcomes and social inclusion, but little has been reported on inclusion as it relates to the promotion of mental health.

Recently, due to "an increase in self-reported and diagnosed mental health problems", mental health promotion has gained support as an evidence-informed approach "for improving mental health in individuals and communities and for enhancing social cohesion and economic inclusion" (CMHA, 2019, p. 41).

THE RESEARCH: DETERMINANTS OF MENTAL HEALTH

Though there is a large body of literature on mental health and the health system (or population health), this review focuses on a sample of the sub-populations that are at increased risk of developing mental health challenges, some of the social factors that lead to these outcomes, and findings that guide service delivery moving forward. There remains a gap in research on the long-term outcomes, both social and economic, of mental health promotion, despite evidence on the positive short-term impacts of positive mental health among diverse populations.

Youth

Childhood is a vital stage for the promotion of mental well-being and the addressing of mental health challenges (Hymel et al., 2017). The foundational skills learned through social emotional development support youths' ability to engage with peers, build healthy relationships, participate in the classroom, and cope with difficult life events (Whitley & Gooderham, 2015). Findings show that, overall, individuals with stronger social emotional development skills (see **Section 1**) have better long-term mental health (Whitley & Gooderham, 2015). However, across Canada, nearly a quarter of youth aged 12–17 reported only fair or poor mental health status in 2019 (Children First Canada, 2020).

As youth transition into adulthood, they deal with diverse personal, academic, and social pressures. Mental health promotion for youth must therefore include policy and programming that engages and promotes youth participation, focuses on holistic support, recognizes the unique needs of adolescents and young adults, and supports a continuum of service and care throughout all stages of life (McGorry et al., 2013). Programming tends to be more effective when it focuses not on an individual's risks and outcomes, but incorporates an understanding of the larger, structural forces that influence mental health—such as the impacts of particular environments and colonization (Whitley & Gooderham, 2015).

Youth can be at higher risk of developing mental health challenges if they identify with particular groups, including LGBTQ2S+, immigrant or refugee, and Indigenous youth. Though many other individuals and groups are impacted, these groups are predominant in research studies.

LGBTQ2S+ Youth

Evidence shows that LGBTQ2S+ youth in school-based settings that have positive and accepting environments are more likely to have positive mental health outcomes (Ancheta, 2020). Beyond this setting, community and social acceptance of sexual identity lead to better mental health overall.

A school- or community-based gender and sexuality alliance (Gay-Straight Alliance, or GSA) is favourably positioned "to deliver mental health and violence prevention programming to LGBTQ+ youth" (Lapointe et al., 2018). GSAs also positively impact school environments and offer spaces and opportunities for LGBTQ2S+ students to feel safe. Studies have indicated that youth who attend schools with GSAs have better mental health and lower rates of unhealthy behaviour (Heck, 2015; Lapointe et al., 2018)

The role of GSAs in mental health promotion is to offer LGBTQ2S+ youth space to discuss the challenges they've faced and to foster social connections and support, either through formal or informal programming (Heck, 2015). Evidence indicates that "there is a clear need for and interest in LGBTQ+ specific programming in schools and community settings," that is developed in collaboration with youth themselves (Lapointe et al, 2018, p. 112). GSAs are easily adaptable to both settings, though are most often found in environments that already support LGBTQ2S+ identities. In cases where environments are less supportive, online programming can provide needed connection and opportunities that may otherwise be inaccessible to some youth (Heck, 2015).

Immigrant and Refugee Youth

Immigrant and refugee youth have unique life, migration, and settlement experiences that can affect their mental health in various ways. Refugee youth often have experienced pre-migration trauma, lack family support, and have lived in precarious situations for extended periods of time; immigrant youth often migrate with their families and therefore have more stable settlement pathways (Guruge & Butt, 2015). Studies on mental health and newcomer youth focus on factors that affect mental health outcomes, notably gender, settlement, and discrimination (Shakya et al., 2010) but are too limited in scope to be representative of specific ethnic groups or to generalize to immigrant and refugee youth populations across Canada (Guruge & Butt, 2015). Engaging families and schools in mental health promotion is critical, though findings indicate that immigrant and refugee youth tend to access mental health support from informal systems rather than from formal services (Shakya et al., 2010). Encouraging mental health promotion through communities, social groups, and religious centres, as well as more established systems like schools, would lead to adaptive and appropriate interventions that could contribute to improved positive mental health among these youth.

Indigenous Youth

Indigenous youth are at heightened risk of developing mental health challenges, resulting in high rates of suicide, substance abuse, and homelessness (Kirmayer et al., 2016). First Nations youth face suicide rates five to seven times higher than their non-Indigenous peers (Barker et al., 2017). Factors leading to these outcomes originate from colonization, separation from Indigenous culture, and discrimination. The impact of residential schools has been felt, and will continue to be felt, across generations—affecting the mental health of youth and adults alike.

Researchers have found, however, that Indigenous communities that were able to link "community level structural and organizational factors to individual mental health" had better overall mental health rates and lower suicide rates among their youth (Kirmayer et al., 2016, p. 115). There continues to be limited research on programs specific to mental health outcomes and Indigenous youth, but mental health promotion that can be adapted to different contexts and that addresses history, tradition, culture, leadership, language, healthy relationships, education, environment, and/or social justice will be seen as an important resource for youth in need of mental health support (Kirmayer et al., 2016). Other research shows the effectiveness of interventions that approach mental health issues as "expressions of societal, historical, cultural and familial trauma" (p. e209) and that recognize cultural reconnection as a valid approach to healing trauma and promoting mental health and well-being among Indigenous youth (Barker et al., 2017).

Adults

Generally, studies on mental health and mental health promotion focus on targeted indicators such as suicide or depression within particular populations. Few explore mental health promotion among the general adult population, though there is a growing body of research that highlights the experiences and unique needs of vulnerable groups such as older adults, immigrants and refugees, and Indigenous peoples.

Older Adults

Older adults, aged 65 and up, are vulnerable to mental health challenges due to physiological and environmental changes. Nearly twenty percent of older adults experience mental health outcomes related to depression (Hirst et al., 2020). Mental well-being among older adults is closely tied to quality of life. There is growing evidence that health promotion among older adults, using a strength-based approach that empowers individuals, would improve self-perceptions of mental well-being (Hirst et al., 2020). There is also evidence that addressing persistent loneliness in adults between the ages of 45 and 64 can reduce the risk of later developing all forms of dementia, including Alzheimer's disease (Akhter-Khan et al., 2021). Findings also show that collaborations between formal health care systems and communities can improve quality of life and care, and enhance outcomes for mental health promotion programming (Chappell, 2008).

Immigrants and Refugees

Individuals cope with mental health challenges in varying ways based on intersectional identities and experiences. Promoting mental health among immigrant and refugee populations requires an understanding of risk factors and individual histories. For example, mental health challenges faced by racialized individuals can often be tied to racism, colonization, trauma, and limited access to resources (Hunting, 2015). Studies confirm the relationship between settlement experiences and mental health for immigrant and refugee populations, focusing on factors such as adaptation to culture, access to social supports, identity, and employment (Hunting, 2015). There remain language barriers and stigma within many migrant communities that can prevent individuals from accessing formal mental health services; studies provide evidence of this across a number of ethnocultural communities (see Association for Canadian Studies, 2010).

Interventions among immigrant and refugee populations should therefore address access and social inclusion, while also taking into account community values and social inequities that affect mental health promotion (George et al., 2015). As with immigrant and refugee youth, addressing barriers to mental health services through informal supports such as community or social groups and religious centres would provide opportunities to expand promotion efforts and impact positive mental health among diverse populations.

Indigenous Adults

The various traumas experienced by Indigenous peoples in Canada have led to a high number of mental health challenges among Indigenous communities. Studies show that the mental health issues prevalent among Indigenous peoples in Canada include high rates of depression, anxiety, post traumatic stress disorder (PTSD), suicide, substance abuse, and family violence (Isaak et al., 2015). Policies connected to the residential school system, the Sixties Scoop, the child welfare apprehension system, and ongoing racism and discrimination have disrupted Indigenous peoples' cultures and traditions. Though there are countless positive examples of individual and group resilience, they are beyond the scope of this review—as is an overview of all of the sources of injustices placed upon Indigenous peoples that impact their mental health.

A review of the literature on mental health promotion among Indigenous communities demonstrates that there are many initiatives that aim to address trauma and mental health issues, and that acknowledge the role of systemic harms and structural injustices. Studies to improve mental health often focus on strengthening community, culture, and identity, using a social determinants of health lens to explore mental health as a product of colonialism and intergenerational trauma (Nelson & Wilson, 2017). Other studies highlight the important role that women have as family and community teachers across generations. Many interventions incorporate this understanding, along with the understanding that women can be a means to continue cultural and healing traditions (Isaak et al., 2015).

Effective mental health promotion among Indigenous populations should advocate for "the process of integrating Indigenous methods of healing into the system of mental health services" and ensure that those who are accessing services "are empowered to decide whether or not they feel culturally safe" (Nelson & Wilson, 2017, pp. 100–101). Research shows that effective Indigenous mental health promotion is founded on services that are developed in close collaboration with Indigenous community members, and that acknowledge the impact of colonization on mental health (Nelson & Wilson, 2017).

COVID-19 AND MENTAL HEALTH PROMOTION

The impacts of COVID-19 differ among diverse populations. Outcomes also differ based on the varying experiences of individuals, including job loss due to public health measures. Some populations have been at higher risk of contracting the virus, while others have had to cope with overcrowded and unsafe housing. Additionally, parents had to contend with, among other things, employment and financial stresses while supporting children learning from home. Although the number of findings on the short-term mental health outcomes of the COVID-19 pandemic on particular populations has increased in recent months, there is still a gap in understanding the long-term outcomes of the pandemic. There is no uncertainty, however, that the pandemic has impacted people's mental health. For example, in a family-focused study based in Alberta, "a high proportion of mothers reported elevated stress (21%), anxiety (25%) and depression (35%)," while nearly 25% indicated difficulty in finding daytime care for children which affected their ability to focus on work tasks (McDonald et al., 2020). Outcomes have not been felt uniformly across demographics, to be sure.

For youth, the closure of schools and classrooms, recreational activities, and physical distancing meant there were fewer opportunities to connect with friends, peers, and mentors, which increased feelings of social isolation (Children First Canada, 2020). There is still only a small sampling of research on the outcomes of the pandemic on the mental health of youth. Studies so far show that rates of depression and anxiety increased, while mental health status declined (Children First Canada, 2020).

CONCLUSION

Empowering individuals and communities using approaches that build on strength and capacity will help improve mental health outcomes. Additionally, these outcomes will improve overall well-being and enhance social inclusion through individual skill development, participation in supportive environments, and connection with peers.

At this time, there remains a gap in the body of evidence on the long-term outcomes of mental health promotion, but it is a topic that has become more prevalent in some research populations, including older adults and youth. The importance of mental health promotion programming for youth is clear, though, especially as they experience new events and milestones, and develop an understanding of the world. Schools and community groups are best suited to establish support, with higher rates of success when providing youth with the opportunity to collaborate with program development, establish cultural connections, and engage in safe spaces.

Mental health promotion among adults is recognized as an increasing need. Most notable is the importance of reconnecting Indigenous peoples with their cultures and traditions as a means to engage in healing and to address mental health challenges. Equally important is acknowledging the role that migration and settlement experiences have played in the mental health outcomes of immigrants and refugees. These are only a few of the many sub-populations affected by mental health issues, but they demonstrate the need for increased attention to mental health promotion to facilitate social inclusion and well-being within the larger population.

SECTION 3: HEALTHY RELATIONSHIPS

WHAT ARE HEALTHY RELATIONSHIPS?

Healthy relationships are formed through positive and trusting interactions. They are based on "respect, trust, support, accountability, honesty, responsibility, conflict resolution, fairness and non-threatening behaviour" (Government of Alberta, 2019).

Unfortunately, many people have been deprived of some of the developmental skills necessary to establish healthy relationships, leading to increased risk of negative and toxic behaviour. The exploration of supports to enhance positive relationships has led researchers to focus on one of the most harmful outcomes of these negative behaviours: family violence. By addressing this pervasive issue, researchers and program developers can better understand where to target interventions and supports in order to improve skills and behaviours among various populations.

HEALTHY RELATIONSHIPS AND SOCIAL INCLUSION

When a person is capable of forming and maintaining healthy relationships, they are in a better position to build a reliable network of support and feel a sense of belonging. Strong networks are a proven form of protection against adverse life experiences (McDonald et al., 2020).

Promoting healthy relationships can prevent violence and bullying. According to Pepler and Craig (2011), Canada ranks poorly when compared to other countries in terms of incidents of violence and bullying. It is therefore critical that education, policy, and programming around healthy relationships are implemented in ways that reach the environments where children are developing (Pepler & Craig, 2011). Applying early intervention strategies will facilitate strong social emotional skills and good mental health (see **Section 1** for more on social emotional development; see **Section 2** for a discussion on positive mental health).

THE RESEARCH: FAMILY VIOLENCE

Family violence can be defined and experienced in different forms. Overall, family violence collectively encompasses physical, sexual, emotional, and financial abuse, as well as neglect (Conroy, 2021). It can impact an individual's life in many ways, affecting mental health, family ties, employment, and childhood development. It is an insidious outcome to a complex issue

Evidence shows that promoting healthy families and relationships through the development of parenting and dating skills leads to higher rates of family violence prevention (CPHO, 2016). However, there is a long way to go before we understand the effectiveness of prevention and intervention strategies in relation to family violence (CPHO, 2016).

Women, children, Indigenous and LGBTQ2S+ people, and people with disabilities are at highest risk of experiencing family violence (Chief Public Health Officer [CPHO], 2016). This review examines five areas of concern: domestic violence, children who witness violence, youth and dating, men and boys, and Indigenous women and girls. Senior abuse, also a form of family violence, is explored separately in this section.

Domestic Violence

Studies on domestic violence prevalence and interventions were relatively common in the 1990s, resulting in world-wide awareness and advocacy campaigns and programs. Studies are less common

now, but data shows that the global prevalence of domestic violence has decreased dramatically. However, the issue remains a continuing, underreported concern.

Domestic violence, also known as intimate partner violence, is typically committed by a current or former partner and can affect individuals from any demographic and socioeconomic background. In 2019, "three in ten victims of police-reported violence [were] victimized by an intimate partner" in Canada (Conroy, 2021, p. 29). Domestic violence is predominantly directed toward women, leading to higher rates of sexual abuse or death (CPHO, 2016). Evidence shows that women are at lower risk of family violence victimization if they have higher education levels, were raised in households with healthy parenting styles, and have a stable support network of family and friends (McTavish et al., 2016). Many of these factors can be directly and indirectly linked to the other three program priorities explored in this document; education completion is closely tied to poverty and homelessness interventions, while healthy parenting and stable networks are founded on social emotional learning skills and maintained by positive mental health.

Engagement that spans sectors (such as education, health, and justice) and brings together different stakeholders (including community members, teachers, police, and politicians) can lead to the most successful outcomes in family violence prevention, in that these initiatives offer more opportunities to address ingrained beliefs and behaviour (Ellsberg et al., 2015). According to a global analysis,

> *strong programs not only challenge the acceptability of violence, but also address the underlying risk factors for violence including norms for gender dynamics, the acceptability of violence, and women's economic dependence on men. They also support the development of new skills, including those for communication and conflict resolution. (Ellsberg et al., 2015, p. 1564)*

By addressing particular skills, programs can improve specific outcomes for a population. Prevention initiatives, such as laws, policies, educational programming, and the promotion of healthy families and relationships, have demonstrated promising practices to reduce conflict and violent behaviours (CPHO, 2016).

Children Who Witness Violence

Children who experience family violence often bring this trauma into their relationships later in life (Laporte et al. 2011; Wolfe, Scott, et al., 2001). Evidence shows that being raised in environments with negative family interactions alters children's normal brain development, which can lead to interruptions in the development of appropriate coping skills when faced with interpersonal conflict or damaging behaviour later in life (Laporte et al., 2011),

When children are exposed to family violence the results can be significant—leading to long-term emotional, behavioural, physical, social, and educational issues (McTavish et al., 2016), as well as higher rates of suicide (Fuller-Thomson et al., 2012) and PTSD (Levendosky et al., 2013). Children who experience family violence often withdraw from those around them and can develop harmful coping skills (Ngo et al., 2020). Interventions to change environments and family dynamics are necessary to prevent ongoing child exposure and to support stronger, healthier relationships among family units.

Youth and Dating

Dating and romantic connections during adolescence help to establish the foundation for intimate relationships that may span a lifetime. It is therefore vital to promote the development and understanding of what healthy relationships are, and can be, to youth.

Young female adolescents are at highest risk of victimization, while young male adolescents struggle the most to recognize behaviours that characterize dating violence (Laporte et al., 2011). Children emulate parents' or caregivers' behaviour; if the observed practices have been unhealthy, children are more likely to face interpersonal conflict or react to life stressors with violence or aggression (Capaldi & Clark, 1998; Laporte et al., 2011; Wolfe, Wekerle, et al., 2003). According to Laporte et al. (2011), "prevention programs that identify high-risk youth before or in the early stages of romantic interest and that support positive relationship skills and attitudes" may succeed at preventing youth from developing harmful behaviours in dating relationships (p. 23).

The best way to address behaviour and improve understanding of healthy relationships among youth is to engage and work with the behaviours and practices of adults who are in close contact with them (Pepler & Craig, 2011) or to build skills and capacities that encourage their ability to form healthy relationships (Exner-Cortens et al., 2021; Wolfe, Wekerle, et al., 2003). There are numerous formats that could be explored, but most studies focus on school-based programs, as they are often the most appropriate systems to promote healthy relationships and engage meaningfully with youth (Wells et al., 2012; Wolfe, Wekerle, et al., 2003).

One program that has seen success in youth relationships is the Fourth R program. Risky behaviour among teens and at-risk youth is addressed by focusing on relationships and decision-making skills, and this approach has shown evidence that its strategies can prevent perpetration and victimization (Wells et al., 2012). The program shares information with schools, parents, and youth and is considered best practice among a number of organizations in the US and Canada (Dozois et al., 2016). Although typically implemented in schools, it can also be adapted for community agencies (Centre for School Mental Health, n.d.).

Building on the Fourth R program, the Alberta Healthy Youth Relationships strategy, through the Shift project at the University of Calgary, works with at-risk and high school students to develop violence prevention practices. Results have demonstrated significant reduction in dating violence (perpetration and victimization) by building youth skills (Exner-Cortens et al., 2021). Evidence from this study identifies the need for multi-sectoral implementation. Since youth tend to emulate behaviour and beliefs based on their personal environments, programs are only one facet of prevention; supports in schools, for families and communities must be developed in order to institute policies, norms, and values from which youth can recognize and develop healthy relationships (Exner-Cortens et al., 2021).

Men and Boys

Social conditioning can have a strong impact on how—and if—men seek support to deal with personal struggles they face throughout their lives. Unfortunately, "the development of 'social emotional intelligence'... is often not encouraged or prioritized" in research (Lorenzetti et al., 2016, p. 34), despite the evidence of its benefits.

There is a gap in available research that explores healthy relationships as they relate to the well-being of men and boys, and "little understanding of the services and supports that men need in order to engage in more nurturing relationships and lead healthier lives. This lack of knowledge contributes to the barriers that men face in accessing existing programming related to healthy relationships" (Lorenzetti et al., 2016, p. 8). However, efforts to establish prevention initiatives that challenge masculinity norms and promote gender equity are ongoing (Lorenzetti et al., 2021).

Colonization and racism have disrupted family dynamics among Indigenous communities in particular. The impacts of colonial policies such as residential schools, the Sixties Scoop, and the *Indian Act* have led to fractured family and kinship relations (Heidinger, 2021; National Inquiry into Missing and Murdered Indigenous Women and Girls [MMIWG], 2019). Exposure to violence or physical and sexual abuse at a young age can negatively affect social emotional learning, positive mental health, and an individual's ability to build healthy relationships; these experiences can characterize violence as an acceptable response to certain environments and behaviours (Heidinger, 2021). As such, programming that targets culture, ceremony, and coping skills have shown success in building capacity among First Nations men and fathers (Ball, 2010).

Addressing the needs of Indigenous and other racialized men is critical, but it must be done in tandem with addressing the needs of adolescent boys to achieve long-term outcomes. A strengths-based approach to youth intervention "shifts the perceived deficits away from the individual and allows us to focus instead on the resilience" of Indigenous youth (Crooks et al., 2010, p. 161). Focusing on youth leads to a wide range of positive outcomes later in life related to education, substance use, and behaviour (Crooks et al., 2010). As with other forms of youth interventions, peer mentoring is one of most effective ways to engage youth and promote healthy relationship skills (Crooks et al., 2010; Lorenzetti et al., 2021).

Indigenous Women & Girls

Indigenous women and girls are subject to violence at a higher rate than non-Indigenous women and girls (Heidinger, 2021; MMIWG, 2019; National Action Plan, 2021). Understanding the role of colonization and intergenerational trauma in the perpetuation of violence is critical to contextualizing experiences of family violence among Indigenous communities (MMIWG, 2019). This section offers only a glimpse into the issues generated by colonization that have led to the disproportionate rates of victimization against Indigenous women and girls in relation to family violence.

Approximately 60% of Indigenous women (aged 15+) have experienced intimate partner violence, compared with 44% of non-Indigenous (Heidinger, 2021). Childhood experiences of violence or abuse are closely linked to higher risks of family violence in adult life—either as the victim or the perpetrator (Andersson & Nahwegahbow, 2010; Heidinger, 2021).

Building healthy relationships requires a holistic approach that addresses historical trauma and social marginalization (Andersson & Nahwegahbow, 2010). With more than half of Indigenous peoples living in urban centres, away from their home communities, there may be increased risk of isolation from support networks, reducing an individual's resilience. Cultural loss through colonial practices such as residential schools, the Sixties Scoop, the *Indian Act*, and child welfare apprehensions has led to an ingrained sense of exclusion and separation (Heidinger, 2021; MMIWG, 2019). The implementation

of measures to prevent family violence, therefore, must be culturally driven, encompassing spirituality, Elders, kinship, ceremony, and tradition to build resiliency and inclusion (MMIWG, 2019). Working with communities in the right ways to educate and re-set healthy family relationships, will ultimately strengthen family violence interventions and reduce the overall prevalence of violence and abuse against Indigenous women and girls.

SENIOR ABUSE PREVENTION

Although closely related to family violence, abuse against older adults (aged 65+) is a unique area of study within the healthy relationships and social inclusion discourse. Generally, senior abuse, also known as elder abuse, is experienced by vulnerable seniors and can take the form of physical, sexual, financial, emotional abuse, and neglect. Perpetrators can be family, friends, institutions, or strangers. In most cases, the individual is a partner or ex-partner, with the exception of financial abuse, which is more often perpetrated by children or grandchildren (National Initiative for the Care of the Elderly, 2015).

The highest risk factor for senior abuse is depression (National Initiative for the Care of the Elderly, 2015), which can be caused by a number of factors, such as gender, age, mental health, and social exclusion (Beaulieu et al., 2003). Other risk factors include physical health, dependence on others, or cognitive impairment (Wang et al., 2015).

There is no firm definition to characterize abuse against older adult populations (Beaulieu et al., 2003; Wang et al., 2015), which leads to inaccurate reporting and misunderstandings around the issue. Improved reporting will require clearly defining the term "abuse," educating older adults on whom to report abuse to, and ensuring there are solutions to prevent reoccurrence. These factors must be addressed to improve abuse prevention and promote education. Family violence against older adults has increased since 2015 (Conroy, 2021). In 2019, one third of all police-reported incidents of senior abuse in Canada were committed by a family member (Conroy, 2021). The senior population in Canada is rapidly growing, which means the prevalence of abuse will likely continue to increase.

Older adults who feel isolated are more commonly victims of senior abuse. This is especially true for ethnocultural, newcomer, LGBTQ2S+, or Indigenous seniors. The isolation they experience often results from language barriers, illness, discrimination, limited access to supports and accommodations, or poverty (Ngo et al., 2019). Survivors are hesitant to come forward, either under the impression that they will not be believed, or due to feelings of shame (Beaulieu et al., 2003).

The type of abuse experienced must inform treatment and support. Unfortunately, as noted, collecting accurate data is extremely difficult. Programs struggle to provide evidence of success (McDonald, 2011; Wang et al., 2015). A number of manuals and tools have been designed to improve prevention tactics such as raising awareness and assessing needs, and may include intervention tactics, but the evidence that these materials are working successfully to prevent senior abuse is scarce (McDonald et al., 2011).

To date, a handful of action-oriented programming and networks address senior abuse prevention. The most promising models are multi-sectoral, with actors from health care, social services, and justice sectors working together (Wang et al., 2015). The Alberta Elder Abuse Awareness Council, Promoting Relationships & Eliminating Violence Network, and Canadian Network for the Prevention of Elder Abuse are some of the most prominent

organizations working to raise awareness, educate older adults, and share resources to prevent future abuse. More research is needed to explore risk factors based on abuse type, along with prevention methods and outcome effectiveness (National Institute on Ageing, 2020).

COVID-19 AND HEALTHY RELATIONSHIPS

COVID restrictions have resulted in abrupt lifestyle changes affecting all facets of life. With stay-at-home measures, children and youth were more likely to witness violence in the household and had to contend with reduced opportunities to develop relationships with adults (teachers, mentors, coaches, and community members), who typically recognize signs of family violence (Conroy, 2021; Ngo et al., 2020). These adult figures may also be in positions to act as support against environmental stress; to encourage and develop stable, healthy relationships and in turn be considered a form of protection for younger generations (Morris et al., 2021; Roca et al., 2020). The increased risks have not been limited to children, however, as women who experience family violence have had restricted access to resources and opportunities to seek help (Conroy, 2021).

Ensuring that there are expansive supports and programs to help people as they emerge from the pandemic is vital to encouraging people in need to access violence prevention resources. Individuals and families have spent an enormous amount of time in their homes during this period, leading to increased stress caused by social isolation and economic instability (Conroy, 2021). This heightened stress may lead to a further increase in family violence and perpetuate unhealthy relationship dynamics between adults, ultimately affecting outcomes for children and youth. Healthy relationship programming should provide opportunities to individuals who struggled to access supports and materials during the pandemic; these programs could positively impact behaviours and habits as communities adjust to a post-pandemic era.

CONCLUSION

Generally, prevention programs focused on healthy relationships struggle with measurable outcomes (effectiveness) and coordination (CPHO, 2016; Pepler & Craig, 2011). The prevalence of family violence declined between 2009 and 2016, but the rate of police-reported family violence has steadily increased—up 13% from 2016 to 2019 (Conroy, 2021). Building communities with supportive services and neighbours can help to lower family violence rates; when individuals have healthy relationships, they feel a stronger sense of inclusion and have higher capacity to engage with their networks (Government of Alberta, 2019).

Family violence can be addressed through healthy relationship development. Doing so will result in long-term benefits for individuals and communities, and in turn improve childhood development and SEL skills, family connections, employment skills (thereby reducing risk factors linked to poverty and homelessness), and overall mental health outcomes.

SECTION 4: POVERTY REDUCTION AND HOMELESSNESS PREVENTION

WHAT IS POVERTY REDUCTION AND HOMELESSNESS PREVENTION?

Although many poverty reduction and homelessness prevention activities may not fall under FCSS funding, funds that go towards programs described in the other three program priorities can play an indirect role in poverty reduction and homelessness prevention. The research described below focuses on interventions and initiatives that are specific to these two pervasive social issues, but are linked to risk factors, impacts, and outcomes explored throughout this document.

Research on poverty reduction and homelessness prevention, two discrete but connected social issues, is most often framed by human rights—such as the right to access safe housing, the right to food, and the right to health. The strategies required to correct ongoing discriminatory policies and practices that contribute to these issues will not be simple, and they must address the immediate needs of those who are experiencing these injustices (Porter, 2013).

There are deep rooted structural causes of poverty and homelessness. People tend to "experience poverty when they lack, or are denied, economic, social and cultural resources to fully and meaningfully participate in the community" (Ngo & Kolkman, 2019b). Reducing poverty rates is an ongoing challenge around the world. Governments, communities, and non-profit organizations have been working for decades to establish preventive measures that aim to end, or reduce, the risk of poverty among populations. In Canada, the poverty rate has decreased since 2015, yet approximately 10% of the metro Edmonton population are in low-income households (Ngo & Kolkman, 2019a).

Homelessness can be described as the lack of secure housing or a fixed address, or living on the streets. The prevention of homelessness is a complex challenge. There are innumerable factors that can increase a person's risk of experiencing homelessness, such as income, education, or health, and limiting these factors is challenging, as homelessness is both a structural and a systems issue. Structural prevention improves policies around housing stability, economic security, and social inclusion; systems prevention improves programs and practices that address access to supports and decrease risks of homelessness and poverty (Gaetz & Dej, 2017).

This section will explore poverty and homelessness among adults, as well as the experiences of youth as a general population—with further discussion of LGBTQ2S+ and Indigenous youth who experience poverty and homelessness.

SOCIAL INCLUSION AND POVERTY REDUCTION, HOMELESSNESS PREVENTION

People who live in poverty or who are experiencing homelessness are often marginalized within society. Their needs may be overlooked in policies, resulting in limited access to social housing, reduced government benefits, and restricted employment opportunities (Gaetz & Dej, 2017). There are fewer choices for low-income individuals to engage with the economy, which can lead to higher rates of poverty. Opportunities for financial empowerment can offer people with low incomes improved financial outcomes—such as stronger credit scores, savings, and lowered debt levels (Fair & Simbandumwe, 2017). Income stability can lead to active participation in leisure and recreation across communities, but "people in poverty lack the means to participate in their communities, [and so] they are often socially isolated" (Ngo & Kolkman, 2019a, p. 2).

Services for people experiencing homelessness that "target and support the whole person can contribute to a virtuous cycle that increases wellbeing, wider social capital, and ultimately social inclusion" (Anderson et al., 2016, p. 2). Improving prevention, intervention, and outcomes such as these (rather than focusing on interventions with short-term outcomes) would have far-reaching impacts in health, housing education, and employment (Hulse, 2010).

THE RESEARCH: RISK FACTORS FOR HOMELESSNESS AND POVERTY

The range of research on poverty reduction and homelessness prevention strategies is wide, as these two topics have been explored for decades. They can be addressed separately, but they are closely tied and often discussed in relation to one another—especially when addressing homelessness. A large body of literature focuses on risk factors that lead to poverty or homelessness, but there is a significant amount of work that explores interventions that involve reduction and prevention strategies.

Adults

Exploring prevention and interventions for homelessness means knowing that "there is no single cause that explains everyone's experience of homelessness and pathways into and out of homelessness are neither linear nor uniform" (Gaetz & Dej, 2017, p. 16). Research shows that people who are Indigenous, racialized, and LGBTQ2S+ are overrepresented among homeless populations in Canada (Gaetz & Dej, 2017). The various forms of systemic discrimination that these populations encounter in accessing housing, income, and education, to name just a few, increase their risk of homelessness (Gaetz & Dej, 2017).

Adults experiencing homelessness report that challenges regarding housing stability and inclusion are often tied to family conflict and employment barriers—further exacerbated by cuts to social assistance programs and income supports (McDonald & Janes, 2009).

Statistics show that women experience poverty at higher rates than men (Ngo & Kolkman, 2019a). However, estimates of homelessness among women and girls are grossly inaccurate because women "are less likely to appear in mainstream shelters, drop in spaces, public spaces, or access other homeless-specific services" (Schwan et al., 2020, p. 4), resulting in what is termed "hidden homelessness." Findings show that the "female experience of family homelessness is . . . much more strongly correlated with poverty than with the presence of any support needs" (Bretherton, 2017, p. 5)—that is, they experience financial instability or homelessness at rates that cannot be captured by measures of service and support usage alone, such as shelter beds used or needed by women. This demonstrates the importance of preventative efforts that reach individuals at different stages of their lives, such as financial empowerment. Women, girls, and gender diverse people are particularly vulnerable to experiences of poverty and homelessness (Schwan et al., 2020). Many of the causes of homelessness for women tie into experiences of family violence (Schwan et al., 2020), confirming the importance of promoting healthy relationships among diverse populations.

Adults who are at risk of homelessness, or who are experiencing homelessness, have different needs at different stages of their lifetime. Therefore, housing responses work best when they are customized and coordinated to meet a variety of needs, rather than when they attempt to deliver one-size-fits-all interventions (Hulse, 2010). There is growing

evidence that the most effective strategies to prevent homelessness are those that function as wrap-around services that follow the individual, rather than fixed-place supports that require individuals who are experiencing homelessness or who live in remote locations to be mobile (Hulse, 2010). A study by McDonald and Janes (2009) notes that the more effective programs and services: are developed in partnership with participants, offer them choice, build on individual strengths, ensure flexibility, and embed peer-based programming. This is considered an "ideal model" for program delivery to all ages.

Youth

Homelessness among youth (aged 13–24) is often addressed in the same ways as it is for adults, using the same frameworks. However, youth-based homelessness is distinctive and requires a rights-based approach that "address[es] the unique needs of developing adolescents and young adults" (Gaetz et al., 2018, p. 20) with its own targeted preventions and interventions.

Youth homelessness prevention and interventions focus on reducing the risks that may lead to homelessness and providing support to those who are currently experiencing homelessness (Gaetz et al., 2018). Research on youth homelessness has shown that even following the transition from homelessness to stable housing, youth continue to face financial instability, unaffordable housing, and limited education opportunities—all making it harder to move forward and escape the cycle of poverty and homelessness (Thulien et al., 2018). Education, employment, and community, together, form a solid basis for well-being, though "above all, access to good quality and affordable accommodation is a fundamental dimension of social inclusion" and a means to prevent poverty and homelessness throughout an individual's lifetime (Anderson et al., 2016, p. 2). An individual's access to prevention or early intervention strategies, described through social emotional learning, developing positive mental health, and building healthy relationships, can impact youth outcomes of homelessness and poverty.

LGBTQ2S+ Youth

The intersections of youth vulnerability are complex; LGBTQ2S+ youth are disproportionately represented among youth experiencing poverty and homelessness. As Canadian society becomes more accepting of sexual and gender diversity, youth are empowered to disclose their sexual orientation or gender identity earlier in life. Despite this increased acceptance, however, LGBTQ2S+ youth face increased risk of exploitation, mental health challenges, substance use, risky behaviour, and suicide (Abramovich, 2016). The factors that lead to LGBTQ2S+ youth homelessness and poverty are inextricable, but often relate to discrimination and the breakdown of personal relationships (Abramovich & Shelton, 2017).

Evidence reveals that LGBTQ2S+ youth commonly experience homophobic and transphobic discrimination while trying to access youth-serving agencies, emergency shelters, and programs (Abramovich, 2016). Social programs and services do not typically collect gender and sexual identity data, and therefore programming decisions are made based on inaccurate information and a limited understanding of the increasing need for more targeted services. Furthermore, many social programs and services are unable to adequately address the specific needs of trans youth. These supports often lack resources and procedures to help trans youth in a manner that does not increase risk to the client's personal safety (Abramovich, 2016; Ecker, 2017).

LGBTQ2S+ youth require shelters and services they can turn to that are safe and accepting, and that have trained staff—or better yet, staff who identify as part of the LGBTQ2S+ community—who can understand their unique needs and circumstances (Ecker, 2017). Most prevention strategies focus on the risk factors that lead to homelessness, but this particular population may require more comprehensive supports to connect with supportive networks of friends or family, with emphasized respect for created families (Abramovich & Shelton, 2017); access education; transition into stable, long-term housing; and find employment. Limited income opportunities, due to discrimination, inadequate education or training opportunities, or mental health challenges, ultimately perpetuate poverty and increase risk factors that lead to poverty and homelessness.

Indigenous Youth

Unfortunately, Indigenous youth are also disproportionately represented among the population of youth experiencing homelessness. Colonization and racism have disrupted family dynamics among Indigenous communities (see **Section 3**). The impacts of colonial policies and practices, such as residential schools, the Sixties Scoop, and child welfare apprehension, have led to fractured family and kinship relations and intergenerational trauma (Baskin, 2013; MMIWG, 2019).

Indigenous youth become homeless at a younger age, deal with more mental health symptoms, have higher substance use/dependency issues, as well as higher victimization and suicide attempt rates than their non-Indigenous peers, all while experiencing precarious living situations (Kidd et al., 2019). Young Indigenous women report experiencing homelessness at a younger age than young Indigenous men (aged 15.20 versus 16.12, respectively), citing physical and sexual abuse, mental health, and substance use as causes for leaving home (Kidd et al., 2019). Young Indigenous men cite issues with the law or difficulties finding work as the main causes for their departure (Kidd et al., 2019).

There are numerous studies that show the importance of connecting Indigenous youth with their culture at a young age as a means to prevent issues such as poverty, mental health, addiction, homelessness, or experiences of abuse in later life (Baskin, 2013). This goes beyond promoting cultural sensitivity in programming, and instead involves accepting the validity of different ways of knowing and healing using a holistic framework that incorporates both Indigenous and western perspectives and practices into assessment and support (Stewart, 2018).

Section 3 discusses the importance of healthy relationship skills for Indigenous youth that can lead to a wide range of positive outcomes later in life.

COVID-19 AND POVERTY REDUCTION, HOMELESSNESS PREVENTION

Undeniably, the COVID-19 pandemic disrupted the Canadian economy. In response to massive job loss due to public health measures, the federal government implemented several emergency income support programs, including the Canada Emergency Response Benefit, the Canada Emergency Student Benefit, and the Canada Recovery Benefit. These funds were in part to prevent potential disaster, as people who could no longer work were unable to meet their basic costs of living. This significant social issue prompted an

increase in advocacy for a basic income program in Canada—an initiative that would bolster poverty reduction strategies and decrease poverty rates across the country (Green et al., 2020).

The pandemic also affected agencies and shelters serving homeless populations, as people experiencing homelessness were at increased risk of contracting COVID-19. Many shelters had to turn people away due to limited bed availability and space restrictions. Others were able to increase capacity by accessing new shelter spaces to support physical distancing (often by collaborating with the immobilized travel industry to use empty hotels and motels), embedding health services and supports on locations, and setting up isolation areas for individuals who were infected (Baral et al., 2021). The pandemic highlighted the importance of stable housing as a means to address homelessness and fast-tracked the exploration and implementation of permanent supportive housing initiatives (Koziel et al., 2020). Other collaborations between industries and sectors provided support to increase food security and to ensure that medical supplies or other resources were accessible for those in need (Koziel et al., 2020).

Research findings will continue to emerge as studies on the impact of the pandemic to populations living in poverty or precarious housing are completed. The long-term effects of COVID-19 on the economy, social supports, and population health remain as yet unknown.

CONCLUSION

Adult poverty and homelessness must be addressed using a rights-based framework, while the prevalence of youth poverty and homelessness would require the same framework, but with additional targeted programs and policies appropriate to their particular needs and circumstances. Housing programs and prevention, particularly those targeted towards youth, need a network of wrap-around supports—especially economic and social supports to address education, employment, and community. The unique circumstances faced by LGBTQ2S+ youth and Indigenous youth who are experiencing poverty and homelessness require a more holistic system that incorporates culture, friends and family (created, kinship, or immediate) that can act as a protective network to adverse events throughout life.

The innumerable factors that lead to housing instability and poverty cannot be addressed by individual programs and services; the solutions to these intractable problems are multi-sectoral and must include support from all levels of government. However, the federal government of Canada, in partnership with provincial and municipal governments, has only in recent years implemented strategies to improve housing instability (the National Housing Strategy) and poverty (Opportunity for All: Canada's First Poverty Reduction Strategy). The long-term outcomes of these strategies will be invaluable to future research studies.

REFERENCES

Abramovich, A. (2016). Preventing, reducing, and ending LGBTQ2S youth homelessness: The need for targeted strategies. *Social inclusion, 4*(4). https://doi.org/10.17645/si.v4i4.669

Abramovich, A., & Shelton, J. (2017). Conclusion: The way forward. In A. Abramovich & J. Shelton (Eds.), *Where am I going to go? Intersectional approaches to ending LGBTQ2S youth homelessness in Canada & the U.S.* (pp. 335–346). Canadian Observatory on Homelessness Press.

Akhter-Khan, S. C., Tao, Q., Ang, T. F. A., Itchapurapu, I. S., Alosco, M. L., Mez, J., Piers, R. J., Steffens, D. C., Au, R., & Qiu, W. Q. (2021). Associations of loneliness with risk of Alzheimer's disease dementia in the Framingham Heart Study. *Alzheimer's & Dementia*, 1–9. https://doi.org/10.1002/alz.12327

Ancheta, A. J., Bruzzese, J., & Hughes, T. L. (2020). *The impact of positive school climate on suicidality and mental health among LGBTQ adolescents: A systematic review*. https://doi.org/10.1177/1059840520970847

Anderson, I., Filipovič Hrast, M., & Finnerty, J. (2016). Researching homelessness: Challenging exclusion? *Social Inclusion, 4*(4), 1–4. https://doi.org/10.17645/si.v4i4.774

Andersson, N., & Nahwegahbow A. (2010). Family violence and the need for prevention research in First Nations, Inuit, and Métis communities. *Pimatisiwin*, 8(2), 9–33.

Association for Canadian Studies. (2010). *Canadian issues: Immigrant mental health*. https://acs-aec.ca/wp-content/uploads/2019/05/CITC-2010-Summer-Ete-L-1.pdf

Ball, J. (2010). Indigenous fathers' involvement in reconstituting "circles of care." *American Journal of Community Psychology*, 45(1–2), 124–138. https://doi.org/10.1007/s10464-009-9293-1

Baral, S., Bond, A., Boozary, A., Bruketa, E., Elmi, N., Freiheit, D., Ghosh, S. M., Goyer, M. E., Orkin, A. M., Patel, J., Richter, T., Robertson, A., Sutherland, C., Svoboda, T., Turnbull, J., Wong, A., & Zhu, A. (2021). Seeking shelter: Homelessness and COVID-19. *FACETS, 6*, 925–958. https://doi.org/10.1139/facets-2021-0004

Barker, B., Goodman, A., & DeBeck, K. (2017). Reclaiming Indigenous identities: Culture as strength against suicide among Indigenous youth in Canada. *Canadian Journal of Public Health, 108*(2), e208–e210. https://doi.org/10.17269/CJPH.108.5754

Baskin, C. (2013). Shaking off the colonial inheritance: Homeless Indigenous youth resist, reclaim and reconnect. In S. Gaetz, B. O'Grady, K. Buccieri, J. Karabanow, & A. Marsolias (Eds.), *Youth homelessness in Canada: Implications for policy and practice* (pp. 405–424). Canadian Observatory on Homelessness Press.

Beaulieu, M., Gordon, R., & Spencer, C. (2003). *An environmental scan of abuse and neglect of older adults in Canada: What's working and why*. Federal/Provincial/Territorial Committee of Officials (Seniors).

Bretherton, J. (2017). Reconsidering gender in homelessness. *European Journal of Homelessness, 11*(1), 1–21.

Canadian Mental Health Association. (2019). *Cohesive, collaborative, collective: Advancing mental health promotion in Canada*. https://cmha.ca/documents/cohesive-collaborative-collective-advancing-mental-health-promotion-in-canada

Capaldi, D. M., & Clark, S. (1998). Prospective family predictors of aggression toward female partners for at-risk young men. *Developmental Psychology, 34*(6), 1175–1188.

Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families*. Harvard University. http://www.developingchild.harvard.edu

Centre for School Mental Health. (n.d.). Healthy relationships, safe choices, connected youth. Western University. https://youthrelationships.org/

Centre for the Study of Social Policy. (n.d.) *Parental resilience: Protective & promotive factors*. https://cssp.org/resource/protectivefactorsactionsheets/

Chappell, N. L. (2008). Aging and mental health. *Social Work in Mental Health, 7*(1–3), 122–138. https://doi.org/10.1080/15332980802072454

Chief Public Health Officer. (2016). *A focus on family violence in Canada*. Public Health Agency of Canada. https://www.canada.ca/en/public-health/services/publications/chief-public-health-officer-reports-state-public-health-canada/2016-focus-family-violence-canada.html

Children First Canada. (2020). *Top 10 threats to childhood in Canada*. Raising Canada 2020. https://childrenfirstcanada.org/resources/

Clarke, A. M., Kuosmanen, T., & Barry, M. A. (2015). A systematic review of online youth mental health promotion and prevention interventions. *Journal of Youth and Adolescence, 44*, 90–113. https://doi.org/10.1007/s10964-014-0165-0

Collaborative for Academic, Social, and Emotional Learning. (2020). *SEL: What Are the Core Competence Areas and Where are they Promoted?* https://casel.org/sel-framework/

Conroy, S. (2021). *Family violence in Canada: A statistical profile, 2019*. Juristat, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001-eng.htm

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review 43*(6), 1241–1299. https://doi.org/10.2307/1229039

Crooks, C. V., Chiodo, D., Thomas, D., & Hughes, R. (2010). Strengths-based programming for First Nations youth in schools: Building engagement through healthy relationships and leadership skills. *International Journal of Mental Health and Addiction 8*, 160–173. https://doi.org/10.1007/s11469-009-9242-0

Diamond, A. (2012). Activities and programs that improve children's executive functions. *Current Directions in Psychological Science, 21*(5), 335–341. https://doi.org/10.1177/0963721412453722

Dozois, E., Wells, L., & Crooks, C. V. (2016). Developing a comprehensive, evidence-based strategy for violence prevention: Lessons learned from Alberta, Canada. In M. F. Taylor, U. Khan, & J. A. Pooley (Eds.), *Crime and violence prevention: Moving beyond hot-stove policing and perpetrator rehabilitation* (pp. 215–230). Nova Science Publishers.

Ecker, J. (2017). *LGBTQ2S adult housing needs assessment final report*. https://doi.org/10.13140/RG.2.2.36596.09602

Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: What does the evidence say? *Lancet 385*, 1555–1566. http://dx.doi.org/10.1016/S0140-6736(14)61703-7

Exner-Cortens, D., Wells, L., Lee, L. & Spiric, V. (2021). Building a culture of intimate partner violence prevention in Alberta, Canada through the promotion of healthy youth relationships. *Prevention Science, 22*, 40–49. https://doi.org/10.1007/s11121-019-01011-7

Fair, A., & Simbandumwe, L. (2017). *Financial empowerment: What it is and how it helps to reduce poverty*. ABLE Financial Empowerment Network. https://www.homelesshub.ca/resource/financial-empowerment-what-it-and-how-it-helps-reduce-poverty

Francis, R. C. (2011). *Epigenetics: How environment shapes our genes*. W. W. Norton & Company.

Fuller-Thomson, E., Baker, T., & Brennenstuhl, S. (2012). Evidence supporting an independent association between childhood physical abuse and lifetime suicidal ideation. *Suicide and Life-Threatening Behavior, 42*(3), 279–291. https://doi.org/10.1111/j.1943-278X.2012.00089.x

Gaetz, S., & Dej, E. (2017). *A new direction: A framework for homelessness prevention*. Canadian Observatory on Homelessness. https://homelesshub.ca/ANewDirection

Gaetz, S., Schwan, K., Redman, M., French, D., & Def, E. (2018). *The roadmap for the prevention of youth homelessness*. Canadian Observatory on Homelessness. https://www.homelesshub.ca/youthpreventionroadmap

Garcia, E., & Weiss, E. (2016). *Making the whole-child education the norm: How research and policy initiatives can make social and emotional skills a focal point of children's education*. Economic Policy Institute. https://epi.org/107051

George, U., Thomson, M. S., Chaze, F., & Gurgue, S. (2015). Immigrant mental health, a public health issue: Looking back and moving forward. I*nternational Journal of Environmental Research and Public Health, 12*. https://doi.org/10.3390/ijerph121013624

Goldberg, J. M., Sklad, M., Elfrink, T. R., Schreurs, K. M. G., Bohlmeijer, E. T., & Clarke, A. M. (2019). Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: A meta-analysis. *European Journal of Psychology of Education, 34*, 755–782. https://doi.org/10.1007/s10212-018-0406-9

Government of Alberta. (2019). *Healthy relationships* (Fact sheet). https://open.alberta.ca/publications/fact-sheet-what-is-a-healthy-relationship

Green, D. A., Rhys Kesselman, J., & Tedds, L. M. (2020). Considerations for basic income as a COVID-19 response. *SPP Briefing Paper, 13*(11). The School of Public Policy, University of Calgary. https://ssrn.com/abstract=3625257

Guruge, S., & Butt, H. (2015). A scoping review of mental health issues and concerns among immigrant and refugee youth in Canada: Looking back, moving forward. *Canadian Journal of Public Health, 106*(2), e72–e78. https://doi.org/10.17269/CJPH.106.4588

Hamfelt, A. (2019). *Social inclusion: The key determinant of mental wellness*. Canadian Mental Health Association, BC Division.

Heck, N. C. (2015). The potential to promote resilience: Piloting a minority stress-informed, GSA-based, mental health promotion program for LGBTQ youth. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 225–231. https://doi.org/10.1037/sgd0000110

Heidinger, L. (2021). I*ntimate partner violence: Experiences of First Nations, Métis and Inuit women in Canada, 2018*. Juristat, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00007-eng.htm

Hirst, S. P., Lane, A., & Stares, R. (2020). Health promotion with older adults experiencing mental health challenges: A literature review of strength-based approaches. *Clinical Gerontologist, 36*(4), 329–355. https://doi.org/10.1080/07317115.2013.788118

Hulse, K., Jacobs, K., Arthurson, K., & Spinney, A. (2010). *Housing policy, public policy, and social inclusion* (AHURI Positioning Paper No. 135). Australian Housing and Urban Research Institute.

Hunting, G., Grace, D., & Hankivsky, O. (2015). Taking action on stigma and discrimination: An intersectionality-informed model of social inclusion and exclusion. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity and Practice, 4*(2).

Hymel, S., Low, A., Starosta, L., Gill, R., & Schonert-Reichl, K. (2017). Promoting mental well-being through social-emotional learning in schools: Examples from British Columbia. *Canadian Journal of Community Mental Health, 36*(4). https://doi.org/10.7870/cjcmh-2017-029

Isaak, C. A., Stewart, D. E., Mota, J. P., Munro, G., Katz, L. Y., & Sareen, J. (2015). Surviving, healing and moving forward: Journeys towards resilience among Canadian Cree adults. *International Journal of Social Psychiatry, 61*(8), 788–795. https://doi.org/10.1177/0020764015584648

Kidd, S. A., Thistle, J., Beaulieu, T., O'Grady, B., & Gaetz, S. (2019). A national study of Indigenous youth homelessness in Canada. *Public Health, 176*, 163–171. https://doi.org/10.1016/j.puhe.2018.06.012

Kirmayer, L. J., Sheiner, E., & Geoffroy, D. (2016). Mental health promotion for Indigenous youth. In M. Hodes & S. Gau (Eds.) *Positive mental health, fighting stigma and promoting resiliency for children and adolescents* (pp. 111–140). Academic Press. https://doi.org/10.1016/B978-0-12-804394-3.00006-1

Koziel, J., Savidov, M., Frick, A. (2020). *A brief scan of COVID-19 impacts on people experiencing homelessness*. Bissell Centre. https://www.homelesshub.ca/resource/brief-scan-covid-19-impacts-people-experiencing-homelessness

Lapointe, A. A., Dunlop, C. I., & Crooks, C. (2018). Feasibility and fit of a mental health promotion program for LGBTQ+ youth. *Journal of Youth Development, 13*(4), 100–117. https://doi.org/10.5195/jyd.2018.585

Laporte, L., Jiang, D., Pepler, D., & Chamberland, C. (2011). The relationship between adolescents' experience of family violence and dating violence. *Youth & Society, 43*(1), 3–27. https://doi.org/10.1177/0044118X09336631

Levendosky, A. A., Bogat, G. A., & Martinez-Torteya, C. (2013). PTSD symptoms in young children exposed to intimate partner violence. *Violence Against Women, 19*(2), 187–201. https://doi.org/10.1177/1077801213476458

Lorenzetti, L., Lantion, V., Este, D. C., Murwisi, P., Halvorsen, J., Oshchepkova, T., Dadhwani, H., Opliphant, F., Wolfleg, A., & Hoyt, M. (2021). A men's survey: Exploring well-being, healthy relationships and violence prevention. *Journal of Men's Studies*, 1–21. https://doi.org/10.1177/10608265211018817

Lorenzetti, L., Lantion, V., Murwisi, P., Hoyt, M., Oliphant, F., Sadhwani, H., Oshchepkova, T., & Este, D. C. (2016). *The Alberta Men's survey: A conversation with men about well-being and healthy relationships*. Alberta Men's Network.

Mahoney, J. L., Durlak, J. A., & Weissberg, R. P. (2018). An update on social and emotional learning outcome research. *Phi Delta Kappan, 100*(4), 18–23. https://doi.org/10.1177/0031721718815668

McCann, C., Cook, J., Loiseau, E. (2021). *Early learnings about uses for the resilience scale metaphor in practice*. Alberta Family Wellness Initiative. https://www.albertafamilywellness.org

McDonald, L. (2011). Elder abuse and neglect in Canada: The glass is still half full. *Canadian Journal on Aging, 30*(3), 437–465. https://doi.org/10.1017/S0714980811000286

McDonald, L., & Janes, J. (2009). *Homeless2home: A community exchange*. https://doi.org/10.13140/RG.2.1.2320.9687

McDonald, S., Edwards, S., Hetherington, E., Racine, N., Mueller, M., McArthur, B. A., Madigan, S., Dewey, D., Geisbrecht, G., Letourneau, N., Tough, S. (2020). *Experiences of Albertan families with children during the COVID-19 pandemic: Descriptive report*. University of Calgary.

McGorry, P., Bates, T., & Birchwood, M. (2013). Designing youth mental health services for the 21st century: Examples from Australia, Ireland and the UK. *The British Journal of Psychiatry 202*, s30–s35. https://doi.org/10.1192/bjp.bp.112.119214

McTavish, J. R., MacGregor, J. C. D., Wathen, C. N., & MacMillan, H. L. (2016). Children's exposure to intimate partner violence: An overview. *International Review of Psychiatry, 28*(5), 504–518. https://doi.org/10.1080/09540261.2016.1205001

Mitchell, A. & Shillington, R. (2002). *Poverty, inequality and social inclusion*. Laidlaw Foundation Working Paper Series, Perspectives on Social Inclusion. https://www.homelesshub.ca/resource/poverty-inequality-and-social-inclusion

Morris, A. S., Hays-Grudo, J., Zapata, M. I., Treat, A., & Kerr, K. L. (2021). Adverse and protective childhood experiences and parenting attitudes: The role of cumulative protection in understanding resilience. *Adversity and Resilience Science, 2*, 181–192. https://doi.org/10.1007/s42844-021-00036-8

National Action Plan. (2021). *Ending violence against Indigenous women, girls, and 2SLGBTQQIA+ people*. https://mmiwg2splus-nationalactionplan.ca/

National Initiative for the Care of the Elderly. (2015). *Into the light: National survey on the mistreatment of older Canadians*. https://vivredignite.org/en/2016/12/into-the-light-national-survey-on-the-mistreatment-of-older-canadians/

National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls. Volume 1a*. https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf

National Institute on Ageing. (2020). *An evidence informed national seniors strategy for Canada* (3rd ed.). http://nationalseniorsstrategy.ca/

National Scientific Council on the Developing Child. (2004a). *Young children develop in an environment of relationships* (Working paper no. 1). Centre on the Developing Child at Harvard University. http://www.developingchild.harvard.edu

National Scientific Council on the Developing Child. (2004b). *Children's emotional development is built into the architecture of their brains* (Working paper no. 2). Centre on the Developing Child at Harvard University. http://www.developingchild.harvard.edu

Nelson, S. E., & Wilson, K. (2017). The mental health of Indigenous peoples in Canada: A critical review of research. *Social Science and Medicine, 176*, 93–112. https://doi.org/10.1016/j.socscimed.2017.01.021

Ngo, S. (2019). *Social isolation of Indigenous seniors*. Edmonton Social Planning Council. https://edmontonsocialplanning.ca/2019/04/26/social-isolation-of-indigenous-seniors-age-friendly-edmonton/

Ngo, S., & Kolkman, J. (2019a). *A profile of poverty in Edmonton 2019*. Edmonton Social Planning Council. https://edmontonsocialplanning.ca/2019/08/06/a-profile-of-poverty-in-edmonton-may-2019-update/

Ngo, S., & Kolkman, J. (2019b). *A profile of poverty in Edmonton* [graphic]. Edmonton Social Planning Council. https://edmontonsocialplanning.ca/wp-content/uploads/2019/08/edmontonsocialplanning.ca_images_Documents_EdmontonPovertyProfile2019_graphic.pdf

Ngo, S., Rossiter, J., Foley, M., Kim, H., Pezeshkzad, N., Tahir, S., Tripathi, A., Vaux, S., Verma, S., Sheloff, S., French, J., & Lui, C. (2020). *Spotlight: Lessons on child poverty during a pandemic*. Edmonton Social Planning Council.

Pepler, D., & Craig, W. (2011). Promoting relationships and eliminating violence in Canada. *International Journal of Behavioral Development, 35*(5), 389–397. https://doi.org/10.1177/0165025411407455

Porter, B., & Jackman, M. (2013). *International human rights and strategies to address homelessness and poverty in Canada: Making the connection*. Ottawa Faculty of Law Working Paper 2013-09. https://dx.doi.org/10.2139/ssrn.2348713

Public Health Agency of Canada. (2014). *Mental health promotion*. Government of Canada. https://www.canada.ca/en/public-health/services/health-promotion/mental-health/mental-health-promotion.html

Public Health Agency of Canada. (2020). *About mental health*. Government of Canada. https://www.canada.ca/en/public-health/services/about-mental-health.html

Roca, E., Melgar, P., Gairal-Casadó, R., & Pulido-Rodríguez, M. A. (2020). Schools that "open doors" to prevent child abuse in confinement by COVID-19. *Sustainability, 12*(11), 4685. MDPI AG. http://dx.doi.org/10.3390/su12114685

Schwan, K., Versteegh, A., Perri, M., Caplan, R., Baig, K., Dej, E., Jenkinson, J., Brais, H., Eiboff, F., & Pahlevan Chaleshtari, T. (2020). *The state of women's housing need & homelessness in Canada*. Canadian Observatory on Homelessness Press.

Shakya, Y. B., Khanlou, N., & Gonsalves, T. (2010). Determinants of mental health for newcomer youth: Policy and service implications. *Canadian Issues: Immigrant Mental Health, Summer*, 98–102. Association for Canadian Studies. https://acs-aec.ca/wp-content/uploads/2019/05/CITC-2010-Summer-Ete-L-1.pdf

Shonkoff, J.P., & Phillips, D. (Eds.) (2000). *From neurons to neighborhoods: The science of early childhood development*. Committee on Integrating the Science of Early Childhood Development. Washington, DC: National Academy Press.

Stewart, S. (2018). Supporting Indigenous youth experiencing homelessness. In S. Kidd, N. Slesnick, T. Frederick, J. Karabanow, & S. Gaetz (Eds.), *Mental health and addiction interventions for youth experiencing homelessness: Practical strategies for front-line providers* (pp. 89–100). Canadian Observatory on Homelessness Press.

Theis, N., Campbell, N., De Leeuw, J., Owen, M., & Schenke, K. C. (2021). The effects of COVID-19 restrictions on physical activity and mental health of children and young adults with physical and/or intellectual disabilities. *Disability and Health Journal, 14*(1). https://doi.org/10.1016/j.dhjo.2021.101064

Thulien, N., Gastlado, D., Hwang, S. W., & McCay E. (2018). The elusive goal of social integration: A critical examination of the socio-economic and psychosocial consequences experienced by homeless young people who obtain housing. Canadian Journal of Public Health, 109(1), 89–98. https://doi.org/10.17269/s41997-018-0029-6

Wang, X. M., Brisbin, S., Loo, T., & Straus, S. (2015). Elder abuse: An approach to identification, assessment and intervention. *Canadian Medical Association Journal, 187*(8), 575–581. https://doi.org/10.1503/cmaj.141329

Wells, L., Boodt, C., & Emery, H. (2012). Preventing domestic violence in Alberta: A cost savings perspective. *SPP Research Papers, 5*(17). The School of Public Policy, University of Calgary.

Whitley, J., & Gooderham, S. (2015). Mental health promotion efforts for children and youth in Canada and beyond: Evidence in research, policy, and practice. *Exceptionality Education International, 25*(1), 91–111.

Wolfe, D. A., Scott, K., Wekerle, C., & Pittman, A. (2001). Child maltreatment: Risk of adjustment problems and dating violence in adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(3), 282–289. https://doi.org/10.1097/00004583-200103000-00007

Wolfe, D., Wekerle, C., Scott, K., Straatman, A., Grasley, C., & Reitzel-Jaffe, D. (2003). Dating violence prevention with at-risk youth: A controlled outcome evaluation. *Journal of Consulting and Clinical Psychology, 71*(2), 279–291. https://doi.org/10.1037/0022-006X.71.2.279