

A public health approach to promoting young people's resilience



A guide to resources for policy makers, commissioners, and service planners and providers

About the Association for Young People's Health (AYPH)

[AYPH](#) bridges the worlds of policy, practice and evidence to promote better understanding of young people's health. We bring together professionals and organisations working to improve young people's health and wellbeing, and disseminate information about best practice. By sharing learning we can promote better services to meet young people's particular health needs.

Our partners

This report was funded by [Public Health England](#), and we are grateful to them for their support for the work. PHE exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

The report was written by AYPH with input from the [Early Intervention Foundation](#), who provided particular recommendations for resilience-promoting programmes. EIF assesses the evidence of what works in early intervention for impact and relative cost, advises local authorities, charities and investors on the implementation of early intervention on the ground, and advocates for investment in effective early intervention to local and national policy makers.

A note on the evidence standards used for including resources

This document presents a range of resources, from refereed academic publications, through evaluated programmes, to examples of interesting practice that might stimulate thinking. It does not represent a systematic review of the resources available, and inclusion in the report does not mean that the resources have any kind of official endorsement from AYPH or our partners. The intention is to draw as widely as we can on interesting ways forward; many of these will require further research to confirm their effectiveness.

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www.youngpeopleshealth.org.uk

info@youngpeopleshealth.org.uk

AYPH, CAN Mezzanine,
32-36 Loman Street,
London SE1 0EH



Foreword by Dr John Coleman OBE, Chair of AYPH

We know that young people face a wide range of challenges in their lives from moving schools to family breakdown to bullying. Building resilience in young people can support better outcomes for them whatever challenges they face. This resource from AYPH, funded by Public Health England, provides a welcome focus on public health approaches to supporting young people's resilience. It builds on PHE's framework for young people's health, [Improving young people's health and wellbeing](#) which was published in 2015, and on a range of other PHE tools and resources including their national youth campaign, [Rise Above](#), which also focuses on improving young people's resilience and helping them make positive health decisions.

We know the importance of working together at a local level with a wide range of professionals involved across universal, targeted and specialist services. This resource highlights some of the ways that services have worked together, some of the interventions they have used alongside the perspectives of young people about what works well for them.

We trust that this resource will support you to build on the work that you are already doing.

A public health approach to promoting young people's resilience

Promoting young people's resilience is an important part of a public health approach to securing good outcomes for this age group. In this document we set out the key elements of a public health approach and provide a range of useful resources and case studies.

[Click on the links below to go to the different sections of the document](#)

What do we mean by resilience?



The pressures young people face



What are the key elements of a public health response to resilience?



What are the key settings for promoting resilience?



How do we make it happen?



Promoting resilience and the Public Health Outcomes



Conclusions and useful resources



Appendices:
How did we put this report together; EIF resources



What do we mean by resilience?

“ Resilience is the capacity to bounce back from adversity. Protective factors increase resilience, whereas risk factors increase vulnerability. Resilient individuals, families and communities are more able to deal with difficulties and adversities than those with less resilience. ”

UCL Institute of Health Equity (2014)

Resilience is a good outcome in the face of challenges (Masten, 2001; Rutter, 2012). Resilience is important because it is part of achieving good health and wellbeing for all children and young people. It is often described as supporting young people's ability to 'bounce back' (Barnardos, 2009). Others have described it as converting 'toxic stress' into 'tolerable stress' by supporting young people to achieve favourable outcomes (National Scientific Centre on the Developing Child, 2015).

One important thing to note is that promoting resilience does not necessarily mean removing risk – it means shoring up the resources for dealing with it.



Ann Hagell
Association for Young
People's Health, on
defining resilience



Additional resources

Definitions of resilience

Michael Rutter (2012)
[Resilience as a dynamic concept](#). Development and Psychopathology article

[Action for Children review](#)

[Barnardo's \(2004\)](#) What works in building resilience?

[Barnardo's \(2009\)](#) Bouncing Back: How can resilience be promoted in vulnerable children and young people?

[Boing Boing 'What is resilience'](#)

[Child Trends \(2013\)](#)

Positive Mental Health:
Resilience (Murphey et al)

...and what do we mean by 'promoting resilience'?

There is a consensus in the evidence-base that promoting resilience means supporting the development of good personal life skills, helping young people sustain good relationships, and providing resources and interventions to ameliorate or prevent the effects of 'set-backs'. The most important of these is undoubtedly having relationships with caring adults (eg, Murphey et al, 2013).

“ ...the single most common finding is that children who end up doing well have had at least one stable and committed relationship with a supportive parent, caregiver, or other adult. ”

National Scientific Centre on the Developing Child (2015)

But the other elements are all important too. Reducing inequalities is a major part of the picture. Focusing on building individual life skills is not a replacement or substitute for action to tackle the causes of stress and inequality. As a result, school and community based resources, services and interventions are a critical part of promoting resilience (Department of Health, 2015).

There may also be different aims and responses depending on whether the stress is sudden or episodic, or whether it is chronic. Young people may face one individual challenge, or a series of setbacks. Resources could also be internal or external. They are likely to be varied given the range of different stresses young people can experience. Building resilience is about helping young people to establish networks of

support as well as developing the skills to cope and to navigate the system.

No one size fits all...

Whatever kind of resilience is needed public health has an important role to play with local partners such as the voluntary and community sector in developing the support networks and resources for young people to draw on and help strengthen their response to stress.

The research literature is clear that **there is no 'one size fits all' intervention** that can be recommended. But there are some useful pointers and questions to help local areas support young people who might be facing difficulties, which we explore in more detail below. The aim is that they should not be defined by the challenges they have faced.

The pressures that young people face

Developing resilience in young people is critical to enable them to achieve the best possible outcomes regardless of the difficulties they may face.

Many young people experience a wide range of challenges to their wellbeing. Some threats are very serious, such as maltreatment and neglect, but young people also have to be resilient in the face of more ordinary everyday pressures such as family disruption and academic stress. The aim is to support successful coping or 'bouncing back'; adaptation to life tasks in the face of any kind of disadvantage or adversity.

Where do the burdens and threats to young people's wellbeing come from?

- Poverty and deprivation
- Maltreatment and neglect
- Parental mental health problems or addiction
- Long term health conditions of parents or self
- Family disruption, or pressures of caring for others
- Bullying and social media issues
- Peer problems, relationship stresses, or pressures from substance use
- Pressures on body confidence



Additional resources

For more detail on the challenges that young people face

Estimates for the extent of these kinds of challenges can be found in [Key Data on Adolescence 2015](#)

Making the Link, '[Inequalities and Deprivation](#)' gives useful figures for the numbers of children and young people facing inequality, exploring how this relates to unintentional injury [Research on Adverse Childhood Experiences \(ACEs\)](#)

The pressures that young people face contd.

Even the more serious threats affect significant proportions of the population of young people. For example, we know that children and young people are over-represented in families with low incomes.

Large numbers live in the most deprived areas of England.

And free school meals are taken up by 15% of secondary school children.

Other challenges to wellbeing include instability in family care. In 2014, nearly 40,000 young people in England aged over 10 were looked after by local authorities, usually for reasons of neglect or abuse (AYPH, *Key Data on Adolescence*, 2015).

The importance of times of transition...

We can also argue that building resilience is very important for all young people aged 10-24 because of the number of significant life events and challenges that occur in the transition from being a child at home to being a self-supporting adult. Times of transition have been identified as critically important in developing and there are many transition points during this time, including the transition from primary to secondary school, to further and higher education and/or employment, from home to independent living, and for some the transition from the child services to adult services.

“ The transition to adulthood is a window of opportunity for changing the life course ”

Masten et al (2004)

13%

of 0-19 year olds live in low income and material deprivation

Source: DWP Households below average income 2012-2013

1.9 million

young people aged 10-19 live in the most deprived areas of England

[Click here](#) for more resources on the transition to adulthood

Why is adolescence a good time to invest in resilience?

Adolescence is a critical period of development, and a window of opportunity. What happens at this age will have a long-lasting impact. It is worth investing in resilience at this age because:

Human brains develop and change more during the teenage years than at any other time apart from the first three years of life. This means that this is a time when there is huge potential for the development of new skills and capabilities.

The environment has a key role to play for teenage brain development. Enriching environments can enhance development while restrictive ones do the opposite.

Young people who are not resilient will be more likely to respond to stress by developing anxiety and depression. Young people with mental health problems cost more to education, are more likely to be not in education, employment and training in their early 20s, and are more likely to need additional welfare support (Knapp et al (2016)).

The more opportunities we can offer teenagers for learning coping skills, and the more support and endorsement we can provide, the more chance there is of healthy development.

Key elements of a public health approach to resilience

Drawing on the messages from the research, the key components for promoting resilience combine:

- Development of **individual skills**
- Access to the right **information** at the right time
- Availability of suitable/relevant/expert **services** and resources when they are needed
- Tackling the **wider determinants** of unequal health outcomes

What characterises a public health approach to promote these different aspects of resilience?

Key characteristics include:

Designed in partnership with local communities

- **Emphasising young people as a local asset**
- **Embedding young people's voices**
- **Co-producing services with young people's input**

Resources on co-production with young people

New Economics Foundation '[Transforming Youth Services](#)'
Kings Fund [Experience-based co-production toolkit](#)
ChiMat [local profiles](#)
Royal Society of Public Health, [Youth Health Champions Movement](#)



Additional resources

The key components of a model of resilience

Development of individual skills

- Early Intervention Foundation '[Social and Emotional Learning: Skills for Life and Work](#)'.
- [The PATHS Programme for Schools, UK version](#)

Access to the right information at the right time

- Youth friendly health services - '[You're welcome](#)' criteria
- Youth friendly health services example, [Well Centre, Lambeth](#)
- [GP Champions Toolkit](#) (linking GPs and local voluntary sector)

Availability of expert services and resources

- [MindEd](#) on-line training

Tackling the wider determinants

- Making the Link '[Inequalities and Deprivation](#)'

Co-production with young people

- New Economics Foundation '[Transforming Youth Services](#)'

Key elements of a public health approach to resilience contd.

Needs led

- **An approach based on the needs of the local population.**
Includes understanding the main problems facing young people age 10-24 in the area, identifying gaps in service where the needs of specific groups of young people are not being met, and building this into the Joint Strategic Needs Assessment
- **Emphasis on tackling inequalities and ensuring health equity**

Using the [ChiMat local profiles](#) to help understand patterns of need in the local adolescent population

Evidence-based

- **The use of practices and programmes that have been evaluated and demonstrate positive outcomes**
- **Supporting innovative approaches that have a logic model and are monitored and evaluated**
- **Drawing on health economics and cost effectiveness research**
- **Using approaches that are age-appropriate, and plan around a life-span approach – different resources will be needed at different ages within the 10-24 period.**

Resources from the evidence base, evaluated programmes

The FRIENDS programme

[The PATHS Programme for Schools](#), UK version

Big Brothers, Big Sisters

And see the Early Intervention Foundation resources in the Appendix

Combining universal and targeted provision

- **Embedding the construct of resilience across all provision**
- **Focusing on community settings and services, and building community assets**
- **Providing targeted services within a universal setting**

For example, see the Dartington-I (2006) [Common Language](#) training pack on 'Universal provision, prevention, early intervention, treatment and social prevention'

What are the key settings for promoting resilience and what is the role of public health agencies?

Because of the way that public health works, certain settings are going to be more effective as points for Promoting Resilience. This includes anywhere young people are regularly present.

School and other educational settings

Public health has a critical role to play in all aspects of education such as the provision of school nursing services. Schools are a universal setting and have a significant role to play in the emotional wellbeing of children and young people. PSHE education is an important part of this. Further and higher education colleges and Pupil Referral Units (PRUs) should also be considered as opportunities to reach young people. There is a range of ways that local authorities and education institutions can be supported to take action.

Out-of-school, arts and leisure provision

Increasing evidence emphasises the importance of out-of-school activities and other resources for young people to draw on (Durlak and Weissberg, 2007). This includes both after-school provision but also activities provided completely separately from education, including opportunities to take part in creative activities, music and sports and volunteering. Public health has a critical role to play in all out-of-school provision. This is not just about keeping people occupied and promoting safety. It is about opportunities for life-skill development.

See: Durlak and Weissberg (2007) review on [‘Impact of After School Programs...’](#)



Additional resources

Building children and young people’s resilience in schools

PHE/Institute of Health Equity, [‘Building children and young people’s resilience in schools’](#)

[Children and Young People’s Mental Health Coalition school resources on ‘Resilience and Results’](#)

[UK Resilience Programme evaluation](#)

[NICE \(2009\) Social and emotional wellbeing in secondary schools](#)

[Using the resilience doughnut in 3 Australian secondary schools](#)

Young Minds Boingboing University of Brighton [Academic Resilience Resources](#)

[The Healthy Schools London programme](#), for promoting wellbeing

[The London Grid for Learning](#), resources on building resilience in schools

Hart A and Heaver B [‘Resilience approaches to supporting young people’s mental health: Appraising the evidence base for schools and communities.’](#) University of Brighton: Boingboing

What are the key settings for promoting resilience and what is the role of public health agencies? contd.

Supporting parents and families

Public health provides many of the sources of support to parents and families in local communities, but supports for the parents of teenagers are much rarer than provision for early years. Yet this is a time when the transition to independence, increases in peer pressure, academic pressures, and the initiative of risky health behaviours can all create stress for parents.

Some support exists online, but schools can be a good basis for offering parenting resources to families with teenagers.

“ Resilience requires relationships, not rugged individualism ”
National Scientific Centre on the Developing Child (2015)

Local communities

Public health funds local community provision both in the statutory and voluntary sector. Young people are particularly keen on community based services.

Promoting resilience means the whole system has to work together. Public health is not just the business of of public health organisations.



Additional resources

Parenting teenagers

[Family Lives](#) website

[Restorative Thinking](#)
CAN Parenting Programme

[RELATE](#) parenting teenagers resources

Examples specifically about youth friendly, community based health services

The [‘You’re Welcome’](#) criteria

[The Well Centre](#), Streatham

[National Citizen Service](#), programme of personal and social development for 15-17 year olds

[PHE guidance](#) on community-centred approaches to building wellbeing

How do we make it happen?

Improved resilience will not result from any one particular action or decision; it arises from a 'critical mass' of different efforts to improve young people's outcomes. A whole system approach is necessary to ensure that commissioners and their partners are working to meet the overall needs of local young people, rather than providing services in a piecemeal fashion. For local authorities, commissioners and frontline practitioners in public health, these might include:

Establishing a local culture that prioritises resilience

- Drive local leadership and accountability through Health and Wellbeing Boards, School Forums, Lead Members, Children and Young People's Partnership Boards. Agree joint priorities and responsibilities with other partners of specific groups of young people are not being met
- Champion evidence based commissioning and use levers & incentives to influence LA/CCG practice
- Explore innovative co-commissioning and co-design of provision with other agencies
- Develop resources on adolescent development, risk and resilience and tailor them to different audiences who have regular contact with young people including parents and carers/ foster carers, teachers, social care professionals, school nurses and GPs

For a case study see

[Islington's Mental Health and Resilience in Schools \(MHARS\) Programme](#)

To help make the argument see

AYPH's '10 reasons to invest in young people's health'

How do we make it happen? contd.

Enhancing the availability and quality of local support

- Work with partners to build regular consultations and audits of young people's views and skills into local needs assessments
- Review the range of community based services and resources that are available to this age group (voluntary sector mental health provision, sexual health advice, housing and debt support)
- Consider the importance of opportunities for regular physical activity and places to go, including access to youth settings providing high quality provision

Picking the moment to intervene

- Understand who your target groups of children and young people are and how to identify and reach them effectively. For example, children in need, looked after children and NEET cohorts
- Focus on 'stress' points such as transitions into secondary school, transitions from home to independent living, or transitions on leaving care
- Provide extra 'resilience training' for those young people we know to be in situations that will pose significant challenges including those in care, those with long-term health conditions, or those who have had support from child and adolescent mental health services
- Ensure there are safe places to go to, including in schools and other settings

For examples of how this can be done, see the Big Lottery's [Headstart programme](#) aims to promote joined up local support in 12 partnerships across England

For an example of picking the right moment to intervene:

Diabetes UK's work with teenagers who have long term conditions: [Support groups for young people with diabetes](#)

John Ford,
Public Health, Coventry,
on resilience in the
public health context



Promoting resilience and [the Public Health Outcomes Framework](#)

Although it is not explicitly listed as a PHOF outcome, resilience is a thread running through a number of the indicators. Promoting resilience will help to achieve better outcomes for children and young people under a number of different headings:

Overarching indicators, including:

- Promoting healthy life expectancy
- Reducing the slope of inequality

Wider determinants of health, including:

- Reducing pupil absence
- Reducing first time entrants to the youth justice system
- Reducing numbers of 16-18 NEETS (not in education, employment or training)

Health improvement, including:

- Reducing under 18 conceptions
- Reducing excess weight 10-11
- Reducing hospital admissions for unintentional and deliberate injuries 15-24
- Reducing rates of smoking
- Emotional health of looked after children
- Self-reported well-being

Health protection, including:

- Reducing Chlamydia detection 15-24

Healthcare and premature mortality, including:

- Reducing mortality from causes considered preventable
- Reducing the suicide rate

Detailed data on how local areas perform on these specific indicators relating to children and young people can be found in the [Public Health England Children and Young People's Health Benchmarking Tool](#)

Conclusions

All young people are going to have to cope with some kind of challenge and for some the challenges come thick and fast.

A public health approach to resilience does not just seek to improve young people's personal coping skills, but also ensures that conditions are in place to support relationships in the family and local community, and that services are available and appropriate for when they are needed.

“ Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities ”

Ann Masten (2001) 'What is ordinary magic?'

Young people from the Big Lottery's Headstart programme, talking about what resilience means to them.



Further resources

There is a huge volume of resources available. In this selection we're concentrated specifically on resources that seek to develop resilience, not just to promote wellbeing. We have focused on overarching resources rather than individual programmes. The inclusion of resources on this list does not mean that they are endorsed by PHE.

Related Public Health England publications and resources (see www.gov.uk/government/organisations/public-health-england)

- Building children and young people's resilience in schools
- Promoting children and young people's emotional health and wellbeing: A whole school and college approach
- Framework for young people's public health
- Mental health assessment tool
- London resilience project (Building Adolescent Resilience)
- Measuring mental wellbeing in children and young people

Useful overviews

- Resilience for public health: supporting transformation in people and communities Glasgow Centre for Population Health (2013)
- Parenting and Resilience Hill M, Stafford A, Seaman P, Ross n and Daniel B (2007) York: Joseph Rowntree Foundation
- Positive Mental Health: Resilience. Murphey D, Barry M and Vaughn B (2013) Child Trends Adolescent Health Highlight. Bethesda, Maryland: Child Trends
- Bouncing back: How can resilience be promoted in vulnerable children and young people? London: Barnardos (2009)

- Resilience in young people leaving care Joseph Rowntree (2005)
- Resilience Approaches to Supporting Young People at Risk of Developing Mental Health Difficulties: Overview of the Evidence Base Angie Hart and Becky Heaver (2015)

Other tools / resources

- Resilience and Results: how to improve the emotional and mental wellbeing of children and young people in your school. London: Children and Young People's Mental Health Coalition.
- Social and Emotional Learning: Skills for Life and Work Early Intervention Foundation (<http://www.eif.org.uk/publications/social-and-emotional-learning-skills-for-life-and-work/>)
- Early Intervention Foundation Programme guidebook <http://guidebook.eif.org.uk>
- Resources from the UK Resilience Programme (schools in Hertfordshire, Manchester & South Tyneside)
- 'Right Here' project and resources Paul Hamlyn Foundation
- Toolkit on building resilience for parents and teachers American Psychological Association
- Resilience framework Boing Boing Brighton University

Useful resources

- Resilience resources Rand Corporation Community
- Academic Resilience website Young Minds
(http://www.youngminds.org.uk/training_services/academic_resilience)
- Parents Helpline for resources for parents Young Minds
(Tel : 0808 802 5544/ http://www.youngminds.org.uk/for_parents/parent_helpline)
- Resources for Children and Young People Young Minds
(http://www.youngminds.org.uk/for_children_young_people)
- Resources for young people www.riseabove.org.uk/
- Youth Information Advice and Counselling services
(http://www.youthaccess.org.uk/uploads/documents/YIACS_an_integrated_health_and_wellbeing_model.pdf)

Organisations and sources of more information

- Youth Access (www.youthaccess.org.uk)
- Teenage Pregnancy Knowledge Exchange
(www.beds.ac.uk/knowledgeexchange)
- Character education programme (Department for Education)
<https://www.gov.uk/government/news/character-education-apply-for-2015-grant-funding>
- Place 2 Be (www.place2be.org.uk)
- Boing Boing (www.boingboing.org.uk)
- Healthy Schools London (www.healthyschoolslondon.org.uk/)
- Young Minds (www.youngminds.org.uk)

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Salter (2014) *The Borrowers*. London: Demos

Appendix: How did we put this report together?

Public Health England, the Association for Young People's Health and the Early Intervention Foundation have worked together to produce this report in consultation with practitioners, commissioners and other stakeholders. We've drawn on our combined knowledge about the evidence base, but the shape and content of the report has been the result of input from the field about what would be useful.

The final resource was produced in a three stage process. First we drafted an initial discussion paper about resilience in the public health context. Then we used this to provide the basis for an expert roundtable meeting hosted by PHE to agree what should be included in a public health position in resilience. Finally, as a result of these discussions we wrote the first version of this report and circulated that again for more stakeholder feedback. We consulted widely with colleagues in local government, health, education and the voluntary sector. The result should not necessarily be regarded as a consensus, but we hope the process of co-production has produced something that resonates with people working in public health in the local community.

However, we intend this to be a dynamic and ongoing process and this website will be updated as new resources become available. If you have examples of good practice going on in your local area that you would like to share with the public health community, please contact us at info@youngpeopleshealth.org

Appendix: Using the Early Intervention Foundation Guidebook to find resources on resilience

Introduction – The EIF Guidebook & Resilience

The library of programmes is one tool amongst others in EIF's online Guidebook, intended to help commissioners, policy-makers and others improve their use of the evidence and the impact of their investment in early intervention.

This resource contains information on a range of programmes, including their target population, theoretical basis, content and methods for delivery, training and implementation requirements, and the strength of the programme's evidence of effectiveness (summarised in an evidence rating).

Many of these programmes aim to improve outcomes for adolescents or children approaching adolescence, and have been found to impact on a range of outcomes, primarily behaviour (aggression, delinquency, reoffending), substance misuse, mental wellbeing (depression, anxiety) and school performance. Many of these programmes seek to achieve this impact by bolstering protective factors such as resilience and self-regulation - the ability to adapt positively and purposefully in the face of stress and otherwise difficult circumstances, and the ability to manage and express emotions.

The Strength of Evidence Rating

How the assessment was made, and caveats

In 2014 EIF created an online library of programmes that provides an accessible overview of the evidence on 50 programmes chosen from 15 authoritative Clearinghouses. We did not revalidate the ratings of these clearinghouses (for more details please see our [blog](#)). We merely presented this evidence within a single framework of standards of evidence as a first step in our work as a What Works centre. For further details about which clearinghouses inform this rating, and how their ratings are combined and translated onto the EIF strength of evidence scale, please see the following [table](#).

This rating will reflect what these clearinghouses have to say about the strength and findings of the preponderance of the international evidence for a given programme over time. These ratings are not the product of an exhaustive and complete process; the clearinghouses themselves may not include and reflect the most recently conducted and published studies, given that these ratings are not continuously updated.

In addition to including the clearinghouse rating in this document, EIF have conducted a brief search of more recent studies for each programme, particularly for UK studies, and these additional evaluations

Appendix: Using the Early Intervention Foundation Guidebook to find resources on resilience

(though not captured in the rating) are briefly described in the *Caveats or additional information* section of the table of programmes below. A full search and assessment of the evidence is to follow as part of the update of our online library of programmes. We will systematically search the literature for evaluations of each of the programmes included in the library, and assess this evidence with the full EIF evidence criteria, in consultation with the EIF evidence panel.

How to use the evidence rating

The majority of programmes in the Guidebook have some evidence of being effective. However, we do not validate them in the sense of suggesting that they will inevitably work, because that would be an over statement of what the evidence can tell us. The assessment of the evidence can inform certain parts of a commissioning decision, but not every aspect – including consideration of costs and benefits and local implementability. Please see [here](#) for more detail.

#	Programme Name	Clearinghouse Strength of Evidence Rating	Caveats or additional information
1	Botvin LifeSkills Training	4	
2	Family Nurse Partnership	4	In the UK, a trial was recently conducted where no significant effects were found for primary outcomes, including mother's late pregnancy smoking or additional pregnancies within 24 months (Robling et al. 2015). Potentially negative effects on emergency attendance or admission were identified. Some small positive effects were identified on a small number of secondary outcomes (including child cognitive development at 24 months, partner relationship quality and self-efficacy).
3	Functional Family Therapy	4	Functional Family Therapy is one of Realising Ambition's case study programmes. As part of this project it was delivered in Northern Ireland and Scotland (Renfrewshire). Some pre-post data collected from programme participants suggest significant improvements on family conflict and parent-child communication skills (child report).

4	Multidimensional Treatment Foster Care (also known as Treatment Foster Care Oregon)	4	In the UK, MTFC has been subject to two evaluations – one quasi-experiment (Biehal, N., et al 2011) and one RCT (Green, J.M., et al 2014). Both suggest that in these cases the programme was ineffective in achieving sustained changes in maladaptive learning and relationships.
5	Multisystemic Therapy	4	In the UK, MST has been subject to two evaluations – two RCTs. One suggests that the reduced offending and antisocial behaviour (Butler, S., et al 2011), and the other has yet to publish its findings (Fonagy, P., et al 2013 - START Research Trial) The Education Endowment Foundation are planning to conduct a process evaluation to establish the readiness of this intervention to be trialled in the UK (these findings will be published Autumn 2017).
6	Positive Action		The Education Endowment Foundation are planning to conduct a process evaluation to establish the readiness of this intervention to be trialled in the UK (these findings will be published Autumn 2017).
7	Strengthening Families Programme 10-14	3	In the UK, SFP 10-14 appears to have been subject to two main evaluations. One RCT suggests that the programme was ineffective in that instance, with no significant impact detected on substance use, aggressive behaviour and school absences (Coombes, L., et al. 2012). A quasi-experimental study has yet to publish its findings (Segrott, J., et al 2014), though internet sources suggest that this study found the programme to be ineffective in improving substance misuse outcomes
8	Triple P Level 4 (Individual & Group)	4	In the UK, Triple P Level 4 appears to have been subject to one main evaluation – an RCT. The findings suggest that the programme was ineffective in this instance in improving child behaviour and parenting style (Little, M., et al. 2012).

The programmes

A set of relevant programmes drawn from the Guidebook are listed here alongside their clearinghouse strength of evidence ratings. A link to the full list of 50 programmes is [here](#), and a link to a search tool for navigating this 50 can be found [here](#).

All of these programmes have a clearinghouse evidence rating of 3 or 4 – this means that the intervention in question has been tested for impact with at least one single high-quality evaluation (a randomized controlled trial, or robust quasi-experimental study), and that this evidence has demonstrated that the programme has had a positive impact on a key outcome for children, young people and families.

However, as the recent evidence on Family Nurse Partnership or Triple P Level 4 indicates, the fact that a programme has been well evaluated in multiple trials and generally found to be effective, does not mean that it will work in every situation, trial or context. The evidence on these programmes does indicate that programmes of this sort if delivered well can be effective. This can inform sensible commissioning decisions but does not replace the need for careful appraisal of investment decisions, support for local implementation and effective monitoring.

For more details please see [here](#).