

# **The Factors that Influence Positive Youth Development and Wellbeing**

## **Key Concepts, Contemporary International Debates and a Review of the Issues for Aotearoa New Zealand Research, Policy and Practice**

JULY 2020

A Report Prepared for Ara Taiohi

by

Kelsey Deane, PhD & Hilary Dutton, MA  
Faculty of Education and Social Work  
University of Auckland

### **Contact information for Principal Investigator:**

**Dr Kelsey Deane**

Te Kura Tauwhiro Tangata | School of  
Counselling, Human Services and Social Work

Faculty of Education and Social Work  
The University of Auckland

Private Bag 92601

Symonds Street

Auckland 1150

New Zealand

Telephone: + 09 373 7899 ext. 48685

E-mail: [k.deane@auckland.ac.nz](mailto:k.deane@auckland.ac.nz)

*This literature review was commissioned by Ara Taiohi and made possible with generous support from the Health Promotion Agency.*

### **Acknowledgements:**

The authors gratefully acknowledge the financial support provided by the Health Promotion Agency as well as: Dr Sydney Kingstone's valuable feedback as peer reviewer of the initial draft of this document; Jon Huang's contributions to the design of the report; and Jane Zintl and Sasha Webb's general support of the project. Sincere thanks for enabling this mahi. The authors would also like to thank the researchers and practitioners who participated in a research consultation process to inform the Youth Development Strategy Aotearoa review in 2018. Their feedback was also insightful with respect to the international perspectives captured in this review.



# Contents

---

<b>Executive Summary</b>	<b>4</b>
<b>Introduction</b>	<b>8</b>
<b>Background</b>	<b>9</b>
<b>Approach</b>	<b>10</b>
<b>Three Influential International Perspectives</b>	<b>12</b>
Adolescent Health	12
<i>Adolescent Health Frameworks and Approaches</i> .....	14
Resilience	15
<i>Resilience Theories, Models and Processes</i> .....	18
Positive Youth Development	19
<i>PYD Theories, Frameworks and Models</i> .....	21
<b>The Way Forward</b>	<b>25</b>
<i>Adolescent Health: Translation of Prevention Science into Evidence-Based Policies and Programmes</i> .....	25
<i>Resilience: Mixed Methods &amp; Multisystemic Research that Captures Complexity &amp; Informs Interventions, Strategies &amp; Practices</i> .....	27
<i>Positive Youth Development: Research that Provides a Holistic, Relational-Process and Optimistic Picture, Community-Based Infrastructure &amp; Enhanced Relationships</i> .....	28
<b>Converging and Diverging Features</b>	<b>29</b>
<i>The Seven Tensions</i> .....	29
<b>The Research Landscape in Aotearoa New Zealand</b>	<b>33</b>
Adolescent Health.....	33
Resilience .....	35
Positive Youth Development.....	36
<b>Insights and Implications</b>	<b>38</b>
<b>Recommendations</b>	<b>40</b>
<b>Conclusion</b>	<b>41</b>
<b>References</b>	<b>42</b>
<b>Author Biographies</b>	<b>50</b>
<b>How to Cite this Report</b>	<b>50</b>

# Executive Summary

---

- The principle of consistently following a strengths-based approach is core to all facets of youth development work but there are varied conceptualisations of what this means across different research disciplines. This literature synthesis explores the contemporary debates and tensions surrounding different conceptualisations of what is and what leads to positive youth development and wellbeing from three popular international perspectives: adolescent health, resilience and Positive Youth Development (PYD). It also explores how these ideas play out in Aotearoa New Zealand-based youth research and highlights potential implications for youth policy, programming and practice.
- Consultation with Aotearoa New Zealand-based researchers and research-engaged educators and practitioners of youth development facilitated identification of influential international theorists, theories, models, frameworks and bodies of empirical work on positive youth development and wellbeing to help delimit the scope of the review. We sourced recent published works by the recommended scholars and prioritised reviews and commentaries that summarised each perspective. We identified points of convergence as well as seven key tensions that captured some of their differentiating features. These include the degree to which each perspective: frames youth development from a strengths vs. a problem-focus; focuses on high risk vs. all youth; emphasises individual vs. contextual factors; accentuates parsimonious and universal vs. complex and contextually-specific principles of human development; privileges quantitative, positivist research vs. methodological pluralism; considers culture; and links to empirically-supported theory. We then assessed the degree to which these tensions were present in Aotearoa New Zealand-based literature on adolescent health, resilience and PYD.
- Internationally, the adolescent health perspective is characterised by an aim to increase understanding of the risk and protective factors that influence youth development and wellbeing so this knowledge can be used to reduce rates of adolescent morbidity and mortality. In this sense, the field's orientation is problem-focused. Risk and protective factors are generally identified through large scale, population-based, quantitative surveys and statistical models that are not typically linked to theory but demonstrate how variables combine to predict health outcomes.
- The adolescent health perspective highlights the unique and challenging nature of adolescence, and how global forces have changed the world to such a degree that the adolescent experience is fundamentally different today compared to half a century ago. Today, health risks are strongly linked to behaviour. From this perspective, positive youth development boils down to healthy behaviours, facilitated by positive environmental factors, which results in continual good health. The solution from this perspective is translating prevention science into evidence-based policies and programmes, scaling these initiatives globally and then testing for cross-cultural differences. In the case of intervention research, evidence of effectiveness from randomised controlled trials and robust quasi-experimental designs are privileged.
- There is agreement within the adolescent health perspective that person-environment interactions drive developmental and wellbeing outcomes and we gain little from an individualised focus alone. Therefore, adolescent health frameworks emphasise the importance of targeting the structural or macro-level determinants (e.g. policies) of health that generate social stratifications and inequity within society. Nevertheless, the focus on health behaviours, at times linked to incomplete brain development and evolutionary drivers, also commonly results in recommendations to target individual skills and behaviour through interventions.
- Resilience research focuses on what facilitates positive youth development and wellbeing (often framed as competent functioning) against the odds. World-leading resilience scholars therefore argue that resilience is only relevant for young people who have faced or are facing substantial adversity – i.e. those deemed at high-risk. Although the field is oriented towards problematic conditions for youth development, it has moved past early definitions where resilience was equated with an absence of pathology when it would otherwise be expected. It is recognised as a strengths-based field as it focuses

on the resources and opportunities that support successful development under adverse conditions. These contemporary resilience researchers also reject the idea that resilience is an individual trait; resilience is now seen as a process that unfolds as a result of complex interactions between individuals and the environment and should be understood from a relational developmental systems perspective.

- A systems understanding of resilience emphasises the complex ways that human factors (including biological) intertwine with ecological factors within families, community and broader social structures to influence development and wellbeing. It is both about an individual's capacity to navigate and negotiate for the resources they need to be well and the availability of those resources to be provided in a culturally meaningful way. What is considered resilient depends on one's vantage point within the system, and those who control access to resources are implicated in terms of sharing accountability. Nevertheless, some policy and public discourses continue to convey Eurocentric and neoliberal conceptualisations of resilience that blame individuals and families, overlooking structural barriers and suggesting that with the right attitude they can pull themselves up by their bootstraps.
- Common resiliency factors (e.g. self-efficacy, self-regulation, close attachment relationships, effective caregiving, optimism and faith, connection to school and community) have been repeatedly identified through quantitative, longitudinal studies across different types of risk conditions and different countries. Importantly, these studies demonstrate that the majority of young people who face adversity in life exhibit resilient pathways and do well. However, in line with the pathways model of resiliency, the diverse array of possible interactions that exist within and across systems means that many different developmental trajectories are possible. Qualitative research has been revealing in terms of demonstrating that, while there are common factors, resilience is expressed in different ways across cultures and contexts.
- Several other theoretical models have been put forward to elucidate resiliency processes. The developmental cascade model highlights how critical leveraging factors can set into motion either positive or negative cascades that snowball over time and spread into other developmental domains. The differential susceptibility hypothesis suggests that people are born or develop traits early in life that make them more or less susceptible to environmental influences, thus making them more reactive or responsive to the environment, whether positive or negative. Differential impact theory, in contrast, emphasises how different environmental conditions impact young people differently and points to the need to change unsupportive environments instead of individuals. However, the empirical evidence base supporting these theories and their relevance to resilience is fledgling.
- Contemporary scholars contend that a greater systems focus, contextual sensitivity and multidisciplinary input is needed in resilience research and practice. Recent advances in neurobiological and epigenetic research methods could be used with quantitative socioecological methods to help to uncover some of this complexity and inform evidence-based resilience interventions. In-depth qualitative methods are also needed to uncover protective and promotive factors that have not yet been identified, highlight the structural barriers that force marginalised individuals to cope in maladaptive ways and surface different cultural expressions of resilience. Culturally grounded resilience research is growing, but the field requires more attention here.
- The PYD perspective proposes a complex, systems-based understanding of youth development and wellbeing. It stands out as promoting the most optimistic view of young people. PYD advocates reject the longstanding storm and stress myths of adolescence which do not correspond with their realities. Although there is recognition that young people face challenges and that risks need to be mitigated, the emphasis in PYD is on young people's strengths and capacities, with a focus on thriving. There are multiple conceptualisations of PYD. PYD describes a developmental process through which the alignment of a young person's inherent strengths with a resource rich and developmentally supportive context results in thriving. PYD is also an approach to working with young people that encapsulates these ideals, and specific programmes or organisations that follow this philosophy are also sometimes considered an expression of PYD.
- Many frameworks, models and related theories have been put forward by researchers to explain PYD, including the 5 Cs of PYD, the 40 Developmental Assets, the Co-Vitality model, the Circle of Courage and the Social Developmental model. Although they use different terminology and emphasise different facets, they all focus on what supports young people to thrive and progress towards idealised personhood. In comparison

to the resilience and adolescent health perspective, the PYD conceptualisation of wellbeing is more contribution and community focused. PYD emphasises civic engagement, service to others, empathy and generosity. Youth agency is emphasised, with young people described as full partners in their communities. There is also explicit attention to moral growth and spirituality within the PYD perspective.

- Youth development programmes offer one important ecological setting to promote thriving, thus evaluation of such programmes form an important strand of PYD research. Nevertheless, contemporary PYD scholars argue that whole schools and whole communities share responsibility for creating opportunities and thriving environments for youth development. Accordingly, PYD work should not be relegated to professional services. This also means that how all adults within the community view young people is important because high quality adult-youth relationships are seen as a primary mechanism of change.
- PYD has a strong history of theory development and theory-testing through robust quantitative methods. Understanding of PYD and thriving is amplified through less prominent qualitative studies. The psychological orientation of the field has led to an interest in ensuring measures of PYD are psychometrically valid – that measures of abstract constructs (such as belonging and confidence) actually measure what they are purported to measure. The strong interest in youth development programmes within this discipline results in ample evaluation research, and we see the privileging of randomised controlled trials and quasi-experimental designs in reviews of such research. Recent reviews of PYD research emphasise the limitations of current methods to uncover intra-individual and inter-individual changes, which are the essence of all human development. There are calls from leading scholars for advanced methods that are change-sensitive, person-centred and tap into the aspects that are unique to the individual, shared among subgroups and that are generalisable.
- Despite their different emphases, the adolescent health, resilience and PYD perspectives share many commonalities and their disciplinary boundaries are not clear-cut. A social justice agenda motivates all of this work. There is a shared interest in uncovering the factors and processes that lead to positive youth development and wellbeing and strong convergence of evidence across perspectives on some of the most critical common factors. These factors include: experiences of mastery tied to self-efficacy and a positive sense of self; self-regulation and other related life skills; school engagement and connection within a safe and supportive school setting; and supportive relationships with peers and adults who have high expectations and enforce clear boundaries. In particular, positive relationships and cohesion within the family unit and effective parenting skills – are consistently singled out as essential for young people's positive development and wellbeing. There is also a shared hope across the three perspectives that evidence will be used to inform policy, programming and practice.
- Within Aotearoa New Zealand, the Adolescent Health Research Group (AHRG) has published prolifically on the health and wellbeing of young people using nationally representative data. There is also a considerable body of research on youth resilience produced from the Youth Pathways and Transitions project. In contrast to adolescent health and resilience research, PYD research is not as visible. This is likely because such projects have not benefitted from major funding support.
- Tensions identified in the international literature are evident across the domestic research that aligns with the adolescent health, resilience and PYD perspectives; but there appears to be a stronger intersection of perspectives than we see overseas. Adolescent health and wellbeing research incorporates indicators typically seen in PYD research such as ethnic identity, community participation, spirituality and positive connections. The Youth Pathways and Transitions resilience research explicitly connects to the philosophy and principles of PYD. Nevertheless, “pure” PYD research tends to be the focus of disparate thesis projects and local evaluation studies. Looking across the full corpus of Aotearoa New Zealand research across these three perspectives illustrates that the most prevalent and visible published research on young people is problem-focused. The absence of a large-scale PYD research programme means that we do not have a full picture of youth development and wellbeing in this country. We are concerned that the over-emphasis on youth problems will continue to perpetuate negative public perceptions of youth. A primary

content gap that exists in Aotearoa New Zealand is large-scale research that captures young people's positive beliefs about themselves, what ignites their interests and gives their lives meaning, their moral convictions, their ability to self-regulate and their sense of agency and empowerment within their communities. We also lack systematic research on the views adults in their communities have about them.

- Contextual influences are a common focus of Aotearoa New Zealand researchers, but there is greater attention to proximal factors within the context of family, school and youth programmes compared to community level research and research focusing on structural and macro-level factors. Important commentaries and reviews on the larger macro-level picture primarily exist within adolescent health and wellbeing research, but it is rare to see direct analysis of how structural or community level factors affect young people's positive development and wellbeing. Compared to research overseas, research in Aotearoa New Zealand demonstrates a stronger focus on culture and ethnic inequalities across the three perspectives. Culturally grounded models of health and development are more often the topic of discussion within the PYD literature, but published research on the factors that influence positive development and wellbeing from a culturally reflexive position is limited.
- While qualitative research is common when the focus is resilience or PYD, quantitative research – typically aligning with a (post) positivist, scientific research paradigm – dominates the published research on factors that influence development and wellbeing across these disciplines. Use of advanced statistical analysis techniques is increasing but they tend to be limited by a variable, rather than person-centred focus. The theories underpinning the research is touched on in resilience and PYD but, overall, discussion of theory is lacking. Research in Aotearoa New Zealand does not provide the complex, systems-focused and multidisciplinary understanding of youth development and wellbeing being called for overseas. Research amplifying the voices of young people, and Māori models of development and wellbeing – the latter of which directly contest the Western, psychologically and positivist oriented research that is over-emphasised domestically – illustrate the strongest connections with a social determinants approach to health, culturally and contextually-grounded interpretations of resilience and the principles of PYD.
- It is heartening that this analysis of the contemporary international literature in relation to Aotearoa New Zealand research reaffirms several of the recommendations we put forward in the recent review of domestic youth development research, *Ngā Tikanga Whānaketanga – He Arotake Tuhinga*. This includes a focus on systemic change, disrupting the predominance of Western views in youth research, resourcing and capacity-building to create positive school and family climates and relational skill development and embracing an authentically strengths-based and culturally-grounded approach to working with young people.
- In addition, we need to increase the visibility of research that disrupts problematic perceptions of young people in Aotearoa New Zealand. This requires large-scale assessment of the full range of young people's strengths. We would benefit from investment in large-scale collaborative research that brings the three perspectives, along with additional multidisciplinary input, together. Increased capacity-building in complex, person-centred and systems analyses would be worthwhile for both early and experienced scholars and within the range of postgraduate programmes relevant to youth development and wellbeing. Technology, such as the Takiwa data analytics platform, is available to make this possible. Resourcing is needed to improve data quality, enable greater collaboration and capacity-building. Increased reflexivity in published Aotearoa New Zealand research, particularly with respect to underpinning theories and cultural considerations, would also be welcome.

# Introduction

---

While youth development researchers share a common interest in producing knowledge that supports young people to lead healthy, happy lives, we do not all use the same language to communicate this shared goal. Even when we use the same terminology (e.g. “protective factors”, “resilience”, “strengths-based”), we are not necessarily saying the same thing. Our disciplinary languages are shaped by different research cultures. These cultural differences ultimately stem from different worldviews, which surface varied beliefs about the nature of reality and knowledge creation, and provide a foundation for youth development and wellbeing theory generation (Overton, 2014). Theories, frameworks, models and concepts are tools that help us to organise and make sense of this knowledge. Researchers develop, test and critique these ideas to inform better policy and practice decisions. In this way, the language we use, the interpretations we offer and the type of knowledge we privilege have a real impact. Reflexivity – the consideration of how our values, positions and assumptions shape the research we produce – and transparency about the potential implications the orienting positions of this knowledge has for young people and the important people in their lives, is therefore essential.

Reflexivity is equally important for the individuals and organisations who use research-based knowledge in policymaking and programme or intervention design. In a youth development field that is becoming progressively multidisciplinary and globalised, it is concerning that such reflexivity is seemingly uncommon across international literature. A recent study commissioned by the United States Agency for International Development office on the implementation and impact of positive youth development initiatives in low- and middle-income countries revealed that the many youth development programmes included in the study had seemingly little understanding of, or connection to, youth development theory (Lerner & Chase, 2019; Lerner et al., 2019). This provokes questions about whether this is also the case in Aotearoa New Zealand.

This literature synthesis explores these ideas in the hope that it will increase understanding of what are arguably some of the most influential research-based perspectives of youth development and wellbeing globally. We endeavour to raise consciousness of the contemporary debates and tensions surrounding these varied conceptualisations of what is and what leads to positive youth development and wellbeing. We also demonstrate how these ideas play out in Aotearoa New Zealand-based youth research to highlight the implications these ideas have for youth-focused work in this country. Ultimately, we aspire to provoke deeper thinking about youth development and wellbeing in a manner that informs policy and practice.

In the interests of reflexivity and transparency, we begin with our orientation and approach to this project. We then summarise three influential perspectives on youth development and wellbeing: adolescent health, resilience, and Positive Youth Development (PYD). We highlight the theories, frameworks and models advocated by some of the influential international researchers in each of these fields, along with an overview of their empirical findings. We have chosen to focus on these three perspectives because, whilst each has a different orientation and emphasis, researchers within these fields are all interested in the processes that lead to positive developmental and wellbeing outcomes for youth. After summarising the three perspectives, we underscore points of convergence and identify the tensions across these bodies of work. We share our analysis of how these ideas play out in Aotearoa New Zealand-based youth research and their degree of alignment with home-grown frameworks and models. Finally, we discuss the potential implications, identify gaps and offer recommendations to move the youth development sector forward in a reflexive manner.

# Background

---

The principles of the Youth Development Strategy Aotearoa (YDSA; Ministry of Youth Affairs, 2002) have been widely recognised as the pillars for policy and practice within the youth development sector since the early 2000s. In essence, they provided a home-grown working definition of positive youth development for Aotearoa New Zealand (Deane et al., 2019). In 2018, Ara Taiohi, in partnership with the Ministry for Youth Development and the Vodafone New Zealand Foundation, led a review of the YDSA principles to ensure they were still relevant for the contemporary Aotearoa New Zealand context. Those consulted for the YDSA review consistently endorsed the ongoing importance and relevance of the existing six principles: youth development "is shaped by the big picture...is about people being connected...requires a consistent strengths-based approach...occurs through quality relationships...is triggered when youth fully participate...and requires good information" (Ministry of Youth Affairs, 2002, p. 7–8). Nevertheless, these individuals also identified areas for refinement.

One of these areas of refinement relates to Principle 3 "youth development is based on a consistent strengths-based approach". We were part of the team involved in leading an Aotearoa New Zealand-based literature review, *Ngā Tikanga Whānaketanga – He Arotake Tuhinga* as one strand of the broader review. In this work, we identified a need to improve the explanation of Principle 3. The explanation emphasizes the need to boost a young person's protective factors (the factors that facilitate positive opportunities, health and wellbeing) to mitigate risk, whilst also helping young people to resist engaging in risk-enhancing behaviours. Ultimately, the focus is on preventing serious or ongoing problems. Nevertheless, there is acknowledgement that young people themselves should not be seen as problems, and that effective strengths-based interventions or programmes should provide skill-building opportunities across a range of developmental domains and connect young people to positive people and opportunities within the primary developmental contexts of family, school/work, and community. The principle of consistently following a strengths-based approach is core to all facets of

youth development work. That is not our point of contention; rather, the way Principle 3 is described in the 2002 YDSA reflects a narrow view of strengths-based youth development that does not align well with conceptualisations offered by others on the global youth development stage. We explore this issue in depth in this literature synthesis.

Further, the description of Principle 3 (and it is not the sole example) implicitly illustrates the critique from Māori youth development scholars that the framework was mātauranga Māori and privileged Western, psychologically-oriented, and therefore individualised notions of youth development. Accordingly, for *Ngā Tikanga Whānaketanga – He Arotake Tuhinga*, we set the existing principles aside and used mātauranga Māori concepts articulated in youth and community development models created by tangata whenua and produced a kaupapa Māori framework to organise the Aotearoa New Zealand based youth development research we reviewed. Using the integration of mātauranga Māori with ideas outlined in the research and consultation with young people and people who work in the youth development sector (see the Kete Kupenga framework in Kerekere et al., 2019), the work of the YDSA review synthetization group resulted in *Mana Taiohi*, the newly-launched Youth Development Principles Aotearoa.

*Mana Taiohi* is a biculturally-grounded research-, practitioner- and youth-informed youth development framework designed specifically for Aotearoa New Zealand. The decision to focus exclusively on the domestic context enabled the original "home-grown" YDSA principles to evolve into a national framework that more authentically resonates with the bicultural foundation of this country. In a world being rapidly swept up by an evidence-based movement that largely ignores different cultural ways of knowing and viewing the world (Bullen et al., 2019), *Mana Taiohi* is something to be celebrated and the principles collectively represent what a strengths-based approach should consist of in Aotearoa New Zealand.

At the same time, it would be remiss of us to ignore the forces that shape youth development knowledge globally. We know from the extensive

review we conducted for *Ngā Tikanga Whānaketanga – He Arotake Tuhinga* that researchers in Aotearoa New Zealand are influenced by the ideas advanced in international research. A myopic focus on the domestic landscape is as short-sighted as a focus that ignores the local context. Further, we were motivated to interrogate some of the questions raised during our critique of the YDSA principles, particularly

in relation to the notion that a “strengths-based” approach equates to an approach that aims to boost protective factors to mitigate youth risk. Accordingly, this literature review extends the insights produced through *Ngā Tikanga Whānaketanga – He Arotake Tuhinga* by delving deeper into literature focused on the factors (however framed) that influence positive youth development and wellbeing.

## Approach

---

The international literature on each of the three perspectives we interrogate in this review (i.e. adolescent health, resilience and PYD) is extensive and a systematic review was not within the scope of this project. Pragmatic constraints required us to look for ways to expedite the literature synthesis process. We consulted with Aotearoa New Zealand-based researchers and research-engaged educators and practitioners of youth development via an online survey and a research hui in November of 2018 as part of the literature review thread of the broader YDSA review. We asked these individuals to explicitly identify the key theorists, theories and studies from overseas that influenced their work. This process facilitated our identification of relevant and influential international scholars, models, frameworks, theories and bodies of empirical work on positive youth development and wellbeing, which allowed us to delimit the scope and focus the international literature we reviewed for this project.

We used Scopus to conduct an Author Search of the most recent works produced by the international researchers recommended by those we had consulted. Scopus is a multidisciplinary abstract and citation database for research outputs from the social, health, life, and physical sciences. It includes an easy to use facility to search for published author works. If Scopus did not return results for a recommended scholar, we reviewed their profiles in Google Scholar, checked their institutional webpages or drew on our existing knowledge of their published work.

Beginning with their most recent work and focusing on commentaries or research reviews that provided synthesised overviews of their perspectives and research works, we conducted rapid reviews of selected outputs until we reached idea saturation – the main ideas and findings became redundant with

little new information provided. We then summarised the key ideas and findings from each perspective and analysed our notes for points of convergence and the primary tensions or points of discord. The seven tensions we identified surfaced characteristic features associated with the different approaches and included the degree to which each perspective:

- frames youth development or wellbeing from a positive vs. a problem-focused orientation
- focuses on all youth vs. those labelled “high risk”
- emphasises individual vs. contextual factors
- emphasises parsimonious and universal vs. complex and contextually-specific principles of human development
- privileges quantitative, positivist research vs. methodological pluralism
- considers culture
- links to empirically-supported theory.

The second component of the review focused on research produced in Aotearoa New Zealand. Because we had already sourced and organised a substantive amount of literature for *Ngā Tikanga Whānaketanga – He Arotake Tuhinga*, we began by re-reviewing our existing resource list to identify research outputs focused on factors that influenced youth development or wellbeing outcomes (whether holistic or specific). To identify important outputs we may have overlooked in the previous literature review project, we conducted a further literature search. We combined the search terms “youth OR adolescen\$”<sup>1</sup> and “New Zealand OR Aotearoa”

---

1 \$ represents a wildcard character enabling the search to identify variations on the word stem (e.g. adolescence, adolescents, etc.)

separately with “resilience”, “wellbeing OR well-being”, or “youth development” using the most commonly used databases for the social and health sciences and education: PsycINFO, ProQuest Social Science Journals, ERIC, Education Research Complete, PubMed and Medline. We also used NZResearch.org to identify relevant theses stored on public repositories and other outputs not listed in the international databases. Together with our existing list of Aotearoa New Zealand research outputs, the supplemental search produced an extensive list of outputs. We could not review each item in full within the constraints of the project, so we selected journal articles, book chapters, theses and major reports published over the last decade (with a few exceptions) that we felt were a reasonably representative range of outputs aligning with the three major international perspectives (adolescent health, resilience and PYD) or that offered a uniquely Aotearoa New Zealand perspective.

Because our aim in reviewing the Aotearoa New Zealand literature was to identify how the ideas advanced by each of the three perspectives filtered through the work produced in this country, and to consider the implications this had for youth policy and practice, we roughly categorised the research items according to the perspective we felt they aligned most closely with. This was either because the perspective was explicitly stated or because of their characteristic features. We then coded each output in relation to the seven above-mentioned tensions.

Given our plea for greater researcher reflexivity and transparency, it is important that we disclose our own backgrounds and positions in this research. We describe these in the author biographies at the end of the document. Evidently, our positions constrain the lenses through which we examine existing research and biases our interpretations. This review is also limited in terms of its focus on the work of a few influential researchers and research projects within each perspective. Further, the way we categorised research into three different perspectives perhaps suggests that these disciplines are more distinct than they are. In reality, there is substantial overlap across the three. Our aim in organising this review by three different perspectives was to highlight their differentiating features; it was not to suggest that there are definitive boundaries between them. Readers should consider this when making their own conclusions.

# Three Influential International Perspectives

---

Despite sharing an interest in the processes that result in positive youth development and wellbeing, an analysis of literature by leading scholars in the adolescent health, resilience and PYD research fields illustrates that the three perspectives have distinct foci, with different meanings attributed to similar terms. Our combined use of positive youth development and wellbeing reflects the fact that these terms are often conflated within each of the perspectives. The terms also have unique nuances depending on the perspective. For instance, the use of “positive youth development” in lowercase has different connotations than the capitalised Positive Youth Development form, typically conveyed via the PYD acronym, which encapsulates a particular philosophy and metatheory of youth development, as well as an approach to youth programming embraced by self-identified PYD scholars and practitioners. We use the lowercase vs. acronym stylistic convention in this review to signal this difference. We also explore these nuances as we summarise the perspectives in relation to seminal scholars within each field.

Our consultation with research colleagues in Aotearoa New Zealand combined with our own research expertise led us to identify the work of Michael Resnick, Robert Blum, Richard Catalano and colleagues as being particularly influential in the field of adolescent health and prevention science. Anne Masten, Michael Ungar and colleagues are recognised as eminent contemporary scholars in the resilience field. The team at Tufts University’s Institute for Applied Research in Youth Development (led by Richard Lerner) and the Search Institute (previously led by Peter Benson and Peter Scales) have fundamentally shaped our understanding of young people from a PYD perspective, alongside contributions from Mike Furlong and Larry Brendtro, Martin Brokenleg and colleagues who have also put forward PYD frameworks. Accordingly, it is the work of these authors and their research teams that is reviewed in the international section.

## Adolescent Health

---

Principle 3 of the 2002 YDSA aligns most closely with the adolescent health perspective. The field’s primary aim is to increase understanding of the risk and protective factors that influence youth development and wellbeing so this knowledge can be used to reduce rates of adolescent morbidity (ill health) and mortality. Researchers in this field highlight the unique nature of this developmental life stage as a means of demonstrating young people’s susceptibility to serious problems, largely as a result of engaging in health-compromising behaviour. Adolescent health and prevention science researchers use evidence to formulate arguments about this susceptibility to advocate for increased attention to the adolescent life stage in research and policymaking, and for greater resourcing of evidence-based prevention initiatives.

Greater investment in initiatives focused on adolescence is important in the current context. There is now huge interest in targeting early childhood as the primary developmental stage for preventative action to stem later societal burden. However, while risks identified in childhood often follow a cumulative trajectory pattern and early intervention can stem problematic cascades, Catalano et al. (2012) explain that an adolescent-onset risk pattern is also evident. Focusing exclusively on early childhood intervention overlooks “the second crucial window for prevention and health promotion” (Resnick, 2011, p. 1129). Accordingly, Resnick et al. (2012) emphatically state that “failure to invest in the second decade of life...will jeopardise earlier investments in maternal and child health, substantially erode the quality and length of human suffering, inequity, and social instability” (p. 1565).

The adolescent health research surveyed for this review contextualises current adolescent health problems within a contemporary global environment that is fundamentally different to that faced by young people 25 to 50 years ago (Blum, 2009; Blum et al., 2012; Catalano et al., 2012; Resnick, 2011; Resnick et al., 2012). Although the pubertal and neurodevelopmental events that occur in individuals during the second decade of life are invariant across cultures and history, rapid social, technological and economic changes have transformed the nature of young people's social roles and relational interactions, activities and access to developmental opportunities across the globe. These forces of cultural evolution impact human development and have a profound influence on human behaviour (Blum et al., 2012) that go on to have both positive and negative consequences for health and development (Blum et al., 2012; Blum et al., 2014). For example, advances in health and nutrition over the past century have resulted in better health practices that have contributed to the earlier onset of menstruation and longer life expectancy in women. At the same time, early biological maturation influences earlier engagement in sexual activity, which can compromise other developmental goals (e.g. educational access) and increase morbidity (via sexually transmitted infections) if not practiced safely (Blum et al., 2014).

Ultimately, these global health advances have led to an epidemiological transition whereby the primary causes of morbidity and mortality have shifted from fatal communicable diseases to non-communicable diseases and injury, many of which arise from health-compromising behaviours such as alcohol use, violence, self-harm and unsafe motor vehicle use (Blum, 2009; Blum & Dick, 2013; Blum et al., 2014; Catalano et al., 2012; Resnick, 2011; Resnick et al., 2012). These scholars argue that as a consequence of this, an adolescent's behaviour today is closely linked to their health, both in the present and the future (Blum & Dick, 2013; Blum et al., 2014; Catalano et al., 2012; Resnick, 2011; Resnick, et al., 2014). Because behaviour at this life stage is influenced by rapid and concurrent biological, cognitive and socioemotional developmental changes, there is an inextricable link between youth development and health (Blum et al., 2014; Viner et al., 2012). From this perspective, positive youth development essentially boils down to healthy behaviours, facilitated by positive environmental factors, which result in continual good health (often equated with wellbeing). This interest

in the adolescent behaviour-health link results in prevention science research focused on preventing health-compromising behaviours (i.e. risk factors) and increasing health-enhancing behaviours (i.e. protective factors) as the primary pathway to positive development and wellbeing (Catalano et al., 2012; Kimet al., 2015).

Perhaps more so than the other two perspectives, adolescent health addresses the role the brain plays in influencing health-compromising behaviour during adolescence. Adolescent health researchers point to findings from recent neuroscience research as providing important insights for policy and intervention. The fact that the brain has higher plasticity (capacity to change in response to the environment) during adolescence than what was previously thought provokes optimism about being able to target behaviours for risk reduction and health promotion. Findings demonstrating the adolescent brain is still undergoing substantial development well into one's 20s are also discussed in relation to the expectations society places on adolescents to be accountable for their own behaviour (Blum & Dick, 2013; Johnson et al. 2009). This has influenced debates around age-based policies and legislation (e.g. the legal age for driving or the purchase of alcohol and whether late adolescents should be tried as adults for criminal offences) (Johnson et al., 2009). Suggesting an evolutionary basis for adolescent risk-taking influenced by neurodevelopmental processes, Blum and colleagues (Blum & Dick, 2013; Johnson et al. 2009) argue that risk-taking has an adaptive function, as it promotes separation from an insular familial context to explore new environments and relationships that are necessary for species propagation. However, Johnson et al. (2009) warn of the dangers of over-reliance on neuroscience research, which too often is seen as persuasive "hard science" and used by policymakers to enact policies based on young people's "immaturity" with little consideration of the subjective and correlational nature of neuroimaging findings. These researchers are adamant that, when it comes to adolescent development, the influences of the brain cannot be disentangled from other biological and environmental influences, and must be viewed in relation to experiences across the lifespan.

There is agreement within the adolescent health perspective that person-environment interactions drive developmental and health outcomes, and that we gain little traction from an individualised focus

alone. There is also acknowledgement of an over-emphasis on adolescent risk, and recognition that a focus on protective factors is needed to promote positive youth development (Blum, 2009; Blum et al., 2014; Kim et al., 2015; Viner et al., 2012). The deficit-focus within adolescent health is likely due to the fact that, globally, it is easier to agree on what creates risk for later health problems (e.g. smoking), whereas

consensus on positive youth development factors is more difficult because they are largely culturally-driven (Benson & Scales, 2009). With regards to the factors that contribute to healthy *development* [our emphasis], rather than reducing morbidity and mortality, Blum et al. (2014) argue that much less is known, particularly for those in early adolescence (aged 10–14 years).

## Adolescent Health Frameworks and Approaches

---

The focus on person-environment interactions that drive development and wellbeing has appropriately influenced ecological models and frameworks that help conceptualise and draw attention to risk and protective factors thought to be most important. Blum and colleagues (Blum et al., 2012; Blum et al., 2014) propose a **multilevel ecological and lifespan framework** that organises risk and protective factors within the ecological domains of family, school and neighbourhood. They embed these factors within a broader macro-level layer (in which they include political and historical influences and those of the natural environment).

Based on evidence from a literature synthesis and consultation with global experts in adolescent health, Blum et al. (2014) created a multilevel and lifespan framework focused on principles of youth empowerment and decision-making capacity. The framework proposes that the "building-blocks of healthy development" (p. 323) consist of four central facets: engagement with learning; emotional and physical safety; positive sense of self and self-efficacy; and the development of life skills (e.g. decision-making). According to these authors, positive developmental outcomes (e.g. academic achievement, civic engagement, resilience and emotional and physical health) are enhanced, while risk behaviours are less likely to occur when these building blocks are strong. Thus, intervention efforts should be focused on reinforcing these four building blocks. However, Blum et al. (2014) suggest that the building blocks can be influenced through a wide range of factors both internal and external to the individual. The organisation of risk and protective factors into various ecological domains therefore point to a range of potential targets for intervention.

In this framework, many indicators (i.e. measures of factors thought to be pre-conditions of health development) are listed in relation to the individual

and within the domains of family, peers, school and community. These indicators have been identified through global and national surveys that demonstrate correlations between the indicators and positive health and development outcomes. The familial context is described as the primary setting for development. Parental behaviours that facilitate family connection, respect for the developing adolescent's autonomy and support with behavioural regulation are highlighted as particularly important. Critical school-level factors are also underscored, and include physical, emotional and academic safety; connections with adults and social opportunities; and high academic expectations combined with high levels of support (Blum et al. 2014). Despite signalling out the microsystems<sup>2</sup> of family and school, Blum et al. (2014) point out the interconnectedness of these systems with (and thus the indirect and direct influences of) broader macro-level factors on adolescent development, including neighbourhood poverty, economic opportunity, political instability, global and national policies, and systemic inequality associated with gender, sexuality, class and immigration status. Blum et al. (2014) are explicit in indicating that theirs is a rights-based framework guided by the principle that an equitable society is a healthy society.

Also focusing on equity and rights, Viner et al. (2012) cite the World Health Organisation's definition of social determinants of health as "the conditions in which people are born, grow, live, work and age" (p.1641). These conditions are shaped by power, money and policy choices that determine access to and allocation of resources at local, national and global levels and within families and communities. Viner et al. simply divide influencing factors into

---

2 The most immediate contexts of influence that require direct participation of the developing individual.

proximal (i.e. "the conditions of daily life") and structural (i.e. "the fundamental structures that generate social stratification") determinants (p.1642). By creating inequalities between groups of individuals in society (social stratifications), structural determinants drive many of proximal determinants that are based in families, peer groups and communities (e.g. availability of food, quality of housing and recreational opportunities) and generate group differences based on individuals' access to protective factors, as well their vulnerability to risk. The social determinants of health can affect development in different ways: early events that have later impact in adulthood; pathway effects that set the stage for particular life course trajectories; and cumulative effects that build over time.

Viner et al. (2012) used secondary country-level data to conduct ecological correlational analyses on the determinants of adolescent health. Within the proximal determinants, they point to authoritative parenting, parental monitoring and modelling of positive health behaviours and attitudes; family and school connectedness; the school environment (leadership and safety), prosocial peers; and access

to services and resources in socially cohesive neighbourhoods as being especially protective for adolescent health. However, their findings indicate that structural determinants have the strongest influence because of the way these determinants affect resource allocation and interpersonal dynamics within families, schools and peer groups. This includes levels of national wealth and income inequality, access to education, political conflict, and sex and ethnic inequality.

Looking across this work, we see that adolescent health researchers emphasise the link between youth behaviour and youth health outcomes. Health compromising behaviours are influenced by complex interactions between environmental and individual factors. This includes microsystemic factors within familial and school environments, neurodevelopmental and other personal characteristics, as well as structural and broad sociocultural factors. Prevention of morbidity and mortality should thus stem from efforts targeting a range of factors that influence youth behaviour at multiple levels.

## Resilience

Resilience researchers share the language of risk and protective factors with adolescent health researchers, but more commonly include promotive factors in their vernacular. Masten (2016a, 2018) explains important nuances in the terminology that often get confounded. **Risk factors** compromise successful development and wellbeing. **Protective factors** are only relevant under conditions of risk: they reduce the level of vulnerability produced by risk. **Promotive factors** facilitate positive development regardless of risk – they are good for everyone. In the resilience field, these distinctions are important, and there is an explicit focus on protective and promotive factors and processes (PPFPs) that attempts to avoid conflating the two (Ungar, 2019). Nevertheless, there is overlap – a factor may be both protective and promotive. For example, good parenting has a positive influence on the majority of young people across situations (a promotive factor), but it is also linked to effective responding in times of crisis.

In that way, good parenting can also buffer risk as a protective factor (Masten, 2018). Framed as a deficit, a lack of effective parenting skills is also a risk factor.

The focus for resilience researchers is on what facilitates positive youth development and wellbeing (often framed as competent functioning *against the odds*). This latter point is important because it distinguishes the resilience perspective from PYD. Masten (2014a) and Ungar (2012, 2015), leading scholars within this field, are both very clear that resilience only applies in conditions of significant adversity. Despite the use of the term in policy and public discourse and in other research disciplines about general youth development or health outcomes, according to Ungar (2015), facing challenges or stressors that are a normal part of adolescent life does not require resilience. This definition aligns with the origins of the field, which stemmed from influential longitudinal studies of children growing up in adverse conditions by

now renowned researchers, Norman Garmezy, Michael Rutter, Emmy Werner and their colleagues (Masten, 2011, 2014; 2016b; Ungar, 2019).

Garmezy started his career with a focus on psychopathology and his observations of young people's strengths and successful adaptation in the context of also being at high risk of developing mental health disorders provoked his interest in the study of competence and resilience in the 1970s. He is known for his work on the longitudinal Project Competence, which tracked the risk and resilience of Minnesota-based children into adulthood (Masten, 2011, 2014a). Rutter was involved in extensive and longitudinal epidemiological surveys of children on the British Isle of Wight in the mid-1960s, the findings of which allowed him to draw connections to the idea of resilience identified by Garmezy and his colleagues (Rutter, 1989). Werner similarly was involved in longitudinal studies that tracked the development of children on the Hawaiian island of Kauai prior to their birth (by assessing their mothers during pregnancy) into adulthood (Werner, 1995). What tied these important studies together was what they revealed about the factors that differentiated children and young people who succumbed to negative influences and derailed from normal life trajectories from those who managed to function well despite negative odds (Masten, 2016b).

Across these studies and others that followed (see Rutter, 1989 and Werner, 1997), adverse conditions included family discord and divorce, abuse and neglect, parental psychopathy and addiction problems, chronic poverty, natural disasters and exposure to war. Regardless of contextual differences in the nature of adversity experienced, resilience research repeatedly surfaced common protective factors (Werner, 1995; Masten, 2018). These include: motivational constructs such as mastery, self-efficacy, and agency; skills related to problem-solving, executive functioning and self-regulation; a positive view of self; optimism, hope and faith; belief that life has meaning; close attachment relationships (to caregivers, extended family members, friends, mentors, romantic partners) and effective caregiving; connection to school and community supports; family rituals and routines; and cultural or community rituals and routines (Masten, 2016, 2018, 2019). In the early days, resilience came to be known as "doing well in spite of risk or adversity" (Masten, 2016b, p. 298); it was equated with an absence of pathology in

situations where it would be expected (Masten, 2018) or the ability to "bounce back" following difficulties linked to adverse conditions (Ungar, 2018b, p. 8).<sup>3</sup>

Masten (2014a) acknowledges that the original focus of resilience research was oriented towards deficit conditions and, although findings included facilitative family and community factors, they also highlighted resilient individual "traits". However, both Masten (2016b, 2018) and Ungar (2015) contest the early simplistic definitions and an individual "trait" focus. They also argue that, whilst the field necessarily begins with a focus on adversity by virtue of it being a defining feature, it is strengths-based. The emphasis is on the resources and opportunities that support successful development (Masten, 2014a, 2018; Ungar, 2019), i.e. the PPFPs, and less so on the risk factors that compromise adaptive life trajectories. Masten (2014b, 2016b, 2018) recognises that an individual's characteristics play a role in resilience outcomes but rejects the notion that individuals *are* or *are not* resilient.

Resilience is now seen as a process that unfolds as a result of complex interactions between individuals and the environment (Masten 2014b, 2016a, 2016b, 2018; Ungar 2018a, 2018b):

*"The capacity of a developing child to respond to challenges and adversities depends on the operation of many systems, varying from neurobiological stress-regulation systems to families, schools, community safety and health care systems, and numerous other sociocultural and ecological systems" (Masten, 2019, p. 101).*

For Masten (2016b, 2019), this means resilience needs to be understood from an integrated systems perspective. Children are only as resilient as the families in which they are embedded, and families are only as resilient as the systems in which they are embedded and so on.

Both Masten (2016b) and Ungar (2018a) write about the need for a much wider, multidisciplinary, ecosystems lens and a focus on resilience as a process occurring within an open, dynamic system. Viewing

<sup>3</sup> Ungar (2018) explains that the idea that resilience may involve "bouncing back" from adversity is dubious because one never returns to the same state of functioning, although that might be the goal.

resilience from a complex, systems perspective raises questions about potential trade-offs that are often difficult to identify (Masten, 2016b; Ungar, 2018a). If one part of an interlinked system is demonstrating resilience, then does this mean that another part of the system is compromised as a result? Within a human system, for instance, we are unsure of the potential long-term physiological harm caused by persistent psychological resilience. The adverse childhood experiences study highlights the biological costs of early trauma experiences even when an individual appears to be functioning well. Advances in research methods will eventually help to uncover some of this complexity (Masten, 2016b) but this will require multidisciplinary inputs from biology, psychology, sociology, anthropology and political science (Masten, 2016b; Ungar, 2018).

Masten (2016b, 2019) expresses excitement at the potential offered by recent neurobiological and epigenetic research in combination with child/adolescent development and family resilience research because it shows that previous thinking around the preponderance of genetic influences on human development is flawed. She sees this disciplinary intersection as a crucial contribution of contemporary resilience science and one that is a strength of the field. Epigenetic research demonstrates that gene expression is regulated by environmental conditions. Environmental influences act on the epigenome, which sits on top of an organism's DNA. The epigenome instructs genes to turn on or off. Importantly, epigenetic effects can be passed on to offspring along with genes. This is only one way that the environment, mediated through genetic expression, affects our physiological and psychological characteristics (Sigelman, De George-Walker, Cunial, & Rider, 2019). Ungar (2012, 2019) also acknowledges the value of recent advances in neurobiological and genetic research but advocates for a much stronger focus on culture and context.

Where several longitudinal quantitative studies (Masten, 2018) and metasyntheses (Ungar, 2018a) have demonstrated that resilience can look the same across cultures and contexts (Ungar, 2013), the extensive mixed methods International Resilience Project Ungar has lead involving young people from 11 different countries illustrates that resilience can also look different in different contexts (Ungar, 2007, 2013). He is adamant that we need far greater contextual sensitivity in resilience research (Ungar, 2018a, 2019) and practice (Ungar, 2015). "Resilience,

understood ecologically, is the capacity of individuals to navigate their way to the resources they need to succeed and their ability to successfully negotiate for resources to be provided in ways that are meaningful to them" (Ungar, 2018b, pg. 4). Here, Ungar underlines the fact that resilience is about individual capacity *and* the availability of resources. When the environment can provide necessary resources, a young person is far more able to navigate and negotiate what they need to address their wellbeing deficits. Definitions of resilience need to de-centre the individuals in the equation and redirect attention to changing the context: what he argues is the most important part of the equation.

Ungar's (2012, 2013, 2015, 2019) emphasis on what is *culturally* meaningful to those implicated in the process is also distinguishing of his work. For instance, healthy coping behaviour is expressed differently depending on whether an individual has an individualistic or relational worldview. Equally, acts of resistance to cultural assimilation may be perceived as resilient by those who share the cultural values of the resister whilst others may interpret such behaviour as maladaptive (Ungar, 2013). Ungar (2018a) points out that who/what is considered resilient depends on one's vantage point within the interconnected system and both Ungar (2019) and Masten (2014b) argue that we need to ask "resilient to what" and "resilient to whom"? Determining whose values get to decide what and who is resilient is a major tension of the field and, currently, popular resilience discourses impose neoliberal, Eurocentric conceptualisations that place blame on marginalised individuals and families while overlooking the structural barriers they face and the outcomes that are culturally meaningful to them (Ungar, 2012, 2019).

In terms of being able to access the resources needed for wellbeing, those controlling resources need to be willing to provide them, and resources are only facilitative to the degree that they are valued and resonate culturally with the individual in need (Ungar, 2013). Ungar et al.'s (2007) research for the International Resilience Project found that young people who self-identified as resilient were successful in navigating seven tensions. However, the ways they navigated the tensions, and hence what resilience looked like, varied across cultures and regions. The seven identified tensions are: access to material resources; close relationships with others (adults and peers); a positive identity (including spiritual); a sense of power and control; cultural adherence to practices

and values; social justice via meaningful roles and equality; and cohesion (being part of something bigger than oneself) (Ungar et al., 2007).

When young people come up against barriers that prevent them from navigating systems and negotiating for the resources they need to be successful in life, they develop coping strategies that enable them to meet their needs through other means (e.g. dropping out of school when one struggles academically to protect self-esteem). This still demonstrates resilience, it just may not appear as such through other vantage points. Ungar (2015) therefore termed this phenomenon "hidden resilience" (p.9). "Resilience can manifest as either

prosocial behaviours or pathological adaptation depending on the quality of the environment (Ungar, 2013, p.255), and young people use what they can to cope with whatever challenges face them (Ungar, 2019). The resounding theme of Ungar's research is that we can better support individuals at high risk by focusing on the social conditions they are embedded in. He highlights the role a young person's ecology can play in providing access to five different types of capital they need to be resilient: social (e.g. caring relationships), human (e.g. abilities for school and work), financial or institutional (e.g. health care, school programmes), natural (e.g. clean water) and built (e.g. transport) (Ungar, 2015).

## Resilience Theories, Models and Processes

---

Theories and models of resilience help make sense of how young people and factors within their ecology influence resilience. Masten (2016b) explains that **pathway models of resilience** have been discussed by many scholars. She dates some of these early ideas back to Gottesman in the mid-70s, and Rutter in the late 80s (as cited in Masten 2016b). The idea of resilience pathways is linked to a systems perspective because it is through the diverse array of possible interactions within and across systems that different developmental pathways occur. Empirical research on the developmental trajectories of individuals facing adversity, now possible because of advances in statistical modelling, has identified patterns that meaningfully characterise the trajectories of some groups of individuals and differentiate them from others. This has helped elucidate some of the common factors and pathways. Research findings have repeatedly revealed resilience pathways characterised by: an initial breakdown followed by a recovery (*breakdown with recovery*); deterioration followed by improvement once conditions change (*emergent resilience*); minor difficulties resulting from adversity but generally good function (*minimal resistance*); and improvements in functioning after significant challenge (*post-traumatic growth*) (Masten, 2014b, 2018; Ungar, 2019). Maladaptive pathways have also been noted (e.g. a downwards spiral with no recovery); however, the majority of children and young people exhibit positive adjustment even after facing substantial adversity. This led Masten to claim that resilient youth exhibit a kind of "everyday magic", a term that Ungar (2013, p. 259) suggests encapsulates

the strengths-based perspective of resilience. Because resilience is a complex developmental process, it is important to note that these trajectories are not stable. Someone who demonstrates resilience at one point in time, may not further down the track, as person-environment interactions change (Ungar, 2019).

Masten and Cicchetti's (2010) **developmental cascade model** has also been influential and helps to explain why developmental trajectories persist for some individuals. The model highlights the spreading or snowball effects created by cascading influences that can lead to either negative or positive ripples across developmental domains and across time (Masten, 2016b, 2018). For instance, focusing on parent-child relationships, Masten (2018) describes how cascades arise from critical leveraging factors. Because so much of development is contingent on parental influences, a secure parent-child relationship can have positive cascades on all other close relationships a child has in their life. Positive parental influences can also influence cognitive development, hence learning and positive behaviour at school, which influences the ability to make friends. Parental transmission of culture influences ethnic identity development, etc. These effects also get passed on to future generations. Negative cascading influences work in a similar way; nevertheless, Masten (2018) sees the potential for interventions to stifle or redirect negative cascades into positive ones. Evidence from intervention research focused on targeting parenting as a leveraging factor provides some empirical support for the cascade model. Masten (2018) signals that timing of intervention is important, and more

research is needed to determine the appropriate points for and nature of interventions needed to turn around maladaptive trajectories.

**Differential susceptibility theory**, proposed by Belsky (1997), also provides an explanation of why different developmental pathways arise from situations of adversity (Masten 2016b; Ungar, 2018b). Differential susceptibility theory builds on the diathesis-stress model of psychopathology. The diathesis-stress model suggests that an individual's pre-disposed vulnerability to a pathological disorder (due to genetics or traits derived from early childhood experiences) is more likely to arise in conditions of high stress whereas individuals who do not have the vulnerability (or diathesis) can tolerate much higher levels of stress without it resulting in ill health (Sigelman et al., 2019). The differential susceptibility theory, in contrast, suggests that individuals are born with genes and other biologically determined characteristics that make them more or less susceptible to environmental influences. When environmental influences are negative, those high in susceptibility are more likely to succumb than those with low susceptibility. However, the same goes for positive environmental influences, where those with high susceptibility genes are more likely to be responsive to environmental nutrients and thrive (Masten 2016b; Ungar, 2018b).

Although differential susceptibility theory provides some insight into resilience, Ungar (2018b) is critical of the focus on genetically driven characteristics because intervening on those individualised targets raises ethical and pragmatic concerns. He argues that its mirror theory, **differential impact theory**, deserves greater attention because it implies a need to focus on changing the environment rather than the individual. Differential impact theory articulates how, depending on the outcome of focus and the individual's characteristics, different contexts can yield different developmental results. An example

he uses is how intensive teaching strategies within small classrooms may make a big difference to the achievement of young people who come from impoverished backgrounds, but little difference to those from affluent contexts. This comes back to the notion that protective factors are only relevant in conditions of risk. What is considered protective is not necessarily stable across individuals or circumstances and further research is needed to explore how, for example, changes to intervention conditions better serves some young people but not others. Differential impact theory suggests the factors that influence resilience depend on the degree and nature of risk an individual faces and, as risk accumulates, more extensive systems intervention is needed to support positive individual change (Ungar, 2018b). However, findings from a recent empirical study of differential impact theory revealed mixed results. Ungar and Hadfield (2019) tested whether the impact of a young person's resilience on behavioural outcomes would depend on a young person's level of vulnerability and the quality of their environment. They found the opposite of what they expected where, in some cases, higher resiliency was linked to worse outcomes but only for those in supportive environments. The strange findings illustrate that far more empirical research in this area is warranted.

In summary, resilience research focuses on how individual characteristics combine with access to available resources support adapt functioning when faced with significant adversity. This research highlights that most young people are able to succeed in life even when the odds are against them. Facilitating resilience requires a systems focus to identify access barriers and to understand possible trade-offs associated with intervening in one part of a system at the cost of others. Contemporary resilience scholars also emphasise the importance of culturally responsive environmental supports.

## Positive Youth Development

There are clear overlaps between PYD and resilience research which have been explicitly addressed by resilience (Masten, 2014) and PYD researchers (Sesma Jr. et al., 2013; Lerner et al., 2019). Both fields now situate themselves within a Relational Developmental Systems (RDS) metatheory (Lerner et al. 2013; Lerner

et al., 2019; Masten, 2018). Metatheories reflect the broad worldviews and principles that contextualise and guide theories and methodological decisions (Overton, 2014). In this way, metatheories direct how we, as researchers, interpret our observations of the world. The RDS metatheory advocates for

a process-relational worldview that emphasises how human development is shaped by mutually reinforcing person-context relationships across ecological systems. Change is possible because of plasticity – the inherent strength we have to change in response to the environment – and as organisms with agency, we play a role in directing our own development (Overton & Lerner, 2014). Accordingly, adaptive developmental regulations, through which an individual's inherent strengths and capacities are combined with positive environmental nutrients, drive positive development (Benson & Scales, 2009; Lerner et al., 2019). The RDS metatheory strongly rejects reductionist views that compartmentalise aspects of human development and considers things like genetics or other evolutionary drivers in isolation. Development should be seen as holistic, relational and involving a continual process of change (Lerner & Chase, 2019; Lerner et al., 2019; Overton, 2014). Both resilience and PYD research are strengths-based in that they are concerned with the factors that facilitate positive development. However, the PYD perspective is the most optimistic view of youth development, with a focus on *thriving* for *all* youth, not simply competent functioning for those contending with serious adversity (Benson & Scales, 2009; Masten, 2014; Sesma Jr. et al., 2013). The question for PYD is “how do young people flower into the kinds of persons who don't simply avoid problems and pathologies, but who embrace life and make full use of their special gifts in ways that benefit themselves and others?” (Benson & Scales, 2009, p. 90).

In addition to discontent with the pervading storm and stress view of adolescence that has consistently been found to be inaccurate (Lerner et al. 2019; Lerner & Lerner, 2013), Damon (2004) explains how the PYD movement was also influenced by dissatisfaction with the focus on the negative conditions associated with theories of resilience. PYD advocates argued that resiliency could not be a model for universal youth development. Harking back to early connotations that equated resilience with the absence of pathology, those who became part of the PYD movement responded with “problem-free is not fully prepared”. This saying has now become an adage of the field, and captures the idea that a holistic understanding of youth development requires attention to the strengths and capacities needed in favourable conditions as well – otherwise we only every see young people through a “glass half full” perspective. This change in how we describe

the nature of young people was one of three major shifts characterising the PYD perspective and is well captured in the following quote:

*While the positive youth development approach recognises the existence of adversities and developmental challenges that may affect children in various ways, it resists conceiving the development process mainly as an effort to overcome deficits and risk. Instead, it begins with a vision of a fully able child eager to explore the world, gain competence, and acquire the capacity to contribute importantly to the world. The positive youth development approach aims at understanding, educating, and engaging children in productive activities rather than at correcting, curing, or treating them for maladaptive tendencies or so-called disabilities” (Damon, 2004, p. 15).*

The two other shifts in thinking that characterised the origins of the PYD perspective included the way we think about young people and their relationship with their communities, and the inclusion of a moral perspective in youth development. From a PYD viewpoint, a young person's connections to their community are critical: we need to understand the whole person in relation to the whole community and strengthen the context as well as the person. This has implications in terms of involving whole communities in PYD efforts and young people should be seen as full partners in the relationship. Early PYD scholars also believed that the secular approach to social science common at the time was limiting because a moral identity (associated with moral conviction, spirituality and/or religious beliefs) is important to civic contributions. Encouraging moral growth is therefore seen to be an important dimension of youth development (Damon, 2004). Today, PYD is described as a developmental process based on RDS metatheory and PYD theory. It is also a philosophy or approach to understanding and working with young people, often through youth programming. Specific examples of programmes or organisations that follow the philosophy are also sometimes considered to be “PYD” (Lerner, Lerner et al., 2013).

Richard Lerner and his team at Tufts University's Institute for Applied Research in Youth Development and the past and present leaders of the Search

Institute in Minnesota and their colleagues are arguably the most authoritative scholars of PYD globally. Nevertheless, Lerner et al. (2019) makes the point that, although different theories, frameworks and models of PYD have been put forward by these teams as well as others, they all focus on the same process – *what supports young people to thrive and progress towards idealised personhood*. Idealised personhood, from a PYD perspective, is about a young person's own holistic wellbeing, including personal passions and spirituality, as well as their contributions to a socially just world.

There is discussion within the PYD field of the breakdown of community fabric and institutions, such as church, that traditionally provided young people with the nutrients for PYD (Benson et al.,

2012; Roth & Brooks Gunn, 2003). Youth development programmes were therefore initiated to address these gaps and to facilitate PYD through actively constructed, structured settings. In consequence, the qualities and mechanisms of change within effective youth development programmes has captured the interest of many youth development scholars and has become a primary focus of some PYD research (see Catalano et al., 2019; Catalano et al., 2014; Roth & Brooks-Gunn, 2003; Roth & Brooks-Gunn, 2016). Nevertheless, scholars from the Search Institute (Benson et al., 2012; Sesma Jr. et al., 2013) are quick to emphasise that PYD does not just happen through programmes, it is the responsibility of all community members; and they advocate for whole community and whole school approaches.

## PYD Theories, Frameworks and Models

The **5 Cs model of PYD** (Lerner et al., 2005) may be the most well-known model in the field. Lerner and colleagues (Lerner & Lerner, 2013; Lerner et al., 2019) attribute the "Cs" idea to Rick Little, a youth programme innovator, who initially suggested four component parts to PYD: Competence (cognitive, behavioural and social abilities); Connection (positive bonds with individuals and social institutions); Character (integrity and a strong personal sense of what is right and wrong); and Confidence (positive sense of self-worth and efficacy). Lerner & Lerner (2013) explain that discussions with experts in the field and reviews of the literature led to the addition of Caring (or Compassion, encompassing empathy and social justice values) as the fifth C. For these scholars, the 5 Cs reflect how PYD is expressed in young people. When the 5 Cs are in place, a young person is more likely to exhibit a sixth C – Contribution, to self, family, community and greater society and, ultimately, idealised personhood. The 5 constructs have been verified as distinct but related facets of PYD that predict contribution and other wellbeing outcomes over time (Lerner & Lerner, 2013).

The interlinked Cs of PYD form the core of Lerner et al.'s (2005) **theory of PYD**. The theory proposes that when a young person's internal strengths align with a resource-rich environment, inter-relationships occur that result in the 5 Cs. Over time, the more a young person expresses the 5 Cs, the more likely they are to express the sixth C, and the less likely they are to exhibit risks, such as

delinquency, substance use or depression (Bowers et al. 2014; Lerner & Lerner, 2013). With regards to internal strengths, research has demonstrated that intentional self-regulation (the ability to progress towards goals by monitoring and regulating efforts), school engagement and hopeful future expectations are particularly potent predictors of PYD when they interact with ecological assets. In terms of the ecological assets, supportive relationships with other individuals are the most important, especially within the family domain (Lerner & Lerner, 2013). Lerner et al. (2014) present a modified theory of PYD focused on youth development programmes as the ecological setting. Within the context of structured youth programmes, they suggest the most important contextual factors are the "Big 3" features of quality programmes: positive and sustained adult-youth relationships; skill-building activities; and leadership opportunities. When these factors interact with a young person's strengths, they also facilitate PYD as expressed through the 5 Cs, which predict increased contribution and lower levels of risk (Lerner et al., 2014).

Lerner & Lerner's (2013) report on the comprehensive findings from the 4-H Study of PYD, an 8-year longitudinal study that generated the empirical body of work to support the 5C's model of PYD, summarises the evidence for the 5 Cs theory of PYD. Measures of the 5 Cs are robust indicators of PYD, and they are linked to later contributions, as reflected by a construct measuring active and engaged citizenship (Lerner & Lerner, 2013). Risk pathways are not that

straightforward, however. Lewin-Bizan et al. (2010) demonstrated through person-centred analyses of developmental trajectories that although increased PYD is associated with lower depression and risk behaviours for many youth, this trajectory pattern is not consistent for all young people. There are groups of youth where higher PYD co-exists with higher risk.

#### The Search Institute's **Developmental Assets**

framework arose from evidence reviews and consultation with experts and practitioners. Application of the framework in community-based work was always a driver for the Search Institute thus the language was purposely selected to be understood by a wide range of community members (Syverston et al., 2019). It is the longest standing PYD framework and, at present, appears to be the one with the greatest global reach, having been applied in research with young people across 31 countries (Scales et al., 2017).

The framework describes 40 developmental assets organised into eight categories of four internal and four external assets that represent the ingredients of healthy development, based on a conceptualisation of thriving (Benson & Scales, 2009; Benson et al., 2012). The internal assets include: *commitment to learning* (e.g. academic motivation, completing homework and reading); *positive values* (e.g. helping others, being honest and demonstrating integrity); *social competencies* (e.g. resisting peer pressure, planning and decision-making, cultural and interpersonal competence); and *positive identity* (e.g. personal control, self-esteem and positive expectations for the future). The external assets include: *support* (e.g. from family, schools and neighbours); *empowerment* (e.g. youth feel valued, safe and have useful roles); *boundaries and expectations* (e.g. clear rules and high expectations exist at home, school and in the community, positive adult and peer role models are available); and *constructive use of time* (e.g. participation in youth programmes, religious and creative activities and time is spent with family). In terms of their link to thriving, the assets are the building blocks that make thriving more likely, whereas thriving indicators are the signs of optimal development (Benson & Scales, 2009; Sesma Jr. et al., 2013). The theory behind the Developmental Assets framework is that the more assets a young person accumulates, the more likely they are to demonstrate indicators of thriving (e.g. school success, helping others, maintaining physical health) and the less likely they are to exhibit risk (e.g. substance use, delinquency and school disengagement). Empirical

research with millions of young people across the U.S. demonstrates this is the case, and whilst the associations are only correlational they have been replicated across numerous communities and the associations remain after accounting for other demographic predictors such as gender, age, ethnicity and socioeconomic status (Benson et al., 2012; Scales et al., 2017; Sesma Jr. et al., 2013).

In their **conceptual model of thriving in adolescence**, Benson and Scales (2009) also explain that thriving is a dynamic process where a young person, ignited by a self-identified "spark" or passion, is intrinsically motivated to act on the developmental contexts that surround them. *Nourishing developmental contexts* characterised by *caring adults* who support expression of their "spark" but provide *boundaries and expectations* to keep them progressing towards their goals also act on the young person. The young person continues to progress in a thriving trajectory so long as the mutually reinforcing positive person-environment interactions continue. In a related empirical study by Scales et al. (2011), findings revealed that when young people have identified "sparks", relationships with caring individuals who supported them to access opportunities and a sense of empowerment, they were more likely to perform better academically and have better wellbeing. They also were more likely to report prosocial and civic engagement values and leadership.

Inspired by Li and Julian's (2012) hypothesis that developmental relationships are the active ingredient of any effective interventions for youth, the Search Institute has invested in a research programme focused on testing the developmental relationships hypothesis (Pekel et al., 2018). According to Li and Julian (2012), developmental relationships are characterised by a strong, lasting emotional connection, reciprocity, progressively complex joint activities and a gradual shift in power to support the young person's autonomy. Based on this conceptualisation, focus groups involving young people, youth workers, and educators, and an extensive review of research, the Search Institute created the **Developmental Relationships Framework** (Pekel et al., 2018). This framework includes 5 dimensions framed from the perspective of a young person: *Express Care* ("show me that I matter to you"), *Challenge Growth* ("push me to keep getting better"), *Provide Support* ("help me complete tasks and achieve goals"), *Share Power* ("treat me with respect and give me a say"), and *Expand Possibilities* ("connect me with people and places that broaden my world"). Although this research is at a nascent stage, the

developmental relationships construct is showing promising results in terms of being a mechanism that facilitates Developmental Assets (Pekel et al., 2018; Syvertsen et al., 2019).

Furlong, You et al. (2014) acknowledge the long-standing work of Search Institute and recognise the Developmental Assets as a seminal model of youth development but also critique it on a number of grounds. First, they argue that cumulative asset models such as the Developmental Assets framework are so broad and encompassing that it is difficult for use in service provision or assessment of wellbeing. They also point out that, although cumulatively the assets predict thriving and reduced risk, the constructs within the framework have not been empirically validated through psychometric testing. Psychometric validation tests whether the items used to measure intangible constructs actually measure what they purport to measure. Finally, they argue that some of the ideas captured in the framework are now outdated – for instance, self-efficacy is a more useful construct in terms of predicting youth development than self-esteem. However, since Furlong, You et al. (2014) put forward their critiques of the Developmental Assets framework, Syvertsen et al. (2019) have published an article on recent research that redresses various shortcomings of the model, including psychometric validation of the Developmental Assets framework that ultimately produced a shorter, more contemporary, and robust measurement model. The modified Developmental Assets framework Syvertsen et al. (2019) recommend now consists of 7 asset categories and 18 assets, still divided into internal and external assets.

Nevertheless, Furlong and colleagues (Furlong, Dowdy, et al., 2014; Furlong, You et al., 2014; You et al., 2014) had already added a new theoretical model to address some of the drawbacks they observed in the PYD literature. Their **co-vitality model** focuses on a specific set of internal assets, or what the authors call positive psychological traits or dispositions, that predict subjective wellbeing, thriving and “complete mental health” (Furlong, Dowdy et al., 2014, p. 7). They explain that co-vitality is the equivalent but opposite to co-morbidity. To understand ill health, we assess how different symptoms coalesce in predicting negative outcomes. This provides more useful insights than looking at any single risk factor on its own. We can do the same to increase understanding of what contributes to youth thriving – meaningful, fulfilling and happy lives, according to the Project Co-vitality

team. The co-vitality theory was developed bottom up by integrating a range of validated constructs included in relevant positive psychology and youth development theories (i.e. self-determination, social emotional learning, identity development and social cognition theory) that have been found to be predictive of different facets of wellbeing and well as preventative of mental ill health and problem behaviours. The Project Co-Vitality team then developed a series of Social and Emotional Health Surveys (SEHS) for students in primary, secondary and tertiary school levels to measure the constructs and test the theoretical links of the co-vitality model. The SEHS includes 12 different subscales measuring constructs that together predict the four first-order positive psychological traits that represent co-vitality and predict subjective wellbeing (Furlong, Dowdy et al., 2014; Furlong, You et al., 2014). The four first-order traits consisting of three measures each include:

- *Belief-in-self*: self-efficacy, self-awareness and perseverance
- *Belief-in-others*: peer, family and teacher/school support
- *Engaged Living*: gratitude, zest and optimism
- *Emotional competence*: emotion regulation, self-control and empathy.

The theoretical and measurement model has been empirically validated through the survey data collected (Furlong, Dowdy et al., 2014; Furlong, You et al., 2014; You et al., 2014). Findings have been replicated across gender and age groups (You et al., 2014) and cross-cultural support of the model is building (Chan et al., 2019; Pennell et al., 2015). Further, the data are being used by schools to assess school level trends of complete mental health as well as whole school and individualised screening (Furlong, Dowdy et al., 2014).

In a related empirical study that used the constructs from the co-vitality model, Lenzi et al. (2015) tested whether having a greater quantity and variety of psychological strengths would be more beneficial in terms of protecting against risk, than a lower number or less variety across co-vitality domains. This is in line with a **configuration protective model** of PYD that suggests young people need a broad and complex set of strengths to navigate the challenges of our contemporary world. Lenzi et al. (2015) found general support for the model with respect to outcomes like depression but the pattern was not consistent

across risk outcomes. Sometimes having more assets was associated with higher risks, like smoking and drinking alcohol.

Like Furlong, Larry Brendtro and colleagues support a parsimonious approach to PYD theorising, actually quoting Einstein's "everything should be made as simple as possible but not simpler" (Brendtro, Mitchell et al., 2014, p.10). Many different variables may predict positive outcomes for youth but the focus should be on what matters most. For this group of researchers, what matters most in terms of PYD are the universal needs articulated in the **Circle of Courage: belonging, mastery, independence and generosity** (Brendtro, 2019; Brendtro, Brokenleg et al., 2014; Brendtro, Mitchell et al., 2014; Brokenleg & Van Bockern, 2003).

The Circle of Courage is grounded in indigenous Sioux childrearing values that are embedded in a culture of respect and courage, rather than the culture of dominance and obedience perceived in contemporary Western culture (Brendtro, 2019; Brokenleg et al., 2003). The Circle of Courage is seen as both a model of youth resilience and of PYD. The principles were derived from a synthesis of indigenous and Western perspectives (e.g. evidence from positive psychology, youth development, neuroscience, resilience research) as well as the voices of young people and the practice wisdom of youth workers.

Brendtro, Brokenleg et al. (2014) argue that a "consilience of knowledge" (p. 10) is the epitome in terms of standards of evidence. Consilience requires the integration of knowledge from diverse natural and social science fields to produce strong conclusions, but in consideration of ethical values and individualised needs. According to these authors, the four pillars of the Circle of Courage represent the consilience of knowledge on youth development. Across various models and frameworks, Brendtro and his colleagues argue we can distill down the most important principles for supporting young people and their growth needs. Youth need opportunities to build trusting bonds with caring adults and positive peers so that they feel loved and accepted (i.e. belonging); to explore, learn and develop abilities and talents (i.e. mastery); to cope with challenges, make responsible decisions, feel efficacious and self-regulate (i.e. independence); and to develop prosocial values and demonstrate empathy and altruism (i.e. generosity). To demonstrate the universality of the principles, the four pillars are explicitly connected to other human development and resilience theories, including: Maslow's hierarchy

of needs, Jackson's biosocial needs, Lerner's 5 Cs, Masten's list of factors that reveal the ordinary magic of inborn resilience, the 40 Developmental Assets and the facets of Developmental Relationships (Brendtro, 2019; Brendtro, Brokenleg et al., 2014; Brendtro, Mitchell et al., 2014).

For Brendtro, Mitchell et al. (2014), it all begins with belonging – without the security of stable, caring attachments, development of autonomy, altruism, and achievement will flail. Brendtro (2019) therefore contends that, across all youth work and youth development settings, we should be focusing on creating a therapeutic milieu and positive climates through respectful relational care. He also criticizes the focus on interventions that have an "evidence-based" tick of approval but often overlook the fact that "relationships are the most powerful agents of change" (Brendtro, 2019, p. 11).

According to the **social developmental model** initially developed by Hawkins and Catalano in the 90s, young people's patterns of engagement in problem or positive behaviour develop through socialisation (opportunities and involvement in social activities and interactions) and learning processes (reinforcement of skills that facilitate bonding and effective social participation) (Cambron et al., 2019; Catalano et al., 2014; Kim et al., 2015). Young people develop particular behavioural patterns because of strong bonds to either pro or antisocial groups. It is the norms of groups that young people bond most strongly to which determine whether the skills, attitudes and values they develop are primarily prosocial or antisocial. To develop a bond, the young person first needs to have opportunities to be involved and interact with the group. The degree to which they are involved and participate in the social group influences the strength of the bond and this influences the internalisation of the group's values, beliefs and attitudes. Further, the values, attitudes and behaviours that are modelled and observed to be reinforced within groups we associate with are more likely to be maintained. A young person's primary connections, whether in peer groups, families, schools and communities can be either prosocially or antisocially oriented.

The social developmental model also sits across different perspectives because the model's dual focus on positive and problem behaviour outcomes allow the model's proponents to locate the theory within different youth research disciplines – i.e. criminology (Cambron et al., 2019), moral and character education (Catalano et al., 2014), and PYD (Kim et al., 2015).

We note that Catalano's work straddles the fields of adolescent health and PYD so it is not surprising to see a blended focus on risk and prosociality in this model. Because Catalano and his colleagues argue that parallel processes contribute to prosocial behaviours (e.g. civic engagement, prosocial adult engagement) – what they consider to be expressions of PYD (Cambron et al., 2019; Catalano et al., 2014; Kim et al., 2015), we positioned this model within the PYD section but also acknowledge that its disciplinary location is not clear-cut.

Cambron et al. (2019) summarise the strong empirical support that exists for the social developmental model as an explanatory theory of youth behaviour. Cambron and colleagues (2019) describe various studies have tested different hypothesised links within the social developmental model found support across a range of problem and positive outcomes. Studies have also found support when the full model

including measures of opportunities, involvement, rewards, beliefs, bonding and behaviour has been tested but, to date, empirical tests of the theory have not included all social domains or developmental stages. Nevertheless, in the applied realm, experimental and quasi-experimental evaluations of four youth prevention programmes based on the theory have also demonstrated effectiveness in terms of reducing problem and promoting positive behaviours (Cambron et al., 2019).

Taken together, PYD research underscores the promise that young people offer to society when we view them from a positive and holistic lens. The potential for community thriving is enhanced when young people's inherent strengths are valued and supported by a resource rich environment. This includes connections with positive people and opportunities within and outside of structured youth development programs.

## The Way Forward



The frameworks, models and theories, along with the empirical evidence produced within each of the three perspectives point to various avenues through which young people's positive development and wellbeing can be improved. The leading scholars in these disciplines also discuss how improved methods can advance the research that informs related policies, programmes and practice. The following sections draw attention to the strategies scholars recommend to move their respective fields forward.

### Adolescent Health: Translation of Prevention Science into Evidence-Based Policies and Programmes

---

Adolescent health researchers may emphasise slightly different solutions to reduce morbidity and mortality associated with adolescent behaviour, but they agree that the way forward is to translate prevention science into evidence-based policies and programmes. The emphasis on ensuring interventions are evidence-based is associated with a desire to scale up initiatives, transport them to other cultural contexts and then test effectiveness cross-culturally. Catalano et al. (2012) describe the evolution of the prevention science field where, initially, interventions were designed to treat the rise in adolescent problems that coincided with the cultural evolutionary forces of the 20th century (e.g. urbanisation, universal education, medical and public health advances). Unfortunately,

most of these initiatives were not grounded in theory or evidence and were therefore ineffective (Catalano et al., 2012; Catalano, Toumbourou & Hawkins, 2014). Thus the second wave of prevention programming looked more closely to the science on life-course development, community epidemiology and the results of preventative intervention trials to pinpoint the precursors of future morbidity and mortality (i.e. risk and protective factors).

What counts as "good" prevention science today, according to these researchers, is quantitative evidence based on standardised metrics.

Understandably, the population health focus demands better understanding of quantitative

population-level trends. A global outlook also prompts repeated calls for standardised metrics, improved data quality and better data systems, as well as greater investment in these areas, to enable better global comparisons (Blum et al., 2014; Catalano et al., 2012; Resnick et al., 2012). Where interventions are concerned, experimental designs (i.e. randomised controlled trials) are upheld as the gold standard, as is typical in medically-oriented fields because they are seen as the only method through which cause and effect, and therefore programme effectiveness, can truly be determined. Robust quasi-experimental designs (e.g. assessment of pre to post-intervention changes in outcome measures for intervention participants and a matched control group) are also deemed acceptable.

Although some health problems are linked to specific risk and protective factors, problem behaviours often stem from common risk factors. Thus Catalano et al. (2012) argue that a preventative focus on common determinants is a more efficient approach. In contrast to the more popular strategy of treating adolescent problems, Catalano et al. (2012) also suggest that a multi-pronged, integrated approach of treatment and prevention is the way forward, so long as approaches are grounded in strong evidence. The prevention side of this equation potentially includes promotion of positive youth development and combines universal (i.e. whole of population) strategies, such as prevention policies (e.g. graduated driver licensing) and whole school programmes, with selective and indicated interventions (targeted at groups at high risk and those already exhibiting problems, respectively). Catalano et al. (2012) also acknowledge the view that universal approaches to reduce small levels of risk but across a broad population may be more beneficial for reducing the prevalence of morbidity and mortality than a focused approach on a small but high-risk segment of the population.

Other leading adolescent health researchers (Blum & Dick, 2013; Viner et al., 2012) share Catalano et al. (2012)'s view that strategies should be multipronged, multilevel and address common determinants that predict multiple risk behaviours. Blum and Dick (2013) discuss implications for policy and practice based on neurodevelopmental science. This includes

using biomedical research to identify those at risk of later morbidity and implementing related indicated and targeted strategies. For adolescents more broadly, these authors support interventions that develop executive functioning, help manage emotional reactivity and impulsivity and involve reward-based incentives instead of punishment. They see opportunities for systems interventions that involve family, peers, and communities, and argue for prolonged programming from early childhood through adolescence as well as a multigenerational health promotion focus. Blum and Dick (2013) recommend structured opportunities for safe and graduated risk-taking (e.g. graduated driver licensing) while also restricting access and exposure to harm. This includes public policies that restrict access to low nutrient foods and change school start times to promote more developmentally appropriate sleep regimes for secondary school students. Equally, Blum and colleagues (Blum et al., 2012; Blum et al., 2014) advocate for strategies that intervene with indicators identified in the various ecological systems within their multilevel ecological and lifespan framework but emphasise outcomes related to their four "healthy building blocks": engagement with learning; emotional and physical safety; positive sense of self and self-efficacy; and life skills.

Viner et al. (2012) underscore the importance of safe and supportive families, schools and peers for adolescent health, while emphasising that structural determinants of health drive influences within these spheres. They see value in whole school interventions that produce positive environmental changes but believe that policy responses need to promote community-based, systems interventions that target individual, family and school-level social determinants, increase community cohesion and remove education and employment access barriers for marginalised groups. Resnick et al. (2012) also call for policy changes (including taxation) that increase educational achievement and employment access and greater investment in evidence-based community and school-wide interventions, adolescent health research and capacity-building within youth-serving health services.

# Resilience: Mixed Methods & Multisystemic Research that Captures Complexity & Informs Interventions, Strategies & Practices

---

Masten (2018, 2019) shares similar views with adolescent health research, also advocating for evidence-based prevention programmes and interventions, as well as the use of experimental (i.e. randomized controlled trials) and quasi-experimental evaluation designs to demonstrate effectiveness of such initiatives. She points to the success of interventions, evidenced through randomised controlled trials, based on the developmental cascades model where parenting is the target as a leveraging factor that can redirect negative cascades, thus implying further investment in such interventions would be worthwhile (Masten, 2016b, 2018).

Rather than targeting the underdeveloped features of adolescent brain development, Masten (2018, 2019) advocates for epigenetic research in combination with socioecological research that can advance understanding of what influences resilience from an integrated systems perspective and when to time intervention efforts to interrupt negative cascades in the most cost effective manner. She acknowledges that, historically, the resilience field has not paid enough attention to cultural factors but that progress is being made and further research on resilience across diverse contexts is needed. She highlights Ungar's contributions in this space as well as her own recent work on acculturation and resilience (Masten, 2014b, 2016b, 2018).

Ungar's recommendations, in contrast, are quite distinct. He explicitly criticises evidence-based interventions derived from randomised controlled trials because they obscure contextual variations in effectiveness (Ungar, 2018b). Ungar argues that people in the real world require more nuanced, individualised support than what is offered through routine intervention protocols derived under laboratory conditions. The factors and process that are protective and promotive for some are not for others thus we need to be asking and deriving solutions to the question "What treatment, by whom, is most effective for this individual, with that specific problem, *under which set of circumstances* [his emphasis], and how does it come about? (Ungar, 2018b, p.11). Relatedly, Ungar (2015) believes better support is possible through in-depth mental health assessments

based on multidimensional diagnostic criteria for resilience, which would include things like: the nature, degree and length or chronicity of adversity exposure; holistic assessment of relevant biological, psycho-emotional, social, spiritual and political factors; and developmentally and culturally appropriate coping strategies and supports.

Ungar (2018b) raises concerns about developing interventions based on differential susceptibility theory, where the focus would be on the degree to which an individual's genes make them more or less susceptible. He questions the pragmatics of such an approach as well as the ethics because it points to a need for genetic testing and may lead to racial profiling. Using differential impact theory as the basis for advancing solutions as well as resilience research, he is emphatic that the focus needs to be on improving the quality of the environment rather than individuals. This includes transforming larger systems to produce structural changes – in line with a social determinants approach – that enable better individual and family access to resources that align with *their* perceptions of what will meaningfully meet their needs.

According to Ungar (2012, 2015, 2019), the field requires methods that avoid over-generalising the expression of resilience and can better account for the individual-contextual interactions and variations associated with different types of risk exposure and individual characteristics. Quantitative methods are useful for identifying common factors across contexts but they would do a better job at getting to the nuances by disaggregating rather than aggregating effects across individuals and groups. Qualitative methods are equally important to uncover previously unknown PPFPs and signs of "hidden resilience", and to support theoretical development that moves us past hegemonic Western ideas (Ungar, 2019). Thus Ungar (2012, 2019) is a strong proponent of multiple and mixed methods research that can uncover both the individual and contextually unique (i.e. idiographic) and generalisable (i.e. nomothetic) aspects of resilience.

# Positive Youth Development: Research that Provides a Holistic, Relational-Process and Optimistic Picture, Community-Based Infrastructure & Enhanced Relationships

As noted, there are many conceptual similarities between PYD and resilience research. The literature also reveals similar visions with respect to the types of methods that are needed to advance the field. Lerner and colleagues (Lerner & Chase, 2019; Lerner et al., 2019) share Ungar's (2019) view that the predominant quantitative methods used in contemporary PYD research are limiting. These PYD researchers argue that popular methods do not get at the intra-individual and inter-individual changes that are the essence of developmental science. With respect to understanding human development:

*"each person is like every other person (there are nomothetic features of every person's structure and function), each person is like only some other people (there are sub-group or differential features of structure and function...), and each person is like no other person (there are idiographic features of structure and function in each individual)!"* (Lerner et al., 2019, p. 2).

Approaches to studying youth development therefore need to incorporate these three features and Lerner and colleagues (Lerner & Chase, 2019; Lerner, et al., 2019) argue we need to start by looking at the unique idiographic features and then aggregate data to sub-group and finally whole group analysis rather than the reverse.

Brendtro, Brokenleg et al. (2014), like Ungar (2018b), are also skeptical of evidence-based interventions derived from randomised controlled trials, because demonstrating a statistically significant difference does not mean that implementation in the real world will have practical significance. They both also agree that interventions need to flexibly address individualised needs and contextual variation, something that is difficult for interventions that are required to demonstrate strong fidelity to an evidence-based model. Finally, Brendtro, Brokenleg et al. (2014) and Ungar (2018a) value practice-based and qualitative evidence, suggesting that principles and strategies that have been informed by research and affirmed through practice experiences helps to cut through the mass lists of potential factors that leave practitioners with little direction.

A consistent message from all PYD scholars is that we need to disrupt the pervasive message that young people are inevitably embroiled in a storm of stress and turmoil. Whilst young people do face normal challenges that come with major transitions, the challenges are not all down to hormones and biology, and the majority of young people share their parents' and society's prosocial values and do well in life (Lerner, Lerner et al., 2013). The focus needs to shift from a pessimistic to an optimistic view of youth. This is not possible without a holistic understanding of young people, and this requires robust measurement of their strengths and the environmental assets or resources that can support them. Young people's strengths include their "sparks" or passions, their moral convictions and spirituality, their sense of empathy and generosity towards others, as well as their efforts to contribute to civic society. Equally important is young people's sense that they feel valued by the close adults in their lives and other community members. These constructs need to be incorporated in the theories and empirical research upon which policy, programming and practice is based.

The way forward for those aligning with the PYD movement includes designing and delivering youth development programmes that incorporate the "big three" quality indicators: "positive and sustained adult-youth relationships, skill-building activities, and youth leadership opportunities" (Lerner et al., 2014, p. 19). However, the responsibility to support all young people to thrive cannot be restricted to youth development workers, nor can a vibrant society be built by solely relying on individually-focused interventions within the professional care sector (Benson et al., 2012). Benson et al. (2012) propose a conceptual community change model that outlines the various components needed to strengthen infrastructures within whole communities so they are geared to facilitate positive development and thriving for all children and youth. It focuses on the mobilisation of the whole community, including young people, to take actions towards a shared vision. Actions include capacity and consensus building, networking, programme and curriculum design, and research and evaluation, amongst other things.

# Converging and Diverging Features

---

As we signaled in the introduction, there is a shared interest in uncovering the factors and processes that lead to positive youth development and wellbeing and the boundaries between the disciplines are not necessarily clear. By uncovering the mechanisms of positive change for young people, there is also a shared hope that the evidence will be used to inform policy, programming and practice. We see that these researchers are all motivated by a social justice agenda, in one way or another, where they see a more equitable world as a better world for all.

Regardless of their historical orientation, these three disciplines have moved well beyond focusing on individual factors in isolation. Each perspective emphasises the need for an ecological-systems understanding of human health and development.

There is strong convergence of evidence across perspectives regarding some of the most critical common factors, though they may be called slightly different things. In terms of individual strengths, a positive sense of self, including self-efficacy beliefs that are fed by experiences of mastery, and self-regulation skills are consistently identified as facilitative factors. The school context is highlighted as an influential sphere of development where an engaging, safe, positive climate, supportive peers and adults who have high expectations coupled with clear boundaries are pertinent. The family context – positive relationships, effective parenting skills and cohesion within the family unit, in particular – is consistently singled out as essential for young people's positive development and wellbeing.

## The Seven Tensions

---

There are also differences across the three perspectives that give rise to different emphases and interpretations. Those differences influence public understanding and research applications in important ways; thus, here we highlight the seven primary points of tension or discord within and across the three perspectives.

**1. Youth development from a strengths-based vs. problem-focused orientation** – If we were to place the three perspectives on a continuum from deficit to strengths focused, we would position adolescent health closest to the deficit pole. Although there is undoubtedly an interest in factors that facilitate healthy development, the over-riding message is one of stemming risk and problems. At times, the tone is urgent and leans towards fear mongering – i.e. if we do not invest in reducing youth health problems now, we will be doomed as a society. Perhaps the motivation behind this is that urgency and fear attract greater attention and investment.

We would position resilience research in the middle of the continuum because the perspective is inherently about adverse circumstances and it originated from the field of developmental psychopathology. Masten (2014) acknowledges that the focus on young people facing extreme threats to their wellbeing makes it difficult to extend the view beyond competent to optimal functioning. Nevertheless,

there is consistent positive messaging about the capabilities and potential young people have, regardless of their circumstances.

PYD research is closest to the strengths end of the continuum given the focus on the value young people currently bring to society and their remarkable potential. The PYD perspective does not ignore risks or the challenges young people face but PYD enthusiasts assert that negative experiences do not saturate most young people's lives. Strengths, from this perspective, are more than the factors that protect young people from risk. They include elements that enliven and energise young people, things that give them meaning and purpose. This perspective is also more other-focused in terms of desired outcomes with its emphasis on empathy, generosity, and service.

**2. A focus on all young people or those at the high-risk end of the continuum** – Again, if we were to position the three perspectives on a risk continuum, the PYD perspective would be the most encompassing

of all youth. The vision for a thriving society necessarily implicates all young people and all youth are seen as deserving support to reach their optimal potential. Further, the conditions that support thriving are seen as facilitative for all youth, regardless of risk. Adolescent health, with its population focus, is also inclusive of all young people within the adolescent life stage but the equity focus draws stronger attention to marginalised groups who are over-represented within negative health statistics. The resilience field, by virtue of its defining feature, exclusively focuses on young people deemed to be at high-risk.

3. *Targets individual vs. contextual factors* – All three perspectives endorse an ecological perspective that balances, to varying degrees, the individual vs. contextual factors that influence positive development and wellbeing. We actually see as much variation in emphasis within perspectives as we do across them. For instance, Blum and Dick (2013) outline a range of potential intervention targets to assist young people in developing skills to regulate their risk behaviour, which they attribute in part to their under-developed brains. They do encourage multilevel interventions, including policy change but the recommended policies also largely focus on restricting or regulating behaviour that can compromise health (e.g. graduated driver licensing, restricting access to low nutrient food). Viner et al. (2012), in contrast, acknowledge individual and other proximal determinants of health but they argue that structural change (e.g. improving access to education and employment) is more important because resource access has a fundamental impact on families and communities.

Similar distinctions are evident in the resilience and PYD fields. Masten (2018) points to the success of evidence-based parenting interventions and the potential of differential susceptibility theory, which implicates a person's genes, to advance understanding of resilience, whereas Ungar (2015, 2019) is adamant that supporting youth resiliency must involve changing the quality of the environments they are embedded in. In PYD, Furlong and his colleagues suggest that frameworks that include external assets are too cumbersome to provide direction with service provision so they hone in on psychological strengths. The Search Institute is clear that

mobilising whole communities to provide external developmental assets will facilitate internal asset development in young people (Benson et al., 2012).

4. *An emphasis on parsimonious, universal principles of human development vs. complexity and individual and contextual specificity* – As with the above tension, there is variation in emphasis within perspectives. Resilience researcher, Ungar (2019, and to a slightly lesser degree, Masten, 2019), stand out along with Lerner and his PYD colleagues (Lerner & Chase, 2019; Lerner et al., 2019) in their criticism of reductionist approaches to both theorising and investigating human development. This includes critique of approaches that compartmentalise aspects of human development (e.g. focusing on genetic effects or brain development in isolation) as well as analyses of simple variable-based statistical models that oversimplify developmental effects. Their endorsement of a relational systems view and methods that can uncover more complex person-environment interactions and contextually specific influences and outcomes is strong. Adolescent health researchers recognise how ecological influences intertwine with individual characteristics in complex ways (Blum et al., 2014; Viner et al., 2012) but analysis of adolescent health data tends to be on simplistic variable-focused associations. PYD researchers associated with the Circle of Courage (Brendtro, 2019) and Co-Vitality models (Furlong, You et al., 2014) push for parsimonious conceptualisations of PYD that get to what they feel are the essential elements.

5. *Privileges quantitative, positivist research vs. methodological pluralism* – Relatedly, advocates of complex, contextually and/or individually specific facets of human development tend to embrace a wider range of methods from both quantitative and qualitative paradigms because they are seen as offering different and potentially complementary insights. Resilience and PYD research is more balanced in this regard but quantitative research still dominates the PYD literature and reviews of youth development programme effectiveness do emphasise randomised controlled trial and quasi-experimental designs (Catalano et al., 2004; Roth & Brooks Gunn, 2003; 2016). Masten's (2018, 2019) views align to some degree with the (post) positive perspective of adolescent health where standardised, measurable, and aggregated

quantitative data derived from large samples and randomised controlled trials are clearly privileged (e.g. Catalano et al., 2012). Notably, there was no mention of qualitative research in the adolescent health reviews we canvassed. We also see a distinction between those who endorse evidence-based interventions derived from rigid scientific methods and researchers who acknowledge the value of practice-based evidence (e.g. Ungar, 2018a; Brendtro, Brokenleg et al., 2014) and approaches that are more flexible and responsive to the context. With regards to this, Ungar argues qualitative research needs to be combined with quantitative measures to ensure resilience theories are culturally sensitive (Ungar, 2012).

**6. Consideration of culture** – Across all three perspectives, researchers point to the need for greater cross-cultural understanding of the factors (risk, protective, promotive, or assets) that influence positive youth development and wellbeing as well as increased research in non-Western contexts. Nevertheless, the push to translate prevention science in adolescent health implies a cultural add-on approach that is not deeply considerate of culture when it comes to scaling evidence-based initiatives globally. Minor attention is given to the need to identify cultural variation in risk and protective factors through cross-cultural investigations of intervention effectiveness across countries (Blum et al., 2014; Catalano et al., 2012) but the overall tone suggests a paternalistic approach, where the values and principles of Western science are given superior status and imposed on other cultures.

As mentioned, Masten (2014b, 2016b, 2018) recognises that, until recently, a major shortcoming of the resilience field was its lack of attention to culture. Her more recent work on migrant experiences of resiliency and acculturation is an attempt to bridge this gap but Ungar stands out as a leader in the field when it comes to consideration of culture. He amplifies its importance through an interpretation of resilience that explicitly recognises the need for culturally meaningful resources and outcomes (Ungar, 2012, 2013, 2015). He also provides descriptive case examples and reports on studies that illustrate different cultural expressions of resilience (Ungar, 2007, 2015, 2018b).

Masten (2014) suggests that the PYD field has done better than the resilience field when it comes to culture because cultural aspects form part of the contextualised view of youth development from a PYD perspective. However, she also notes that the 4-H Study of PYD led by Lerner and his colleagues is exclusively based on U.S. samples. In contrast, a recent article by the Search Institute researchers demonstrates the considerable care they have taken with cross-cultural measurement of the Developmental Assets framework in 31 different countries (Scales et al., 2017). This programme of research followed guidelines for conducting cross-cultural research including collaboration with local teams in each country, qualitative research with locals, including youth, parents and community members, a rigorous language translation process, and ongoing discussions with country-based teams to reflect on challenges and implement improvements. Scales et al. (2017) are transparent about the challenges and limitations and demonstrate strong reflexivity as researchers. The Circle of Courage is also distinctive in terms of culture, given its grounding orientation is in Sioux values and Western principles and research findings were then considered in relation to indigenous principles (Brendtro, 2019; Brokenleg & Van Bockern, 2003), rather than the reverse. The development of the model also considered young people's views and Brendtro, Brokenleg et al. (2014) have drawn connections with other indigenous worldviews (e.g. Māori). Cross-cultural support of the Co-Vitality model is building but the descriptions of its application with Chinese (Chan, Yang, Furlong, Dowdy, & Xie, 2019) and Australian (Pennell, Boman, & Mergler, 2015) youth appear limited in terms of deep cultural consideration. Quantitative survey measures seem simply to have been applied with those samples and effects are compared to those found with U.S. based samples.

**7. Links to empirically-validated theory** – Lerner and Chase (2019) contend that good developmental research is based on questions derived from theory. Theories inform organising frameworks and propose explanations of developmental phenomenon that facilitate interpretation and evidence-informed action. Further, interventions and programmes based on empirically supported theories have been found to be more effective

than those that are atheoretical (Kim et al., 2015). Overall, the international PYD literature has the strongest emphasis on theory. Theoretical frameworks and models are typically derived from a synthesis of evidence (as we also see with adolescent health frameworks) and often in consultation with experts and practitioners. Sometimes, consultation efforts include young people. And PYD theoretical development does not stop at the descriptive level. The models and frameworks that are the theoretical tools of PYD propose explanations of how to facilitate PYD and thriving, and an expansive empirical research base exists where the focus is on testing theoretical constructs (usually using psychometric validation methods) and processes. Broadly-speaking, there is good empirical support for most PYD models. Where we see inconsistency is with risk outcomes, the pathways to risk are not as clear-cut as those that lead to thriving, despite what PYD theories suggest. When we look at overall patterns, we see that higher levels of assets or strengths are associated with lower levels of ill mental health and risk behaviours (Benson et al., 2012; Lenzi et al., 2015; Lerner, Lerner et al., 2014; Lewin-Bizan et al., 2010) but risk and thriving indicators can also co-exist; it really depends on the type of risk (Lenzi et al., 2015; Lewin-Bizan et al., 2010). Thus, exhibiting risk is not the same as the absence of thriving and this illustrates the need for complex methods to pick up on the nuances we see in inter- and intra-individual developmental trajectories.

As described above, resilience researchers also draw on theories and models to explain resiliency processes. The pathways model has been supported through longitudinal studies in different contexts that illustrate various resilience pathways exist. Masten (2018) suggests evidence of intervention effectiveness based on a cascades model of positive parenting effects provides support for the model. Ungar and Hadfield (2019) also sought to test differential impact theory in relation to resilience but the findings did not support his hypothesis. Then again, the empirical evidence base for differential susceptibility and differential impact theory is fledgling.

Adolescent health research is generally limited by its correlational and descriptive nature and ad hoc conjecture about theoretical links. This kind of research does not provide good evidence of the why or the how. This is a challenge for interventions at the structural level because, as Viner et al. (2012) point out, there have been no systematic studies of the structural determinants of health. Blum's work hints at connections with evolutionary theory but his propositions are difficult to test, and, overall, discussion of theory is limited in the population-focused research we reviewed.

# The Research Landscape in Aotearoa New Zealand

---

The recent literature review *Ngā Tikanga Whānaketanga – He Arotake Tuhinga* (Deane et al., 2019) provides a broad overview of research on youth development in Aotearoa, including various projects described in this review. Rather than rearticulate the details of the projects already captured in *Ngā Tikanga Whānaketanga – He Arotake Tuhinga*, we summarise the links between international work research on youth development and wellbeing and the growing corpus of research based in Aotearoa New Zealand, guided by the three perspectives explored in the previous sections – adolescent health, resilience, and PYD. We give a brief overview of the state of research on each of those perspectives as they relate to Aotearoa New Zealand literature and we explore how key tensions within and across those perspectives manifest in research conducted in our domestic landscape.

In terms of volume and visibility, research aligning with the adolescent health perspective returned the most hits from our literature search for youth “wellbeing” outputs. This is not surprising when we consider that the results were dominated by journal articles and reports produced by the Adolescent Health Research Group (AHRG) on data collected for the Youth 2000 survey series. This was a government-funded, primarily quantitative research programme that has provided the most comprehensive picture of youth health and wellbeing we have to date through surveys of secondary school students in 2001, 2007 and 2012 and supplementary surveys of specific groups (e.g. alternative education, teen parenting units). Hundreds of research outputs have been produced as a result.

The Youth '19 survey project currently being led by Clark and Fleming with Health Research Council funding will no doubt continue contributing to our understanding of the adolescent health landscape in Aotearoa New Zealand (see <https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group.html> for further details).

Our search of youth “resilience” research returned the next highest number of hits. Like adolescent health research, the volume of publications in this area is driven in large part by a research programme led by Munford and Sanders out of Massey University (Munford et al., 2013). The government-funded Youth Transitions and Pathways research is linked to Ungar’s Resilience Research Centre and has involved close to 1500 young people in New Zealand who have faced substantial adversity in their lives (see <http://www.youthsay.co.nz/> for more details). Sanders and Munford’s are explicit in linking their resilience research to a PYD perspective (e.g. Sanders & Munford, 2014; Sanders, Munford & Liebenberg, 2017), but the exclusive focus on youth deemed at high risk meant that we positioned the bulk of their research within the resilience perspective.

No such large-scale funded programme of research exists for “pure” PYD research. In consequence, our search for “youth development” research in Aotearoa New Zealand returned the fewest hits. The corpus of research on PYD predominantly involves outputs derived from postgraduate student theses and evaluation studies. We consider the implications of this in a later section.

## Adolescent Health

---

The considerable corpus of Aotearoa New Zealand-based research we categorised under the adolescent health and wellbeing umbrella also takes a prevention science approach, focusing on risk and protective factors generally associated with population-level prevalence rates of morbidity and mortality. Adolescent health research examines various measures of youth health and wellbeing – including measures of mental

health (Clark et al., 2011; Fleming et al., 2013; Teevale et al., 2016), risk-taking (Lewycka et al., 2018), and physical activity (Utter et al., 2011) – and the factors that contribute to these facets of wellbeing.

The overview reports produced by the AHRG illustrates that some indicators included in the Youth 2000 surveys do overlap with indicators of interest to PYD. This includes ethnic identity, community

participation, spiritual beliefs, emotional well-being, family cohesion and positive connections to adults and non-familial adult connections (Clark et al., 2013). In line with PYD assertions that most young people's lives are not characterised by storm and stress, the latest overview report on the Youth'12 data illustrates that the great majority of young people in Aotearoa New Zealand are proud of their ethnic identities, happy, healthy, engaged in school and supported by caring adults. Improvements in health risk trends are also highlighted (Clark et al., 2013). The Youth Connectedness Project led by Crespo, Pryor and Jose at Victoria University of Wellington also focuses heavily on positive developmental factors, such as positive relationships (Crespo et al., 2011; Jose & Pryor, 2010), participation in community activities (O'Connor & Jose, 2012), cultural embeddedness (Fox et al., 2018), and future orientation (Chua et al., 2015) support wellbeing. Although not based on population-representative samples, wellbeing indicators in these Victoria University studies tend to include both positive and problematic outcomes in line with a prevention science approach.

As is the case in the international literature, there is a tendency for research on youth health and wellbeing to rely on a problem-focused orientation to justify the research. That is, the framing of the purpose of research is oriented towards fixing problems in general or within a specific population and the vast majority of studies in this field focus on health problems. Even if the variables of interest are ostensibly positively-oriented and reflect the capabilities and resources of young people, research from this perspective often uses rates of risk behaviours or negative health outcomes as a rationale for conducting the research and consequently makes recommendations for practice and policy which are grounded in a deficit perspective of youth. As noted earlier, this may be because the connection between risk factors and negative health outcomes are perceived as easier to identify and agree on, whereas protective factors and positive health outcomes can be more complex. Alternatively, the problem focus may be seen to garner more attention and investment, which is justified in areas where it is clear there is a need for urgency, such as youth suicide, given our abominable national statistics (Brazier, 2017).

A focus on the contextual and environmental factors that influence wellbeing dominated the adolescent health literature we reviewed. In particular, researchers in Aotearoa New Zealand place considerable importance on understanding how the social and cultural contexts of youth, such

as whānau, peers, and school, impact on wellbeing. Fewer studies focus on macro-level factors or structural determinants but several do exist. Craig et al. (2012) produced a report on the underlying determinants of health for children and young people that includes structural factors (e.g. income inequality and unemployment rates,) and socioeconomic determinants (e.g. household crowding). Blaiklock et al. (2002) discuss the impact of neoliberal policy reforms in the 1980s on the wellbeing of children and youth. Both Craig et al. (2012) and Blaiklock et al. (2002)'s reviews highlight the disproportionate negative impact that macro-level factors have had on health and wellbeing of Māori and Pacific families. Denny et al. (2016) directly analysed the associations between household poverty and neighborhood deprivation on secondary school student health risk outcomes using the nationally representative Youth 2000 survey data. Their findings also reinforced evidence that Maori and Pacific are disproportionately affected in terms of experiencing poverty and poor health outcomes. In addition, they found that, for the 1 in 5 young people who experience poverty, the impact of household deprivation is particularly detrimental to young people's health when they live in affluent neighbourhoods. Denny (2011) also led a study exploring the impact of school climate factors (including the staff work environment, teacher burnout) on student risk behaviours and mental health. Denny found a limited range of school level factors (i.e. schools in which students are more engaged and feel safe, teachers have higher levels of wellbeing and schools that offer better health and welfare services) are associated with some improved student health outcomes (i.e. fewer alcohol use problems, violent behaviour, unsafe sexual practices and depressive symptoms). Ball's (2019) recent thesis and Lewycka et al.'s (2018) article explored the possible drivers that have led to a decline in youth risk-taking behaviour globally and in Aotearoa New Zealand specifically. Ball (2019) examined international and national evidence and conducted empirical analyses of data from the Youth 2000 survey series and suggests that broad sociocultural factors, rather than public health interventions, have likely led to the decline due to changes in parental expectations and greater supervision of their adolescent children, attitudes adolescents have towards risk behaviours such as smoking and drinking, and fewer opportunities to engage in risk because young people are spending less time going out at night. In contrast, Lewycka and colleagues (2018) consulted with experts and conducted a

literature review on the same issue and attributes the increase in policies and public health campaigns focused on risk behaviours have very likely had an impact along with an increase in school-based health services and curricula, and changes to social norms such as parental involvement and time spent on social media. Both Ball (2019) and Lewycka et al. (2018) emphasise that youth behaviours are influenced by complex and multidirectional interactions between individual and environmental factors. Further, Ward et al. (2015) conducted an innovative qualitative study using photovoice to explore how transport access influences young people's subjective wellbeing and found that cost was a notable barrier to a small but diverse group of 16–18 year old Southland adolescents decisions to obtain a driving license. However, for those who lived in the city, physically active modes of transport supported their wellbeing. In contrast, those living in rural areas spoke of feeling isolated because of transport barriers.

Other research draws on both individual traits and contextual factors. For instance, Reese and colleagues (2017) used personality traits (e.g., Big Five) and cultural traditions (e.g., individualist vs. collectivist orientations) to explore the link between identity development and wellbeing. And whilst neurodevelopmental research was not included in the results from our search for youth "wellbeing" research, the limitations of the adolescent brain and the challenges this creates for health was a clear focus of Gluckman's (2011) *Improving the Transition* report. The various sections of the report are also dominated by a risk perspective of adolescence. This is pertinent because Gluckman was Chief Science Advisor to the Prime Minister at the time and this was an influential policy report that drew substantial criticism from sociologist, Alan France (2010) who has been vocal about the problems associated with youth policy that is informed by an over-emphasis on

neurodevelopmental research, as well as risk factors (France et al., 2010), in lieu of holistic and relational interpretations of young people's behaviour.

Like the international literature, research from an adolescent health and/or wellbeing perspective tends to be focused on population-level trends and therefore includes youth from across the risk spectrum. The strong emphasis on equity in the Aotearoa New Zealand research context translates into a focus on under-studied populations. The Youth2000 series has been useful in this regard, collecting data from multiple large, representative samples of youth over the past 20 years, including substantive samples of minority youth such as Asian and Rainbow young people. There is also deeper consideration of culture when compared to the culturally agnostic approach typically found overseas. While there is still a tendency to rely on cross-cultural research (e.g., Jose et al., 2017), some studies focus on specific populations of youth using a cultural lens or promote culturally grounded approaches, particularly when the focus is Māori (e.g. Clark et al., 2011; Severinson & Reweti, 2019; Williams et al., 2018) and Pasifika youth (Ulugia-Veukiso, 2008).

In line with the international literature, within the Aotearoa New Zealand literature, this perspective privileges quantitative data and analysis. Analytic techniques range from simplistic (e.g., ANOVA, bivariate correlations) to more sophisticated methods like latent class analysis (Denny et al., 2016; Noel et al., 2013), structural equation modelling (Crespo et al., 2011), and propensity scores (O'Connor & Jose, 2012) to identify associations between predictors and outcomes in large samples of young people. This body of literature is also characterised by a large amount of publications in high-impact, peer-reviewed journals. Collectively, the large, representative data samples combined with sophisticated quantitative techniques assert methodological rigor in line with the philosophy of (post) positivism that has directed scientific enquiry.

## Resilience

oo

The Youth Pathways and Transitions projects conducted at Massey University have made significant contributions to the Aotearoa New Zealand literature on resilience. For example, articles regarding youth resilience based on these studies have been published in reputable journals investigating how resilience

interacts with culture (Sanders & Munford, 2017); educational aspirations (Sanders et al., 2017), and how resilience may be promoted by teachers (Liebenberg et al., 2015; Sanders et al., 2016), and PYD-focused social services (Sanders & Munford, 2014; Sanders et al., 2017). This body of research is representative

of the strengths-based, positive orientation of most of the Aotearoa New Zealand research on youth resilience, and it draws clear links to PYD. Risk is also measured in terms of environmental factors – such as accessing social services (Liebenberg et al., 2015; Munford & Sanders, 2015; Sanders et al., 2017).

Other studies illustrate this common intersection of PYD and resilience research but depart from contemporary resilience theory and promote dated views of resilience. For instance, resilience is a measured outcome in some evaluations of youth development programmes (Hayhurst et al., 2013; Furness, 2013; Furness et al., 2017) but the programmes under investigation do not explicitly target young people at the high end of the risk continuum and resilience is framed as the capacity to overcome adversity. Further, in Hayhurst et al.'s (2015) study, risk is based on a profile of individual characteristics with little attention to the context.

Methodological approaches to resilience research in Aotearoa New Zealand are diverse. While approaches, like adolescent health and prevention science, are dominated by quantitative methods (e.g., Boden et al., 2016; Hayhurst et al., 2015; Liebenberg et al., 2015; Sanders & Munford, 2014; Sanders et al., 2017), there are also qualitative (e.g., Heaslip, 2019; Munford & Sanders, 2015; Walters, 2016) and mixed methods studies (e.g., Sanders et al., 2017). Although there are fewer published qualitative studies of resilience, several include sample sizes which are notably large for research with young people in Aotearoa New Zealand, including some with over 100 participants (Munford & Sanders, 2015; Munford et al., 2017). While the adolescent health and prevention science literature we reviewed tended to rely on problem-oriented trends and studies as a rationale for research, resilience studies in Aotearoa engaged more deeply with theory such as ecological models of resilience (Boden et al., 2017) and 'hidden resilience' (e.g., Munford & Sanders, 2015; Sanders, et al., 2017). Although difficult to categorise because it

draws on research from each of the three perspectives discussed here, we position Martin's (2003) influential book on youth work, *The Invisible Table*, as aligning most strongly with a resilience perspective because the primary focus is on youth facing adverse circumstances and it explicitly discusses risk and resiliency factors. *The Invisible Table* privileges practice-based evidence in connection with youth research and a range of relevant theories, including Maslow's hierarchy of needs, Bronfenbrenner's ecological systems, Bourdieu's ideas of social capital, and youth studies theories on youth sub-cultures.

Martin's (2003) book stands out as being particularly culturally informed and fitting well with Ungar's contextually-focused perspective on resilience with its focus on young people's navigation of traditional and mainstream cultures, the impact of colonisation on Māori, and Māori models of the transition to adulthood, which Martin also connects to the Circle of Courage. Sanders, Munford, & Boden (2017) also consider culture in depth, but these studies appear to be exceptions in the resilience literature. This may be due to complexities associated with differentiating culture from ethnicity: culture can be conceptualised as an environmental factor which is more in line with theoretical models of resilience, but ethnicity is typically considered a demographic characteristic of individuals (like age or gender; Sanders et al., 2017). Outside of the resilience literature however, risk was implicitly associated with culture when researchers identified specific populations of youth for whom there are unique challenges or issues. For example, some studies acknowledged characteristics indicative of adversity for Māori youth (e.g., Fox et al., 2018; Stuart & Jose, 2014; Williams et al., 2018). We acknowledge that this implicit labelling of risk for Māori in particular, may occur by default when the phenomenon of interest is culture-based (e.g., associations between cultural belongingness and resilience).

## Positive Youth Development

Unlike the literature from the other two perspectives, and despite being a prominent perspective in youth development practice, PYD is yet to be the driving force and philosophy for a large scale Aotearoa New Zealand-based project. Rather, PYD

theory is infused within some resilience research and across numerous smaller studies, including postgraduate research (e.g., Bullen, 2010; O'Connor, 2011; Quinlan, 2013; Stuart, 2012; Williams, 2015), that when reviewed collectively, provide a sense of

how Aotearoa researchers have used PYD in their work. On some occasions, specific models of PYD inform and direct research (e.g., Chand et al., 2013; Deane et al., 2018; Williams, 2015). For instance, Chand et al. (2013) evaluative study of the Triple P Positive Parenting programme assessed its impact on PYD outcomes using the 5Cs of PYD to frame their focus. They found the programme seminars aiming to improve adolescents' competencies was associated with increases in caring and connection to family and school. Informed by the 5 Cs of PYD and Developmental Assets theories, Deane et al. (2018) investigated the PYD profiles of senior students who chose to become a peer mentor for Year 9 students as part of the Stars programme using PYD measures and Williams (2015) also drew on Developmental Assets and the 5Cs theory and measures in an evaluation study of the Kiwi Can programme. However, other researchers make reference to the underpinning strengths-based philosophy of PYD without reference to specific theories or frameworks (e.g., Furness et al., 2017; Hemphill et al., 2019; Sanders & Munford, 2014). The latter was more commonly observed in our review, suggesting Aotearoa New Zealand researchers prescribe to the values of PYD as a movement without engaging in models derived from the movement. This may be due to prevalence of the YDSA in the youth development sector which refers to strength-based practice, rather than PYD practice.

An integral aspect of PYD is challenging problem-oriented attitudes towards young people. While there are numerous examples of studies amplifying the strengths and assets of Aotearoa New Zealand youth, we encountered only a few examples where authors explicitly and critically pushed-back against negative perceptions of young people. For instance, Edwards and colleagues (2007) rejects the widely held stereotype of Māori families characterised by dysfunction in favour of a picture of warm, loving whānau relationships which nurture youth wellbeing. Elsewhere, Munford and Sanders (2017) integrate PYD ideas within their resilience focused research and make an effort to counteract narratives of at-risk youth by describing them as adaptive and optimistic in the face of social services which let them down. Martin (2003) also raises concerns with labeling young people "at-risk" on the basis of their behaviour because it drives a deficit-focus. While focusing on the strengths of young people is an important part of PYD, which is present in the Aotearoa New Zealand

literature, we could benefit from greater emphasis on using PYD to actively reject and re-frame problem-oriented perceptions of youth.

As well as informing research, PYD is also used as a supporting framework for youth programming. For example, the implementation of a Circle of Courage culture at a school has been explored (Espinier & Guild, 2010) and the impact of PYD on the wellbeing of vulnerable and high-risk youth using social services has been investigated in several studies (Sanders & Munford, 2014; Sanders, Munford, & Liebenberg, 2017). However, we do consider this latter research to fit primarily within a resilience perspective. The literature on youth development in Aotearoa New Zealand also includes a swathe of evaluation studies of PYD programmes (e.g., Arahanga-Doyle et al., 2018; Chapman et al., 2017; Deane et al., 2017; Furness et al., 2017). These evaluations comprise a significant proportion of published Aotearoa New Zealand PYD research and this has influenced the methodologies used from this perspective. The methodological approach to PYD is similar to that of the resilience perspective: dominated by quantitative methods, largely due to programme evaluations, with some qualitative (e.g., Edwards et al., 2007), and mixed-methods (e.g., Chand et al., 2013; Quinlan, 2013) studies also present.

The literature on PYD was mixed in terms of the extent to which it engaged with culture. Perhaps what was distinct about this subset of research is that the few instances we saw of researchers critically engaging with international models and their applicability to the Aotearoa New Zealand context were coming from a PYD perspective. For example, Arahanga-Doyle and colleagues (2018) provide a thoughtful reflection on how the 5 Cs model aligns with Māori views on wellbeing, comparing it to Te Whare Tapa Whā (Durie, 1994). They also highlight instances of incongruity between the two models, providing a brief but important exemplar for how western PYD models should be thoughtfully and critically considered in the Aotearoa New Zealand context. Similarly, the Developmental Assets framework has been critically considered against Māori values (Anae et al. 2002, Farruggia & Bullen, 2010), while Espiner and Guild (2010) described the process of applying a Circle of Courage culture to an entire school in Aotearoa New Zealand.

# Insights and Implications

---

Across the three perspectives used in this review, there was a consistent pattern of research focused on the environment of young people. There appears to be widespread agreement that while youth can and do have internal characteristics that influence their wellbeing, the context they are embedded in must be better understood as the location of risk and protective factors, a space for nurturing resilience in times of adversity, or a resource for support and capability-building. This focus on the environment is a marked shift from historical perspectives on young people. At a minimum, it shifts the 'blame' for developmental issues during adolescence from youth and acknowledges that young people are reacting to the social and cultural contexts that surround them. By improving those contexts – strengthening adult-youth relationships, supporting families to connect, creating positive climates within schools, developing youth-oriented services and programmes, and communities that truly value young people – we should see better youth development and wellbeing outcomes.

While there is significant research interest in exploring the influence contexts have on youth wellbeing, there is a stronger focus on proximal, rather than distal, environments. As we note above, whānau, peers, and school are particularly present in the literature reviewed here. The emphasis on proximal environments may influence the methodologies employed when researching the contexts of young people. Much of the research was fairly simplistic, exploring associations between contextual factors and outcomes for youth. This may be because the research we surveyed – across all three perspectives – was predominantly quantitative and published in academic journals, which constrains the space available for researchers to provide a full, holistic picture inclusive of distal environments.

This is not to say that macro-level influences are ignored completely: there are commentaries on youth development and wellbeing, which do make an effort to consider and critique how broad, distal structures, systems, and institutions have an impact on young people. *Ngā Tikanga Whānaketanga – He Arotake Tuhinga* (Deane et al., 2019) made a concerted effort to emphasise work that highlights the complex interactions of external forces and

young people. Moreover, some researchers argue for how the proximal environments they investigate (such as family or culture) are influenced by political and economic forces which, in turn, effect youth development and wellbeing. For example, Edwards and colleagues (2007) consider how economic demands impact youth wellbeing by making such demands on parents that they have limited time to spend with their children, while others have explored how youth interactions with institutions like health, justice, education, and social services can be effected by political and economic forces (e.g., Munford & Sanders, 2017; Wong et al., 2015). The bulk of the literature on structural factors comes from an adolescent health perspective where we find examples such as Denny et al.'s (2016) study that directly linked socioeconomic deprivation to individual level youth outcomes and Ball (2019) and Lewycka et al. (2018)'s examinations of macro-level factors that are implicated in declining trends of youth risk behaviours. More work that amplifies the complexity with which person-environment interactions occur, and contributes to a richer understanding of how the health and wellbeing of young people is influenced by systemic factors through direct assessment and analysis of contextual level influences would be welcome.

The landscape of methodology has been rapidly evolving over the past few decades. Researchers have not only shown qualitative and mixed methods approaches to be as valid and rigorous as quantitative research, but have highlighted the unique perspective qualitative methodologies have to offer. One of these benefits is greater cultural sensitivity in youth research and another is the ability to capture participant 'voice': it has been argued that participants can 'be heard' by employing qualitative techniques which prioritise depth over breadth. This approach has been particularly embraced by researchers working with marginalised people, including youth. In Aotearoa New Zealand, numerous studies on wellbeing have given voice to young people. This is usually done through interviews and focus groups which are then thematically analysed. Generally, youth are asked to talk about the phenomenon under investigation, such as whānau (e.g., Edwards et al., 2007), mental health (e.g., Puna & Tiatia-Seath, 2017), and access

to services (e.g., Munford & Sanders, 2015). A recent ActionStation report (2018) took a different approach to capturing youth voice on wellbeing, conducting an online survey where young people completed both closed- and open-ended questions about what wellbeing means to them. Contemporary reviews of youth development and resilience literature also highlight statistical modelling approaches that enables person-centred approaches, multi-level, and integrated systems analysis. Methods and analytical techniques now exist to get at the complexity of youth development and wellbeing pathways but they are under-utilised.

Earlier, we noted that the Aotearoa New Zealand literature on youth wellbeing is yet to see a large-scale research project grounded in PYD principles. This is at odds with the clear popularity of PYD as both a research framework and philosophy for programmes that work with young people. This may be indicative of the current state of resourcing for research in Aotearoa New Zealand: problem-oriented justifications for research may be more persuasive to funders, especially in health-based disciplines that still view youth development through a lens of pathology that seeks to minimise rates of morbidity and mortality. Nevertheless, there are concerning implications associated with the pervasive focus on problems. Deficit-framing masks the reality that the great majority of young people are happy, healthy, supported and engaged (Clark et al., 2013; Lerner & Lerner, 2013). Offer raised concerns almost 40 years ago that belief that emotional turmoil and high-risk behaviour is the norm for young people makes it more difficult to discern serious problems when they do exist (Ayman-Nolley & Taira, 2000). It perpetuates unnecessary negative public perceptions of young people, which continue to exist in Aotearoa New Zealand (France, 2012) and have been linked to public calls for increase monitoring and regulation of young people's behaviour (France, 2012; Panelli et al., 2002). The over-attention to deficit measures also means we do not have a full picture of youth development and wellbeing in this country. The positive indicators included in current adolescent health and wellbeing and resilience survey research projects are a start but we lack large-scale survey measures of core PYD indicators for the general youth population that are important predictors of thriving. This includes measures of young people's positive beliefs about themselves, what ignites their interest and gives their lives meaning, their moral convictions,

their self-regulation abilities and their sense of agency and empowerment within their communities. We also lack systematic research on the views adults in their communities have about them. Evidence-based information on the opportunities young people feel they have in their communities, how they perceive community members view them and how adults actually perceive young people in their localities should inform community development efforts across the country, if we are serious about supporting young people to thrive.

When we look to what young people in Aotearoa New Zealand say is concerning and important to them, we see that they care about inequality, access to high quality education, having their families' basic needs met, opportunities to contribute, having good role models and supportive relationships, time with family/whānau and mental health, which is compromised by bullying, violence and discrimination (ActionStation, 2018; Office of the Children's Commissioner & Oranga Tamariki, 2019). When we look to Aotearoa New Zealand's contemporary and bicultural principles for a strengths-based approach in the *Mana Taiohi* framework, we see a holistic focus where enhancing the mana of young people is the central principle. This is about "recognising what is right with them" (Ara Taiohi, 2019) and incorporates aspects of their *Mauri* (life spark, identities, and passions), *Whakapapa* (their ancestry and histories), *Hononga* (positive connections), and *Te Ao* (the world that they live in) which are supported by *Whanaungatanga* (quality relationships), *Manaakitanga* (nourishing collective wellbeing), *Whai Wāhitanga* (opportunities for contribution and participation), and *Mātauranga* (robust but diverse sources of knowledge). The Aotearoa New Zealand literature also demonstrates alignment between PYD and Māori and Pasifika models of health and wellbeing (Anae et al., 2002; Farruggia & Bullen, 2010). Together, the voices of young people and the Aotearoa New Zealand-based models of youth development and wellbeing resonate most strongly with ideas linked to the social determinants of health approach, Ungar's culturally and contextually grounded notions of resilience, and the philosophy and principles of PYD.

# Recommendations

---

The above insights give rise to a number of recommendations. First, it is affirming that our outward look to the international literature on the factors that lead to positive youth development and wellbeing provides further support for a number of recommendations we put forward in *Ngā Tikanga Whānaketanga – He Arotake Tuhinga*. This includes a need to focus on improving the contexts and conditions that young people are embedded in, which requires structural change that has positive flow on effects on the family unit, schools and communities. We reiterate that the spaces youth inhabit need to be characterised by a positive climate for development that includes high quality relationships, particularly with adults who convey high and clear expectations and boundaries, general social cohesion, physical and emotional safety, and opportunities for skill development, leadership and contribution. Investment in relational skill training and authentic strengths-based approaches is warranted. Evidently, there is a place for targeted and selected interventions that focus on prevention of risk but, to support all young people to thrive, we cannot solely rely on professional services. Communities, holistic youth development programmes, schools, and families need to be involved.

Focusing policy change, intervention or programming efforts on the common factors and pathways identified across the three perspectives is likely to have impact but we cannot allow this to blind us to other possible factors. In a globalised world and an increasingly multicultural society that operates within a bicultural nation, we need a deeper understanding of the various cultural expressions that exist. Youth health and development is not that simple, and reductionist approaches can be harmful, if directing attention to aggregated effects and trajectories of development that obscure the experiences of those outside the norm. We reiterate the argument we made in *He Arotake Tuhinga* that multidisciplinary, multi-method, and multicultural research that incorporates multiple stakeholder perspectives should be embraced (Deane et al., 2019).

Related to this, we need to highlight research that disrupts problematic perceptions of young people in this country and/or presents conceptualisations of health and wellbeing from narrow Western perspectives. We also need to respond to the public myths of storm and stress that perpetuate. We require large-scale assessment of the full range of young people's strengths and capacities to address gaps we have in understanding the beliefs young people have about themselves and their communities, what interests and energizes them, and gives meaning to their lives. We would benefit from investment in large-scale collaborative research that brings the three perspectives – adolescent health and wellbeing, resilience, and PYD – along with additional multidisciplinary input from diverse fields, together. Increased capacity building in complex, person-centred, multi-level and systems analysis would be worthwhile for both early and experienced scholars and within the range of postgraduate programmes relevant to youth development and wellbeing. In an era of big data, there is potential to integrate data from different levels of analysis to produce a more complex understanding of young people's development within context. Takiwa, a data analytics platform developed in collaboration with Ara Taiohi (2019b) for the youth development sector, provides promising technology to support some of these needs but strong ethical safeguards that align with the youth development values and principles first need to be in place. Interdisciplinary collaboration is also necessary to use it to its full potential and resourcing is required to improve data quality and enable greater collaboration and capacity-building. Finally, we suggest that reflexivity and transparency in published Aotearoa New Zealand research with respect to underpinning theories, cultural values and assumptions become common practice, given the framing and language we use in research has implications for informing policy, programming and practice. Those consuming our research should have access to this information and consider it when making their own interpretations.

# Conclusion

---

There is a collective desire, motivated by a social justice agenda, in youth health, development and resilience research circles to produce knowledge that will support young people to live happy, healthy and fulfilling lives. In this review, we have drawn on the three dominant perspectives in the international literature – adolescent health, resilience, and PYD – to identify how these approaches converge and diverge from one another, and what this means for youth development in this country. Although there is a shared focus within these perspectives to bring to light the factors and processes that facilitate, as well as those that thwart, positive youth development and wellbeing, the differences in language (e.g. risk, protection, promotion, asset development) reflect important nuances in the three perspectives. Risk and protection characterises the vocabulary of adolescent health and hints at the emphasis in this field to shield young people from present and future problems. In resilience research, risk is a defining feature of the conditions that face the young people who are the focal point of this discipline. There is interest in the protective factors that buffer those young people from further risk as well as the promotive elements that lead to good lives for all. Nevertheless, resilience is really about how young people manage to find

ways to cope by making use of their remarkable strengths in combination with the resources available to weather the turbulence and function successfully. With its rejection of deficit-focused language, PYD is about mobilising strengths and assets – in young people and in the contexts around them – to ensure young people can blossom fully and contribute as partners in thriving communities. The language here is optimistic and energising.

A strengths-based approach that supports youth wellbeing can therefore point to strategies to prevent problems, support good functioning in tumultuous circumstances, or enliven and enhance young people and their surrounding ecologies. If we are serious about creating the conditions that support all young people in Aotearoa New Zealand to lead happy, healthy and fulfilling lives, then a look to any one group of strategies, or any one of these disciplines, at the exclusion of the others will obscure potential solutions. What we need is collaboration and investment across these research disciplines, and others, to interrogate different perspectives, facilitate greater reflexivity, and integrate theories and diverse methodologies and methods to produce better evidence for policy, programming and practice.

# References

---

ActionStation (2018). *Nga korero hauora o nga Taiohi. A community-powered report on conversations with 1,000 young people about wellbeing.* <https://actionstation.org.nz/campaigns>

Anae, M., Moewaka Barnes, H., McCreanor, T., & Watson, P. (2002) Towards promoting youth mental health in Aotearoa/New Zealand: Holistic 'houses' of health. *International Journal of Mental Health Promotion*, 4(2), 5–14. <https://doi.org/10.1080/14623730.2002.9721855>

Ara Taiohi (2019a). *Mana Taiohi*. Ara Taiohi. <https://arataiohi.org.nz/resources/training-and-resources/mana-taiohi/>

Ara Taiohi (2019b). *Takiwā*. Ara Taiohi. <https://arataiohi.org.nz/resources/digital-tools/takiwa/>

Arahanga-Doyle, H., Moradi, S., Brown, K., Neha, T., Hunter, J. A. & Scarf, D. (2018). Positive youth development in Māori and New Zealand European adolescents through an adventure education programme. *Kōtuitui: New Zealand Journal of Social Sciences Online*. <https://doi.org/10.1080/1177083X.2018.1508479>

Ayman-Nolley, S. & Taira, L. L. (2000). Obsession with the Dark Side of Adolescence: A decade of psychological studies. *Journal of Youth Studies*, 3(1), 35–48. <https://doi.org/10.1080/136762600113022>

Ball, J. (2019). *Sex, drugs and booze: What's driving teens trends? Describing and explaining trends in adolescent sexual behaviour, cannabis use, smoking and alcohol use in the early 21<sup>st</sup> century*. [PhD thesis, University of Otago]. Otago University Research Archive <https://ourarchive.otago.ac.nz/handle/10523/9603>

Belsky, J. (1997). Variation in susceptibility to environmental influence: An evolutionary argument. *Psychological Inquiry*, 8(3), 182–186. [https://doi.org/10.1207/s15327965pli0803\\_3](https://doi.org/10.1207/s15327965pli0803_3)

Benson, P. L., Leffert, N., Scales, P. C., & Blyth, D. A. (2012). Beyond the "village" rhetoric: Creating healthy communities for children and adolescents. *Applied Developmental Science*, 16(1), 3–23. [https://doi.org/10.1207/s1532480xads0203\\_3](https://doi.org/10.1207/s1532480xads0203_3)

Benson, P. L., & Scales, P. C. (2009). The definition and preliminary measurement of thriving in adolescence. *The Journal of Positive Psychology*, 41(1), 85–104. <https://doi.org/10.1080/17439760802399240>

Blaiklock, A. J., Kiro, C. A., Belgrave, M., Low, W., & Davenport, E. (2002). *When the invisible hand rocks the cradle: New Zealand children in a time of change* (Innocenti Working Papers No. 93). UNICEF. <https://www.unicef-irc.org/publications/334-when-the-invisible-hand-rocks-the-cradle-new-zealand-children-in-a-time-of-change.html>

Blum, R. W. (2009). Young people: not as healthy as they seem. *The Lancet*, 374 (September), 853–854. [https://doi.org/10.1016/S0140-6736\(09\)61607-X](https://doi.org/10.1016/S0140-6736(09)61607-X)

Blum, R. W., Astone, N. M., Decker, M. R., & Mouli, V. C. (2014). A conceptual framework for early adolescence: a platform for research. *International Journal of Adolescent Medicine and Health*, 26(3), 321–331. <https://doi.org/10.1515/ijamh-2013-0327>

Blum, R. W., Bastos, F. I. P. M., Kabiru, C. W., & Le, L. C. (2012). Adolescent health in the 21<sup>st</sup> century. *The Lancet*, 379 (April), 1567–1568. [https://doi.org/10.1016/S0140-6736\(12\)60407-3](https://doi.org/10.1016/S0140-6736(12)60407-3)

Blum, R. W., & Dick, B. (2013). Strengthening global programs and policies for youth based on the emerging science [Editorial]. *Journal of Adolescent Health*, 52, 51–53. <https://doi.org/10.1016/j.jadohealth.2012.11.004>

Boden, J., Sanders, J. R., Munford, R., Liebenberg, L., & McLeod, G. (2016). Paths to positive development: A model of outcomes in the New Zealand youth transitions study. *Child Indicators Research*, 9(4), 889–911. <https://doi.org/10.1007/s12187-015-9341-3>

Bowers, E. P., Geldhof, G. J., Johnson, S. K., Lerner, J. V., & Lerner, R. M. (2014). Special Issue Introduction: Thriving across the adolescent years: A view of the Issues. *Journal of Youth and Adolescence*, 43, 859–868. <https://doi.org/10.1007/s10964-014-0117-8>

Brendtro, L. K. (2019). Creating powerful environments. *Residential Treatment for Children & Youth*, 36(1), 10–17. <https://doi.org/10.1080/0886571X.2018.1515601>

Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2014). Environments where children thrive: The Circle of Courage model. *Reclaiming Children and Youth*, 23(3), 10–15.

Brendtro, L. K., Mitchell, M. L., & Jackson, W. C. (2014). The Circle of Courage: Critical indicators of successful life outcomes. *Reclaiming Children and Youth*, 23(1), 9–13.

Brokenleg, M., & Van Bockern, S. (2003). The science of raising courageous kids. *Reclaiming Children and Youth*, 12(1), 22–27.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Bullen, P. (2010). *Identity projects and positive youth development: The importance of efficacy, integrity, and belonging during adolescence* [PhD thesis, University of Auckland]. University of Auckland Research Repository, ResearchSpace. <https://researchspace.auckland.ac.nz/handle/2292/5675>

Bullen, P., Deane, K. L., Meissel, K., & Bhatnagar, S. (2019). What constitutes globalised evidence? Cultural tensions and critical reflections of the evidence-based movement in New Zealand. *International Journal of Psychology*, 55(S1), 16–25. <https://doi.org/10.1002/ijop.12574>

Cambron, C., Catalano, R. F., & Hawkins, J. D. (2019). The social development model. In D. P. Farrington, L. Kazemian, & A. R. Piquero (Eds.), *The Oxford handbook of developmental and life-course criminology*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190201371.013.13>

Catalano, R. F., Fagan, A. A., Gavin, L. E., Greenberg, M. T., Irwin Jr, C. E., Ross, D. A., & Shek, D. T. L. (2012). Worldwide application of prevention science in adolescent health. *The Lancet*, 379 (April), 1653–1654. [https://doi.org/10.1016/S0140-6736\(12\)60238-4](https://doi.org/10.1016/S0140-6736(12)60238-4)

Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., & Hawkins, J. D. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *The Annals of the American Academy of Political and Social Science*, 591(1), 98–124. <https://doi.org/10.1177/0002716203260102>

Catalano, R. F., Skinner, M. L., Alvarado, G., Kapungu, C., Reavley, N., Patton, G. C.,... Petroni, S. (2019). Positive youth development programs in low- and middle- income countries: A conceptual framework and systematic review of efficacy. *Journal of Adolescent Health*, 65, 15–31. <https://doi.org/10.1016/j.jadohealth.2019.01.024>

Catalano, R. F., Toumbourou, J. W., & Hawkins, J. D. (2014). Positive youth development in the United States. In L. Nucci, D. Narvaez, & T. Krettenauer (Eds.), *Handbook of Moral and Character Education* (pp. 423–439). Routledge

Chan, M., Yang, C., Furlong, M. J., Dowdy, E. & Xie, J-S. (2019): Association between social-emotional strengths and school membership: A cross-cultural comparison. *International Journal of School & Educational Psychology [Advanced Online Publication]*, <https://doi.org/10.1080/21683603.2019.1677539>

Chand, N., Farruggia, S., Dittman, C., Chu, J. T. W., & Sanders, M. (2013). Promoting positive youth development through a brief parenting intervention program. *Youth Studies Australia*, 32(1), 29–36.

Chapman, C. M., Deane, K. L., Harre, N., Courtney, M., & Moore, J. (2017). Engagement and mentor support as drivers of social development in the Project K youth development program. *Journal of Youth and Adolescence*, 46, 644–655. <https://doi.org/10.1007/s10964-017-0640-5>

Chua, L. W., Milfont, T., & Jose, P. E. Coping skills help explain how future-oriented adolescents accrue wellbeing over time. *Journal of Youth and Adolescence*, 44 (11), 2028–2041. <https://doi.org/10.1007/s10964-014-0230-8>

Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, F., Teevale, T., & Utter, J. (2013). *Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012*. University of Auckland. <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2012-overview.pdf>

Clark, T. C., Robinson, E., Crengle, S., Fleming, T., Ameratunga, S., Denny, S. J., ... & Saewyc, E. (2011). Risk and protective factors for suicide attempt among indigenous Māori youth in New Zealand: The role of family connection. *International Journal of Indigenous Health*, 7(1), 16–31.

Craig, E., Dell, R., Reddington, A., Adams, J., Oben, G., Wicken, A., & Simpson, J. (2012). *The determinants of health for children and young people in New Zealand*. New Zealand Child and Youth Epidemiology Service. Otago University Research Archive. <https://ourarchive.otago.ac.nz/handle/10523/6127>

Crespo, C., Kielpkowski, M., Pryor, J., & Jose, P. E. (2011). Family rituals in New Zealand families: Links to family cohesion and adolescents' well-being. *Journal of Family Psychology*, 25(2), 184–193. <https://doi.org/10.1037/a0023113>

Damon, W. (2004). What is Positive Youth Development? *The ANNALS of the American Academy of Political and Social Science*, 591, 13–24. <https://doi.org/10.1177/0002716203260092>

Deane, K., Dutton, H., & Kerekere, E. (2019). *Ngā tikanga whānaketanga – He arotake tuhinga. A review of Aotearoa New Zealand youth development research*. Ara Taiohi. <https://arataiohi.org.nz/research/aotearoa-youth-research/>

Deane, K. L., Meissel, K., Moore, J., & Gillham, B. (2018). Positive youth development profiles of cross-age peer mentors. *Applied Developmental Science*, 22(4), 301–315. <https://doi.org/10.1080/10888691.2017.1295810>

Denny, S. (2011). *The association between school context and student health and wellbeing* [PhD Thesis, University of Auckland]. University of Auckland Research Repository, ResearchSpace. <https://researchspace.auckland.ac.nz/handle/2292/9510>

Denny, S., Lewycka, S., Utter, J., Fleming, T., Peiris-John, R., Sheridan, J., Rossen, F., Wynd, D., Teevale, T., Bullen, P., & Clark, T. (2016). The association between socioeconomic deprivation and secondary school students' health: findings from a latent class analysis of a national adolescent health survey. *International journal for equity in health*, 15(1), 109. <https://doi.org/10.1186/s12939-016-0398-5>

Durie, M. (1994). *Whaiora: Māori health development*. Oxford University Press.

Edwards, S., McCreanor, T., & Barnes, H. M. (2007). Māori family culture: A context of youth development in Counties/Manukau. *Kotuitui: New Zealand Journal of Social Sciences Online*, 2(1), 1–15. <https://doi.org/10.1080/1177083X.2007.9522420>

Espinier, D., & Guild, D. (2010). Growing a Circle of Courage culture: One's school journey planning, *Reclaiming Children and Youth*, 19(2), 21–27.

Farruggia, S., & Bullen, P. (2010). Positive youth development in Aotearoa/New Zealand. In J. Low & P. E. Jose (Eds.), *Lifespan development: New Zealand perspectives*, 2<sup>nd</sup> ed. (pp. 144–154). Pearson New Zealand.

Fleming, T. M., Clark, T., Denny, S., Bullen, P., Crengle, S., Peiris-John, R., ... & Lucassen, M. (2014). Stability and change in the mental health of New Zealand secondary school students 2007–2012: Results from the national adolescent health surveys. *Australian & New Zealand Journal of Psychiatry*, 48(5), 472–480. <https://doi.org/10.1177/0004867413514489>

Fox, R., Neha, T., & Jose, P. E. (2018). Tū Māori Mai: Māori cultural embeddedness improves adaptive coping and wellbeing for Māori adolescents. *New Zealand Journal of Psychology (Online)*, 47(2), 14–24. <https://www.psychology.org.nz/wp-content/uploads/Cultural-Emeddeness-Improves-Coping-and-Wellbeing.pdf>

France, A. (2012). 'It's all in the brain.' Science and the 'new' construction of the youth problem in New Zealand. *New Zealand Sociology*, 27(2), 76–95.

France, A., Freiberg, K., & Homel, R. (2010). Beyond risk factors: towards a holistic prevention paradigm for children and young people. *British Journal of Social Work*, 40, 1192–1210. <https://doi.org/10.1093/bjsw/bcq010>

Furlong, M. J., Dowdy, E., Carnazzo, K., Bovery, B., & Kim, E. (2014). Covitality: Fostering the building blocks of complete mental health. *NASP Communiqué*, (June issue). <http://www.readperiodicals.com/201406/3346560221.html>

Furlong, M. J., You, S., Renshaw, T. L., Smith, D. C., & O'Malley, M. D. Preliminary development and validation of the Social and Emotional Health Survey for secondary school students. *Social Indicators Research*, 117, 1011–1032. <https://doi.org/10.1007/s11205-013-0373-0>

Furness, K. (2013). *Maximizing potential: The effectiveness of Project K on self-efficacy, resilience, and connectedness* [DClinPsy thesis, Massey University]. Massey Research Online. <https://mro.massey.ac.nz/handle/10179/5722>

Furness, K., Williams, M. N., Veale, J. F., & Gardner, D. H. (2017). Maximising potential: The psychological effects of the youth development programme Project K. *New Zealand Journal of Psychology*, 46(1), 14–23.

Gluckman, P. (2011). *Improving the transition. Reducing social and psychological morbidity during adolescence. A report from the Prime Minister's Chief Science Advisor. Office of the Prime Minister's Science Advisory Committee.* <http://www.pmcса.org.nz/wp-content/uploads/Improving-the-Transition-report.pdf>

Hayhurst, J., Hunter, J. Kafka, S., & Boyes, M. (2015). Enhancing resilience in youth through a 10-day developmental voyage. *Journal of Adventure Education & Outdoor Learning*, 15(1), 40–52. <https://doi.org/10.1080/14729679.2013.843143>

Heaslip, L. (2019). *Stories of resilience: Supporting young women to thrive at secondary school* [Master's thesis, Unitec] Unitec Research Bank <https://unitec.researchbank.ac.nz/handle/10652/4736>

Hemphill, M. A., Gordon, B., & Wright, P. M. (2019). Sports as a passport to success: life skill integration in a positive youth development program. *Physical Education & Sport Pedagogy*, 24(4), 390-401. <https://doi.org/10.1080/17408989.2019.1606901>

Johnson, S. B., Blum, R. W., & Giedd, J. N. (2009). Adolescent maturity and the brain: the promise and pitfalls of neuroscience research in adolescent health policy. *Journal of Adolescent Health*, 45, 216–221. <https://doi.org/10.1016/j.jadohealth.2009.05.016>

Jose, P. E., & Pryor, J. (2010). New Zealand youth benefit from being connected to their family, school, peer group and community. *Youth Studies Australia*, 29(4), 30–37.

Jose, P. E., Rata, A., & Richards, A. (2017). The effects of home-school dissonance on individual and school outcomes for Māori and European New Zealand Adolescents. *Frontiers in Education*, 2, 53–62. <https://doi.org/10.3389/feduc.2017.00053>

Kerekere, E., Deane, K., & Dutton, H. (2019). Matauranga in practice: kaupapa Māori frameworks in Nga Tikanga Whanaketanga – He Arotake Tuhinga. *Kaiparahuarahi*, 1(2), 62–66.

Kim, B. K. E., Oesterle, S., Catalano, R. F., & Hawkins, J. D. (2015). Change in protective factors across adolescent development. *Journal of Applied Developmental Psychology*, 40, 26–37. <https://doi.org/10.1016/j.appdev.2015.04.006>

Lenzi, M., Dougherty, D., Furlong, M. J., Sharkey, J., & Dowdy, E. (2015). The configuration protective model: Factors associated with adolescent behavioral and emotional problems. *Journal of Applied Developmental Psychology*, 38, 49–59. <https://doi.org/10.1016/j.appdev.2015.03.003>

Lerner, R. M., Agans, J. P., Arbeit, M. R., Chase, P. A., Weiner, M. B., Schmid, K. L., & Warren, A. E. A. (2013). Resilience and Positive Youth Development: A Relational Developmental Systems model. In S. Goldstein & R. B. Brooks (Eds.). *Handbook of Resilience in Children*. New York, NY: Springer Science. [https://doi.org/10.1007/978-1-4614-3661-4\\_17](https://doi.org/10.1007/978-1-4614-3661-4_17)

Lerner, R. M., & Chase, P. A. (2019). Enhancing theory and methodology in the international study of Positive Youth Development: A Commentary. *Child & Youth Care Forum*, 48, 269–277. <https://doi.org/10.1007/s10566-018-9485-7>

Lerner, R. M., Lerner, J. V., & Chase, P. A. (2019). Toward enhancing the role of idiographic-based analyses in describing, explaining, and optimizing the study of human development: The sample case of adolescent – family relationships. *Journal of Family Theory & Review*, 11, 495–509. <https://doi.org/10.1111/jftr.12347>

Lerner, R. M. & Lerner, J. V. (2013). *The positive development of youth: Comprehensive findings from the 4-H study of positive youth development*. Institute for Applied Research in Youth Development, Tufts University. <http://4-h.org/about/research/>

Lerner, R. M., Lerner, J. V., Almerigi, J., Theokas, C., Phelps, E., Gestsdottir, S., Nadeau, S., Jelicic, H., Alberts, A. E., Ma, L., Smith, L., Bobek, D. L., Richman-Raphael, D., Simpson, I., Christiansen, E. D., & von Eye, A. (2005). Positive youth development, participation in community youth development programs, and community contributions of fifth grade adolescents: Findings from the first wave of the 4-H Study of Positive Youth Development. *Journal of Early Adolescence*, 25(1), 17–17. <https://doi.org/10.1177/0272431604272461>

Lerner, R. M., Tirrell, J. M., Dowling, E. M., Geldof, G. J., Gestsdóttir, S., Lerner, J. V., King, P. E., Williams, K., Iraheta, G., & Sim, A. T. R. (2019). The end of the beginning: Evidence and absences studying positive youth development in a global context. *Adolescent Research Review*, 4, 1–14. <https://doi.org/10.1007/s40894-018-0093-4>

Lerner, R. M., Wang, J., Chase, P. A., Guitierrez, A. S., Harris, E. M., Rubin, R. O., & Yalin, C. (2014). Using relational developmental systems theory to link program goals, activities, and outcomes: The sample case of the 4-H study of positive youth development. *New Directions for Youth Development*, 14, 17–30. <https://doi.org/10.1002/yd.20110>

Lewin-Bizan, S., Lynch, A., Fay, K., Schmid, K., McPherran, C., Lerner, J. V., & Lerner, R. M. (2010). Trajectories of positive and negative behaviors from early- to middle-adolescence. *Journal of Youth and Adolescence*, 39(7), 751–763. <https://doi.org/10.1007/s10964-010-9532-7>

Lewycka, S., Clark, T., Peiris-John, R., Fenaughty, J., Bullen, P., Denny, S., & Fleming, T. (2018). Downwards trends in adolescent risk-taking behaviours in New Zealand: Exploring driving forces for change. *Journal of Paediatrics and Child Health*, 54(6), 602–608. <https://doi.org/10.1111/jpc.13930>

Liebenberg, L., Theron, L., Sanders, J., Munford, R., van Rensburg, A., Rothman, S., & Ungar, M. (2015). Bolstering resilience through teacher-student interaction: Lessons for school psychologists. *School Psychology International*, 37(2), 140–154. <https://doi.org/10.1177/0143034315614689>

Martin, L. (2003). *The invisible table. Perspectives on youth and youthwork in New Zealand*. Cengage Learning.

Masten, A. S. (2019). Resilience from a developmental systems perspective. *World Psychiatry*, 18(1), 101–102. <https://doi.org/10.1002/wps.20591>

Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, 10, 12–31. <https://doi.org/10.1111/jftr.12255>

Masten, A. S. (2016a). Resilience in the context of ambiguous loss: A commentary. *Journal of Family Theory & Review*, 8, 287–293. <https://doi.org/10.1111/jftr.12154>

Masten, A. S. (2016b). Resilience in developing systems: the promise of integrated approaches. *European Journal of Developmental Psychology*, 13(3), 297–312. <https://doi.org/10.1080/17405629.2016.1147344>

Masten, A. S. (2014a). Invited commentary: Resilience and Positive Youth Development frameworks in developmental science. *Journal of Youth & Adolescence*, 43, 1018–1024. <https://doi.org/10.1007/s10964-014-0118-7>

Masten, A. S. (2014b). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6–20. <https://doi.org/10.1111/cdev.12205>

Masten, A. S. & Cicchetti, D. (2010). Developmental cascades. *Development and Psychopathology*, 22, 491–495. <https://doi.org/10.1017/S0954579410000222>

Masten, A. S., Nuechterlein, K. H., & Wrigth, M. O. (2011). Norman Garmezy (1918–2009). *American Psychologist*, 66(2), 140–141. <https://doi.org/10.1037/a0021246>

Ministry of Youth Affairs (2002). *Youth Development Strategy Aotearoa. Action for Children and Youth Development*. <http://www.myd.govt.nz/resources-and-reports/publications/youth-development-strategy-aotearoa.html>

Munford, R., Sanders, J., Liebenbeerg, L., Ungar, M., Thimasarn-Anwar, T., Youthline New Zealand, Dewhurst, K., Osborne, A., Henaghan, M., Mirfin-Veitch, B., Tikao, K., Aberdein, J., Stevens, K., & Urry, Y. (2013). The pathways to resilience research project (New Zealand): Whāia to huanui kia toa. Conceptual development of the pathways to resilience study. (Technical Report No. 1). Massey University; Dalhousie University. [http://www.youthsay.co.nz/massey/learning/departments/centres-research/resilience-research/publications/publications\\_home.cfm](http://www.youthsay.co.nz/massey/learning/departments/centres-research/resilience-research/publications/publications_home.cfm)

O'Connor, S. (2011). *Getting involved, doing well, feeling connected: How participation in community activities relates to positive developmental outcomes in a culturally diverse sample of young New Zealanders* [Unpublished master's thesis, Victoria University of Wellington]. Victoria University of Wellington Research Archive, Te Puna Rangahau. <http://researcharchive.vuw.ac.nz/handle/10063/1701>

O'Connor, S., & Jose, P. E. (2012). A propensity score matching study of participation in community activities: A path to positive outcomes for youth in New Zealand? *Developmental Psychology, 48*(6), 1563–1569. <https://doi.org/10.1037/a0027597>

Office of the Children's Commissioner & Oranga Tamariki (2019). *What makes a good life? Children and young people's views on wellbeing*. <http://www.occ.org.nz/publications/reports/what-makes-a-good-life/>

Overton, W. F. (2014). The process-relational paradigm and relational developmental-systems metamodels as context. *Research in Human Development, 11*(4), 323–331. <https://doi.org/10.1080/15427609.2014.971549>

Overton, W. F. & Lerner, R. M. (2014). Fundamental concepts and methods in developmental science: A relational perspective. *Research in Human Development, 11*(1), 63–73. <https://doi.org/10.1080/15427609.2014.881086>

Panelli, R., Nairn, K., Atwool, N., & McCormack, J. (2002). "Hanging out." Print media constructions of young people in public space. *Youth Studies Australia, 21*(4), 38–48.

Pekel, K., Roehlkepartain, E. C., Syvertsen, A. K., Scales, P. C., Sullivan, T. K., & Sethi, J. (2018). Finding the fluoride: Examining how and why developmental relationships are the active ingredient in interventions that work. *American Journal of Orthopsychiatry, 88*(5), 493–502. <https://doi.org/10.1037/ort0000333>

Pennell, C., Boman, P., & Mergler, A. (2015). Covitality constructs as predictors of psychological well-being and depression for secondary school students. *Contemporary School Psychology, 19*, 276–285. <https://doi.org/10.1007/s40688-015-0067-5>

Puna, E. T., & Tiatia-Seath, J. (2017). Defining positive mental wellbeing for New Zealand-born Cook Islands youth. *Journal of Indigenous Wellbeing, 2*(1), 97–107. [https://journalindigenouswellbeing.com/journal\\_articles/defining-positive-mental-wellbeing-for-new-zealand-born-cook-islands-youth/](https://journalindigenouswellbeing.com/journal_articles/defining-positive-mental-wellbeing-for-new-zealand-born-cook-islands-youth/)

Quinlan, D. M. (2013). *Awesome Us: the individual, group and contextual effects of a strengths intervention in the classroom*. [PhD Thesis, Otago University]. Otago University Research Archive. <https://ourarchive.otago.ac.nz/handle/10523/4114>

Reese, E., Myftari, E., McAnally, H. M., Chen, Y., Neha, T., & Wang, Q. (2017). Telling the tale and living well: Adolescent narrative identity, personality traits, and well-being across cultures. *Child Development, 88*(2), 612–628. <https://doi.org/10.1111/cdev.12618>

Resnick, M. D. (2011). A better understanding of mortality in young people. *The Lancet, 377* (April), 1128–1130. [https://doi.org/10.1016/S0140-6736\(11\)60412-1](https://doi.org/10.1016/S0140-6736(11)60412-1)

Resnick, M. D., Catalano, R. F., Sawyer, S. M., Viner, R., & Patton, G. C. (2012). Seizing the opportunities for adolescent health. *The Lancet, 379* (April), 1564–1567. [https://doi.org/10.1016/S0140-6736\(12\)60472-3](https://doi.org/10.1016/S0140-6736(12)60472-3)

Roth, J. L., & Brooks-Gunn, J. (2016). Evaluating youth development programs: Progress and promise. *Applied Developmental Science, 20*(3), 188–202. <https://doi.org/10.1080/10888691.2015.1113879>

Roth, J. L., & Brooks-Gunn, J. (2003). What exactly is a youth development program? Answers from research and practice. *Applied Developmental Science, 7*(2), 94–111. [https://doi.org/10.1207/S1532480XADS0702\\_6](https://doi.org/10.1207/S1532480XADS0702_6)

Rutter, M. (1989). Isle of Wight revisited: Twenty-five years of child psychiatric epidemiology. *The American Academy of Child and Adolescent Psychiatry, 28*(5), 633–653. <https://doi.org/10.1097/00004583-198909000-00001>

Sanders, J. R., & Munford, R. (2017). Culture and context: The differential impact of culture, risks and resources on resilience among vulnerable adolescents. *Children and Youth Services Review, 79*, 517–526. <https://doi.org/10.1016/j.childyouth.2017.07.007>

Sanders, J. R., & Munford, R. E. (2014). Youth-centred practice: Positive youth development practices and pathways to better outcomes for vulnerable youth. *Children and Youth Services Review, 14*, 160–167. <https://doi.org/10.1016/j.childyouth.2014.08.020>

Sanders, J., Munford, R., & Boden, J. M. (2017). Pathways to educational aspirations: resilience as a mediator of proximal resources and risks. *Kōtuitui: New Zealand Journal of Social Sciences Online, 12*(2), 205–220. <https://doi.org/10.1080/1177083X.2017.1367312>

Sanders, J., Munford, R., & Liebenberg, L. (2017). Positive youth development practices and better outcomes for high risk youth. *Child Abuse and Neglect*, 69, 201–212. <https://doi.org/10.1016/j.chabu.2017.04.029>

Sanders, J. R., Munford, R., & Liebenberg, L. (2016). The role of teachers in building resilience of at risk youth. *International Journal of Educational Research*, 80, 111–123. <https://doi.org/10.1016/j.ijer.2016.10.002>

Sanders, J., Munford, R., Liebenberg, L., & Ungar, M. (2017). Peer paradox: the tensions that peer relationships raise for vulnerable youth. *Child & Family Social Work*, 22, 3–14. <https://doi.org/10.1111/cfs.12188>

Scales, P. C., Roehlkepartain, E. C., & Shramko, M. (2017). Aligning youth development theory, measurement, and practice across cultures and contexts: Lessons from use of the Developmental Assets Profile. *Child Indicators Research*, 10, 1145–1178. <https://doi.org/10.1007/s12187-016-9395-x>

Sesma Jr., A., Mannes, M., & Scales, P. C. (2013). Positive adaptation, resilience and the developmental assets framework. In S. Goldstein & R. B. Brooks (Eds.). *Handbook of Resilience in Children* (pp. 427–442). New York, NY: Springer Science. [https://doi.org/10.1007/0-306-48572-9\\_17](https://doi.org/10.1007/0-306-48572-9_17)

Severinson, C., & Reweti, A. (2019). Rangatahi tu rangatira. Innovative health promotion in Aotearoa New Zealand. *Health Promotion International*, 342, 291–299. <https://doi.org/10.1093/heapro/dax075>

Sigelman, C. K., De George-Walker, L., Cunial, K., & Rider, E. A. (2019). *Life span human development*. Australia and New Zealand edition, 3<sup>rd</sup> ed. Cengage Learning Australia

Stuart, J. E. (2012). *Pathways to positive development for Muslim immigrant youth in Western contexts*. [PhD thesis, Victoria University of Wellington]. Victoria University of Wellington Research Archive, Te Puna Rangahau. <http://hdl.handle.net/10063/2036>

Stuart, J., & Jose, P. E. (2014). The protective influence of family connectedness, ethnic identity, and ethnic engagement for New Zealand Māori adolescents. *Developmental Psychology*, 50(6), 1817–1826. <https://doi.org/10.1037/a0036386>

Syvertsen, A. K., Scales, P. C., & Toomey, R. B. (2019). Developmental assets framework revisited: Confirmatory analysis and invariance testing to create a new generation of assets measures for applied research. *Applied Developmental Science* [Advanced Online Publication]. <https://doi.org/10.1080/10888691.2019.1613155>

Teevale, T., Lee, A. C. L., Tiatia-Seath, J., Clark, T. C., Denny, S., Bullen, P., Fleming, T., & Peiris-John, R. J. (2016). Risk and protective factors for suicidal behaviors among Pacific youth in New Zealand. *Crisis*, 37(5), 335–346. <https://doi.org/10.1027/0227-5910/a000396>

Ulugia-Veukiso, A. *What's God got to do with sex? Exploring the relationship between spiritual engagement and the sexual health activities of Samoan youth*. [PhD thesis, Massey University]. Massey Research Online. <https://mro.massey.ac.nz/handle/10179/783>

Brazier, C. (2017). *Building the future. Children and the sustainable development goals in rich countries* (Innocenti Report Card No. 14). UNICEF. <https://www.unicef-irc.org/publications/890-building-the-future-children-and-the-sustainable-development-goals-in-rich-countries.html>

Ungar, M. (2019). Designing resilience research: Using multiple methods to investigate risk exposure, promotive and protective processes, and contextually relevant outcomes for children and youth. *Child Abuse & Neglect*, 96, 1–8. <https://doi.org/10.1016/j.chabu.2019.104098>

Ungar, M. (2018a). Systemic resilience: principles and processes for a science of change in contexts of adversity. *Ecology and Society*, 23(4), 34, 1–16. <https://doi.org/10.5751/ES-10385-230434>

Ungar, M. (2018b). The differential impact of social services on young people's resilience. *Child Abuse & Neglect*, 78, 4–12. <https://doi.org/10.1016/j.chabu.2017.09.024>

Ungar, M. (2015). Practitioner review: Diagnosing childhood resilience – a systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of Child Psychology and Psychiatry*, 56(1), 4–17. <https://doi.org/10.1111/jcpp.12306>

Ungar, M. (2012). Researching and theorizing resilience across cultures and contexts. *Preventive Medicine*, 55, 387–389. <https://doi.org/10.1016/j.ypmed.2012.07.021>

Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W. M., Armstrong, M. & Gilgun, J. (2007). Unique pathways to resilience across cultures. *Adolescence*, 42(166), 287–310.

Ungar, M. & Hadfield, K. (2019). The differential impact of environment and resilience on youth outcomes. *Canadian Journal of Behavioural Sciences*, 51(2), 135–146. <https://doi.org/10.1037/cbs0000128>

Utter, J., Denny, S., Robinson, E., Ameratunga, S., & Milfont, T. L. (2011). Social and physical contexts of schools and neighborhoods: associations with physical activity among young people in New Zealand. *American Journal of Public Health*, 101(9), 1690–1695. <https://doi.org/10.2105/AJPH.2011.300171>

Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet*, 379 (April), 1641–1652. [https://doi.org/10.1016/S0140-6736\(12\)60149-4](https://doi.org/10.1016/S0140-6736(12)60149-4)

Werner, E. E. (1997). Vulnerable but invincible: high-risk children from birth to adulthood. *Acta Paediatrica*, 87(S422), 103–105. <https://doi.org/10.1111/j.1651-2227.1997.tb18356.x>

Walters, A. (2016). *Stories of survival and resilience: an enquiry into what helps tamariki and rangatahi through whānau violence*. [DClinPsy thesis, University of Auckland] University of Auckland Research Repository, Research Space. <https://researchspace.auckland.ac.nz/handle/2292/31016>

Ward, A. L., Freeman, C., & McGee, R. (2015). The influence of transport on well-being among teenagers: A photovoice project in New Zealand. *Journal of Transport & Health*, 2(3), 414–422. <https://doi.org/10.1016/j.jth.2015.06.004>

Werner, E. (1995). Resilience in development. *Current Directions in Psychological Science*, 4(3), 81–85.

Williams, A. D., Clark, T. C., & Lewycka, S. (2018). The associations between cultural identity and mental health outcomes for indigenous Māori youth in New Zealand. *Frontiers in Public Health*, 6, 1–9. <https://doi.org/10.3389/fpubh.2018.00319>

Williams, R. A. (2015). *Investigation the implementation and impact of participation in a health promotion programme on the social attitudes and behaviours of children in New Zealand schools*. [PhD thesis, University of Auckland]. University of Auckland Research Repository, ResearchSpace. <http://hdl.handle.net/2292/27425>

Wong, A., Peiris-John, R., Sobrun-Maharaj, A., & Ameratunga, S. (2015). Priorities and approaches to investigating Asian youth health: Perspectives of young Asian New Zealanders. *Journal of Primary Health Care* 7(4) 282–290. <https://doi.org/10.1071/HC15282>

You, S., Furlong, M. J., Dowdy, E., Renshaw, T. L., Smith, D. C., & O'Malley, M. D. (2014). Further validation of the Social and Emotional Health Survey for high school students. *Applied Research Quality Life*, 9, 997–1015. <https://doi.org/10.1007/s11482-013-9282-2>

# Author Biographies

---

**Kelsey Deane** is a Senior Lecturer in the School of Counselling, Human Services and Social Work in the Faculty of Education and Social Work at the University of Auckland. Kelsey has French, Irish and British ancestry and originates from the East Coast of Canada. Kelsey was involved in a range of teaching and youth work roles in different countries prior to moving to Aotearoa New Zealand in 2006 and completed her doctoral studies in the School of Psychology at the University of Auckland. Kelsey's teaches psychology, human development, youth work, social innovation and evaluation courses to students from a range of programmes at the University of Auckland. Her research is grounded in an interdisciplinary Positive Youth Development perspective and involves quantitative, qualitative and mixed methods. She is passionate about research that directly informs the quality of youth programmes and services and has been involved in a number of evaluation partnerships with youth organisations. She is currently Principal Investigator of the Youth-Adult Partnerships (Y-AP) Observation Study, a project focused on adult communication behaviours that facilitate positive connections with youth. She is also Co-Director of the university-based Campus Connections Aotearoa therapeutic youth mentoring programme.

**Hilary Dutton** (Ngāti Tūwharetoa) recently completed her PhD in the Faculty of Education and Social Work at the University of Auckland, and she is now a Postdoctoral Research Fellow in the School of Educational Studies and Leadership at the University of Canterbury. Her primary research interests involve youth development and community-based interventions for youth wellbeing. Inspired by her experience as a youth mentor, Hilary's research focuses on how to facilitate high quality youth mentoring relationships. Her work is guided by an interdisciplinary Positive Youth Development approach, with an emphasis on qualitative and mixed-methods research. Hilary is the Research Coordinator for the longitudinal Youth-Adult Partnerships (Y-AP) Observation Study, and has conducted research on programme evaluation, Māori and Pacific student success in tertiary education, and made contributions to the New Zealand Youth Mentoring Network's Guide to Safe and Effective Practice. She also teaches adolescent development and youth work.

## How to Cite this Report

Deane, K., & Dutton, H. (2019). *The factors that influence positive youth development and wellbeing. Key concepts, contemporary international debates and a review of the issues for Aotearoa New Zealand research, policy and practice*. Ara Taiohi.