Collins
Management
Consulting &
Research Ltd.

An Evaluation of Youth Health Centres in Nova Scotia

Phase I-III Reports
Profile Report

An Evaluation of the Youth Health Centres: Phases I & II

Final Report

Prepared on Behalf of:
Youth Health Evaluation Steering Committee

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1. INTRODUCTION

PURPOSE AND OBJECTIVES OF THE EVALUATION

Under the direction of the Department of Health, the Youth Health Centre Evaluation Steering Committee — a subcommittee of the Public Health Enhancement Core Services Committee — hired Collins Management Consulting Ltd to help it describe the activities, model structure and impacts of Youth Health Centres (YHCs) operating in schools and community sites throughout Nova Scotia. This information will be part of an evaluation undertaken to inform decision-making for the Department, other health-related organizations and partners, and the YHCs themselves. The information obtained through the evaluation process will also enable the YHC Steering Committee to determine the linkages between the YHCs and the youth-related health standards and targets identified in the 1997 Nova Scotia Health Standards. In particular, the evaluation will help the Committee determine how the Youth Health Centres contribute to the achievement of youth-related health standards and targets.

Some 34 YHCs are operating in schools and community sites throughout Nova Scotia, with funding from a variety of sources[1]. The centres provide a range of health services and supports to youth such as health education, health promotion, information and referral, follow-up and support.

Although some centres have undertaken individual evaluations, little is known collectively about the activities of the centres, the models in which they function, or their impact on the health of youth. To inform decision making at the provincial, district and site levels, the Youth Health Evaluation Steering Committee began the formal evaluation process by commissioning an evaluation framework[2] for determining the activities and impacts of the 34 established youth health centres in Nova Scotia.

The evaluation framework, informed by individuals involved with YHCs, proposed an evaluation consisting of the following three phases:

- Phase I: Capacity building workshop and development of a performance framework and data collection tools;
- Phase II: On-going monitoring (data collection); and
- Phase III: Final external evaluation, focused on impacts.

The objectives for the entire three-phased evaluation project are:

- To identify "best practice" aspects of YHCs in the literature (Phase I);
- To describe the various models of YHCs operating in Nova Scotia (Phase II);
- To describe, using both quantitative and qualitative data, the impact of YHCs on the health of youth (Phase III);

[1] The Phase II evaluation subsequently found that six YHCs are no longer in operation.
[2] Prepared by Chaytor Educational Services

- To identify barriers faced by youth when accessing YHC services and programs (Phase III);
- To assess the effectiveness and efficiency of the various models of YHCs in Nova Scotia (Phase III); and
- To recommend key elements (including staff qualifications and mix; essential services; hours of operation; etc.) for the establishment and success of new YHCs while recognizing the unique needs of smaller YHCs and/or rural/remote YHCs in the province (Phase III).

This report presents the integrated findings of the first two phases of the evaluation, completed between September 2001 and September 2002.

Phase I was based on the participatory, consultative approach proposed in the evaluation framework document. This process included a literature review on "best practices" for YHCs presented in Chapter 2, and four regional workshops with stakeholders, resulting in the YHC evaluation model presented in Chapter 3. The model includes information on the results of the YHCs that are necessary for determining the performance of the YHCs, their progress towards longer-term outcomes and their impacts.

Evaluation methodologies and data collection instruments, along with the data collection process, comprise the evaluation and performance measurement strategy provided in Chapter 4. Copies of the data collection instruments are provided in Appendix B.

Phase II initially proposed a 12-month data collection process undertaken in cooperation with the YHCs. This was subsequently adjusted to the six-month period. The YHCs were responsible for collecting data on various aspects of their centres and providing these results to the consultant, Collins Management Consulting Ltd. The results of this process are presented in Chapter 5.

Chapter 6 describes a series of lessons learned" from the first two phases f the YHC evaluation. These will be invaluable in planning and implementing Phase III, the comprehensive final phase of the YHC evaluation.

In addition, a Profile of YHCs has been prepared under separate cover. The report describes a range of characteristics of the centres, including their location, operational characteristics, organizational structure and governance, human resources and financial characteristics.

PHASE I EVALUATION: BACKGROUND AND PROCESS

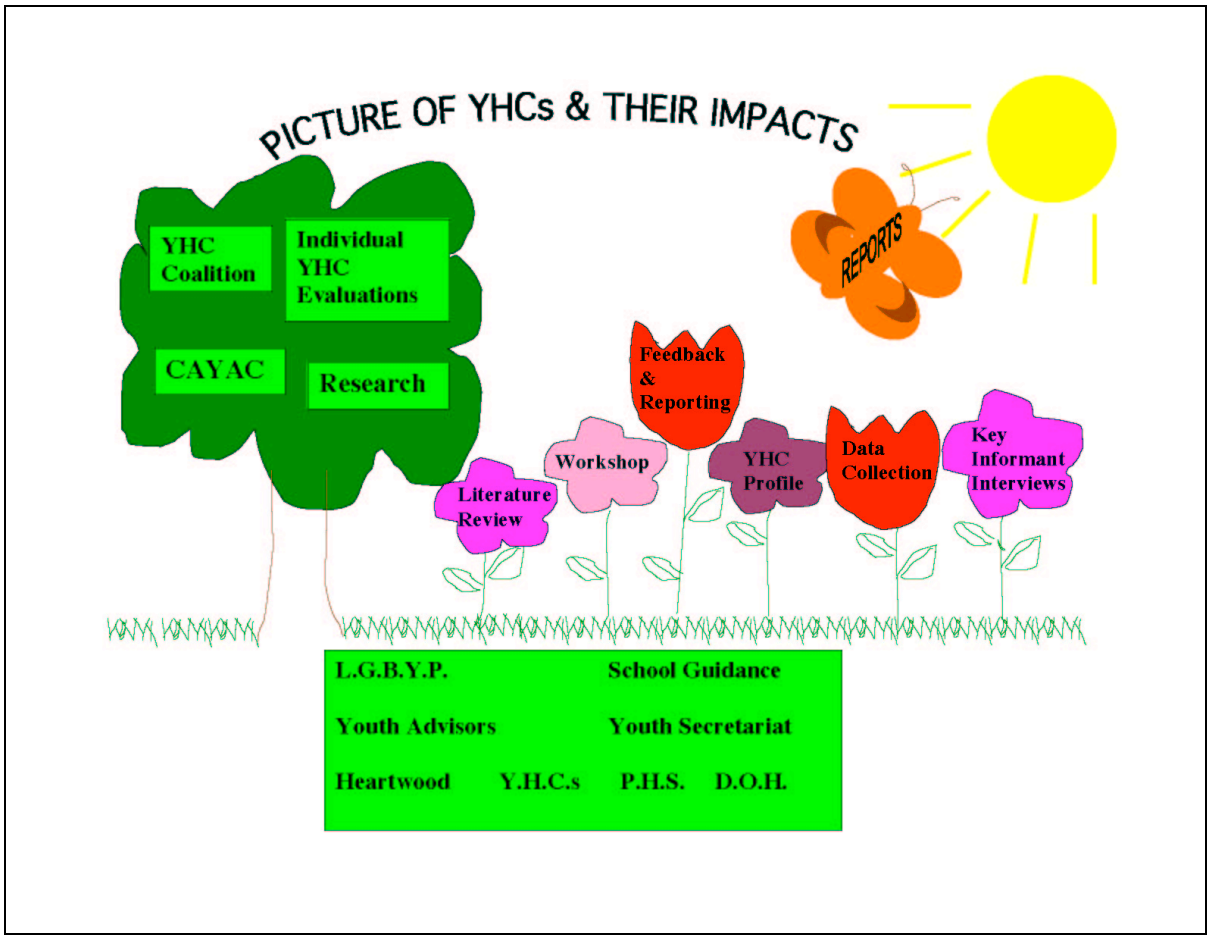
The regional workshops were the central element of the Phase I component of the YHC evaluation. These one and a half day workshops were held in four locations:

- Halifax;
- New Waterford;
- Truro; and
- Cornwallis.

Participants at the workshops included YHC youth volunteers, YHC staff and board members, parents and members of the community, school officials, researchers and members of the YHC Steering Committee.

To assist the workshop participants' in their understanding of the YHC evaluation process, the Department of Health developed a visual representation of the three phases of the evaluation and the relationship between the evaluation components. Figure 1 is a photo of this presentation.

Figure 1: Elements of the YHC Evaluation



The grass at the bottom of the photo represents the key stakeholders and partners on the YHC Evaluation Steering Committee. These include Heartwood, the YHCs, the Youth Secretariat, Public Health Services, youth advocacy groups, the Gay-Lesbian-Bisexual Youth Project and school guidance counsellors. The Department of Health is providing overall guidance in the process.

The Department of Health, represented by the sun in the upper right hand corner of the figure, is interested in applying the findings of the evaluation to better understand the structure and impact of the YHCs. The evaluation will help inform decisions about policies, roles and standards for the YHCs, without impinging on their uniqueness. This work has benefited from the development of the logic model of the YHC Coalition; research

investigating YHCs in Nova Scotia and elsewhere; the Child and Youth Action Committee (CAYAC) Youth Centre Committee; and individual YHC evaluations and data collection activities. The leaves on the tree represent these stakeholders.

The flowers represent the various components of this evaluation, including:

- *A literature review* – This component includes a review of the missions, models and mandates of YHCs, their evaluations and annual reports as well as an analysis of best practices for youth centres.
- *Workshop consultations* – The consultation process was meant to inform local YHC representatives about the evaluation process. Four regional workshops in Halifax, New Waterford, Truro and Cornwallis obtained input from YHC representatives and stakeholders on the performance framework and data collection techniques.
- *Feedback and reporting* – The performance framework was distributed to the workshop participants for their feedback. It is anticipated that the Evaluation Steering Committee will distribute the final report of the evaluation process and its findings to the YHC coordinators and stakeholders.
- *YHC profiles* – This component collected information on YHCs operating in the province. The profiles provide an overview of operational aspects of the YHCs including hours of operation, staffing levels, sources of funding and services offered. These profiles provide context to the information collected in Phase II, described in the next bullet.
- *Data collection* – Once the performance framework and data collection approach was finalized, YHCs began a six-month period of sending monthly reports for analysis. Chapter 5 presents the results of the analysis of this data.
- *Key informant interviews* – This component will be completed during Phase III of the evaluation. Interviews will be conducted with YHC representatives and stakeholders regarding issues identified in Phases I and II, such as funding, governance and staffing.

The butterfly in the figure symbolizes the final Phase III report. This will build on the work completed in Phases I and II and will help identify the various impacts of YHCs.

2. RESULTS OF THE LITERATURE REVIEW

We conducted an extensive literature review of appropriate documents, reports and studies as a basis for describing best practices for Youth Health Centres and possible indicators or measures for determining the success of YHCs. This search focussed on information available via the Internet as well as traditional reviews of the published literature.

The literature review was designed to update and expand the work completed in 1999 for the *Teen Health Report*, the major study of the literature concerning YHCs in Nova Scotia, prepared on behalf of the Teen Health Steering Committee. This review supports the development of the results-based performance framework designed as part of the evaluation of the Youth Health Centres in Nova Scotia and the accompanying data collection process.

EARLIER RELATED WORK IN NOVA SCOTIA AND OTHER JURISDICTIONS

The *Teen Health Report* included a review of best practices for youth health. These best practices focused on developing the appropriate health infrastructure and policies to appropriately meet the health needs of youth. The best practices focused on the following attributes that both government and centres should adopt:

- *Building a public health policy* for youth that is equitable and offers rules and procedures that address the needs of youth;
- *Creating supportive environments* through community and school initiatives that address issues of safety, confidentiality and privacy for youth;
- *Strengthening community action* through programs where youth involvement is key and through the creation of intersectoral partnerships which support action on youth issues;
- *Developing personal skills* by providing information and training to youth to prepare them for involvement in community action and policy development; and
- *Reorienting health services* to address youth needs where and how youth can utilize and access them.

In comparison, our literature review on best practices focussed on identifying programs and activities that meet the health needs of youth and how best to deliver them. In other words, *our search concentrated on how to operate a centre, not on the conditions needed to develop or implement youth health centres*.

THE APPROACH USED HERE

This review examined many reports and documents, several of which were produced here in Nova Scotia, including:

- "Adolescent Sexual Health Services and Education: Options for Nova Scotia", Policy Discussion Series Paper 8, by Donald P. Langille, Maritime Center of Excellence for Women's Health, December 2000.

- "Teen Health Centre Project Annual Report" by Lindsay Stanhope;
- "The Teen Health Report to Teen Health Steering Committee" by Anne Bulley and Kelly Redmond-Evans;
- "A Working Guide to Establishing Community-based Youth Health & Support Centres" by The Teen Health Centre (Halifax) and The Red Door (Kentville); and
- "Youth Health Centres Evaluation Framework Report" by Chaytor Education Services.

In addition, we examined information on youth health issues and practices in centres in other provinces throughout Canada and at the federal level, and in the United States, England and Australia. These include:

- "Blueprint for Change: Research on Child and Adolescent Mental Health", Report of the National Advisory Mental Health Council's Workgroup and Child and Adolescent Mental Health Intervention Development and Deployment, Washington DC, 2001.
- "A Capella: A report on the realities, concerns, expectations and barriers experienced by adolescent women in Canada", Summary of a report made by the Canadian Teachers' Federation in November 1990.
- "A Community Based Health Centre for Adolescents", by Rev. Dr. W.K. Jaggs, SCC, presented at The First International Conference on Health and Culture in Adolescents, November 1996, Jerusalem, Israel.
- "Community Health Needs Assessment Guidelines", Manitoba Health.
- "Healthier Youth - Current Trends in Adolescent Health", The McCreary Centre Society, Winter 2001.
- "It's Our Health: Teens included, respected and involved", Erin Findaly, Patti Melanson, RN, and Jason Risley, Vis-a-Vis, Spring 1996, Volume 13, Number 2.
- "Moving Mountains for the Children and Families of Eastern Nova Scotia", Charmaine Mzarek, Education Canada, Winter 2002, Web Supplement. http://www.acea.ca/english/edcan_dec2000_03.phtml
- "School Health Policies and Programs Study", U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.
- "Student Health Model", Child, Youth & Family Health - Child and Youth Physical Health, Health Canada Website. http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/homepage/
- "Synergisms for Schools Health", The Center for Health for and Health Care in Schools Website, Washington DC.http://www.healthinschools.org/sh/pn4.asp
- "Toward a Healthy Future - Second Report on the Health of Canadians", prepared by the Federal Provincial Territorial Advisory Committee on Population Health for the Meeting of Ministers of Health, Charlottetown, PEI, September 1999.

- "Working with Youth", CHP Notes, No.2-97, The Community Health Promotion Network Atlantic.
- "Youth Policy Framework", British Columbia Ministry for Children and Families, May 2000.
- Youth Suicide Prevention Bulletin No. 3, Australian Institute of Family Studies

FINDINGS OF THE LITERATURE REVIEW

The development of youth health centres in Nova Scotia generally follows Health Canada's *population health approach*[3]. This approach to health aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it examines and acts upon the broad range of factors and conditions that have a strong influence on our health. These broad range of factors, or determinants, include:

- Income and social status;
- Social supports network;
- Education;
- Employment/working conditions;
- Social environments;
- Physical environments;
- Personal health practices and coping skills;
- Healthy childhood;
- Biology and genetic endowment;
- Health services;
- Gender; and
- Culture.

A review of the literature shows much has been written about approaches to dealing with youth and their health issues. For example, the *Community Health Promotion Network Atlantic* suggests the following ten lessons or approaches for working with youth:

- Projects are most successful when they are developed by youth, for youth;
- To get youth involved – and keep them involved – activities have to be fun;
- Young people are most effective doing tasks they feel able to do and that have a definite time frame for completion;
- Invest time and effort at the start of a project to gain the trust of young people;

[3] The Health Canada web site is listed above.

- Young people are much more trusting of information coming from other young people;
- Young people thrive when they are shown respect;
- Youth need mentors, role models and advocates – people they can look up to and trust;
- Young people need an environment in which they feel safe before they will discuss issues and seek accurate information;
- Self-esteem is a critical issue for many teens, and lack of self-esteem underlies many other problems; and
- Maintaining or building trust between youth and their communities is critical to a project's success.

In addition, the *Society for Adolescent Medicine* recommends that initiatives for improving health care for youth include the following:

- *Availability*: age-appropriate services and trained health-care providers must be present in all communities;
- *Visibility*: health services for youth must be recognizable, convenient and should not require extensive or complex planning by youth or their parents;
- *Quality*: a basic level of service must be provided to all youth and youth should be satisfied with the care they receive;
- *Confidentiality*: youth should be encouraged to involve their families in health decisions, but confidentiality must be assured;
- *Flexibility*: service, provider and delivery sites must consider the ethnic, cultural and social diversity among youth; and
- *Coordination*: service providers must ensure comprehensive services are available to youth.

It is significant to note that the current evaluation of YHCs in Nova Scotia shows that most, if not all, centres operate in keeping with these principles.

EFFECTIVENESS ISSUES FOR YHCS

Applying these "lessons learned" from the literature review to the YHCs in Nova Scotia, it is clear that the YHCs have developed in a manner that involves and engages youth in their operations. However, while it is important to have sound principles for developing centres, it is equally important, if not more so, to know if the programs and services developed from the principles are effectively reaching youth and producing positive results. It is this evaluation step that produces best practices.

According to a recent article published by the Association of Ontario Health Centres[4], to develop best practices, it is important to answer two key questions based on literature, indicators and knowledge of the community:

- What range of information do we use to make decisions about programs and processes?
- What range of information can we use to compile evidence that our programs have been effective?

In answering these two questions for youth health centres, we have knowledge about the community and what it is available in the literature, but little has been written about the indicators – evaluation information on the outputs and outcomes – of the centres. This information was developed in cooperation with the YHCs through a series of workshops held in the fall of 2001. The results of this consultation process are presented in the remaining sections of this report.

Our literature review of best practices for youth health centres found that much has been written about the *principles* of working with youth, how to establish youth health centres, the key strategic issues that must be addressed when working with youth, and approaches for addressing youth health needs. However, little has been written about best practices that focus on how to evaluate programs and projects that work with youth and provide health service to youth.

Because of the current lack of information regarding best practices for measuring the results or impacts of youth health centres, this evaluation is a "trail-blazing" initiative as it works to identify and compile information as "evidence that our programs have been effective". The information developed through the data collection process and the accompanying analysis will provide valuable insights into what works best at the youth health centres both here in Nova Scotia and in other provinces and countries.

[4] "Best Practices Project – Part 3 in a Series", *healthLINK*, Association of Ontario Health Centres, Spring, 2001.

3. AN EVALUATION MODEL FOR YHCS

THE DEVELOPMENT PROCESS

Designing and implementing a province-wide evaluation of Youth Health Centres raises a number of challenges. These challenges are related to the diversity of design and operating characteristics of the YHCs and include differences in:

- *Delivery models*: The YHCs may be school-based or community-based;
- *Range of services provided*: Some centres provide a broad range of clinical and non-clinical teen health services while others are primarily concerned with teen sexual health;
- *Level of resources*: The centres vary in their funding sources, staff size and level of professional expertise in providing health-related services;
- *Accessibility*: The accessibility of centres varies: some centres are available only several hours a week or during regular school hours through the school year while others may be accessible on a daily basis throughout the year;
- *Follow-up and tracking*: The centres may use a variety of formal and informal mechanisms to track the various activities and results of their programs and projects;
- *Anonymity*: The level of anonymity varies by centre, depending on the level of anonymity acceptable to the centre in providing services.

The uniqueness of each centre and the difficulty of evaluating the unique strategies and approaches to teen health used by each centre were raised in each of the four workshops.

The approach developed for the evaluation workshops addressed this level of diversity and uncertainty by employing a consultation process whereby participants:

- Developed an inventory the diverse range of activities undertaken by their centres;
- Focused on understanding the kind of results expected to be achieved; and
- Identified a range of common characteristics of the centres and produced a single "performance model", one for each workshop. This model was further refined into the provincial YHC model presented in this chapter, focusing on the core characteristics of the YHCs. The data collection process provides a mechanism for capturing the complete range of activities of the centres.

An important result of the workshop process was the general agreement by participants that although each centre was unique, there exists a common set of activities and outputs that contribute to the provincial YHC model and that could serve as a basis for evaluating the YHCs.

The following section describes the overall concepts and components in the provincial YHC model.

CONCEPTS AND DEFINITIONS

The YHC model presented in this report is an integrated, provincial model that describes the relationship among the various components of the YHC delivery approach in the province. In the discussion here, we use the term "program" to describe the provincial YHC model. Specifically, the YHC model is a program model for YHCs that links:

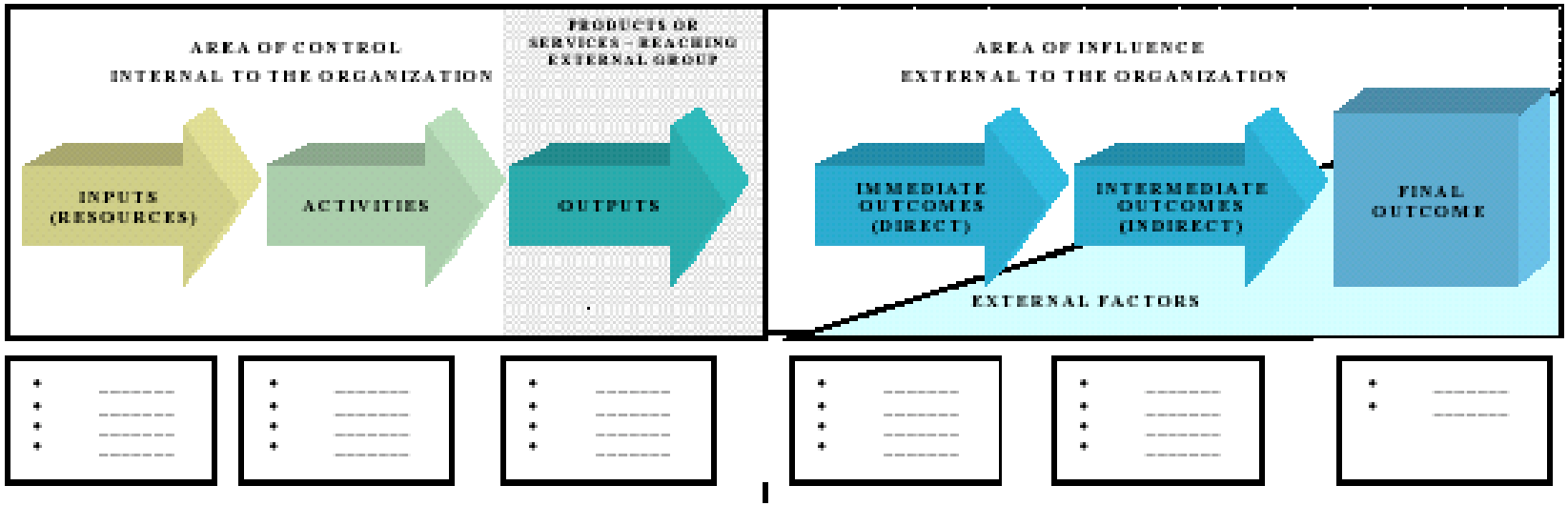
- *Activities*: how the YHC carries out its work — what it does internally with its resources to produce outputs;
- *Outputs*: the goods, services and other supports directly provided or delivered by the YHC;
- *Outcomes*: the benefits and changes that develop as a consequence of the outputs. Outcomes may be immediate or direct, as well as longer-term or ultimate. Outcomes are results external to the YHC and describe *what* the YHC wants to accomplish and *why*.

Moreover, the provincial YHC model presented here provides information on the *reach* of the centres: those individuals and organizations that are the primary clients of the YHCs, as well as its stakeholders, co-deliverers and partners.

Understanding the differences between activities, outputs and outcomes will simplify and greatly contribute to the successful implementation of the evaluation. This model helps those involved with the evaluation to differentiate between those components of the YHC that lie within its control – its activities and outputs – and those components that it cannot directly control – its outcomes.

Figure 2 is a general illustration of the relationship between these components of a results-based model. In an actual program model, the bulleted boxes beneath the two larger "areas of influence" boxes would include lists of performance measures or indicators of the various model components.

Figure 2: Results-Based Program Model



Source: Guide for the Development of Results-based Management and Accountability Frameworks, Treasury Board Secretariat

THE PROVINCIAL YHC MODEL

The provincial YHC model presented in Table 1 follows the results-based program model presented above. It indicates the relationship among YHC components: activities, outputs and outcomes, along with reach.

The model is based on the integration and synthesis of the major YHC model elements identified during the four workshops. This reorganization groups the YHC activities into the following categories, generally arranged showing the most common categories first, followed by less frequent groups of activities:

- Providing health services;
- Providing a youth-centred environment;
- Developing networks and partnerships;
- Providing opportunities for youth development and community involvement;
- Undertaking youth-related research; and
- Managing and administering the YHC.

Together, these categories provide a description of what the YHCs do. Each category includes one or more specific activities that produce certain programs, services and other support: the YHC outputs shown in the second column from the left of the table. These outputs are directly controlled by the YHCs.

The middle column, Reach, shows the clients, stakeholders and partners of the YHCs.

Finally, the two rightmost columns indicate the expected outcomes arising from the products and services provided by the YHCs. These outcomes include those benefits and changes that occur in the short term as well as the ultimate or long-term changes expected as a result of the YHC. As noted above, these outcomes are beyond the direct control or influence of the YHCs.

The table can be read from left to right or vice versa. Reading left-to-right provides a results-based perspective that indicates how YHC activities produce certain products and services for which clients, resulting in a variety of benefits and changes. A right-to-left perspective indicates the kind of outputs and related activities required to produce desired outcomes.

It should be noted that the Table includes a "managing and administering" category. This category is typically not included in a performance model but is included elsewhere in the description of the "program". This is because the activities associated with these functions are more *enabling* functions that support the YHC in producing results. These functions do not directly produce YHC outcomes. The category is included in this model to indicate the kinds of activities undertaken and to reflect the importance that the workshop participants placed on these activities in terms of the resources required to undertake these functions. .

Table 1: Proposed YHC Results-Based Model

Activities **(How the YHC carries out its work)**	**Outputs** **(The programs, services and supports of the YHC)**	**Reach** **(Who the YHC works for & with)**	**Direct Outcomes** **(Immediate results)**	**Ultimate Outcomes** **(Long-term results)**
Providing Health Services Providing primary health services: - Clinical services - Education (individual/clients) - Distribution of information and materials - Risk assessments and referrals Providing health counselling/support services Providing advice and information Providing referrals: *in* to the YHC and *out* to other health services Providing youth outreach/satellites	Clinical services relevant and responsive to youth Health education services Referrals/consultations Advice/information Health counselling/support services Programs responsive to community needs Awareness of risks	*Primary Clients*: Youth Parents Families *Stakeholders:* Parents Health agencies Community Health Boards District Health Boards Government Community *Partners/co-deliverers:* Health agencies Health professionals Teachers and guidance counsellors Student councils Community agencies Universities Student interns/co-op Private sector (pharmacies) School and school board Funding agencies	Increased knowledge of services and resources Increased knowledge of own health Increased access to health services Early and appropriate interventions Informed decisions Increase in healthier choices & behaviour Decrease in high risk behaviour: harm reduction Increase in healthy youth: wellness Improved youth satisfaction	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community

Activities **(How the YHC carries out its work)**	**Outputs** **(The programs, services and supports of the YHC)**	**Reach** **(Who the YHC works for & with)**	**Direct Outcomes** **(Immediate results)**	**Ultimate Outcomes** **(Long-term results)**
Providing a Youth-centred environment Providing safe, confidential environment Listening to Youth Developing youth support groups	Safe haven/place Accessible place Youth support groups Leisure activities/programs (after school)		Safe places for youth Increase in healthy youth: wellness	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community
Developing networks & partnerships Advocating for youth Consulting with other professionals (internal/external) Developing partnerships with the community Marketing and promoting the YHC Being a youth health resource to schools, the community and other organizations	Networks/partnerships Community and youth awareness of health issues Awareness of youth health needs at each developmental level Community and youth awareness of services and YHC Awareness of accessibility issues		Increased knowledge of youth health issues Increased commitment to youth health services Improved communication Increased access to health services Early and appropriate interventions	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community

Activities **(How the YHC carries out its work)**	**Outputs** **(The programs, services and supports of the YHC)**	**Reach** **(Who the YHC works for & with)**	**Direct Outcomes** **(Immediate results)**	**Ultimate Outcomes** **(Long-term results)**
Providing opportunities for youth development and community involvement Providing leadership training & development Providing peer education Providing food services	Youth involved in all levels of decision-making Youth and staff presentations Workshops and conferences Skill development for youth Training for peer educators Food provided		Youth ownership/sense of community Increased confidence for those involved (committees) Increased youth involvement in society Increased ownership and sense of community	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community
Undertaking Youth-related Research Collecting data/surveys	Reports Data management Surveys of youth		Increased knowledge of youth health issues	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community

Activities **(How the YHC carries out its work)**	**Outputs** **(The programs, services and supports of the YHC)**	**Reach** **(Who the YHC works for & with)**	**Direct Outcomes** **(Immediate results)**	**Ultimate Outcomes** **(Long-term results)**
Managing and Administering YHCs Governance and policy/program development Budgeting and planning Preparing reports	Human resource management Reports: project and administrative Policies and procedures Curriculum development Plans and budgets Service quality standards		Sustainable centres	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community

4. EVALUATION STRATEGY

MEASURING YHC PERFORMANCE AND RESULTS

Table 1 shows the relationship among the various components of the YHC model. To measure the *performance* of the YHCs and describe the *success* of the YHC approach to supporting the needs of youth in Nova Scotia, it will be important to provide evidence of the success of the YHC model. This evidence is obtained in two ways:

- Through the Phase II data collection process: the on-going collection of data documenting the performance of the YHCs; and
- Through the Phase III evaluation of the impacts or outcomes of the YHCs.

The first step in obtaining the evidence required to demonstrate success and accountability in both phases will be to identify specific indicators or measures that will document the accomplishments of the YHCs.

The workshop process initiated the work required to identify appropriate indicators for the outputs and outcomes of the YHC model. The amount of time available for developing a model during the workshops and the challenge for participants of absorbing a great deal of information in a limited time period required additional efforts to finalize the model. The preliminary input from the workshops was subsequently refined into the specific outputs and activities components of the YHC model presented in Table 1.

Tables 2 and 3 present a methodology for obtaining information on the YHC outputs and outcomes described in Table 1. Ideally, this information would be presented in a single table, but the amount of information required makes this problematic. To address this in part, we have included the headings from each group of activities from Table 1. The outcomes presented in Table 3 occur as a result of outputs from several groups. For example, the outcome "Increase in healthy youth: wellness" is an outcome of "providing health services" outputs and "providing a healthy environment" outputs — both groups of outputs contribute to this outcome.

For clarity and simplicity, Table 3 does not include duplicate outcomes.

Table 2 and 3 each contain the following information:

- *Output or Outcome*: this column lists specific results of the YHCs, classified as outputs (in Table 2) or outcomes (in Table 3).
- *Performance Indicator*: for each output or outcome, the table provides one or more indicators that will help determine the progress of the indicator in achieving its expected results.
- *Data Collection/Source*: this column identifies methodologies that will be used to obtain the required performance information. These methods are described in the following section of the report.

- *Responsibility for Collection*: some information is best collected by the YHCs themselves; other information will be the responsibility of the evaluators who complete Phase III, the impact evaluation.
- *Timing/Frequency of Measurement*: the output information concerns the products and services provided by the YHCs; this information should typically be collected by the YHCs during Phase II on an ongoing basis. More complex, costly or specific program/project information, particularly outcomes information, will be best collected during the Phase III evaluation.

Table 2: Output Information for the YHC Evaluation

Outputs	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Clinical services relevant and responsive to youth	Types of services provided Level of activity	YHC administrative data Youth satisfaction survey	YHC	√	
	Level of satisfaction	Focus groups Survey(s) of youth	Evaluators		√
Health education services	Types of services provided Level of activity	YHC administrative data	YHC	√	
	Level of satisfaction	Survey(s) of youth	Evaluators		√
Referrals/consultations	Types of services provided Level of activity	YHC administrative data	YHC	√	
	Level of satisfaction	Focus groups of youth Survey of youth Interviews with other health professionals	Evaluators		√
Advice/information	Types of services provided Level of activity	YHC administrative data	YHC	√	
	Level of satisfaction	Focus groups of youth Survey(s) of youth	Evaluators		√
Health counselling/support services	Types of services provided Level of activity	YHC administrative data	YHC	√	
	Level of satisfaction	Focus groups of youth Survey(s) of youth	Evaluators		√

Outputs	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Programs responsive to community needs	Types of programs provided	YHC administrative data	YHC	√	
	Level of satisfaction	Focus groups of youth Survey of the community	Evaluators		√
Awareness of risks	Level of risk	Focus groups of youth Survey(s) of youth	Evaluators		√
Safe haven/place	Hours of operation Location of YHC	YHC administrative data (from profile information)	YHC	√	
	Perceptions of YHC	Focus groups of youth Survey(s) of youth	Evaluators		√
Accessible place	Hours of operation Location of YHC	YHC administrative data (from profile information)	YHC	√	
Youth support groups	Number and type of groups Frequency of meetings	YHC administrative data and from profile	YHC	√	
Leisure activities/programs (after school)	Number and type of programs Hours of programs	YHC administrative data and from profile	YHC	√	
Networks/partnerships	Number and type Linkage/involvement with YHC	YHC administrative data and from profile	YHC	√	
Community and youth awareness of health issues	Level of awareness	Focus groups of youth and community Survey(s) of youth Survey of the community Key informant interviews with stakeholders	Evaluators		√

Outputs	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Awareness of youth health needs at each developmental level	Level of awareness	Key informant interviews with stakeholders, other health professionals	Evaluators		√
Community and youth awareness of services and YHC	Level of awareness	Focus groups of youth and community Survey(s) of youth Survey of the community Key informant interviews with stakeholders	Evaluators		√
Awareness of accessibility issues	Level of awareness	Focus groups of youth Survey(s) of youth Survey of the community Key informant interviews with stakeholders	Evaluators		√
Youth involved in all levels of decision-making	Number of youth on committees Positions of youth on committees	YHC administrative data	YHC	√	
Youth and staff presentations	Number and subject of presentations given by youth Number and subject of presentations given by staff	YHC administrative data	YHC	√	
Workshops and conferences	Number and focus of workshops and conferences given by YHC staff and youth Number and focus of workshops and conferences attended by YHC staff and youth	YHC administrative data	YHC	√	

Outputs	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Skill development for youth	Number and focus of skill development sessions Number of participants	YHC administrative data	YHC	√	
Training for peer educators	Number and focus of training sessions for peer educators Number of participants	YHC administrative data	YHC	√	
Food provided[5]	Description of food program	YHC administrative data	YHC	√	
Reports: project and administrative	Number and nature of reports Use of reports	YHC Profiles YHC Case studies Interviews with YHC staff	Evaluators		√
Policies and procedures	Number and nature of policies and procedures Development process of policies and procedures Use of policies and procedures	YHC Profiles YHC Case studies Interviews with YHC staff	Evaluators		√
Curriculum development	Areas of curriculum development Frequency of curriculum development Use of curriculum – YHC, classroom, etc.	YHC Profiles YHC Case studies Interviews with YHC staff, school/community leaders	Evaluators		√
Plans and budgets	Frequency of plans and budgets Use of plans and budgets	YHC Profiles YHC Case studies Interviews with YHC staff	Evaluators		√

[5] Perhaps this is a special program that should be tracked elsewhere?

Outputs	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Service quality standards	Existence of standards Development process of standards Use of standards	YHC Profiles YHC Case studies Interviews	Evaluators		√
Reports	Number and nature of reports Use of reports	YHC Profiles YHC Case studies Interviews with YHC staff	Evaluators		√
Surveys of youth	Number and nature of surveys Survey response rates Use of survey data	YHC Profiles YHC Case studies Interviews with YHC staff, school/community leaders	Evaluators		√

Table 3: Outcome Information for the YHC Evaluation

Direct Outcomes	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Increased knowledge of services, resources and paraphernalia	Level of knowledge of youth-clients Level of use of services, resources and paraphernalia	Focus groups of youth Survey(s) of youth	Evaluators		√
Increased knowledge of own health	Level of knowledge of youth-clients Changes in behaviour of youth[6]	Focus groups of youth Survey(s) of youth	Evaluators		√
Increased access to health services	Type of service provided pre and post establishment of YHC	Comparative analysis Focus groups of youth	Evaluators		√
	Availability of health services	YHC administrative data	YHC	√	√
Early and appropriate interventions	Timing of "problem" recognition and intervention	YHC administrative data	YHC	√	√
	Perceptions of youth	Focus groups of youth Survey(s) of youth	Evaluators		√
Informed decisions	Levels of awareness of "positive" choices Changes in behaviour of youth	Focus groups of youth Survey(s) of youth Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√

[6] We could be more specific here and measure changes in risk-taking behaviour. This would entail tracking various community or school indicators such as school suspensions, pregnancy rates, underage drinking citations, impaired driving convictions and so on.

Direct Outcomes	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Increase in healthier choices & behaviour	Changes in behaviour of youth Levels of awareness of "positive" choices	Focus groups of youth Survey(s) of youth Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√
Decrease in high risk behaviour: harm reduction	Changes in behaviour of youth	Focus groups of youth Survey(s) of youth Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√
Increase in healthy youth: wellness	Changes in behaviour of youth Levels of awareness of choices	Focus groups of youth Survey(s) of youth Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√
Improved youth satisfaction	Levels of youth satisfaction with YHC services Changes in behaviour of youth	Focus groups of youth Survey(s) of youth Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√

Direct Outcomes	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Increased knowledge of youth health issues	Level of knowledge of youth health issues Levels of awareness of choices and consequences Changes in behaviour of youth	Focus groups of youth Survey(s) of youth Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√
Increased commitment to youth health services	Changes in resources at YHC Changes in numbers of organizations partnering with YHCs	YHC administrative data	YHC	√	
	Changes in attitudes of partnering agencies/organizations	Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√
Improved communication	Changes in level and type of communication amongst partners	YHC administrative data	YHC	√	
	Level of partner participation with YHCs	Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√
Youth ownership/sense of community	Level of youth participation in community activities/organizations/events	YHC administrative data	YHC	√	
	Changes in attitudes of youth	Focus groups of youth Survey(s) of youth Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√

Direct Outcomes	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Increased confidence for those involved (committees)	Level of confidence amongst members Participation on committees	Focus groups of youth Survey(s) of youth Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√
Increased youth involvement in society	Perceptions of youth Perceptions of community leaders	Focus groups of youth Survey(s) of youth Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√
Increased ownership and sense of community	Level of youth participation in committees	YHC administrative data	YHC	√	
	Level of youth participation in community activities/organizations/events Level of community participation in YHC activities	Interviews with YHC staff, school/community leaders and other health professionals Survey(s) of youth Focus groups of youth	Evaluators		√

Direct Outcomes	Performance Indicator	Data Source/ Collection Method	Responsibility for Collection	Timing/Frequency of Measurement	
				Ongoing	Impact Evaluation
Sustainable centres	Levels of funding relative to services provided Changes in overall level of activity at YHC	YHC administrative data	YHC	√	
	Results of needs assessment relative to services provided	YHC Administrative data Interviews with YHC staff, school/community leaders and other health professionals	Evaluators		√

DESCRIPTION OF THE PROPOSED METHODOLOGIES

This section provides details on the evaluation methodologies provided in Tables 2 and 3 in the previous section. For the most part, these are straightforward evaluation methodologies. These include:

- *YHC Administrative data*: The evaluation approach in this report assumes that YHCs regularly collect information on their activities — the kinds of services, support and programs provided to their youth clients. The Monthly Activity form attached in Appendix B is designed to support and mesh with existing YHC collection methods and provide basic information on the activities and outputs of the YHCs.
- *YHC Profiles*: Each YHC will be asked to provide a description of the Centre. This will be done once at the beginning of Phase II of the evaluation, using the format in Appendix B.
- *Youth Satisfaction Survey*: Some centres collect information on the satisfaction of their youth clients using a variety of methods such as questionnaires, comment cards and guest book registries. This methodology is designed to build on this existing approach to obtain information on the levels of youth satisfaction with the centres. It is anticipated that the survey will be somewhat ad hoc with respect to timing; the evaluation will need to assess the coverage and extent of the kinds of surveys underway now early in the evaluation process to ensure that appropriate and useful information is available for the Phase III evaluation.
- *Focus Groups*: Several different groups of youth and other stakeholders should be interviewed using a focus group methodology. Focus groups are envisioned here as one-three hour group discussion sessions that will be designed to explore various issues, themes or results of the YHCs. Sessions will likely be completed with youth at several centres as well as stakeholders in the community, health profession, educators and others.
- *Survey(s) of Youth*: One or more surveys of youth will be required to examine impact-related questions. The surveys could be school-based but it may be more useful to consider broader community-wide surveys of youth, given that not all youth are in school.
- *Survey of the Community*: A survey of the community will be required to provide insights into attitudes, experiences and needs of the community that are being addressed by the YHCs. This survey will also be important in determining the long-term outcomes and impacts of the YHCs. The survey could be undertaken in specific, representative communities or on a province-wide basis.
- *Key Informant Interviews*: This evaluation method will obtain qualitative information and insights from a number of YHC partners and stakeholders such as community leaders, educators, health professionals and others with a direct interest and/or involvement with YHCs.

- *YHC Case Studies*: Case studies provide a mechanism for gaining in-depth insight into an evaluation issue or impact, using multiple methodologies. A case study approach might choose several YHCs for in-depth estimation of the benefits and impacts of the Centres in their community. A school-based and community-based case study would be useful for examining the strengths and weaknesses of both models, for example.

It is clear that the information requirements identified for both the outputs and outcomes is significant, and may well be beyond the capabilities, capacity and resources of the YHCs and the evaluation itself. At the end of Phase I, a process was undertaken by the Steering Committee in cooperation with the YHCs to prioritize the information required to provide evidence of the success of the YHCs. The data collection process in Phase II, presented in the following chapter, subsequently concentrated on obtaining information on the activities and outputs of the centre, along with the information required to profile the centres.

Phase III will include issues related to the outcomes of the YHCs. A similar prioritization process will be completed to determine the information needs of Phase III, bearing in mind the lessons learned from Phases I and II, and the specific priority needs of the Steering Committee and other stakeholders.

5. MONTHLY RESULTS FROM THE YHCS

THE DATA COLLECTION PROCESS

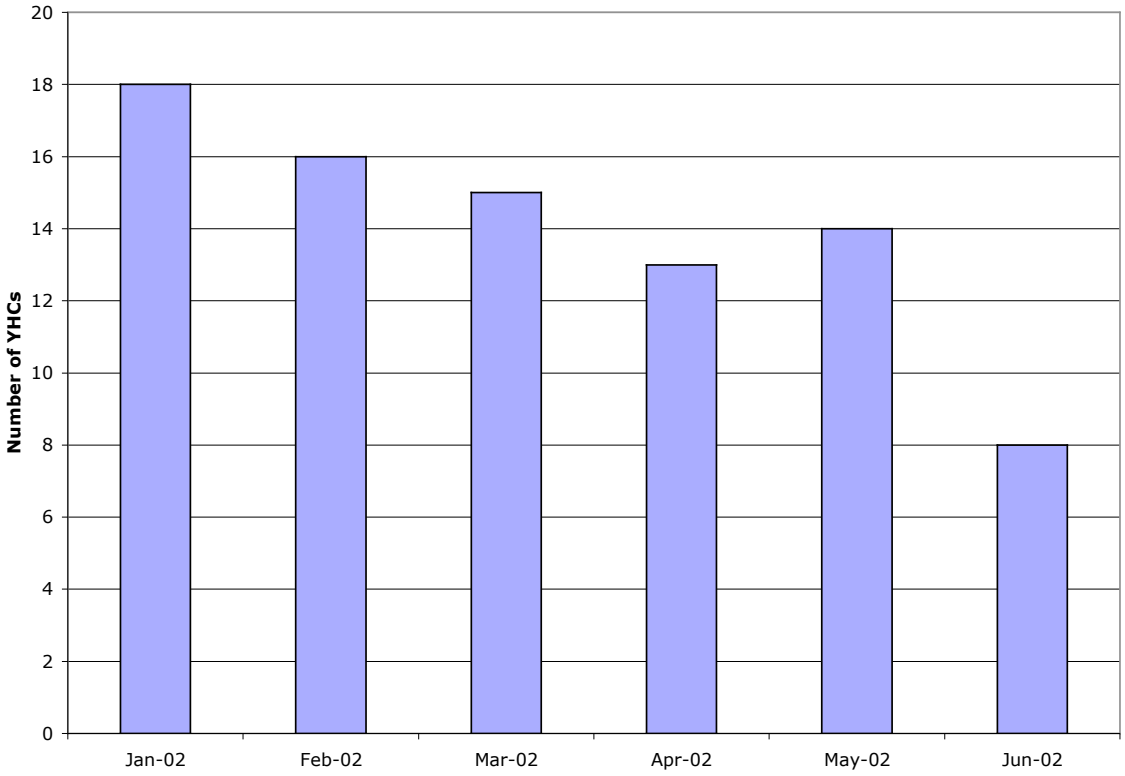
The monthly data collection process was developed in cooperation with the YHCs in order to obtain a comprehensive, common description of the operations and activities of YHCs.

The process was initially designed to take place over a 12-month period. Each YHC was to compile data each month on an agreed-upon set of activities shown in Appendix B. The results were to be compiled and returned to the YHCs. Difficulties with the timing of the implementation process and the administrative efforts to collect the data decreased the utility of this anticipated approach. Efforts were made to ensure a consistent interpretation of the data requirements by developing a series of definitions.

Initially, it was felt that it would be important to collect data over 12 months, including the summer. YHCs provided feedback that helped the Steering Committee determine that a six-month data collection period would be sufficient to describe the activities of the YHCs.

The monthly participation rates are shown in Chart 1. Eighteen YHCs from around the province participated in the data collection process beginning in January. The gradual decline in participation is evident: only eight YHCs participated by providing data for June.

Chart 1: Participation of YHCs by Month



RESULTS FROM THE DATA COLLECTION

This section describes the main findings of the six-month data collection process. Results are presented according to several different characteristics, including the month and location of the YHCs.

The monthly data collection form includes the following 11 sections, and the analysis reporting follows this structure:

- Clinical services;
- Health education;
- Referrals/consultation;
- Health Counselling/Support Services;
- Programs Responsive to Community Needs;
- Youth Support Groups;
- Leisure Activities;
- Food Services;
- Workshops and Conferences;
- Skill Development for Youth; and
- Peer Educator Training.

The volume and variety of data collected for the participating YHCs warrants a succinct approach to analyzing the data and summarizing the results.

CLINICAL SERVICES

Clinical services include a range of 12 broad services and activities that generally require the intervention of a health care professional. These services are defined in Appendix B and include dispensing medications, first aid, contraception, communicable diseases and other services directly related to health.

These clinical services are provided in varying degrees by all YHCs each month. However, each YHC does not provide all services. Table 4 lists the kinds of clinical services provided by YHCs along with the number of YHCs providing a particular service at least once over the six-month period. The middle column in the table indicates the total level of participation or the total number of "YHC months". For example, services related to STDs/STIs were provided by 14 different YHCs, and over the six-month period, these YHCs provided 62 months of service. If each of the 14 YHCs provided the service every month, the total would be 14x6=84 months, so some of the 14 YHCs did not provide the service every month.

These 14 YHCs provided services for STDs/STIs 2,042 times over the six months, for an average number of 58.3 times per YHC per month. In an effort to focus on clients, we attempted to have YHCs tell us how many clients they saw each month. However, the quality and consistency of the information provided varied and so it is not included here. Results do

not differentiate between group and individual services provided, although the definitions imply individual clients.

Table 4: Clinical Services Provided by YHCs

Clinical Services	YHCs Providing (#)	Total YHC Months[7]	Total # of Services Provided	Average/YHC/ Month
Contraception	16	76	7,350	210.0
Chronic illness Prevention	11	52	4,503	128.7
Health assessment	9	48	3,922	112.1
STDs/STIs	14	62	2,042	58.3
Dispensing Medications	7	35	1,615	46.1
First aid	9	42	764	21.8
Pregnancy test	12	58	555	15.9
Pap test	10	47	544	15.5
Breast exam	5	22	189	5.4
Communicable Disease	7	25	114	3.3
HIV testing	5	17	66	1.9

The data in the table are sorted by frequency. It is clear that contraception services are the most common services provided by the centres. Details provided by the centres indicate that this service includes providing condoms, birth control pills and other devices.

Some "other" clinical services provided by the centres are not included in the table due both to the inconsistency and/or low levels of responses and the variations in reporting formats. These are:

- Physician visits;
- Feminine supplies;
- Follow-up tests; and
- Prescriptions.

A review of the monthly fluctuations in the frequency of different services does not include any clear seasonal patterns in the demand for services.

HEALTH EDUCATION

This service focuses on four separate kinds of health education activities provided by youth and the staff of the YHCs. The first two activities are "presentations" by youth and YHC

[7] YHC-months count the absolute frequency of a service: the total number of YHCs that provided this service each month, totalled for the six-month data collection period.

staff. Indications of activity for pamphlets, booklets and other material were provided, but monthly counts of actual activity levels were not required.

Seventeen of the 18 YHCs that participated in the data collection indicated that they provided pamphlets to youth; 14 provided books and/or videos on loan to youth. Other health education services cited included the following. The number of times each service was provided is indicated, if available.

- Assistance with research projects (4)
- Attended mental health fair
- Made class presentations (4)
- Provided education packets (24)
- Made in-class presentation, peer health ed., displays. Talk groups
- In-service on STD/AIDS (35 participants)
- Lent materials/ presentations on STD, body piercing
- Did mail-outs (15)
- Media Awareness/ Body Image workshops (87 youth)
- Peer health ed documentary
- Posters borrowed (2)
- Question & Answer service
- School issues (2)
- Teacher in-service on homophobia

YHC youth were involved in providing the following kinds of presentations:

- Eating disorders and body image (1)
- Update of Teen Awareness group at Board meetings (2)
- Promote YHC (29 students x 2)
- Presentations of Student Board at Town Council (1) and meetings
- Classes on bullying/harassment (10)
- Sessions on smoking prevention (8)
- Healthy Lifestyle Issues education session
- Session re drugs and alcohol (1)
- No more butts (8)
- Peer Educator Workshops (11)
- Teen Issues Group (8)

YHC staff made presentations in the following areas. There is some duplication in the list but where references are made to the level of activity, all listings are included. References to presentations where the numbers of participants have not been included have been combined

to a single entry. For example, YHCs make numerous presentations on smoking cessation, bullying, and contraception. The total number of presentations for these three kinds of activities as well as other activities is not available, as the required details were not provided by the YHCs.

- "Evidence Based Nursing Practice & Guysborough Youth Health Needs Assessment" to 2nd yr STFXU nursing students; Pregnancy prevention; STDs (x2); intro to Puberty (x2)
- Info session to ARHS teaching staff
- 1- mental health, 2 self-esteem, 4 STDs
- 15 on smoking cessation
- 10 sessions re harassment and bullying
- 5 on bullying, fitness
- 5 on non- smoking, 1 grade 9 class on abortion, 1 grade 8 class on eating disorders and body image
- 6 presentations on promotion of YHC
- 78 people- sexuality, STDs, safe sex
- 9- Body Piercing/ Tattooing x5, Birth Control x 1, Puberty Sessions x3
- Staff meeting on Teen health Centre current events
- Attended workshop on conduct disorders
- Classes on bullying/harassment (10)
- CALM class, sexual health/ AIDS
- CALM/PAL class
- Contraception- 4
- Contraception- 80; STDs - 120
- Eating disorders- 5
- Eating disorders and body image (1)
- Ecstasy- 5; diversity- 20; banned substance- 100
- Fetal ETOH and Drug- 18 teens; 1 B/P healthy Heart- 28 teens
- Healthy Lifestyle Issues education session
- HIV/AIDS, Health, Sexuality- 14
- Homophobia- 42 presentations for 916 participants
- Mental health-1, sexuality- 4
- No more butts (8)
- Nurse presented CALM PAL
- Peer Ed Workshops (11)
- Presentations of Student Board at Town Council (1) and meetings
- Promote YHC (29 students x 2)
- Question & Answer on Teen Pregnancy
- Senior advisory meeting- 6

- Session re drugs and alcohol (1)
- Sessions on smoking prevention (8)
- Sexual assault
- Smoking cessation
- Smoking, Healthy Relationships, Teen Parent Support- 255
- STDs- 36 classes
- STDs- 5 presentations
- STDs, Birth control- 40 students
- Stress- 43, self image- 43, resumes- 22
- Teen Issues Group (8)
- University day- 140 parents and students
- Update of Teen Awareness group at Board meetings (2)
- Video presentations, smoking cessation

REFERRALS/CONSULTATIONS

The YHC Profile Report and information from the YHCs during the workshop indicated that activities related to health referrals and consultations with health professionals were important parts of the work of the YHCs.

Table 5 lists the frequency of the two main kinds of referrals: those made to other professionals or agencies, and those referrals to the YHC. According to the information included in the YHC Profile Report, the external group for referrals includes professionals such as physicians, dieticians, guidance counsellors and school psychologists. Several YHCs noted consultations with mental health professionals over the six-month period.

Some YHCs serve as satellite centres for youth health services located in other schools. For example, some high schools accept referrals from middle schools that are part of their feeder system.

Table 5: Level of Referrals and Consultations by YHCs

Types of Referrals	YHCs Providing (#)	Total YHC Months	Total # of Services Provided	Average/YHC/ Month
Referrals made to other professionals or agencies	16	74	1,104	31.5
Referrals to the YHC	11	48	376	10.7

It is clear from the table that referrals of youth *to* other professionals and agencies for specialized services is considerably more common than referrals *in* to the YHC.

Some YHCs have other referral arrangements. The most common approach is the use of YHC facilities by other professionals. For example, some YHCs have physicians that use the

YHC office during on-site office hours. Several Centres provide space for partnership meetings and others allocate space for other services such as massage therapy sessions.

HEALTH COUNSELLING/SUPPORT SERVICES

This category of service receives the most attention at YHCs, both in terms of the number of YHCs that offer services and the level of service provided. Table 6 ranks the 17 health counselling and support services according to the number of services provided on average by a YHC each month.

Table 6: Health Counselling/Support Services Provided by YHCs

Health Counselling/ Support Services	YHCs Providing (#)	Total YHC Months	Total # of Services Provided	Average/YHC/ Month
Pregnancy Counselling	15	73	3,957	113.1
Sexuality	14	65	2,231	63.7
Self-esteem	12	61	2,080	59.4
Birth Control Counselling	18	78	1,801	51.5
Addiction/Tobacco/ Substance Use	16	73	825	23.6
Stress management	14	69	806	23.0
Body Image	12	58	516	14.7
Nutrition	14	64	482	13.8
Other	12	53	422	12.1
Depression	12	55	411	11.7
Peer pressure	11	44	291	8.3
Suicide Prevention	10	37	185	5.3
Grief	9	41	179	5.1
Relationships (family, partner, peer interactions)	12	48	148	4.2
Hygiene	7	26	69	2.0
Date Rape Counselling	6	15	16	0.5

The data analysis does not indicate any strong seasonal patterns to the demands for the kinds of services shown in the table. Demand for services such as self-esteem and sexuality-related services generally appears to have been highest in January and subsequently declined, but this decline may be related to the recording of the data by YHCs rather than underlying shifts in demand.

The "other" services category shows a high level of services not directly covered in Table 6. Table 7 lists 15 of the most common "other" services provided by YHCs. In some cases, YHCs provided details in the levels of activity for these services; where this information was provided, it is included in brackets after the service. It is clear from the kinds of services listed that some YHCs may have included these services elsewhere in their lists, rather than listing these as "other". However, the list below serves to indicate the diversity of services provided by the YHCs.

- Abortion
- Anger
- Body piercing and tattooing
- Bullying
- Coming out (30)
- Communication and social skills
- Date abuse (30)
- Decision making (23)
- Divorce and separation of parents
- Fitness and exercise
- Harassment
- Parenting skills of teens (72)
- School issues (28)
- School pressures and phobia (54)
- Sexual decision making

PROGRAM RESPONSIVE TO COMMUNITY NEEDS

This item was designed to capture the range and type of youth-related special programming provided by the YHCs. Ten different programs were listed in the monthly reports and YHCs were asked to indicate whether they provided any of the programs each month, along with the level of participation. Over the six-month data collection period, ten of the 18 YHCs indicated that they provided at least one of the programs one or more times.

Table 7 lists the 12 different kinds of programs along with the total number of times each was provided by one or more YHCs. For example, six YHCs provided anger management programs 11 times over the six-month period. Indications from the data are that these programs are usually provided to small numbers of youth at a time.

Table 7: Programs Responsive to Community Needs

Programs	YHCs Providing (#)	Total YHC Months
GIRLS ON THE MOVE	4	7
SWAT	2	7
A-Team	1	1
Anger management	6	11
Babysitting	3	4
CPR	2	2
Parenting	1	1
Smoking cessation	8	13
Parent workshop	0	---
Prenatal Classes	1	4
Let's talk about S.E.X.[8]	2	5

The low levels of response are not likely a reflection of activity in these areas since most topics were included in the list of "health counselling/support services" discussed above. Rather, the results likely indicate that these kinds of services are provided informally — not in a formal course setting that may be time consuming and administratively complex — as well as to individuals or small groups. In hindsight, this question may have been better suited to the profile report. It may also be the case that the use of the term "community needs" may have been misinterpreted to include "outside school" activities; most YHCs provided these services to youth within schools.

Other programs provided by the YHCs include the following.

- Baby Think it Over
- Crisis Support Team
- Girls on the Move
- Grade 6 Survival Kits
- Grade 7 boys group to explore anger, emotions, relationships, gender stereotypes
- Grade 12 Health Fair
- Healthy Relationship Program
- High School Leaders
- Noon Hour Youth Sessions
- Nutrition Peer Group
- Peer Health Educators
- Safe classroom

[8] Self-Esteem eXploration

- Safe home
- Sexual Health Classroom Sessions
- Teen Parent Support Group
- Weedless Wednesday Campaign/Smoking Prevention Program
- What is Stressing You Out program
- YHC services taken to other schools
- Youth Action Team

OTHER ACTIVITIES

This final category encompasses a range of youth related activities sponsored by YHCs. The workshops indicated that these were likely concentrated in a few YHCs, and the monthly data indicate that this is the case. Because of limited responses, we have grouped these together in Table 8.

Much of the information contained in the list of services is included elsewhere in the monthly data collection form and is described above. YHCs generally did not include the information in more than one place. For example, most YHCs included the category "Youth Support Groups" in their list of "Programs Responsive to Community Needs" discussed above. The paucity of information in Table 8 should not be seen as a lack of activity.

Table 8: Other Services Provided by YHCs

Kinds of Services	YHCs Providing (#)	Examples of Activities and Services
Youth Support Groups	9	▪ Dances ▪ Talent show ▪ Teacher fashion show
Social activities	11	▪ Dances ▪ Talent show ▪ Teacher fashion show
Food services	4	▪ Breakfast Program… ▪ Food bank contributions ▪ Free pancake breakfast for ~500 ▪ Lunch for peer educators ▪ Snacks and lunches for activities
Workshops and conferences given	5	▪ "Bully Box" ▪ "Respect" ▪ "Wellness day" ▪ AIDS workshop ▪ Driving While Impaired presentation ▪ Peer Health Education Sexuality Workshop ▪ Presentation by Community Committee to Guysborough County Community Health Board

		▪ Youth Net on E-Day workshop
Workshops and conferences attended	15	▪ "Take it Easy" ▪ "The Vent" given by Youth Net on youth support groups ▪ Aquanetics ▪ Atlantic Cooperative Youth leadership program ▪ Breast self-exam ▪ Bullying Prevention Conference ▪ Coaching clinics ▪ Companioning the Bereaved ▪ Contraception conference ▪ CORE skills of an RN ▪ CPR training given by Youth Action Team ▪ Drug intervention workshop on Harm Minimization ▪ Grief and Loss for Teens ▪ Grief: Companioning the Bereaved ▪ Health literacy in rural NS research project ▪ Human Sexuality Course ▪ League of Peaceful Schools Conference ▪ Options to Anger ▪ Smoking cessation ▪ Tobacco control strategy ▪ Volunteer Award Banquet ▪ YHC Sharing Day ▪ Youth Health Needs Assessment Data Sharing Workshop
Skill Development	12	▪ Choices CT program ▪ Computer use ▪ Letters of reference ▪ Mentoring students ▪ Post-secondary bursary applications ▪ Resume writing
Peer Mediators	8	▪ Peer education

YHC PARTNERS AND YOUTH PARTICIPATION

The YHC data collection form asked the centres to list the partners and other organizations that the YHC networks with on a regular basis. This request was repeated each month, although most centres that did reply only responded once. We did not provide definitions to help complete the table on partners; this oversight meant that the kind of results vary.

The results from the YHCs indicate that the centres appear to be well connected within the health sector of their communities. In order to provide a perspective on the level of partnerships, Table 9 shows the results for one of the most active YHCs: the Teen Health Centre at the Amherst Regional High School.

Table 9: Example of YHC Partners

Teen Health Centre at the Amherst Regional High School	Relationship	Purpose
Amherst Regional High School	Partner	In kind supporter
Chignecto Central Regional School Board	Partner	In kind supporter
Cumberland County Family Planning	Supporter, Network	Collaborate for education and referrals
Cumberland County Transition House	Network resource	Collaborate for education and referrals
Dalhousie University	Partner	Research partner
District Health Authority #5	Partner	Major funding partner
Drug reps	Supporter	Donations of supplies, samples
East Coast Holistic Health	Supporter	Donations of supplies
Eating Disorder Clinic	Referrals	Collaborate for education and referrals
Highland View Regional Hospital	Supporter	Supplies donations
Local Beta Sigma Phi Sorority Group, Xi Lambda Chapter	Supporter	Fund raising
Local Businesses and Service groups	Business supporters	Supplier
Local Physicians	Professional Colleagues	Doctor Clinic at Centre
Mental Health Services	Network resource	Collaborate for education and referrals
Other schools	Referrals	Collaborate for education and referrals
Public Health Services	Supporter, Network	In kind supporter and collaborate for education and referrals 2 ways
Public Health Services	STD reporting	Collaborate for education and referrals
Red Cross	First aid/CPR course	Collaborate for education and referrals
Shoppers Drug Mart	Supporter	Supplier

Some of the other partners and supporters noted by other YHCs include:

- Addiction Services
- Body Image Coalition
- Child and Adolescent Services
- Choices
- Drug Dependency
- Family Services of Nova Scotia.
- Guysborough County Kids First Family Resource Centre
- Heartwood
- IWK Health Centre
- LEA Place
- Lesbian, Gay and Bisexual Youth Project (also a YHC)
- Mount St. Vincent University

- Planned Parenthood
- RCMP
- Shared Care Psychiatry
- Single Parent Centre
- Transition House(s)

In addition, the data collection form asked about the youth participation on the YHC committee, as well as the committee structure itself. Much of this information is included in the profile reports and is not repeated here.

CONCLUSION

The monthly statistics submitted by YHCs provided a valuable insight into the activities and operations of YHCs. Although the participation by YHCs declined over the six-month period, it is clear that the centres are very active in providing a range of health services to youth.

The tables in the previous section clearly indicate that clinical services and health counselling are dominated by activities related to helping youth in the related areas of sexuality, contraception and other related services. The centres are active in other activities related to healthy youth as well. These include wellness issues, relationships and self-esteem related topics.

6. LESSONS LEARNED TO DATE

This final chapter summarizes the key lessons learned from the evaluation process. Based on the experiences from Phases I and II, it provides guidance on issues and approaches that will be invaluable to the success of Phase III.

THE EVALUATION PROCESS

THE ACTIVE PARTICIPATION OF YHCS IS ESSENTIAL

- The success of the evaluation is linked directly to the cooperation and active participation of the YHCs. In fact, most YHCs have been active participants in the process to date, from the workshop process to the data collection phase.
- Ongoing cooperation with YHCs will ensure that the Phase III evaluation is asking the right questions to the right persons.
- Most importantly, the ongoing involvement of YHCs in the entire process will increase the commitment of the centres to the evaluation process and its findings, communicate the process to the centres and provide broad support for the evaluation recommendations and their implementation.

YHCS NEED A REASON TO PARTICIPATE

- YHCs are participating in this evaluation for various reasons. These mainly relate to the supportive and learning culture of the YHCs: the centres want to improve their operations, learn from others and respond to the requests from government for information about the YHCs.
- At the same time, the evaluation requires considerable "volunteer" time from the YHCs without any financial compensation. This includes participation on the Steering Committee as well as the time required to prepare the profile, collect monthly data and prepare monthly reports.
- The YHCs are also participating because they want to see program improvements. Consequently, it will be important to satisfy the YHCs that the evaluation has merit and that the recommendations for program improvement have a reasonable expectation of being implemented.

THE FUNDING ISSUE IS CRITICAL

- The funding issue is linked to the previous discussion. YHCs are operating under a variety of financial regimes. Some have solid funding while others are struggling to survive financially.
- YHCs expect that this evaluation will have a positive influence on their funding, in terms of funding levels and sustainability in particular. There are also expectations that the evaluation will address issues related to "funding equity" amongst the YHCs.

DATA COLLECTION: CLINICAL OR EVALUATIVE

- One of the challenges for the data collection phase has been balancing the level of detail required for the evaluation with the time commitment required by the YHCs to collect the data and prepare reports.
- The evaluation tables and plan in this report recognize the need for balance. For the most part, the data requirements for Phases I and II reflect the less detailed needs of an *evaluation*. However, the monthly reports provided by some YHCs contain significant levels of detail on YHC activities. The level of detail reflects more of a *clinical* perspective on data rather than a less concise evaluative perspective.
- Efforts were made to simplify the data collection form, but the quality and completeness of the data varied a great deal due to different interpretations of the definitions and the levels of detail required.
- Phase III will be less data intensive than Phases I or II but it still will be important to maintain the appropriate level of detail for evaluation versus clinical purposes.

EVALUATION ISSUES FOR PHASE III

YHC GOVERNANCE

- The lessons learned from the evaluation to date suggest that YHC governance issues should receive a high degree of attention in Phase III. These issues concern accountability, organizational structure and public sector linkages/support.
- The governance issue should determine how accountability is now structured, who is accountable for the YHCs; what organizational structures work best; how should government be involved, which departments?

SUSTAINABILITY AND FUNDING

- This issue is central to YHCs. The profile information indicated a wide range of funding approaches, partners and annual YHCs budgets.
- The evaluation should examine the funding and sustainability issue to determine if there are possible alternative approaches to funding. Can approaches used successfully in some YHCs be applied to others?

YHC COVERAGE

- YHCs are not universal in Nova Scotia. They exist mainly where community and school groups have worked together to establish a centre and secure some level of funding and human resource support.
- Phase III should examine the issue of YHC accessibility. Should there be financial support to establish and sustain YHCs in new locations? Where should this support come from?

MEASURING RESULTS

- YHC outputs are the focus of Phases I and II, and Phase III to some extent. The evaluation does not have the resources to investigate the longer-term or ultimate outcomes of YHCs on teen health.
- However, Table 3 of in this evaluation report does describe these outcomes, based on the input of the YHCs. Rather than attempt to measure these outcomes, it may be more cost-effective if Phase III concentrated on more immediate organizational and funding issues.
- Evidence to support the achievement of the longer-term outcomes by the YHCs or similar organizations will likely be available from the pilot youth health research projects now underway in Nova Scotia and other parts of Canada. The evaluation should examine the feasibility of either participating in this research or otherwise obtaining access to the more clinical, longer-term results to supplement Phase III findings.

OTHER ISSUES

- The Outcomes table identifies other issues and methodologies that should form part of the Phase III evaluation.

APPENDIX A: PERFORMANCE FRAMEWORK TABLES FROM THE WORKSHOPS

This Appendix contains the models for Youth Health Centres developed at each of the four workshops. The results are presented in the order in which the workshops took place.

Table 1: Results of the Halifax Workshop

Activities (How the YHC carries out its work)	**Outputs** (The programs, services and supports of the YHC)	**Reach** (Who the YHC works for & with)	**Direct Outcomes** (Immediate results)	**Ultimate Outcomes** (Long-term results)
Provide confidential environment Health promotion Health education Health Counselling Clinical services Referrals Advocacy Programming Assessments Administration and governance	Programs responsive to identified community needs Youth-centred services Range of clinical services relevant to youth and community Health education resources Referrals Youth involved in all levels of decision-making Awareness of accessibility issues Awareness of risks Awareness of youth health needs at each developmental level Surveys of youth Reports (project & administrative) Curriculum development Human resource management Policy and procedures	*Clients*: Youth Families Schools Community Interns and students *Partners*: Funding agencies Community agencies Other health professionals Schools Interns and students Universities Government	Decreased risk taking behaviour Harm reduction Knowledge of own health and health issues Early and appropriate intervention Increased help-seeking behaviour Improved wellness Continued learning Sense of community and belonging	Increased interest in education Improve positive youth health practices Informed youth health decisions Improved quality of life Positive societal impact Decreased cost to health care system

Table 2: Results of the New Waterford Workshop

Activities (How the YHC carries out its work)	**Outputs** (The programs, services and supports of the YHC)	**Reach** (Who the YHC works for & with)	**Direct Outcomes** (Immediate results)	**Ultimate Outcomes** (Long-term results)
Provide health education Clinical services Assessments/referrals Advocacy Health counselling Teamwork/partnering Actively promoting health YHC promotion Providing resources to youth, teachers, etc Listening to youth Facilitate & coordinate services Youth-related research Program and resource development Youth outreach/satellites Development and maintenance of youth database Recruiting youth Administration and governance	Workshops/conferences/ presentations Programs responsive to needs Statistics Range of clinical services relevant to youth Referrals/advice/information Networks/partnerships Safe haven/place Youth involved in all levels of decision-making Community and youth awareness of health issues Reports Policy and procedures	*Clients*: Youth: teens and young adults *Stakeholders:* Parents Teachers Guidance Community Student interns Universities *Partners/co-deliverers:* Funding agencies Community groups and agencies Other health professionals Government	Decreased risk taking behaviour Harm reduction Increased health-seeking behaviour Improved wellness Improved youth satisfaction Increased knowledge related to youth issues Sustainable YHCs Increased commitment to youth services Improved communication	Health conscious youth Sense of community Increased interest in education People “today” take charge of their own health Healthy society Healthy lifestyle Increased youth leadership Decreased cost to health care system

Table 3: Results from the Truro Workshop

Activities (How the YHC carries out its work)	**Outputs** (The programs, services and supports of the YHC)	**Reach** (Who the YHC works for & with)	**Direct Outcomes** (Immediate results)	**Ultimate Outcomes** (Long-term results)
Provide health education Clinical services Assessments/referrals Advocacy Health counselling Teamwork/partnering (internal) Develop community partnership Actively promoting health YHC promotion Providing resources to youth, teachers, etc Listening to youth Facilitate & coordinate services Youth-related research Program and resource development Youth outreach/satellites Development and maintenance of youth database Recruiting youth/community Administration and governance	Workshops/conferences/ presentations Programs responsive to needs Range of clinical services relevant to youth Referrals/advice/information Networks/partnerships Safe haven/place Youth involved in all levels of decision-making Community and youth awareness of health issues Reports Policy and procedures	*Clients*: Youth: teens and young adults *Stakeholders* Parents Teachers Guidance Community Student interns/co-op students Universities *Partners/co-deliverers* Funding agencies Community groups and agencies Other health professionals Government School boards DHB CHB	Decreased risk taking behaviour Harm reduction Increased health-seeking behaviour Improved wellness Improved youth satisfaction Increased knowledge related to youth issues Sustainable YHCs Increased commitment to youth services Improved communication Increased capacity to serve youth	Health conscious youth Connected to community Increased interest in education People “today” take charge of their own health Healthy society Healthy lifestyle Increased youth leadership Decreased cost to health care system

Table 4: Results of the Cornwallis Workshop

Activities **(How the YHC carries out its work)**	**Outputs** **(The programs, services and supports of the YHC)**	**Reach** **(Who the YHC works for & with)**	**Direct Outcomes** **(Immediate results)**	**Ultimate Outcomes** **(Long-term results)**
Health counselling Providing referrals: in/out Providing primary health - Clinical services - Education (individual/clients) - Distribution of info/materials - Risk assessments Providing peer education Providing food services Providing leadership training/development Consulting with other professionals Governance and policy development Budgeting and planning Collecting data/surveys Preparing reports Marketing and promoting YHC Youth support (groups) Developing networks/partnerships	Counselling services Distribution of stuff/information Clinical services relevant to youth Health education services Programs responsive to youth needs Timely Referrals Timely consultations Effective use of resources Leisure activities/programs (after school) Youth & staff presentations to youth, community, school and others Food provided Training for peer educators Skill development (youth) Support groups Networks/partnerships Reports, data management Service quality standards Community & youth awareness of services & YHC Policy, procedures, plans, budgets	*Clients*: Youth Parents *Stakeholders:* Parents Health agencies CHB Government *Partners/co-deliverers:* Health agencies Health professionals Student council Parents Private sector (pharmacies) School and school board	Increased knowledge of services, resources and paraphernalia Increased youth involvement Increased access to services Increased confidence for those involved (committees) Informed decisions Healthier choices/behaviour Safe places for youth Positive changes for youth, schools and community Healthy youth: emotional and physical Decrease in high risk behaviour: harm reduction Youth ownership/sense of community Complement existing in-house program Sustainable centres	Healthy society Youth-friendly community (fear reduction) Empowerment of youth Connected to community World leaders Tolerant, respectful society Decreased health and societal costs

APPENDIX B: DATA COLLECTION FORMS

YOUTH HEALTH CENTRES EVALUATION

PROFILE OF THE CENTRE

INTRODUCTION

The success of the Evaluation of Youth Health Centres in Nova Scotia depends to a great degree on the information provided by each YHC. During the workshop process in September and October 2001, participants from YHCs and the Evaluation Steering Committee identified the need to develop a profile the YHCs. The following profile form is designed to collect basic, descriptive information on your Health Centre on a *one-time basis*.

The information you provide will not be shared with other YHCs directly without your permission.

The profile includes basic operating information such as hours of operation, staffing levels youth participation. It helps to provide context for the information provided in the Data Collection Form.

If you need additional space for any question, please feel free to write it on another sheet of paper and enclose it with your profile information.

When you have completed the profile, you may mail, fax or email it to us at the following address.

Collins Management Consulting & Research Ltd.
106 Crichton Avenue
Dartmouth, Nova Scotia, B3A 3R5
T: 902.461.9606
F: 902.461.9716
E: bcollins@collinsmgmt.ns.ca

If you have any questions, please do not hesitate to call us for clarification.

Thank you for your input and your time. *We appreciate it very much!*

Bill Collins
President

CONTACT AND OPERATIONAL CHARACTERISTICS OF YOUR CENTRE

Name of Centre	
Contact Person	
Contact Phone	
Contact email	
Address of the Centre	

1. Where is your Centre located? (PLEASE CHECK THE APPROPRIATE BOX)

In a school	
In a community centre	
In a hospital	
Some other facility/place – please write in	

2. When did your Centre begin to provide services to youth? (PLEASE INCLUDE THE MONTH AND YEAR IN THE FORMAT MM/YYYY)

3. What are your typical times of operation — when can youth get help at the Centre?

During a typical day? (FOR EXAMPLE, FROM 9:00 TO 4:00)		
How many days a week is the Centre open?	Number of days:	
How many hours is the Centre open after the school day? (PLEASE CIRCLE ONE RESPONSE)	None	Number of hours:
How many evenings is the Centre regularly open during the week? (PLEASE CIRCLE ONE RESPONSE)	None	Number of evenings/week:
Is the Centre regularly open on weekends? (PLEASE CIRCLE ONE RESPONSE)	Yes	No
How many months of the year is the Centre open?	Number of months:	

Is the Centre open at any other times? (PLEASE SPECIFY)	

4. We'd like to know how your Centre is organized. First of all, is there a formal Board of Directors?

Yes	
No	

5. IF YOU ANSWERED "YES" IN THE PREVIOUS QUESTION: please let us know which of the following are officially represented on your Board? (PLEASE CHECK ONE RESPONSE ONLY)

Students	
Staff of the YHC	
School Board/school	
Your community	
Health profession	
Community groups (please indicate which group(s)	
Other – please specify	

6. Youth Health Centres have started for a variety of reasons and through a number of different approaches. Some centres have started in response to a particular issue affecting youth. Would you please describe how your Centre got started? For example, was there a specific issue that sparked the development of the Centre?

7. Which of the following groups were involved in the development of your Centre? (PLEASE CHECK ALL THAT APPLY)

Student group	
Community group	
School/school board	
University research group/team	
Some other group/organization – please specify	

8. Which of the above groups took the lead in the development of your Centre? (PLEASE CHECK ONE ONLY)

Student group	
Community group	
School/school board	
University research group/team	
Some other group/organization – please specify	

9. Are there other kinds of organizations or groups that you would recommend be involved in the planning and start-up of a Youth Health Centre?

Additional detail: (IF YOU'D LIKE TO PROVIDE ADDITIONAL DETAIL ON THE START-UP OF YOUR CENTRE, SUCH AS THE RESOURCES REQUIRED OR SPECIFIC CHALLENGES FACED IN THE DEVELOPMENT, PLEASE PROVIDE THE INFORMATION HERE, OR ATTACH SEPARATELY.)

FINANCIAL CHARACTERISTICS OF THE CENTRE

The next questions are about the financial characteristics of your Centre. In answering the questions, please refer to the current fiscal year, that is, the financial year in which the Centre is operating now.

10. What is your total operating budget for this year?

$

11. What are your direct sources of funding? (PLEASE INDICATE WHAT PERCENT OF YOUR FUNDING COMES FROM EACH OF THE SOURCES IN THE FOLLOWING TABLE.)

Provincial government funds (please note which department)	%
Community Health Board	%
District Health Authority	%
Federal government funds (please note which department)	%
Municipal government funds	%
School contributions	%
Corporate contributions	%
Other (please specify)	%
Total	100 %

12. Do you receive any in-kind or non-financial contributions from government or other organizations?

No	
Yes: what is the estimated annual value of this in-kind support	$

13. If Yes, please indicate the kinds of support you receive:

Source:	Estimated $
Source:	Estimated $

HUMAN RESOURCES AT YOUR CENTRE

Now, we'd like to know about the human resources available at your Centre. We know that Centres have a variety of ways of getting the right kind of help for youth. Some of this help comes directly from full-time or part-time staff at the Centre while other Centres contract or work with a variety of health and other professionals on an as-needed basis, including health staff of their school.

14. Please indicate which of the following provide services to youth on location at your Centre — regardless of which organization pays for the support — by completing the following table.

Position	# of Persons	Average Hours/ Week	Qualifications (if applicable; e.g. B.Sc., RN)	Paid (√ if YES)	Paid By (Name of Organization/Department)
Public health nurse					
RN					
School Psychologist					
Physician					
Dietician/nutritionist					
Health educator					
Social worker					
Guidance counsellor					
Adult volunteers					
Other – please specify					

15. If you indicated in the previous question that your Centre has access to a Physician: which of the following best describes the arrangement? (PLEASE CHECK ALL THAT APPLY)

On-call arrangement for whenever services are required	
Office hours at the Centre (please indicate the number of hours in the box at right)	
Youth referred to physician's office	
Some other arrangement (Please specify)	

YOUTH PARTICIPATION AT YOUR CENTRE

16. Do youth volunteer at your Centre on a regular basis?

Yes	
No	

17. If "Yes", how do the youth participate? (PLEASE CHECK ALL THAT APPLY)

Youth representatives on Centre Board	
Youth representatives on committees	
Presentations given by youth	
Youth as peer educators	
Youth develop and implement special projects	
Youth host discussion groups	
Other – please specify	

18. Please tell us about any special characteristics, programs or projects at your Centre.

Thank you for your help!

Please send the completed form to us at the address provided on the first page of this form.

If you have any questions about completing the form, please call or email us at the same address.

YOUTH HEALTH CENTRES EVALUATION

Monthly Activity Report

INTRODUCTION

The success of the Evaluation of Youth Health Centres in Nova Scotia depends to a great degree on the information provided by each YHC. During the workshop process in September and October 2001, participants from YHCs identified different kinds of information that describe the activities the YHCs in the province do now on behalf of youth; what these activities are meant to accomplish; and why these are ultimately important for the success of the centres and the well-being of the youth of the province.

This form is designed to collect monthly information on the activities of your Health Centre. For the most part, it relies on information you likely already collect to some degree on an ongoing basis. It also includes the opportunity for you to tell us about special events, projects or other initiatives that your centre has completed during the reporting month.

The form is provided in Rich Text Format (RTF), Adobe Acrobat Portable Document Format (pdf) and in a Microsoft Excel Spreadsheet. Please feel free to use whatever format is most convenient for you. You'll need the latest version (Acrobat Reader 5.0) available free from Adobe at http://www.adobe.com

Handwritten responses to each question are certainly acceptable — there is no need to have the form typed each month.

We need to have this form returned to us by the 10th day of the month following the reporting period. When you have completed the form, you may mail, fax or email it to us at the following address.

Please contact us if you have any questions concerning the form, need help in completing it or if you have any other questions.

Collins Management Consulting & Research Ltd.
106 Crichton Avenue
Dartmouth, Nova Scotia, B3A 3R5
Phone: 902.461.9606
Fax: 902.461.9716
Email: bcollins@collinsmgmt.ns.ca

Contact Person: Bill Collins

The information you provide will not be shared with other YHCs directly without your permission.

ACTIVITIES FOR:

Name of Centre	
Month	
Total Number of Visits	

ACTIVITIES

Please check the boxes below that describe the accomplishments of your centre over the past month. Where appropriate, please indicate the number of times the activity occurred and/or the number of youth involved in the activity.

The following definitions should be used when completing the form.

Communicable Disease Prevention and Treatment: It may involve individual or school-wide education on ways to prevent the onset and spread of communicable diseases. It may also include services such as skin and scalp screening by a registered nurse for any communicable disease that presents itself as skin rashes, reddened or draining eyes, itchy scalps. This includes referring youth to their family physician or local Public Health Services office for diagnosis and treatment.

STDs/STIs (Sexually Transmitted Diseases or infections). The clinical service may involve STD/STI discussion around risks for infections and plan for prevention and, in some cases, performing a pap smear to identify if an adolescent has an infection. If infected, this service includes follow-up of contacts and education. All or some of these services may be available at a Youth Health Centre depending on the professionals working in the centres and the policies to allow the centres to do such procedures. (Canadian STD Guidelines. 1998 Edition)

Health Assessment: A complete health assessment combines the components of health history, physical assessment, and the monitoring of physical and psychosocial growth and development. Based on this data, further activities that promote health can be implemented as needed for the individual adolescent. See "Community Health Nursing Process and Practicing for Promoting Health; Marcia Stanhope and Jeannette Lancaster, Moshy 1984)

Chronic Illness Prevention Services: This may include counselling, screening, immunization, or referral to agencies outside clinic for interventions that will prevent adolescents from becoming ill or, if ill, have their chronic disease/illness stabilized. Priority areas for the Youth Health Centres include: sexual health, diabetes, sexually transmitted diseases, unhealthy eating, tobacco and substance use, violent and abusive behaviour, stressful peer and other relationships. The services provide the adolescents with the opportunity to look at their personal choices and the effect they have over their overall health. (National Health Promotion and Disease Prevention Objective, US Department of Health and Human Services, Public Health Services 2000).

Sexuality: This includes: whether we are male or female, how we look, how we feel about ourselves, who we are attracted to, our sexual feelings and choices, our relationships with others, our body image, self – esteem, our sexual behaviours and their consequences.

According to the World Health Organization, "Sexual Health is the integration of all aspects of sexuality in ways that are enriching and enhance personality, communication and love. Sexual Health involves the capacity to enjoy and control sexual and reproductive behaviour with freedom from fear, shame and guilt. Sexual Health involves freedom from disorders or diseases that interfere with sexual

and reproductive function." (Source: Nova Scotia Roundtable on Youth Sexual Health, document "Just Loosen Up and Keep Talking, 1998)

Activity	**Check if You Provided This Service During this Month**	**How many? (Number of participants, clients served, sessions, etc.)**
Clinical services		
Dispensing Medications (*See Definition*)		
First aid		
Communicable Disease		
Contraception		
STDs/STIs (*See Definition*)		
HIV testing		
Pregnancy test		
Date rape		
Pap test		
Health assessment (*See Definition*)		
Chronic illness Prevention (*See Definition*)		
Breast exam		
Other – please specify		

Activity	Check if You Provided This Service During this Month	How many? (Number of participants, clients served, sessions, etc.)
Health Education		
Pamphlets distributed		
Books and videos borrowed		
Other – please specify		
Referrals/Consultations		
Referrals made to other professionals or agencies		
Referrals to the YHC		
Other – please specify		
Health Counselling/Support Services		
Self-esteem		
Stress management		
Peer pressure		
Body Image		
Nutrition		
Grief		
Addiction/Tobacco/Substance Use		
Sexuality (*See definition*)		
Depression		
Suicide Prevention		
Hygiene		
Date Rape Counselling		
Relationships (family, partner, peer interactions)		
Birth Control Counselling		
Pregnancy Counselling		
Other – please specify		

Activity	Check if You Provided This Service During this Month	How many? (Number of participants, clients served, sessions, etc.)
Programs Responsive to Community Needs (The following are examples of current programs. Please add your own ongoing programs under "other".)		
GIRLS ON THE MOVE		
SWAT		
A-Team		
Anger management		
Babysitting		
CPR		
Parenting		
Smoking cessation		
Parent workshop		
Prenatal Classes		
Let's talk about S.E.X.		
Other – please specify		
Youth Support Groups		
Discussion groups (include subject area eg. teen parent support and frequency of meetings)		
Leisure Activities/Programs		
Social activities – dances, bbqs		
Walking club		
Other – please specify		
Food Services		
Amount of food received		
Amount of food distributed		
Meals provided (pancake breakfasts, regular free breakfasts or lunches)		

Activity	Check if You Provided This Service During this Month	How many? (Number of participants, clients served, sessions, etc.)
Presentations		
Number and subject of presentations given by youth		
Number and subject of presentations given by staff		
Workshops and Conferences		
Workshops and conferences given by YHC (include subject)		
Workshops and conferences attended by YHC staff or youth (include subject)		
Skill Development for Youth		
Employability sessions (includes resume writing)		
Job shadowing		
Other – please specify		
Peer Educator Training		
Peer mediators		
Other – please specify		

Please list the organizations with which your YHC networks or partners on a regular basis.

Organization	Nature of relationship	Purpose

Please outline youth participation in the committee structure of your YHC.

Committee Title	Number of Youth on Committee	Committee Positions held by Youth

Thank you for your help!

Please send the completed form to us at the address provided on the first page of this form.

Collins
Management
Consulting &
Research Ltd.

An Evaluation of Youth Health Centres in Nova Scotia

Phase III Report

An Evaluation of Youth Health Centres in Nova Scotia

Phase III Final Report

Prepared on Behalf of:
Youth Health Evaluation Steering Committee
Halifax, Nova Scotia

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ACKNOWLEDGEMENTS

We are indebted to all those persons who shared with us their time, their insights and the benefits of their experience with Youth Health Centres in Nova Scotia.

Over the past two years, we have consulted with more than 100 persons that are strongly committed to the success of YHCs. These persons included youth, YHC coordinators and staff, parents, educators and other stakeholders within the health and education systems.

We greatly appreciate the contributions of those who took part in the focus groups and interviews. We are grateful to the YHC coordinators for the work they undertook on our behalf in setting up the focus groups around the province. We would also like to Anne Martell of Martell Consulting Services Ltd. and Leighann Wichman of the Gay, Lesbian and Bisexual Youth Project for their solid efforts in facilitating the focus groups with youth and stakeholders.

Finally, we would like to thank the YHC Evaluation Steering Committee for their advice and guidance during all three phases of the evaluation.

EXECUTIVE SUMMARY

OVERVIEW

This report presents the findings of Phase III of the evaluation of Youth Health Centres (YHCs) now operating in schools and community sites throughout Nova Scotia. Phases I and II were interested in understanding how YHCs are organized, what kinds of services and activities are provide to youth, and what kind of changes occur as result of YHC services and activities. Phase I developed a performance model for evaluating the YHCs.

The initial objectives for the entire three-phased evaluation project were:

- To identify "best practice" aspects of YHCs in the literature (Phase I);
- To describe the various models of YHCs operating in Nova Scotia (Phase II);
- To describe, using both quantitative and qualitative data, the impact of YHCs on the health of youth (Phase III);
- To identify barriers faced by youth when accessing YHC services and programs (Phase III);
- To assess the effectiveness and efficiency of the various models of YHCs in Nova Scotia (Phase III); and
- To recommend key elements (including staff qualifications and mix; essential services; hours of operation; and so on) for the establishment and success of new YHCs while recognizing the unique needs of smaller YHCs and/or rural/remote YHCs in the province (Phase III).

Acting on the lessons learned during the first two phases of the evaluation, Phase III concentrated on four specific issue areas:

- **YHC Governance**: this issue addresses the fundamental issue affecting the longer-term success of YHCs: topics related to the overall responsibility and accountability for YHCs;
- **YHC Sustainability**: this issue examines the financial viability of YHCs and the impact of sustainable funding on the ability of YHCs to meet the needs of youth;
- **YHC Accessibility**: this issue examines various dimensions of YHC accessibility, including location, hours of operation and YHC expansion; and
- **YHC Results**: this issue is concerned with results measurement and reporting topics.

The Youth Health Centre Evaluation Steering Committee — a subcommittee of the Public Health Enhancement Core Services Committee and under the direction of the Department of Health — is responsible for the evaluation. The Committee hired Collins Management Consulting Ltd in 2001 to complete the evaluation.

METHODOLOGIES AND CONSULTATION PROCESS

Throughout the evaluation process, there has been significant consultation with and input from youth, YHC coordinators and staff and other stakeholders. Phase III included:

- Interviews with key informants with perspectives on YHCs:
- A focus group with five YHC coordinators in Halifax.
- Six focus groups with youth in both school-based and community-based YHCs;
- Four focus groups with Boards of Directors and other YHC stakeholders.

Four case studies were selected in consultation with the Evaluation Steering Committee and the YHCs, and include examples of a community-based centre, as well as three YHCs located in senior high schools.

CONCLUSIONS AND RECOMMENDATIONS

The report spends some time examining the importance of governance to the success of YHCs. It concludes that YHCs are an example of a *primary health care model* whereby youth in Nova Scotia can access health services ranging from primary prevention to intervention.

The Governance Chapter reviews the value of governance in defining the role and purpose of YHCs. The chapter examines governance issues related to YHC organizational structures and accountability. Attention is paid to the importance of Policies and Standards of Practice for YHCs, including the development of different kinds of policies and standards. The important role and contribution of partners to the success of YHCs is discussed here as well.

The report concludes that governance is *the central issue* affecting the viability and success of YHCs in Nova Scotia. The Governance Recommendations are summarized below:

1. YHCs — both school-based and community-based — should be formally included as part of the formal health care system.
2. YHCs should build on their existing capacity by retaining their existing Boards of Directors as "Advisory" Boards. These Boards should have a substantial youth involvement.
3. The Department of Health should provide leadership in the development of consistent, province-wide policies, standards and evaluation. These should be developed in partnership with major stakeholders and, where appropriate, the Department of Education.
4. Operational standards for YHCs should be developed by the DHAs.
5. YHC coordinators should have professional qualifications to support the YHC model.
6. YHCs should demonstrate accountability for results at both provincial and DHA levels, using the performance model developed for Phase I.
7. Communication amongst YHCs to share best practices — both process and programs — should be strengthened.

The chapter on Sustainability concentrates on financial sustainability and its critical importance to the success on YHCs. Three different perspectives on YHC costs are investigated. Examples of opportunities that were missed due to funding constraints are examined and the case is made for supporting YHCs through sustainable funding.

The report concludes that sustainability issues — inadequate funding to meet the needs and expectations of youth — have affected YHCs throughout the province. Recommendations to address YHC sustainability are summarized below:

8. The Department of Health should encourage DHAs to have YHCs, in recognition of the primary health care delivery role played by both school and community-based YHCs.
9. DHAs should provide stable, ongoing funding to sustain both school and community-based YHCs within their health districts.
10. The Department of Health should build relationships and collaborate with other provincial level government departments that have a mandate related to youth health (Provincial CAYAC) as well as play a leadership role in developing sustainable, effective funding relationships with other departments and agencies with a mandated interest in youth issues.

Accessibility becomes an issue if youth in the province are unable to obtain the kinds of help that YHCs generally provide. Evidence from the evaluation suggests that accessibility is indeed an issue with several dimensions: the location of the centre, its operating times and the coverage of YHCs. The Accessibility Chapter describes the current situation with respect to YHC accessibility for youth throughout the province.

Recommendations to address YHC accessibility are summarized below:

11. YHCs should be available to all youth in the province, either at a school-based or community-based facility.
12. Clear policies and standards need to be established concerning the relationship between the YHC and the formal education system to ensure that the roles of both the YHC and the education system are clearly understood.

The evaluation process also examined YHC results and found that there is virtual unanimity amongst all stakeholders that YHCs provide valuable services to youth in their communities. Stakeholders agree on the longer-term results and benefits of the Centres. There is general agreement on the role of the Centres and the factors or characteristics of the Centres that contribute to positive results.

Two recommendations are provided that address the need to improve the measurement of YHC results, as summarized below.

13. The Department of Health should be responsible for the evaluation of YHCs, and to ensure accountability and the measurement of results, the Department should adopt the YHC performance model.
14. The Department of Health should consider monetary and non-monetary support for research projects that investigate the longer-term results of the Centres.

1. INTRODUCTION

BACKGROUND TO THE EVALUATION

This report presents the findings of Phase III of the evaluation of Youth Health Centres (YHC) now operating in schools and community sites throughout Nova Scotia. This final phase of the two-year evaluation focuses on YHC governance and organizational structure issues.

Phases I and II were interested in understanding how YHCs are organized, what kinds of services and activities they provide to youth, and what kind of changes occur as result of YHC services and activities. Phase I also included the development of a performance model for evaluating the YHCs. Throughout the evaluation process, there has been significant consultation with and input from youth, YHC coordinators and staff and other stakeholders.

The initial objectives for the entire three-phased evaluation project are:

- To identify "best practice" aspects of YHCs in the literature (Phase I);
- To describe the various models of YHCs operating in Nova Scotia (Phase II);
- To describe, using both quantitative and qualitative data, the impact of YHCs on the health of youth (Phase III);
- To identify barriers faced by youth when accessing YHC services and programs (Phase III);
- To assess the effectiveness and efficiency of the various models of YHCs in Nova Scotia (Phase III); and
- To recommend key elements (including staff qualifications and mix; essential services; hours of operation; and so on) for the establishment and success of new YHCs while recognizing the unique needs of smaller YHCs and/or rural/remote YHCs in the province (Phase III).

Acting on the lessons learned during the first two phases of the evaluation, Phase III concentrated on four specific issue areas:

- **YHC Governance**: this issue addresses the fundamental issue affecting the longer-term success of YHCs: topics related to the overall responsibility and accountability for YHCs;
- **YHC Sustainability**: this issue examines the financial viability of YHCs and the impact of sustainable funding on the ability of YHCs to meet the needs of youth;
- **YHC Accessibility**: this issue examines various dimensions of YHC accessibility, including location, hours of operation and YHC expansion; and
- **YHC Results**: this issue is concerned with results measurement and reporting topics.

The Youth Health Centre Evaluation Steering Committee — a subcommittee of the Public Health Enhancement Core Services Committee and under the direction of the Department of

Health — is responsible for the evaluation. The Committee hired Collins Management Consulting Ltd in 2001 to complete the evaluation.

EVALUATION METHODOLOGY

Phase III of the YHC evaluation relied on a range of qualitative consultation methods. These included:

- Interviews with key informants with perspectives on YHCs:
  - 10 interviews with community/other stakeholders
  - 15 interviews with Youth Health Centre staff
  - 10 interviews with health professionals
- A focus group with five YHC coordinators in Halifax.
- 6 focus groups with youth in both school-based and community-based YHCs;
  - Lesbian, Gay, Bisexual Youth Project in Halifax (community-based YHC);
  - Spartan Lifestyle Centre at Dartmouth High School;
  - HIP for Youth at Bridgetown Regional High School;
  - Glace Bay YHC at Glace Bay High School.
  - Beechville-Lakeside-Timberlea (B-L-T) Teen Health Centre at the Ridgecliff Middle School in Beechville;
  - Musquodoboit Valley YHC in Middle Musquodoboit
- 4 focus groups with Boards of Directors and other YHC stakeholders[1];
  - Lesbian, Gay, Bisexual Youth Project in Halifax (community-based YHC);
  - Spartan Lifestyle Centre at Dartmouth High School;
  - HIP for Youth at Bridgetown Regional High School;
  - Glace Bay YHC at Glace Bay High School.

Participants in the focus groups were selected in consultation between the evaluation Steering Committee and the YHC. The youth and YHC Board focus groups were implemented by a facilitator/consultant chosen by the YHC Evaluation Steering Committee. In addition, Collins Management Consulting implemented a YHC Coordinator focus group undertaken late in the evaluation process.

Four case studies were selected in consultation with the Evaluation Steering Committee and the YHCs, and include examples of a community-based centre, as well as three YHCs located in senior high schools. The case study centres are those listed immediately above in the focus group listing. The case study analyses are included in Appendix A.

The case study methodology was designed to capture a more complete perspective on the evaluation issues from different kinds of YHCs. Specifically, the case studies were to examine the issues, results and lessons learned from four separate YHCs with the expectation that the selected YHCs were sufficiently representative of all YHCs to be able to generalize the findings

[1] Stakeholders could include YHC Board members, youth leaders in the school or community; the YHC Coordinator and/or staff, representatives from the CHB and/or DHA, YHC funding organizations or other partner organizations, education representatives such as school board members and/or the school principal and a Public Health nurse.

of the case studies. Each case study is based on a series of key informant interviews, a youth focus group and a stakeholder focus group. The process also attempted to review and analyze any results available from these YHCs.

The results of the interviews, focus groups and case studies were analyzed to identify common themes and issues, as well as unique features of each YHC. Results from these methodologies are integrated in the analysis presented throughout the report.

A telephone survey of randomly selected youth throughout the province was proposed as a Phase III methodology as part of the development work in Phase II. This methodology was considered in finalizing the Phase III methodologies, but was rejected as being a cost-ineffective measure that would not add significant value to the evaluation.

OVERVIEW OF THE YHC EVALUATION REPORT

The Phase II YHC Evaluation Report identified four major issues that this Phase III evaluation should address. Each chapter in this report addresses one of the four issues.

The analyses and findings in the report are based on the information supplied by YHCs in all three Phases of the evaluation as well as information gained from interviewing youth and stakeholders in Phase III using the various evaluation methodologies described above. Efforts have been made to state verbatim findings in the voices of the stakeholders and where appropriate, any direct quotations from stakeholders are offset in italic text.

Each of Chapters 2-5 concludes with a series of findings and recommendations based on our considered analysis of the information presented in the chapter. Recommendations in these chapters are set out in shaded boxes. Chapter 6 gathers the findings and recommendations from each chapter.

- Chapter 2— YHC GOVERNANCE ISSUES reviews the importance of governance in defining the role and purpose of YHCs. This chapter examines governance issues related to YHC organizational structures and accountability. Attention is paid to the importance of Policies and Standards of Practice for YHCs, including the development of different kinds of policies and standards. The important role and contribution of partners to the success of YHCs is discussed here as well.
- Chapter 3 —SUSTAINING YHCS IN NOVA SCOTIA focuses on the financial sustainability and its critical importance to the success on YHCs. Three different perspectives on YHC costs are investigated. Examples of opportunities that were missed due to funding constraints are examined and the case is made for supporting YHCs through sustainable funding.
- Chapter 4 —ACCESSIBILITY ISSUES describes the current situation with respect to YHC accessibility for youth throughout the province. The different dimensions of accessibility are explored in this chapter.
- Chapter 5 — STAKEHOLDER PERSPECTIVES OF YHC RESULTS examines issues and challenges surrounding the reporting of quantitative and qualitative YHC results.

Findings from different sources are presented here and factors limiting the successful achievement of results are examined.

- Chapter 6 — CONCLUSIONS AND RECOMMENDATIONS pulls together the finding and recommendations from Chapters 2-5.

Two appendices are included. Appendix A contains the case study analyses and Appendix B includes the guides we used for the interviews and focus groups with youth and stakeholders.

2. YHC GOVERNANCE ISSUES

INTRODUCTION

Governance is "*the art of steering the organization. [It is] the process whereby strategic goals are set, key relationships are maintained, the health of the organization is safeguarded, and account is rendered for performance*."[2]

Results from the first two phases of the YHC evaluation suggested that the Phase III evaluation should devote a high degree of attention to the discussion of governance issues. Since YHCs operate in several different governance contexts, and since this is not a formal review of governance within YHCs, the evaluation has concentrated on more basic governance topics including roles, organizational structure, accountability, and relationships with public sector partners. In particular, the approach here has focused on describing and understanding the various aspects of governance that influence YHCs with the goal of defining a "corporate home" for YHCs in Nova Scotia — where the centres live organizationally.

YHC PURPOSE AND ROLE

The YHCs in Nova Scotia functionally support Health Canada's *population health approach*[3]. This method aims to improve the health of the entire population and to reduce health inequities among population groups. To reach these objectives, the population health approach examines and acts upon the broad range of factors and conditions — *determinants of health*— that have a strong influence on our health, including:

- Income and social status;
- Social supports network;
- Education;
- Employment/working conditions;
- Social environments;
- Physical environments;
- Personal health practices and coping skills;
- Healthy childhood;
- Biology and genetic endowment;
- Health services;
- Gender; and
- Culture.

In fact, YHCs are an example of a *primary health care model* whereby youth in Nova Scotia can access health services ranging from primary prevention to intervention.

Interviewees we spoke with during the evaluation provided thoughtful insights into the role and purpose of YHCs. Most importantly, several observers of YHCs pointed out that the actual role

[2] *Strengthening Governance—Insights from the Institute on Governance Action Research*, Institute on Governance, www.iog.ca, February 2003
[3] http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/homepage/

and purpose of YHCs has a direct influence on what should be expected of YHCs in terms of short-term and long-term results.

Information collected during Phases I and II found that YHCs that are now in operation in various areas of the province operate in one or more of three roles.

- *Health promotion for youth*: All YHCs provide health information as part of their role and for many YHCs, health promotion is their major role. Health promotion enables individuals, groups and communities to take control over their own health. Most YHCs provide services such as health assessments, sexuality information and disease prevention to help youth improve their overall health.
- *Primary health care*: Four YHCs in the Eastern DHA provide the most comprehensive set of primary health care services to youth within a school setting. These Centres see their role as providing improved access to primary care through the delivery of clinical services by a YHC coordinator/nurse, with both on-site and off-site referrals to physicians where required. This primary care delivery role is part of the services provided to youth within a DHA. A small number of YHCs in the province, including several in Capital Health, provide clinical services at the present time but at a less comprehensive level than in the Eastern DHA.
- *Health education*: This role is concerned with providing information to youth about healthy living and is part of the role of all YHCs. Activities include the distribution of information on a range of health-related topics such as nutrition, stress management and birth control counselling.

YHC stakeholders in the Eastern DHA clearly articulated a perspective in which the purpose of YHCs is to provide health services as part of the primary health care delivery system in their DHA. These school-based YHCs provide clinical services to youth and are organizationally and organically linked to other elements in the health care system. Moreover, elements of the health care system outside the YHC — physicians and other health care professionals, administrators and hospitals, for example — support the health care work of the YHC.

In the Western DHA, the role of YHCs within schools focuses on health education and promotion. This role was determined as part of the process that led to the development of the YHCs in communities such as Bridgetown.

The role of school-based YHCs in the Capital Health DHA is evolving so that these YHCs are becoming more integrated into the primary health care system. As part of its responsibilities under Bill 34, Capital Health — like all DHAs — has a responsibility to address issues of teen health. In May 2002, the Capital DHA began a community consultation process to develop a model to implement YHCs is within the district's public school system. This process is well underway.

Community-based YHCs in the province have roles that vary from health education and promotion to limited primary care delivery. The Lesbian, Gay, Bisexual Youth Project, For example, concentrates on providing health information to youth, while the Red Door includes some clinical services as part of its mandate.

In summary, although YHCs provide different services to youth, those we interviewed — youth and adults — agree that the centres provide a focal point for youth to get professional advice and expertise on health-related matters. YHCs introduce and reinforce the notion that health is important to the wellbeing of youth. A more comprehensive list of expectations is provided in the discussion of YHC results.

ORGANIZATIONAL STRUCTURES AND ACCOUNTABILITY

YHCs have developed in response to a range of health-related needs of youth living in communities throughout Nova Scotia. This grassroots or community-based approach has involved youth, parents, educators, health professionals and others with an interest in youth health issues. This development approach has resulted in two YHC delivery models: school-based and community-based YHCs.

The consultation process in Phase III confirmed the findings from Phases I and II that a governance structure is in place in every YHC, although the formality of the structure varies.

- *Boards of Directors*: all community-based YHCs have a formal Board of Directors that sets policies and directs the operations of the YHC. School-based YHCs, including those that are directly part of the health care system, may not have official Boards of Directors. The Dartmouth YHC has a formal Board of Directors.
- *Advisory Boards*: about 60 percent of school-based YHCs have Advisory Boards that provide input to the policies and practices of their YHC.
- *Administrative Approach*: close to one third of YHCs operate as centres with staff provided by health organizations. These school-based centres may have an informal community and/or youth advisory committee.

The grassroots development method has resulted in YHCs with a positive focus on local issues and needs, and it is important to recognize these community linkages. At the same time, these YHCs are relatively independent and autonomous, regardless of whether the YHC is school or community-based. By this we mean that there is no central organization that is accountable for the development, management and results of all YHCs. Those YHCs that are part of the health care system are an exception, but even in these cases, there is no province-wide vision or policy structure that defines the roles, purpose, management and accountability structure, and so on for YHCs. In all cases, accountability is seen as a *local* issue: YHCs are responsible to their local stakeholders — the youth and community.

This situation weakens the effectiveness and impacts of YHCs, since each YHC has had to develop its governance and management structure on a more or less do-it-yourself basis. The lack of formal guidance from within the health care system on governance and management can discourage other YHCs from starting up, as these centres typically have to "invent their own wheel" to a large extent. (A guide to establishing a YHC was prepared with the support of the

Red Door several years ago; this guide largely focuses on the development and consultation process[4].)

Another impact of the weak or underdeveloped governance structure within many YHCs is that management control of the centre effectively rests outside the YHC, not so much in service delivery although this is important, but in issues related to staffing, policies and procedures, and other operational issues. Funders and partners implicitly decide these issues for the YHC by allocating resources to the centre. The evaluation interview process identified a small number of situations in school-based YHCs where disagreements on process and operational issues existed between school management and YHCs. A clear understanding of YHC governance and management would help minimize any such issues.

Finally, without a well-defined governance and accountability structure — and being able to demonstrate the existence of this structure to stakeholders — YHCs are venerable to financial sustainability problems. In particular, if YHCs are unable to demonstrate their purpose, value and accountability for results to their funding agencies, then the centres are unlikely to be adequately funded and will consequently be unable to effectively champion issues related to youth health. In fact, the issue of financial sustainability is the current reality for most YHCs in the province. In our view, this situation exists in part as a result of a lack of a clear governance structure and a corporate home for YHCs within the health care system.

We asked key informants to identify "who is responsible now (within their YHC) for ensuring that the YHC meets the needs of its clients and stakeholders" and "who should be involved". The most common response to the former question is that responsibility has not been formally defined. For many YHCs, accountability simply means tracking budgets and activity levels, and reporting this information to a Board of Directors or an Advisory Board on a monthly, quarterly and/or annual basis. Health care workers – who are the de facto managers of the centres — subsequently end up having to devote their time and energy to these kinds of management functions. For example, one YHC coordinator noted that it took her YHC three months to get their policies approved by their Board. Accountability may also be seen as reporting on special projects or events.

Results from the stakeholder focus groups conducted as part of the case studies illustrate the range of responses within YHCs on their existing accountability structures.

- **Glace Bay YHC: "***We have accountability measures in place through the Health Care Complex, including an accountability framework. The YHCs in Cape Breton go through the hospital accreditation process so we are bound to the standards of a maternal/child component care team. We have policies and procedures; we report outcomes and results and what we're doing about them; we identify what issues there are and how we partner. We are also accountable to the school; the school has security codes, parking regulations, people coming in and out, cards to visit the YHC from teachers — that's all accountability.*"
- **Bridgetown HIP YHC: "***The nurse gives statistics to the coordinator with the VON. The coordinator oversees HIP because the nurse wants to have someone to be accountable to.*

[4] "A Working Guide to Establishing Community-based Youth Health & Support Centres" by The Teen Health Centre (Halifax) and The Red Door (Kentville)

The Advisory Committee also meets with the nurse three times a year to talk about what the nurse is doing. Funding comes from the Soldiers Memorial Hospital but there is no accountability mechanism in place with them as such. The nurse talks to them once a year about what the HIP is doing. We didn't realize that was for accountability purposes but it probably was…"

- **Lesbian/Gay/Bisexual Youth Project:** The Project is accountable to HRDC, Metro United Way, Community Services and the NS Department of Education. The set of accountability guidelines for each funding organization is different. The focus group could not see how they could have one set of accountability guidelines because each organization is funding a different aspect of the Centre. "*It's because of the nature of what we do that we have different reporting processes.*"
- **Dartmouth YHC: "***We have monthly meetings of our board. We have minutes and we have short-term goals. The board is incorporated.*"

Although there is no organization, department or agency within Nova Scotia that is responsible for addressing various governance, development and delivery issues, there was a strong consensus amongst all those we consulted that YHCs are part of the Nova Scotia health care system and that an organization or organizations within the Nova Scotia health care system should be designated to address these issues by assuming this role and responsibilities on behalf of the province's YHCs.

Participants in the evaluation identified several possible candidates as the "home" of YHCs, including:

- Nova Scotia Department of Health;
- Individual DHAs; and
- Specific organizational elements within DHAs such as Acute Care, Primary Care or Public Health.

Recognizing which organization should be responsible and accountable is a matter of recognizing current mandated roles and responsibilities. In particular, all YHCs — school-based and community-based — should be recognized as being part of the formal health care system in Nova Scotia, and formally included in the system. Given the organizational and delivery structure of the Nova Scotia health care system, it seems both reasonable and consistent that YHCs should be integrated with their respective District Health Authority.

YHCs have strong linkages to and support from their stakeholder communities. Volunteer Boards of Directors devote considerable time and resources to supporting their YHCs. Consequently, integrating YHCs into the formal health care system should not result in the phasing out of the Boards of Directors of YHCs. YHCs should build on their existing capacity by retaining their existing Boards of Directors as "Advisory" Boards that should continue to have a substantial youth involvement, either through direct participation or a separate Youth Advisory Committee.

The following section examines the related issues of policies and standards of practice that YHCs should adopt.

YHC Policies and Standards of Practice

The governance structure of YHCs directly influences their policies and standards of practice. Interviews with key informants and the focus groups found strong support for the development and implementation of policies and standards of practice for YHCs. All stakeholders we interviewed agree that there is considerable merit in adopting formal and consistent policies and standards of practices, with consideration to local needs and circumstances, as described in the following analysis.

Defining Policies and Standards of Practice

Before examining the issues related to policies and standards of practice, these need to be described. Two levels of policies and standards should be considered: policy or management level guidelines, and operational guidelines.

Policy level guidelines are concerned with topics that define YHCs such as the roles and purposes of YHCs, and the kinds of services and supports YHCs should have within the provincial health and education systems. These higher level or province-wide policies and standards should address topics that are of common concern to all YHCs. These might include confidentiality, safety of staff and youth, quality management, results measurement and so on.

YHC coordinators often have their own codes of professional practice and conduct, as part of their certification and professional designation. Nurses in Nova Scotia, for example, have a professional code of conduct from the College of Nurses of Nova Scotia that defines conduct and professional behaviour.

Another consideration in developing these province-wide policies and standards is that these will support YHCs by offering system-wide consistency. As a result, both current and new YHCs need not be concerned with developing these policies and standards. This helps these YHCs focus on providing services, not developing a governance and policy framework. Consistency also helps ensure that the management structure of YHCs is well defined for stakeholders throughout the province. YHC staff, for example, can be assured that common guidelines are in place concerning safety of staff and youth, regardless of the location of the YHC.

Both school-based and community-based YHCs need operational policies and standards of practice. The operational policies and standards examined here are primarily related to school-based YHCs, since community-based YHCs have generally addressed these within their own organizations. Operational standards for school-based centres might focus on school access issues, hours of operation of the YHC during the school day and during the school year. Other standards might examine how the YHC coordinates its projects and programs within the school program.

The Current Situation

At the present time, YHCs have varying levels of detail for their policies and standards. Community-based YHCs, for instance, have formal Boards of Directors and as a result typically have developed both policy guidelines and operational standards of practice. In fact, the, Gay, Lesbian and Bisexual Youth Project has devoted considerable efforts to developing their policies and standards; the focus group with stakeholders of the Project suggested that consideration be given to adopting their “best practices” standards and procedures for use by all YHCs.

These policies and standards have been developed around:

- Confidentiality for youth;
- Screening of volunteers and staff;
- Implementation of servicing — using a youth-centred model;
- Education standards relating to teaching of curriculum;
- Education standards for counselling — again using the youth-centred model; and
- Building youth participation directly into the Board.

The Red Door, another community-based YHC, reports that:

> *"The Red Door has standardized its policies and procedures and follows a manual. The coalition of Youth Health Centres feels that we should all be using the same policy and procedure manual. The guidelines that have been adopted are from the Cancer Care and Screening Program, the [College of] Registered Nurses of Nova Scotia, the College of Physicians and Surgeons - Nova Scotia, and the District Health Authorities policies and procedures… We have standards of care on every service we offer. These are a necessity for any centre offering health and clinical services."*[5]

School-based YHCs have a range of approaches to policies and standards. Since the Glace Bay YHC is formally part of the Eastern DHA, the centre follows the policies and standards of the DHA with respect to clinical services. The YHCs in Bridgetown and Dartmouth have developed operating policies that reflect their resource levels, the needs of youth and input from the community on health care issues. In general, policies and standards differ a great deal amongst YHCs, in terms of levels of detail and scope. Interviewees suggested that in many YHCs, policies and standards are informal, designed to support the day-to-day operations of the centre.

It should also be noted that since these YHCs are located in schools, the centres have had to develop policies and standards that define how the centres interact with the school system. These policies and standards range from the kinds of services provided (information versus clinical), how youth access the centre and hours of operation. In some centres, according to interviewees, YHC coordinators have had to work with educators to define their role within the school system. In practical terms, this means determining how the coordinator "fits" within the administration and operations of the school, since coordinators are not teachers.

PERSPECTIVES ON DEVELOPING STANDARDS

As noted above, the Coalition of Youth Health Centres believes that YHCs should be using the same, consistent approach for policies and operational standards. Interviewees and focus group participants agreed: YHCs need consistent policies and standards of practice that are province-wide. At the same time, there is a consensus that this approach needs to incorporate sufficient flexibility for YHCs to respond to local needs and situations.

[5] Response to YHC Evaluation Interview Guide

Key informants suggested that core policies and standards be developed in areas such as staffing, confidentiality, safety and youth-inclusiveness. Beliefs, values and operational approaches would be developed subsequent to these core policies and standards.

Some suggestions from the three school-based YHCs are listed below. Several items on the list are not standards of practice per se, but these have been included to indicate the overall perceptions of standards:

DARTMOUTH:

- *"Clinical standards need to be developed."*
- *"Determining areas the YHCs provide services in — clarifying the line between counselling and advice."*
- *"Standards around staffing of the YHCs."*
- *"Standards to include students on the boards."*
- *"Standards around accountability."*
- *"Standards around orientation of all school staff to the YHC."*
- *"Physical plant standards (existence of a washroom, size of rooms)."*

GLACE BAY

- *"It is very important that clinical services be offered so the nurse is able to see the youth and give them birth control pills. They're able to have STDs testing, and see a nurse with regard to smoking and nicotine replacement."*
- *"Doctors should be available to the YHC a couple of days a week – actually come into the centre. That promotes the credibility of the centre to parents."*
- *"Sustainable funding is critical – Glace Bay is funded through Health already and wants to keep it that way."*
- *"Other standards would include standards around reporting information and data so the data collection would be similar."*
- *"Standards around staffing of the YHCs including continuing education in adolescent health (PD). We would like to see nurses have clinical education and experience and training and education in adolescent health."*
- *"Standards around confidentiality; hours of operation; safety (coordinator has a security button in her office)."*
- *"Student evaluation of YHC services."*
- *"Standards for getting advice from a medical director on touchy adolescent health issues (birth control for 12 years olds, abortions and so on)."*

BRIDGETOWN

- *"Standards in the qualifications for professionals in the YHCs (clinical)."*

- *"Standards in infrastructure and hours of operation."*
- *"Availability of resources that the health centre does not have the money to buy right now (videos, educational materials)."*
- There was a strong debate in the focus group about the need for sexual related clinical services. There was opposition on the part of the community to providing birth control pills when the centre started.

The clear theme in these suggested standards is the need for clinical standards, operational standards and performance measurement/accountability standards. The need to ensure that youth are formally included in the decision-making process for the YHC is important as well.

The consultation process provided clear insights on the development of policies and standards of practice. There was virtual unanimity that the Department of Health should assume the primary role for developing consistent, province-wide policies and standards for YHCs. However, it is important that this process recognize the role of other YHC stakeholders and partners. In particular, the important role of the Department of Education needs to be recognized and incorporated into the policy and standards development process, where appropriate.

The operational standards for YHCs lie within the purview of the District Health Authorities. The DHAs are in the best, and most appropriate, position to develop these operational standards. At the same time, it needs to be acknowledged that school-based YHCs work in partnership with their schools and school boards. Consequently, school boards should be part of the process to develop operational standards for school-based YHCs. As noted above, these operational standards would address issues such as access, hours of operation and so on.

This process should also encompass the development of standards to support the development and implementation of new YHCs throughout the province. These standards would provide clarity around how the YHCs should be set up and how they would work within the school system, for example. The standards will be important support mechanisms for simplifying the start-up process, and providing clear expectations to all stakeholders on what the YHC is expected to do and how it will operate. At the same time, it needs to be clear that YHCs should retain flexibility in the implementation of the operational policies and standards of practice to meet their specific local needs.

Finally, the role of policies and standards of practice need to be placed in the overall context of the role and purpose of the YHCs. In the process of developing policies and standards, it will be necessary to define the kinds of services the centres want to provide. This process needs to include the development and measurement of outcomes as well. Understanding the role of YHCs, what it is that they do to support this role, and what results are anticipated are important parts of the development process for policies and standards. Additional details on performance measurement and accountability are provided later in this section.

STANDARDS FOR STAFFING

YHC coordinators have a range of backgrounds and professional training. The profile study found that the coordinators were most often qualified as RNs and Public Health nurses, although five centres reported that their staff included a health educator. The list of resources available to YHCs also included guidance counsellors and social workers, although it is not apparent from

the profile analysis if these persons are coordinators. In any case, it is clear that most coordinators are nurses.

Those we consulted agreed that YHCs need standards for staff/coordinators. As noted above, nurses have professional standards of practice and ethical guidelines that are prescribed by their governing body in the province, the College of Registered Nurses of Nova Scotia.

The question here is not so much whether nurses who are YHC coordinators operate under professional standards of practice, but whether or not YHCs have policies and standards that ensure that their coordinators are professionally qualified in a health profession.

Insightful observations of this issue by key informants indicated that YHC staff requirements ultimately depend on the needs of youth to which the YHC is responding. More specifically, the role of centre determines staffing requirements. YHCs in the Eastern DHA provide clinical services to youth and these YHC need coordinators with nursing credentials. On the other hand, some YHCs provide health promotion or health education services; the skills of a health educator may be most appropriate in these situations. In essence, YHCs need coordinators that are qualified to provide the kinds of services that are wanted and needed by youth, and supported by YHC stakeholders.

Another consideration here is the level to which the YHC is integrated with other health service providers. Centres that have strong linkages — and referral capabilities — with organizations offering clinical services may have less of a need for on-site staff with these clinical skills. For example, the YHC at St. Patrick's High School in Halifax has strong linkages with the health care system in Capital Health as well as other groups such as Planned Parenthood.

Interviewees with YHCs and key informants in the Eastern DHA have found that a clinical services approach is most successful in meeting the needs of youth in their community. This service approach requires a nurse to coordinate the YHC. In their experience, "*youth won't come to the centre if clinical services are not provided*".

Based on the input from the evaluation process, we recommend that YHC coordinators should have professional qualifications to be able to support their particular YHC service model. Depending on circumstances, this may require professional nurses or in other cases, requirements may best be meet by a health educator or a coordinator with similar qualifications. In all cases, the coordinator needs professional qualifications in a health-related discipline.

RELATIONSHIPS WITH PARTNERS

Partnerships have been critically important to YHCs from their inception. These partnerships include the youth, educators, health professionals and the community in general that worked together to develop and implement the YHC. This development process always included a community consultation process designed to identify the needs of youth and the way in which the YHC would be designed to meet these needs. Consultations and workshops undertaken as part of Phases I and II stressed the importance of partnerships to the success of YHCs.

At another level, partnerships include agencies and departments within the health care system that support and work with YHCs. This support may be functional — the partnering agency may provide health-related services that the YHC is not resourced to provide to youth. For example,

mental health services or addiction services within the DHA are often important partners to the YHC. Other health-related agencies such as Planned Parenthood or the Parent Resource Centre[6] in a community may be partners as well.

Partners also support the YHC through direct and indirect funding. The most obvious and most important partner for school-based YHCs is the Department of Education and their local school boards. The education system has provided space for YHCs, funded operating costs and provided equipment and furniture. In a few cases, a school board has contributed financially the operation of a centre. Some of this discussion directly affects the sustainability of the YHC; the next chapter discusses the importance of partnerships from a sustainability perspective.

From a governance perspective, YHCs have also had to work in collaboration with their education partners to work out arrangements for dealing with the policies and practices of their school and/or school board.

Participants in the stakeholder focus groups reinforced the importance of partnerships:

- "*They are crucial; you can't function by yourself. And we can only do so much by ourselves*." Glace Bay YHC focus group
- "*Our partnerships are important in that they build on and supplement the resources available through the YHC (e.g., the social workers and counsellors are available at the Parent Resource Centre). Another partner, the Dartmouth Community Health Board provides funds to run the Lunch and Learn sessions. …The school provides the space, heat and light, and access to students. The partnerships are in place because they were all needed. The partners all saw the value of the YHC.*" Dartmouth YHC focus group

Successful partnerships have the following attributes, direct quoted from participants. These attributes are common examples identified by more than one set of focus group participants even though they are only referenced to a single focus group.

DARTMOUTH YHC FOCUS GROUP

- "*Open communication with physicians in the community and the hospitals so that the YHC can refer youth to them.*"
- "*Recognition of mutual benefits — for example, our teen moms can access programs at the Parent Resource Centre on Wentworth St., and the Centre in turn has its staff come to our YHC and offer programming as well.*"

GAY, LESBIAN AND BISEXUAL YOUTH PROJECT FOCUS GROUP

- "*An understanding by our partners and a level of awareness of the need and unique situations that affect gay, lesbian, bisexual and trans-gendered youth.*"
- "*A commitment by our partners to long-term sustainable funding.*"
- "*Respect for our model that is youth directed.*"
- "*Accountability by both the organization and the funding partners.*"

[6] Some communities have Family Resource Centres.

BRIDGETOWN HIP FOCUS GROUP

- "*Support to keep going in tough times, a sharing of expertise, enthusiasm.*"
- "*Referrals of youth to the YHC from partners and vice versa.*"

GLACE BAY YHC FOCUS GROUP

- "*Communication and a true understanding what each other does — this is what the nurse does, the guidance counsellor does, the principal does…*"
- "*A willingness to work together, share ideas, work together to see the problem as a community problem not just a school or an individual kid problem.*"
- "*Sharing of resources and whatever needs to happen to make it work for the youth.*"

True partners are willing to contribute time, energy and resources to support the overall health of youth.

The discussion of partnerships highlights the importance of communication, not only among partners but also among the YHCs themselves. The evaluation found a real need to increase internal communication.

Communication amongst YHCs to share best practices — both process and programs — should be strengthened. The current internal communication forum amongst coordinators appears to have slowly eroded in purpose and should be rejuvenated once funding is secure. This revitalization means ensuing effective communication amongst YHC coordinators in the province through on-going networking, semi-annual and annual meetings and professional development workshops. The Department of Health needs to provide active support for this development, building on the good work done by YHC coordinators in the past throughout the province.

OTHER GOVERNANCE ISSUES

All key informants and focus group participants raised accountability issues throughout the evaluation. These YHC stakeholders recognize that accountability for results is essential to demonstrate the value of YHCs to funders and other stakeholders in both communities and in government. In particular, YHCs need to demonstrate accountability for results at both the provincial and DHA levels.

Ongoing evaluation of the YHCs and their results is important to demonstrate success and enhance the credibility of the centres. At the same time, it needs to be clear that the centres do not have either the resources or the expertise to develop and implement complex accountability and evaluation models. Simple, easy to implement approaches are required.

We recommend that the DHAs adopt the performance model developed for Phase I, shown in Table 1 on the following pages, with modifications where required. A simple reporting system for results should be developed as well, and YHC coordinators should be coached in using the system. This might mean simplification of the system already developed for Phase II of the evaluation. The Department of Health should assume the lead role in implementing this recommendation, with the support of the DHAs and YHCs.

Details of the model are provided in the Phase I report.

Table 1: Proposed YHC Results-Based Model

Activities **(How the YHC carries out its work)**	**Outputs** **(The programs, services and supports of the YHC)**	**Reach** **(Who the YHC works for & with)**	**Direct Outcomes** **(Immediate results)**	**Ultimate Outcomes** **(Long-term results)**
Providing Health Services Providing primary health services: - Clinical services - Education (individual/clients) - Distribution of information and materials - Risk assessments and referrals Providing health counselling/support services Providing advice and information Providing referrals: *in* to the YHC and *out* to other health services Providing youth outreach/satellites	Clinical services relevant and responsive to youth Health education services Referrals/consultations Advice/information Health counselling/support services Programs responsive to community needs Awareness of risks	*Primary Clients*: Youth Parents Families *Stakeholders:* Parents Health agencies Community Health Boards District Health Boards Government Community *Partners/co-deliverers:* Health agencies Health professionals Teachers and guidance counsellors Student councils Community agencies Universities Student interns/co-op Private sector (pharmacies) School and school board Funding agencies	Increased knowledge of services and resources Increased knowledge of own health Increased access to health services Early and appropriate interventions Informed decisions Increase in healthier choices & behaviour Decrease in high risk behaviour: harm reduction Increase in healthy youth: wellness Improved youth satisfaction	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community

Activities **(How the YHC carries out its work)**	**Outputs** **(The programs, services and supports of the YHC)**	**Reach** **(Who the YHC works for & with)**	**Direct Outcomes** **(Immediate results)**	**Ultimate Outcomes** **(Long-term results)**
Providing a Youth-centred environment Providing safe, confidential environment Listening to Youth Developing youth support groups	Safe haven/place Accessible place Youth support groups Leisure activities/programs (after school)		Safe places for youth Increase in healthy youth: wellness	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community
Developing networks & partnerships Advocating for youth Consulting with other professionals (internal/external) Developing partnerships with the community Marketing and promoting the YHC Being a youth health resource to schools, the community and other organizations	Networks/partnerships Community and youth awareness of health issues Awareness of youth health needs at each developmental level Community and youth awareness of services and YHC Awareness of accessibility issues		Increased knowledge of youth health issues Increased commitment to youth health services Improved communication Increased access to health services Early and appropriate interventions	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community

Activities **(How the YHC carries out its work)**	**Outputs** **(The programs, services and supports of the YHC)**	**Reach** **(Who the YHC works for & with)**	**Direct Outcomes** **(Immediate results)**	**Ultimate Outcomes** **(Long-term results)**
Providing opportunities for youth development and community involvement Providing leadership training & development Providing peer education Providing food services	Youth involved in all levels of decision-making Youth and staff presentations Workshops and conferences Skill development for youth Training for peer educators Food provided		Youth ownership/sense of community Increased confidence for those involved (committees) Increased youth involvement in society Increased ownership and sense of community	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community
Undertaking Youth-related Research Collecting data/surveys	Reports Data management Surveys of youth		Increased knowledge of youth health issues	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community

Activities **(How the YHC carries out its work)**	**Outputs** **(The programs, services and supports of the YHC)**	**Reach** **(Who the YHC works for & with)**	**Direct Outcomes** **(Immediate results)**	**Ultimate Outcomes** **(Long-term results)**
Managing and Administering YHCs Governance and policy/program development Budgeting and planning Preparing reports	Human resource management Reports: project and administrative Policies and procedures Curriculum development Plans and budgets Service quality standards		Sustainable centres	Increased interest in education Improved positive youth health practices Informed youth health decisions Improved quality of life resulting in decreased costs to health care system Increased youth leadership Improved sense of community

3. SUSTAINING YHCS IN NOVA SCOTIA

INTRODUCTION

The sustainability issue is concerned with determining whether or not YHCs have the financial resources to allow them to meet the needs of youth. The evaluation work undertaken in Phases I and II found a wide range of funding approaches and annual YHC budgets. The earlier work also identified the high level importance of the sustainability issue for YHCs and their stakeholders.

This section of the evaluation presents the findings on the funding and sustainability issue. It examines potential alternative approaches to funding, within the context of improved governance and accountability for YHCs.

FUNDING AND SUSTAINABILITY

Although governance issues underlie many of the long-term challenges facing YHCs, there is no question that funding issues are the most immediate and obvious consequence of a fragmented and inadequate governance structure. Key informants and focus group participants — virtually without exception — identified the funding issue as the most important issue that YHCs face that limit their ability to achieve results. This finding is consistent with the evaluation work conducted in Phases I and II as well, where consultations with YHCs identified the importance of funding to the sustainability of centres.

Three general types of funding models now support YHCs:

- *Direct support from a DHA*: where YHCs are formally integrated within the health care system and receive ongoing operational funding. YHCs in Cape Breton are funded under this approach and YHCs in the Capital District Health Authority are presently adopting a model that will provide some level of sustainable operational funding.
- *Indirect support*: where YHCs receive ongoing part-time funding for a nurse or other health care worker from Public Health or other organization, but the Centre is required to raise funds for operational support from a variety of sources.
- *Ad hoc support*: where YHCs do not have ongoing sustainable operational funding. These YHCs obtain limited financial support for operations and projects from a variety of federal and provincial government departments, as well as DHAs, CHBs and other funding organizations.

Different kinds of financial resources are important to YHCs at varying stages of their development, regardless of whether the centres are located in schools or their community. Funds allow YHCs to plan their annual activities based on estimated financial resources, hire and retain professional staff, and provide services to youth in schools and in the community.

In fact, YHCs have three different kinds of costs.

- **Setup costs**: associated with establishing a YHC. The major costs are for finding a space for the YHC and furnishing it. These costs may also include the acquisition of special equipment, learning resources, computers and similar items.
- **Operational costs**: are incurred to provide for the ongoing operations of the YHC. Operational costs include salaries for YHC staff as well as facility costs such as rent, utilities and consumables such as pamphlets, medical supplies and birth control materials.
- **Project funding costs**: required for projects undertaken by the YHC, or other one-time costs to address specific issues or needs.

SETUP COSTS

Set-up costs are straightforward and most YHCs do not have a great deal of difficulty with start-up costs. School-based YHCs, for example, typically receive the basic space and, in many cases, the office equipment they need from their school and/or school board. These costs are essentially covered by contributions-in-kind donations from educational partners.

Community-based YHCs are more challenged by start-up costs. The evaluation interviews indicate that these YHCs have received grants and other financial contributions from federal and provincial Departments of Health, HRDC[7] and other agencies to establish their centre.

Centres with strong linkages to their DHAs have obtained clinical equipment from the DHAs as part of their start-up arrangements. For example, the YHCs in the Eastern DHA have been outfitted with clinical equipment as well as computers, furniture, video recorders/TVs and other equipment required for their operations. This equipment along with related maintenance and operational services are provided as a direct result of the YHCs being part of the health care system in the Eastern DHA.

In school and community YHCs, parents and other community groups have donated tables, chairs and couches, for example, to meet the needs for furniture and other equipment.

However, in spite of the apparent ease with which centres have become established, it is important to note that obtaining start-up costs still require significant efforts by YHC stakeholders. In particular it should be recalled that the initiative to establish a centre comes from the collaborative efforts of youth, community groups and in many cases, schools and/or school boards. These stakeholders may not be, and indeed are unlikely to be, experienced in the kinds of tasks required to establish a financially viable YHC. The fact that stakeholders have succeeded in collaborating to establish more than 20 centres in the province is a tribute to their determination and commitment to youth health.

OPERATIONAL COSTS

Operational costs are the most problematic for YHCs overall. Rent and utility costs are often not an issue for YHCs in schools, since these costs are covered by the school as part of the overall school operational costs. YHCs also do not seem to have a great deal of difficulty obtaining health care resources and supplies from partners and/or from within the health care system. As noted above, for example, the four YHCs in the Eastern DHA are part of the health care system, so these costs are covered by DHA budgets.

[7] Human Resources Development Canada

However, other school-based YHCs have struggled to find funding for operational costs. The Profile prepared as part of Phase I of the evaluation found that annual budgets for YHCs varied considerably. Operating budgets for the 21 YHCs responding to the profile questionnaire reported operating budgets ranging from $10,500 to $102,400. The five YHCs with the lowest operating budgets are school-based and amounts to $26,590 on average.

Community-based YHCs face similar challenges with operating costs, although these centres have been reasonably successful in accessing funding from a variety of sources. However, the case remains that these centres are struggling with generating funds to cover their operating costs required to meet the needs of their clients.

The most important operational cost facing YHCs is the cost of human resources: professional and support staff. Most YHCs simply cannot afford to retain full-time professional staff. To address their staffing needs, YHCs have turned to other agencies for funding contributions for their coordinators. DHAs in some parts of the province provide funding for coordinator salaries. Other centres have received funding from HRDC, school boards, Health Canada and so on. The VON has provided nurses on a part-time basis to support YHCs as well. Even in the case of the new model under development for YHCs within the Capital Health DHA, funding is not likely to be available for full-time YHC coordinators.

One result of these current approaches to funding YHCs is that these funds are often only provided on an annual basis. YHCs then find themselves in the position of constantly searching for funding sources, and developing proposals and applications for funding. This approach diminishes the time available for actually providing services to youth.

Another result from unstable funding is the loss of professional and support staff. Evidence from the interviews indicated that this issue is significant and ongoing. At least four YHCs have lost coordinators due to the lack of funds for salaries.

In summary, operational costs are the most crucial costs to YHCs. Without operational funding, the best efforts of YHC stakeholders to establish a new YHC are eroded. More than half a dozen YHCs have ceased operation in Nova Scotia in the past several years. Evidence from the evaluation is that closure results not so much from setup problems but operational cost difficulties. These closed YHCs have not been able to sustain their operations. In several instances, YHCs have remained in operation, but have not been able to retain their professional staff — coordinators that are committed to meeting the health-related needs of the youth.

PROJECT FUNDING

YHCs undertake projects — both one-time and ongoing — to meet special or particular needs of youth served by their centre. Some projects simply require the time of the coordinator to implement the project, but others require more resources. For example, a centre may decide to have a lunchtime discussion group on issues such as self-esteem or bullying that would be designed internally. In other cases, a centre may want to run a longer-term program that is obtained from a third party source; several YHCs sponsor a smoking cessation program that has resource materials that must be purchased. The Bridgetown HIP centre reported in the stakeholder focus group that:

> *"We would like to have more money for resources. We have ideas for things to do at lunch (bring in speakers/cover their transportation and meals) that would involve money. Dieticians, the RCMP, drug addictions, tobacco, suicide, the theatre companies that work with kids — all these cost money."*

YHCs have had to be very resourceful in obtaining project funding. YHCs have approached organizations within the health care system for special project funding, for example. Fundraising is one of the most common approaches employed by centres to finance their projects. However, it was consistently noted in the interview process that "*fundraising burns people out*".

MISSED OPPORTUNITIES FOR YHCS

We asked interviewees to provide us with examples of missed opportunities or other situations where funding has limited the ability of the YHC to undertake activities related to the expected outcomes. Some of the most important limitations resulting from inadequate and insufficient resources include:

- **Loss of YHC staff**: At least four YHC coordinators have left their positions at YHCs for other employment due to inadequate funding and uncertainty concerning YHC resources. Insufficient professional development resources for coordinators compound this problem; YHCs do not have funding for professional development.
- **Accessibility issues**: YHCs report that they have not been able to adequately serve the needs of youths in middle schools or in schools within their DHA. Some YHCs have developed a satellite approach for their family of schools, but resource levels limit these efforts. This issue is discussed in detail in the following chapter.
- **Limited hours of operation**: limited funding means limited hours of operation.
- **Inability to implement needed programs**: YHCs are unable to finance new programs or sustain existing ones.
- **Inability to leverage funding sources**: project funding requirements from government and institutional sources often stipulate that the project sponsor contribute a specific amount of project costs. This contribution may range from one quarter to one half of project costs. Cost-strapped YHCs do not have these funds in many instances.

The stakeholder focus group provided specific examples of these missed opportunities:

GLACE BAY YHC

- *"Smoking cessation was a big issue for us. We applied to the Community Health Board and they gave us a grant because it was over and above our budget for the Centre; otherwise we couldn't do it."*
- *"Opening up more YHCs — we have an issue in that we have inequity in service delivery to youth; according to the Primary Health Care model, there should be equity. There's a huge inequity."*

BRIDGETOWN HIP

- *"More money would allow the HIP to be open more than eight hours a week (provided the VON allowed the coordinator the extra hours)."*
- *"More money would allow the nurse to attend PD workshops."*
- *"If the YHCs aren't sustainable, they will not stay within the community. Fundraising burns people out. We already know that young people do not have access to good health care in the community…there aren't enough physicians, there are no nurse practitioners, there aren't physicians who are youth friendly."*

GAY, LESBIAN AND BISEXUAL YOUTH PROJECT

- *"We want to increase our housing program; we need more resources to sponsor the needs of the homeless youth in the community."*
- *"We can't maintain the programs that we have right now. We would like to be able to travel around the province more to workshops for junior and senior high schools…our outreach is limited."*
- *"Sustainability of dedicated staff is tenuous because we can't provide salary increases."*

DARTMOUTH YHC

- *"We were facing closure in the fall due to a lack of funding so we had to reduce the resources available to our teen mom support group. We also had to cut back on our supplies for the Health Centre."*

ADDRESSING SUSTAINABILITY ISSUES

We asked all participants in the evaluation — youth focus group participants, stakeholders in focus groups, YHC coordinators and other key informants — to provide recommendations to improve the success of YHCs. All participants consistently named sustainable funding as their #1 recommendation.

To be effective, YHCs need sustainable funding for operational costs. Moreover, YHCs need to be able to convince their stakeholders and partners of the value of their services to youth. This is not being well done in many instances, partly as a consequence of inadequate resources and partly since YHCs are acting autonomously within the health care system. YHCs need to be able to tell their performance story to their stakeholders: what are they trying to accomplishment and how successful have they been in achieving results.

The recommended solutions[8] to address the range of governance and management issues facing YHCs included a series of actions to formally recognize YHCs as part of the health care system in Nova Scotia. Those recommendations were founded on the roles of both the Department of Health and the DHAs, and based on input from stakeholders during the evaluation consultation

[8] See Chapter 2

process. The YHC coordinators and stakeholders we interviewed all agree that the Department and the DHAs need to play an essential role in ensuring that YHCs are financially sustainable.

As part of the resolution of the governance issue, the Department of Health in its policy role should encourage DHAs to recognize the important role played by both school and community-based YHCs as models of primary health care delivery within the DHAs.

In support of the role played by YHCs, DHAs should provide stable, ongoing funding to sustain both school and community-based YHCs within their health districts so that these YHCs can support primary health care services for youth.

To support the ongoing viability of YHCs, the Department of Health should support YHCs by building relationships and collaborating with other provincial level government departments that have a mandate related to youth health (Provincial CAYAC). At the same time, DHAs should play a leadership role in developing sustainable, effective funding relationships with other departments and agencies with a mandated interest in youth issues — those in regional CAYACs. School boards are critically important financial partners with YHCs throughout the province.

4. ACCESSIBILITY ISSUES

ACCESS IS LIMITED IN NOVA SCOTIA

YHCs are not universal in Nova Scotia — there are now less than 25 active YHCs in the entire province. These centres exist mainly where community and school groups have worked together to establish a centre and secure some level of funding and human resource support.

The evaluation found that accessibility is indeed an issue. Accessibility problems occur with respect to the location of YHCs, their operating times and the programs provided by YHCs.

THE CURRENT SITUATION

YHCs are mainly located in senior and middle schools in the province; a diminishing number of Centres are housed in non-school/non-health care community settings and several are located within community clinics. With the exception of all four YHCs in Cape Breton and several others in the CDHA, most Centres operate within school operating hours within the school year. However, sustainability issues limit the actual hours of operation during the school day/week in many Centres. The Cape Breton Centres are open during school hours on a year-round basis, with the exception of a two-week closure during vacation periods in the summer. Community-based centres such as the Gay, Lesbian and Bisexual Youth Project are open on evenings and weekends.

In addition to hours of operation, school-based YHCs face challenges in meeting the needs of youth that are not in school. In particular, school policies tend to restrict access to school property to youth attending school; youth not attending school are not permitted on school property. We understand that several YHCs, such as those in the Eastern DHA, have taken steps to allow youth that are not attending school to visit a YHC if they desire. However, most YHCs are struggling with this issue to some extent, although sustainable funding levels place this issue low on the priority list of centres. This issue is not a problem for community-based centres, although these centres still face access problems related to hours of operation.

It is a challenge for youth in many rural communities to access a YHC. Several DHAs, including Lunenburg-Queens and the South Shore, have no YHCs at the present time; the geographical coverage of other DHAs is limited. Youth living in rural areas in western Cape Breton and Pictou County, for example, also do not have access to a YHC. Some youth within the urban areas of both Halifax and Sydney do not have access to a YHC within their school. Youth who have left school often do not have access to a YHC.

YHCs are found in less than half of all senior high schools in the province. Some Centres have taken efforts to provide services to other senior and middle schools in their communities, usually on a “family of schools” basis. However, this coverage is less than satisfactory to the YHC staff providing the service, youth in the schools and, in many cases, to health care administrators.

Regardless of location, the students are not allowed to leave the school grounds without a note from their parents. In rural areas and small towns, there are no bus services to many areas. Confidentiality issues, particularly between youth and their parents, limits access to transportation for youth that may want to access a community-based YHC or even a school-

based YHC after school hours. The Red Door has taken steps to address these kinds of access issues in their community by partnering with alternative transportation of Kings County, so that youth can use their services to access YHCs.

ADDRESSING ACCESSIBILITY ISSUES

The challenges for youth related to accessing YHC services are mainly concerned with geographical coverage, operating times and, in the case of school-based centres, the protocols established for youth to access the centres. As noted earlier, sustainability issues have impacted both the geographical coverage of the centres and their operating times, both in terms of hours of operation and access during non-school hours throughout the year.

In most cases, the YHC and school counselling staff work together in a well-coordinated manner to identify and address youth issues, with coordinators and guidance counsellors reinforcing and supporting each other's role and resources. According to the an education stakeholder in Cape Breton, "*we had the confidence of [guidance] counsellors from the beginning. We worked in partnership and established protocols in the schools*". During the consultation process, we heard of several schools where a misunderstanding or lack of clarity concerning the roles of YHCs at the implementation stage has resulted in disagreements between YHC coordinators and school counsellors. Several YHC coordinators noted stressful disagreements with guidance counsellors concerning roles and mandates when their centres were starting although these have been resolved.

Youth differentiate the roles of guidance and their YHC. The comments from one focus group are illustrative of the different perceptions of the roles held by youth in all the focus groups:

> *"Guidance is seen as an administrative part of the school and somewhere you have to go or are sent, whereas the YHC is a place where you could voluntarily go and get information about personal issues."*

Youth that wish to access the resources of community-based YHCs are generally not faced with the same operational issues as youth in school-based YHCs. For the most part, access is more straightforward since community-based centres are open for more hours throughout the day, week and year. However, resource constraints have forced some community-based centres to curtail their hours of operation. The Red Door, for example, indicated that it has reduced hours of operation, as has the school-based YHC in Bridgetown.

Notwithstanding the important contribution of the community-based centres, the majority of persons participating in the evaluation — both youth and adults — believe that school-based YHCs are generally the most appropriate and effective locations for youth to access health services. The main reasons for this conclusion concern ease of access for youth attending school. Youth in rural Nova Scotia who travel on school busses have constraints on their time — they have to be on the bus when it leaves after school. "*There are no options for after school — the youth are bussed*", according to the Bridgetown HIP focus group.

The Glace Bay YHC has had experience with both a community and school-based approach to meeting the needs of youth in its community. According to the YHC,

> *"We were having about 80 visits a month when they were storefront and now we have 250 a month. It's convenient — no transportation problems for youth. And we are still open in the summer even though the school is closed. The school is safer and more secure [than the storefront]. We had the windows smashed once at month when we were a storefront operation."*

Participants in the evaluation frequently noted the need for clear operational standards for accessing a Centre within the school, as well as access by non-school youth. Another dimension of the access issue is the location of the centre within a school. Centres need to be located in an area that is accessible and confidential, in the sense that youth do not feel they are being monitored when they visit a centre. The youth focus group pointed out that in some schools that have both junior and senior high students, the younger students are not allowed to be in the senior high section of the school — and this is the location where the YHC is most often located.

Several YHC coordinators and other stakeholders pointed out the accessibility issues are directly related to the particular role and purpose of a YHC. In particular, a YHC that provides clinical services may need to be more accessible on a daily and seasonal basis than a centre with a focus on health education. In all cases, however, YHCs with a youth-friendly mandate need to ensure that youth are directly involved in the decision-making to select the most appropriate location to meet their needs.

There is no question that stakeholders wish to see these accessibility issues addressed by increasing the number of YHCs in Nova Scotia. This is a "*no-brainer*", according to several focus group participants.

> *"… Because we're not accessing all the youth that are there. It goes back to the equality issue. The demand is there, the kids are telling us the demand is there but we just don't have the funds. There should be a YHC in every high school, for a start, with outreach to the junior highs. High risk behaviour is happening there, its starting there but not to the extent it is in the high schools."* Glace Bay YHC focus group

Participants at the Gay, Lesbian and Bisexual Youth Project focus group provided additional insights into this issue:

> *"Obviously, there needs to be more [centres] for the reason that when you're trying to offer provincial services you can't do it from a central location. You have to be able to get to where the people are so you need services across the province.*
>
> *And you need the insight from the different communities…. You need the local community knowledge like what nights are the malls open so kids can tell their parents that's where they are when they're really with us doing counselling."*

Increasing the number of centres is directly related to issues of governance and sustainability: YHCs need clear understandings of their roles and purpose, how they fit within the primary health care system in Nova Scotia, and how they will be resourced to meet the needs of youth throughout the province.

YHCs should not be limited in accessibility due to geography, but be available to all youth in the province, either at a school-based or community-based facility. As part of the plan to increase access to YHCs, DHAs should develop a consultation process and implementation plan to ensure that the various dimensions of YHC access are addressed, including: targeted groups such as gay, lesbian, bisexual youth; rural areas; summer months; non-school hours and youth not attending school. This development process needs to plan to provide YHC services to youth within families of schools.

The relationship between the YHC and the formal education system is working well in most instances. In some cases, a process needs to be undertaken to ensure that the roles of both the YHC and the education system are clearly understood. Specifically, clear policies and standards need to be established concerning, for example, the location of YHCs within schools and access to YHC services. These policies and standards need to be developed collaboratively between the DHAs and school boards.

5. STAKEHOLDER PERSPECTIVES OF YHC RESULTS

INTRODUCTION

Phases I and II of the YHC evaluation made an effort to describe and understand the relationship between the activities and the results of YHCs. The consultation process helped develop a performance model for the Centres that set out a general model relating the outputs[9] of the YHCs with their anticipated direct and long-term outcomes. The Phase I/II report described various outputs of the YHCs, developed through the consultation process as well as a data collection exercise during 2002.

The Phase I/II report noted the challenges of measuring the longer-term outcomes and noted that "it may be more cost-effective if Phase III concentrated on more immediate organizational and funding issues". It went on to note: "evidence to support the achievement of the longer-term outcomes by the YHCs or similar organizations will likely be available from the pilot youth health research projects now underway in Nova Scotia and other parts of Canada".

Consequently, the *results* focus of Phase III is on determining if there is widespread understanding amongst stakeholders of the results YHCs are trying to achieve, as well as an assessment of success and an identification of those factors limiting success.

There is virtual unanimity in the opinions obtained during the evaluation that YHCs provide valuable services to youth in their communities. Those we interviewed — youth, YHC coordinators, Board members, parents and stakeholders in both education and health care — agree on what the longer-term results and benefits of the Centres should be, although information on these results is not available for most centres. There is general agreement on the role of the Centres and the factors or characteristics of the Centres that contribute to positive results.

EXPECTATIONS OF YHC RESULTS

The results-based model for YHCs identified four major activities undertaken by the Centres that lead directly to the desired short-term and long-term outcomes. The major activities include:

- Providing health services;
- Providing a youth-centred environment;
- Providing opportunities for youth development and community involvement; and
- Developing partnerships and networks[10].

Table 1 in Chapter 2 provided the complete model from Phase I of the evaluation. The table lists both the direct and ultimate (or longer-term) outcomes of the YHCs. In essence, the direct outcomes — the immediate and short-term results — of the YHCs focus on increased knowledge, increased access by youth to health services, and increased healthier choices and

[9] The goods, services and other supports directly provided or delivered by the YHCs.
[10] Two additional activities were: undertaking youth-related research, and managing and administering YHCs.

behaviour. The longer-term results link to provincial determinants of health and are concerned with improved positive youth health practices, informed youth health decisions and an improved quality of life that ultimately results in decreased costs to the health care system.

During the interviews and focus group process, we asked participants to tell us about YHC results: what are these in both the long and short-terms, and the success of YHCs in achieving these expected results. These results conform to the short and long term outcomes developed as part of the performance model, although it should not be surprising that those we interviewed could not always differentiate activities, outputs and outcomes.

Some verbatim results from the stakeholder focus group presented below also reflect the comments provided by youth and key informants in response to this topic.

SHORT-TERM RESULTS OF YHCS

GLACE BAY

- *Decrease in the pregnancy rate*
- *Establish a non-smoking program in partnership with the school for zero tolerance for smoking*
- *Availability of Youth Centre as a place for teens to go with their concerns*
- *Speed up access to the health care system so that teens get services such as pregnancy tests and mental health concerns dealt with earlier than in the past*
- *Provide teenage parents with parenting skills*
- *Provide teens with education about STDs*

BRIDGETOWN

- *Provide a confidential place where teens can come and talk, and receive information with no prejudice*
- *Avoid a crisis (sexual, family relationships, peer relations)*
- *Help youth make decisions based on good information*

GAY, LESBIAN AND BISEXUAL YOUTH PROJECT

- *Respond effectively to the needs of the young people that we serve — needs ranging from educational to social to support*
- *Bring down rates of suicide, high use of drugs and alcohol*
- *Respond to needs identified by the youth – whatever they are – who come through our doors on a daily basis*

DARTMOUTH

- *Provide a smoking reduction program (third year)*
- *Work with grade 10s to look at their stress-related needs coming into High School*

- *Provide a safe place for the teens to go to deal with issues or crises*
- *Provide current information to teens quickly and effectively and provide good direction to teens*
- *Provide referrals to other agencies*

LONG-TERM YHC RESULTS OF YHCS

GLACE BAY

- *Decrease pregnancy rate*
- *Decrease smoking rate*
- *Decrease in STDs*
- *Well-adjusted children of teenage parents*

BRIDGETOWN

- *Give teens their life so they don't end up on the street*
- *Provide skills to practice for the next three or four years to be able to make decisions on their own about things that really matter in life*

GAY, LESBIAN AND BISEXUAL YOUTH PROJECT

- *Make a difference in the community, the school environments of young people and in their home lives and family lives*
- *Decrease the effects of homophobia in our society*
- *Reduced rates of suicide*
- *Reduced rates of drug and alcohol abuse*
- *Build capacity in other communities in NS to offer services like ours*

DARTMOUTH

- *Decrease in teen pregnancies*
- *Decrease in emotional problems, depression*
- *Create sexually healthy and emotionally healthy and just generally healthy kids who have a good knowledge of how to look after themselves*
- *Development of healthy relationships*

Key informants provided other insights into short-term and long-term results. These included "*providing health services to youth in ways that are comfortable to youth*", educating youth on health issues and improving the health status of youth.

Youth participating in the six youth focus groups shared perceptions on the results expected from their YHC. The following list indicates the common themes — raised in at least two of the focus groups. We categorized these verbatim comments according to the major types of YHC activities identified in the YHC Results-Based Model (See Table 1).

PROVIDING HEALTH SERVICES

- *Try to help youth with health and personal issues*
- *Try to keep teen pregnancy rates down*
- *Provide access to a doctor*
- *A place to get information and resources*
- *Raise awareness around health issues*
- *Help with problems such as bullying, health and social problems*
- *Keep students away from smoking, drugs and sex at a young age*

PROVIDING A YOUTH-CENTRED ENVIRONMENT

- *Try to make the school environment better*
- *Provide youth with a youth-run support system for youth*
- *Provide a place to talk confidentially*
- *Provide someone to talk to*
- *Help youth deal with the reality of being a teenager*

DEVELOPING NETWORKS AND PARTNERSHIPS

- *Provide youth with contact with other resources and/or professionals*
- *Raise awareness around a number of health and social issues*

PROVIDING OPPORTUNITIES FOR YOUTH DEVELOPMENT AND COMMUNITY INVOLVEMENT

- *Develop leadership and role models amongst youth*
- *Provide opportunities to be involved*
- *Help with grades*

One anticipated outcome of YHCs is an improved relationship with the formal health care system. As part of outcome, we asked youth if their involvement with a YHC had improved their knowledge of their own health. Some examples provided by youth in the focus groups are listed below.

IMPROVED DECISION-MAKING AND AWARENESS ABOUT HEALTH

- *Students making better decisions around health choices*
- *Gained practical experience and are better able to make healthy decisions*

- *Provides students with the skills necessary for better decision making*
- *Raised an awareness and an appreciation for our health*
- *Encourages students to see a doctor for health concerns and questions*
- *Some students not making better choices but know more about the risks*
- *Youth being involved has helped them learn more about their own health*
- *Staff is able to assist with health goals and provide support and necessary guidance*
- *Quit smoking program helped two focus group members quit smoking*
- *Able to make informed decisions about sexual behaviour and health issues*
- *Learned a lot about STDs that aren't as talked about such as gonorrhea and chlamydia*
- *More aware of issues around health and sexuality*
- *Know about the risks of smoking, unsafe sex, and drugs*
- *Know about the various forms of birth control and the risks associated with each*
- *Know the difference between birth control and safer sex*
- *Healthy eating book has informed them on nutrition*
- *Allows students to interact with other peers and different points of view*

FACTORS THAT LIMIT SUCCESS

Participants in the evaluation were asked to identify internal and external challenges that limit the ability of YHCs to achieve their intended results. Responses were clear and unequivocal: the major challenge that affects YHCs is sustainable funding. No other issue is more central to the success of YHCs in meeting the needs of youth.

The major factors that participants believe influence YHC success are listed below.

GOVERNANCE

- No set of policies and operating standards such as confidentiality within the school system (mentioned 4 times);
- Not being seen as core programming for youth: not being seen as part of the health care system
- The lack of understanding among stakeholders of what YHCs do, particularly in the case of the Gay, Lesbian and Bisexual Youth Project
- Need to ensure confidentiality for youth visiting a YHC (mentioned in all youth focus groups)
- Promoting the value of the YHC to stakeholders within the education and health care system;

- Working within the school environment to collaboratively meet the needs of youth (mentioned 5 times)
- Working with guidance counsellors and determining the roles of each discipline (mentioned 5 times)

SUSTAINABILITY

- No sustainable funding (mentioned by every YHC coordinator, key informant, stakeholder focus group)
- No financial resources for accessing other skills needed from time to time by the centre
- No financial resources for professional development (mentioned 2 times)

ACCESSIBILITY

- Providing access to youth: rural areas, youth with special needs, junior high age youth (mentioned 6 times)
- Need to increase the profile of the YHC within schools and in the community (mentioned in all youth focus groups)
- Need for YHCs in junior/middle high schools (mentioned in all youth focus groups)
- Increasing youth involvement in the centre

RESULTS

- No direction and support to define and measure the results of the centres;

These challenges are readily linked to the major themes of this report: governance, sustainability and accessibility. The related issues of accountability, partnership development, communication and human resource capacity are sub-themes linked to these major themes. These challenges have been incorporated into the analysis throughout this evaluation report.

One factor noted in the above list that does impact on the ability of YHCs to demonstrate success relates to the ability of YHCs to tell their own performance stories. In particular, the linkage between the range of services provided by YHCs and their outcomes is not always clearly understood.

While considerable anecdotal evidence exists concerning the service provided directly by the Centres and their short-term outcomes, these outcomes have not been consistently generated to tell the performance story of the YHCs. Centres simply do not often have the capabilities and capacity to collect this data on a consistent and regular basis, although centres do track activities. Demonstrating longer-term results requires more substantive analysis; this may be forthcoming from several of the research projects now underway in the province and elsewhere.

To address this gap in accountability, the Department of Health should take responsibility for the evaluation of YHCs. The evaluation or performance model developed in Phase I of the YHC evaluation (and reproduced on page 15 of this report) has generated positive discussion amongst stakeholders and the Department should adopt this YHC performance model to ensure consistent accountability and the measurement of results. The Department should ensure that any necessary work to refine and finalize this model for implementation by the YHCs is undertaken as well.

The Department of Health should consider monetary and non-monetary support for research projects that investigate the longer-term results of the Centres.

6. CONCLUSIONS AND RECOMMENDATIONS

THE YHC MODEL

Youth Health Centres are an example of a *primary health care model* whereby youth in Nova Scotia can access health services ranging from primary prevention to intervention. The YHCs in the province functionally support a *population health approach* that aims to improve the health of the entire population and to reduce health inequities among population groups. To reach these objectives, the population health approach examines and acts upon the broad range of factors and conditions — *determinants of health*— that have a strong influence on our health.

For example, one of the principles of a population health approach is intersectoral collaboration — a strategy that YHCs embrace. YHCs cannot survive in isolation from other partners that have a strong interest and mandate to support youth. Consequently, YHCs are successful in meeting the health-related needs of youth when they have positive intersectoral relationships — with schools, their community and other stakeholders. For school-based YHCs, the strength of the relationship between the YHC and their schools is absolutely critical to the success of the Centre.

The findings and recommendations presented here encompass both school-based and community-based centres in the province.

YHC GOVERNANCE

FINDINGS

Governance is *the central issue* affecting the viability and success of the YHCs in Nova Scotia. The governance issue affects the other three central issues examined in the YHC evaluation: results, sustainability, and accessibility.

By governance, we refer not only to the management and organizational structure of the YHCs themselves, but how the YHCs interact with their funding organizations, their stakeholders, staff and clients. The governance structure defines responsibility for the YHCs, in terms of accountability as well YHC development issues. Clearly establishing the governance structure builds the "corporate home" for YHCs — where they "live" organizationally.

In Nova Scotia, the Department of Health has responsibility for health strategies, policies and standards; the DHAs have responsibility for developing the operational aspects of these policies and standards.

YHCs are one component of a broad youth health strategy, but this strategy does not yet exist. In part due to the absence of a provincial youth strategy that coordinates youth services, the YHC governance structure in the province now is highly fragmented — YHCs do not have a clear and secure corporate home in many cases.

Some Centres report to their own volunteer Boards of Directors while other YHCs are part of the formal health care system and work with Advisory Boards. This situation reflects the developmental history of the YHCs. It is important that the history and community linkages that

are intrinsic to many YHCs are not overlooked in the process of implementing the recommendations related to governance.

Finally, governance issues are an important part of the debate concerning the role of YHCs. Although there is general agreement that this role lies within the health care system, opinions on the role of the Centres ranges from health promotion and information to clinical services.

RECOMMENDATIONS

1. YHCs — both school-based and community-based — should be formally included as part of the formal health care system. There are several approaches that would be appropriate, but the fundamental requirement is that the Centres should be part of and responsible to their District Health Authority.
2. Becoming part of the formal health care system does not mean that YHCs no longer need their Boards of Directors. Rather, YHCs should build on their existing capacity by retaining their existing Boards of Directors as "Advisory" Boards. These Boards should have a substantial youth involvement, either through direct participation or a separate Youth Advisory Committee.
3. The Department of Health should provide leadership in the development of consistent, province-wide policies, standards and evaluation. These policies and standards should be developed in partnership with the major stakeholders under the leadership of the Department of Health and, where appropriate, the Department of Education. The provincial standards should include professional standards for staffing and general policy standards.
   - YHC coordinators, such as nurses, already rely on a professional code of conduct; YHC standards should consider adopting these where appropriate and useful.
   - Policy guidelines should address topics such as confidentiality, safety of staff and youth, quality management, results measurement and so on. The guidelines should also address issues related to the roles, services and supports of YHCs within the health and education system in Nova Scotia.
4. Operational standards for YHCs should be developed by the DHAs. Standards for school-based YHCs should be developed in consultation with school boards to address access issues within the school system, hours of operation during the school day and school year, and so on. Policies to support the creation of new YHCs should be developed by the DHAs as well. YHCs should retain flexibility in the implementation of the operational policies and standards of practice to meet local needs.
5. YHC coordinators should have professional qualifications to be able to support the YHC model in effect. In some cases, this means professional nurses, in other cases, requirements may best be meet by a health educator or a coordinator with similar qualifications. In all cases, the coordinator needs professional qualifications in a health-related discipline.
6. YHCs should demonstrate accountability for results at both provincial and DHA levels. The performance model[11] developed for Phase I should be adopted by DHAs, with

[11] See Table 1 on page 15 in Chapter 2.

modifications where required. A simple reporting system for results should be developed as well, and YHC coordinators should be coached in using the system. This might mean simplification of the system already developed for Phase II of the evaluation. The Department of Health should assume the lead role in implementing this recommendation, with the support of the DHAs and YHCs.

7. Communication amongst YHCs to share best practices — both process and programs — should be strengthened. The current internal communication forum amongst coordinators appears to have slowly eroded in purpose and should be rejuvenated once funding is secure. This revitalization means ensuing effective communication amongst YHC coordinators in the province through on-going networking, semi-annual and annual meetings and professional development workshops. The Department of Health needs to provide active support for this development, building on the good work done by YHC coordinators in the past throughout the province.

SUSTAINING YHCS IN NOVA SCOTIA

FINDINGS

Three general types of funding models now support YHCs:

- *Direct support from a DHA*: where YHCs are formally integrated within the health care system and receive ongoing operational funding. YHCs in Cape Breton are funded under this approach and YHCs in the Capital District Health Authority are presently adopting a model that will provide some level of sustainable operational funding.
- Indirect support: where YHCs receive ongoing part-time funding for a nurse or other health care worker from Public Health or other organization, but the Centre is required to raise funds for operational support from a variety of sources.
- *Ad hoc support*: where YHCs do not have ongoing sustainable operational funding. These YHCs obtain limited financial support for operations and projects from a variety of federal and provincial government departments, as well as DHAs, CHBs and other funding organizations.

In addition, all YHCs located within schools receive income-in-kind funding from their school and/or school boards. This funding includes a range of operational costs for facilities as well as administrative costs in some Centres.

Sustainability issues — inadequate funding to meet the needs and expectations of youth — have affected YHCs throughout the province. In particular, uncertain funding has resulted in the closure of Centres as well as high YHC staff turnover.

To be effective, YHCs need sustainable funding for operational costs. This issue should be addressed as part of the governance issue. Moreover, YHCs need to be able to convince their stakeholders and partners of the value of their services to youth. This is not being well done in many instances, partly as a consequence of inadequate resources and partly since YHCs are acting autonomously within the health care system. YHCs need to be able to tell their performance story to their stakeholders: what are they trying to accomplishment and how successful have they been in achieving results.

RECOMMENDATIONS

8. The Department of Health should encourage DHAs to have YHCs. These YHCs should include both school and community-based YHCs as models of primary health care delivery within the DHAs.
9. DHAs should provide stable, ongoing funding to sustain both school and community-based YHCs within their health districts so that these YHCs can support primary health care services for youth.
10. The Department of Health should build relationships and collaborate with other provincial level government departments that have a mandate related to youth health (Provincial CAYAC). At the same time, DHAs should play a leadership role in developing sustainable, effective funding relationships with other departments and agencies with a mandated interest in youth issues — those in regional CAYACs. School boards are critically important financial partners with YHCs throughout the province.

YHC ACCESSIBILITY

FINDINGS

Accessibility becomes an issue if youth in the province are unable to obtain the kinds of help that YHCs generally provide. Evidence from the evaluation suggests that accessibility is indeed an issue with several dimensions: the location of the centre, its operating times and the coverage of YHCs.

Several DHAs, including Lunenburg-Queens and the South Shore, have no YHCs at the present time; the geographical coverage of other DHAs is limited. Youth living rural areas in western Cape Breton and Pictou County, for example, do not have access to a YHC. Some youth within the urban areas of both Halifax and Sydney do not have access to a YHC within their school. Youth who have left school often do not have access to a YHC.

YHCs are mainly located in senior and middle schools in the province; a diminishing number of Centres are housed in non-school/non-health care community settings and several are located within community clinics. With the exception of all four YHCs in Cape Breton and several others in the CDHA, most Centres operate within school operating hours within the school year. However, sustainability issues limit the actual hours of operation during the school day/week in many Centres. The Cape Breton Centres are open during school hours on a year-round basis, with the exception of a two-week closure during vacation periods in the summer. Community-based centres such as the Gay, Lesbian and Bisexual Youth Project are open on evenings and weekends.

Notwithstanding the important contribution of the community-based centres, the majority of those participating in the evaluation — both youth and adults — believe that school-based YHCs are generally the most appropriate and effective locations for youth to access health services. The main reasons for this conclusion concern ease of access for youth attending school, particularly youth in rural Nova Scotia that travel to school on buses. Participants in the evaluation frequently noted the need for clear operational standards for accessing a Centre within the school, as well as access by non-school youth.

YHCs are found in less than half of all senior high schools in the province. Some Centres have taken efforts to provide services to other senior and middle schools in their communities, usually on a "family of schools" basis. However, this coverage is less than satisfactory to the YHC staff providing the service, youth in the schools and, in many cases, to health care administrators.

RECOMMENDATIONS

11. YHCs should be available to all youth in the province, either at a school-based or community-based facility. As part of the plan to increase access to YHCs, DHAs should develop a consultation process and implementation plan to ensure that the various dimensions of YHC access are addressed, including: targeted groups such as gay, lesbian, bisexual youth; rural areas; summer months; non-school hours and youth not attending school. This development process also needs to plan to provide YHC services to youth within families of schools.
12. The relationship between the YHC and the formal education system is working well in most instances. In some cases, a process needs to be undertaken to ensure that the roles of both the YHC and the education system are clearly understood. Specifically, clear policies and standards need to be established concerning, for example, the location of YHCs within schools and access to YHC services. These policies and standards need to be developed collaboratively between the DHAs and school boards. (*This recommendation supports Recommendation 4 in the Governance section.*)

YHC RESULTS: OUTPUTS AND OUTCOMES

FINDINGS

There is virtual unanimity in the opinions obtained during the evaluation that YHCs provide valuable services to youth in their communities. Those we interviewed — youth, YHC coordinators, Board members, parents and stakeholders in both education and health care — agree on the longer-term results and benefits of the Centres. There is general agreement on the role of the Centres and the factors or characteristics of the Centres that contribute to positive results.

As noted above, YHCs are engaged in providing a range of services within several different role model approaches. Consequently, the linkage between services and outcomes is not always clearly understood. The evaluation or performance model developed in Phase I of the YHC evaluation has generated positive discussion amongst stakeholders.

While considerable anecdotal evidence exists concerning the service provided directly by the Centres and their short-term outcomes, these outcomes have not been consistently generated to tell the performance story of the YHCs. Demonstrating longer-term results requires more substantive analysis; this may be forthcoming from several of the research projects now underway in the province and elsewhere.

RECOMMENDATIONS

13. The Department of Health should be responsible for the evaluation of YHCs. To ensure accountability and the measurement of results, the Department should adopt the YHC

performance model completed during Phase I of the YHC evaluation, undertaking any necessary work to refine and finalize this model for implementation by the YHCs.

14. The Department of Health should consider monetary and non-monetary support for research projects that investigate the longer-term results of the Centres.

APPENDICES

An Evaluation of Youth Health Centres in Nova Scotia

Appendix A: Case Studies Of Selected YHCs

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1. PURPOSE OF CASE STUDIES

A case study methodology was developed for the YHC Evaluation to investigate in more depth the issues, results and lessons learned from four separate YHCs: three school-based YHCs and one community-based YHC. Each case study included: the review and analysis of any results available from the YHCs, key informant interviews and focus groups. The focus group of youth, focus group of the YHC Board and/or other community participants, and interviews at the case study site are integrated in this Appendix to provide more in-depth insight into evaluation issues.

Participants were selected in consultation with, and the support of, each YHC. The following YHCs participated in the case studies.

- Lesbian, Gay, Bisexual Youth Project in Halifax (community-based YHC);
- Spartan Lifestyle Centre at Dartmouth High School;
- HIP for Youth at Bridgetown Regional High School; and
- Glace Bay YHC at Glace Bay High School.

The initial intent was to include in each case study a data review/analysis component that went beyond the data collected for the YHC profile. However, during the evaluation process it became apparent that these data did not readily exist in a format that provided empirical information on the results achieved by the YHCs. The main evaluation report addresses this finding and its relationship to performance measurement and accountability.

The following four case studies provide insights into the governance structure, sustainability and accessibility issues, and results of the four YHCs. The case studies include background information on the founding of each YHC, its mandate or mission, and services provided. Lessons learned that were identified by evaluation participants are included as well.

2. LESBIAN, GAY AND BISEXUAL YOUTH PROJECT

HISTORY AND FOCUS OF THIS YHC

The Lesbian, Gay and Bisexual Youth Project (the Project) began more than a decade ago in response to a desire by persons and community organizations to address the health and personal development needs of lesbian, gay and bisexual youth in the Halifax area.

The mission statement of the Youth Project states that it aims "*to make Nova Scotia a safer, happier and healthier place for lesbian, gay, bisexual and transgendered youth through support, education, resource expansion and community development*."[1]

The Youth Project supports the needs of lesbian, gay, bisexual, transgendered and questioning youth 25 years of age and younger. It initially supported the needs of youth within the Halifax area, and has expanded its coverage province-wide in recent years through partnering and outreach activities. The Youth Project is one of three community-based YHCs in the province[2]; it is not affiliated with a particular school.

The Project has received project and operational funding from a range of government organizations during the past ten years including HRDC[3], Health Canada, the Nova Scotia Department of Health, and the Metro United Way. It has established partnerships with a range of organizations including Planned Parenthood and Laing House, for example.

Social problems such as homelessness, substance abuse, suicide and school dropout have influenced the kinds of support programs offered by the Project. The important characteristic of the services offered by the Project is that these services are defined and driven by youth, regardless of the socio-economic status of the Project's clients. These services focus on information, counselling, education and other services for youth, as well as professional development and information for persons in health care, education and other professions that work with youth[4]:

- *Counselling*: "The Youth Project offers individual, confidential counselling for lesbian, gay, bisexual, transgendered and questioning youth 25 years of age and under. The counselling can occur on-site, off-site at a school, community centre, etc, or by phone."
- *Resources*: "The Youth Project has books available for loan as well as several information packages." These include topics such as "young men, young women, schools, parents, social workers and so on.
- *Referrals*: "The Youth Project is able to provide professional referrals to doctors, therapists, social services, etc, as well as referrals to people we have identified as 'safe' people to talk to, such as teachers, community workers, parents, ministers, police officers and so on."

[1] Lesbian, Gay and Bisexual Youth Project web site: http://www.youthproject.ns.ca/
[2] Other centres: Red Door Youth and Adolescent Health Centre in Kentville; Our House Youth Wellness Centre in Shelburne.
[3] Human Resources Development Canada
[4] Information available on the Project's web site.

- *Support Groups*: "The Youth Project offers four support groups for lesbian, gay and bisexual youth. These groups are social/support groups and meet twice monthly for discussions, fun and support."
- *Professional Development*: The Youth Project provides information, resources and skills necessary for comprehensive, competent and compassionate practice to professionals who work with youth. A number of distinct topics are covered in training sessions sponsored by the Project.

Finally, it is important to note that the services provide by the Project are evolving in response to needs. The Project is investigating opportunities to provide safe and healthy accommodation to lesbian, gay, bisexual and transgendered youth.

PERSPECTIVES ON THE EVALUATION ISSUES

GOVERNANCE STRUCTURE

The governance structure of the Youth Project is organized around the needs and active participation of youth. Youth play an essential role in determining the programs and services offered by the Project as well as providing important input into the strategic focus and direction of the Project.

The Youth Project has two main governance structures: a Board of Directors and a Youth Board. The Board of Directors is a volunteer board comprised of 12 members of the community who serve for a two-year term. The Board is responsible for financial and legal issues as well as overall governance issues.

The Youth Board is presently comprised of eight youth, 25 years of age and under from Nova Scotia that are interested in volunteering their time to provide input and guidance to the Board of Directors and staff. Youth Board members have typically gained experience prior to joining the Youth Board by being active: volunteering their time in one or more of the services of the Project such as counselling, information services and other youth-directed activities. Youth participation is key to the successful operation of the Project.

Members of the Youth Board are involved in program and service delivery. This includes the identification of particular youth-oriented initiatives as well as all stages of implementation from design to delivery.

The Youth Project had two full-time staff at the time of the evaluation, although support staff levels vary somewhat depending on the level of services provided, and the number and types of projects. Needless to say, funding levels influence the number of part-time staf at the Project at any given time.

Some of the policies and operational standards developed as part of the governance structure of the Youth Project concern:

- Safety and confidentiality;
- Accessibility to youth;
- Youth-friendly staff; and

- Youth-inclusive and youth-directed.

From a governance perspective, the important insight gained by the Youth Project is that youth participation in the direction-setting elements of a YHC are essential for success.

The Youth Project has developed its policies and standards with a high level of youth input. It believes that these standards would be a strong basis on which to develop policies and standards for all YHCs in the province.

SUSTAINABILITY

Although the Youth Project has now been in operation for a decade, sustainability remains a major and ongoing challenge. One of the youth participating in the focus group identified the core of sustainable funding: "*it all starts with funding cuz let's face it, no one's going to work for free, right?*"

The staff and the Board of the Youth Project report that they spend considerable amounts of time each year searching for funding support from government and not-for-profit agencies. This work includes identifying sources of funding, developing and submitting proposals, following up with funders and, if successful, tracking results according to the criteria and guidelines of the funding organizations. One accountability challenge related to this multiple funding partner situation is that each organization that provides funds to the Youth Project has different reporting and accountability guidelines.

For some initiatives, the Youth Project has spent months attempting to obtain funding for an important need identified by youth. Housing for youth is a priority for the Youth Project. The Project's attempt to establish a housing project for lesbian, gay, bisexual and transgendered youth in the Halifax Regional Municipality (HRM) is a good example of the process required to obtain funding. The Youth Project developed a plan for a housing project, along with associated cost estimates. The Project requested funding support from the Nova Scotia government; this process has been ongoing for a number of months without a response.

The lack of sustainable funding has limited the ability of the Youth Project to serve the needs of lesbian, gay, bisexual and transgendered youth living outside the HRM. The Youth Project has identified a need for a support structure for these youth, and believes that no organization is currently meeting these needs. The Project would like to provide services through outreach projects and other special initiatives such as school visitation programs, but is unable to do so as a result of limited financial resources.

Homophobia, safety and related issues also affect the ability of youth to fund raise or participate in community events. In some cases, the lack of sustainable funding means that the Youth Project has to develop their own resources or partner with others to adapt existing resources. For example, the Project created a "date rape" resource kit.

Volunteers are relied on to support program activities. In the short term, volunteer approaches may not be a bad situation, but over the longer-term, the lack of external financial support weakens the organization's ability to serve the needs of youth. Moreover, the volunteer and do-it-yourself approaches employed by the Youth Project — and many other YHCs — are useful for small initiatives but typically fail to address strategic, longer-term and operational needs.

Another sustainable challenge raised in the focus group with Board members is that the success of the Project raises expectations of ongoing — and growing — services, as the following quotation indicates:

> *"It's often said, right, people quite often say around here, that the Youth Project is a product of its own success in a way. The problems that we have trying to meet the needs are because as the Project gets bigger and gets more well known, the needs get bigger, right? And it's like this is really the biggest challenge, I think, is keeping up with what we're hearing from the youth is what's needed. ...*
>
> *It just thrills me to think of what we could do possibly do here if we were more secure with our funding, or if we had more access to funds, it just thrills me to know what we could provide to the youth of this Province if we had that [financing]...*
>
> *The fact of the matter is that with our current funding level, we can't even maintain the programs that we have right now. That's the problem. That is the real problem that we have."*

Success leads to greater requirements for financial resources that in turn require more efforts on the part of the Board and staff to sustain.

Partnerships are critically important to the Youth Project as it works to fulfil its mission statement. In general, the Project includes as its partners: other YHCs, youth organizations, schools, group home organizations and governments that have a mandate to serve the needs of youth.

Youth Project partners include the Choices Program (for substance abuse issues among youth), Laing House, the Metro United Way, Nova Scotia Community Services and HRDC. The Project would like to expand its reach to include other organizations such as the Departments of Justice and Housing.

Partnerships need to be mutually beneficial to all partners — partnerships should help each partnering organization achieve its mandate. Other elements of a successful partnership include:

- Sharing programming approaches and information;
- Cooperating to avoid duplication of services; and
- Referring clients.

One of the Board focus group participants summed up expectations of partnerships as follows:

> *"I think one of the key components of that kind of partnership is the commitment to long term funding, so [its] not simply that we'll give you funding for each year and then we'll just see, because that [approach] takes a huge amount of energy, you know, when you're reapplying for funding every year and going through that whole process.*

It makes a huge difference as far as thinking about programming because if you're not sure if you're going to have funding in two years time, you think long and hard about taking on more projects, whereas if you know you've got this funding for five years then you can do some serious long term planning. But so often the funding gets tied into the one year period and that kind of thing that makes it really hard."

ACCESSIBILITY

Although it is a community-based YHC located in the urban core of the HRM, the insights of the Youth Project on accessibility in general do not differ in a substantial way from most school-based YHCs. The basic elements that need to be addressed to make YHCs accessible to youth include:

- A location that is accessible by youth based on their needs for services;
- YHC staff that are dedicated and committed to working with youth;
- An advisory committee that includes real youth involvement and is aware of youth issues; and
- Standards of operation that are youth-friendly, and support a safe and confidential environment.

A community-based YHC faces challenges related to accessibility, since it is not necessarily as readily accessible to youth as a school-based YHC. Youth face challenges in getting to a community-based YHC (transportation), during the hours of operation of the centre. Depending on the location of the centre, confidentiality and safety may be an issue as well. Youth living in rural areas face particular transportation and timeliness issues with respect to community-based YHCs. Youth that are not attending school find community-based YHCs are generally more accessible.

The Youth Project has other accessibility issues that arise as a result of its mandate to meet the needs of lesbian, gay, bisexual and transgendered youth. These include the ability to work with both educators and students throughout the province to identify and address issues related to homophobia, safety and awareness.

Moreover, the Youth Project mandate has a provincial focus. This means ensuring that lesbian, gay, bisexual and transgendered youth throughout the province have access to services offered by the Youth Project. Some approaches by the Project to address these needs include:

- Offering satellite groups a set of appropriate policies that they can adapt for use in their own projects.
- Offering support in how to set up and manage a youth group.
- Offering policies on screening and training of volunteers.
- Providing an opportunity for volunteers and staff across the province to get together annually to share experiences.

Finally, an essential element of youth accessibility is reflected in the following quotation from the focus group with youth:

> *"[Accessibility] all has to do with philosophy and it runs through the whole Project. No matter what we do it's the same way, whether we go on a retreat, or in our men's group or women's group, there's always that idea of mutual respect."*

RESULTS

All those persons that provided input on the Youth Project believe the project has been generally successful in achieving a range of results that support the needs of lesbian, gay, bisexual and transgendered youth.

The focus group with Board members identified the following short and longer-term results of the Youth Project:

- Short-term Results
  - Responding effectively to the needs of the young people that we serve – needs range from educational to social to support;
  - Working daily on bringing down rates of suicide down, high use of drugs and alcohol;
  - Responding to needs identified by the youth – whatever they are – who come through our doors on a daily basis.
- Long-term Results
  - Making a difference in the community, the school environments of young people and in their home lives and family lives;
  - Decreasing the effects of homophobia in our society;
  - Reduced rates of suicide;
  - Reduced rates of drug and alcohol abuse;
  - Building capacity in other communities in NS to offer services like ours.

Participants in the youth focus group identified a range of results based on their own experiences of the work of the Project. The following direct quotes are indicative of the kinds of impacts the Youth Project has made on youth:

- *I think it's basically just trying to help youth growing up in, you know, this kind of society. They provide programs such as the Safe Home Program, which takes gay youth in particular, takes them out of bad situations, or unhappy situations and puts them in homes. They've been screened, so it's like foster care probably — there are services here that help really better the lives of these youth.*
- *The Centre provides schooling for our people, kids that go to school. They talk about "I hate to go back to school because of my situation" and then they'll come to this school where it's easier; they get more one-on-one help and more resources and it helps them get a better education.*

- *It provides information to the schools— workshops with teachers and [guidance] counsellors.*
- *It gives me a sense of community. I can associate with other youth that go through problems and it just kind of helps me feel better that I'm not the only one going through anything, so I think that's one of the most important things to me.*
- *It provides support because when I was coming out to my parents I didn't know really what to do or how to deal with it so they have workers here — counsellors — that can help you through it and give you support.*
- *I'd say confidentiality and knowing that what I say stays here and that it doesn't go out in the community. I'm able to talk about what I want and [it's] probably a safe place to be to hang out, not somewhere unsafe, I'd say.*
- *It gives me a sense of belonging. It helped me get into the Safe House program. It just helped me out a lot more than when I was going through a rough time.*
- *There are not enough places like this; there's only one and it can only reach so far — it can just reach greater Halifax and beyond that point you have to drive in.*

Finally, all participants in the evaluation noted that the greatest challenge to success was sustainable funding for the Youth Project. Other challenges to success include:

- Sustaining involvement in the Project of youth that are often transient;
- Developing a role and focus within the school systems of Nova Scotia; and
- Being accessible to all youth, regardless of gender, race, location and ability. The Project is particularly interested in meeting the needs of black youth, aboriginal youth and disabled youth.

LESSONS LEARNED TO DATE

Youth involvement is essential to the success of the Youth Project — this is the most important lesson offered by interviewees associated with the Project. This lesson has been learned over ten years of operations by the Project. Moreover, this involvement has to be "real" and substantial to be an effective influence on the governance of any YHC and its results.

Other lessons learned by the Youth Project include the importance of:

- Sustainable funding to enable the Project to address strategic and operational issues.
- Collaboration with a broad range of partners that are dedicated and committed to meeting the needs of youth, particularly lesbian, gay, bisexual and transgendered youth.
- A dedicated and committed Board of Directors that listens and responds to the needs identified by youth.

3. SPARTAN LIFESTYLE CENTRE

HISTORY AND FOCUS OF THIS YHC

The Spartan Lifestyle Centre is located in the Dartmouth High School, a well-established school with an urban, culturally diverse population of some 1200 students. The school has a long history of youth-centred development projects, including the implementation of a day care at the school in the late 1980s. The Spartan Lifestyle Centre began operations in the spring of 2000, making it the newest of the four centres profiled in the YHC evaluation case studies.

An ongoing youth-centred development process led to the establishment of the centre in 2000. Steps in the process by the Dartmouth High included a series of focus groups with youth in 1997 and the establishment of a Management Committee in 1999. A Youth Advisory Committee was formed at this time as well.

Human Resources Development Canada provided start-up funding for the establishment of the centre in January 2000, as well as follow-up operational funding in April 2000 and 2001. This funding supported the hiring of a coordinator who is the sole employee of the centre.

The range of services provided by the centre are a direct result of the input obtained from students during the focus groups conducted in the planning phase of the centre. Student feedback on services is an ongoing process. These services support the health and academic needs of students and include:

- Clinical services for youth
- Health information, including mental health and sexual health
- Referrals to other health organizations and community services such as the Parent Resource Centre for teen moms and the Family Resource Centre
- Lifestyle development workshops
- Support services for specific student groups
- Peer health education.

About 20-25 youth visit the Spartan Lifestyle Centre each day of the school year; most of these youth attend Dartmouth High School.

YHC PERSPECTIVES ON THE EVALUATION ISSUES

GOVERNANCE STRUCTURE

The Spartan Lifestyle Centre is managed on a day-day basis by the centre's full-time nurse coordinator. The centre receives guidance and direction from two committees: a 15 person Management Committee and a 6-10 person Youth Advisory Committee.

The Management Committee fulfils a dual role of overseeing the planning and development functions of the Spartan Lifestyle Centre and working with external partners such as HRDC and

other funding agencies, the Capital Health DHA and the Dartmouth Community Health Board. The Committee is co-chaired by a public health nurse and a youth from Dartmouth High. The committee also includes representation from the school — the principal and vice-principal, teachers and guidance counsellor, the community at large, community health partners, parents and youth.

During the development phase of the Spartan Lifestyle Centre, the Management Committee assumed responsibility for hiring the centre's coordinator, identifying the role of the centre and subsequently developing the strategic plan for the centre. The role of the centre — its services, projects and operations — was determined through a visioning session with students. The Committee is the ultimate decision-maker for management issues related to operations, programming and other strategic management elements. The input of youth is an important part of the decision making process.

In addition to program development for the centre, the main areas of interest of the Board to date have been on accessing funding, involving youth in the centre, and developing partnerships with the community and funding agencies.

The Youth Advisory Committee provides advice to the coordinator and to the Management Committee on the operations of the centre. This student-focused advice includes the kinds of programming that the centre should offer, outreach activities, hours of operation and other services. This committee plays an active, leadership role in advising the Management Committee on student needs and issues. The Youth Advisory Committee is keen on increasing awareness of the centre and increasing youth participation.

According to the youth focus group facilitator at the Spartan Lifestyle Centre, "*Dartmouth High students seem to have heavy involvement in the YHC and a sense of ownership.*"

Interviews and focus groups with representatives of the centre indicate that the centre recognizes the need for a stronger accountability structure that links the Spartan Lifestyle Centre to the Capital Health DHA and other stakeholders within the Department of Health, particularly Public Health.

SUSTAINABILITY

The development process of the Spartan Lifestyle Centre provides a good illustration of the challenges of achieving sustainable funding. The centre has struggled for long-term funding since it began operations in 2000. At that time, the centre received start-up funding from HRDC that assisted the centre in hiring a coordinator and establishing itself within the school environment.

HRDC funding expired in March 2002. The Dartmouth Community Health Board and regional CAYAC provided interim funding to the centre to June 2002. The Flemming Foundation provided a $5,000 grant to support the centre subsequent to June 2002. Fundraising and family donations have supported the centre as well.

The result has been uncertainty over the long-term viability of the centre. This has affected operations of the centre, program planning, as well as human resource allocations. In particular, the centre has funding only for the salary of the coordinator; there is no funding for an operating budget. This means funding is not available for supplies, health-related resources, posters and

other promotional materials. Financial sustainability issues have negatively affected the ability of the centre to work with community partners as well.

Both the youth and community/board focus groups identified funding issues as the most important issues affecting the success of the centre at this time. According to the board focus group, "*the most important challenge [for the centre] is the funding one… We were facing closure in the fall due to lack of funding so we had to reduce the resources available to our teen mom support group. We also had to cut back on our supplies for the Health Centre.*"

Youth in the focus group remarked that "*increased and secure funding would provide them with more staff time, more staff, and more access to resources and supplies.*"

Access to secure, longer-term funding is important for the ongoing operations of the centre. Most importantly, this funding will allow the centre to plan its programs and activities to meet the needs identified by youth associated with the centre.

ACCESSIBILITY

The Spartan Lifestyle Centre is located within Dartmouth High School and only operates within school hours. The centre is not open during the summer months or other school holidays. Youth that do not attend Dartmouth High School access the centre through contact with the coordinator.

Those persons interviewed for the evaluation stressed the importance of the positive relationship between Dartmouth High School and the centre. At the same time, there was a strong and widely held belief that "*the centre should be independent of the school*". The centre "*should be away from the [school administration] office*" according to youth focus group participants. Youth also expressed the following two views on the location of the centre:

- Outside a school but close to one, either attached with an outside entrance or beside a school;
- In a school but with access to the outside.

Other challenges of accessibility noted by youth include:

- The need to be sensitive to the needs of youth with a range of special needs;
- The need for confidentiality — youth are concerned about others within the school, including their peers, teachers and school administrators, knowing that they have visited the centre; and
- The need for communication about the role of the centre and the services it provides.

From a broader perspective, key informant interviewees spoke to the universal need for youth health centres: "*every high school should have a centre*", and the need to support youth in feeder schools (to the high school) should be addressed as well. However, both youth and adults have no illusions that this need will not be addressed until sustainable, long-term funding is provided to youth health centres province-wide.

RESULTS

According to the centre's web site, "*the Centre's Coordinator, in conjunction with the Management and youth Advisory Committees, has built an evaluation strategy into the delivery*

of programs and services. This process includes ongoing input from both students and the community." The evaluation found that these results often focus on the activities of the centre: its services, projects and other activities. Like other YHCs in the province, the Spartan Lifestyle Centre has not established a formal system for identifying and monitoring the results of its activities. This situation is related to resources and internal processes: the centre does not have the resources required to establish and manage an ongoing results monitoring and evaluation system.

Key informants from the youth and community/board focus groups with the Spartan Lifestyle Centre provide important perspectives on short-term and longer-term results. The following expected results from the latter group, provided as a direct quote, indicate what the centre is accomplishing from a project and program perspective.

- Short-term Results
  - Smoking reduction program (third year)
  - A program started with the grade 10s to look at their needs coming into high school; they identified stressors
  - Healthy Relationship program that we've started with one of our junior highs
  - A safe place for the teens to go to deal with issues or crises (to deal with whatever is in front of you today)
  - Crisis management
  - Providing current information to teens quickly and effectively, and providing good direction to teens
  - Providing referrals to other agencies.
- Long-term Results
  - Decrease in teen pregnancies
  - Decrease in emotional problems, depression
  - Create sexually healthy and emotionally healthy and just generally healthy kids who have a good knowledge of how to look after themselves
  - Development of healthy relationships [by youth].

Youth focus group participants identified similar results. The following list provides direct quotes on results:

- *A support system for youth*
- *A place to get information and resources*
- *Someone to talk to*
- *Help out students with personal and health issues*
- *A place to go if you are sick.*

However, youth have additional perspectives on the results of the centre and the following items examine several of these perspectives.

Has the YHC changed your knowledge about your own health: Yes
▪ More aware of issues around health and sexuality
▪ Know about the risks of smoking, unsafe sex, and drugs
▪ Able to access information before they have a problem
▪ Know about the various forms of birth control and the risks associated with each
▪ Know the difference between birth control and safer sex

Has the YHC changed your relationship with your doctor or others in the health profession:
▪ Students don't go to the doctor
▪ The YHC is friendlier than the doctor
▪ Students are more comfortable at the YHC
▪ Doctors know less about you in terms of overall health such as personal issues, relationships, etc.
▪ Hard to get in to see your doctor
▪ Don't need an appointment to use YHC

Is the YHC generally successful in meeting the needs of youth:	
In this school?	▪ Many students use the YHC
	▪ YHC has been involved in many school activities
	▪ Just being there benefits the school in a positive way
	▪ Not all students know about it
	▪ More awareness needs to be done
	▪ More awareness for the teachers
	▪ More seminars and activities need to be planned
In the community?	▪ Information is available for parents and families
	▪ Some community awareness
	▪ Not enough involvement by the community
	▪ Cannot be accessed by community easily
	▪ No programs within the community
	▪ No community outreach
In groups with different needs?	▪ The centre has a lot of information on a variety of topics including cultural issues
	▪ Student Health Committee open to all
	▪ There needs to be more variety of information
	▪ More visual aids for different cultures, abilities, sexual orientations

Is the YHC generally successful in meeting the needs of youth:	
	▪ YHC should help promote the different months, such a s Black history month
	▪ More promotion needed among different groups in the school

LESSONS LEARNED TO DATE

The evaluation consultation process with youth, board members, the centre's coordinator and other stakeholders identified the following major lessons learned to date by the Spartan Lifestyle centre:

- Sustainable funding is essential for success of the centre.
- A successful centre needs strong youth involvement: involve youth in hiring the YHC staff, establish programming based on needs of teens as established by teens, not what adults perceive to be the need, and involve youth in setting up the centre (painting and decorating).
- Linkages to the health care system ensure that the centre has access to the range of health care professionals, services and resources that youth need to access. This partnership ensures that the centre is not isolated from the health care system.
- Partnerships with other health care agencies and others concerned with youth health and development are important. These partnerships build on and supplement the human, financial and other resources available through the centre.
- Parents are important partners of the centre.

Like the other YHCs in Nova Scotia, the Spartan Lifestyle Centre is part of a development process. The centre's current situation reflects the hard work and commitment of the centre's coordinator, youth, partners within the school, other funding partners and others. It reflects a self-directed approach to identifying and supporting youth health issues within the community served by Dartmouth High School.

4. HIP FOR YOUTH

HISTORY AND FOCUS OF THIS YHC

The formal name of this centre is the Health Information Place (HIP) for Youth. The centre is located in the Bridgetown Regional High School and works with youth in grades 7-12. The main activities of HIP focus on providing health information and health promotion to youth. The centre does not provide clinical services as a result of a decision by funding agencies and the community at the planning stage of HIP.

HIP began in 1998 as a result of the interest and commitment of a local nurse from VON who also volunteered at the Red Door. The centre was designed to address the high rate of teenage pregnancies in the local area; this need defined the scope of activities undertaken by HIP. The centre was established with the support of the Salvation Army, the Bridgetown Town Council and the Community Health Board. Other partners included local clergy, the RCMP and Public Health. The IWK Foundation and Soldiers Memorial Hospital Foundation in Middleton provided the initial funding for HIP.

Results from the youth focus group indicate that HIP is intent on youth involvement, as the following finding from the focus group indicates:

> *"It was very clear from the onset that the YHC at Bridgetown was very youth directed. The students were very involved in the running of the centre and had extensive knowledge around YHCs, and the ups and downs of running them. Their responses were indicative of youth involvement. They placed a lot of emphasis on youth involvement, youth issues, and communication with youth. Youth emphasized the need of the community and school to understand teen issues and to address them in a way that includes, and respects teenagers. It was clear that many of the activities of the YHC were youth directed, organized and promoted."*

The centre is small — "*It's a little tiny yellow and blue room… It's actually a closet, a storage room is what it was*". A part-time nurse coordinator funded by the VON is the only staff at the centre.

PERSPECTIVES ON THE EVALUATION ISSUES

GOVERNANCE STRUCTURE

The Soldiers Memorial Health Foundation donates funds to operate HIP based on an annual application. The funds provide the salary that the VON pays the HIP staff. The HIP application provides statistics, updates, and proposed events for the coming year. The Health Foundation does not govern HIP.

The Senior Advisory Committee (SAC) is the main governance body for HIP. It meets three times a year. The SAC is comprised of representatives from the school, clergy, the Salvation Army, RCMP, town council, parents, the Community Health Board, and Public Health. The CEO of the VON attends these meetings to represent the VON. Youth attend these SAC

meetings and give account of current activities and future plans. The YHC coordinator attends the meetings.

Two part-time registered nurses who work for the VON staff the HIP; one of these nurses is the facilitator.

The topic of provincial standards received considerable attention during the evaluation consultation process. The concern expressed by several key informants is that any standards or shift of YHC control should remain sensitive to local needs, include local decision-making and provide flexibility in programming to respond to local needs.

Standards that participants believe should be considered include:

- Standards in the (clinical) qualifications for professionals in the YHCs;
- Standards in infrastructure and hours of operation;
- Availability of resources that health centres don't have the money to buy now (videos, educational materials); and
- Clinical services should be available in all YHCs for youth.

There was some discussion in the adult focus group concerning clinical standards for sexual health. There was opposition on the part of the community to providing birth control pills when the centre started. Concern was expressed that if a health centre doesn't provide clinical services that it won't get funded under a provincial program.

SUSTAINABILITY

The HIP centre is struggling with the issue of financial sustainability. It now operates on a very small operating budget funded by the Soldiers Memorial Health Foundation based on an annual application. These funds provided the VON with the funds to pay the part-time salary of the centre's nurse coordinator. The remaining operational funds are donated from other sources. The VON pays for pregnancy tests.

The current financial situation has meant that HIP is limited in the kinds of development programs, activities and other initiatives it can undertake. There is no funding for professional staff development and current funds make coordination with other YHCs next to impossible. Over the medium-longer term, informants expect that funding levels will negatively affect the ability of the HIP to retain a coordinator; any change in the ability of the VON to pay the coordinator may result in a loss of the coordinator position as well.

The lack of sustainable funding affects operational aspects of the HIP: its hours of operation, programs and services offered, and resources. The centre does not have a washroom, a computer, resource materials or other supports.

Some comments from the adult focus group held with HIP stakeholders follow:

- *We would like to have more money for resources and we have ideas for things we'd like to do at lunch (bring in speakers/cover their transportation and meals) that would involve money. Dieticians, the RCMP, drug addictions, tobacco, suicide, the theatre companies that work with kids — all these cost money.*

- *More money would also allow the HIP to be open more than 8 hours a week, assuming the VON allowed the coordinator the extra hours.*
- *More money would also allow the coordinator to attend professional development workshops.*
- *Fundraising burns people out. We already know that young people do not have access to good health care in the community…there aren't enough physicians, there are no nurse practitioners, there aren't physicians who are youth-friendly.*
- *If the YHCs aren't sustainable, they will not survive within the community.*

Partnerships are important to the centre, although these partnerships are relatively under-developed. Partners of the centre include funding agencies such as the Soldiers Memorial Hospital, VON, the RCMP, Public Health, local clergy and parents.

Partners provide "support to keep going in tough times" as well as a sharing of expertise and enthusiasm. HIP also reports referrals of youth to the YHC from partners and vice versa.

ACCESSIBILITY

Those we consulted for the HIP case study report that accessibility is a concern. In addition to the issue of infrastructure — no washroom, a small space and lack of other facilities — several other accessibility concerns were raised.

First of all, HIP is located in the senior section of the school. Junior grades are not normally allowed in this section, but are permitted if they are going to the YHC. Participants in the youth focus group, however, reported that the younger grades may find this intimidating and therefore do not access the YHC as much as they should. This was a recurring issue throughout the session. The youth felt that the YHC was not as open to the junior grades as it could be.

Another accessibility theme was the need for more staff time and funding, a space that was warm and inviting, and the need for male and female staff. Due to funding issues, HIP is only staffed part time and this is a concern for the youth. However, HIP has doubled the number of hours —it was open four hours a week and now it's open eight hours a week. The space for HIP is small and not as friendly as youth would like it to be. Youth also believe that having a male staff person would increase the number of male students who might access the YHC.

Accessibility is also related to awareness of the centre. Youth participants noted that the community was not as involved as it could be and that many persons in the community were not even aware of its existence. The youth focus group included youth that had visited the centre and those that had not visited. Youth involved in the YHC reported that promotion within the school is an issue. Youth not involved in the centre confirmed this by stating they were unaware of many of the activities the YHC offered. There was some good discussion between the two groups on how this situation could be remedied.

An unintended aspect of accessibility is ensuring that youth have access to the centre without abusing it and using it to get out of classes — "*that's the biggest* [operational] *challenge we have had to face* [outside of funding]".

According to participants in the evaluation, there should be a YHC in every school to give equal opportunity to every youth in Nova Scotia. All youth should all have the opportunity to find out about health issues from a professional rather than from their peers.

RESULTS

HIP for youth has gradually been developing a set of programs and activities. The centre has had strong youth involvement since the early days of the centre. The following tables list specific results identified by youth participating in the focus group.

What do you think your YHC is trying to do on behalf of youth?
▪ Hand out information so people can make wise decisions
▪ Counselling and guidance
▪ Have information on different topics in the life of a teenager
▪ Confidential service
▪ Provide information on STDs, drugs, smoking
▪ Helps youth deal with the reality of being a teenager
▪ Host activities for youth such as condom week and speakers to get youth involved
▪ Adapt and grow to meet the needs of teenagers

Has the YHC changed your knowledge about your own health:	
Yes	▪ Information and staff help to clarify rumours, myths and misconceptions
	▪ There is a lot of visual information that stays in your head and attracts your attention
	▪ Information that you may not know such as the fact that condoms have expiry dates
	▪ Learned a lot about STDs that aren't as talked about such as gonorrhea and chlamydia
	▪ Able to make informed decisions about sexual behaviour and health issues
No	▪ Information can be hard to find
	▪ Sometimes students can't access the information when they need it and don't return later to get it. Therefore they may make unhealthy choices.

What are the best and worst things about your YHC?	
The best	▪ Availability of [health] information
	▪ Pregnancy testing
	▪ The amount and variety of information
	▪ Individual counselling
The worst	▪ Not open everyday
	▪ Hours of operation are too short
	▪ Not enough staff hours
	▪ There is no male staff person

Like the other YHCs, youth had difficulty determining whether or not the YHC changed their relationship with their doctor. They reported that they didn't feel the need to see the doctor as much because the YHC offered so much information; they reserve the doctor for illness and medication. However, youth participants in the focus group stated that if they were to see their doctor, they would feel more informed about their own health and would be able to better make choices about their health care.

Results identified by adult participants in the focus group are listed below:

- Short-term Results
  - Provide a confidential place where teens can come and talk, and receive information with no prejudice
  - Avoid a crisis (sexual, family relationships, peer relations)
  - Help make decisions based on good information
- Long-term Results
  - Provide skills to practice for the next three or four years to be able to make decisions on their own about things that really matter in life

LESSONS LEARNED TO DATE

Lessons learned by the HIP in Bridgetown reflect the common themes identified by other case study centres. The key lessons learned are the need for sustainable funding, and the need to ensure that youth play a central role in guiding the activities and programs of the centre.

Other considerations raised by participants include the following:

- YHCs need staff that is empathetic to youth and their needs.
- Health issues need to be valued more by the school system. Health is generally not valued. This needs to change.
- Teachers and YHC staff need to work together and respect each other; communication over roles and responsibilities is essential for success.
- Guidelines around ethics are required.
- Coordination in accountability is required for all YHCs in the province.
- There needs to be opportunities for youth and staff of YHCs to get together annually to share experiences and resources.
- Professional development opportunities for YHC staff are important for longer-term development of both staff and youth.

5. GLACE BAY YOUTH HEALTH CENTRE

HISTORY AND FOCUS OF THE GLACE BAY YHC

The Glace Bay Youth Health Centre, now located in the Glace Bay High School, began operations as a community-based centre in 1996 with storefront operations and moved to the High School within two years.

The Glace Bay YHC is one of four YHCs located within and funded by the Cape Breton (Eastern) District Health Authority. The centre is a model for cooperation and sustainable funding that began with the initial plan to develop the YHC and remains today as the centre continues to operate within the Glace Bay High School.

The mandate of this school-based centre is "to provide youth with access to a comprehensive range of health related services through a combination of direct services and coordination of and referral to services already available and accessible in the community"[5].

The Glace Bay YHC focuses on providing youth aged 12-19 with health services in major service areas such as sexuality, relationships, managing conflict and emotions, and healthy living. Interviewees see the YHC as providing primary care services to youth in Glace Bay. The centre also provides "immediate access to acute care services of the DHA" through its integration within the health care system of the DHA.

Key informant interviewees summarized the major functional interests of the centre as follows:

- Health promotion for youth;
- Primary health care delivery; and
- Education and counselling in support of healthy living.

Unlike many YHCs in Nova Scotia, the Glace Bay YHC began within government rather than at a grassroots community level. Most importantly, this approach stemmed from a strong commitment from provincial departments concerned with youth development and health issues. These departments included Health, Education, Justice and Community Services. In addition, the development phase of the centre was the first initiative of the Eastern Region Child and Youth Services, a community-driven project jointly supported by these four departments.

A joint news release by four provincial cabinet ministers announced the four youth health centres in the Cape Breton DHA in 1995. These centres were pilot projects targeted at reducing the factors that place children and youth at risk. Two school-based and two community-based YHCs were funded.

During the development process in 1995-96, senior officials defined the need for the centres, their governance and organizational structures, expected results linked to provincial determinants of health, and other characteristics in consultation with an intersectoral working group of professionals, community and youth.

[5] Cape Breton DHA web site: http://www.cbdha.nshealth.ca/services_alfab.html#96

In 1997, the Cape Breton DHA assumed responsibility for the four YHCs in Cape Breton. Interviewees suggested that budget reallocations at that time within the DHA provided an opportunity for the DHA to develop the centres as part of the Acute Care component of the DHA services. Significant sustainable funding for each centre was attained at this time as well.

PERSPECTIVES ON THE EVALUATION ISSUES

GOVERNANCE STRUCTURE

The Glace Bay YHC is formally part of the Cape Breton DHA; it reports functionally and organizationally to the DHA. Funding for staffing and related operations such as computer costs is provided by the DHA; the School District provides income-in-kind by providing an on-school site for the centre along with assuming costs for utilities. This organizational approach frees the centre from a wide range of governance challenges faced by other YHCs, including Board recruitment, management, staffing, fund raising and other governance issues.

The Glace Bay YHC has accountability measures in place through the Cape Breton Health Care Complex, including an accountability framework. The YHCs in Cape Breton go through the hospital accreditation process and are bound to the standards of a maternal/child component care team. The centre has policies and procedures. It reports outcomes and results; issue identification and resolution approaches; and partnership development. The centre is also accountable to the Glace Bay High School.

The YHC coordinator is responsible for the day-day operations of the centre. This mainly includes managing the centre and its resources, planning and program development. The coordinator works to develop relationships with partners of the centre. Obtaining donations of drug supplies are an important aspect of this work, as the centre provides on-site access to some drugs. In addition to the coordinator, the centre employs a part-time administrative support person.

The centre has a Community Liaison Committee that provides feedback to the coordinator on youth needs and issues on an occasional basis[6]. Youth are well represented on this committee and were active in the early years of the centre in helping to define the services and programs of the centre. However, now that the centre is well established and funded by the DHA, youth input is no longer a major input into the planning process; it is "not a guiding role now", according to one interviewee, although several interviewees noted that "youth set the direction for the centre".

Two senior officials interviewed from the evaluation noted that standards for the centres are important, but standards occasionally become too prescriptive for effective operations of the centres. A more strategic approach is to define a performance model for a centre that includes outcomes that respond to local needs, and to operate the centre to be accountable for the model: "did we accomplish what we said we would?" The use of a performance model is recommended in the main YHC Evaluation Report.

Other interviewees spoke to the need for operational and service standards in the following areas:

[6] Up to three times a year

- *Operations*: The centre needs to be flexible in hours of operation to meet the needs of youth. Other standards would include standards around reporting information and data so the data collection would be similar.
- *Organizational structure*: There needs to be a mechanism for youth and community input;
- *Staffing*: Since this YHC provides clinical services, the YHC staff should include a nurse. Doctors should be available to the YHC a couple of days a week and actually come into the centre for office hours. The fact that the centre is part of the health care system provides credibility with parents. Human resource standards should also include continuing education in adolescent health. Nurses should have clinical education and experience and training and education in adolescent health.
- *Relationships with Guidance Counsellors*: YHCs need to establish protocols with guidance counsellors concerning roles so that trust and professional support mechanisms are established at the outset; and
- *Clinical services*: It is very important that clinical services be offered so the nurse is able to see the youth and give them birth control pills, provide STDs testing, and obtain information on smoking cessation and nicotine replacement. The centre should provide these clinical services to respond effectively to youth health needs.

SUSTAINABILITY

Sustainable funding is not a challenge for the Glace Bay YHC. As noted above, the inclusion of the centre as part of the Cape Breton DHA has provided sustainable funding since 1999.

There are several strong positive impacts from this situation that differentiate the Glace Bay YHC and the other threes YHCs in the Cape Breton DHA from other YHCs in the province. First of all, stable funding enables the centre to provide consistent programming to youth. Second, it frees the coordinator to focus on providing services to youth rather than devoting considerable time and resources in identifying funding sources each year. Third — and this is very important — long-term funding ensures that YHC staff has some measure of security with respect to their jobs; they know their job is not dependent on their ability to attract external funding each year to finance their salary. Finally, youth and other stakeholders of the centre know it will "be around" for the foreseeable future.

In spite of ongoing financial commitments to the YHC by the Cape Breton DHA, stakeholders believe that the centre faces issues that are linked to funding levels. These issues primarily relate to access to a YHC by youth not attending one of the four schools within the DHA that have YHCs. This issue is examined in the following section. No other funding-related issues were identified.

Participants in the adult focus group held at the Glace Bay YHC agree that integrated partnerships are very important to the success of the centre. In fact, the very existence of the centre is evidence of strong partnerships between four provincial government departments, community agencies, youth and other stakeholders. The development process for the centre was founded on partnerships and remains so through agencies such as the Network for Children &

Youth of Eastern Nova Scotia. According to its web site[7], the Network now includes more than 40 organizations and agencies that have a mandate to support children, youth and their families through a wide range of services. The Network includes the Cape Breton DHA and other health authorities in eastern Nova Scotia, Children's Aid Societies, family resource centres, municipal policing services, government departments and agencies, sport and recreation agencies, and universities.

In response to the question concerning factors that limit the success of YHCs, one participant at the Glace Bay YHC cited "*turfism — competition amongst agencies for funding, clients and visibility*" as an important constraint. All agreed that this issue is not a factor at the Glace Bay YHC due to high levels of cooperation amongst the YHC staff, agencies and school staff.

Effective partnership between the YHC and its partners requires communication as well as clarity concerning roles and responsibilities. For the Glace Bay YHC, the discussion on roles and responsibilities means developing an understanding and agreement around the role of the YHC coordinator with respect to the educational system — she is not a teacher, and so has different roles and responsibilities than a teacher. Partnership development has also focussed on standards of operation, confidentiality and referrals to other agencies.

As noted earlier, the inclusion of the Glace Bay YHC as part of the Cape Breton DHA means that partnerships with the DHA components are strong. The centre can readily access services for youth from departments such as Addictions, Mental Health, Public Health and Acute Care.

ACCESSIBILITY

The Glace Bay YHC has made considerable efforts to address accessibility issues. These began with the move of the Glace Bay YHC from a community-based centre to a school-based centre in 1999. As a result of this change, the YHC coordinator reported that the number of visits to the centre increased from 60/month to 250/month within a short time period.

The centre is located within a part of the Glace Bay High School that allows youth to access the centre confidentially. It has access to an outside entrance, an important consideration for confidentiality and summer operations. The centre is open every school day from 12-4 pm and open during summer hours. As a result of safety concerns, the centre has decided not to open during evening hours. Youth do not have to access the centre through administrative offices, although the centre does have arrangements with school administrators concerning youth visits or appointments at the centre.

The centre's linkage to the Cape Breton DHA has important accessibility benefits for the YHC staff as well as youth. As noted above, the centre has ready access to the clinical services provided within the DHA.

The accessibility challenge consistently identified by all interviewees is the ability to serve all youth within the Cape Breton DHA. Even with the sustainable funding levels it now enjoys, the four YHCs within the DHA are unable to meet the needs of youth in rural areas of the DHA. Youth attending school outside the four YHCs, even within Sydney for example, do not have direct access to a YHC, nor do first nations youth have direct access to a centre. Accessibility after regular school hours remains a challenge as well.

[7] http://www.ncyens.org/NewHistory.htm

Interviewees are convinced that the most appropriate location for a YHC is a school, based on their experience with both a school-based and community-based YHC. As one participant in the adult focus group noted: "*School is where the kids are…it is convenient and there are no transportation problems. And we are still open in the summer even though the school is closed. The school is also safer and more secure. We had the windows smashed once at month when we were storefront."* Youth attending the focus group agree: the YHC should be in the local school but outside access and cooperation with the school should exist so that youth that are not attending school can access the centre.

RESULTS

The Glace Bay YHC has established a framework to define and capture results of the centre's work with youth. Information is collected on each youth visiting the centre; this information is part of their health record and includes data linked to the determinants of health. Like other centres, this YHC does not formally analyse and report on outcomes but it does have information on activities and outputs. One key informant indicated, "*we collect data but we do not do evaluations*". The YHC does complete the following activities to evaluate service satisfaction:

- Analysis of the data
- Youth satisfaction with the centres
- Partner [satisfaction] evaluations of the YHC services.

The youth and partner evaluations are linked to building individual and community capacity.

Key informants believe that the centre has played a central role in decreasing teenage pregnancy rates in the Glace Bay community to a significant degree over the past five years. High teenage pregnancy rates were one of the factors that led to the establishment of the centre in the late 1990s.

Another important result has been smoking cessation, as one focus group participant noted:

> *"I definitely have to mention the smoking. The Health Centre has been a great help in our trying to eliminate smoking at Glace Bay High School and we have a joint effort in trying to eliminate smoking altogether, not just at school but to get youth to quit smoking period. The Health Centre has been front and centre on helping out. They have a 'no smoking' program. If someone's caught smoking, they come down and meet with the YHC coordinator and have some counselling. Then there's long term where we're trying to get them to stop smoking through the patch or Nicorette gum."*

Some of the expected results identified by youth and adults in focus groups and key informant interviews include:

- Short-Term Results
  - Decrease in the pregnancy rate
  - Establishment of a non-smoking program that uses counselling, the patch and Nicorette, in partnership with the school for zero tolerance for smoking

  - Availability of the Youth Centre as a place for youth to go with their concerns takes pressure off the principal; before its existence a lot of youth would go to the office with their various concerns
  - Speeds up the testing process so that youth get pregnancy tests sooner rather than later
  - Speeds up the process so youth get mental health concerns dealt with earlier than later
  - Provide teenage parents with parenting skills
  - Provide youth with education about STDs
- Long-term Results
  - Youth make healthier decisions
  - Decrease in the pregnancy rate
  - Decrease in smoking rate
  - Decrease in STDs
  - Decrease in harm reduction
  - Well-adjusted children of teenage parents

The reoccurring themes of the youth focus group session at the Glace Bay YHC were support from the school and community, the need to reach out to other schools and junior highs through a satellite program, and the importance of offering birth control. Youth participants felt that the centre needed more support from the community and more support and understanding from teachers in the school. Although they recognized that putting the YHC in the school increased accessibility for those who were attending Glace Bay High, it also decreased access for other schools and junior highs. Participants in the focus group were pleased that the centre provided birth control, since the teen pregnancy rate has been high in Cape Breton.

Youth also expressed concerns about staff time and hours of operation. Although the Glace Bay YHC had more secure funding than many of the YHCs, youth felt that if they had more, they could do more. As expressed by many of the focus groups for the evaluation, the youth at the Glace Bay YHC wanted it to be open more often and with longer hours. As it stands, the YHC is not open all day, potentially limiting access.

Because there was a doctor available on-site, the question about their relationship with their doctor resulted in a slightly different response than many of the other groups. These youth felt that they were now able to access a doctor or access one more often. They felt that their relationship with the doctor at the centre was improved because of the youth-centred atmosphere of the centre. The advantages of having a doctor at the centre were apparent with respect to not having to wait for an appointment, a separation of the doctor from their parents, and a having a doctor who is familiar with youth issues. This group expressed the most positive change in their relationship with and views of doctors.

LESSONS LEARNED TO DATE

The lessons learned that have contributed to the success of the Glace Bay YHC reflect the clinical services focus of the centre, and the formal inclusion of the centre within the Cape Breton DHA. Without exception, interviewees believe that these two characteristics of the centre have contributed directly to the centre's ability to meet the health-related needs of youth.

Other lessons learned by the Glace Bay YHC, identified during the consultation process as a series of recommendations, include:

- Support the YHCs under the District Health Authorities and under the philosophy of Public Health.
- Set-up YHCs with a clinical services mandate.
- Build partnerships and strong communication amongst partners.
- Make YHCs accessible by going where the youth are.
- Allow the YHCs to provide clinical services.
- Know the health services in a community to avoid duplication — refer instead. This approach helps build relationships and partnerships.
- Establish provincial standards around YHCs and governance. It is important to ensure that the YHCs maintain the ability to develop in their own unique ways to respond to local needs.
- Staff with YHC with a clinical nurse with a background in adolescent health; the coordinator should not be a youth health educator.

An Evaluation of Youth Health Centres in Nova Scotia

Appendix B: Evaluation Interview Guides

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1. OVERVIEW OF THE FOCUS GROUPS

INTRODUCTION

The Youth Health Centre (YHC) Evaluation Steering Committee — a subcommittee of the Public Health Enhancement Core Services Committee and under the direction of the Department of Health — is evaluating YHCs in Nova Scotia. The two-year evaluation has three phases; Phase III is underway.

Phases I and II were interested in understanding how YHCs are structured and organized, what kinds of services and activities they provide to youth, and what kinds of changes occur as a result of the YHCs. Phase I included the development of a model for evaluating YHCs. Phase III is concerned with management and administration issues, results and recommendations to improve YHCs.

WHAT IS THE PURPOSE OF THE FOCUS GROUP?

Many of the questions developed in the evaluation plan will benefit from the knowledge and experience of youth and other informed observers of YHCs — funding partners, community leaders, educators, health professionals and others with a direct interest and/or involvement with YHCs.

The focus group is meant to provide forum for a moderated or guided group discussion to respond to the range of evaluation topics and questions related to the YHC in your school or community. It is meant to be interactive — we want diverse views and discussion. Each focus group will last about 1.5-2 hours.

We're conducting 11 focus groups with youth, YHC staff and coordinators, and other YHC stakeholders. Four YHCs will be part of a more in-depth case study analysis of the evaluation issues.

WHO SHOULD PARTICIPATE IN THE FOCUS GROUPS?

We are looking for your help to recruit 10-14 persons for each of two focus groups: youth and other YHC stakeholders. We need to have the following characteristics represented at the focus groups:

YOUTH FOCUS GROUP

- Female and male participants
- Ranging in age from around 15-19 years of age
- Representing the mix of cultures and ethnicity in the community
- May or may not have used the YHC in your school
- May or may not have participated in the Phase I workshops in 2001
- Not necessarily active in school affairs — we don't need to have students' council representatives, for example

- Good communicators who are generally outgoing enough to express their ideas and who will participate in the discussion.

BOARD/OTHER STAKEHOLDER FOCUS GROUP

The kinds of participants that could be invited to the Stakeholder Focus Group include the following. These persons should have some familiarity with the YHC, its activities and purpose:

- YHC Board members
- Youth leaders in school or community
- YHC Coordinator and/or staff
- Representatives from CHB and/or DHA
- YHC funding organizations or other partner organizations
- Education representatives: school board, school principal
- Public Health nurse.

WHY SHOULD WE PARTICIPATE?

The YHC evaluation will provide important information on YHCs to decision-makers within the government agencies represented on the YHC Evaluation Steering Committee. We need the participation of a range of stakeholders to ensure that we have a strong understanding of the development issues facing YHCs in the province. Information gained at the focus groups will be invaluable in preparing recommendations about YHCs.

WHAT WILL HAPPEN WITH THE INFORMATION?

The evaluation of the YHCs has a well-defined evaluation plan that describes the kinds of issues and questions that this evaluation needs to answer. Focus groups provide a means of capturing information to address some questions. The information obtained in this focus group will be grouped with the results of other focus groups and to address the evaluation questions. We will not identify individual responses in the report; the information you provide will be kept confidential.

The focus group information will be analyzed along with the results of other focus groups, interviews and other methodologies to address the evaluation questions. The evaluation report will inform decision-making for the Department of Health, other health-related organizations and partners, and the YHCs themselves. The evaluation will help the YHC Steering Committee determine the linkages between the YHCs and the youth-related health standards and targets identified in the 1997 Nova Scotia Health Standards. In particular, the evaluation will help the Committee determine how the Youth Health Centres contribute to the achievement of youth-related health standards and targets.

WHAT DO WE (YHC COORDINATORS AND STAFF) NEED TO DO?

We need your help in recruiting participants for both the youth focus group and the Board/Stakeholder focus group. This assistance includes helping us by providing a room for the meeting. We'll need flip charts and markers as well.

WHO DO WE CONTACT FOR MORE INFORMATION OR QUESTIONS?

For questions about:

The Interview Process:

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2. STAKEHOLDER FOCUS GROUP GUIDE

INTRODUCTION

Welcome to our focus group! This focus group is an important part of Phase III of the evaluation of Youth Health Centres in Nova Scotia.

Phases I and II were interested in understanding how YHCs are structured and organized, what kinds of services and activities they provide to youth, and what kinds of results are anticipated. We also developed a model for evaluating YHCs. Phase III is concerned with operational issues, results and recommendations to improve YHCs.

We're interviewing about 35 key informants and conducting 10 focus groups with youth, YHC staff and coordinators, and other YHC stakeholders. Four YHCs will be part of a more in-depth case study analysis.

(*Additional details were provided in the Focus Group Overview document.*)

SOME PARTICIPATION GUIDELINES

Facilitators should provide some basic guidelines for participants. These might include:

- Each participant will be given a chance to voice his or her opinion.
- The facilitator may limit discussion by an individual so that all might have a chance to participate in the discussion.
- Respectful of each participant's opinion and experiences.
- And so on…

INTRODUCTION

1. Please tell us who are you and what is your involvement with YHCs?

RESULTS OF THE YHCS

Measuring the success of the YHCs in Nova Scotia is challenging for several reasons: timelines for longer term impacts; differences in delivery approaches; easier to measure outputs than outcomes.

2. In your experience, what kinds of short and longer-term results are YHCs trying to achieve?
3. Are the YHCs generally successful in achieving these results? How do you know this? (*Can you provide us with any results/reports?*)
4. What characteristics of the YHCs — or other factors — are most important in producing positive results for YHCs?

5. What challenges do YHCs face that limit their ability to achieve results? Are these challenges within the control of the YHCs, or external to them? Which of these challenges are the most important?

GOVERNANCE

6. Is there now an organization, department or agency that is responsible for ensuring that YHCs in Nova Scotia produce results? If not, should there be such an organization?
7. What kind of "results" measurement or accountability model should be developed, if it does not exist now?
8. Who is responsible now (within your YHC) for making sure that the YHC meets the needs of its clients and stakeholders? Who should be involved in making sure that the YHC meets these needs?
9. Which organization, department or agency is responsible for addressing various YHC development and delivery issues? Which should be responsible?
10. What do you see as the merit, if any, in YHCs adopting provincial operating guidelines or standards?
11. What kinds of topics should these standards include? What about standards for staffing YHCs (education, occupation and so on?

SUSTAINING YHCS

YHCs receive funding from a variety of government departments and agencies, as well as limited private sector funding. The amount of funding varies considerably.

12. Are you aware of any situations where YHCs have identified important activities related to results, but have not been able to undertake these because of funding difficulties?
13. Based on your understanding of partnerships, what are the characteristics of a successful partnership for YHCs? For its partners? (What do partners offer to YHCs?)
14. How important are these partnerships to YHCs?

YHC ACCESSIBILITY

YHCs are found in about 25 senior and middle high schools in the province, as will as about five community-based centres.

15. Should YHCs be located in a particular type of place to be "youth-friendly" (school or community-based)?
16. What are the challenges for youth related to accessing YHC services?
17. Should there be any specific support mechanisms or approaches for establishing a YHC? What should these be?
18. Should the number of YHCs be increased? Why?

RECOMMENDATIONS

Finally, we would like your input into the process of developing recommendations for improving YHCs to meet the needs of youth and other stakeholders.

19. What are your recommendations to improve the success of YHCs? (*Can we organize these along the lines of the four themes in this guide?*)

THANK YOU!

3. YOUTH FOCUS GROUP GUIDE

INTRODUCTION

Welcome to our youth focus group! This focus group is an important part of Phase III of the evaluation of Youth Health Centres in Nova Scotia.

Explain:

- What's the evaluation about? What is it trying to find out? Why?
- What is a focus group?
- How does a focus group work?
- What will you do with the things we tell you?
- Who decides what is going to happen with what you find out?
- What difference is this all going to make?
- When will any changes take place?
- How will any changes affect me? Our YHC?

SOME PARTICIPATION GUIDELINES

Facilitators should provide some basic guidelines for participants. These might include:

- Each participant will be given a chance to voice his or her opinion.
- The facilitator may limit discussion by an individual so that all might have a chance to participate in the discussion.
- Respectful of each participant's opinion and experiences.
- And so on…

INTRODUCTION

1. Please tell us who are you and what is your involvement with YHCs?

RESULTS OF THE YHCS

2. What do you think your YHC is trying to do on behalf of youth?
3. What is the best thing about your YHC? The worse?
4. What would you change to make it better?

5. Has the YHC changed your knowledge about your own health? Are you comfortable giving me examples?
6. Has the YHC changed your relationship with your doctor or others in the health profession?
7. Is it generally successful in meeting the needs of youth: in this school? In the community? In groups with different needs?
8. What characteristics of the YHCs — or other factors — are most important in producing positive results for YHCs?
9. What challenges do YHCs face that limit their ability to achieve results?
10. What services should your centre provide now that it is not providing?

YHC ACCESSIBILITY

11. Where should a YHC be located to be friendly to youth?
12. What are the challenges for youth related to accessing YHC services?
13. Should there be any specific support mechanisms or approaches for establishing a YHC? What should these be?
14. Should the number of YHCs be increased? Why?

RECOMMENDATIONS

Finally, we would like your input into the process of developing recommendations for improving YHCs to meet the needs of youth and other stakeholders.

15. What are your recommendations to improve the success of YHCs? (*Can we organize these along the lines of the four themes in this guide?*)

THANK YOU!

4. YHC EVALUATION INTERVIEW GUIDE OVERVIEW

INTRODUCTION

The Youth Health Centre (YHC) Evaluation Steering Committee — a subcommittee of the Public Health Enhancement Core Services Committee and under the direction of the Department of Health — is evaluating YHCs in Nova Scotia. This two-year evaluation has three phases; Phase III is underway.

Phases I and II were interested in understanding how YHCs are structured and organized, what kinds of services and activities they provide to youth, and what kinds of changes occur as a result of the YHCs. Phase I also included the development of a model for evaluating YHCs. Phase III is concerned with YHC management and administration issues, results achieved and recommendations to improve YHCs.

WHAT IS THE PURPOSE OF THE INTERVIEW?

Many of the questions developed in the evaluation plan will benefit from the knowledge and experience of informed observers of YHCs — funding partners, community leaders, educators, health professionals and others with a direct interest and/or involvement with YHCs. The interviews with these key informants are designed to obtain qualitative information and insights to answer the evaluation questions. The interview will last about one hour.

We're interviewing about 35 key informants and conducting 11 focus groups with youth, YHC staff and coordinators, and other YHC stakeholders. Four YHCs will be part of a more in-depth case study analysis.

WHY SHOULD I PARTICIPATE?

The YHC evaluation will provide important information about YHCs to decision-makers within the agencies represented on the YHC Evaluation Steering Committee. As a person with experience and insights into aspects of YHC environment, we need your participation to ensure that we have a strong understanding of the development issues facing YHCs. This information will be invaluable in preparing recommendations about the future of YHCs.

WHAT WILL HAPPEN WITH THE INFORMATION?

This YHC evaluation has a well-defined evaluation plan that identifies the issues and questions that this evaluation needs to answer. Interviews provide a means of capturing information to address some questions. We will not identify individuals in the report; the information you provide will be kept confidential.

The interview information will be analyzed along with the results of other interviews, focus groups and other methodologies to address the evaluation questions. The evaluation report will inform decision-making for the Department of Health, other health-related organizations and

partners, and the YHCs themselves. The evaluation will help the YHC Steering Committee determine the linkages between the YHCs and the youth-related health standards and targets identified in the 1997 Nova Scotia Health Standards. In particular, the evaluation will help the Committee determine how the Youth Health Centres contribute to the achievement of youth-related health standards and targets.

WHO DO I CONTACT FOR MORE INFORMATION OR QUESTIONS?

For questions about:

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The Evaluation: Plan, Expectations & Context

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5. STAKEHOLDER INTERVIEW GUIDE

OVERVIEW

Details on the purpose of the YHC evaluation and the interview will have been provided to the interviewee in the document: **YHC Interview Overview**.

INTRODUCTION

1. Please tell me about your involvement with YHCs.

RESULTS OF THE YHCS

These questions will likely be most relevant to YHC coordinators and others with a direct involvement with YHCs.

2. In your experience, what kinds of short and longer-term results are YHCs trying to achieve?
3. Are the YHCs generally successful in achieving these results? How do you know this? (*Can you provide us with any results/reports?*)
4. What characteristics of the YHCs — or other factors — are most important in producing positive results for YHCs?
5. What challenges do YHCs face that limit their ability to achieve results? Are these challenges within the control of the YHCs, or external to them? Which of these challenges are the most important?

GOVERNANCE[1]

6. Is there now an organization, department or agency that is responsible for ensuring that YHCs in Nova Scotia produce results? If not, should there be such an organization?
7. What kind of "results" measurement or accountability model should be developed, if it does not exist now?
8. Who is responsible now (within your YHC) for making sure that a YHC meets the needs of its clients and stakeholders? Who should be involved in making sure that the YHC meets these needs?
9. Which organization, department or agency is responsible for addressing various YHC development and delivery issues? Which should be responsible?
10. What do you see as the merit, if any, in YHCs adopting provincial operating guidelines or standards?

[1] All interviewees — YHC coordinators and other stakeholders — will be asked the remaining questions.

11. What kinds of topics should these standards include? What about standards for staffing YHCs (education, occupation and so on?
12. What services should YHCs provide to youth? What process is used to decide what services to provide? Is this a one-time process or ongoing?

SUSTAINING YHCS

YHCs receive funding from a variety of government departments and agencies, as well as limited private sector funding. The amount of funding varies considerably.

13. Are you aware of any situations where YHCs have identified important activities related to results, but have not been able to undertake these because of funding difficulties?
14. Based on your understanding of partnerships, what are the characteristics of a successful partnership for YHCs? For its partners? (What do partners offer to YHCs?)
15. How important are these partnerships to YHCs?

YHC FUNDING ISSUES: ASK ONLY TO STAKEHOLDERS FROM FUNDING AGENCIES

16. What criteria are used when your organization decides to fund YHCs?
17. What kinds of information do you require a YHC to provide to you as a condition of funding? (How the funds were spent? What are the outcomes? What type of outcomes are you interested in?)
18. *Specific to DHAs*: What resources – human and/or financial — do you need to make the decision to fund YHCs? (Supports to oversee your investment)

YHC ACCESSIBILITY

YHCs are now found in about 25 senior and middle high schools in the province, as will as about five community-based centres.

19. Should YHCs be located in a particular type of place to be "youth-friendly" (school or community-based)?
20. What are the challenges for youth related to accessing YHC services?
21. Should there be any specific support mechanisms or approaches for establishing a YHC? What should these be?
22. Should the number of YHCs be increased? Why?

RECOMMENDATIONS

Finally, we would like your input into the process of developing recommendations for improving YHCs to meet the needs of youth and other stakeholders.

23. What are your recommendations to improve the success of YHCs? (Can we organize these along the lines of the four themes in this guide?)

THANK YOU!

An Evaluation of the Youth Health Centres: A Profile of the Centres

Final Report

Prepared on Behalf of:
Youth Health Evaluation Steering Committee

Prepared by:

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1. INTRODUCTION

THE CONTEXT OF THE PROFILES

Phase 1 of the *Evaluation of the Youth Health Centres* (YHCs) in Nova Scotia learned about 34 centres in various stages of operation throughout the province. These YHCs operate in schools, health centres and community sites, with funding from a variety of public, private and volunteer sources. The centres provide a range of health services and support to youth including health education, health promotion, information and referral, follow-up and support.

YHCs operate relatively autonomously within their local areas. The research in Phase 1 found that while some centres have undertaken reviews and evaluations of their operations, little is known collectively about the centres: the governance models under which they function, their financial and operational structure, human resources and other characteristics. Moreover, there is no document that integrates this information.

The Youth Health Evaluation Steering Committee[1] commissioned Collins Management Consulting Ltd. to work with the YHCs to develop a profile of the established youth health centres in Nova Scotia. The information in this report supports the evaluation undertaken to inform decision-making for the Department, other health-related organizations and partners, and the YHCs themselves.

PROFILE METHODOLOGY AND RESPONSE

The framework for the YHC profile was developed in late 2001 in consultation with the YHCs through a series of regional workshops. YHCs and the Evaluation Steering Committee provided input on a draft profile form that was subsequently revised. In January 2002, all YHCs received a copy of the profile form along with a covering letter and guidance on the purpose of the profile. A more comprehensive FAQ[2] in February 2002 provided more substantive definitions and completion information. YHCs were able to submit their completed profiles by mail, fax or email. Participation in the profiling process was voluntary.

The profile form included sections on the following aspects of the YHCs, and these form the chapters in this report:

- Operational Characteristics of the YHCs;
- Governance of the YHCs, including Youth Participation;
- Starting a YHC;
- Financial Characteristics of YHCs; and
- Human Resources of the YHCs.

[1] A subcommittee of the Public Health Enhancement Core Services Committee
[2] Frequently Asked Questions

The interpretation of questions by respondents can be problematic in mailed requests for information, and this profile was no exception. Staff from the YHCs provided a great deal of information in response to many of the questions; the greatest challenge was interpreting this information and developing a concise and consistent set of responses. Some YHCs provided copies of their funding proposals, annual reports and other profile related information. This information proved very helpful and is incorporated into the profile.

The profile development process identified 34 YHCs in the province. Participation in the process was as follows:

- 23 YHCs completed profiles, including a centre that is no longer in operation;
- 6 YHCs are no longer in operation, and did not submit a profile;
- 4 YHCs are part of a research project with Dalhousie University and did not submit a profile; and
- 1 YHC did not participate.

The profile is based on the information provided by 23 YHCs; these YHCs are identified in Appendix A. Appendix B provides a copy of the profile form. Appendix C includes verbatim responses to open-ended questions concerning various aspects of the development of the YHCs.

The participation by these 23 YHCs helps government and other YHC stakeholders understand the role, kinds of activities and participation levels of the YHCs across Nova Scotia. It describes some of the challenges faced by YHCs in starting their organizations as well as ongoing issues. The financial and human resource characteristics of the centres reported here enhance the value of the profile report.

2. OPERATIONAL CHARACTERISTICS OF YHCS

LOCATION OF YHCS

YHCs are found throughout the province of Nova Scotia, in middle schools, high schools, community centres, health centres and clinics. Several community-based YHCs are located in stand-alone facilities.

Table 1 shows the location of the YHCs by the type of facility, based on the data provided by the responding YHCs.

Table 1: Location of YHCs

	Number	%
Health Services Centre	2	8.6
In School	18	78.3
Community-based Facility	3	13.0
Total	23	100.0

The three community-based centres include the Red Door Youth and Adolescent Health Centre in Kentville, Our House Youth Wellness Centre in Shelburne, and the Halifax-based Lesbian, Gay and Bisexual Youth Project.

YHCs are generally narrowly focused in terms of client base: most serve students and/or youth in their immediate area. Several school-based YHCs, including the four YHCs in the Cape Breton Regional Municipality, provide a satellite service to feeder schools in their communities.

The list of 34 YHCs indicates that close to half of the centres are located within the Halifax Regional Municipality (HRM). It does seem that gaps exist in some parts of the province, notably in rural Nova Scotia counties: Pictou, Antigonish, Victoria, Richmond and Inverness Counties.

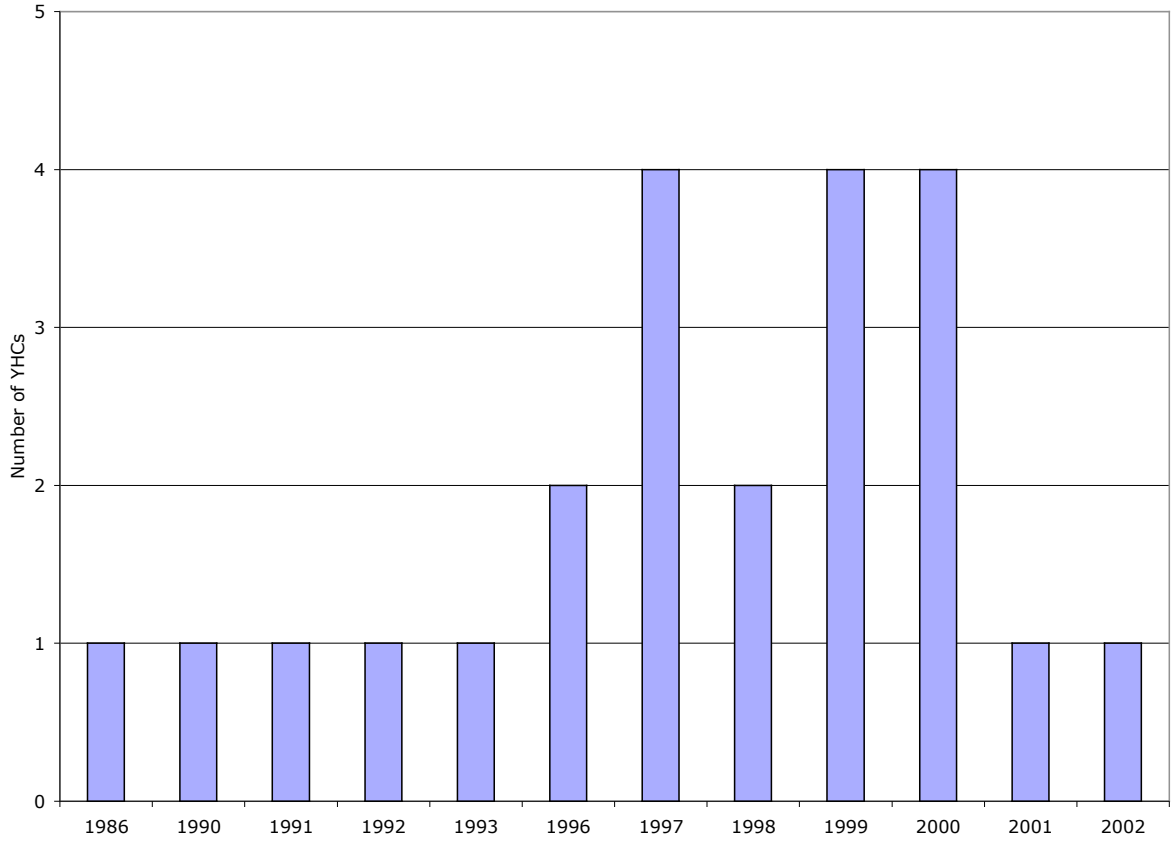
AGE OF YHCS

The Health Services YHC at the Nova Scotia Agricultural College, started in 1986, is the oldest YHC in the province. The Red Door Youth and Adolescent Health Centre in Kentville is the oldest non-school, community based YHC. The Red Door started in 1990, and subsequently supported the establishment and operations of several other YHCs located in the Annapolis Valley. The Teen Health Centre at J.L. Ilsley High School is the oldest school-based YHC. It began operating in 1991.

School-based YHCs have opened at the rate of 1-2 per year across the province. This low rate of opening relative to the number of schools in the province and the potential need for youth health services is mainly related to the challenges of obtaining funding and organizational development. This topic is discussed in Chapter 4 of the Phase I & II report.

The average age of all school-based YHCs is 3.8 years, compared to the average age of all YHCs of 5.1 years[3]. Chart 1 illustrates the start-up pattern of the 23 YHCs, based on their start-up year. It should be noted that the bottom scale only shows years for which YHCs started; there are several years in which no start-up activity occurred.

Chart 1: Start-up Date of YHCs



OPERATIONS OF THE YHCS

We asked YHCs to describe their hours of operation, when youth can access the services provided by their centre. For the most part, school-based YHCs follow an operational pattern organized around the hours in which their school is open; this generally includes the entire school day as well as some time before school begins, during the lunch period and after school. Community-based YHCs are able to be more flexible, and typically include hours of operation during evenings and weekends.

Table 2 provides details on various operating times of the centres. The table indicates the average number of responses for a particular operating time as well as the number of YHCs that provide service during that time.

[3] As of June 30, 2002

Table 2: Operating Characteristics of YHCs

Operation of YHCs	Average	# of YHCs
How many hours available during a typical day?	6.4	23
How many days a week is the Centre open?	4.5	23
How many hours is Centre open outside the school day?	1.8	17
How many evenings is the Centre regularly open during the week?	2	2
Is the Centre regularly open on weekends?	Yes: 3 Centres	3
How many months of the year is the Centre open?	11.1	23
Is the Centre open at any other times?	Yes; YHC decides	13

Some YHCs have flexibility in their operating times. Several school-based centres report that they open at times other than regular hours, as the demand dictates. This might include, for example, around exam time, the first Saturday of the month and for special presentations. For example, school-based YHCs have been open during special events such as school dances in the evenings.

3. GOVERNANCE OF THE YHCS

FORMAL ORGANIZATION

Two thirds of the 23 YHCs that completed a profile reported that their centre has a formal Board of Directors. Information supplied by the YHCs indicates that some of these YHC boards are likely more informal than formal, serving as Advisory Councils or monitoring agencies.

Table 3 indicates the status of YHC Boards according to their type of organization: school, community or health sector.

Table 3: Existence of a Formal Board of Directors

	Health Services Centre (%)	In School (%)	Community-based (%)	Total (%)
No Board	50.0	38.9	0.0	34.8
Board	50.0	61.1	100.0	65.2
Number	2	18	3	23

Community-based organizations that provide health services for youth are most likely to have a formal Board of Directors. Many of the school-based YHCs have Advisory Councils rather than formal Boards.

All Boards have diverse memberships, with strong participation by members of their communities. Table 4 compares the representation of various types of Board members according to the three types of YHC organization structure.

Table 4: Participation on YHC Board of Directors (% Participation)

	Health Services Centre (%)	In School (%)	Community-based (%)	Overall Representation (%)
Students/Youth	0.0	61.1	100.0	60.9
YHC Staff	0.0	44.4	33.3	39.1
School Board/School	0.0	55.6	66.7	52.2
Community	50.0	61.1	100.0	65.2
Health Professional	50.0	55.6	66.7	56.5
Community Groups	0.0	55.6	33.3	47.8
Other	50.0	27.8	33.3	30.4

Each cell in the table shows the participation or representation rates for one of the seven types of participants in the three kinds of YHC organizations. For example, community representatives participate in 61.1% of school-based YHCs. YHCs sponsored by health services organizations are the least likely to include representatives from youth, staff or

schools. On the other hand, the boards of all community-based YHCs have youth representatives. These organizations may also invite participation from schools/school boards. School-based YHCs also have strong stakeholder representation.

A diverse range of community groups are represented on boards and include the RCMP, municipal councils, First Nations, Planned Parenthood, the Single Parent Centre, Public Health, church organizations and so on. The 'other' category includes parents, clergy, HRM Youth Council, lawyers and others.

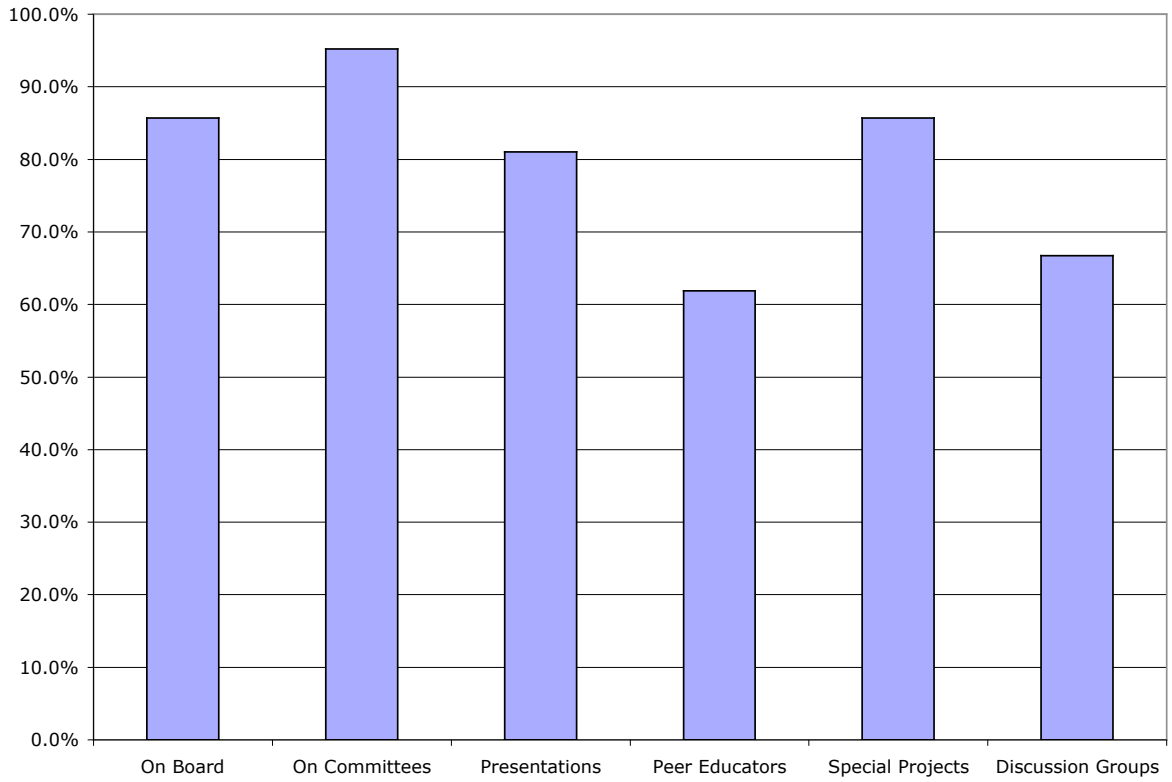
YOUTH PARTICIPATION AT YHCS

Participants at the workshops held during Phase 1 of the YHC evaluation stressed the importance of active youth participation at YHCs. The profile included several questions designed to depict the level and type of participation of youth.

According to the profile results, youth volunteer at 21 of the 23 YHCs on a regular basis. All of the health service-based YHCs and community-based YHCs reported that youth are regularly involved in their centres; 16 of the 18 school-based YHCs have youth regularly involved on a volunteer basis at their centres.

Chart 2 indicates the proportionate involvement level of youth in six different kinds of activities, from administrative and governance roles to educational and developmental roles.

Chart 2: Youth Participation at YHCs (% YHCs)



It is clear from the chart that the YHCs have managed to engage youth in all aspects of the management and development of their centres. The role of 'peer educator' is not as common as the other roles shown in the chart: analysis of the profile responses indicates that the peer educator role is not widespread amongst any of the three kinds of YHCs organizations. This situation may also reflect the kind of activities undertaken by YHCs.

The profile provided an opportunity for YHCs to give examples of the specific ways in which youth participate in their YHCs. Some of the activities and special projects listed by the YHCs include:

- Youth clean up the centre;
- Youth serve as the YHC representative on Junior and Senior [Student] council;
- Peer educators prepare monthly newsletter;
- Youth participate on Youth Action Team;
- Youth participate on Youth Advisory Council;
- Youth experience Junior Leadership, assisting with training programs and activities;
- Youth designed and chose the logo for the centre;
- Youth decorated, painted and made the centre space their own; and
- Youth help with everyday activities.

4. STARTING A YHC

RATIONALE FOR STARTING A YHC

YHCs have started for a variety of reasons, using a number of different approaches. These approaches have generally been independently pursued at local community levels by both formal and informal mechanisms.

The profile solicited information on the underlying development process and any particular issues that led to the development of the YHC. Several YHCs provided detailed descriptions of their development process. Some characteristic responses from the YHCs are summarized below. Appendix C provides the complete verbatim results for all YHCs.

- To provide support to students struggling with socio-economic issues, such as parenthood, homelessness, and poverty.
- Students were reluctant or unable to access traditional health system entry points.
- Youth wanted a safe comfortable place to talk and be heard, information, resources, programs for youth, access to other professionals without the whole school knowing.
- The main reason for opening this centre in a junior high was to attempt earlier prevention by: having info available and programs to promote positive lifestyles. By starting in younger schools, students and youth become accustomed to accessing centres on site so that they are comfortable and knowledgeable of what the centres can do when they get to high school.
- Junior High is a great place to begin employability training, which is some of the programming that is offered here.[4]
- The Plan was developed because of the need for resources for young people in the area. Our teen pregnancy rate is higher than both the regional and provincial rates. Over one quarter of the families in the area are low income.
- Teen pregnancy and suicides rising of youth in our area.
- Factors: high adolescent pregnancy rate and number of school dropouts due to pregnancy.
- Request from students to student council to put condom machines in the washrooms. Then expanded to the idea of a Youth Health and Support Centre.
- Student Council approached the school to increase the availability of the Public Health Nurse & contraception information/material.
- There had existed a strong history of the community identifying issues with formal/informal assessment of their community over a 10-year period. The centre began as a pilot demonstration project to establish a model to provide physical and mental health services and interventions for children and youth in rural community in the region.
- To address the specific needs around youth who are lesbian, gay, bisexual, transgendered, and/or questioning their sexual orientation (l/g/b/t/q). We provide services for youth who have questions about this topic, have friends who are l/g/b/t/q, want to start gay/ straight alliances in their schools, have parents who are l/g/b/t/q. High suicide rates, drug, and alcohol abuse and homelessness l/g/b/t/q youth directed us to the need to provide such a centre.

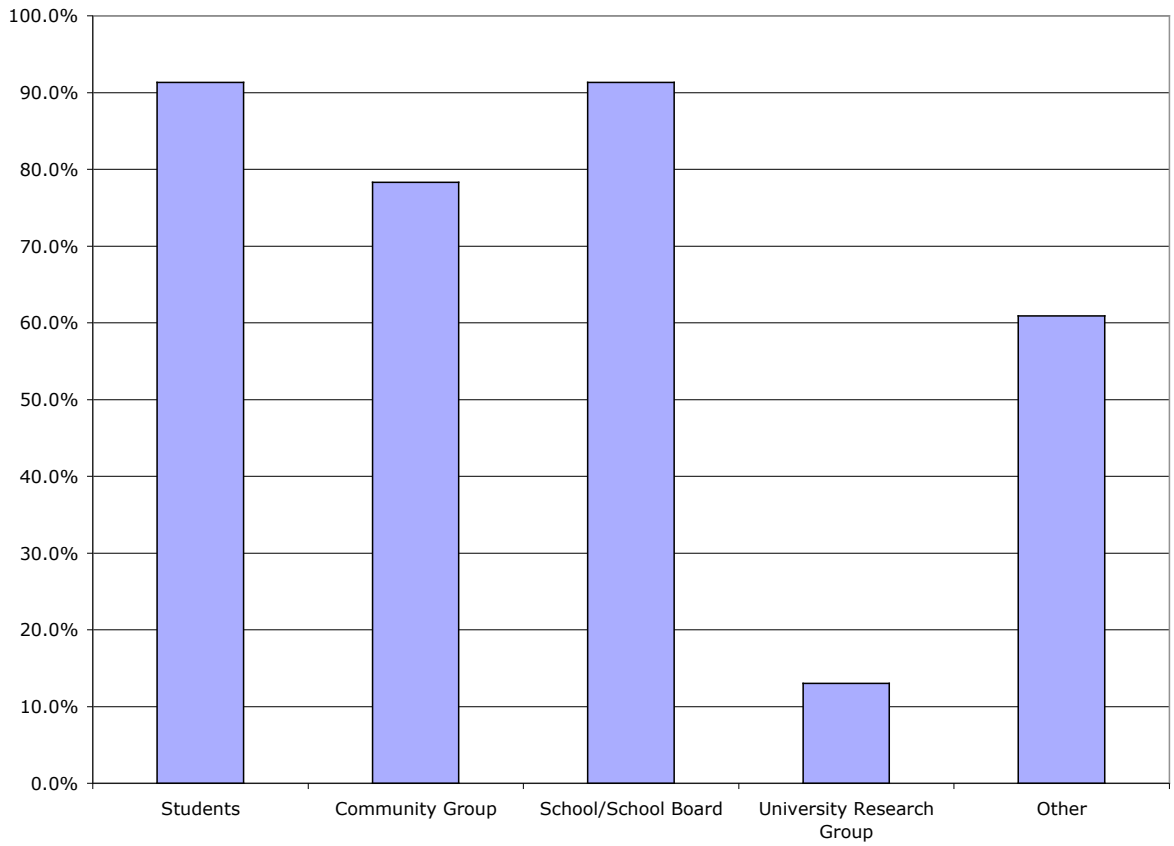
[4] Funding from HRDC has supported the hiring of youth workers and others involved in helping youth with employability and other work-related development projects and programs.

- To provide health care, education, promotion to post-secondary clients and respond to clients' needs.
- Youth formed a Teen Issues Group, and then developed a Teen Issues Lounge with a part time staff person. Information regarding various issues was available there.
- Idea grew from needs identified by youth in a major survey of high school students: the need for health information, confidential health services and support to improve their personal health practices.
- Our Executive Director had an interest in another YHC and did a needs survey. The students and community supported the idea.
- A primary health care project was completed in the area. Teen health was identified in the needs assessment as an area of concern.
- Our centre started as a result of students having a need to have services.
- Community consultation process identified meeting needs of youth as a priority. YHC identified as one way to meet some of these needs.

GROUPS INVOLVED IN DEVELOPING A YHC

The level of participation of stakeholder groups in the initial development of a centre is a measure of the extent of community involvement and commitment to the YHC. Chart 3 indicates the participation rates of these groups in the development phase of the centres.

Chart 3: Stakeholder Involvement in YHC Development (% at each YHC)



Students and schools/school boards have the highest level of involvement, not altogether surprising since most centres are school-based. Four YHCs that were developed in partnership with a research project at Dalhousie University are not represented in this profile report; including these YHCs would undoubtedly increase university participation levels.

The 'other' stakeholder category includes broad representation from a variety of community, government and health organizations. Some of the major participants at the development stage mentioned by the YHCs include:

- Public health and public health nurses (3 YHCs);
- Community health boards (5 YHCs);
- School Advisory Council (1 YHC);
- *Federal, provincial & municipal governments*: HRDC, Community services (2 YHCs), Education (2 YHCs), Town council (2 YHCs), Municipal Social Services, Halifax Municipal Library, Eastern Region Child and Youth Services Project Inc and all their partners;
- RCMP (2 YHCs);
- Salvation Army;
- *Health organizations/agencies*: IWK Mental Health, Family Services Association, Nova Scotia Hospital – Mental Health, Single Parent Centre, Cowie Family Medicine, VON, Captain William Spry Multi-Service Centre, MV Memorial Hospital, University Program Placement - Social Work, Planned Parenthood, Island Alternative Measures.

In addition to this information, the profile asked if there were any common lead developers amongst those active in starting YHCs across the province. Table 5 presents the combined responses to this question — six of the 23 YHCs identified a secondary stakeholder group that participated in the YHC development. These were mainly community health boards.

Table 5: Stakeholder Groups with a Lead Role in the Development of YHCs

	Number	%[5]
Community group	9	33.3
Other organization: health organization	9	33.3
Student Group	5	18.5
School/school board	4	14.8
University research group/team	0	0.0
Total	27	100.0

[5] Since multiple responses were provided, the total in the table exceeds 23; the percentage calculation is based on the all-inclusive total.

The table indicates the important leadership role taken by both the community and community-based health organizations to develop the centres. In several cases, this lead role was shared between the two groups.

The profile asked YHCs to provide us with the benefit of their hindsight, gained from developing their centres. This question asked whether there were 'other' groups or organizations that the YHCs would recommend be involved in the planning and start-up of a YHC.

The responses make it absolutely clear that youth, the community and other professional resources groups be involved. The following statements are representative of the kinds of advice provided by YHCs.

- It is imperative that young people are a meaningful part of the planning stages of a youth health centre, and that centres are developed in response to what young people actually want and not solely in response to what adults think young people need.
- Both youth and community members are key stakeholders for the success of Youth Health Centres.
- Potential funding sources [should be involved]: district health authorities, school boards.

In addition, YHCs voiced a common theme concerning other agencies, encompassed in the following:

- Agencies and community organizations that can provide professional resources during the start-up process and after the centre has opened, and that are concerned with the well-being of youth.

OTHER START-UP CONSIDERATIONS

Finally, the profile asked YHCs to provide any additional detail on the start-up of their centre. These details focused on specific challenges, resources and other development issues. The responses include the following direct quotes:

Governance

- A Board of Directors is essential.
- We pride ourselves on being youth directed as fully as we can. We have a Youth Board who makes decisions about programming and services and works with and not under the Board of Directors. The Board of Directors are responsible for the legal aspects, but the youth run the Project.
- Must have the school and guidance counsellors and professionals on board for support.
- The challenge is always to stay responsive to what the youth are saying, listening to the needs of youth. [We developed] a Community Committee with a minimum of

> 50% membership of youth [that] would report directly to the Community Health Board, with an adult member of that board sitting on the Community Committee.

Funding

- The major challenge is funding and securing funding for operating expenses. Another problem faced during start-ups was the reluctance of school administration at the time to become involved.
- An ongoing challenge faced annually by the Red Door is funding. There was never and still isn't any form of substantial funding for this centre.
- Important that sustainable funding be established prior to developing details of Centre.
- Sustainable funding would be considered the biggest challenge.

Planning and Evaluation

- Prior to the initiation of a Centre, a needs assessment should be completed as well as ongoing evaluation.
- Homophobia was a challenge in the beginning of our growth, but we have proven to be a valuable resource in the community and have many referrals made to us as a result. Persistence was a factor in our ability to succeed.

Four of the eight YHCs providing comments noted that their greatest challenge is sustainable funding. This message — the importance of sustainable funding — was raised consistently by YHCs during the workshops completed during Phase 1 of the YHC evaluation in late 2001.

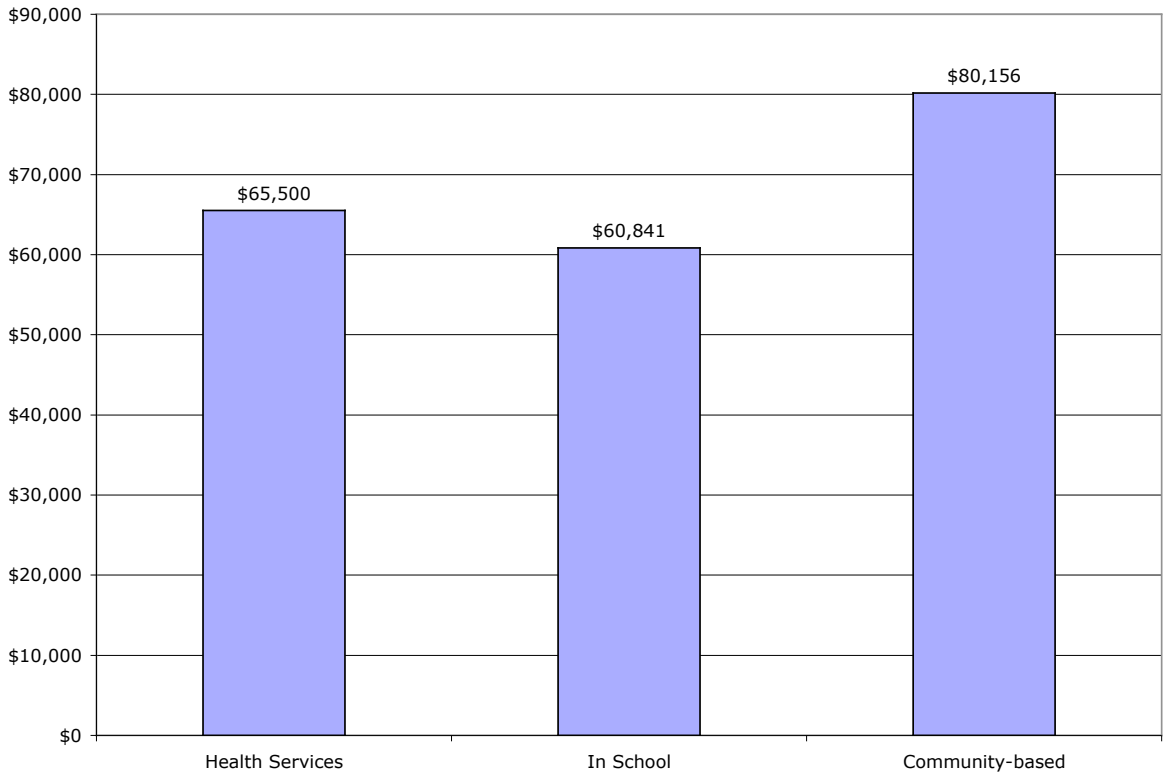
5. FINANCIAL CHARACTERISTICS OF YHCS

Financial resources supply the operating energy for the YHCs to help meet the needs of their constituent youth. These resources support the centres as they work with other stakeholders. Financial resources keep the centres operating.

The previous section highlighted the importance of adequate financial resources to the YHCs. However, as a result of varying funding mechanisms and sponsors, financial issues have a different significance for different kinds of YHCs. This section examines the major financial elements of the YHCs to determine levels of financial resources, funding sources and other financial support approaches.

Twenty-one of the 23 YHCs included their current operating budget for this fiscal year. In total, these budgets amounted to approximately $1.34 million. Overall, the budgets range from a low of $10,500 to a high of $102,400. Chart 4 shows the average budgets for the three different kinds of YHC governance structure.

Chart 4: Average YHC Operating Budget by Type of YHC



The information in the table does not provide a completely representative picture of YHC operating budgets. First of all, the number of YHCs in the 'health services' and 'community-based' categories is small; the averages are based on two and three YHCs, respectively.

Second, there is considerable variation in the budget range for the 'in-school' YHCs. The five YHCs with the smallest operating budgets are school-based; the average annual budget

for these five centres is $26,590. Four of the five YHCs with the highest operating budgets are school based as well; the average of the five YHCs with the highest budgets is $97,915. This amount is more than 3.5 times greater than the average for the five smallest budgets. The average budget for the four school-based YHCs in the Cape Breton Regional Municipality is $96,105.

These differences in operating budgets are largely influenced by the kinds of funding sources that have supported the YHCs.

The YHCs identified the funding sources for their operating budgets, along with the level of financial support. This information is categorized according to the major sources in the following table. The table shows the sources for an average operating budget for YHCs. The percentages for each category shown in the table indicate the percentage contribution a particular funding source made to the *total* operating budget for all 21 responding YHCs. The number of YHCs receiving a contribution from a particular source is shown in the 'number of YHCs' column. Since YHCs could receive funding from multiple sources, the total number of YHCs shown in the table exceeds the actual number of YHCs responding.

Table 6: Average Operating Budget Contribution to YHCs (%)

	Average %	Number of YHCs
Provincial government	47.2	11
District Health Authority	23.7	10
Other	13.3	9
Federal government funds	10.4	4
School contributions	3.1	4
Community Health Board	1.4	2
Municipal government	0.5	3
Corporate contributions	0.4	3
Total	100.0	46

Table 6 indicates, for example, that although the provincial government contributed to the operating budgets of only 11 YHCs, these contributions averaged 47.2% of the total operating budgets of the 21 YHCs providing financial information. In other words, close to half of the operating budget for YHCs comes from the provincial government. Contributions by District Health Authorities to 10 YHCs averaged 23.7% of the operating budget of all 21 YHCs.

The Nova Scotia Departments of Health, Community Services and Education were the main contributors amongst provincial government departments. The federal government contributed to YHCs through Human Resources Development Canada (HRDC) and Health Canada.

The distribution of funding sources varies by YHC. Ten YHCs received the major share of their funding from District Health Authorities, for example, while the provincial Department of Health funded 100% of the four YHCs in the Cape Breton Regional Municipality.

Close to 70% of the YHCs received in-kind or non-financial contributions from government and other organizations. These in-kind contributions were provided to help the centres get started as well as for on-going operational support. Some 34% of the YHCs received in-kind support from more than one of the eight sources shown in the table; five received in-kind support from multiple organizations.

The two major sources of in-kind support are schools, Public Health and District Health Authorities. According to the YHCs, the in-kind support mainly includes the YHC facilities/space, access to office supplies and equipment, computers and other office technologies.

Several YHCs estimated the value of this in-kind support provided by their stakeholders. The kinds of support and the average amounts, where available, are summarized in Table 7.

Table 7: In-Kind Support Provided to YHCs

Organization	Kind of Support	Estimated Total $ Value (# of YHCs)
Schools (15)	YHC facilities/space, admin support, payroll support, access to office supplies and equipment, computers and other office technologies	$50,280 (5)
DHA, Hospitals, Public Health	Overall management, legal counsel, payroll services, clinic supplies, examination table, lab facilities, laundry, meeting space	N/A
Pharmacies	Clinic supplies, BCP samples	$9,675 (2)
Parents, Community	Furniture, volunteer time	N/A

The table includes the volunteer time of parents and the community as part of in-kind support. The practice of monetizing volunteer time is becoming common and some community development groups work hard to assign a monetary value to this time. Although no monetary amount is assigned for YHCs, the table recognizes the value and cost of volunteer time in helping develop and operate YHCs.

The list in Table 7 most likely grossly underestimates the level of contribution and true value of the community resources that contribute to each YHC to help it meet the needs of youth.

6. HUMAN RESOURCES OF THE YHCS

The development approaches used by YHCs to meet the needs of youth has resulted in a variety of human resource models. The centres use a mix of full-time, part-time and volunteer staff; professional and administrative staff; on-site and off-site services.

Table 8 presents a profile of the human resources available at the 23 YHCs that completed profiles. The table lists the nine most common occupations or positions at the centres and indicates how many YHCs have each position. YHCs may have more than one resource person for each occupation. For example, several YHCs have more than one RN or Public Health Nurse. The table attempts to illustrate the level of resources by indicating the modal number of each resource per YHC. This represents the 'most common' number of persons for a particular occupation. In most cases, the mode is '1'.

Table 8: Human Resources Available at YHCs

Position	Number of YHCs	Mode[6]/YHC	Mode Hours/Week	Range of Qualifications	Total # Paid
RN	14	1	37.5	RN, BSc.N, or MN (12[7])	8
Physician	10	1	5	MD	5
Public health nurse	8	1	4	RN, BSc.N, or MN (5)	6
Social worker	8	1	37.5	BSW, MSW, BACS (5)	5
Health educator	5	1	37.5	B.Sc. HE, MA HE (3)	3
Guidance counsellor	5	1	Upon need	B.S.A, B.Ed, MA (2)	3
Adult volunteers	5	2	Upon need	N/A	–
Dietician/nutritionist	4	1	Upon need	P.DT. C.D.E. (1)	3
School Psychologist	3	1	Upon need	Not provided	2

The table reports that most Public Health Nurses are only available at the YHCs for four hours per week; RNs tend to work full-time at the centres. The YHC staff qualifications vary by centre; the table indicates the range of qualifications amongst responding YHCs.

YHCs may not directly pay all their nursing staff. As the table indicates, there are six paid positions for Public Health Nurses and eight for RNs, respectively. Their respective District Health Authorities are responsible for paying nurses salaries. The CEC Youth Health Centre Association pays the nurse at the Cobequid Education Centre (CEC) YHC.

Several YHCs have access to the four kinds of human resources listed at the end of Table 8, but only 'as needed'.

[6] The Mode is the number appearing most often amongst all responses.
[7] The number of responses is within brackets.

Five YHCs reported that they have adult volunteers that provide support of various kinds at their centres. This may be underestimated, based on the information provided during the 2001 workshops with the YHCs.

Close to half of the YHCs have direct access to a physician on a part-time basis. Physicians are paid by MSI. YHCs were asked to indicate how they were able to access physician services, if required. Chart 5 examines the access question in more detail, based on three possible options.

Chart 5: Arrangement by YHCs to Access Physician Services (% Used)

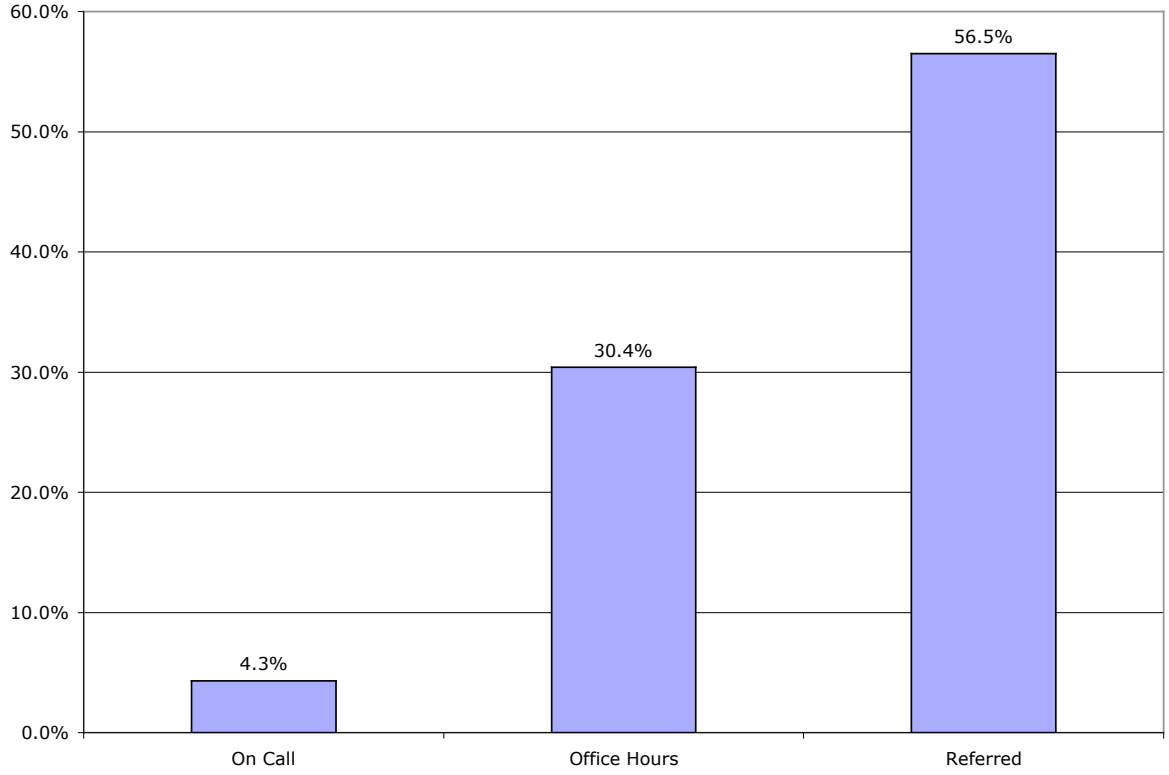


Table 8 does not fully capture the way in which YHCs capture other professional resources on a variety of training or educational development or volunteer bases. For example, several centres have access to student interns in health professions, academics undertaking research projects, graduate student researchers, massage therapists (2 YHCs) and youth workers. Funding from HRDC has supported the hiring of youth workers and others involved in helping youth with employability and other work-related development projects and programs. As noted earlier, several YHCs have administrative support staff.

APPENDIX A: YHCS PARTICIPATING IN THE PROFILE

Centre	Address
Amherst Association for Healthy Adolescent Sexuality: Teen Health Centre	Amherst
Beechville-Lakeside-Timberlea (B-L-T) Teen Health Centre, Ridgecliff Middle School	Beechville
Cobequid Education Centre, and Community Youth Health and Support Centre	Truro
Gaetz Brook JR. High Teen Health and Lifestyle Centre	Gaezt Brook
Glace Bay YHC	Glace Bay
Green Door	Cambridge
Guysborough Youth Health and Services Centre	Guysborough
HIP (Health Information Place) for Youth	Bridgetown
Lesbian, Gay, and Bisexual Youth Project	Halifax
Mainland South Teen Health Centre	Halifax
Musquodoboit Valley YHC	Middle Musquodoboit
New Waterford Youth Health Centre	New Waterford
North Sydney Youth Help Centre	North Sydney
Nova Scotia Agricultural College Health Services	Truro
Our House Youth Wellness Centre	Shelburne
Prince Andrew Health Centre	Dartmouth
Sheet Harbour and Area Youth Health Centre	Sheet Harbour
Spartan Lifestyle Centre, Dartmouth High School	Dartmouth
St. Pat's High School	Halifax
Sydney Youth Health Centre	Sydney
The Red Door Youth and Adolescent Health Centre	Kentville
Youth Help Clinic	Lower Sackville
Youth On The Move Association	Musquodoboit Harbour

APPENDIX B:
PROFILE OF THE CENTRE

Introduction

The success of the Evaluation of Youth Health Centres in Nova Scotia depends to a great degree on the information provided by each YHC. During the workshop process in September and October 2001, participants from YHCs and the Evaluation Steering Committee identified the need to develop a profile the YHCs. The following profile form is designed to collect basic, descriptive information on your Health Centre on a *one-time basis*.

The information you provide will not be shared with other YHCs directly without your permission.

The profile includes basic operating information such as hours of operation, staffing levels youth participation. It helps to provide context for the information provided in the monthly Data Collection Form.

If you need additional space for any question, please feel free to write it on another sheet of paper and enclose it with your profile information.

We would like to have the completed profiles sent to us by January 21. When you have completed the profile, you may mail, fax or email it to us at the following address.

Collins Management Consulting & Research Ltd.
106 Crichton Avenue
Dartmouth, Nova Scotia, B3A 3R5
T: 902.461.9606
F: 902.461.9716
E: bcollins@collinsmgmt.ns.ca

If you have any questions, please do not hesitate to call us for clarification.

We value your input and your time. Thank you for participating.

Bill Collins
President

Contact and Operational Characteristics of Your Centre

Name of Centre	
Contact Person	
Contact Phone	
Contact email	
Address of the Centre (Community/town)	

1. Where is your Centre located? (PLEASE CHECK THE APPROPRIATE BOX)

In a school	
In a community centre	
In a hospital	
Some other facility/place – please write in	

2. When did your Centre begin to provide services to youth? (PLEASE INCLUDE THE MONTH AND YEAR IN THE FORMAT MM/YYYY)

3. What are your typical times of operation — when can youth access the Centre's services?

During a typical day? (FOR EXAMPLE, FROM 9:00 TO 4:00)		
How many days a week is the Centre open?	Number of days:	
How many hours is the Centre open after the school day? (PLEASE CIRCLE ONE RESPONSE)	None	Number of hours:
How many evenings is the Centre regularly open during the week? (PLEASE CIRCLE ONE RESPONSE)	None	Number of evenings/week:
Is the Centre regularly open on weekends? (PLEASE CIRCLE ONE RESPONSE)	Yes	No
How many months of the year is the Centre open?	Number of months:	
Is the Centre open at any other times? (PLEASE SPECIFY)		

4. We'd like to know how your Centre is organized. First of all, is there a formal Board of Directors?

Yes	
No	

5. IF YOU ANSWERED "YES" IN THE PREVIOUS QUESTION: Which of the following are officially represented on your Board? (PLEASE CHECK ALL THAT APPLY)

Students	
Staff of the YHC	
School Board/school	
Your community	
Health profession	
Community groups (please indicate which group(s)	
Other – PLEASE SPECIFY	

6. Youth Health Centres have started for a variety of reasons and through a number of different approaches. Some centres have started in response to a particular issue affecting youth. Would you please describe how your Centre got started? For example, was there a specific issue that sparked the development of the Centre?

7. Which of the following groups were involved in the development of your Centre? (PLEASE CHECK ALL THAT APPLY)

Student group	
Community group	
School/school board	
University research group/team	
Some other group/organization – PLEASE SPECIFY	

8. Which of the above groups took the lead in the development of your Centre? (PLEASE CHECK ONE ONLY)

Student group	
Community group	
School/school board	
University research group/team	
Some other group/organization – PLEASE SPECIFY	

9. Are there other kinds of organizations or groups that, based on your experience, you would recommend be involved in the planning and start-up of a Youth Health Centre?

Additional detail: (IF YOU'D LIKE TO PROVIDE ADDITIONAL DETAIL ON THE START-UP OF YOUR CENTRE, SUCH AS THE RESOURCES REQUIRED OR SPECIFIC CHALLENGES FACED IN THE DEVELOPMENT, PLEASE PROVIDE THE INFORMATION HERE, OR ATTACH SEPARATELY.)

Financial Characteristics of the Centre

The next questions are about the financial characteristics of your Centre. In answering the questions, please refer to the current fiscal year, that is, the financial year in which the Centre is operating now.

10. What is your total operating budget for this year?

$

11. What are your direct sources of funding? (PLEASE INDICATE WHAT PERCENT OF YOUR FUNDING COMES FROM EACH OF THE SOURCES IN THE FOLLOWING TABLE.)

Provincial government funds (please note which department)	%
Community Health Board	%
District Health Authority	%
Federal government funds (please note which department)	%
Municipal government funds	%
School contributions	%
Corporate contributions	%
Other (PLEASE SPECIFY)	%
Total	100 %

12. Do you receive any in-kind or non-financial contributions from government or other organizations?

No	
Yes	

13. IF YES: please indicate the source of the support, the kind of support and, if possible, the estimated annual value of this in-kind support

Organization, agency	Kind of Support	Estimated Value ($)

Human Resources at your Centre

Now, we'd like to know about the human resources available at your Centre. We know that Centres have a variety of ways of getting the right kind of help for youth. Some of this help comes directly from full-time or part-time staff at the Centre while other Centres contract or work with a variety of health and other professionals on an as-needed basis, including health staff of their school.

14. Please indicate if the following provide services to youth *on location* at your Centre — regardless of which organization pays for the support — by completing the following table.

Position	**# of Persons**	**Average Hours/ Week**	**Qualifications (if applicable; e.g. B.Sc., RN)**	**Paid (√ if YES)**	**Paid By (Name of Organization/Department)**
Public health nurse					
RN					
School Psychologist					
Physician					
Dietician/nutritionist					
Health educator					
Social worker					
Guidance counsellor					
Adult volunteers					
Other – PLEASE SPECIFY					

15. If you indicated in the previous question that your Centre has access to a Physician: which of the following best describes the arrangement? (PLEASE CHECK ALL THAT APPLY)

On-call arrangement for whenever services are required	
Office hours at the Centre (please indicate the number of hours in the box at right)	
Youth referred to physician's office	
Some other arrangement (PLEASE SPECIFY)	

Youth Participation at your Centre

16. Do youth volunteer at your Centre on a regular basis?

Yes	
No	

17. If "Yes", how do the youth participate? (PLEASE CHECK ALL THAT APPLY)

Youth representatives on Centre Board	
Youth representatives on committees	
Presentations given by youth	
Youth as peer educators	
Youth develop and implement special projects	
Youth host discussion groups	
Other – PLEASE SPECIFY	

18. Please tell us about any special characteristics, programs or projects at your Centre. (You may wish to include any relevant brochures, pamphlets or newsletters.)

Thank you for your help!

Please send the completed form to us at the address provided on the first page of this form.

If you have any questions about completing the form, please call or email us at the same address.

APPENDIX C:
DETAILED VERBATIM YHC RESPONSES

Question 6: Youth Health Centres have started for a variety of reasons and through a number of different approaches. Some centres have started in response to a particular issue affecting youth. Would you please describe how your Centre got started? For example, was there a specific issue that sparked the development of the Centre?

YHC	Response
Spartan Lifestyle Centre	Dartmouth High has worked with the community to provide support to students struggling with socio-economic issues, such as parenthood, homelessness, and poverty. An early response to these issues was subsidised on-site day-care spaces, which we introduced in 1987. In 1997, DHS conducted focus group sessions with our students, students from our feeder junior high schools. The results showed both a need and strong support for a youth health centre with many students indicating they were reluctant or unable to access traditional health system entry points. A study of centre models showed the most successful centres offered students health and academic support. Health centre opened February 21, 2000.
Gaetz Brook Jr. High Teen Health & Lifestyle Centre	Although most youth health centres are located in high schools, the reality is that many unhealthy lifestyle choices start in junior high school. The main reason for opening this centre in a junior high was to attempt earlier prevention by having info available and programs to promote positive lifestyles also by starting in younger schools students and youth become accustomed to accessing centres on site at their schools so that when they get to high schools they are comfortable and knowledgeable of what the centres can do. Junior High is also a great place to begin employability training, which is some of the programming that is offered here.
Prince Andrew Health Centre	Previous service was 1-4 hours/wk and classroom presentations. Students would see PHN by dropping into Student Services or on referral from school staff. Student Council approached the school to provide increased availability and condoms. We became a centre when an independent designated area, directly accessible by students was set up. It was decorated and furnished by student council and the hours were increased to 3-6 hours, biweekly. (Public health Nurse)
Our House Youth Wellness Centre	The Plan for a youth wellness centre came about because of the need for resources for young people in Shelburne co. Our teen pregnancy rate, for example, is higher than both the regional and provincial rates. Over 1/4 of the families in Shelburne are considered to be low income, and the County has a diverse range of family incomes. For example, the western part of the County has higher than regional and provincial median family income levels, while the eastern parts of the County's family income levels are considerably lower.
Youth On The Move Association	Youth sparked the idea, which was communicated through focus groups. They wanted a safe comfortable place to talk and be heard, information, resources, programs for youth, access to other professionals without the whole school knowing.
CEC & Community Youth Health & Support Centre	Request from students to student council to put condom machines in the washrooms. Then expanded to the idea of a Youth Health and Support Centre. Took 5 years from initial request to actual opening of centre.
Guysborough Youth Health and Services Centre	There had existed a strong history of the Guysborough Community identifying issues with formal/informal assessment of their community over a 10-year period. Examples include: Feelings Yes/ Felling No a Child Sexual Abuse prevention program 1988, Secretary of state funding for projects to

YHC	Response
	identify barriers of employment to women, interagency parenting subcommittee programs, and Wake Up 95 a community Response to family violence Protocol, which included youth input. The centre began as a pilot demonstration project to establish a model to provide physical and mental health services and interventions for children and youth in rural community in the Eastern Region. The Eastern Region Child and Youth Services Project (ECYSP) had 4 youth health centres in Industrial Cape Breton in operation, Guysborough became the 5th based on a rural model. The ERCYSP Community Liaison Subcommittee began the process to determine where this rural component may sit in the rural Eastern Region. With the history of Guysborough having demonstrated a commitment toward working together for the benefit of children, youth and their families it was logical choice for placement of this rural model of a youth health centre. The community consultation began with regional level stakeholders, local agencies were also asked to bring forth any needs assessments or relevant related documents that they had in their possession that may add to the collection of data. Consultation with local level stakeholders, defined as direct service providers, Consultation with the target population (Youth Grades 6-12) through surveys and focus groups, and Consultation with parents and the community-at-large. The Ad-Hoc proposal Development Committee was struck at the final portion of the community consultation phase during the open public meeting wit the community-at-large. The composition of the committee was as follows: 3 representatives from the Community Liaison Subcommittee; 3 representatives from the local service provider community (the major areas of concern arising from the youth surveys and focus group sessions directed these). 3 parent/community representatives, 6 youth representatives and the ERCYSP Coordination ex-officio as facilitator. After two years of planning the centre opened in December 1999 in Guysborough Academy site. Public Health Services of the Eastern Regional health Board as the managing organisation, with funding and integrated support by the eastern Region Child and Youth Services Project. The opening of the centre is part of a two-phase project which will provide a forum for community-based organisations and groups to do joint planning in response to needs identified by young people. The centre gives youth access to integrated health and lifestyle services through the school location. The target population is the full youth sector in grades 6-12 at this site as well as youth of the same age in the community who are not currently attending school. The centre provides accurate information, education, counselling and referral services for topics the youth have defined as important to their health and well-being; including healthy sexuality, active living, and healthy eating. Although the centre serves young people n the Guysborough area, due to the nature of the rural community, plans for an outreach program to be set up for target youth in other rural communities in Guysborough County in intended. The Services component of the name Youth Health and Services Centre reflects the philosophy of providing better access and visibility for existing traditionally community-based services which currently serve the moderate-high risk portion of this youth population (Addictions Services, Family Services Counsellor, Probation Officer, etc.)
Lesbian, Gay, and Bisexual Youth Project	Our centre was started to address the specific needs around youth who are lesbian, gay, bisexual, transgendered, and/.or questioning their sexual orientation. We also provide services for youth who have questions about this topic, have friends who are g/l/b/t/q, want to start gay/ straight alliances in their schools, have parents who are l/g/b/t/q. etc. There are no youth health centres in Nova Scotia that specifically provide a safe and supportive place for l/g/b youth. Because of this often l/g/b/q/t youth see this as a barrier to accessing health services and information. We

YHC	Response
	eliminate that barrier and are able to provide health service and information to this population without the fear of disclosure or homophobia. High suicide rates, drug, and alcohol abuse and homelessness l/g/b/t/q youth directed us to the need to provide such a centre.
Mainland South Teen Health Centre	Separate attachment provided by Centre
NS Agricultural College Health Services	To provide health care, education, promotion to post-secondary clients. To respond to the needs of clients.
Sheet Harbour and Area Youth Health Centre	A group of youth got together and formed a Teen Issues Group. From that group they developed a Teen Issues Lounge with a part time staff person. Information regarding various issues was available there. The next step was to have a youth health centre.
New Waterford Youth Health Centre	2 issues: Teen pregnancy and suicides rising of youth in North Sydney
Musquodoboit Valley YHC	The idea of a youth health centre grew from the needs identified by youth in a major survey of high school students in the Sheet Harbour. Musquodoboit Harbour/ Musquodoboit valley Area. Two Surveys were conducted; one by trial in 1995 and one as past of a community health needs assessment done in Middle Musquodoboit in 1996. Youth identified the need for health information and confidential health services and support in order to improve their personal health practices.
HIP (Health Information Place) for Youth	Our Executive Director had an interest in the Red Door and did a needs survey in Bridgetown. The students and community supported the idea. In beginning HIP inc. Fri. evenings at Salvation Army but this was faded out after 1 year. We have to get fundraising each year; the last 2 years it has been from Soldiers Memorial Hospital Foundation. Recently we have increased from one day weekly to two days weekly Dr. Bly Frank at MSVU helped with centre start-up. Phyllis Swat a PHN was an original Founder of the Red Door. The 1989 Youth AIDS study was part of the documentation used by the community members to support the Door
Beechville-Lakeside-Timberlea B-L-T Teen Health Centre, Ridgecliff Middle School	A primary health care project was completed in the Beechville-Lakeside-Timberlea area. Youth health was identified in the needs assessment as an area of concern. The remaining funds (once the project was complete) were used towards the start-up of a Teen Health Centre. The BLT Teen Health Centre is a component of the Comprehensive Guidance and Counselling Program at Ridgecliff Middle School.
Youth Help Clinic	Driving factors: high adolescent pregnancy rate and number of school drop-outs due to pregnancy
Green Door	Our centre started as a result of students having a need to have services. The Red Door offered within our school because it was a huge problem for students to get to the Red Door from our school area.
St. Pat's High School	Community consultation process by CHB identified meeting needs of youth as a priority. THC identified as one way to meet some of these needs. Research supported this.

Question 9: Are there other kinds of organizations or groups that, based on your experience, you would recommend be involved in the planning and start-up of a Youth Health Centre?

YHC	Response
Spartan Lifestyle Centre, Dartmouth High School	Planned Parenthood. Lesbian, Gay and Bisexual Youth Project. Parent Resource Centres. Phoenix Centre. Public Health Nursing. Mental Health Services. IWK- Adolescent Services, Capital District Health, Community Health.
Gaetz Brook Jr. High Teen Health & Lifestyle Centre	Agencies that can provide professional resources after the centre has opened. Some examples of agencies that our centre has utilised for programs are: Red Cross, St. John Ambulance, Dartmouth Boys and Girls Club, HRDA, HRM.
Our House Youth Wellness Centre	I believe that it is imperative that young people be a meaningful part of the planning stages of a youth health centre, and that centres are developed in response to what young people actually want and not solely in response to what adults think young people need.
Youth On The Move Association	More community involvement and parents. The support from the community is essential. We are obtaining support and confidence as we go along.
CEC & Community Youth Health & Support Centre	Both youth and community members are key stakeholders for the success of Youth Health Centres
Guysborough Youth Health and Services Centre	Interagency (community Response to family Violence Committee), partners inc. Public Health, Family Services of NS, Justice, Clergy, School, RCMP, Addiction Services, Addiction Awareness Committee Rep., Medical Rep., Tearmann Outreach, Kids First, Victims Services). Youth groups specific to community. Groups reflective of the diversity of the community. Literacy groups. Any group that operated within and supports the determinants of health with an interest in youth.
Lesbian, Gay, and Bisexual Youth Project	Other organisations that deal with specific youth concern. Whether that be sexual orientation, race gender, or an issue such as drugs and alcohol abuse etc. Organisations dealing with these issues can help eliminate a barrier that may be present. Such as a health centre focusing on First Nations youth would provide services to youth who may not access a general youth health centre due to fear of racism or discrimination. We have had great success with that at the Project. It provides safety to youth, while we continue to work with other organisation and health centres on how they can make their services safe and more inclusive of these youth.
Mainland South Teen Health Centre	Local community groups who work youth families. Youth/families in the community and local school authorities. Local health providers.
NS Agricultural College Health Services	It is very important to have youth involved in the planning and start-up.
Sheet Harbour and Area Youth Health Centre	Heartwood. Parents. Any organisation in the community looking to improve the well being of youth.
New Waterford Youth Health Centre	Planned Parenthood. Island Alternative measures. Youth Centres (for activity)
Musquodoboit Valley YHC	Potential Funding Sources: district health authorities, school boards

YHC	Response
HIP (Health Information Place) for Youth	I was not involved with the organisation of HIP. Hope Graham, our ED, in 1998 was visionary.
The Red Door Youth and Adolescent Health Centre	Victory against Violence. MLAs. RCMP. Youth Associations
Youth Help Clinic	Any agencies or groups that deal with youth: names may vary from community to community
Green Door	Our centre is closed. It closed in October as a result of differences in the mandates of Health and Education. There must be a union of understanding of the working directives of each of these departments before a centre like ours can function within the school system

Additional detail: IF YOU'D LIKE TO PROVIDE ADDITIONAL DETAIL ON THE START-UP OF YOUR CENTRE, SUCH AS THE RESOURCES REQUIRED OR SPECIFIC CHALLENGES FACED IN THE DEVELOPMENT, PLEASE PROVIDE THE INFORMATION HERE, OR ATTACH SEPARATELY.

YHC	Response
Youth On The Move Association	Must have the school and guidance counsellors and professionals on board for support. A board of directors established is essential.
Guysborough Youth Health and Services Centre	Needs Assessments were conducted at various levels to engage all layers of communities. Meetings were held with youth, parents, stakeholders and services providers. The approach included a principle that there was youth involvement in every phase. Views and opinions of students of Guysborough Academy were gathered in a survey, and followed up with focus groups with youth of this school. The Challenge is always to stay responsive to what the youth are saying, listening to the needs of youth. Therefore, it was decided by the Proposal Development Subcommittee not to develop an Interdisciplinary/Stakeholders committee, instead the Community Committee with a minimum of 50% membership of youth would report directly to the Community Health Board, with an adult member of that board sitting on the Community Committee.
Lesbian, Gay, and Bisexual Youth Project	Homophobia was a challenge in the beginning of our growth, but we have proven to be a valuable resource in the community and have many referrals made us as a result. Persistence was a factor in our ability to succeed. We also pride ourselves on being youth directed as fully as we can. We have a Youth Board who makes decisions about programming and services and works with and not under the Board of Directors. The Board of Directors are responsible for the legal aspects, but the youth run the Project.
Mainland South Teen Health Centre	Please refer to publication attached.
Musquodoboit Valley YHC	The major challenge is funding and securing funding for operating expenses. Another problem faced during start-ups was the reluctance of school administration at the time to become involved. Once this hurdle was overcome, the school was and continues to be very supportive
The Red Door Youth and Adolescent Health Centre	An ongoing challenge faced annually by the Red Door is funding. There was never and still isn't any form of substantial funding for this centre.
Beechville-Lakeside-Timberlea Teen Health Centre, Ridgecliff Middle School	Sustainable funding would be considered the biggest challenge. Location to house the Centre, qualified personnel to staff the Centre, an advisory group that represents students, staff, administration, parents, and community members are other challenges. Prior to the initiation of a Centre, a needs assessment should be completed as well as ongoing evaluation.
Youth Help Clinic	Important that sustainable funding be established prior to developing details of Centre.
Green Door	The school board provided the space and a phone line. (My line is shared with the nurse/doctor.) Students painted the room and found the furniture. Counselling donated a filing cabinet and we bought an old examining table that a student picked up in Halifax and delivered to the Centre. Funding was received from Community Health Board grants as a result of us writing grant applications and student-organized fund-raising events within the school. Public Health provide a nurse in the beginning few days of start-up.

Question 18: Please tell us about any special characteristics, programs or projects at your Centre.

YHC	Response
Spartan Lifestyle Centre	1. Lunch and Learn educational Sessions 2. Teen mother support group 3. No more butts smoking program 4. Survey students who leave early 5. Yearly student all-day conference 6. Healthy Relationship Program for Grade Elevens 7. Outreach to JR. High 8. In class health education sessions, health assessments and referrals 9. Health assessments and references
Gaetz Brook Jr. High Teen Health & Lifestyle Centre	This school houses Gr. 7, 8 and 9. There is a large fear factor for kids leaving Gr. 6 to go to the Jr. High. Last year we started the grade seven "Survivor Kits". This is a welcome kit designed to help with the transition. The kits contain maps of the school, letters from former incomings, info on hygiene (kid-written), health info, letters from teachers, a few school supplies and some other fun stuff. Last year we made 220 kits and delivered them to our feeder elementary schools for all of the grade sixes.
Youth On The Move Association	Youth Against Racism Team. Peer Support Team. Comfy Casuals (recycling clothing line). All youth driven and implemented.
CEC & Community Youth Health & Support Centre	We are one of 4 centres participating in the Adolescent Health Project through Dalhousie University. The centre offers holistic services to Truro and the surrounding area. Although the centre is located in CEC High School the services are not restricted to CEC students. Youth from Jr. High Schools as well as Youth out of school can and have accessed the services.
Guysborough Youth Health and Services Centre	Term of Reference of Community committee. Summaries included will outline the special programs and projects we have been involved in. bracelet designed by a youth to promote centre included.
Lesbian, Gay, and Bisexual Youth Project	Youth Board. Safe Home Program- Foster Parent Program for l/g/b/t/q youth. Safe Classroom- operate a classroom for youth to complete school work/access resources/Internet/job search/ provide tutoring and academic support. Ally Program- Sets up identifiable people in community who are safe for l/g/b/t/q youth to talk to. Social programs- Two retreats per year/dances movie nights, etc.
Mainland South Teen Health Centre	Peer health Education Program. Youth Action Team. Teen Scene-Lunchtime Talk Services.
NS Agricultural College Health Services	Monthly newsletters regarding current topics developed by peer educators, 4 paid peer educator leaders who recruit peer educator volunteers, Ask the Nurse Bulletin boards and boxes around campus, info board regarding current topics around campus, monthly campaigns regarding current health related topics (ie. Public Health).
Sheet Harbour and Area Youth Health Centre	Our centre is very activity based with many recreational opportunities for youth to take part in during lunch and after school. We also have various health professional in on a regular basis.
New Waterford Youth Health Centre	1. Baby Think It Over Program- youth are given programmable babies to take home for weekend and parent 2. Healthy Cafeterias and Exercise- program 3. Loss and grief support for youth.
The Red Door Youth and Adolescent Health Centre	NSCCSP and Cancer Care NS- pap screening funding for two years.

YHC	Response
Beechville-Lakeside-Timberlea Teen Health Centre, Ridgecliff Middle School	"Let's Talk About S.E.X. (Self-Esteem exploration)," Question box/Answer Book, HIP (Health In Perspective), Adolescent Mental Health Research Project, Integrated School and Community Drug Intervention Project, Dietetic Internship student, Social Work Field Placement student, Pancake breakfast, Fashion Show (fundraiser), Exploratories (Babysitting course, self defence, Positive self image, aerobic fitness), Youth and Community Fair, Walking club, guest speakers.
Youth Help Clinic	Hub of network for referral; specialty groups as needed
Green Door	There are numerous pieces of information at the centre covering a wide range of topics on the health theme.