

Youth Health Centres in Nova Scotia

An Evaluation

Prepared for: Nova Scotia Department of Health Promotion and Protection

Prepared by: Research Power Inc.

Date: September 2009

“I love the Youth Health Centre and if it wasn’t there I would probably be torn apart. Now I’m no longer scared to go talk to someone about my problems.”

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Acknowledgements

This evaluation would not have been possible without the support of many people.

- Five hundred and twenty nine students from 18 schools across Nova Scotia took the time to complete the Youth Health Centre student survey, dozens of others provided feedback on the draft survey and a group of youth drafted the parental consent letter that was sent to parents in Halifax Regional School Board.
- Thirty-seven teachers took time from their classes to administer the survey.
- Superintendents, school board staff and school administrators reviewed our applications to complete the survey and supported it.
- Many Youth Health Centre Coordinators provided feedback on the draft survey and a dozen participated in the Story Dialogue Session.
- Staff in the Department of Education and School Board Program Directors provided advice and guidance along the way.
- The Youth Health Centre Provincial Advisory Committee offered support and feedback on the evaluation plan.
- The YHC Evaluation Subcommittee determined the evaluation priorities and led the process.

We are indebted to everyone who shared their time and expertise. The information that we gathered through this evaluation will support Youth Health Centres and benefit youth for years to come.

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Executive Summary

"The people are wonderful and the help was perfect."

Introduction

Youth Health Centres (YHCs) in Nova Scotia use a youth-centered approach to help young people deal with a variety of health issues that impact their lives (e.g., sexual health, mental health, injury prevention, healthy eating and addictions). Key components of YHC work are youth involvement and engagement, clinical and health promotion services, community development and partnerships, and reaching out to and engaging diverse and/or marginalized youth.

An evaluation was conducted between January and June 2009 to assess the impact YHCs have on the health of youth, and examined how YHCs engage diverse and/or marginalized youth in their programs and services. The evaluation addressed the following questions:

- To what extent and in what ways do Youth Health Centres contribute to youth health? How do youth experience the Youth Health Centres?

- In what ways do Youth Health Centres reach diverse and/or marginalized youth? What are the opportunities and challenges that Youth Health Centres face in this work?

Two data collection methods were used to help answer these questions: an online survey with a representative sample of youth in grades 9 to 12 from across Nova Scotia and a story dialogue session with selected Youth Health Centre Coordinators. The evaluation was led by a Provincial Evaluation Subcommittee who worked with an independent evaluation consultant to carry out the evaluation work.

"It's an easy place for kids to go who may be shy or have trouble getting the right information. It has helped many kids."

“It’s a great place to go when you need to talk to someone that understands you as a teen.”

Key Findings and Conclusions

YHCs Provide Youth with Access to Health Services

The evaluation reveals that YHCs provide youth with access to health related programs and services that meet their needs. The majority of youth who are aware of YHCs acknowledge that they are more able to receive health services because of the YHC in their school or community. These students gave high marks (A or B) to the YHCs for treating them with respect, providing helpful information, listening to and understanding their concerns, and for maintaining confidentiality. Most youth who have visited YHCs would return to the centre when they need it and would recommend it to their friends.

The fact that 86% of youth in schools with YHCs are aware of the centres and almost half of these students have used them demonstrates the value of the programs and services to young people. Youth feel safer knowing there is a place to go and someone to talk to if they have a problem or question. YHCs are also a place where youth can get referrals and access to other health and social services.

These findings demonstrate that YHCs are an important part of the health care system contributing to the provision of comprehensive programs and services ranging from health promotion and disease prevention to screening and acute care.

YHCs Impact Personal Health Practices and Coping Skills

The findings reveal that youth are facing and/or dealing with some very challenging issues such as alcohol and drug use, depression, abuse, sexual assault, sexual activity, stress and anxiety, etc. – and YHCs are providing critical supports to help youth manage and deal with these challenges. As a result of YHCs, youth have learned more about their health concerns and how to take better care of themselves. YHCs have helped youth make changes to improve their health – changes such as reducing alcohol, tobacco and drug use, protecting sexual health through use of birth control and condoms, improving relationships and self esteem, eating healthier and increasing physical activity.

YHCs Create Supportive Social Environments and Social Support Networks

Besides offering individual support to youth, the centres advocate for health-promoting changes in the social environment and create social support networks by engaging youth on committees and action teams. Ten percent of youth indicated that they were involved in their YHC through participation on committees, volunteering, etc. These opportunities build advanced skills (e.g., facilitation, leadership, program development) that will help these youth in all areas of their lives.

“I have had no big issues to go to the Health Centre for, but I know it was a great help to a few of my friends and others who had a few problems. It’s good to have support within the school.”

YHCs Reach and Engage a Range of Diverse and/or Marginalized Youth

YHCs strive to provide programs and services to all youth using unique strategies and approaches. The YHC Coordinators’ stories reveal that they are actively reaching out (e.g., go to where the youth are, actively recruit youth for committees) to a range of ethnically diverse youth, gay, lesbian bisexual and transgender youth as well as youth facing very challenging circumstances such as abuse, addictions, isolation, poverty, etc. The stories reveal that, through YHCs, some youth who might otherwise be marginalized feel included, engaged and part of something important.

YHCs Provide a Supportive and Safe Environment for Diverse and/or Marginalized Youth

The findings from the story dialogue reveal that YHC Coordinators use a non-judgmental and strength based approach to establish supportive relationships where young peoples’ strengths and abilities are nurtured. As a result, youth with complex and sensitive issues are able to openly confide and share their experiences with the coordinators. Coordinators contribute to the health and well being of these youth by empowering them to gain more control over their lives.

In addition to providing effective one on one support to diverse and/or marginalized youth, the stories reveal that coordinators help to build and sustain youth networks and action teams such as Gay Straight Alliances. These groups create a more inclusive environment for other diverse and/or marginalized youth.

YHCs Work with Partners for System Level Change to Support Diverse and/or Marginalized Youth

The stories shared by YHC Coordinators demonstrate how they work with youth and intersectoral partners to provide comprehensive services to diverse and/or marginalized youth. In addition, coordinators advocate for changes in organizational and community policies and practices in order to reduce barriers and promote a more inclusive and responsive environment for diverse and/or marginalized youth.

The main challenges faced by YHC Coordinators in their work with diverse and/or marginalized youth are related to system level barriers. Although it is critical to work with a range of partners from various sectors in addressing individual youth health issues, as well as broader system level barriers, differing philosophies and approaches to youth can make it challenging. Other system level challenges include lack of transportation (for some youth) and lack of access to programs and services in some areas.

“The people who work in the Health Centre make you feel welcomed and comfortable when you want to go in and talk to someone about issues you are having.”

Recommendations

Invest in Youth Health Centres

The evaluation shows that YHCs provide young people with critical health services and programs that meet their health care needs. The centres use a youth-centred and strength based approach to enhance personal health practices and coping skills and create supportive social environments and social support networks. Youth Health Centres are also reaching and engaging a range of diverse and/or marginalized youth, and are working to build system level capacity to support youth health. Therefore Youth Health Centres are an important part of the health care system for youth. Continued investment is required to support existing centres and provide equitable access to these health services for young people across the province.

Improve Access to Youth Health Centres

Some centres are only open on a part time basis. Some youth would like to see centres open longer hours. Given the benefits of YHCs, government should explore differences in access between rural and urban areas, and implement strategies to improve young peoples’ access to the centres.

Facilitate sharing and learning among YHC Coordinators

Provide opportunities for YHC Coordinators to reflect upon their practice, share their work and learn from one another. The success of YHCs is built on the strength-based and youth-centred approach used by Coordinators. Reflecting and sharing will help to build understanding about these approaches and skills in utilizing them. Building knowledge, skills and expertise among YHC staff will help ensure the integrity and effectiveness of YHCs in supporting youth health.

Document and share approaches to engaging diverse and/or marginalized youth

YHC Coordinators use a variety of strategies to engage diverse and/or marginalized youth in their programs and services. Working together to develop and document these approaches based on evidence and best practices will help YHC Coordinators learn from, and build on each other’s practice. Sharing the approaches may be helpful in advocating for change in the systemic barriers that diverse and/or marginalized youth experience in their environment.

Explore other evaluation questions

The findings of this evaluation have helped to illustrate that YHCs are supporting and contributing to youth health. YHC Coordinators carry out this work by providing health services to individual youth, facilitating health promotion activities and working with partners to improve social and physical environments for young people. Further evaluation work could explore the impacts of health promotion and partnership building activities. Youth Health Centre Coordinators have described their approach in working with diverse and/or marginalized youth; it would be valuable to gather information directly from diverse and/or marginalized youth to hear how they have been involved in YHCs, and what this involvement has meant in their lives. Using qualitative methods such as focus groups would allow for the exploration of some of the quantitative findings and provide greater insight into the impact of YHCs.

Introduction

Youth Health Centres (YHCs) in Nova Scotia are hubs of health promotion services and activities, supporting youth health in a wide variety of areas, including sexual health, mental health, injury prevention, healthy eating and addictions.

Confidential clinical services and referrals are offered providing youth with an alternate entrance to the health care system.

Key components of YHC work are youth involvement and engagement, clinical and health promotion services, and community development and partnerships. YHCs take action on several key determinants that support the attainment of good health, such as improving youth social support networks, their personal health practices and coping skills, and school/ community social and physical environments.

YHCs are most commonly found in high schools, with a small number located in the community. They are youth-centered, with a strong focus on being a safe and supportive environment for young people. Youth are engaged in all aspects of the centres (e.g., planning, implementation, governance, partnership building, communication, decision making, etc.).

An evaluation of Youth Health Centres conducted in 2001-2002 (referred to as Phase I and II) provided information on the operation of YHCs (e.g., best practice principles of working with youth, organizational structures and partnerships, services and activities, etc.). A Phase III evaluation conducted in 2003 examined governance, sustainability and accessibility issues. Youth, parents, YHC coordinators and stakeholders in focus groups and interviews reported that the centres provide valuable services to youth resulting in positive changes in youth health-related knowledge and behaviour.

In 2007 Youth Health Centres were identified as a component in one of five key strategic directions outlined in the child and youth strategy, *Our Kids Are Worth It*. The centres are cited as a vehicle for helping youth get some of the health support they need.

Youth Health Centres were established in Nova Scotia recognizing that friendly, convenient and accessible youth health services increases the use of these health services by youth, contributing to improved health outcomes. The centres address some of the barriers that are cited by youth in using other health services such as family physicians. In one Nova Scotia study undertaken in a high school “significant numbers of sexually active students of both genders who had not discussed their sexual activity with their family physician indicated that fear of physicians’ telling their parents, embarrassment, and a feeling of lack of respect by physicians were factors that kept them from talking to physicians about sexuality.”(Langille et. al., 2001)

A growing body of evidence links Youth Health Centres with positive health outcomes for youth. In an effort to contribute to this research, substantiate

Youth Health Centres were established in Nova Scotia recognizing that friendly, convenient and accessible youth health services increases the use of these health services by youth, contributing to improved health outcomes.

YHC Coordinators actively reach out and engage diverse and/or marginalized youth in their centres, offering a range of supports that create more inclusive environments and may help build resiliency in young people who are dealing with adversity.

Efforts to reach out to and engage diverse and/or marginalized youth are an important part of the work of YHCs. Research on the determinants of health demonstrates that diverse and/or marginalized youth are especially vulnerable to poorer health outcomes due to socio-economic status, culture, gender, sexual orientation, disabilities and lack of education (e.g. youth not in school). YHC Coordinators actively reach out and engage diverse and/or marginalized youth in their centres, offering a range of supports that create more inclusive environments and may help build resiliency in young people who are dealing with adversity. Studies have shown that community-based social support from one caring adult can benefit youth who may be negatively affected by long-term hardship (Wolkow et. al., 2001). In order to learn more about the work of YHC Coordinators in engaging and supporting diverse

the anecdotal reports raised in the 2003 evaluation and provide new information about the impact of YHCs on the lives of youth, the Department of Health Promotion and Protection (HPP), under the direction of the YHC Provincial Advisory Committee (PAC), has undertaken an impact evaluation of YHCs by surveying youth across the province to find out about their experiences with the centers.

and/or marginalized youth, the evaluation plan included a story dialogue session with coordinators.

To lead the evaluation, a Provincial Evaluation Subcommittee was formed and tasked to develop a logic model, identify evaluation questions, develop an evaluation plan and work with a consultant to carry out the work. The sub-committee decided to focus the evaluation on answering the following questions:

- To what extent and in what ways do Youth Health Centres contribute to youth health? How do youth experience the Youth Health Centres?
- In what ways do Youth Health Centres reach diverse and marginalized youth? What are the opportunities and challenges that Youth Health Centres face in this work?
- What are the lessons learned from the evaluation? What suggestions do youth have for improvement?

Two data collection methods were used to help answer these questions: an online survey of youth in grades 9 to 12 from across Nova Scotia and a story dialogue session with selected Youth Health Centre Coordinators. The first part of the report presents the results of the survey with youth and the second part describes the results from the Story Dialogue Session with YHC Coordinators.

Methodology

An independent evaluation consultant was contracted to carry out the evaluation in collaboration with the YHC Provincial Evaluation Subcommittee.

The Youth Health Centre Survey

The Youth Health Centre (YHC) survey was developed by the consultant based on the objectives of the evaluation and a review of the literature (see Appendix 1 for a copy of the survey). The draft survey was reviewed by key program stakeholders (e.g., the YHC Provincial Evaluation Subcommittee and YHC Coordinators) and a pilot of the online survey was completed with a sample of students. Modifications were made based on the feedback received.

The sampling design for the YHC survey was a randomized stratified cluster design to provide a representative sample of Nova Scotia students in grades 9 to 12. The survey was administered over a six week period from mid April 2009 to end of May 2009. A total of 529 students completed the survey from 18 schools.

Frequencies and descriptive statistics were calculated using the statistical software package SAS with missing data removed from the calculations. The results from the closed-ended questions are presented as frequencies in table format and/or graphs with accompanying text. The qualitative data from open-ended questions were analyzed using content analysis, and are summarized and reported.

A detailed description of the survey methodology is provided in Appendix 2.

The Story Dialogue Method

The Story/Dialogue Method, developed by health promotion researchers, Ronald Labonte and Joan Feather, structures group dialogue around case stories that address particular practice issues, tapping into the knowledge that practitioners gain through reflection on their practice experiences.

The focus of the story dialogue session with Youth Health Centre (YHC) Coordinators was on their work with diverse and/or marginalized youth. It

was conducted with 10 Coordinators from across the province and 12 written stories were received.

In the story dialogue process, the YHC Coordinators worked in small facilitated groups to share their stories, reflect on their experiences and generate insights. Following the small group dialogue, they reconvened to group the insights into themes and create practice-based theory statements.

The hand written notes taken by the small group facilitators and the written stories formed the raw data for analysis. Following the story dialogue session, the evaluation consultant reviewed the written stories and facilitators' notes to ensure that all themes identified by meeting participants had been captured. Excerpts from the stories and hand written notes are used to illustrate and substantiate the themes/findings.

Qualitative methods including written stories are exploratory in nature and thus provide rich and valuable insights into people's views and feelings. Although they are not intended to be generalized or quantified, the stories help show how Youth Health Centres work.

A detailed description of the methodology is provided in Appendix 3.

Survey Findings

The findings from the survey (closed-and open-ended questions) are compiled and presented within the following sections:

- Student Demographics
- Awareness & Participation in the YHC
- Access to Programs & Services
- Visits & Referrals
 - Frequency
 - Reasons
 - Referrals
- Knowledge & Behaviour Change
 - Substance Use
 - Sexual Health
 - Relationships
 - Emotional & Mental Health
 - Physical Health
- Satisfaction
- Additional Supports & Suggested Improvements

Student Demographics

Table 1: Student's Grade

Survey respondents were asked to indicate in which grade they were taking most of their courses. The majority (about two thirds) were in grade 11 and 12.

Category	Percentage/Number
Grade 12.....	44% (n=232)
Grade 11.....	25% (n=135)
Grade 10.....	16% (n=87)
Grade 9.....	15% (n=75)

Table 2: Student's Gender

Forty-nine percent of respondents were male (n=243) and 46% (n=227) female. Three percent (n=13) indicated that they would rather not say.

Category	Percentage/Number
Male.....	49% (n=243)
Female.....	46% (n=227)
Rather not say.....	3% (n=13)
Transsexual/Transgender.....	2% (n=8)
Intersex.....	0% (n=1)

Table 3: Student's Orientation

When asked about sexual orientation, the majority (89%, n=369) indicated heterosexual (straight). Six percent (n=22) said bisexual, 2% (n=8) gay, and 2% (n=8) lesbian.

Category	Percentage/Number
Heterosexual (straight).....	89% (n=369)
Bisexual.....	6% (n=22)
Lesbian.....	2% (n=8)
Gay.....	2% (n=8)
Rather not say.....	2% (n=8)

Percentages do not add up to 100% due to rounding

Table 4: Student's Race/Ethnicity

Slightly over three quarters of respondents (76%, n=364) indicated they were white/Caucasian, 14% (n=45) 'other' and 5% (n=25) African Nova Scotian.

Category	Percentage/Number
White/Caucasian.....	76% (n=364)
Other.....	14% (n=45)
African NS.....	5% (n=25)
Arabic.....	4% (n=18)
First Nations.....	3% (n=26)
Asian.....	2% (n=13)
Francophone.....	1% (n=9)
Rather not say.....	1% (n=6)

Percentages do not add up to 100% due to rounding

Awareness and Participation in the YHC

Eighty six percent (n=459) of the 529 students who completed the survey indicated that they were aware of the Youth Health Centre (YHC). As illustrated in Figure 1, these students noted that they saw a presentation or poster display by the YHC staff (57%, n=258), visited the Centre (50%, n=227), and/or were in a class led by YHC staff (22%, n=98).

Of the 73 students who said that they were not aware of the YHC, one quarter (25%, n=25) indicated 'yes' they would use it in the future, while three quarters (75%, n=47) noted 'no'.

Of those that answered 'no', 85% (n=40) indicated that it was because they had no reason to go to the YHC. Other reasons included being nervous about going to the YHC (7%, n=5), that it is hard to get there (2%, n=4), heard bad things about the YHC (2%, n=2), and afraid somebody would find out (1%, n=1).

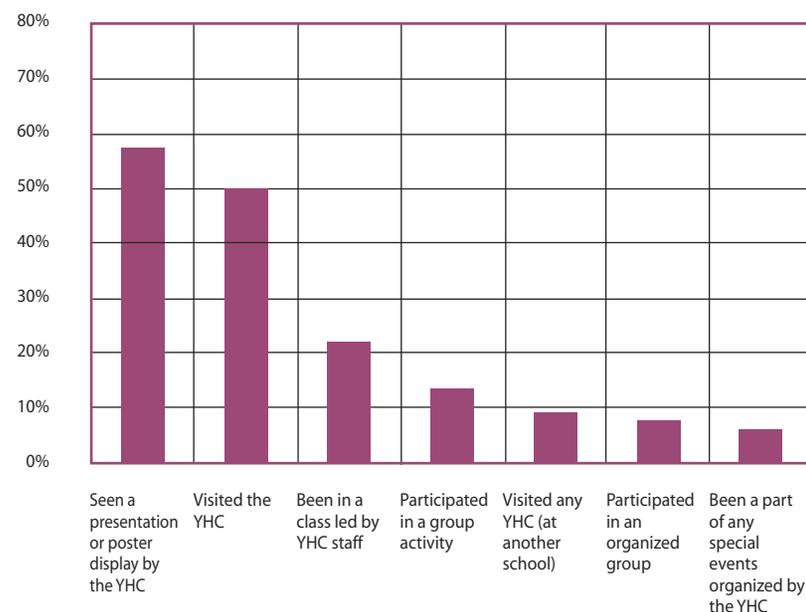
When asked if they had been involved in the YHC in other ways, the majority indicated that they had not been (90%, n=370).

Among the 10% (n=61) who indicated that they were involved in other ways, most often cited was general volunteer work (n=33), participating as a member of a Youth Action Team (n=15), and YHC representative on the Student Council (n=14). The majority of students (68%, n=283) indicated they were as involved in the YHC as they would like to be.

The 32% (n=156) of students who indicated that they were not as involved as they would like to be were asked how they would like to be more involved. Areas in which students expressed interest in being involved include:

- Being on a committee (e.g., Student Advisory Committee, Youth Health Centre Committee, etc.) or other groups (Gay/Straight Alliance, Students Against Drinking and Driving, etc.) (n=9)
- Volunteering/helping out (e.g., advertising/promotion of the Centre) (n=9)
- Helping out with events (n=1)

Figure 1: Awareness & Participation in the YHC

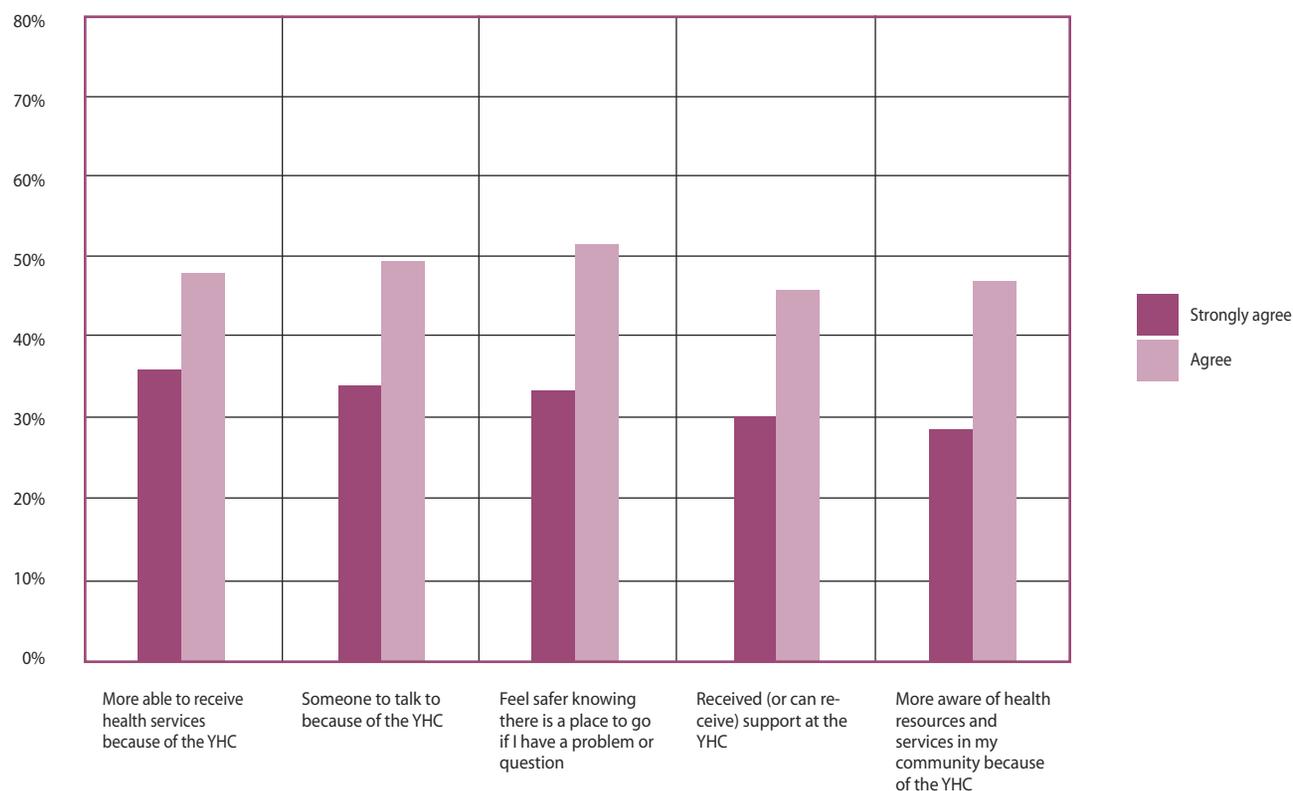


Access to Programs and Services

The students who indicated that they were aware of the YHC (n=459) were asked their level of agreement related to access to programs and services. As illustrated in Figure 2, three quarters or more of students who provided responses agreed or strongly agreed with all of the statements related to

access to programs and services including that they are more able to receive health services because of the YHC (84%, n=225) and that they feel safer knowing that there is a place to go if they have a problem or question (84%, n=235).

Figure 2: Access to Programs and Services*



* **Please note:** Respondents could indicate "I don't know" and these responses were removed from the frequency and percent calculations.

Visits and Referrals

Visits to YHCs: Frequency

Of the students who were aware of the YHC (n=459), within the last year, 41% (n=195) indicated they had visited the Centre one or more times; 17% [n=80] had visited it once; 11% [n=49] two to three times; 5% [n=19] four to five times; and 8% [n=47] more than five times; 30% (n=143) indicated that they had never visited the YHC; and 29% did not provide an answer to the question.

Reasons

The following table provides the percentage of students who indicated they visited the YHC or talked to YHC staff for six categories of visits (sexual health, emotional health, relationships, substance use, physical health, other). Students most often visited the YHC for substance use, sexual health, school workload and academic programs, and housing/homelessness.

Table 5: Reasons for Visiting the Youth Health Centre*

Type of Visit	Percentage/Number
Substance Use (smoking, alcohol, drug use)	37% (n=174)
Sexual Health (birth control, other contraceptives, pregnancy, emergency contraception, sexual orientation or gender identify, Pap test, safer sex counseling, sexually transmitted infections)	25% (n=125)
Relationships (friend, boyfriend/girlfriend relationship issues; bullying; family issues; violence/abuse)	16% (n=81)
Emotional Health (Self esteem, eating disorders, stress or anxiety, depression, self harm/cutting, suicidal thoughts)	15% (n=72)
Physical Health (nutritional concerns, physical activity, injury or illness)	13% (n=62)
Other (teen parenting, racial/cultural concerns, housing/homelessness, gambling, justice issues, school workload/academic programs, meeting/socializing/hanging out with other youth/peers, to help you make decisions in your day to day life)	39% (n=181)
	<ul style="list-style-type: none"> ● Housing/homelessness – 23% (n=112) ● School workload – 26% (n=122)

* *Please note:* Frequencies and percents have been calculated based on an n=459; students could respond to more than one category.

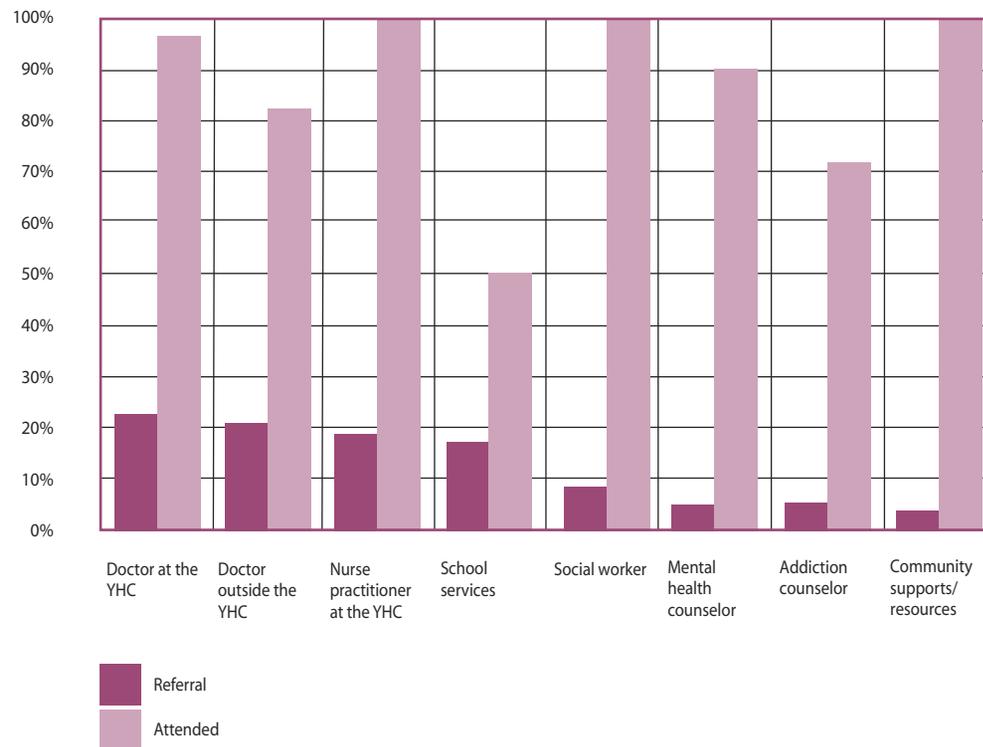
Visits and Referrals

Referrals

Fifty-five percent of students (n=110) who visited the YHC indicated that they had received help to connect them with another person or service and 71% (n=80) of these students attended or made use of the resources they

were referred to. Students were most often referred to and used the services of a doctor at the YHC or outside the Centre and a Nurse Practitioner at the YHC.

Figure 3: Services Referred to and Attended



Knowledge and Behaviour Change

Overview

Youth (n=459) who were aware of the YHC were asked questions to help assess if the YHC had helped increase their knowledge and/or change their behaviour related to substance use, sexual health, relationships, emotional health, and physical health. For the knowledge questions respondents were asked to indicate if the YHC had helped a lot, a little, or hadn't helped. For the behaviour questions, respondents were asked if they had made the

change, were thinking of making the change, did not want to make the change or didn't know how to make the change. For both the knowledge and behaviour change questions, respondents could also indicate if they had never sought/received information/advice from the YHC on the topic, and these responses were removed from the frequency calculations.

Table 6: Number of Students Seeking or Receiving Information from the YHC for Each Issue

Categories **Percentage & Number Who Sought or Received Information**

Substance Use

The potential harms of smoking, drinking and drug use42% (n=192)
 How to reduce my tobacco use.....32% (n=149)
 How to reduce my alcohol use31% (n=141)
 How to reduce my drug use31% (n=142)

Sexual Health

The possible consequences of a decision to engage in sexual activity44% (n=201)
 Safer sex practices47% (n=216)
 My birth control options43% (n= 196)
 What tests I should have if I'm thinking of/or am sexually active41% (n=188)

Relationships

How to develop and maintain healthy friendships.....34% (n=156)
 How to deal with relationship problems.....35% (n=162)
 How to deal with problems at home.....32% (n=149)
 How to address abuse and sexual assault33% (n=150)
 How to address bullying36% (n=165)

Categories **Percentage & Number Who Sought or Received Information**

Emotional and Mental Health

How to cope with stress and anxiety.....35% (n=163)
 How to deal with feelings of unworthiness or low self-esteem.....31% (n=142)
 How to cope with feeling down, depressed or hopeless.....32% (n=145)

Physical Health

How to eat healthy34% (n=155)
 How to maintain a healthy weight.....33% (n=152)
 How to be physically active33% (n=150)

Other

How my health affects my grades35% (n=162)

Knowledge and Behaviour Change

Table 7: Number of Students Seeking or Receiving Information Help from the YHC to Change Behaviour

Categories	Percentage & Number Who Sought or Received Help to Change Behaviour
Substance Use	
Reduce how much I smoke.....	28% (n=128)
Drink less alcohol/less binge drinking.....	28% (n=130)
Decrease my drug use.....	27% (n=125)
Planning ahead to avoid impaired driving situations.....	30% (n=138)
Sexual Health	
Delay engaging in sexual activity.....	32% (n=148)
Engage in safer sexual practices.....	37% (n=168)
Make use of birth control (if sexually active).....	36% (n=165)
If sexually active, get regular tests.....	35% (n=159)
Relationships	
Maintain healthier friendships.....	30% (n=138)
Emotional and Mental Health	
Deal with stress.....	34% (n=154)
Manage my anger.....	30% (n=137)
Feel better about myself.....	30% (n=138)
Physical Health	
Eat healthier.....	35% (n=160)
Drink less coffee/tea/energy drinks.....	33% (n=150)
Achieve or maintain a healthy weight.....	35% (n=160)
Be more physically active.....	35% (n=161)
Other	
Cope better with school.....	30% (n=139)
Make more informed decisions.....	30% (n=137)

Knowledge and Behaviour Change

Substance Use

For approximately 80% of the students who sought information/advice for substance use, 45% to 54% indicated the YHC helped a lot and 33% to 37% indicated the YHC helped a little in increasing their understanding and awareness related to various substance use issues (Figure 4). The YHC had

helped a third to 56% of students make changes related to various substance use issues, while another quarter to a third are thinking of making changes (Figure 5).

Figure 4: Substance Use Knowledge

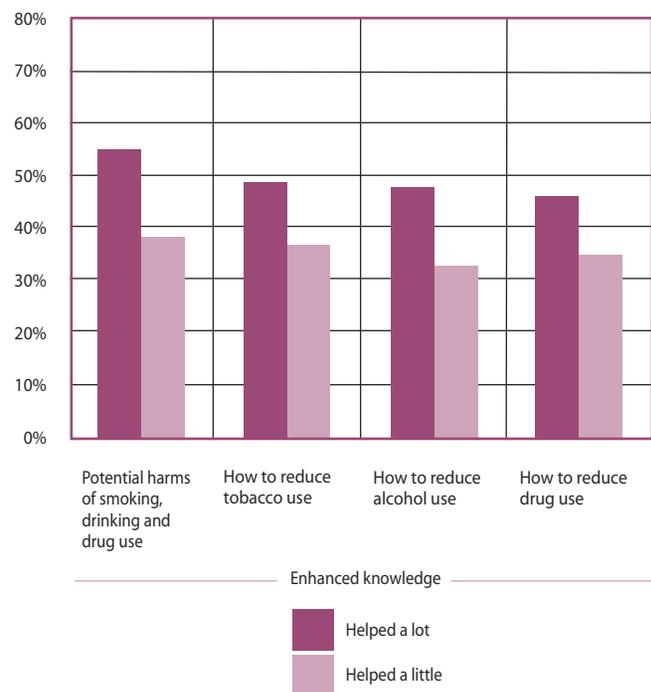
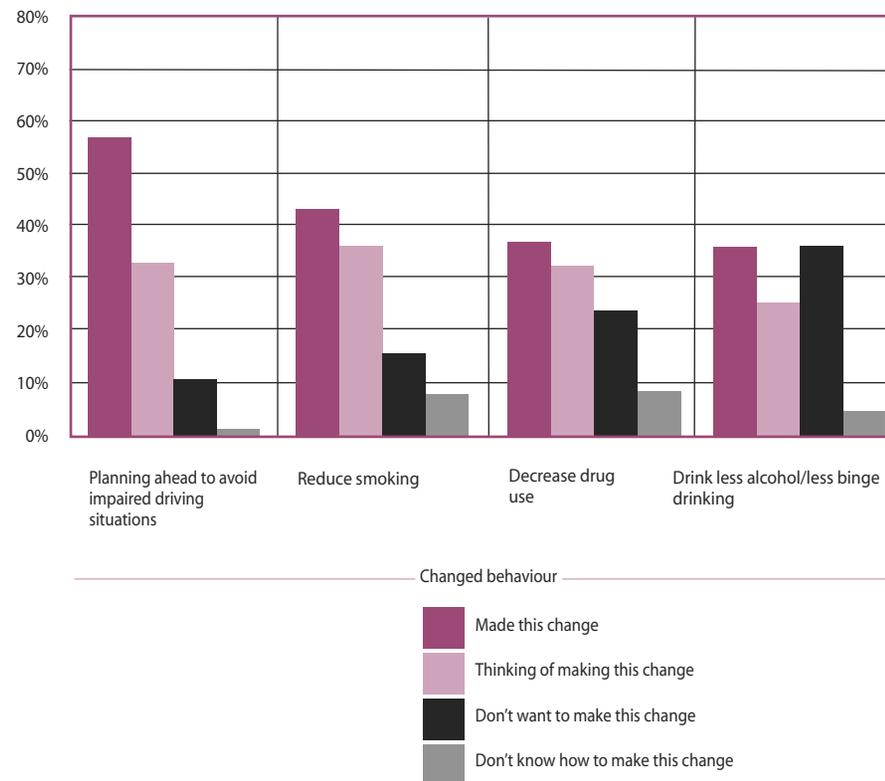


Figure 5: Substance Use Behaviour



Knowledge and Behaviour Change

Sexual Health

Between 50% and 60% of the youth who sought information/advice for sexual health indicated that the YHC has helped a lot with increasing their understanding and awareness about various sexual health topics and an additional 30% to 40% of youth indicated that the YHC had helped a little

(Figure 6). Over 50% made changes to improve their sexual health including making use of birth control (58%), obtaining regular tests if sexually active (52%), and engaging in safer sexual practice (51%), and just over 30% delayed engaging in sexual activity (Figure 7).

Figure 6: Sexual Health Knowledge

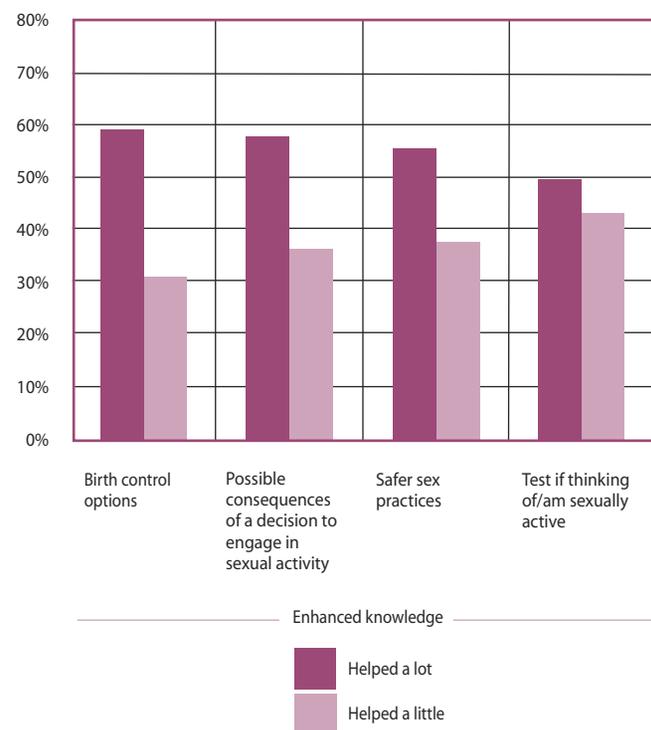
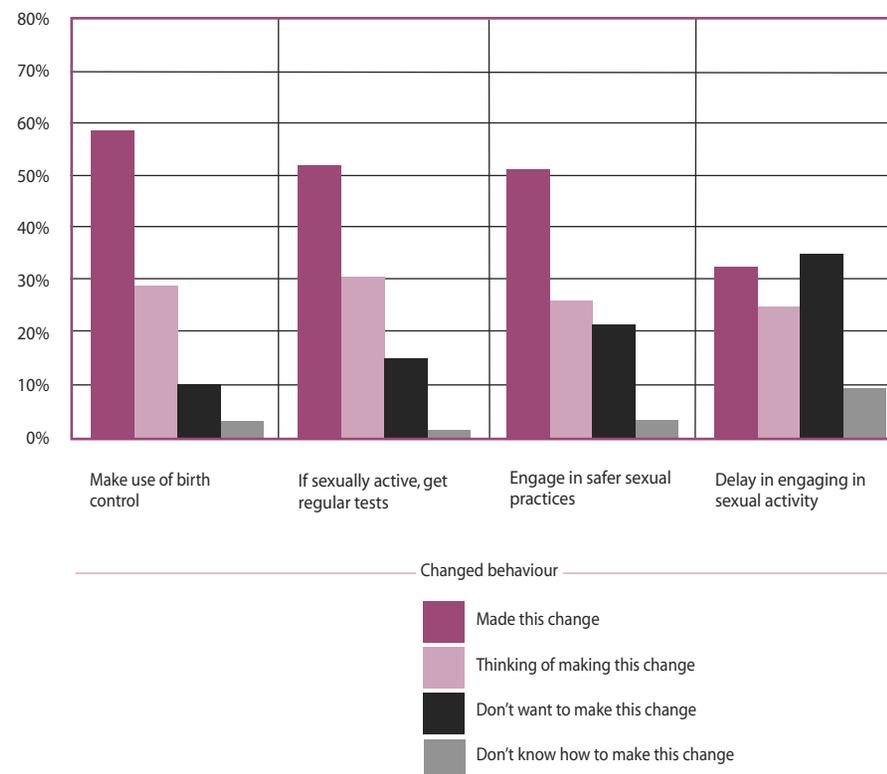


Figure 7: Sexual Health Behaviour



Knowledge and Behaviour Change

Relationships

Between 39% and 51% of youth who sought information/advice for relationships indicated that the YHC had helped a lot in building their awareness and understanding about various relationship issues, and between 28% and 48% indicated that the YHC had helped a little (Figure 8).

Forty-six percent indicated that they have made changes to maintain healthier friendships and 31% were thinking of making this change (Figure 9).

Figure 8: Knowledge about Relationships

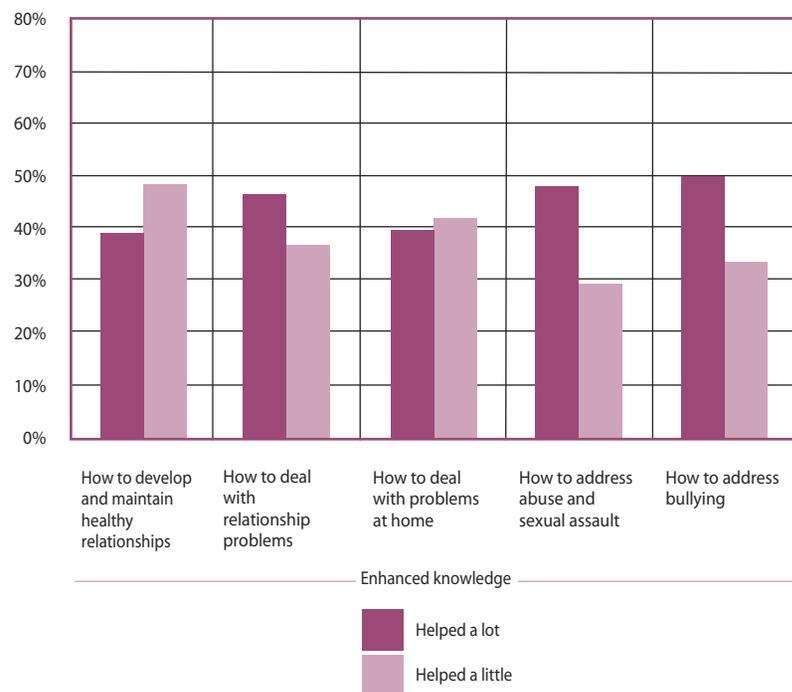
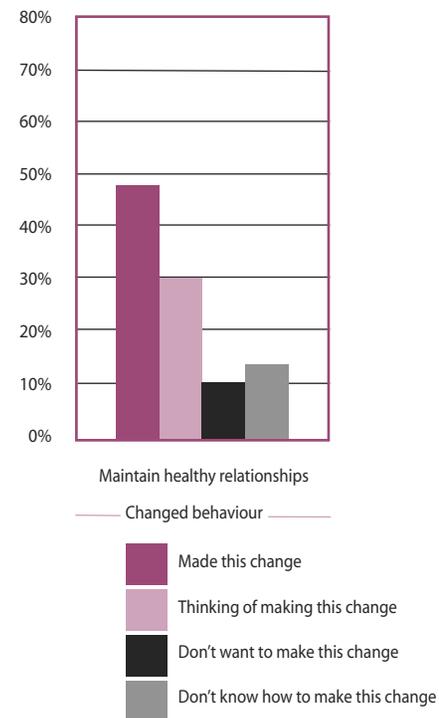


Figure 9: Behaviour Related to Relationships



Knowledge and Behaviour Change

Emotional and Mental Health

Just under half of youth who sought information/advice for emotional and mental health were helped a lot with various emotional and mental health issues with approximately another 40% indicating that the YHC had helped

a little (Figure 10). Just under half of the youth (41% to 49%) made changes to improve their emotional and mental health in various areas, while another 30% to 39% are thinking of making a change (Figure 11).

Figure 10: Emotional & Mental Health Knowledge

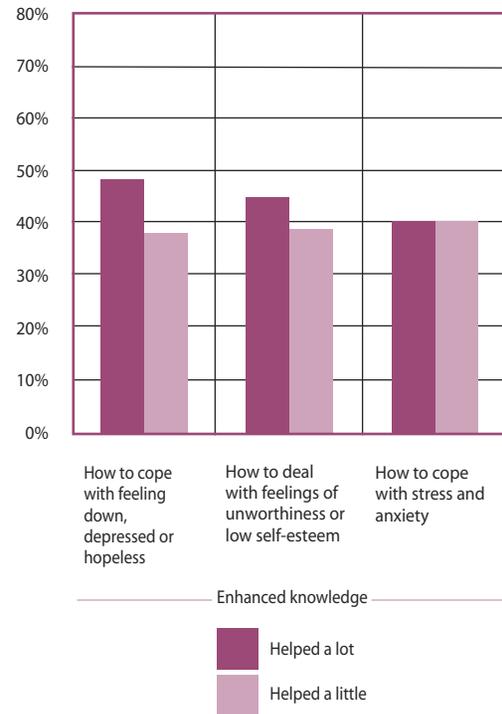
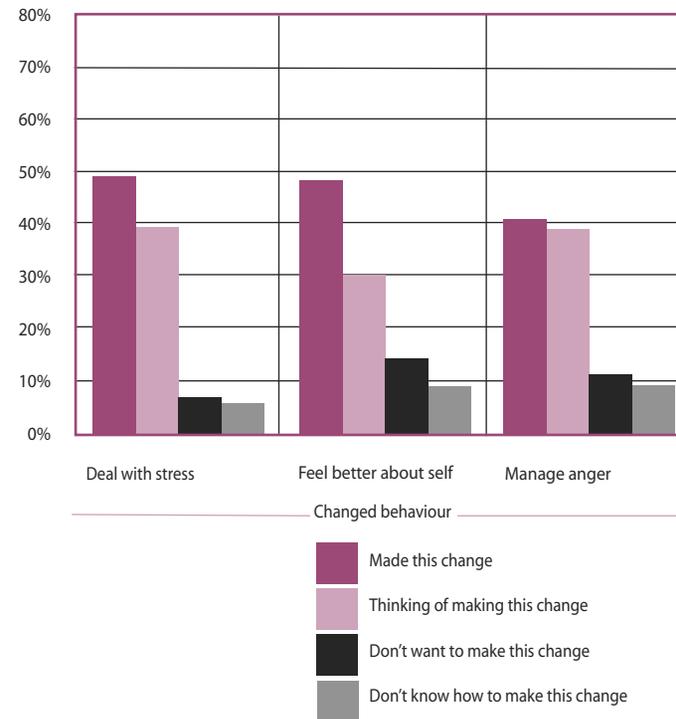


Figure 11: Emotional & Mental Health Behaviour



Knowledge and Behaviour Change

Physical Health

The YHC helped 38% to 48% of youth who sought information/advice for physical health a lot with building awareness and understanding about various physical health issues and helped another 30% to 40% a little (Figure 12). Approximately 35% to 45% of youth made changes to improve

their physical health related to healthy eating, maintaining a healthy weight and being physically active, with another 33% to 49% thinking of making changes (Figure 13).

Figure 12: Physical Health Knowledge

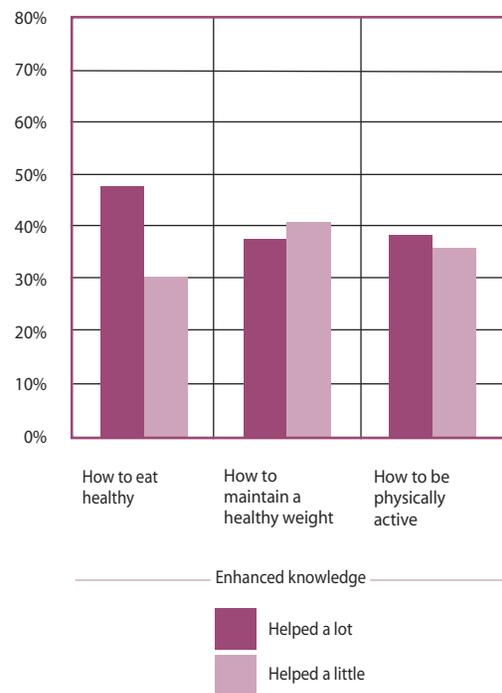
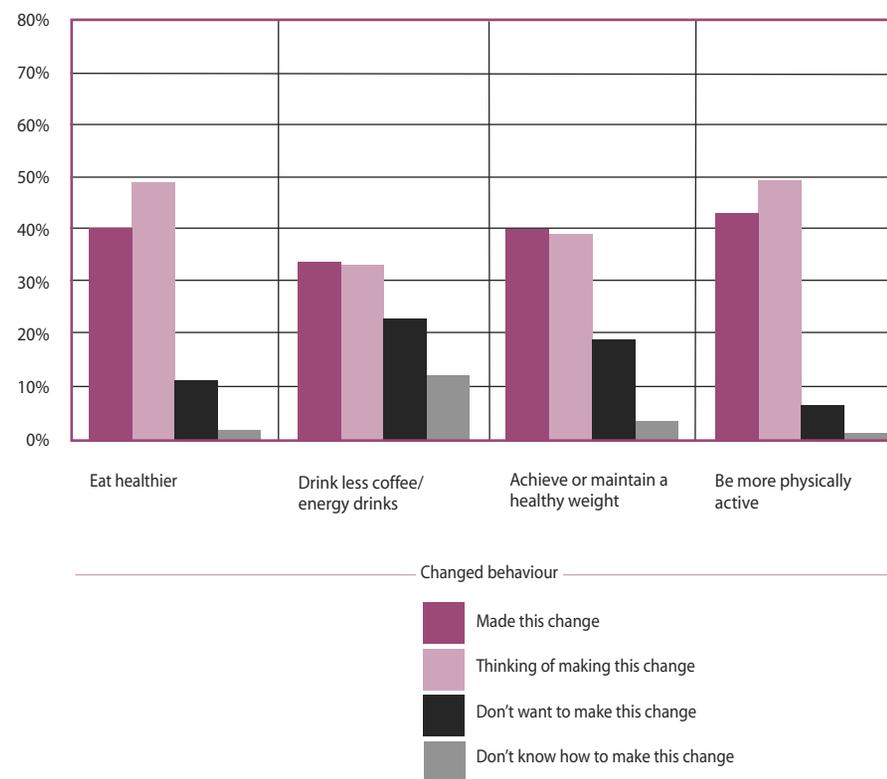


Figure 13: Physical Health Behaviour

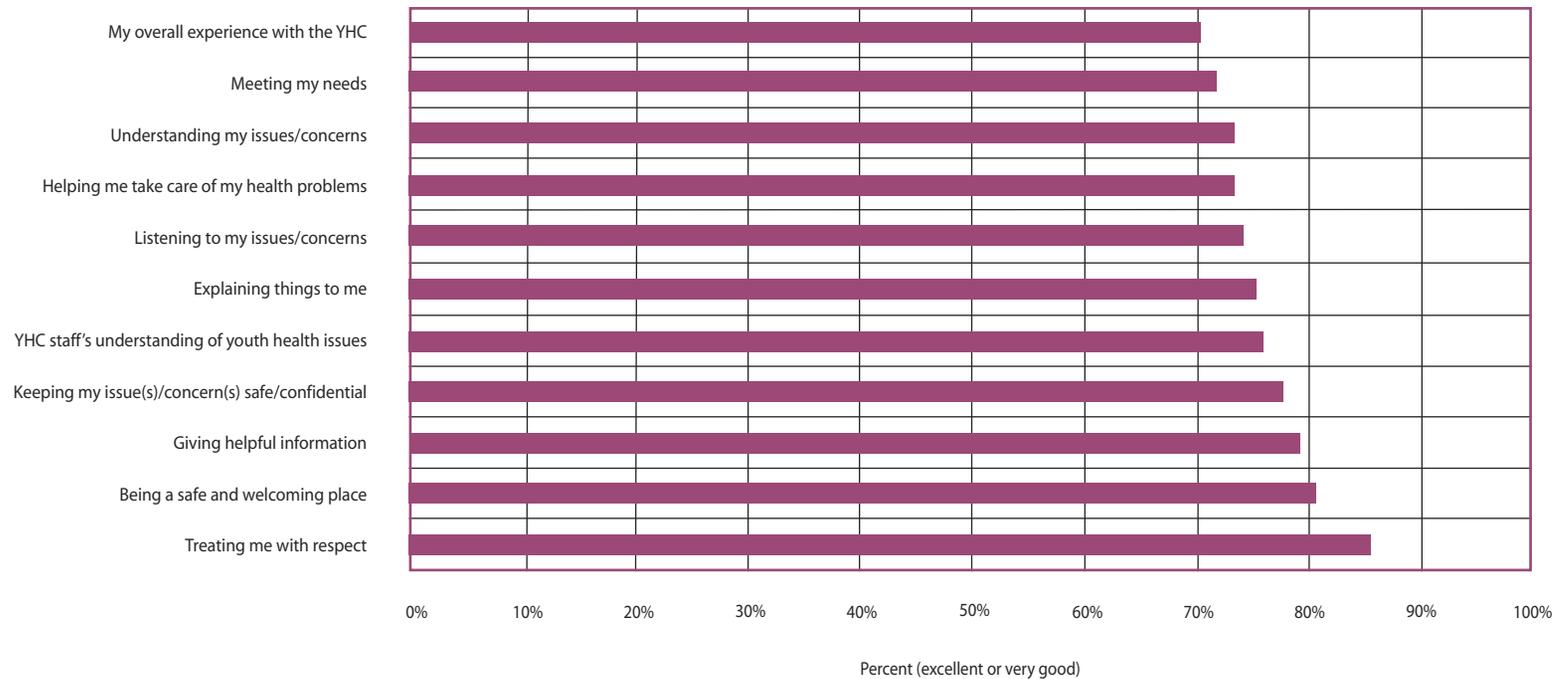


Satisfaction

The students who indicated they were aware of the YHC (n=459) were asked to reflect on several statements related to their satisfaction with the YHC. Students were asked to grade each statement (A=Excellent, B=Very good, C=Good, D=Okay, F=Failed). Students could also indicate “I don’t know” and these responses were removed from the frequency calculations. As illustrated in Figure 14, for each statement approximately three quarters

of students graded the YHC as very good or excellent. Students were particularly satisfied that they were treated with respect, that the YHC was a safe and welcoming place, and that the YHC provided helpful information. Few respondents gave an “F” or failing grade to the YHC – less than 5% of respondents for each statement (not depicted on the graph).

Figure 14: Satisfaction with YHC*



**Please note: Respondents could indicate “I don’t know” and these responses were removed from the frequency and percent calculation*

Satisfaction

For those aware of the YHC and who did not answer 'I don't know', ninety-eight percent of students agreed or strongly agreed that they liked having a YHC in their school/community, 85% would recommend the YHC to their friend, 80% felt supported in making changes to improve their health, and 74% plan to go/return to the YHC. When asked to provide feedback or comments, some respondents described YHC staff as "helpful" and "easy to

talk to." Students felt it was positive to have this resource accessible within their school. A few felt that the Youth Health Centre had helped them through issues and problems, and enhanced their confidence to seek out help when needed. A few also commented that the Youth Health Centre staff understood the issues facing youth.

It's a great place to go to when you need to talk to someone that understands you as a teen.

I love [the Youth Health] Centre and if it wasn't here I would probably be torn apart. Now I'm no longer scared to go talk to someone about my problems.

It's very helpful... our school health nurse has to be one of the easiest people to talk to about problems, she's very helpful.

The people are wonderful and the help was perfect.

The people who work in the Health Centre make you feel welcomed and comfortable when you want to go in and talk to someone about issues you are having.

It is always a good experience; our nurse is respectful and not intimidating.

I have had no big issues to go to the Health Centre for, but I know it was a great help to a few of my friends and others who had a few problems, it's good to have support within the school.

It is an easy place for kids to go who may be shy or have trouble getting the right information. It has helped many kids.

Additional Supports & Suggested Improvements

Students were asked (in open-ended questions) if there were any services they would like their YHC to offer more of or anything they would like to see

changed about the YHC. Of those who answered the questions the following table provides the feedback/suggestions:

Table 8: Suggested Improvements

Theme	Description	Quotes
Availability and accessibility (n=20)	Increase the hours of operation, reduce the wait times, and provide greater access to health care providers	<p>"[We need] another doctor because there's only one and they're not there often"</p> <p>"I would like to see open hours all day during the school day on Fridays cuz (sic) for some reason [it is when] me or my friends need to see someone most"</p> <p>"Better/more hours that they would run, not just twice a week"</p> <p>"More time slots for the reason that it is so busy and extremely hard to get an appointment after a certain time of day"</p> <p>"To be known as being easily accessible. People need to know how to go about first talking to the nurse, how to make the first step into a discussion about a personal issue"</p>
Sexual health (n=17)	<p>Provide more sexual health information including sexual orientation, sexually transmitted infections, general sex education, relationships, morning after pill, HIV testing, etc.</p> <p>Provide free contraception and variety (e.g., brands).</p>	<p>"Have presentations about sex and what can happen as not everyone knows everything and there's a lot of teenage parents now a days"</p> <p>"I want them to get flavored condoms"</p> <p>"STI testing and free access to the morning after pill"</p> <p>"Free condoms, they are too expensive"</p> <p>"More sex information"</p>

Theme	Description	Quotes
Promotion (n=5)	Increase the promotion of the Centre, including the services available, and how to access the Centre.	<p>"They could do more talks, lectures and what not because I don't think anyone I know has ever heard of it..."</p> <p>"More advertisements and awareness about the youth health centre"</p> <p>"More information of what is offered at the youth health centre"</p> <p>"... I would like to get an appointment but don't know how to make an appointment"</p>
Other topics/services (n=5)	<p>Provide more information and/or help to cope with stress and anxiety, smoking cessation, and eating disorders</p> <p>Provide access to a teen helpline in addition to current services.</p>	<p>"I think they already have a lot of services available, but a Teen Help Line would be good I think"</p> <p>"Activities that help with stress and anxiety"</p> <p>"Help for eating disorders"</p>
Privacy (n=4)	Increase privacy so that youth are able to visit staff without being seen by other youth.	<p>"Have less people just hanging out in there, and for there to be more privacy"</p> <p>"You see sometimes it seems like there is a lot of scary people in there that would know that I was going to talk to my teen health centre person and I wouldn't want anyone to know."</p> <p>"Our school youth health centre, there is always seniors around there, and it's hard to go there and talk with [staff] - there are too many students around there."</p>
Involvement (n=2)	Increase access/ promotion of student involvement opportunities at the Centre.	<p>"Getting more involved with my health centre at my school..."</p> <p>"It's pretty good, maybe more student involvement"</p>

* There were 46 respondents to one question (re: services they would like more of) and 64 respondents to the second question (re: changes they would like to see).

Story Dialogue Findings

The following section provides a synthesis of the findings from the Story Dialogue session with Youth Health Centre Coordinators about their work with diverse and/or marginalized youth.

This section describes the range of diverse and/or marginalized youth that the Coordinators referred to in their stories and provides a description of the approach used by Coordinators to engage them in the centres. The findings conclude with some highlights of the successes/accomplishments of their work.

Who are Diverse and/or Marginalized Youth?

As the Youth Health Centre Coordinator at a very large high school, there isn't a day that passes when I don't think about diverse and/or marginalized youth. Our students come from a very large geographic area and with that brings a huge diversity of individuals. Being open and accessible to all students was a challenge when I began my job at the high school.

The YHC Coordinators shared stories of a range of diverse and/or marginalized youth they engage through their work. Many stories revealed the challenging circumstances faced by youth they serve. In fact, Coordinators noted that it was difficult to talk about their work with “diverse and/or marginalized youth” as different from the work they do with all youth they serve. Most youth they work with are facing challenging circumstances and are marginalized in one way or another from “mainstream” society.

The YHC Coordinators described youth who are diverse and/or marginalized because of:

- Poverty;
- Physical, mental and emotional abuse, and living in violent circumstances;
- Racism and cultural differences (e.g., African Nova Scotians, First Nations, new immigrants, refugees and exchange students);
- Addictions (e.g., alcohol, crack, etc.);
- Sexual orientation and homophobia;
- Geographic isolation;
- Language;
- Mental health issues;
- School suspensions and/or absenteeism;
- Family circumstances (e.g., being in foster care or in single parent families and/or having parents with addictions or mental health issues)

.....

The principal in a small rural school 60 kms away was calling for help. A girl at his school approached him thinking she was pregnant and asking him for help. She did not want to tell her parents. She could not come to the YHC (60 kms away) as transportation posed a problem. Although there was a medical centre in her small community, she was very concerned about confidentiality...

.....

[The student] lived with her grandmother in a very remote area. Her grandmother never discussed anything personal, not even basic hygiene.

.....

[Name of student] lives in a rural fishing village. There are no buses and no one will teach [the student] how to drive.

.....

One of the first meetings with a large group of grade 7 students was a real eye opener for me. They were trying to explain their lives to me. They live in [a neighbourhood] where so much happens in front of them and they are seldom sheltered from crime and violence.

.....

[Name of student] lives in a 2 bedroom apartment with her mom and her "alcoholic boyfriend", [who] gets violent with them.

.....

Two of these (youths) were currently suspended from school for the rest of the year, which was a year occurrence for them. The other 4 (youths) were rarely, if ever, attending school. Behaviour management was a huge part of their problem with the school system, as well as bullying and lack of needed one on one attention.

.....

During our discussion (the student) revealed to me that she has been hit previously by her mother, but not like this time...

The Approach

In describing the approach that YHC Coordinators use in working with diverse and/or marginalized youth, several key themes

emerged, including relationship building, trust, recognizing youths' strengths, creating supportive environments, outreach and advocacy.

Relationship Building

The unique passion and understanding that YHC Coordinators have creates a non-judgmental supportive environment where students can thrive, explore possibilities and express themselves. The stories reveal how this

non-judgmental approach is important in reaching and building relationships with diverse and/or marginalized youth.

Working with marginalized people is a test to ones empathy and listening skills - not just listening for what is said but for what is not being said. It is knowing when it's OK to ask certain difficult questions, when to admit you are mystified about an event. I think giving a voice to people who have very important messages to spread is a great starting point. Sometimes it even feels like they don't think of me as 'white'.

They [youth facing difficult circumstances] come to see me because they have gotten to know me (often from presentations in junior high) as a safe person that is "easy to talk to".

I also think true connections with youth often have to be built up over time when the issues are so complex, and that we have to be very careful not to impose our own value systems on others, or to go into lecture mode, shutting down any attempt at real communication.

Many of the youth in my downtown school are also bi-racial and identify black though they look white. It is very important not to judge a book by its cover when you work with people or you will miss the most important parts of a person.

Youth describe the health centre as a "safe community", "a place to be listened to, understood, and heard." Students often comment that they feel comfortable telling me anything. They feel that what they say will be kept confidential, and that they will not be judged.

I worked hard to build relationships and earn the trust of diverse groups and individual students in the school. One of the key groups that I work with at my school is the Gay Straight Alliance. I spent time during our initial meetings in the fall engaging them in ice breakers and team building games to get to know them better. I also let them get to know me, who I was and where I was coming from in terms of my social location, culture, values, etc. I encouraged them to teach me about the previous work of this committee and what they wanted to accomplish this year. I tried

to let them know that I cared and that I was willing to do my part to ensure that their ideas come to fruition. I set up a lending library of books that I acquired from lesbian, gay, and bisexual colleagues pertaining to issues of sexuality and gender identity. I knew that I was successful in engaging this group when they asked me to complete an application from the youth project to become an Ally [to LGBTI youth]. I proudly display my Ally card on the door to my office and have had several students come out while talking to me individually over the course of the year.

.....

Trust

Consistently identified in the insights and the written stories is the importance of building trust when working with all youth, and particularly diverse and/or marginalized youth. To build trust with youth, it helps to

be authentic, approachable, respectful, and to engage youth on their level (i.e., non-authoritative dress). One coordinator also noted that it is important to “go where the students are versus expecting them to come to you”

.....

Youth were responsible for getting donations of furnishings and for painting murals on the walls. While this was happening I was getting to understand some of the issues that youth in this school were facing personally. When we work together lots of things get discussed, it is a first opportunity to build trust. . . Trust with this group is not about speed but about genuine caring and

consistency. I believe that I needed to demonstrate that I was making efforts to understand their experiences in their lives. I believe I was tested at times, and jerked around occasionally. The experience for me has been completely amazing.

.....

I'm a "newbie" to the school community and I haven't yet earned the trust of many students, so instead of asking, "Why aren't they coming?!" I started asking, "Why should they?" ... I decided to go to where students are comfortable rather than expecting them to come to me, a virtual stranger. I became involved in the GSA meetings (Gay Straight Alliance). I assisted with the Day of Silence campaign and accompanied the students on a multi-school social event. I began to just drop-by the two cultural centres. I talk with the coordinators and mingle a little with students. I introduce myself and make myself known. I don't scream, "come visit me!" but I hope that by simply being more visible within their social circles I'll become someone students are

familiar with and might come to if they have questions or concerns related to their wellness.

.....
...over the next few months [name of student] would come in more and more – [and over time] she eventually began to reveal more – she was engaging in oral sex on older guys after school, she had suicidal thoughts... The list goes on, and so do [name of student] issues. Of course this girl has deep-seated needs that will not be addressed through counselling at a YHC. However, there are some small successes....
.....

Strength-Based Approach

YHC Coordinators indicate that it is important to recognize the wisdom and strengths that youth bring. The YHC Coordinators indicated that they work "from where youth are at" and build on their strengths to enhance capacity.

It is important to let youth define their problems and their options. The importance of harm reduction strategies was also emphasized during the reflective discussion.

.....
I obtained ongoing feedback from the youth I was seeing. I attempted to conscientiously honour the expertise of First Nations youth in their own lives and I took a non-expert approach to all individual, family, and group work endeavours with this community. I was constantly mindful of and analyzed how the socio-cultural issues impacted upon individuals and families within this community ...
.....

.....
The YHC staff person and [physician] office treated this student respectfully and non-judgmentally. We included the student in all stages of the planning of her care, and did not make assumptions or decisions for her. We let her have control over her health care decisions and allowed her to take responsibility for her own health by keeping the appointments.
.....

The [name of group] [an advocacy group of primarily Black youth at the school] is now in year two. We have taken their favorite novel [name of novel] and made it into a play that we will video and use as a peer education tool on relationships. The youth gathered over many lunch periods and wrote the play. They identified how they will talk to the younger students about

healthy relationships and early signs of abuse... this group of students went to one of the local/rival schools to talk to youth about the book and about the relevance to their lives. They enjoyed a lunch and discussion around their similarities rather than their differences.

Creating a Supportive Environment

Providing a safe/confidential and welcoming atmosphere for all youth, including diverse and/or marginalized youth, is important. The physical layout of the Youth Health Centre must be youth-friendly with youth input.

The Youth Health Centre must be accessible and the hours flexible and location discrete.

Right from the start the kids that were black wanted me to know about who they were and where they come from. I had heard from the school staff that many of youth lived in subsidized housing projects... In my first couple of meetings I noticed they like to play music loudly, dance and play around. The Principal noticed how the kids were connecting and showing interest in Youth Health Centre activities. It was because of this he offered us a fantastic classroom to use for our centre. Once we secured a space in the school and were given freedom to decide how to decorate the youth became very energized.

Beginning with the physical space of the center, I tried to create a space that was youth friendly and representative of the student population. I had a contest at the beginning of the year to help design the space. Students submitted entries for the wall design, door design, name for the center, and logo... I put up posters about diversity and issues of homosexuality etc. to help students feel welcome in the center. I also regularly purchase Teens Now Talk magazine and display brochures, literature, and information about upcoming events of interest to youth in the school in the Youth Health Center.

The comfortable YHC setting allowed [name of student] to drop by throughout the school year and feel safe and she soon became involved in YHC activities creating a greater sense of belonging and self. [Name of student] at times would discuss her

relationship with her boyfriend and the students were able to give advice and recognize the unhealthy state of the relationship. [The student was a new immigrant to Canada].

.....

Reaching Out to Youth

During the reflective discussions and in the written stories, YHC Coordinators shared their strategies for engaging diverse and marginalized youth which included making class presentations about the YHC, actively

recruiting diverse and/or marginalized youth to become members of Committees and providing satellite services in other schools.

.....

I also attempted to engage the international students in the school by visiting all classrooms at the beginning of the year to talk about the services I can provide. . . . When I was in the process of establishing the youth health steering committee in the school I wanted to ensure that there was diversity in terms of student representatives on this committee. I waited until the second semester to form this group, after I had gotten to know the students better. I asked students who I knew would be vocal about issues in the school that they would like to see improved/ addressed. I chose two students who are openly gay or lesbian, two students who are First Nations students, and two students who are visible minorities within the school.

.....

It is sometimes challenging to engage the youth who we identify as “diverse and/or marginalized” without labeling. The ideal way to connect with those diverse or marginalized youth is to include them in the entire school population. . . . I connect with diverse and/or marginalized youth daily. Whether the youth come to the centre to talk, access services or referrals to outside agencies or simply to eat their lunch, each have their own story. I cannot possibly know the story of each youth I come in contact with so to me, I need to treat each of them as individual and unique, not diverse or marginalized.

.....

[Reach youth including diverse and/or marginalized by] doing classroom presentations at Junior High before they enter High school

The next morning I left my house and traveled the 100 kms to reach the school [to provide services to a grade 9 girl who

Advocacy

YHC Coordinators indicated that they are in a unique position to identify trends in youth health issues and opportunities to advocate at “organizational” levels within the greater community and society. Acting as a collective voice for youth issues through Youth Health Centres gives rise

I attempted to work collaboratively with students to promote social justice and social change within the school system. . . This approach to working with Native youth represents the practice principles and the ethical stance that guide my work with all youth within the school but with particular attention to the unique challenges of working with a culture different than my own.

They were trying to explain their lives to me. . . One of the girls said to me “our lives are just like the [name of a series of books].” The group could not find a better way for me to understand their lives – they talked endlessly about how the characters in the

thought she was pregnant]. [Afterwards] I called my coordinator and through brainstorming and then a follow-up needs assessment, it was decided to open a satellite centre in this small rural school, providing service on a monthly basis at this time and in the future expand the service to include other schools in this rural area and then increasing service to be available weekly.

to the changes that need to happen to improve the status quo (e.g., affecting changes in policy, practices, etc.). The advocacy work of YHC Coordinators is important for all youth but particularly for diverse and/or marginalized youth who often face difficult and challenging circumstances.

books are exposed to the same things they experience daily. . . . Since this group was so interested in telling me about how they live we went to the library to get a few of these books but there was none. Determined to get the books the youth and I found a not for profit group in the States that would donate a set of the books to our centre. . . The charity donated 3 sets of books to the school. . . When we decided to purchase some for the library we learned that they are not on the approved list. This started another offshoot of the group. The youth were tired of accepting status quo. The school administration came to hear the student’s perspective. This meeting led to the school allowing the youth to have and purchase books. Youth feeling empowered and learning to tell their stories was fantastic to see.

Support for the Work of YHC Coordinators

Throughout the story dialogue session, YHC Coordinators talked about the importance of collaboration with partners, professional development and networking.

Partnerships

YHC Coordinators reported that “we can’t function as an island” and that it is important for them to network and draw from co-workers, other organizations, such as mental health, addiction services, the school board and organizations that work with youth and diverse populations (e.g., YMCA Youth Settlement Program, Youth Employment organizations, etc.). Key to

success in building partnerships is defining and clarifying roles, responsibilities and resources. It was noted that through partnerships, YHC Coordinators are able to connect youth, particularly those who are marginalized, with community organizations and providers.

Another group of students in our school that I attempted to engage is the First Nation’s community. I befriended a few First Nation’s youth who utilized the Youth Health Centre at the beginning of the year and I also developed a relationship with the Native Liaison Officer in the school. Through my relationships with these people, I was able to meet many more Native youth throughout the year... I was able to make inroads with this community by taking a cautious and thoughtful approach, only getting involved in situations or with individuals by invitation, and by constantly reflecting on and evaluating my own use of self in the therapeutic relationship with these youth.

Youth Mental Health Specialist, on this program. All 6 of these [students]...voiced their need for a program to offer them education outside of their local school...[we] began building a team of local community members to form a committee to help with the development of a program to meet their needs.

This year [the YHC] took on a new program to meet the needs of 6 very special [students]... The centre partnered with a local

Our high school has an African Nova Scotia cultural centre and an Aboriginal cultural centre, and for the GLBT individuals, there was the Gay / Straight Alliance group. The coordinators for these programs are amazing people who are well loved and trusted within the community, and they provide a lot of the same counseling / support services that I also offer in the Health Centre.

...an ongoing partnership with administration, teachers, guidance, the African Nova Scotia Support Worker, IWK Mental Health, Youth Employment Project, the ESL teacher and the YMCA

Youth Settlement Program [helped to address the health issues of an international student who has experienced severe trauma].

YHC Coordinator Network and Professional Development

The reflective discussion and insights revealed that ongoing support through technology (e.g., the Health Promotion Clearinghouse website) is an important way to develop ideas, brainstorm and problem solve between and among YHC Coordinators. The YHC Coordinators noted that it is equally important to have the opportunity to physically come together on a regular

basis to network and share. The importance of this sharing and networking is particularly important when working with diverse and/or marginalized youth given that the issues and situations these youth are facing are often complex.

Self care for YHC Coordinators is important... [there needs to be] more opportunities to meet, network and connect... to sustain ourselves we need to support ourselves... [sometimes I] feel isolated [in my work].

The importance of ongoing and continual learning was also highlighted, particularly in terms of strategies for working with and engaging diverse and/or marginalized youth. YHC Coordinators indicated that this should include both training programs outside of the YHCs and learning from and meeting with one another.

Challenges

During the reflective portion of the story dialogue, challenges of engaging diverse and/or marginalized youth were identified including:

- Maintaining and ensuring confidentiality, particularly when working within partner organization's policies;
- Maintaining and supporting a youth-centred and strength-based approach while working within systems that work differently (e.g., use a top down approach);
- Lack of transportation in some areas, which makes it difficult for some youth to access services they may be referred to and isolates some youth in the community; and
- Lack of access to programs and services in some areas (e.g., addictions and mental health services).

She was definitely not going to access service in her community because she would feel disgraced. Transportation was to be a major problem to have her access to confidential services of the Youth Health Center.

.....

Supports Needed

During the reflective process, YHC Coordinators suggested changes that would improve their programs and services:

- Increase partnerships with government and community-based or organizations and providers (e.g., partnering/connecting with the Department of Justice to work cooperatively to support youth in conflict with the law);
- Provide support for transportation so that youth can access community programs and services;
- Work with partners to facilitate improved policies, practices and strategies that are based on a youth-centered and strength-based model;
- Provide information about Youth Health Centres (including a list of services) in the materials that schools distribute to students;
- Obtain resources for promotional activities (e.g., prizes, food);
- Explore strategies to engage diverse and/or marginalized youth who are not in school (e.g., homeless youth, etc.) and
- Provide resources to support professional development and networking opportunities for YHC Coordinators across the province and to further enhance understanding about the communities served by Youth Health Centres.

The Difference for Students

Empowerment

Many of the written stories from the YHC Coordinators described the challenging circumstances faced by youth and revealed several ways that Youth Health Centres have supported youth to gain more control over their lives.

[Name of student] is also seeking work for the first time and the Youth Employability Project has been consulted to provide assistance. Having met [name of student] in February and it now being June, an improved mood and concentration has been identified by both [name of student] and [school] staff. Though [name of student] describes days that are harder than others and remains challenged with memories from her past and also the typical adjustments of Canadian culture, increased hopefulness and an integrative support network at school seem to comfort [name of student].

One student turned her locker into an “on the loan” library [after students advocated to have a series of books that depicted their lives available through the school]. She loaned [name of book] out for one dollar which was redeemable when the book was returned. This system worked well for students who like the more

casual approach - no deadlines, etc. Another student entered the series on to “Kerswell” a computer reading system that helps struggling readers. She did this with the resource teacher who was thrilled to see the increase in interest because of the books.

These [students] have gone from spending their day in bed, or at a friend’s house “getting high or drunk”, to spending the day with us at [the Youth Health Centre]. They have progressed from not being able to eat until 8 pm or later due to lack of appetite or lack of food at home, to grabbing a bagel in the morning and voicing their hunger for lunch by 11 am. They have had the chance to find skills in dance, art, poetry, photography, etc. that they never knew existed. They have made this project worth every minute of it, and we will continue to be there for them during their transition into school and beyond!

Key Observations and Conclusions

Youth Health Centres (YHCs) in Nova Scotia use a youth-centred approach to help young people deal with a variety of health issues that impact their lives (e.g. sexual health, mental health, injury prevention, healthy eating and addictions).

This evaluation assessed the impact YHCs have on the health of youth, and examined how YHCs engage diverse and/or marginalized youth in their programs and services. The evaluation addressed the following questions:

- To what extent and in what ways do Youth Health Centres contribute to youth health? How do youth experience the Youth Health Centres?
- In what ways do Youth Health Centres reach diverse and/or marginalized youth? What are the opportunities and challenges that Youth Health Centres face in this work?

The findings illustrate that YHCs are having a positive impact on the health of youth and YHC Coordinators use a range of strategies to reach diverse and/or marginalized youth. A summary of the findings related to the above evaluation questions is provided below.

To what extent and in what ways do Youth Health Centres contribute to youth health? How do youth experience the Youth Health Centre?

YHCs Provide Youth with Access to Health Services

The evaluation reveals that YHCs provide youth with access to health related programs and services that meet their needs. The majority of youth who are aware of YHCs acknowledge that they are more able to receive

health services because of the YHC in their school or community. These students gave high marks (A or B) to the YHCs for treating them with respect, providing helpful information, listening to and understanding their

concerns, and for maintaining confidentiality. Most youth who have visited YHCs would return to the centre when they need it and would recommend it to their friends.

The fact that 86% of youth in schools with YHCs are aware of the centres and almost half of these students have used them demonstrates the value of the programs and services to young people. Youth feel safer knowing there is a place to go and someone to talk to if they have a problem or

question. YHCs are also a place where youth can get referrals and access to other health and social services.

These findings demonstrate that YHCs are an important part of the health care system contributing to the provision of comprehensive programs and services ranging from health promotion and disease prevention to screening and acute care.

YHCs Impact Personal Health Practices and Coping Skills

The findings reveal that youth are facing and/or dealing with some very challenging issues such as alcohol and drug use, depression, abuse, sexual assault, sexual activity, stress and anxiety, etc. – and YHCs are providing critical supports to help youth manage and deal with these challenges. As a result of YHCs, youth have learned more about their health concerns and

how to take better care of themselves. YHCs have helped youth make changes to improve their health – changes such as reducing alcohol, tobacco and drug use, protecting sexual health through use of birth control and condoms, improving relationships and self esteem, eating healthier and increasing physical activity.

YHCs Create Supportive Social Environments and Social Support Networks

Besides offering individual support to youth, the centres advocate for health-promoting changes in the social environment and create social support networks by engaging youth on committees and action teams. Ten percent of youth indicated that they were involved in their YHC through

participation on committees, volunteering, etc. These opportunities build advanced skills (e.g., facilitation, leadership, program development) that will help these youth in all areas of their lives.

In what ways do Youth Health Centres reach diverse and/or marginalized youth? What are the opportunities and challenges that Youth Health Centres face in this work? _____

YHCs Reach and Engage a Range of Diverse and/or Marginalized Youth

YHCs strive to provide programs and services to all youth using unique strategies and approaches. The YHC Coordinators' stories reveal that they are actively reaching out (e.g., go to where the youth are, actively recruit youth for committees) to a range of ethnically diverse youth, gay, lesbian

bisexual and transgender youth as well as youth facing very challenging circumstances such as abuse, addictions, isolation, poverty, etc. The stories reveal that, through YHCs, some youth who might otherwise be marginalized feel included, engaged and part of something important.

YHCs Provide a Supportive and Safe Environment for Diverse and/or Marginalized Youth

The findings from the story dialogue reveal that YHC Coordinators use a non-judgmental and strength based approach to establish supportive relationships where young peoples' strengths and abilities are nurtured. As a result, youth with complex and sensitive issues are able to openly confide and share their experiences with the coordinators. Coordinators contribute to the health and well being of these youth by empowering them to gain more control over their lives.

In addition to providing effective one on one support to diverse and/or marginalized youth, the stories reveal that coordinators help to build and sustain youth networks and action teams such as Gay Straight Alliances. These groups create a more inclusive environment for other diverse and/or marginalized youth.

YHCs Work with Partners for System Level Change to Support Diverse and/or Marginalized Youth

The stories shared by YHC Coordinators demonstrate how they work with youth and intersectoral partners to provide comprehensive services to diverse and/or marginalized youth. In addition, coordinators advocate for changes in organizational and community policies and practices in order to reduce barriers and promote a more inclusive and responsive environment for diverse and/or marginalized youth.

The main challenges faced by YHC Coordinators in their work with diverse and/or marginalized youth are related to system level barriers. Although it is critical to work with a range of partners from various sectors in addressing individual youth health issues, as well as broader system level barriers, differing philosophies and approaches to youth can make it challenging. Other system level challenges include lack of transportation (for some youth) and lack of access to programs and services in some areas.

Recommendations

Invest in Youth Health Centres

The evaluation shows that YHCs provide young people with critical health services and programs that meet their health care needs. The centres use a youth-centred and strength based approach to enhance personal health practices and coping skills and create supportive social environments and social support networks. Youth Health Centres are also reaching and engaging a range of diverse and/or marginalized youth, and are working

to build system level capacity to support youth health. Therefore Youth Health Centres are an important part of the health care system for youth. Continued investment is required to support existing centres and provide equitable access to these health services for young people across the province.

Improve Access to Youth Health Centres

Some centres are only open on a part time basis. Some youth would like to see centres open longer hours. Given the benefits of YHCs, government

should explore differences in access between rural and urban areas, and implement strategies to improve young peoples' access to the centres.

Facilitate sharing and learning among YHC Coordinators

Provide opportunities for YHC Coordinators to reflect upon their practice, share their work and learn from one another. The success of YHCs is built on the strength-based and youth-centred approach used by Coordinators. Reflecting and sharing will help to build understanding about these

approaches and skills in utilizing them. Building knowledge, skills and expertise among YHC staff will help ensure the integrity and effectiveness of YHCs in supporting youth health.

Document and share approaches to engaging diverse and/or marginalized youth

YHC Coordinators use a variety of strategies to engage diverse and/or marginalized youth in their programs and services. Working together to develop and document these approaches based on evidence and best practices will help YHC Coordinators learn from, and build on each other's

practice. Sharing the approaches may be helpful in advocating for change in the systemic barriers that diverse and/or marginalized youth experience in their environment.

Explore other evaluation questions

The findings of this evaluation have helped to illustrate that YHCs are supporting and contributing to youth health. YHC Coordinators carry out this work by providing health services to individual youth, facilitating health promotion activities and working with partners to improve social and physical environments for young people. Further evaluation work could explore the impacts of health promotion and partnership building activities.

Youth Health Centre Coordinators have described their approach in working with diverse and/or marginalized youth; it would be valuable to gather information directly from diverse and/or marginalized youth to hear how they have been involved in YHCs, and what this involvement has meant in their lives. Using qualitative methods such as focus groups would allow for the exploration of some of the quantitative findings and provide greater insight into the impact of YHCs.

References

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Appendix 1

Youth Health Centre Student Survey

May 11, 2009 - Final

Introduction

Students from across Nova Scotia, just like you, have been asked to take part in this survey. This survey asks what you know and feel about the Youth Health Centre (also called a Teen Health Centre) in your school/community (even if you've never been to one).

This is NOT a test - there are no right or wrong answers.

All you need to do is answer the questions honestly. Your answers are confidential. In other words, they will not be shown to anybody including your parents or teachers or Youth Health Centre Coordinators. Please do not

include your name on any part of this survey. There is no way your answers can be traced back to you. No information from individual students will appear in any reports written.

Your participation in this survey is voluntary - you do not have to participate if you don't want to. If a question is confusing, you can either skip it or ask the teacher for help.

Thank you for taking the time to fill out this survey.

Your Experience with the Youth Health Centre

1. Are you aware of the Youth Health Centre in your school/local community? _____
 Yes
 No (*Skip to question 14*)
2. Please check all that apply. Have you ever:
 Visited the Youth Health Centre
 Visited any Youth Health Centre (i.e., at another school)
 Been in a class led by Youth Health Centre staff

- Participated in a group activity (e.g., Purple Ribbon Campaign, World No Tobacco Day, special event, etc.)
- Seen a presentation or poster display by the Youth Health Centre
- Been a part of any special events organized by the Youth Health Centre
- Participated in an organized group (e.g., GSA, Health Promotion Committees, etc.)
- None of the above (*Skip to question 11*)

Satisfaction with the Youth Health Centre

3. Based on your experience, grade the Youth Health Centre on the following statements (Please check only one grade for each statement): _____

	A (Excellent)	B (Very Good)	C (Good)	D (Okay)	F (Failed)	I don't know
Youth Health Centre staff's understanding of youth health issues						
Listening to my issues/concerns						
Understanding my issues/concerns						
Giving helpful information						
Helping me take care of my health problems						
Explaining things to me						
Treating me with respect						
Meeting my needs						
Being a safe and welcoming place						
Keeping my issue(s)/concern(s) safe/confidential						
The hours and location of the Youth Health Centre						
My overall experience with the Youth Health Centre						

4. Based on your experience, please indicate your level of agreement with the following statements (Please check only one response for each statement):

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
I like having a Youth Health Centre in my school/ community					
I learned something about the things that affect my health and ways to maintain good health					
I feel better able to deal with my health issues					
I am more able to take care of myself					
My health has improved as a result of having the Youth Health Centre in my school/community					
I feel supported by the Youth Health Centre in making changes to improve my health					
I received (or can receive) support at the Youth Health Centre that I wouldn't get anywhere else					
I am more able to receive health services because of the Youth Health Centre in my school/community					
I have someone to talk to because of the Youth Health Centre in my school/community					
I feel safer knowing there is a place to go if I have a problem or question					
I am more aware of health resources and services in my community because of the Youth Health Centre					
I would recommend the Youth Health Centre to my friends					
I plan to go/return to the Youth Health Centre					

Knowledge

5. Please indicate if the Youth Health Centre has helped increase your understanding and awareness in the following areas _____
 (Please check only one response for each statement):

	The Youth Health Centre has helped a lot	The Youth Health Centre has helped a little	The Youth Health Centre hasn't helped with this	I didn't seek or receive information/ advice from the Youth Health Centre on this topic
How to eat healthy				
How to maintain a healthy weight				
How to be physically active				
How to develop and maintain healthy friendships				
The potential harms of smoking, drinking and drug use				
How to reduce my tobacco use				
How to reduce my alcohol use				
How to reduce my drug use				
The possible consequences of a decision to engage in sexual activity				
Safer sex practices				
My birth control options				
What tests I should have if I'm thinking of/or am sexually active				
How to cope with stress and anxiety				
How to deal with feelings of unworthiness or low self-esteem				

	The Youth Health Centre has helped a lot	The Youth Health Centre has helped a little	The Youth Health Centre hasn't helped with this	I didn't seek or receive information/ advice from the Youth Health Centre on this topic
How to deal with relationship problems				
How to cope with feeling down, depressed or hopeless				
How to deal with problems at home				
How to address abuse and sexual assault				
How to address bullying				
How my health affects my grades				
Other:				
.....				

Behaviour

6. As a result of your experience with the Youth Health Centre, please indicate if you've made any changes to improve your health and well-being _____
 (Please check only one response for each statement):

	Yes! I have made this change.	I'm thinking of making this change	I don't want to make this change	I don't know how to make this change	I never sought/ received information/ advice from the Youth Health Centre on this topic
Eat healthier					
Drink less coffee/tea/energy drinks					
Achieve or maintain a healthy weight					
Be more physically active					
Deal with stress					
Reduce how much I smoke					
Drink less alcohol/less binge drinking					
Decrease my drug use					
Planning ahead to avoid impaired driving situations					
Delay engaging in sexual activity					
Engage in safer sexual practices					
Make use of birth control (if sexually active)					
If sexually active, get regular tests					
Manage my anger					

	Yes! I have made this change.	I'm thinking of making this change	I don't want to make this change	I don't know how to make this change	I never sought/ received information/ advice from the Youth Health Centre on this topic
Feel better about myself					
Maintain healthier friendships					
Cope better with school					
Make more informed decisions					
Other:					
.....					

Visits to the Youth Health Centre

7. Within the last year, did you visit the Youth Health Centre, or talk with the Youth Health Centre staff? _____
(Please check only one response)

- Never (*Skip to question #11*)
- Once
- 2-3 times
- 4-5 times
- More than 5 times

8. Why did you visit the Youth Health Centre or talk to Youth Health Centre staff in the past year? _____
Check all that apply (If you did not talk to the Youth Health Centre staff or visit the Youth Health Centre for any of these, simply do not check.)

Sexual Health:

- Birth control (e.g., pill, Depo-Provera, etc.)
- Other contraceptives (e.g., male or female condoms, etc.)
- Pregnancy (e.g., testing, options, etc.)
- Emergency contraception (e.g., morning after pill, 'Plan B', etc.)
- Sexual orientation or gender identity
- Pap test
- Safer sex counselling
- Sexually transmitted infections (STIs) (e.g., testing, counselling, where to go for counselling and testing, etc.)
- Other:

Emotional Health:

- Self-esteem
- Eating disorder(s)
- Stress or anxiety
- Depression
- Self harm/cutting
- Suicidal thoughts
- Other:

Relationships:

- Friend
- Boyfriend/girlfriend relationship issues
- Bullying
- Family issues (e.g., issues with parents/guardians/step parents, siblings, etc.)
- Violence/abuse

Substance Use:

- Smoking
- Alcohol
- Drug use

Physical Health:

- Nutritional concerns
- Physical activity
- Injury or illness
- Other:

Other:

- Teen parenting
- Racial/cultural concerns
- Housing/homelessness
- Gambling
- Justice issues
- School workload/academic problems
- Meeting/socializing/hanging out with other youth/peers
- To help you make decisions in your day to day life
- Other:

9. While at the Youth Health Centre, did you receive help to connect you with another person or service that could help you? _____

- No (*Skip to question #11*)
- Yes. If yes, to whom were you referred? (Please check all that apply)
 - Doctor at the Youth Health Centre
 - Nurse Practitioner at the Youth Health Centre
 - Doctor outside the Youth Health Centre
 - Social worker
 - Mental Health counselor
 - Addiction counselor
 - Community supports/resources (e.g., Kids Help Phone, etc.)
 - School services (e.g., Guidance Counselor, student support worker, etc.)
 - Other:

10. Did you attend/make use of any of the resources you were referred to by the Youth Health Centre? _____

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="radio"/> Yes. If yes, which (Please check all that apply):<ul style="list-style-type: none"><input type="radio"/> Doctor at the Youth Health Centre<input type="radio"/> Nurse Practitioner at the Youth Health Centre<input type="radio"/> Doctor outside the Youth Health Centre<input type="radio"/> Social worker<input type="radio"/> Mental Health counselor<input type="radio"/> Addiction counselor<input type="radio"/> Community supports/resources (e.g., Kids Help Phone, etc.)<input type="radio"/> School services (e.g., Guidance Counselor, student support worker, etc.)<input type="radio"/> Other: | <ul style="list-style-type: none"><input type="radio"/> No. If no, why not? (Please check all that apply)<ul style="list-style-type: none"><input type="radio"/> Not interested<input type="radio"/> Not important<input type="radio"/> No time to go<input type="radio"/> No way to get there<input type="radio"/> Concerns around confidentiality/privacy that they would tell my parents<input type="radio"/> Other: |
|--|--|

Involvement in the Youth Health Centre

11. Aside from seeking health information or Youth Health Centre presentations, group discussions, classes, etc., have you been involved in the Youth Health Centre in other ways? _____

- No
- Yes. If yes, how have you been involved? (Please check all that apply)
 - General volunteer work
 - Providing input into the Centre's physical setting or appearance
 - Youth Health Centre Steering or Advisory Committee, Board of Directors, etc.
 - Youth Health Centre representative on Student Council
 - Member of Youth Action Teams, Youth Advisory Council, GSA, etc.
 - Providing input into services and supports offered by the Youth Health Centre
 - Presentations
 - Organizing an event
 - Peer educator
 - Discussion group
 - Social support activities
 - Involvement in decision making (ability to openly voice opinions)
 - Assisting with training programs and activities
 - Youth Health centre communication (e.g., newsletter, centre logo)
 - Participation in Youth Health Centre evaluation
 - Grants
 - Other:

12. Are you as involved in the Youth Health Centre as you'd like to be? _____

- Yes
- No. If no, how would you like to be more involved?

13. Do you think the Youth Health Centre is easy to go to? _____

- Yes
- No, if no what changes are needed?
 - Better location
 - Better hours
 - Other:

Skip to question #15

Improvements to the Youth Health Centre

14. The Youth Health Centre provides free and confidential health services and other supports to youth. The centre provides information on various topics related to youth health, from sexually transmitted infections (STIs), to nutrition. Now that you know about the Youth Health Centre, would you see yourself using it in the future?

- Yes
- No. If no, why would you not use the Youth Health Centre? *(Please check all that apply)*
 - No reason to go to the Youth Health Centre
 - Nervous about going to the Youth Health Centre
 - Afraid somebody would find out (e.g., friends, parents, teachers, etc.)
 - It's hard for me to get there (e.g., no time, transportation,
 - Inconvenient hours, etc.)
 - Heard bad things about the Youth Health Centre

15. What could the Youth Health Centre do to better support you and your health? (Please check all that apply) _____

- Self help information (e.g., brochures, videos, etc.)
- Peer discussion/support groups (e.g., at school, chat rooms, etc.)
- Presentations, class discussions
- Advice from a doctor or nurse
- Advice from other professionals such as social workers, psychologists, etc.
- Free community supports (e.g., teen helpline, Smokers helpline, etc.)
- Other:
- Nothing

16. Are there any services you would like your Youth Health Centre to provide more of? _____

.....

.....

.....

17. Is there anything you would like to see changed about the Youth Health Centre? _____

.....

.....

.....

Demographics

18. Which school do you go to? _____

- | | |
|--|---|
| <input type="radio"/> Amherst Regional High | <input type="radio"/> Chedabucto Education Centre – Guysborough Academy |
| <input type="radio"/> Auburn Drive High | <input type="radio"/> Cole Harbour District High |
| <input type="radio"/> Breton Education Centre | <input type="radio"/> Dalbrae Academy |
| <input type="radio"/> Bridgetown Regional High | <input type="radio"/> Dr. John H. Gillis Regional High |

- Glace Bay High
- Halifax West High
- Memorial High
- Northumberland Regional High
- Pictou Academy – Dr.Thomas McCulloch Jr.High
- Prince Andrew High
- Shelburne Regional High
- Sir John A. MacDonald High
- Springhill Junior-Senior High
- Sydney Academy

19. What grade are you taking most of your courses? _____

- Grade 9
- Grade 10
- Grade 11
- Grade 12

20. Which best describes your gender? _____

- Female
- Male
- Intersex
- Transsexual/Transgender
- Rather not say
- Other

21. Which best describes your sexual orientation? _____

- Heterosexual (straight)
- Gay
- Lesbian
- Bisexual
- Rather not say
- Other

22. Which best describes you (check all that apply)? _____

- African Nova Scotian
- Francophone
- First Nations
- Arabic
- Asian
- Rather not say
- White/Caucasian
- Other (*please describe*)

23. Is there anything else you would like us to know about your experience with the Youth Health Centre? _____

.....

.....

.....

.....

.....

.....

Thank you for your time and honest feedback!

Appendix 2

Survey Methodology

An independent evaluation consultant was contracted to help conduct the evaluation and worked closely with the evaluation consultant from NSHPP as well as the provincial Evaluation Subcommittee for Youth Health Centres

in developing the survey, collecting and analyzing the data, and writing the final report.

Instrument Development

The Youth Health Centre (YHC) survey was developed by the consultant based on the objectives of the evaluation and a review of the literature related to the evaluation objectives. The draft instrument was reviewed by the evaluation consultant from NSHPP and the Evaluation Subcommittee as well as YHC Coordinators from across the province, and modifications were made based on the feedback received.

Nova Scotia Health Promotion and Protection created an online version of the survey using Survey Select software.

The online survey was pilot-tested with a sample of students from grades 9 to 12 for face and content validity. Minor adaptations were made based on the feedback received and the survey was finalized.

Sample

The sampling design for the YHC survey was a randomized stratified cluster design to provide a representative sample of Nova Scotia students in grades 9 to 12. The classes served as clusters and were stratified based on grade and whether the school belonged to the Halifax Regional School Board (HRSB) or not. The stratification on whether schools belonged to the Halifax Regional School Board or not was done for two reasons: 1) The HRSB did not give permission for the survey to be administered in the grade 9 therefore the HRSB stratum did not include grade 9 and 2) the HRSB required parental consent for students to complete the survey whereas the other School Boards did not, therefore it was felt that the respondents may be somewhat different in the HRSB.

For each grade the design was a single stage cluster sample and is proportional to the size of the class per school (the sizes of the classes

varied considerably due to absenteeism and other variables) with some schools as small as 10 students and other as large as 25. There were a total of seven strata, three from the HRSB (grade 10, 11 and 12) and four from the other School Boards in the province (grade 9, 10, 11 and 12). For each grade, six schools were selected for a total of twenty four classes/clusters.

To further help to ensure a representative sample, classes that the majority of students participate in were selected (i.e., the Healthy Living class for grade 9 which is mandatory for all grade 9 students, English 10 for grade 10 which is mandatory for all grade 10 students, English 11 and English/Communications 11 which are taken by the majority of grade 11 students, and English 12 and English/Communications 12 which is taken by the majority of grade 12 students).

Data Collection

The survey was administered over a six week period from mid April 2009 to end of May 2009. The principals of the schools were initially contacted and they then provided the names of teachers for the selected grades. A cover letter and instruction sheet for administration of the survey through the

online link was provided to the teachers, who then organized the administration of the survey in their class. Teachers were offered additional support from the evaluation consultant at NSHPP (if required). A total of 529 students completed the survey from 18 schools.

Data Analysis

Frequencies and descriptive statistics were calculated using the statistical software package SAS, with missing data removed from the calculations. The estimation of the parameter of standard errors was performed using the Jackknife methodology, and is less than 5%. The data was weighted so that each student would be weighted to appropriately represent the

students in their class and stratum. The results from the close-ended questions are presented as frequencies in table format and/or graphs with accompanying text. The qualitative data from open-ended questions were analyzed using content analysis and are summarized and reported.

Appendix 3

Story Dialogue Methodology

Overall Approach

A story dialogue with Youth Health Centre (YHC) Coordinators was identified as one of the data collection methods for the outcome evaluation in the Evaluation Framework. The story dialogue method consists of participants sharing written stories in small groups followed

by the analysis of two or more case stories using reflective circles, dialogue, generation of insight cards, and formation of theory descriptions. A detailed description of the story dialogue session conducted with the YHC Coordinators is provided below.

Sample and Recruitment

The members of the Provincial Evaluation Subcommittee in consultation with the Managers of the Youth Health Centre (YHC) Coordinators in each District Health Authority (DHA) developed a list of potential participants for the story dialogue session. One to four participants were invited from each DHA (depending on the size of the DHA) with the aim of recruiting 12 to 14 participants from across the province. An invitation was sent to potential meeting participants as well as guidelines for writing a story (attached).

A total of 10 Youth Health Centres from five of the nine DHAs participated in the story dialogue session. Two of the DHAs that did not participate were unable to recruit Coordinators for the session due to conflicts with scheduling. In the other two DHAs YHC Coordinators were recruited for the session but were unable to attend due to illness. A total of 12 written stories were received from Coordinators in seven DHAs. Table 1 provides a summary of the participants of the story dialogue session and the written stories received.

Table 1: Participants of the Story Dialogue Session and Written Stories

District Health Authority	Number of Participants	Number of Written Stories
1. South Shore Health	One	One
2. Southwest Health	One	One
3. Annapolis Valley Health	None	None
4. Colchester East Hants Health Authority	Two	Two
5. Cumberland Health Authority	None	None
6. Pictou County Health Authority	None	One
7. Guysborough Antigonish Health Authority	None	One
8. Cape Breton District Health Authority	Two	Two
9. Capital District Health Authority	Four	Four
Total	Ten	Twelve

Data Collection

Meeting participants worked in small groups of approximately five participants to share and reflect upon their stories. Each small group had a facilitator to help guide the reflective discussion.

The story dialogue process began with three to five people in each small group sharing their story. Following the sharing of the stories, the facilitators used a set of questions to guide the discussion (the reflective questions are attached). The focus of the written stories and discussion was on Youth Health Centre Coordinators' work with diverse and/or marginalized

youth. Facilitators and challenges of working with and reaching diverse and/or marginalized youth were also explored during the discussion.

The facilitators took hand written notes during the group discussion and these notes, along with the written stories formed the raw data for analysis. At the conclusion of the small group discussion, participants were asked to reflect on insights (e.g., key lessons learned, "aha" moments, etc.). These insights also became part of the raw data (along with the written stories and notes from the small group facilitators).

Data Analysis

Following the small group work, meeting participants worked as a large group to categorize the insights into themes. The themes were named by the large group and participants then worked in groups of three to develop a description of each theme. The descriptions were shared within the large group to ensure they encompassed the insights and nothing was forgotten.

Following the story dialogue session, the evaluation consultant reviewed the written stories to ensure that all themes had been captured. Excerpts

from the stories are used to illustrate and substantiate the themes/findings. The hand written notes from the facilitators were reviewed and quotations from these notes are also used to illustrate the themes/findings. Qualitative methods including written stories are exploratory in nature and thus provide rich and valuable insights into people's views and feelings. Although they are not intended to be generalized or quantified, they help to show how YHCs work.

Story Dialogue Workshop for Youth Health Centre Coordinators

June 12, 2009, 9:30 a.m. to 3:00 p.m. • Holiday Inn Express • 133 Kearney Lake Road • Halifax

You are invited to a workshop to share your experiences of engaging diverse and/or marginalized youth in your work at the Youth Health Centre. This Story Dialogue workshop with YHC Coordinators is part of the

provincial evaluation of Youth Health Centres. We would like you to write a story **about the work you do to reach diverse and/or marginalized youth**. Stories are generally one to three pages long but any length is fine.

Below are a few pointers or guidelines for writing your story.

A good story is one that, relative to the workshop theme (e.g., engaging diverse and/or marginalized youth), does one or more of the following:

- Demonstrates a “success”
- Demonstrates the challenge(s) and/or barrier(s)
- Was particularly stimulating for you or others
- Offers some beneficial lessons for you and your colleagues about engaging and working with diverse and/or marginalized youth.

Assume that your story-listener knows nothing about the context, setting or circumstances surrounding your story. Provide a lot of description, e.g.:

- Who was involved
- What actions you and others did
- When and where the actions took place
- What actions went smoothly
- What actions were problematic

Explain some of the reasons why you chose your actions:

- How your actions helped to reach diverse and/or marginalized youth
- How your school's structure and relationships affected what actions you chose
- How the community context affected what actions you chose
- How colleagues, partners and youth viewed your work (the feedback you received)

Offer some reflections on your own story:

- From your experience, what you would do differently next time
- Why you would do it differently
- What strengths you have gained that will help you in your work with diverse and/or marginalized youth
- What you have learned from diverse and/or marginalized youth that helps you in your work

Do not worry about grammar or spelling. We're just interested in your story!

Thank you and we look forward to seeing you on June 12th!

Story Dialogue Workshop Youth Health Centre Coordinators Questions for Reflection

Final, May 14, 2009

After the story has been told, each person in the small group (in turn) should think back over the story and comment on:

- Is there anything about the story that I can relate to? Do I share any of the same feelings or experiences? If so, which ones?
- How are my experiences the same as those who shared the story?

The following questions are meant as a guide only

“What” (Description) Questions

These will help us better understand the story that was just shared. Examples of “what” questions could be:

- What steps have we taken to accomplish what we set out to do in reaching diverse and/or marginalized youth?
- What were our successes?
- What were our problems?
- How did we and our partners work together to accomplish what we set out to do?

“Why” (Explanation) Questions

The next step is to move deeper in the story and ask “why” things happened the way they did. “Why” questions invite a discussion on causes and help clarify the story that has just been told.

Some of the questions asked at this stage should include:

- Why did we do what we did?
- Why do we think it contributed to engaging diverse and/or marginalized youth?

- What skills were contributed in the story to make the work successful?
- Who and what supported you in engaging and working with diverse and/or marginalized youth?
- What did we find frustrating or disappointing about engaging and working with diverse and/or marginalized youth?

“So What” (*Synthesis*) Questions

To further understand each other’s stories, we need to question each other’s way of thinking. We also need to ask questions to help clarify the assumptions that each person has.

Some of the questions that could help us to do that are:

- What is not clear about engaging and working with diverse and/or marginalized youth?
- What have we learned from our work with diverse and/or marginalized youth?
- How have people (or the school community including youth, teachers, administrators, staff, parents, etc.) changed through the process?
- How have other organizations and partners changed through the process?
- How did relationships between people and organizations change in the process?
- What were the unexpected spin offs?

“Now What” (*Action*) Questions

The purpose of the next stage of the discussion is to get from the story what are the lessons from our experiences, to look at what we have learned about building partnerships and strengthening our community. The purpose of telling our stories is to help those involved in working with diverse and/or marginalized youth decide where to go from here.

Some questions at this stage could include:

- What would we do differently next time?
- How can we more effectively engage and support diverse and/or marginalized youth?
- What will we do next?
- What strengths have we gained that will help us do things more effectively in the future?
- What areas do we need to build on?
- What other supports are needed so we can more effectively engage and work with diverse and/or marginalized youth?

This level of questioning takes what we think was important about the story and allows us to think about what we would do the same or differently next time.

Youth describe the health centre as a “safe community”, “a place to be listened to, understood, and heard.”

Youth Health Centres in Nova Scotia

An Evaluation