



**Collins  
Management  
Consulting &  
Research Ltd.**

# **An Evaluation of Youth Health Centres in Nova Scotia**

*Phase III Report*



# **An Evaluation of Youth Health Centres in Nova Scotia**

## *Appendix B: Case Studies Of Selected YHCs*

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

Prepared by:

### **Collins Management Consulting & Research Ltd.**

106 Crichton Avenue  
Dartmouth, Nova Scotia, B3A 3R5  
T: 902.461.9606  
F: 902.461.9716  
E: [bcollins@collinsmgmt.ns.ca](mailto:bcollins@collinsmgmt.ns.ca)

**October 20, 2003**

## TABLE OF CONTENTS

<b>1.</b>	<b>PURPOSE OF CASE STUDIES .....</b>	<b>1</b>
<b>2.</b>	<b>LESBIAN, GAY AND BISEXUAL YOUTH PROJECT.....</b>	<b>2</b>
	HISTORY AND FOCUS OF THIS YHC.....	2
	PERSPECTIVES ON THE EVALUATION ISSUES .....	3
	<i>Governance structure</i> .....	3
	<i>Sustainability</i> .....	4
	<i>Accessibility</i> .....	6
	<i>Results</i> .....	7
	LESSONS LEARNED TO DATE.....	8
<b>3.</b>	<b>SPARTAN LIFESTYLE CENTRE .....</b>	<b>9</b>
	HISTORY AND FOCUS OF THIS YHC.....	9
	YHC PERSPECTIVES ON THE EVALUATION ISSUES .....	9
	<i>Governance structure</i> .....	9
	<i>Sustainability</i> .....	10
	<i>Accessibility</i> .....	11
	<i>Results</i> .....	11
	LESSONS LEARNED TO DATE.....	14
<b>4.</b>	<b>HIP FOR YOUTH.....</b>	<b>15</b>
	HISTORY AND FOCUS OF THIS YHC.....	15
	PERSPECTIVES ON THE EVALUATION ISSUES .....	15
	<i>Governance structure</i> .....	15
	<i>Sustainability</i> .....	16
	<i>Accessibility</i> .....	17
	<i>Results</i> .....	18
	LESSONS LEARNED TO DATE.....	19
<b>5.</b>	<b>GLACE BAY YOUTH HEALTH CENTRE.....</b>	<b>20</b>
	HISTORY AND FOCUS OF THE GLACE BAY YHC .....	20
	PERSPECTIVES ON THE EVALUATION ISSUES .....	21
	<i>Governance structure</i> .....	21
	<i>Sustainability</i> .....	22
	<i>Accessibility</i> .....	23
	<i>Results</i> .....	24
	LESSONS LEARNED TO DATE.....	26

## 1. PURPOSE OF CASE STUDIES

---

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

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

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

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

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

## 2. LESBIAN, GAY AND BISEXUAL YOUTH PROJECT

---

### *HISTORY AND FOCUS OF THIS YHC*

---

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

The mission statement of the Youth Project states that it aims “to make Nova Scotia a safer, happier and healthier place for lesbian, gay, bisexual and transgendered youth through support, education, resource expansion and community development.”<sup>1</sup>

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

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

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

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

---

<sup>1</sup> Lesbian, Gay and Bisexual Youth Project web site: <http://www.youthproject.ns.ca/>

<sup>2</sup> Other centres: Red Door Youth and Adolescent Health Centre in Kentville; Our House Youth Wellness Centre in Shelburne.

<sup>3</sup> Human Resources Development Canada

<sup>4</sup> Information available on the Project’s web site.

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

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

## **PERSPECTIVES ON THE EVALUATION ISSUES**

---

### **GOVERNANCE STRUCTURE**

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

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

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

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

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

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

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

- Youth-inclusive and youth-directed.

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

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

## SUSTAINABILITY

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

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

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

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

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

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

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

*“It’s often said, right, people quite often say around here, that the Youth Project is a product of its own success in a way. The problems that we have trying to meet the needs are because as the Project gets bigger and gets more well known, the needs get bigger, right? And it’s like this is really the biggest challenge, I think, is keeping up with what we’re hearing from the youth is what’s needed. ...*

*It just thrills me to think of what we could do possibly do here if we were more secure with our funding, or if we had more access to funds, it just thrills me to know what we could provide to the youth of this Province if we had that [financing]...*

*The fact of the matter is that with our current funding level, we can’t even maintain the programs that we have right now. That’s the problem. That is the real problem that we have.”*

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

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

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

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

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

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

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



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

## **ACCESSIBILITY**

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

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

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

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

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

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

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

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

## RESULTS

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

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

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

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

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

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

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

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

## **LESSONS LEARNED TO DATE**

---

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

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

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

## 3. SPARTAN LIFESTYLE CENTRE

---

### *HISTORY AND FOCUS OF THIS YHC*

---

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

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

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

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

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

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

### *YHC PERSPECTIVES ON THE EVALUATION ISSUES*

---

#### **GOVERNANCE STRUCTURE**

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

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

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

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

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

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

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

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

## **SUSTAINABILITY**

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

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

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

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

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

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

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

## ACCESSIBILITY

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

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

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

Other challenges of accessibility noted by youth include:

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

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

## RESULTS

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

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

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

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

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

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



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

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

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

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



<b>Is the YHC generally successful in meeting the needs of youth:</b>	
	<ul style="list-style-type: none"> <li>▪ YHC should help promote the different months, such as Black history month</li> </ul>
	<ul style="list-style-type: none"> <li>▪ More promotion needed among different groups in the school</li> </ul>

## ***LESSONS LEARNED TO DATE***

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

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

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

## 4. HIP FOR YOUTH

---

### **HISTORY AND FOCUS OF THIS YHC**

---

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

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

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

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

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

### **PERSPECTIVES ON THE EVALUATION ISSUES**

---

#### **GOVERNANCE STRUCTURE**

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

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

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

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

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

Standards that participants believe should be considered include:

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

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

## **SUSTAINABILITY**

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

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

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

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

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

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

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

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

### **ACCESSIBILITY**

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

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

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

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

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

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

## RESULTS

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

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

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

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

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

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

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

## ***LESSONS LEARNED TO DATE***

---

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

Other considerations raised by participants include the following:

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

## 5. GLACE BAY YOUTH HEALTH CENTRE

---

### *HISTORY AND FOCUS OF THE GLACE BAY YHC*

---

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

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

The mandate of this school-based centre is “to provide youth with access to a comprehensive range of health related services through a combination of direct services and coordination of and referral to services already available and accessible in the community”<sup>5</sup>.

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

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

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

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

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

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

---

<sup>5</sup> Cape Breton DHA web site: [http://www.cbdha.nshealth.ca/services\\_alfab.html#96](http://www.cbdha.nshealth.ca/services_alfab.html#96)



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

## ***PERSPECTIVES ON THE EVALUATION ISSUES***

---

### **GOVERNANCE STRUCTURE**

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

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

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

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

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

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

---

<sup>6</sup> Up to three times a year



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

## SUSTAINABILITY

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

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

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

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

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

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

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

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

## **ACCESSIBILITY**

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

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

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

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

---

<sup>7</sup> <http://www.ncyens.org/NewHistory.htm>

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

## RESULTS

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

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

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

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

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

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

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

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

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

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

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

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

---

## **LESSONS LEARNED TO DATE**

---

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

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

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