Collins Management Consulting & Research Ltd.

An Evaluation of Youth Health Centres in Nova Scotia

Phase III Report

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Phase III Final Report

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ACKNOWLEDGEMENTS

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

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

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

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

EXECUTIVE SUMMARY

OVERVIEW

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

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

- To identify "best practice" aspects of YHCs in the literature (Phase I);

- To describe the various models of YHCs operating in Nova Scotia (Phase II);

- To describe, using both quantitative and qualitative data, the impact of YHCs on the health of youth (Phase III);

- To identify barriers faced by youth when accessing YHC services and programs (Phase III);

- To assess the effectiveness and efficiency of the various models of YHCs in Nova Scotia (Phase III); and

- To recommend key elements (including staff qualifications and mix; essential services; hours of operation; and so on) for the establishment and success of new YHCs while recognizing the unique needs of smaller YHCs and/or rural/remote YHCs in the province (Phase III).

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

- **YHC Governance**: this issue addresses the fundamental issue affecting the longer-term success of YHCs: topics related to the overall responsibility and accountability for YHCs;

- **YHC Sustainability**: this issue examines the financial viability of YHCs and the impact of sustainable funding on the ability of YHCs to meet the needs of youth;

- **YHC Accessibility**: this issue examines various dimensions of YHC accessibility, including location, hours of operation and YHC expansion; and

- **YHC Results**: this issue is concerned with results measurement and reporting topics.

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

METHODOLOGIES AND CONSULTATION PROCESS

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

- Interviews with key informants with perspectives on YHCs:

- A focus group with five YHC coordinators in Halifax.

- Six focus groups with youth in both school-based and community-based YHCs;

- Four focus groups with Boards of Directors and other YHC stakeholders.

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

CONCLUSIONS AND RECOMMENDATIONS

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

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

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

1. YHCs — both school-based and community-based — should be formally included as part of the formal health care system.

2. YHCs should build on their existing capacity by retaining their existing Boards of Directors as "Advisory" Boards. These Boards should have a substantial youth involvement.

3. The Department of Health should provide leadership in the development of consistent, province-wide policies, standards and evaluation. These should be developed in partnership with major stakeholders and, where appropriate, the Department of Education.

4. Operational standards for YHCs should be developed by the DHAs.

5. YHC coordinators should have professional qualifications to support the YHC model.

6. YHCs should demonstrate accountability for results at both provincial and DHA levels, using the performance model developed for Phase I.

7. Communication amongst YHCs to share best practices — both process and programs — should be strengthened.

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

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

8. The Department of Health should encourage DHAs to have YHCs, in recognition of the primary health care delivery role played by both school and community-based YHCs.

9. DHAs should provide stable, ongoing funding to sustain both school and community-based YHCs within their health districts.

10. The Department of Health should build relationships and collaborate with other provincial level government departments that have a mandate related to youth health (Provincial CAYAC) as well as play a leadership role in developing sustainable, effective funding relationships with other departments and agencies with a mandated interest in youth issues.

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

Recommendations to address YHC accessibility are summarized below:

11. YHCs should be available to all youth in the province, either at a school-based or community-based facility.

12. Clear policies and standards need to be established concerning the relationship between the YHC and the formal education system to ensure that the roles of both the YHC and the education system are clearly understood.

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

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

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

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

1. INTRODUCTION

BACKGROUND TO THE EVALUATION

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

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

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

- To identify "best practice" aspects of YHCs in the literature (Phase I);

- To describe the various models of YHCs operating in Nova Scotia (Phase II);

- To describe, using both quantitative and qualitative data, the impact of YHCs on the health of youth (Phase III);

- To identify barriers faced by youth when accessing YHC services and programs (Phase III);

- To assess the effectiveness and efficiency of the various models of YHCs in Nova Scotia (Phase III); and

- To recommend key elements (including staff qualifications and mix; essential services; hours of operation; and so on) for the establishment and success of new YHCs while recognizing the unique needs of smaller YHCs and/or rural/remote YHCs in the province (Phase III).

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

- **YHC Governance**: this issue addresses the fundamental issue affecting the longer-term success of YHCs: topics related to the overall responsibility and accountability for YHCs;

- **YHC Sustainability**: this issue examines the financial viability of YHCs and the impact of sustainable funding on the ability of YHCs to meet the needs of youth;

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

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

EVALUATION METHODOLOGY

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

- Interviews with key informants with perspectives on YHCs:
  - 10 interviews with community/other stakeholders
  - 15 interviews with Youth Health Centre staff
  - 10 interviews with health professionals

- A focus group with five YHC coordinators in Halifax.

- 6 focus groups with youth in both school-based and community-based YHCs;
  - Lesbian, Gay, Bisexual Youth Project in Halifax (community-based YHC);
  - Spartan Lifestyle Centre at Dartmouth High School;
  - HIP for Youth at Bridgetown Regional High School;
  - Glace Bay YHC at Glace Bay High School.
  - Beechville-Lakeside-Timberlea (B-L-T) Teen Health Centre at the Ridgecliff Middle School in Beechville;
  - Musquodoboit Valley YHC in Middle Musquodoboit

- 4 focus groups with Boards of Directors and other YHC stakeholders[1];
  - Lesbian, Gay, Bisexual Youth Project in Halifax (community-based YHC);
  - Spartan Lifestyle Centre at Dartmouth High School;
  - HIP for Youth at Bridgetown Regional High School;
  - Glace Bay YHC at Glace Bay High School.

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

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

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

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

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

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

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

OVERVIEW OF THE YHC EVALUATION REPORT

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

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

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

- Chapter 2— YHC GOVERNANCE ISSUES reviews the importance of governance in defining the role and purpose of YHCs. This chapter examines governance issues related to YHC organizational structures and accountability. Attention is paid to the importance of Policies and Standards of Practice for YHCs, including the development of different kinds of policies and standards. The important role and contribution of partners to the success of YHCs is discussed here as well.

- Chapter 3 —SUSTAINING YHCs IN NOVA SCOTIA focuses on the financial sustainability and its critical importance to the success on YHCs. Three different perspectives on YHC costs are investigated. Examples of opportunities that were missed due to funding constraints are examined and the case is made for supporting YHCs through sustainable funding.

- Chapter 4 —ACCESSIBILITY ISSUES describes the current situation with respect to YHC accessibility for youth throughout the province. The different dimensions of accessibility are explored in this chapter.

- Chapter 5 — STAKEHOLDER PERSPECTIVES OF YHC RESULTS examines issues and challenges surrounding the reporting of quantitative and qualitative YHC results.

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

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

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

2. YHC GOVERNANCE ISSUES

INTRODUCTION

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

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

YHC PURPOSE AND ROLE

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

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

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

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

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

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

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

- *Health promotion for youth*: All YHCs provide health information as part of their role and for many YHCs, health promotion is their major role. Health promotion enables individuals, groups and communities to take control over their own health. Most YHCs provide services such as health assessments, sexuality information and disease prevention to help youth improve their overall health.

- *Primary health care*: Four YHCs in the Eastern DHA provide the most comprehensive set of primary health care services to youth within a school setting. These Centres see their role as providing improved access to primary care through the delivery of clinical services by a YHC coordinator/nurse, with both on-site and off-site referrals to physicians where required. This primary care delivery role is part of the services provided to youth within a DHA. A small number of YHCs in the province, including several in Capital Health, provide clinical services at the present time but at a less comprehensive level than in the Eastern DHA.

- *Health education*: This role is concerned with providing information to youth about healthy living and is part of the role of all YHCs. Activities include the distribution of information on a range of health-related topics such as nutrition, stress management and birth control counselling.

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

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

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

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

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

ORGANIZATIONAL STRUCTURES AND ACCOUNTABILITY

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

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

- *Boards of Directors*: all community-based YHCs have a formal Board of Directors that sets policies and directs the operations of the YHC. School-based YHCs, including those that are directly part of the health care system, may not have official Boards of Directors. The Dartmouth YHC has a formal Board of Directors.

- *Advisory Boards*: about 60 percent of school-based YHCs have Advisory Boards that provide input to the policies and practices of their YHC.

- *Administrative Approach*: close to one third of YHCs operate as centres with staff provided by health organizations. These school-based centres may have an informal community and/or youth advisory committee.

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

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

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

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

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

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

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

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

- **Bridgetown HIP YHC: "***The nurse gives statistics to the coordinator with the VON. The coordinator oversees HIP because the nurse wants to have someone to be accountable to.*

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

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

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

- **Dartmouth YHC:** *"We have monthly meetings of our board. We have minutes and we have short-term goals. The board is incorporated."*

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

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

- Nova Scotia Department of Health;

- Individual DHAs; and

- Specific organizational elements within DHAs such as Acute Care, Primary Care or Public Health.

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

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

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

YHC POLICIES AND STANDARDS OF PRACTICE

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

DEFINING POLICIES AND STANDARDS OF PRACTICE

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

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

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

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

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

THE CURRENT SITUATION

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

These policies and standards have been developed around:

- Confidentiality for youth;

- Screening of volunteers and staff;

- Implementation of servicing — using a youth-centred model;

- Education standards relating to teaching of curriculum;

- Education standards for counselling — again using the youth-centred model; and

- Building youth participation directly into the Board.

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

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

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

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

PERSPECTIVES ON DEVELOPING STANDARDS

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

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[5] Response to YHC Evaluation Interview Guide

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

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

DARTMOUTH:

- *"Clinical standards need to be developed."*

- *"Determining areas the YHCs provide services in — clarifying the line between counselling and advice."*

- *"Standards around staffing of the YHCs."*

- *"Standards to include students on the boards."*

- *"Standards around accountability."*

- *"Standards around orientation of all school staff to the YHC."*

- *"Physical plant standards (existence of a washroom, size of rooms)."*

GLACE BAY

- *"It is very important that clinical services be offered so the nurse is able to see the youth and give them birth control pills. They're able to have STDs testing, and see a nurse with regard to smoking and nicotine replacement."*

- *"Doctors should be available to the YHC a couple of days a week – actually come into the centre. That promotes the credibility of the centre to parents."*

- *"Sustainable funding is critical – Glace Bay is funded through Health already and wants to keep it that way."*

- *"Other standards would include standards around reporting information and data so the data collection would be similar."*

- *"Standards around staffing of the YHCs including continuing education in adolescent health (PD). We would like to see nurses have clinical education and experience and training and education in adolescent health."*

- *"Standards around confidentiality; hours of operation; safety (coordinator has a security button in her office)."*

- *"Student evaluation of YHC services."*

- *"Standards for getting advice from a medical director on touchy adolescent health issues (birth control for 12 years olds, abortions and so on)."*

BRIDGETOWN

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

- ▪ *"Standards in infrastructure and hours of operation."*

- ▪ *"Availability of resources that the health centre does not have the money to buy right now (videos, educational materials)."*

- ▪ There was a strong debate in the focus group about the need for sexual related clinical services. There was opposition on the part of the community to providing birth control pills when the centre started.

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

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

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

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

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

STANDARDS FOR STAFFING

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

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

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

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

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

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

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

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

RELATIONSHIPS WITH PARTNERS

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

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

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

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

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

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

- *"They are crucial; you can't function by yourself. And we can only do so much by ourselves."* Glace Bay YHC focus group

- *"Our partnerships are important in that they build on and supplement the resources available through the YHC (e.g., the social workers and counsellors are available at the Parent Resource Centre). Another partner, the Dartmouth Community Health Board provides funds to run the Lunch and Learn sessions. ...The school provides the space, heat and light, and access to students. The partnerships are in place because they were all needed. The partners all saw the value of the YHC."* Dartmouth YHC focus group

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

DARTMOUTH YHC FOCUS GROUP

- *"Open communication with physicians in the community and the hospitals so that the YHC can refer youth to them."*

- *"Recognition of mutual benefits — for example, our teen moms can access programs at the Parent Resource Centre on Wentworth St., and the Centre in turn has its staff come to our YHC and offer programming as well."*

GAY, LESBIAN AND BISEXUAL YOUTH PROJECT FOCUS GROUP

- *"An understanding by our partners and a level of awareness of the need and unique situations that affect gay, lesbian, bisexual and trans-gendered youth."*

- *"A commitment by our partners to long-term sustainable funding."*

- *"Respect for our model that is youth directed."*

- *"Accountability by both the organization and the funding partners."*

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[6] Some communities have Family Resource Centres.

BRIDGETOWN HIP FOCUS GROUP

- *"Support to keep going in tough times, a sharing of expertise, enthusiasm."*

- *"Referrals of youth to the YHC from partners and vice versa."*

GLACE BAY YHC FOCUS GROUP

- *"Communication and a true understanding what each other does — this is what the nurse does, the guidance counsellor does, the principal does…"*

- *"A willingness to work together, share ideas, work together to see the problem as a community problem not just a school or an individual kid problem."*

- *"Sharing of resources and whatever needs to happen to make it work for the youth."*

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

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

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

OTHER GOVERNANCE ISSUES

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

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

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

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

Table 1: Proposed YHC Results-Based Model

Activities (How the YHC carries out its work)	Outputs (The programs, services and supports of the YHC)	Reach (Who the YHC works for & with)	Direct Outcomes (Immediate results)	Ultimate Outcomes (Long-term results)

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

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

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

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

3. SUSTAINING YHCS IN NOVA SCOTIA

INTRODUCTION

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

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

FUNDING AND SUSTAINABILITY

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

Three general types of funding models now support YHCs:

- *Direct support from a DHA*: where YHCs are formally integrated within the health care system and receive ongoing operational funding. YHCs in Cape Breton are funded under this approach and YHCs in the Capital District Health Authority are presently adopting a model that will provide some level of sustainable operational funding.

- *Indirect support*: where YHCs receive ongoing part-time funding for a nurse or other health care worker from Public Health or other organization, but the Centre is required to raise funds for operational support from a variety of sources.

- *Ad hoc support*: where YHCs do not have ongoing sustainable operational funding. These YHCs obtain limited financial support for operations and projects from a variety of federal and provincial government departments, as well as DHAs, CHBs and other funding organizations.

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

In fact, YHCs have three different kinds of costs.

- **Setup costs**: associated with establishing a YHC. The major costs are for finding a space for the YHC and furnishing it. These costs may also include the acquisition of special equipment, learning resources, computers and similar items.

- **Operational costs**: are incurred to provide for the ongoing operations of the YHC. Operational costs include salaries for YHC staff as well as facility costs such as rent, utilities and consumables such as pamphlets, medical supplies and birth control materials.

- **Project funding costs**: required for projects undertaken by the YHC, or other one-time costs to address specific issues or needs.

SETUP COSTS

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

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

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

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

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

OPERATIONAL COSTS

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

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[7] Human Resources Development Canada

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

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

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

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

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

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

PROJECT FUNDING

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

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

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

MISSED OPPORTUNITIES FOR YHCS

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

- **Loss of YHC staff**: At least four YHC coordinators have left their positions at YHCs for other employment due to inadequate funding and uncertainty concerning YHC resources. Insufficient professional development resources for coordinators compound this problem; YHCs do not have funding for professional development.

- **Accessibility issues**: YHCs report that they have not been able to adequately serve the needs of youths in middle schools or in schools within their DHA. Some YHCs have developed a satellite approach for their family of schools, but resource levels limit these efforts. This issue is discussed in detail in the following chapter.

- **Limited hours of operation**: limited funding means limited hours of operation.

- **Inability to implement needed programs**: YHCs are unable to finance new programs or sustain existing ones.

- **Inability to leverage funding sources**: project funding requirements from government and institutional sources often stipulate that the project sponsor contribute a specific amount of project costs. This contribution may range from one quarter to one half of project costs. Cost-strapped YHCs do not have these funds in many instances.

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

GLACE BAY YHC

- *"Smoking cessation was a big issue for us. We applied to the Community Health Board and they gave us a grant because it was over and above our budget for the Centre; otherwise we couldn't do it."*

- *"Opening up more YHCs — we have an issue in that we have inequity in service delivery to youth; according to the Primary Health Care model, there should be equity. There's a huge inequity."*

BRIDGETOWN HIP

▪ *"More money would allow the HIP to be open more than eight hours a week (provided the VON allowed the coordinator the extra hours)."*

▪ *"More money would allow the nurse to attend PD workshops."*

▪ *"If the YHCs aren't sustainable, they will not stay within the community. Fundraising burns people out. We already know that young people do not have access to good health care in the community…there aren't enough physicians, there are no nurse practitioners, there aren't physicians who are youth friendly."*

GAY, LESBIAN AND BISEXUAL YOUTH PROJECT

▪ *"We want to increase our housing program; we need more resources to sponsor the needs of the homeless youth in the community."*

▪ *"We can't maintain the programs that we have right now. We would like to be able to travel around the province more to workshops for junior and senior high schools…our outreach is limited."*

▪ *"Sustainability of dedicated staff is tenuous because we can't provide salary increases."*

DARTMOUTH YHC

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

ADDRESSING SUSTAINABILITY ISSUES

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

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

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

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[8] See Chapter 2

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

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

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

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

4. ACCESSIBILITY ISSUES

ACCESS IS LIMITED IN NOVA SCOTIA

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

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

THE CURRENT SITUATION

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

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

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

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

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

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

ADDRESSING ACCESSIBILITY ISSUES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. STAKEHOLDER PERSPECTIVES OF YHC RESULTS

INTRODUCTION

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

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

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

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

EXPECTATIONS OF YHC RESULTS

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

- Providing health services;

- Providing a youth-centred environment;

- Providing opportunities for youth development and community involvement; and

- Developing partnerships and networks[10].

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

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

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

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

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

SHORT-TERM RESULTS OF YHCS

GLACE BAY

- *Decrease in the pregnancy rate*

- *Establish a non-smoking program in partnership with the school for zero tolerance for smoking*

- *Availability of Youth Centre as a place for teens to go with their concerns*

- *Speed up access to the health care system so that teens get services such as pregnancy tests and mental health concerns dealt with earlier than in the past*

- *Provide teenage parents with parenting skills*

- *Provide teens with education about STDs*

BRIDGETOWN

- *Provide a confidential place where teens can come and talk, and receive information with no prejudice*

- *Avoid a crisis (sexual, family relationships, peer relations)*

- *Help youth make decisions based on good information*

GAY, LESBIAN AND BISEXUAL YOUTH PROJECT

- *Respond effectively to the needs of the young people that we serve — needs ranging from educational to social to support*

- *Bring down rates of suicide, high use of drugs and alcohol*

- *Respond to needs identified by the youth – whatever they are – who come through our doors on a daily basis*

DARTMOUTH

- *Provide a smoking reduction program (third year)*

- *Work with grade 10s to look at their stress-related needs coming into High School*

- *Provide a safe place for the teens to go to deal with issues or crises*

- *Provide current information to teens quickly and effectively and provide good direction to teens*

- *Provide referrals to other agencies*

LONG-TERM YHC RESULTS OF YHCS

GLACE BAY

- *Decrease pregnancy rate*

- *Decrease smoking rate*

- *Decrease in STDs*

- *Well-adjusted children of teenage parents*

BRIDGETOWN

- *Give teens their life so they don't end up on the street*

- *Provide skills to practice for the next three or four years to be able to make decisions on their own about things that really matter in life*

GAY, LESBIAN AND BISEXUAL YOUTH PROJECT

- *Make a difference in the community, the school environments of young people and in their home lives and family lives*

- *Decrease the effects of homophobia in our society*

- *Reduced rates of suicide*

- *Reduced rates of drug and alcohol abuse*

- *Build capacity in other communities in NS to offer services like ours*

DARTMOUTH

- *Decrease in teen pregnancies*

- *Decrease in emotional problems, depression*

- *Create sexually healthy and emotionally healthy and just generally healthy kids who have a good knowledge of how to look after themselves*

- *Development of healthy relationships*

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

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

PROVIDING HEALTH SERVICES

- *Try to help youth with health and personal issues*

- *Try to keep teen pregnancy rates down*

- *Provide access to a doctor*

- *A place to get information and resources*

- *Raise awareness around health issues*

- *Help with problems such as bullying, health and social problems*

- *Keep students away from smoking, drugs and sex at a young age*

PROVIDING A YOUTH-CENTRED ENVIRONMENT

- *Try to make the school environment better*

- *Provide youth with a youth-run support system for youth*

- *Provide a place to talk confidentially*

- *Provide someone to talk to*

- *Help youth deal with the reality of being a teenager*

DEVELOPING NETWORKS AND PARTNERSHIPS

- *Provide youth with contact with other resources and/or professionals*

- *Raise awareness around a number of health and social issues*

PROVIDING OPPORTUNITIES FOR YOUTH DEVELOPMENT AND COMMUNITY INVOLVEMENT

- *Develop leadership and role models amongst youth*

- *Provide opportunities to be involved*

- *Help with grades*

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

IMPROVED DECISION-MAKING AND AWARENESS ABOUT HEALTH

- *Students making better decisions around health choices*

- *Gained practical experience and are better able to make healthy decisions*

- *Provides students with the skills necessary for better decision making*

- *Raised an awareness and an appreciation for our health*

- *Encourages students to see a doctor for health concerns and questions*

- *Some students not making better choices but know more about the risks*

- *Youth being involved has helped them learn more about their own health*

- *Staff is able to assist with health goals and provide support and necessary guidance*

- *Quit smoking program helped two focus group members quit smoking*

- *Able to make informed decisions about sexual behaviour and health issues*

- *Learned a lot about STDs that aren't as talked about such as gonorrhea and chlamydia*

- *More aware of issues around health and sexuality*

- *Know about the risks of smoking, unsafe sex, and drugs*

- *Know about the various forms of birth control and the risks associated with each*

- *Know the difference between birth control and safer sex*

- *Healthy eating book has informed them on nutrition*

- *Allows students to interact with other peers and different points of view*

FACTORS THAT LIMIT SUCCESS

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

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

GOVERNANCE

- No set of policies and operating standards such as confidentiality within the school system (mentioned 4 times);

- Not being seen as core programming for youth: not being seen as part of the health care system

- The lack of understanding among stakeholders of what YHCs do, particularly in the case of the Gay, Lesbian and Bisexual Youth Project

- Need to ensure confidentiality for youth visiting a YHC (mentioned in all youth focus groups)

- Promoting the value of the YHC to stakeholders within the education and health care system;

- Working within the school environment to collaboratively meet the needs of youth (mentioned 5 times)

- Working with guidance counsellors and determining the roles of each discipline (mentioned 5 times)

SUSTAINABILITY

- No sustainable funding (mentioned by every YHC coordinator, key informant, stakeholder focus group)

- No financial resources for accessing other skills needed from time to time by the centre

- No financial resources for professional development (mentioned 2 times)

ACCESSIBILITY

- Providing access to youth: rural areas, youth with special needs, junior high age youth (mentioned 6 times)

- Need to increase the profile of the YHC within schools and in the community (mentioned in all youth focus groups)

- Need for YHCs in junior/middle high schools (mentioned in all youth focus groups)

- Increasing youth involvement in the centre

RESULTS

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

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

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

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

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

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

6. CONCLUSIONS AND RECOMMENDATIONS

THE YHC MODEL

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

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

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

YHC GOVERNANCE

FINDINGS

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

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

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

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

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

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

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

RECOMMENDATIONS

1. YHCs — both school-based and community-based — should be formally included as part of the formal health care system. There are several approaches that would be appropriate, but the fundamental requirement is that the Centres should be part of and responsible to their District Health Authority.

2. Becoming part of the formal health care system does not mean that YHCs no longer need their Boards of Directors. Rather, YHCs should build on their existing capacity by retaining their existing Boards of Directors as "Advisory" Boards. These Boards should have a substantial youth involvement, either through direct participation or a separate Youth Advisory Committee.

3. The Department of Health should provide leadership in the development of consistent, province-wide policies, standards and evaluation. These policies and standards should be developed in partnership with the major stakeholders under the leadership of the Department of Health and, where appropriate, the Department of Education. The provincial standards should include professional standards for staffing and general policy standards.

   ▪ YHC coordinators, such as nurses, already rely on a professional code of conduct; YHC standards should consider adopting these where appropriate and useful.

   ▪ Policy guidelines should address topics such as confidentiality, safety of staff and youth, quality management, results measurement and so on. The guidelines should also address issues related to the roles, services and supports of YHCs within the health and education system in Nova Scotia.

4. Operational standards for YHCs should be developed by the DHAs. Standards for school-based YHCs should be developed in consultation with school boards to address access issues within the school system, hours of operation during the school day and school year, and so on. Policies to support the creation of new YHCs should be developed by the DHAs as well. YHCs should retain flexibility in the implementation of the operational policies and standards of practice to meet local needs.

5. YHC coordinators should have professional qualifications to be able to support the YHC model in effect. In some cases, this means professional nurses, in other cases, requirements may best be meet by a health educator or a coordinator with similar qualifications. In all cases, the coordinator needs professional qualifications in a health-related discipline.

6. YHCs should demonstrate accountability for results at both provincial and DHA levels. The performance model[11] developed for Phase I should be adopted by DHAs, with

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

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

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

SUSTAINING YHCS IN NOVA SCOTIA

FINDINGS

Three general types of funding models now support YHCs:

- *Direct support from a DHA*: where YHCs are formally integrated within the health care system and receive ongoing operational funding. YHCs in Cape Breton are funded under this approach and YHCs in the Capital District Health Authority are presently adopting a model that will provide some level of sustainable operational funding.

- Indirect support: where YHCs receive ongoing part-time funding for a nurse or other health care worker from Public Health or other organization, but the Centre is required to raise funds for operational support from a variety of sources.

- *Ad hoc support*: where YHCs do not have ongoing sustainable operational funding. These YHCs obtain limited financial support for operations and projects from a variety of federal and provincial government departments, as well as DHAs, CHBs and other funding organizations.

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

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

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

RECOMMENDATIONS

8. The Department of Health should encourage DHAs to have YHCs. These YHCs should include both school and community-based YHCs as models of primary health care delivery within the DHAs.

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

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

YHC ACCESSIBILITY

FINDINGS

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

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

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

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

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

RECOMMENDATIONS

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

12. The relationship between the YHC and the formal education system is working well in most instances. In some cases, a process needs to be undertaken to ensure that the roles of both the YHC and the education system are clearly understood. Specifically, clear policies and standards need to be established concerning, for example, the location of YHCs within schools and access to YHC services. These policies and standards need to be developed collaboratively between the DHAs and school boards. (*This recommendation supports Recommendation 4 in the Governance section.*)

YHC RESULTS: OUTPUTS AND OUTCOMES

FINDINGS

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

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

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

RECOMMENDATIONS

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

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

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

APPENDICES