

# Youth Early Intervention & Outreach Worker Evaluation Report



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## Executive Summary

The Government of Newfoundland and Labrador in Budget 2008 through the Poverty Reduction Strategy announced funding for Early Intervention and Outreach Workers for Youth. The Poverty Reduction Strategy recognizes that early intervention and targeted programs need to be in place to support the personal and social development of youth at risk of poverty. The goals of these positions are to 1) reduce the harms associated with youth substance use and 2) keep youth attached to the education system. The positions would be an extension of the continuum of Addiction Services provided by the Regional Health Authorities. Four positions were allocated for Western Health.

In February 2011, three (3) of four (4) Youth Early Intervention & Outreach Workers (YOWs) were hired by Mental Health & Addiction Services, Western Health, and established in community agencies across the Western Region. The fourth YOW was employed in August 2011. An evaluation plan was developed prior to the implementation of the program start date and included quantitative and qualitative data. Quantitative data was collected using daily and monthly reporting forms and qualitative data was collected through key stakeholder interviews and focus groups.

Youth Early Intervention & Outreach Workers (YOWs) provide group, individual, telephone and email services throughout the Western Region. For the period of February 2011 to March 2012 they provided 542 sessions. Most sessions were provided in a group setting (64%) and the remaining were either individual, in person (31%), telephone (5%), or other (1%). These services were provided to youth, mostly under the age of 20, throughout the Western Region for a total of 8664 recipients (2481 females, 1803 males, and 4380 were unknown). Some sessions were recorded as being provided to male or female, however, many were recorded as both male and female and therefore, a high number were unknown.

Results indicate a positive impact and YOW's are reaching their target population, are accessible and are providing increased access to information, programming and educational opportunities. YOW's have been successful in establishing positive partnerships with a range of community agencies. YOW's are also providing support to rural sites and this creates another level of service for communities. Some feedback from youth, parents and service providers include:

"YOW is an amazing resource for the schools.

"YOW brings a lot of resources that weren't here before."

"If the position was gone tomorrow, it would be missed."

"It's someone to talk to if you need help with problems."

"Some of the benefits of the YOW position have been actively engaging youth in educational, recreational and social programs, responding to the needs and interests of youth, helping youth develop a variety of skills, and helping youth connect to existing community services that can meet their needs."



Some expected challenges faced by the YOW's were related to geography, parent engagement and the hard to reach 19-29 year old population. Recommendations have been made to address challenges in the upcoming year.

## Background



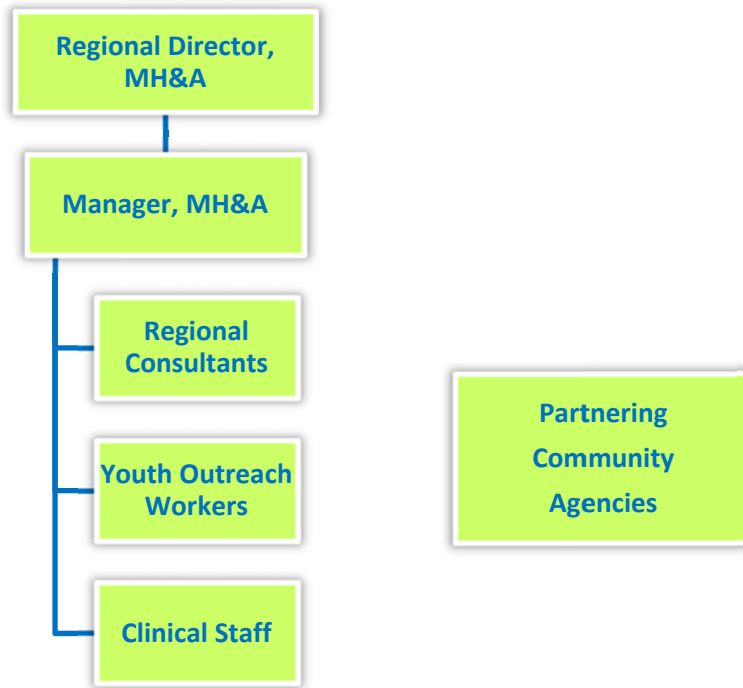
The implementation of the YOW program was delivered through a community capacity building model based on partnerships between Western Health and community agencies.

In 2009, focus groups and key stakeholder meetings were held in seven areas of the Western Region to determine appropriate location for the YOWs. The four locations identified were chosen based on their level of community engagement and/or desire to mobilize initiatives related to youth population, supportive networks available and ability to reach the youth population. Once the locations were determined, community agencies were contacted, Memorandum of Understandings were developed, and a program training and an evaluation plan were developed (with input from community agencies).

In February 2011, three (3) of four (4) Youth Early Intervention & Outreach Workers (YOWs) were hired by Mental Health & Addiction Services, Western Health, and established in community agencies across the Western Region. The fourth YOW was employed in August 2011. The partnering agencies for the YOW positions are: The Rec House Community Youth Network (Port aux Basques), Community Education Network (Stephenville), Dunfield Park Community Centre (Corner Brook) and Bonne Bay Health Centre, Gros Morne Academy and Long Range Academy (Rocky Harbour/Norris Point/Cow Head).

The YOWs participated in a week of training with the Regional Addictions Prevention Consultant and the Regional Mental Health Promotion Consultant that included: Picking Your Prevention & Promotion Path 101 & Motivational Interviewing workshops; sessions on Mental Health & Addiction Services (referral process, orientation to the program area, Western Health policies), YOW evaluation plan and data collection, adolescent development, youth engagement, harm reduction, Mental Health Care & Treatment Act, screening tools, First Contact program, resources and funding opportunities; and presentations by Regional Consultants (Western Health) and Child, Youth and Family Services. Other competency training included: Western Health General Orientation, Mental Health First Aid, Applied Suicide Intervention Skills Training and Non-Violent Crisis Intervention. Prior to training, the YOWs were encouraged to meet with key stakeholders and community partners to gather information about the strengths, challenges and gaps in service in their area related to youth programming. Based on the training and information collected, the YOWs developed their work plan for the year (2011-2012) and work plans were approved by their partnering community agency.

The YOWs have been supported throughout the year by attending regular team meetings with the Prevention and Promotion division of Mental Health and Addiction Services (Manager, Consultants, YOWs) as well as regular contact with the Consultants, Mental Health & Addictions Manager and Executive Directors of the community agencies.



The YOW positions have provided a unique opportunity for collaboration between community agencies and Western Health. The positions are placed in a way that they have provided tremendous support to the Prevention and Promotion Consultants and have added a layer of facilitation and program delivery that did not exist prior with competing demands between health promotion and clinical waitlist management.

## Evaluation Process



An evaluation plan was developed using the Western Health Evaluation Framework (2007), the Nova Scotia Department of Health, Building a Better Tomorrow Initiative: Getting Started in Program Planning & Evaluation, and Youth Outreach Worker Program: Preliminary Evaluation (2008) by Pepler, D., Knoll, G. & Josephson, W. This plan was established prior to the implementation of the YOW positions. Data collection began immediately with the start of the YOW positions. The plan included the collection of both quantitative and qualitative data. The information from this evaluation will be available for integration into the provincial evaluation plan for the initiatives funded through the Poverty Reduction Strategy.

An Evaluation Planning Template was used to determine the specific evaluation questions, identify the sources of data and identify the key stakeholders (*See Appendix A: Evaluation Plan with Daily & Monthly Reporting Forms*). The evaluation plan focused on determining if the positions were successful in achieving outcomes, if the positions had an impact on the target population and if the positions should be continued/expanded/changed (Outcome Evaluation). Information regarding the process, strategies and activities implemented by the YOW's was also collected (Process Evaluation). This information was used to determine opportunities for improvement and identify participant satisfaction with how the program unfolded.

Mental Health & Addiction Services worked collaboratively with Quality Research and Management, Western Health for data entry and analysis.

### Quantitative Data

YOWs were requested to collect information daily and monthly to determine key pieces of information including:

- Number of contacts
- Gender & Age
- Type of Contact (In Person, Telephone, Group)
- Services Provided (Supportive Counseling, Referral, Addictions Prevention, Mental Health Promotion)
- Referral Made & Type of Referral



In fall of 2011 the Department of Health and Community Services, Mental Health and Addictions division in consultation with the Regional Health Authorities discussed a provincial evaluation plan for these new positions. As a result of this process in November 2011, additional data categories were added to provide consistency in the data being collected across the province and to capture more in depth information including:

- Number of New Contacts
- Location Services Provided
- Type of Contact – Groups expanded to identify type of group
- Issues Presented
- Referral From & Referral To

YOWs are also required to submit monthly reports to the community agency and to the Program Manager of Mental Health and Addictions through the Regional Addictions Prevention Consultant.

The monthly reports included quantitative and qualitative data:

- Outline of activities in the following categories:
  - Education Sessions (e.g. one-time delivery)
  - Committee Involvement (e.g. working groups)
  - Projects/Initiatives (e.g. longer term projects – more than one time event)
  - Group Work (e.g. facilitation – more than one time event)
  - Partnerships/Community Capacity Building (e.g. meetings)
  - Research
  - Professional/Personal Development
  - Consultations
- Highlight the Top 3 Reasons for youth involvement related to Mental Health Issues
- Highlight the Top 3 Reasons for youth involvement related to Addiction Issues
- Highlight Successes & Challenges/Concerns

### Qualitative Data

Interviews and focus groups were conducted with key stakeholders as well as youth and parents to determine the effectiveness of the program. Questions were developed to help determine how YOWs are engaging youth and parents, how the role of the YOW is defined, how the program has supported change in the community, how partnerships are evolving and what changes are needed to create a more effective program. Mental Health & Addiction Services worked collaboratively with Quality Research and Management, Western Health to develop questions to ensure the correct information was collected (*See Appendix B: Focus Group/Key Stakeholder Questions*).

The following 29 interviews and focus groups were completed in the YOW locations with a total of 91 respondents.

- 4 interviews with sponsoring agencies
- 6 interviews with service providers
- 6 focus groups with service providers
- 9 focus groups with youth
- 3 interviews with parents
- 1 focus group with parents



*See Appendix C: Participant Consent Form & See Appendix D: List of Key Stakeholders*

Information related to the four (4) following themes was collected:

- Access and Awareness – How did you know to go to the YOW or how did you get to know about the YOW position?
- Strengths – What are the strengths of having a YOW?

- Challenges or Suggestions for Improvement – What are the areas for improvement? Suggestions?
- Relationships/Partnerships – Who does the YOW work/connect with?

### *Limitations*

While much effort was made to ensure an effective evaluation process, there are still some limitations to all evaluation methods. Random selection of participants was not possible due to the limited sample size or number of participants. Therefore, the qualitative data in this report is based on a small number of youth, parent, and service provider respondents. In addition, statistical information is not available for any previous years because this is the start of a new program. Therefore, the quantitative data collected will serve as the base data for the YOW program with no comparative information available. It was also determined that the tool used to collect data was difficult to use and plans have been made to work with Quality Research and Management to adapt the data collecting tool so it is more user-friendly and has better defined categories.



# RESULTS BY AREA

## Corner Brook



The YOW in Corner Brook provided 213 sessions between mid-February 2011 and March 2012. Sessions are provided in individual and group settings and include supportive counseling, addictions prevention and mental health promotion activities. Consistent with the overall statistics, most individuals were 20 years or younger. Sessions were provided to 412 females, 282 males and 2005 were unknown for a total of 2699 contacts.

58.2% of the sessions were provided in a group setting, 39% in person and 2.3% by telephone. The most common sessions provided were supportive counseling and mental health promotion sessions. 59.5% of clients received supportive counseling and 50.2% received mental health promotion sessions. It was noted that there are the same risk and protective factors for mental health and addictions issues. Therefore, addictions prevention was also captured as mental health promotion. A wide range of issues were presented in the Corner Brook area and a large number of issues presented were not documented. Fourteen referrals to other services were made out of the 213 sessions provided. In cases where referrals were not made, it was due to the following factors:

- Already connected to services;
- Early intervention service was appropriate to meet the need & other services not required;
- Referral refused.

Programs that have been initiated in the Corner Brook area since the implementation of the YOW includes:

- Community Kitchen
- Healthy Lifestyles and Skill Building Workshops for Teens (partnership with Dunfield Park Community Centre)
- Recreation Opportunities
- Helping Skills Training Program

The YOW has provided support to Wellness Days, Youth Centres (Community Youth Network & Dunfield Park Youth Group), Public Health Nurses, Guidance Counselors, P.A.R.T.Y. Program, Adult Basic Education, Primary Health Care team, Community Mental Health Initiative (CMHI), Communities in Schools, and other community partners.

The YOW has been extensively involved in Mental Health Week, Mental Illness Awareness Week, Addictions Awareness Week, FASD Awareness Day and World Suicide Prevention Awareness Day.

The YOW has also facilitated a variety of education sessions including:

- Understanding Mental Health and Mental Illness
- Stigma and Mental Health
- Anger Management / Conflict Resolution
- Alcohol and Drug Awareness
- Harm Reduction
- Self Esteem
- Positive Mental Health & Benefits of Recreation
- Healthy Relationships
- Depression & Postpartum
- Healthy Eating
- Holiday Stress-Less Tips
- Stress
- Relaxation



The following sections are based on the Qualitative Data received from focus groups and interviews by youth, parents and service providers.

### *Access & Awareness*

- Youth stated that the YOW is understanding, helpful and a good person to talk to for many situations. They stated that they know him because he is 'around', he has gone to where they are to introduce himself (ex: basketball court, youth centre, groups), and they have his contact information or know who to contact reach him.
- Youth stated that the location of the YOW is really good because "it's already working".
- Youth felt that the YOW is respectful, approachable and reachable.
- Parents felt that the YOW is in an awesome location, they can get in touch with the YOW through the centre, and they got to know the YOW through the community centre. "Glad there is someone to call; some kids are tough to get but [the YOW] tries really hard."
- Service providers know the YOW through other Western Health staff, though Primary Health Care team, community meetings or direct contact from the YOW.
- Service providers felt that the YOW is reaching the target population and is doing everything he can to access youth needing support; that the YOW provides immediate response and is reliable and accessible.
- Service providers acknowledged that the Corner Brook area has other community agencies that could utilize a similar position and could support another position. They also acknowledged that the geographic area is large for one position to cover.

### *Strengths*

- Youth felt that having the YOW gave them someone to go to for information, support to go to counseling and support to go other services.

- Youth stated that the YOW supported them with a number of issues from anger and alcohol to helping youth with paper work to get Social Insurance Cards. Youth also stated that they received support from the YOW while on a waitlist for another service.
  - “[YOW] knows his stuff.”
  - “It’s good to have someone to turn to when we need help; a lot of us put on a front.”
  - “[YOW] doesn’t intrude your space but can tell what’s on your mind and asks how you’re feeling.”
  - “[YOW] asks me how I’m doing.”
- Parents stated that they believe the YOW is making a big different, that he is relatable and would consider doing more programs with him.
- Parents stated that the YOW has been helpful with their children’s health.
  - “[YOW] can help me figure out what to do, he doesn’t pressure and is available.”
  - “[YOW] finds the answers if he doesn’t have them.”
  - “My kid knows where the [YOW] is, what he does and how to talk to him.”
- Some service providers felt that no other position has had an impact so quickly and effects youth in a meaningful way; that it is holistic and provides services directly to community members. One service provider felt that the impact of the YOW position was not as significant but still felt that the workshops, networking and youth support were positive.
- Service providers stated that access to information, programming and educational opportunities has increased due to the YOW position.
  - “Some of the benefits of the YOW position have been actively engaging youth in educational, recreational and social programs, responding to the needs and interests of youth, helping youth develop a variety of skills, and helping youth connect to existing community services that can meet their needs.”

### *Challenges/Suggestions for Improvement*

- Youth stated that they felt that what the YOW is doing in their community is meeting their needs. They did suggest more pamphlets or flyers promoting the service. They did provide a list of suggestions for more programming.
- Parents stated that they think the YOW should offer more programs (Helping Skills, Community Kitchens, Self Esteem groups) and keep trying to reach kids who are not involved. Parents also wanted programs that could keep them connected with their teen.
- Service providers cautioned against the position becoming too broad and to not become too much for too many (ex: want more visibility in junior high schools but recognizing there is only one position and many schools). They felt the position is effective due to availability and accessibility and felt that more YOW positions would be beneficial.
- Service providers asked for pamphlet/information brochure on ‘real’ examples of the services they can provide now that the position is established.
- Service providers identified some challenges accessing the 19 – 29 year olds in the community.

*See Appendix E: Suggestions for Activities or Improvement*

### *Relationships/Partnerships*

- Youth and parents had an understanding of how the YOW worked with other service providers in their community setting (ex: community centre staff).
- Service providers had an extensive understanding of the partnerships with the YOW (ex: Community Youth Network, YMCA, Dunfield Park Community Centre, Skills Link Programs, Community Mental Health Initiative, Communities in Schools, Family Resource Centre, Primary Health Care team, schools).

### *Program Recommendations*

- Continue with programming efforts.
- Increase efforts to promote the role of the YOW. Develop and distribute general information pamphlets/posters regarding YOW position.
- Explore opportunities to target youth aged 19-29 (e.g., post-secondary students).
- Explore opportunities to partner with junior high schools.
- Pilot a family program targeting parents and teens.

## Stephenville

The youth outreach worker in Stephenville provided 154 sessions between mid-February 2011 and March 2012. Sessions are provided in individual and group settings and include supportive counseling, addictions prevention and mental health promotion activities. Most individuals were 20 years or younger. Sessions were provided to 1045 females, 824 males and 198 unknown for a total of 2067 contacts.



57.1% of the sessions were provided in a group setting, 24.7% in person, and 9.7% by telephone and 8.4% not recorded. 67.4% of clients received mental health promotion sessions, 35.6% received addictions prevention sessions, and 27.8% received supportive counseling. It was noted that there are the same risk and protective factors for mental health and addictions issues. Therefore, addictions prevention was also captured as mental health promotion. The most common issue presented was anxiety at 39.8% followed by addictions/substance use at 36.4%. Twelve referrals to other services were made out of the 154 sessions provided. In cases where referrals were not made, it was due to the following factors:

- Already connected to services;
- Early intervention service was appropriate to meet the need & other services not required;
- Referral refused.

Programs that have been initiated in the Stephenville area since the implementation of the YOW includes:

- Helping Skills Training Program (3 programs delivers with plans for additional programs)
- Peer Mentoring Program (plans for additional programs).

The YOW has provided support to the Rural Youth Drug Strategy Project (Federally Funded through Health Canada and sponsored by Community Education Network), G.U.R.L. Project (Women's Centre), Strengthening Families for the Future Program, Ultimate Frisbee Challenge, P.A.R.T.Y. Program, Skills Link Programs, Pathfinder Learning Centre, Adult Basic Education, monthly community cafes, housing stability initiative, wellness days, guidance counselors, public health nurses, RCMP, mental health and addictions counselors/coordinators, Community Youth Network, Primary Health Care Team, Canadian Mental Health Association and others.

The YOW has been extensively involved in Mental Health Week, Mental Illness Awareness Week, Addictions Awareness Week, FASD Awareness Day and World Suicide Prevention Awareness Day.

The YOW has also facilitated a variety of education sessions including:

- Relaxation
- Binge Drinking
- Self-Esteem

- Harm Reduction/Safer Grad Kits
- Social Skills
- Substance Use/Amazing Maze
- Mocktails
- Safer Piercing and Tattooing
- Coping with Stress
- Social Bullying
- Anger Management
- Healthy Relationships
- Sexual Health
- Stigma
- Suicide Prevention
- Mental Health & Addiction Services
- Housing Services



The following sections are based on the Qualitative Data received from focus groups and interviews by youth, parents and service providers.

### *Access & Awareness*

- Youth stated that they felt that it is a good program, most people would know who the YOW is, and there is good access to the YOW (able to get a hold of the YOW when needed, drop in or call).
- Youth felt that the main location was good because there are a lot of youth in the building accessing other programming but the physical building a little out of the way; still felt that they had good access as YOW goes to the schools and community events.
- Parent felt that when looking for support, found the YOW; stated that in a small community, people find the resources that they need when they need them; word of mouth is key.
- Parents felt that the location was key and breaks down the stigma of mental health & addictions and no issues with contacting the YOW (call or drop in). However, access to more rural sites is difficult and finding a location for programming in rural is challenging.



- Service Providers stated that they became aware of the YOW position through word of mouth, mutual work location, partnerships and/or joint meetings with Mental Health and Addictions.

- Services Providers stated that they feel that the YOW is reaching the population that she needs to reach and that she is very visible in the community. Service providers did have a number of suggestions regarding how to continue promoting the service.

“I think it’s word of mouth; once you starting



using the position or looking for a supportive service, she is very visible.”

“Students know who the [YOW] is.”

“I think the location of the [YOW] reduces stigma related to mental health and addictions issues because there are so many services in the building.”

### Strengths

- Youth felt that the YOW is always there when they need to talk to someone (listens, confidential, doesn't judge), makes learning fun and gives them different opportunities.



- Youth stated that the YOW provided them with opportunities to share their stories and experiences, listens to their opinions and helps them learn new skills.

“[YOW] answers honestly and treats us like equals.”

“[YOW] helps give us confidence and you know you're not going to be judged.”

“[YOW] is approachable and understanding. [YOW] gets us excited about doing stuff.”

- Parent stated that knowing that there is somewhere to go, someone to talk to, someone who understanding mental health and addictions issues without putting in a personal opinion, is a big support.

“[YOW] doesn't make you feel intimidated. [YOW] is comfortable, relaxed, always there to help and is a person to go to for help regarding next steps like referral.”

- Service Providers identified a number of strengths of the YOW program including: a support while youth are on a waitlist for service, increased ability to network with Mental Health and Addiction Services, ability to quickly deliver presentations or programs that would not have happened without the position, added support to rural sites, provides another level of service in the community.

“YOW role fills a gap in service; the role helps with transition and is what is needed.”

“YOW is able to support a person while on a waitlist, keeps individuals connected and works from a team approach.”

“YOW is an amazing resource for the schools. YOW is a natural and logical support for the school; is approachable, positive, open minded, flexible and has been a great partner.”

“YOW brings a lot of resources that weren't here before.”

### Challenges/Suggestions for Improvement

- Youth stated that they wanted to see the [YOW] more often and do more of all the things that she is already doing in the various locations.
- Youth also suggested increasing publicity about the position through local advertising to increase awareness for the general population.
- Parent felt that the service is going well and just wanted to make sure that the position is well promoted.

- Service Providers stated that geography is a challenge; have to ensure that the position does not go too broad or will lose the connection/engagement with youth but want to support all partners in the area. They recognized that it is a large geographic area for one position.
- Service Providers suggested a brochure with detailed list of services to promote the service to those who have not engaged the YOW yet.

*See Appendix E: Suggestions for Activities or Improvement*

### **Relationships/Partnerships**

- Youth stated that they see the [YOW] connect with their guidance counselor, Community Youth Network, Western Health, RCMP and “everybody.”
- Parent stated that the YOW connects with other Western Health staff, Community Education Network, Community Youth Network, Communities in Schools, Community Action Committee, Coalition to End Violence, Rural Youth Drug Strategy, Communities in Schools, and schools in the area.
- Service Providers identified many partnerships including those noted above and Pathfinders Learning Centre, Western School District, Power Up Program, Women’s Centre, Child Youth and Family Services, and Newfoundland Aboriginal Women’s Network



### **Program Recommendations**

- Continue with programming efforts.
- Increase efforts to promote the role of the YOW. Develop and distribute general information pamphlets/posters regarding YOW position.
- Explore the expansion of programs to rural sites.



## Bonne Bay

The YOW in Bonne Bay provided 109 sessions between mid-February 2011 and March 2012. Sessions are provided in individual and group settings and include supportive counseling, addictions prevention and mental health promotion activities. Most individuals were 20 years or younger. Sessions were provided to 247 females, 102 males and 863 unknown for a total of 1212 contacts.



62.4% of the sessions were provided in a group setting, 30.3% in person, 4.6% by telephone, and 2.8% other. The most common sessions provided was mental health promotion of which 66.1% of clients received. It was noted that there are the same risk and protective factors for mental health and addictions issues. Therefore, addictions prevention was also captured as mental health promotion. A wide range of issues were presented in the Bonne Bay area. One referral to another service was made out of the 109 sessions provided. In cases where referrals were not made, it was due to the following factors:

- Already connected to services;
- Early intervention service was appropriate to meet the need & other services not required;
- Referral refused.

Programs that have been initiated in the Bonne Bay area since the implementation of the YOW includes:

- Girls Circle
- The Council
- A.P.T. Program (Addiction Prevention Tools)
- Helping Skills Training Program
- Allied Youth

The YOW has provided support to the P.A.R.T.Y. Program (Preventing Alcohol Risk-Related Trauma in Youth), Beyond the Hurt program, RCMP Kids and Drugs Program, Public Health Nurses, Guidance Counselor, Mental Health & Addiction Counselor, Primary Health Care Team, and other community partners.

The YOW has been extensively involved in Mental Health Week, Mental Illness Awareness Week, Addictions Awareness Week, FASD Awareness Day and World Suicide Prevention Awareness Day.

The YOW has also facilitated a variety of education sessions including:

- Alcohol & Drug Awareness
- Harm Reduction

- Low Risk Drinking Guidelines
- Violence prevention
- Healthy relationships
- Sexual Health
- Stress
- Relaxation
- Healthy Decision Making / Choices
- Healthy Eating
- Safer Grad (and provided Kits to schools with no safe grads)
- Self Esteem / Healthy Body Image

The following is based on the Qualitative Data received from focus groups and interviews by youth, parents and service providers.

### *Access & Awareness*

- Youth stated that they know the YOW because it is announced that she is in the building [school], she makes herself easily accessible, they know her hours of operation, and they know her role because of presentations, flyers and announcements.
- Youth stated that it is difficult to reach older youth because they are into other thing (ex: smoking, drugs, not going to school).
- Parent learned of YOW though daughter but not fully aware of the role.
- Service providers stated they know the YOW position through consultations with Western Health, through the Primary Health Care team, or through direct contact from the YOW.
- Services providers acknowledged the difficulties with engaging senior high youth and youth-at-risk due to the geographic nature of the region and transportation issues (ex: if not at school, no one location where youth 'hang-out') and acknowledged other areas (ex: recreation, parent teacher nights) have experienced the same.
- Service providers stated that they believed youth would have a good understanding of how to contact the YOW but that the general public may not. They also stated they would like to see the position extended to Trout River/Woody Point.

### *Strengths*

- Youth felt that some of the strengths of the program were having someone to talk to, having someone to help get things in the community, offering programs and promoting fun activities.
  - “[You] can just ask the YOW and she will do it or plan it for you.”
- Youth felt that the YOW is not judgmental, is a comfortable person to talk to and is someone who understands them.
  - “It’s someone to talk to if you need help with problems.”
- Parent felt that if you connect with one person, than the program is successful; felt that child has a good connection with the YOW.

- Service providers felt that things (ex: programs) would not have happened without the YOW.
- Services providers felt that it is an extra person to support Guidance Counselors, Public Health Nurses, and Mental Health and Addictions Counselors, that she is a resource for youth, and the connection between health and school is a benefit.

### *Challenges/Suggestions for Improvement*

- Youth stated that they would like to see the YOW in the schools more often, they would like to make parents more aware of her position through emails, school newsletter, etc., and they created an extensive list of activities where they would like her to focus.
- Parent wanted more awareness about position among general public, more evening events, and information re: programs and activities to be sent out through the schools, as well as other general suggestions.
- Service providers felt that there was potential for more class time through connection with health education teachers and curriculum objectives, attend staff meeting at least once a year to discuss role, run more programs longer, be at schools more and support existing activities, and send memos/emails or calendar of events to staff and parents.
- Service providers identified challenges accessing the 19 – 29 year olds in the community.
- Overall, the other challenges expressed were more related to the geography and culture of the region and not the position; all interviewed offered positive suggestions for the upcoming year to support the YOW to address issues identified.

*See Appendix E: Suggestions for Activities or Improvement*

### *Relationships/Partnerships*

- Participants of the focus groups and interviews identified the strong connection that the YOW has with the school, as well as with the local church group, Western Health and Primary Health Care.

### *Program Recommendations:*

- Continue with school/health partnership with connections to teachers and curriculum.
- Focus efforts on junior high to engage youth early.
- Increased efforts to promote the role of YOW. Develop and distribute general information pamphlets/posters regarding YOW position.
- Recruit volunteers/increase parent involvement to support programming opportunities (e.g., expand outside of school time/setting).
- Explore the possibility of expanding services to an expanded geographical area.

## Port aux Basques

The youth outreach worker in Port Aux Basques provided 66 sessions between August 2011 and March 2012. Sessions are provided in individual and group settings and include supportive counseling, addictions prevention and mental health promotion activities. Consistent with the overall statistics, most individuals were 20 years or younger. Sessions were provided to 777 females, 595 males and 1314 unknown for a total of 2686 contacts.



84.8% of the sessions were provided in a group setting and the remaining 15.2% were individual. 78.7% of all clients received mental health promotion sessions, followed by addictions prevention sessions (30.3%). It was noted that there are the same risk and protective factors for mental health and addictions issues. Therefore, addictions prevention was also captured as mental health promotion. The most common issue presented in the Port Aux Basques area was substance use (39.4%). Five referrals to other services were made out of the 66 sessions provided. In cases where referrals were not made, it was due to the following factors:

- Already connected to services;
- Early intervention service was appropriate to meet the need & other services not required;
- Referral refused.

Programs that have been initiated in the Port aux Basques area since the implementation of the YOW includes:

- Girls Circle (2 programs delivered with plans for additional programs)
- Promoting Lifelong Activity for Youth Program (with CYN)

The YOW has provided support to Allied Youth, Marine and Mountain Youth Employment Strategy, Communities in Schools, Community Youth Network, Peaceful Communities, guidance counselors, mental health and addictions workers, Primary Health Care Team, Women's Centre, schools, and other community agencies.

The YOW has been extensively involved in Mental Illness Awareness Week, Addictions Awareness Week, FASD Awareness Day and World Suicide Prevention Awareness Day.

The YOW has also facilitated a variety of education sessions including:



- Self-Esteem
- Healthy Relationships
- Parent Education
- Substance Use /  
Drug and Alcohol Awareness
- Bullying

- Stress Management
- Anger Management
- FASD
- Healthy Choices / Decision Making
- Self-Harm / Suicide Prevention
- Harm Reduction
- Healthy Eating/Living
- Relaxation



The following sections are based on the Qualitative Data received from focus groups and interviews by youth and service providers. We were unable to obtain parent feedback for this area.

### *Access & Awareness*

- Youth stated that for the most part, the YOW is accessible, easy to reach and know they can call or email. However, some youth felt that the YOW contact information needed to be posted more around their schools.
- Service Providers stated that they felt that the YOW is accessible and reaching the target population; also felt that youth would know how to reach the YOW. Some felt that the YOW is reaching the younger population (12-18) but that reaching the 19-29 population is difficult for any service provider.
- Service providers stated that they knew of the YOW position through consultations with YOW or Western Health, through community meetings or through the schools and/or youth centre. Service providers felt that the location is a good for the YOW with the outreach to schools in the area.

### *Strengths*

- Youth stated that they know if they have any troubles that they can talk to the YOW; that they like the programs and presentations that the YOW does; and they like being able to talk to the YOW because she gives helpful advice.



"[The YOW] is fun and participates in everything we do."

"If you have any troubles, the [YOW] can help make it better."

"[The YOW] is there for us if we need her; she's very funny and you can go talk to her."

"We're not scared to talk to the [YOW]; we like having her around."

- Service Providers stated that the YOW is easy to work with and is relatable to youth; that direct and quick access to programming and presentations has been a major benefit

especially in schools; and that the YOW ties community groups and Western Health together more as a link.

“Youth have come to trust the YOW and the permanency of the position helps with that.”

“Doing the outreach, prevention and promotion has been a help to clinical Mental Health & Addictions staff; now feel that we have support and YOW is able to do what we cannot always do.”

“The YOW willingness to be flexible, get information that we never had and the ability to share information has been great.”

“If the position was gone tomorrow, it would be missed.”

### *Challenges/Suggestions for Improvement*

- Youth stated that they would like to have the YOW around more and provided numerous suggestions for more programming, sessions and activities that the YOW could do with them.

“[YOW] should keep doing what she’s doing.”

- Service Providers stated that geography and competing activities/locations can be a challenge; however, have not heard anyone say that they cannot access the YOW.
- Services Providers stated that sometimes accessing the target population and parent engagement can be difficult for any agency including YOW, but position finds ways to make things work.

*See Appendix E: Suggestions for Activities or Improvement*

### *Relationships/Partnerships*

- Youth stated that they know the YOW works with Western Health, guidance counselors, Communities in Schools, teachers, Community Youth Network, principal and that the YOW is out at community events.



- Service Providers identified many partnerships such as the ones listed above as well as Mental Health and Addictions staff, nurse practitioners, physicians, Peaceful Communities, and Skills Links.

“It is definitely a good program. The YOW has good flexibility and is able to juggle her time to do things and work with youth.”

*Program Recommendations*

- Continue with programming efforts.
- Increase efforts to promote the role of the YOW. Develop and distribute general information pamphlets/posters regarding YOW position.
- Explore opportunities to target youth aged 19-29 (e.g., post-secondary students).
- Explore opportunities for increased parent involvement.



# SUMMARY OF RECOMMENDATIONS

- Recommendation #1:** Increase efforts to promote the role of the YOW. Develop and distribute information regarding YOW position.
- Recommendation #2:** Continue with programming efforts and explore opportunities to expand YOW program.
- Recommendation #3:** Continue with school/health partnership with connections to teachers and curriculum.
- Recommendation # 4:** Explore opportunities to target youth aged 19-29 (e.g., post-secondary students).
- Recommendation #5:** Explore opportunities to target youth in junior high for prevention and early intervention.
- Recommendation #6:** Explore opportunities for increased parent involvement.
- Recommendation #7:** Revise daily and monthly reporting forms to ensure detailed information is captured in an easy-to-use tool.

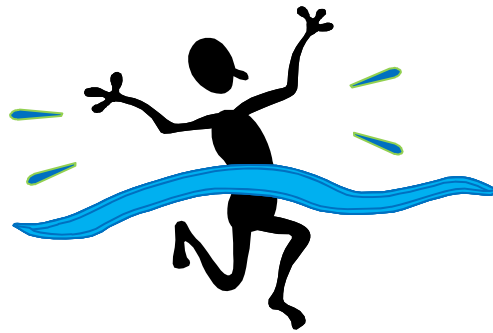




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## Conclusion

Without question, the implementation of the YOW Program has been a successful endeavor. The significant work of the YOW's over the past year has demonstrated a positive impact on the communities they serve. The Corner Brook, Stephenville, Bonne Bay and Port aux Basques areas have increased access to prevention and promotion information, programming and educational opportunities as well as supportive services as a result of the YOW positions. The current results have implications for future program planning. The quantitative data collected in year one will serve as the baseline data for future comparisons. This information is essential for determining key priorities, addressing challenges and improving the overall YOW program.



# APPENDICES

- Appendix A:** Evaluation Plan with Daily & Monthly Reporting Forms
- Appendix B:** Focus Group/Key Stakeholder Questions
- Appendix C:** Consent to Participate Form
- Appendix D:** List of Key Stakeholders
- Appendix E:** Suggestions for Activities or Improvements



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## Appendix A: Evaluation Plan

### Youth Early Intervention & Outreach Workers Evaluation Plan<sup>1</sup>

In February 2011, three (3) of four (4) Youth Early Intervention & Outreach Workers (YOWs) were employed by Mental Health & Addiction Services, Western Health, and established in community agencies across the Western Region. The fourth YOW was employed in August 2011. The agencies where the YOW were placed include: The Rec House Community Youth Network (Port aux Basques), Community Education Network (Stephenville), Dunfield Park Community Centre (Corner Brook) and Bonne Bay Health Centre, Gros Morne Academy and Long Range Academy (Rocky Harbour/Norris Point/Cow Head).

The following document will outline the Evaluation Plan for YOWs to determine the effectiveness of these positions in their current locations after the first year of operation. An Evaluation Planning Template (Appendix A) is used to determine the specific evaluation questions; identify the sources of data and the key stakeholders<sup>2</sup>. The proposed evaluation plan will focus on determining if the positions were successful in achieving outcomes; if the positions had an impact on the target population and if the positions should be continued/expanded/changed (Outcome Evaluation). For example: What is the impact of this program in the community? However, information regarding the process, strategies and activities implemented by the YOW's will also be collected (Process Evaluation). This information will be used to determine opportunities for improvement and identify participant satisfaction with how the program unfolded.<sup>3</sup> For Example: How can the program be adapted or improved to meet its' goals?

#### Evaluation Objectives

1. To conduct interviews with key stakeholders as well as youth and their families to determine the effectiveness of the program.
2. To collect and analyze quantitative data to determine number of youth connected to this program and services received by youth as a result of this program.

#### Qualitative Data

Interviews will be conducted with key stakeholders as well as youth and their families to determine the effectiveness of the program. Questions will be developed to help determine how YOWs are engaging youth and families, how the role of the YOW is defined, how the program has supported change in the community, how partnerships are evolving and what changes are needed to create a more effective program.

Mental Health & Addiction Services will work collaboratively with Quality Research and Management, Western Health and community partners to develop particular questions to ensure the correct information is being collected, code the information that is collected and analyze the themes brought forward in the data.

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<sup>1</sup> This evaluation plan is adapted from Pepler, D., Knoll, G., & Josephson, W. (2008). Youth Outreach Worker Program: Preliminary Evaluation.

<sup>2</sup> Western Health Evaluation Framework (2007).

<sup>3</sup> Nova Scotia Department of Health, Building a Better Tomorrow Initiative. Getting Started in Program Planning and Evaluation.

Quantitative Data

YOWs will be requested to collect information daily and monthly (see below) to determine key pieces of information including:

- Number of contacts
- Number of referrals
- Services provided.

YOWs are also required to submit monthly reports to the community agency and to the Program Manager of Mental Health and Addictions through the Regional Addictions Prevention Consultant. Mental Health & Addiction Services will work collaboratively with Quality Research and Management, Western Health for data entry and analysis. In all data collection (qualitative and quantitative) Western Health will work with the community partners to ensure the evaluation process is as inclusive and accurate as possible.

Information Collected by YOW's

Daily Stats

Month/Year: \_\_\_\_\_

# of Contacts	Gender & Age	Type of Contact (In Person, Telephone, Group)	Service Provided (supportive counseling, referral, prevention, health promotion, screening)	Issues Presented (e.g. substance use, depression, housing)	Referral Made (Yes/No)	Reason/Type of Referral to Other Service

Monthly Statistics

Month/Year: \_\_\_\_\_

	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011
# of Contacts							
In Person (One to One)							
Telephone							
Group Setting							
Youth							
Family							
# of Referrals to Other Services							

Monthly Report / Bi-Monthly Report<sup>4</sup>

1. Outline activities in the following categories:
  - a. Education Sessions (e.g. one-time delivery)
  - b. Committee Involvement (e.g. working groups)
  - c. Projects/Initiatives (e.g. longer term projects – more than one time event)
  - d. Group Work (e.g. facilitation – more than one time event)
  - e. Partnerships/Community Capacity Building (e.g. meetings)
  - f. Research
  - g. Professional/Personal Development
  - h. Consultations
2. Highlight the Top 3 Reasons for youth involvement related to Mental Health Issues
3. Highlight the Top 3 Reasons for youth involvement related to Addiction Issues
4. Highlight Successes & Challenges/Concerns

<sup>4</sup> Monthly/Bi-Monthly Report is adapted from the Monthly Reporting Form, Outreach, Prevention/Promotion Services, Mental Health & Addiction Services, Eastern Health

## Evaluation Planning Template

Evaluation Question	Type of Instrument (Survey, database, etc)	Who can provide data? (Source)	Who can gather data? (Collector)	How many?	Time frame	Program Report Date	Deadline	Status/ Outcomes
Are families, youth & key stakeholders satisfied with the YOW's?	Focus Group & Individual Interviews	Families  Youth  Key Stakeholders	Cathy/Tara	3 Focus Groups x 4 locations  # of Interviews TBD	March/April 2012 for 3 locations  August/September 2012 for 1 location		April 2012	
Are YOW's satisfied with services?	Interviews	YOW's	Tara	4 Interviews			April 2012	
Are YOW's making contact with those in need of service?	Stats (# of referrals, # of participants @ sessions)  Focus Groups	YOW's  Key Stakeholders	YOW's  Cathy/Tara	3 Focus Groups x 4 locations			April 2012	
Is the service being utilized appropriately?	Stats (# of referrals, # of programs delivered, # of education sessions delivered, # of individual support contacts)  Focus Groups	YOW's  Key Stakeholders	YOW's  Cathy/Tara	3 Focus Groups x 4 locations			April 2012	
How many people are being referred to other services?	Stats	YOW's	YOW's				April 2012	
Do YOW's feel competent to provide service?	Interviews	YOW's	Tara	4 Interviews			April 2012	
Is the service effective?	Stats  Focus Groups & Interviews	Families  Youth  Key Stakeholders		3 Focus Groups x 4 locations  # of Interviews TBD			April 2012	

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## Appendix B:

### Focus Group/Key Stakeholder Questions

#### Youth Early Intervention & Outreach Worker Evaluation – Focus Groups

Thank you for your participation in the YOW focus group evaluation. There are currently 4 YOW positions in the Western Region located in Bonne Bay, Corner Brook, Stephenville and Port aux Basques. 3 of the 4 positions have been in place since last February and we are hoping to get your feedback about how the program is working in your area. Your feedback will help us make improvements to the services and programming offered by the YOW.

#### 1. Access & Awareness

*Think back, how did you know to go to the YOW or how did you get to know about the YOW position?*

- a. Is the YOW reaching the right people?
- b. Do you think other people are aware that the YOW position exists?
- c. Are people aware of the role of the YOW?
- d. Is the location of the YOW good? Why or Why not?
- e. Do you know how to contact or reach the YOW?

#### 2. Strengths

*What are the strengths or good things about having a YOW?*

- a. Why is \_\_\_\_\_ a strength?
- b. What are some of the benefits of having a YOW?
- c. What do you like best about the program?

#### 3. Challenges and Suggestions for Improvement

*What are the areas for improvement? Suggestions?*

- a. Are there other things you would like to see the YOW do?
- b. How can we improve our YOW services?

#### 4. Relationships/Partnerships

*Who does the YOW work with/connect with?*

- a. What involvement does the YOW have with...
  - i. Existing groups?
  - ii. Service providers?
  - iii. Youth?
  - iv. Parents?
  - v. Community events?
  - vi. School events?
- b. What involvement does the YOW have in community events or school events?

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## Appendix C: Consent to Participate Form



### Youth Early Intervention & Outreach Worker Program Focus Group Evaluation

#### Consent to Participate

This focus group is being conducted as part of the information required to evaluate the Youth Early Intervention & Outreach Worker Program.

#### **Purpose of the Focus Group**

The purpose of the evaluation is to enhance Youth Outreach Worker programming and improve service to your area. You were asked to participate because you were identified as a youth/parent/service provider that is familiar with the Youth Outreach Worker Program. Participation in the focus group takes approximately 50 minutes. Participation is completely voluntary and you are free to withdraw at any time.

#### **Privacy & Confidentiality**

All responses are treated as confidential, and in no case will responses from individual participants be identified. Rather, all information will be collected and summarized into a final report. No personal identifying information (e.g., name, email, telephone number) will be included in the research results.

#### **Consent**

I \_\_\_\_\_ give consent to participate in a focus group to help evaluate the Youth Early Intervention & Outreach Worker Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any questions regarding this evaluation, please contact:

Tara Welsh

Regional Mental Health Promotion Consultant

Western Health

(709) 634-4927

tarawelsh@westernhealth.nl.ca



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## Appendix D:

### List of Key Stakeholders

- Community Mental Health Initiative
- Western School District
- Community Youth Network
- Community Education Network
- Guidance Counsellors
- Communities in Schools
- Royal Canadian Mounted Police
- Mental Health & Addiction Services
- Dunfield Park Community Centre
- School Principals
- Primary Health Care Managers
- Skills Link Program
- Adult Basic Education Program
- Wellness Facilitators
- Public Health Nurses
- Family Resource Centres
- Regional Economic Development Board
- Youth
- Parents



## Appendix E: Suggestions for Activities or Improvements

### Bonne Bay & Area

#### Youth:

- Peer Support Training
- Babysitting Course
- Offer more girls circle programs, movie nights
- Offer recreational opportunities and summer activities (ex: swimming, dart tournaments, basketball, hockey, soap box tournament/race, kayaking, BBQ's, camp night, cook off, boil up in the woods, hiking, camping, summer camps, meet with other youth)
- More presentations in schools (ex: body image, impacts of drugs and alcohol, sex)
- Road trips to Corner Brook overnight for movies, Lazer Tag, etc.
- Cook off – competition for best recipe/meal
- Make announcements on the Voices Of Bonne Bay radio station
- Make parents more aware of program and what's offered through e-mails or newsletters
- Work with the school newspaper committee
- Work with youth to volunteer (ex: visits with Long Term Care)



#### Parent:

- More awareness among general public and get more people involved
- Offer more things in the community, evening events on a regular basis, education sessions, get youth out and more active
- Send information re: programs/activities through the school memos
- Host a meeting at Bonne Bay Health Centre for parents (ex: coffee break)
- Work with senior youth at school to spread the word and recruit other youth
- Include meals/food to interest people
- Start with 'fun' activities, incorporate education later

#### Service Provider:

- Develop and distribute a list of resources and/or topics that the YOW can provide to assist teachers and/or staff; deliver 10 minute presentation at school staff meeting re: role and how YOW can assist.
- Present at curriculum nights and/or set up displays (late September)
- Attend summer festivals, come home year events
- Present to members of Youth Council re: role of YOW and be a resource person to youth council
- Connect with Parsons Pond Sports and Rec Committee to get involved in planning of dances and other activities for youth.
- Post activities on RED OCHRE page or a Facebook page.
- Send out more memos from school, report cards, phone messages from school, more involvement with school activities (ex: No Bully Day, breakfast program, gym time) and more programs during school time
- Develop a calendar with events, run programs longer and together
- Be on-site more than one day per week and for longer periods of time

### Corner Brook & Area

#### Youth:

- More information sessions/meetings (ex: anger management, substance use)
- More services/recreation (ex: paintball, punching bag, workout routines)

#### Parent:

- Give incentives for programs (ex: gift cards, meals)
- More groups (ex: body image, self-esteem, healthy choices/decision making)
- More activities (ex: movie nights, competitions for teens)
- Something for parent and youth together (ex: board games, darts)

#### Service Provider

- Another YOW for extra programming
- Offer something for the younger children (ex: prevention vs. early intervention).
- More involvement with the junior high schools, but not be too broad
- Pamphlet of services provided (ex: projects, topics, what areas are covered)
- More education on sexual health, provide condoms, contraception
- More advertising (ex: flyers, radio announcements)
- More programs/services that interest youth (ex: bullying prevention, anger management, conflict resolution, violence prevention)

### Stephenville & Area

#### Youth:

- More publicity about program so more people will know about it
- More in high school for presentations, more programs like Helping Skills
- More one to one time
- More topics (ex: sexual abuse, bullying, stress, anger management, giving back to the community, first aid)
- More community involvement (ex: pancake breakfast)
- Lunch time activities / anytime activities ie: knitting, cooking/baking, singing, dance class, zumba, drama, darts, pool tables, teen nights (junior/senior)
- Competition activities, movie nights, pep rally/s

#### Parent:

- Start a parent support group

#### Service Provider:

- More work around life skills
- Extra worker to service the larger area
- Brochures @ doctor's office, pamphlet to give at intake, etc. for more publicity
- Ensure requests are not too broad

### Port aux Basques & Area

#### Youth:

- More recreation and education programs (ex: lifestyle workshops, Girls Circle)
- Movie nights during the week
- Better contact information using e-mail, social media
- More hours/days in the school

- More activities (ex: arena, bowling, swimming, tournaments)
- Get schools together more
- More “Girl Only” activities (ex: ball hockey)

**Service Provider:**

- Possibly deliver Boys Council Program
- More early junior high awareness campaign (ex: warning signs)
- More messages to parents (ex: warning signs, more parent involvement)
- Funding for getting youth to bigger areas for activities/more dedicated funding for programming
- Co-ordinate with other youth groups
- Target efforts to more ‘at-risk’ youth

