



**OPHA Youth Engagement Pilot Project
Interim Evaluation Report
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Executive Summary

The results of the four evaluation components completed to date for the OPHA Youth Engagement Pilot Project offer some valuable insights into the successes, challenges, and needed supports to be addressed as the pilot sites embark on their work with youth groups over the coming months. The needs assessment conducted in June 2009, the first component of the evaluation, allowed OPHA to select six suitable pilot sites and greatly helped to inform the development of training and resource materials. Information collected via telephone interviews with the six pilot sites -- Halton Region Health Department; Chatham-Kent Public Health Unit; Windsor-Essex County Health Unit; Oxford County Public Health; Peterborough County-City Health Unit; and, Ottawa Public Health (the only French-speaking pilot site) further helped to illuminate particular resource and training needs and to confirm pilot site interest in the project.

Through the needs assessment, health units told us that the top three areas in which training was needed were:

- Outreach and recruitment
- Informal vs. formal youth engagement strategies
- Enabling participation

Preferences for training activities included hearing directly from youth, schools and other PH professionals about what works in youth engagement. A package/tool kit was desired by 57% of respondents, a website by 54%, networking opportunities by 50%, and “what works” research by 96%. Using this feedback, OPHA constructed the following resources:

- a best-practices research report on Youth Engagement and illicit drug use
- a website with the primary function of networking and sharing youth engagement resources
- a full-day training workshop on youth engagement theories and strategies which was delivered to all six pilot sites
- a Youth Engagement manual/toolkit for distribution to public health units in both French and English

Participants who attended the training sessions were satisfied overall with the delivery, format and facilitators involved with the training day. Over 90% said the training added to their understanding of YE strategies and the theory and practice of YE, and that it helped to increase their confidence to overcome barriers and challenges to implementing YE. The increase in confidence levels seen in a short time since the project began is encouraging. In the pre-test, the only area in which over half of respondents reported confidence was in working with school, community and PH colleagues. The top six problem areas identified during the pre-test were:

- managing dominant personalities
- engaging parents
- engaging drop-outs
- identifying and responding to youth needs
- developing action plans
- measuring success

Areas of low confidence which persisted into the post-test included:

- adequate representation of youth
- managing disinterested youth
- engaging at-risk youth

Participants have been asked during the pre and post-test to indicate what level of the youth engagement model their school/community was as presently, the level they hope to achieve in the next 12 months, and the level they feel is realistic to achieve. In the pre-test, most (44%) rated the options as follows:

- the present level of their school/community was rated as a '3' – “adults initiate activities but decision-making is shared with youth”
- the level they hoped their school/community would achieve in the next 12 months was rated as a '2' – “youth initiate and direct activity; adults provide support”
- the level they felt was realistic for their community to reach was rated as a '2' as well

Reasons given for not selecting the optimal level of '1' – “youth initiate activities and the decisions are shared with adults” - included: recruitment issues, limited capacity of youth, age of youth, time too short, partner agency mandates, and unsupportive culture for YE. Findings were almost identical in the post-test phase.

Pre-test data found that respondent's capacity to undertake YE and to affect the health of the school/community environment via the pilot project was affected by health unit issues, school-related issues, and individual knowledge and capacity-related issues. In the initial needs assessment OPHEA and CAMH were the top 2 resource centers or agencies which health units had reportedly utilized to obtain YE resources. In the pre-test we found that 25% of respondents were not at all familiar with such agencies and 27% were not at all familiar with YE strategies. Although the post-test data was obtained from only 28 people, findings indicate that the training helped to increase familiarity with YE strategies and agencies – only 2 people reported feeling not very familiar with strategies and over half (n=15) had accessed agencies in the past few months; CAMH and OPHEA again being the top 2 centers accessed.

Issues reported to affect individuals capacity for YE included:

needing examples of concrete YE strategies and actual projects

- a need to here/have access to success stories/lessons learned
- a need for collaboration and networking opportunities to share stories
- a need to opportunities to support the learning of recruitment strategies
- a needing for an outline of the process from start to finish including support for developing action plans and measuring success

Although addressed as much as possible in the training session, the data from the training session feedback and post-test showed that some of these issues still persisted including the need for concrete strategies and project examples. However, as people began to embark on their projects during the post-test phase, data revealed that the issues of concern had changed to capacity issues related to working with health unit and schools including:

- gaining approval of management for YE work
- having time to implement projects
- having good presence in the school
- maintaining youth interest
- gaining support from the school, parents and community to allow youth to implement their ideas
- having money and incentives
- having the ability to recruit a range of youth

In addition, the need for new supports were identified including practice opportunities, time to practice, and mentorship opportunities. While some of these issues could be addressed by modifying subsequent training sessions for future participants, others can and are being addressed through supports and resources provided by OPHA (e.g. a full-day networking session delivered on March 30; launch of YE website).

Participants were to decide themselves what role they would play in the YE project. Pre and post-test findings were similar showing not much evolution in role choice over the course of the project to date. The most commonly reported roles were: supporting, coordinating, planning, implementation, evaluation, advocacy, networking and collaboration, facilitating and programming, and recruiting youth. It is interesting that in the pre-test 4 people were unsure about their role but in the post-test, 6 people reported uncertainty. Feedback from the training session did tell us that the participants desired clarification of the roles of the various groups involved (the public health unit, school personnel, and OPHA) as well as the pilot site leads roles and responsibilities in relation to all these different groups. This confusion may have persisted during the post-test data collection phase. In addition, role uncertainty may be a reflection of an increased understanding of project intricacies and a re-thinking of the most beneficial and needed role to be adopted. The confusion may also be a reflection of staff turnover within the health units, experienced from the outset of the project at the site selection phase.

Understanding the successes, insights, and continued challenges experienced by participants who have been involved in the OPHA Youth Engagement pilot project will be extremely valuable for informing future decision-making as the project unfolds over the coming year. The evaluation to date has highlighted several areas in which the OPHA YE project has achieved success, and has uncovered issues which require resolution. Recommendations for the next stages of the YE pilot project include issues related to training modification, provision of logistical and resource-related support to pilot sites, and working to achieve partnership and collaboration between health units, schools, parents and the wider community.